

ORIGINAL ARTICLE

Knowledge and Practices of Nurses Regarding Wound Healing

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Purpose: The purpose of this study was to determine the knowledge and practices of nurses who work at surgical clinics regarding incisional wound healing.

Design: This research was a descriptive study.

Methods: The sample consisted of 393 nurses who worked at the surgical clinics of public and private hospitals. The questionnaire used to collect data was prepared by use of expert opinion based on the relevant literature review.

Findings: The mean score of knowledge regarding wound healing was found to be 62.0 ± 8.4 . It was determined that as the educational level of the nurses increased, their knowledge mean score increased ($P < .05$). Nearly half of the nurses did not perform wound healing practices regularly, whereas more than half of the nurses did not fulfill discharge education practices on wound care regularly.

Conclusions: Education should be carried out to improve knowledge, attitude, and skills of nurses concerning wound healing and care.

Keywords: nursing, surgical wound healing, wound care knowledge.

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RAPID TECHNOLOGICAL ADVANCEMENTS in surgery, developments in preoperative and postoperative patient care, and advancements in the field of anesthesia have resulted in a shift of surgical interventions from the last treatment method to a common treatment method.¹⁻³ The number of surgeries in Turkey in 2009 was 3,508,253 with the total number of surgeries reaching 4,410,218 in 2012.⁴

Surgery results in some problems such as pain, fatigue, atelectasis, wound infections, wound dehiscence, paralytic ileus, urinary retention, and urinary infection.³ Wound problems induced by surgical interventions are primary ones.³ Important wound complications that may develop among patients during the postoperative period can include hematoma, seroma, surgical site infections, wound dehiscence, and delayed wound healing.^{3,5}

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Conflict of interest: None to report.

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Surgical incision leads sterile tissues to come into contact with the nonsterile environment and causes contamination. Playing a crucial role in recovery and rehabilitation of the patient, wound healing is delayed when the necessary conditions for wound healing are not provided and proper care of the incision is not administered.⁶⁻⁸ To achieve qualified wound care, the nurse should evaluate and rehabilitate the general condition of the patient, relieve the pressure on the wound surface, keep the wound moist, remove necrotic tissue in the wound by using appropriate and

sterile dressing materials when required, clean the wound by using an antiseptic solution, intervene with infection, cover the wound with a sterile gauze bandage or surgical drapes when required, keep the wound temperature at a constant level, follow up the blood values, and evaluate the wound every day in terms of infection, serosity, and hematoma.^{3,5}

Wound surface problems can cause extended duration of hospitalization, sequelae such as bad scar formation and incisional hernia induced by wound dehiscence, and can also result in an increased cost ratio.^{5,9} Therefore, all surgical wounds require special nursing care both at the hospital and after discharge.⁸ Within the scope of the discharge care, the patient and family or caregiver should be trained concerning wound care, prevention of infection development, regulation and maintenance of nutrition, medication, and under which conditions they need to be seen by a health care provider.^{10,11}

A wound healing program depends on the nurses' knowledge regarding physiology and process of wound healing and consequently the nursing interventions. Having sufficient knowledge concerning wound healing, a nurse can perform a systematic and holistic patient assessment and identify possible wound complications at early stage.¹²⁻¹⁴ Therefore, when nurses who deliver the primary care to patients have sufficient knowledge regarding wound healing, they carry out the postoperative wound monitoring and plan the discharge education appropriate for patient needs. A satisfactory level of knowledge about wound healing and care of wounds not only decreases surgical complications, repeated admissions, hospitalization duration, and costs but also contributes to the quality of life among the patients.¹⁵

This study was conducted to determine the knowledge and practices of nurses, working at surgical clinics, regarding wound healing.

Methods

Study Design

This was a cross-sectional and descriptive study.

Setting and Sample

This study was conducted in the general surgery, orthopaedics, neurosurgery, urology, breast surgery, cardiovascular surgery, and plastic surgery clinics and intensive care units of the surgical clinics at all public and private hospitals located in the province of Kayseri.

The population of the study consisted of a total of 393 nurses working at the surgical clinics, including 130 nurses from Erciyes University Health Practice and Research Centre, 129 nurses from Kayseri Training and Research Hospital, and 134 nurses from private hospitals in Kayseri.

The sample of the study consisted of 311 nurses, who voluntarily participated in the study.

Ethical Consideration

Approval of the Clinical Trials Ethics Committee of Erciyes University Faculty of Medicine and also institutional permission of the hospitals were received (institutional review board approval number: 2012/473). After the participating nurses were informed about the study, their written consents were received.

Measurements and Instruments

The data were collected by using a questionnaire, which was developed based on the literature review^{5,9,16,17} and with three experts' opinions. The first part of the questionnaire involved 19 questions about descriptive characteristics of the nurses (eg, age, gender, educational status, working place, weekly working time, year of service). The second part of the questionnaire involved 20 questions about surgical wound healing. Seven of these questions had multiple-choice answers, and 13 had true or false statements.

Knowledge evaluation questions had equal (five points) scores (100 points in total). The third part of the questionnaire involved 11 statements aimed at determining the frequency of wound healing practices of the nurses; whereas, the other 10 statements were about discharge education. Each statement was evaluated by using four-point Likert-type scale as always, mostly, sometimes, and never.

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