

EMPIRICAL RESEARCH QUALITATIVE

Nurses' barriers to the pressure ulcer risk assessment scales implementation: A phenomenological study

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Abstract

Aim: The aim of the study was to explore nurses' barriers to the pressure ulcer risk assessment scales implementation.

Design: A qualitative descriptive phenomenological study.

Methods: The research participants comprised of 10 nurses at various medical and surgical departments in a teaching hospital northeast of Namibia. Data were collected between August and September 2022 through in-depth, semi-structured face-to-face individual interviews and analysed using Colaizzi's 7-step method.

Results: The interviews with nurses, led to two major themes being discovered: (1) factors hindering the effective prevention of pressure ulcers; (2) suggestions for improvements in the utilization of risk assessment scales. The participants noted that they had inadequate knowledge of the formal risk assessment scales; there were inadequate resources and insufficient staff; there were no policies or guidelines regarding the management of pressure ulcers, all of which influenced their utilization of pressure risk assessment scales. Education and training, the provision of equipment, the hiring of new staff and the formulation of policies/guidelines would thus improve the nurses' utilization of the scales.

Conclusion: The findings of this study have uncovered three primary factors that have a detrimental impact on the utilization of risk assessment scales by nurses, that is their lack knowledge on pressure ulcer risk assessment scales; a shortage of staff and equipment; and an absence of policies/guidelines. The findings from this study provide valuable implications for guiding quality improvement initiatives aimed at enhancing the standard of care in Namibia and other resource-limited settings.

KEYWORDS

chronic disease, Namibia, pressure ulcer, risk assessment, teaching hospital

1 | INTRODUCTION

Pressure ulcers continue to pose a significant health challenge, affecting an estimated 3 million individuals globally (Au et al., 2019;

Mervis & Phillips, 2019). These ulcers are defined as localized injuries to the skin or underlying tissue that develop as a result of pressure, or pressure in combination with shear or friction, typically over a bony prominence (Bereded et al., 2018; Moore

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& Patton, 2019). As it is the responsibility of nurses to maintain the integrity of patients' skin and prevent them from developing pressure ulcers while hospitalized (Khojastehfar et al., 2020), it is essential that nurses have a thorough knowledge of the pressure ulcer (PU) scales so that they are able to recognize individuals who are at risk and can implement preventive measures. This will not only alleviate patients' pain but also reduce hospitalization costs and length of visits (Ebi et al., 2019). Extensive research has been conducted on the prevention and management of pressure ulcers, which highlights the persistent issues facing the nursing profession when it comes to this ailment. Nevertheless, there is a scarcity of research about the factors affecting the utilization of pressure ulcer risk assessment scales (PURAS) by nurses, particularly on the African continent.

Several studies have indicated that pressure ulcers generally manifest in 2 weeks following admission (Howell et al., 2021; Shi et al., 2021). As health units are experiencing a continued increase in critically ill patient admissions, the addition of pressure ulcers creates a challenging and exhausting work environment for nurses (Ingwu et al., 2019). This condition is also challenging for both patients and the healthcare system, with elderly and malnourished individuals who are unable to reposition themselves at higher risk of developing pressure ulcers (Ebi et al., 2019; Moore & Patton, 2019). The economic burden of treating pressure sores is significant, with treatment costs leading to a substantial financial burden on the healthcare system (Boyco et al., 2018). The Healthcare Cost and Utilization Project estimates that the cost of treating pressure ulcers is 2.5 times higher than that of preventing them (Cowan et al., 2019; Ingwu et al., 2019). Several studies have also highlighted the high mortality rates associated with pressure ulcers, mainly in elderly individuals (Young et al., 2020).

Nurses have an important role to play in preventing pressure ulcers, as they should be aware of the condition of their patients' skin and implement interventions that maintain skin integrity when necessary, including using effective risk assessment scales (Walker, 2022). Fortunately, there are several PU assessment scales that caregivers can utilize to identify individuals at risk for developing pressure ulcers. The introduction of these standardized risk assessments has resulted in a significant decrease in the incidence, severity and cost of care for pressure ulcers (Ingwu et al., 2019). The Norton and Waterlow scales were developed in Europe, while the Gosnell, Braden and Knoll scales were developed in the United States (Ingwu et al., 2019). Based on guidelines from the Agency for Healthcare Policy and Research, the Norton, Braden and Waterlow scales are best for assessing PU risks due to their reliability and validity, with the Braden scale being the most widely used (Georgieva, 2020). Many healthcare professionals believe that preventing pressure ulcers is an essential aspect of nursing care, as they are largely preventable with appropriate interventions (Yilmazer et al., 2020). However, some clinicians believe that the development of pressure ulcers is not solely a result of ineffective nursing care but can also be attributed to the failure of the entire healthcare team, including physicians, physical therapists and dietitians (Kim

et al., 2022). Nonetheless, nurses have an important role to play in advancing best practices to prevent pressure ulcers, thus they must have sufficient knowledge of the signs, symptoms and preventative measures (Muhammed et al., 2020).

Healthcare professionals hold various perspectives on PU risk assessment methods, with many believing that informal assessment through clinical judgement is less effective than the use of formal assessment scales (Bates-Jensen et al., 2019; Kuhnke et al., 2019). A similar study has shown that relying solely on formal assessment may delay intervention until patients reach the highest levels of risk, resulting in increased occurrence and severity of pressure ulcers (Sun et al., 2021). Despite these findings, it is important to note that informal risk assessment cannot entirely replace formal assessment (Ingwu et al., 2019).

The prevention of pressure ulcers is a crucial aspect of delivering high-quality healthcare. In order to achieve this, it is essential to use appropriate risk assessment scales to identify patients who are at risk of developing pressure ulcers and to implement the necessary interventions. However, evidence suggests that PU is commonly observed both in higher-income countries, but remains under-researched in low-income countries (Bereded et al., 2018). Although high-income regions report the highest proportion of burden attributed to older individuals, it is concerning to note that low-income and middle-income regions experience a 40% higher rate of disability-adjusted life years (DALYs) per capita. This can be attributed to the elevated burden per individual in these regions, primarily stemming from cardiovascular diseases, respiratory issues and infectious disorders (Ciccacci et al., 2020; Jakovljevic et al., 2021; Namibia Statistics Agency, 2011). The assessment of PU is essential in order to implement potential interventions for PU prevention and enhance the overall quality of care provided (Bereded et al., 2018). Based on the authors' knowledge, there has been no research conducted about the prevention of PU in Namibia. This study explored nurses' barriers to the PURAS implementation in a teaching hospital north-east of Namibia.

2 | METHODS AND MATERIALS

2.1 | Design

A qualitative, descriptive, phenomenological study was employed.

2.2 | Study setting and period

Data were collected between August and September 2022 from 10 experienced nurses from the medical, surgical and critical care departments in a training hospital in Namibia, as well as a quality care office. Individual, semi-structured interviews were conducted with each participant. According to Husserl (Sundler et al., 2019; Wu et al., 2023), this design is suitable for exploring participants' life experiences and gaining an understanding of their individual

perspectives. The training hospital is situated in the north-east of Namibia and serves as a referral hospital for three regions, which have a combined population of approximately half a million people. The hospital follows an inpatient care model for acute and chronic cases that require admission. The hospital has a capacity of 70 beds across various departments, such as surgery, medical, obstetrics and gynaecology, dental, ophthalmology and rehabilitation.

2.3 | Sampling and recruitment

The study included 10 nurses who were responsible for attending to patients who were susceptible to tissue breakdown working at various departments of the training hospital. The selection of study participants was done through non-probability purposive sampling, which entailed recruiting nurses from different departments (Hultin et al., 2022). To be eligible for this study, the participants needed to be: (a) a Registered or Enrolled Nurse, or a quality care officer; and (b) have worked on both day and night duty in the medical, gynaecology, surgical or critical care departments of the selected teaching hospital for at least 1 year or longer. The quality care officer was included in the study to give insights into the policies/guidelines used by the hospital to prevent and treat pressure ulcers. Thematic saturation was achieved with the eighth interview; however, to confirm that no additional information was overlooked, the ninth and tenth participants were also interviewed. The study excluded nurses with less than a year of experience, night shift nurses, those on leave and those who declined to take part in the research, irrespective of their designation in the teaching hospital.

2.4 | Data collection

As is common in phenomenological studies, data were collected through in-depth individual interviews which were conducted according to an interview guide (Wu et al., 2023). The data were collected during August and September 2022. The principal researcher (A.M.M.) approached potential participants at the hospital and explained the purpose and significance of the study, before seeking their voluntary participation and consent to take part in the research. During the interviews, four open-ended questions were posed to each participant, that is, what is your typical approach to

preventing and addressing pressure ulcers in your department; what are some of the pressure ulcer risk assessment scales that you are familiar with; what do you consider to be the most important factors that impede the effective prevention of pressure ulcers in your department; and what suggestions do you have for improving prevention efforts? To gather additional information, the interviewer also asked several probing questions, such as which particular scale is utilized in your department and could you elaborate on how this scale addresses PU development?

To ensure the accuracy and consistency of the questions, ensuring their alignment with the study's objectives, data collection tool underwent thorough verification by three esteemed experts specializing in the field of nurse education. Furthermore, the interview guide was tested with three students, and the results of the pilot study confirmed the relevancy and appropriateness of the questions. The interviews were recorded using an audio-recording device and transcribed by the principal investigator (A.M.M.) under the supervision of the first author (N.T.). The accuracy of the transcriptions was confirmed by the first author. Data saturation was achieved after conducting eight interviews. Two additional interviews were held but these yielded repetitive themes. The interviews were conducted in secure rooms and took between 45 and 50 min each.

2.5 | Data analysis

Both the first (N.T.) and second authors (A.M.M.) listened to the interview recordings on multiple occasions, before the second researcher (A.M.M.) transcribed them verbatim. The transcripts underwent thorough readings and re-readings by the authors so that they could fully immerse themselves in the data. Data analysis was performed manually with the assistance of Microsoft Office in line with Colaizzi's seven-step methodology (Sundler et al., 2019; Wu et al., 2023). The authors then coded the relevant data units into themes, which related to the nurses' life experiences about which factors influence their utilization of PURAS. These themes were then validated by reaching consensus in the research team before exhaustive descriptions were created. The second author then returned to the study participants to confirm the themes and to discuss any unclear findings. This process was a collaborative effort between the researchers and the final themes emerged from their interpretation of the data, as expressed by the participants

TABLE 1 Analysis schedule on factors influencing nurses' utilization of PURAS.

Theme	Subtheme	Codes	Participants quotations
Factors hindering effective prevention of pressure ulcers	Inadequate knowledge of formal risk assessment scales	<ul style="list-style-type: none"> • Unaware • No other • Do not know • No idea • Not trained 	<p>'As of now, I am not aware of any pressure ulcers' risk assessment scale' (P5)</p> <p>'There are no other pressure ulcers' risk assessment scales at this hospital other than the turning form' (P1)</p> <p>'I have no idea of any formal scales. Not trained' (P6)</p>

(see Table 1). The participants' facial expressions were noted alongside the quotations by comparing the field notes with the audio recordings.

2.6 | Ethical considerations

The study was carried out with the approval of the School of Nursing and Public Health Ethical Committee at the University of Namibia (reference number SONERC 47/2022) and the Ministry of Health and Social Services (reference number AMMM/2022). All the participants provided written informed consent before joining the study. The participants were also notified that they had the option to withdraw from the study at any point. The study adhered to the principles of the revised Declaration of Helsinki guidelines for medical research that involves human participants.

2.7 | Trustworthiness

The study's rigour was maintained by ensuring that the criteria established by Lincoln and Guba (1985) were met, which included credibility, dependability, confirmability and transferability. To establish credibility, the research team was comprised of a final-year undergraduate nursing student and a senior author who had experience in qualitative research and analysis. The principal investigator (A.M.M.), who did not have any prior relationship with the interviewees, conceptualized and conducted the in-depth, face-to-face interviews, under the supervision of (N.T.). The principal investigator reviewed the transcripts multiple times and applied coding techniques to analyse the data. This rigorous approach guaranteed numerous interpretations of the data during the coding process. The researcher's reflexivity was guaranteed by carefully examining individual judgements. This was accomplished by organizing the data, coding them and labelling the themes and subthemes that emerged to prevent personal biases and assumptions from influencing the study's findings (see Table 2). The authors' inclusion of a detailed description of the research methods ensured the dependability of the study.

In order to enhance confirmability, the researcher's differing viewpoints on the themes were discussed and resolved with the assistance of the second author, who had qualitative expertise. The study followed the Consolidated Criteria for Reporting Qualitative Research Checklist (COREQ) to guarantee comprehensive documentation of the methods used and outcomes attained (Ashipala et al., 2023). To ensure transferability, a clear and precise depiction of the study population and research procedure is provided, which will enable others to follow the research trajectory and key analytical determinations.

3 | FINDINGS

Eight male and two female nurses, with a median age ranging between 26 years and 40 years (median age of 33), were enrolled in the study. Their working experience ranged from 1 to 15 years, with an average of 5 ± 1.41 years of experience. In terms of educational qualifications, one participant had a certificate in nursing and midwifery education, three had advanced diplomas in nursing science and five had bachelor's degrees.

3.1 | Presentation of themes and subthemes

The in-depth individual interviews conducted revealed two significant themes, accompanied by seven subthemes. The first theme was identified as the various factors that impede the successful prevention of pressure ulcers, while the second theme included suggestions for enhancing the application of risk assessment scales (see Table 3).

3.1.1 | Theme 1: Factors hindering the effective prevention of pressure ulcers

During the individual interviews, the nurses were requested to provide insight into the barriers that hinder the successful prevention of pressure ulcers. The analysis revealed several subthemes, which

Criteria	Procedures
Credibility	<ul style="list-style-type: none">Ensured through participants' verbatim to substantiate the point being madeThe exclusive source of information utilized was limited to the data derived from audio tapes and transcriptsReflections and reflexivity pertaining to the study were documented on a personal level
Dependability	<ul style="list-style-type: none">The interviews and field notes data were meticulously analysed, and the findings were thoroughly compared
Confirmability	<ul style="list-style-type: none">A thorough description of methodology usedGuidelines for Eligibility and Selection
Transferability	<ul style="list-style-type: none">A comprehensive and detailed account of the data and its surrounding circumstances was presented for utilization in comparable situations

TABLE 2 Procedure used for trustworthiness of the study.

TABLE 3 Themes and subthemes.

Themes	Subthemes
Theme 1: Factors hindering effective prevention of pressure ulcers	<ul style="list-style-type: none"> • Inadequate knowledge of formal risk assessment scales • Inadequate resources and shortage of staff • Lack of in-service training on pressure ulcers • Absence of policy/guideline on the management of pressure ulcers
Theme 2: Suggestions for improvements	<ul style="list-style-type: none"> • Educational training • Provision of resources and recruitment of new staff • Formulation policy/guideline on pressure ulcers

included inadequate understanding of formal risk evaluation instruments; insufficient knowledge of preventative and management measures for pressure ulcers; inadequate training on pressure ulcers; limited resources and staff; and a lack of policies or guidelines related to PU management.

Subtheme 1: Inadequate knowledge of formal risk assessment scales

The participants frequently acknowledged that they had insufficient knowledge and skills about the use of standardized pressure risk assessment scales. Furthermore, not one participant could name a formal risk assessment scale. Some participants stated that even if such scales existed in the hospital, they were not sufficiently informed about their existence.

As of now, I am not aware of any formal/standardized pressure ulcers' risk assessment scale.

(P5)

Aaah, there are NO OTHER pressure ulcers' formal risk assessment scales at this hospital other than the turning form.

(P1)

I do not know of any pressure ulcers' formal risk assessment scales; if there is any being used at this hospital then it has not been provided to us yet.

(P7)

It is important to note that the hospital management had never organized any training sessions on pressure ulcers. This has led many of the nurses to overlook the critical need to give assistance to patients with pressure ulcers. Consequently, patients with pressure ulcers are not given the attention and care they require.

I have no idea of any formal scales. On the other hand, there has been no training conducted to address the topic of pressure ulcers so far.

(P6)

Eish, (snarling of the mouth) maybe this has to do with which nursing training school one attended, but I even started working at this hospital two years ago

and had never had the opportunity to be trained on any pressure assessment scales.

(P3)

Subtheme 2: Inadequate resources and staff shortages

The nursing staff expressed concerns about a lack of resources, which creates an environment that is neither unique nor safe for patients. Specific issues included a lack of proper mattresses and pillows and instances when linens were not available due to an increase in patient admissions or a malfunctioning laundry. Consequently, nurses are forced to reuse soiled linens, which can put patients at risk. Furthermore, due to a shortage of nursing staff, the nurses are overloaded and are thus unable to give appropriate care to their patients, including those who require intensive care.

Wards are often overcrowded with patients, making nurses not to complete their ward routines, namely two hourly turning of patients.

(P8)

Nurses are few (puckering of the chin), we do not have enough time to attend to patients with pressure sores due to the fact that there are other activities prescribed by the doctors.

(P3)

Yoh, (snarling of the mouth) at times our laundry machine does not operate for some days so during these moments patients are left to sleep on dirty linens or just on the mattresses.

(P9)

Subtheme 3: Absence of policies/guidelines on the management of pressure ulcers

In the absence of definitive policies or guidelines about how to manage pressure ulcers, conflicts and errors can easily arise. The participants revealed that no mandatory policies or guidelines exist at the hospital that would help them prevent and manage pressure ulcers. They added that the absence of such guidelines means that every nurse has to rely on their own knowledge and

perceptions about what the right course of action is. They also raised concerns about working with nurses who do not possess the appropriate knowledge to identify the correct timing and interventions to benefit patients.

There is no guideline that prioritize patients with bed sores, which leads to poor nursing care increasing the development of pressure ulcers.

(P2)

There is no established protocol on prevention and management of pressure ulcer in the department.

(P10)

3.1.2 | Theme 2: Suggestions for improvements

The researchers then invited the participants to describe their perspectives on how best to prevent pressure ulcers. Three main sub-themes were revealed: in-service training; provision of resources and staff recruitment; and the establishment of policies and guidelines.

Subtheme 1: Educational training

Equipping nurses with the latest information on various aspects of healthcare was viewed as crucial for providing high-quality service. The participants felt that training nurses would not only realize benefits in terms of preventing pressure ulcers but also by reducing prolonged hospitalization, pain and suffering, and alleviating the financial burden on both the hospital and patients. As a result, it is recommended that regular training sessions be conducted on the use of risk assessment scales. These training sessions should be held on a monthly basis and will give an excellent opportunity for the nurses to acquire new knowledge and skills.

Ongoing training should be carried out in order to equip nurses with updated knowledge about pressure ulcers risk assessment scales. This can tremendously shorten hospitalization stay and health cost for both patients and hospital.

(P4)

Workshops can be arranged to sensitize nurses on the use of pressure risk assessment scales that can perhaps lead to alleviating pain and suffering.

(P6)

Subtheme 2: Provision of resources and staff recruitment

Sufficient resources and staff are crucial if a healthcare facility is to provide safe and efficient care to patients. The participants suggested that the hospital should recruit additional staff members so that they are able to render quality nursing care. Some participants

also suggested that appropriate resources be made available in order to prevent and treat pressure ulcers.

I think the hospital should improve on resource provision such ensuring adequate linens, providing proper beds, mattress and other equipment.

(P3)

The hospital needs to motivate for recruitment of additional nurses and health assistants to at least reduce pressure on nurse-patient ratio.

(P7)

Subtheme 3: Formulation of policies/guidelines

Guidelines are important tools for offering practical and ethical structures for decision-making while promoting a sense of responsibility and accountability. The participants strongly emphasized the need for administrators to formulate a policy or guidelines for the management of pressure ulcers so that the nurses are able to provide adequate care.

We at least need a guiding document to take us through the appropriate actions to be followed regarding the prevention and management of pressure ulcers.

(P5)

It is really hard for an individual/team to decide on pressure prevention strategies or its management due to the absence of the policy/guideline.

(P2, P10)

4 | DISCUSSION

The aim of this study was to describe nurses' barriers to the implementation of pressure ulcer risk assessment scales at a teaching hospital north-east of Namibia. The study identified that there is a lack of awareness about the existence of formal scales, which is a major factor influencing their utilization. Despite the participants' awareness of informal risk assessment scales, none mentioned any of the formal PURAS, such as the Braden, Norton and Waterlow scales. There is general lack of studies focusing on barriers to the utilization of PU in the African context, despite the fact that formal risk scales have been found to reduce the development of PU (Assefa et al., 2017). This study's findings are in agreement with several recent studies conducted in Africa about caregivers' knowledge and practices related to pressure ulcer prevention (Ingwu et al., 2019; Malinga & Dlungwane, 2020; Saleh et al., 2019).

Grešš Halász et al. (2021) similarly linked inadequate knowledge about pressure ulcers to a lack of education and training. This

study found that this lack of knowledge and awareness was greatly influenced by the absence of in-service training at the hospital. By implication, a lack of knowledge can lead to an increase in stress among the nurses, their patients and their families, prolonged hospitalization and higher healthcare costs (Kim et al., 2019; Qaddumi & Khawaldeh, 2014). To this end, the participants suggested that there is an urgent need for educational training on PU, as it would significantly improve the quality of care for patients at risk. Supporting the current study's findings, previous studies found that educational programmes are vital in bridging the knowledge gap regarding practices related to PU prevention and management (Ebi et al., 2019; Wynn & Holloway, 2019).

Regular mandatory training for health professionals is a critical measure of quality, which is widely believed to have a beneficial impact on their knowledge and behaviour (De Meyer et al., 2019). Additionally, these educational programmes should be viewed as continuous professional development (CPD) and subjected to regular assessment (Sengul & Karadag, 2020). There is also a need to formulate a nationwide policy regarding educational programmes in Namibia, which would address nurses' inadequate knowledge of PU prevention and treatment. However, in order to develop educational training that effectively addresses the obstacles hindering PU prevention in hospitals, it is imperative for policymakers in nursing services to acquire comprehensive insight into the practices of nurses pertaining to pressure ulcers (Khojastehfar et al., 2020).

Maintaining adequate staffing levels is also crucial for providing quality patient care, as this will reduce nurse fatigue, prevent burnout and increase patient satisfaction (Bae, 2021; Cho et al., 2020; Harrington, Dellefield, et al., 2020; Harrington, Ross, et al., 2020; Senek et al., 2020). This study identified that limited resources and a shortage of staff, specifically nurses and health assistants who are involved in the turning of patients, are other factors influencing the nurses' implementation of PURAS. Previous studies have also pointed out that shortage of staff and resources is a hindrance to implementing effective care practices for preventing pressure ulcers (Acosta-Hernández et al., 2023; Ebi et al., 2019). Staff shortages could lead to stress, nurses not prioritizing PU prevention and medication errors during busy shifts (Harrington, Dellefield, et al., 2020; Harrington, Ross, et al., 2020; Kim et al., 2022). Moreover, limited access to equipment hinders nurses' motivation, leads to higher infection rates and reduces nurses' ability to prevent patients from developing pressure ulcers (Harrington, Dellefield, et al., 2020; Harrington, Ross, et al., 2020; Nuru et al., 2015).

In support of this study, previous research claims that the recruitment of staff, as well as improving the provision of resources, would be a significant step in reducing the incidences of PU (Acosta-Hernández et al., 2023; Casal-Guisande et al., 2020; Cho et al., 2020), yet making this a reality is difficult in resource-limited settings (Oleribe et al., 2019; Yaya et al., 2020). Many developing countries, including Namibia, rely heavily on donations from well-to-do countries in the West (Yaya et al., 2020), thus addressing issues

such as staff shortages is a challenge given the state's inadequate funding of the public health sector. Namibia currently relies on external funding from agencies such as the United Nations Programme on HIV/AIDS (USAIDS), the United Nations International Children's Emergency Fund (UNICEF), and the President's Emergency Plan for AIDS Relief (PEPFAR), and donations from global funds (Andayani et al., 2020; Halasa-Rappel et al., 2021; Nyarko, 2023). Therefore, further research is thus needed to examine the impact of relying on donor funding in Namibia in relation to addressing lack of both physical and human resources.

The absence of policies or guidelines on the prevention and management of PU is also in line with previous research (Qaddumi & Khawaldeh, 2014). Such guidelines (Haesler et al., 2017; Kottner et al., 2019; Lavallée et al., 2018) have been found to aid nurses in their clinical judgement, thereby enhancing the effectiveness of pressure ulcer prevention (Saleh et al., 2019). According to Tesfa Mengist et al. (2022), nurses who implemented pressure ulcer prevention guidelines were found to possess 1.6 times more knowledge about pressure ulcer prevention than nurses who did not follow the guidelines (AOR=1.617; CI: 1.017, 2.572).

Another concern is that in many settings, policies or guidelines are in place but the nurses implement them inconsistently (Gaspar et al., 2019; Iblasi et al., 2021, 2023; Khojastehfar et al., 2020). Other studies have found that inadequate staffing, staff turnover and nurses' attitudes can impede the successful implementation of PU guidelines (Hartmann et al., 2016; Lavallée et al., 2018; Worsley et al., 2016). Non-compliance with pressure guidelines has also been found to be influenced by a lack of knowledge (Khojastehfar et al., 2020).

It is thus evident that the creation and application of policies or guidelines, the provision of human and physical resources and the implementation of mandatory educational programmes would bring about positive changes with regard to the prevention and management of PU.

5 | STRENGTHS AND LIMITATIONS

This study provides useful data on the factors influencing the implementation of PURAS in a public teaching hospital in Namibia. The data could contribute to the implementation of quality improvement initiatives, which would enhance the care of patients in relation to the prevention and management of PU in resource-limited settings. However, this study had few limitations. The lack of investigation into the 10 nurses' educational preparations makes it challenging to determine whether they possess similar levels of education regarding PU and if they have received any training in PU management.

6 | CONCLUSION AND IMPLICATIONS

This study revealed that three main factors negatively affect nurses' utilization of risk assessment scales, that is, their lack of

knowledge on PURAS, a shortage of staff and equipment and an absence of policies/guidelines. Given these challenges, the study recommends that hospitals in Namibia provide additional equipment and recruit more nurses, as well as provide training on PU risk assessment and prevention. Formulating policies/guidelines on the utilization of assessment scales and providing monthly training on those would assist the nurses in providing better patient care.

These findings could be used to understand the risk factors that impact the implementation of PURAS in countries with limited resources and aid future studies to formulate interventions aimed at enhancing the overall quality of care. Future studies could be quantitative, utilizing bigger sample sizes.

AUTHOR CONTRIBUTIONS

N.T.: Conceptualization, methodology, supervision, data curation, formal analysis, writing – review and editing, supervision and data curation. A.M.M.: Methodology, data curation, data curation, formal analysis and writing – original draft. All researchers approved the final version.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest with the content of the study.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. Due to privacy and ethical constraints, the data are not accessible to the public.

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