

Abstract

Objective:

Wound assessment and treatment are essential aspects of nursing care. Dressing-associated complications can delay wound healing progression, causing unnecessary patient distress. Despite evidence suggesting dressings should be changed infrequently, there still remains a tendency for **healthcare professionals** to remove dressings regularly, increasing the risk of complications and the financial costs of wound care. This **quality improvement** project aimed to understand the experiences and current practices of **Tissue Viability Nurses (TVN)** involved in wound care and dressing wear time in the acute and community setting.

Method:

The overall project used a mixed-methods design. A retrospective audit was undertaken to establish reasons for renewal of foam dressings on patients with acute/chronic wounds. Semi-structured qualitative interviews were conducted with registered TVN (n=12) working in acute and community care settings **and focused on their experiences of all dressing types**. This paper focuses on the qualitative aspect of the overall project.

Main outcome measure:

Several themes were identified from the qualitative interviews that were common in the experiences of dressing wear time in the participant's accounts.

Main results:

The analysis identified several key themes including: Training and Education (including the sub-themes of TVN experience and TVN training); Knowledge and Information, Lack of Confidence (including the sub-themes Reasons for Dressing Change and Ritualistic Practice,); and Dressing choice.

Conclusion:

Fundamental changes in staff attitudes and beliefs about dressing wear time are essential to optimising dressing performance and increasing patient quality of care. Flexible community services, reflective of the needs of the service, are central to changing practice and increasing dressing wear time in the community setting.

Key words: Tissue viability nurses, Tissue viability services, wound care, dressing wear time, decision making, **confidence, competence**

Introduction

The population of the UK grew to over 66 million in 2017 and is expected to reach 74 million by 2039. Those people aged over 65 accounted for 18% of the population, with 2.4% aged 85 and over.

² An increasing ageing population is experienced worldwide and in the United States. It is estimated that by 2020 there will be approximately three and a half working age adults for every person of retirement age. ³ With an increasing ageing population comes an increase in patients with complex health needs, co-morbidities and complex wounds, placing a significant financial burden on health

care delivery. In 2014, it was estimated that £2,165 million was spent on providing wound care to patients and this is expected to rise significantly by 2019,⁴ placing an increased strain on tissue viability services and the tissue viability nurses (TVN) who work within these services them. In the UK, the role of the TVN is multifaceted and diverse, comprising a range of knowledge and competencies. It generally focuses on the prevention of damage to the skin and underlying tissues, with the maintenance of skin integrity and covers several specialities including paediatrics, adults, older people, mental health and learning disabilities⁵. TVNs in the UK will have typically undertaken postgraduate courses and are expected to possess specialist knowledge and skills and manage a diverse range of skin integrity issues, as well as recognise, scrutinise and implement evidence-based practice. This differs from the role in the US, where the role of the TVN is combined with that of colorectal and continence nurse to embody the role of the wound, ostomy and continence nurse⁵. In the UK, the TVN is the equivalent of a wound care nurse specialist, however, the UK also has continence nurses, thus, the TVN may work in partnership with continence nurses to provide care to patients with moisture lesions, for example but may not be primarily responsible for managing these patients⁵. Within the UK, a ward nurse is able to change the dressing plan following wound assessment without the input of a TVN. If required, generally if the wound is complex, the ward nurse will consult the tissue viability service for advice. The role of the TVN specialist is complex, incorporating the domains of patient safety, patient care interventions (including first assessment, planning of care plans and evaluation and reassessment), education, resources management and ensuring cost effectiveness⁵.

Tissue Viability Services in the UK are led by a TVN specialist or TVN consultant, who lead the service for each hospital/community service. These tissue viability teams will support more generalist nurses in managing all areas of tissue viability, including assessment and planning of care and will educate ward nurses (known as link nurses) to manage a range of chronic and acute wounds and often become the coordinator of care. Although in the UK general nurses can make changes to the dressing plan, they often contact the TVN if the wound is complex and requires assessment. There are specific guidelines in place for when to refer to the TV teams; these guidelines, for example, include referring all patients with a category 3 or 4 pressure ulcer to the tissue viability service, advice for fungating wounds, advice on pressure relieving equipment, education and support in the management of complex tissue viability issues.

The impact of living with a wound is multifactorial and hard-to-heal wounds (i.e. those wounds that do not follow the normal healing trajectory) are associated with a range of comorbidities, which can have a substantial effect upon a patient's quality of life [QoL].^{6,7} The psychological and physical impacts of living with a wound are clear. For example, research exploring patients' views and

experiences of living with a surgical wound healing by secondary intention through qualitative interviewing found that living with a wound had a sizable impact on the patient's mental health and wellbeing, with many patients feeling frustrated and helpless that their wound wasn't healing as expected.⁸ Frequently reported physical problems associated with hard-to-heal wounds include discomfort, pain, malodour, leakage and restriction to daily activities.⁷ Ineffective wound assessment and management can exacerbate this negative impact upon the patient⁹ and can result in delayed healing or further wound complications and evidence suggests that wound treatment strategies should be optimised to effectively manage the wound and to avoid further wound complications.¹⁰

Wound assessment and treatment are an essential aspect of nursing care. However, evidence suggests that many pre-registration nurses fail to receive sufficient tissue viability training and education, often meaning that they lack the skills and knowledge necessary to effectively manage and treat patients in their care. The term pre-registration nurses describe a nursing student in the UK who is completing an under graduate nursing degree in order to acquire the competencies needed to meet the criteria for registration with the Nursing and Midwifery Council [NMC]¹¹. For example, Ayello et al.¹² reported that 70% of nurses felt they did not receive sufficient education on chronic wounds in their basic nurse training. Furthermore, Fletcher¹³ suggested that education provision for clinicians could be variable, with little if any information on wound care delivered in pre-registration programmes, and access to post-registration programmes being restricted by availability and funding. Consistently, Ousey et al¹⁴ explored pre-registration nursing students' perceptions of being able to manage patients' skin integrity on registration, through completion of a questionnaire focusing on the amount of skin integrity formal teaching sessions they experienced during their training programme. The majority of respondents (146; 67.9%) reported receiving less than 10 hours formal teaching on skin integrity over their 3-year course and that this was more apparent for those nurses undertaking degree level courses compared to diploma level courses. Despite this, those nurses who did receive formal training on skin integrity reported that it developed their knowledge and skills, suggesting that training and education on skin integrity is an important aspect of nursing practice.

Dressings are an essential part of wound management and although in its infancy, dressing associated wear time is increasingly becoming an important factor in dressing selection, particularly in the community setting when less frequent dressing changes can have noticeable time and cost savings.⁴ Despite the research and evidence that suggests dressings should be changed infrequently, there still remains a tendency for many staff to remove dressings regularly, increasing the risk of complications and the financial costs of wound care. This can be attributable to many factors

including ritualistic practice¹³ and the nurse's perception of their own knowledge, confidence, competence and experience in managing their patients.¹⁶ Dressing-associated complications can have a negative impact on the healing wound and patient experience through hindering wound healing progression and causing unnecessary distress to the patient. Potential disturbances to the wound can occur as a result of suboptimal dressing choice and without an understanding of how particular dressings function in practice, there is an increased possibility of selecting the incorrect dressing for a patient's wound, resulting in wound disturbance, substandard care and financial implications.¹⁷ Wound dressings can damage or disturb the wound in several ways including sub-optimal moisture balance, adherence, mechanical stress, presence of foreign bodies, sub-optimal temperature, chemical imbalance, and chemical stress.¹⁸ Repeated removal and reapplication of a dressing can also cause trauma and epidermal stripping (Principles of best practice: minimising pain at wound dressing-related procedures, 2004) causing considerable suffering for the patient.¹⁶ Ultimately, this trauma to the wound can lead to an increase in wound size, exacerbate pain and delay healing.¹⁹

Selecting a dressing that will achieve optimal healing progression, minimising the need to change the dressing can increase the likelihood of wound healing whilst reducing the psychological stress and pain during dressing changes.²⁰

This paper presents the qualitative results of a mixed methods **quality improvement** project using retrospective audit collection and semi structured qualitative interviews with TVN in the UK.

Aims

This project aimed to understand the experiences, knowledge and current practices of wound care and dressing wear time in TVN working in the acute and community setting in the UK.

Methods

A purposive sample of TVN working within Tissue Viability in the acute and community setting participated in a telephone interview about their experiences of wound care and dressing wear time.

Data saturation was reached after 12 participant interviews. Participants were recruited through the research team's links with a range of health care professionals working in the Tissue Viability Network. All participants were female and had varying roles and grades within the context of Tissue Viability Services (all female, NHS pay grades 5-8) including acute nursing staff, community nursing staff and those in managerial positions **(Please see Table 1 for participant characteristics).**

INSERT TABLE ABOUT HERE

Participants were provided with information sheets and given time to decide whether or not they wished to take part. Written consent was obtained prior to interview to participate in the project and for the interviews to be audio taped. All participants were informed that they had the right to withdraw at any time up to the point of interview analysis. The interviews took place over the telephone and lasted between 20-40 minutes. Interviews were audio recorded then transcribed verbatim in readiness for analysis. Data was collected in April-May 2018.

Ethics

This project was considered a Service Evaluation, not requiring ethical approval from the Health Research Authority (HRA). The project was reviewed and approved by the School Research and Ethical Approval at the University of Huddersfield SREP/2018/030 to undertake the qualitative interviews. Participants were provided with a £50 Amazon voucher as a thank you for taking part.

Data analysis

Telephone interview recordings were audio taped and then transferred to an encrypted storage device as soon as possible and identified with a code. The interviews were transcribed verbatim by the research team and the transcripts were entered into NVIVO qualitative data analysis software to aid data management analysis and retrieval. Transcripts were anonymised to remove any information which might identify the respondent. The data was analysed using thematic analysis to identify patterns and common themes amongst the participants experiences across the data set.

Results

The qualitative interviews identified several themes that were common in the experiences of wound care and dressing wear time in the participant's accounts and the analysis identified several key themes (Please see Table 2).

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Theme 1: Training and Education

TVN experience

Training and education were identified as a core component of understanding principles of wound care and dressing wear time. The participant's discourses described a contrast in the degree of training and education they had received. This appeared to be characterised by length of service; more experienced TVNs, who had been working in Tissue Viability Service or nursing for a number of

years described a distinct lack of formal training related to wound care or wound dressings. It was common for these nurses to evidence their training whilst 'on the job', through practical 'hands on' experience and shadowing their more senior counterparts. Here, learning from more senior, experienced nursing staff shaped the majority of their training and education rather than specific academic learning.

'Well I started kind of early, so there wasn't really much training about. So the one thing that I did do is I did a week long course with (name of person) in (name of city) about wound care and that's all that existed at the time. That was 1989, '90.'

'I don't remember having formal training in wounds when I was a student, at all.'

Accounts of the more experienced nurses tended to describe training around dressings as an important aspect of tissue viability. Many described how they were currently implementing 'in house' training to junior staff to enable them to develop a more holistic understanding of wound care. The lack of any recognised training courses or modules that focused on wound dressings was acknowledged as being a limitation of TVN training and was considered important for furthering knowledge.

'We would do sessions on dressings, because that's what you find nurses want, they want to do sessions on dressings because they very much see it as a task of putting a dressing on and taking it off, you know, they don't do it...I do a lot of wound assessing and trying to work out why a wound's not healing. But Ward Nurses are just doing it as a dressing, so they are very interested in dressings. So we tried to get the sessions so they were learning more about why people have wounds and a bit of a holistic picture, but we did do, you know, sort of a bit about dressings as well.'

TVN training

Specifically tailored wound care training was evident in junior staff who were new to the role and these participants described receiving some sort of specific training in this area of tissue viability. The majority of the staff interviewed recognised the value in having a specific focus on this area of their job role and felt that developing an understanding of what a dressing does rather than just knowing which dressing is more appropriate to use on a certain wound, contributed to enhancing their knowledge and understanding of wound care in general.

'So we had one Module called Advanced Tissue Viability Modalities, which was all about dressings and then we had another Module in which they had to do, the Masters assignment was preparing a submission to meds management for a change to formulary. So it was about the evidence behind it and how you'd put the cost effectiveness together and all the other things that would go alongside it, a change to formulary or an addition to formulary.'

Time to complete academic aspects of and education was a perceived limiting factor. Many nurses favoured practical learning over academic education and this was often seen as the best way to further their own knowledge - through learning from peers.

'So some of them don't like doing the academic learning. Some of them are not academically inclined and they struggle with the assignments, so they prefer more practical courses. They'll go to lots of conferences and learn that way. We are not short of conferences in wound care, we have far too many. So a lot of them attend conferences to find information and you can get some really good sessions, but you can get some quite commercial sessions.'

Theme 2: Knowledge and Information

There were several ways that the TVN staff furthered their knowledge and acquired information about new dressings and wound care in general and these included researching information on the internet and reading journals, attending conferences and workshops, undertaking training courses and through company representatives providing specific training on their products. Those with a specific interest in wound care reported how they tried to keep 'up to date' on new products and these participants felt that being informed of new developments was central to ensuring they provided patients with the best possible care.

'From reading, I suppose reading up on things, like on the internet, I was looking up what dressings we were using and reading about them, from the company reps particularly, sending information or just, you know, speaking to them directly...'

'I get a couple of different journals that have wounds, well one of them is a Wound Journal and like the British Journal of Nursing quite often has new Tissue Viability stuff in it and supplements and

things, new trials that have gone on, or new products that are out. So I read about it in journals. I try and go to at least sort of one conference a year that is related to wound care.'

This was in contrast to the belief that many of the participants held that some staff, particularly staff ward nurses and community nurses, had limited knowledge and information about wound care and wound dressings and that this contributed towards ritualistic practice, lack of confidence and inappropriate dressing changes for patients. This was particularly evident in the acute setting where it was felt that wound care was not a central element or priority of nursing practice.

'...I think the level of knowledge for the nurse by the bedside is very variable and I think working in an acute sector, wound care isn't as much of a, on a high priority list, as it might be if you work in the community sector, because it's very, very different. The acute nurses, I'm not saying everybody is, the business is a different kind of busy, on the focus and on the acuity of the patient.'

A lack of knowledge and understanding around wound care and wound dressings appeared to have a significant impact on nursing care and was often demonstrated through a lack of confidence in treating and managing patients with wounds. Ritualistic practice was a consequence of limited knowledge, which often meant that patients were receiving unnecessary and inappropriate treatment, unrelated to clinical assessment.

Theme 3: Lack of confidence

Limited knowledge and understanding of wound care were manifested in a perceived lack of confidence of the treatment and management of patients with wounds, resulting in several behaviours and practices that were avoidable and unrequired. The TVN nurses' accounts pointed towards inappropriate dressing changes as a central characteristic of a lack of confidence, particularly for ward nurses or community nurses that some participants felt had limited knowledge and information of wound care and wound dressings. Some of the more experienced TVN staff believed junior TVN staff were reluctant to question why they were using specific products and that a lack of confidence in their ability to make decisions on an individual patient basis, prevented them from making informed decisions about their own practice.

'I think half the reason they do the quick change is because they lack confidence. They don't want to leave a patient in a difficult situation with a leaky wound. So they won't then say well is there anybody else that could change the dressing for you? Could your partner do it? Could you do it?'

They're so task orientated that they just stick to what they do and they'll often carry on using the same dressing for a long period of time without thinking oh this hasn't actually made any difference.'

Participants described how many ward nurses relied on more senior members of TVN staff to make informed decisions about how to treat a specific patient, when to change a dressing and what dressing to use, rather than using their own knowledge and skill to make a decision themselves.

'Yeah and if anything goes wrong with the wound, that's when they start to panic. So if the wound starts to get bigger or it gets infected, their first thought is oh I'll get advice, I will, instead of thinking about how to handle it themselves, they'll often just ring Tissue Viability.'

This often meant that many specialist TVN nurses were spending significant amounts of time attending to the demands of junior staff, who felt ill-equipped to make decisions about patient care, contributing towards increasing frustrations amongst those in more senior roles.

Yeah, it's about oh it's easier to ask somebody than it is to go and actually think about it.

The perceived lack of confidence of staff ward nurses and TVN community nurses in particular was instrumental in the reputed importance of wound care more generally. This furthered the belief that habitual referrals to tissue viability were systematically de-skilling ward nursing staff, who rather than using their own judgements to treat and manage patients, were routinely relying on the tissue viability service who were struggling with increasing demands.

'This hospital used to have a central treatment area for wounds and I think historically that de-skilled a lot of the ward staff and I think some of that lack of confidence and possibly commitment has sort of continued to have an impact on the ward staff's attitude towards wound care...I think doctors are referring to us because they don't have that confidence in their own judgement and skills either.'

'I think it's just going to be an ongoing educational thing with the wards and just trying to get them to take more responsibility, but also feeling confident to contact us when they do need to, but not automatically...'

Reasons for dressing change

The frequency of dressing changes was often pragmatic and ascribed to the practicalities of patient visits, primarily in the community setting where the TVN who were interviewed considered this to be the predominant factor. Clinical assessment of the patient's wound was not central in guiding these decisions, indeed one interviewee stated:

'...if the care plan says three times a clinical assessment of that wound or the area of the patient's body to see actually does this need changing or can it, can, you know, the wear time be extended.'

Other TVN staff described clinical indicators around exudate levels, strike through and wanting to see the wound healing process as reasons for influencing dressing changes.

'It's down to clinical assessment, so you obviously have the wear time that whatever dressing you've chosen, it tells you it can stay on for however long, but we normally do it on clinical assessment, so the amount of exudate coming out or what the dressing is looking like, if there's any strike through. So its dependent on the dressing and the clinical assessment more than anything.'

Some TVN staff described changing the patients dressing on a daily basis, predominantly if the patient was considered 'at risk' and this appeared to be related to the nurse's lack of confidence, which prevented them from leaving the dressing on for a longer period of time. In these cases, the dressing wear time capacity of a specific dressing was considered less essential as regular dressing changes negated the longevity of a dressing.

'So if the patient is a risky patient, I would change the dressing daily, if I wanted to see it.'

Patient preference was also described as a contributing factor to regular dressing changes and staff believed that some patients felt less anxious if they were able to see how their wound was healing on a daily basis.

'Yeah, yeah because some patients get quite anxious and they sort of say oh it needs doing every day, because I think they want you to see the wound every day. Then they feel better that somebody has took it off and looked at it.'

Daily dressing changes were uncommon in the community but other factors influenced decisions to change patient's dressings and these were typically related to the practicalities of patient visits rather than clinical assessment, reflecting the convenience and the realities of working in the community setting.

'In the community, those periods get stretched, so there are less reasons that you would take it off every day. But there are different reasons why you would change it not at the right time and that again is about when you can visit the patient. So if you go in on a Friday and you know there's nobody going in until Monday and there's any strike through on the dressing, you're going to change that dressing, because the chance of it making another three days is quite low.'

Extending dressing wear time was considered unfeasible and impractical in a demanding time pressured working environment and that changing a patient's dressing during a patient visit was more applicable to the real-world working environment.

'If the wear time can only be extended by a day and the Nurse is already there, then they might as well change that dressing there and then rather than come out and do another visit the following day...'

'I think a lot of that, you know, it's just historic. I think a lot of it is in turn, it will cost more money and more time, especially for the District Nurse's visit, to go back again and leave it an extra day.'

Ritualistic practice

Ritualistic practice was interrelated with a lack of confidence. **The staff interviewed** related factors such as limited knowledge, standard practice and habitual behaviours as being attributable to this method of working.

'Yeah, do you think quite a lot of sort of seeing patients and the dressings that nurses choose is like ritualistic practice and they just, they've always kind of done it and they just keep doing things that way?'

'Yeah, so there's a lot of ritualistic behaviour, I would say, because of the practicalities of providing services.'

A dependence on TVN services in the acute setting was believed to contribute to a systematic deskilling of more general nursing staff, which ultimately had an impact on their ability to use their underpinning knowledge and skill to influence their practice. In some instances, maintaining trusted methods of wound care and wound dressings was considered a consequence of a lack of confidence in their own ability to manage and treat some patient's wounds.

'You know, it's not an automatic, oh I'm going to put this on it because I want this and this to happen. It's just that oh, what am I going to put on this? There's no real mindset behind it, certainly within the hospital setting. Community are much better, they will generally base dressing choice on a wound assessment.'

In the community setting, ritualistic practice was viewed differently. Community nurse visits were described as being 'task orientated' where visiting a patient in the home setting required changing the patients dressing due to the situational context. Whilst there was the general view that the majority of **nurses working within tissue viability** recognised many dressings were changed unnecessarily, the constraints of their workload meant many decisions were based on what was feasible and realistic, rather than patient need or clinical assessment.

'... because Community, you know, you're there specifically to change that dressing and I would still say that the majority of time it would then be dictated to by the nurse's visit, rather than necessarily direct need because that nurse isn't going to want to say 'actually that dressing could go another day, I'll come back tomorrow' because that's not a practical option is it?'

Theme 4: Dressing choice

The majority of participants described treating patient's wounds with similar types of dressings and dressing choice appeared to be influenced by several factors including nurse preference, patient preference, clinical assessment, formulary and cost.

'Obviously exudate levels, so whether I need an absorbent dressing or a non-adherent dressing if it's not that wet. If its infected, I'd choose whether to use an antimicrobial. Obviously you've got to look at if anyone has got allergies or a particular contra-indication to something, that you'd rule out. Looking at the tissue type in the wound, so if it needed de-fluffing, or if it needed moistening and if it was dry (unclear), something like that. So yeah, exudate levels, the type of tissue that I'm treating. Pain – certain people find some dressings like that sting, or if they've had a wound a long time, they'll say oh I don't like that, it stings, or you know, certain dressings can stick to certain types of wounds. So pain is another thing. Comfort dressing change. If it is a wound that needs doing every day, then I would look at cost as well.'

A limited formulary was viewed as being beneficial by some participants, who felt that the vast amount of wound dressings that were available to staff had a negative impact on decision making as there was 'too much choice' and made it difficult for some less experienced staff, particularly ward nurses to know what dressing to use to treat different wound types.

'I think it's difficult because there's thousands of them out there and it is difficult to know you're using, you know, to pick the one you want. But I guess that's why we have formulary, so we're not randomly, you know, using millions of different dressings.'

A reluctance to experiment with different dressings was also thought to be related to confidence and it was felt that those nurses who did not feel confident in their own ability and skillset had a tendency to continue using the dressings they were familiar with. This was described by participants as being evident in both the acute and community settings.

Yes, they're very risk averse and if they're not sure about the product, they'll stick with the ones they know. You know, I've used this hundreds of times, I've never had a problem, so it will be fine.

A key feature of participant's discourses was that many staff working with patients who had a tissue viability clinical need had limited training, education, knowledge and confidence around treating and managing patients with wounds. The extent of dressings that were available to use appeared to have a negative impact on decision making and furthered a reliance on specialist **tissue viability** nursing staff to make informed decisions about patient treatment and care. There was an overriding acknowledgement that dressing wear time was in some instances, an insignificant factor in staff decision making, particularly in the community setting in which decisions were largely based on contextual factors that impacted individual workload. Despite this, the participants valued the importance of knowledge around wound dressings and dressing wear time and the demonstrable impact it could have on patient treatment and care.

Discussion

Wound assessment is an essential aspect of nursing practice and the management of patients with chronic wounds is known to result in significant burden to NHS services, attributable to the increased financial implications, treatment and care required to manage this patient group.^{21, 22} This project aimed to understand, through qualitative interviewing, the experiences and current practices of wound care in relation to frequency of dressing change in 12 health care professionals working in tissue viability. Several themes were common and identified in the analysis including: *Training and Education* (including the sub-themes of TVN experience and TVN training); *Knowledge and Information, Lack of Confidence* (including the sub-themes Reasons for Dressing Change and Ritualistic Practice,); and *Dressing choice*.

Appropriate use of dressings is an integral part of wound management with dressing associated wear time becoming increasingly important in dressing selection, particularly as reducing dressing changes can have substantial benefits for NHS services and the patient experience.⁴ In line with recommendations from the Carter Report²³ to prevent unwanted variations, the significance of staff not changing wound dressings in a ritualistic manner is essential. Not only can unnecessary dressing changes cause significant pain to the patient, but it can also extend wound healing time, which can have a demonstrable effect on the patient's health and wellbeing.²⁴

The interview data suggested that there are many reasons why a patient's dressing might be changed but importantly, a clinical assessment of the patient's wound was not central in guiding these decisions. A focus on protocol, lack of confidence, patient preference, practicalities of the nurses visit and ritualistic practice were all identified as factors influencing dressing changes. Limited training and education around wound care management appeared to be responsible for some of these dynamics guiding decision making. This is consistent with previous research which suggests

that factors including ritualistic practice¹⁵ and the nurse's perception of their own knowledge, confidence, competence and experience in managing their patients can result in staff changing patients dressing unnecessarily.¹⁶ Findings in this project suggested that enhancing nurse's knowledge of wound care and management is one method of increasing competence in practice and therefore theoretically reducing ritualistic practice. Consistently, in a project focusing on nurses' knowledge and competence in wound assessment and management, McCluskey and McCarthy²⁵ found that in a sample of 150 nurses who completed a specifically researcher designed questionnaire, despite many nurses possessing adequate knowledge of wound care, they did not necessarily have the competence to perform wound assessments or the ability to put into practice. This was particularly evident for 25.5% of participants in the project, who selected the incorrect treatment objective of a vignette case project designed to understand if participants were able to translate their knowledge into practice.

Implications for practice

Despite dressing manufactures producing dressings which have been designed to increase wear time, these advantages are seemingly overlooked. Developing an understanding of what a dressing does and how often it should be changed is fundamental, despite many of the nurses working in tissue viability in this project accepting that training and education for staff working with patients who have wounds is limited and restricted by time pressures and demands of the job role. This is also consistent with previous research that has identified the absence of some aspects of training regarding wound care.^{10, 13, 14}

Directions for future research

This project identified several factors contributing to the suboptimal practice of wound care and dressing wear time including lack of training and education, lack of knowledge and information and an ability or unwillingness to critically consider wound assessment, contributing to a reliance on the TVN specialists within the tissue viability service. Future research should; 1. Explore and investigate how to support staff and to develop confidence for staff managing patients with a wound care need. 2. Investigate and identify solutions to discourage ritualistic practice. 3. Critically examine why generalists do not feel confident to manage all wound types.

Conclusion

Enabling staff to feel more confident in their ability to effectively manage a patient's wound through training and education is essential to changing attitudes and beliefs around dressing wear time and the frequency of dressing changes. This would enable staff to feel more confident in selecting a dressing that would promote wound healing, whilst reducing the need for frequent dressing changes to improve the patient experience of care. Confidence in the treatment and management of wounds

resulting in a reduction in unnecessary dressing changes would also have significant cost savings. This is particularly pertinent when the management of chronic wounds is estimated to account for approximately 3-4% of the NHS healthcare budget²⁶ with a significant amount of this cost being attributed to costs associated with the management of these wounds including dressings and the nursing time required to care for patients with wounds.²⁷

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Participants Characteristics	Number of participants (N=12)
Number of nurses primarily community-care based	5
Number of nurses primarily acute-care based	7
Number of nurses in the sample with managerial positions	4

Table 1: Participant characteristics

Table 2: Themes and sub themes from the qualitative interviews

Theme	Subtheme
<i>Training and Education</i>	TVN experience
	TVN training
<i>Knowledge and Information</i>	
<i>Lack of Confidence</i>	Reasons for Dressing Change
	Ritualistic Practice
<i>Dressing choice</i>	