RESPONSE TO LETTER Analysis of the Current Status of Nurses' Knowledge of Pressure Injuries and Factors Influencing It in Shaanxi Province, China. A Cross-Sectional Study [Response to Letter]

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Dear editor

We thank our readers for their interest in our article "Analysis of the Current Status of Nurses' Knowledge of Pressure Injuries and Factors Influencing It in Shaanxi Province, China: A Cross-Sectional Study".¹ We also thank our readers for recognizing our scholarly research contributions in three ways and for their precious comments.

While we fully appreciate the reader's academic perspective, as far as our entire academic team is concerned, this study is highly rigorous and scientifically sound, and these views have been confirmed by the anonymous reviewers who participated in the review process of this paper. I will explain and respond to the three questions or points raised by the reader in the following ways:

First of all, as you have mentioned, we have given serious thought to using a flow chart to reflect the subjects at each stage of the study. It should be made clear that this study involves a status quo investigation, which has only one phase and does not allow for a clear flowchart showing the changes in the research object at different phases, as is the case with a multi-phase study. However, your starting point in making this suggestion is understanding the research process better.

Secondly, regarding the lack of non-significant statistical values in Table 1 for the one-way analysis of the general information of the study participants, we need to explain that the data of this study is large enough in that survey that the general information of the study participants is significantly different in the one-way analysis. Therefore, there are no statistical values related to the missing.

Thirdly, regarding the point you mentioned about using the stratified sampling method, this study is a series of quality management-type projects based on baseline data. The ultimate goal is to understand the current situation, establish feasible intervention programs, and improve nurses' knowledge and skills based on the baseline data. Therefore, we had a thorough discussion with statistical experts about the study design before the study began, and finally, based on factors such as time and resources, as well as considering the accessibility of the study population, it was thought that the convenience sampling method could quickly collect a certain number of samples for us to start our research exploration.² Although the convenience sampling method may have some limitations, under the circumstances, it provided us with a viable way to get an initial overview of the research topic. Now that the study is complete, we are fully aware of the value of different sampling methods. If the opportunity arises in the future to conduct a similar study or to explore the subject matter in greater depth, we will certainly give serious consideration to the use of stratified sampling methods in order to obtain more representative and reliable results.

Finally, your points about this study's implications for future research are precious and have been carefully considered and responded to. (1) Regarding the recommendation to establish the best training program for PIs that best suits the

current situation of nurses in the province to raise their awareness of PIs, we fully agree with its importance. In our future research, we will actively explore how to design and implement more targeted and effective training programs that consider the actual situation of nurses in this province to improve nurses' awareness and coping skills in PI effectively. (2) Qualitative research methods were used to gain a more comprehensive understanding of nurses' knowledge and understanding of PI and provide a theoretical basis for developing and implementing relevant training and improvement management measures. We recognize that qualitative research can dig deeper into nurses' subjective experiences and cognitive processes, providing strong support for developing measures more relevant to actual needs. In our follow-up study, we will consider incorporating qualitative research methods to enrich our understanding of this issue. (3) Your reference to the possibility that stress knowledge levels may increase with experience and over time and conducting a longitudinal study to dynamically understand the causal relationship between nurses' PI knowledge levels and socio-demographic variables opens up new research ideas for us. Longitudinal studies can better capture the process of change in knowledge levels and the dynamic relationships with other factors, and we will seriously consider conducting such a study to deepen our understanding of the development of nurses' PI knowledge levels further.

Again, Thank you for your valuable suggestions; they provide essential guidance and direction for future research.

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Disclosure

The authors report no conflicts of interest in this communication.

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