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ORIGINAL ARTICLE

Investigating Attitudes of Nurses Working in a State Hospital Towards Prevention of Pressure Ulcers

Bir Devlet Hastanesinde Çalişan Hemşirelerin Basinç Yaralarini Önlemeye Yönelik Tutumlarinin İncelenmesi

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ABSTRACT

Objective: This study was conducted in order to investigate the attitudes of nurses working in a state hospital towards prevention of pressure ulcers.
Materials and Methods: The population of the present study consisted of a total of 246 nurses, who were working in a public hospital located in a city center in Eastern Anatolia Region. The study, it was attempted to reach the whole population, and the data were collected from 241 nurses who voluntarily participated in the study. A "Questionnaire" with 31 questions, which was prepared by the researchers, was used to collect the data. The data on the questionnaire prepared by the support of literature were collected using Nurse Information Form with 18 questions to investigate attitudes of nurses towards prevention of pressure ulcers as well as Attitude Towards Pressure Ulcer Prevention Instrument consisting of 13 questions.
Results: The nurses with high school degree were determined to have higher attitudes towards the effect of pressure ulcers, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer. Attitudes of the nurses with high school degree towards personal sufficiency to prevent pressure ulcers were higher and the difference between the groups was significant ($p<0.05$).
Conclusion: It was observed that the variable of education level made a difference in the attitude towards preventing pressure sores. In addition, it was determined that nurses' attitudes towards preventing pressure ulcers were deficient.Within this context, each institution should determine pressure ulcer care protocols appropriate to standards and innovations, develop clinical practice guides, and ensure supervision of their convenience.

Keywords: Pressure Ulcer, Nurse, Prevention, Attitude, Attitude Scale.

ÖZ

Amaç: Bu araştırma, bir devlet hastanesinde çalışan hemşirelerin basınç yaralarını önlemeye yönelik tutumlarının incelenmesi amacıyla yapılmıştır.
Gereç ve Yöntem: Araştırmanın evrenini, Doğu Anadolu Bölgesindeki bir ilin merkezinde bulunan bir kamu hastanesinde çalışan toplam 246 hemşire oluşturmuştur. Araştırmada evrenin tamamına ulaşılmaya çalışılmış ve araştırmaya gönüllü olarak katılan 241 kişiden veri toplanmıştır. Verilerin toplanmasında araştırmacılar tarafından oluşturulan 31 soruluk "Anket Formu" kullanılmıştır. Literatürden destek alınarak oluşturulan anketteki veriler; hemşirelerin basınç ülserlerini önlemeye yönelik tutumlarını incelemek amacıyla 18 sorudan oluşan Hemşire Tanıtım Formu ve 13 sorudan oluşan Basınç Ülserlerini Önlemeye Yönelik Tutum Ölçeği kullanılarak toplanmıştır.
Bulgular: Lisans mezunu hemşirelerin basınç ülserlerinin etkisine yönelik, basınç ülserlerini önlemede kişisel sorumluluğa yönelik ve basınç ülserlerini önlemenin etkinliğine yönelik tutumlarının daha yüksek olduğu saptandı. Lise mezunlarının ise basınç ülserlerini önlemek için bireysel yeterliliğe yönelik tutumlarının daha yüksek olduğu ve gruplar arasındaki farkın anlamlı olduğu saptandı ($p<0,05$).
Sonuç: Basınç yaralarını önlemeye yönelik tutumda eğitim düzeyi değişkeninin fark oluşturduğu görülmüştür. Ayrıca hemşirelerin basınç ülserini önleme tutumlarının eksik olduğu belirlenmiştir. Bu bağlamda; her kurum standartlara ve yeniliklere uygun basınç ülseri bakım protokolleri belirlemeli, klinik uygulama rehberleri geliştirmeli ve uygunluğunun denetlemesini sağlamalıdır.

Anahtar Kelimeler: Basınç Ülseri, Hemşire, Önleme, Tutum, Tutum Ölçeği.

Introduction

Pressure ulcer is described as "localized injury to the skin and underlying soft tissue, usually over a bony prominence or related to medical or other devices" based on the translation from American National Pressure Ulcer Advisory Panel [NPUAP] by Wound, Ostomy and Continence Nurses Society (1,2). Pressure ulcer is an important health problem influencing patient and health care system and resulting in economic costs. Despite the increasing evidence and guidance regarding the prevention, preventive measurements are applied at the minimum level and pressure ulcer remain to be a serious problem at the

hospitals (3,4). Pressure ulcers usually cause pain and severe infections in patients, delay recovery, and prolong the length of hospital stay (5).

Pressure ulcers are the problems that have treatment taking a long time, disturb recovery programs, and cause high morbidity and mortality rates (6). Pressure ulcers may lead to development of complications such as depression, pain, and infection (7). The most critical complication of pressure ulcers is infections developing in elderly people whose diet and immune system are disturbed. Development of infection may increase the mortality by progressing to sepsis in these patient groups (8). Besides physical and psychological trauma pressure ulcers cause (9), they are a complication that can lead to delay in activities of daily living and an increase in health care expenses by prolonging their recovery process (10).

While the primary responsibility about the development of pressure ulcers was considered to belong to nurses in the past, today development of pressure ulcers is used as not only one of the quality indicators for nursing services, but also one of the quality indicators of healthcare service provided at the hospital. Therefore, care and responsibility of pressure ulcers are undertaken by all of the health care teams at the present time. Even though the responsibility for care and treatment of pressure ulcers are undertaken by all the team, nurses are the group who still needs to take mainly the responsibility for application of interventions to prevent pressure ulcers and for their care because they are the only group who provide an uninterrupted service of 24 hours to patients at the clinic (11). For this reason, nursing care includes the determination of patient groups at the risk of pressure ulcers as well as observation and evaluation of patients at risk in terms of pressure ulcers. Criteria making these observation and evaluation objective are the scales used to determine the risk of pressure ulcer. Starting from this, the aim of the present study is to investigate the attitudes of nurses working in a state hospital towards prevention of pressure ulcers.

Material and Method

Aim and Type of the Study

This study was conducted in quantitative design, descriptive and cross-sectional type.

Population and Sample Selection of the Study

The population of the present study consisted of a total of 246 nurses, who were working in a public hospital located in a city center in Eastern Anatolia Region. In the population and sample calculation for the research, in addition to reaching the volunteer participants, the "non-probabilistic random method" was used and the data were collected from 241 nurses who voluntarily participated in the study (Response rate: 98.0%).

Data Collection Tools

A "Questionnaire" with 31 questions, which was prepared by the researchers, was used to collect the data.

Questionnaire

The data on the questionnaire prepared by the support of literature were collected using Nurse Information Form with 18 questions to investigate attitudes of nurses towards prevention of pressure ulcers as well as Attitude Towards Pressure Ulcer Prevention Instrument (ATPUPI) consisting of 13 questions. The data were collected via face-to- face interview technique.

Nurse Information Form

Form consists of 18 questions including nurses' socio-demographic and descriptive information towards pressure ulcers.

Attitude Towards Pressure Ulcer Prevention Instrument

It was developed by Beeckman et al. in order to determine nurses' attitudes towards preventing pressure ulcers (12). It was found to be a valid and reliable scale. Cronbach's Alpha value of the scale's internal consistency reliability was determined as 0.79, and the Cronbach Alpha value for the sub-dimensions was found to be between 0.70-0.90.

The Turkish adaptation of the scale was made by Üstün (13), and the Cronbach Alpha value of the internal reliability of the scale, which was in the form of a 4-point Likert scale, was 0.714.

ATPUPI includes a total of 13 items in 5 subscales. Subscales of the instrument consist of 13 items in total; attitude towards personal sufficiency to prevent pressure ulcers (3 items), attitude towards the priority to prevent pressure ulcers (3 items), attitude towards the effect of pressure ulcers (3 items), attitude towards the personal responsibility to prevent pressure ulcers (2 items), and attitude towards the effectiveness of prevention of pressure ulcers (2 items). As the total mean scores of ATPUPI increase, attitude is expected to be positive. In this study, the alpha values of the sub-dimensions of the scale and the total score were found as Attitude towards personal sufficiency to prevent pressure ulcers 0.72, Attitude towards the priority to prevent pressure ulcers 0.77, Attitude towards the effect of pressure ulcers 0.71, Attitude towards the personal responsibility to prevent pressure ulcers 0.78, Attitude towards the effectiveness of the prevention of pressure ulcers 0.81, and Total alpha 0.75.

Data Assessment

Statistical Package for the Social Sciences-22 (SPSS-22) was used for the analysis, error controls and tables were made via the program. The Shapiro Wilk Test was used to determine whether the research data were

normally distributed. Research data were not normally distributed. Therefore, nonparametric tests were used in the analysis of the data. Descriptive data were indicated in number and percentage and $p < 0.05$ was accepted as the statistically significance level.

Ethical Consideration

The present study was conducted in accordance with the principles of the Declaration of Helsinki. This study was approved by Bingöl University Ethics Committee (approval number: E.26634, date: 30.12.2019). With the principle of voluntarism, written and verbal information was provided, and the data was collected by filling out the forms by the participants, whose consent was obtained. The authors expressed no conflict of interest.

Results

Table 1. Findings About Socio-Demographic Characteristics of the Nurses (N=241)

Characteristics	Number	%
Age		
20-30 years of age	44	18.2
31-40 years of age	158	65.6
41-50 years of age	39	16.2
Gender		
Female	161	66.8
Male	80	33.2
Marital Status		
Married	150	62.2
Single	91	37.8
Educational Background		
High school	70	29.0
Bachelor	171	71.0
Tenure in the profession		
1-5 years	117	48.6
6-15 years	103	42.7
16 years and longer	21	8.7
Unit		
Surgical	130	53.9
Internal Medicine	111	46.1
Position		
Service Nurse	216	89.6
Intensive Care Nurse	25	10.4
The way of work		
Always day and always night	101	41.9
Night and day	140	58.1

Of the nurses participated in the study 66.8% were female and 62.2% were married. 71% of the nurses had bachelor's degree and 89.6% was service nurse (Table 1).

Table 2. Experiences of Nurses Regarding Pressure Ulcers (N=241)

	Number	%
Encountering pressure ulcer		
Never	91	37.8
Rarely	130	53.9
Frequently	20	8.3
Use of an instrument for risk assessment of pressure ulcer		
Yes	60	24.9
No	181	75.1
Dressing pressure ulcer		
None	127	52.7
Less than 10	89	36.9
Between 20-50	18	7.5
I don't remember the number	7	2.9
Receiving education on pressure ulcers		
Yes	89	36.9
No	152	63.1
Reflecting the education to nursing care		
Yes	79	32.8
No	148	61.4
Partially	14	5.8
Finding nursing practices towards prevention of pressure ulcers sufficient		
Sufficient	85	35.3
Partly sufficient	122	50.6
Insufficient	34	14.1

Of the nurses included in the study, 53.9% indicated that they rarely encounter pressure ulcers, 75.1% did not use any instrument for risk assessment of pressure ulcers, and 52.7% never dressed a pressure ulcer (Table 2).

Attitudes of the nurses, who participated in the study, towards personal sufficiency to prevent pressure ulcers, towards the priority to prevent pressure ulcers,

and towards the personal responsibility to prevent pressure ulcers were found to be higher than average. Attitudes of nurses towards the effect of pressure ulcers and towards the effectiveness of prevention of pressure ulcer were determined to be high (Table 3).

Table 3. Attitudes of the Nurses Towards prevention of Pressure Ulcer (N= 241)

				X	SS
Attitude towards personal sufficiency to prevent pressure ulcers (Competence)	3	10	7	6.72	1.28
Attitude towards the priority to prevent pressure ulcers (Priority)	5	10	7	6.84	0.80
Attitude towards the effect of pressure ulcers (Impact)	5	12	10		1.55
Attitude towards the personal responsibility to prevent pressure ulcers (Responsibility)	2	8	5	5.09	0.83
Attitude towards the effectiveness of prevention of pressure ulcer (Efficiency of prevention)	3	7	5	5.36	0.65
Total	26	42	34		2.53

As seen in Table 4; Although there was no significant difference in the total score and sub-dimension scores of the scale, it was observed that the mean rank/median values were higher in the variables of age, gender, education level, number of years of employment and unit of employment. It was determined that attitudes towards the effect of pressure ulcers, towards the effectiveness of prevention of pressure ulcer, and total mean scores were higher in nurses in the age range of 20-30 years than the other groups and the difference between the groups was not significant. Attitudes towards personal sufficiency to prevent pressure ulcers and towards the personal responsibility to prevent pressure ulcers were found to be higher in nurses at age range of 31-40 years. Results of the study revealed that attitudes towards personal sufficiency to prevent pressure ulcers, towards the effect of pressure ulcers, and towards the effectiveness of prevention of pressure ulcer, and total mean scores were higher in women compared to men. The nurses with bachelor's degree were found to have higher attitudes towards the effect of pressure ulcers, towards, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer. Nurses with a high school degree had higher attitude towards personal sufficiency to prevent pressure ulcers and the difference between the groups was significant ($p<0.05$). Nurses, who had a tenure of 16 years and longer in the profession, had higher attitudes towards personal sufficiency to prevent pressure ulcers and towards the priority to prevent pressure ulcers compared to the other groups. Those who had a tenure of 6-15 years in the profession, had higher attitudes towards the effect of pressure ulcers, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer. The nurses participating in the study and working in the surgical clinics were determined to have higher attitudes towards personal sufficiency to prevent pressure ulcers and the difference between the groups was significant ($p<0.05$). Nurses working in the internal medicine clinics, on the other hand, had higher attitudes towards the priority to prevent pressure ulcers, towards the effect of pressure ulcers, and towards the personal responsibility to prevent pressure ulcers. Attitudes of the nurses, working as a service nurse, towards personal sufficiency to prevent pressure ulcers were higher compared to the nurses working as intensive care nurse and the difference between the groups was significant ($p<0.05$). The nurses working at always day shift and always night shift had higher attitudes towards personal sufficiency to prevent pressure ulcers and higher total means scores and the difference between the groups was significant ($p<0.05$).

Discussion

Despite the developments and innovations in health care, pressure ulcers still remain as an important problem for patients and healthcare professionals (14,15). Today, although the determination of risk factors of pressure ulcers is made by nurses, interventions to prevent ulcers should be initiated in the early period. In the literature, it is emphasized that one of the reasons for the development of pressure sores is the lack of knowledge of nurses on this subject (16). In this study aiming to investigate the attitudes of nurses working in a state hospital towards prevention of pressure ulcers.

It is known that training programs on pressure ulcers and their prevention have a positive impact on knowledge of nurses, their prevention interventions, and attitudes (17, 18). It was stated that 63.1% of nurses did not receive education on pressure ulcer, 61.4% were not able to reflect the education to care, and 50.6% considered that nursing practices towards prevention of pressure ulcer were partly sufficient. In the study of Etafa (2019), it was determined that the majority of the nurses (66.7%) did not participate in any training on pressure sores (19), and in the study of Awali (2018), 74.6% of the nurses did not participate in the education about pressure sores (20). In the study conducted by Çelik et al. (2017) in our country, it was determined that 74.4% of the nurses received pressure ulcer training (21). When the literature is examined, it is emphasized that the practice and knowledge of nurses working in these units, especially in intensive care units, surgical and internal clinics, where the risk of pressure ulcer development is quite high due

Table 4. Comparison between Socio-demographic Characteristics of Nurses and Their Attitudes Towards Prevention of Pressure Ulcer (N= 241)

		Attitude towards personal sufficiency to prevent pressure ulcers		Attitude towards the priority to prevent pressure ulcers $\bar{X}$ ±SD		Attitude towards the effect of pressure ulcers $\bar{X}$ ±SD		Attitude towards the personal responsibility to prevent pressure ulcers $\bar{X}$ ±SD		Attitude towards the effectiveness of prevention of pressure ulcer $\bar{X}$ ±SD		Total $\bar{X}$ ±SD	
Age		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	20-30	6.75 ± 1.31	122,02	6.89 ± 1.02	123,91	10.34 ± 1.60	135	5.05 ± 1.10	118,17	5.52 ± .73	134,98	34.55 ± 2.70	137,3
	31-40	6.77 ± 1.27	125,85	6.80 ± .70	118,35	9.91 ± 1.58	116,11	5.11 ± .78	122,66	5.34 ± .65	117,47	33.94 ± 2.51	118,44
	41-50	6.51 ± 1.34	100,21	6.95 ± .94	128,46	10.15 ± 1.33	125,03	5.05 ± .69	117,49	5.33 ± .53	119,53	34.00 ± 2.41	112,97
	KW	4.591		.911		2.828		.341		2.914		3.192	
	p	.101		.634		.243		.843		.233		.203	
Gender		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	Female	6.84 ± 1.18	125,16	6.84 ± .77	122,38	10.06 ± 1.50	121,85	5.09 ± .77	120,49	5.37 ± .62	120,52	34.20 ± 2.35	123,99
	Male	6.50 ± 1.47	112,63	6.84 ± .88	118,22	9.98 ± 1.65	119,29	5.10 ± .95	122,03	5.36 ± .72	121,96	33.78 ± 2.86	114,98
	U	5.770.500		6.217.500		6.303.500		6.522.000		6.517.000		5.958.500	
	p	.172		.631		.783		.854		.862		.340	
Educational background		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	High school	7.04 ± 1.35	138,01	6.84 ± .81	122,73	9.73 ± 1.50	108,26	5.03 ± .90	117,97	5.30 ± .73	113,67	33.94 ± 2.43	119,21
	Bachelor	6.60 ± 1.24	114,04	6.84 ± .81	120,29	10.15 ± 1.56	126,22	5.12 ± .80	122,24	5.40 ± .62	124	34.11 ± 2.58	121,73
	U	4.764.500		5.864.000		6.877.000		6.197.000		6.498.000		6.110.000	
	p	**.012**		.786		0.62		.622		.229		.797	
Duration of tenure in the profession		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	1-5 years	6.78 ± 1.28	125,1	6.86 ± .85	124,35	10.00 ± 1.71	120,82	5.07 ± .93	120,88	5.37 ± .70	121,92	34.08 ± 2.77	124,68
	6-15 years	6.62 ± 1.23	115,97	6.80 ± .71	116,29	10.08 ± 1.36	121,96	5.17 ± .74	124,48	5.38 ± .61	120,1	34.04 ± 2.16	119
	16 years and longer	6.95 ± 1.60	122,83	6.95 ± 1.02	125,48	9.95 ± 1.56	117,31	4.86 ± .65	104,6	5.33 ± .58	120,26	34.05 ± 2.94	110,31
	KW	1.033		1.001		.083		1.856		.053		.920	
	p	.597		.606		.959		.395		.974		.631	
Unit		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	Surgical	6.89±1.25	130,53	6.83±0.82	120,51	9.98±1.57	119,52	5.06±0.84	118,58	5.41±0.67	124,38	34.20±2.53	125,24
	Internal	6.53±1.30	109,84	6.84±0.78	121,57	10.08±1.52	122,73	5.11±0.81	123,83	5.31±0.61	117,05	33.89±2.52	116,04
	U	5.976.000		7.151.500		7.022.500		6.901.000		6.776.000		6.664.000	
	p	.017		.897		.714		.506		.348		.303	
Position		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	Service Nurse	6.80 ± 1.27	124,67	6.85 ± .80	121,98	10.02 ± 1.53	120,47	5.07 ± .83	119,48	5.37 ± .65	120,8	34.12 ± 2.51	122,15
	Intensive Care Unit Nurse	6.08 ± 1.26	89,32	6.76 ± .83	112,52	10.08 ± 1.78	125,58	5.24 ± .83	134,16	5.32 ± .69	122,76	33.48 ± 2.69	111,1
	U	1.908.000		2.488.000		2.814.500		3.029.000		2.744.000		2.452.500	
	p	**.013**		.480		.722		.254		.878		.449	
The way of work		**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**	**$\bar{X}$ ± SD**	**Mean Rank**
	Always day and always night	6.94 ± 1.41	132,76	6.93 ± .91	126,68	10.16 ± 1.64	127,68	5.15 ± .90	123,77	5.34 ± .68	117,45	34.51 ± 2.68	132,06
	Night and day	6.57 ± 1.17	112,52	6.78 ± .72	116,9	9.94 ± 1.48	116,18	5.05 ± .78	119	5.39 ± .63	123,56	33.73 ± 2.37	113,02
	U	5.882.500		6.496.000		6.395.000		6.790.500		7.428.500		5.952.500	
	p	**.021**		.237		.194		.550		.439		**.035**	

to limitation of movement and many other factors, should be at a sufficient level (22,23).

When the relationship between socio-demographic characteristics of nurses and their attitudes towards prevention of pressure ulcer was examined; nurses in the age range of 20-30 years had higher attitudes towards the effect of pressure ulcers, towards the effectiveness of prevention of pressure ulcer and total mean scores compared to the other groups and the difference between the groups was insignificant. Attitudes towards personal sufficiency to prevent pressure ulcers and attitudes towards personal responsibility to prevent pressure ulcers were found to be higher in nurses in the age range of 31-40 years. The studies have revealed no correlation between age factor and attitude mean score (24,25).

The nurses with high school degree were determined to have higher attitudes towards the effect of pressure ulcers, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer. Attitudes of the nurses with high school degree towards personal sufficiency to prevent pressure ulcers were higher and the difference between the groups was significant ($p<0.05$). While there are studies in the literature reporting that educational status does not affect knowledge score of nurses significantly (21,26), there are also studies indicating that those with high level of education has significantly higher scores of knowledge (27,28).
The nurses, who had a tenure of 16 years and longer in the profession, had higher attitudes towards personal sufficiency to prevent pressure ulcers and towards the priority to prevent pressure ulcers than the other groups. Those, who had a tenure of 6-15 years in the profession, had higher attitudes towards the effect of pressure ulcers, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer. While studies revealed that duration of professional experience does not have a significant effect on knowledge scores of nurses about pressure ulcer prevention (18, 21,24,27,28), there is also study notifying that pressure ulcer prevention knowledge level of nurses having a longer duration of professional experience is significantly higher (27).

In the present study it was found that attitude of nurses, who participated in the study and were working in the surgical clinics, towards personal sufficiency to prevent pressure ulcers was higher and the difference between the groups was significant ($p<0.05$). Those working in the internal medicine clinics, on the other hand, had higher attitudes towards the priority to prevent pressure ulcers, towards the effect of pressure ulcers, and towards the personal responsibility to prevent pressure ulcers. Studies conducted at different units reported that experience of nurses to give care to the patient with pressure ulcer ranged between 11.5% and 90% (22,29). In the study conducted with nurses who worked in the surgical units at least for one year (29), it was determined that most of the nurses (90.7%) had experiences of providing care to patient with pressure ulcer.

Conclusion

Attitudes of the nurses, who participated in the study, towards personal sufficiency to prevent pressure ulcers, towards the priority to prevent pressure ulcers, and towards the personal responsibility to prevent pressure ulcers were found to be higher than average. In addition to, the nurses with high school degree were determined to have higher attitudes towards the effect of pressure ulcers, towards the personal responsibility to prevent pressure ulcers, and towards the effectiveness of prevention of pressure ulcer.

It is recommended to organize in-service training programs and symposiums introducing pressure ulcer and pressure ulcer risk diagnosis scales and presenting planning and practices for interventions to prevent pressure ulcers at certain intervals for nurses to enable them to provide care within specified qualifications.

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