ORIGINAL RESEARCH ORİJİNAL ARAŞTIRMA

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The Contribution of Theses with Patients on Wound Care in Surgical Diseases Nursing to the Literature: Document Analysis Qualitative Research

Cerrahi Hastalıkları Hemşireliği Alanında Yaraya Yönelik Hastalar ile Yapılan Tezlerin Literatüre Katkısının İncelenmesi: Doküman Analizi

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ABSTRACT Objective: This study aimed to determine the theses conducted on patients with wounds in surgical diseases nursing and to reveal their contribution to the literature. **Material and Methods:** The study was conducted as a qualitative document analysis. In the 1st stage, wound-related theses conducted on patients under the supervision of surgical diseases nursing faculty members were identified through the "Yüksek Öğretim Kurumu thesis" database. In the 2nd stage, the theses published in full text in a peer-reviewed journal were scanned through "Google Scholar", "TR index", and Web of Science' databases. Content analysis was applied to 15 theses. **Results:** The analysis showed that the thesis publication period was approximately 3 years, and 7 studies were randomized controlled trials. As a result of the content analysis, 1 theme and 4 subcategories were determined as wound types. **Conclusion:** Theses published as journal articles offer valuable evidence-based insights into wound formation, evaluation, and the delivery of high-quality nursing care by surgical nurses. However, the time required for these theses to be published in peer-reviewed journals is considerably lengthy. Enhancements to the journal submission and review processes are necessary to accelerate publication, which could, in turn, improve the quality of nursing care and positively influence patient outcomes.

Keywords: Perioperative nursing; wounds; patients; academic dissertation

ÖZET Amaç: Bu çalışmada amacımız, cerrahi hastalıkları hemşireliği alanında yaraya yönelik hastalar üzerinden yapılan tezleri belirleyerek, literatüre katkısını ortaya çıkarmaktır. **Gereç ve Yöntemler:** Çalışma, nitel türde doküman analizi olarak gerçekleştirildi. Birinci aşamada cerrahi hastalıkları hemşireliği öğretim üyelerinin danışmanlığında yürütülen, hastalar üzerinden yapılan yara ile ilişki tezler "Yüksek Öğretim Kurumu tez" veri tabanı üzerinden belirlendi. İkinci aşamada belirlenen tezlerden hakemli bir dergide tam metin olarak yayınlanan tezler "Google Scholar", "TR dizin" ve "Web of Science" veri tabanları üzerinden tarandı. Belirlenen 15 teze içerik analizi uygulandı. **Bulgular:** Çalışmamız sonuçlarında tezlerin yayınlanması için geçen sürenin yaklaşık 3 yıl olduğu, 7 çalışmanın randomize kontrollü çalışma olduğu belirlendi. İçerik analizi sonucunda yara türleri olmak üzere 1 tema 4 alt kategori belirlendi. **Sonuç:** Makale olan tezler cerrahi hemşirelerinde yara oluşumu, değerlendirilmesi ve kaliteli hemşirelik bakımı sağlanması için kanıta dayalı önemli bilgiler sunaktadır. Ancak çalışmamız sonuçlarında tezlerin hakemli bir dergide yayınlanması için geçen sürenin uzun olduğunu belirledik. Hemşirelik bakımının kalitesi artıracak ve hasta çıktıları üzerinde olumlu etkisi olan makalelerinin daha hızlı yayınlaması için dergi süreçlerinde iyileştirmelere gereksinim olduğu düşünülmektedir.

Anahtar Kelimeler: Perioperatif hemşirelik; yaralar; hastalar; akademik tezler

Globally, it is estimated that approximately 4,511 surgeries are performed per 100,000 people annually.[1] According to health statistics, 5,773,049 surgical procedures were carried out in Türkiye in 2022.[2] In this context, surgical wounds are the most commonly encountered wounds in acute care settings.[3] A

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wound is defined as a disruption in tissue integrity due to various causes, and the wound-healing process is a dynamic one, varying according to individual factors.[4] Wound healing can be classified into 3 types: primary, secondary, and tertiary healing. Primary healing occurs in wounds with minimal tissue loss, where the wound edges are approximated with sutures or tape, and is typical of surgical wounds. Secondary healing is observed in wounds with significant tissue loss that cannot be closed with sutures or tape. Tertiary healing refers to managing an existing infection by keeping the wound open for a few days in infected wounds, followed by suturing or taping it closed.[5] Complications such as infections, wound dehiscence, and others may arise at the surgical incision site depending on various factors.[6] Additionally, pressure sores can develop in the postoperative period, influenced by the length of surgery, the type of procedure, and individual patient characteristics.[7]

Surgical wound care typically involves interdisciplinary teams, with nurses often leading these teams, making nursing decisions, or offering recommendations to other healthcare professionals regarding interventions for managing surgical wounds.[3] Effective wound management requires a multidisciplinary approach, with nurses playing a key role. When provided with the right resources, nurses can positively impact the patient's wound-healing process.[8]

In surgical nursing, understanding the wound-healing process and delivering effective, evidence-based care are critical components of successful interventions. This study aims to examine theses within the field of surgical nursing and evaluate their contributions to the literature.

MATERIAL AND METHODS

Our study employed a qualitative document analysis approach. In qualitative research, data is typically gathered through observation, interviews, and documents. Document analysis, a qualitative research method, is used to meticulously and systematically examine the content of written materials, which allows for the systematic review and evaluation of all types of documents, both printed and electronic.[9] In this study, we utilized document analysis to examine the theses we identified.

Inclusion criteria:

- Theses related to wounds and involving patients.
- Theses conducted by faculty members from the department of surgical diseases nursing.
- Theses published in peer-reviewed journals with full-text availability.

DATA COLLECTİON

The Yüksek Öğretim Kurulu (YÖK) thesis database was used to identify relevant theses, while "Google Scholar", "TR Index", and "Web of Science" databases were utilized to access the corresponding articles. Details of the search strategy are illustrated in Figure 1.

Search strategy: The database search was conducted in 2 stages.

- Stage 1: A total of 136 theses were identified using the keywords "wound" and "nursing field" through the advanced search function in the YÖK thesis database. The titles and abstracts were reviewed, and theses involving patients (n=63) were selected. Among these, those related to surgical diseases nursing (n=22) and nursing departments (n=18) were further identified. Among the theses from nursing departments, 13 were supervised by faculty members from the department of surgical diseases nursing. In total, 35 wound-related theses conducted by faculty members from this department and involving patient samples were included in the analysis (Figure 1).
- Stage 2: The databases "Google Scholar", "TR Index", and "Web of Science" were used to identify theses published in peer-reviewed journals. To locate these theses, search queries included the "author's name and surname", "supervisor's name and surname", and the "English and Turkish titles of the thesis". As a result, it was found that 16 theses had been published as articles in peer-reviewed journals. However, the full text of one of these articles could not be accessed. Therefore, the study included

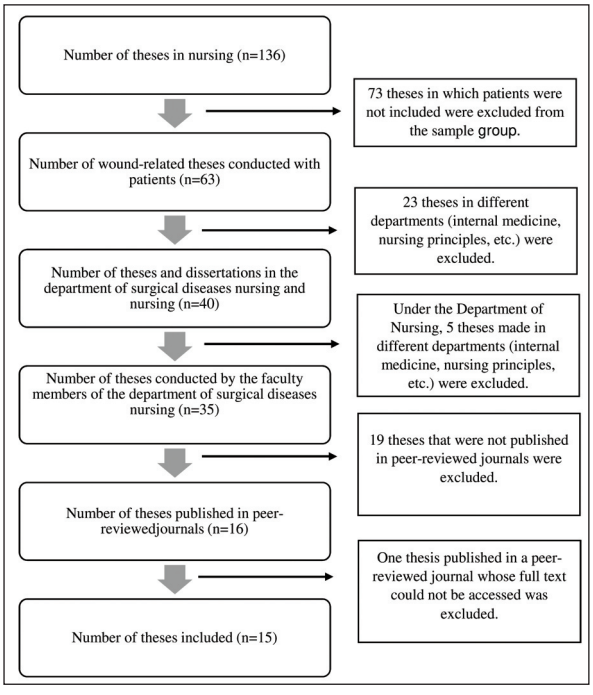

FIGURE 1: Diagram of the literature review

15 thesis articles conducted by faculty members from the Department of Surgical Diseases Nursing, published in peer-reviewed journals, and available in full text (Figure 1).

DATA EVALUATİON

Document analysis was applied to the theses (15) published in peer-reviewed journals. The details of the document analysis process are outlined in Figure 2. Quantitative data were evaluated using frequency and percentage methods.

RESULTS

GENERAL INFORMATİON ABOUT THE THESES

The study identified 16 theses published in peer-reviewed journals, consisting of 8 master's theses and 8 doctoral theses. The average time between the completion of these theses in the YÖK thesis database and their publication in a peer-reviewed journal was 3.06 years. In terms of research types, the theses included randomized controlled studies (7), quasi-experimental studies (3), and descriptive studies (5) (Table 1).

The sample group for the theses consisted of 1,157 women and 1,069 men, for a total of 2,226 patients. Through content analysis of the theses, one main theme and four sub-categories were identified. Details about the articles derived from the thesis studies included in the analysis are presented in Table 2.

Results of Document Analysis

Theme 1: Types of wounds

- Pressure sores[10-21]

It was found that 12 of the theses included in the study focused on pressure sores. Four key codes were identified: pressure sore treatment and care, tools for pressure sore assessment, causes of pressure sores, and nursing care.

- **Treatment and Care:** This code addressed the effectiveness of various products used in the treatment and care of pressure sores in patients.
  - The negative pressure wound therapy method is more effective than the wet-to-dry dressing method

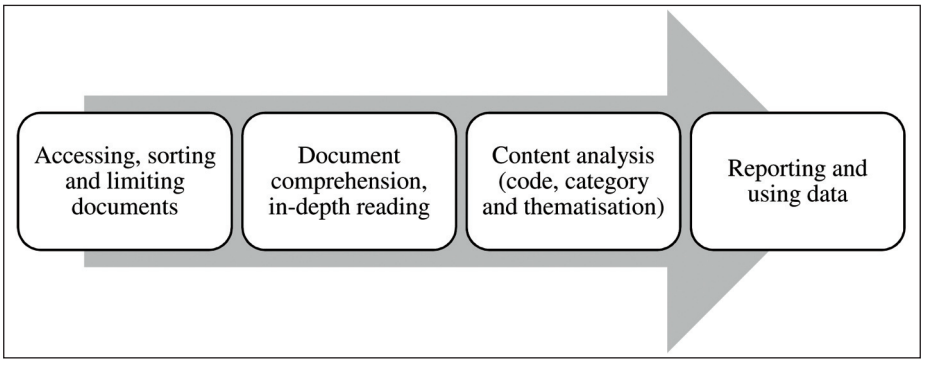

FIGURE 2: Document analysis process

TABLE 1: General information about the theses

General characteristics of theses published in peer-reviewed journals		n (%)
The department where the theses were conducted	Department of surgical diseases nursing	11 (68.7)
	Department of nursing	5 (31.3)
Type of thesis	Master's degree	8 (50)
	PhD	8 (50)
Type of thesis in the Surgical diseases nursing department	Master's degree	5 (45. 5)
	PhD	6 (54.5)
Type of thesis in the department of nursing	Master's degree	3 (60)
	PhD	2 (40)

for treating stage 3 and stage 4 pressure sores, as it promotes greater granulation tissue formation and reduces the wound area more effectively.

○ Platelet-rich plasma dressing is beneficial in treating stage 2 pressure sores, as it reduces the exudate area, decreases the amount of exudate, and enhances epithelialization. In contrast, saline gas dressing has no significant effect on the healing process.

○ Viscoelastic foam 1 (2-layer, 8 cm high resilience foam with a 7 cm support surface) and viscoelastic foam 2 (breathable, open-cell, 3-layer with an active viscoelastic upper layer, lower support layer, and side safety barrier) are equally effective in treating pressure sores. It is recommended to opt for the more cost-effective product.

○ Using a viscoelastic foam support surface on the operating table is more effective than using a standard operating table and gel support surface

○ Hydrocolloid dressing is effective to prevent nasogastric (NG) tube-induced pressure injuries, whereas skin care interventions do not show the same effect.

○ In endotracheal tube fixation, pressure sores heal more in patients fixed with bandages than in patients with endotracheal tube holders.

○ In endotracheal tube fixation, pressure sores heal more in patients fixed with bandages than in patients with endotracheal tube holders.

● **Sore Assessment Tools:** In this code, the methods used on patients for pressure sore assessment, prevention, follow-up of healing, and staging were determined.

○ Pressure ulcer scale for healing tool (PUSH)

○ Three-Dimensional Wound Measurement (3DWM) device

○ Tool for the Pressure Injury Prevention Algorithm

○ Braden Scale for Predicting Pressure Sore Risk

○ Jackson/Cubbin Scale

○ The pressure ulcer scale for healing

○ The international staging system for pressure injuries

○ Attitude Towards Pressure Ulcer Prevention Instrument

● **Causes of Pressure Sores:** In this category, both the surgical process and the use of medical devices cause the development of pressure sores.

Surgical Pressure Sores

○ Typically appear as stage 1 ulcers (e.g., ecchymosis, erythema),

○ Are observed in the first 3 days,

○ Occur most frequently in the gluteal region, scapula, iliac-trochanter, sacrum, elbow, and

○ Develop in the presence of intraoperative vasopressor drugs, low diastolic blood pressure, poor skin turgor, and operations lasting longer than 2 hours.

Pressure Sores Due to Medical Devices

○ The incidence of medical device-related pressure sores in intensive care units is high.

○ The number of medical devices in the patient, the length of time the medical device is worn, and the

TABLE 2: Information on theses published in peer-reviewed journals

	Title	Research type	Sample	Wound type
1	Effectiveness of negative-pressure wound therapy compared to wet-dry dressing in pressure injuries[19]	Randomized controlled trial	39 patients (17 female, 13 male)	Stage 3 and 4 pressure sores
2	Evaluating the effects of a pressure injury prevention algorithm[12]	Quasi-experimental study	120 patients (66 women, 54 men)	Stage 1 pressure sore
3	Wound care monitoring with the Toronto wound symptom assessment system[22]	Descriptive study	76 patients (41 female, 35 male)	Diabetic Foot Wound Pressure Wound Traumatic Wound Malignant Wound Ostomy Other (Atonic Wound) Infection/Inflammation
4	Prevention of pressure ulcers in the intensive care unit: a randomized trial of 2 viscoelastic foam support surfaces[18]	Randomized controlled trial	105 patients (50 women, 55 men)	Stage 1 pressure sore
5	The incidence of pressure ulcers in surgical patients: a sample hospital in Türkiye[16]	Descriptive study	84 patients (52 women, 32 men)	Surgical incision
6	The effect of evidence-based skin care and hydrocolloid dressing to prevent nasogastric tube-induced pressure injuries: randomized controlled trial protocol[21]	Randomized controlled trial	104 patients (27 women, 75 men)	Pressure sore due to NG
7	Effect of prophylactic negative-pressure wound therapy for high-risk wounds in colorectal cancer surgery: a randomized controlled trial[23]	Randomized controlled trial	50 patients (23 female, 27 male)	Surgical incision
8	Incidence of medical device-related pressure injuries in the intensive care unit and related risk factors[10]	Descriptive study	213 patients (125 women, 149 men)	Pressure sore due to contact with a medical device
9	The research on the incidence of pressure sores in a surgical intensive care unit and the risk factors affecting the development of pressure sores[17]	Descriptive study	948 patients (498 women, 450 men)	Pressure sore in the surgical intensive care unit
10	The impact of two distinct endotracheal tube fixations on the formation of pressure ulcers in the intensive care unit: a randomized controlled trial[15]	Randomized controlled trial	60 patients (26 female, 34 male)	Endotracheal tube-associated pressure sore
11	The effect of web-based training given to nurses on the prevention of pressure injury in patients hospitalized in the anesthesiology and reanimation intensive care unit: Quasi-experimental pre-test post-test research[14]	Quasi-experimental study	80 patients (35 women, 45 men)	Pressure sore
12	Comparison of platelet-rich plasma gel in the care of pressure ulcers with the dressing with serum physiology in terms of the healing process and dressing costs[20]	Randomized controlled trial	60 patients (21 female, 39 male)	Stage 2 pressure sore
13	The effect of selected risk factors on perioperative pressure injury development[11]	Descriptive study	151 patients (108 women, 104 men)	Surgical incision
14	The effect of beeswax, olive oil, and Alkanna tinctoria (L.) Tausch mixture on burn injuries: An experimental study with a control group[24]	Quasi-experimental study	64 patients (28 women, 36 men)	3rd degree burn
15	Comparison of interface pressures on three operating table support surfaces during surgery[13]	Randomized controlled trial	72 patients (40 women, 32 men)	Pressure sore

nutritional status increase the incidence of medical device-related pressure ulcers.

○ The risk was high in patients with systemic disease, age, prolonged hospitalization, and high scores according to the Waterlow risk assessment scale.

● **Nursing Care:** This category focuses on the impact of surgical nurses' training on the prevention and management of pressure sores in patients.

○ Training provided to prevent pressure sores at regular intervals was found to have a lasting effect.

○ Web-based training was particularly effective in enhancing nurses' knowledge, attitudes, and behaviors to prevent pressure sores.

○ Patients who received care from nurses after completing Web-based training experienced lower rates and stages of pressure sores.

○ Chronic Wound[22]

One thesis in the study focused on chronic wounds, with a key code identified as a wound assessment tool.

○ Wound assessment tool: The study evaluated the impact of the Toronto Wound Symptom Evaluation System on chronic wound assessment.

○ The Toronto Wound Symptom Evaluation System helps in managing multiple wound-related symptoms, tracks the healing process, and facilitates self-evaluation by both the patient and caregiver, especially in conscious patients.

● Surgical Incision[23]

Another thesis was related to surgical incisions, with the key code identified as treatment and care.

○ Treatment and care: In this code, the effectiveness of the product in surgical incision treatment and care for patients was determined.

● The prophylactic negative pressure wound therapy to prevent wound-related complications in high-risk patients undergoing open colorectal cancer surgery improved healing.

● Burn wound[24]

One of the theses included in the study was related to burn wounds. A code was determined as treatment and care.

○ Treatment and care: In this code, the effect of the product to be used in the treatment and care of burn wounds was determined.

○ The dressing made from beeswax, olive oil, and A. tinctoria was found to accelerate the epithelialization process in burn wounds, reduce hospital stay duration, alleviate pain during dressing changes, and prevent infections at the wound site.

DISCUSSION

In this study, document analysis was conducted on 15 theses published in peer-reviewed journals in surgical diseases nursing, focusing on patients with wounds. The findings identified one main theme wound types with 4 subcategories: pressure sores, chronic wounds, surgical wounds, and burn wounds.

The majority of the theses focused on pressure sores.[10-21] Both negative pressure wound therapy and platelet-rich plasma dressings were effective to treat pressure sores.[19,20] Additionally, research on pressure sore prevention found that using viscoelastic foam on operating tables, hydrocolloid dressings for NG tube fixation, and bandages for endotracheal tube fixation were effective methods.[15,18,21] The randomized controlled nature of these studies is considered significant for improving the quality of wound care in surgical nursing.

Nurses used the following tools related to pressure sores in their theses.

■ PUSH, 3DWM device tools for wound assessment,[19,20]

■ Tool for the Pressure Injury Prevention Algorithm, Attitude Towards Pressure Ulcer Prevention instrument to prevent pressure sores,[12]

■ Braden Scale for Predicting Pressure Sore Risk, Jackson/Cubbin Scale for risk evaluation,[10,11,13-16,18]

■ The pressure ulcer scale for healing to monitor recovery,[15]

■ International staging system for pressure injuries for pressure sore staging[15]

The studies demonstrated that various methods can be employed in the evaluation, follow-up, and

prevention of pressure sores in clinical settings. It is suggested that evidence-based tools and approaches that have shown effectiveness can enhance the quality of nursing care.

Surgical procedures and medical devices used on patients significantly contribute to the development of pressure sores.[10,16] These studies highlight that medical devices can cause pressure sores in patients undergoing surgery in operating rooms and surgical intensive care units.

The training provided to nurses to prevent pressure sores plays a crucial role in shaping their attitudes and behaviors, ultimately enhancing their ability to deliver effective preventive care.[12,14] The positive effect of nurse training on patient outcomes provides valuable data for in-service training units, highlighting the importance of offering these training programs to a broader group of nurses working in the surgical field.

In a study on chronic wounds, the Toronto Wound Symptom Assessment System was an effective tool for wound assessment.[22] By increasing the use of this tool, symptom control and the wound-healing process can be more effectively monitored. Additionally, training patients with chronic wounds to use this tool can enhance their participation in their treatment process after discharge, improving home care outcomes.

Prophylactic negative pressure wound therapy was shown to be effective in preventing complications in surgical incisions.[23] Its use in high-risk patients undergoing major surgeries may support faster recovery and elevate the quality of nursing care.

A study on burn wounds revealed that a dressing made from beeswax, olive oil, and A. tinctoria was effective to promote wound healing.[24] This study provides evidence-based guidance for nurses in burn units, as the dressing reduces hospital stay duration, minimizes pain during dressing changes, and helps prevent infections at the wound site.

Theses offer evidence-based information for understanding wound formation, evaluation, and improving the quality of nursing care for surgical nurses. However, our study showed that the publication process for theses in peer-reviewed journals is lengthy. There is a need for improvements in journal processes to expedite the publication of research that can impact patient outcomes. Additionally, we noted that only 16 out of 35 relevant theses were published in peer-reviewed journals. Converting theses into articles could enhance the quality of nursing care and contribute significantly to nursing knowledge.

CONCLUSION

Theses in nursing that focus on patients and wounds contribute valuable evidence-based information to the literature. However, our findings reveal that the publication process for these studies in peer-reviewed journals is lengthy. To enhance the speed at which accurate and reliable information is disseminated and to improve the quality of nursing services, it is essential to streamline journal processes and develop strategies to support young scientists and faculty members in publishing their theses.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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