

Nurses' Attitudes, Towards Bed Sores Prevention

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Abstract:

Aims and objectives. The specific aims of the study were to identify Staff nurses' attitudes towards Bed Sores prevention; The behavior of staff nurses' in relation to Bed Sores prevention. Staff nurses' perceived barriers towards Bed Sores prevention.

Methodology :Design. A cross-sectional survey method was used in the present study. A randomly selected sample of staff nurses (100) working in an acute care setting in location was invited to participate. Data were collected using a pre piloted questionnaire. Data analysis was carried out using SPSS version 10.

Results. The nurses surveyed demonstrated a positive attitude towards Bed Sores prevention. However, prevention practices were demonstrated to be haphazard and erratic and were negatively affected by lack of time and staff. These barriers prevented the nurses' positive attitude from being reflected into effective clinical practice. Education, although poorly accessed, or made available, was rarely cited as impeding practice in this area.

Conclusion. This study suggests that positive attitudes are not enough to ensure that practice change takes place, reinforcing the complex nature of behavioral change. Implementation strategies should introduce ways in which key Nursing staff can be empowered to overcome barriers to change.

مواقف الممرضين تجاه الوقاية من قرحة الفراش
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ملخص البحث :

الأهداف: الأهداف المحددة لهذه الدراسة هي تشخيص مواقف الكادر التمريضي تجاه الوقاية من قرحة الفراش ، سلوكهم و علاقته بالوقاية و العوائق التي يلاحظها الكادر التمريضي تجاه الوقاية من قرحة الفراش.

منهجية البحث: تم استخدام طريقة الدراسة المسحية لتحقيق أهداف الدراسة الحالية. تمت دعوة (100) ممرض من الملاك التمريضي عشوائياً للمشاركة في هذا البحث تم اختيارهم من العاملين في وحدات العناية الحادة تم جمع البيانات باستخدام استبيان خاص و قد تم تحليل البيانات باستخدام البرنامج الإحصائي (SpSS) الإصدار (10)

النتائج : اظهر الممرضين المفحوصين موقفا ايجابيا تجاه الوقاية من قرحة الفراش و لكن تبين ان إجراءات الوقاية كانت عشوائية و غير منتظمة و متأثرة بنقص الوقت و الكادر . أن هذه العوائق منعت الموقف الايجابي للمرضيين من إن ينعكس في ممارسة سريرية فاعلة . و بالرغم من تدني المستوى التعليمي أو عدم توفرها فأنها نادرا ما ذكرت باعتبارها ممارسة عائقة في هذا المجال.

الاستنتاج : تقترح هذه الدراسة بان المواقف الايجابية ليست كافية لضمان حدوث التغير في الممارسات و تعزيز الطبيعة المعقدة للتغير السلوكي و وضع إستراتيجيات و الطرق التي يستطيع من خلالها الملاك التمريضي من التغلب علي عوائق التغير.

Introduction and background:

Despite advances in modern technology and the array of preventative equipment available, Bed Sores are not on the decline (Kaltenthaler et al., 2001). From a service planning perspective, Bed Sores are a significant financial burden to any health care system and have an adverse effect on achieving overall goals of care (Clark, 1994). Changing population demographics mean that the increasing age of mortality will result in a greater number of older patients (Haalboom, 2000) and, although Bed Sores do not only afflict this group, increasing

age heightens the risk of Bed Sores damage. The specific aims of this study were to identify: Staff nurses' attitudes towards Bed Sores prevention.; The behavior of staff nurses' in relation to Bed Sores prevention.; Staff nurses' perceived barriers towards Bed Sores prevention.

Material and Methods:

This study was undertaken in 2005 in Mosul city, Republic of Iraq. A cross-sectional survey was used to collect data from staff nurses working in the area of Bed Sores prevention/treatment. The study was carried out in a sample of six teaching hospitals. The hospitals were chosen using simple random sampling. All staff nurses working full time on the permanent staff of the hospitals in either medical, surgical, burns or plastics, orthopedic wards were invited to participate. Intensive care and coronary care units were also included. These staff nurses were selected because Bed Sores prevention and management should form a routine part of their daily nursing activities. From a population of 300 nurses, 100 participants were selected. A questionnaire was used to collect the data. Central themes emerged as key topics to be covered in the questionnaire. A pool of questions was generated which were evaluated using an iterative process by the researcher and expert colleagues to ensure clarity, avoidance of ambiguity and content validity. This involved the circulation of the draft items until there was consensus on content, order and wording. To explore staff nurses' attitudes towards Bed Sores prevention the survey included a section on attitudes where the response-option utilized a 5-point Likert scale. This type of response option was chosen because it allows scaling of an individual's attitude to an issue and is more sensitive to the full range of possible attitudes than a simple dichotomous agree/disagree option (Oppenheim, 1992b). The

questionnaire also elicited information regarding self-reported clinical behaviors using closed questions. The third part of the questionnaire used open-ended questions to allow respondents to identify perceived barriers towards Bed Sores prevention. This free text section of the questionnaire allowed for detailed responses to key issues. The final part of the questionnaire focused on demographic information. The researcher guaranteed anonymity of the study participants and the participating institutions and the data were treated as confidential at all times. Access to staff nurses to carry out a pilot study was sought from the Director of Nursing. A list of staff nurses working on a medical ward in one of the teaching hospitals was received from the ward sister in charge of the ward. The questionnaires were circulated to 20 staff nurses. As part of the reduction process an item analysis was carried out on the attitude section. An item analysis is a measure of the reliability of an instrument, measuring how consistently each individual item performs in relation to the total instrument. The questionnaire used for the pilot study had 30 questions. Two questions were eliminated as they were considered leading questions. Some questions were re-worded to add more clarity to the questions. In general the subjects did not have any problems with the wording, length and format of the questionnaire. The data collected during the pilot were not included as part of the main study. The final questionnaire had 28 questions. The questionnaires were all hand delivered to the study sites for distribution.

The Results:

Table (1) staff Nurses' attitudes towards Bed Sores prevention

Statements	Agree (3)		Neither agree or disagree (2)		Disagree (1)	
	No	%	No	%	No	%
All patients are at potential risk of developing pressure ulcers	41	41	43	43	16	16
Bed Sores prevention is time consuming for me to carry out	37	37	42	42	21	21
In my opinion patients tend not to get as many Bed Sores Now a days	39	39	51	51	10	10
I do not need to concern myself with Bed Sores prevention in my practice	48	48	39	39	13	13
Bed Sores treatment is a greater priority than Bed Sores prevention	48	48	46	46	6	6
Continuous nursing assessment of patients will give an accurate account of their Bed Sores risk	42	42	46	46	12	12
Most Bed Sores can be avoided	52	52	40	40	8	8
I am less interested in Bed Sores prevention than other aspects of nursing care	56	56	36	36	18	18
My clinical judgment is better than any pressure ulcer risk assessment tool available to me	43	43	54	54	3	3
In comparison with other areas of nursing care, Bed Sores prevention is a low priority for me	50	50	31	31	19	19
Bed Sores risk assessment should be regularly carried out on all patients during their stay in hospital	33	33	56	56	11	11

There were interesting points to note with regard to individual items within the attitude scale (Table 2). Seventy-five per cent of staff nurses felt that **all patients** are at risk of developing a pressure ulcer, that most Bed Sores can be avoided (76%) and nurses should concern themselves with Bed Sores prevention (99%). Pressure ulcer prevention was seen as more important than pressure ulcer treatment (92%) and regular (84%) and continuous assessment (94%) was considered an accurate method for obtaining a picture of patients' risk status.

Table (3): Barriers to carrying out Bed Sores risk assessment

Barriers to carrying out Bed Sores risk assessment	No	%
Patients	75	75 %
Lack of time	73	73 %
Short staffed	44	44 %
Lack of training, resources, equipment	12	12 %
Problems with assessment tool	11	11 %
Other aspects of care more important	8	8 %
Forget	5	5 %
Lack of knowledge	4	4 %
Unable to assess	3	3 %

The patient' was the most frequently cited barrier to arrying out Bed Sores risk assessment (75%). For xample, the patient may be too ill to assess or may be ncooperative, making assessment difficult. Lack of time 73%) and lack of staff (44%) were also perceived as mportant barriers. Lack of training, resources and guidelines and problems with the risk assessment tool in use were arely considered to be important (12%).

Table (4): Barriers to carrying out Bed Sores prevention

Barriers to carrying out Bed Sores prevention	No	%
Lack of staff	69	69 %
Lack of time	51	51 %
Patient specific problem	43	43 %
Lack of aids	14	14 %
Lack of equipments	13	13 %
Unstable patients	13	13 %
Uncategorized	9	9 %

The barriers to carrying out Bed Sores prevention are similar to those affecting Bed Sores risk assessment (staff 69%, time, 51%, patient, 43%). However, lack of education and training were not mentioned as barriers to carrying out Bed Sores prevention in this instance instance carrying out Bed Sore.

Discussion:

This paper set out to explore the following aims, what are staff nurses' attitudes towards Bed Sores prevention? What is the behavior of staff nurses' in relation to Bed Sores prevention? And what are staff nurses' perceived barriers towards Bed Sores prevention? The findings of the study demonstrate that the staff nurses displayed a positive attitude towards Bed Sores prevention and management. However, barriers such as lack of time and staff prevent this positive attitude being reflected into clinical practice. This is borne out by the inconsistent behavior of the nurses in relation to Bed Sores prevention. In this study, the staff nurses demonstrated a positive attitude towards Bed Sores prevention. This attitude did not appear to be influenced by either the length of time the nurses were qualified, the clinical area the nurses practiced in or whether they had received any formal training in Bed Sores prevention and management. Attitudes are considered important because they give an indication of what to expect from others (Petty & Cacioppo, 1996). A positive attitude towards an issue is an important influencing factor that determines an individual's likelihood of carrying out the behavior in question (Fishbein & Ajzen, 1995). Indeed Champion and Leach (1989) and Hicks (1996) have shown how a positive attitude towards research increases its use in nursing practice. In this study, lack of time and staff were commonly cited as barriers towards carrying out Bed Sores

prevention, whilst lack of training and education was rarely mentioned. Bed Sores prevention is a multi disciplinary problem.

Therein lies a primary problem; if all members of the team do not contribute fully, the efforts of the other members may be fruitless. A second problem is the whole area of staff shortages, which results in the over stretching of staff at a clinical level. Certain aspects of Bed Sores prevention, such as repositioning, are difficult to carry out unaided. If staff shortages continue, and given the pressure on staff to prioritize tasks it will be of no surprise if Bed Sores prevention becomes less of a priority. The staff nurses surveyed were unclear about prevalence rates. Understanding Bed Sores prevalence rates is an important starting point in planning Bed Sores prevention strategies (Dealey, 1991). Awareness of prevalence rates will not only increase the understanding of the problem of Bed Sores but will also enhance the likelihood that staff will think that Bed Sores prevention is an important concept of nursing care (Anthony, 1996). To plan an effective Bed Sores prevention and management policy it is important to know whether current practice is achieving expected goals, i.e. a decreasing prevalence rate [Department of Health UK (DoH UK), 1993]. Within the Irish health care setting there is a clear lack of information relating to Bed Sores prevalence and prevention practices (Moore & Pitman, 2000). If prevalence studies are not carried out, staff may not be alerted to the importance of this aspect of patient care. A significant number of the staff nurses surveyed had received no formal training in Bed Sores prevention and management since qualifying as a nurse. The importance of education in Bed Sores prevention and management is well documented in the literature (Gould, 1986; Benbow, 1992; Maylor, 1997; Arblaster, 1998; Culley, 1998). Education is a means by which nurses develop and maintain their clinical competency thus providing the information needed to make well-

informed clinical decisions (An Bord Altranais, 2000b). Ajzen and Madden (1986) and Nash et al. (1993) argue that perceived control is an important determinant of an individual's behavioural intent and this control is influenced by exposure to education. Therefore, the lack of education received by the nurses surveyed is a cause of concern. Indeed Lamond and Farnell (1998) identified that nurses with a sounder knowledge base made better clinical decisions than those with a poorer knowledge base, thus reiterating the importance of education.

Staff nurses were clear that Bed Sores risk assessment is important in that regular and continuous risk assessment provides essential information regarding a patient's risk status. However, a number of the nurses admitted to being less interested in Bed Sores prevention than other aspects of nursing care, and that Bed Sores prevention is not a high priority. This point is supported by an earlier study by

Bostrom and Kenneth (1992) who identified that Bed Sores prevention was not always considered to be as important as other nursing duties. Indeed, that nurses suggested that the patient was often a barrier to carrying out Bed Sores risk assessment (the patient may be too ill to assess or may be uncooperative), suggests that this is an issue that needs further exploration. When faced with all aspects of patient care, if Bed Sores prevention is placed as a low priority, irreversible damage may occur and indeed go unnoticed for some time. Increasing the value placed on Bed Sores prevention can lead to an increase in preventative strategies being carried out (Maylor & Torrance, 1999).

The documentation practices of the staff nurses surveyed demonstrates an inconsistent approach to this aspect of nursing practice. Some of the nurses indicated that they did not carry out Bed Sores prevention yet wrote Bed Sores prevention care plans. Other nurses suggested that not all patients at risk would have a written prevention care

plan. Updating of care plans was also irregular and sometimes only carried out when remembered. It is incumbent on all nurses to document care, planned and delivered, in a logical and meaningful way, bearing in mind that nursing care plans are legal documents (Anthony, 1996).

Conclusion:

Factors identified as barriers include lack of staff, insufficient time and a lack of information and education, which may be factors outside the control of individual staff nurses – and therefore, non-volitional. In addition, the influence of peer pressure (social norms) was highlighted by some respondents.

This research has highlighted that positive attitudes are not enough to ensure that practice change takes place, reinforcing the complex nature of behavioral change. Implementation strategies to introduce change must acknowledge this complexity and introduce ways in which key staff can be empowered to manage barriers to change.

Recommendations:

Further research to investigate the relationship between the level of knowledge of staff nurses and their attitudes to Bed Sores care and prevention should be encouraged.

The role of education in this important area cannot be underestimated but expenditure on this topic needs to be targeted appropriately. Therefore, it would be of value to examine the level of knowledge of staff nurses to assess whether this influences attitudes or indeed Bed Sores prevention practices.

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