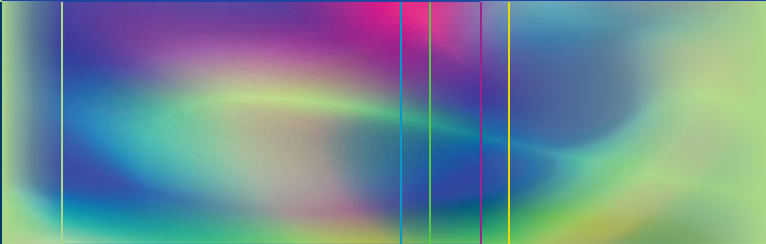


Dominic Upton
Penney Upton



Psychology of Wounds and Wound Care in Clinical Practice



Springer

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ISBN 978-3-319-09652-0 ISBN 978-3-319-09653-7 (eBook)
DOI 10.1007/978-3-319-09653-7
Springer Cham Heidelberg New York Dordrecht London

Library of Congress Control Number: 2014952329

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Printed on acid-free paper

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Foreword I

The Lindsay Leg Club model is based on one in which patients are empowered to take ownership of their care, alleviate their suffering and reduce the stigma attached to their condition. It also seeks to further advance education in all aspects of leg health among sufferers, carers, the general public and the healthcare professions. As president of the Lindsay Leg Club, I am therefore glad that Dominic and Penney have asked me to write this preface for their book. I know that patients with wounds and the members of our Leg Clubs across the country and beyond will be satisfied that their concerns are being listened to and their voices heard and that this is reflected here in this book.

Care of those with wounds, especially the care of chronic wounds, is an area of practice that has received much attention over recent years. In part this is due to the significant impact it can have on the costs to the health service, nursing practice and, most importantly, to the patient themselves and their family. This interest has also come about because of the increasing number of patients with such wounds and the considerable economic cost that this brings to society and the health service. As a result of increased interest the amount of research, education and training has also significantly increased. Much of this, quite rightly, has been on the medical and nursing care of those with wounds. Unfortunately, the focus on the psychological and social aspects associated with chronic wounds has been largely ignored. Although some pioneering work exploring quality of life and pain occurred

in the 1990s, much of the work exploring the patient experience has been sadly neglected – until now.

Dominic has done much to promote this research and his work has looked at how people live with a wound – what issues confront individuals with chronic wounds, what their experience of treatment is, and, more recently, learning from those with wounds on how best to support others in a similar position. All of this research has one goal in mind – to improve the experience of those with chronic wounds, for which all of us are grateful. He has now decided to work with Penney to bring together their experience and expertise in this book, *Psychology of Wounds and Wound Care in Clinical Practice* – a timely and important book that will serve health care practitioners well now and for many years to come.

He is recognised both nationally and internationally as a key leader in shaping and changing management relating to wound and leg ulcer care and is widely acknowledged as an expert in the innovative and specialised area of patient centred care. He has shown remarkable tenacity in overcoming barriers and preconceptions, leading by example through his contribution to research, practice and education.

Dominic's presentations at conferences and educational events inspire and motivate, and his ability to use humour to illustrate key points is very effective. He encourages colleagues and teams within the clinical and academic fraternity to expand and develop their knowledge and skills. So much of the Dominic's work is unique that it is difficult to highlight specific aspects, but he has developed and enhanced services with flair and originality, empowering and changing the lives of countless patients, allowing them to enjoy a better quality of life.

Penney is internationally renowned in her own right for her work on quality of life and well-being. She is now bringing this expertise to the field of chronic wounds and leg ulcer care. Her presentations at conferences and training events have highlighted her knowledge and commitment to this area. Both authors are dedicated to improving the service and thereby the lives of people with wounds.

The contents of this book are exactly what is needed and one that focuses on both the negative aspects of wounds – the pain and stress associated with the condition and its treatment, to the factors that can be beneficial and protective – social activities for example. It is important to be positive, to appreciate that with support people can (and do) live with their wounds. With appropriate medical and nursing care, wounds can be successfully treated and managed. Importantly, with psychological support people can value their lives and be valued. We all must learn from the research and material presented here in order to fulfil these aims.

Ipswich, United Kingdom

Ellie Lindsay
Lindsay Leg Club Foundation

Foreword II

Psychology and wounds: what, I ask rhetorically, connects these two apparently disparate subjects? Psychology is to me as a biomedical scientist, a subject which still strives for recognition as a true ‘science’, a subject not yet entirely based on empiricism. However, having closely studied wounds and their care for many years, this subject too is paradoxical. The cellular, biochemical and physiological aspects of wounding and healing are undoubtedly scientific in every sense of the word. The overwhelming research focus on wounds has thus far been directed at pathophysiology, healing mechanisms and treatments. Yet approaches to healing include a ‘mystic’ or ‘art’ component. I accept that my comments may cause some consternation amongst psychologists and wound clinicians alike!

Professor Upton and Dr have entitled his book *Psychology of Wounds and Wound Care in Clinical Practice*. It is all aspects of wounding, intrinsic and extrinsic, to which psychology applies. The circumstances leading up to an accident and traumatic wounding, patient self-neglect, mental health issues and self-harming – all have a psychology component.

Then there is the psychology of wound ‘care’: to explore this more closely, it is first necessary to delineate and define ‘wound care’ in greater detail. As I write this in June 2014, echoes of the Great war 1914–1918 reverberate loudly. This awful period was notable for death and wounds. War has been historically a time for great medical advances, not least in surgery and wound care. Countless amputees and disfig-

ured troops returning from Europe were left in most cases to fend for themselves. In the Second World War we saw burned airmen treated by plastic surgeon Archie McIndoe, the 'guinea pigs' with terrible facial disfigurement. Such trauma accounts for more than skin and flesh wounds. Integral to such disfigurements, and the repeated surgery required to 'correct' deficits, is the adaptation to life thereafter and all that this entails. Indeed, post-treatment and the lifestyle sequelae of the wound patient have now become a matter of public interest and justifiably so.

This being the case, war wounds of the flesh demand the psychologist's attention as they are invariably associated to some degree with 'wounds' of the mind. Recent tragic events in Iraq and Afghanistan have similarly resulted in wounds to Western military personnel, with the attendant psychological trauma.

The majority of wounds are, however, of peacetime origin. Traumatic wounds such as burns are an unfortunate reality of life in all societies, bringing with them life-changing disfigurement in some cases. A personal interest, the so-called chronic wound similarly impacts on lifestyle. There are psychological issues linked with the aetiology and development of the chronic wounds; for example, the risks of non-compliance to treatment in 'lifestyle' diseases such as type 2 diabetes, the wilful ignorance of medical advice on diet and smoking, all play an important part in the prodromal phase of the relevant pathology. Which factors play a part in life with the wound, for the cosmetically altered patient, what influences beyond medicine influence recurrence?

In our aging population in the developed world, vascular disease, cancers and diabetes are having a huge impact on healthcare systems and on patients. The relatively recent attention paid to Quality of Life (QoL) reflects the progress of civilisation in this respect: an acknowledgement that wounds can, and do, impact on the everyday aspects of living for the patient and their families. Furthermore QoL can be empirically measured! Psychological science incorporated into the psychology of wound care.

Professor Upton is a prolific writer on matters of psychology in healthcare. We have been colleagues at Worcester where he initiated research into the patient experience of wound-related disease and of the hitherto neglected area of wound-related pain. Numerous articles now exist in the literature, providing the scientific foundation for this book. Such is the nature of this field of study, and of the consequences of wounds on society that I have no doubt this book will be followed by many others in the years to come!

Worcester, UK

Richard White

Preface

Chronic wounds have been described as: “*a silent epidemic that affects a large fraction of the world population and poses a major and gathering threat to the public health and economy*” (Sen et al. 2009, p.763) with over a quarter of a million people with chronic wounds in the UK and considerably more with acute wounds. The cost of these chronic wounds to the NHS in the UK has been estimated at £2–3 billion, approximately 3 % of NHS budget, with the additional cost of treating chronic wound patients for mood disorder estimated at being in the range of an additional £85.5 million to £100 million per annum (Upton and Hender 2012).

However, the impact is not just financial – it is something far more important than mere pounds, dollars or Euros – the psychosocial impact can be considerable. The psychological consequences of living with a chronic wound can include stress, anxiety, concerns about physical symptoms, low self-worth and feelings of despair. These can vary in severity, from minor negative emotions to suicidal thoughts, depending on each individual case (Upton and South 2011; Upton et al. 2012a, b, c).

Furthermore, the physiological effects of psychological concepts such as pain, stress and anxiety may result in delayed healing (Kiecolt-Glaser et al. 1995; Ebrecht et al. 2004; Upton 2011a, b; Woo 2010), prolonging suffering and treatment. This pain and stress may originate in the wound, the wound-dressing regimen or in the relationship the patient may have with their clinician. Psychological factors can pro-

long wound treatment by delaying healing and thereby increasing mood disorders, decreasing quality of life and increasing treatment costs. It is clear, therefore, that the psychological consequences of wounds are severe and that the psychological components of wound care are significant. This text seeks to address these two linked issues in one up-to-date book and, building on contemporary research evidence, present practical clinical guidelines for all clinicians involved in wound care.

The role of psychology in nursing and medical practice has become ever more significant in recent years, and this is reflected in various policy documents, educational developments and practice focus. Similarly, research exploring the role of psychology in wounds and wound care has grown considerably. For example, the role of stress on wound healing has developed since the 1980s, the impact of wounds on quality of life since the 1990s and the role of psychology in pain and pain management in wound care since the early 2000s (see Fig. 1).

This research, much of it practice focused, continues to grow in both scope and significance. This book is an attempt to synthesise some of this material and present contemporary evidence for the practicing clinician – whether they be a (specialist) nurse, a medic, podiatrist or any one of the myriad other professions associated with wound care today. I hope that you will be able

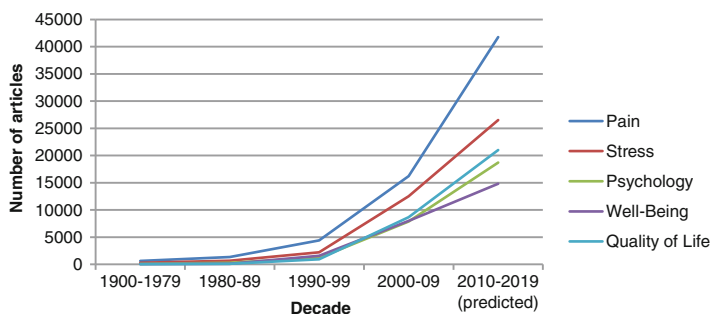


FIGURE 1 Number of articles published on psychology topics in wound care by decade

to use the material and the knowledge developed from this text within your practice for your clients' and patients' benefit.

This substantial body of literature has formed the backdrop of this book. Many (or perhaps in reality, *some*) of these publications have been read and presented here. Where some were more research focused, the key points have been distilled and presented for clinical practice. In short, this is a book that is academic in tone and presentation and also useful and relevant for practitioners from all backgrounds. In this way this text is inclusive in nature and demonstrates the importance of psychology in wound care today. We are passionate about psychology and, importantly, communicating its relevance and effectiveness in clinical practice. We hope that this comes through.

The aim of the text was, therefore, to demonstrate the value of psychology in wound care. Therefore, we have tried in this book to cover psychological aspects and concepts that have a direct role in this arena. However, this text does not claim to be comprehensive – it does not cover every single aspect of psychology, for this would be impossible; it does not even cover every single aspect of psychology related to wound care, as this too would be impossible. However, what has been achieved is a text that highlights the key areas in psychology related to wound care. Every chapter has been honed to ensure that every element is related to your current or future practice. Similarly, the whole feel of the text has been developed with key principles in mind:

- ***Contemporary research based evidence:*** The book is based on contemporary research evidence to ensure that the guidance provided is rigorous and appropriate.
- ***Implications for practice:*** The evidence and research material presented is related to clinical practice throughout.
- ***Concise and focused:*** The material is presented in a clear, concise and focused manner to ensure readability by the busy professional.
- ***Academic but accessible:*** We hope the writing is clear but academically robust in approach and presentation.

Structure of This Book

This book contains nine relatively short chapters that will engage you every step of the way to ensure you have contemporary and relevant information on the psychological aspects of wounds and wound care.

The book starts with Chap. 1 (where better to start), which explores the psychosocial aspects of living with wounds. For many years it has been recognised that chronic wounds come with a range of concomitant psychosocial issues. These may be related to the physiological aspects of the wound, or the reactions to these. Consequently, it is important to place these on record at the outset because these can be fundamental to understanding the psychological underpinnings and consequences described later in this text. Hence, this chapter will:

- Describe factors affecting people with wounds (e.g. the psychological impact of odour, exudate and the burden of having a chronic wound)
- Outline common psychological effects of wounds (e.g. emotional responses to appearance and body image issues)
- Outline how these factors can influence social functioning and psychological reactions

Chapter 2 will explore pain – one of the key elements facing those with wounds. The pain experienced during wound care can have a significant impact on the patient and on their treatment outcomes. Despite this, research shows that pain is not often assessed and therefore not adequately managed. This chapter aims to:

- Outline models of pain
- Explore levels of pain in those with wounds
- Outline how pain can be assessed and managed in wound care

Chapter 3 will explore a related topic – that of stress. Research has indicated a link between pain, stress and

wound healing. It is essential therefore to ensure an adequate understanding of stress and how best to assess and manage it during any treatment regime. This chapter will:

- Explore models of stress and their relationship to wound care
- Highlight the relationship between stress and delayed healing
- Describe methods of assessing and managing stress

Research has shown that pain and stress of wound care can significantly impair quality of life and well-being. Additionally, quality of life and well-being can be greatly affected by other issues associated with wounds, which will be described in more detail in Chap. 4. This chapter aims to:

- Describe the concepts of quality of life and well-being and make important distinctions between the two
- Explore factors which impact on quality of life and well-being
- Discuss ways of measuring the two

There are a number of different types of wound, including diabetic foot ulcers, venous leg ulcers, traumatic wounds, pressure ulcers, surgical wounds, and burns. Important differences exist between these types of wound in terms of the psychological impact that they have on the individual and Chap. 5 aims to explore these. Specifically this chapter aims to:

- Explore how different types of wound have different psychological consequences
- Describe psychological issues for the patient with burns, diabetic foot ulcer, venous leg ulcers and pressure ulcers (e.g. pain levels and self-care)
- Use the variety of wounds types to exemplify the substantial role of psychology in wound care

In addition to the psychological consequences of the wounds themselves, research has shown that the treatment a patient receives can also have a significant impact on the

individual and this will be the focus of Chap. 6. This chapter aims to:

- Provide an overview of the different treatments available (e.g. dressings, compression bandaging, negative pressure wound therapy)
- Explore the psychology of different forms of wound treatment
- Explore the psychological methods involved in dressing change and how material presented in previous chapters can be applied to dressing change

Chapter 7 aims to draw on areas highlighted in previous chapters (e.g. pain, stress, and psychological effects of wounds and treatment) to consider treatment concordance in people with wounds. Studies have also indicated that the relationship between patient and clinician may be of critical importance in treatment concordance. Hence, this chapter aims to:

- Describe factors affecting treatment concordance (including self-care)
- Consider the role of the health care professional in promoting concordance
- Identify factors which are important to patients, in terms of well-being and concordance

In Chap. 8, we will explore the research linking health and social support (including both formal and informal networks) since it has been identified as a key factor in the wound literature, indicating that social support can be particularly beneficial to people with wounds. This chapter aims to:

- Explore the concept of social support
- Explore the relationship between social support and well-being
- Consider the psychological impact of wounds on the individual's family/carers

The final chapter, Chap. 9, aims to bring together the issues described in the previous chapters and highlight the key

messages which underpin the psychology of wound care. Specifically, this chapter aims to:

- Provide a summary of psychological issues in wound care
- Outline the key implications for practice
- Consider areas for future research
- Provide the patient voice

We hope that you will find this book useful and understand the relevance of psychology to your practice and thereby improve both the outcome and psychological health of all your patients.

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Acknowledgements

Both of us have spent considerable time on this project, collating, reading and reviewing research articles and textbooks before trying to develop the material into a series of practical chapters that could assist and develop an individual professional's practice, whether they be psychologists, nurses, medics or other professions supporting those individuals with a wound. We have tried to encompass the literature from both an academic and a practitioner basis. We thank the researchers, clinicians and policy makers for all this work and the contributions they have made to the current knowledge base.

We must also offer thanks and acknowledgements to those who have provided support for us both at work and at home. We also thank our colleagues (for DU) at the University of Canberra and (for PU) at the University of Worcester for their help, advice, friendship and practical guidance.

In particular we would like to thank the following colleagues for their help in collating material for this book: Danni Stephens, Charlotte Makuire, Martha Jo Merrell, Abbye Andrews, and Lee Badham.

Finally, we would like to thank our family and friends for their continued support and patience. In particular, our children: Francesca, Rosie and Gabriel (all favourites).

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Chapter 1

Psychosocial Consequences of Wounds

Box 1.1: Key Points

- A patient who is living with a chronic wound may experience a range of psychosocial consequences as a result of the wound and its treatment;
- Pain, issues with mobility and treatment restrictions can result in limitations of daily activities such as general household tasks, maintenance of personal hygiene, and employment;
- Social isolation may result from an inability to engage in social activities, a lack of energy resulting from sleep deprivation and the impact of emotional responses such as depression, anxiety, and embarrassment about wound malodour and leakage of exudate;
- Women in particular may experience a disrupted body image and problems with self identity due to a perceived loss of femininity;
- Emotional distress including depression, anxiety and stress are common responses to living with a chronic wound and its treatment;