# Studies selected November.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Study reference** | Aim | Data collection  | Data analysis | Findings | Conclusion |  |
| **1**.Aune, E., & Struksnes, S. (2019). Home care nurses' experience of providing healthcare to patients with hard-to-heal wounds. J Wound Care, 28(3), 178-187. doi:10.12968/jowc.2019.28.3.178 | To investigate and describe the experiences of nurses working in home care, with responsibility for providing healthcare to patients with hard-to-heal wounds  | A qualitative method with exploratory and descriptive design was used. Nurses from three municipalities in Norway were recruited. A questionnaire with semi-structured and open-ended question.**21 nurses** included in the study. | Content analysis with an inductive approach was carried out to analyze responses  | Overall theme. Complex challenges, professional pride, and joy. 1. The importance of nursing competence. 2. The importance of organization and framework works.3. The importance of cooperation.  | Nurses in homecare are working with complex challenges but also take pride in the treatment of patients with hard to heal wounds. The criteria for success depend on both patients and nurse’s knowledge and organizational aspects and cooperation.  |  |
| **2**.Chamanga, E., Christie, J., & Mckeown, E. (2014). Community nurses´ experiences of treating patients with leg ulcers. Wound Care, 28, 27 - 34. | To explore community nurses’ views of the daily lives and needs of people with leg ulcers } To explore community nurses’ rationales for treatment and experiences of caring for people with leg ulcers. | Focus group of **five healthcare** support workers andfour individual interviews **with two associate nurses and two****district nurses****9 but only 4 nurses**  | Thematic analysis | Leg ulcers were a significant burden on community nurses’ caseloads, requiring extensive resources. Nurses understood the impact of leg ulcers on the patient’s quality of life. There was a lack of knowledge and practical skills. There was insufficient time co complete assessment leading and care plans leading to bad communication. | Community nurses experience of managing patients with leg ulcers are influenced by external factors: -The nurses were aware of the impact of leg ulceration on patient’s quality of life. But there were administrative and organizational challenges to be addressed before patients could receive patient-centered, holistic, and evidence-based practice. |  |
| **3.**Eskilsson, C., & Carlsson, G. (2010). Feeling confident in burdensome yet enriching care: Community nurses describe the care of patients with hard-to-heal wounds. *Int J Qual Stud Health Well-being, 5*(3). doi:10.3402/qhw.v5i3.5415 | To describe the community nurses’ experiences of treating patients with hard-to -heal wounds  | **Seven** qualitative interviews with the nurses  | Reflective lifeworld approach(Dahlberg, Dahlberg, & Nystrom, 2008)  | The phenomenon as experienced by the nurses – tension between enriching and burdensome care. 1. Taking responsibility, 2. Showing respect for the whole person, 3 Being confident to offer confidence. 4. Seeing time and place as important.  |  Caring for patients with hard to heal wounds is very time consuming. The nurses feel stressed. But understand the importance of visiting patients in their own homes.  |  |
| **4.**Friman, A., Edstrom, D., W, Ebbeskog, B., & Edelbring, S. (2020). General practitioners'knowledge of leg ulcer treatment in primary healthcare: an interview study. 1 - 6. doi:10.1017/S1463423620000274 | To describe GP´s knowledge and development of treating patients with VLU in Primary Healthcare | Semi-structured interviews were conducted with **16 GP**  | Thematic analysis  | Four themes were identified. Education and trainingExperience Prioritization Time constraints  | The GP´s are aware of the need for ongoing competence development in the treatment of VLU. They describe their current knowledge as insufficient and name the lack of courses that are available and limited opportunities for clinical training.  |  |
| **5.**Friman, A., Edstrom, D. W., & Edelbring, S. (2018). General practitioners' perceptions of their role and their collaboration with district nurses in wound care. *Prim Health Care Res Dev, 20*, 1-8. doi:10.1017/S1463423618000464 | To explore the perceptions of GPs regarding their role and their collaboration with DN´s in the management of leg ulcers in PHC | Semi-structured interviews with **16 GP´s**  | Themati c analysis  | Four themes were identified. Role as consultant and coordinator Responsibility for diagnosis Desire for continuity Collaboration within the organization  | The GP´s often work on consultant like basis and experience that they become involved late in the patients wound treatment. This, then can have negative consequences for the medical diagnosis and pt. Treatment. Issues with collaboration is attributed to organizational factors.  |  |

|  |  |
| --- | --- |
|  |  |
| **6**.Friman, A., Klang, B., & Ebbeskog, B. (2011). Wound care by district nurses at primary healthcare centres: a challenging task without authority or resources. *Scand J Caring Sci, 25*(3), 426-434. doi:10.1111/j.1471-6712.2010.00839.x | To describe district nurses’ experiences of their nursing actions when treating patients with different kinds of wounds at primary healthcare centers and in-home care. | A qualitative descriptive study was conducted.**Eight district nurses** were interviewed.  | Qualitative content analysis | Three themes and nine sub-themesHaving a feeling of responsibility and confidence in nursing actions.Endeavoring to provide expert skills in wound carePerforming wound care in non-optimal work environment THEN 9 sub themes  | The DN´sstrive to provide expert care for patients. Poor organisation and lack of job descriptions and guidelines were also identified some problems. A shortage of treatment rooms. |
| **7.**Friman, A., Wahlberg, A., C,, Mattiasson, A., & Ebbeskog, B. (2014). District nurses' knowledge development in wound management: ongoing learning withou organizational support 386-395. doi:10.1017/S1463423613000303 | To describe DN´s experiences of their knowledge development in wound management when treating patients with wounds in healthcare. | A qualitative descriptive design. **16** nurses from 8 healthcare centers were selected and qualitative interviews  | Content analysis  | Three categories and 11 sub-categoriesOngoing learning by experience Searching for InformationLacking organizational support  | The DN´s experienced that they were in a constant state of learning.Lack of organizational support from staff management made it difficult for DN to develop their skills.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8.**Lagerin, A., Hylander, I., & Tornkvist, L. (2017). District nurses' experiences of caring for leg ulcers in accordance with clinical guidelines: a grounded theory study. *International journal of Qualitative Studies on Health and Well-being, 2*, 1 -12 doi:10.1080/1748263.2017.1355213 | To investigate DN´s experiences of caring for leg ulcers in accordance with clinical guidelines | Group interviews with **30** nurses  | Grounded theory method for data collection | Obstacles in following the guidelines.Compensating strategies for avoiding consequences of the obstaclesPerceived prolonged wound treatment as consequences of the obstacles. Strategies for overcoming feelings of hopelessness | The study shows how nurses compensate to avoid consequences of obstacles – motivate themselves and patients to overcome feelings of hopelessness.  |
| **9.**Sadler, G. M., Russell, G. M., Boldy, D. P., & Stacey, M. C. (2006). General practitioners' experiences of managing patients with chronic leg ulceration. *Med J Aust, 185*(2), 78-81. | QS N6 computer program facilitating coding and connection of qualitative data | Qualitative study using phenomenology and in-depth interviewing. **12 GP´s** |  | Major themes Part of the job Nursing assistance valued. Successful careDifferent management plans | The study shows fundamental differences between GP and specialist conceptualization of leg ulcer care. GP – shows need for improvement Specialists shows that guidelines may not be acceptable.  |
| **10**Walsh, E., & Gethin, G. (2009). The lived experience of community nurses treating clients with leg ulcers. *Br J**Community Nurs, 14*(9), S24-29. doi:10.12968/bjcn.2009.14.Sup4.43911 | To explore DN´s experiences of treating patients with leg ulcers **7 nurses** | Qualitative data analysis Van Manen´s (1990) | researchers thought process and use of words to describe and discuss findings (Cormack 2000) | ThemesSources of wound care knowledge Facilities available in the community  | Chronic wounds increase with age and are a financial drain on health care services.There is a need for support to implementation of guidelines and facilities  |
| **11.**Weller, C. D., Richards, C., Turnour, L., Patey, A. M., Russell, G., & Team, V. (2020). Barriers and enablers to the use of venous leg ulcer clinical practice guidelines in Australian primary care: A qualitative study using the theoretical domains framework. *Int J Nurs Stud, 103*, 103503. doi:10.1016/j.ijnurstu.2019.103503  | To identify barriers and enablers perceived by primary care practitioners in implementing venous leg ulcers guidelines in clinical practice. **15** GPAnd **20** nurses | Conducted 35 semi-structured face-to face and telephone interviews. | Content analysis -mapped across Theoretical domains framework  | Six main domains/themesKnowledgeSkillsSocial influencesSocial/Professional role IdentityBelief about capabilities  | The Study identified that many participants were not aware of the guidelines. Limited resources, unclear role responsibility and reliance on clinical experience were also barriers. |