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Relationship Between Practice and Attitude Regarding Pressure Injury Among Intensive Care Nurses in Iran: A Descriptive, Correlational Study

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Abstract

Nursing practice can be influenced by attitude.

Purpose: A study was conducted to evaluate the relationship between critical care nurses' practice, demographics, and attitude regarding pressure injury.

Methods: The descriptive-correlational study was conducted from March 14 to June 21, 2019, among nurses working in 3 intensive care units affiliated with Oazvin University of Medical Sciences in Iran. Using convenience sampling methods, nurses with at least a bachelor's degree in nursing who are involved in pressure injury care were invited to participate. Demographic information (age, sex, work experience in intensive care unit, education level) and pressure injury education information were collected from participants. Each nurse was observed 3 times by a researcher during his or her full work shift and evaluated using the Quality of Nursing Care Related to Pressure Injury checklist, which consists of 85 items categorized in 6 groups: 1) pressure injury risk factor evaluation (23 items), 2) change of patient position (12 items), 3) patient nutrition (16 items), 4) skin examination (25 items), 5) skin care in high-risk patients (5 items), and 6) use of accessories for pressure injury prevention (4 items). Each item offers 3 response options (ie, applied, not applied, applied but not correct). Correct responses on 70%, 69% to 50%, and less than 50% of items indicate good, relatively good, and poor practice, respectively. The Attitude Towards Pressure Ulcer Questionnaire, used to assess nurses' attitudes regarding pressure injury prevention, is a paper-and-pencil questionnaire that is completed by the nurse participants and consists of 11 items, with answers based on a 5response Likert scale that ranges from 1 (totally agree) to 5 (totally disagree). The total score ranges from 11 to 55. A higher score indicates a more positive attitude. Descriptive statistics including mean and standard deviation were used to describe demographic information, and analytical tests including Pearson correlation test were used to determine the correlation between numerical variables. An independent t test was used to evaluate the differences in mean scores of numerical variables between the 2 groups. Significance level was considered as P < .05.

Results: The mean quality-of-nursing checklist score was 71.4 ± 13.5 , inferring nurses provided good care. The highest and lowest mean scores were related to skin examination (22.8 \pm 3.7) and skin care in high-risk patients (4.3 \pm 0.8). The mean overall score of nurses' attitudes toward pressure injury was 27.26 ± 5.1 , indicating a positive attitude toward providing pressure injury care and prevention. There was a significant and positive relationship between mean years of practice and the mean attitude score (r = 0.195; P = .041) as well as a significant relationship between quality of practice and attitude score (r = 0.195; P = .041) Conclusion: Ninety percent (90%) of critical care nurses demonstrated a good practice and a relatively

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positive attitude toward pressure injury. Additionally, the findings suggest that nurses with more years of experience and a more positive attitude have better quality of practice. The results of the present study could be useful for improving pressure injury care in the hospital setting and for educating nurses and nursing students. Further research that includes nurses in other wards is warranted.