

How I became a nurse, an academic, and now a Professor



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I was recently conferred the Professorial title at the University of Huddersfield and am now Professor of Skin Integrity at the Institute of Skin Integrity and Infection Prevention. Hurrah! This led me to reflect on my career, and by capturing my story, I hope to motivate and inspire some of you on your own nursing journeys.

COMING TO TERMS WITH REALITY

I commenced nursing in 1982, and during my first week of clinical practice was assigned a mentor, Sylvia, a state-enrolled nurse who explained the ward routine and made me feel welcome. My first job was to dress a pressure ulcer. Seeing my first Grade 4 pressure ulcer and smelling the odour that emanated from it not only shocked me but made me run away, feeling quite unwell. I had not been prepared for the reality of skin damage. I sat in the toilet for what felt like an eternity, wondering “Why am I doing this? I am not ready for this.”

Sylvia came to find me, explaining the reasons for the skin damage and that as nurses we were there to support patients and help maintain their quality of life. I realised how selfish I had been, not thinking about how the patient or indeed his family must be feeling having to live with this wound. I completed the placement and then moved to another medical ward, where I saw many different types of wounds. On this ward, we used hydrogen peroxide as cleansing solution, followed by egg whites and oxygen as wound therapy. This was undertaken with no questions asked — we were simply expected to do as we were told.

DEVELOPING A SPECIAL INTEREST

As a registered nurse I worked on both male and female orthopaedics wards and, as the years progressed, saw many more pressure ulcers, surgical wounds, leg ulcers and burns. As my interest in tissue viability grew, I started reading journals and books relating to wounds and created teaching packs for staff and students to help prevent skin damage, decide which wound dressings to use, and

recognise, signs of infection. Other staff also became more interested in preventing pressure ulcers, which led to more pressure-redistributing devices being ordered and guidelines for effective moving and handling techniques being implemented. Medical staff started asking nurses for advice — a great achievement, especially in the 1990s. It was then that a new staff member, Jacqui Fletcher, took up a post in the professional development team at the Trust I was working in. She was and is very enthusiastic and in true Jacqui-style, like a whirlwind, wrote and implemented pressure ulcer guidance for our Trust. Who would have thought that Jacqui and I would still be working together so closely 20 years later?

ACADEMIA IS BECKONING

I moved into academia in 1997 as a lecturer/practitioner, realising that I could improve patient care through clear and focussed education of staff and students. I became a full-time lecturer in 2000. There was a lot of debate then about the gap between theory and practice; perhaps gaps occur when things are changing. Theory needs to underpin practice, and academics should discuss areas that require research to ensure interventions are based on evidence. We also need to involve patients and their carers if we want to improve outcomes.

Still, I never imagined that I would become a Professor of Skin Integrity. I wanted to share this with you as we are all passionate about improving patient outcomes, so if you have made a difference in your clinical area please put pen to paper and write an article sharing your experience, or present at a conference or undertake further study to develop your knowledge and critical-thinking skills. Completing a PhD in a subject relating to tissue viability will not only enhance your own professional development but your findings will make a difference to those that really matter — the patients. I would be delighted to help you write your papers and ensure that tissue viability continues to grow an evidence base that supports interventions and improves patient quality of life.

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