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Knowledge, attitudes, and practices of nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District. A cross-sectional study.

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Abstract

Background

Pressure ulcers are localized injuries to the skin and underlying tissues primarily caused by prolonged pressure, shear, or friction. This aims to assess nurses' knowledge, attitudes, and practices to identify gaps and develop targeted interventions.

Methodology

A cross-sectional study design that employed quantitative methods of data collection. This population included all Nurses at Entebbe Regional Referral Hospital who provide medical care to patients. A sample of 30 Nurses was selected using a simple random sampling technique.

Results

20(67%) were females while 10(33%) were males. 12(40%) had a certificate as their highest level of education, 10(33%) were of diploma level, 8(27%) had a bachelor's degree. 10(33%) mentioned that they identify a stage one pressure ulcer by redness on intact skin. 14 (47%) mentioned skin hygiene and barrier creams as the practice that helps them maintain skin integrity in bedridden patients. 14(47%) reported boosting immunity as the importance of hydration and protein in ulcer prevention. 12(40%) strongly believed that continuous education enhances their ability to prevent pressure ulcers effectively. 21(70%) rarely implemented repositioning schedules for bedridden patients. 12(40%) never performed a comprehensive skin inspection for bedridden patients. 22(73%) never used specialized pressure-relieving devices.

Conclusion

Nurses knew about the prevention of pressure ulcers, though with low attitudes and practices on target interventions.

Recommendation

Adopt evidence-based practices such as regular patient repositioning and comprehensive skin inspection. Increase efforts to educate caregivers on preventive measures to enhance continuity of care. Treat pressure ulcer prevention as an ethical responsibility and an integral part of nursing care.

Keywords: *Knowledge, Attitudes, Practices, Prevention of pressure ulcers, Bedridden patients, Entebbe Regional Referral Hospital, Wakiso District.*
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Background of the study

Pressure ulcers are localized injuries to the skin and underlying tissues primarily caused by prolonged pressure, shear, or friction (Gefen et al., 2022). Prevention of pressure ulcers is an essential component of quality nursing care, especially for bedridden patients, as these ulcers can lead to severe complications, including infections, prolonged hospital stays, and increased healthcare costs (European Pressure Ulcer Advisory Panel (EPUAP), Adhikari, 2023). Globally, the prevalence of pressure ulcers ranges from 12% to 28% with up to 60% of cases occurring in immobile or bedridden patients. Inadequate knowledge among nurses has been linked to these high rates, as only 15% of healthcare facilities in low-resource settings adhere to international

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prevention guidelines (Olaniyi et al., 2021). In addition, poor attitudes and practices among nursing staff have contributed to higher infection rates, longer hospital stays due to severe pressure ulcers, and a 20% increase in hospital-acquired complications (Tamang et al., 2020).

In Sub-Saharan Africa, pressure ulcers account for a significant proportion of hospital-acquired conditions, with a prevalence ranging between 13% and 28% among bedridden patients, due to insufficient training and negative attitudes towards prevention contributing to the problem (Sih et al., 2021). For instance, 68% of nurses surveyed in South Africa reported inadequate knowledge on pressure ulcer prevention, leading to poor practices such as inconsistent repositioning of patients and lack of proper skin assessments (Ellis, 2019). Consequently, 25% of bedridden patients in these settings develop severe ulcers, resulting in increased hospital stays and mortality rates (Farid et al., 2022).

In East Africa, the prevalence of pressure ulcers among bedridden patients is estimated at 15% (Sisimwo et al., 2021). Factors such as nurses' limited knowledge of evidence-based prevention measures and poor adherence to best practices have been cited as major causes (Alhumaid et al., 2021). In Tanzania, 70% of nurses reported that they had never received formal training on pressure ulcer prevention, leading to inconsistent repositioning practices and inadequate use of pressure-relieving devices (Osebo, 2023). As a result, 66% of bedridden patients experience stage II or higher-pressure ulcers, with nearly half suffering complications such as wound infections and sepsis (Velez Lopez, 2021).

In Uganda, pressure ulcers are becoming a growing concern in regional referral hospitals where the prevalence among bedridden patients is estimated at 24% (Wabuna et al., 2024). Nurses' insufficient knowledge is estimated at approximately 2% and suboptimal practices contribute significantly to this burden (McCauley et al., 2021). A study by Makori et al. (2022) revealed that 68% of nurses in referral hospitals lacked training on prevention guidelines, leading to a 20% increase in hospital-acquired infections among bedridden patients. Poor attitudes among nurses, such as perceiving ulcer prevention as a low priority, further compound the problem, with only 45% adhering to routine patient repositioning protocols (Avsar et al., 2019). This highlights the need to assess nurses' knowledge, attitudes, and practices to identify gaps and develop targeted interventions.

Specific Objectives

The study was carried out with the following objectives;

1. To determine the level of knowledge of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital.
2. To evaluate the attitudes of nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital.
3. To examine the practice of nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital.

Methodology

Study Design and Rationale.

This study utilized a cross-sectional study design that employed quantitative methods of data collection. A cross-sectional design allowed for data collection at a specific point in time, providing a snapshot of the study population. It was suitable for this study as the data was collected once without follow-up of participants.

Study Setting and Rationale

The study was conducted at Entebbe Regional Referral Hospital, located on Entebbe Road, approximately 40 kilometers southwest of Kampala in Wakiso District, Central Uganda. The hospital is government-owned and serves as a referral center offering general and specialized services, including critical care for bedridden patients. The hospital has a bed capacity of 200 and a workforce of approximately 150 health workers, including nurses, doctors, and support staff. On average, it receives around 1200 patients monthly, catering to diverse medical needs. The rationale for selecting this site is its high patient turnover, diverse demographics, and a significant number of bedridden patients requiring specialized nursing care. This made it ideal for assessing nurses' knowledge on pressure ulcer prevention. The hospital's geographical coordinates are 0.0528°N, 32.4592°E.

Study Population and Rationale

The study targeted nurses at Entebbe Regional Referral Hospital. This population included all Nurses at Entebbe Regional Referral Hospital who provide medical care to patients.

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Sample Size Determination

The sample size was calculated using the formula developed by Kish and Leslie (1965), given by;

$$n = \frac{Z^2 PQ}{d^2}$$

Where n was the sample size required

P was the estimated proportion of the population with the characteristics of interest, p 2% which was equivalent to 0.02. (McCauley et al., 2021).

d=0.05 was the acceptable error of estimation at a 95% confidence interval

Z was the confidence interval at 95% =1.96

Q=1-p

Therefore

$$, n = \frac{(z^2 p (1-p)}{d^2}$$

$$= \frac{(1.96)2x0.03 (1-0.02)}{(0.05)2}$$

n=2.8416x0.0291/0.0025

n= 30.2126224

n=30 respondents

Therefore, a Sample size of 30 Nurses was sampled for the success of the study.

Sampling Procedure

A simple random sampling technique was employed because it ensured that the sample was random and reduced bias. The researcher cut 60 equal-sized pieces of paper, all the same color, with 30 marked "Yes" and the other 30 marked "No." These were placed in a box, mixed thoroughly, and each respondent picked a single paper at a time without replacement. Participants who picked a paper marked "Yes" were enrolled in the study. This process was repeated daily for three days until 30 nurses were selected.

Selection Criteria

Inclusion Criteria

All Nurses at Entebbe Referral Hospital who provided informed consent to participate in the study.

Those who had worked at the hospital for at least 6 months to ensure familiarity with the facility's protocols and practices

All nurses who were present at the hospital at the time of data collection

Exclusion criteria.

Nurses at Entebbe Referral Hospital who did not provide informed consent to participate in the study.

Those who had worked at the hospital for less than 6 months

Nurses who were on leave during the time of data collection

Independent variables:

These included;

The level of Knowledge of Nurses on the prevention of pressure ulcers

Attitude of Nurses on the Prevention of Pressure Ulcers towards Sickle Cell Screening

Practice of Nurses on the Prevention of Pressure Ulcers

Dependent variables:

These included;

Prevention of pressure ulcers among bedridden inpatients.

Research Instruments.

The researcher used a structured questionnaire as the research instrument. The questionnaire consisted of four sections: socio-demographic data, knowledge, attitude, and practices. Each section contained closed-ended questions to assess nurses' responses objectively.

Data Collection Procedure.

After obtaining a letter from the principal of Mildmay Uganda School of Nursing and Midwifery, the researcher sought permission from the administration of Entebbe Regional Referral Hospital and explained the purpose of the study. Once permission was granted, the Director introduced the researcher to the nurses, and data collection proceeded within 3 days. Respondents were reminded of their right to withdraw from the study at any time. Verbal permission and consent were obtained from respondents, where the main purpose of the study and confidentiality were clearly explained to ensure their cooperation.

Data Management and Analysis

Data Management

After collecting the data, each questionnaire was checked for completeness and accuracy. The data collected was edited, coded, and cleaned before analysis. Accurate and filled questionnaires were kept in a lockable cubicle, and a password was created for electronic data to ensure no access by unauthorized individuals, thus maintaining maximum confidentiality.

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Data Analysis and presentation.

Data was analyzed manually, after which the researcher entered the findings into the computer using Microsoft Excel (20210) Office programs. The data was analyzed using Excel, which presented the findings in the form of tables, graphs, and pie charts.

Quality Control

Validity

This was done by setting questions according to the research objectives and ensuring they aligned with the researcher's intentions related to the study topic. Validity helped in measuring the accuracy of results within the study, aiding in the formulation of appropriate interventions to address the problem surrounding nurses' knowledge, attitude, and practice on pressure ulcer prevention. When valid answers were obtained, accurate solutions could be achieved for the existing problem.

Reliability

The questionnaires were pre-tested at Mulago Hospital on a few selected respondents before being used in the research study to ensure the consistency and dependability of the research instruments and their ability to gather data that could address the objectives of the study.

Ethical Considerations.

An introductory letter was obtained from the Chairperson of the Research Committee at Mildmay Uganda School of Nursing and Midwifery, which was taken to the director of Entebbe Referral Regional Hospital, who then granted permission for the researcher to interact with the nurses. All respondents were provided with a written informed consent after receiving a detailed description of the study. Eligible participants consented in private, and no incentives were given. Anonymity of the respondents was ensured at all stages of data analysis.

Results

Social demographic characteristics

Table 1 shows the social demographic characteristics of the respondents

Variable	Category	Frequency(n=30)	Percentage (%)
Gender	Male	10	33
	Female	20	67
Age (years)	25-30	3	10
	31-36	10	33
	37-42	12	40
	43 and above	5	17
Marital status	Single	6	20
	Widowed	2	7
	Cohabiting	13	43
	Married	9	30
Highest level of education	Certificate	12	40
	Diploma	10	33
	Bachelor's degree	8	27
	Masters and above	0	0

From table 1, 20(67%) were females while the minority 10(33%) were males. 12(40%) were aged 37-42 years, 10(33%) were aged between 31-36 years, 5(17%) were aged 43 years and above while the least, 3(10%) were between 25-30 years. 13(43%) were cohabiting, 9(30%) were married, 6(20%) were single while the minority 2(7%) were widowed. 12(40%) had attained a certificate as their highest level of education, 10(33%) were of diploma level, and 8(27%) had a bachelor's degree.

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Table 2 Shows how respondents identify a stage one-pressure ulcer and the practice that helps maintain skin integrity in bedridden patients.

Variable	Frequency (n=30)	Percentage (%)
How respondents identify a stage one-pressure ulcer		
Redness on intact skin	10	33
Open wound	5	17
Fluid-filled blister	7	23
Exposed muscle or bone	8	27
The practice that helps maintain skin integrity in bedridden patients.		
Skin hygiene and barrier creams	14	47
Regular ointment	10	33
Covering the skin with bandages	5	17
Avoiding water on the skin	1	3
How familiar are respondents with the Braden Scale		
Very familiar	2	7
Somewhat familiar	6	20
Not familiar	7	23
Never used it	15	50

From table 2, 10(33%) mentioned that they identify a stage one pressure ulcer by redness on intact skin, 8(27%) mentioned exposed muscle or bone, 7(23%) mentioned fluid-filled blister while the minority, 5(17%) mentioned that they identify a stage one pressure ulcer by open wound. 14(47%) mentioned skin hygiene and barrier creams as the practice that helps them to maintain skin integrity in bedridden patients, 10(33%) mentioned regular ointments, 5(17%) mentioned covering skin with bandages, while the minority 1(3%) mentioned avoiding water on the skin. 15(50%) had never used the Braden Scale, 7(23%) mentioned that they were very familiar, 6(20%) were somewhat familiar, while minority, 2(7%) were very familiar.

Figure 1 Shows why hydration and protein are important in ulcer prevention. n=30

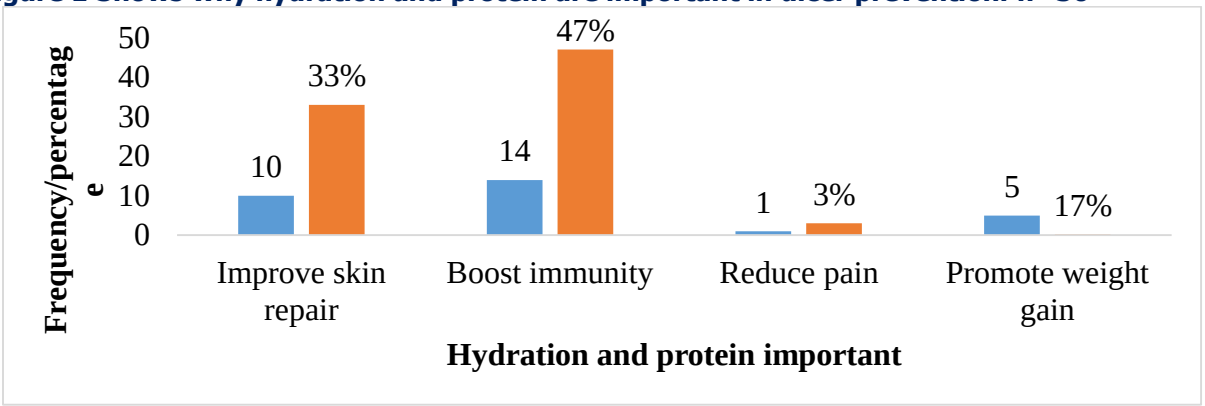

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Figure 1, 14(47%) reported boosting immunity as the importance of hydration and protein in ulcer prevention, 10(33%) mentioned improving skin care, 5(17%) mentioned promoting weight gain, while the minority 1(3%) mentioned reducing pain as the importance of hydration and protein in ulcer prevention.

The attitude of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District

Table 3 Shows the attitudes of Nurses towards the prevention of pressure ulcers

Variable	Category	Frequency(n=30)	Percentage (%)
How are respondents motivated to include regular patient repositioning in their daily routine for pressure ulcer prevention?	Very motivated Somewhat motivated Not motivated Neutral	10 8 12 0	33 27 40 0
Do you believe continuous education enhances your ability to prevent pressure ulcers effectively?	Strongly believe Somewhat believe Do not believe Unsure	12 10 3 5	40 33 10 17
Preventing pressure ulcers is a fundamental part of ethical nursing care.	Strongly agree Agree Disagree Strongly disagree	6 2 13 9	20 7 43 30
Does the lack of institutional recognition discourage your efforts in preventing pressure ulcers?	Strongly agree Agree Disagree Strongly disagree	12 10 8 0	40 33 27 0
How willing are you to adapt evidence-based practices in your approach to pressure ulcer prevention?	Very willing Somewhat willing Not willing Neutral	3 5 10 12	10 17 33 40

Table 3 shows that 12(40%) were not motivated to include regular patient positioning in their daily routine for pressure ulcer prevention, 10(33%) were very motivated, and 8(27%) were somewhat motivated. 12(40%) strongly believed that continuous education enhances their ability to prevent pressure ulcers effectively, 10(33%) somewhat believed it, 5(17%) were not sure, while a minority of 3(10%) did not believe. 13(43%) disagreed that pressure ulcer prevention is a fundamental part of ethical nursing care, 9(30%) strongly disagreed, 6(20%) strongly agreed, and a minority, 2(7%) agreed. 12(40%) strongly agreed that lack of institutional recognition discouraged their efforts in preventing pressure ulcers, 10(33%) agreed, while a minority, 8(27%) disagreed. 12(40%) were neutral about adapting evidence-based practices in their approach to pressure ulcer prevention, 10(33%) were not willing, 5(17%) were somewhat willing, and a minority, 3(10%) were very willing.

The practices of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District

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Figure 2 shows the implementation of repositioning schedules for bedridden patients n=30

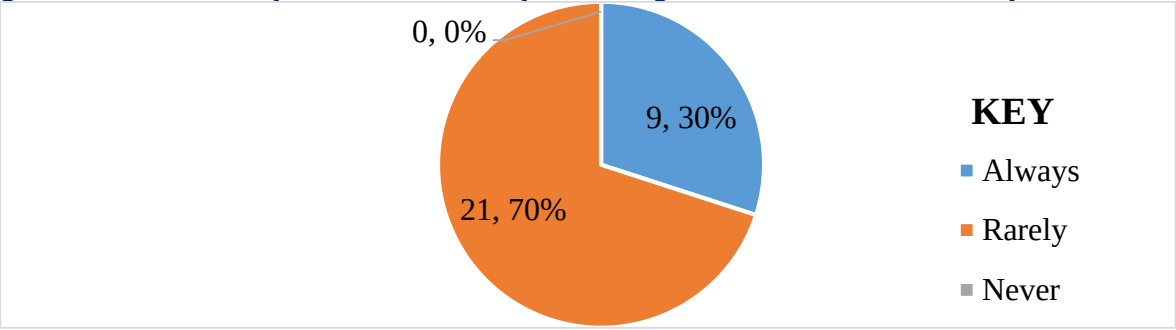

Figure 2 indicates, 21(70%) rarely implemented repositioning schedules for bedridden patients, while the least, 9(30%), always implemented repositioning schedules.

Table 4 shows the use of validated risk assessment tools like the Braden Scale to identify at-risk patients

Variable	Frequency(n=30)	Percentage (%)
Yes, always	3	10
Sometimes	9	30
Never	18	60

Table 4, 18(60%) never used validated risk assessment scales like the Braided scale to identify at-risk patients, 9(30%) sometimes used the approved scales, while a minority, 3(10%) always used the approved scales.

Figure 3 shows the performance of comprehensive skin inspection for bedridden patients, n=30

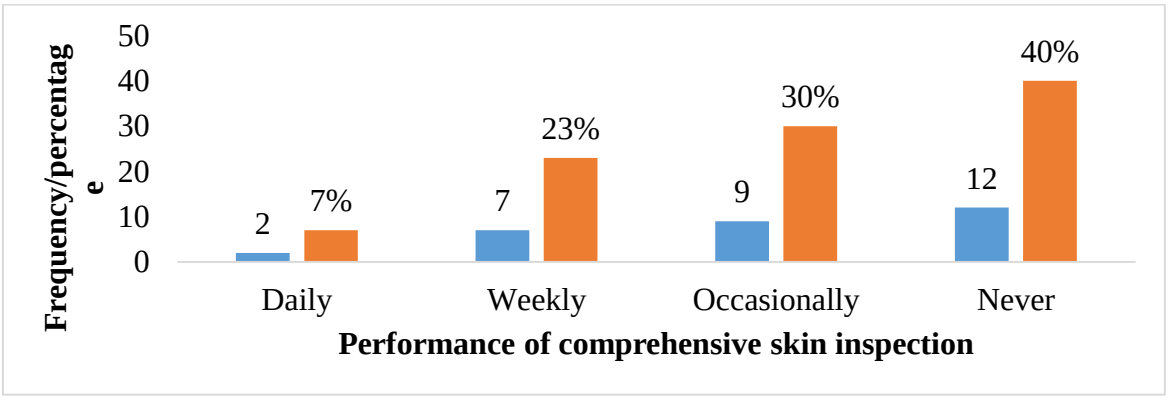

Figure 3, 12(40%) never performed comprehensive skin inspection for bed-ridden patients, 9(30%) occasionally performed skin inspection, 7(23%) did a weekly inspection while the minority, 2(7%) inspected the patients' skin daily.

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Table 5 shows the practice of educating caregivers about the preventive measures, such as maintaining hygiene and using positioning aids

Variable	Frequency(n=30)	Percentage (%)
Regularly	5	17
Sometimes	6	20
Rarely	12	40
Never	7	23

Table 5 shows that 12(40%) rarely educated caregivers about the preventive measures, such as maintaining hygiene and using positioning aids, 7(23%) never educated the caretakers, 6(20%) sometimes educated the patients, while the least, 5(17%) regularly educated the patients.

Text 1: Shows whether respondents used specialized pressure-relieving devices like mattresses or foam pads for preventing pressure ulcers

The majority of respondents, 22(73%), never used specialized pressure-relieving devices, while a minority, 8(27%), used specialized pressure-relieving devices.

Discussion

The level of knowledge of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District.

Regarding knowledge, less than half (33%) mentioned that they identify a stage one pressure ulcer by redness on intact skin. This awareness might have given respondents an insight into preventing the ulcers from progressing. The findings of the study are similar to the study done by Laryea (2019), where findings showed that nurses had moderate to high levels of knowledge regarding pressure ulcer prevention, and could identify the risk for pressure ulcers.

Results of the study showed that nearly half (47%) of respondents mentioned skin hygiene and barrier creams as the practice that helps them to maintain skin integrity in bedridden patients. This might have enabled respondents to effectively prevent pressure ulcers if put into practice fully. The findings of the study are in alignment with the study done by Xu et al. (2024), where findings showed that nurses were aware of evidence-based practices such as maintaining skin hygiene and using barrier creams to prevent pressure ulcers.

Research findings showed that half (50%) of respondents had never used the Braden Scale. This could be because respondents were not familiar with the tool, which might have led to poor assessment of patients regarding pressure ulcers. The findings of the study are contrary to the study done by Idrissou (2023), where findings revealed that nurses were knowledgeable about documenting and monitoring risk factors using standardized tools such as the Braden Scale.

Further findings showed that nearly half (47%) of respondents reported boosting immunity as the importance of hydration and protein in ulcer prevention. This could be because respondents had not fully examined the benefit of water, which might have been a factor that prevented them from fully making use of it. The findings of the study align with the study done by Olivo et al. (2020), where findings showed that nurses had sufficient knowledge of the importance of patient hydration and adequate protein intake in pressure ulcer prevention.

The attitude of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District

When respondents were engaged, less than half (40%) reported that they were not motivated to include regular patient positioning in their daily routine for pressure ulcer prevention. This could have led to patients' neglect, eventually contributing to pressure ulcers. The findings of the study were contrary to the study done by Mo'ath (2024), where findings showed that nurses with positive attitudes emphasized the need for regular patient repositioning and skin inspection as fundamental prevention strategies.

Concerning education, less than half (40%) strongly believed that continuous education enhances their ability to prevent pressure ulcers effectively. This might have been perceived to improve respondents' knowledge and eventually lead to better practices of pressure ulcer prevention. The findings of the study are in alignment with

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the study done by Mohedat & Somayaji (2023), where findings showed that nurses expressed negative or indifferent attitudes primarily due to inadequate training and a lack of awareness about advanced preventive methods, such as the use of risk assessment tools.

About ethics, nearly half (43%) disagreed that pressure ulcer prevention was a fundamental part of ethical nursing care. This might have led to respondents neglecting their duties, eventually leading to poor outcomes. The findings of the study are contrary to the study done by Song et al. (2024), where findings showed that participants had a positive attitude towards pressure ulcer prevention, describing it as an ethical obligation to their patients.

Regarding recognition, less than half (40%) strongly agreed that the lack of institutional recognition discouraged their efforts in preventing pressure ulcers. This could be because respondents were not often appreciated when they exhibited good practices, which might have demotivated them and led to poor practices. The findings of the study agreed with the study done by Rekisso et al. (2022), where findings revealed that nurses reported negative attitudes, often citing a lack of institutional recognition and support for their efforts in pressure ulcer prevention.

Furthermore, nearly half (40%) were neutral about adapting evidence-based practices in their approach to pressure ulcer prevention. This might be because respondents were not willing to adopt new practices of preventing pressure ulcers. The findings of the study are contrary to the study done by Wilson (2023), where findings revealed that nurses exhibited a positive attitude towards the prevention of pressure ulcers, emphasizing the role of evidence-based practices in improving patient outcomes.

The practices of Nurses towards the prevention of pressure ulcers among bedridden patients at Entebbe Regional Referral Hospital, Wakiso District

Regarding positioning, most of the respondents (70%) rarely implemented repositioning schedules for bedridden patients. This might have greatly increased the rate of developing pressure ulcers amongst the bedridden patients. The findings of the study contradict the findings of the study done by Mansouri (2022), where findings revealed that nurses regularly implemented repositioning schedules for bedridden patients to alleviate pressure on vulnerable areas. Furthermore, the majority of the respondents (60%) never used validated risk assessment scales like the Braided Scale to identify at-risk patients. This could be because respondents were not familiar with the assessment scales, which might have led to poor assessment of the patients. The findings of the study align with the study done by Kennerly et al. (2022), where findings showed that very few nurses reported using validated risk assessment tools such as the Braden scale to identify at-risk patients, suggesting limited integration of evidence-based tools in practice.

Concerning inspection, the majority of the respondents (40%) never performed a comprehensive skin inspection for bedridden patients. This might have increased the incidence of pressure ulcers amongst patients since respondents were too busy to inspect all pressure areas. The findings of the study are contrary to the study done by Ghezeljeh (2023), where findings revealed that participants frequently performed comprehensive skin inspections for bedridden patients.

Pertaining to patient education, less than half (40%) of caregivers were rarely educated about the preventive measures, such as maintaining hygiene and using positioning aids. This might have led to poor practice among caregivers as they could not ignorantly prevent pressure ulcers without a professional's advice. The findings of the study disagreed with the study done by Tshiamo (2021), where findings showed that participants routinely educated caregivers on preventing pressure ulcers, including maintaining hygiene and using positioning aids.

Most of the respondents (73%) never used specialized pressure-relieving devices. This could be because the specialized pressure-relieving devices were not in place, which might have increased the incidence of pressure ulcers. The findings of the study contradicted the findings of the study done by Avsar et al. (2020), where findings showed that regularly applied pressure-relieving devices were part of their practice.

Conclusion

Regarding knowledge, findings showed that most nurses identified stage one pressure ulcers by redness on intact skin. Nurses recognized skin hygiene and barrier creams as useful practices for maintaining skin integrity. However, many had never used the Braden Scale. Nurses also reported that hydration and protein were important for boosting immunity.

Concerning attitudes, findings revealed that several nurses were not motivated to include regular repositioning in their daily routine. Many believed that continuous education enhances prevention ability, while some disagreed that pressure ulcer prevention is an ethical responsibility. Lack

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of institutional recognition was reported as a factor demotivating nurses. Several respondents were neutral about adopting evidence-based practices, indicating resistance to change or a lack of awareness.

About practices, findings indicated that repositioning schedules were rarely implemented. Many nurses did not use risk assessment scales such as the Braden Scale. Comprehensive skin inspections were not routinely performed, and patient caregiver education was often neglected. Most nurses reported not using specialized pressure-relieving devices.

Limitations

Participants might not accurately report their knowledge, attitude, and practices towards the prevention of pressure ulcers, which could affect the accuracy of the information gathered.

Obtaining accurate information, especially sensitive data from the target respondents, may present challenges.

Recommendation

To Hospital Management: Provide regular in-service training to improve nurses' knowledge and use of standardized tools like the Braden Scale. Ensure availability of essential pressure-relieving devices and materials for effective prevention. Recognize and reward nurses who demonstrate good practices in pressure ulcer prevention to boost motivation.

To Nurses: Adopt evidence-based practices such as regular patient repositioning and comprehensive skin inspection. Increase efforts to educate caregivers on preventive measures to enhance continuity of care. Treat pressure ulcer prevention as an ethical responsibility and an integral part of nursing care.

To the Ministry of Health: Support hospitals with guidelines and resources for pressure ulcer prevention across health facilities. Incorporate pressure ulcer prevention strategies into national nursing continuous education programs. Monitor and evaluate healthcare institutions on their implementation of pressure ulcer prevention protocols.

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I really want to thank God from the bottom of my heart as I express my sincere, deepest gratitude to his endless grace for enabling me to accomplish this research and this course.

My sincere appreciation goes to my supervisor, Ms. Nansereko Hasifa, for the time she has given to my research, through her technical support, guidance, and direction during the development of this research work.

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May God richly bless them all.

List of Abbreviations

HIMS: Health Information Management System
LMICs: low- and middle-income countries
MOH: Ministry of Health
UHPAB: Uganda Health Professionals' Assessment Board
WHO: World Health Organization
EPUAP: European Pressure Ulcer Advisory Panel

Source of funding

There is no source of funding declared.

Conflict of interest

The author reported no conflict of interest.

Author Biography

Namusooko Jemimah, a diploma student at Mildmay Uganda school of nursing and midwifery, is pursuing a diploma in nursing extension.

Nansereko Hasifa, a tutor and chairperson of the IRC at Mildmay Uganda school of nursing and midwifery.

Immaculate Naggulu Prosperia is the Dean of studies at Mildmay Uganda school of nursing and midwifery.

Data availability

Data was available upon request.

Author contributions

Namusooko Jemimah participated in data collection and compiled a report presentation.

Nansereko Hasifa supervised the research project at all levels.

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