

Editorial

Sharing best practice

Upton D, Upton P, Dunk AM & Barker J

Research evidence and clinical experience have indicated that the psychosocial consequences of having a wound are significant and at least (some would say more so) as important as the physical considerations. These consequences include pain, stress, sleep disturbances, negative mood, social isolation, anxiety, low self-worth, feelings of despair and even suicide. They may result from the physical effects of the wound, wound management, mobility issues or malodour. The evidence suggests that psychological factors not only influence the occurrence of further wounds, but can also exacerbate the severity of a wound and affect healing. This means the patient has to endure further psychological and physical problems (and, of course, increased treatment costs) — a vicious circle that clinicians must be aware of when managing patients with wounds.

This delay in healing may be explained by a variety of influences including poor treatment concordance and altered immune response stemming from psychological stress. However, what should not be overlooked is that the opposite is also true — the presence of positive psychological factors associated with wellbeing, such as hope, social support and optimism are protective and will enable better overall psychological health, increased treatment concordance, improved healing speed and, ultimately, a better overall outcome for patients with wounds. Identification of psychosocial factors is important in ensuring that maladaptive elements can be replaced with protective ones. Clinicians have an important role in influencing patient wellbeing and the subsequent healing process so they need to have the support and tools available. However, it is currently unclear why some patients with wounds are able to retain a sense of positivity and wellbeing in spite of their difficulties, or what clinicians can do to promote this. As clinicians, we need to pool our resources, share our skills and our learning, foster collaborations with patients, colleagues and mentors. Clinicians require a set of

tools to support patients by promoting the protective factors and enhancing wellbeing. There are a number of ways of achieving this: improving the research and evidence-based practice of all clinicians (for example, see the article by Parker and colleagues in this issue) and by improving the teaching and support we provide to current clinicians (in this issue, Monaro *et al.* suggest new approaches). However, there is another approach — a network of interested colleagues who share best practice. In order to achieve this, the Wellbeing of Wounds Network (www.wellbeingofwounds.info) has been launched. Here colleagues can share resources and promote approaches that work for them — positive, protective and supportive methods that can potentially benefit all our patients. Clinicians are urged to visit the site, share their resources, and learn from others. We can do better for our patients and this new website should assist us in reducing the suffering and, indeed, the prevalence of wounds.

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