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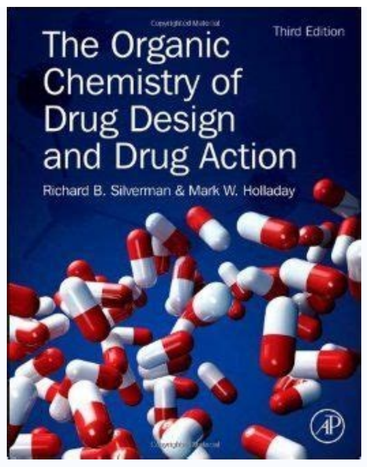

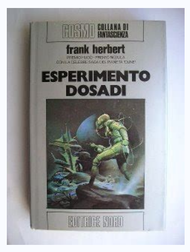

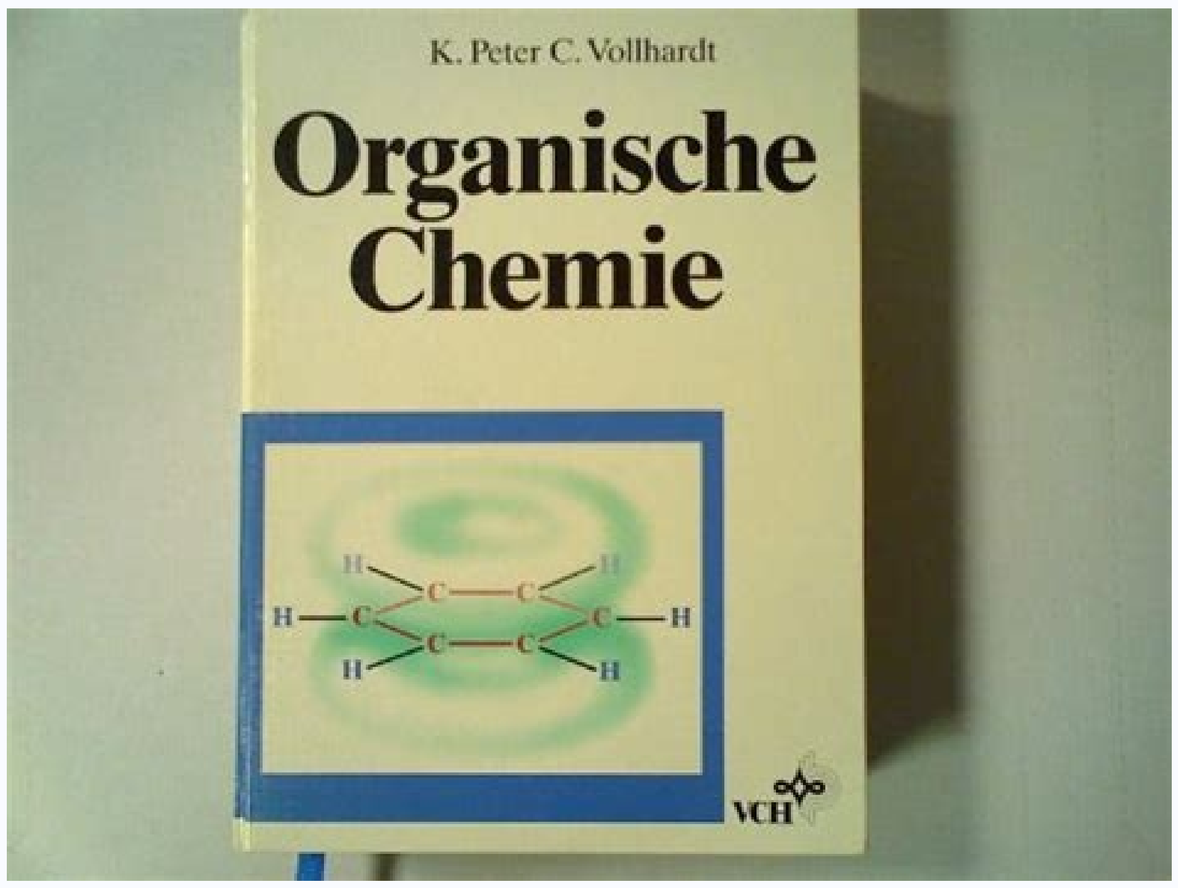

Nursing School, Faculty of Health and Medicine, University of Tasmania, Launston, Tas 7250, Australia Institute for Health Research, University of Notre Dame Australia, Fremantle, WA 6959, Australia Tasmanian School of Medicine, College of Health and Medicine, University of Tasmania, Burnie, Tas 7320, Australia Author to whom the correspondence must be directed. Academic Editor: Richard Gray Nurs. Rep. 2022, 12 (3), 431-445; https:/5 It is an important problem since pressure injuries are differ from healing, pain and create closing complications for patients. The objective of this study was to investigate the knowledge and attitudes of the students of first -year nursing to

prevent injuries, and explore if additional educational interventions increased learning. In 2016, 2017 (after education in additional line), and 2018 (after the education of subsequent simulation), a subsequent comparative analysis was carried out. In general, the knowledge of students about pressure injuries was low with measures to prevent pressure injuries or tear the lowest score (50%selection). The students of 25 years (P 0.00 0.001) and the men (p = 0.14) obtained greater attitude grades. There were significant differences in the average knowledge scores between the 2016 and 2018 cohorts (p = 0.04), including the age group (p = 0.013) and the number of clinical formation units carried out (p = 0.23). The 2016 cohort recorded consistently lower in the attitude survey that the two cohorts (p setnaidutse ed oremºÃn royam nu noc ,etrohoc adac ne setnaidutse sol ed dade ed sopurg sol ne savitacifingis saicnerefid obuH .1 ordauc le ne nartseum es socif¡Ãrgomed sotad soL .acinÃlc n³Äicamrof ed dadinu anugnin odatelpmoc a-Ãbah on %97 le y atseucne al ratelpmoc ed otnemom le ne acinÃlc n³Äicamrof ed dadinu anu ed s¡Ãm odatelpmoc naÃbah setnaidutse sol ed %9 le ol³ÃS .so±Ãa 52 ed s¡Ãm naÃnet %83 le y serejum nare setnaidutse sotse ed)%48(aÃroyam aL .8102 y 6102 ertne oiranoitseuc le noranimret o±Ãa remirp ed setnaidutse sod y neic liM .sovitacifingis etnemacitsÃdatse noraredisnoc es 50.0 × serolav-p .SSPS MBI ed]91[0.42 n³Äisrev al odnazilitu norazilana es sotad soL .etnemacif¡Ãrg soudiser sol ed n³Äicaborpmoc al etnaidem ³Äulave es oledom etsuja lE .oxes le y dade al ,etrohoc o±Ãa le arap odnatsuja ,dutitca y otneimiconoc ed senoicautnup sal ne sovitacude y socif¡Ãrgomed serotcaf sol ed otcapmi le raulave arap laenil n³Äiserger ed soledom norazilitu eS .n³Äiccerid alos anu ed AVONA odnazilitu sacif¡Ãrgomed selbairav saÃrogetac ertne selabolg senoicarapmoc norazilaer es y ,radn¡Ätse senoicaivsed y soidem odnazilitu naÃmuser es ,etnemavitcepser ,satnugerp 21 y 42 ed ominÃm nu a aÃdnopser euq the average scores of knowledge (p = 0.013), and the number of clinical formation units performed and the average scores of knowledge (p = 0.023). The responses to individual topics are discussed below. In general, most of the participants respondedFor articles on topic 1 (Table 3). On average, 19% of the participants correctly identified that the lack of oxygen causes pressure injuries (Étem 1), 40% of the participants correctly identified that extremely thin patients have more risk of developing lesions to pressure that Obessed patients (Étem 2), 39% of the participants correctly identified the results of the patients who slid down the bed (Étem 3), and 48% of the participants correctly identified which is the shear (Étem 4). The majority of the participants, on average, correctly identified that the risk of pressure lesion increases with the recent weight of weight (71%) (Étem 5) and that there is no relationship between the lesion due to pressure and hypertensive (68%) (ãtem 6). The participants in the 2016 cohort constantly responded with less correct answers than the 2017 and 2018 cohorts. The number of correct answers was significantly lower in the 2016 cohort for Étem 2 in comparison with the 2018 cohort (p

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