

Perspectives on wound care in nursing homes: an agenda for knowledge translation in the South African context

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Background: The high risk of wounds among older people necessitates an evidence-based approach to wound care in nursing homes. This study explores the perspectives of nurse managers on the need to improve wound care in South African nursing homes to inform knowledge translation endeavours.

Methods: Utilising an exploratory, descriptive, qualitative design, 14 nurse managers from diverse nursing homes in the Tshwane District, Gauteng, were interviewed via telephone. The collected data were then thematically analysed.

Findings: Findings reveal improvement needs at the level of the resident and their family, the staff, and the organisation. Key issues include the need for enhanced psychological, emotional, and financial support for residents, capacity building to improve care staff's knowledge, attitudes, and wound care practices, and organisational support for accessing advanced wound care products and multiple health professionals.

Conclusion: The study emphasises the complexity of wound care in nursing homes and the imperative for a person-centred, integrated, and interprofessional approach to address these challenges on multiple levels. Insights into context-specific problems can inform the development of interventions and strategies, hence, an agenda for knowledge translation. Continuous learning, collaboration, and organisational support are essential to establish evidence-based wound care practices in nursing homes.

Keywords: continuous education, evidence-based practice, interprofessional collaboration, knowledge translation, nursing homes, wound care

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Introduction

The prevalence of wounds among older people in nursing homes can be as high as 92%.¹ The frail and bedridden are particularly vulnerable to developing pressure injuries.² Old age comorbidities and the vulnerabilities of the ageing skin further increase the risk for wounds, such as venous leg ulcers, diabetic foot ulcers, and skin tears, while also slowing wound healing processes.^{3,4} These acute or chronic wounds affect the psychological and socioeconomic well-being of the affected individuals and their circle of care, including their families.^{5,6} Additionally, the increasing incidence of antibiotic-resistant infections highlights the critical need for evidence-based wound prevention and management practices within nursing homes.⁷

Wound care within nursing homes presents a multidimensional challenge, requiring an interprofessional approach backed by organisational support and adequate resources. Furthermore, translating research evidence into practical application is a complex process, necessitating strategies and solutions tailored to meet the unique problems experienced in the context, namely in nursing homes.^{8,9} If efforts to improve practice through knowledge translation are not aimed at the specific problems, the knowledge translation project might not make a real impact, wasting time and resources.

Despite numerous studies conducted in the field of wound care and nursing homes, there is a notable absence of data on wound prevalence

in South Africa and a lack of understanding regarding the prevalent issues that necessitate evidence-based interventions in nursing homes.¹⁰⁻¹² Consequently, this study seeks to explore the perspectives of nurse managers, who play a pivotal role in coordinating care within nursing homes, in the areas necessitating improvement in wound care. The perspectives gained from this exploration aim to inform the knowledge translation agenda to improve wound care in South African nursing homes.

Methods

The study design, participants, sampling, recruitment, data collection, data analysis, and ethical considerations are described.

Study design

This study used an exploratory, descriptive, qualitative design, using individual telephonic interviews and thematic analysis. This design was suitable for exploring the perspectives of nurse managers on wound care provided in nursing homes. Data were collected between April and May 2021.

Population, sampling, and recruitment

The target population was nurse managers from nursing homes in the Tshwane District in the Gauteng province of South Africa. In this study, nursing homes refer to both non-profit organisations (NPOs) and

retirement estates. In this section, the term “retirement estate” refers to the higher income homes. Gauteng is the most densely populated and predominantly urban area, hosting a mix of private retirement estates and NPO-registered nursing homes.¹³ A mix of profit and NPO-registered nursing homes was sought for variety in the financial capabilities of nursing homes and their residents since it influences the ability to access resources (e.g. the ability to afford medical aid) and consequently affects the needs for improvement of wound care.¹⁴

The financial capability of residents living in retirement estates generally differs from those residing in faith-based and welfare-funded nursing homes. Therefore, a sampling grid was used to categorise NPO-registered nursing homes (welfare-funded, faith-based, or non-governmental) and retirement estates for maximum variation sampling, ensuring a mix of homes. An initial set of nursing homes was purposively sampled from different geographical areas in the Tshwane District for each sampling grid category from the Department of Social Development’s list of 17 NPO-registered nursing homes and from the 24 privately owned retirement estates identified from an online directory of retirement facilities in South Africa.¹⁵ Nursing homes and retirement estates had to include frail care and assisted living to cater to the diversity of wound types and associated needs.

The nurse managers from the initially selected nursing homes were contacted telephonically, followed by emails providing study details. Eligibility required being a registered nurse who could understand and speak English. If initial contacts were unavailable, the nurse manager declined participation, or more participants were needed, recruitment continued for each nursing home category through purposive or snowball sampling. The sample size was determined by data saturation and was achieved after 12 interviews and confirmed with another two interviews.

At the end of data collection, 27 nurse managers were contacted, and several were unavailable or declined. The 14 nurse managers who participated included seven from higher-income retirement estates (HI), four from middle-income, faith-based, or other non-governmental nursing homes (MI), and three from lower-income welfare-funded nursing homes (LI). Findings are reported concerning the nurse managers of the three income groups using these participant code abbreviations.

Data collection

Data collection was conducted using individual telephonic interviews necessitated by the COVID-19 pandemic’s restrictions on face-to-face interactions. Participants were instructed to be in a private, quiet room during the interview, scheduled at their convenience, either from their home or office. The interviews aimed to explore areas for improvement through two questions, 1) on the improvements nurse managers would wish to see in their nursing home related to wound care and 2) what additional support for these improvements would be required. These questions were part of a semi-structured interview designed to identify key stakeholders and their roles in wound care within nursing homes. However, findings related to stakeholders and their roles are not included in this paper.

The questions’ clarity were pre-tested by a registered nurse with experience in quality improvement in nursing homes. To ensure accuracy in data collection, the interviews were audio-recorded with the participant’s permission. Post-interview, reflective notes were taken to document any disturbances during the call, the researcher’s impressions of the responses, and emerging themes. Each participant was assigned a unique code to maintain confidentiality.

Data analysis

Audio recordings were transcribed verbatim by a skilled transcriber. The researcher then checked the accuracy of these transcripts by simultaneously listening to the recordings and reviewing the transcripts. Subsequently, the transcripts were uploaded to ATLAS.ti version 9 for analysis. According to Saldaña’s iterative coding and analysis process, an inductive thematic analysis approach was used.¹⁶ Initial topics were listed following descriptive coding, followed by merging and categorising topics to develop mutually exclusive themes and sub-themes. Member-checking was conducted with six participants, who verified the identified themes and refined the sub-themes. The remaining participants were unavailable for follow-up discussions.

Findings

The findings are organised into three themes: improvement needs at the resident and family level, staff level, and organisational level, each with several sub-themes (Table I). Given that effective change and knowledge

Table I: The themes and sub-themes in the needs for improving wound care in nursing homes

Theme	Sub-theme
1. Improvement needs at the resident and family level.	1.1 The need for psychological support for residents with wounds to cope and change their lifestyle.
	1.2 The need to secure access to essential accessories for residents with wounds or wound complications.
	1.3 The need for continuous nursing home staff support based on trusting relationships.
	1.4 The need for residents’ and their families’ commitment to a best-practice wound care approach.
2. Improvement needs at the staff level.	2.1 The need to improve nursing home staff’s wound care knowledge specific to their level of responsibility through formal and in-service training.
	2.2 The need for training in the most effective and affordable wound dressings.
	2.3 The need for training in the emergency management of acute wounds.
	2.4 The need to address attitudes towards wound care responsibilities to ensure consistency and continuity of care.
3. Improvement needs at the organisational level.	3.1 The need to improve access to advanced wound care products.
	3.2 The need to improve access to comprehensive care offered by an interdisciplinary team.

translation in evidence-based wound care necessitates interventions across multiple levels, these findings facilitate comprehensive planning.

Improvement needs at the resident and family level

The participants indicated the need for enhanced psychological, emotional, physical, and financial support for residents suffering from wounds. This support should come from external professionals as well as the nursing homes' staff. There is a demand for more tailored support to address the challenges associated with wounds, including facilitating coping mechanisms and promoting the necessary lifestyle adjustments.

"... especially if we come to bigger complicated wounds, I would really think that a psychologist should also be involved, just to get them to realise what they do have an influence on how we go (about) in the future ..." (HI 4)

A nurse manager from a lower-income nursing home indicated the necessity for assistance from counsellors and social workers in securing access to essential accessories, such as wheelchairs and prostheses, for residents experiencing complications from wounds, including amputations.

In addition to the need for support from professionals usually external to the nursing home, participants emphasised the role of nursing home staff in fostering the emotional well-being of residents with wounds, given the staff's constant presence. They highlighted the importance of establishing and sustaining a trusting relationship between staff and residents. Such a relationship is important not only for assisting residents in managing their wounds but also for supporting them through the challenging transition of being "uprooted" from their homes to the nursing home environment.

Moreover, the need was raised for the residents' and families' commitment to a best-practice approach for wound care, which could be facilitated through awareness-raising efforts. This need alluded to the frustrations experienced when residents or their families do not report the wound in time or resist the wound care treatment plan. Awareness should also be raised among the general public since they often influence views on wound care treatment, resulting in harmful self-treatment, especially among residents in the assisted living or self-care sections of nursing homes.

"We've got one resident ... that the doctor wanted to admit for specialised wound care and IV antibiotics, and he point blank refused. He said, 'There is nothing wrong with my leg, I will make sure it heals properly.' Unfortunately, it ended up in an amputation." (HI 4)

Improvement needs at the staff level

Participants identified a need for improving wound care knowledge, attitudes, and practices of the care staff. The term "care staff" encompasses care workers and nurses at various levels of qualification and responsibility towards wound care. These include the nurse manager, registered nurses with four-year qualifications, staff nurses with two-year qualifications, and auxiliary nurses with one-year qualifications.

Both low- and high-income nursing home participants observed a deficiency in the care staff's knowledge necessary to execute their

designated roles in wound care effectively. For instance, care workers who primarily manage daily resident activities, such as mobilisation and skin care, were perceived to lack awareness of wound risk factors among residents. Similarly, nurses tasked with direct wound care frequently lacked knowledge of the latest and most effective wound care products, which are essential for optimal wound bed preparation.

"They (care workers) don't do the anatomy and physiology, they don't understand why people sustain pressure, ... there must be in-service training in the facility continuously, but the wound care sister can give more specific inputs via in-service training..." (HI 1)

"... because we don't really have the knowledge to do something else, or to buy different plasters, now you buy this range, and it is totally wrong for that wound." (HI 7)

There is a specific need in all nursing homes for affordable yet effective wound dressings and the requisite training to determine the most appropriate products for various types of wounds and their respective stages of healing. A nurse manager at a retirement estate, where nurses provide support for residents in assisted living, highlighted the need for these nurses to receive training that enables them to make informed decisions during emergencies. Such emergencies frequently occurring in nursing homes include uncontrollable bleeding from a skin tear due to warfarin intake or a laceration resulting from a fall. The importance of both ongoing in-service training and formal education for managing all wound types across all categories of care staff was emphasised. Some participants proposed that the advanced wound care practitioner, as an expert in the field, should contribute to the in-service training.

"You know if there are facilities that give us the training and maybe ... if we can train in our facility one sister per year being an executive wound care sister ..." (LI 1)

Coupled with a lack of knowledge, attitudes such as ignorance towards wound care responsibilities were also seen as problematic. If only one person is trained in wound care, others may neglect the wound treatment plan. Therefore, continuous training of all levels of care staff is essential.

"... they know they must report, but they are just ignorant ..." (MI 1)

"... because if something is not written on a list, they won't do anything, ... if I am on leave for four days, they will wait until I come back and they won't, you know they don't think that they can ask somebody else ... so, it is quite a problem, so that is why I am saying continuous education ..." (MI 1)

Participants perceived that the lack of knowledge and negative attitudes led to inconsistent wound care practices and an inability to follow a wound care treatment plan, detrimental to wound healing.

"... now somebody goes in between and puts on a dry dressing. You are just starting the whole thing all over, because the moment you pull that dressing off, you pull off all that, (the new tissue and granulation) ..." (MI 3)

Improvement needs at the organisational level

Feedback from participants highlighted two primary areas necessitating organisational support for wound care improvement: 1) the acquisition of advanced wound care products and 2) engagement and access

to health professionals. Addressing these needs entails a financial investment to bridge the healthcare provision gaps that residents or their financially constrained families cannot cover since free public healthcare outreach to older people in nursing homes or within the community is restricted. Although out-of-pocket private healthcare services can be offered to individuals in nursing homes, these services are often costly. A participant from a welfare-oriented nursing home reported that older individuals lacking medical insurance sometimes visit primary healthcare clinics where they may receive wound care products. Nonetheless, the frail and bedridden who are unable to afford private healthcare services at the nursing home, remain deprived of the necessary wound care.

"... there are people, even though they have a medical aid, they don't necessarily have funds for all these extra costs, ... if we can get more people involved by maybe helping us to get more products that we can use it..." (MI 2)

"... they've (pharmaceutical company) got good products, ... but their prices are sometimes very, very high ... so that makes it a little bit difficult to make use of, and because most of our elderly patients' funds are limited, ... let's for instance say we need alginate, then we might make use of (the company) because they are the only one that's got that specific product..." (HI 4)

The requirement for access to a comprehensive interdisciplinary team was another stated need. Frequently, healthcare professionals, including occupational therapists, social workers, physiotherapists, and wound care practitioners, are not part of the nursing home staff and are instead engaged through private consultations. Retirement estates are more inclined to have healthcare professionals as permanent staff than nursing homes with fewer resources. Nevertheless, the financial constraints make the permanent employment of a diverse range of healthcare professionals challenging. Despite these obstacles, nurse managers aspire to implement an interprofessional approach for optimal care.

"I don't have a physiotherapist. I don't have an occupational therapist, ... the bigger old age homes, they have, we don't ... so we have to outsource everything, ... I would love to have a full disciplinary team on board but it is not possible." (MI 3)

"I say the whole team must actually work together, and it would be very nice to have a wound care clinic closer to one's facility..." (MI 1)

Discussion

Improving wound care in nursing homes necessitates a comprehensive, integrated approach that addresses the multifaceted challenges at the resident, family, staff, and organisational levels. The insights derived show the range of needs for improving wound care and the complexity thereof in the nursing homes of both lower and higher-income categories.

Findings that residents with wounds need more support to achieve psychological, emotional, physical, and financial well-being underscores the principles that wound care requires a person-centred, holistic, and interprofessional approach, and not merely a focus on the "hole" in the person.¹⁷⁻¹⁹ The World Health Organization supports interprofessional

wound care as an evidence-based and person-centred approach since it entails shared decision-making among the healthcare professionals, the patient, and their family.^{20,21} Shared decision-making can promote a common understanding and commitment to best-practice wound care, a need raised in this study.²² Additionally, awareness-raising, as suggested by the nurse managers, can enhance commitment to evidence-based wound care, combat harmful myths about wound care, and encourage prompt reporting of a skin problem.

An interprofessional approach to wound care is challenging in the study's lower, middle and higher income nursing homes due to the lack of access to healthcare professionals, such as advanced wound care practitioners, physiotherapists, occupational therapists, and social workers. The involvement of skilled healthcare professionals is required to prevent and manage wounds effectively.¹⁸ For example, dieticians with expertise in performing a nutritional assessment should be involved for optimal pressure injury prevention. Lack of access to a range of healthcare services often relates to the residents' and families' limited financial resources, as well as the limitations in the current fragmented healthcare system regarding access to healthcare for all.

The study showed that the organisation's support for an interprofessional approach was a primary need, but access to quality care extends to a system level. Specialised public healthcare that is free of charge offers limited services to older people in nursing homes, while private healthcare is expensive.^{23,24} Therefore, policies are required to ensure access to healthcare for all older people in the new era of National Health Insurance, especially considering the growing ageing population in South Africa.²⁵ Innovations such as telemedicine may be necessary to access support for an interprofessional approach.²⁶

The role of the nursing home staff in the emotional support of the resident with a wound has been emphasised in this study. Therefore, the attitudes of the staff should be addressed. Another primary need was for the staff to enhance their wound care knowledge and skills to align with their respective responsibilities for wound care. Recent knowledge-attitude-practice studies in the South African nursing home context are limited. However, a survey conducted in Gauteng found that almost half of the health professions, including general medical practitioners, pharmacists, and nurses attending to patients with wounds, had no formal wound care training.²⁷

Knowledge and skills for effective pressure injury management are barriers to evidence-based care in various countries' long-term care facilities.²⁸⁻³⁰ This study showed that nurse managers perceived continuous education as the most effective to train nursing home staff and would prefer additional support for training from advanced wound care practitioners. Continuous education and training programmes have proved effective in implementing evidence-based wound care in nursing homes.³¹

Limitations

Needs were reported from the perspective of nurse managers. Other stakeholders might have a different perspective on the needs. Therefore, future studies can explore the need for improving wound care from the perspective of the resident, staff, interprofessional team members, and organisational and system-level stakeholders.

Conclusion

The study presented the needs agenda that should be addressed in future practice improvement and knowledge translation studies for improving wound care outcomes in nursing homes. The complexity of nursing home wound care necessitates a person-centred, integrated, and interprofessional approach. Adopting such practices and fostering a culture of continuous learning and collaboration can enhance the quality of life of residents in nursing homes. Given these complexities, future knowledge translation efforts should follow a systematic, theory-based framework to guide the path to improved wound care outcomes.

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Conflict of interest

The author declares no conflict of interest.

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Ethical approval

Ethical approval was obtained from the University of the Free State, Health Sciences Research Ethics Committee (UFS-HSD2019/0600/2506-0001). All participants signed informed consent.

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