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# CERTIFICATION

I hereby certify that research: The Qualities of nurses that enhance the nurse-patient relationship was carried out by under the supervision of Mr. CHRISTOPHER WEHFON in the nursing department at HIGHER INSTITUTE OF TECHNOLOGY BUSINESS AND MANAGEMENT SCIENCES.

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**Student**

22/03/2025

**Date**

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# DEDICATION

To all those who are suffering from pressure sores

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# ACKNOWLEDGEMENTS

I wish to extend a sincere thank you to all who have contributed to this work:

The Yaounde Central Hospital, who permitted my research to be carried out in their institution

To the Higher Institute of Technology, Business and Management who permitted me to go and carry the research

My supervisor, MR CHRISTOPHER WEHFON for his tireless effort to make the dreams of this work reality

My entire family and

Finally, to God Almighty for his boundless love and goodness.

**ABSTRACT**

Pressure sore [PS] otherwise called decubitus ulcers are injuries that break down the skin and underlying tissues. They are common problems in health care, and represent a significant burden on patients, their relatives and caregivers [Black et al 2007]. This study was a hospital based prospective study that was carried out at the medical unit of the Yaounde Central Hospital and it went for a period of 4 weeks.

Pressure ulcers are a significant healthcare problem worldwide, which affects several thousands of people each year (Bansal C et al, 2005). Up to 3million adults are affected annually in the united state alone (Phillips TJ et al,2019). The global incidence of hospital-acquired PI is 8,4% and among intensive-care unit [ICU] patients, it is even higher, ranging from 6.60% to 36.80%.

From the observations made during the past internships it was noticed that pressure sores where being managed only by medical doctors therefore the origin of my topic An Assessment On Nurses Knowledge and Management of Pressure Sore in the Medical unit of the Yaounde Central Hospital.

The eligible participants of this study were nurses working at the medical unit of the Yaounde Central Hospital.

Questionnaires concerning pressure sores were handed to 50 nurses and their responses were recorded on their questionnaires.

The candidate opted for a descriptive approach more specifically a survey research and quantitative approach

It was fined that 16% of nurses has the knowledge on pressure sores

But a population of 40 %could manage it.

The recommendation for this study is that, in-service training and refresher courses about PU should be designed for the nurses. Also, Hospital policies and guidelines are needed to promote nurses’ knowledge and management of PS

Key words; Assessing, knowledge, Management, Pressure sores

**LIST OF ABBREVIATION**

**PU; Pressure Ulcer**

**PS; PRESSURE SORES**

**PI; Pressure injury**

**LIST OF TABLES**

**CHAPTER ONE**

**INTRODUCTION**

* 1. **BACKGROUND**

**Pressure ulcer** otherwise called decubitus ulcers are areas of localized injury to the skin, underlying tissue or both, usually over bony prominence, as a result of pressure or in combination with shear or friction. Pressure ulcers are common and painful health condition, particularly among elderly people. Pressure ulcer have also been associated with an extended length of stay, sepsis, and mortality (IHI, n.d.;RNAO, 2011). These ulcers are present 70% of time in the sacrum, ischial tuberosity, and greater trochanter. However they can also occur in the occiput, scapula, elbow, heel, latera l malleolus, shoulder, and ear (Mervis JS *et al,* 2019). It is estimated that 60,000 deaths occur each year in the United States of America USA due to pressure ulcer related complications (Brain *et al*, 2004). Although 70% of ulcer occur in persons older than 65years (Whittington *et al*, 2000). Younger patients with neurologic impairment or severe illness are also susceptible (Bluestein *et al*, 2008). Comparative studies conducted in Europe, United States, Canada and Australia have provided estimates of annual PU prevalence rate among the elderly and mobility impaired patients in hospitals ranging from 8.3 to 25.1% (Woodbury *et al*, 2004). Furthermore, report has shown that for every 1,000,000 patient who developed PU , 65,000 die from complications (Agency for healthcare research quality, 2008), (Hospital & *al*, 2015). Pressure injury remains a critical health issue worldwide. The global incidence of hospital -acquired PI is 8.4% and among intensive-care unit ICU patients, it is even higher, ranging from 6.60% to 36.80%. it is important to investigate ICU nurses PI prevention knowledge, attitudes and practices KAP. As the demand for health care and nursing increases because of the growing aging population, the need for institutions to provide long term care for the elderly is also rising. Such ever-growing demand has led long-term care facilities for seniors to mushroom in Korea exponentially from 19 in 2000 to 8825 in 2010. A total of 92.7% of long-term care facilities users are over 65 years old. Most of them are malnourished and in need of a great deal of care from others. (Kim *et* Lee, 2019). Almost 1.7 million patients develop PUs per year. Considerable variability in the incidence of PUs between developed and developing countries exist, with an estimated incidence rate of 8.3% to 25.1% in developed countries and 2.1% to 31.3% in developing countries. Lack of knowledge and skills in PUs prevention contribute substantially to the occurrence or deterioration of PUs. Although evidence-based guidelines for the prevention of PUs have been developed extensively and have been supported globally the problem is still widely spread in health care facilities around the world (Kaddourah *et al* 2016). Knowledge, attitudes and skills are necessary to prive effective health care. Literature about knowledge of health care providers towards PUs prevention is inconsistent. Some studies reveals that the overall knowledge is appropriate while others show that the knowledge about PUs is adequate. Also, despite the position attitude towards PUs prevention, various studies have revealed a gap between theory and practice. (Kaddourah *et al* 2016). Pressure ulcer PU in the elderly and hospitalized patient s represents an important problem, due to the high ratios found and the emotional and financial costs they entail. PU entail high cost for the patient, family, hospital, health institution and society as a whole. This condition demands continuity and extension of care beyond the end of the hospitalization. It entail socioeconomic consequences for the country and the health system, as it increases morbidity and mortality, impairs the patients and families quality of life and generate more spending on resources that often are already scarce (Miyazaki *et al* 2010). Some risk factors for the development of pressure ulcer/injuries include advanced age, immobility, incontinence, inadequate nutrition and hydration, neuro-sensory deficiency, device-related skin pressure, multiple comorbidities and circulatory abnormalities. 90% of pressure ulcers are avoidable (Ebi *et al*, 2019).

* 1. **Statement of The Problem**

Pressure ulcers are a significant healthcare problem worldwide, which affects several thousands of people each year (Bansal C *et al,* 2005). Up to 3million adults are affected annually in the united state alone (Phillips TJ *et al,*2019).

The global incidence of hospital-acquired PI is 8,4% and among intensive-care unit [ICU] patients, it is even higher, ranging from 6.60% to 36.80%. it is important to investigate ICU nurses on their knowledge and management of PI [KM]. As the demand for health care increases because of the growing aging population, the need for institutions to provide long-term care for the elderly is also rising. A total of 92.7% of long-term care facilities users are over 65 years old. Most of them are malnourished and in need of a great deal of care from others. [lee et al 2019]. almost 1.7million patients develop Pus per year. considerably variably in the incidence of Pus between developed and developing countries exist, with an estimated incidence rate 8.3% to 25.1% in developed countries, and 2.1% to 31.3% in developing countries. Lack of knowledge and skills in Pus prevention contribute substantially to the occurrence of deterioration of Pus. Although evidence-based guidelines for the prevention of Pus have been developed extensively and have been supported globally, the problem is still widely spread in health care facilities around the world. [ Kaddourah et al, 2016].

In South Africa data of 141 patients (97%) were analysed. In total, 71 (50.3%) patients had one or more complications where the most common was pressure ulcer with a number of 42 patients (29.8%).[C Joseph et al, 2016 ].

No specific research has been published yet about pressure sores and its prevalence in Cameroon

**1.3: RESEARCH QUESTIONS**

**1.3.1 Main research question.**

What knowledge do nurses have in management of pressure sore at the Yaounde Central Hospital .

**1.3.2 Specific research questions.**

What knowledge do nurses of the Yaounde Central Hospital have on pressure ulcer?

How do nurses manage pressure sore at the Yaounde Central Hospital.

**1.4 RESEARCH OBJECTIVES**

**1.4.1 Main objective.**

To determine the nurse’s knowledge and management pressure sore the Yaounde Central Hospital.

**1.4.2 Specific objectives**

To evaluate nurse’s knowledge on pressure sore at the Yaounde Central Hospital.

To ascertain the nurses’ management of pressure sore at the Yaounde Central Hospital.

**1.4.3 Significance of the study**

This research will help us to gain and acquire more knowledge on pressure sores and how to better manage and prevent them. This research will help the administrators of the hospital to gain more knowledge on pressure sores and provide good materials for the treatment and prevention of bed sores in the hospital setting. This is because through this research more knowledge and techniques will be acquired on how to better manage pressure sores. This research will help the participants to be aware of the pressure sores, gain knowledge on the management and prevention of pressure sores among the elder. This research will help the nurses to gain more skills on how to manage, prevent and educate elderly on pressure sores. This will be possible through the application of knowledge gain during research. This research will help the future researchers to gain knowledge on research work concerning pressure sores on the elderly and how to carryout different research towards that field

**1.5 DEFINITION OF KEY TERMS**

**Knowledge:** Facts, information and skills acquired through experience or education

**Nurse:** A person trained to care for the sick and infirm especially in hospitals

**Management:** The coordination and administration of tasks to achieve a goal

**Pressure sore:** Localized injury to the skin, underlying tissue or both, usually over bony prominence, as a result of pressure or in combination with shear or friction.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1 INTRODUCTION**

Pressure ulcers are wounds or injuries that occur on the skin and deeper soft tissues. These wounds tend to occur in areas of bony prominence and primarily in individuals who are immobile (Margolis et a, 2002). The development of pressure ulcers remains a problem and is a major issue in nursing care quality. (Shahin et al, 2008).

Nurses are often found to demonstrate poor knowledge to the PU prevention guidelines. The compliance of nurses to the guidelines is found to be influenced by several barriers. A lack of knowledge is an apparent barrier for using the guidelines in clinical practice (Rasero et al, 2015).

Furthermore, nurses’ knowledge about PU prevents and treatment a prerequisite to undertake effective prevention and therapeutic interventions of PU and its complications which can lead to mortality if not treated effectively (Saleh et al, 2019). Nurses are not fully aware of the importance of using up to date PU prevention protocols and may not have been expose to current evidence-based practices hence limited knowledge on pressure sore which can also go ahead to affect its management (Qaddumi et al, 2014). More importantly pressure sore education improve knowledge, studies have also showed that regular educational updates are needed to maintain and improve PU knowledge and practice standard among nurses (Khawalded et al,2014). Furthermore, pressure ulcer (Pus) is a major health problem resulting in reduced quality of life and demanding resources from health care systems worldwide. Pressure sores are also seen an outcome of poor-quality nursing care which is as a result of limited knowledge on that. They are largely preventable (Saleh et al, 2019). But never the less, pressure sore education improve knowledge. Studies have also shown that regular educational updates are needed to maintain and improve PU knowledge and practice standards (Unver et al, 2017). Some studies had as well shown that nurses had a positive and strong attitude toward the importance of preventing pressure ulcer as they have an important role among using some rehabilitation techniques for positioning and mobilizing the patients (Etafa et al, 2018), pressure ulcers are among the indicators of nursing care quality and nurses play a vital role in prevention and responding to the onset of these ulcers. In the ICU, patients care team have been assigned to prevent the incidence of pressure ulcers and its team members not only to pay attention to patients’ early illness but also to take in account any potential risk of hospitalization that ultimately leads to site effects (Khojastehfar et al, 2020). Also, despite the positive attitude towards PUs prevention, various studies have revealed a gap between theories and practice (Kaddourah et al, 2016). Nurses consider multiple patient characteristics for pressure ulcer risk assessment but regards some conditions more important than others. Triangulation showed that these are measures reflecting patients’ exposure to pressure or overall care dependency (Balzer et al, 2014). Studies showed allied health professions such as occupational therapist and physiotherapist had a positive and strong attitude towards the importance of preventing pressure ulcers as they have an important role among using some rehabilitation techniques for positioning and mobilizing the patient (Berihu et al, 2020).

**2.2 SIGNS AND SYMPTOMS OF PRESSURE (STAGES)**

\***Stage 1: Non-Blanchable Erythema**

- The skin is intact, but there is a non-blanchable redness (erythema) that does not fade when pressed.

- The skin may feel warm or firm to the touch .

\* **Stage 2: Partial-Thickness Skin Loss**

- The skin is broken, and there is a partial-thickness skin loss, presenting as a blister, abrasion, or shallow crater.

- The wound bed is pink or red, and there may be some slough (dead tissue) present.

**\*Stage 3: Full-Thickness Skin Loss**

- The skin loss is full-thickness, extending through all layers of the skin.

- The wound bed is visible, and there may be some fat visible.

- Slough or eschar (dead tissue) may be present.

**\*Stage 4: Full-Thickness Skin and Tissue** **Loss**

- The skin and tissue loss is full-thickness, extending through all layers of the skin and into the underlying tissue.

- The wound bed is visible, and there may be exposed bone, tendon, or muscle.

- Slough or eschar may be present.

**2.3 MANAGEMENT OF PRESSURE SORES**

In this section we shall be examining the way different nurses manage pressure sore especially at the level of the hospital. This is because every nurse has different knowledge towards pressure sore hence diverse ways of management or nursing intervention.

1. **Pressure redistribution:** Use support surfaces e.g mattrasses, cushions to redistribute pressure
2. **Positining:** Regularly reposition patients to alleviate pressure after every 2hours
3. Skin care: Maintain god skin hygiene using normal and not harsh products, also clean the beds sheets and adequately change urinary catheters to avoid leackage
4. **Debridement:** Remove dead tissues, slough, or eschar to promote healing
5. **Dressing and wound care:** Apply dressings and provide wound care according to pressure sore’s stage and patients needs
6. **Pain management:** Assess and manage pain associated with pressure sore
7. **Nutrition and hydration:** Ensure patients receive adequate nutrition and hydration to ensure wound healing
8. **Education and support:** Educate Patients And Caregivers On Pressure Sores Prevention And Management

**2.4 COMPLICATIONS AND PREVENTION**

Pressure ulcers cause infection, delay recovery, longer hospitalization, increase morbidity and mortality rates, increase healthcare expenses and workforce loss (Kasikci et al, 2018). In addition, pressure ulcers increase the cost of hospitalization, increase patient morbidity and mortality and play a significant role in the spread of infection in the clinical area (Mwebaza et al, 2014). Furthermore, pressure sores significantly limit many aspects of an individual’s well-being, including general health and physical, social, financial and psychological quality of life (Levine et al, 2005).We have local, systemic and other complications;

1. Local complications
2. Infection: bacteria, fungal, or viral infection can occur in the pressure sore, leading to sepsis, abscesses or osteomyelitis
3. Abscesses: Pus-filled pockets can form in the pressure sore, requiring drainage or surgical intervention
4. Osteomyelitis: Infection of the bone, which can lead to bone destruction, deformity or sepsis
5. Sinus tracts: Abnormal connections between the pressure sore and surrounding tissue or organ
6. Systemic complications
7. Sepsis: Life threatening condition caused by the spread of infection through the bloodstream.
8. Bacteremia: Presence of bacteria in the bloodstream, which can lead to sepsis or organ failure.
9. Endocarditis: Infection of the heart valves, which can lead to heart failure or stroke.
10. Meningitis: Infection of the membranes surrounding the brain and spinal cord.
11. Other complications
12. Amputation: In severe cases, pressure sores can lead to amputation of the affected limb.
13. Contractures: Permanent shortening of muscles, tendons, or ligaments, leading to deformity or disability.
14. Pain and discomfort: Pressure sores can cause significant pain and discomfort, affecting quality of life.
15. Psychological distress: Pressure sores can lead to anxiety, depression, and decreased selfesteem.

**2.5 Prevention of pressure sores**

1. Reposting and Pressure Redistribution
2. Regular repositioning; Reposition patients every 2 hours to alleviate pressure on vulnerable areas.
3. Use of support surfaces; Utilize support surfaces, such as mattresses, cushions, or overlays, to redistribute pressure.
4. Skin Care and Hygiene
5. Cleanliness; Maintain good skin hygiene, cleaning the skin gently and avoiding harsh products.
6. Moisture management; Manage moisture effectively, using absorbent pads or briefs as needed
7. Nutrition and Hydration

1. Adequate nutrition; Ensure patients receive adequate nutrition, including protein, vitamins, and minerals.
2. Hydration; Encourage patient to drank plenty of water to stay hydrated.
3. Risk assessment and Monitoring
4. Risk assessment tool; Use risk assessment tools, such as the Braden Scale or Norton Scale, to identify patients at risk.
5. Regular skin inspections; Regularly inspect patients skin for signs of pressure sores.
6. Education and Support
7. Patient education; Educate patients and caregivers on pressure sore prevention and management.
8. Support and resources; Provide support and resources to patients and caregivers to promote pressure sore prevention.
9. Other Preventive Measures
10. Use of pressure redistributing devices; Utilize pressure redistributing devices, such as wheelchair cushions or seat pads.
11. Avoidance of shear and friction; Avoid shear and friction forces that can contribute to pressure sore development.

By implementing these preventive measures, healthcare professionals can significantly reduce the risk of pressure sore development and promote optimal patient outcomes

The pressure ulcer is also associated with pain, patient’s reduced autonomy, increased risk of infection and sepsis, the conduction of additional surgical procedures on the patient, long periods of hospital stay and imposition of more cost on patient, his/her family and health care system (Boroojeny et al, 2020). Pressure ulcers or pressure sores also remain a significant health problem causing suffering for patients and a growing financial burden (Versluysen et al ,1985). Pressure ulcer like other chronic wounds can results in diminished quality of life, longer hospitalization and increased morbidity and mortality (Margolis et al, 20020). Further studies indicate haD 90% of pressure ulcers maybe preventable, for this reason, timely and adequate intervention in necessary for their treatment and prevention as well as the medication of nursing personnel in educating the family members or care givers of these patients (Khawaldeh et al, 2014. More recent nursing study examined the effects of implementing the SOLUTIONS program which focuses pressure ulcer prevention measures on alleviating risk factors identified by the Braden Scale (Ayello et al, 2008). All of the information above on pressure sores complications/prevention simply makes one to conclude that the best treatment on pressure sores is to take prevention measure to avoid it occurrence, never the less, when they occur, they can still be managed as can be seen below, nurses here do not leave out the giving of health talk both to the patient and family or patient care givers which help them to be able to assist their patients and the patient to help himself too. Here, proper hygiene, ventilation and proper nutrition is also practice to aid the healing process. In this case, the patient is encouraged to consume well balance meals not leaving out fruits, vegetables. From the view of different nurses concerning pressure sores mention above, one can conclude that pressure sores best management is at the level of identification of it’s onset and prevention though can as well be treated in the case of occurrence as mention above.

**CHAPTER THTREE:**

**MATERIAL STUDY**

**3.1 DESCRIPTION OF STUDY AREA AND SETTING**

The study was carried out at Yaounde Central Hospital, located at the north of hospital central we have the old ministry of minning , at the west we have Centre Pasteur, and the Eastern part goes to mokolo market. Centre region, Cameroon. This site was chosen for studies because it has a well-equipment medical unit, a modernize care giving space and well-trained medical staff.

The hospital receives diverse cases in which we have pressure sore

Created in 1933, the hospital was originally a day facility, but since has gone through several structural changes and now offers 24/7 care. Treatment of HIV/AIDS is one of the main programs, with the day hospital following about 12,000 people who are living with HIV and 3,600 who have ARV treatment.

The Yaounde Central hospital offers a wide range of services including: Reception, Emergency ( Divided into surgical and medical emergency ),General consultation, Pediatric consultation, Endocrinology consultation, Maternity, Anatomapathologie, ENT consultation, Ophthamology, Dentistry, General surgery, Traumatology, Orthopedic consultation, Medical imagery, Pharmacy, Vaccination, UPEC, Psychology consultation, Education and training, Pallative care and oncology, Laboratory and soo many other units. Some equipment found at the medical unit of the Yaounde Central Hospital include, sphygmomanometer, thermometer, cotton balls and swaps, drips stand, beds, trolley, kidney dish, oximeter, scale balance. More shall be added after data collection.

**3.2 STUDY POPULATION**

The study population included the nurses working at the medical unit of the Yaounde Central Hospital.

**3.3 STUDY DESIGN**

The candidate opted for a descriptive approach more specifically a survey research and quantitative appraoch, which is premised on the investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design (Polit & Beck 2008,763). The study results were analyzed statistically and utilized as the basis for generalization.The descriptive aspect of the study explores and describes the phenomenon (PU) in a real-life situation while the correlation component examines the inter-relationship or association between variables that are centripetally linked to the research topic and its attendant research processes (Burns & Grove 2009,45-6; Polit & Beck 2008,272).

* 1. **SAMPLING SELECTION AND PROCEDURE**

A non-random convenience sampling technique was opted for by the researcher. Accordingly, a sample size of 50 (fifty) nurses of the medical unit were conveniently selected for participation in the study. The intention was to obtain as many participants as possible. Participants were conveniently and consecutively selected and all nurses that were present in the hospital during the time of data collection and were willing to answer the questions were given the questionnaire form to fill.

The conveniently selected sample resulted in a 95% confidence interval and a significance α=0.05, which was a cogent basis for the maximization of representative participation and generalizability of the elicited responses and overall research findings.

As procedure I presented a well structures authorization letter together with my project who was cross checked by the school administration approuved and signed

The authorization letter together with my topic was brought to the hospital directed to the major of the medical unit of the central hospital to whom I explained my research topic and he signed the authorization

Each day during the 4weeks I explained my research topic to the different nurses because we had different teams of nurses per day and questionnaires were distributed to nurses willing to participate on their conveniences and availability to be submitted as soon as possible

**3.5. ELIGIBILITY CRITERIA**

**3.5.1 Inclusion/Eligibility Criteria**

In this study, the target population were the nurses of the medical unit of the Yaounde Central Hospital. This standard is in consonance with the view by Burns and Grove (2009:344) that, “A target population is the entire set of individuals or elements that are determined by a sampling or eligibility criteria”; where a population refers to the entire set of individuals or objects that meet a certain criteria for inclusion in a given universe (Polit & Beck 2008:761; Burns & Grove 2009:42). The study participants were therefore, selected according to the following selection criteria:

Certified nurses

Nurse assistants

**3.5.2. Exclusion Criteria**

The exclusion criteria refers to those participant profiles that do not justify the particular participants’ involvement in the study. It is the standard according to which judgement is made on the unsuitability of the participants’ profiles to meet the fundamental reasons for exploring the “social reality” of the participants. In this study, the exclusion criteria were based on the following considerations:

Nurses not working at the medical unit of the Yaounde Central Hospital

Nurse assistants not working in the medical unit

Student nurse

**3.6. Sample Size Determination**

The determination of a sample size occurs in the event of a study population being less than 10,000 members (Araoye 2003:119). In this study, the sample size was determined in accordance with the following calibration:

nf = n/1+(n)/(N), where nf is the desired sample size when the population consists of less than 10,000 members; n is the desired sample size when the population is more than 10 000;

N is the estimated population size;

The desired sample size in the event of the population exceeding 10,000 (n) is calculated by using the formula: n = Z2pq/d2;

Z is the standard normal deviate set at 1.96, which corresponds to the 95% confidence interval;

1. is the proportion in the target population estimated to have particular characteristics, and is estimated to be 50% or 0.50;
2. equals to 1-p equals to (1-0.5) equals to 0.5; and d is the desired degree of accuracy,

usually set at 0.05.

Based on the calibrations above, n= (1.96)2 (0.5) (0.5)/ (0.05)2 = 384 and therefore,

nf= 384/ 1+(384)/ (58)

384/58=6.62

1+6.62= 7.62

384/7.62=50.39 (50 to the nearest decimal point). In this study then, the standard sample size was 50 participants.

**3.7 STUDY DURATION**

The study was carried out within a time frame of 4 weeks.

**3.8 DATA COLLECTION**

Two different tools were used in this study for data collection.;

Self-administered questionnaires consisting of the following;

Part one personal and job characteristics such as; age, unit, nursing qualification

knowledge questionnaires consist of 11 multiple choice and answers

Scoring: for each knowledge item, a correct response was scored 1 mark and the incorrect zero. For each area of knowledge, the scores of the item were sum-up and the total divided by the number of items and converted into percent scores. Knowledge was considered satisfactory if the percentage scored was sum up to 60% or more and unsatisfactory if less than 60%.

**3.9 DATA PRESENTATION**

The data obtained was analyzed using excel 2016 software. The results were expressed in percentages on tables and presented in bar and pie charts.

**3.10 ETHICAL CONSIDERATION**

For protection of human right and to ensure privacy and confidentiality of collected records, an authorization letter was obtained from the Major the Yaounde Central Hospital**.**

**CONFIDENTIALITY**

Information collected was kept confidential and was used only for the academic purposes. The analyses of the data collected during this study was used to bring out points that identifies the nurse’s knowledge and management of pressure sores in the medical unit of the Yaounde Central Hospital.

The research results which may be disseminated in the form of articles research reports or communications to scientific conferences, will not allow you to be identified. The data collected will be stored in a coded computer. The data will be destroy after the final publication of the research reports and articles. They will not be used for purposes other than those descript in this document

**CHAPTER FOUR**

# PRESENTATION, ANALYSIS AND INTERPRETATION

## Introduction

This chapter is concern with the interpretation and presentation of findings. It also focuses on the presentation of data obtained from the field and the data are analyzed using tables and charts, calculated using percentages and analysis made. The data collected for this study is presented and analyzed based on the responses received from the questionnaires which were entered and returned.

## Presentation of data from questionnaires

Data collected using questionnaires will be presented using descriptive and charts.

**Figure 1: Pie chart showing the use of protocol for treatment**

Out of 50 participants, 64% with a population of 32 agreed that the hospital never had a protocol for treatment of pressure sores while 36% with a population of 18 reported that the hospital had protocol for the treatment of PU. The above results shows that the majority of the nurses don’t have a protocol for the management of PS. This result in proper management.

**Nurses’ management of pressure sore**

**Table 1: distribution of participants to their response**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Question | Yes  Frequency Percentage | No  Frequency Percentage | Neutral  Frequency Percentage |
| 1 | Do you use aseptic techniques in managing ulcer? | 36 72% | 2 4% | 12 24% |
| 2 | Do you change the position of patients with pressure ulcer regularly? | 31 62% | 12 24% | 7 14% |
| 3 | Do you think special support surface can help reduced pressure ulcer? | 38 76% | 2 4% | 10 20% |
| 4 | Does pressure ulcer heal according to their stages? | 39 78% | 2 4% | 9 18% |
| 5 | Can pressure ulcer be managed? | 36 76% | 3 6% | 11 22% |
| 6 | Can constant wound dressing facilitate the healing of pressure sore? | 40 80% | 3 6% | 7 14% |
| 7 | Do you always follow the treatment protocol of pressure sore? | 16 32% | 30 60% | 4 8% |

The table above indicate that most of the participants answered the question correctly.

**Do you use aseptic techniques in managing ulcer?**

**Figure 2: Pie chart showing the used of aseptic techniques**

Upon data collection, 72% of the nurses used aseptic techniques, 4% did not and 24% gave no response.

**2. Do you change the position of patients with pressure ulcer regularly?**

**Figure 3: Pie chart showing the percentage of nursing that use positioning in the treatment of ulcer**

The position of patients with pressure ulcer was regularly by 62% of the nurse, while 24% did not and 14% gave no answer.

**3. Do you think special support surface can help reduced pressure ulcer?**

**Figure 4: A pie chart showing percentage of nurses that used the support surface for the treatment of the pressure sore**

76% of the nurses think special support surface to patient can help reduce pressure ulcer, 20% do not and 4% gave no response.

4. **Does pressure ulcer heal according to their stages?**

**Figure 5: A pie chart showing the healing of pressure sore according to their stages.**

78% of nurses responded that pressure ulcer heals according to their stages while18% did not and 4% had no answer.

**5. Can pressure ulcer be managed?**

**Figure 6: A pie chart showing nurses according to their views on pressure sore**

72% of nurses answered the yes indeed pressure ulcer can be managed whereas 6% says it cannot and 22% did not give an answer

6. **Can constant wound dressing facilitate the healing of pressure sore?**

**Figure 7: A pie chart showing the view of nurses on constant wound dressing**

80% of the participant believe that constant wound dressing will definitely facilitate pressure sore healing while 6% did not agree to this fact and 14% where null

7. **Do you always follow the treatment protocol of pressure sore?**

**Figure 8: A pie chart showing nurses according to their view of treatment protocol**

60% of nurses do not follow protocol for pressure ulcer while 32% follow and 8% where null.

**CHAPTER FIVE;**

**DISCUSION, CONCLUSION AND RECOMMENDATION**

**5.1 DISCUSION**

The results of this study indicates that majority of the nurses had attained ND training, HND level of education while just a limited number of them had degree and a few with master

**Nurses knowledge on pressure sore**

Results from this study shows that less than half of the total study participants had adequate knowledge (16%) which is lower compared to study done by Sebro et Al.., (2023). However, a study done by (Brosio et Al..,2017) also shows a similar result with low adequate knowledge, this disparity might be due to different sample size and study population.

The study revealed that, nurses working at the medical unit of the Yaounde Central Hospital scored marks within the range of 1-3, 16%, 4-5, 34%, 6-8, 50% of which score below the mean i.e 60% was considered to have inadequate knowledge while those that scored above the mean were considered to have adequate knowledge.

Below within 1-2 was considered to be poor, 4-5 was considered to be moderate and from 6-80was considered to be adequate. These results were similar to the one that was done in another country which indicated that nurses' total knowledge on PI prevention was 53.1% which was below the mean. This shows that nurses still do not have the sufficient level of knowledge on PI prevention. Dal and et Al (2018). How ever on the other hand, the results of this study are lower than other studies conducted in Nepal by (Sebro et Al.., 2023)

When nurses do not have enough knowledge on PI prevention, patients cannot be hopeful to receive evidence-based practice, the studies conducted in different countries have also shown that nurses do not have adequate knowledge on PU prevention. In other words, nurses ' knowledge on PI is not influenced by geographical regions.

More importantly, pressure sores education improves knowledge, studies have also shown that regular educational updates see needed to maintain and improve PU knowledge and practice standards among nurses which can be possible through in service Training (Qaddumi et al 2014)

**Nurses management of pressure sore**

Nurses level of management just like the knowledge was also evaluating using questionnaires were whereby they handed questions to answer after which they were marked and their knowledge assessed through their responses.

Nurses who scored 0-2 had poor management, those within 3-4 had moderate management and those with 6-7 had adequate management.

From the analysis done above, a higher percentage of the nurses working at the medical unit of the Yaounde Central hospital had moderate management of PU. This is in line with another study which states that regular in-service training of nurses can be useful to improve on their management of PU (Nezirai et al, 2021).

**5.2: Conclusion**

Results from this study indicates 16% of the nurse had adequate knowledge on PU. Indicating that more are to be re-trained on such basics of pressure sore to update their knowledge.

From our findings we also noted that

**5.3 RECOMMENDATION**

Despite the limitation that this study may have, it is recommended;

1) Nurses at the medical unit of the Yaounde Central Hospital need update knowledge on Pressure sores which can be through the organization of in-service training

2) Hospital should put up policies and guidelines which can help to promote nurse' knowledge management of PS

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**APPENDIX 1: PARTICIPANT INFORMATION NOTICE**

**Title of the study**: An assessment of nurses knowledge and management of pressure sore in the Yaounde Central Hospital

**Name of student and matricul number**: TAI-HIIM DJODA LINDA MARILENE NUS22UH015

**Supervisor**:Mr. CHRISTOPHER WEHFON

**Name of institution**: YAOUNDE CENTRAL HOPITAL

**Task**

Your participant in the research project consist of assessment knowledge and management. There is no risk nor inconveniences neither there is discomfort since participation is out of the free will since the imformation collected will only be used for the research purpose alone

**Benefit**

The direct benefit that you might derive from participatin the research will be that we would help you gain knowledge on assessment, knowledge and management of pressure sore. Your participation will equally benefit the health institution inlaying emphasis on the need of regular observation of patients in order to prevent the occurence of pressure sore.

**Responsible for the research**

For further information or for any question concerning this research project, you can contact me with the name TAI-HIIM DJODA LINDA MARILENE on the email. Djodalinda3@gmail .com or on the phone number 680805734.

**APPENDIX 2: INFORMED CONSENT FORM**

Undertaking of the research

I, TAI-HIIM DJODA LINDA MARILENE undertake to carry out this research in accordance with all the ethical standards that apply to projects involving the participation of human subjects.

Consent of the participant

I the under signed (name of the participant) …………………………………………………….

Confirm having read and understood the information sheet about the project (an assessment on nurses’ knowledge and management of pressure sore in the Yaounde Central Hospital). I have fully understood the conditions, risk and possible benefits of my participation. All my questions will be answered to my satisfaction. I will have all the time to think about my decision whether to part take in this research or not. I understand that my participation is entirely voluntary and that I can decide to withdraw at any time without any prejudice. I therefore freely agree to participate in this research project.

**APPENDIX 3: QUESTIONAIRE**

**SECTION A:** **DEMOGRAPHIC DATA**

PATIENT CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE(TOWN/QUARTER/STREET) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTION: TICK THE CORRECT ANSWER THAT BEST SUITS YOU

1. How many years have you work as a nurse

3-6 years

6-12 years

12 and above

1. Does your hospital have a protocol for treatment of PU?

YES

NO it

1. How many in-service trainings have you under go?

None

1-3

3 and above

1. How often do you follow the protocol of treatment?

Attained

Partially

Not attained

1. What level of education have you obtained?

HND

BSc

Masters

1. What are risk factors of pressure sore?

Compromise immunity

Immobility of patient

Pregnancy

Bacterial infection

1. What are the signs of pressure sores?

Part of the skin becomes discolored

Working with animals

Community living

Abdominal pain

1. What are the symptoms of pressure sore?

Headache and chest pain

Pain on the pressure area

Stiff neck

Brain damage

1. Pressure sore can also be call?

Skin infection

Pressure injury and decubitus

Body irritation and damage

All of the above

1. Pressure sore patients can mostly be found at the unit

Medical unit

Maternity

Surgical unit

Laboratory unit

1. Pressure sore patients are mostly found within which age group?

Newborn babies

Children between 2 to 5 years of age

Adolescence who are hospitalized

All age group

**SECTION B: ASSESSING KNOWLEDGE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | PRESSURE ULCER ASSESSMENT AND PROBLEM RECOGNITION |  |  |
| 1 | Do the staff inspect and document the client skin condition upon admission? | yes | No |
| 2 | When do you start managing pressure sore? |  |  |
| 3 | Do the nurses address factors related to the development of pressure ulcer? |  |  |
| 4 | Pressure sore have many stages |  |  |
| 5 | Management of pressure sore is best done according to the stages |  |  |
| 6 | When you notice the signs of PU you should position the client regularly |  |  |
| 7 | Do the nurses evaluate the client skin condition periodically and identify changes? |  |  |
| 8 | Do the hospital have protocol for PU management? |  |  |
| 9 | PU can be treated using only medication |  |  |
| 10 | PU is mostly caused by bacteria infection |  |  |

**SECTION BPREVENTION AND MANAGEMENT OF PRESSURE SORE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | PRESSURE ULCER ASSESSMENT AND PROBLEM RECOGNITION |  |  |
| 1 | Do the staff inspect and document the client skin condition upon admission? | yes | No |
| 2 | When do you start managing pressure sore? |  |  |
| 3 | Do the nurses address factors related to the development of pressure ulcer? |  |  |
| 4 | Pressure sore have many stages |  |  |
| 5 | Management of pressure sore is best done according to the stages |  |  |
| 6 | When you notice the signs of PU you should position the client regularly |  |  |
| 7 | Do the nurses evaluate the client skin condition periodically and identify changes? |  |  |
| 8 | Do the hospital have protocol for PU management? |  |  |
| 9 | PU can be treated using only medication |  |  |
| 10 | PU is mostly caused by bacteria infection |  |  |

**APPENDIX 4: Documents checklist for pressure ulcer prevention and management**

|  |  |  |  |
| --- | --- | --- | --- |
|  | PRESSURE ULCER ASSESSMENT AND PROBLEM RECOGNITION |  |  |
| 1 | Do the staff inspect and document the client skin condition upon admission? | yes | No |
| 2 | Do the staff evaluate the client skin condition periodically and identify changes? |  |  |
| 3 | Risk review: periodically, do the nurses identify the risk factors that can influence the development or healing a pressure ulcer? |  |  |
| 4 | Do the nurses inspect the resident’s skin condition when he/she acquired a new risk factor for developing a pressure ulcer? |  |  |
| 5 | Complications: do the nurses consider complications related to an existing pressure ulcer? |  |  |
| 6 | Do the hospital have protocol for PU management? |  |  |
| 7 | How many pressures sore manage at the Yaounde Central Hospital ? |  |  |
| 8 | Do the facility consider care-related process problems that may influence or contribute to the development of a pressure ulcer? |  |  |
| 9 | Do the nurses address factors related to the development of pressure ulcer? |  |  |
| 10 | Do the nurses turn and reposition the client routinely in accordance with established techniques? |  |  |