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| <p>➤ Healthcare assistants want to gain qualifications</p> <p style="text-align: right;">Page 2</p> | <p style="text-align: center;">—Editorial—</p> <p>Quality of life in wound care: a central issue</p> <p>Recent initiatives from Whitehall have focused on the importance of patient dignity when under our care, regardless of the setting. Dignity during treatment is a basic human right and something which can be overlooked when in busy clinical areas. Patients will often comment on the nurses' ability to make them feel like an individual who is valued as such and makes them feel 'normal'. One of the key focuses of patient dignity is about promotion of quality of life for individuals. A number of studies in wound care have illustrated the problems relating to reduced quality of life in patients with wounds, particularly in the case of chronic wounds. Many patients express anxiety regarding the exudate from wounds and commonly the exudate is not being managed appropriately. Malodour from wounds is also a common cause of distress in patients. The odour may be the result of colonisation with bacteria such as Pseudomonas or in the case of necrotic wounds anaerobic bacteria may be present which release odour causing compounds. The result for the patient is that they may feel embarrassed and this can impact on their ability to function socially or in a work situation. Patients will also feel anxious and have lower self esteem, being aware of the impact of odour in social situations. One of the main issues which can affect the patients' quality of life is pain. In patients with chronic wounds, pain is often underestimated and may not be assessed appropriately. Pain may be associated with dressing changes, however, more and more patients experience a persistent background level of pain in</p> | <p>➤ Papers of Interest</p> <p style="text-align: right;">Page 3</p> |
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| | <p>wounds such as leg ulcers which the patients may feel is 'normal' for them.</p> <p>There is no doubt that having a chronic wound will impact negatively on the patients' quality of life, what is clear is that some of these issues may go unrecognised by health care professionals.</p> <p>John Timmons Editor</p> | |
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➤ **Healthcare assistants want to gain qualifications**

A recent UNISON conference has revealed that despite feeling devalued at work, the majority of health care assistants would like to gain further qualifications. While some would be happy to gain additional skill such as venepuncture but significantly, others (40%) would prefer to study and become registered nurses. At present there is not a clear pathway for HCA's to train to enter the register.

In wound care and related disciplines the involvement of HCA's varies across the UK, however, it is likely that they will play an important role in wound care in the future.

➤ **Leadership and workload are cited in the fight against healthcare acquired infection.**

A recent review by King's College London has revealed that poor leadership, low staffing levels and heavy workloads are risk factors which can affect infection control. The Impact of Organisation and Management Factors on Infection Control in Hospitals; A Scoping Review. The review examined the results of 34 studies which looked at infection control and the way organisations were run or managed.

Although the findings are not entirely surprising, it provides evidence for staff who are often working in poor conditions with heavy workloads and little support, that they are not to blame for systematic failings.

▸ **Forthcoming Events**

12th World Congress on Pain

August 17-22, 2008

Glasgow, Scotland, UK

Scottish Exhibition & Conference Centre

European Pressure Ulcer Advisory Panel

11th Annual European Pressure Ulcer Advisory Panel Meeting,

4-6 September 2008, Bruges, Belgium

9th Scottish Wound Care Conference

11 September 2008, Glasgow Thistle Hotel.

▸ **References – papers of interest**

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