

# Nurse's Knowledge, Practices, And Perceived Barriers Towards Care of Pressure Ulcers.

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**Abstract---** *Introduction- Pressure ulcer lead to agony and inconvenience for patients and furthermore cause draw out sickness, defer rebuilding, increment patient's emergency clinic remain, and may prompt illness and even death. The purpose of this study was to assess the nurse's knowledge and practices and barriers of pressure ulcer prevention and management. Methodology: A cross sectional quantitative descriptive study among 200 nurses conducted in tertiary care Hospital karad. The study members were chosen by convenience sampling method. An adopted questionnaire circulates among study members. Data entered and analyzed in SPSS for descriptive statistics and results presented in Graphs and Tables. Results: Nurses have average knowledge (55.9%) 53.6% nurses using their knowledge in practices for prevention of pressure ulcer and management nurses face potential and actual barriers during the practice of pressure ulcer prevention heavy work load shortage of staff(40%). Lack of pressure relieving devices (50%) lack of job satisfaction (34%) lack training(28%). Conclusion: So nurses need to get continuing education and training about pressure ulcer prevention that will enhance their knowledge and practices can be improved. Along with reducing barriers which nurses can effectively use their knowledge into practice.*

**Keyword---** *Pressure ulcer, knowledge, Practices, Barriers, Registered nurses.*

## I INTRODUCTION-

Pressure ulcer will have antagonistic impacts, for example, torment, disease, expanded hospitalization time and treatment costs, diminished personal satisfaction, expanded mortality and legitimate outcomes [1]. Pressure ulcers, otherwise called bedsores, are confined harm to the skin or potentially fundamental tissue that normally happen over a hard conspicuousness because of generally long haul weight, or weight in blend with shear or grinding. The most widely recognized destinations are the skin overlying the sacrum, coccyx, heels, and hips, however different locales can be influenced, for example, the elbows, knees, lower legs, back of shoulders, or the rear of the head [2]. The rate of weight ulcers in grown-ups fluctuates from 0 to 12% in intense consideration settings, 24.3 to 53.4% in basic consideration settings and 1.9 to 59% in old consideration settings [3]. Recognizing patients in danger of creating PU in early Time is a fundamental piece of the anticipation care pathway [4]. The time medical attendants and human services aide spent to persistent consideration represents 90% of the general expenses for treating PUs, and 96% of the cost in classification I and II pressure ulcers[5]. Despite the advances in opportune finding and wound mending

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and in spite of the global injury guides and the nature of social insurance arrangement, the patient's weight injury stays high, and it is an overall issue [6]. The American Nurses Association refers to pressure injury as a pointer of the nature of security appraisal and nursing administration quality list in the emergency clinic condition. In the interim, albeit a multidisciplinary group approach assumes a key job in the avoidance of weight wounds, Nurses are at the bleeding edge of the counteraction and treatment of weight wounds in the wellbeing framework [7]. An examination lead in Jordanian, depict that the medical attendants have deficient information about weight ulcer avoidance as contrasted and national weight ulcer warning board rules. In this manner it is significant for all attendants to know about norms rules to forestall any entanglement related with constrain ulcers to advance patient security and better results [8]. Nurse's practices toward pressure ulcer anticipation were not solid since medical attendants organized it low level that is a result of their deficient information about the genuine outcome of weight ulcer entanglements. They had no entrance and cutting-edge information on proof base practices [9]. Now days if a patient built up a weight ulcer during his hospitalization it will show the low quality of nursing care. In spite of the fact that to keep a patient from a weight ulcers are the duty of all social insurance proficient yet principally are the obligation of the individuals who are associated with direct patient consideration and medical attendants are fore fronts for giving weight ulcer anticipation care [10]. There is a hole between medical attendant's information on pressure ulcer anticipation and the usage of this information as indicated by appropriate principles in their practices. Medical attendants have great information in regards to pressure ulcers however they have poor works on with respect to pressure ulcers avoidance [11]. To dispense with obstructions to counteraction, specialists ought to have more data about the information, mentality and conduct of Nurses according to the principles of anticipation of weight injury, to convey official and operational rules and make attendants answerable for giving care [12]. Considering the importance of prevention and management of pressure injury and considering that the information necessary for decision-making for nurses' empowerment programs and prevention of pressure injury. Were, this study aimed at evaluating the nurse's knowledge, practices and barriers of nurses about skin care, prevention and management of pressure injury.

## II METHODOLOGY

**Design:** In this study approach quantitative approach. Descriptive study design was used data collected using non probability convenient sampling technique.

**Sample and setting:** The investigator recruited nurses three medical wards surgical wards orthopedic ward. This is the Tertiary consideration Referral and Teaching Hospital with in excess of 925 bed limit. These wards were distinguished as having the most noteworthy number of patients with pressure Ulcers. A rundown of Nurses dealing with the chose wards was gotten from the charge nurture and further crosschecked to avoid nurture on leave during the information assortment period. Each of the 200 Nurses giving direct consideration on patients in the chose wards were remembered for the example.

**Data collection procedure:** Nurses present on the chose wards were approached to finish an organized survey in the wake of marking the assent structure. No Internet access or reference materials were permitted on the ward to

guarantee that the medical attendants didn't look for any outer help to respond to the inquiries. Of the 84 polls conveyed, 56 (66.6%) surveys were finished and remembered for the investigation.

### Study Instruments

To meet the reasons for this exploration, the specialist was chosen three apparatuses. Oneself controlled survey was utilized the poll was composed in the accompanying four areas: socio demographic attributes, information about weight ulcers and hazard factors, current practices to forestall and oversee pressure ulcers, and boundaries to giving best mind.

The survey and the observational agenda took a normal of 30 minutes each to finish.

### III ANALYSIS

Information entered in SPSS form 21; graphic measurement used to depict the investigation populace corresponding to pertinent factors. Chi square utilized for check the relationship of medical caretaker's professional training with attendant's information, practices and Barriers..

### IV RESULTS

**Table 1: Demographic characteristics of study participants**  
N=200

Demographic characteristics	Category	Numbers	Percentage
Age in years	21-30	105	52.5
	31-40	55	27.5
	41-50	25	17.5
	51-60	15	7.5
Gender	Male	45	22.5
	Female	155	77.5
Qualification	Diploma	115	57.5
	Graduation	85	42.5
Year of experience	< 1 Year	20	10
	1-5 Years	120	60
	6-10 Years	40	20
	Above 10 Years	20	10

Area of working	Adult medical ward	60	30%
	Adult surgical ward	40	20%
	Orthopedic ward	30	15%
	Neuro ICU	40	20%
	Others (specify)	30	15%

**Table No:** 1 shows that demographic distribution of study characteristics majority of participants between 21-30 age group 52.5%. Most of female nurses were participated in study that is 77.5%. Majority of nurses 57.5% are diploma education. 60% nurses having experience between 1-5 years. 30 of nurses working in adult medical ward following that adult surgical ward and neuro ICU.

**TABLE 2: NURSES KNOWLEDGE ABOUT PRESSURE ULCERS**  
**N=200**

Sr.No	STATEMENT	FRE (%)
1	Fixed status, incontinence, impeded sustenance and changed degree of cognizance are the hazard components of weight ulcer..	55 %
2	A systematic skin inspection at least daily and those in long term care at least once a week the individuals who are long term hospitalized.	53%
3	Pressure is the contributing factor for pressure ulcer formation	62.5%
4	Essential to knead over hard unmistakable quality..	57%
5	Utilizing Hot water and cleanser may dry the skin and increment the hazard for pressure ulcers.	58%
6	To forestall danger of pressure ulcer advancement Patient skin ought to be perfect and dry.	48%
7	The individuals should be assessed on admission to a hospital for risk of pressure ulcer development.	54%
8	Vitamin C & E are important to maintain skin integrity	65%
9	Adequate dietary intake of protein and calories should be maintained during illness	75%
10	In pressure ulcer understanding Serum egg whites test is the fitting research facility test for Nourishing evaluation.	57%
11	A Patient bound to be ought to be repositioned like clockwork.	49%
12	A turning schedule should be written and placed at the bed side	47%
13	A patient who cannot move him or herself should be repositioned every two hourly while sitting in a chair.	68%

14	The head of the bed should be maintained at the lowest degree of elevation (hopefully no higher than a 30 degree angle) consistent with medical condition	64%
15	Heel ulcer is prevented by putting pillow under the patient's Leg	62%
16	Friction may occur when moving a person up in bed	51%
17	A low-humidity environment may predispose a person to pressure ulcers	50%
18	A Braden scale is risk assessment tool used for assessing pressure ulcer	49.5%
19	For individual who have incontinence ought to be spotless at the Time of dirtying and at routine interims.	46%
20	Educational programs may reduce the incidence of pressure Ulcers	47%

Table No: 2 more than half percent indicates knowledge on prevention of pressure ulcer 55.9 % nurses have knowledge. Adequate dietary intake of protein and calories should be maintained during illness (75%) perform skin care as a routine work (68%), Vitamin C & E are important to maintain skin integrity(65%)The head of the bed should be maintained at the lowest degree of elevation (64%),Pressure is the contributing factor for pressure ulcer formation (62.5%).

**TABLE NO 3 PRACTICE FREQUENCY AND PERCENTAGE AS PER QUESTIONNAIRE**

**N=200**

Sr.no	Statement frequency mean	Fre( %)
1	I identify common contributing factors for pressure ulcer	54%
2	I Observe how other nurses assess the risk factors for pressure ulcer	53%
3	I do a skin assessment for pressure ulcer	51%
4	I use pressure sore risk assessment scale for prevention	48%
5	I assess and provide management of pain.	47%
6	I document the data.	63%
7	I perform skin care as a routine work.	68%
8	I assess and provide management of pain.	51%

9	I use water bed, air bed to prevent pressure ulcer	54%
10	I place the pillow under the patient's leg.	45%
11	I pay more attention to pressure points	56%
12	I perform lab tests	44%
13	I provide advice to care givers to provide enrich vitamins.	46%
14	I monitor intake of protein and calorie diet	61%
15	I avoid using donut – shape air cushion	64%
16	I avoid dragging.	58%
17	I turn a patient position every two hours	55%
18	I usually give advice to patient and caregiver regarding prevention of pressure ulcer.	48.5%

Table No: 3 indicates 53.6% nurses using their knowledge in practices for prevention of pressure ulcer and management. Majority of nurses practicing properly prevention of ulcer like routine skin care (68%), documentation of data (63%) avoiding daunt shape Cushing (64%), turning patient position, and (55%) paying attention to pressure points (56%).

**Table no 4 Barriers for Prevention and management of pressure ulcer**

Sr.no	Statement	Frequency
1	Lack of staff/heavy workload	40%
2	Lack/ poor opportunities to update knowledge	25%
3	Lack of universal guideline	10%
4	Shortage of pressure relieving devices	50%
5	Poor risk assessment tool skill	20%
6	Seriously ill/uncooperative patient	20%
7	Lack of multidisciplinary initiative	25%
8	Lack of training	28%
9	Lack of job satisfaction	34%
10	Others	15%

Table No:4 Potential and actual barriers to carrying out pressure ulcer anticipation and the executives Inadequacies of provisions for pressure ulcer the board and counteraction and deficiencies of human asset for wellbeing, especially nurture, were the most referred to boundaries to doing fitting weight ulcer the board.. Heavy

workload related to shortage of staff (40%) and shortage of pressure relieving devices were also mentioned (50%).lack of job satisfaction (34%).lack of training (28%) Patients were also considered a barrier when they were identified as uncooperative (20%). Other barriers were poor access to pressure ulcer literature and inadequate coverage about pressure ulcers during training.

## V DISCUSSION

The rehearsing Nurses who took an interest in the investigation for the most part had normal information about how pressure ulcers created. They additionally didn't have current information on the most proficient method to arrange the weight ulcers, nor did they know the visualization of inevitable and unmanaged pressure ulcers that frequently lead to lasting inability and bone demolition. They had deficient comprehension of the significance of interdisciplinary administration. Comparative finding were likewise announced in study directed by Ivan Mwebaza, Godfrey Katende et.al Ugandan Teaching Hospital. The examination utilized a spellbinding cross-sectional structure. Fifty-six Ugandan enlisted rehearsing Nurses were examined. A composite self-managed survey and a perception agenda were used. The Nurses had constrained information about basic parameters of weight ulcers. Counteraction rehearses were seen to be questionable and clumsy identified with a noteworthy deficiency of staff and co ordinations for pressure ulcer avoidance. Nurses had poor access to current composition on pressure ulcer evasion. Interpretation of medical caretakers' information into training is conceivable if Barriers like staff lack, pressure easing gadgets arrangement, and hazard evaluation apparatuses are tended to [13]. An investigation by Shrestha N, Shrestha P et.al on Knowledge of Pressure Ulcer Management among Nurses finding are like present examination. The examination uncovered that 59% of the respondents had satisfactory information where as 41% of medical attendant's information was seen as lacking. Critical affiliation was not found between age, working ward, understanding, instruction, preparing, span and information on pressure ulcer the executives among Nurses [14]. A comparative discovering found the examination directed by Werku Etafa Ebi, Getahun Fetensa Hirko et.al An engaging multicenter cross-sectional investigation configuration utilizing quantitative strategy was utilized to gather information from 212 arbitrarily chose Nurses[15]. Sajida Nasreen, Muhammed Afzal et.al led study A cross sectional examination among 253 attendants led in Lahore General Hospital. The investigation members were chosen by accommodation testing system. Nurse have poor information (35.2%) with respect to chance components of weight ulcer improvement, patient's position each two hourly (49%), information about the utilization of the hazard appraisal scale for weight ulcers was (37.2%), so as to give pressure ulcer Nasreen S, Afzal M, Sarwar H. Medical attendants information and practices toward pressure ulcer counteraction as a rule clinic Lahore. Age. 2017;87(166):34-4. (8.3%) have great information, (11.1%) have reasonable information and (80.6%) have poor information about weight ulcer avoidance (82.6%) have poor practices, (7.1%) have reasonable practices and (10.3%) have great acts of weight ulcer anticipation [16] an examination by Neelam Sawant, Mahadeo Shinde et.al on Nurses Knowledge and Practices towards Prevention of Pressure Ulcer Descriptive methodology with cross sectional investigation was directed at tertiary consideration hospital.193 staff medical attendants were chosen through helpful testing procedure Majority 125(64.8%) of study subjects were in age bunch 20-25yrs, 148(76.7%)

were females, 123(63.7%) were GNM and 162(83.9%) had 1-5 years of experience. Larger part 102(52.8%) of study subjects with great information, Aspects on with every single proficient gathering 182 (94.3%) offered right response identified with fixed status and 175 (90.7%) identified with pressure as contributing element of weight ulcer. Perspectives on with every expert gathering 155(80.3%) had generally excellent practices on appraisal and the executives of torment and 151(78.2%) were instant in documentation. There was huge relationship between information on medical attendants with age and capability [17]

## VI CONCLUSION

The prevention and management of pressure ulcers is of great importance. Hospitals likewise need to commit more assets to forestall and oversee pressure ulcers. Experts should likewise meet their obligation to give continuous nursing education (CNE) to staffs about pressure ulcers.

## VII ACKNOWLEDGEMENT:

A heartfelt appreciation goes to officials of KIMSDU Karad, I would like to express our gratitude to the participants in my study I am also grateful to all who have directly and indirectly helped me in this study.

## FUNDING SUPPORT-KIMSDU KARAD

## CONFLICT OF INTEREST-NIL

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