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NURSES' KNOWLEDGE AND PRACTICE TOWARDS PRESSURE ULCER PREVENTION IN GOVERNMENTAL HOSPITALS IN AKRE DISTRICT, KURDISTAN REGION OF IRAQ

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ABSTRACT

A pressure ulcer is an injury to the skin and underlying tissues brought on by pressure, shear, or friction, it generally develops over a bony prominence and manifests as either an open sore or a non-healing wound. The study sought to evaluate nurses' knowledge and practices regarding pressure ulcer prevention in the Akre district of Iraq. A cross-sectional study including 114 eligible nurses from two general hospitals was undertaken from July 26 to August 28, 2022.The study's participants were chosen using a convenience sampling technique. The knowledge and practice of nurses were evaluated using a structured questionnaire that had been adopted. To evaluate connections between knowledge and practice, descriptive statistics, tables, Chi-Square tests, and Fisher's exact tests were performed using SPSS version 26. Among all nurses involved in this study, (74.6%) had acceptable cores of pressure ulcer prevention knowledge, and (75.4%) had acceptable practice. The findings of this study showed that respondents had enough information about pressure ulcer prevention, which may have contributed to their acceptable conduct (p> 0.05). The working setting had a significant association with nurses' knowledge and practices. Also, nurses' practices were significantly associated with job satisfaction and heavy workload. Nurses' pressure ulcer prevention knowledge and practice in this study were satisfactory. Increasing training frequency in public hospitals can help improve a thorough understanding of pressure ulcers among nurses in the Kurdistan region, Iraq.

KEYWORD: Pressure Ulcer Prevention, Knowledge, Practice, Nurses, Akre District.

1. INTRODUCTION

The term "pressure ulcer" (PU) refers to a localized injury to the skin and/or underlying tissue caused by pressure, or pressure combined with shear and/or friction for a predetermined period of time, which causes tissue ischemia, the cessation of nutrition and oxygen supply to the tissues, and ultimately tissue necrosis. This injury typically occurs over a bony prominence (National Pressure Ulcer Advisory Panel,2016). Pressure ulcers have internal and exterior sources that can be distinguished. The most frequent causes of PU development are loss of consciousness, bowel and/or urine incontinence, excessive skin moisture, becoming older, using medications, and using medical equipment improperly (Hossein *et al*.,2019). Pressure ulcers may develop as a result of medical conditions that make it difficult for patients to change positions or keep them in bed for an extended amount of time (European Pressure Ulcer Advisory Panel,2014). Thorough skincare and the maintenance of healthy skin are thus required to prevent pressure sores (Payne,2020). Pressure ulcers have negative consequences on families and healthcare professionals, incur therapy expenditures for the family and hospitals, and reduce the quality of life (Beeckman *et al*.,2010). Many pressure ulcers are avoidable, and treating newly developed ulcers is more expensive than preventing it (Dealey C.and A Walker, 2012). PUs raises hospitalized patients' mortality and disability rates, as well as the price of healthcare (Bauer and Nazzal,2016). Hence, prevention is preferred to treatment, and healthcare practitioners

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should implement effective preventative measures (Sawant and Shinde,2017).

There is a serious health issue with PUs in hospitalized patients; there is insufficient documentation, risk assessment, education, and preventative procedures for PUs. Hence, increasing nurses' knowledge of PU prevention improves patient outcomes in terms of shorter hospital stays, less pain, and lessening of suffering among humans (Al-Ghamdi, 2017). To prevent pressure ulcers, nurses who are near the patient are crucial. Thus, nurses should be familiar with the causes, classification, and preventative techniques for pressure ulcers (Ricks,2020). A study carried out at an Iraqi hospital revealed that the majority of nurses lacked sufficient expertise on how to prevent pressure ulcers (Ali,2023). Nursing personnel must get periodic training and instruction in pressure ulcer prevention since their lack of knowledge and skills can cause or worsen pressure ulcers. Nurses who understand how to prevent pressure ulcers provide better care, shorten hospital stays, and treat fewer patients who suffer from this unpleasant ailment (De Meyer&. Beeckman,2019). In addition to their experience, nurses are in a great position to develop best practices for PU prevention. They must therefore be aware of the pressure ulcer warning signs and symptoms as well as the possible preventative steps that can be performed to decrease their occurrence (Joseph and Clifton. 2013). Yet, a global survey found that nurses lack enough expertise in managing, classifying, and preventing pressure ulcers (Rafiei et al.,2014). To the best of our knowledge, there haven't been many studies on PU in the Kurdistan region and none in Akre city, so the study's goal is to evaluate staff nurses' knowledge and practices regarding pressure ulcer prevention.

2. MATERIALS AND METHODS

2.1. Study area:

A cross-sectional study was designed from July 26 to August 28, 2022. The study included nurses from various units in two hospitals, Akre and Gulan. Akre district is found in Southern Iraq, Duhok governorate, Kurdistan region. Akre and Gulan are teaching hospitals that give services to approximately 1000 people including Akre zone and people of the neighboring zones and regions each day. There are multidisciplinary professionals with different specialties are found, among them a large number is taken by nurses.

2.2. Data collection

During data collection, the study participants were chosen using a convenient sampling method after proportional allocation for each working unit of nurses working at Akre hospitals. The list of nurses was gotten from the month-to-month work plan prepared by each unit's head nurse. At the time of the study, the total number of nurses working in both hospitals, according to the administrative unit, was 400 nurses. A total of 114 nurses who dealt with pressure ulcer patients were selected from different units to be included in the study. Following a thorough review of the literature, a standardized questionnaire assessing knowledge and practice of pressure ulcers was created with the same objective (Dilie A. and D. Mengistu. 2015), (Pangambam S., And Pradhan S.2021), (Berihu H., and Gerensea H. 2020).After gaining verbal consent, the questionnaire was given to nurses in the hospitals during working hours. Staff nurses who participated voluntarily were instructed not to consult any sources or seek assistance from other members of the team while filling out the questionnaire. Staff nurses could leave the questionnaire at any time.. The instrument for data collection consists of three parts including socio-demographic characteristics, nursing knowledge, and practice for pressure ulcer prevention.

Part I: Socio-demographic characteristics includes (age, gender, education, clinical experience in nursing (years), clinical setting of working, and training on pressure ulcer prevention, job satisfaction, and heavy workload). Part II: Nurse’s knowledge was assessed by 20 correct/incorrect questions with 6 categories: Risk factors for the development of PU (3 questions), Risk monitoring for PU development (5 questions), Skin care to prevent PU (5 questions), Nutrition to maintain healthy skin (3 questions), mechanical loading management (3 questions), and educational programs (1 question). There were two possible answers to the questions about the nurses' knowledge of pressure ulcer prevention (0 = Incorrect and 1= Correct). The 20 elements that made up the computation of nurses' total knowledge about pressure ulcer prevention were divided into three categories’ Poor knowledge (0-6), Fair knowledge (7-13), and Good knowledge (14-20). Part III: Nurses’ practices checklist consists of 12 based questions, each question has 2 answer options, which are: 1. achieved, 2. not achieved. There were two possible replies to the questions about the nurses' practices for the prevention of pressure ulcers (0 = Not achieved

and 1= Achieved). Twelve factors from the calculation of nurses' overall practice in pressure ulcer prevention were divided into three categories' Poor practice (0-4), Fair practice (5-8), and Good practice (9-12).

2.3. Ethical considerations

Permission was obtained from each hospital administrative unit. Also, from Akre technical institute and Duhok polytechnic university.

2.4. Statistical analysis:

Statistical software SPSS Version 26 was used to evaluate the data and perform a descriptive statistical analysis (frequency and percentage). To ascertain the relationship between the variables, inferential statistical analysis (Chi-square and Fisher's exact tests) was applied.

3. RESULT

Table 1 displays the demographic characteristics and clinical history of the nurses who care for patients with pressure ulcers. The age group between 19 and 32 years old had the highest percentage of the study sample (67.5%), followed by 33-46 and 47-60 years old (27.2% and 5.3%, respectively). Concerning the sex, nearly half of them were female and the others were male. Most of the nurses holding Technical Diplomas (76.3%) and the others were having Bachelor's and Master's degrees (22.8% and 0.9% respectively). About 41% of them have a clinical experience of 1-4 years and 33.3% have between 5-10 years, the rest of them were more than 11 years (25.4%). More than half of the nurses (59.6%) have not attended pressure ulcer prevention training courses, and the majority of them are satisfied with their jobs (91.2%), even though most of them are suffering from the heavy workload (87.7%).

Table (1): Demographic Characteristics and Clinical History

Demographic Characteristics and Clinical History		F.	%
Age Group (years)	19-32	77	67.5
	33-46	31	27.2
	47-60	6	5.3
Gender	Male	56	49.1
	Female	58	50.9
Education	Diploma	87	76.3
	College	26	22.8
	Master	1	0.9
Clinical experience in nursing	1-4	47	41.2
	5-10	38	33.3
	≥ 11	29	25.4
Clinical setting of working	Medicine	10	8.8
	Surgery	39	34.2
	Cardiology	20	17.5
	Dialysis	8	7
	Gynecology	17	14.9
	others	20	17.5
Training history regarding pressure ulcer prevention	Yes	46	40.4
	No	68	59.6
Job Satisfaction	Yes	104	91.2
	No	10	8.8
Heavy workload	Yes	100	87.7
	No	14	12.3

In terms of nursing knowledge toward pressure ulcer prevention, which was assessed using a single questioning style, the majority of nurses knew about pressure ulcer prevention and received high marks ranging from 66.5% to 90.4% of correct answers. They are, however, unaware of the stages of pressure ulcers (33.3%, 34.2%, 14.9%, and 26.3%, respectively).

Table (2): Nurse's Knowledge of Pressure Ulcer Prevention

Nurse's Knowledge towards Pressure Ulcer Prevention	Incorrect		Correct	
	F.	%	F.	%
Risk factors for the development of PU				
Immobility, incontinence, poor nutrition, and altered level of consciousness are all risk factors for the development of pressure ulcers.	22	19.3	92	80.7
Hot water and soap can cause skin dryness and increase the risk of pressure ulcers.	27	23.7	87	76.3
It is critical to massage bony prominences.	23	20.2	91	79.8
Risk monitoring for PU development				
All hospitalized patients at risk for pressure ulcers should have a daily skin inspection, and those in long-term care should have one once a week.	20	17.5	94	82.5
An open sore is the first sign of pressure ulcer development.	38	33.3	76	66.7
On admission to a hospital, all patients should be evaluated for the risk of developing a pressure ulcer.	39	34.2	75	65.8
A turning schedule should be written down and kept by the bed.	17	14.9	97	85.1
A Braden scale is a risk assessment tool that is used to evaluate pressure.	30	26.3	84	73.7
Skin care to avoid PU				
Patients' skin should be clean and dry to reduce the risk of pressure ulcer development.	11	9.6	103	90.4
Bedridden patients should be repositioned every 3 hours.	13	11.4	101	88.6
A pillow placed under the patient's leg prevents heel ulcers.	16	14	98	86
A person may be predisposed to pressure ulcers if they live in a low-humidity environment.	22	19.3	92	80.7
Skin cleaning should be done at the time of soiling and at regular intervals for people who have incontinence.	27	23.7	87	76.3
Nutrition for a healthy skin				
Protein and calorie intake should be adequate.	15	13.2	99	86.8
Vitamins C and E are essential for maintaining skin integrity.	15	13.2	99	86.8
The serum albumin test is the best laboratory test for determining the nutritional status of a pressure ulcer patient.	11	9.6	103	90.4
Mechanical loading administration				
The bed's head should be kept at the lowest degree of elevation possible, no more than a 30° angle, in accordance with medical conditions.	20	17.5	94	82.5
While sitting in a chair, a person who is unable to move should be repositioned every 2 hours.	23	20.2	91	79.8
When moving a person up in bed, friction may occur.	20	17.5	94	82.5
The educational program				
Educational programs may help to reduce the prevalence of PUs.	19	16.7	95	83.3

In terms of overall nurse knowledge in preventing pressure ulcers, the highest percentage of nurses (74.6%) have good knowledge, followed by 21.9% have fair knowledge, and only 3.5% have poor knowledge.

Table (3): Overall Nurse's Knowledge about Prevention of Pressure Ulcer

Overall Nurse's Knowledge about Prevention of Pressure Ulcer	**F.**	**%**
Poor	4	3.5
Fair	25	21.9
Good	85	74.6
Total	**114**	**100**

Concerning the relationship between overall knowledge and demographic characteristics and clinical history of staff nurses, there is a very highly significant relationship between overall knowledge and clinical setting of working (P-value < 0.001), but there is a non-significant relationship between overall knowledge and the rest of the demographic characteristics and clinical history of staff nurses (P-value > 0.05).

Table (4): The relationship between staff nurses' overall knowledge, demographic characteristics, and clinical history

Demographic Characteristics and Clinical History		Overall Knowledge						P-value
		Poor		Fair		Good		
		F.	%	F.	%	F.	%	
Age Group (years)	19-32	2	2.6	14	18.2	61	79.2	0.105
	33-46	1	3.2	8	25.8	22	71	NS
	47-60	1	16.7	3	50	2	33.3	
Gender	Male	3	5.4	9	16.1	44	78.6	0.220
	Female	1	1.7	16	27.6	41	70.7	NS
Education	Diploma	4	4.6	20	23	63	72.4	0.760
	College	0	0	5	19.2	21	80.8	NS
	Master	0	0	0	0	1	100	
Clinical experience in nursing	1-4	1	2.1	8	17	38	80.9	0.436
	5-10	1	2.6	8	21.1	29	76.3	NS
	>=11	2	6.9	9	31	18	62.1	
Clinical setting of working	Medicine	3	30	0	0	7	70	< 0.001
	Surgery	0	0	9	23.1	30	76.9	VHS
	Cardiology	0	0	1	5	19	95	
	Dialysis	1	12.5	4	50	3	37.5	
	Gynecology	0	0	11	64.7	6	35.3	
	Others	0	0	0	0	20	100	
Training history regarding pressure ulcer prevention	Yes	0	0	7	15.2	39	84.8	0.068
	No	4	5.9	18	26.5	46	67.6	NS
Job Satisfaction	Yes	4	3.8	21	20.2	79	76	0.312
	No	0	0	4	40	6	60	NS
Heavy workload	Yes	4	4	20	20	76	76	0.338
	No	0	0	5	35.7	9	64.3	NS

Regarding the practice of nursing toward pressure ulcer prevention, which was done by the observational checklist-style, most nurses have had enough practice with pressure ulcer prevention and they got high marks located between 77.2% and 93.9% of practical achievement. However, they lack practice in lowering the bed head before repositioning and providing a smooth and wrinkle-free bed during the practice (19.3%, and 22.8% respectively).

Table (5): Staff nurses' practices for preventing pressure ulcers

Staff nurses' practices for preventing pressure ulcers	Not achieved		Achieved	
	F.	%	F.	%
Perform a skin assessment for pressure ulcer	17	14.9	97	85.1
Lower the bed head before repositioning	22	19.3	92	80.7
Reposition the patient every 2 hourly	17	14.9	97	85.1
Provide back care to the patient	17	14.9	97	85.1
Follows steps of back care	19	16.7	95	83.3
To hydrate the skin, apply a skin moisturizer or lotion.	18	15.8	96	84.2
When changing, positioning, or lifting the patient, use a draw sheet.	16	14	98	86
To prevent heels from touching the bed, place the pillow under the patient's leg.	18	15.8	96	84.2
Provide smooth and wrinkle-free bed	26	22.8	88	77.2
Monitor intake of nutritional diet	21	18.4	93	81.6
Provide adequate fluid intake for hydration (water, IV fluids)	12	10.5	102	89.5
Advice to patient or caregiver regarding the prevention of pressure ulcer	7	6.1	107	93.9

Concerning the overall nurse's practice toward pressure ulcer prevention, the highest percentage of the nurses have a good practice (75.4%) and the rest achieved only 24.6% of the practical steps in the prevention of pressure ulcers.

Table (6): Staff nurses' overall practice for preventing pressure ulcers

Staff nurses' overall practice for preventing pressure ulcers	F.	%
Fair	28	24.6
Good	86	75.4
Total	114	100

Table (7): Relationship between staff nurses' demographics, clinical background, and overall practice

Demographic Characteristics and Clinical History		Overall Practice				P-value
		Fair		Good		
		F.	%	F.	%	
Age Group (years)	19-32	18	23.4	59	76.6	0.330
	33-46	7	22.6	24	77.4	NS
	47-60	3	50	3	50	
Gender	Male	12	21.4	44	78.6	0.445
	Female	16	27.6	42	72.4	NS
Education	Diploma	21	24.1	66	75.9	0.814
	College	7	26.9	19	73.1	NS
	Master	0	0	1	100	
Clinical experience in nursing	1-4	10	21.3	37	78.7	0.787
	5-10	10	26.3	28	73.7	NS
	>=11	8	27.6	21	72.4	
Clinical setting of working	Medicine	0	0	10	100	0.012
	Surgery	12	30.8	27	69.2	S
	Cardiology	2	10	18	90	
	Dialysis	2	25	6	75	
	Gynecology	9	52.9	8	47.1	
	Others	3	15	17	85	
Training history regarding pressure ulcer prevention	Yes	10	21.7	36	78.3	0.565
	No	18	26.5	50	73.5	NS
Job Satisfaction	Yes	22	21.2	82	78.8	0.006
	No	6	60	4	40	HS
Heavy workload	Yes	21	21	79	79	0.018
	No	7	50	7	50	S

In terms of the relationship between overall practice and demographic characteristics and clinical history of staff nurses, there was highly significant relationship between overall practice and job satisfaction (P-value 0.006), as well as a significant relationship with clinical setting of work and heavy workload (P-values of 0.012 and 0.018 respectively). However, there is no statistically significant relationship between overall practice and the other demographic characteristics and clinical history of staff nurses (P-value > 0.05).

Table (8): The relationship between overall knowledge and overall practice regarding pressure ulcer prevention among staff nurses

The relationship between overall knowledge and overall practice regarding pressure ulcer prevention among staff nurses			
		Overall Knowledge	Overall Practice
Overall Knowledge	Pearson Coefficient of Correlation	1	0.619
	Sig. (2-tailed)		< 0.001
	N	114	114
Overall Practice	Pearson Coefficient of Correlation	0.619	1
	Sig. (2-tailed)	< 0.001	
	N	114	114

The correlation between overall knowledge and practice is very highly significant (P-value < 0.001) but in moderate strength (61.9%) with positive direction, this means that gaining knowledge will increase practice level concerning the prevention of pressure ulcers among staff nurses.

4. DISCUSSION

There are several worldwide studies on pressure ulcer prevention knowledge, attitude, and practice, but very few national studies. In the present study demonstrated that nurses who took part in the survey about (74.6%) had good knowledge regarding PUP. The outcomes showed that the total score of nurse's knowledge on PI prevention was greater than the PUKAT cutoff point (more than 60% of the total score) (Beeckman *et al.*, 2010). Similarly, a study conducted in Cyprus declared that about (77%) of nurses answered correct answer with the nearly similar sample size (Charalambous *et al.*, 2019). While lower scores reported in a study among nurses at the Intensive Care Unit in Al-Diwaniyah Teaching Hospital, Iraq (53.8) (Noor and Hassan 2021). Also a very recent study conducted in Iraq among nurses concluded that overall nurses had inadequate knowledge regarding pressure ulcer prevention (Al-khazali AH, 2023). Furthermore, the scores were higher than the finding of the study in Alexandria Insurance Hospitals (<70%)

(El (Enein, and Zaghloul,2011) and a study conducted in Bangladesh (57.79%) (Islam S, and Khupantavee N, 2010). While a higher knowledge score (86.2%) documented among nurses in Sanandaj Educational Healthcare Centers, Iran (Kanani, and Moradi, 2017). These differences could result from a different scoring system and a smaller sample size and the area of sample collection. Another reason could be nurse's heavy workload and number of pressure ulcer patients.

A detailed analysis of nurses' knowledge scores in connection to socio-demographic variables reveals that, except for clinical working positions ($p<0.001$), there were no significant relationships between these factors and knowledge. However, in other studies knowledge level might be due to several factors including receiving training and previous experiences with patients (Aydin, and Karadag, 2010), age (Kaddourah, and Al-Tannir M, 2016), and heavy workload (Soozani, and Pourheidari,2012). Also, research has shown that there are very statistically significant disparities between knowledge and its domains (Zainel IH, 2023). The findings of this study revealed that the nurses' practices were generally acceptable (75.4%). In line with our findings in a multicenter study in Iran demonstrated that nurses' practices were generally desirable (Khojastehfar S, and Haghani S, 2020). In a study conducted in Egypt, the mean total practice scores of nurses improved after implementing the program (Mohamed SA and Weheida SM, 2015).While a low level was scored in other studies, according to a study conducted at Gondar University Teaching Hospital (Etafa W, 2015) nearly half of the nurses (48.4%) have good PUP practice. In addition, a study conducted in a hospital in Lahore revealed that study nurses had (36%) poor PUP practice (Nasreen, and Sarwar, 2017). Scores of practice were significantly associated with a heavy workload, job satisfaction, and the clinical setting of working. This result is comparable to the Ugandan survey in which most nurses see a lack of personnel as a barrier to PUP treatment. In Gondae University and six public hospitals in AA, the heavu workload was also boggest obstacle to PUP practice (Nuru and Mehretie, 2015). Morevover, the most commonly stated causes of low PUP practice were the hard workload and a lack of equipment (Berihu, and Gerensea, 2020).

Interestingly, the results found a positive relationship (P-value < 0.001) between knowledge and practice. In practice correlated in large Iranian research. The practice of PUP is improved by good knowledge and attitude (Mohamed SA and Weheida SM ,2015). Furthermore, according to one study, nurses' practice is almost entirely reflected by their knowledge of PU prevention ((Berihu ,and Gerensea, 2020). As such, continuous nurse training, years of experience, and a reduction in workloads may have a significant impact on the practice. The consequence might be an improvement in the nurse's knowledge, which would enhance practice toward PUP. According to research, the number of nurses present at the patient's bedside and their duration of presence can have a direct impact on the development of pressure ulcers (Assefa, and Shiferaw 2017)

5. CONCLUSION

Compared to the benchmark score of more than half of the nurses in the current study have acceptable knowledge and practice about PUP. The extent of nursing practices was found to be related to nursing knowledge.

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زانیاری و پراکتیکی پەرستاران بەرامبەر بە خۆپاراستن لە بریتی پەستان لە نەخۆشخانە حکومییەکان لە ناوچەی ئاکرێ-هەرێما کوردستانێ - عێراق

پوختە

بریتی فشار بریتییە لە بریندار‌بوونێک بۆ پێست و شانەکانی ژێرەوەی کە بەهۆی فشار، بڕین، یان خۆلێدانەوە دێتە ئاراوە، بەگشتی لەسەر دەرکەوتنی ئێسک گەشە دەکات و وەک بریتێکی کراوە یان بریتێکی چاکنەبووەوە دەردەکەوێت. توێژینەوەکە هەوڵی هەڵسەنگاندنی زانیاری و پراکتیکەکانی پەرستاران سەبارەت بە خۆپاراستن لە بریتی فشار لە قەزای ئاکرێ لە عێراقدا داوە. توێژینەوەیەکی بڕبڕەیی کە 114 پەرستاری شایستە لە دوو نەخۆشخانەی گشتی لەخۆگرتبوو لە 26ی تەممووز تا 28ی ئابی 2022 ئەنجامدرا. بەشداربووانی توێژینەوەکە بە بەکارهێنانی تەکنیکێکی نمونەگرتنی ئاسانکاری هەڵبژێردران. بۆ هەڵسەنگاندنی پەیوەندییەکانی نێوان زانیاری و پراکتیک، بە بەکارهێنانی SPSS وەشانی 26 ئەنجامدرا. لە نێوان هەموو پەرستارانی بەشداربوو لەم توێژینەوەیەدا، (74.6%) ناوەکی پەسەندکراوی زانیاری خۆپاراستن لە بریتی فشاریان هەبوو، و (75.4%) پراکتیکی قبوڵکراویان هەبووە. دۆزینەوەکانی ئەم توێژینەوەیە دەریانخست کە وەڵامدەرەوەکان زانیاری تەواویان هەبووە سەبارەت بە خۆپاراستن لە بریتی فشار. شوێنی کارکردن پەیوەندییەکی بەرچاوی لەگەڵ زانیاری و پراکتیکەکانی پەرستاران هەبوو. هەروەها، پراکتیکەکانی پەرستاران پەیوەندییەکی بەرچاویان بە ڕەزامەندی لە کار و باری قورسی کارەوە هەبوو. زانیاری و پراکتیکی پەرستاران بۆ خۆپاراستن لە بریتی فشار لەم لێکۆڵینەوەیەدا جێگەی ڕەزامەندی بوو. زیادکردنی فرێکوێنسیی ڕاهێنان لە نەخۆشخانە حکومییەکان دەتوانێت یارمەتیدەر بێت بۆ باشترکردنی تێگەیشتنێکی ورد لە بریتی فشار لەنێو پەرستاران لە هەرێمی کوردستان، عێراق.

معرفة وممارسات الممرضات من أجل الوقاية من قرحة السريرفي المستشفيات الحكومية في منطقة عقرة-اقليم كوردستان – عيراق

الخلاصة

قرحة الضغط هي إصابة بالجلد والأنسجة الكامنة ناتجة عن الضغط أو القص أو الاحتكاك ، وهي تتطور عمومًا فوق بروز عظمي وتتجلى إما كقرحة مفتوحة أو جرح غير قابل للشفاء. سعت الدراسة إلى تقييم معرفة وممارسات الممرضات فيما يتعلق بالوقاية من قرحة الضغط في منطقة عقرة في العراق. أجريت دراسة مقطعية شملت 114 ممرضًا مؤهلاً من مستشفيين عامين في الفترة من 26 يوليو إلى 28 أغسطس 2022 ، وتم اختيار المشاركين في الدراسة باستخدام تقنية أخذ العينات الملائمة. تم تقييم معرفة وممارسة الممرضات باستخدام استبيان منظم تم اعتماده. لتقييم الروابط بين المعرفة والممارسة ، تم إجراء الإحصائيات الوصفية والجداول واختبارات Chi-Square واختبارات فيشر الدقيقة باستخدام الإصدار 26 من SPSS. و(75.4٪) لديهم ممارسات مقبولة. أظهرت نتائج هذه الدراسة أن المستجيبين لديهم معلومات كافية حول الوقاية من قرحة الضغط ، والتي ربما تكون قد ساهمت في سلوكهم المقبول (p>0.05). كان لإعداد العمل ارتباط كبير بمعرفة وممارسات الممرضات. أيضًا ، ارتبطت ممارسات الممرضات بشكل كبير بالرضا الوظيفي وعبء العمل الثقيل. كانت معرفة وممارسة الممرضات للوقاية من قرحة الضغط في هذه الدراسة مرضية. زيادة وتيرة التدريب في المستشفيات العامة يمكن أن تساعد في تحسين فهم شامل لقرحات الضغط بين الممرضات في إقليم كردستان ، العراق.