

# Need for nurses' education on pressure ulcer prevention in bedridden patients at the General Reference Hospital, Kinshasa, DRC

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## ABSTRACT

### Introduction

The Provincial General Reference Hospital of Kinshasa, located in the Democratic Republic of the Congo, continues to face challenges in preventing pressure ulcers among bedridden patients. These wounds compromise not only patient comfort and safety but also reflect the overall quality of nursing care delivered in intensive care settings. Despite the availability of basic prevention guidelines, pressure ulcers remain a frequent issue, particularly in the intensive care unit (ICU), where patients are more vulnerable. Strengthening the capacity of nurses to apply preventive measures is crucial for improving outcomes.

### Purpose

This study aimed to address the following research question: What are the learning needs of ICU nurses in preventing pressure ulcers? Identifying these needs is essential for developing targeted training interventions that are responsive to the realities of ICU nursing practice. The objective was to explore and describe these learning needs in a way that informs practical, context-adapted strategies for enhancing prevention efforts at the hospital level.

### Methods

A qualitative descriptive approach was adopted. Data were collected through semi-structured interviews with six ICU nurses selected via purposive sampling to ensure relevant experience with bedridden patients. Interviews were transcribed and analysed thematically to identify common patterns and expressed needs. This method enabled a rich, contextual understanding of the nurses' perspectives.

### Results

Three main learning needs emerged from the analysis: (1) a clearer understanding of the stages of pressure ulcer development, (2) effective repositioning techniques, and (3) proper use of specialised equipment. Nurses also reported gaps in translating knowledge into consistent practice, primarily due to lack of training. Additionally, they expressed interest in regular, structured sessions to reinforce best practices and update skills. These findings suggest that ongoing training could directly reduce the incidence of preventable ulcers.

### Conclusion

Based on the findings, two priority actions are recommended: (1) implementation of monthly in-service training workshops tailored to pressure ulcer prevention, and (2) provision of appropriate repositioning aids to support evidence-based nursing practices. These interventions are expected to strengthen clinical competencies, promote proactive care, and reduce complications associated with immobility – ultimately contributing to improved patient outcomes and enhanced quality of care.

## INTRODUCTION

Pressure ulcers, also known as bedsores or decubitus ulcers, are localised injuries to the skin and underlying tissue, typically occurring over bony prominences due to sustained pressure or a combination of pressure and shear forces. These wounds are particularly prevalent among individuals with limited mobility or reduced functional activity, who remain in the same position for extended periods (Allemann et al., 2020).

During clinical placements in healthcare facilities across Kinshasa, especially in intensive care units, we observed a significant number of bedridden patients developing pressure ulcers. This was largely attributed to the inadequate implementation of preventive measures by healthcare professionals, notably nurses. The repercussions of pressure ulcers extend beyond the patients, impacting families and informal caregivers. A systematic review highlighted that these wounds impose additional caregiving burdens, including managing secondary complications such as skin infections and assisting with daily living activities. The emotional strain associated with such responsibilities can also be substantial (Ambrosino et al., 2018).

In the African context, the situation is particularly concerning. A systematic review reported pressure ulcer prevalence rates ranging from 3.4% to 18.6% in general hospital units, with a pooled prevalence of 11% for grade II-IV ulcers. Notably, spinal injury units exhibited a pooled prevalence of 44% (Chaïb, 2022). In the Democratic Republic of the Congo (DRC), the prevalence of pressure ulcers among hospitalised patients is exacerbated by gaps in nursing education and training. This issue is especially pertinent in intensive care units, where patients' spontaneous movement is often impaired, and their ability to perceive discomfort and reposition themselves is limited (David, 2020).

The presence of pressure ulcers significantly complicates patient care, increasing the workload and time demands on healthcare professionals and contributing to higher healthcare costs (Beydon et al., 2019). These ulcers diminish patients' quality of life and are associated with elevated morbidity and mortality rates, particularly among the elderly in long-term care facilities. They also

negatively affect caregivers' well-being and are often perceived as indicators of poor care quality, casting doubt on the competence of healthcare staff (Blanchard-Courtois & Jung, 2018). Many bedridden patients report feelings of weakness and vulnerability during hospitalisation, experiencing a loss of autonomy that hinders basic daily activities. Their ability to eat is often compromised, and alterations in thirst perception are commonly observed (Boillat & Kurti, 2019).

Pressure ulcers are a serious condition affecting immobilised individuals, including those with physical disabilities or motor impairments. These ulcers tend to prolong hospital stays and significantly hinder patients' ability to reposition themselves, whether lying down or seated (Bourquin et al., 2021). Even when preventive measures are in place, pressure ulcers may still develop, particularly in patients weakened by chronic illnesses. Once established, they require rigorous nursing care involving specialised equipment and coordinated interprofessional collaboration to promote healing (Brigas et al., 2018).

A study by Cavagnoud et al. (2011) revealed that individuals unable to reposition themselves in bed were four times more likely to develop pressure ulcers (RR = 4.09). Similarly, research by Cennini et al. (2021) emphasised the elevated risk among individuals with limited mobility, reporting that the likelihood of developing pressure ulcers was five times higher in this population (OR = 5.41, 95% CI [2.00, 14.63],  $p = .001$ ). Furthermore, a systematic review by Chaïb (2022) identified impaired mobility and activity, poor perfusion, compromised skin condition, and a lack of staff training as the most frequently reported independent predictors of pressure ulcer development.

In the DRC, the presence of pressure ulcers in patients under professional care is often regarded as a key indicator of healthcare service quality and nursing staff competency (Charon et al., 2021). Pascal and Valentin (2022) noted that, even after adjusting for age, sex, and comorbidities, individuals with pressure ulcers reported significantly lower health-related quality of life compared to those without ulcers. Pressure ulcers affect four core dimensions of health-related quality of life: physical

symptoms, functional capacity, psychological well-being, and social engagement (Denise, 2022). Consequently, individuals with pressure ulcers often perceive themselves as burdensome and typically possess limited knowledge about their condition. In resource-limited healthcare settings, the financial burden associated with managing pressure ulcers is a major concern. Yet, many of these ulcers could be prevented through proper risk assessment and the implementation of targeted nursing interventions (Crémer, 2019).

Despite the fact that pressure ulcers contribute to longer hospital stays, increased readmission and mortality rates, and higher healthcare costs, prevention efforts remain insufficient in hospital units across Kinshasa. According to Denise (2022), nursing care accounts for 41% of the total cost associated with pressure ulcer management. This underscores the need for a multifaceted approach to nursing education, where providing relevant information and health education is fundamental. Such strategies aim to empower patients to take an active role in their care or to collaborate effectively with healthcare professionals, with the ultimate goal of preventing disease onset, avoiding exacerbation, or alleviating existing conditions.

Providing education and information is a routine practice in many healthcare contexts, ranging from distributing medication leaflets to delivering comprehensive and ongoing educational programmes for individuals living with chronic conditions such as diabetes or cardiovascular disease. Healthcare professionals involved in the prevention and management of pressure ulcers are acutely aware that these wounds demand substantial resources, including specialised equipment, dressings, and human labour. They also recognise the difficulty in accurately assessing the economic impact, which is often reflected in prolonged hospital stays and increased workload for caregivers.

The Interregional Reference Framework for Supportive Oncology Care has identified seven key areas that healthcare providers must master for the optimal prevention and management of pressure ulcers. These include understanding risk factors and anatomical locations, pressure ulcer classification, application of the Norton scale, complications of prolonged immobility,

patient and family education, evidence-based prevention strategies, and comprehensive management of established pressure ulcers.

In light of the above, this study seeks to address the following central research question: **What are the learning needs of nurses regarding the prevention of pressure ulcers in bedridden patients?** The primary objective of this research is to identify and analyse the learning needs of nurses related to pressure ulcer prevention in patients confined to bed.

Lapointe's concept of "need" serves as the conceptual foundation for the present study. As articulated by Lapointe (1992), the notion of need is structured around three components: the desired situation, which refers to what ought to be (i.e., the expected or ideal outcomes); the current situation, which reflects the actual state of affairs (i.e., the outcomes currently observed); and finally, the discrepancy between these two states, which constitutes the need itself.

In this framework, a need is also understood as what is deemed essential for the optimal functioning of an individual, a group, or a system involved in learning, teaching, or training (Lapointe, 1992). Furthermore, several scholars have highlighted the dual nature of the concept of need, which operates on both objective and subjective levels (Barbier, 1986; Barbier & Lesne, 1977). From an objective perspective, need can be seen as a necessity—whether biological or social—an inherent requirement (Barbier & Lesne, 1977). Conversely, on a subjective level, need refers to the perception or awareness of this necessity. In this sense, it only exists insofar as it is experienced or felt by an individual or group (Barbier & Lesne, 1977).

Lapointe (1992) further defines the notion of "learning needs" as a set of learning objectives—encompassing knowledge, attitudes, and skills—that should be integrated into a potential educational programme. These needs can be assessed through the analysis of the programme's outputs.

#### *The Concept of Needs Analysis*

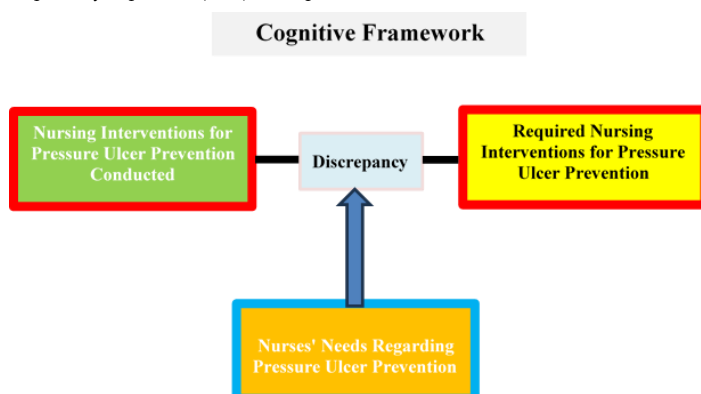
Several scholars have suggested that needs analysis is fundamentally a gap analysis (Kaufman, 1972; Lapointe,

1983; Nadeau, 1988). According to these authors, needs emerge from the discrepancy between the current state of affairs and the desired situation (Kaufman, 1972; Lapointe, 1983; Nadeau, 1988). Nadeau (1988) further emphasises that a needs analysis involves identifying the gap between the present condition and the targeted state. This definition, however, assumes that reliable information is available for both dimensions.

The primary aim of a needs analysis is to identify a comprehensive set of educational objectives and to assess their relative importance (Nadeau, 1988). According to Nadeau, the findings of such an analysis should, on the one hand, facilitate the planning, development, and revision of educational programmes by highlighting the most critical questions and decisions (Nadeau, 1988); and on the other hand, provide a rationale for prioritising certain fundamental needs, which can serve as benchmarks for evaluating changes in student performance (Nadeau, 1988).

In the context of this study, the needs analysis aims to assess the gap between the ideal scenario—as outlined in official guidelines on pressure ulcer prevention—and the actual practices observed in clinical settings. Specifically, it seeks to evaluate how much importance nurses place on preventing pressure ulcers in bedridden patients, their current level of knowledge on the subject, and how confidently they apply preventive measures in practice. Any significant discrepancies identified between these dimensions will help uncover specific training needs among the healthcare professionals included in our sample.

**Figure 1:**  
Conceptual Framework of Nurses' Learning Needs on Pressure Ulcer Prevention, Inspired by Lapointe's (1992) Concept of Needs



## METHODS

### Study Setting

This study was conducted at the Kinshasa Provincial General Reference Hospital, a public, tertiary-level healthcare institution. Established in 1912, the hospital has developed into a major centre for medical care in Kinshasa, with over 450 beds and a comprehensive range of health services. Strategically located in the city centre, it is accessible from various districts within Kinshasa and from neighbouring provinces, occupying a land area of 94,343 square metres.

As stipulated by Decree No. 075/2002 of 2 June 2002, the hospital functions as a public health service under state authority. Its staff members are governed by Ordinance-Law No. 81-03 of 17 July 1981, which defines the status of public services in the Democratic Republic of Congo. Ministerial Order No. 1250/CAB/IN/S/BYY/023/2006 of 29 August 2006 further grants the hospital legal personality and administrative and financial autonomy. The institution provides curative, preventive, and promotive care, while also playing an active role in medical research and the training of paramedical personnel. Its governance structure comprises a management committee and several specialised departments, supported by a decentralised model that facilitates the delegation of responsibilities across its various units.

### Research Type

This exploratory study employed a qualitative research design aimed at examining practices related to the prevention of pressure ulcers.

### Population and Sample

The study population comprised nurses working in the Intensive Care Unit (ICU) of the Kinshasa Provincial General Reference Hospital, due to their critical role in managing patients at high risk of developing pressure ulcers. These nurses were presumed to possess both theoretical knowledge and relevant clinical experience, making them suitable for identifying learning needs in pressure ulcer prevention.

A non-probabilistic, purposive sampling method was adopted to select participants with significant professional experience. Nurses in the ICU were considered to have



developed a level of professional maturity informed by practical exposure and accumulated expertise. The sample size was determined according to the principle of saturation; data collection was concluded after six interviews, with saturation being observed at the fifth interview and confirmed by a sixth.

Inclusion criteria included active employment in the ICU during the study period, fluency in French, and voluntary participation. Nurses who were absent during data collection or worked outside the ICU were excluded.

### *Method*

Data collection was carried out through semi-structured interviews, a qualitative descriptive approach that enabled continuous and direct interaction with participants. This method facilitated the exploration of their practices, perceptions, and attitudes concerning hygiene and pressure ulcer prevention, while allowing flexibility in the inquiry process.

### *Technique*

Semi-structured interviews were the primary technique for data collection. This format supports guided dialogue, whereby participants provide insights based on their personal and professional experiences, enabling in-depth understanding of the topic under investigation.

### *Data Collection Instrument*

The instrument used for data collection was an interview guide, comprising open-ended questions. This guide allowed participants to articulate their knowledge and express their learning needs regarding the prevention of pressure ulcers in bedridden patients (Moliner et al., 2002). The guide was divided into two parts: one focusing on the sociodemographic characteristics of the nurses and the other addressing their learning needs and potential solutions for pressure ulcer prevention.

### *Study Procedure*

#### **a) Preliminary Steps**

The research process commenced with obtaining research authorisation (Certificate No. 022/0873/LR) from the Academic Secretariat of ISTM/Kinshasa. Approval was subsequently secured from the General Management of the hospital (formerly Mama Yemo), followed by authorisations from the heads of relevant healthcare units.

#### **b) Main Procedure**

Data were collected during the working hours of ICU nurses. Each session began with a formal introduction and explanation of the study objectives, ensuring that inclusion criteria were met. To avoid bias, interviews were conducted privately after working hours, in a quiet setting, away from colleagues.

Individual interviews were audio-recorded using a smartphone and manually transcribed to ensure accuracy. Analysis focused on the manifest content of the responses, which were treated as complete units of meaning. Interviews were held between 4 and 10 November 2022 over six working days, depending on participants' availability. Each session lasted between 30 and 45 minutes. To ensure anonymity, each participant was assigned a unique identification code (e.g., INT1, INT2).

### *Ethical Considerations*

Strict adherence to ethical principles was maintained throughout the study. After a warm welcome, participants were given a clear explanation of the research objectives and were asked to provide informed consent. Participation was entirely voluntary, and participants were free to withdraw at any time without justification. Anonymity and confidentiality were rigorously upheld. At the conclusion of each interview, participants were thanked for their time and engagement, in keeping with the dignity and ethical integrity of the study.

### *Challenges Encountered*

The study faced some difficulties, notably the initial reluctance of certain nurses to participate. This hesitance stemmed primarily from perceptions of the interview process being time-consuming or complex, which somewhat delayed data collection.

### *Data Analysis*

Thematic and categorical content analysis was employed to interpret the data. After careful transcription of the recorded interviews, analysis proceeded in two phases. In the first phase, relevant excerpts were extracted and subjected to open and systematic coding, allowing for the identification of key concepts. These codes were then grouped into themes through a comprehensive reading of the material.

In the second phase, the responses (verbatim transcripts) were categorised and structured into tables based on the identified themes, enabling detailed interpretation and highlighting of significant patterns. Peer debriefing was conducted throughout the process to enhance the trustworthiness and consistency of the coding and thematic categorisation.

RESULTS

Sociodemographic Characteristics of the Interviewees

Table 1: Distribution of participants according to sociodemographic characteristics.

Variable	Gender	Department	Educational Level	Professional Experience (Years)	Length of Service in Department (Years)
INT1	M	ICU	A0	11	6
INT2	F	ICU	A1	8	4
INT3	M	ICU	A1	5	2
INT4	F	ICU	A2	4	2
INT5	F	ICU	A1	6	4
INT6	F	ICU	A1	5	3

The data show that the majority of participants (INT1-INT6) were female and held a graduate degree in nursing sciences. On average, the participants had 6.5 years of professional experience, with an average tenure of 3.5 years in the Intensive Care Unit (ICU).

Legend:

- A2 = State Registered Nurse
- A1 = Graduate Nurse
- A0 = Bachelor of Science in Nursing (BSN)
- ICU = Intensive Care Unit

Presentation of Findings Related to the Explored Themes

Theme 1: Learning Needs in Relation to Pressure Ulcer Prevention

Analysis of the participants' responses revealed three key sub-themes:

- Understanding the description and progression of pressure ulcers
- Knowledge of preventive measures
- Identified need for further training on pressure ulcer prevention

Sub-theme 1: Description and Progression of Pressure Ulcers

Category	Verbatim
Stages of pressure ulcers: Stage 1 – Persistent redness; Stage 2 – Blister formation (phlyctenule); Stage 3 – Tissue necrosis	INT1: “Pressure ulcers are serious wounds that evolve over time. Stage 0 refers to the risk phase, marked by reversible redness at pressure points. Stage 1 presents as persistent redness, sometimes with dermabrasion, desquamation, or blistering. Stage 3 involves tissue necrosis with dermo-epidermal damage. Stage 4 affects deeper tissues. To identify Stage 0, apply gentle pressure to the red area; if it blanches white, the ulcer hasn’t developed.” INT4: “This stage shows persistent redness, blistering, and deep tissue necrosis.” INT5: “Features include non-persistent and persistent redness, desquamation, dermo-epidermal damage, and involvement of deep tissues.” INT6: “Stages include both types of redness, blister formation, tissue necrosis, and deep tissue involvement.”

Sub-theme 2: Preventive Measures for Pressure Ulcers

Category	Verbatim
Repositioning, hygiene, nutrition, risk assessment	INT1: “Prevention requires daily visual checks, good skin hygiene, gentle handling (not massage), adequate nutrition, frequent repositioning, risk factor identification, pressure relief, and discussion with care teams.” INT2: “Use clean bedding and waterproof sheets; regular repositioning is essential.” INT5: “Maintaining skin hygiene, providing a balanced diet, and regular repositioning are key preventive strategies.”

Sub-theme 3: Educational Needs on Pressure Ulcer Prevention

Category	Verbatim
Demand for continuous professional training	INT1: “Feedback and corrective actions from the healthcare team are rare. More knowledge and continuous education on pressure ulcer prevention for bedridden patients is needed.” INT3: “More resources and opportunities to hold training sessions are needed to enhance knowledge.” INT4: “Continuous training is essential to improve pressure ulcer prevention skills.”

Based on the narratives of the interviewees, the following conclusions can be drawn regarding the learning needs of nurses at the General Reference Hospital of Kinshasa (formerly Mama Yemo Hospital) concerning pressure ulcer prevention:

- There is a clear need to understand the stages of pressure ulcers, notably:
  - Stage 1: Persistent redness
  - Stage 2: Blistering
  - Stage 3: Tissue necrosis
- Nurses recognise the importance of regular patient repositioning to prevent pressure ulcers.

There is a consistent expression of the desire to strengthen their knowledge and competencies in pressure ulcer prevention through ongoing training and education.

**Theme 2: Potential Solutions Based on the Findings**

The analysis of this theme resulted in the identification of one major sub-theme:

**Sub-theme: Proposals for Solutions**

Sub-theme	Category	Verbatim
Proposals for Solutions	Provision of appropriate equipment	INT1: "Pressure ulcers are serious wounds, and the hospital must be equipped with the appropriate materials for preventing pressure ulcers in bedridden patients. However, the situation is complicated when the family lacks the financial resources to support care."
		INT4: "The hospital should have the necessary equipment to prevent pressure ulcers in bedridden patients."
		INT5: "The hospital currently lacks adequate materials for pressure ulcer prevention."
		INT6: "The hospital is equipped with the necessary materials to prevent pressure ulcers."
	Organisation of continuous training sessions	INT1: "Training on pressure ulcer prevention is usually provided by a superior who wishes to share new knowledge or by an organisation introducing a new policy for effective institutional functioning."
		INT4: "Pressure ulcers require training delivered by expert staff or by organisations aiming to implement new policies."
		INT5: "Training is provided by supervisors or organisations seeking to introduce updated policies for efficient hospital operation."
		INT6: "Preventive training is offered by superiors or organisations, although such opportunities are rare."

The distribution of meaning units within the coding categories under the theme **Potential Solutions Based on the Findings** indicates that nurses at the General Reference Hospital of Kinshasa (formerly Mama Yemo) proposed concrete strategies to enhance pressure ulcer prevention among bedridden patients. These strategies can be grouped into two primary categories:

- The provision of appropriate and adequate equipment to support pressure ulcer prevention.
- The implementation of continuous professional development through regular and structured training sessions.

**DISCUSSION**

*Profile of the Interviewees*

The findings indicate that most participants had less than ten years of professional experience, with fewer than five years in their current department, and were predominantly female. Additionally, they held a higher education degree at the undergraduate level. These characteristics are similar to those reported in other African studies on learning needs among nurses. For example, [Claude \(2015\)](#) reported that his focus group consisted exclusively of male participants—two aged between 20 and 30, and four between 31 and 40 years. In Morocco, men represent the majority (80%) of healthcare teams, whereas in Tanzania, only 5% of nurses have attained higher education qualifications ([Health 4 Africa, 2013](#)). While there are notable regional differences, these disparities highlight the necessity of tailoring educational programmes to the local context and the specific composition of healthcare teams, particularly in the DRC, where such profiles have been understudied.

*Learning Needs Related to Pressure Ulcer Prevention*

Interviews with participants revealed a varied understanding of pressure ulcers and their underlying mechanisms. These lesions were generally described as skin injuries resulting from prolonged pressure, often aggravated by factors such as immobility, incontinence, and poor nutritional status. Preventive measures identified by participants included frequent repositioning of patients, regular skin assessments, maintaining daily hygiene, and using appropriate bedding systems. These perceptions are consistent with the findings of [Cavagnoud et al. \(2011\)](#), who distinguish pressure ulcers from other skin conditions such as chronic wounds or superficial burns.

The risk factors identified by participants—sustained pressure, incontinence, immobility, and inadequate nutrition—were also emphasised as areas needing vigilance. Participants stressed the importance of regularly changing patients' positions, in line with [John's \(2021\)](#) recommendations for early intervention. These findings are consistent with studies such as [Senyonga et al. \(2019\)](#), which investigated ICU nurse competencies in the DRC and highlighted similar knowledge gaps and the need for enhanced preventive practices in critical care settings.

Additionally, the desire to deepen their knowledge of pressure ulcer prevention emerged as a recurring theme. Participants expressed strong interest in continuous professional development as a means of acquiring practical skills. As Piéron (2018) points out, addressing this learning need is essential to promote positive caregiving behaviours and safeguard patient well-being.

Furthermore, interviewees highlighted a lack of feedback and corrective action from healthcare teams, underlining the need for improved communication and more effective care practices within the health system. Some also noted limited opportunities for workplace-based training, which hindered the practical implementation of preventive strategies. This observation aligns with Marquez and Kean (2002), who argue that ongoing education strengthens care quality by enhancing teamwork and providing practical problem-solving tools.

#### *Proposed Solutions and Future Perspectives*

Insights gathered from the interviews revealed that participants suggested several strategies to address their learning needs, including the provision of appropriate medical equipment, the implementation of on-the-job training programmes, and the development of institutional policies focused on pressure ulcer prevention. These recommendations are consistent with findings from other studies, such as Bosch-Capblanch, Liaqat, and Garner (2011), which highlight both the potential and the limitations of workplace-based learning in healthcare.

In the context of intensive care, interviewees proposed practical measures such as organising in-service training and ensuring the availability of adequate equipment to enhance patient care. These suggestions align with national guidelines from the Ministry of Health of Burkina Faso, which emphasise staff retraining, performance monitoring, and workforce motivation (Vincent, 2006). The results of this study also resonate with those of Senyonga et al. (2019), who advocate for context-specific training initiatives in the DRC to enhance clinical competencies in critical care environments.

Targeted training interventions were also seen as crucial in addressing existing practice gaps and preventing the entrenchment of poor habits. Participants emphasised the

need for regular, structured in-service training sessions, ideally led by supervisors or institutional trainers, to support high-quality care. These findings mirror international studies such as those by Rafai (2013) in Morocco and Hoummami (2014) in Casablanca, which demonstrate the role of continuous professional development in strengthening healthcare delivery—even when conducted outside regular hours.

Participants further emphasised the importance of adequate resources to implement training initiatives effectively. Without sufficient support, they noted, care quality would inevitably suffer. This concern echoes the conclusions of several studies, which underscore the central role of funding in enabling sustainable training programmes and reinforcing the management capacity of health services.

#### *Study Limitations*

This study has several limitations. First, the small sample size ( $n = 6$ ) and the single-site design limit the generalisability of the findings. Second, participants may have provided socially desirable responses during interviews, which could influence the accuracy of the reported perceptions. Despite these constraints, the insights obtained offer valuable perspectives that can inform future research and training strategies tailored to similar healthcare settings in the DRC.

#### **CONCLUSIONS**

This study, which explored the learning needs of nurses in the prevention of pressure ulcers among bedridden patients at the Provincial General Referral Hospital of Kinshasa, has shed light on significant gaps in knowledge and the potential solutions identified by healthcare professionals in this critical area of care. The primary aim was to assess nurses' educational needs and propose viable strategies based on their perceptions and lived experiences. Using a qualitative and descriptive approach, the study collected valuable insights through semi-structured interviews, offering an in-depth understanding of current practices and the challenges encountered in clinical settings.

Findings revealed that nurses expressed specific learning needs, particularly related to managing the different stages of pressure ulcers, mastering patient repositioning



techniques, and receiving ongoing training in ulcer prevention. Participants also emphasised the necessity of having appropriate equipment to care effectively for bedridden patients and recommended the regular organisation of in-service training sessions to enhance their competencies.

In light of these findings, it is essential to implement measures that ensure better access to effective continuing education, the availability of appropriate medical equipment, and sufficient time allocation for professional learning. Such efforts would not only strengthen nurses' clinical skills but also improve the overall quality of patient care by reducing the incidence of pressure ulcer-related complications. This study therefore highlights the pivotal role of continuous training and improved working conditions in optimising pressure ulcer prevention and, more broadly, in advancing the quality of nursing care within the hospital environment. Furthermore, the insights generated could inform the design of a pilot educational intervention or serve as the foundation for a larger mixed-methods study to assess the long-term impact of training on clinical outcomes.

### Recommendations

- **For Clinical Supervisors of Student Nurses (Short-term):**
  - Conduct monthly one-hour workshops on pressure ulcer prevention, led by a wound-care nurse specialist, during clinical placements.
  - Engage trainees in supervised, hands-on clinical scenarios to reinforce the application of evidence-based practices.
  - Provide personalised, constructive feedback with an emphasis on pressure ulcer prevention strategies.
- **For Intensive Care Unit Managers:**
  - *Short-term:*
    - Introduce periodic refresher sessions focused on pressure ulcer prevention, integrated into weekly team briefings.
  - *Long-term:*
    - Incorporate pressure ulcer management modules into the hospital's mandatory continuing education and staff orientation programmes.

- Carry out quarterly evaluations and direct clinical supervision to assess and update staff competencies.
- **For Hospital Administrators:**
  - *Short-term:*
    - Ensure the immediate availability of essential equipment (e.g., pressure-relieving mattresses, cushions) within all units.
  - *Long-term:*
    - Develop and implement a structured policy for the procurement, maintenance, and monitoring of pressure ulcer prevention resources.
    - Allocate specific budgets and staff time for ongoing training initiatives in pressure ulcer prevention.

**Ethical Approval:** Ethical clearance approval was obtained from the Academic Secretariat of ISTM/Kinshasa (Certificate No. 022/0873/LR).

**Conflicts of Interest:** None declared.

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