



The Determinants of Wound Dressing Room Utilization: An Empirical Analysis of Patient Admission Reasons

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Abstract

Introduction: To identify the reasons why patients seek care at a wound dressing room, the most common wound types encountered, previous treatment experiences, and patient perceptions and expectations regarding care.

Methods: This cross-sectional descriptive study was conducted between January and May 2025. Data were collected from the patients who applied to the wound dressing room, through face-to-face interviews using a structured questionnaire.

Results: The study included 391 patients. The main reasons for admission were pain, signs of infection, and the need for regular wound care. Surgical wounds, diabetic foot ulcers, and pressure ulcers were the most frequently treated wound types. Although most patients had previously undergone treatment, only a small percentage reported complete healing, indicating persistent challenges in wound management. Nurses were identified as the primary providers of wound care, and the majority of participants stated they had received information about their condition.

Discussion and Conclusion: The findings highlight persistent challenges in wound management and emphasize the need for nurse-led patient education, early identification, and proactive management of chronic wounds. Integrating evidence-informed complementary approaches and strengthening referral pathways may enhance care quality, promote holistic patient-centered care, and improve overall outcomes.

Keywords: Chronic wounds; Nursing; Patient admission; Wound care; Wound types

Wound care is a critical healthcare service that directly affects individuals' health status and, if not properly managed, can lead to serious complications. Acute and chronic wounds may significantly reduce patients' quality of life, resulting in problems such as increased risk of infection, prolonged healing periods, and psychosocial impacts. Although such wounds can be treated with appropriate care and treatment, mismanagement of the

process may lead to permanent health problems.^[1] Wound care clinics play a critical role in monitoring the wound healing processes, providing necessary treatment and care, and supporting patients in gaining knowledge about their health conditions. The services offered in these clinics aim not only to promote physical recovery but also to preserve patients' quality of life, thereby establishing a patient-centered approach to wound management.^[2]

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Identifying the reasons for patients' admission to wound care clinics, their treatment processes, and the extent to which they are informed about their care plays a critical role in enhancing nursing practice and increasing patient satisfaction.^[3,4] Factors such as patients' treatment experiences and the reasons for admission based on wound types can serve as a guide for improving both individualized care plans and overall healthcare services.^[5] Adopting a patient-centered approach in wound care services may foster patients' active participation in the treatment process, thereby accelerating recovery and increasing the effectiveness of healthcare delivery.^[6] Furthermore, informing and guiding patients throughout this process can positively influence their treatment adherence and improve long-term health outcomes.^[5]

The accurate and effective management of wound care plays a critical role in accelerating the healing process and preventing complications.^[7] This study aims to contribute to the improvement of nursing practice and healthcare services by analyzing patients' reasons for seeking care at a wound dressing room, the most frequently encountered wound types, and their experiences throughout the wound care process. The findings of the study are expected to strengthen the patient-centered care approach and facilitate the development of a more effective and efficient strategy in wound care management.

Although patient-centred care, communication, and access barriers in chronic wound management have been widely discussed, empirical evidence remains limited regarding why patients utilise wound care clinics, how admission patterns relate to wound types, and how prior treatment experiences shape clinic use.^[8] Recent studies underscore the adverse outcomes of delays in care-seeking and access challenges, yet few investigations quantitatively align these determinants with clinic admission reasons and utilisation dynamics.^[9] This study addresses this gap by jointly analysing patients' reasons for clinic attendance, the most frequent wound types, and their care experiences, thereby informing evidence-based, patient-centred nursing strategies.

Materials and Methods

Study Place and Design

This study is designed as a cross-sectional and descriptive study. This report followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) recommendations for cohort studies.^[10] The study population consisted of patients aged 18 years

or older who had any type of wound (acute wound, surgical wound, diabetic foot ulcer, pressure ulcer, venous ulcer, etc.) persisting for at least one week. In cases where patients had limited physical or cognitive capacity, the data collection process was supported by a caregiver after obtaining informed consent. Data were collected using a structured questionnaire developed by the researchers based on a review of the literature and expert opinions. The questionnaire included sections on sociodemographic characteristics, reasons for admission, and wound care-related information and contained both open- and closed-ended questions. The clinic through face-to-face interviews conducted by trained researchers in an appropriate setting.

Research Questions

1. What are the most common wound types for which patients seek care at the wound dressing room?
2. Did patients undergo any treatment prior to their admission to the wound dressing room, and what were the outcomes of those treatments?
3. Have patients received information regarding the wound care process?
4. From whom do patients primarily receive wound care (self-care, family support, professional healthcare providers, etc.)?
5. What are patients' suggestions and expectations regarding the wound care process?

Sample Size Calculation

The sample size for the study was determined based on prevalence (proportion) estimation. The following criteria were used in the calculation:

- Confidence level: 95% ($Z = 1.96$)
- Prevalence (p): As the prevalence rate was unknown, $p = 0.5$ was adopted as the most conservative estimate.
- Margin of error (d) was assumed to be 5% ($d = 0.05$). Based on these criteria, the required minimum sample size was calculated as 385. A total of 391 patients who met the inclusion criteria participated in the study.

Inclusion Criteria

- Being 18 years of age or older,
- Having any type of wound (acute wound, surgical wound, diabetic foot ulcer, pressure ulcer, venous ulcer, etc.) for at least one week,
- Having applied to the wound dressing room,

- Having no barriers to communication (no speech or comprehension difficulties),
- Possessing the physical and mental capacity to actively participate in the research process; for patients with limited capacity, participation in the data collection process was supported through a caregiver after obtaining informed consent.

Data Collection Method

In this study, data were collected between January 2025 and May 2025 through face-to-face interviews using a structured descriptive questionnaire developed by the researchers based on a review of the literature and expert opinions. The questionnaire included sections on sociodemographic characteristics, reasons for admission, and wound care-related information and contained both open- and closed-ended questions. Individual interviews were conducted in a suitable clinical setting with participants who agreed to take part in the study during their admission, and each interview lasted approximately 10–15 minutes. For individuals with limited physical or cognitive capacity, data collection was supported by their relatives after obtaining informed consent.

Data Collection Instruments

The data collection form developed for patients admitted to the wound dressing room consists of three main sections:

- 1. Demographic Information:** This section includes data on participants' age, gender, educational status, occupation, marital status, and the presence of chronic diseases.
- 2. Reasons for Admission:** This section examines patients' reasons for seeking care at the wound dressing room, type of wound, wound duration, previous treatment history, and treatment outcomes.
- 3. Information Related to Wound Care:** This section assesses whether patients received information about wound care, who provided the care, frequency of clinic admissions, and patients' opinions regarding the wound care process. The questionnaire was developed based on a review of the literature and expert opinions and was structured to include both open-ended and closed-ended questions.

The questionnaire was developed based on a review of the literature and expert opinions and was structured to include both open-ended and closed-ended questions. Content validity was ensured through expert evaluation, and a pilot study was conducted with 10 patients; the

results of this pilot were not included in the main analysis. The final version of the questionnaire was administered through face-to-face interviews by trained researchers in the clinic, with each session lasting approximately 10–15 minutes.

Ethical Approval and Participant Consent

Necessary approvals were obtained from the relevant institution and the ethics committee to conduct this study. Informed consent was obtained from individuals participating in the study after providing detailed information about the study's purpose, procedures, and their rights to voluntary participation. For individuals with limited physical or mental capacity, information was collected through their relatives with the patients' consent, ensuring strict adherence to confidentiality and ethical principles throughout the process. Participants were informed that they had the right to withdraw from the study at any time. The research was approved by Osmaniye Korkut Ata University Research Ethics Committee (11.11.2024-E.205329). This study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Data Analysis

The collected data were analyzed using IBM SPSS Statistics software (Version 23.0, IBM Corp., Armonk, NY, USA). The analyses were performed as follows:

- ✓ Descriptive statistics (frequency, percentage, mean, and standard deviation) were calculated.
- ✓ Open-ended questions were evaluated using thematic analysis

Results

The study included 391 patients. The sociodemographic and health-related characteristics of the study participants are given in Table 1. The mean age was 54.93 years (SD = 16.87; range = 18–92). More than half of the participants were female (54.0%), while 46.0% were male. The majority were married (67.8%), and 32.2% were single. Educational attainment varied, with 12.8% being illiterate, 39.9% having completed primary school, 24.8% secondary school, 14.1% high school, and 8.4% university. In terms of occupational status, 41.9% were unemployed, 26.9% retired, 13.8% workers, 9.0% civil servants, and 8.4% self-employed. A total of 58.8% reported having at least one chronic condition, with diabetes (37.3%) and hypertension (34.3%) being the most prevalent, followed by asthma (18.2%) and heart disease (12.3%).

Table 1. Descriptive characteristics of the participants (n=391)

Characteristics	n	%
Age	Min: 18, Max: 92, Mean±SD: 54.93±16.87	
Gender		
Female	211	54.0
Male	180	46.0
Marital status		
Married	265	67.8
Single	126	32.2
Education level		
Illiterate	50	12.8
Primary school	156	39.9
Secondary school	97	24.8
High school	55	14.1
University	33	8.4
Occupation		
Unemployed	164	41.9
Retired	105	26.9
Worker	54	13.8
Civil servant	35	9.0
Self-employed	33	8.4
Presence of chronic disease		
Yes	230	58.8
No	161	41.2
Types of chronic diseases		
Diabetes	146	37.3
Hypertension	134	34.3
Asthma	71	18.2
Heart disease	48	12.3

Min: Minimum; Max: Maximum; SD: Standard deviation.

The clinical characteristics related to wound care among participants are summarized in Table 2. The most common reasons for admission to the wound dressing room were pain (37.9%), signs of infection (30.6%), and the need for regular wound care (29.7%). Other reasons included monitoring the wound healing process (21.2%) and preventing wound progression (12.0%). Surgical wounds (43.2%) were the most frequently reported wound type, followed by diabetic foot ulcers (19.4%), pressure ulcers (14.8%), traumatic wounds (12.3%), and burns (10.2%). Regarding wound duration, 27.6% had wounds lasting less than one week, 43.2% between one week and one month, 15.9% between one and three months, 6.4% between three and six months, and 6.9% six months or longer. While 77.2% had previously received

wound treatment, complete healing was reported in only 6.9% of cases, with the majority indicating partial healing (60.1%). Nurses (66.0%) were the primary providers of wound care, followed by patients themselves (25.0%), physicians (21.0%), and family members (18.0%). Additionally, 75.7% of participants reported having received information about wound care. In terms of admission frequency, 38.6% were first-time admissions, 48.1% attended weekly, and 13.3% monthly. The most common purposes for attending the clinic were to accelerate wound healing (69.0%), for follow-up (43.0%), to obtain information (13.0%), and to prevent complications (5.0%).

Perspectives on wound care services are presented in Table 3. More than half of the participants (51.0%) expressed satisfaction with the services provided. Suggestions included the implementation of new wound care methods (26.0%) and the recommendation of herbal oils by nurses (25.0%). Furthermore, 14.0% highlighted the need for brochures to enhance patient education, and 10.0% reported difficulties in performing wound dressing independently. A smaller proportion emphasized the necessity of more effective care for diabetic wounds (5.0%) and expressed interest in natural products aimed at reducing postoperative scars (2.0%).

Discussion

The wound care process is a comprehensive area of care that not only promotes physical healing but also affects individuals' quality of life, psychological well-being, and social functioning.^[11] Therefore, nurses are responsible for accurately assessing and prioritizing patients' needs in wound management and delivering a holistic approach to care.^[12] The study revealed that the primary needs of individuals seeking care at the wound clinic are largely centered around pain management, infection control, and regular wound care practices.

The study revealed that pain was the most frequently reported complaint among patients seeking care at the wound clinic. Similarly, Tegegne et al.^[13] reported that patients experienced moderate to severe pain related to their wounds. Consistent with these findings, the literature indicates that wound-related pain can limit individuals' daily activities and may trigger problems such as insomnia, anxiety, and depression.^[14] In this context, wound care nurses need to assume an active role not only in dressing and wound management but also in pain control.^[15] The prominence of pain as a primary reason for wound care admission highlights the need for regular pain assessments during the care process, the use of appropriate

Table 2. Wound-related characteristics of the participants

Characteristics	n	%
Reason for admission to wound clinic		
Pain	148	37.9
Signs of infection	120	30.6
Regular wound care	116	29.7
Monitoring wound healing process	83	21.2
Preventing wound progression	47	12.0
Type of wound		
Surgical wound	169	43.2
Diabetic foot ulcer	76	19.4
Pressure ulcer	58	14.8
Traumatic wound	48	12.3
Burn	40	10.2
Duration of wound		
One week	108	27.6
1 week – 1 month	169	43.2
1–3 months	62	15.9
3–6 months	25	6.4
6 months or more	27	6.9
Received wound treatment		
Yes	302	77.2
No	89	22.8
Treatment outcome		
Healed	27	6.9
Partially healed	235	60.1
Not healed	40	10.2
Primary provider of wound care		
Nurse	260	66.0
Self	98	25.0
Physician	83	21.0
Family member	71	18.0
Received information about wound care		
Yes	296	75.7
No	95	25.3
Frequency of admission		
First-time admission	151	38.6
Weekly	188	48.1
Monthly	52	13.3
Purpose		
To accelerate wound healing	270	69.0
Follow-up	169	43.0
To obtain information	52	13.0
To prevent complications	18	5.0

Table 3. Participants' opinions and suggestions regarding the wound care process

*Opinions and suggestions	n	%
We are satisfied with the wound care services.	199	51.0
New wound care methods could be used.	102	26.0
Nurses should recommend herbal oils for wound care.	98	25.0
Wound care brochures should be provided.	53	14.0
I am unable to perform wound dressing on my own.	41	10.0
More effective care should be provided for diabetic wounds.	18	5.0
Natural products that reduce postoperative scars should be discussed.	9	2.0

*Participants could select more than one option.

pharmacological and non-pharmacological interventions, and the inclusion of pain management information in patient education.^[16] The present findings are consistent with the literature, emphasizing that pain remains a critical issue in the wound healing process.

A considerable proportion of patients presented with signs of infection, and the literature confirms that infected wounds delay healing, extend hospital stays, and impair patient comfort.^[14] In this context, infection control should be considered a primary and indispensable component of nursing practices in wound care. Since the development of infection not only affects the local condition of the wound but also increases the risk of systemic complications, nurses are required to conduct regular and comprehensive assessments of both the wound site and the patient's overall condition.^[17] Furthermore, early diagnosis and intervention in wound infections play a critical role in reducing morbidity and mortality rates.^[18] The implementation of aseptic dressing techniques in accordance with wound care protocols, accurate identification of infected areas, and timely communication with the clinical team in the event of complications are essential for ensuring high-quality care.^[18] In addition, one of the key responsibilities of nurses is to promote patients' active participation in wound care by educating them about signs of infection and raising their awareness.^[19]

Data from this study revealed a striking finding: only 6.9% of patients who had received prior treatment reported complete healing. This finding likely reflects delayed presentation, non-standard care in primary settings, and fragmented referral pathways, further complicated by comorbidity burden (e.g., diabetes, peripheral vascular disease).^[20] Consistent with recent evidence, delays in early lower limb assessment and onward referral for specialist

wound care represent key barriers that can prolong healing and increase healthcare resource use.^[21] Addressing these system-level gaps through early assessment, timely referral, and nurse-led structured education may reduce delays in receiving appropriate therapy and improve outcomes.^[3,20]

An analysis of the study data indicates that receiving regular wound care was a major reason for patients' admission to the wound clinic. Notably, several participants reported being unable to perform wound dressing independently, underscoring the need for professional support during the healing process and revealing the limitations of home-based care in certain cases. Similarly, Groenen et al.^[22] found that many patients struggled to manage wound care at home. Taken together, these findings emphasize the importance of structured home-care programs and regular professional follow-up.^[20]

This study found that surgical wounds were the most common reason for patients' admission to the wound dressing room. Wounds resulting from planned or emergency surgical interventions are among the leading causes of admission to wound care clinics.^[22] Considering that approximately 266 million surgical procedures are performed worldwide each year,^[23] this finding is not unexpected. The study highlights the burden that surgical wounds place on healthcare systems and underscores the need for professional care in their management, including protocolised post-surgical wound follow-up.

The study found that diabetic foot ulcers ranked second among the reasons for admission to wound dressing rooms based on wound type. This underlines the need for early assessment and time-bound referral for diabetic foot ulcers. Wounds that develop in diabetic patients are particularly difficult to heal and prone to complications due to peripheral neuropathy and vascular disorders. The healing process of diabetic foot ulcers is prolonged, associated with high costs, and has a substantial negative impact on quality of life.^[24] This finding indicates that this wound type constitutes a significant patient group in wound dressing rooms.

Pressure ulcers were identified as the third most common wound type in this study. Frequently observed in elderly and immobile patients, pressure ulcers are difficult to heal, carry a high risk of infection, and directly affect the quality of patient care.^[25] As preventable complications, pressure ulcers can largely be avoided through appropriate positioning, skin care, and timely preventive measures.^[26] The prevalence reported in this study suggests that pressure ulcers remain a significant issue and highlights the need to strengthen preventive care practices. This study offers valuable insights for identifying priority

patient groups in wound care services, organizing targeted educational programs, and developing care protocols. The prevalence highlights the need to strengthen preventive bundles (positioning, skin care, timely off-loading).

The effectiveness of wound care can vary significantly depending on who performs the care and how it is administered.^[27] In a study by Kapp and Santamaria (2017), the majority of patients reported performing wound cleansing, removing dressings, and applying new dressings themselves.^[28] In the present study, it was found that wound care was predominantly provided by nurses; however, some patients performed their own dressing changes or received assistance from family members. This situation, however, must be evaluated based on wound type. While home-based care may be appropriate and practical for low-risk wounds, professional care should be preferred for high-risk cases such as those involving infection-prone wounds, diabetic foot ulcers, pressure ulcers, and certain surgical wounds, to reduce the risk of complications.^[29] Therefore, the assignment of wound care responsibilities should be planned according to the wound type and associated risk factors. Therefore, wound-care responsibilities should be risk-stratified by wound type and severity.

The findings of this study indicate that patients were informed about the wound care process. However, whether information alone is sufficient to improve wound care outcomes remains a matter of debate. Providing information is an important initial step toward increasing patient engagement in the wound care process; a critical concern is whether patients correctly understand and effectively implement the information provided.^[30] The literature highlights that the effectiveness of patient education in wound care is influenced by various factors, including patients' health literacy, motivation, and access to care support.^[19] Indeed, patients who receive information about wound care may still encounter difficulties when performing home-based wound care.^[22] Beyond verbal/written information, teach-back and hands-on training are needed to ensure correct application at home.^[2]

In this study, although the majority of patients expressed satisfaction with wound care services, there was a notable expectation for nurses to recommend natural products, such as medicinal plant oils, as part of the care process, which should be addressed within an evidence-based, safety-focused framework and with clear guidance on indications/contraindications. This interest in traditional and complementary methods alongside modern medical practices suggests a societal openness to alternative approaches in wound care and highlights the need for these

preferences to be addressed within a holistic professional healthcare framework.^[1,28] Such findings emphasize that integrating modern medicine with traditional practices while considering cultural values and individual preferences may enhance patient satisfaction and improve wound care outcomes.^[5,6] Furthermore, aligning early assessment, coordinated referral, and nurse-led education with risk-stratified care pathways may address the identified gaps and strengthen patient-centred wound management.^[3,21]

Study Limitations

This study has several limitations. Since the data were collected only from patients who applied to the wound dressing room of a single center, the generalizability of the findings is limited. The inclusion of only individuals who had been experiencing a wound problem for at least one week excluded cases involving more acute or short-term wounds. Additionally, differences in wound types and severity were not classified in detail, which limited the ability to conduct in-depth analyses based on specific wound categories. Finally, due to the cross-sectional design of the study, causal relationships cannot be established.

Conclusion

This study demonstrated that the most common reasons for admission to the wound dressing room were pain, signs of infection, and the need for regular wound care. Chronic wound types were prevalent, and previous treatments often resulted in only partial healing. While patients reported satisfaction with the care provided by nurses, they also expressed additional expectations such as information on natural products and the provision of educational materials. Beyond these findings, the study highlights the need for nurse-led education programs, early diagnosis, proactive management strategies, and holistic care approaches that integrate both clinical and supportive dimensions. Strengthening referral pathways and standardizing primary-level wound management may reduce delays in effective treatment. These recommendations emphasize the importance of a patient-centered, multidisciplinary, and innovative framework to improve wound care outcomes.

Relevance to Clinical Practice

To improve the quality of services in wound dressing rooms, it is recommended to strengthen patient education and implement early detection and proactive management strategies. Supporting nurses in assuming leadership roles and integrating holistic approaches into care plans may enhance clinical outcomes and increase patient satisfaction.

Ethics Committee Approval: The Osmaniye Korkut Ata University Research Ethics Committee granted approval for this study (date: 11.11.2024, number: E.205329).

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