

Nurses' perception of care for people with pressure injuries

Percepção de enfermeiros sobre a assistência às pessoas com lesão por pressão

Percepción de los enfermeros sobre la asistencia a personas con lesiones por presión

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ABSTRACT

Objective: to understand nurses' perceptions of the care provided to people with pressure injuries in primary health care. **Method:** descriptive, exploratory study with a qualitative approach. The study was conducted in areas covered by the Family Health Strategy in a municipality in the interior of the state of Mato Grosso, Brazil. **Results:** Data collection took place from January to February 2023. The data were transcribed in full and analyzed using content analysis techniques in light of the theme proposed by Bardin, resulting in a corpus of three categories. **Conclusions:** Given the findings, it was evident that they provide the main guidelines on pressure injury prevention and demonstrated superficial knowledge on the subject. As difficulties in providing care, they reported the absence of a municipal protocol, a large coverage area, and a lack or insufficient quantity of supplies.

Descriptors: Nursing Care; Pressure Ulcer; Primary Care.

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RESUMO

Objetivo: compreender a percepção de enfermeiros sobre a assistência prestada às pessoas com lesão por pressão na Atenção Primária a Saúde. **Método:** estudo descritivo, exploratório e com abordagem qualitativa. O estudo foi realizado nos territórios com cobertura da Estratégia de Saúde da Família de um município do interior do estado de Mato Grosso, Brasil. **Resultados:** A coleta de dados ocorreu nos meses de janeiro a fevereiro de 2023. Os dados foram transcritos na íntegra e analisados por meio da técnica de análise de conteúdo a luz da temática proposta por Bardin, emergindo um *corpus* de três categorias. **Conclusões:** Diante dos achados, ficou evidente que fornecem as principais orientações sobre a prevenção da Lesão por Pressão, demonstraram conhecimento superficial sobre a temática. Como dificuldades na prestação da assistência, relataram a ausência de protocolo do município, área de grande abrangência e falta ou quantidade insuficiente de insumos.

Descritores: Assistência de enfermagem; Úlcera por Pressão; Atenção Primária.

RESUMEN

Objetivo: comprender la percepción de los enfermeros sobre la asistencia prestada a personas con lesiones por presión en la Atención Primaria de Salud. **Método:** estudio descriptivo, exploratorio y con enfoque cualitativo. El estudio se llevó a cabo en los territorios cubiertos por la Estrategia de Salud Familiar de un municipio del interior del estado de Mato Grosso, Brasil. **Resultados:** La recopilación de datos se realizó entre enero y febrero de 2023. Los datos se transcribieron íntegramente y se analizaron mediante la técnica de análisis de contenido a la luz de la temática propuesta por Bardin, de la que surgió un corpus de tres categorías. **Conclusiones:** A la luz de los resultados, quedó claro que, aunque proporcionan las principales orientaciones sobre la prevención de las lesiones por presión, demuestran un conocimiento superficial sobre el tema. Como dificultades en la prestación de la asistencia, informaron de la ausencia de un protocolo municipal, la gran extensión del área y la falta o insuficiencia de insumos.

Descriptor: Atención de Enfermería; Úlcera por Presión; Atención Primaria.

INTRODUCTION

Pressure Injury (PI) is defined as a chronic wound located on the skin or soft tissue due to pressure between the skin and compression of bone tissue. PIs arise over a bony prominence, such as in the occipital, elbow, sacrococcygeal and calcaneal regions. They are considered serious public health problems due to their complexity.

In 2023 in Brazil, 223,378 thousand of this type of wound were reported, consisting of the majority of injuries in stages III and IV.¹

LPPs are classified into four stages. In stage I, the skin is intact, but with the presence of erythema. In stage II, there is partial loss of the dermis and epidermis. In stage III, there is loss of the skin in its entire structure, in which the adipose tissue is visible, with



granulation tissue and epibolus. In stage IV, there is total loss of the skin structure, with visualization of the fascia, tendon, bones, muscle and ligaments. And still in the unclassifiable stage, there is total loss of the skin, with immeasurable damage that is impossible to classify, since the lesion is covered by slough or eschar.²

The people most affected by PI are bedridden with impaired mobility and walking, deficient nutritional and ventilatory support. However, other factors responsible such as shear, humidity, friction between tissues, iatrogenesis due to lack of change in position, skin inspection, and lack of hydration are factors that are related to the development of PI.²⁻³

In Primary Health Care, prevention, treatment and monitoring actions for people with PI are essential for effective care. Nurses can provide care to people with the potential to develop PI in a preventive manner, with autonomy and in compliance with the principle of comprehensive care, with numerous possible approaches. Prophylactic actions such as educational guidance actions for the patient and their family members/caregivers, changing position every two hours, protection for the heel region,

pneumatic mattress, angulation of the position, the angle of lateralization and elevation of the head, semi-Fowler position or dorsal position, skin hydration, use of cushions on bony prominences and nutritional balance, monitoring and inspecting the skin daily are some of the main forms of prevention.⁴⁻⁵⁻⁶

In prevention, nurses can use the Braden scale in clinical practice, which helps assess the risk of developing PI, assesses sensory perception, skin moisture, nutritional status, level of activity and mobility, and exposure to friction and shear. Its application identifies the patient's profile and can guide the systematization of care to minimize risk factors. In addition, nursing professionals must base their care on standardized protocols and manuals.^{6,7}

Regarding care, the nurse's exclusive activity includes classifying the wound and applying the dressing. The classification includes aspects of wound location, measurement, characteristics of viable and nonviable tissues, types of exudates and transudates, and healing phases. When applying the dressing, it is necessary to have good knowledge about the appropriate coverings for each type of

tissue. When applying the dressing in PU, the debridement maneuver may be indicated, and the nurse can perform it, as long as he or she has the technical and scientific skills to do so.⁷⁻⁸

In addition to the care provided, the nurse needs to rely on a multidisciplinary team, a support network such as family and even religious support, as strategies for coping with the disease. The humanized and qualified listening and reception provided by the nursing professional also means a significant support network, an essential mechanism for rehabilitation.⁸⁻⁹

Therefore, the study aimed to understand nurses' perceptions about care for people with Pressure Injury in Primary Health Care.

METHODS

This is a descriptive, exploratory study with a qualitative approach, following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. For the planning, execution and preparation of this study, it was structured based on the three COREQ domains: 1) Research team and reflexivity; 2) Study concept and 3) Analysis and results.¹⁰ The study

was carried out in territories covered by the Family Health Strategy (ESF) of a municipality in the interior of the state of Mato Grosso, Brazil. Currently, the municipality contains 22 (twenty-two) Family Health Strategies in the urban area and 5 (five) Basic Health Units (UBS) in the rural area, however data collections were carried out in the urban area.

The study participants were nurses who reported providing care to people with Pressure Injuries and who had at least six months of experience working in the FHS. Professionals who were on sick leave, vacation, premium leave, or maternity leave at the time of data collection were excluded. The study sample was non-probabilistic, for convenience, and the sample size was defined by data saturation, until the study objective was achieved.

Data collection was carried out in January and February 2023 by researcher Ana Vanessa Oliveira Conceição, a student of the Bachelor's Degree in Nursing course at the State University of Mato Grosso - UNEMAT. The nurses were contacted in advance by telephone; contact provided by the municipal health department of the aforementioned municipality, and a time was scheduled for the presentation



of the research, and then the interview. An open interview was conducted and recorded with a digital device, after the participant's authorization, guided by a structured script to identify sociodemographic aspects, which was pre-tested with a similar population that was not part of the study, and then the guiding question was presented "what is your understanding of the care provided to people with pressure injuries in your family health strategy?". The interviews lasted an average of 20 minutes.

The narratives were transcribed in full and analyzed using the Content Analysis technique. The data were organized by reading the material to understand it, choosing the documents to be submitted for analysis, formulating the assumptions and objectives, referencing the indexes and developing indicators. The data were coded and classified; units of meaning were determined and categorized. In the processing and interpretation of the results obtained, the data were condensed and the information highlighted for analysis.¹¹

The analyzed data were then listed in categories according to the relevance of the data, thus constituting a corpus. Anonymity was guaranteed by replacing the professional's name with

an interview code (Nurse C/C) indicating that the nurse has, i.e., Training in Pressure Injury, and (Nurse S/C) indicating that the professional does not have, i.e., No Training in Pressure Injury. The code names were numbered sequentially according to the interview.

The research was approved by the Research Ethics Committee (CEP) of the State University of Mato Grosso (UNEMAT), under CAAE number: 63311522.2.0000.5166 and opinion 5.823770, respecting the ethical precepts contained in Resolution No. 466, of June 13, 2012 of the National Health Council.

RESULTS

The study included the participation of 12 (twelve) nurses, who work in the Family Health Strategies of Primary Health Care in the municipality of Tangará da Serra - Mato Grosso, Brazil. The study participants were predominantly female (91.7%), aged between 30 and 39 years (58.3%), who declared themselves to be brown (41.7%), single marital status (50%), with a year of graduation that varied between 10 and 20 years (75%), and with time of experience in the FHS of 1



to 10 years (91.7%). Regarding professional training, 58.3% did not have a specialization in family and/or collective health. And regarding

participation in training for assistance to people with Pressure Injury (91.7%) reported having participated, as shown in Table 1.

Table 1 - Sociodemographic profile of nurses and identification of participants in continuing education activities on pressure injuries.

Variables	Categories	Total n (%)	Participated in training*	
			Yes n (%)	No n (%)
Gender	Masculine	01 (8.3)	-	01 (8.3)
	Feminine	11 (91.7)	11 (91.7)	-
Age range (years)	20 - 29	02 (16.7)	02 (16.7)	-
	30 - 39	07 (58.3)	04 (33.3)	03 (25.5)
	40 - 49	03 (25.0)	01 (8.3)	02 (16.7)
Race/color	White	04 (33.3)	04 (33.3)	-
	Black	02 (16.7)	02 (16.7)	-
	Brown	02 (41.7)	05 (41.7)	-
	Yellow	1 (8.3)	-	01 (8.3)
	Indigenous	0 (0.0)	-	-
Marital status	Single	06 (50.0)	03 (25.5)	03 (25.5)
	Married	04 (33.3)	03 (25.5)	01 (8.3)
	Stable Union	02 (16.7)	01 (8.3)	-
	Divorced	0 (0.0)	-	-
	Widower	0 (0.0)	-	-
Training time	1 to 10 years	03 (25.0)	02 (16.7)	01 (8.3)
	10 to 20 years	09 (75.0)	05 (41.7)	04 (33.3)
	< 20 years	0 (0.0)	-	-
Time working in the ESF	< 1 year	0 (0.0)	-	-
	1 to 10 years	11 (91.7)	06 (50.0)	05 (41.7)
	11 years and	1 (8.3)	01 (8.3)	-

	+			
Postgraduate studies to sensu in family health	Yes	05 (41.7)	03 (25.0)	-
	No	07 (58.3)	-	09 (75.0)

Source: Authors, 2023.

*Participated in continuing health education activities on pressure injuries in the last five years.

The data were processed and a corpus was created with three categories according to order of relevance: 1. Actions to prevent pressure injuries; 2. Nursing care for people with pressure injuries; 3. Difficulties and challenges faced in providing care to people with pressure injuries.

1. Pressure Injury Prevention Actions.

The category Pressure Injury Prevention Actions presents the nurses' perception of nursing care that is more focused on prevention guidelines, such as skin hydration, nutrition, changing positions and humidity control such as frequent diaper changes, according to reports.

Change position, hydrate the skin, take care with patients who use diapers, with guidance on changing diapers more frequently. (Nurse 02 C/C)

Mainly in relation to changing position, as these are bedridden patients who are generally elderly due to weakness or after-effects of a stroke and are using geriatric diapers, the issue of humidity when changing diapers, type of mattress, type of sheet folding, the nutritional issue. (Nurse 06 C/C)

The professionals also explained the guidelines related to patients who already have LPP. The main guidelines provided to patients and family members are related to body hygiene, coverage, dressing changes, bandages and home visits, as reported:

Preventive guidelines for changing position, patient hygiene, hydration and skin care, including around the wound, so we strongly recommend the use of oil to protect the skin. (Nurse 10 C/C)

It is important to be very careful with hygiene, because let's assume that where it is located, sometimes the sacral region will come into contact with feces, with urine, so you have to have adequate hygiene. (Nurse 05 S/C)

The guidance we normally give is to be careful so that we can monitor these patients at least more than once a week. (Nurse 07 S/C)

2. Nursing care for people with Pressure Injuries.

The nurses indicated how they plan, implement and develop care for people with pressure injuries, which include classifying injuries, characteristics, tissue types, development and guidance, according to



reports:

We have to be aware that these are more debilitated patients, they need monitoring, especially from health care, from the family, at home, because they are generally bedridden patients, the family does not have much knowledge. (Nurse 03 C/C)

The perception is that patients need a lot of care, especially here in our region, which is a deprived area. (Nurse 11 C/C)

We make home visits, guide the patient's caregiver on how the dressing should be done, when possible we go to the patient's home to do the dressing, if surgical debridement is needed we bring the patient to the unit to do it, so this is the care we can provide here. (Nurse 08 S/C)

3. Difficulties and challenges faced in assisting people with Pressure Injuries

In this category, professionals report the difficulties encountered during monitoring of wound evolution due to travel between the FHS and the residence of the person with LP. Some FHS have a large coverage area, a factor that makes monitoring difficult, according to reports:

It's a very large area, so we can't go there on foot or at the end of the afternoon to look at a dressing and when they get to us, it's usually at a very high level, which is very difficult to treat like that. (Nurse 12 C/C)

It's the logistics of the patient coming, when the team needs to go, for example, for a debridement that I needed an electrocautery, something

more invasive that I can't do at the patient's home. (Nurse 04 C/C)

We can't see him (the patient) every day because of the distance and he has this difficulty in dealing with it. For example, we have a patient who lives far from the unit. We always provide guidance, but he doesn't apply the dressing properly, so it's difficult. (Nurse 10 C/C)

The nurses participating in this research were asked whether they use LP protocols/manuals, and although the municipality does not have a wound care protocol, they reported that they sought to update themselves with short courses, Ministry of Health manuals and with colleagues who are specialists in the area, according to reports:

Although we do not have a specific protocol for pressure injuries in the municipality, believe it or not, I generally use the ones that the Ministry of Health has or, for example, in São Paulo, as they are almost specific and from the courses that have already been taken as well. (Nurse 06 C/C)

I don't have a specific protocol, I have a lot of colleagues who work in the area and are experts and I seek a lot of advice from them too. (Nurse 08 S/C)

The reports below reveal the difficulties faced by nurses during the demands in the unit that end up making it difficult to leave to carry out visits,

the limitation of effective supplies and the lack of a municipal wound protocol, resulting in a longer time in the continuity of the wound evolution, according to reports:

Sometimes it is difficult to go to the patient's home more frequently, because with the increasing demand in the unit, the nurse is more overloaded.
(Nurse 05 S/C)

Limited supplies, because we don't have all the ointments, materials that would be ideal.
(Nurse 02 C/C)

DISCUSSION

Preventive care for PUs should be implemented by nursing staff as a form of prevention, including skin hydration care, attention to the patient's nutrition, diaper changes to prevent contact dermatitis, changing the patient's position at least every 2 (two) hours, and using cushions and pneumatic mattresses. According to the nurses' reports, it was evident that they provide guidance on PU care to patients, family members, and caregivers related to prevention, treatment, care during dressing and adequate diet, and maintenance of patient and bed hygiene. It is clear that the information needs to be passed on in

an understandable manner, since the care offered to these patients is of utmost importance, as it is evidenced by an improvement in the patient's injury.⁸

In the reports presented, it is possible to observe that professionals have insufficient knowledge, as the nurses' reports show that the professionals' perception of care is primarily focused on providing care. However, the nurses' scientific knowledge on the subject is fundamental, as it is the professional's responsibility to identify risks and outline the correct interventions and management. Based on the best knowledge and use of evidence-based care measures.^{8,12}

In view of this, the Braden scale is essential in preventing the risk of PI. The scale is applied during home visits, or during consultations at the ESF and during hospitalizations to assess possible risks of injury progression or ongoing PI. Based on the records, high-quality nursing care is implemented as a priority to ensure effective and efficient care to promote individualized treatment according to each patient's needs.¹²⁻¹³

Given this, it is possible to observe that professionals have insufficient knowledge about the use of



the scale, since they did not mention it as the main factors. The initial role of the nurse in the management of pressure injuries is to evaluate these injuries such as appearance, location, size, tissue present, time, edema, vital signs, peripheral perfusion and pulse, in addition to evaluating vascularization, nutrition, pain, mobility and investigating the costs of management, social factors, health and emotional state, nutrition and quality of life of the patient. The home care process ranges from home guidance to the family member or caregiver to the introduction of new treatment techniques and dressings to restore skin integrity.¹⁴

In addition, the treatment of injuries requires interventions centered on a holistic approach, guiding health professionals towards a practice based on technical/scientific principles, with the nurse being responsible for reassessing the patient, the pressure injury and the established care plan if the condition of the injury does not show the expected signs of healing. In this sense, training professionals and the use of protocols contribute to quality and effective practice.¹²⁻¹⁵

It is of great importance that health professionals have an LP protocol, it is essential to know the tools

for the practices of these professionals in the management of LP, with the lack of this tool being an indicator of the absence of institutional standardization, which provides scientific knowledge, supporting the professional in decision-making. Thus, the absence of institutional protocols for the conduct of care for injuries reflects not only the quality of nursing care, but also the situation of the entire health system, exerting an influence on actions, expenses and divergences in care.¹⁵⁻¹⁶ A study conducted in a teaching hospital demonstrated that having an established LP protocol, given that just over half of the nurses claim to use it (59.26%) for the prevention and treatment of injuries, corroborated that even the use still has insufficient knowledge of the nurses in relation to the protocol and insecurity regarding dressings and coverage, this demonstrates the importance of this tool, and that it is essential for the institution to guarantee training due to the high hiring of professionals, to guarantee greater effectiveness and minimize the difficulties faced.¹⁶

According to a study conducted with nurses, managers and caregivers, difficulties such as geographical barriers, territorial extension discovered by the ESFs, distance between the



health unit and the patient, including lack of transportation for home visits, population registration larger than recommended, high assistance and bureaucratic demands within the ESF make it difficult to carry out actions for people with Pressure Injury.¹⁶⁻¹⁷

In view of this, the condition and preparation of the work environment influence a qualified workflow and planning before assistance, minimizing barriers and difficulties faced. Solutions to barriers and difficulties, such as access to home care, depend on different practices such as organization of professionals, performance and active participation of management.¹⁸⁻¹⁹⁻²⁰

FINAL CONSIDERATIONS

The study met its objective, showing that nurses perform basic prevention actions. However, it revealed the presence of difficulties in carrying out care, such as the absence of a municipal protocol, a large coverage area, the distance between the health unit and the patient, and a deficiency in the quantity or lack of materials and supplies necessary for care.

The study has limitations, since the results presented do not expose the

patients' perception of nursing care related to Pressure Injury care. For future work, it is suggested to deepen studies on this topic with a focus on the patients' perception of the care provided by nurses, as well as studies focusing on the prevalence of patients with pressure injuries.

This study can bring together the professional, scientific, academic community and especially municipal managers to raise awareness of the importance of professional qualification, continuing education, provide subsidies that facilitate professionals' access to the community, and the provision of materials and supplies to provide assistance, making it more effective, egalitarian and resolute.

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