

The impact of postgraduate wound care qualifications on clinical practice, confidence and career progression: results from a global survey

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ABSTRACT

Aim This study evaluates the impact of postgraduate wound care qualifications on healthcare professionals' education, clinical practice, and career progression. It examines how advanced training enhances professional confidence, skill integration, and adherence to best-practice guidelines. Additionally, it identifies barriers to education, assesses self-perceived confidence in wound management, and compares career outcomes across countries. Finally, it explores differences between barriers in implementing knowledge in the workplace between geographical regions.

Methods An international cross-sectional survey was conducted in a convenience sample of healthcare professionals who had completed postgraduate wound care education. Participants were recruited through social media, professional networks, peak bodies and associations. The survey included quantitative and qualitative components, assessing career outcomes, barriers and enablers to study, self-perceived confidence, and the application of acquired knowledge. Descriptive statistics and one-way between groups analysis of variance analysis (ANOVA) were performed for quantitative data and thematic analysis was used to analyse qualitative data.

Results A total of 178 health professionals from 27 countries completed the survey. Postgraduate education was found to substantially enhance clinical confidence and decision-making, with 93% (n=166) of participants considering their qualification relevant and 90% (n=160) reporting it met their expectations. Career progression was reported to be enhanced with 33% (n=60) gaining a competitive advantage in obtaining their current role. However, barriers to completing formal study, such as competing work and study demands (68%, n=121), course costs (48%, n=86), and limited study leave (37%, n=66) were frequently reported. Knowledge implementation was reported to be restricted by institutional resistance and restricted access to advanced wound care products.

Conclusion Postgraduate wound care education plays a crucial role in enhancing clinical competency and contributes to career development. However, financial constraints limit accessibility of education and institutional barriers limit implementation of new knowledge. Addressing these challenges through credentialing and benchmarking, increased institutional support, and policy changes could optimise the benefits of postgraduate education and strengthen evidence-based wound care practices globally. Future research should assess its long-term impact on patient outcomes and healthcare efficiency.

Keywords education, wound care, clinical practice

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KEY MESSAGES

- Postgraduate wound care education plays a crucial role in enhancing health professionals' clinical competency and positively contributes to career development.
- Financial constraints limit accessibility of education and institutional barriers limit implementation of new knowledge.
- Uptake and utility of postgraduate education could be strengthened by credentialing and benchmarking, increased institutional support and policy changes.
- Future research should assess the long-term impact of postgraduate education on patient outcomes and healthcare efficiency.

BACKGROUND

The management of chronic wounds, including diabetes-related foot ulcers, pressure ulcers, and venous leg ulcers,

requires a comprehensive, evidence-based approach due to their complex pathophysiology and prolonged healing trajectories.¹ These wounds often result from chronic conditions such as diabetes mellitus, cardiovascular disease, autoimmune disorders, peripheral artery disease, or chronic venous insufficiency,² leading to increased morbidity and greater demands on healthcare resources. With an estimated global prevalence of 2.2 per 1000 individuals,³ Europe accounts for approximately 1.5–2 million people affected by acute or chronic wounds,⁴ while in Australia chronic wounds affect nearly 450,000 individuals at any given time.^{5,6}

Beyond individual morbidity, chronic wounds impose a substantial economic burden on healthcare systems. Annual treatment costs are estimated at £8.3 billion in the United Kingdom⁷ and A\$3 billion in Australia,⁸ driven by hospitalisation, specialist consultations, and wound care materials. Indirect costs, such as loss of productivity and caregiver burden, further exacerbate the financial strain. Chronic wounds also significantly impact quality of life, contributing to reduced mobility, and social isolation, with studies linking non-healing wounds to higher rates of depression and anxiety.^{9,10} The combination of these clinical, economic, and psychosocial challenges underlines the need for comprehensive, high-quality wound care management.

Despite the critical role of healthcare professionals in optimising wound care outcomes, research consistently highlights deficiencies in formal wound care education, particularly at the undergraduate level.^{11,12} In the context of the Bologna Framework, graduate certificates typically align with EQF Level 5 or 6, and graduate diplomas with Level 6, though this may vary slightly by country. As a result, many healthcare providers graduate with limited skills and competency in wound assessment, dressing selection, infection control, and evidence-based treatment strategies, leading to inconsistencies in clinical practice.^{13,14} A reliance on informal learning rather than structured education further exacerbates these gaps, reducing the effectiveness of wound care interventions.¹⁵

Evidence suggests that targeted educational interventions, such as blended learning approaches that integrate theoretical knowledge with practical application, can significantly improve professionals' understanding of wound prevention and management.^{16,17} Postgraduate education has also been linked to higher levels of competence in wound aetiology, diagnosis, and treatment planning, demonstrating its role in strengthening clinical expertise.^{14,18} However, the fragmented nature of wound care training highlights the need for more structured, formal educational pathways to ensure consistency and proficiency across healthcare settings.¹⁹ While the benefits of postgraduate wound care education are evident, access remains inconsistent due to barriers such as limited funding, institutional support, and time constraints.^{11,20} Furthermore, variations in curricula across different programs raise concerns regarding standardisation and the uniformity of wound care expertise. In addition to implementing blended learning methodologies,¹⁶ incorporating mentorship programs and structured work integrated learning within postgraduate education could further facilitate the practical application of theoretical knowledge.²¹

Given the increasing complexity and prevalence of chronic wounds, and the current workforce challenges, this study

evaluates the impact of postgraduate wound care qualifications on healthcare professionals' education, clinical practice, and career progression. It examines how advanced training enhance professional confidence, skill integration, and adherence to best-practice guidelines. Additionally, it identifies barriers to education, assesses self-perceived confidence in wound management, and compares career outcomes across countries. Finally, it explores differences between barriers in implementing knowledge in the workplace between geographical regions.

METHOD

Study design

The study was approved by the Monash University Human Research Ethics Committee (project MUHREC: 41022). A cross-sectional survey design was used. The survey method was selected due to its efficiency in collecting large-scale data, its cost-effectiveness, and its ability to ensure participant anonymity.²²

Setting and participants

The survey targeted all healthcare professionals who had completed formal postgraduate wound care education across different countries. A convenience sample of participants was recruited through alumni networks, professional associations, and social media outreach. Large professional bodies, including the European Wound Management Association (EWMA), Wounds Canada, Wounds UK and Wounds Australia, were invited to share the study invitation on their platforms.

Inclusion criteria required participants to have obtained a formal qualification in wound care from an accredited university or university of applied sciences. Healthcare professionals with only informal training, such as in-service courses, employer-organised programs or conference-based education, were not eligible to participate.

Survey development

As no validated tool exists to assess the impact of postgraduate wound care education, a questionnaire was developed and pilot-tested with 20 health care professionals. The questionnaire was based on a literature review and prior research examining graduate education's value in clinical practice across healthcare disciplines. To ensure content validity, the survey was reviewed by an expert practitioner in the UK, who suggested an additional question for improved comprehensiveness.

The final questionnaire was structured into five sections: demographic information; career outcomes following postgraduate wound care education; barriers and enablers affecting access to education; self-confidence in wound management; and application of acquired knowledge in clinical practice. The survey consisted of multiple-choice questions, 4-point Likert scale satisfaction ratings, and one open-ended question for qualitative insights.

Data collection and management

The survey was administered online using Qualtrics® software, ensuring accessibility across different regions. Participants provided electronic informed consent before participation by selecting "Yes, I agree to participate." Data collection remained anonymous, with no identifiable information recorded. It is not possible to determine the number of participants who

were potentially eligible or who received the invitation to participate, due to the global nature of the survey and the dissemination methods used.

Data analysis

Quantitative data were analysed with the statistical programme SPSS v28.²³ Frequencies and percentages were completed, along with means, standard deviations and ranges where relevant. A one-way between groups analysis of variance analysis (ANOVA) was conducted to explore the impact of geographical region on barriers in implementing knowledge in the workplace. Participant responses from different countries were grouped as follows: Australia and New Zealand; Asia and Middle East; United Kingdom and Ireland; Europe; and the Americas. These groupings were informed by similarities in healthcare systems and educational structures across countries, particularly regarding the delivery and regulation of postgraduate clinical training.²⁴ Qualitative responses from the open-text question underwent thematic analysis²⁵ to identify common themes related to career progression, educational impact, and challenges in applying acquired knowledge in clinical practice.

RESULTS

A total of 178 healthcare professionals participated in the survey. The mean age of respondents was 46 years (SD=10). Most participants identified as female (85%, n=153). The mean professional experience was 20 years (SD=11, range 1–54), with an average of 14 years (SD=9, range 0–41) in wound care. Participants were from 27 countries, with the highest representation from Australia (33%, n=60), England (18%, n=32), and Mexico (11%, n=19). The majority were nurses (65%, n=117), including tissue viability nurses (16%, n=29), specialist nurses (13%, n=23) and nurse consultants (7%, n=13), and 'other' respondents included podiatrists (13%, n=23), medical practitioners (8%, n=15), and pharmacists (<1%, n=1) (Table 1).

PRACTICE SETTING AND WOUND CARE INVOLVEMENT

The largest proportion of participants worked in public hospitals (55%, n=99), followed by community care (24%, n=42), education (21%, n=37) and private practice (18%, n=33). On average, 74% (SD=29) of participants' daily workload was wound care-related, with 52% (SD=31) involving direct wound care, 42% (SD=31) indirect wound care, and 18% (SD=19) utilising telehealth.

EDUCATIONAL BACKGROUND, CAREER RELEVANCE, AND BARRIERS TO ADVANCEMENT

Most participants held a master's degree (61%, n=109), while 17% (n=31) had a graduate certificate, 11% (n=19) a graduate diploma, and 7% (n=12) a doctorate. The majority completed their qualifications in Australia (32%, n=58), Wales (23%, n=47), and Mexico (12%, n=22). Regarding the relevance of postgraduate education to their role, 35% (n=62) reported that a formal wound care qualification was a requirement for their position, 33% (n=60) stated that it provided an advantage in job applications, while 23% (n=43) indicated that it was not a formal requirement of being appointed to their role.

Multiple reasons for pursuing postgraduate wound

care education were given, with the most cited reasons including improving patient care (74%, n=133), personal development (73%, n=130), and career progression (55%, n=99). Key enablers for studying wound care included family support (60%, n=107), financial assistance (41%, n=73), and encouragement from colleagues (47%, n=85). Despite these motivations, participants faced significant barriers to completing their education. Competing demands between work, home and study (68%, n=121), course costs (48%, n=86), and lack of study leave (37%, n=66) were most frequently reported as challenges. Additionally, barriers to implementing evidence-based wound care knowledge into their clinical practice were noted. These included obstacles such as: historical workplace practices 53% (n=94), ritualistic approaches 52% (n=92), limited resources 53% (n=94) preferences of senior clinicians 54% (n=96).

Postgraduate education was rated positively, with 93% (n=166) of participants finding it relevant to their role, 90% (n=160) stating it met their expectations, and 94% (n=167) recommending it to others. Confidence levels were high following postgraduate education, particularly in applying knowledge in clinical practice (93%, n=166), collaborating with healthcare professionals (92%, n=164) and expressing opinions in wound-related matters (91%, n=162). Furthermore, postgraduate education led to increased engagement in professional activities, with 75% (n=135) involved in staff education, 47% (n=85) presenting at conferences, and 43% (n=77) participating in research projects.

GEOGRAPHICAL BARRIERS TO IMPLEMENTING KNOWLEDGE INTO CLINICAL PRACTICE

A one-way ANOVA was performed to compare the effect of geographical region on barriers to implementing knowledge into clinical practice. There were no statistically significant differences at the $p < 0.05$ level across all four items. Ritualistic practice $F(4, 142)=1.06$, $p=0.38$; Historical or workplace practices $F(4, 141)=0.70$, $p=0.59$; Lack of availability of resources, products or therapies $F(4, 140)=0.50$, $p=0.73$; Treatment approaches or preferences of senior clinicians $F(4, 139)=0.87$, $p=0.48$.

QUALITATIVE FINDINGS

A total of 113 (64%) responses were recorded, with a thematic content analysis following Braun and Clarke's (2024)²⁵ framework performed. This identified three key themes: professional growth and recognition; challenges in accessing and completing education; and applying knowledge in clinical practice.

PROFESSIONAL GROWTH AND RECOGNITION

Postgraduate wound care education significantly enhanced participants' professional standing, career advancement, and confidence in clinical settings. Many reported that obtaining a formal qualification improved their credibility and recognition, leading to expanded responsibilities, invitations to join wound care committees, and participation in research or policy development. Some described how their training positioned them as wound care specialists, allowing them to influence clinical decision-making and provide mentorship to colleagues. One participant explained, "Completing my studies opened so many doors, I now lead a wound care team, run

Table 1. Descriptive characteristics of participants

	n (%)
Total	178
Male	23 (13)
Female	153 (85)
My gender is not listed	1 (1)
Prefer not to say	1 (1)
Age: mean (SD)	46 (10)
Years of professional practice: mean (SD) range	20 (11), 1–54
Years in wound care: mean (SD) range	14 (9) 0–41
Country of practice	n (%)
Australia	60 (33)
Belgium	3 (2)
Brazil	2 (1)
Canada	2 (1)
Costa Rica	1 (<1)
England	32 (18)
Finland	1 (<1)
Germany	1 (<1)
Guatemala	2 (1)
Ireland	2 (2)
Italy	4 (2)
Malaysia	4 (2)
Malta	4 (2)
New Zealand	11 (6)
Norway	1 (<1)
Peru	1 (<1)
Portugal	1 (<1)
Saudi Arabia	2 (2)
Scotland	3 (2)
Singapore	3 (2)
South Africa	2 (2)
Switzerland	3 (2)
Turkey	2 (2)
USA	2 (1)
Wales	4 (2)
Northern Ireland	3 (2)
Mexico	19 (11)
Occupation	n (%)
<i>Nursing</i>	117 (65)
Nurse Practitioner	4 (2)

Occupation n (%)	
Tissue viability nurse	29 (16)
Nurse consultant	13 (7)
Specialist nurse	23 (13)
Primary health nurse	2 (1)
Generalist nurse in hospital or community	13 (7)
Wound care, stomal and/or continence	286 (15)
Vascular nurse	1 (<1)
Advanced practice nurse	1 (<1)
Industry	1 (<1)
<i>Medical practitioner</i>	15 (8)
Surgeon	1 (<1)
Geriatrician	6 (3)
Primary care/family medicine	3 (2)
Wound care	8 (5)
Podiatrist	23 (13)
Pharmacist	1 (<1)
Practice Setting n (%)	
Public hospital	99 (55)
Private hospital	19 (11)
Private practice	33 (18)
Community	42 (24)
Education	37 (21)
Aged care/elderly/geriatric	24 (13)
Primary health/general practice	23 (13)
No longer in wound care	7 (4)
Daily work	mean (SD) range
What percentage of your everyday work is wound care related	74 (SD 29) 3–100
What percentage of your everyday work involves direct wound care?	52 (SD 31) 0–100
What percentage of your everyday work involves indirect wound care?	42 (SD 31) 0–100
What percentage of your day involves wound care vis telehealth?	18 (SD 19) 0–76
In your wound care role, a wound care qualification is:	n (%)
Essential	2 (<1)
Not a formal requirement	43 (23)
Not a formal requirement, however it gave me an advantage when I applied for the role	60 (33)
A formal requirement of the role	62 (35)

education sessions, and contribute to hospital-wide wound care policies.”

The qualification also strengthened participants’ confidence in challenging outdated practices and advocating for evidence-based wound management. A respondent noted, “Before my qualification, I followed what senior staff told me. Now, I have the knowledge to critically assess wound care decisions and make informed recommendations.” Another shared how their education empowered them to take on leadership roles, stating, “Since completing my qualification, I’ve been asked to present at national conferences and advise on wound management guidelines.”

CHALLENGES IN ACCESSING AND COMPLETING EDUCATION

While participants valued their postgraduate education, many faced significant barriers in accessing and completing their studies. A dominant challenge was the difficulty of balancing study with full-time work and personal commitments. Several described experiencing stress, fatigue, and guilt over spending less time with family. One participant reflected, “I often stayed up late studying after a full day at work and taking care of my kids. It was exhausting, but I knew it would be worth it.”

Table 2. Education details

Level of qualification	
Graduate certificate	31 (17)
Graduate diploma	19 (11)
Master	109 (61)
Doctorate	12 (7)
Other	7 (4)
Country of qualification	
Australia	58 (32)
Belgium	2 (1)
Brazil	2 (1)
Canada	2 (1)
England	17 (9)
Ireland	2 (1)
Italy	4 (2)
New Zealand	5 (3)
Pakistan	1 (<1)
Portugal	1 (<1)
Scotland	1 (<1)
Spain	1 (<1)
Turkey	2 (1)
Switzerland	2 (1)
USA	3 (2)
Wales	47 (23)
Mexico	22 (12)
Other	41 (23)

Financial constraints were another major issue, with many having to self-fund their education due to inconsistent employer support. Some reported taking out loans or working extra shifts to afford tuition fees, with one respondent stating, “I had to work extra shifts just to pay for my education. It was exhausting, but I knew the qualification would help my career.” A lack of study-leave and institutional backing further added to the burden, forcing participants to use personal leave or fit their studies into non-working hours. One participant noted, “My workplace offered no support, no study leave, no financial help. I had to use my annual leave just to keep up with assignments.”

These barriers led some to question whether postgraduate education was realistically accessible to all healthcare professionals. One participant remarked, “I know so many skilled nurses who want to specialise in wound care but simply can’t afford it. More scholarships and workplace funding would make a huge difference.”

APPLYING KNOWLEDGE IN CLINICAL PRACTICE

Participants overwhelmingly agreed that postgraduate education improved their ability to deliver evidence-based wound care, enhancing their skills in wound assessment, selecting appropriate treatments, and managing complex cases. They reported better patient outcomes, reduced complications, and improved interdisciplinary collaboration. One participant explained, “Before my studies, I just followed protocols. Now, I critically evaluate each case and customise treatment plans based on evidence.”

Despite these benefits, many encountered resistance when attempting to introduce new wound care protocols in their workplaces. Some faced pushback from senior colleagues who favored traditional methods, while others struggled with institutional barriers, such as budget constraints and limited access to advanced wound care products. One participant described their frustration, “I know the best treatment options, but my workplace won’t fund them, so we’re stuck using outdated dressings.”

Others encountered hierarchical structures that made change difficult, particularly in settings where senior staff members resisted newer evidence-based approaches. One respondent expressed, “trying to change old practices is difficult. Even with research-backed evidence, some colleagues just refuse to adapt.” Another added, “We know what works, but if our hospital won’t fund the right products or training, we’re stuck using outdated methods.”

DISCUSSION

This survey examined the impact of postgraduate wound care education on healthcare professionals’ clinical practice, career progression, and confidence in wound management. The results reinforce the critical role of structured education in enhancing professional expertise and self-efficacy while also identifying persistent barriers to access and implementation. These findings are consistent with existing literature emphasising the importance of postgraduate wound care education in improving clinical competency and patient outcomes.^{11, 14, 16, 26, 27}

The study illustrates that postgraduate education contributes to confidence in clinical decision-making and professional

Table 3. Studying wound care

Motivators for studying wound care n (%)	
Career progression	99 (55)
Improving patient care	133 (74)
Wanting to change career direction	29 (16)
Intellectual challenge	84 (47)
Improving employability or advancing career	69 (39)
Personal interest of personal development	130 (73)
Acquisition of research skills	55 (31)
Other	6 (3)
Enablers n (%)	
Availability of regular study leave	49 (27)
Financial support/scholarship/grant	73 (41)
Support from partner or family	107 (60)
Encouragement from others	85 (47)
Decreased family commitments	20 (11)
Working part time	20 (11)
None of these	9 (5)
Other	5 (3)
Barriers n (%)	
Competing demands: work, home and study	121 (68)
Study impacting negatively on family or friends	66 (37)
Cost of the course	86 (48)
Lack of study leave	66 (37)
Academic skills required	35 (19)
Time required to complete study requirements	73 (41)
Studying as an international student overseas	19 (11)
Studying in a second language	11 (6)
Negative attitudes/resentment from colleagues	16 (9)
Lack of workplace managerial or organisational support	43 (24)
Conflict with colleagues or adviser co-worker attitudes when wanting to implement wound-related changes	28 (16)
Feeling powerless or frustrated in not being able to implement change	33 (18)
Health issues, including stress and anxiety related to study	36 (20)
Outcomes of training mean score out of 100 (SD) range: lowest – highest scores. (Note: mean 100=all strongly agree).	
I found the wound care course useful and relevant to my role	93 (SD 15) 0–100
The wound care course I studied met my expectations	90 (SD 16) 20–100
I would recommend studying a wound care course to others	94 (SD 13) 33–100
I feel confident expressing my opinion in wound related matters	91 (SD 13) 21–100
I feel confident working with other health professionals	92 (SD 14) 21–100
My skills in reading, analysing and understanding journal articles or scientific papers has improved	87 (SD 17) 6–100

Outcomes of training mean score out of 100 (SD) range: lowest – highest scores. (Note: mean 100=all strongly agree).	
I feel I have gained respect from my colleagues	82 (SD 21) 5–100
I am able to think critically and ask questions that I previously may not have thought about or asked	87 (SD 17) 10–100
I was intellectually stimulated by the material I was studying	91 (SD 15) 9–100
I was able to use my new knowledge and skills in my clinical practice	93 (SD 12) 31–100
I am confident in being involved in wound related committees, quality assurance or auditing and research projects	88 (SD 17) 3–100
I feel a strong sense of personal achievement	92 (SD 14) 15–100
My clinical practice has directly benefited	92 (SD 16) 5–100
I am more likely to obtain wound care information from sources such as clinical practice guidelines or scientific journals than informally through colleagues or the internet	91 (SD 15) 10–100
I believe using evidence based practice results in better wound care practice and better outcomes for my patient	95 (SD 11) 12–100
I apply what I learnt on a daily basis	90 (SD 18) 3–100
Barriers to changing practice mean score out of 100 (SD) range: lowest – highest scores. (Note: mean 100=all strongly agree).	
<i>I wanted to make changes in my workplace but I was unable to because of:</i>	
Ritualistic practices	52 (SD 30) 0–100
Historical or workplace practices	53 (SD 31) 0–100
Lack of availability of resources, products or therapies	53 (SD 32) 0–100
Treatment approaches or preferences of senior clinicians	54 (SD 31) 0–100
Since completion of my training I have been involved with: n (%)	
Research projects	77 (43)
Publication of a book or chapter	28 (16)
Publication in scientific journal	63 (35)
Education of healthcare staff	135 (75)
Oral or poster presentation at a conference	85 (47)
Being an invited speaker	78 (44)
Volunteer work associated with wound care peak body or association	51 (28)
Participation in wound care governance activity	71 (40)
Established a wound care-related service/ business/practice	69 (38)
<i>SD=Standard Deviation</i>	

growth. A large proportion of participants (93%, n=166) considered their qualification relevant to their role, and 90% (n=160) reported that it met their expectations. These results align with previous studies indicating that structured education strengthens clinicians' ability to integrate evidence-based practices into their daily work.^{13, 28} Additionally, postgraduate education enhances career progression by improving clinical competency and employability, with 35% (n=62) of participants requiring a qualification for their role and 33% (n=60) gaining a competitive advantage.^{27,29} However, inconsistent institutional recognition of these qualifications may limit career advancement, highlighting the need for standardized credentialing and benchmarking.³⁰

Despite these benefits, significant barriers to postgraduate education were identified. The most cited obstacles were competing work, home, and study demands (68%, n=121), course costs (48%, n=86), and lack of study leave (37%, n=66). These findings align with previous literature, highlighting time constraints and financial burden as major deterrents to further education^{21,31} Many participants self-funded their studies, reinforcing concerns about the affordability of specialised training, particularly for nurses and allied health professionals. Greater financial support, study leave, and scholarships are needed to improve accessibility.³² Despite known geographical differences in the delivery of healthcare and health professional training,²⁴ the current study demonstrated that there were no significant differences between geographical locations in barriers to implementing knowledge in the workplace. This is likely a result of the small sample size and limited representation from some regions.

While postgraduate education improved clinical competency, many participants faced resistance when implementing evidence-based practices. Workplace culture and institutional resistance were key barriers, with 53% (n=94) citing historical practices and 54% (n=96) reporting that senior clinicians' preferences hindered change. These findings reflect previous research demonstrating that embedded clinical habits often delay the adoption of best-practice wound care.¹¹ Furthermore, limited access to advanced wound care products restricted the ability to apply knowledge, reinforcing calls for greater institutional investment in resources and policy changes supporting evidence-based practice.^{11,33}

These results emphasise the need for improved educational frameworks and stronger institutional support. Structured learning opportunities, including blended-learning models that integrate online and practical training, could improve accessibility while maintaining educational rigor.¹⁶ Mentorship programs and clinical placements could further support the transition from education to practice.²¹ Standardizing postgraduate wound care education across institutions and countries would enhance training consistency and professional competency.¹⁸

STRENGTHS AND LIMITATIONS

A key strength of this study is its international scope, capturing perspectives from healthcare professionals across 27 different countries. The integration of quantitative and qualitative data strengthens the findings by combining statistical trends with participant experiences. However, several biases must be considered. Recall bias may have affected self-reported confidence and knowledge application, while selection bias

limits insights from those without postgraduate education. Sampling bias should be taken into consideration, as respondents to the survey were likely highly engaged and likely to have had positive experiences of their study. We did not include participants who had ceased their study prematurely. Additionally, the design of the study prevented the assessment of patient outcomes, and represents the participants experiences only. As the content validity of the questionnaire was assessed by only one expert reviewer, the scope of expert input was limited, which may affect the comprehensiveness and robustness of the survey design. Finally, while it is not currently known how many health practitioners hold postgraduate qualifications in wound care, our sample is likely only a small proportion and not representative of the global wound profession as a whole. This should be taken into consideration when interpreting the findings.

CONCLUSION

This study highlights the significant role of postgraduate wound care education in enhancing healthcare professionals' clinical confidence, decision-making, and career progression. The findings reinforce the value of structured, formal education in improving professional competency and integrating evidence-based wound care practices into clinical settings. However, barriers such as financial constraints, time limitations, and institutional resistance continue to hinder both access to education and the implementation of acquired knowledge in practice. Future research should assess the long-term impact of postgraduate wound care education on patient outcomes and healthcare efficiency through longitudinal studies.

AUTHORSHIP

Conception and design (PT and AT), data analysis (PT), interpretation (PT and SP), manuscript draft (SP and PT), critical revision of manuscript (PT, DB, SH, AT, PT), final approval of the manuscript (all).

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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