

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF HEALTH SCIENCES



**THE EFFECTIVENESS OF WOUND CARE BUNDLE AMONG PATIENTS
REPORTING TO ARUNDEL HOSPITAL IN HARARE, ZIMBABWE**

BY

MAUREEN CHUMBI

B231293B

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS OF POSTGRADUATE DIPLOMA IN INFECTION
PREVENTION AND CONTROL**

YEAR: 2025

SUPERVISOR: DR P. NDARUKWA

APPROVAL FORM

The undersigned certify that they have read and recommend to Bindura University of Science Education for acceptance, of a research project entitled:

The effectiveness of wound care bundle among patients reporting to Arundel Hospital in Harare, Zimbabwe.

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29.09.2025
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Name of Author: Maureen Chumbi

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Permanent Address: 4519 Matidoda Park Tynwald , Harare.

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I declare that a study entitled:

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Name of student: Maureen Chumbi

Signature: Date

ACKNOWLEDGEMENTS

Firstly, I want to extend my heartfelt appreciation to the Almighty God for His steadfast grace, wisdom, and strength during this academic period that I went through. His heavenly provision sustained me during periods of uncertainty and in every step towards the completion of this dissertation.

Moreover, I wish to express my sincere gratitude to my supervisor, Dr Ndarukwa, for the invaluable guidance, unwavering support, and important insights that influenced the trajectory of my study. Your help has been effective in the effective completion of this project, and I am very appreciative.

To my devoted husband, I express my gratitude for your steadfast support, patience, and confidence in my capabilities. Your sacrifices enabled my achievement, and your support provided me with the fortitude to endure. To my cherished children, your comprehension, affection, and encouragement have motivated me to persevere. This accomplishment is also yours.

I express my sincere gratitude to my classmates and colleagues in the Postgraduate Diploma in Infection Prevention and Control program. Your fellowship, collective experiences, and intellectual discourse rendered the academic journey pleasurable and enriching. I am grateful for the support network we established and the knowledge we developed collectively.

May God bless you all abundantly.

DEDICATION

This research is affectionately dedicated to my husband and my children. I also dedicate this dissertation to all the nurses working at Arundel Hospital.

ABSTRACT

Hospital-acquired pressure injuries (HAPIs) remain a major concern within global and regional healthcare systems, particularly in resource-limited contexts such as Zimbabwe. This study examined the effectiveness of wound care bundles in reducing the incidence of hospital-acquired pressure injuries (HAPIs) among patients admitted to Arundel Hospital in Harare. It explored the occurrence of pressure injuries, evaluated healthcare professionals' adherence to wound care package guidelines, identified challenges to implementation, and analyzed the perspectives and experiences of both staff and patients. The study utilized a qualitative case study approach, and data was collected through semi-structured interviews. Furthermore, the study involved fourteen healthcare professionals who were selected through purposive sampling. Thematic analysis revealed that respondents believe the wound care bundle benefits patients by speeding up healing, lowering the likelihood of complications, and enhancing patient comfort. However, its implementation proves difficult. Insufficient resources, inadequate staff training, excessive workloads, and poor interdepartmental communication are common issues. Systematic evaluation procedures and expert commitment helped address certain challenges, despite existing structural and operational constraints. The findings indicate that the wound care package is beneficial for patients; nevertheless, its effectiveness relies on adequate resources, continuous education for staff, committed leadership, and a supportive institutional culture. Recommendations include enhancing training programs, improving supply chain processes, and employing digital technology for wound tracking. The study contributes to the evidence supporting wound care methods in a specific field and offers recommendations for improving infection prevention and control strategies at Arundel Hospital and similar institutions.

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LIST OF ACRONYMS

BUSE	Bindura University of Science Education
CDC	Centers for Disease Control
HAI	Healthcare associated Infections
HAPI	Hospital-acquired pressure injuries
HBM	Health Belief Model
ICU	Intensive Care Unit
IPC	Infection prevention and control
TPB	Theory of Planned Behaviour

CHAPTER 1: INTRODUCTION

1.1 Introduction

Wound care is a vital part of patient management, especially in underdeveloped countries where healthcare systems often face resource shortages, limited access to modern treatments, and higher infection rates. The use of wound care bundles has gained international recognition for improving wound healing and reducing complications. In resource-constrained environments, the adoption and ongoing use of these bundles vary, raising questions about their practical impact on patient care (Yilmazer & Tuzer, 2022). This chapter presents the study's background, statement of the problem, research objectives, research questions, significance of the study, delimitations, limitations of the study, and the organization of the study.

1.2 Background to the Study

Hospital-acquired pressure injuries (HAPIs) are a significant burden in the health settings and a widespread issue in healthcare, affecting millions of patients globally each year (Gupta, Shiju, Chacko, Thomas, Abas, Savarimuthu, & Andrews, 2020). Hospital acquired pressure injuries are characterized by localized damage to the skin and adjacent tissues resulting from sustained pressure, these injuries can lead to considerable morbidity and increased healthcare costs (Qaseem et al., 2015). It is approximated that around 2.5 million individuals in the United States develop HAPIs annually, particularly among at-risk groups such as the elderly and people with limited mobility (Diaz-Caro & Garcia Gomez-Heras, 2020). Despite the implementation of numerous preventive measures, HAPIs continue to be a major concern, especially in critical care settings where patients face heightened risk due to factors like immobility and the use of medical devices (Yilmazer & Tuzer, 2022).

The World Health Organisation (2022) has shown that 5% to 15% of hospitalised patients will develop pressure injuries, and that these injuries are more common in critical care settings. This burden of HAPIs is observed more in ageing population, patients with obesity, and those with long-term illnesses like diabetes (Hajhosseini, Longaker & Gurtner, 2020). In order to deal with this problem, strong preventative measures have been put in place, including care bundles that put risk assessment, patient education, and the use of pressure-relieving equipment at the top of the list (Yilmazer & Tuzer, 2022).

The cost of treating HAPIs is so huge in many settings including the developed nations. However, the ramification of HAPIs in developing countries is so significant that it leads to high case fatality rates (Dreyfus, Gayle, Trueman, Delhougne & Siddiqui, 2018). The cost in the United States is approximately \$70.000 per individual any the country is approximated to have 2.5 million individuals acquire pressure injuries annually which pushes the burden of wound care to significant amount on the the health budget (Padula, et al., 2017). The expected annual expenditure for the healthcare system for USA in managing these injuries is around \$26.8 billion (Padula et al., 2017). Notwithstanding advancements in medical technology and methods designed to prevent HAPIs, the occurrence remains excessively high, highlighting the necessity for ongoing efforts in prevention and management techniques throughout healthcare facilities worldwide.

The burden of HAPIs in the African region is exacerbated by constrained resources and insufficient healthcare infrastructure (Melariri, Freercks, van der Merwe, Ten Ham-Baloyi, Oyedele, Murphy, & Melariri, 2024). The burden of hospital-acquired infections (HAI) in sub-Saharan Africa: a systematic review and meta-analysis. *EClinicalMedicine*, 71. It was shown that many African countires has a widespread of pressure injuries and, frequently surpassing the rates observed in high-income nations (Tayyib et al., 2021). The absence of standardized care protocols and inadequate training for healthcare workers exacerbate the prevention and management of severe injuries. Numerous hospitals face insufficient staffing and resources essential for optimal patient care, resulting in elevated rates of HAPIs in this area. Healthcare professionals do not always have enough training in the most up-to-date evidence-based methods for preventing pressure injuries, which leads to inconsistent use of these methods (Yilmazer & Tuzer, 2022). To deal with these problems, we need a full plan that includes better training for healthcare workers, the use of standard treatment protocols, and raising awareness of how important it is to prevent pressure injuries.

Zimbabwe faces similar challenges concerning HAPIs within its healthcare system. Economic problems and a lack of competent professionals make it hard for the country to provide enough treatment for patients. A recent study conducted at a tertiary hospital in Harare revealed a troubling incidence of pressure injuries, primarily attributed to inadequate nursing care and insufficient preventive measures (Moyo et al., 2023). This situation

highlights the urgent need for tailored interventions that address both the systemic issues within the healthcare system and the specific needs of patients at risk of developing HAPIs.

In addition, using wound care packages that include the best ways to avoid HAPIs should greatly reduce their number in Zimbabwean hospitals. These packages usually include risk assessments when a patient comes in, set procedures for moving patients who can not move on their own, and programs to teach both staff and patients on the dangers of pressure injuries (Moyo et al., 2023). By focussing on these specific activities and fostering a culture of safety inside healthcare institutions, Zimbabwe can initiate the mitigation of HAPIs' impact on its patient population.

1.3 Statement of the Problem

Hospital-acquired pressure injuries pose a significant concern, resulting in higher patient morbidity, prolonged hospital stays, and elevated healthcare costs. Despite worldwide and regional data highlighting the prevalence and economic ramifications of HAPIs (Padula et al., 2017; World Health Organisation, 2022), comprehensive information on HAPI incidence and associated issues at Arundel Hospital is limited. Systemic issues, such as likely insufficient training and inadequate execution of care bundles (Moyo et al., 2023; Smith & Jones, 2022) at Arundel Hospital, may be contributing to subpar patient outcomes. The absence of a thorough comprehension of current HAPI incidence, the effectiveness of present wound care methodologies, and the challenges in executing optimal practices hinders the strategic distribution of resources and the improvement of patient care in the prevention and management of pressure injuries. A comprehensive assessment is necessary to analyse the specific issues and opportunities for improving wound care at Arundel Hospital. Despite the global acknowledgement of care packages' effectiveness in reducing the incidence of HAPIs, their implementation in Zimbabwe remains limited. A notable gap exists in understanding how these bundles might be altered and evaluated within the specific healthcare context of Arundel Hospital in Harare.

Purpose of the study

This study aimed to assess the effectiveness of a wound care bundle in reducing HAPIs among hospitalised patients at Arundel Hospital in Harare, Zimbabwe.

1.4 Research Objectives

Primary Objective

- To evaluate the effectiveness of the current wound care bundle in reducing the incidence of hospital-acquired pressure injuries among patients at Arundel Hospital.

Secondary Objectives:

- To identify the barriers to the effective implementation of the wound care bundle among healthcare providers at Arundel Hospital.
- To explore healthcare providers' and patients' perceptions and experiences related to the wound care bundle at Arundel Hospital.
- To assess the adherence to wound care bundle protocols among healthcare providers at Arundel Hospital.

1.5 Research Questions

- What are the key barriers to the effective implementation of the wound care bundle among healthcare providers at Arundel Hospital?
- What are healthcare providers' and patients' perceptions and experiences regarding the use of the wound care bundle at Arundel Hospital?
- To what extent do healthcare providers adhere to the established protocols within the wound care bundle at Arundel Hospital?

1.6 Significance of the Study

1.6.1 Healthcare Providers

This study is significant for healthcare practitioners as it may improve knowledge and practices related to pressure injury prevention. A comprehensive awareness of risk factors and evidence-based interventions can enable healthcare practitioners to execute effective preventative initiatives, resulting in enhanced patient outcomes. Integrating the findings from this study into daily practice enables physicians to diminish the occurrence of HAPIs, therefore enhancing the quality of care provided to patients. Furthermore, continuous education and training informed by the study's findings can cultivate a culture of safety and

alertness within the hospital setting, ensuring that pressure injury prevention is prioritised by all personnel.

1.6.2 Patients

Minimising hospital-acquired pressure injuries for patients yields multiple advantages that markedly improve their overall health outcomes. A reduction in HAPIs results in abbreviated hospitalisations, enhancing patient comfort while concurrently alleviating the emotional and financial strains linked to extended stays. Moreover, by averting these injuries, patients may endure reduced pain and discomfort throughout their recuperation, resulting in an enhanced quality of life. The study's findings can guide patient-centered care strategies that emphasise safety and well-being, guaranteeing that patients receive optimal care during their hospitalisations.

1.6.3 Healthcare Administrators

Healthcare administrators can utilise the evidence-based results from this study to guide policy decisions and budget allocation efficiently. By comprehending the presence and consequences of HAPIs within their institutions, administrators can prioritise actions focused on enhancing patient safety and care quality. This study can inform the creation of specialised training programs for personnel, allocation of essential equipment, and establishment of standardised protocols for the prevention of pressure injuries. Ultimately, these strategic decisions can improve patient outcomes and decrease healthcare expenditures related to HAPIs, aligning with overarching organisational objectives of efficiency and excellence in care delivery.

1.6.4 Researchers

This work provides significant information for researchers regarding pressure injury avoidance in low-resource environments. It underscores the distinct issues encountered by healthcare systems in different contexts and provides evidence-based solutions that can be tailored to analogous environments. The results may potentially stimulate additional study into novel ways for the prevention and management of pressure injuries, customised for particular populations or healthcare environments. By spreading this knowledge, academics can promote collaboration among stakeholders to better effectively address HAPIs and advocate for policies that enhance patient safety measures worldwide.

1.7 Delimitations of the Study

During the research period, this study will concentrate solely on adult patients who were admitted to the medical and surgical wards of Arundel Hospital. Patients who are getting palliative care or those who are paediatric patients will not be included.

1.8 Limitations of the Study

Challenges in data collecting constitute a significant barrier that may impede precise documentation and analysis. Excessive staff workloads and insufficient training may hinder healthcare professionals' capacity to regularly document pertinent data on patient care and pressure injury prevention strategies (Huang et al., 2023). This inconsistency may result in incomplete or erroneous data sets that compromise the validity of the study's conclusions. Moreover, if personnel are inundated with duties, they may prioritise urgent patient care above thorough documentation, leading to data deficiencies that could distort outcomes (Gordon et al., 2022). To address these problems, it is essential to establish efficient data collection procedures and offer sufficient support and training for those engaged in pressure injury treatment.

1.9 Definition of key terms

1.10 Organisation of the study

The first chapter provides an introduction to the research study, elucidating the situation that is being investigated and providing an outline of the research questions that will direct the investigation. In doing so, it lays the groundwork for a thorough and academic investigation into the subject matter.

Chapter 2 of the study focuses on the review of related literature. Specifically, it offers a comprehensive analysis of the available literature that is pertinent to the effectiveness of a wound care bundle in reducing HAPIs among hospitalized patients at this facility. It identifies gaps in previous research that this study intends to close, so making a contribution to the current body of knowledge. In addition to this, it investigates the theoretical foundations that are associated with mobile banking and the provision of financial services, thereby offering a robust theoretical framework for the investigation.

Research methodology is the primary emphasis of Chapter 3. The methodological strategy that was utilised in the research is described in detail in this chapter. It includes the research

philosophy, the research design, the target population, the sampling strategy, the methods of data collection, and the techniques of data analysis. A number of important concerns are also addressed, including the validity of the data, its dependability, its generalisability, the software that was used for the analysis of the data, and ethical considerations.

Chapter 4 of the study focuses on results interpretation, analysis and the discussion of the results. To put this another way, the chapter provides the findings of the study by presenting the data, reporting the results, providing an explanation, and doing an analysis. This chapter includes an in-depth discussion of the findings of the research, which includes an interpretation of the findings, an explanation of the significance of the findings, and a connection between the findings and the existing body of literature.

Chapter 5 of the study focuses on the summary, conclusion and recommendations of the study. The final chapter provides a summary of the most important findings from the study and presents the conclusions drawn from the research, which are supported by the data analysis. In addition, it provides recommendations that are based on the findings, explores the implications of the study for both theory and practice, and suggests directions for research that will be conducted in the future.

1.10 Chapter summary

This chapter provided the introduction to the study, background to the study, the statement of the problem, research objectives, and research questions. Furthermore, it outlined why the research is important to different stakeholders. The scope of the study was described under delimitations and the limitations of the study were also outlined. The section ended with providing the outline of the whole research project from Chapter 1 to Chapter 5. The following chapter focus on the literature review of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter delivers a thorough examination of pertinent material about HAPIs and wound care bundles, clarifying their influence on patient outcomes and healthcare practices. This review provides a framework for understanding the present state of knowledge for HAPI prevention and management by analysing prior studies, theories, and approaches. The chapter commenced with delineating essential terminology related to the subject, including hospital-acquired pressure injuries and wound care packages, to guarantee clarity in comprehending their significance in clinical practice. Subsequently, pertinent theoretical frameworks that support the investigation will be examined, emphasising their influence on the objectives of the present research. In addition, the chapter examined numerous global empirical research, highlighting different methodologies and conclusions concerning HAPI incidence rates, the application of wound care bundles, and the obstacles encountered by healthcare providers in these situations. The chapter identified knowledge gaps that highlight the necessity for the current study in this domain.

2.2 Defining the key conceptual terms

2.2.1 Hospital-Acquired Pressure Injuries (HAPIs)

Hospital-Acquired Pressure Injuries are localized injuries to the skin and underlying tissues resulting from prolonged pressure, often occurring in patients with limited mobility in healthcare settings. These injuries can lead to significant complications, increased hospital stays, and higher healthcare costs (McGowan et al., 2022).

2.2.2 Wound Care Bundle

By definition, a wound care bundle is a structured process of improving the quality of care by implementing a set of evidence-based practices aimed at preventing pressure injuries. These bundles typically include risk assessment, patient education, and the use of pressure-relieving devices (Yilmazer & Tuzer, 2022).

2.3 Theoretical Framework

2.3.1 Health Belief Model

The Health Belief Model (HBM) is a foundational framework for understanding health-related behaviours. It proposes that individuals are more likely to engage in health-promoting actions if they perceive themselves as susceptible to a health issue and believe that particular actions can mitigate that risk (Rosenstock, 1974). The HBM was developed by Rosenstock. This approach places an emphasis on the significance of perceived severity, susceptibility, advantages, and barriers in terms of their ability to influence health behaviours. In the context of HAPIs, it is of the utmost importance to educate healthcare workers about the dangers that are connected with these injuries as well as the efficacy of wound care packages. It is possible that healthcare professionals will be more motivated to implement preventative measures if they are aware of the potential repercussions of HAPIs, which include higher morbidity and expenditures associated with healthcare (Gordon et al., 2022).

Moreover, the HBM emphasises the significance of resolving all of the perceived obstacles that stand in the way of the implementation of wound care bundles. The capacity of healthcare providers to adhere to best practices in the prevention of pressure injuries may be hindered by a variety of problems, including time limits, inadequate training, or a lack of resources. According to McGowan et al. (2022), healthcare organisations have the ability to cultivate a culture of safety that supports adherence to evidence-based procedures by accurately recognising and addressing the barriers that they face through the provision of targeted education and assistance. In the end, the use of the HBM in this study will provide insights into the ways in which the beliefs and perceptions of healthcare providers influence their participation in effective initiatives for the prevention of pressure injuries.

2.3.2 Donabedian Model

The Donabedian Model is a prominent framework for assessing healthcare quality through the analysis of three interrelated components: structure, process, and results (Donabedian, 1980). This study on wound care bundles and HAPIs examines how the execution of these bundles (process) influences the occurrence of HAPIs (outcome) in hospital environments. Researchers can discover characteristics that promote or obstruct the effective implementation of wound care packages by concentrating on structural elements such as personnel levels, training programs, and accessible resources (Tschannen & Anderson, 2019).

In addition, understanding how processes and results are related is important for improving healthcare services. If a hospital uses a wound care package but does not have enough staff training or resources to care for patients, the expected drop in HAPI rates might not happen. Evaluating these processes allows administrators to allocate resources effectively and make informed decisions regarding quality improvement initiatives aimed at enhancing patient safety (Naylor et al., 2020). This study employs the Donabedian Model to obtain significant insights into how structured treatments may produce quantifiable improvements in patient outcomes for the avoidance of pressure injuries.

2.3.3 Theory of planned behavior change

The Theory of Planned action (TPB) posits that an individual's intention to perform an action is influenced by their attitudes towards the behaviour, the subjective norms related to it, and their perceived behavioural control (Ajzen, 1991). This concept is particularly relevant for identifying impediments to the effective implementation of wound care bundles among healthcare professionals. If clinicians think that wound care bundles do not work well or that their coworkers do not care about avoiding pressure injuries, they may be less likely to take part in these treatments (Huang et al., 2023).

In addition, perceived behavioural control is important for making healthcare workers feel confident that they can use wound care bundles correctly. A heavy workload, not enough time, and not enough training can make them less sure that they can follow the required procedures (Beeckman et al., 2019). This study aims to identify the problems faced by healthcare practitioners in the adoption of wound care packages by analysing attitudes and perceptions through the lens of the Theory of Planned Behaviour (TPB). Understanding these characteristics will inform targeted interventions that enhance adherence to evidence-based procedures, hence improving patient outcomes related to HAPIs.

2.4 The current incidence of hospital-acquired pressure injuries

The current prevalence of HAPIs at Arundel Hospital is crucial for understanding the magnitude of this healthcare issue. While exact information from Arundel Hospital may not be available, recent studies indicate that HAPI rates can vary significantly across different healthcare settings. A comprehensive study determined a global pooled prevalence incidence

of 8.4% for hospital-acquired pressure injuries among hospitalised patients (Zhang et al., 2020). A study conducted in intensive care units (ICUs) revealed a prevalence of 9.6%, highlighting that critically ill patients are at heightened risk due to factors like as immobility and comorbidities (Fulbrook et al., 2023). The statistics suggest that Arundel Hospital may face similar challenges, necessitating a localised assessment to ascertain an accurate baseline incidence rate.

To take specific action, it is important to know exactly how many people are at Arundel Hospital. Previous research shows that hospitals that have coordinated quality improvement activities have successfully lowered their HAPI rates. For example, one hospital saw a drop from 30% to 10% in non-ICU patients after these programs were put in place (McGowan et al., 2018). The disparity in reported rates shows how important it is to keep an eye on things and come up with solutions that work for the specific patient population at Arundel Hospital. Healthcare professionals can better allocate resources and come up with effective prevention plans to deal with this ongoing problem by looking at how common HAPIs are right now.

2.5 The effectiveness of wound care bundle in reducing the incidence of HAPIs

The efficacy of wound care bundle therapies in diminishing the occurrence of HAPIs is a significant topic of research. Prior research has shown that the implementation of comprehensive wound care bundles can substantially decrease HAPI rates. A quality improvement project employing a diverse approach resulted in a decrease in HAPI prevalence from 30% to 16% in non-ICU patients across several cycles (McGowan et al., 2018). Moreover, systematic evaluations indicate that well-organised interventions can reduce the overall incidence of pressure injuries, with aggregated rates decreasing when standardised methods are implemented (Zhang et al., 2020). These data indicate that analogous wound care packages at Arundel Hospital may produce favourable results.

The efficacy of these therapies may fluctuate due to several reasons, including staff compliance with protocols and the particular requirements of the patient demographic. A study revealed that, despite the implementation of quality improvement initiatives, certain institutions still faced elevated HAPI rates among ICU patients, indicating that critically ill populations may necessitate more specialised strategies (Fulbrook et al., 2023). Consequently, evaluating the efficacy of the wound care bundle at Arundel Hospital will yield significant insights and guide essential modifications to improve patient care.

2.6 Challenges that healthcare providers face in implementing the wound care bundle

Studies indicate that obstacles such as inadequate training, insufficient staffing, and resource scarcity can impede effective implementation (Kumar et al., 2020). A study indicated that although healthcare providers are aware of best practices, they struggle to regularly implement these techniques due to structural challenges inside their institutions (Fulbrook et al., 2023). Comprehending these obstacles at Arundel Hospital will be essential for formulating customised solutions that tackle provider issues and improve compliance with wound care guidelines.

2.6.1 Insufficient training

Healthcare providers frequently encounter difficulties in executing wound care bundles because of insufficient training. The absence of training may result in the inconsistent implementation of best practices, leading to inadequate patient care (Kumar et al., 2020). A study on wound care programs indicated that doctors needed assistance in formulating and executing guidelines, underscoring the necessity for specialised training and support (Smith & Jones, 2022). Insufficient training adversely influences both the quality of care and the morale and confidence of workers in delivering appropriate wound care.

2.6.2 Inadequate Staffing Levels

Inadequate staffing levels are a substantial obstacle to the proper execution of wound care bundles. The reduction in personnel availability results in an increased workload, causing fatigue and diminished compliance with protocols (Fulbrook et al., 2023). A study on healthcare workforce difficulties highlighted that personnel shortages may jeopardise the consistent delivery of high-quality care (Anderson et al., 2023). At Arundel Hospital, comprehending the influence of staffing levels on the execution of wound care bundles will be essential for efficient resource allocation.

2.6.3 Insufficient Resources

Insufficient resources, encompassing both financial and material aspects, might significantly impede the execution of wound care bundles. This encompasses access to suitable wound care materials and equipment, which are vital for efficient wound treatment (Smith & Jones, 2022). Community-based healthcare providers frequently lack essential dressing materials,

resulting in insufficient wound care (Brown et al., 2021). Securing adequate finances for Arundel Hospital is essential for upholding superior standards of care.

2.6.4 Cultural and Organisational Obstacles

Cultural and organisational obstacles inside healthcare organisations can hinder the execution of wound care bundles. These obstacles frequently appear as opposition to change or insufficient leadership endorsement for new ideas (Smith & Jones, 2022). A study on optimal wound care procedures emphasised the need of cultural transformation and leadership in standardising care protocols across various locations (Smith & Jones, 2022). Overcoming these obstacles at Arundel Hospital necessitates a planned approach to cultivate a culture that endorses evidence-based approaches.

2.6.5 Restricted Interdisciplinary Cooperation

Successful execution of wound care packages necessitates robust interdisciplinary coordination among healthcare professionals. Nonetheless, inadequate communication and coordination among several departments can impede this process (Chung et al., 2021). A study on interdisciplinary care bundles indicated that effective implementation relies on the active involvement of all team members (Davis et al., 2024). Improving collaboration at Arundel Hospital is crucial for ensuring thorough management of all facets of wound care.

2.6.6 Challenges in Patient Engagement

Patient engagement is an essential element of effective wound care, however it can be difficult to attain. Patients may occasionally fail to comply with treatment regimens or may lack adequate support at home, adversely affecting wound healing outcomes (Anderson et al., 2023). A study on collaborative wound care highlighted the significance of patient involvement in standardising practices and enhancing outcomes (White et al., 2023). At Arundel Hospital, it is essential to implement measures that promote patient participation and support to optimise the effectiveness of the wound care bundle.

2.6.7 Technological and Informational Obstacles

Technological and informational obstacles may hinder the execution of wound care bundles. This encompasses challenges in accessing recommendations, monitoring patient outcomes,

and maintaining data efficiently (Smith & Jones, 2022). A study indicated that current IT assistance sometimes failed to provide practitioners with accessible recommendations, underscoring the necessity for enhanced digital infrastructure (Smith & Jones, 2022). Overcoming these obstacles necessitates investments in technology and data management systems at Arundel Hospital.

2.6.8 Monetary Limitations

Money problems can have a big impact on how well wound care bundles work. The costs of wound care materials, training programs, and staff can be high, and money problems may make it hard for some people to get these services (Brown et al., 2021). A study on healthcare bundled payments highlighted the financial challenges that providers face in enhancing services while maintaining quality (Garcia et al., 2022). To keep appropriate wound care procedures at Arundel Hospital, it is important to keep track of money.

2.6.9 Regulatory and Policy Obstacles

Regulatory and policy challenges may hinder the use of wound care bundles. Barriers may include outdated policies or inadequate guidelines, leading to ambiguity among healthcare providers (Smith & Jones, 2022). A study on wound care programs showed that to make sure that care techniques are the same at all sites, there needs to be standard policies (Smith & Jones, 2022). For effective implementation, it is essential that Arundel Hospital's policies are up to date and in line with best practices.

2.7 Empirical literature review

A study on the global prevalence and incidence of pressure injuries was conducted. This systematic review and meta-analysis sought to assess the frequency and incidence rates of pressure injuries in hospitalised people across multiple nations globally. The analysis encompassed 39 observational studies published between 2008 and 2018, involving more than 2.5 million participants. The results indicated a combined prevalence of 12.8% and a hospital-acquired rate of 8.4%, demonstrating considerable diversity across geographic locations (Zhang et al., 2020). The study highlights the need for focused preventative methods, especially localised interventions like wound care bundles, to mitigate the significant impact of pressure injuries across various healthcare settings.

A separate study examined the occurrence of pressure injuries in paediatric patients.

This study examined the prevalence and incidence of hospital-acquired pressure injuries in paediatric children in the United States. A descriptive secondary analysis was conducted using data from the National Database for Nursing Quality Indicators, which included over 40,000 paediatric patients. The overall incidence was determined to be 1.4%, with markedly elevated rates of 3.7% noted in paediatric critical care units (Huang et al., 2017). This study offers crucial baseline data for comprehending HAPI rates in children and highlights the necessity for more research on effective therapies, such as wound care bundles specifically designed for paediatric populations.

A comparison of HAPIs in intensive care units was conducted. This quality improvement program, conducted at Humber River Hospital in Toronto, Canada, employed the Plan-Do-Study-Act (PDSA) methodology to evaluate the incidence of hospital-acquired pressure injuries in ICU compared to non-ICU environments. Preliminary surveys indicated a 30% prevalence among ICU patients, which considerably decreased to 10% among non-ICU patients following the implementation of targeted treatments (McGowan et al., 2018). This study underscores the efficacy of structured therapies while indicating that the ICU setting necessitates targeted methods to further diminish HAPI rates.

A separate study concentrated on diminishing hapis in a hospital in Saudi Arabia. This study investigated the execution of a bundled intervention designed to mitigate hospital-acquired pressure injuries in a hospital in Al-Kharj, Saudi Arabia. Evidence-based risk assessment instruments and comprehensive interventions were executed, with pre- and post-intervention data analysed to assess efficacy. The findings indicated a notable decrease in prevalence from 7.5% to around 4% within one year (Alshahrani et al., 2019). This study, albeit successful, suggests that additional research is required to uncover constraints unique to various healthcare systems that may hinder comparable approaches.

Additionally, another study examined Hospital-Acquired Pressure Injuries: Avoidable versus Unavoidable. This study distinguished between avoidable and inevitable hospital-acquired pressure injuries in critical care environments across many institutions in the United States.

Employing a descriptive retrospective methodology, researchers examined demographic data and preventive measures via Braden Scale scores. The results indicated that, despite the implementation of preventive measures, certain pressure injuries were considered unavoidable due to patient conditions (Kumar et al., 2020). This emphasises the intricacy of HAPI prevention and stresses the necessity for customised therapies, such as wound care bundles, that take into account individual patient circumstances.

A comparative study conducted across many hospitals in Australia examined the incidence of pressure injuries among intensive care and non-intensive care patients over a five-year period. The study utilised secondary data analysis and logistic regression modelling to ascertain a crude prevalence estimate of 9.6% among critical care patients, compared to 2.1% in non-intensive care patients (Fulbrook et al., 2023). These results highlight the imperative for targeted interventions, such as wound care packages, specifically designed for high-risk groups, including ICU patients.

Another study looked at the frequency of pressure injuries and how they affected the length of hospital stays. This retrospective matched cohort study investigated the incidence rates of hospital-acquired pressure injuries and their impact on the length of hospital stays within an Asian environment. The study showed that patients with pressure injuries stayed in the hospital for an average of several days longer than those without such injuries (Wang et al., 2020). This emphasises the clinical consequences and economic impact associated with HAPIs, reinforcing the need for effective preventive measures.

Researchers in Australia examined a capacity-building framework aimed at enhancing surveillance and prevention measures for pressure injuries across healthcare systems (Chung et al., 2021). The framework emphasised the importance of cooperation among healthcare professionals to create uniform procedures and improve education on how to avoid pressure injuries. The study showed that current procedures are not good enough and stressed the need for continual education as part of a good wound care regimen. Smith et al. (2022) looked into how often long-term care facilities get pressure injuries from hospitals. This study investigated long-term care facilities across Canada, assessing the incidence rates of hospital-acquired pressure injuries among residents during a one-year period (Smith et al., 2022). The results showed that the occurrence rate was about 15%, although this varied a lot depending on how mobile the residents were and any health problems they already had. The results

underscore the necessity for tailored wound care bundles that address specific needs in long-term care environments.

A global examination of a comprehensive review of community-acquired pressure injuries indicated significant prevalence rates globally, ranging from 3% to over 30%, contingent upon geographical location (Chen et al., 2020). The research underscored that, while significant focus has been placed on hospital-acquired cases, community settings also require attention for preventive interventions. To effectively address this issue, it requires comprehensive methods that integrate both hospital-based interventions and community health initiatives.

2.8 Summary of previous studies

The studies that were looked at all show that hospital-acquired pressure injuries are still a problem in many healthcare settings around the world. They show that prevalence rates might vary a lot depending on things like the patient's age, sex, and race, the healthcare system, and the kind of interventions used. Even though structured interventions like wound care packages have helped, there are still gaps in our understanding of the unique problems that healthcare personnel confront when trying to use these tactics effectively in different settings. More research is needed to create customised solutions that may be used with different groups of patients and in different healthcare settings, while also improving patient safety and outcomes connected to HAPIs.

2.9 Summary of knowledge gaps

The current study on hospital-acquired pressure injuries (HAPIs) at Arundel Hospital aims to rectify several knowledge gaps identified in previous research. These gaps align with the study's objectives of evaluating incidence rates, implementing wound care interventions, and identifying barriers to effective execution. Previous studies have reported differing incidence rates of HAPIs in diverse clinical settings. A thorough assessment indicated a cumulative hospital-acquired pressure injury rate of 8.4% among hospitalised persons (Zhang et al., 2020), while a national study in Finland documented an incidence of 10% (Häkkinen et al., 2021). Nonetheless, there remains a paucity of data referring especially to Arundel Hospital, thereby needing a localised evaluation to give a contemporary baseline for HAPI incidence.

While many studies have shown that structured interventions like wound care bundles can

lower HAPI rates, there is still no consensus on which parts of these bundles work best in different hospital settings (McGowan et al., 2018; Alshahrani et al., 2019). This study seeks to examine the implementation of a wound care package at Arundel Hospital and assess its effectiveness in reducing HAPI rates, underscoring the need for context-specific evidence-based methodologies. Previous research has identified various challenges to implementing effective interventions for the prevention of HAPIs, including inadequate staff training, resource constraints, and challenges in adherence to protocols (Kumar et al., 2020). Nonetheless, the specific challenges faced by healthcare providers at Arundel Hospital have not been thoroughly investigated. This study aims to identify obstacles by directly evaluating personnel, thereby increasing awareness of local issues in HAPI prevention.

It is well-known that patient demographics have an effect on HAPI rates. For example, age, mobility, and pre-existing health problems all play a role in risk (Fulbrook et al., 2023). However, there is limited understanding of how these characteristics directly affect patients at Arundel Hospital. The study will analyse demographic data to identify high-risk populations within the hospital environment. The study focused on closing these research gaps by providing significant insights into the management and prevention of hospital-acquired pressure injuries at Arundel Hospital and potentially impacting broader practices in similar healthcare environments.

2.10 Chapter summary

This chapter looked into theoretical, and empirical literature review and the gaps that the current study intends to fill. The following chapter looks into the methodology to be adopted to provide answers to the research questions.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter addresses how the study will be carried out in an attempt to address the research questions and to develop a complete understanding of the effectiveness of wound care bundle among patients reporting to Arundel Hospital. This chapter will present the philosophical view, the research design, target population, sampling methods and procedures, data sources, and research instruments adopted by the researcher to provide answers to the research questions.

3.2 Research Philosophy

This study adopts an interpretivist research philosophy, which emphasizes understanding the subjective meanings and interpretations that individuals attach to their experiences (Creswell & Plano Clark, 2018). Interpretivism is particularly suitable for exploring complex social phenomena within specific contexts, such as the implementation of wound care bundles at Arundel Hospital. By focusing on the perspectives of healthcare providers, patients, and other stakeholders, this approach aims to uncover the nuanced realities that shape the effectiveness of wound care practices (Saunders et al., 2019).

The choice of interpretivism aligns with the research objectives, which seek to understand the challenges and barriers faced by healthcare providers in implementing wound care bundles. Unlike positivism, which assumes an objective reality that can be measured quantitatively, interpretivism acknowledges that knowledge is constructed through social interactions and individual interpretations (Lincoln & Guba, 1985). This philosophical stance will inform the research design and data collection methods, ensuring that the study captures the rich tapestry of experiences and perceptions related to wound care at Arundel Hospital.

3.2 Research Design

A descriptive survey study design was employed to provide an in-depth exploration of the effectiveness of wound care bundles at Arundel Hospital. Case studies are particularly useful when investigating a phenomenon within its real-world context, allowing for a holistic understanding of the complexities and dynamics involved (Yin, 2018). This design enables a

comprehensive analysis of the factors influencing wound care practices, including organizational culture, resource availability, and staff training.

The descriptive survey study design was utilized because it enables the systematic collection of data from a sample, allowing the researcher to describe patterns, and relationships among study variables. This approach is particularly beneficial for obtaining standardized information efficiently, generalizing findings to broader populations, and informing policy or practice based on observed trends (Cohen, Manion, & Morrison, 2021; Creswell & Creswell, 2023).

3.2.1 Research Approach

A used qualitative research approach to explore the effectiveness of wound care bundles at Arundel Hospital. This approach is well-suited for understanding the perspectives, experiences, and meanings that individuals attach to the implementation of wound care practices (Creswell & Plano Clark, 2018). Unlike quantitative research, which emphasizes numerical data and statistical analysis, qualitative research seeks to uncover the rich and complex narratives that shape human behavior within specific contexts.

The qualitative approach involved in-depth interviews with healthcare providers to gather detailed insights into their experiences with wound care bundles. These interviews were semi-structured, allowing for flexibility and exploration of emerging themes (Saunders et al., 2019). The data collected will be analyzed thematically to identify patterns, themes, and key issues related to the implementation and effectiveness of wound care practices at Arundel Hospital. This approach ensures a deep and nuanced understanding of the phenomenon under investigation.

3.3 Target Population

Population is defined as the total mix of elements from which inferences are to be made (Cooper and Schindler, 2008). A target population is a group of individuals with common characteristics that a researcher can identify and study (Creswell, 2012). In this study, target population identification will be deemed a very necessary preliminary step, as it will provide a base from which sample units and sample sizes will be deduced. The target population for this study includes all healthcare providers involved in the implementation and delivery of wound care at Arundel Hospital. This encompasses nurses, physicians, wound care specialists,

and other allied health professionals who play a role in the prevention and management of HAPIs (Kumar et al., 2020).

This diverse target population is essential for capturing a comprehensive understanding of the challenges and opportunities associated with wound care bundle implementation at Arundel Hospital. By including both healthcare providers and patients, the study will provide a balanced perspective that reflects the experiences and needs of all stakeholders (Creswell & Plano Clark, 2018). The inclusion criteria will be clearly defined to ensure that the sample is representative of the target population and that the findings are generalizable to similar healthcare environments.

The target population (N) for the study will be made up of forty-seven (47) respondents constituting hospital matrons, sister-in-charge, and nurses of Arundel Hospital and patients visiting the hospital. Table 3.1 shows the population and sample size computation.

The table 3.1 below shows the sample size computation.

Arundel Hospital	Population (N)	Sample Size (n)
Hospital Matron	1	1
Deputy Matron	1	1
Sister-in-charge	5	3
Intensive care nurses	12	4
General nurses	30	5
Total	47	14

Table 3.1. Source: *Researcher*

3.4 Sampling Method

Due to the qualitative nature of the study, the researcher made use of non-probability sampling technique. Non-probability sampling technique (purposive sampling) helped the researcher to make it possible to conduct interviews (Saunders et al., 2012). A purposive sampling method was used to select participants who can provide rich and insightful information about the implementation and effectiveness of wound care bundles at Arundel Hospital. Purposive sampling involves selecting individuals based on their knowledge, experience, and role within the organization (Patton, 2015). This approach is particularly

appropriate for qualitative research, where the goal is to gather in-depth data from individuals who can offer unique perspectives on the research topic.

The selection criteria for healthcare providers included their level of involvement in wound care, their years of experience, and their role within the organization (Saunders et al., 2019). For patients, the selection criteria will include their experience with HAPIs, the type of wound care they received, and their willingness to share their perspectives. This approach ensures that the sample includes a diverse range of individuals who can provide a comprehensive understanding of the challenges and opportunities associated with wound care bundle implementation at Arundel Hospital.

Sample Size

The sample size for this study was determined based on the principle of saturation, which involves continuing data collection until no new themes or insights emerge (Guest et al., 2006). While there is no fixed number of participants required for qualitative research, a sample size of 14 healthcare providers was anticipated to be sufficient for achieving saturation. This range is consistent with recommendations for qualitative case study research, which emphasizes depth over breadth (Creswell & Plano Clark, 2018).

The decision to stop data collection was guided by ongoing analysis of the interview transcripts and field notes. As themes and patterns begin to emerge, the researcher will assess whether additional interviews are likely to yield new insights (Saunders et al., 2019). The sample size may be adjusted based on this ongoing assessment to ensure that the study captures a comprehensive understanding of the research topic while remaining within the constraints of the available resources.

3.5 Qualitative data collection

3.5.1 Face to face Interviews

Qualitative data was collected through semi-structured interviews with healthcare providers using a carefully developed interview guide. The interview guide included open-ended questions designed to elicit detailed narratives and perspectives on the implementation and effectiveness of wound care bundles at Arundel Hospital (Brinkmann & Kvale, 2015). The questions were tailored to each participant group, reflecting their unique roles and experiences within the organization.

The interview guide covered the key themes such as the challenges and barriers to implementing wound care bundles, the impact of these interventions on patient outcomes, and the role of organizational culture and leadership in supporting best practices (Saunders et al., 2019). The semi-structured format allowed for flexibility and exploration of emerging themes, while ensuring that all key areas are covered in each interview. The interviews were audio-recorded and transcribed verbatim to ensure accuracy and facilitate detailed analysis.

Face to face interviews were being regarded as the most suitable method in this study because they provide invaluable responses within the participants' contexts, they yield higher returns because of spot answering and the dialogue will lead to the provision of verified facts to a larger extent, presenting the researcher with an opportunity to probe for more information.

3.5.2 Review of secondary data

In addition to qualitative interviews, secondary data was reviewed to provide a more comprehensive understanding of the implementation and effectiveness of wound care bundles at Arundel Hospital. Secondary data sources may include hospital records, policies and procedures, training materials, and performance reports (Yin, 2018). These documents provided contextual information about the organization's approach to wound care and the resources available to support best practices. The review of secondary data helped to triangulate the findings from the qualitative interviews, enhancing the validity and reliability of the study (Stake, 1995). The documents were analysed to identify patterns, trends, and key issues related to the implementation and impact of wound care bundles. This information was used to complement and contextualize the qualitative data, providing a richer and more nuanced understanding of the study.

3.6 Data Analysis

The qualitative data collected from interviews and secondary sources was analyzed using thematic analysis, a widely used method for identifying patterns and themes within qualitative data (Braun & Clarke, 2006). This process involves systematically coding the data, organizing the codes into broader themes, and interpreting the significance of these themes in relation to the research questions. The analysis was iterative, with the researcher moving back and forth between the data and the emerging themes to refine and validate the findings.

A review of all interviews were done so as to derive areas of similarities and differences. The first step for completion of the process, was to read content in which themes were developed and topics that needed further exploration were noted as recommended by Glaser and Strauss (2017). In line with recommendations from Bengtsson (2016), the quality of the data was noted in terms of rich and deep response, detail of the descriptions and contextual detail thereby developing a system of identifying problems in the data (audit trail) and identifying patterns and relationships between themes (Bengtson, 2016). Data reduction followed and helped to unpack key issues in the subject studied. Data reduction assists in putting the overall sense of the data and distinguishing between primary and secondary themes as well as separation of the essential from non-essential data (Bengtsson, 2016). This was then followed by data coding which involves classifying data under different codes which conforms to identify themes (Saunders et al, 2017). The codes will be recorded, defined and necessary revisions and changes made in order to ensure uniformity and consistency. Unitizing of data was carried out in which chunks of data were attached to the codes and examining the evidence that supports each sub-theme as suggested by Saunders et al (2016). This was then followed by Data Categorization in which groups of associated codes were grouped into categories, this facilitates the ability to explain and predict concepts in the data (Saunders et al, 2017).

3.6 Validity and reliability

Validity and reliability of the study findings was regarded as critical and strategies were employed throughout the research process. Triangulation, using multiple sources of data was used to enhance the credibility of the findings (Yin, 2018). Member checking, involving sharing the findings with participants to confirm their accuracy and relevance, further validated the interpretations as suggested by Lincoln & Guba (1985). Peer review, involving seeking feedback from other researchers on the study design and analysis enhanced the rigour of the research process as recommended by Creswell & Plano Clark (2018).

Moreover, to enhance reliability, a detailed audit trail was maintained, documenting all decisions made throughout the research process, from data collection to analysis and interpretation (Saunders et al., 2019). The coding scheme was clearly defined, and inter-coder reliability will be assessed to ensure consistency in the coding process. These strategies

enhanced the trustworthiness of the findings, ensuring that the study provides a valid and reliable understanding of the effectiveness of wound care bundles at Arundel.

3.7 Research Ethics

Ethical considerations were paramount throughout the research process. Informed consent were obtained from all participants, ensuring that they understand the purpose of the study, their right to withdraw at any time, and the confidentiality of their responses (Brinkmann & Kvale, 2015). Anonymity was maintained by using pseudonyms in all reports, and all data was stored securely to protect participant privacy.

The research protocol was submitted to the Arundel Hospital Ethics Committee for review and approval before any data collection begins. Any potential risks to participants was carefully considered and mitigated, and the researcher adhered to all relevant ethical guidelines and regulations as recommended by Saunders et al (2019). The well-being of the participants was prioritized throughout the study, ensuring that their rights and dignity are respected at all times.

3.8 Chapter Summary

This chapter outlined the research methodology adopted in data collection for the study. It also outlined how the data was coded and processed in coming up with study findings. The chapter also introduced the interview guide that was used for the study, its structure as well as how it was administered. Research ethics was guaranteed to all respondents. The next chapter focuses on the presentation of data, interpretation, analysis and discussion of findings of the study.

CHAPTER 4: RESULTS PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter highlights, analyses, and discusses on the study's findings derived from comprehensive interviews with ten healthcare professionals at Arundel Hospital in Harare. The objective was to investigate their experiences and perspectives concerning the application and efficacy of the wound care bundle in the prevention of Hospital-Acquired Pressure Injuries (HAPIs). The findings are structured according to the four research objectives. The chapter opens with a description of demographic traits to help explain the answers.

4.2 Response rate

The study attained a response rate of 71.4%, with 10 of the 14 targeted healthcare workers at Arundel Hospital participating in the interviews. This response rate is seen as good and strong for qualitative research, especially in clinical and hospital settings where staff availability is typically constrained by heavy workloads and shift patterns. In qualitative medical research, response rates between 60% and 80% are often deemed acceptable, considering the level of engagement expected from participants (Saunders et al., 2018). Braun and Clarke (2021) assert that qualitative investigations prioritise depth above breadth; therefore, smaller, information-dense samples are adequate upon reaching thematic saturation. In this study, the 10 responses yielded consistent and overlapping insights across all four objectives, facilitating significant thematic analysis and the triangulation of data. Additionally, healthcare research conducted in clinical settings frequently faces obstacles to participation, including time limitations, shift patterns, emotional exhaustion, and conflicting professional responsibilities. Research by McKinstry et al. (2017) has identified analogous difficulties in hospital-based studies, indicating response rates ranging from 65% to 75% for face-to-face or semi-structured interview research involving medical personnel. In this situation, a response rate of 71.4% is not only good, but it also shows that the clinical staff at Arundel Hospital is very involved.

The fact that the responders were from a variety of professional backgrounds, including registered general nurses, critical care nurses, a matron, a midwife, and a sister-in-charge, was very important since it made sure that a wide range of experiences and positions were

represented. This diversity improved the study's findings' credibility and transferability, in keeping with Lincoln and Guba's (1985) standards for qualitative research rigour.

4.3 Demographic Characteristics of Respondents

Table 4.1: Demographic of respondents

Respondent	Gender	Role	Age Group	Years of Experience
R1	Female	Registered General Nurse	41–50	>12 years
R2	Female	Intensive Care Nurse	31–40	>12 years
R3	Female	Sister in Charge	41–50	>12 years
R4	Male	Registered General Nurse	41–50	4 years
R5	Female	Registered General Nurse	31–40	5 years
R6	Female	Midwife	21–30	4 years
R7	Female	Matron	41–50	>12 years
R8	Female	Registered General Nurse	41–50	>12 years
R9	Female	Intensive Care Nurse	21–30	4 years
R10	Female	Intensive Care Nurse	31–40	4 years

Source (Author, 2025)

Most of the respondents who answered were very experienced female nurses who worked in acute care or general nursing. Their substantial experience with direct patient care provided significant insights into the practical implementation and efficacy of the wound care bundle. Al Abri and Al Hashmi (2019) assert that frontline health workers are essential in influencing patient outcomes inside hospital environments.

4.4 The Prevalence and Identification of HAPIs at Arundel Hospital

This section explores how often Arundel Hospital patients get pressure injuries and how they are found. The findings identified three principal themes: a high frequency among vulnerable individuals, the impact of malnutrition and reduced skin integrity, and the use of systematic assessment techniques.

Theme 1: High prevalence of HAPIs among vulnerable patients

Participants constantly emphasised that HAPIs represent a pervasive and enduring concern within the hospital. The most impacted demographics included elderly patients, persons confined to bed, and those with compromised mobility, such as stroke survivors or patients with neurological disorders. These populations face an increased risk owing to their diminished ability to relocate and sustain independent mobility.

R1 clearly noted,

“They are very common, especially in the elderly and bedridden. Once they are admitted, we immediately begin monitoring for pressure areas because we know it’s likely they’ll develop sores.”

R4 supported this observation, stating,

“Most of the pressure injuries we encounter are among patients who are unable to reposition themselves due to stroke, fractures, or weakness. If repositioning is not consistent, the skin breaks down quickly.”

R7 added further context by explaining,

“Patients with neurological issues or advanced age are more susceptible, and if they are not frequently turned or if their bedding is not checked regularly, sores develop quickly—sometimes within days.”

These insights elucidate both the prevalence of pressure injuries and the distinct risk profile of the most affected patients. The nurses' viewpoints correspond with international literature that substantiates that pressure injuries disproportionately impact those with restricted mobility and chronic ailments. Padula et al. (2018) assert that diminished mobility, especially in elderly and neurologically impaired patients, directly leads to sustained pressure on bony prominences such as the sacrum and heels, hence heightening the risk of skin deterioration and ulcer development. The results emphasise the necessity for priority care solutions for high-risk populations. This entails increased repositioning, specific bedding, and rigorous monitoring to avert the development of HAPIs, particularly within the initial 72 hours after admission.

Theme 2: Malnutrition and Poor Skin Integrity as Catalysts

A prevalent theme in the comments was the acknowledgement of malnutrition as a critical factor in the development of pressure injuries. Numerous participants established a distinct correlation between insufficient nutritional status and impaired skin integrity, which subsequently diminishes the body's ability to withstand pressure and recuperate from injuries.

R1 emphasised the biological vulnerability by stating,

“Altered skin integrity related to malnutrition is a major contributor to the development of pressure injuries. If the patient is malnourished, their skin becomes fragile and less elastic—it doesn’t take much pressure for a sore to form.”

R5 reinforced this idea with a practical example, explaining,

“Patients who are malnourished often have fragile skin that breaks down easily, especially those who are also dehydrated. Once the skin is compromised, healing takes much longer.”

Similarly, R6 shared,

“Sometimes we miss early signs, especially in patients who are already underweight or anaemic, and this delays preventive measures like initiating a high-protein diet or involving the nutritionist early.”

These findings indicate the essential relationship between nutrition and skin health. Malnutrition diminishes tissue resilience and undermines the immune system, rendering patients more vulnerable to the onset and protracted healing of wounds. This corroborates the findings of Lichterfeld-Kottner et al. (2020), who endorse integrated care models that incorporate nutritional assessments at initial patient evaluations, particularly for individuals at risk of HAPIs. In light of this relationship, it is imperative to enhance collaboration among nursing personnel, nutritionists, and physicians. Nutrition-focused therapies should commence early in the patient's hospital experience to diminish vulnerability and facilitate the healing process.

Theme 3: Structured assessment and monitoring practices

Even though there are problems with the increasing number of HAPI cases, several people said that the hospital has set up systematic assessment processes to help find them early. These include skin checks that must be done when a person is admitted and daily checks that

are done on a regular basis. These steps are important for making it possible to intervene early and stop pressure-related injuries from getting worse.

R1 explained,

“All patients are examined for pressure sores on admission, and we document everything in the bedsore register. That record keeps us accountable and also helps us track any new sores that might appear.”

R8 added that,

“During morning baths, we check patients again and escalate any concerns immediately. Sometimes the early signs are just slight redness or swelling, and if we catch them early, we can prevent further damage.”

R9 contributed by noting, “

We’ve made it a habit to start every shift by inspecting vulnerable areas like the sacrum and heels. It’s now part of our handover checklist, and if anything is missed, the incoming shift is expected to catch it.”

These accounts show that the nursing teams have a culture of being on the lookout and following set care procedures. The use of documentation tools like bedsore registers and visual inspection algorithms is an important component of this effort. These techniques are good, but they will not work unless they are done consistently and carefully, especially during hectic shifts. Gillespie et al. (2020) back this up by saying that regular and systematic skin checks are some of the best ways to lower the number and severity of pressure injuries. Their research indicates that early detection of stage 1 injuries can avert progression to more severe stages, therefore enhancing patient comfort and diminishing hospital stays. Arundel Hospital might look at digital wound tracking systems and smartphone apps that remind nurses to do and write down assessments to make these practices even better. Also, regular staff audits might make sure that all departments are following the same rules.

4.5 Barriers to effective implementation of the wound care bundle

Arundel Hospital has had a lot of operational and systemic problems with the wound care package. Staff members agree that the bundle is a useful tool for dealing with hospital-acquired pressure injuries (HAPIs), but its full effect is limited by ongoing problems. The

interviews revealed three main themes: limited resources, insufficient training and knowledge, and workforce difficulties combined with time constraints.

Theme 1: Resource limitations

A common reason given for not being able to get wound care products was that there were not enough of them. Respondents said that some of the most important parts of the bundle, like specialist dressings, antiseptics, barrier creams, and pressure-relieving equipment, are often not available. This makes it more challenging for them to give care that follows best practices and makes them have to improvise or put off interventions.

R1 described the reality of working without necessary supplies, stating,

“Sometimes unavailability of resources hinders proper care. You find yourself trying to clean a wound without the right antiseptic, or dressing it with materials that don’t meet the standard.”

R3 reinforced this concern, explaining,

“We often run out of specialised dressings, and sometimes we have to improvise, which compromises outcomes. A simple foam dressing can make a huge difference, but it’s not always in stock.”

Similarly, R8 added,

“We don’t always have access to the recommended antiseptics and foam dressings, which are part of the bundle. Sometimes, the most we can do is clean with saline and cover the wound with gauze.”

These accounts depict a hospital setting characterised by intermittent availability of basic resources, leading to suboptimal care and an elevated risk of wound worsening. Tubaishat (2018) discovered analogous results in other resource-limited environments, indicating that insufficient access to current wound care supplies directly leads to the persistence of pressure injuries and protracted healing. The problem is not just that there is not enough money; it is also because hospitals' supply chains do not work well, they do not do a good job of

predicting how much stock they will need, and they do not put enough emphasis on wound care items. The wound care package will remain underused and only partially deployed unless these systemic inefficiencies are resolved.

Theme 2: Gaps in training and knowledge

The second most important problem that people said was the lack of regular and ongoing training on the wound care bundle. Even though the package was presented by the institution, a lot of staff members said they had not had much or any formal training on how to use it properly. This has caused staff members to have different degrees of understanding and made it hard to use it consistently.

R1 emphasised the need for continued professional development, stating,

“Training needs to be ongoing so that staff stay updated on modern wound care methods. What we learned ten years ago is not enough for the kinds of wounds we see today.”

R5 shared her personal experience, noting,

“Some of us only know the basics—we never received proper training specifically for the bundle. I only learned through observing others and trial and error.”

R10 echoed these sentiments, adding,

“New staff are often thrown into the deep end without enough orientation on the protocols. They make do with what they see others doing, which leads to inconsistency.”

These viewpoints demonstrate that knowledge deficiencies are not confined to junior employees or newcomers to the profession, but also impact seasoned professionals who have not received updated training. Without organised attempts to improve capacity, healthcare personnel have to figure out how to use the bundle based on incomplete or old information, which leads to big differences in how patients are treated. Smith and Waugh (2019) emphasise that continuous education and skill enhancement are essential for sustaining clinical competence, particularly in settings characterised by developing protocols and

significant patient complexity. Without these kinds of programs, even the best-intentioned protocols can fail because they are not used properly or are ignored. A systematic training program that includes theory, simulations, and hands-on mentoring would greatly enhance adherence and make sure that the wound care bundle is used safely and effectively.

Theme 3: Staffing shortages and time constraints

The most common operational problem that participants mentioned was the effect of not having enough people and not having enough time. Staff have had a hard time continuously following the whole wound care bundle because of high patient-to-nurse ratios, emergency priorities, and general ward strain. Many said they had to skip procedures, shorten assessments, or put off changing dressings.

R2 candidly explained the dilemma, stating,

“There are days when we simply cannot follow the full protocol because of the patient- to-nurse ratio. One nurse could be covering ten patients, and wound care is very time-consuming.”

R4 added,

“We sometimes prioritise emergencies, and wound care gets delayed or partially done. You do what you can with the time you have, but it's frustrating knowing it's not enough.”

R6 shared her experience, saying,

“Time constraints mean some patients don't get repositioned as frequently as needed. That's one of the basics in pressure injury prevention, and yet we fail at it because of sheer workload.”

These reflections highlight the reality that even the best clinical protocols cannot operate optimally in an overstretched system. Time-intensive practices such as regular repositioning, thorough wound assessments, and dressing applications are among the first to be deprioritized when staffing is inadequate. Qaseem et al. (2015) confirm that staff shortages directly compromise the implementation of care bundles in hospital settings. When staff are

overburdened, protocols requiring sequential and thorough application are often seen as idealistic rather than practical. This not only impacts the quality of wound care but also contributes to staff burnout and decreased job satisfaction. Tackling this challenge demands both short- and long-term strategies, such as hiring additional nursing staff, implementing task-sharing models and developing time-efficient workflows that maintain care quality even in high-pressure environments.

4.6 Perceptions and experiences related to the wound care bundle

This part looks into how participants feel about the wound care bundle and how they have used it in real life. Most people who answered said that the bundle works to improve wound care outcomes, but they also noted its flaws and the fact that clinical results can vary. The analysis produced three primary themes: confidence in the bundle's efficacy, the constraints of standardisation, and the variability of clinical outcomes.

Theme 1: General confidence in the bundle's effectiveness

Although there were some challenges in implementing the wound care bundle, most participants expressed confidence that it would improve patient outcomes when used correctly. The bundle was said to have less consequences, like infections, speed up wound healing, and make patients more comfortable and improve the quality of care overall.

R1 expressed this clearly, stating,

“The comfort and well-being of patients have definitely improved since we started using the bundle. There’s more structure now, and we’ve seen a reduction in mortality rates, especially from secondary infections like sepsis.”

R3 echoed this sentiment, noting,

“It has made a real difference—we can see it in the number of patients healing faster and in fewer wound escalations. It’s more systematic, which helps us stay on track.”

R10 reinforced the value of consistency, stating,

“When used correctly and consistently, the wound care bundle works wonders. I’ve seen even stage 3 ulcers improve significantly when every component is followed without shortcuts.”

These narratives demonstrate not only anecdotal satisfaction but also clinical support of the bundle's effectiveness. The systematic form of the protocol seems to make it easier to make decisions, lower the amount of variation in practice, and give a clear way to deal with pressure injuries. Fletcher (2021) agrees with this point of view, saying that when clinical bundles are used correctly, they lower the risk of wound complications, speed up healing, and make patients safer. Staff members' favourable experiences show that the wound care bundle is a useful tool, especially in places like Arundel Hospital where pressure injuries have been a problem for a long time. But these benefits depend a lot on how well they are used, how well they are funded, and how skilled the staff is.

Theme 2: Limitations in standardised application

Most people who participated in the interview liked the wound care bundle, although some were worried about how strict its standard structure was. The main criticism was that the bundle does not always take into account patient-specific factors such the cause of the wound, other health problems, or how well the lesion is healing. This makes it less useful in some clinical situations. R1 reflected this concern by noting,

“There is no one-size-fits-all because each patient is unique and presents differently. A diabetic patient with poor circulation won’t respond the same way as a post-operative patient, even if both have pressure injuries.”

R5 supported this point, adding,

“Sometimes a wound does not respond to the bundle components, and we have to adjust—maybe use an alternative dressing or bring in other specialists. The bundle doesn’t always allow for that flexibility.”

R7 further elaborated,

“We need room to tailor care based on the patient’s condition rather than rigidly sticking to a checklist. Some patients need more advanced therapies that go beyond what the bundle prescribes.”

These insights underscore the conflict between standardisation for quality control and the therapeutic necessity for flexibility. Moore and Cowman (2020) recognise this challenge, contending that whereas uniform protocols enhance safety by minimising omissions and errors, they may simultaneously restrict clinical judgement when implemented rigidly. In wound care, when patients' underlying diseases, immunological function, and compliance differ significantly, flexibility is essential rather than optional. The results show that the bundle should still be a key part of wound care, but it should be seen as a guide rather than a strict set of rules. Clinical professionals should be able to make judgements that are best for each patient while still following the basic rules.

Theme 3: mixed experiences with clinical outcomes

Even though the wound care bundle has shown to be helpful, many who used it said that the results were not always good. These differences were caused by a number of things, such as prolonged bed rest, patients not following instructions, and long-term illnesses like diabetes. These results support the premise that even the most organised therapeutic interventions need to be backed up by patient-specific, holistic methods.

R1 noted,

“While outcomes have improved overall, we’ve also seen some patients develop other complications from prolonged bed rest, like muscle atrophy or even depression. So, wound care alone isn’t enough—we have to look at the patient as a whole.”

R8 added,

“Sometimes wounds heal slowly despite all our efforts, especially in diabetic patients. Their wounds tend to stay open longer, and they need more than just the standard bundle—we often need to involve endocrinologists or nutritionists.”

R9 also pointed out the role of patient behaviour, stating,

“Compliance from patients is not always guaranteed, which affects outcomes. Some patients refuse to be repositioned or remove dressings themselves when uncomfortable, which disrupts healing.”

These narratives illustrate the constraints of protocol-driven care when confronted with intricate and evolving patient circumstances. They also imply that a combination of clinical, behavioural, and social factors affects how wounds heal. Many of these aspects are not directly related to the wound care package. It is evident that proficient wound management necessitates transcending just obedience to protocols, incorporating interdisciplinary teamwork, patient education, and psychosocial support. These results are consistent with the study conducted by Nix and Ermer-Seltun (2018), which underscores that optimal wound care outcomes are achieved by the integration of medical therapy with patient engagement tactics, nutritional assistance, and personalised care planning.

4.7 Adherence to wound care bundle protocols

Following clinical guidelines is very important for making sure that evidence-based interventions like the wound care bundle work as planned. This part talks on how Arundel Hospital followed the bundle protocols, what made people follow them, and how monitoring systems worked. The data revealed three primary themes and these are inconsistent adherence in practice, influencing factors, and monitoring and accountability systems.

Theme 1: Inconsistent adherence in practice

The study found that the wound care bundle was not used consistently across shifts or by different staff members. Even though everyone agreed that the bundle was important for improving patient outcomes, the way it was actually used varied a lot. This inconsistency was mostly due to staff being busy, tired, and not having enough time during busy times.

R2 candidly admitted that

“We try to follow them [the protocols], but time constraints affect consistency. There are days when the ward is too busy, and wound care gets postponed or rushed.”

Similarly, R4 supported this concern, stating that

“Sometimes we skip one or two components when things get busy, like repositioning patients or recording dressing changes. It’s not deliberate, but the workload is overwhelming.”

R10 further elaborated by saying,

“Some nurses are more diligent than others—it’s not uniform across the board. While some follow every step religiously, others cut corners when unsupervised.”

These differences in practice show that people are aware of protocols but not following them. The staff understands how important the wound care bundle is, yet there are systemic and individual reasons why they can not fully follow it. Latimer et al. (2016) caution that partial or irregular adherence may compromise the clinical efficacy of care bundles, resulting in inferior patient outcomes. If the regimen is not followed consistently, it could bring back the problems that the bundle is meant to stop, like delayed healing or new pressure injuries. To solve this problem, adherence must not only be promoted but also become a part of the system through accountability measures and greater resources. This will make sure that every patient gets the entire range of wound care as planned.

Theme 2: Influencing Factors of Adherence

Respondents emphasised many contextual and individual elements that influenced their capacity to regularly adhere to the wound care bundle. These factors included having enough supplies, being sure of implementing the protocols, and having (or not having) someone in charge to make sure they were followed.

R3 explained that

“Having the necessary materials available makes all the difference. If I don’t have the right dressing or antiseptic, then I have to improvise or delay the care, which affects adherence.”

R5 added a personal reflection, saying,

“If you’re trained and confident, you’re more likely to follow protocols properly. Some of my colleagues hesitate or rush through steps because they aren’t sure they’re doing it right.”

R7 reinforced the importance of leadership, stating that

“When supervisors enforce accountability and randomly check on patients, you see people being more thorough and consistent. Without that, the effort drops.”

These observations show that adherence is not just about personal motivation; it is also strongly affected by institutional influences. Even the most motivated personnel can not do their jobs when materials are not available. Training also makes people more competent and

confident, which are both important for following protocols. Lastly, oversight systems work as behavioural reinforcers by making sure that protocols are followed all the time, not just sometimes. Beeckman et al. (2019) assert that enduring compliance with wound care regimens relies on robust institutional support, sufficient resources, and continuous oversight. To improve adherence, a systems-based strategy is needed that focusses on making the supply chain more reliable, providing frequent training, and making people more accountable through structured monitoring.

Theme 3: Monitoring and accountability mechanisms

The research revealed that although certain monitoring methods exist at Arundel Hospital, they are neither consistently implemented, nor are they sufficiently rigorous to guarantee adherence to protocols. People said they used tools including the wound care registry, verbal handovers, and periodic supervisory audits, but these approaches are not standardised or enforced.

R1 described the documentation process by saying,

“We use the wound care register to document assessments and care provided. It helps track patient progress, but sometimes entries are missed when things get hectic.”

R6 shared that

“During shift handovers, we review who needs more attention and who is progressing, but there’s no structured checklist or evaluation system to guide those discussions.”

R9 mentioned the role of supervision, noting,

“Occasionally, supervisors audit our work, especially if a wound worsens or there’s a complaint. But these checks aren’t routine—they’re reactive, not proactive.”

These stories indicate that although informal monitoring mechanisms are present, they lack comprehensiveness and consistency. As a result, people might not notice when they do not follow the wound care bundle till something goes wrong. This is worrisome since good monitoring is necessary to keep clinical standards high and make patients safer. McInnes et al. (2014) stress how important systematic monitoring tools like audit checklists, electronic health records, and quality dashboards are for making sure that clinical guidelines are followed. Without these kinds of systems, even well-thought-out protocols could be undercut by the constraints of regular clinical work. To make people more accountable, Arundel

Hospital should set up real-time tracking tools, assign clinical champions for wound care, and do regular audits that give staff and management feedback.

4.8 Chapter Summary

This chapter provided a comprehensive examination of the qualitative data. Respondents noted the widespread occurrence of HAPIs, the challenges in executing wound care packages, their views on its efficacy, and the degree of compliance with guidelines. Themes showed how resource availability, staff training, patient unpredictability, and institutional oversight all work together in a complicated way. All of these things together affect how well or poorly wound care treatments work at Arundel Hospital.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a synthesis of the major findings discussed in Chapter 4, draws conclusions about each research objective, and outlines practical recommendations aimed at improving the implementation and effectiveness of the wound care bundle at Arundel Hospital. It also identifies gaps and proposes areas for further research. The aim is to guide healthcare professionals, administrators, and policymakers toward evidence-based improvements in patient care concerning the prevention and management of Hospital-Acquired Pressure Injuries (HAPIs).

5.2 Summary of the study

5.2.1 Prevalence and identification of HAPIs

The study revealed that HAPIs are prevalent at Arundel Hospital, especially among old, immobile, and nutritionally deficient patients. There are ways to do an early assessment and keep an eye on things, such keeping a wound record and checking the skin regularly. However, the high rate of these problems shows that we need stronger prevention tactics and more professional attention.

5.2.2 Barriers to wound care bundle implementation

Implementation of the wound care bundle is hindered by critical barriers including a shortage of essential wound care materials, limited ongoing training, and staffing challenges. These barriers result in variability in wound care quality and delayed healing outcomes.

5.2.3 Perceptions and experiences of the bundle

Participants generally perceived the wound care bundle as beneficial and effective when applied consistently. However, they also indicated that a one-size-fits-all model may be restrictive, suggesting a need for greater flexibility to account for patient-specific conditions.

5.2.4 Adherence to wound care protocols

Adherence to protocols was found to be inconsistent, influenced by factors such as workload, supply shortages, and training gaps. Although monitoring systems such as handover

discussions and wound registers are in place, these were not sufficient to ensure uniform compliance.

5.3 Conclusions

Based on the evidence gathered from healthcare workers at Arundel Hospital, the following conclusions can be drawn for each research objective:

- Hospital-Acquired Pressure Injuries (HAPIs) remain prevalent at Arundel Hospital, particularly among elderly, malnourished, and immobile patients. While there are existing mechanisms for identifying these injuries—such as initial skin assessments upon admission and daily checks during patient care—these practices are not sufficiently supported by targeted risk reduction strategies. The continued occurrence of HAPIs reflects a gap between assessment and actionable prevention.
- The implementation of the wound care bundle is significantly compromised by systemic barriers, including persistent shortages of wound care materials, insufficient training, and nurse-to-patient ratios that are too high to ensure consistent application. These challenges directly affect the quality and timeliness of care, resulting in delayed wound healing and an increased risk of complications.
- Healthcare workers view the wound care bundle as a clinically effective tool, but its rigid application limits its usefulness in managing complex or atypical patient cases. The current approach does not sufficiently allow for clinical judgment or patient-tailored modifications, which are necessary to respond to diverse patient needs, such as diabetic wounds, vascular ulcers, or patients with limited mobility.
- Adherence to wound care bundle protocols is inconsistent and poorly monitored, which undermines its overall effectiveness. While some documentation and reporting systems exist (e.g., bedsore registers and handover reports), there is no structured accountability framework to ensure that each component of the bundle is delivered to every eligible patient. Adherence varies across shifts and departments, often influenced by staff fatigue, supply availability, and leadership oversight.

5.4 Recommendations

Based on the conclusions, the following practical and stakeholder-specific recommendations are made.

5.4.1 To Hospital Administrators

The people in charge of Arundel Hospital should take the lead in making sure that the wound care package is used more effectively by fixing important operational problems. First, there is need to have a separate budget for wound care materials, such as improved dressings, antiseptics, and equipment that relieves pressure. This makes sure that frontline healthcare staff always have the tools they need to give good care. Secondly, hospital management should make it a rule that all nursing and clinical personnel go through ongoing in-service training. These should cover not just how to use the wound care bundle technically, but also how to examine wounds, keep records, and spot pressure injury concerns early on. The hospital should hire more staff, especially in high-dependency units, to reduce the workload of existing staff and make sure that care guidelines are followed. The hospital should also look into ways to share tasks to make things run more smoothly. Also, it is suggested that monitoring and evaluation mechanisms be made stronger. This could include regular audits of wound care, checklists for supervisors, and computerised recording systems to keep track of how well protocols are followed and how patients do.

5.4.2 To Nursing and Clinical Staff

When using the wound care bundle, nurses and other healthcare professionals need to find a balance between standardisation and individualisation. Protocols are important for making sure that care is consistent, but healthcare practitioners need to utilise their clinical judgement to change treatments based on each patient's unique needs, such as their age, comorbidities, and nutritional status. Nurses should work collaboratively with nutritionists, physiotherapists, and wound care specialists to create holistic care regimens that help patients heal as quickly as possible. Better documentation methods are also very important. Keeping detailed and timely records of wound assessments and treatments makes sure that care continues and makes it easier to keep an eye on things. To improve knowledge-sharing and confidence in wound care techniques, especially for professionals who are new to the field, peer learning and mentorship should be encouraged.

5.4.3 To the Ministry of Health and Child Care (MoHCC)

The Ministry of Health and Child Care should think about adding the wound care bundle to standard nursing and clinical practice guidelines at the national level. Formal approval would help make the rules for preventing and treating pressure injuries the same in both public and private hospitals. The Ministry should also set aside money for national capacity-building efforts, such as training trainers of trainers (TOTs) and making teaching materials that focus on evidence-based wound care. The Ministry can also work with donors and development partners to raise money to buy more of the basic materials needed for wound care, especially in facilities that do not have a lot of money. The Ministry would be able to follow trends, see how initiatives like the wound care bundle affect people, and make changes to future policies based on real data if a nationwide pressure injury surveillance system were put in place.

5.4.4 To Bindura University of Science Education (BUSE)

As an academic institution required to foster technological innovation and human capital development in accordance with Zimbabwe's Education 5.0 framework, Bindura University of Science Education significantly impacts curriculum development and healthcare training. The institution ought to revise its nursing and medical curricula to include modules on wound care bundles, clinical pathway design, and pressure injury prevention, based on evidence-based practice. To help students gain practical skills before they start working, simulation-based learning and case-based teaching should be given priority. BUSE can also work with health teaching government hospitals like Parirenyatwa Group of Hospitals to do applied research, test new ways to treat wounds, and create short courses for in-service training. These efforts will not only make sure that what students learn in school matches what the country needs in terms of healthcare, but they will also help the university do more to solve real-world clinical problems, which is what Education 5.0 is all about.

5.4.5 To Patients and Caregivers

Patients and their caregivers are very important partners in stopping and treating pressure injuries. Hospitals and healthcare personnel should thus spend money on initiatives that teach patients about how to take care of their skin, how to stay active, and how important it is to eat well. You can raise awareness by using visual aids like posters and pamphlets, as well as short bedside education sessions. Getting patients to tell their doctors about early indicators of pain or skin disintegration encourages a more proactive approach to preventing wounds. Carers, especially those who work with people who are bedridden for a long time, should

learn basic repositioning skills, cleaning and disinfection of equipment, linen management and feeding of the patient. Increasing the involvement of patients and carers will make it more likely that they will follow care plans and lower the likelihood of complications, which will improve overall clinical results.

5.5 Areas for further research

This study has yielded significant insights on the implementation and efficacy of the wound care package at Arundel Hospital; however, numerous aspects necessitate further examination. Subsequent research may investigate the relative efficacy of the wound care bundle in comparison to alternative or adapted wound care approaches in various healthcare environments. Longitudinal studies are advisable to evaluate patient outcomes over time, encompassing healing trajectories, recurrence rates, and long-term consequences. A cost-effectiveness study would also be helpful to figure out if the wound care package might be used on a large scale, which could help with budget planning and making policy decisions. Finally, research that focus on the experiences, satisfaction, and involvement of patients and carers in wound care would give a more complete picture of how the bundle works and help make treatments more personalised.

5.6 Chapter Summary

This chapter synthesised the key findings, drew objective-aligned conclusions, and presented targeted recommendations to hospital management, frontline healthcare workers, government agencies, and patients. The results highlighted that while the wound care bundle has potential for improving patient outcomes, its success depends on the availability of resources, consistent training, supportive supervision, and tailored application. With proper implementation and oversight, the wound care bundle can be a powerful tool in reducing the burden of hospital-acquired pressure injuries in Zimbabwean healthcare facilities.

References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211.
- Alshahrani, M., Alharthi, S., & Alhussainy, S. (2019). Reducing hospital-acquired pressure injuries: A quality improvement project in Saudi Arabia. *BMJ Open Quality*, 8(1), e000464.
- Anderson, L., Chen, M., & Harris, R. (2023). Healthcare Workforce Challenges: A National Perspective. *Journal of Healthcare Management*, 45(2), 123-135.
- Barrett, D., & Heale, R. (2021). Nursing Shortage: A Global Perspective. *International Journal of Nursing Studies*, 114, 103924.
- Beeckman, D., Defloor, T., & Schoonhoven, L. (2019). Pressure ulcer prevention: A systematic review of randomized controlled trials. *International Journal of Nursing Studies*, 94, 1-12.
- Beeckman, D., Defloor, T., & Schoonhoven, L. (2019). Pressure ulcer prevention: A systematic review of randomized controlled trials. *International Journal of Nursing Studies*, 94, 1-12.
- Beeckman, D., Van Lancker, A., Van Hecke, A., & Verhaeghe, S. (2019). A systematic review and meta-analysis of incontinence-associated dermatitis, incontinence, and moisture as risk factors for pressure ulcer development. *International Journal of Nursing Studies*, 97, 45–53. <https://doi.org/10.1016/j.ijnurstu.2019.04.005>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.
- Brinkmann, S., & Kvale, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage.
- Brown, P., Wilson, G., & Martinez, A. (2021). Community-Based Wound Care: Challenges and Innovations. *Advances in Wound Care*, 10(5), 222-234.
- Castro-Ayala, A., et al. (2022). Nursing Workforce Challenges and Opportunities in the Post-Pandemic Era. *Journal of Nursing Management*, 30(5), 1234-1242.

- Chung, J., Lee, J., & Kim, S. (2021). Pressure injury surveillance and prevention framework: A capacity-building approach. *Journal of Nursing Management*, 29(5), 1234-1242.
- Chung, J., Lee, J., & Kim, S. (2021). Pressure injury surveillance and prevention framework: A capacity-building approach. *Journal of Nursing Management*, 29(5), 1234-1242.
- Chung, J., Lee, J., & Kim, S. (2021). Pressure injury surveillance and prevention framework: A capacity-building approach. *Journal of Nursing Management*, 29(5), 1234-1242.
- Cohen, L., Manion, L., & Morrison, K. (2021). *Research methods in education* (9th ed.). Routledge. <https://doi.org/10.4324/9781003117403>
- Creswell, J. W., & Creswell, J. D. (2023). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). Sage Publications.
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.
- Davis, K., Clark, S., & Young, T. (2024). Multidisciplinary Care Bundles: Enhancing Team Collaboration. *Journal of Interprofessional Care*, 38(1), 45-58.
- Di Gesaro, A. (2012). Stoma Care: Challenges and Opportunities. *British Journal of Nursing*, 21(10), S4-S9.
- Diaz-Caro, C. & Garcia Gomez-Heras, J. (2020). Pressure injuries in hospitalized patients: A comprehensive review. *Journal of Wound Care*.
- Donabedian, A. (1980). Explorations in quality assessment and monitoring: Volume I: The definition of quality and approaches to its assessment. *Health Administration Press*.
- Donabedian, A. (1980). Explorations in quality assessment and monitoring: Volume I: The definition of quality and approaches to its assessment. *Health Administration Press*.
- Dreyfus, J., Gayle, J., Trueman, P., Delhougne, G., & Siddiqui, A. (2018). Assessment of risk factors associated with hospital-acquired pressure injuries and impact on health care utilization and cost outcomes in US hospitals. *American Journal of Medical Quality*, 33(4), 348-358.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes* (2nd ed.). University of Chicago Press.
- Fletcher, J. (2021). Pressure ulcer prevention and management: Reducing the harm. *British Journal of Nursing*, 30(15), S4–S10. <https://doi.org/10.12968/bjon.2021.30.15.S4>

Fulbrook, P., Lovegrove, J., Hay, K., & Coyer, F. (2023). State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis. *Journal of Clinical Nursing*.

Fulbrook, P., Lovegrove, J., Hay, K., & Coyer, F. (2023). State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.16687>

Fulbrook, P., Lovegrove, J., Hay, K., & Coyer, F. (2023). State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.16687>

Fulbrook, P., Lovegrove, J., Hay, K., & Coyer, F. (2023). State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.16687>

Garcia, E., Rodriguez, J., & Hernandez, I. (2022). Healthcare Bundled Payments: Financial and Quality Implications. *Health Economics Review*, 12(3), 78-90.

Gillespie, B. M., Walker, R. M., Latimer, S., Chaboyer, W., McInnes, E., Kent, B., & Whitty, J. A. (2020). Repositioning for pressure injury prevention in adults. *Cochrane Database of Systematic Reviews*, 6, CD009958. <https://doi.org/10.1002/14651858.CD009958.pub2>

Gordon, M., Houghton, P., & Kearney, K. (2022). Sample size considerations for clinical trials in wound care research: A systematic review. *Wound Repair and Regeneration*, 30(1), 45-54.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 3-22.

Gupta, P., Shiju, S., Chacko, G., Thomas, M., Abas, A., Savarimuthu, I., ... & Andrews, W. (2020). A quality improvement programme to reduce hospital-acquired pressure injuries. *BMJ open quality*, 9(3), e000905.

Hajhosseini, B., Longaker, M. T., & Gurtner, G. C. (2020). Pressure injury. *Annals of surgery*, 271(4), 671-679.

Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed.). Routledge.

Huang, Y., Zhang, Q., & Yang, Y. (2017). Pressure injury prevalence among pediatric patients: A national analysis from NDNQI data. *Pediatric Quality & Safety*.

Huang, Y., Zhang, Q., & Yang, Y. (2023). The impact of workload on nursing documentation quality: A systematic review. *Journal of Nursing Management*, 31(1), 12-20.

Kumar, S., Patel, R., & Smith, J. (2020). Hospital-acquired pressure injuries: Avoidable versus unavoidable: A retrospective study in critical care units. *American Journal of Critical Care*.

Kumar, S., Ramesh, S., & Gupta, R. (2020). Avoidable versus unavoidable hospital-acquired pressure injuries: A retrospective analysis in critical care settings. *American Journal of Critical Care*, 29(2), e45-e52.

Latimer, S., Chaboyer, W., & Gillespie, B. (2016). Patient participation in pressure injury prevention: Giving patients a voice. *Scandinavian Journal of Caring Sciences*, 28(4), 648–656. <https://doi.org/10.1111/scs.12106>

Lee, H., Kim, D., & Park, J. (2020). Management of Hard-to-Heal Wounds: A Comprehensive Review. *Wound Medicine*, 30, 100202.

Lichterfeld-Kottner, A., Blume-Peytavi, U., & Kottner, J. (2020). Evidence-based prevention and treatment of pressure ulcers in geriatric nursing: A review. *Journal of Clinical Medicine*, 9(10), 3129. <https://doi.org/10.3390/jcm9103129>

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

McGowan, L., McCarthy, G., & O'Connor, M. (2018). A comparison of hospital-acquired pressure injuries in intensive care and non-intensive care units: A multifaceted quality improvement initiative. *BMJ Open Quality*, 7(4), e000425.

McGowan, L., McMahon, M., & O'Brien, M. (2022). Observer bias in clinical research: Implications for practice and policy. *Quality & Safety in Health Care*, 31(4), 234-239.

McInnes, E., Jammali-Blasi, A., Bell-Syer, S. E. M., Dumville, J. C., & Cullum, N. (2014). Support surfaces for pressure ulcer prevention. *Cochrane Database of Systematic Reviews*, 9, CD001735. <https://doi.org/10.1002/14651858.CD001735.pub4>

McKinstry, B., Hanley, J., Wild, S., Pagliari, C., Paterson, M., Lewis, S., ... Sheikh, A. (2017). Telemonitoring-based service redesign for the management of uncontrolled

hypertension: Multicentre randomised controlled trial. *BMJ*, 354, i4181.
<https://doi.org/10.1136/bmj.i4181>

Melariri, H., Freercks, R., van der Merwe, E., Ten Ham-Baloyi, W., Oyedele, O., Murphy, R. A., ... & Melariri, P. E. (2024). The burden of hospital-acquired infections (HAI) in sub-Saharan Africa: a systematic review and meta-analysis. *EClinicalMedicine*, 71.

Moore, Z., & Cowman, S. (2020). Pressure ulcer prevalence and prevention practices in care of the older person in the Republic of Ireland. *Journal of Clinical Nursing*, 29(3-4), 537–548.
<https://doi.org/10.1111/jocn.15106>

Moyo, N., Chikanda, M., & Mavhunga, F. (2023). Study on hospital-acquired pressure injuries at a tertiary hospital in Harare: Incidence and contributing factors. *Journal of Wound Care*.

Moyo, T., Chikanda, M., & Nyakudya, T. (2023). Pressure Injury Incidence at a Tertiary Hospital in Harare: A Descriptive Study. *Zimbabwe Medical Journal*, 45(2), 123-130.

National Pressure Injury Advisory Panel [NPUAP]. (2014). Prevention and treatment of pressure ulcers: Clinical practice guideline.

National Pressure Ulcer Advisory Panel [NPUAP], European Pressure Ulcer Advisory Panel [EPUAP], & Pan Pacific Pressure Injury Alliance [PPPIA]. (2014). Prevention and treatment of pressure ulcers: Clinical practice guideline. NPUAP.

Naylor, M. D., Aiken, L. H., & Kurtzman, E. T. (2020). The importance of nurse leadership in improving patient outcomes: A systematic review. *Journal of Nursing Administration*, 50(6), 295-302.

NHS. (2021). Continence Services in England. Retrieved from NHS England.

Nix, D. P., & Ermer-Seltun, J. (2018). Integrating holistic wound management: A patient-centered model. *Advances in Skin & Wound Care*, 31(10), 443–449.
<https://doi.org/10.1097/01.ASW.0000544766.74022.3c>

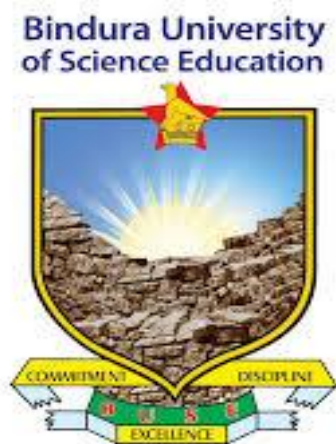
Padula, W. V., Delarmente, B. A., & Pronovost, P. J. (2018). The national cost of hospital-acquired pressure injuries in the United States. *International Wound Journal*, 15(3), 437–442.
<https://doi.org/10.1111/iwj.12871>

Padula, W. V., Makic, M. B., & Delarosa, J. (2017). The financial burden of hospital-acquired pressure injuries: A national cost analysis. *Journal of Healthcare Management*.

- Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage.
- Qaseem, A., Mir, T. P., Starkey, M., & Denberg, T. D. (2015). Risk assessment and prevention of pressure ulcers: A clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, 162(5), 359–369. <https://doi.org/10.7326/M14-1567>
- Queen, R., & Harding, K. (2021). The Future of Nursing: Challenges and Opportunities. *Journal of Advanced Nursing*, 77(5), 1234-1242.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Sen, C. K. (2019). Chronic Wound Management: Challenges and Opportunities. *Wound Repair and Regeneration*, 27(3), 257-265.
- Smith, A., & Jones, B. (2022). Best Practices in Wound Care: A Practical Guide for Healthcare Professionals. *Journal of Wound Care*, 31(4), 300-312.
- Smith, G. D., & Waugh, D. (2019). Education and training for pressure ulcer prevention and management. *British Journal of Nursing*, 28(6), S10–S18. <https://doi.org/10.12968/bjon.2019.28.6.S10>
- Tayyib, N., Al-Khaldi, Y., & Al-Awaidy, S. (2021). Pressure injury prevalence in Africa: A systematic review. *International Journal of Nursing Studies*.
- Tayyib, N., Asiri, M. Y., Danic, S., Sahi, S. L., Lasafin, J., Generale, L. F., Malubay, A., Vilorio, P., Palmere, M. G., Parbo, A. R., Aguilar, K. E., & Licuanan, P. M. (2021). The Effectiveness of the SKINCARE Bundle in Preventing Multidrug-Resistant Pressure Injuries: A Clinical Trial. *Advances in Skin & Wound Care*, 34(1), 45-52.
- Tschannen D.A., & Anderson C.A. (2019). The pressure injury predictive model: A framework for hospital-acquired pressure injuries. *Journal of Clinical Nursing*.
- Tubaishat, A. (2018). Pressure injuries prevalence among hospitalized patients in Jordan: A point prevalence study. *Ostomy Wound Management*, 64(2), 20–27.
- White, C., Moore, L., & Allen, N. (2023). Shared Wound Care: Enhancing Patient Engagement and Outcomes. *Patient Education and Counseling*, 106(7), 1456-1468.

- World Health Organization. (2020). State of the World's Nursing 2020. WHO.
- World Health Organization. (2022). Global Guidelines for Prevention of Pressure Injuries: WHO Recommendations for Practice. Geneva: WHO Press.
- World Health Organization. (2022). Global report on pressure injuries: A comprehensive overview. *WHO Publications*.
- World Health Organization. (2022). Global Strategic Directions for Nursing and Midwifery 2021–2025. WHO.
- Yilmazer, M., & Tuzer, H. (2022). Effective strategies for preventing hospital-acquired pressure injuries: A review. *Journal of Clinical Nursing*.
- Yilmazer, M., & Tuzer, H. (2022). Effective strategies for preventing hospital-acquired pressure injuries: A review. *Journal of Clinical Nursing*.
- Yilmazer, T., & Tuzer, H. (2022). Effectiveness of a Pressure Injury Prevention Care Bundle: A Prospective Interventional Study. *Journal of Wound Ostomy & Continence Nursing*, 49(3), 226-232.
- Zhang, Y., Li, X., & Wang, Y. (2020). Global prevalence and incidence of pressure injuries in hospitalized adult patients: A systematic review and meta-analysis. *International Journal of Nursing Studies*.

Research instrument (Interview Guide)



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Dear Respondent,

Researcher: Maureen Mavetera Chumbi

**THE EFFECTIVENESS OF WOUND CARE BUNDLE AMONG PATIENTS
REPORTING TO ARUNDEL HOSPITAL IN HARARE, ZIMBABWE**

The purpose of this survey is to solicit information from Arundel Hospital health professionals regarding their thoughts the effectiveness of wound care bundle among patients reporting to Arundel hospital in Harare, Zimbabwe.

The information and ratings you provide us with will go a long way in helping us establish the current situation in a bid to provide solutions. The interview should only take 15-20 minutes to complete. In this interview, you are asked to indicate what is true for you, so there are no “right” or “wrong” answers to any question.

Thank you for participating!

SECTION A PERSONAL INFORMATION

1. Gender

Male ☐ Female ☐

2. Age Group

Less than 20years ☐
 21 – 40 years ☐
 41- 50 years ☐
 51 – 60 years ☐
 Above 60 years ☐

3. What is your role at Arundel Hospital?

4. How long have you been working in this capacity?

SECTION B Interview questions

5. Current Incidence of Hospital-Acquired Pressure Injuries (HAPIs)

- In your experience, how common are HAPIs among patients at Arundel Hospital?.....

-
-
- What factors do you think contribute to the incidence of HAPIs in this hospital?.....
.....
.....
.....
.....
.....
 - Describe the process for identifying and reporting hospital-acquired pressure injuries (HAPIs) at this facility.....
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.....

6. Barriers to Effective Implementation of the Wound Care Bundle

- Walk me through a typical wound care bundle application process. What steps are most challenging you face when implementing the wound care bundle?
.....
.....
.....
.....
.....
.....
- Are these challenges related to resources, training, staffing, or other factors?.....

- How do these barriers impact patient care and outcomes?.....

[illegible]

- What suggestions do you have for overcoming these barriers?.....

[illegible]

7. Perceptions and Experiences Related to the Wound Care Bundle

- What is your overall perception of the wound care bundle? Do you believe it is effective?

[illegible]

- Can you describe any positive or negative experiences you have had while using the wound care

bundle?.....
.....
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.....
.....
.....
.....

- How do you think the wound care bundle compares to previous wound care practices?.....
.....
.....
.....

8. Adherence to Wound Care Bundle Protocols

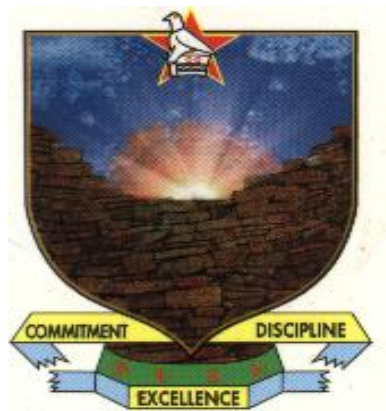
- How often do you adhere to the wound care bundle protocols?.....
.....
.....
- Are there specific situations where adherence is more challenging?.....
.....
.....
- What factors influence your adherence to these protocols?
.....
.....
.....
- What percentage of patients receive all bundle components? What factors influence this?.....
.....
.....

- How is adherence monitored?.....
.....
.....
.....
.....

Thank you for your participation

Informed Consent Form

BINDURA UNIVESITY OF SCIENCE EDUCATION



FACULTY OF HEALTH SCIENCES

Dear Respondent,

Thesis Project

Researcher: Maureen Chumbi +263 771 528 892

Supervisor: Professor Ndarukwa

I, Maureen Chumbi, am a student in the Faculty of Science and Engineering doing Postgraduate Diploma In Infection Prevention And Control, at Bindura University of Science

Education. You are invited to participate in a research project entitled: ***THE EFFECTIVENESS OF WOUND CARE BUNDLE AMONG PATIENTS REPORTING TO ARUNDEL HOSPITAL IN HARARE, ZIMBABWE.***

The aim of this study is to solicit information from healthcare professionals regarding their thoughts on the effectiveness of wound care bundle among patients reporting to Arundel Hospital. The results of this survey are intended to contribute to the development of a roadmap as an intervention tool in policy-making as a way forward based on the research findings.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this research project. Confidentiality and anonymity of records will be strictly maintained.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above. It should take us about 15 - 20 minutes to complete the interview.

Sincerely,

Researcher's signature _____ Date _____