

Clinician attitudes to shared-care and perceptions on the current extent of patient engagement in wound care: Results of a clinician survey

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Market research conducted in November and December 2020 presented in this article gives insight into how clinicians can be better equipped to support patients to self-care. Results show that clinicians in Australia, China, France, Germany, Spain, the UK and the USA, estimated that 45% of their patients with chronic wounds could benefit from greater involvement in their own care. Practitioner attitudes towards encouraging shared care varied globally; in China, the UK and the USA, shared care is a more established approach than in France and Germany, where care is predominately nurse-led. Findings indicate that clinicians themselves require support to identify patients who can self-care and practical tools are needed to facilitate this approach to service delivery.

Long before the COVID-19 pandemic, there has been a growing focus on encouraging shared care, and this topic had been high on international wound management agendas for some time. A recent World Union of Wound Healing Societies (WUWHS; 2020) Consensus Document asserts that, where possible, self-care with support is often the best option for patients. The move towards self-care has been largely driven by rising costs of healthcare, increasing numbers of people living with wounds and an understanding that patient wellbeing can be optimised by patient engagement and involvement (Wounds International, 2012; Guest et al, 2015; WUWHS, 2020).

In wound care, the most important outcome measure of wound healing for clinicians, care providers and industry is often wound progression. However, patients themselves are likely to have other priorities, which focus on aspects of the wound that impact directly on their overall wellbeing. These include alleviating embarrassment due to wound odour, being able to leave the house, going to work and performing daily activities (WUWHS, 2020).

Improved wellbeing has long been associated with improved outcomes for the patient (Wounds International, 2012), but it may also be linked to economic benefits (Department of Health, 2010), through reduced clinical visits and reduced dressing changes. In the UK, the annual cost of wound care in the National Health Service

has recently been reported to be £8.3 billion (approximately USD \$11.5 billion), the annual cost has increased by 48% in real terms over 5 years (Guest et al, 2020). The use of advanced dressings has been shown to facilitate supported care and reduce dressing change frequency and clinical visits. A targeted programme of training and education to promote supported self-care and appropriate use of ALLEVYN \diamond LIFE Foam Dressings (Smith + Nephew) achieved a 50% reduction in dressing change frequency and clinical visits (Joy et al, 2015). In a recent Spanish observational study of over 30 community setting centres, switching to ALLEVYN LIFE helped to significantly reduce weekly dressing change frequency by 47.1% and reduce weekly dressing costs by 58.7% (Tiscar-González et al, 2021). Despite reduced nurse visits as a result of there being less dressing changes required, there was improved treatment satisfaction among healthcare professionals (HCPs) and patients (Tiscar-González et al, 2021); this challenges perceptions around patients' preferences.

Impact of the COVID-19 pandemic

Globally, the COVID-19 pandemic has affected service delivery across all health care settings. Despite its challenges, the pandemic has amplified opportunities for change, such as new ways to engage with patients, and has shown in routine, clinical practice that patient engagement can be a positive solution for many.

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Quantitative and qualitative research

A total of 511 HCPs who treat chronic wounds in a community setting were surveyed to explore current levels of patient engagement, attitudes to patient engagement and the impact of the COVID-19 pandemic on community nursing [Box 1]. Quantitative and qualitative research took place in November and December 2020. Clinicians were based in one of seven geographies (Australia, China, France, Germany, Spain, the UK and the USA) and completed electronic surveys and took part in interviews.

The main findings of the research were:

1. The management of chronic wounds requires a holistic, individualised approach. Patient attitude and willingness to be involved in their own care vary greatly.
2. Greater patient engagement is welcomed, but clinician attitudes to its feasibility vary across geographies.
3. The COVID-19 pandemic has, in some geographies, quickened the transition to shared care out of necessity.
4. Clinicians require support to identify the patients who can safely self-care, and the wound care industry can play a role in supporting nurses and patients.

Clinicians' attitudes towards patient engagement

Clinicians were asked to give a rating on a 7-point agreement score (7 being extremely positive, and 1 being very negative) on their general feeling on increased patient involvement in the community setting. Among clinicians surveyed ($n=511$), 42% ($n=213$) were either very positive (6) or extremely positive (7) about the concept of patient engagement.

Clinicians were also asked to what extent did they agree or disagree with a range of statements about patient involvement (also ranked on a 7-point agreement scale). The vast majority of clinicians (60%; $n=306/511$) agreed or strongly agreed that patient involvement is beneficial for patients who can self-care [Figure 1].

On average, the HCPs estimated that 45% of their patients with chronic wounds could benefit from greater involvement in their own care. In an open-ended question, 28 clinicians were asked to share their opinion on the benefits of patient engagement for the patients' lives and wellbeing and their own working experience [Table 1].

Extent of patient involvement in care

At the time of the survey (November – December 2020), the clinicians estimated that 60% of community patients with chronic wounds were either fully involved or had some shared involvement in their wound care [Figure 2]. The extent of patient involvement varied greatly across countries; patient involvement was highest in China (77%) and the USA (73%). In the USA, self-care is an integral part of wound care and the patient's role in their care is established from the outset of treatment. In France, care is predominantly clinician-led and the extent of patient involvement was lowest (41%).

Extent of home visits

Across the seven geographies, clinicians ($n=511$) reported that 76% of community care patients with chronic wounds received home visits. Care was either provided via home

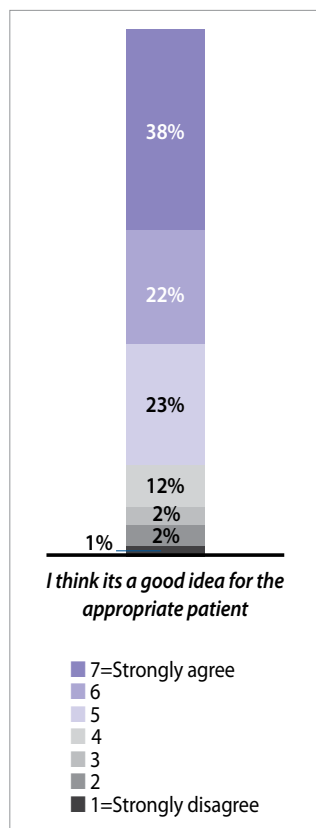


Figure 1. To what extent do you agree or disagree with the statement "I think [patient involvement] is a good idea for the appropriate patient" ($n=511$).

Box 1. Research methodology (conducted by The Nursery Research and Planning Ltd, London, UK; commissioned and funded by Smith + Nephew, UK).

Quantitative research methodology

- Online, device-agnostic survey involving a 20-minute interview
- Respondents were nurses, wound care nurses or primary care physicians who regularly treated chronic wounds in a community setting
- 511 interviews: China ($n=76$), France ($n=77$), Germany ($n=77$), Spain ($n=75$), UK ($n=77$), USA ($n=76$) and Australia ($n=53$)
- Fieldwork was conducted between 16 November and 7 December 2020.

Qualitative research methodology

- Respondents were nurses, wound care nurses or primary care physicians who regularly treated chronic wounds in a community setting
- 1-hour interview; 28 interviews: France ($n=7$), Germany ($n=7$), UK ($n=7$) and USA ($n=7$)
- Fieldwork was conducted between 3 December and 28 December 2020.

visits only or via a combination of home visits and appointments at a clinic.

The average duration of a home visit for the management of a chronic wound was 40 minutes depending on the wound type.

Since the COVID-19 pandemic, 70% ($n=358/511$) of clinicians felt they had too little time to dedicate to each patient. On average, 50% ($n=257/511$) of clinicians believed that greater patient involvement among those who were able would allow them to spend more time with other patients.

Drawbacks to greater patient engagement

Twenty-eight clinicians were asked in an open-ended question to list what they

thought the drawbacks to greater patient engagement were [Table 2]. One of the main challenges was establishing whether a patient would have the expertise to care for their wound correctly, and how to identify the patients who would be suitable to participate in their care. In France and Germany, clinicians were more cautious than in the UK and USA. German and French clinicians were particularly concerned with the practicalities of patients monitoring and managing their own wounds. There were also some concerns in Germany and France surrounding potential loss of income if patient involvement is encouraged, especially for self-employed HCPs in France.

Table 1. Benefits of greater patient engagement identified by clinicians in the survey ($n=28$).

Benefit to the patient	Benefit to the clinician
<p>Independence – Patients are more in control of their own time as they do not need to wait for a nurse to visit and they can go about their activities of daily living (i.e. not needing to take time off work for appointments).</p> <p>Privacy – There is no need for a new or different nurse to enter their home and examine them at each appointment.</p> <p>Increased compliance – Patients are more likely to comply (in wound treatment and other lifestyle advice) if they feel part of decision making process compared to a passive participant in their care.</p> <p>Attitude – Overall, patients may feel more positive, empowered and enthusiastic if they are fully engaged in their care.</p>	<p>Timing – The clinician can spend more time with patients with complex needs and wounds, who are unable to self-care.</p> <p>Cost – The cost for the care provider is reduced if there are fewer visits. There may also be fewer dressing changes as there is currently an attitude among clinicians of 'I might as well change the dressing now I am here'.</p> <p>Relationship – If the patient is engaged, the clinician and patient have a shared goal which can make the practitioner–patient relationship stronger.</p> <p>Better reporting – A patient who understands the wound can give accurate updates to the practitioner, as well as notifying the clinician if the wound deteriorates and needs specialist care.</p>

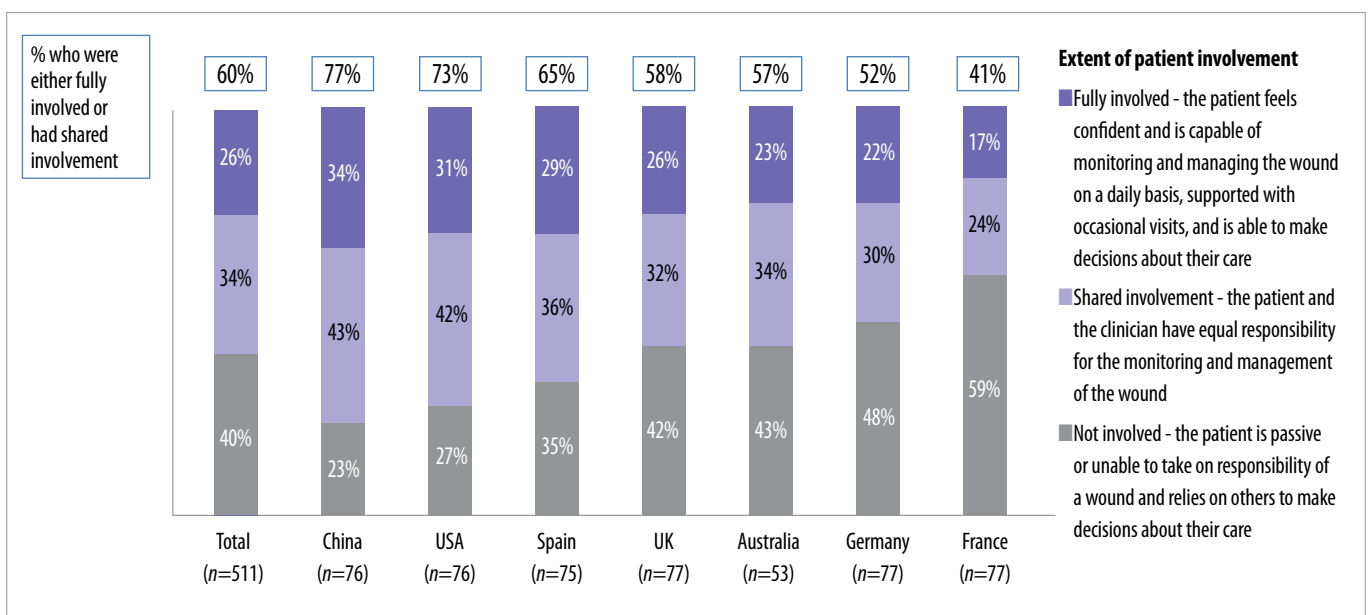


Figure 2. What is the current level of patient involvement among the patients you treat for chronic wounds in the community setting?

Table 2. Drawbacks to greater patient engagement identified by clinicians in the survey (n=28).

Drawbacks for the patient	Drawbacks for the clinician
<p>Lack of reassurance – Patients may feel unsure and unconfident that they are managing their wound correctly when self-caring.</p> <p>Increased likelihood of wound deterioration – The wound may deteriorate undetected and, thus, require more advanced intervention if the patient is unfamiliar with the signs and symptoms of infection or non-healing.</p> <p>Lack of expertise – There is a risk of patients tampering with their wound or not monitoring it often enough.</p> <p>Isolation – Some patients may rely on or enjoy the interaction with the clinician.</p>	<p>Timing and patient suitability – Initially, it requires time to teach patients how to care for their wound. If self-management is not suitable for the patient, this can feel like time wasted.</p> <p>Miss holistic issues – If the HCP does not see the patient face-to-face, they can miss discussing and observing other influencing factors, such as diet, lifestyle, hygiene, mental health and other illnesses.</p> <p>Responsibility – The HCP remains legally responsible when the patient is self-caring, but with less control over care.</p> <p>Negative emotional impact – There is a risk of HCPs feeling redundant or less important if the patient is self-caring. Some clinicians can worry about appearing ‘lazy’ or uncaring.</p> <p>Losing income – Clinicians can feel concerned about losing their job or income if the patient is self-caring, especially for self-employed HCPs.</p>

Impact of the COVID-19 pandemic on patient involvement

The HCPs in the survey were asked what impact the COVID-19 pandemic had had on a range of factors [Table 3]. The net trends (the percentage of HCPs saying increase, minus the percentage saying decrease) were as follows:

- 29% (net) of clinicians reported a decline in staffing levels
- 25% (net) of clinicians reported a decline in frequency of home visits
- 39% (net) of clinicians reported an increase in the number of wound complications
- 29% (net) of clinicians reported an increase in wound infections
- 20% (net) of clinicians reported an increase in patient involvement in wound care/dressing changes.

An increase towards self-care was perceived to be highest among HCPs in the UK and Germany. Interestingly, 9% (net) of HCPs in France reported a decline in patient involvement.

Clinicians who reported a reduction in home visits since the COVID-19 pandemic (n=261) were asked what approaches had been used to maintain levels of care following the reduction in home visits:

- 69% (n=180) claimed to have trained patients/caregivers to change dressings
- 59% (n=155) claimed to have had consultations via telephone or video conference
- 58% (n=152) claimed to have used alternative dressings or therapies that reduced the frequency of dressing changes
- 51% (n=134) claimed to have increased

correspondence with patients (e.g. email, text message, photographs of wounds)

- 43% (n=112) claimed to have conducted less frequent dressing changes.

All 511 clinicians were asked when selecting a foam dressing during the COVID-19 pandemic, which features were most important. Out of a rating scale of 7 (7 being very important, and 1 being not at all important), the three dressing features rated most highly (rating of 6 or 7) were:

- Absorbency (78%; n=399),
- Ability to manage exudate (78%; n=399)
- Flexibility to the contours of the body (67%; n=344).

Social distancing and a reduction in face-to-face consultations has meant that dressing changes have been less frequent and a dressing is required to remain *in situ* for longer periods than usual. Over half of clinicians (53%) prioritised a foam dressing with an extended wear time (i.e. 5-7 days), and 48% of clinicians prioritised a change indicator as an important feature of a foam dressing.

Discussion: How to support greater patient engagement

Despite the benefits of patient engagement reported in the literature and highlighted in this study, there remain concerns and challenges surrounding the promotion of self-care that existed before the COVID-19 pandemic and still need to be addressed. These include patient attitudes (e.g. requiring or preferring face-to-face contacts) and clinician attitudes (e.g. reluctance to relinquish a paternalistic role). There is also a perception that supporting self-

Table 3. Net trend of clinician perceptions on the impact of the COVID-19 pandemic on community care
(Net trend = the percentage of healthcare professionals reporting an increase, minus the percentage reporting a decrease).

	Total (n=511)	UK (n=77)	USA (n=76)	Australia (n=53)	Germany (n=77)	France (n=77)	Spain (n=75)	China (n=76)
Number of wound complications	+39%	+30%	+37%	+15%	+53%	+17%	+52%	+64%
Number of wound infections	+29%	+23%	+34%	-8%	+51%	+12%	+41%	+38%
Patient involvement in wound care /dressing changes	+20%	+32%	+13%	+28%	+30%	-9%	+24%	+26%
Dressing/other wound management resource availability	-8%	-12%	-12%	-21%	-9%	-1%	-12%	+5%
Duration of appointments/ home visits	-11%	+18%	0%	-17%	-43%	-6%	-28%	+1%
Frequency of home visits	-25%	-9%	-21%	-30%	-62%	-4%	-23%	-28%
Staffing levels	-29%	-19%	-24%	-17%	-64%	-23%	-29%	-24%

care is time-consuming. While the initial patient education requires time and clinical input, self-care in the long-term will free up time and resources for clinicians to see more patients with more complex needs (Wounds International, 2012; Moore et al, 2016). Overcoming these barriers requires a multi-faceted approach that will involve:

1. Optimisation of communication with the patient
2. Identification of patients who can effectively self-care
3. Tools to encourage and support patient engagement.

1. Optimisation of communication with the patient

Communication is central to patient empowerment; however, the main barrier to effective communication is the limited time a clinician has to spend with the patient (Wounds International, 2016). Seventy percent (n=357/511) of clinicians felt they had too little time to dedicate to each patient. Although in the past, a reduction in social contact with a nurse has been cited as an argument opposing self-care, research shows that treatment satisfaction can increase for many when there is a reduction in nurse visits (Tiscar-González et al, 2021). As seen in the research presented here and elsewhere, patients may prefer to be more involved in care if it means they have more independence and control over their time (WUWHS, 2020).

2. Identification of patients who can effectively self-care

While embracing patient engagement, it is

important to remember that not all patients can self-care to the same extent, nor that the extent of patient involvement remains static over time.

Drawing on the core themes that emerged from the qualitative data analysis, it would seem the following questions are key considerations in order for a patient to have increased autonomy:

- Can they practically be expected to do this?
- Are they competent enough?
- Are they likely to comply with/adhere to wound management?
- Do they have the support of a relative, carer or friend?
- Do they want to be more involved in care?

The answers to these questions may be influenced by, for example, the patient's age, cognitive ability, lifestyle and wound complexity. It may be necessary to consider where patients sit on a 'self-care continuum' based on their ability, confidence and willingness to engage in self-care, and the characteristics of the wound itself (e.g. location, complexity).

3. Tools to encourage and support patient engagement

In the UK and USA, there are informal approaches employed to encourage self-care, such as directing patients to informative websites, and providing verbal information and educational leaflets. In the USA, the 'return demonstrate/teach back' approach is usually a requirement of the insurer to evidence that the patient is able to self-manage. The return demonstrate/teach back approach involves the practitioner observing the patient applying their own dressing over the course of multiple visits (Yen and Leasure, 2019).

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The findings from the qualitative interviews identified that HCPs would appreciate support to improve patient involvement, such as patient-focused instructions for use to be included in the dressing packaging, wall charts and big font leaflets they can give to the patient. More senior and experienced clinicians would appreciate tools and approaches to help guide and coach less experienced, less confident or less willing staff to promote patient engagement.

Following the reduction in home visits during the COVID-19 pandemic, clinicians claimed to have conducted consultations via telecommunication and increased correspondence with patients (e.g. via text or email) to maintain levels of care. These approaches are already well established in remote and rural medicine, such as in Australia (Eikelboom, 2012), and will continue to be an important tool beyond the pandemic. The clinicians surveyed would also like nurse-led patient support groups and integrated apps that provide advice and allow communication with HCPs.

Assessing patient suitability for increased participation in care is informal in France, Germany and the UK. Formal tools and strategies would also provide evidence of information given to the patient.

Based on the results of the market research conducted, there appears to be a need for more formal tools and strategies to support the dynamic of self-care, for example:

- Tools to increase patient engagement among patients who are able to self-care
- Guidance on how to discuss advice with patients
- Checklists or tools to assess patient suitability for patient engagement.

Collaboration with wound care industry

To make patient involvement a reality, healthcare services need to adopt strategies, tools and products that enable patients to self-care. There is an opportunity for the wound care industry to work alongside patients, clinicians and healthcare services to develop these strategies.

The results of the survey show that absorbency and exudate management are rated as the most important properties for clinicians when they are choosing a foam dressing. As patients become increasingly involved in their own care, they will need to be able to confidently use the dressings prescribed.

ALLEVYN LIFE is an example of a multi-layer, highly absorbent foam dressing that offers a


good option for patients who are self-caring. It incorporates a design feature that indicates when a dressing change is needed, and has been shown to be of benefit to both patients and clinicians in healing and leading to improved patient wellbeing (Rossington et al, 2013; Tiscar-González et al, 2021). ALLEVYN LIFE has also been shown to significantly reduce mean weekly dressing changes by 47.1% in a real-world clinical setting (Tiscar-González et al, 2021). It has a wear time of 5-7 days, which was indicated in the research as potentially beneficial for patients by clinicians in the UK and USA, especially when the frequency of home visits has declined due to the COVID-19 pandemic.

Conclusion

It is important to remember that self-care does not mean less care for the patient, it is simply an alternative approach that has been shown to be beneficial to clinicians, patients and care providers (Wounds International, 2012; Moore et al, 2016).

Although there are geographical variations in attitudes to encouraging patient self-care, clinicians believed that 45% of their patients would benefit from increased involvement in their care.

From the results of the survey, 25% (net) of HCPs reported a decline in home visits as a result of the COVID-19 pandemic. The pandemic has provided a real-world opportunity for greater patient involvement and self-care and to identify the true barriers to enhanced patient engagement. This transition is set to continue beyond the pandemic so the timing is right to gain consensus from the international wound care community on how to support effective strategies that will expedite greater patient involvement.

Understanding the individual needs and extent to which patients are able to self-care is critical. The future needs to focus on developing internationally agreed tools that can facilitate this process. 

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