

# [Free research proposal on wound care management](https://assignbuster.com/free-research-proposal-on-wound-care-management/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Hospital](https://assignbuster.com/essay-subjects/health-n-medicine/hospital/)

\n[toc title="Table of Contents"]\n

\n \t

1. [Wound care Specialist](#wound-care-specialist) \n \t
2. [The Hypothesis](#the-hypothesis) \n \t
3. [The study Participants and Sampling Technique](#the-study-participants-and-sampling-technique) \n \t
4. [References](#references) \n

\n[/toc]\n \n

Nurse leaders are responsible for continually improving the quality of care offered in the departments they head. One of the most effective ways of improving quality is through the incorporation of interdisciplinary teams in the delivery of health care services. The teams are made up of specialists in various fields who contribute specialized knowledge aimed at providing holistic care. I am a nurse leader in a women’s surgical unit. Although the unit functions well enough to meet the hospital standards, there are various challenges which if eliminated would improve the care offered in my unit drastically. One of these challenges is the limited knowledge of wound care among the practice nurses in the unit. To solve this I propose to bring a wound care specialist in to the team. In this paper, the need for a wound care specialist is validated and through testing a formulated hypothesis. In the world, incorporating wound care specialist in nursing practice is the latest trend in quality improvement in post-operation units (Harding, 2006).

## Wound care Specialist

A wound care nurse specializes in the care of wounds either resulting from accidents or from surgery. Surgical wounds require care during the post operation period (Fife, Carter & Walker, 2010). The wound should be monitored for normal healing and kept clean to prevent infections. Infectious wounds lead to longer hospital stays and increase the cost of care (O’Brien et al., 2011). The major function of the wound care specialist would be to improve health outcomes and the quality of patients as they recover after surgery. In addition, when patients are discharged from the hospital after surgery, there is need for self-care education to avoid infection of the wound which may not be fully healed. Since unmet discharge needs such as patient education contribute to poor health outcomes and frequent hospital readmission, the wound management nurse will identify the patient’s informational needs and provide the patients being discharged with relevant self care information (Pieper et al., 2006). To further validate the need for a wound care specialist a hypothesis was generated and tested.

## The Hypothesis

The hypothesis is a prospective statement which can be evaluated using data. The hypothesis guides research design in that the methodology used must be consistent with the nature of the hypothesis. In this research, the hypothesis is “ a wound specialist would improve the clinical outcomes in the women’s surgical unit by reducing wound infection rates, the length of hospital stay and improving the general staff knowledge on wound care.”

## The study Participants and Sampling Technique

The participants were all female since the surgical unit caters for female patients only and the nurses in the unit are female. The age of the participants ranges from 18 – 70 years. This target audience represents patients in post-operative care who will be the main beneficiaries of a specialist wound care nurse. Sampling was conducted in a clustered manner in which patients in the surgical unit and nurses in the surgical units were randomly selected. Random sampling eliminates exclusion bias and improves the credibility of the study (Polit & Beck, 2010). The selected participants who gave consent to participate were given questionnaires with questions related to the benefits that would be realized when a wound care specialist is incorporated in the team. The data collected supported the need for a wound specialist.

## References

Fife, C. E., Carter, M. J., & Walker, D. (2010). Why is it so hard to do the right thing in wound   
care?. Wound Repair and Regeneration, 18(2), 154-158.   
Harding, K. G. (2006). Trends in wound care–the development of a specialty. International   
Wound Journal, 3(3), 147-147O'Brien, M. L., Lawton, J. E., Conn, C. R., & Ganley, H. E. (2011). Best practice wound care.   
International Wound Journal, 8(2), 145-154.   
Pieper, B., Sieggreen, M., Freeland, B., Kulwicki, P., Frattaroli, M., Sidor, D., & Garretson, B.   
(2006). Discharge information needs of patients after surgery. Journal of Wound Ostomy & Continence Nursing, 33(3), 281-290.   
Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths   
and strategies. International journal of nursing studies, 47(11), 1451-1458.