*International Journal Of Health, Engineering And Technology (IJHET)* *E-ISSN 2829 - 8683*
Volume 4, Number 5, January 2026, *Page. 1640 - 1648*
Email : editorijhess@gmail.com

# Intervention Nursing In Wound Care: A Literature Study

**Susy Fitrianingsih[1)], Putri Septina[2)], Rahmadani Fitria[3)], Yulfitriana Amir[4)]**
[1,2,3,4)]Program Studi Magister Keperawatan, Fakultas Keperawatan, Universitas Riau

*Corresponding Author
Email : susyfitrianigsih@gmail.com

***Abstract***

*Wound care is an essential part of nursing practice aimed at accelerating healing, preventing infection, and improving the patient's quality of life. This literature study aims to analyze various effective nursing interventions in wound care based on current empirical evidence. The method of this literature study uses a systematic approach by searching for articles from the ScienceDirect, PubMed, and Google Scholar databases for the period 2019–2025. Methodological quality assessment was conducted using the Joanna Briggs Institute (JBI) Critical Appraisal Tool. A total of 10 selected articles show that interventions such as modern dressings (foam, hydrogel, honey dressing), patient education, and evidence-based wound care practice are proven to improve the healing process and reduce infection complications. In conclusion, integrated nursing interventions, including the use of modern dressings and patient education, are effective in improving clinical outcomes and accelerating wound healing.*

***Keywords: Wound Care, Nursing Interventions, Evidence-Based Practice, Wound Healing***

## INTRODUCTION

Pressure ulcers (also known as decubitus ulcers) are a serious problem in healthcare services that significantly impact patient quality of life, length of hospital stay, and the economic burden on the healthcare system. These ulcers occur due to prolonged pressure on soft tissues over bony prominences, which inhibits capillary blood flow and results in ischemia, necrosis, and damage to the skin and underlying tissues (National Pressure Injury Advisory Panel (NPIAP), 2023). This condition can progress from non-blanchable erythema to deep tissue damage involving muscle and even bone. The pathophysiological process of pressure ulcers is complex, involving a combination of mechanical factors (pressure, friction, and shear forces) as well as intrinsic factors such as malnutrition, immobilization, poor tissue perfusion, and sensory impairment (Gefen et al., 2022).

Globally, the prevalence of pressure ulcers varies between 7% and 18% in hospitalized patients, with the highest rates found in elderly patients and those treated in intensive care units (European Pressure Ulcer Advisory Panel, 2019). In Indonesia, data from the Ministry of Health of the Republic of Indonesia (MOH RI, 2022) reports that the prevalence of pressure ulcers in hospitals ranges from 5–10%, with a higher trend in intensive care units and neurology units. Besides causing pain and mobility impairment, pressure ulcers also increase the risk of secondary infections, sepsis, and even mortality in vulnerable groups (Pradana & Hartono, 2023). The social and economic impact of pressure ulcers is also highly significant. A study by Roussou et al. (2023) shows that patients with pressure ulcers require 1.5–2 times longer treatment duration and costs up to 40% higher than patients without pressure ulcers. These complications not only increase the financial burden on patients and their families but also expand the workload of nurses, increasing the risk of burnout and potentially lowering the quality of nursing services in hospitals (Roussou et al., 2023). Therefore, the prevention of pressure ulcers has become an important indicator of the quality of nursing care in various healthcare facilities.

From a nursing perspective, nurses play a central role in the prevention, early detection, and management of pressure ulcers through the application of evidence-based nursing practice. Interventions proven to be effective include routine repositioning every two hours, the use of low-pressure mattresses, proper skin care (cleansing and hydration), and risk assessment using the Braden

Scale (Mahmuda, 2019). Additionally, the ability of nurses to provide education to patients and families, early observation of risk signs, and interprofessional collaboration with physicians and physiotherapists are key factors in the success of pressure ulcer prevention. Research by Alshahrani et al. (2021) emphasizes that structured training and competency enhancement for nurses can reduce the incidence of pressure ulcers by 30–50% in general hospital settings.

Furthermore, the phenomenon of pressure ulcers is not only a clinical issue but also an ethical and legal issue in nursing practice. Pressure ulcers are often categorized as a "never event" an occurrence that should not happen if nursing care is performed according to standards. Therefore, nurses have a professional and moral responsibility to ensure that prevention is carried out optimally. In this context, a holistic and sustainable approach becomes essential focusing not only on the treatment of existing wounds but also on risk identification, mobility promotion, preventive skin care, and nutritional support for the patient.

Given the complexity of the problem and the high incidence of pressure ulcers, it is necessary to conduct a comprehensive literature review to examine and synthesize various nursing interventions that are effective in the prevention and treatment of pressure ulcers. This review is expected to serve as a basis for the development of evidence-based clinical practice guidelines, strengthen nursing competencies in modern wound care practices, and contribute to improving patient safety and the quality of life for those at high risk of developing pressure ulcers in Indonesia.

## RESEARCH METHODS

This study employs a literature review design with a systematic approach to identify, assess, and synthesize research findings related to nursing interventions in the prevention and management of pressure ulcers (decubitus ulcers). This design was chosen because it provides a comprehensive scientific framework for understanding various empirical findings scattered across diverse scientific sources (Snyder, 2019). A literature review aims not only to describe previous research results but also to evaluate the strength of evidence and identify existing research gaps (Snyder, 2019).

A systematic approach is used to ensure the review process is transparent, structured, and replicable. The steps include formulating research questions, determining selection criteria, identifying data sources, assessing quality, and synthesizing findings (Kitchenham et al., 2021). This method aligns with best practices in evidence-based nursing research, where clinical decision-making is based on valid and relevant research results (Polit & Beck, 2021).

Data Sources

The literature search was conducted through several electronic databases with high credibility in the health sector, namely ScienceDirect, Wiley, and Google Scholar. These three databases were selected because they cover international and national publications with access to journals indexed in Scopus and SINTA.

The search process was carried out in stages to minimize selection bias, using a dual screening strategy based on the title, abstract, and full text of the articles. Additionally, a manual search was performed on the reference lists of relevant articles to find additional publications that might not be indexed in the main databases (Booth et al., 2019). All search results were managed using reference manager software such as Mendeley to avoid duplication and ensure source traceability.

The keywords used in the search were combined using Boolean operators “AND” and “OR,” as follows: “pressure ulcer” OR “pressure injury” OR “decubitus ulcer” AND “nursing care” AND “wound management” AND (“prevention” OR “treatment”). This combination was designed to reach variations in terminology used in both international and local literature. The use of multiple keywords is essential to increase search sensitivity and prevent missing relevant articles (Higgins et al., 2022).

Inclusion and Exclusion Criteria

Inclusion criteria were established so that the selected articles are truly relevant to the research topic. Articles must meet the following requirements: a) written in English or Indonesian, b) published between 2019–2024 to reflect current developments in nursing practice, c) focus on nursing interventions related to the prevention or treatment of pressure ulcers, d) include types of research such as randomized controlled trials (RCT), quasi-experiments, systematic reviews, or observational studies. The setting of these criteria follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency and replication in the literature selection process (Page et al., 2021).

Articles that do not meet the criteria or meet the exclusion criteria will be eliminated. Exclusion criteria include: a) non-nursing articles (e.g., medical or pharmacological interventions without a nursing role), b) does not specifically explain nursing interventions, c) articles not available in full-text format, making it impossible to assess methodological quality. The screening process was conducted independently by two reviewers to reduce subjectivity, and if differences occurred, discussions were held until a consensus was reached (Hong et al., 2018).

Data Analysis

Data analysis was conducted using a narrative synthesis approach, which involves grouping research results based on the type of intervention, both for prevention and treatment of pressure ulcers. This process includes the stages of describing study characteristics, identifying main themes, comparing studies, and interpreting results (Popay et al., 2006). The narrative synthesis approach was chosen because it is suitable for methodologically heterogeneous data, such as a combination of experimental and observational research (Barnett-Page & Thomas, 2009). The analysis was performed by assessing the effectiveness of nursing interventions, contextual factors (e.g., resources and care culture), and implications for clinical practice.

Findings (Results)

From the search results, a total of 12,040 articles relevant to the topic were initially filtered within the 2019–2025 timeframe. The articles were then screened for relevance against the inclusion criteria, resulting in 55 articles, after which duplicates were checked, leaving 41 articles. From these 41 articles, a final selection was made focusing on the prevention and treatment of pressure ulcers, resulting in 12 articles chosen for further analysis.

**Table 1. Data Extraction Results**

| Title/Author | Research Methodology | Total Sample | Findings | Country |
|---|---|---|---|---|
| Surgical reconstruction (SR) to treat severe pressure ulcers (SPU) in the UK: a mixed-methods analysis of surveys of healthcare professionals / **Pufulete et al. (2025)** | Mixed-methods approach | 457 Healthcare professionals | Surgical reconstruction has great potential to improve the quality of life for patients with SPU, but implementation is still hindered by a lack of awareness, inconsistent practices, and resource limitations. | United Kingdom |
| A New Conceptual Model for How Pressure Ulcer Risk is Negotiated and Adherence to Preventative Advice in the Community Setting / **Ledger et al. (2025)** | Exploratory qualitative design | 6 Participants | The success of pressure ulcer prevention is determined not only by clinical interventions but also by interpersonal relationships, effective communication, and | United Kingdom |

| Title/Author | Research Methodology | Total Sample | Findings | Country |
|---|---|---|---|---|
| | | | patient participation in the nursing process. | |
| Pressure ulcer prevention and treatment interventions in Sub-Saharan Africa: A systematic review / **Zuniga et al. (2024)** | Systematic Review | N/A | Nurses play a central role in sustainable innovation for pressure ulcer prevention and management. Simple, low-cost, and contextual interventions can significantly reduce pressure ulcer morbidity in both community and hospital settings. | Sub-Saharan Africa (SSA) |
| Reducing pressure ulcer prevalence in acute care hospitals: Results from an international quality improvement collaborative (PUPI Project) / **Beeckman, D., et al. (2024)** | International pre–post quasi-experimental study (without control) | 16,000 Inpatients | Pressure ulcer prevention is not just an individual clinical responsibility but the result of a strong quality system, cross-professional collaboration, and effective nursing leadership. | 12 Countries |
| Silicone adhesive multilayer foam dressings to prevent hospital-acquired sacrum pressure ulcers: An economic evaluation based on a publicly funded pragmatic randomized controlled trial linked with real-world da[1]ta / **Neyt et al. (2024)** | Multicenter RCT | 1,633 Patients | The use of multilayer silicone dressings on the sacrum is recommended as part of an evidence-based pressure ulcer prevention program in hospitals due to its clinical and economic benefits. | Belgium |
| Nursing care bundles in the prevention of medical device-related pressure ulcers: An integrative review / **Neill & Martin (2024)** | Integrative Review | N/A | There is a reduction in MDRPU incidence following the implementation of bundle-based interventions, which include skin assessment, device repositioning, use of prophylactic dressings, proper device selection and fitting, and staff education. | Europe, USA, Middle East |
| Randomized clinical trial of the efficacy of the EmoLED medical device in the treatment of stage 2 and stage 3 pressure ulcers: The | RCT | 40 Patients | EmoLED blue light photobiomodulation therapy is proven effective and should be considered as a safe adjuvant | Italy |

| Title/Author | Research Methodology | Total Sample | Findings | Country |
|---|---|---|---|---|
| RISE_UP study / **Dollaku et al. (2025)** | | | (additional) therapy for treating Stage 2 and 3 decubitus ulcers, as it promotes wound healing. | |
| The efficacy of honey and a Thai Herbal Oil preparation in the treatment of pressure ulcers based on Thai traditional medicine wound diagnosis versus standard practice: An open-label randomized controlled trial / **Chotchoungchatchai et al. (2020)** | Randomized Controlled Trial (RCT) | 66 Participants (TTM group: 33; Standard group: 33) | Thai Traditional Medicine (TTM) practices (Honey and Thai Herbal Oil) and standard practices both accelerate the healing of Stage II–IV and unstageable PUs, with no statistically significant difference between practices in a home-based care setting over 6 weeks. | Thailand |
| Effectiveness of a multi-layer silicone-adhesive polyurethane foam dressing as prevention for sacral pressure ulcers in at-risk in-patients: Randomized controlled trial / **Forni et al. (2022)** | Randomized Controlled Trial (RCT) | Conducted across 25 intensive surgical units in 12 hospitals | Foam dressings are an effective prevention method, providing a strong basis for clinical practice guidelines to adopt this intervention, especially since decubitus ulcers are very costly to treat. | North-Central Italy |

## RESULTS AND DISCUSSION

### Results

Based on the review of nine relevant scientific articles, it can be concluded that the prevention and treatment of pressure ulcers require a comprehensive, collaborative, and evidence-based approach (evidence-based nursing practice). Pressure ulcers are a serious issue in intensive care nursing that impact patient safety, length of stay, and treatment costs. In general, the findings indicate that:

**a. Pressure Ulcer Prevention Interventions**

Pressure ulcer prevention is generally carried out by modifying sleep surfaces, such as using water mattresses or simple waterbeds, as well as community-based care protocols that emphasize repositioning, nutrition, skin care, and education (Mahmuda, 2019; Zuniga et al., 2024). The use of silicone adhesive multilayer foam dressings on the sacral area as an additional prophylactic therapy to standard care has proven clinically and economically effective in preventing pressure ulcers in high-risk hospitalized patients (Neyt et al., 2024).

Nursing care bundles (which include skin assessment, device repositioning, the use of prophylactic dressings, proper device selection and fitting, and staff education) in preventing Medical Device-Related Pressure Ulcers (MDRPU) have the potential to improve patient clinical outcomes (Neill & Martin, 2024).

Research by Beeckman (2024) provides strong evidence that evidence-based quality improvement programs can significantly reduce pressure ulcer rates in acute care hospitals. Compliance with prevention measures increased significantly, particularly regarding the use of the

Braden Scale and routine repositioning. Beeckman (2024) states that pressure ulcer prevention is not only an individual clinical responsibility but the result of a strong quality system, cross-professional collaboration, and effective nursing leadership. The success of pressure ulcer prevention is determined not only by clinical interventions but also by interpersonal relationships between patients, caregivers, and nurses, effective communication, and patient participation in the nursing process (Ledger et al., 2025).

**b. Effective Treatment Interventions**

The treatment of pressure ulcers involving the use of simple dressings (sugar dressing, compression bandage) can reduce pain and wound odor. Similarly, simplified negative-pressure wound therapy (sNPWT) has been proven to improve tissue granulation and accelerate healing, while locally-sourced compression bandages improve patient mobility and quality of life (Zuniga et al., 2024). Treatment interventions in the form of surgical reconstruction have great potential to improve the quality of life for patients with severe pressure ulcers (SPU); however, evidence-based national guidelines and integrated referral pathways are required so that eligible SPU patients can obtain optimal benefits from surgical reconstruction (SR) (Pufulete et al., 2025).

Wound Management: Treatment must be performed as early as possible and includes: pressure reduction (minimizing continuous pressure on the ulcer area), debridement (removing necrotic tissue through sharp, enzymatic, or mechanical methods to accelerate healing), managing infection (administration of topical antiseptics and systemic antibiotics if sepsis or cellulitis occurs), and surgery (surgical procedures such as skin grafts or myocutaneous flaps are often required for Stage III and IV decubitus ulcers) (Mahmuda, 2019).

Healing with EmoLED blue light photobiomodulation therapy has been proven effective and should be considered a safe adjuvant (additional) therapy for the treatment of Stage 2 and 3 decubitus ulcers (Dollaku et al., 2025). In addition to blue light therapy, there is also Thai Traditional Medicine (TTM) therapy, namely the use of honey or Thai Herbal Oil (THO) preparations, the application of which is based on wound diagnosis according to TTM (Chotchoungchatchai et al., 2020).

**Discussion**

The results of the analysis from these nine articles demonstrate that the prevention and treatment of pressure ulcers in Intensive Care Units (ICUs) require a comprehensive, systematic, and evidence-based approach (evidence-based nursing practice). This approach aligns with the international guidelines of the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Injury Advisory Panel (NPIAP), and the Pan Pacific Pressure Injury Alliance (PPPIA) from 2019, which emphasize the importance of multifaceted interventions and the active role of nurses throughout the prevention process (Kottner et al., 2019).

Key findings indicate that direct nursing interventions, such as regular repositioning, the use of low-pressure surfaces (low-air-loss mattresses), and risk assessment using the Braden Scale, are the most effective strategies for reducing the incidence of new pressure ulcers in the ICU. Research by Beeckman et al. (2024) and Zuniga (2024) supports this with evidence that the implementation of a nursing quality improvement bundle can reduce pressure ulcer prevalence by up to 35% within one year. This proves that adherence to prevention protocols is directly correlated with a decrease in pressure ulcer occurrences in acute care hospitals.

Furthermore, continuous education and training for nursing staff are crucial factors in enhancing nursing competence for early detection and prevention. In line with research by Ledger et al. (2025), training increases nurses' knowledge regarding pressure ulcer risks and strengthens the therapeutic relationship between nurses and patients, particularly in both community-based and ICU settings. A collaborative communication approach has been proven to improve patient adherence to preventative advice.

Regarding the treatment of existing pressure ulcers, various studies show that modern dressings such as silicone multilayer foam dressings—and EmoLED blue light photobiomodulation therapy are effective in accelerating the healing of stage II and III ulcers and reducing the risk of

secondary infection. Studies by Pufulete et al. (2025), Zuniga et al. (2024), and Dollaku et al. (2025) reinforce these findings with evidence that the combination of off-loading devices, negative pressure wound therapy (NPWT), and proper skin care yields faster healing and cost efficiency.

A multidisciplinary collaborative approach is also a vital factor in the success of pressure ulcer care in the ICU. Collaboration between nurses, physicians, nutritionists, and physiotherapists accelerates the healing process through nutritional adjustments, patient positioning, and the optimization of tissue circulation. The role of the hospital organization is also proven to be significant; research by Neill & Martin (2024) shows that nursing care bundles implemented consistently with management support can reduce the incidence of medical device-related pressure ulcers (MDRPU) by up to 40%.

Similarly, research on the use of Thai Traditional Medicine (TTM) (selecting honey or Thai Herbal Oil/THO) is essential for bridging traditional and modern medicine. TTM is effective as a complementary therapy for treating decubitus ulcers. Research by Chotchoungchatchai et al. (2020) indicates it is just as effective as conventional decubitus wound treatment.

Finally, policy support and hospital quality management serve as the foundation for the sustainability of pressure ulcer prevention programs. Hospitals that integrate audit programs, incident reporting, and regular nursing supervision show better outcomes. This is consistent with the principles of Quality Improvement (QI), which position pressure ulcer prevention as a primary indicator of the quality of nursing care.

## CONCLUSIONS

Thus, it can be concluded that effective pressure ulcer prevention and care practices require three key elements:

a. Evidence-based clinical interventions that are routinely and consistently implemented.
b. Nurse empowerment through training, audits, and clinical leadership.
c. Systemic and collaborative support from the organization and multidisciplinary team.

This integrated approach not only reduces the incidence of pressure ulcers but also improves patient safety, increases the cost efficiency of care, and strengthens nurses' professionalism in evidence-based practice.

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