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Preventing pressure injuries in nursing home settings using Behaviour Change Approach

## Introduction

Preventing pressure injuries in nursing home residents is a critical issue in long-term care due to the vulnerability of this population and the challenges in maintaining consistent preventative practices. Preventing Pressure Injury in Nursing Homes: Developing a Care Bundle Using the Behaviour Change Wheel by Lavallée et al. (2019) is an intervention conceptualized using theory aiming at maximizing pressure injury prevention practice among nursing home care professionals. Stakeholder participation in research development is criticized in an article, intervention is described and tailored, and its generalizability and appropriateness for practice are evaluated.

## Introduction of the Study

Lavallée et al. (2019) aimed to coproduce, using an organized and theory-informed process known as the Behaviour Change Wheel (BCW), a pressure injury prevention care bundle for nursing home settings. BCW uses the COM-B model—capability, opportunity, and motivation—as its foundation to explain and modify behavior. Workshops, interviews, and consultations were used by the researchers to design an intervention to modify pressure injury prevention behavior in nursing home staff. The research aimed at developing an intervention that was context-specific, feasible, and evidence- and theory-informed.

## Incorporating Stakeholders in CO

Although residents in nursing homes and the public at large were not part of the research design, extensive use was made of nursing home staff stakeholder knowledge. Registered nurses, healthcare assistants, and tissue viability nurses were put through a 4-hour workshop during which the Nominal Group Technique (NGT) was used.

Stakeholders voted and prioritized pressure wound prevention measures based on what they knew and experienced, derived from this process. Additional consultation was done by email and through one-to-one appointments with those tissue viability nurses who were not available for the workshop. Through such collaboration, ultimate recommendations for best practice care bundles were made possible, in addition to reflection for delivery of care in nursing homes (Lavallée et al., 2019, pp. 5–6).

## Intervention description and tailoring

The resulting care bundle contained three key components: support surface use, inspection of the skin, and repositioning of the resident. These were ranked as the strongest interventions in the workshop. Interventions were facilitated by functions of behavior change such as education, training, feedback, and modeling. In aid of implementation, BCTs such as provision of information for health consequences, provision of feedback for performance, and use of prompts and cues were used.

The intervention was not consistently given to all residents in the nursing home. Instead, risk assessment each month determined who would receive each care bundle, and each intervention's frequency was adjusted in relation to an individual's risk status. For instance, 2-hourly repositioning was for high risks, while for other residents, it was done less frequently (Lavallée et al., 2019, p. 6). This risk-based approach enabled personalization within an overall pattern of care.

Generalizability of the Study

The research was conducted in one geographic area—North West England—and among a limited sample of nursing homes and tissue viability nurses. Despite this, using BCW approach and BCT Taxonomy V1 supports intervention design generalizability. Theory-based interventions have better prospects for replicated efficacy in different settings because they address drivers of behaviour modification. In addition, care bundle involves intervention strategies (repositioning, inspection of skin, support surfaces) used in the majority of long-term care centers globally. As such, although research was specific, implications and processes can be translated to other nursing homes sharing similar staffing and resource constraints.

Relevance to Practice

The care bundle developed in this research has significant practice implications. First, it offers a systematic yet adaptable approach to consistent pressure injury prevention. Second, it empowers nursing home staff through staff training, feedback, and peer support measures, for example, using “skin champions.” They serve as role models and receive hands-on training, enhancing staff capacity and morale. Importantly, the intervention tackles usual nursing home barriers—i.e., staff shortages, staff turnover, and poor training—by offering pragmatic and scalable solutions. Implementation is clearly planned for, identifying who delivers each component, how often, and where (Lavallée et al., 2019, pp. 8–9).

Furthermore, by involving staff in development and tailoring care delivery to each resident's requirements, the care bundle respects resident-centered practice values and staff knowledge. It enhances documentation quality and communication and can reduce pressure injury prevalence and intensity—improving residents' outcomes and organizational effectiveness.

Conclusion

Lavallée et al. (2019) introduce an evidence-informed, theory-based process for developing a pressure injury prevention care bundle for long-term care homes. Residents were not directly involved in design, although frontline providers were engaged in intervention development. Its balance of structure and individualization, evidence base, and behavioural underpinning make this care bundle significant to practice in its potential to standardize care, support staff autonomy, and drive better resident outcomes. Future research should include an assessment

of the effectiveness of the bundle in practice and consideration of wider implementation in diverse care settings.