Description of Medical-Surgical Nurses Care of Patients at Risk for Pressure Ulcers

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Historical Perspective

Edwin Smith Papyrus
3000 BC

5000 years of Pressure Injuries
Ambroise Paré
1510-1590

“...we should make him a little pillow of down to keep his buttock in the air, without his being supported on it.”

Levine, Decubitus (1992), 5:23-26
Historical Perspective

Jean-Martin Charcot  
1825-1893
- First pressure injury classification
- Believed pressure injuries resulted from damage to CNS

Charles-Edouard Brown-Sequard  
1817-1894
“...no ulceration appeared when I took care to prevent ... a continued state of compression...” Celestin, 2014
Background

• Incidence of pressure Injuries continues to rise
• Approximately 2.5 million patients affected each year
• $11 billion in healthcare costs annually

(https://www.cdc.gov/media/releases/2011/s0415_patientsafety.html)
Historical Perspective

Florence Nightingale
1820-1910

“If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.”

Notes on Nursing: What it is and what it is not (1859), 6.
Purpose

To explore and describe factors influencing implementation of evidence-based pressure injury prevention measures.
Study Design

**Method:** Interpretive Description

*Qualitative method used to describe reasons for specific actions on the part of an individual* (Sandelowski, 2000)

**Setting:** Three community hospitals within single healthcare system
Sample

Criteria: Registered Nurse in a medical-surgical setting, at least one year experience, 50% direct patient care

Size: 6 focus groups
30 participants
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female 90% (n=27), Male 10% (n=3)</td>
</tr>
<tr>
<td>Age</td>
<td>Mean 41 years, Range 26-61 years</td>
</tr>
<tr>
<td>Experience</td>
<td>Mean 12 years, Range 1-38 years</td>
</tr>
<tr>
<td>Employment</td>
<td>Full Time 87% (n=26), Part Time 13% (n=4)</td>
</tr>
<tr>
<td>Degree</td>
<td>BSN 67% (n=20), Other 33% (n=10)</td>
</tr>
</tbody>
</table>
## Findings

### Influencing Factors

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Nurse</th>
<th>Organization Support</th>
<th>Leader Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Competing Priorities</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>Staffing</td>
<td>Acknowledgement</td>
<td>Education</td>
</tr>
<tr>
<td>Moral Sense</td>
<td>Time</td>
<td>Wound Care Nurse</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td></td>
<td>Interpretation of Braden</td>
<td>Protocols</td>
<td>Wound Care Nurse</td>
</tr>
</tbody>
</table>

- **Patient**
  - Age
  - Comorbidities
  - Cooperation

- **Family Interference**
Study Limitations

SAMPLE

Size
Self selection
Integrated work groups

FOCUS GROUP

Self report
Group influence
Fear
Implications For Practice

1. Validation of reliability of Braden Scale results
2. Implementation of evidence-based protocols
3. Provision of frequent, “just in time” education
4. Utilization of certified wound care nurse
5. Leaders as role models
Future Research

- Larger Sample
- Different Specialties
- Different Settings
- Leadership Perspective
- In-depth Interviews
- Validate Practice

Better Understanding
Just the tip of the iceberg...
THANK YOU

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