

Pressure injury prevention and patient satisfaction: A Systematic review

¹Ayman Mohammed Alhubayshi , ²Regidor III Dioso 

^{1,2}School of Nursing & Applied Science, Lincoln University College, Malaysia

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Abstract

Pressure injuries remain a significant challenge in healthcare settings, affecting patient satisfaction. This scoping review explores the effectiveness of PI prevention strategies for staff nurses and their impact on patient satisfaction. A search of peer-reviewed literature was conducted across major databases, including PubMed, CINAHL, and Scopus. Studies published within the last ten years were included, focusing on nurse-led pressure injury prevention interventions, education programs, and their outcomes. Data were synthesized thematically to assess the impact on patient outcomes, nurse knowledge, adherence to guidelines, and overall patient satisfaction. The review identified 5 literatures addressing 5 evidences of patient satisfactions. Nurse-led interventions, such as early risk assessment using standardized tools, frequent repositioning protocols, and skin integrity monitoring, were associated with improved patient outcomes. Additionally, facilities implementing comprehensive prevention strategies reported higher nursing service quality, including better patient satisfaction, reduced hospital-acquired pressure injury rates, and increased nursing confidence in managing at-risk patients. Pressure injury prevention programs tailored for staff nurses play a pivotal role in enhancing patient satisfactions. Patients who received effective pressure injury prevention measures reported higher comfort, reduced pain, enhanced trust in nurses, positive perceptions of care quality, reduced anxiety, and increased confidence in recovery, all contributing to greater overall satisfaction with their hospital stay.

1. Introduction

Pressure injuries (PIs) remain a persistent challenge in healthcare systems worldwide and continue to represent an important indicator of the quality of nursing care delivered to hospitalized patients. These injuries are associated with pain, reduced mobility, psychological distress, and prolonged hospital stays, all of which can negatively influence patients' perceptions of care and overall satisfaction. Despite the availability of clinical guidelines and preventive protocols, hospital-acquired pressure injuries continue to occur, suggesting gaps in the consistent application of prevention strategies at the bedside (Pittman et al., 2022). Staff nurses play a pivotal role in pressure injury prevention, as they are primarily responsible for risk assessment, implementation of preventive interventions, patient education, and continuous monitoring of skin integrity. Nurse-led prevention activities, including routine assessment and timely preventive actions, are integral to maintaining patient comfort and preventing avoidable harm. Evidence

indicates that strengthening nurses' engagement in prevention practices can improve care processes and contribute to better patient-centred outcomes (Deakin et al., 2023).

Patient satisfaction has increasingly been recognised as a key nursing-sensitive outcome and an essential component of healthcare quality. Patients' experiences of comfort, communication, emotional support, and responsiveness of care are closely linked to the quality and consistency of nursing interventions. When nurses actively engage patients in prevention efforts and communicate clearly about care plans, patients are more likely to report positive perceptions of nursing care and higher satisfaction with their hospital stay (Ma, 2025). Organisational and contextual factors further shape the effectiveness of nurse-led pressure injury prevention. Safety culture, staffing adequacy, and the nursing practice environment influence nurses' ability to deliver preventive care consistently. Research has shown that missed nursing care and unfavourable staffing conditions are associated with increased pressure injury risk and diminished perceptions of care quality (Alanazi et al., 2023). Similarly, system-level analyses highlight that insufficient nurse staffing can constrain preventive practices and indirectly affect patient experience and satisfaction (Van den Heede et al., 2023).

Qualitative evidence has provided important insight into how pressure injuries and their prevention are experienced by patients and carers. Studies exploring lived experiences consistently report that pain, discomfort, loss of independence, and emotional distress strongly shape patients' evaluations of care. Patients place considerable value on attentive nursing care, clear communication, and visible preventive actions, which can enhance trust in nurses and reduce anxiety during hospitalization (Ibeh & Hambridge, 2024). Meta-syntheses of patient and carer experiences further emphasise that holistic and proactive nursing care is essential to mitigating the psychological and social burden associated with pressure injuries (Burston et al., 2023). Engaging patients and caregivers in prevention and management strategies has also been identified as a critical component of patient-centred care (Haesler et al., 2022). Educational and implementation-focused initiatives have been introduced to support nurses in delivering effective pressure injury prevention. Interventions such as prevention bundles and targeted education programs have demonstrated improvements in nursing engagement and adherence to preventive practices, although their direct impact on patient satisfaction is not always systematically evaluated (Jackson et al., 2024). Ongoing challenges related to workload, practice environment, and behavioural factors continue to influence how prevention strategies are implemented in clinical settings (Team et al., 2024).

Given the multifaceted nature of pressure injury prevention and its potential influence on patient satisfaction, a scoping review approach is appropriate to map the existing evidence in this area. This review aims to explore nurse-led pressure injury prevention strategies for staff nurses and examine their impact on patient satisfaction outcomes. By synthesising evidence across clinical, experiential, educational, and organisational domains, this review seeks to clarify how prevention practices contribute to patient comfort, trust in nurses, perceived quality of care, reduced anxiety, and confidence in recovery, thereby informing future practice and research.

2. Methodology

This scoping review was conducted to map and synthesise existing evidence on nurse-led pressure injury (PI) prevention strategies for staff nurses and their impact on patient satisfaction. The review followed a structured and transparent approach consistent with established scoping review methodology and the PRISMA 2020 reporting framework to ensure methodological rigour and reproducibility (Lechner et al., 2021). A systematic search of peer-reviewed literature was undertaken across three major electronic databases: PubMed, CINAHL, and Scopus. The search focused on studies published within the last ten years to capture contemporary nursing practices and recent developments in pressure injury prevention. Search terms were developed to reflect the core concepts of the review and included combinations of “pressure injury prevention,” “pressure ulcer prevention,” “staff nurses,” “nurse-led interventions,” “education,” and “patient satisfaction.” This strategy was designed to identify studies examining preventive nursing interventions as well as patient-reported experience and satisfaction outcomes (Pittman et al., 2022).

Eligibility criteria were defined a priori. Studies were included if they focused on nurse-led pressure injury prevention interventions, education or training programmes for nurses, or organisational practices influencing prevention, and if they reported outcomes related to patient satisfaction, patient experience, or quality of nursing care. Both quantitative and qualitative studies were eligible to allow comprehensive mapping of evidence, which is appropriate for scoping reviews. Studies that did not involve nursing practice, did not address pressure injury prevention, or were unrelated to patient experience or satisfaction were excluded (Deakin et al., 2023). The study selection process involved an initial screening of titles and abstracts, followed by full-text review of potentially relevant articles. Screening was conducted to ensure alignment with the review objectives and inclusion criteria. The selection process was documented using a PRISMA 2020 flow diagram to provide a transparent account of the identification, screening, eligibility assessment, and inclusion of studies (Lechner et al., 2022).

Data extraction focused on key study characteristics, including study design, setting, type of nurse-led intervention, and reported outcomes. Particular attention was given to outcomes related to patient satisfaction, patient experience, quality of nursing care, and organisational or contextual factors influencing prevention practices. Extracted data were charted to allow comparison across studies and to support thematic synthesis (Burston et al., 2023). Data synthesis was conducted thematically to identify patterns and key dimensions of patient satisfaction associated with nurse-led pressure injury prevention. This approach enabled the integration of clinical, experiential, educational, and organisational evidence. The synthesis focused on five core dimensions of patient satisfaction identified across the included studies: patient comfort, pain reduction, trust in nurses, perceived quality of care, and confidence in recovery. This thematic mapping aligns with scoping review objectives and supports a comprehensive understanding of how preventive nursing practices influence patient satisfaction outcomes (Ibeh & Hambridge, 2024). The study selection process is summarised in Fig. 1, which illustrates the PRISMA 2020 flow diagram detailing the identification, screening, eligibility assessment, and inclusion of studies in this scoping review.

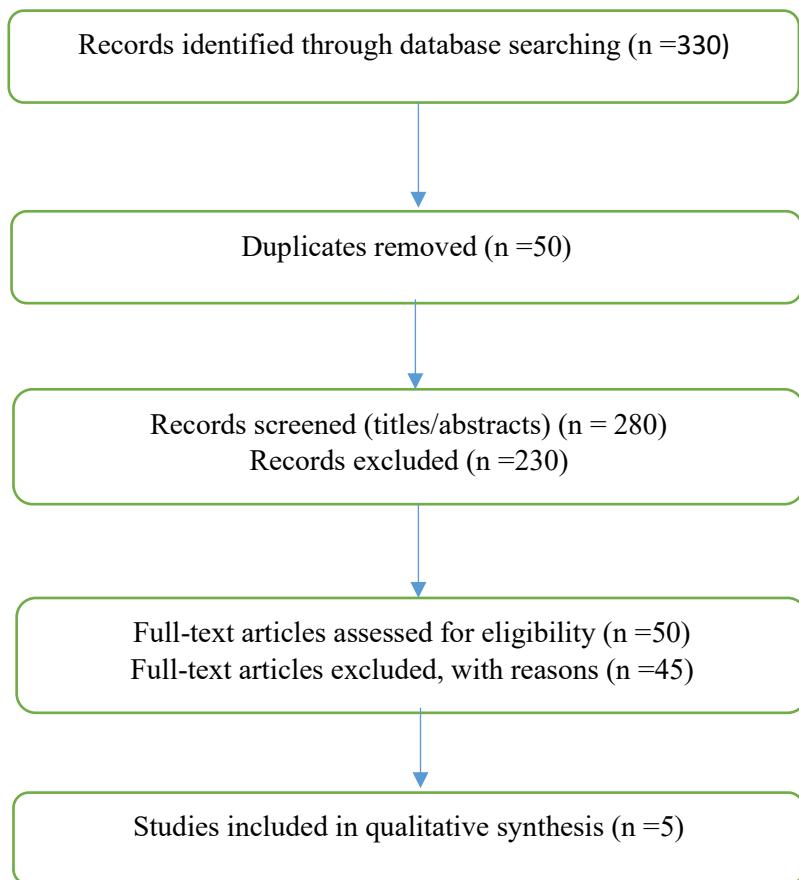


Fig. 1. PRISMA 2020 Flow Diagram

3. Results

3.1 Study Selection and Characteristics

The study selection process resulted in the inclusion of five key studies that met the predefined eligibility criteria and directly addressed nurse-led pressure injury (PI) prevention in relation to patient satisfaction or patient experience outcomes. Following database searching, screening, and full-text assessment, these

studies were identified as providing the most relevant and conceptually aligned evidence for the objectives of this scoping review. The selection process is presented in Figure 1 (PRISMA 2020 Flow Diagram). The included studies were published between 2022 and 2025, reflecting recent evidence on pressure injury prevention practices and patient-centred outcomes. The body of evidence comprised a combination of quality improvement initiatives, qualitative syntheses, narrative reviews, mixed-methods studies, and policy- or system-level analyses. This diversity of study designs is consistent with the aims of a scoping review, which seeks to map the breadth of available evidence rather than assess intervention effectiveness (Lechner et al., 2022).

Several studies focused explicitly on nurse-led prevention strategies and clinical practices. A quality improvement project examined the implementation of a pressure injury prevention care bundle delivered by staff nurses and evaluated its influence on nursing communication and patient satisfaction indicators (Ma, 2025). An integrative and systems-focused study explored gaps in pressure injury prevention and management practices within an acute care setting, highlighting the central role of nursing leadership and multidisciplinary engagement in prevention efforts (Pittman et al., 2022). Patient experience and satisfaction were primarily explored through qualitative and narrative approaches. A narrative review synthesised patients' lived experiences of pressure injuries, identifying pain, discomfort, emotional distress, and loss of independence as dominant factors shaping patients' perceptions of care (Ibeh & Hambridge, 2024). Similarly, a qualitative meta-synthesis examined patient and carer experiences of living with pressure injuries, revealing themes related to psychological burden, trust in care providers, and the need for holistic and supportive nursing care (Burston et al., 2023).

In addition to clinical and experiential studies, system-level evidence was included to contextualise nurse-led prevention practices. A policy analysis examined hospital nurse staffing reforms and their implications for care delivery, providing insight into how staffing capacity and organisational support influence the quality of nursing care and patient experience during periods of increased demand (Van den Heede et al., 2023). The characteristics and key concepts addressed by the included studies are summarised in Table 1 (Literature Review Matrix). The matrix maps each study against core elements of nurse-led pressure injury prevention, including education and training, assessment and monitoring practices, organisational factors, barriers to implementation, and patient satisfaction or experience outcomes. Collectively, the selected studies provide a focused yet comprehensive overview of how pressure injury prevention practices implemented by staff nurses intersect with patient satisfaction across clinical, experiential, and organisational dimensions.

Table 1. Literature Review Matrix

No.	Author(s) & Year	Nurse-led Prevention	Education / Training	Risk Assessment Tools	Repositioning	Skin Integrity Monitoring	Nutrition Support	Multidisciplinary Collaboration	Barriers / Challenges	Quality of Nursing Service / Patient Experience
1	Ma (2025)	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Ibeh & Hambridge (2024)	✓				✓		✓	✓	✓
3	Burston et al. (2023)	✓				✓		✓	✓	✓
4	Pittman et al. (2022)	✓	✓	✓	✓	✓		✓	✓	✓
5	Van den Heede et al. (2023)	✓						✓	✓	✓

3.2 Nurse-Led Pressure Injury Prevention Strategies

Across the included studies, nurse-led pressure injury (PI) prevention strategies emerged as a multifaceted set of practices embedded in routine bedside care and supported by education, organisational processes, and system-level enablers. These strategies reflect the central role of staff nurses in identifying risk, implementing preventive interventions, and engaging patients in their own care. Early risk assessment was consistently identified as a foundational nursing responsibility in PI prevention. Nurses were responsible for recognising patients at risk and initiating preventive actions promptly, although variability in assessment practices and documentation was reported in some settings (Pittman et al., 2022). Gaps in the consistent application of risk assessment tools highlighted the need for ongoing reinforcement of evidence-based practices within nursing teams.

Patient education formed a core component of nurse-led prevention strategies. Educational initiatives aimed at improving nurses' ability to communicate preventive measures to patients were shown to enhance nurse engagement and strengthen preventive care processes (Ma, 2025). Integrative evidence also demonstrated that nurses' approaches to educating patients about pressure injury prevention varied considerably, influenced by time constraints, confidence, and perceived patient readiness (Deakin et al., 2023). Education delivered by nurses was viewed as essential for promoting patient participation in mobility, skin care, and nutrition-related preventive behaviours. Routine repositioning and mobility support were highlighted as key preventive interventions under the direct control of nursing staff. Qualitative accounts indicated that when repositioning was performed consistently and explained clearly to patients, it was perceived as a marker of attentive and high-quality nursing care (Burston et al., 2023).

Conversely, missed or delayed repositioning was associated with discomfort and negative patient experiences, underscoring the importance of sustained nursing vigilance.

Ongoing skin integrity monitoring represented another critical nurse-led strategy. Nurses' regular inspection of skin condition enabled early identification of tissue compromise and timely escalation of care. Patients' narratives revealed that visible monitoring and prompt responses by nurses contributed to reassurance and trust in care providers (Ibeh & Hambridge, 2024). These findings reinforce the role of skin assessment not only as a clinical task but also as a relational aspect of nursing care. Multidisciplinary collaboration supported the effectiveness of nurse-led prevention, particularly in complex care environments. Engagement with wound care specialists, dietitians, and other healthcare professionals facilitated comprehensive prevention and management approaches, although coordination challenges were noted in some settings (Pittman et al., 2022). Nurses often acted as the primary coordinators of these collaborative efforts at the bedside. Finally, organisational and staffing factors shaped the feasibility and consistency of nurse-led prevention strategies. Evidence indicated that adequate nurse staffing and supportive practice environments enhanced nurses' capacity to deliver preventive care and reduced the likelihood of missed interventions (Alanazi et al., 2023). Policy-level initiatives aimed at improving staffing levels further highlighted the relationship between nursing capacity and the delivery of fundamental preventive care (Van den Heede et al., 2023).

3.3 Impact of Pressure Injury Prevention on Patient Satisfaction

The findings of the included studies indicate that nurse-led pressure injury (PI) prevention has a meaningful influence on multiple dimensions of patient satisfaction. Although patient satisfaction was not always measured using standardized instruments, consistent evidence from quantitative, qualitative, and experiential studies demonstrates that effective preventive nursing care shapes how patients perceive comfort, safety, communication, and overall care quality during hospitalization. Patient comfort and pain reduction emerged as central contributors to satisfaction. Narrative and qualitative evidence shows that patients living with pressure injuries frequently experience persistent pain and physical discomfort, which negatively affect their hospital experience. Preventive nursing practices aimed at early intervention, regular repositioning, and attentive skin care were perceived by patients as essential to maintaining comfort and minimizing suffering, thereby positively influencing satisfaction with care (Ibeh & Hambridge, 2024). When preventive measures were visible and consistently implemented, patients reported feeling more physically supported and cared for.

Trust in nurses was strongly associated with the delivery of proactive and attentive pressure injury prevention. Patients and carers described how nurses' responsiveness, consistency, and visible engagement in prevention activities fostered confidence in nursing care. Trust was particularly reinforced when nurses demonstrated awareness of patients' vulnerability and actively addressed risks before complications developed, highlighting the relational dimension of preventive care (Burston et al., 2023). The perceived quality of nursing care was also closely linked to pressure injury prevention practices. Evidence from quality improvement initiatives showed that structured nurse-led prevention programs, particularly those emphasizing communication and patient education, were associated with improved patient perceptions of nursing care quality. Enhanced communication about prevention strategies helped

patients feel informed and involved in their care, which is a key determinant of satisfaction (Ma, 2025). Conversely, gaps in prevention practices and inconsistencies in care delivery were identified as factors that could undermine patients' evaluations of care quality (Pittman et al., 2022).

Anxiety reduction and emotional reassurance represented another important satisfaction outcome. Patients' accounts revealed that uncertainty about skin breakdown and fear of worsening injuries contributed to emotional distress during hospitalization. Preventive actions that were explained clearly and carried out consistently by nurses helped alleviate anxiety and provided reassurance that risks were being actively managed. The psychological burden associated with pressure injuries was shown to diminish when patients perceived nursing care as proactive and protective (Burston et al., 2023). Finally, confidence in recovery and overall hospital experience was influenced by the broader organisational context supporting pressure injury prevention. Studies examining safety culture and nurse staffing demonstrated that environments with adequate staffing and reduced missed nursing care enabled nurses to deliver preventive interventions more reliably, which in turn supported positive patient experiences (Alanazi et al., 2023). Policy-level evidence further suggested that improving nurse staffing capacity enhances the delivery of fundamental nursing care, indirectly contributing to patients' confidence in recovery and satisfaction with their hospital stay (Van den Heede et al., 2023).

4. Discussion

4.1 Interpretation of Key Findings

This scoping review demonstrates that nurse-led pressure injury (PI) prevention strategies influence patient satisfaction through multiple, interconnected pathways that extend beyond the reduction of clinical harm. The findings indicate that preventive nursing care functions simultaneously as a safety intervention and as a determinant of patients' perceptions of care quality, trust, and emotional well-being. This dual role helps explain why pressure injury prevention is increasingly recognised as a nursing-sensitive outcome with direct relevance to patient satisfaction (Pittman et al., 2022). A central interpretation of the findings is that visibility and consistency of preventive nursing actions matter to patients. Preventive practices such as regular repositioning, skin inspection, and timely response to discomfort were interpreted by patients as indicators of attentiveness and competence. Qualitative evidence suggests that when these actions are performed consistently, patients feel physically supported and reassured, which positively shapes their evaluation of care (Ibeh & Hambridge, 2024). Conversely, inconsistent or missed preventive care contributes to discomfort and undermines patients' confidence in the care they receive.

The review also highlights the importance of relational nursing care in shaping satisfaction outcomes. Trust in nurses emerged as a key mediator between prevention practices and patient satisfaction. Patients and carers described trust developing when nurses demonstrated awareness of pressure injury risks and took proactive steps to prevent harm. This finding reinforces the idea that pressure injury prevention is not perceived solely as a technical task but as a relational process that communicates concern, vigilance, and accountability (Burston et al., 2023). Another important interpretation relates to communication and patient engagement. Nurse-led education and clear explanations of prevention strategies were associated

with improved patient perceptions of care quality. Structured prevention initiatives that emphasised communication helped patients understand the purpose of preventive measures and feel involved in their care, which is known to enhance satisfaction even when clinical outcomes do not change immediately (Ma, 2025).

This suggests that education delivered by nurses plays a critical role in translating preventive actions into positive patient experiences. The findings further indicate that organisational context shapes the effectiveness of nurse-led prevention. Safety culture, staffing adequacy, and the practice environment influenced nurses' ability to carry out preventive care reliably. Evidence linking missed nursing care to pressure injuries underscores how workload pressures and staffing constraints can indirectly affect patient satisfaction by limiting nurses' capacity to perform essential preventive tasks (Alanazi et al., 2023). Policy-level evidence reinforces this interpretation by showing that improvements in nurse staffing are necessary, though not sufficient on their own, to sustain high-quality bedside prevention practices (Van den Heede et al., 2023).

4.2 Clinical, Organizational, and Policy Implications

The findings of this scoping review carry important clinical implications for nursing practice. At the bedside, pressure injury (PI) prevention should be reinforced as a core nursing responsibility that directly contributes to patient satisfaction. Consistent implementation of preventive measures such as regular repositioning, skin inspection, and patient education should be integrated into routine nursing workflows and framed not only as safety tasks but also as elements of patient-centred care. Evidence indicates that when nurses actively communicate prevention strategies and involve patients in care decisions, patients perceive nursing care as more attentive and supportive, which enhances satisfaction (Ma, 2025).

Clinical practice also benefits from strengthening nurse education and competence in PI prevention. Integrative evidence highlights variability in how nurses approach patient education related to pressure injury prevention, suggesting the need for structured and ongoing educational initiatives to standardise practice (Deakin et al., 2023). Educational interventions that improve nurses' confidence and clarity in delivering prevention messages can contribute to more consistent care delivery and improved patient experience. Implementation studies further suggest that prevention bundles can support nurses in translating evidence-based recommendations into everyday practice (Jackson et al., 2024). From an organizational perspective, the findings emphasise the critical role of safety culture and practice environment in enabling effective nurse-led prevention. Units characterised by strong safety cultures and supportive leadership are better positioned to minimise missed nursing care and sustain preventive practices, which in turn influences patient perceptions of care quality (Alanazi et al., 2023). Multidisciplinary collaboration also emerges as an important organisational facilitator, particularly when nurses are supported by wound care specialists and allied health professionals in managing complex patient needs (Pittman et al., 2022).

Adequate nurse staffing is a key organisational determinant of prevention effectiveness. Evidence demonstrates that insufficient staffing limits nurses' capacity to perform fundamental preventive activities consistently, increasing the risk of pressure injuries and negatively affecting patient experience. Policy analyses show that staffing reforms aimed at improving patient-to-nurse ratios can strengthen

bedside care delivery, although such measures must be embedded within broader workforce and governance strategies to be effective (Van den Heede et al., 2023). Similarly, research examining nursing practice environments indicates that staffing levels and care processes are closely linked to both patient safety outcomes and the quality of nursing services delivered (Al-ghraiyyah, 2024). At the policy level, the findings support the prioritisation of pressure injury prevention within quality and safety agendas. Policies that recognise pressure injuries as nursing-sensitive indicators and link prevention outcomes to patient satisfaction metrics may incentivise organisations to invest in nurse staffing, education, and supportive practice environments. Incorporating patient and caregiver perspectives into guideline development and policy frameworks can further strengthen patient-centred approaches to prevention (Haesler et al., 2022).

4.3 Comparison with Existing Literature, Limitations, and Future Research

When compared with existing literature, the findings of this scoping review align with prior evidence that positions pressure injury (PI) prevention as both a clinical safety priority and a nursing-sensitive indicator of care quality. Previous research has largely focused on the effectiveness of prevention strategies in reducing the incidence of pressure injuries, with comparatively less emphasis on patient satisfaction outcomes. Studies examining prevention systems and practice gaps have highlighted the central role of nurses in implementing guideline-based interventions, reinforcing the importance of nurse-led approaches identified in this review (Pittman et al., 2022). However, the present review extends this literature by synthesising evidence that links these preventive practices to patient satisfaction and patient experience outcomes. Qualitative and experiential studies within the existing literature consistently emphasise the physical, psychological, and social burden associated with pressure injuries. Narrative and meta-synthesis findings describing pain, loss of independence, emotional distress, and social isolation are consistent with earlier qualitative work and support the interpretation that effective prevention can mitigate these negative experiences and improve satisfaction with care (Ibeh & Hambridge, 2024).

Similarly, meta-syntheses of patient and carer experiences underscore the importance of holistic, proactive nursing care in shaping trust and perceived care quality, findings that closely mirror those identified in this review (Burston et al., 2023). In contrast, system-level and organisational studies in the broader literature often emphasise staffing, safety culture, and practice environment as determinants of pressure injury outcomes, rather than patient satisfaction per se. Evidence linking missed nursing care and inadequate staffing to increased pressure injury risk provides an important contextual explanation for why preventive practices may influence patient experience indirectly (Alanazi et al., 2023). Policy-focused analyses of nurse staffing reforms further support the view that organisational capacity is a prerequisite for consistent preventive care, although such studies rarely include patient-reported satisfaction as a primary outcome (Van den Heede et al., 2023).

Despite these contributions, several limitations of the current evidence base must be acknowledged. First, only a limited number of studies explicitly examined patient satisfaction in relation to nurse-led pressure injury prevention, resulting in reliance on indirect or experiential indicators of satisfaction in some cases. Second, there was considerable heterogeneity in study design, settings, and outcome measures, which limits direct comparison across studies. Third, several included studies focused on patient experience

rather than formal satisfaction metrics, reflecting a broader challenge in the literature regarding the measurement of patient satisfaction in relation to preventive nursing care (Lechner et al., 2022). Finally, organisational and policy studies often inferred patient experience outcomes without directly measuring them, highlighting a gap between system-level interventions and patient-reported outcomes.

Future research should address these limitations by incorporating standardised patient satisfaction measures into evaluations of pressure injury prevention programmes. Studies examining nurse-led interventions would benefit from explicitly linking prevention practices to patient-reported satisfaction and experience outcomes. Further qualitative research is also needed to explore how patients perceive preventive nursing actions in different clinical contexts and across diverse populations, including younger patients and those with shorter hospital stays, as highlighted in prior experiential reviews (Ibeh & Hambridge, 2024). Additionally, future studies should examine how organisational factors such as staffing models, practice environments, and safety culture interact with nurse-led prevention strategies to influence patient satisfaction. Longitudinal and mixed-methods designs may be particularly valuable in capturing the dynamic relationship between prevention practices, nursing workload, and patient experience. At the policy level, research evaluating the impact of staffing reforms and prevention-focused quality initiatives on both safety and satisfaction outcomes would provide stronger evidence to inform healthcare decision-making (Van den Heede et al., 2023).

5. Conclusion

This scoping review highlights the central role of staff nurses in pressure injury prevention and demonstrates that preventive nursing practices extend beyond reducing clinical harm to meaningfully influence patient satisfaction. Nurse-led strategies, including early identification of risk, consistent implementation of preventive interventions, and ongoing engagement with patients, were shown to contribute to improved patient experiences during hospitalization. The findings indicate that effective pressure injury prevention is closely associated with greater patient comfort, reduced pain, enhanced trust in nurses, positive perceptions of care quality, reduced anxiety, and increased confidence in recovery. These dimensions collectively shape overall patient satisfaction and underscore the importance of integrating prevention activities into routine, patient-centred nursing care.

Importantly, the review illustrates that the impact of pressure injury prevention on patient satisfaction is not determined solely by individual nursing actions, but also by the organisational and contextual environments in which care is delivered. Supportive practice environments, adequate staffing, and a culture that prioritises safety and quality enable nurses to deliver preventive care more consistently and visibly, thereby strengthening patient perceptions of care. By mapping the existing evidence, this review identifies both the value of nurse-led pressure injury prevention for patient satisfaction and the need for further research that explicitly links preventive practices to patient-reported outcomes. Strengthening the alignment between pressure injury prevention, nursing practice, and patient satisfaction metrics has the potential to enhance both patient safety and the quality of hospital care.

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