

## Barriers to Prevent Pressure Ulcers in Nursing Home

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### Abstract

Pressure ulcers are areas of localised damage to the skin and underlying tissue; and can cause pain, immobility, and delay recovery, impacting on health-related quality of life. The individuals who are most at risk of developing a pressure ulcer are those who are seriously ill, elderly, have impaired mobility and/or poor nutrition; thus, many nursing home residents are at risk understand the context of pressure ulcer prevention in nursing homes and to explore the potential barriers and facilitators to evidence-informed practices. Semi-structured interviews were conducted with nursing home nurses, healthcare assistants and managers, National Health Service community-based wound specialist nurses (known in the UK as tissue viability nurses) and a nurse manager in the North West of England. The interview guide was developed using the Theoretical Domains Framework to explore the barriers and facilitators to pressure ulcer prevention in nursing home residents. Data were analysed using a framework analysis and domains were identified as salient based on their frequency and the potential strength of their impact.

**Keywords:** Evidence-informed practice; Nursing homes; Pressure ulcer prevention; Semi-structured interviews; Theoretical domains framework

### Introduction

Pressure ulcers are outlined as a section of localized harm to the skin and/or underlying tissue as results of pressure or pressure and shear. Risk factors for pressure ulcers embody, however don't seem to be restricted to, increasing age, poor quality, poor nutrition and multi-morbidity; golf stroke several institution residents with multiple risk factors at the upper finish of the chance time. In March, roughly 7388 (4.5%) people across totally different care settings in European nation had pressure ulcers throughout the 24 h amount once this information was reportable. The prevalence of pressure ulcers among institution residents within the United Kingdom is unknown. Hall conducted a degree prevalence survey of individuals with complicated wounds (including pressure ulcers) across a northern town within the United Kingdom. Hall found that pressure ulcers were the foremost usually reportable complicated wound and therefore the purpose prevalence exaggerated with age and was highest in folks aged ninety years or on top of (22.88 per a thousand patients with complicated wounds; 95 CI 19.08–27.42) [1]. Pressure ulcers will be a serious burden for patients and may cause pain, distress and a loss of independence. Pressure ulcers are believed to negatively impact on patient's health and health-related quality of life. once a pressure lesion develops, further care is needed inflicting a big strain on National Health Service (NHS) resources. The treatment prices have antecedent been calculable to vary from £1214 for a Stage one pressure lesion to £14,108 for a Stage four pressure lesion. Moreover, serious complications typically occur, for instance redness or gangrene, which may cause amputation and in some cases death [2]. The English National Patient Safety Agency distinguishes between evitable and ineluctable pressure ulcers and regards the bulk as evitable once the right preventative measures are used. There are presently many national and international clinical pointers for the hindrance of pressure ulcers. These pointers draw on each analysis findings and skilled opinion, and suggest a spread of activities and interventions to push pressure lesion hindrance together with risk assessment, skin assessment, emplacement, sensible association and nutrition, pressure redistributing devices and barrier creams [3]. In England, nursing homes are non-public organisations and don't seem to be duty-bound to follow national steering like that from the National Institute for Health and Care Excellence on the

hindrance and management of pressure ulcers. As a consequence, the NHS doesn't have any legislative power over the care provided in nursing homes. However, the Care Quality Commission, Associate in nursing freelance regulator of health and social care in European nation, needs all care supplier organisations (including nursing homes) to report the event of Stage three pressure ulcers and on top of Care Quality Commission Regulation eighteen. If applicable, the Care Quality Commission will refer a case to the police or native council regarding the safeguarding of people [4]. A range of workers, together with care assistants and Nursing and Midwifery Council registered nurses, give care in nursing homes. As nursing homes are for the most part freelance organisations there's typically very little or no input from NHS community nurses. Institution workers ready to refer residents with a pressure lesion to a NHS tissue viability nurse. The role of a tissue viability nurse is to produce recommendation regarding clinical practices, like pressure lesion hindrance, instead of stipulate care and the way it ought to be conducted. Thus, it's crucial for the institution care workers to possess their own information of pressure lesion hindrance and assessment practices and therefore the relevant evidence-based pointers. However, translating pointers into follow is commonly a slow and snafu process; and pointers themselves are shy for making certain the implementation of best practices. Moreover, the Care Quality Commission has raised issues regarding the standard of the care some nursing homes give [5]. Several explanations are offered on why guideline implementation is unpredictable and often sub-optimal. Understaffing, high workers turnover and restricted workers information are the barriers typically reportable for the restricted adherence to pressure lesion hindrance guideline; whereas communication and positive attitudes towards pressure lesion

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hindrance are represented as facilitators. To facilitate the uptake of evidence-informed pointers in care, care workers will become the potential target for behaviour modification interventions. Having a theoretical understanding of the behaviours, attitudes and beliefs of care workers will increase the probability of their behaviour [6]. Theory will be accustomed assist the interpretation and prediction of behaviours, sanctioning targeted interventions to be developed and evaluated. There are many behaviour modification theories, several of that embody similar constructs, creating it troublesome to decipher that are the foremost applicable. Moreover, several theories embody solely a tiny low variety, and it's doable that the key determinants of the target behaviour don't seem to be pictured [7]. Data were managed. victimization of the framework technique printed the transcripts were scan and ab initio coded inductively then deductively victimization the Theoretical Domains Framework, wherever specific themes and codes were classified per the connected domain. If information were relevant to totally different domains, they were incorporated into the foremost relevant code. Information were analysed inductively to confirm vital themes weren't lost through the deductive information analysis and no new themes were known throughout the inductive analysis. All transcripts were analysed by one author [JL] and severally reviewed by another author [TG] to confirm the irresponsibility of the secret writing [8]. Any discrepancies were mentioned and resolved and therefore the content of every code was mentioned with all of the authors. Seven of the Theoretical Domains Framework domains were thought-about to be vital at intervals this context and therefore the extent to that the domains were viewed as barriers or facilitators to pressure lesion hindrance in institution residents lies on a time. Thus we present the domains as either barriers or facilitators in the discussion only, to ensure important data are not lost during the presentation of the findings. Some of the authors have previously worked as a healthcare assistant [JL] or a nurse [TG; NC] and all have experience in conducting wound care research and qualitative research. This study forms part of the first author's PhD project and all of the other authors work within academia and research, and have previously gained their PhD. As the authors have experience in the delivery of care and conducting research into wound care, we continuously reflected upon the interview process and analysis to ensure the analysis was always a true reflection of the data. This study was given approval by The University of Manchester, together with approval from the Research and Development department at the participating NHS site. A total of 25 participants took part in semi-structured, face-to-face interviews from three nursing home sites which provide a range of care services including nursing, dementia, residential, respite, palliative and convalescent care for 70–125 residents each in the North West of England. The remaining 54 nursing homes either did not respond to the researcher or declined due to understaffing, sickness within the management team and having recently participated in research activities [9]. The age of the participants ranged from 26 to 55 years and two participants were male. The care staff included healthcare assistants (n = 7), registered nurses (referred to from now on as nurses; n = 11) and nurse managers (n = 2). Five NHS staff was also included: community-based tissue viability nurses (n = 4) and a community nurse manager (n = 1). The median years of experience in caring for those at risk of developing a pressure ulcer was 14 years (interquartile range: 8.5–23 years), and eight stated that they had attended pressure ulcer prevention training. The views of the nursing home care staff and the tissue viability nurses differed. The care staff believed they had a good understanding of pressure ulcers, the various causes and prevention procedures (e.g., repositioning). However, many of the care staff was unable to specify any particular pressure ulcer prevention protocols endorsed by the home (e.g., National Institute for Health and Care Excellence guidelines) and the

tissue viability nurses discussed their concerns regarding the pressure ulcer prevention knowledge of the care staff. Views of the tissue viability nurses were supported by the data provided by the nursing home care staff [10]. Nursing home employees spoke sky-high concerning coaching and therefore the importance of keeping up-to-date with practices. Some explained that pointers might have modified since they last attended coaching. The participants reported attending regular coaching for pressure ulceration hindrance, however were unsure concerning the content of the coaching, WHO provided it and after they last attended. The coaching of the home employees was a priority for the tissue viability nurses. Especially, the tissue viability nurses wanted to correct any wrong or biased data given by outside agencies as well as pharmaceutical firms. Thus, the tissue viability nurses provided coaching sessions for the nursing homes, however they explained that group action was sometimes poor; perceived reasons for this enclosed a curfew on coaching thanks to poor staffing levels and monetary reasons [11]. The importance of excellent social skills (e.g., sensible communication and teamwork) was raised throughout all of the interviews. Communication was known as occurring through many sources, specifically relinquishing and documentation. Documentation was accustomed communicate the care an individual required within the future however conjointly the care they'd received, with the nurses looking forward to the care assistants to tell them of any changes to the residents. All of participants spoke concerning collaborating with the multidisciplinary team once preventing pressure ulcers. The home employees spoke concerning however they welcome the input of the tissue viability nurses, dieticians and podiatrists. Four home participants highlighted the importance of operating along as a multidisciplinary team by speaking concerning the negative impact on them once their relationship with the tissue viability nurse had antecedent attenuated. These four participants conjointly reported an absence of confidence to hunt help with pressure ulceration hindrance as they felt there was very little support obtainable and residential as a supporter to pressure ulceration hindrance thanks to the long length of keep of residents. Consequently, the home employees became aware of their residents' wants and reported their ability to recognise even minor deteriorations in health. Thus, the home employees developed implicit data concerning managing pressure ulceration risk within the home surroundings [12].

## Conclusion

The environmental context was conjointly mentioned as being problematic as a home becomes a resident's home, creating it tough to take care of residents' adherence to pressure ulceration hindrance practices within the long-run. This was notably problematic once the participants spoke concerning the adherence to pressure ulceration hindrance practices throughout the night. The participants explained that the residents failed to would like to be disturbed by employees making an attempt to reposition them each 2 to four hours. While position was the most apply reportedly tormented by resident "non-compliance", the participants explained that the residents would typically refuse food, fluids and creams (e.g., barrier cream). Once discussing poor adherence, a resident's mentality was usually mentioned (e.g., dementia). Notwithstanding, the employees recognized that some residents WHO have the mentality to grasp why the procedures ought to be conducted can still refuse that will increase the challenge of delivering the pressure ulceration hindrance activity [13]. Consequently, several of the participants reported that the support of alternative employees was important to their own health and job satisfaction. The home care employees failed to report any issues in sourcing the suitable instrumentality needed for preventing

pressure ulcers (e.g., mattresses, cushions). the bulk of the participants highlighted understaffing as a barrier as they explained that pressure ulceration hindrance needs a team of individuals and was time and resource intensive (e.g., repositioning). The tissue viability nurses felt that the transient nature of the personnel at intervals nursing homes wedged on the continuity of care, as necessary data might not be two-handed over particularly if the member of employees they need spoken with isn't a permanent worker. for instance, the tissue viability nurses explained however they commonly demonstrate a clinical technique to whoever has attended him/her to the resident, however they were involved that this demonstration might not be passed on to colleagues particularly if the employee was temporary (i.e. worked for associate degree agency). Additionally, the tissue viability nurses explained that while the nurses and care assistants square measure keen to accompany them throughout consultations, they were usually prevented from doing therefore thanks to alternative work commitments (e.g., medication rounds). Neither the tissue viability nurses nor the care staffs were ready to offer an answer to those issues [14]. Secondly, some spoke concerning however folks might associate the quantity of pressure ulcers with the standard of care provided by home care employees. The participants delineate the event of pressure ulceration as being a variety of "abuse" and "neglect". Thirdly, the home care staffs were responsive to the potential consequences for themselves if a resident in their care developed pressure ulceration. One unit lead was terribly clear that her employees grasp what to expect ought to a pressure ulceration develop and that they knew that there would be serious consequences within the variety of "final warnings" (i.e. there square measure a finite variety of warnings employees will receive and if they breach this variety they'll lose their job). Finally, the worry being reported the Care Quality Commission if a pressure ulceration reaches a Stage three or higher than was mentioned by most of the participants [15].

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