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WOUND MANAGEMENT

RESEARCH ALONGSIDE CARE

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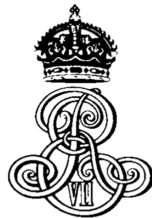

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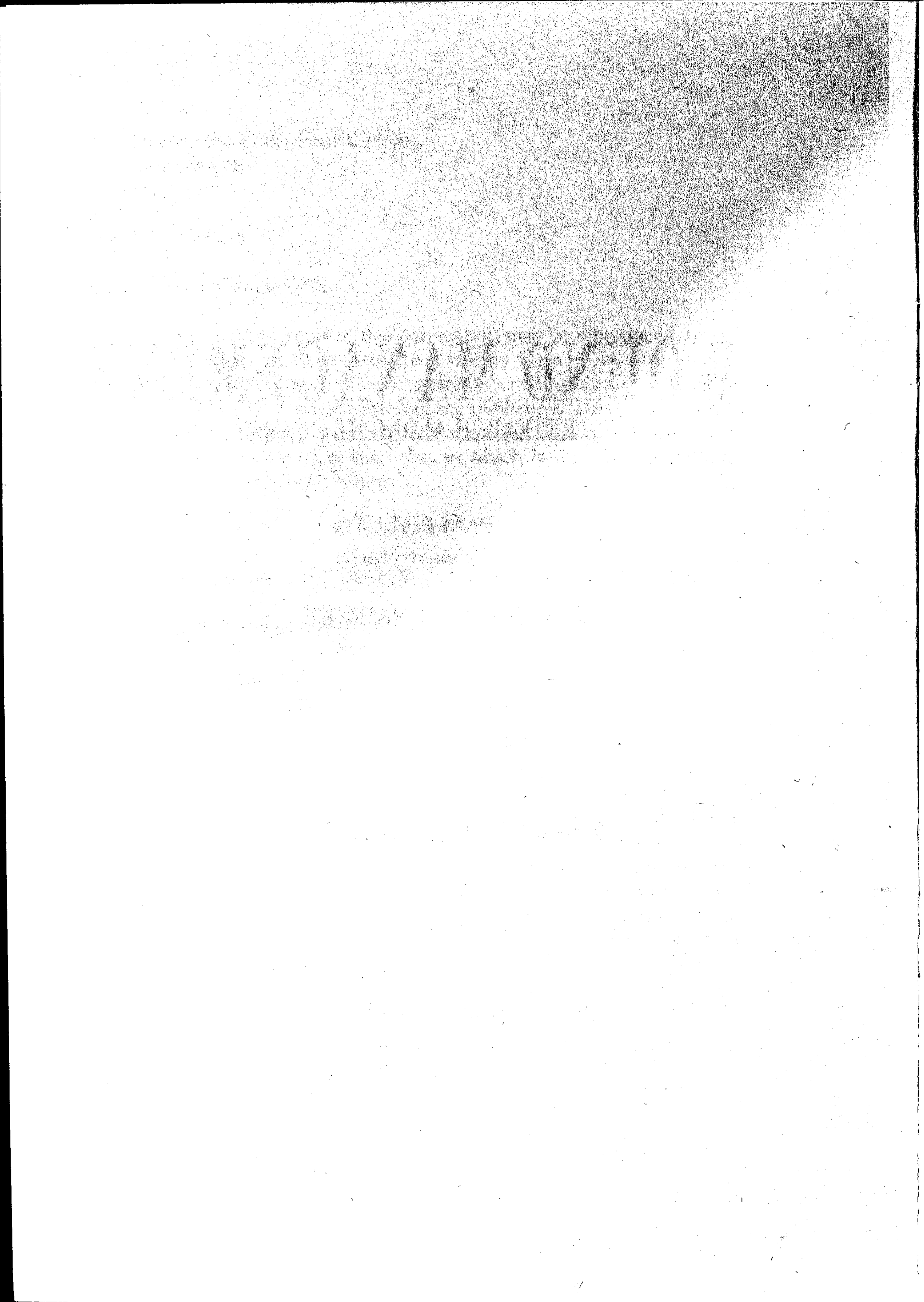

Research — a shared venture

Our theme in this paper is that of empowerment through teamwork; empowering nurses to carry out research which results in benefits for themselves, their colleagues and their patients. Nurses on wards tend to see research as remote and intimidating, as an activity which is 'not for the likes of us'. Homeward nurses used to feel exactly like this. It is rare to hear nurses describe research as exciting, enjoyable or fulfilling. Yet these are just the words which Homeward nurses now use about their own experience of research.

So, is there anything extraordinary about the ward? We think not. It is an ordinary rehabilitation unit for elderly people with a team of ordinary nurses who are very much representative of nurses anywhere. We are subject to the usual range of contraints: cuts in staffing and resources, changes in hospital organisation, and so on.

We believe that three factors have combined to bring about this fundamental change in our nurses' attitude to research. One is that Department of Health funding has given them time to undertake evaluation which is vital if they are to be able to pursue their own special nursing interests in any depth. Another is the grant from the King's Fund Centre which has provided the support of a full-time researcher and enabled the nurses to attend key seminars and conferences. Finally and we think most importantly, all research which takes place is in keeping with the team-based philosophy of the ward.

Research is seen as a shared venture. Everyone has a part to play and it develops everyone's practice. It is not seen as a solitary, irrelevant and élite occupation for a chosen few. Nurses have taken it in turn to focus on their particular interest, but this has always been an activity which has been shared with other nurses.

Colleagues have taken part in trial activities, been consulted about directions to take and have given invaluable suggestions which have been incorporated into draft reports and articles. Individual success is also seen as a success for the team. At a recent ward meeting when we heard that one nurse's study into the value of music for the patients had persuaded our management to fund a quantity of personal stereos, a storm of spontaneous clapping and cheering broke out. Nurses see other nurses' research bringing about changes and this gives them the confidence to do the same.

We could have chosen any one of a number of individual nurses' projects to show how research works on Homeward. We have chosen Pam's study of wound management because we believe that it is also a very good example of how someone returning to nursing can grow both personally and professionally through becoming involved in research. We do not believe that the personal and professional can be separated and we believe that it is essential that every nurse should be seen as a person first and foremost. Most nurses are women and have a multitude of responsibilities in their lives outside nursing. These must be acknowledged and understood so that they are not burdened by unrealistic expectations. Putting pressure on nurses to do research can only be counter-productive. Not all nurses will wish to undertake research nor should they be expected to do so. What is imperative, is that those who do get the right kind of support when they need it.

A frustrating experience

The wound management project grew as the team grew, almost without our realising it. Gradually, we became aware that wound management was a legitimate area of nursing concern. Three years ago we were constantly being asked to carry out treatment which we knew was useless, if not dangerous. We began to recognise that

if we were to save patients and ourselves from this kind of frustrating experience, we needed to build up our expertise. When it came to showdowns with other professionals, which was happening more and more, we were not able to quote the relevant research which would support our case. We had a general smattering of ideas but there was little substance to them.

At that time each nurse did her or his own thing. There was no co-ordination. For instance, everyone understood a bit about wound healing and knew a little about occlusive dressings, but we were rigid in the ways in which we applied this knowledge. Sometimes things worked out, sometimes they did not. We had a cupboard full of miscellaneous dressings which had grown randomly over the years and each nurse had a 'pick and mix' approach to the choice of dressings.

We usually made our own judgements about who was at risk as far as pressure damage was concerned. We once did a trial of the Norton and Waterlow tools and finding that we actually identified more people as being at risk than they did, we felt satisfied that we were on the right lines. In other words we were good at identifying who was at risk, but not why they were at risk. We seldom looked at the patient holistically nor listed risk factors in any order of priority. Consequently, everyone who was seen to be at risk was put on a Pegasus mattress, regardless of whether that was that individual's greatest need. Similarly, nutrition was rarely taken into account and looking back now, there is a strong possibility that many of our patients went home with second skin only to develop sores.

A confrontation with a consultant was the catalyst which set off a chain of events which ultimately led to Pam becoming the wound management specialist on Homeward. He ordered cold, chlorhexadine soaks to be applied to one patient's leg for twenty minutes twice a day. We all balked at this and refused to do it. We

quoted the few research findings we knew and he just scoffed: 'Well, my research basis is my experience and I do not expect to be questioned on that!'. In the end, we were instructed by the Chief Nursing Officer to do as the consultant said, but our reservations were noted. All the nurses had become aware of the devastating effect this inter-disciplinary strife was having on the patient herself. She became upset and began to have doubts and fears about the rest of her treatment. It was clearly not in her interests for us to go on resisting. We conceded defeat but made up our minds that when another such difference of opinion arose, as it inevitably would, then we would make sure we were better equipped to argue for the best treatment for the patient.

Pam, at this time, was a part-time primary nurse working from 10am until 2pm each day. She had watched this incident with great interest and suddenly realised that in the past she too had blithely carried out treatments without questioning whether or not these were what was best for the patient. Although she had been on the periphery of this incident, she made it clear that, although she found such conflict difficult, in future she too wanted to have sufficient knowledge and be confident enough to challenge inadequate or inappropriate treatment.

Roles during the project

Over the next year, Pam's interest in wound management grew slowly but surely. Brenda, the clinical leader, was able to acquire a Polaroid camera and suggested that, perhaps, Pam might be interested in recording the stages of healing of some of the wounds she treated on the ward. Her interest moved up a notch.

Soon, other nurses were passing on to her articles on wound management. She found herself collecting more and more information, so that she needed to set up a proper filing system.

Other nurses started to see Pam as a useful resource and began to ask her opinion about wound management decisions. By now it was quite obvious that Pam should have the next block of evaluation time. Everyone recognised that there were big gaps in the team's knowledge of wound management and Pam was, undoubtedly, the best person to put this right.

By this time Pam had a good grasp of the general debates in wound management and was also an experienced member of the nursing team. She knew that what everyone needed was an up-to-date, research-based guide to wound management focusing on the procedures and dressings which were relevant on Homeward. By now she was working four days a week as a primary nurse with her own room of five patients. Although she had some worries about whether she could manage to act in the primary nurse role, as well as carry out her project, she was keen to set to work.

She began her study in January 1991. The research co-ordinator's role now became important. In early discussions we identified Pam's practical needs. First of all, she felt she needed a place to work which was separate from the ward but within easy reach and with a telephone, so that she did not lose touch with her patients. We set up another desk in the research co-ordinator's room which met all these needs. She could use the word processor in the room. Later, she would need some administrative assistance as her wound management guide took shape, and the Director of Nursing authorised this.

The first few weeks were taken up with getting to know the library and setting up a card index system so that Pam's ever increasing collection of references was accurate, safe and accessible. These would be essential for the guide and for any articles and papers which resulted from her work. Another important activity was making a provisional timetable and setting short- and long-term objectives so that Pam could work out an overall plan.

An accessible guide

The most important activity, however, was just talking about wound management. As a non-nurse, the researcher had to ask Pam endless and occasionally fatuous questions. This proved to be very useful. As Pam spelled out the intricacies of wound management and described the subtle differences between different stages of wound healing, it helped her decide how best to put these across to colleagues. We kept notes of every session and, as the weeks went by, we kept records which charted Pam's steady progress towards completion of the guide. When difficulties arose, as they do in all research from time to time, the records could be used to remind Pam how far she had come.

From time to time, Pam would worry that she was 'taking too long' over the project. The researcher and the clinical leader assured her that research projects do take a lot of time, that what she was doing was eminently worthwhile and that she had as much time as she needed.

The time came for the guide to be drafted. Again, this stage of writing and re-writing can be a very wearying and frustrating experience. So near and yet so far. While the moral support of colleagues was important throughout the project, it was particularly valuable at this point.

Pam had always wanted her guide to wound management to be as accessible and humorous as possible and her daughter made a great contribution towards this by drawing witty cartoons to reinforce the key messages.

At a ward meeting in December, Pam presented the first draft of '*All you ever wanted to know about wound management on Homeward but were too afraid to ask*' to the team. She emphasised that she would welcome any comments and suggestions to make sure that

the final version of the guide would meet everyone's needs. People pored over their copies with great delight. Later, several people suggested that colour photographs of the stages of wound healing would be very helpful as well as some supplementary information on the role of vitamins in wound healing.

Everybody welcomed the guide with open arms and copies were snapped up by colleagues from other wards, students and people from other disciplines. Copies disappearing from the ward at a tremendous rate was a sure indication of how successful Pam had been in achieving her aim of accessibility.

A complex area of nursing

A major result of the project is that the ward now has in Pam a co-ordinator, who has in-depth knowledge of dressings and procedures. Nurses no longer make snap decisions about which dressing to use. She has cut down and rationalised the ward stock of dressings and is developing a wound assessment scheme which guides colleagues to judge the precise stage of healing. The use of this scheme encourages a holistic and reflective approach so that the choice of dressing relates to a particular wound, at a particular stage of healing in one particular patient.

Wound management has been recognised as a complex and highly skilled area of nursing on the ward. Continuity of care is seen as absolutely fundamental. Subtle changes in the appearance of a wound may be missed very easily if different people dress it at different times. Therefore each wound is the responsibility of one nurse, usually the primary nurse. This ensures that the progress of each wound can be monitored carefully. While students are encouraged to observe they are not allowed to carry out any treatment without supervision.

The nurse's teaching role and the quality of her or his relationship with the patient are seen as crucial for successful wound management. It is vital that the nurse is able to explain what she or he is doing, and why it is being done, so that the patient feels comfortable and confident about the wound. The use of Granuflex, for example, may be distressing for an elderly person, who, if not given adequate information, may interpret the gathering healing exudate as pus.

Patients are not, automatically, put onto Pegasus mattresses as they once were; all aspects of patients are taken into consideration: their past history and their future situation. This, inevitably, involves the carers. Their understanding and appreciation of the risks of pressure sore damage may make a considerable difference to how patients fare once they go home. It is now recognised that the nurse needs to educate both the patient and the carer if good skin health is to be maintained.

A useful and rewarding experience

As far as the impact of Pam's work on her colleagues is concerned, we have all benefited from an increase in wound management knowledge and skills. We have an expert working alongside the team and we now have the assessment tool to use as a basis for treatment, as well as the wound management guide itself as a fully referenced account of current practice. Pam is also an excellent example of a nurse who has seen through a research project which has brought about far-reaching changes in nursing practice on the ward with clear benefits for both patients and colleagues.

Finally, what effect has doing this research project had on Pam herself? First, it has given her research skills which she can call on at any time in the future. Perhaps more importantly, it has

increased her own self-confidence and self-esteem; she has seen her own work having an effect, not only on the ward, but more widely. The Consultant for Elderly Medicine and the Director of the local institute of nursing have read her work and congratulated her on an excellent piece of work. Word is now out that Pam has expertise in wound management and she has had invitations to take part in workshops and on committees. She has started to give our students regular, formal teaching sessions and has liaised with various drug companies in putting on ward seminars on wound-care.

There has been a noticeable change in Pam. She now feels able to debate on equal terms with doctors and other clinical specialists. Recent discussions about treatment with two consultants demonstrated to us that her knowledge and opinions are respected. None of this would have been possible before Pam undertook her project.

Ward-based nurses embarking on research studies are, to a great extent, venturing into the unknown. It is usually some time since they last did any formal studying and they see having study-time as both an enormous privilege and a great responsibility. They may have feelings of guilt that they have been given this opportunity, when so few other nurses get the chance.

It is therefore very important that when nurses undertake research, it is acknowledged as being every bit as important for patients and colleagues as the work they do on the ward. They also need to know that they have the full support of the ward team while they are doing their research. When this happens, instead of seeing research as a difficult and rather lonely ordeal, nurses can come to see it as a useful and rewarding experience which can be shared with colleagues at all stages.

Discussion

This account of Pam's project has provoked much debate among the nursing team which is relevant to all nurses. This has centred around six main issues.

- How far can nurses take full responsibility for wound management given the present prescribing policies and hierarchical structure within most multidisciplinary teams?

- Is it helpful to give students a positive and challenging role model when it is likely to bring them into conflict with people who can influence their futures?

- Are conferences and workshops the best way of disseminating good nursing practice?

- If nursing is to be viewed as a serious profession, should paid study-leave be seen as an integral part of every post, a right rather than a privilege?

- Should every nurse who undertakes ward-based research have regular, individual access to an experienced, supportive researcher?

- Is there a danger that nurses are being pressurised into doing research without careful consideration being given to their personal and professional needs?

Some suggested reading on wound care

Wound Care Society leaflets nos 1-7. These can be obtained and local groups can be contacted via Sue Dunstall, administrator, Wound Care Society, PO Box 623, Northampton NN3 4UJ.

Flannagan M. Variables influencing nurses' selection of wound dressings. Journal of Wound Care 1992; 1(1): 33-43.

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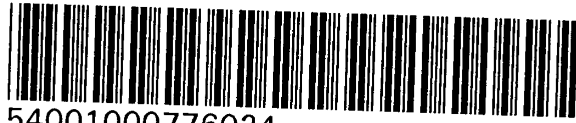
Bale S. A holistic appproach and an ideal dressing. Professional Nurse March 1991: 316-23.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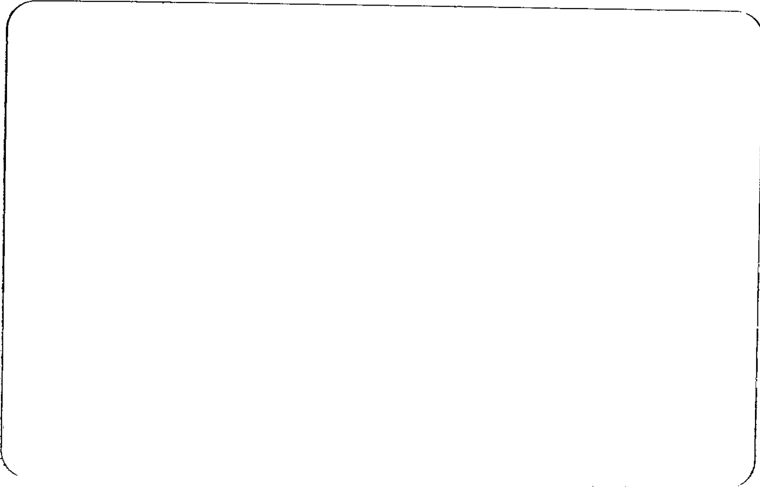

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RESEARCH ALONGSIDE CARE

This series looks at some of the ways nurses in Nursing Development Units (NDUs) have tried to make their nursing more beneficial for patients. The nurses assess to what extent their initiatives really do contribute to patient well-being and what has helped them bring about the changes. Each book will help nurses to introduce new ideas to their work and will suggest ways to evaluate changing practices.

The four NDUs which have contributed to this series have been supported by the King's Fund Centre and the Sainsbury Family Charitable Trusts since 1989 as part of a three-year project. A further 30 new projects have just received funding from the Department of Health and join the growing network of Nursing Development Units.

In this booklet, Pam Phelan, a primary nurse, Brenda Hawkey, a clinical leader and Barbara Sheppard, a research co-ordinator, discuss their differing roles in ward-based research and how they collaborated to improve wound management.