

EVALUATION OF WOUND DRESSING PRACTICE AMONG HEALTH CARE PROVIDERS IN SULAIMANI SURGICAL TEACHING HOSPITAL



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ABSTRACT

Background

Wound dressing is a clinical procedure mostly undertaken by nursing staffs that require excellent skills and knowledge. Effective wound dressing promotes wound healing and leads to early discharge and saving costs.

Objectives

To evaluate wound dressing practices among Health Care Providers and find out the relationship between the practices and the socio-demographic characteristics of Health Care Providers.

Methods

A prospective observational descriptive study was conducted at Sulaimani Surgical Teaching Hospital, from November 17th, 2018 to November 17th, 2019. A purposive “non-probability” sample of 37 Health Care Providers was taken from the wards of general, orthopedic and urological surgery. Data were collected through the use of direct observation. Data were analyzed with SPSS 25 (Statistical Package for Social Sciences, version 25), through the application of descriptive statistical analysis including frequency and percentage, the application of inferential statistics including the mean of score, percentage and ANOVA test.

Results

The majority of the Health Care Providers were males (54.1%), with an age group 41 years and over (48.6%), secondary nursing school graduate (37.8%), having less than 10 years of experience (37.8%), married (10.8%), from the general surgical department (67.6%) and participating in training sessions (67.6%). There were no significant relationship between the nurse’s gender, working place, level of education, participating in training sessions and their practices, but there were significant relationship between the nurse’s age, years of experience and their practices.

Conclusion

The results demonstrated a practice deficit in most items of wound dressing practice regarding the preparation of the patients applying wound dressing technique and post wound dressing care. Special training sessions must be arranged for the health care providers, developing special forms for nursing documentation for wound dressing.

Keywords: *Evaluation; Wound Dressing; Health care providers; Surgical Teaching Hospital.*

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INTRODUCTION

A wound is defined as a disruption in the continuity of the skin epithelial lining of the skin or mucosa layers resulting from a variety of factors like mechanical, chemical, radiation and thermal factors. According to the duration and nature of the healing process, the wound is categorized as acute and chronic; an acute wound is an injury to the skin that occurs suddenly due to an accident or surgical injury. It heals at a predictable and expected time frame usually from 5 to 10 days, or within 30 days depending on the size, depth and extent of damage in the epidermis and dermis layer of the skin⁽¹⁾. Chronic wounds on the other hand fail to progress through the normal stages of healing and cannot be repaired in an orderly and timely manner⁽²⁾.

The dressing is designed to be in contact with the wound, which is different from a bandage that holds the dressing in place. Historically, wet-to-dry dressings have been used extensively for wounds requiring debridement⁽²⁾. Dressings are further classified into primary and secondary dressing. Dressings that make physical contact with the wound surface are referred to as primary dressings while secondary dressings cover the primary dressing. Dressings are also classified into traditional or modern (moist wound environment) dressings. Modern dressings are hydrocolloid, alginate, hydrogel, films and foam⁽³⁾.

Ideal dressing maintaining a high humidity at the wound site while removing excess exudate, free of particles and toxic wound contaminants, non-toxic and non-allergenic, protecting the wound from further trauma, can be removed without causing trauma to the wound, impermeable to extraneous bacteria, thermally insulating, allows gaseous exchange, and comfortable, require only infrequent changes, cost-effective, debridement minimizing scar formation⁽⁴⁾⁽⁵⁾.

The nurses have a vital role in the therapeutic success and outcome of the patient because minimizing the patient risk factor for infection through maintaining strict aseptic technique, inspecting the solution for signs of contamination, monitoring the patient closely before, during and after an exchange and recording his vital signs⁽⁶⁾.

Postoperative wound infection has been a problem that causes high mortality in the developing world. Despite advances in operative techniques and a better understanding of the pathogenesis of wound infection, postoperative wound infection continues

to be a major source of morbidity and mortality for patients undergoing operative procedures. The rates of wound healing have been reported to vary in different countries, in different areas and even in different hospitals⁽⁷⁾.

Post-operative wound infection has been reported to be one of the most common causes of nosocomial infections accounting for 20% to 25% of all nosocomial infections worldwide⁽⁸⁾. It is an infection that occurs within 30 days after a surgical procedure or up to one year in those surgical patients in which an implant has been placed in an organ⁽⁹⁾. Globally, surgical site infection rates have been reported to range from 2.5% to 41.9%⁽⁷⁾. In the United States, approximately 2% to 5% of the 16 million patients undergoing surgery each year have postoperative surgical site infections⁽¹⁰⁾.

It is estimated that 25 % of infections can be prevented by nurses by implementing standard precautions during care of the surgical patients. So, nurses can help to prevent surgical site infection, decreases patients, economic burden as well as hospitals expenses and enhance the quality of life of the patients by the application of knowledge and recommended practices⁽⁹⁾. Limited studies in Iraq^(11,6) only one study studies in Erbil have been undertaken to assess wound dressing⁽¹²⁾.

Up to our knowledge, this is the first study to be done in Sulaimani, on the evaluation of wound dressing practice among health care providers in Sulaimani Surgical Teaching Hospital

The main aim of this study is to evaluate HCPs practices concerning wound dressing practice, identify socio-demographic characteristics of the participant who worked in surgical wards and find out the relationship between HCPs practices and their demographic characteristics.

METHODS

An Observational Descriptive study was designed to evaluate wound dressing practice among HCPs. a purposive “non –probability” sample consists of 37 health care provider who worked in three surgical department’s wards (General surgical, orthopedic and urology), in a surgical teaching hospital in Sulaimani. This study was carried out from the period of Nov. 3rd, 2018 to Nov. 3rd, 2019. Formal administrative approval was obtained from the General Directorate of Health of the Sulaimani Governorate. Data were collected using an observation checklist during the period of

17th, December 2018 to 27th, March 2019. HCPs were observed by the researcher while they worked, each of them was observed three times without being informed and the time allocated for each dressing was 15-20 minutes. Inclusion criteria of the study sample were all HCPs who had worked in surgical wards that performing wound dressing. The exclusion criteria included those who refused to participate in the study.

The questionnaire consisted of two parts. Part I: Demographic characteristics included 6 variables (age, gender, levels of education, working place, years of experience and participation in the training session on wound dressing). Part II: included an observational checklist, a questionnaire was constructed and modified by the researchers which consist of 53 items ⁽¹³⁾ to evaluate wound dressing practice. Practice checklist of 53 items divided into four steps: the first step 12 items about the preparation of equipment's, the second step 9 items about (preparation of patients), The third step 26 items about (applying wound dressing technique) and the fourth step (6) items about (post wound dressing technique).

The observational checklist was rated three points Likert scale ⁽¹⁴⁾ as always, sometimes and never and it was scored as 3 for always, (2) for sometimes, and (1) for never. The major findings of the observations

as given a high mean score of more than 2.5, moderate mean score 1.5 to 2.5, low mean score less than 1.5. The Grand mean score that calculated by summation of all mean score/number of items. Data were analyzed using the Statistical Package for Social Sciences for Windows (SPSS. version 25).

RESULTS

The socio-demographic characteristics of HCPs are illustrated in Table 1.

HCPs practice in preparation of the dressing equipment's is shown in Table 2.

HCPs practice in preparation of the patients for dressing is shown in Table 3.

HCPs practice in applying wound dressing technique is shown in Table 4.

HCPs practice after applying post wound dressing is shown in Table 5.

The association of wound dressing practice versus some socio-demographic characteristic of the study sample is shown in Table 6 and 7.

Table 1. Socio-demographic characteristic of HCPs.

Variables	Frequency	Percentage %
Age (Year)		
29-30	6	16.2
31-40	13	35.1
41 and over	18	48.6
Gender		
Male	20	54.1
Female	17	45.9
Educational level		
Secondary nursing school graduate	14	37.8
Nursing institute graduate	4	13.5
Nursing college & more	2	5.4
Senior Resident Physician	11	29.7
Other	6	16.2
Years of experiences		
less than 10 years	14	37.8
10-19 years	6	16.2
20-29 years	7	18.9
30 year and above	10	27.0
Participation in training sessions		
Yes	25	67.6
No	12	32.4
Working Place		
Surgical	25	67.6
Orthopedic	6	16.2
Urology	6	16.2

Table 2. HCPs practice in preparation of the dressing equipment's.

No	1 st step: Preparation of equipment) Parameters	Never practice	Sometime practice	Always practice	Mean Score	Severity
1	Trolley with bottom shelf and top shelf			37 (100)	3.000	High
2	A dram with sterile gauze or gauze pack		2 (5.4)	35 (94.6)	2.946	High
3	Sterile basin	35 (94.6)		2 (5.4)	0.162	Low
4	Sterile dressing instrument set (forceps, scissor, puns)	11 (29.7)	13 (35.1)	13 (35.1)	1.541	Moderate
5	Adhesive Tape or Plaster			37(100)	3.000	High
6	Clean glove		2 (5.4)	35 (94.6)	2.946	High
7	Sterile glove	36 (97.3)	1 (2.7)		0.027	Low
8	disposable water proof bag	37(100)			0.000	Low
9	Sterile Drape sheet(optional for sterile field)	36 (97.3)	1 (2.7)		0.027	Low
10	Cleansing solution as required (Normal saline)		2 (5.4)	35 (94.6)	2.946	High
11	Antiseptic solution as required		2 (5.4)	35 (94.6)	2.946	High
12	Drape sheet for under wound	24 (64.9)	10 (27.0)	3 (8.1)	0.649	Low

Table 3. HCPs practice in preparation of the patients for dressing.

No	2 nd step:(Preparation of patient)	Never practice	Sometime practice	Always practice	Mean Score	Severity
1	Greeting to patient	26 (70.3)	9 (24.3)	2 (5.4)	0.486	Low
2	Introduce him/her to patients.	37(100)			0.000	Low
3	Check the patient's charts to ensure the doctor ordered the dressing change.	37(100)			0.000	Low
4	Close patient's door or curtains around bed	9 (24.3)	23(62.1)	5 (13.5)	1.405	Low
5	Verbal consent: explain the procedure to the patient	26 (70.3)	9 (24.3)	2 (5.4)	0.459	Low
6	Assist the patient have comfortable position	3 (8.1)	4 (10.8)	30 (81.1)	2.622	High
7	Expose only the wound area.		1 (2.7)	36 (97.3)	2.973	High
8	Ensure that an appropriate waste receptacle is within easy reach of dressing table(disposable bag or trash)	24 (64.9)	12 (32.4)	1 (2.7)	0.486	Low
9	Applying clean drape sheets under patient's site of dressing.	22 (59.5)	9 (24.3)	6 (16.2)	0.784	Low

Table 4. HCPs practice in applying wound dressing technique.

No	3rd step: Applying wound dressing Technique	Never practice	Sometime practice	Always practice	Mean Score	Severity
1	Hand washing or hand scrub with alcohol gel	35 (94.6)	2 (5.4)		0.054	Low
2	Put on Clean disposable Gloves	1 (2.7)	2 (5.4)	34 (91.9)	2.838	High
3	Gently remove gauze dressing of wound. (moist with N/S if dressing adherent to underling tissue)		2 (5.4)	35 (94.6)	2.919	High
4	Assessing patient's discomfort level while remove dressing	20 (54.1)	12 (32.4)	5 (13.5)	0.865	Low
5	Dispose soiled dressing in to appropriate waste container (disposable bag or trash)	13 (35.1)	19 (51.3)	5 (13.5)	1.216	Low
6	Observe the wound for color, redness, swelling, discharge, amount, and odor of drainage	20 (54.1)	4 (10.8)	13 (35.1)	1.216	Low
7	Dispose clean gloves	29 (78.4)	8 (21.6)		0.216	Low
8	Perform hand washing	37(100)			0.000	Low
9	Open sterile drape and hold it by the edge.	36 (97.3)	1 (2.7)		0.054	Low
10	Place it on a clean, flat surface without contaminating the center of the drape (top shelf of the trolley)	37(100)			0.000	Low
11	Open dressing package (or packages) by peeling paper down to expose dressing. Let it fall onto the sterile field	37(100)			0.000	Low
12	Open the cleaning solution container, and pour the solution into a sterile cup.	37(100)			0.000	Low
13	Open any supplies for wound irrigation and set materials at the side of the sterile field.	37(100)			.000	Low
14	Wearing sterile gloves	35 (94.6)	2 (5.4)		0.054	Low
15	Irrigate the wound by Normal saline	10 (27.0)	8 (21.6)	19 (51.4)	1.892	Moderate
16	Using sterile forceps Place sterile gauze into the basin to saturate in Cleansing solution	35 (94.6)	2 (5.4)		0.054	Low
17	Squeeze excess fluid from the gauze dressing.	36 (97.3)	1 (2.7)		0.027	Low
18	Clean from top to bottom	17 (45.9)	17 (45.9)	3 (8.1)	0.784	Low
19	From center to periphery in a circular motion (from clean area to dirty area)	13 (35.1)	22 (59.4)	2 (5.4)	0.946	Low
20	Using one gauze for one stroke from up to down or circular motion	17 (45.9)	19 (51.3)	1 (2.7)	0.703	Low
21	Dry the wound and surrounding skin gently with Gauze	5 (13.5)	10 (48.6)	14 (37.8)	1.892	Moderate
22	Cover the wound with a sterile gauze by forceps		6 (16.2)	31 (83.8)	2.838	High
23	Dispose of sterile gloves.	12 (32.4)	8 (21.6)	17 (45.9)	1.730	Moderate
24	Secure the dressing with strapping/ bandage/ adhesive tape		2 (5.4)	35 (94.6)	2.946	High
25	Assist patient have comfortable position	1 (2.7)	2 (5.4)	34 (91.9)	2.838	High
26	Discard the used article into the appropriate bin according to as per hospital infection control.	4 (10.8)	25 (67.5)	8 (21.6)	1.757	Moderate

Table 5. HCPs practice after performing wound dressing.

No	4th step: after wound dressing technique	Never practice	Sometime practice	Always practice	Mean Score	Severity
1	Wash hand or access to alcohol gel dispensers	11 (29.7)	24 (64.8)	2 (5.4)	1.108	Low
2	Record date and time of dressing change.	32 (86.5)	5 (13.5)		0.135	Low
3	Record type of wound , color, Odour drainage and amount of it	34 (91.9)	3 (8.1)		0.081	Low
4	Document Infection signs like (bad odor, pus)	34 (91.9)	3 (8.1)		0.081	Low
5	Record types of used cleansing solution, antiseptic solution/ ointment and dressing applied.	34 (91.9)	3 (8.1)		0.081	Low
6	Thanks to patients (pray to patients)	21 (56.8)	12 (32.4)	4 (10.8)	0.730	Low

Table 6. Association of wound dressing practice versus some socio-demographic characteristic of the study sample.

Variables	Preparation of equipment	Preparation of patient	Apply wound dressing	Post wound dressing technic	Dressing practice
Age					
29-30 year	20.7±2.3	9.2±2.1	31.8±4.3	2.8±2.0	64.5±5.3
31-40 year	20.5±2.1	9.9±3.9	29.2±4.3	2.9±2.8	62.5±10.1
41 and over year	19.8±2.1	8.7±2.7	25.4±4.2	1.7±1.8	55.7±6.8
Total	20.2±2.1	9.2±3.1	27.8±4.8	2.3±2.2	59.5±8.6
F test	0.499	0.549	6.168	1.416	4.253
p-value	0.611	0.582	0.005	0.257	0.022
Gender					
Male	20.5±2.4	8.9±2.8	27.7±4.6	2.0±1.8	59.0±8.5
Female	19.9±1.7	9.6±3.5	28.0±5.2	2.6±2.7	60.1±8.9
T test	0.808	-0.666	-0.217	-0.875	0.389
p-value	0.425	0.510	0.830	0.390	0.700
Educational level					
Secondary nursing school graduate	22.1±8.5	8.42±2.2	25.7±4.5	1.6±1.7	57.9±11.8
Nursing institute graduate	20.2±1.5	8.2±2.9	23.7±2.7	3.0±2.8	55.2±8.2
Nursing college & more	21.0±2.8	15.0±0.0	33.5±3.5	7.0±2.8	76.5±3.5
Senior Resident Physician	20.4±2.4	8.3±1.9	31.1±3.2	1.8±1.9	61.8±5.4
Other	19.8±2.4	11.3±4.5	27.5±4.7	2.6±1.7	61.3±10.7
F test	0.243	3.904	4.896	3.522	2.036
p-value	0.912	0.110	0.030	0.170	0.113

Table 7. Association of wound dressing practice versus some socio-demographic characteristic of the study sample.

Variables	Preparation of equipment	Preparation of patient	Apply wound dressing	Post wound dressing technic	Dressing practice
Years of experiences					
less than 10 year	20.9±2.3	9.8±3.5	31.6±3.6	2.3±2.0	64.6±8.1
10-19 years	18.8±1.6	8.3±3.6	25.3±3.7	3.7±3.5	56.2±9.9
20-29 years	19.9±1.3	9.6±2.9	25.4±3.2	2.4±2.4	57.3±4.9
30 year and above	20.2±2.3	8.7±2.7	25.7±5.0	1.4±1.3	56.0±8.2
F test	1.505	0.419	6.717	1.317	3.075
p-value	0.231	0.741	0.001	0.286	0.041
Working place					
Surgical	19.7±2.0	8.8±3.1	27.2±5.3	2.7±2.4	58.4±9.2
Orthopedic	22.3±1.0	10.7±3.7	28.5±4.1	1.8±1.7	63.3±9.4
Urology	20.2±2.4	9.5±2.3	29.5±3.5	1.0±1.3	60.2±4.2
F-test	4.539	0.896	0.587	1.625	0.792
p-value	0.018	0.418	0.561	0.212	0.461
Participation in dressing training					
Yes	19.6±2.2	8.8±2.9	27.4±5.0	2.2±2.2	58.1±8.2
No	21.3±1.4	10.0±3.5	28.6±4.6	2.6±2.4	62.5±9.0
T test	-2.425	-1.064	-0.668	-0.531	-1.485
p-value	0.021	0.295	0.508	0.599	0.146

DISCUSSION

A surgical wound is generally considered to be clean; the key aims of surgical wound management should be to minimize physical trauma to the wound, prevent microbial invasion and ensure patient comfort. Unfortunately, postoperative complications do occur, especially in wounds healing by secondary intention⁽¹⁵⁾.

Our study showed that the highest percentage of HCPs (48.6%) were aged 41 years, 54.1% of them were males and 89.2% of them married, most of them (37.8%) were secondary nursing school graduate and less than 10 years of experience. The majority of the study sample (67.6%) were in general surgical words and most of them did not participate in training sessions for wound dressing practice. The result of this study shows in a total of four steps that consist of 53 items regarding wound dressing practice more than half of them perform as low practice while 13 items perform as high practice and only 5 items perform the moderate practice.

Regarding the level of dressing practice in 1st step (preparation of equipment) for wound dressing, they performed good practice this is due to approximately half of the item has a high mean score range from 2.946 to 3.000. However, the other remaining items stand on a level low mean. According to items response, the results of the study show that the mean score is high on items “trolley with bottom shelf and top shelf, dram with sterile gauze or gauze pack, adhesive tape or plaster, clean gloves, antiseptic solution as required and cleansing solution as required normal saline respectively. This result supported by a result of the study done by Kadhim in Baghdad⁽¹⁶⁾ that evaluated nurses practice in the orthopedic for preparation of same items were low mean score.

Also, this result supported by another done by (Thancher et al)⁽¹⁷⁾ study that showed that the highest percentage (88%) of staff nurses had correct responses is observed in the item “that they used dressing trolley and should be cleaned with any disinfectant”.

Concerning to level of dressing practice in 2nd steps (preparation of patients) for wound dressing was poor practice, the majority of item has a low mean score range from 0.000 to 1.405 in these steps like “introduce him/her to patients, check the patient’s charts to ensure the doctor ordered the dressing change, close patient’s door or curtains around the bed, verbal consent: explain the procedure to the patient, ensure that an appropriate waste receptacle is within easy reach of dressing table(disposable bag or trash), greeting to the patient and applying clean drape sheets under patient’s site of dressing”. This result supported by a study done by (Atiyah & Khudhur) from Baghdad ⁽¹¹⁾ that mean score was (2.530, 1.560, 2.250 & 1.800) respectively. For items check the patient’s charts to ensure the doctor ordered the dressing change, verbal consent: explain the procedure to the patient, ensure that an appropriate waste receptacle is within easy reach of the dressing table (disposable bag or trash), close patient’s door or curtains around the bed. However, another study done by (Khudhair) ⁽⁶⁾ Means score of 1.120 performed as inadequate practice for item applying clean drape sheets under patient’s site of dressing.

Regarding the level of dressing practice in 3rd step applying wound dressing technique were poor practice because out of twenty-seven were eighteen items has a low mean score range from 0.000 to 1.216, only five items were high mean score range from 2.838 to 2.946, “Assessing patient’s discomfort level while remove dressing “put on clean disposable gloves; gently remove gauze dressing of wound (moist with N/S if dressing adherent to underling tissue), cover the wound with a sterile gauze by forceps, secure the dressing with strapping/bandage/ adhesive tape and assist patient to have a comfortable position”. This result agreed with the result of the study (Mwakanyamale) from Tanzania ⁽⁸⁾ that good practice was observed in applying to dress the use of clean gloves by the nurses was observed with 99% using them effectively, All nurses were able to remove old dressing leaving inner dressing, 99% used normal saline to soak and remove the stuck dressing from the wound. Completely nurses used tape as adhesive plaster or bandage, 90% applied dry sterile dressing, and all nurses used tape as adhesive plaster or bandage.

Also, the level of dressing practice in the 4th step post wound dressing was poor practice because all items have low mean score range from 0.130 to 0.810 in these steps. this result supports the study done by (Atiyah & Khudhur) ⁽¹¹⁾ that performed items “wash hand or

access to alcohol gel dispensers, record date and time of dressing change and document infection signs like (bad odor, pus) as (moderate, high and low mean score) respectively, record types of used cleansing solution, antiseptic solution/ointment and dressing applied “record type of wound, color, odor, drainage and amount of it, record types of used cleansing solution, antiseptic solution/ointment and dressing applied” this items important should be nurses assess and recorded in nursing sheet because some of the physicians when daily come to visit patient they opened dressing again to see the condition the wound and character of it” and “thanks to patients” (pray to patients)”. It gives patients a sense of autonomy and encourages them to participate and understand their health issues as well as ways to manage their condition.

The finding of this study indicates that there were significant relationships between wound dressing practices and HCPs age, p-value = 0.022, while the high mean of dressing practice was found in the age group 29-30 years, it means the younger staff were better practiced than elder staffs this result may be related to the younger age of HCPs have more interesting and responsible of their jobs. This result disagreed with the result of the study (Labrague, Arteche, Yboa, & Pacolor) ⁽¹⁸⁾ which done in Philippine they found that age attended was not determinant of the knowledge and practice on the principles of the sterile technique.

This result demonstrated there was not a significant relationship between dressing practice and gender statistical value p=0.7. this result disagrees with the result of the study done by (Atiyah & Khudhur) ⁽¹¹⁾ done by they found that male nurses were dominant science about 29.0% of them were categorized under high practice level of wound dressing practice while 0.0% of female nurses under high practice.

Regarding to level of education, there is not a significant relationship between dressing practice and level of education statistical p-value =0.113, however, the more years of education, the better wound dressing practice. This result disagreed with the study done by (Aiken, Clarke, Sloane, Lake, & Cheney) from India ⁽¹⁹⁾ which that was who have shown that there were significant associations between nurses’ practice and their levels of education as graduate orthopaedic nurses have scored better than diploma nurses.

In this study, the result indicated there is a significant relationship between dressing practice and years of

experience with statistical value $p=0.041$. Furthermore, a high mean of dressing practice was found in the age group less than 10 years. This result agrees with the study done by (Khudhair) in Basrah ⁽⁶⁾ that found that there is a significant relationship level between nurses 'practice and years of employment.

Regarding the staff's training course, the outcome of this study showed that there is no significant relationship between dressing practice and participant in training course regarding wound dressing p value= 0.146 . while the result differ with the results of other study done by (Khadim) in Baghdad ⁽¹⁶⁾ which indicated that there were significant relationships between nurses' practice and sharing in training sessions in hospital between nurses' practice

Also, the present study demonstrated there is no significant relationship between dressing practice and working place statistical value $P=0.461$. This result agrees with a study from Bangalore done by (Maria) ⁽²⁰⁾ entitled (Effectiveness of planned demonstration on aseptic medical wound dressing in terms of practice among staff nurses in selected hospitals in Mangalore) indicate there is no significant relationship between dressing practice and present area of work.

In conclusion, the study concluded that most of the Health Care Providers were married, male, more than 41 years old, were secondary nursing school graduate, had ten years of experience, were from the general surgical world, and did not participate in training courses regarding wound dressing. It also showed that the highest wound dressing practice was in the 1st steps (preparation of equipment) items while the lowest dressing practice was in the 4th steps (post wound dressing practices). There is a significant relationship between age with years of experience and dressing practice.

Recommendation

We recommend performing special training session concerning wound dressing practice for HCPs working in the surgical wards and a special nursing sheet has to be set in the patient's file to ensure the process of documentation as it is important to record information that can help support the proper treatment plan.

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