

Finnish Nurses' Perception of Client-centred Wound Care

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Client-centred wound care includes the dimensions of the client, professional, and care organisation, which are equal. The aim of this study was to describe the perception of client-centred wound care of nursing professionals in Finland who are interested and involved in wound care practice.

ABSTRACT

Introduction

Client-centred care improves patient and process outcomes. According to previous studies and reviews, client-centred care focuses on the client's participation and involvement in care. Client-centred care includes holistic and responsive care. Client-centred care has not been studied in wound patients.

Methods

The aim of this study was to describe the perception of client-centred wound care of nursing professionals in Finland who are interested and involved in wound care practice. The data were collected using surveys from 28 Finnish RNs who studied in the National Wound Management Specialisation programme. The survey included structured and open-ended questions. The structured questions focused on the profile of the respondent and the open-ended questions were used to describe the respondent's perception of client-centred wound care. The data from the open-ended questions were analysed using qualitative inductive content analysis.

Results

The results categorise client-centred wound care into three main categories: client, professional, and care organisation. The client is defined as an actor in wound care. The client's motivation and adherence to care promote implementation of client-centred care. The professional is defined as a client's advocate, whose task is to facilitate the client's participation in the care process by informing and supporting the client. The professional's positive

and respectful attitude toward the client enables the creation of a client-professional relationship that supports client's adherence to care. In client-centred wound care, the holistic care philosophy of the care organisation is implemented through the care process by holistic assessment and personalized wound care. In addition to holistic care, interdisciplinary cooperation and continuity of care support the implementation of client-centred wound care.

Conclusions

The main categories are equally important and thus the development of client-centred wound care needs to integrate the dimensions of the client, professional, and care organisation. The client needs to be involved in decision-making for wound treatment and the professionals' knowledge and experience in wound care need to be increased and strengthened. In the care organisation, holistic care challenges include time allocation for wound care and the working models of nurse and nurse-physician pair, which were highlighted as examples to promote client-centred wound care.

Recommendations for practice

The flexible consultation model between specialists and professionals as well as continuity of care between primary and specialised care facilitate the implementation of client-centred wound care.

BACKGROUND OF THE STUDY

This study assessed client-centred care in the context of wound care patients. The concepts patient-centred, client-centred, and person-centred care

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None

are used as synonyms.^{1,2} Since the beginning of 2000, a paradigm shift has occurred in health care toward patient- or client-centred care, which increases the quality of care resulting in improved patient and process outcomes.^{3,4,5,6}

The reviews of patient-centred care focus on components such as collaborative care, which includes a patient's participation, involvement⁷, as well as empowerment.⁸ In Sinadi and Fox's (2014) literature review⁹, patient-centred care also includes holistic and responsive care. Client-centred care focuses on a client with the living environment as the centre of the care process. Thus, the client's values, needs, and expectations are the basis for care provision. Client-centred care advocates the client's autonomy and position. The cooperative client-professional relationship is one of the main premises of client-centred care.^{9,7} Person-centred care is comprised of four items: attributes of the nurse, the care environment, care process, and person-centred outcomes.²

Finnish national social and health care highlights client-centred care as one of the main premises for providing future care. Client-centred care focuses on the client's equality and participation. The client's experience of participation increases personal wellbeing, and implementation of client's participation promotes development of ongoing services, while the client's experience is valued in addition to the science.¹⁰ Client-centred care in wound patients is not defined, and thus it is important to understand professionals' perception of the concept. Nurses are the main professionals involved in wound care and their perception of client-centred care is essential for the development of client-centred wound care.

THE AIM AND RESEARCH QUESTIONS OF THE STUDY

The aim of study was to describe the content of client-centred wound care in Finland using the perception of nursing professionals interested and involved in wound care practice.

The research questions were:

- How do nurses describe client-centred care in wound patients?
- What issues do nurses think promote and impede client-centred wound care?
- How would nurses develop client-centred wound care in practice?

DATA COLLECTION

The data were collected using a Webropol survey (15.11-15.12.2018) from Finnish RNs who studied in the Na-

tional Wound Management Specialisation programme (N=86). The studies are 30 ECTS and last one year. The nurses began their studies in September 2018. The link for the survey was provided to nurses by e-mail and 28 responded (32.55%). The survey was not included as part of their wound management specialisation studies, so the nurses answered voluntarily, and it was not possible to recognise who had responded to the survey.

The survey included both structured and open-ended questions.¹¹ Structured questions reported sex, age, earlier education, working experience in wound care, and assessment of the implementation of client-centred wound care in practice by classification (poor, satisfactory, fairly good, good, or excellent). The open-ended questions focused on the content of client-centred wound care. The nurses were asked to define client-centred wound care and describe the factors that promote and impede the implementation of client-centred care for wound patients. The nurses were also asked to present ideas about how to develop client-centred wound care in practice. In the last open-ended question, the nurses could write other issues that they wanted to highlight related to client-centred wound care.

DATA ANALYSIS

The data from the structured questions were analysed statistically using frequencies, percentages, and mean values. The data from open-ended questions were in text format and totalled 12 pages of text. The qualitative data were analysed by qualitative inductive content analyses. The unit of analysis was a meaningful theme and a unit of meaning was a word, sentence, or more than one sentence. The manifest content was analysed.¹² First, the text was read by question, focusing on the elements of client-centred wound care. Units of meaning were recognised, and condensed meaning units were formulated under each question. Codes for the condensed meanings were developed and the data were reorganised under each question based on the codes and sorted into subcategories, which were compared under each question and linked to each other by developing the main categories.¹³ Table 1 presents examples of analysis from the meaning unit, condensed meaning units, and codes to subcategories and main categories, which were client, professionals, and care organisation. The nurses used both the concepts of patient and client in their answers, and thus the units of meaning used either patient or client, depending on which the responding nurse had written.

Table 1

First, the results of the structured question data are summarised and then the results of open-ended question analysis with qualitative content analysis based on the research questions is summarised.

Table 1. Examples of qualitative, inductive content analysis in the study.

UNIT OF MEANING	CONDENSED MEANING UNIT	CODE	SUBCATEGORY	MAIN CATEGORY
'Client's needs, expectations, and wishes are taken into consideration.'	Client's needs, expectations, and wishes are valued	Client needs, expectations, wishes	Client initiation	Client
'The client needs to be heard as an expert in his/her own situation.'	Client is recognised as an expert in their own situation	Client's expertise in own life	Client as an expert	
'Wound care is planned together with a client.'	Client's participation in planning of wound care	Client's active role in wound care planning	Client as an actor	
'Patient is involved in decision-making of wound care, for example, in selection of wound care products.'	Client's partnership on decision-making in wound care	Client's active role in decision-making	Client as an actor	
'Being the advocate of the patient.'	Being an advocate for the client	Advocate of client	Role of advocate	Professional care
'I listen to the patient and implement wound care in agreement with the patient, but based on research results.'	Listening to the client and integrating research to care	Implementation of research into client situation physical-social and emotional support of client	Implement evidence-based care	
'Supporting and encouraging the patient and also emotional support.'	Support and encourage client, also emotionally		Holistic support	
'Assessment of a client's physical, psychological, and social situation.'	Physio-psycho-social assessment of client's need	Holistic assessment	Holistic care philosophy	Care organisation
'Assessment of a client's whole situation, like nutrition, functional capacity, and pain.'	Assessment of client's whole situation	Holistic assessment	Holistic care philosophy	
'The wound care is tailored according to the needs of the client.'	Wound care is based on client's need	Personalized/tailored wound care	Holistic care philosophy	

Profile of nurses who responded to the survey

The survey respondents were 28 registered nurses who studied in the Finnish National Wound Management Specialisation program, one male and 27 females. Over 82% (n= 23) of the RNs had a bachelor's level education and 17.86% (n=5) had diploma level education. They had graduated when higher education in nursing was not available in Finland. The average age was 41.6 years; the youngest was 28 and the oldest was 58 years. Only 10.7% (n=3) of the nurses were under 30 years of age, 39.29% (n=11) were 30–39 years, 21.43% (n=6) were 40–49 years, and 28.57% (n=8) were 50–59 years. Most of the nurses (46.43% (n=13)) worked in primary health care, 32.14%

(n=9) of the nurses (worked in specialised health care, 10.71% (n=3) in home care, and 10.71% (n=3) in elderly care. The nurses' working experience with wound patients was long; 42.8% (n=12) had more than 10 years and 32.2% (n=9) had 6 to 10 years of working experience with wound patients.

Most of the nurses [60.71% (n=17)] assessed the implementation of client-centred care in wound patients in Finland to be good. However, 35.5% of nurses (n=10) assessed it as a fairly good and one (3.57%) as satisfactory. None of nurses assessed client-centred care for wound patients to be excellent or poor. ►

Nurses' description of client-centred care for wound patients

The nurses' description of client-centred wound care was classified into the main categories of client, professional, and care organisation. The subcategories specify the content of the main categories. The client-centred care for wound patients was described by the main categories with the defined subcategories. The links between the main categories are presented. Authentic quotations are used to verify the nurses' perception.

Client as an actor in wound care

In the description of client-centred care for wound patients, the nurses define the client as an expert in his/her own life. The client has wishes, expectations, and experiences of their illness as well as their care that professionals need to understand and take into consideration in all phases of the wound care process.

The client was defined as an actor in the wound care process. The client's role was described in all phases of the care process: planning, implementation, and evaluation of wound care. The nurses highlighted the client's role in decision-making for wound care as essential. Thus, the client was described as a key person in the decision-making for all issues related to wound care including selection of bandages, changing the wound treatment, or consulting a GP or Specialist.

'The patient's opinion is asked, and it is taken in consideration in the decision-making for wound care products and medical consultation.'

The nurses stressed that the client's opinion needs to be asked and the message needs to be appreciated by professionals.

'The client can tell what kind of treatment is good, and which bandages feel comfortable and which are uncomfortable or even painful.'

The nurses stressed that too often a professional decides wound treatment and forgets to explain the reason why the selected dressing is the best for client's wound and ask the client's opinion of the wound treatment.

'The patient should not be shifted outside of the decision-making in wound care. Too often the professional takes over the planning of treatment without discussion with the patient.'

A client also has the right to refuse treatment, if a client is fully aware of the wound healing situation and consequences of his/her decision. Thus, a client should have

knowledge of individual wound healing and be committed to the objective of care.

The client's adherence to wound care was very important for implementation of client-centred care. The nurses recognized that a client's motivation and optimism in wound care was essential. The role of the nurse was to inform and encourage a client.

The aim of wound care was to improve client's quality of life, so that the client's everyday life was as smooth as possible, and the wound care was not causing stress. The nurses recognized that the wound and its treatment might dominate a client's life. When treatment of a wound takes a lot of time and controls too much of the client's daily life, it causes client exhaustion and non-adherence to care.

'When treatment of the wound restricts a lot of the patient's life and takes a lot of time, it affects the patient in many ways. Now and then, I have recognized that patients are exhausted from the treatment.'

The nurses pointed out that in planning wound treatment, the client's time resources and need for help is important to realise, because these affect the client's adherence to care.

'While planning the local treatment of the wound, we need to be sure the client has time for treatment and that it is possible for the client to have helping hands if needed.'

Nurses stressed that the appointment for treatment in the clinic or at the client's home needs to be planned in cooperation with the client to minimise the impact to the client's daily activities. The nurses stressed that wound care at home is preferred by most clients, if it is safe and possible to implement based on the wound condition. The home as a care environment increases the importance of the client's participation in planning wound care to ensure that treatment is easy to implement at home and does not take too much of the client's time.

Professional as an advocate for a client

In client-centred wound care, the nurses described the professional as an advocate for the client.

'We are so-called patient's advocates.'

The professional as an advocate of the client facilitates a client's participation in decision-making. The nurses stressed the professional's responsibility to inform a client and ensure they understand the diagnosis, individual wound healing, and possibilities of treatment. A client

should also understand effects of personal living habits for wound healing and prevention of ulcers.

'From the very first appointment with a client, it is important to take notice of a client's background, functional capacity, and understanding of treatment.'

'A patient should be informed of living habits that effect wound healing, like nutrition, physical exercise, and smoking.'

The professional's task is to find out the client's care needs as well as the existing resources and thus the holistic assessment includes physical, psychological, social, and emotional aspects of the client's situation. The assessment includes the client's background, medical history, comorbidities, medication, functional capacity, living habits, motivation, values, expectations, social network, and need for financial support.

The nurses pointed out that the costs of wound care are important to realise together with the client before the treatment decision, especially if the client buys wound care products and the costs are not reimbursed.

'If a client buys wound care products by him/herself, it is crucial that products and prices are compared, and total cost is calculated and estimated together with a client.'

The nurses pointed out that compromises need to be made between optimal wound healing and costs of treatment.

'Wound care products need to support wound healing and the total costs need to be a price appropriate for a client to buy. In selection of wound care products, a client's financial situation needs to be taken into consideration and all extra costs should be avoided that might be caused by wrong selection of products. Usually, we find the compromise solution together.'

Client-centred wound care focuses on a professional's attitude, know-how, and relationship with a client. The nurses stressed that the basis for client-centred care is the professional's positive and respectful attitude towards a client and the ability for empathy.

'In client-centred care with wound patients, the most important aspect is the professional's positive attitude and empathy.'

The nurses stressed a professional's respectful attitude toward the client's experience, expectations, and wishes. Client-centred wound care was described as an ongoing interaction between a client and a professional, and thus it is important to focus on a client from the first appointment to create a trusting relationship with open communication. A client needs to be heard by the professional. The

nurses highlighted that a professional's ability to listen to the client and take into consideration the client's view of treatment, dressings, bandages, and wound care techniques enable client-centeredness in wound care.

'Listening to a client; which bandages feels comfortable, how a client would like the wound to be treated, what kind of dressings and bandages a client prefers. We need to take seriously and respond to client's expressions and stories, for example, in pain.'

Good pain management was defined as an important issue in client-centred wound care. The client's experience of pain and pain relief were described as important parts in the client's holistic assessment as well as professional's local treatment of the wound.

Cooperation with family members and significant others was also highlighted by the nurses as part of client-centred wound care.

'A client is cared for in good cooperation with him- or herself as well as with significant others.'

The professional's role as an advocate highlights the importance of supporting the client to make decisions in personal wound care. This means that a professional has good knowledge and skills in wound care.

'The professional needs to have enough know-how in wound care.'

Holism as an organisation's philosophy in wound care

The nurses described client-centred wound care in the main category care organisation through holistic philosophy of care, interdisciplinary cooperation, and continuance of care. The holism or holistic care philosophy is based on the holistic assessment of client's needs and tailoring the care.

'Holistic care means that care is tailored according to the client's need. The client's situation needs to be assessed in different views, not only focusing on the wound, but taking into consideration the client's whole life situation.'

According to holistic care, planning client-centred wound care focuses on the individual objectives of care with the available resources.

'We cannot always provide services that meet all the client's expectations, but we can provide client-centred care if we plan care individually based on the client's living habits, issues related to wound healing, and financial resources.'

Table 2. The nurses' perception on issues that promote and impede client-centred wound care.

MAIN CATEGORY	PROMOTE CLIENT-CENTRED CARE	IMPEDE CLIENT-CENTRED CARE
Client	<ul style="list-style-type: none"> - is adherent during wound care as well as care of comorbidities - has open communication with professionals - is willing to take part in decision-making related to wound care - understands wound diagnosis and issues that affect wound healing - is committed to objectives of wound treatment - has abilities to implement self-care - has living habits that promote wound healing - has family member support 	<ul style="list-style-type: none"> - is non-adherent during wound care - does not take an active role in decision-making for care - does not take responsibility for self-care - has many comorbidities that are difficult to manage - is not motivated to care - is unwilling to change living habits - expresses pain - has lack of social network - has low income for cost of wound care - is not heard and feels rejected in decision-making of wound care - expresses that wound care is complicated and time consuming - expresses that dressing changes are done too often
Professional	<ul style="list-style-type: none"> - good know-how of wound healing and treatment - experience in wound care - trusted relationship with a client - positive and respectful attitude toward client - empathy - ability to listen to the client 	<ul style="list-style-type: none"> - lack of knowledge and skills of wound care - none or very limited experience in wound care - uncertainty - feeling of being in a hurry - frustration; especially if the client is not adherent to care - client is not supported to participate in decision-making for wound care
Care organisation	<ul style="list-style-type: none"> - implements holistic assessment of client's situation - allocates enough time for client's care in clinical appointments or visits at home - uses individual care plan - provides 1–2 named nurses/clients - implements nurse-physician working pair - has organised cooperation between primary health care and specialised care - implements evidence-based care in practice - has flexible consultation model - uses multidisciplinary care team 	<ul style="list-style-type: none"> - has shortages of resources - allocates too short of a time for client appointments - has too few professionals who are experts in wound care - often has changes in staff - has limited selection of wound care products - has too small rooms, too little space for wound treatment

The nurses stressed that interdisciplinary cooperation enables personalise care according to the client's needs because of the combination of multi-professional knowledge. Interdisciplinary cooperation includes the nurse-physician working pair, flexible consultation model, and evidence-based practice. The nurse-physician working pair supports competences needed for assessing wound healing and client-initiated factors related to healing and defining delayed healing and complications. The flexible consultation model enables obtaining expert opinions for a client's situation without the waiting time for a specialist appointment. Evidence-based practice integrates the best available knowledge into the client's personalised care by shared interpretations of different professionals.

Continuance of care for the wound patient includes shared objectives of care, the same professional's involvement in the client's wound care, and shared documentation with professionals. The nurses stressed the importance of shared objectives of care as premises for client-centred wound care.

The objectives of care need to be shared. If possible, the objectives of wound care are shared with all who participate in the client's wound care.'

The shared objectives of care are needed between the client, relatives, and all the professionals who participate in wound care to enabled reliable and trusting client-

professional relationships and assessment of wound care. The problematic issue in continuance of wound care was found when a client was shifted from specialised care to primary health care and vice versa.

In continuance of care in wound patients, the nurses stressed that when the same professionals care for a client and implement the wound treatment, the client-professional relationship is more personal and trusting when a client and professional know each other. The client's individual needs can be better recognised and taken into consideration during care, and the assessment of wound healing is more reliable if the same professionals do the assessment.

'When the nurse and physician are changing all the time, the assessment of wound healing is not reliable.'

Nurse appraisal of issues to promote and impede client-centred wound care

In the survey, two questions asked nurses to describe issues that promote and impede client-centred wound care. The nurses' description of issues to promote and impede client-centred wound care are presented in Table 2 according to the main categories.

The client's adherence to and motivation for wound care were recognised to be key issues in client-centred wound care. Open communication and the client's willingness to change living habits as well as abilities for self-care were stressed to promote client-centred wound care. The impeding issues were the client's comorbidities, pain, lack of a social network, and low income and the feeling of not having a role in the decision-making for wound care.

'It is hard to implement client-centred wound care when a patient is non-adherent, not responding to any information, and not willing to change living habits.'

'When a patient is a so-called difficult patient, not cooperative and not interested in care, a nurse gives up and just performs the routines.'

The professional's know-how in wound healing and treatment as well as experience in wound care was described to promote client-centred wound care.

'The staffs' know-how in wound care is important. The nurse must know a lot be able to supervise a patient and treat the wound. Also, physicians need to be familiarised with wound care.'

The professional's feelings of being in a hurry, uncertainty,

and frustration were described to impede client-centred wound care.

In care organisations, holistic assessment, individual care plans, named nurses (1-2) per client, a flexible consultation model, multidisciplinary teams, and cooperation between primary and specialised care was reported to promote client-centred wound care.

'The possibility to have a named nurse for each patient. The trust between the nurse and patient increases when the care relationship is longer and a patient's situation is better understood.'

'When you know a patient, it is easier to stick to the problems or patient's neglect of care.'

The impeding factors were shortage of resources, like too limited a selection of wound care products and too little space for wound treatment, continuous changes in staff, and too short a time for the client's appointment and treatment of the wound.

According to the nurses, time was essential for client-centred wound care. The appropriate time for meeting a client, especially the first time, was mentioned as crucial to be able to create a good relationship with a client and have a holistic view of the client's situation. The nurses reported that the time allocated for appointments with a wound patient is often too short for discussions with a client and a nurse feels forced just to concentrate on local treatment of the wound. There is no time for shared assessment of wound healing together with client.

'The nurse does not have enough time for a patient and thus the only thing the nurse does is treat the wound and hurry forward.'

The time was related to the client's possibility for decision-making. The nurses stressed that feelings of being in a hurry should not be present so that a client has enough time to compare different treatment possibilities and ask questions.

Developing client-centred wound care

The nurses' ideas for the development of client-centred wound care are presented in the main categories. In the client's perspective, nurses stressed that the development of client-centred wound care should focus on the client's active role in decision-making.

'A client should always participate in decision-making and planning of treatment.'

'Patients should be more involved in decision-making as well as implementation of wound care. Not that way that nurse and physician order everything in wound care.'

This requires that a client has enough knowledge of wound healing and the factors related to it. The client needs to understand the meaning of living habits for wound healing to be adherent to care.

'Clients are not always realistic with wound care. They might think that the wound will heal, and they need to do nothing for it, they do not understand how their living habits and choices impact wound healing.'

The professionals' attitude toward the client was suggested to be developed as more supportive so that professional's facilitate the client to have an active role in the decision-making for wound care.

'A nurse tells the facts to a patient, not makes the decisions for a patient.'

The client's supervision and counselling by professionals needs to be developed further toward responsiveness.

'The same model for client information and supervision that we have in starting new medication should be adapted to wound care and treatment selection.'

In the professional's point of view, the most important issues were increasing and strengthening the professional's know-how in wound care. The nurses stressed that wound care education is needed in working places and the amount of specialised wound care nurses need to be increased in practice.

'Regular wound care education in the working place.'

'Increase the number of staff with wound specialisation education.'

The nurses stressed the need to increase competences in wound care in pre-register education.

'More wound care in pre-register nurse-education is required.'

In care organisations, the development of client-centred wound care highlighted the need to enhance time allocated for appointments with clients. The feeling of being in a hurry impeded the implementation of client-centred wound care.

'The nurse should have enough time for the wound patients. If you are in hurry, you do not implement holistic care.'

Interdisciplinary cooperation is needed to develop cooperation between professionals in different specialities to ensure ongoing and flexible consultation.

'The nurse should have the possibility to consult a specialist if there are problems in wound healing.'

'Evidence-based wound care practice challenges the discussion between the professions.'

'Too often we do as usual. The routines are guiding wound care practice - not the evidence.'

CONCLUSIONS

Client-centred wound care includes three main categories: client, professional, and care organisation, which are integrated with each other. The implementation of client-centred wound care demands that the client, professionals, and care organisation are committed to client-centredness. In the client's perspective, the premises for client-centred wound care are the client's active role in planning, implementation, and evaluation of wound care and the client's adherence to wound care. The autonomy of the client was stressed by nurses. The client's role as an actor was also defined as one of the main areas in the development of client-centred wound care. To enable a client to be an actor in wound care, the client must have the possibility to affect the care by decision-making and evaluation of wound care. The care organisation thus needs to develop care processes so that a client's role and involvement is defined in the different phases of wound care.

In the professional's perspective, a positive and respectful attitude toward the client, know-how in wound care, and a mutual relationship with a client were the key components in client-centred wound care. The professionals need the ability to define individual client's needs and resources as well as preferences and values. The professional's main challenge was to motivate, supervise, and support the client in the decision-making process and increase the client's adherence to care. The professional informs the client of medical facts, treatment options, and gets the client interested to assess personal living habits related to wound healing. The professional's knowledge and experience in wound care promotes implementation of client-centred wound care in practice. The development of client-centred wound care from a professional's perspective highlights the need to focus a professional's positive and respectful attitude toward the client and his or her significant others as well as the professional's know-how in wound care.

Client-centred wound care in a care organisation included holistic care philosophy, interdisciplinary cooperation, and continuance of care. Personalised, tailored care requires a

holistic assessment of the client's situation including needs of care and information as well as existing resources. To be able to implement a holistic assessment and personalised care, the time for a professional's appointments with a client needs to be sufficiently long. The interdisciplinary cooperation with a nurse-physician working pair, flexible consulting model, and implementation of evidence-based practices ensure that the best available knowledge is provided for the client as the basis of care decisions. The continuity of care highlights the importance of shared objectives of client's care. This challenges the care process and especially the documentation of care among the professionals involved in the wound care as well as the client. The objectives of care should be defined with a client and documented, so that the client can understand and adhere to objectives.

DISCUSSION

The study focused on client-centred wound care. The core for client-centred wound care is holistic care, which focuses on a client's active role in the care process, a care professional's positive and respectful attitude toward the client, competences in wound care, as well as organising wound care so that care is personalised. In a care organisation, client-centred care based on holistic care is a philosophy rather than a set of rules.² The results of this study are similar to the systematic reviews of client- or patient-centred care focusing on holistic, collaborative, and responsive care.⁹

The client's active role in wound management is based on an understanding of medical facts and possibilities as well as demands of treatment options that need to be presented by professionals. The professionals' competences in wound care can be strengthened by education, mentoring, and pair working. The implementation of client-centred wound care shows the need to organise wound care in the context where knowledge of wounds, healing, and treatment is available for the professionals as well as for the clients and their significant others. Modern technology can help by providing information, easy consulting, and sharing the knowledge. In Finland, a Virtual Health Village has been developed, which provides digital information and support for citizens, care for patients, and tools for professionals. In the Virtual Health Village, evidence-based information and instructions related to medical problems and diseases, like diabetes, mental health disorders, and wounds, are collected in virtual houses, like Virtual Wound House (<https://www.terveyskyla.fi/haavatalo>). The digital material is available to all Finns regardless of their place of residence and income level (<https://www.terveyskyla.fi>).¹⁴

Recommendations for development of practice

In this study, client-centred wound care was defined as

ing a survey for RNs who studied in the Finnish National Wound Management Specialisation programme, because they were supposed to have an interest in and experience of wound care, and thus their perspective on client-centred care for wound patients was specified. It is important to be aware that the results are not presenting Finnish nurses' perception of client-centred care for wound patients in general. The results present a subset of nurses' perceptions of client-centred wound care in Finland. It would be interesting to implement the same surveys in another country and compare the results between the countries. It also would be interesting to study the physician perception of client-centred care among wound patients. Gachoud et al. (2012)¹⁵ showed there are differences between professions regarding how patient-centeredness is defined. Nurses considered themselves more patient-centred than physicians.

For the assessment of client-centred care, a Client-Centred Care Questionnaire (CCCQ), which focuses on the client's perspective as an outcome of client-centred care, has been developed.¹⁶ Based on the results of this study, it is possible to develop tools for assessment of client-centred wound care with the dimensions of client, professional, and care organisation. The dimension of client focuses on the role of the client in the decision-making and implementation of wound care and the client's adherence to care. The dimension of professional focuses on a professional's attitude, relationship with client, and competence in wound care. The dimension of organisation focuses on holistic care with assessment, planning, and evaluation of care including time allocation for wound patients, interdisciplinary cooperation with a nurse-physician working pair model, flexible consultation, evidence-based practice, and continuity of care including the assessment of a client's path and documentation of care.

IMPLICATIONS FOR CLINICAL PRACTICE

Client-centred care in wound care focuses on the dimensions of client, professional, and care organisation.

A client is an actor in the wound care process: decision-making, self-care, and evaluation.

A professional facilitates a client to be an actor in wound care by providing information regarding the diagnosis, medical facts, and treatment options. By holistic assessment, the professional together with the client assess the client's need of care and possibilities that may affect wound healing.

A professional supports the client's adherence to wound care.



Holistic care is a philosophy of the care organisation, which is implemented using holistic assessment and personalised wound care.

Interdisciplinary cooperation and continuity of care enable implementation of client-centred wound care.

There is a need to develop a client's ability to be involved in decision-making for wound care, professional positive and respectful attitudes toward the client, and know-how in wound care.

To promote client-centred wound care, the care organisation needs to allocate enough time for wound care and

develop a consultation model between primary and specialised care.

Named nurse model and nurse-physician pair support implementation of client-centred wound care.

FURTHER RESEARCH

- Physician's perception of client-centred wound care.
- Cross cultural studies of client-centred wound care.
- Develop self-assessment tool of client-centred care in wound care with dimensions of client, professional, and care organisation. ■

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