

# Exploring the role of the Tissue Viability Nurse

## KEY WORDS

- » Interview
- » Questionnaire
- » Skills
- » Tissue viability nurse
- » Tissue viability service

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**Aim:** To explore the role and identify key responsibilities of the Tissue Viability Nurse (TVN) in the UK. **Methods:** Mixed methodology using questionnaires distributed via SurveyMonkey and semi-structured interviews. **Results:** 261 respondents completed the online questionnaire and seven participated in semi-structured interviews. Of the 261 respondents to the questionnaire, 63.7% were employed as TVNs. Almost all respondents claimed to have access to a tissue viability service and the mean TVN team size was 4.7. Some 81.9% of respondents stated they had a team vision, with 75.9% stating that their service had set criteria for referrals. Analysis showed a statistical significance ( $\chi^2_{(1)}=16.6$ ;  $p<0.001$ ) between TVNs' and non-TVNs' knowledge of the referral criteria, with the latter being more aware. There was a variety of other titles used for the role, with interviewees affirming this was poorly understood by patients. **Discussion:** The results of this study identified that there is no national job title for the TVN role. Data identified that patients do not fully understand the title 'Tissue Viability Nurse'. The TVN role is complex and not just about the management of a wound. However, what is also clear from the analysis of the data is that there are no clear criteria, or educational level, for the role. Data also suggest that review of current service provision, including partnership working with the multidisciplinary team and industry, is required to develop national competencies, guidance and quality assurance measures.

The complexity and lack of clear definition of the role of the Tissue Viability Nurse (TVN) has been discussed previously (Ousey et al, 2014), identifying lack of research or evidence that articulates the core attributes of the role. This article presents analysis of a mixed methods project undertaken to explore the role of the TVN in the UK and to identify current key responsibilities of post holders.

## METHODS

A SurveyMonkey questionnaire was distributed electronically to TVNs across the UK and advertised on the *Wounds UK* website. Many TVNs forwarded the questionnaire to peers and colleagues, with a final response rate of 261. The survey was open for a 4-week period. All respondents were asked if they

would be willing to be interviewed to further explore the role and key responsibilities of the TVN during the *Wounds UK* conference, November 2014. A total of seven respondents identified they would be interviewed. Semi-structured interviews were used to collect the qualitative data.

The inclusion criteria included nurses or healthcare professionals, irrespective of band, who care for wounds and are involved in tissue viability (and who agreed to be involved in the research).

Ethical approval was successfully received from the School of Human and Health Sciences Research and Ethics Panel at the University of Huddersfield. All data collected were anonymised and confidentiality was maintained for all respondents.

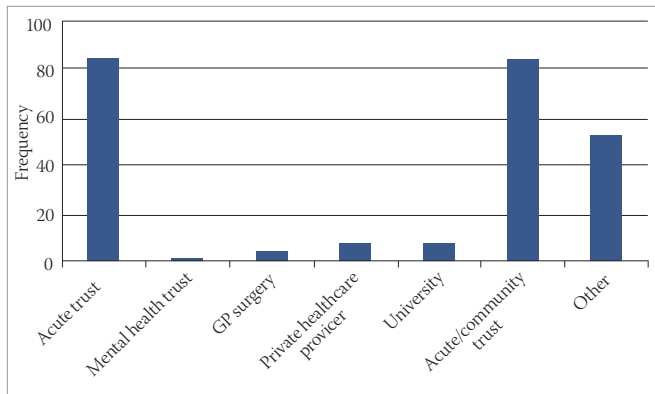


Figure 1. Respondents' workplaces.

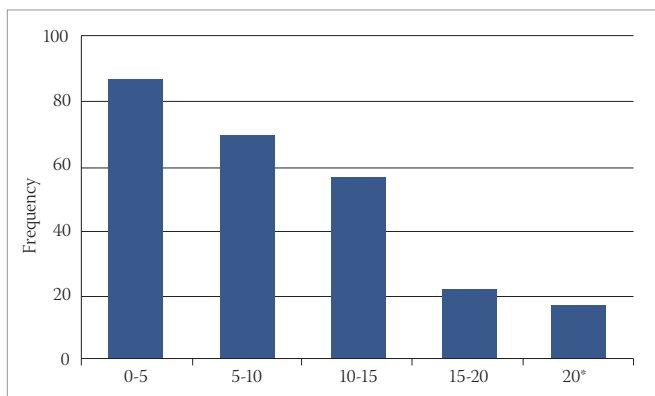


Figure 2. Respondents' years of experience.

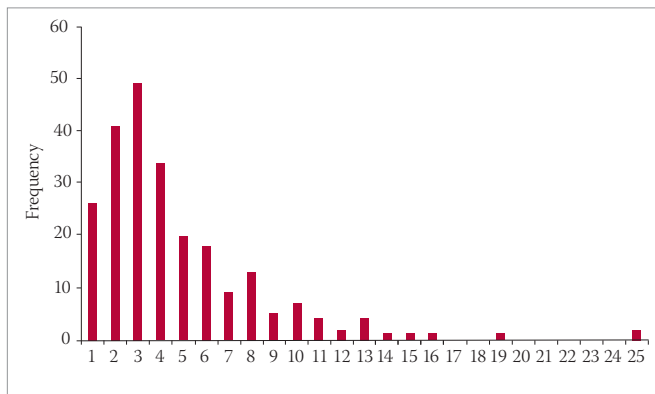


Figure 3. Number of staff members in teams of respondents.

**SAMPLE**

**Summary of sample characteristics (Questionnaire)**

Analysis was obtained from 261 respondents. All age groups, from 18–24 years of age to 75 years of age or more, were represented; about two thirds of respondents were aged between 35 and 54 years. About 90% of respondents were female. Most respondents were employed as TVNs (165 responses; 63.7% of valid responses) or registered nurses (59 responses; 22.8% of valid responses) in acute or acute/community trusts, and worked in acute or community settings (Figure 1).

Over half of respondents had less than 10 years' experience in the tissue viability specialism, with smaller numbers having between 10 and 20, or over 20 years' experience (Figure 2).

**Summary of sample characteristics (Interviews)**

There was a total of seven respondents: NHS ( $n=3$ ); community interest ( $n=2$ ); social enterprise ( $n=1$ ); charity ( $n=1$ ). Time in the current role for interviewees ranged from 5–16 years. Job roles were: TVN ( $n=4$ ); Chief Executive Officer ( $n=1$ ); Clinical Strategy Development Manager ( $n=1$ ); NHS Business Manager (Community Adult Services;  $n=1$ ). All participants had in excess of 20 years' NHS experience. Six interviewees were based in England and one in Wales; there were no interviewees from Scotland or Northern Ireland.

**Access to a tissue viability service**

Respondents to the questionnaire were asked if they had access to a tissue viability service. Almost all respondents claimed to have access. Respondents reported working in teams of various sizes: from single individuals to 25 members. The mean team size was 4.7. However, the majority of respondents worked in small teams (two-thirds of respondents worked in teams of four or less, and the most common team size was three). The distribution of team sizes revealed a marked positive skewness (Figure 3).

Most respondents (176; 81.9%) stated that their service had a 'vision'. Of the people who stated that their service had a vision, about three quarters (152 responses; 74.1%) agreed that it was communicated clearly to members of staff. There was no significant difference between the responses of TVNs and non-TVNs to this question. A similar proportion of respondents (164 responses; 75.9%) stated that their service had set criteria used to accept referrals, which, in the majority of cases (124 responses; 62.9%), had no listed exceptions. TVNs appeared to be more aware than non-TVNs of these criteria: 109 out of 156 TVNs (69.9%) were aware of the criteria, compared with 55 out of 103 of non-TVNs (55.4%). This effect was statistically significant ( $\chi^2_{(1)}=16.6$ ;  $p<0.001$ ). Just over half of respondents (119; 59.8%) had referred a patient to their tissue viability service, with slightly higher proportions of non-TVNs having done so. Of all respondents who had referred patients, 105 (60.7%) were satisfied with the service.

Table 1. Summary of sample characteristics.

Variable	Frequency (valid %)	Variable	Frequency (valid %)
<b>Age</b>		<b>Role</b>	
18 to 24	6 (2.3%)	Qualified Nurse	50 (20.2%)
25 to 34	23 (8.9%)	Tissue Viability Nurse	136 (62.9%)
35 to 44	56 (25.5%)	Other	37 (14.9%)
45 to 54	109 (42.1%)		
55 to 64	53 (20.5%)	<b>Years of experience</b>	
65 to 74	1 (0.4%)	0–5	86 (34.7%)
75 or older	1 (0.4%)	5–10	69 (27.8%)
		10–15	56 (22.6%)
<b>Gender</b>		15–20	21 (8.5%)
Female	227 (89.4%)	20+	16 (6.5%)
Male	27 (10.6%)		
		<b>Access to tissue viability service</b>	
<b>Workplace</b>		Yes	229 (94.6%)
Acute Trust	86 (35.0%)	No	13 (5.4%)
Mental Health Trust	2 (0.8%)		
GP surgery	5 (2.0%)	<b>Number of employed staff in team</b>	
Private healthcare provider	8 (3.3%)	1	26 (10.9%)
University	7 (2.8%)	2	41 (17.2%)
Acute and Community Trust	85 (34.6%)	3	49 (20.6%)
Other	53 (21.5%)	4	34 (14.3%)
		5	20 (8.4%)
<b>Context</b>		6	18 (7.6%)
Nursing home	2 (0.8%)	7	9 (3.8%)
Residential home	2 (0.8%)	8	13 (5.5%)
Community	98 (39.8%)	9	5 (2.1%)
Acute	99 (40.2%)	10	23 (9.5%)
Other	45 (18.3%)		
<b>Job titles used in organisation</b>			
Tissue Viability Nurse	137 (56.8%)		
Tissue Viability Nurse Specialist	132 (54.8%)		
Wound Care Nurse	26 (10.8%)		
Lead Nurse Tissue Viability	65 (27.0%)		
Nurse Consultant Tissue Viability	19 (7.9%)		
Tissue Viability Staff Nurse	12 (5.0%)		
Specialist Nurse Tissue Viability	16 (6.6%)		
Other	58 (24.1%)		

The notion of the TVN service having a clear vision was supported through the interviews. All interviewees stated that their service did have a vision and this was communicated to healthcare areas via guidelines, seminar sessions and word of mouth. Interviewees stated that their service had, variously: a referral criteria ( $n=3$ ); set response times following referral ( $n=2$ ); and a website that presented the vision and service expectation ( $n=5$ ).

**Job titles**

Respondents were asked to identify the job title used for the tissue viability role. This question was asked in an attempt to clarify whether each healthcare area was using a consistent title that patients, relatives and other healthcare professionals would recognise. There was no generic title used across the respondents’ clinical areas. Although the majority of respondents described themselves as TVNs, a variety of titles were used in respondents’ organisations, including ‘Tissue Viability Nurse Specialist’, ‘Lead Nurse Tissue Viability’ and ‘Wound Care Nurse’.

Confusion surrounding job titles was identified during the interviews. Interviewees affirmed that the job title was poorly understood, particularly by patients, and that there were no clear educational criteria to refer to for people to use the title of TVN. Indeed, four people highlighted that the TVN title was used by unregistered staff in some private healthcare areas. The Survey Monkey sample is summarised in *Table 1*.

**Skills and training**

Respondents to the questionnaires were requested to identify up to five key functions of the TVN service area within their organisations. Four responses were identified by over 50% of all respondents: provision of staff education and training (194 responses; 81.5%); specialist review of all non-healing wounds (185 responses; 77.7%); setting standards, writing policies and procedures (149 responses; 62.6%); and specialist review of patients with chronic wounds (137 responses; 57.6%). The full list of functions, plus the frequency and percentage of responses, is provided in *Table 2*.

Some differences were observed between the opinions of TVN respondents and non-TVN respondents. Considering functions on an

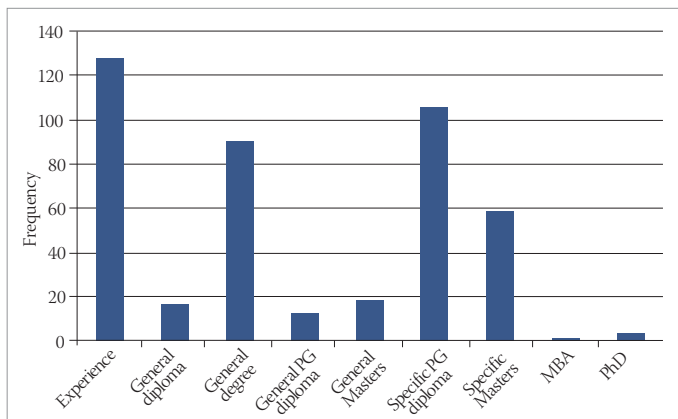


Figure 4. Summary of responses relating to appropriate level of education for TVNs.

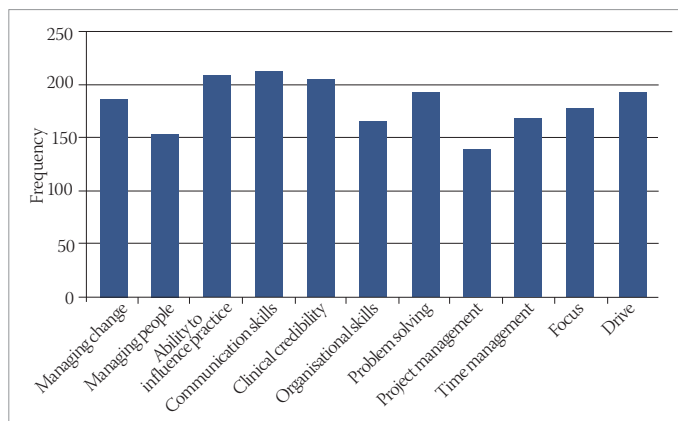


Figure 5. Summary of responses relating to skills and attributes for TVNs.

individual basis, a significantly greater proportion of TVNs than non-TVNs considered the following to be a key function of the TVN service area within their organisations: specialist review of all non-healing wounds; writing policies or procedures; strategic planning to ensure targets are met; provision of staff education and training. Considering functions on an individual basis, a significantly greater proportion of non-TVNs than TVNs considered the following two points to be the key functions of the TVN service area within their organisations: contributing to research or undertaking research studies; and managing a budget – i.e. for pressure care equipment or wound formulary. Some substantive differences in the proportions of TVNs and non-TVNs considering various other functions to be key functions of the TVN service area within their organisations were also observed.

All interviewees indicated that an integral role of the TVN was to: provide expert advice on skin conditions; support generalist nurses in managing

patients with wounds; update policies, procedures and formularies; advise on and recommend equipment procurement; and provide education to healthcare professionals. All interviewees stated that the primary function of their role was to complete audits, and four stated that root cause analysis was a priority. It may be interesting in future studies to examine this in more detail and ascertain if this would have been the same without the introduction of the pressure ulcer agenda and Commissioning for Quality and Innovation (CQUIN) targets.

The key functions of the TVN service area in which the opinions of TVNs and non-TVNs significantly differ are summarised in Table 3.

Respondents were also requested to rate each of the key functions as being either “essential to the role” (score 1), “not essential to the role” (score 2), or “nice to have” (score 3). A mean rating was reported for each function, with a low score indicating a function of greater importance. Function rating varied from 1.04 (provision of staff education and training) to 2.05 (specialist review of all wounds). The difference between the mean score assigned to these functions by TVNs (1.56) and non-TVNs (1.52) was not statistically significant ( $p=0.472$ ; 95% confidence interval for the difference:  $-0.12, 0.056$ ). Data collected from the interviews indicated that priority areas of the TVN were staff education, specialist review of wounds, but also to provide strategic leadership and development of the TVN service.

**Education**

The questionnaire asked respondents to state the level of education they thought was appropriate for a TVN. Experience was the most common option (128 responses; 57.7%), with specific postgraduate diploma in wound care also being selected by many respondents (106 responses; 47.7%). The full list of response frequencies is displayed in Table 4 and Figure 4.

While 85 out of 156 TVNs (54.5%) thought that experience, rather than academic qualifications, was the most appropriate qualification for a TVN, only 43 out of 103 non-TVNs (41.7%) did so. This effect was statistically significant ( $\chi^2_{(1)}=4.03$ ;  $p=0.045$ ). Hence, experience appears to be valued more than academic qualifications by TVNs themselves, and academic qualifications more than experience by non-TVNs. All the participants

who were interviewed possessed either a Master’s or Postgraduate Diploma. Arguably, it may have been difficult for the interviewees to comment as to whether they thought experience or academic qualification was the most important as they possessed both. However, the limitation of this study was that the interviewees were all senior nurses.

**SKILLS REQUIRED FOR THE TVN ROLE**

A range of skills and attributes appropriate for a TVN were listed in the questionnaire, with respondents being asked to identify the ones they thought were important. All options were selected by over 60% of respondents, while many were selected by over 80%. Ability to influence practice, communication skills and clinical credibility were the most common options, selected by over 90% of respondents. There were no obvious differences between the responses of TVNs and non-TVNs. The full list of response frequencies is given in *Table 5* and *Figure 5*. These skills identified via the questionnaire were supported through data collected via the interviews.

**DISCUSSION**

It was apparent from this project that there is no recognised national job title for the tissue viability role. Data analysed from the interviews highlighted that many patients and their significant others do not fully understand the term ‘Tissue Viability Nurse’ and, as such, many of the TVNs have to explain their role or say something along the lines of: “I am the wound nurse”. Yet, as discussed earlier in this article, it would seem the role of the tissue viability service is more complex than simply managing a wound(s).

Interviewee 4 indicated that many patients do not realise the existence of the TVN role, explaining that she visited patients to assess and advise on complex wounds, with the patients commenting: “Why did the practice or district nurse not get you in earlier or tell me you existed?”

The confusion surrounding job titles was also manifested in confusion regarding the role of the TVN. Interviewee 2 commented: “Where there is a good multidisciplinary team, they have a very clear understanding of the role ... but I think if you talked to a GP or if you talked to a patient, they do very much think ‘oh, that’s the lady that does the dressings’ and a lot of ward staff are of the opinion

Table 2: Key functions identified of tissue viability nurse service area.		
Answer options	Frequency	Valid %
Specialist review of patients with chronic wounds	137	57.6%
Specialist review of all non-healing wounds	185	77.7%
Specialist review of acute wounds	81	34.0%
Managing pressure care equipment	54	22.7%
Providing information leaflets to patients/carers/friends and family	48	20.2%
Liaising with other specialities in relation to wound care	101	42.4%
Onward referral of patients with chronic wounds to other specialities	73	30.7%
Setting standards / writing policies and procedures	149	62.6%
Liaising with the commissioners about service provision	44	18.5%
Writing specifications for equipment; liaising with suppliers to ensure equipment availability	27	11.3%
Contributing to research / undertaking research studies	50	21.0%
Involvement in relevant NICE guidance	32	13.4%
Managing a budget – e.g. for pressure care equipment or wound formulary	43	18.1%
Strategic planning to ensure targets are met	80	33.6%
Auditing of service key performance indicators	44	18.5%
Writing business cases	21	8.8%
Involvement in choosing products for and policing the wound management formulary	104	43.7%
Liaising with commercial partners to ensure best value for money	34	14.3%
Provision of staff education and training	194	81.5%
Mentoring staff	50	21.0%

that: ‘I don’t want to do that dressing; I’ll get the Tissue Viability Nurse to do it,’ which is an awful waste of their skills and talents.”

It is evident there are no nationally recognised criteria, or educational level, for the role. Tissue viability respondents to the questionnaire stated they valued experience over academic qualification, with non-TVNs highlighting academic achievement as being important (however, as previously mentioned, all of the interviewees possessed either a Master’s Degree or Postgraduate Diploma).

Interviewee 2 highlighted that there needed to be more pre-registration education surrounding tissue viability and that in many universities pre-registration nursing students only received 3 hours of education in the 3-year programme; others were exposed to 8 hours, while some universities

**Table 3: Summary of key function of the tissue viability nurse service area in which opinions of Tissue Viability Nurses (TVNs) and non-TVNs significantly differ.**

Function	Proportion (%) of TVNs considering to be key function of TVN service	Proportion (%) of non-TVNs considering to be key function of TVN service	$\chi^2$ test statistic and corresponding significance level	Effect size ( $\Phi$ coefficient)
Specialist review of all non-healing wounds	121/156 (77.6%)	64/103 (62.1%)	$\chi^2_{(1)}=7.24; p=0.007$	Small: $\Phi=0.167$
Writing policies or procedures	102/156 (65.4%)	47/103 (45.6%)	$\chi^2_{(1)}=9.91; p=0.002$	Small-to-medium: $\Phi=0.196$
Contributing to research or undertaking research studies	24/156 (15.4%)	26/103 (25.2%)	$\chi^2_{(1)}=3.87; p=0.049$	Small: $\Phi=0.122$
Managing a budget	18/156 (11.5%)	25/103 (24.3%)	$\chi^2_{(1)}=7.27; p=0.007$	Small: $\Phi=0.167$
Strategic planning to ensure targets are met	56/156 (35.9%)	24/103 (23.3%)	$\chi^2_{(1)}=4.61; p=0.032$	Small: $\Phi=0.133$
Provision of staff education and training	130/156 (83.3%)	64/103 (62.1%)	$\chi^2_{(1)}=14.8; p<0.001$	Small-to-medium: $\Phi=0.239$

offered the option of an elective tissue viability module. The lack of focus on tissue viability in undergraduate curricula was a cause of concern for all respondents; many of the respondents suggested that until the focus of tissue viability was improved, as had occurred in infection control, the speciality would not be recognised and would remain a ‘Cinderella service’.

Respondents did identify that the strengths of the specialist TVN role included the ability to offer expert advice and educational support to all levels of nurses, professions allied to medicine, and social carers in developing their skills and knowledge base. Respondents also identified that strengths included: the production of evidence-based guidance for tissue viability issues; understanding

and reacting positively to national policies – for example, Department of Health directives; developing strong collaborative working with industry partners and working towards developing consistency of regional services. However, six of the seven interviewees expressed frustration, as they felt that they were able only to change practice at the periphery. For example, all stated they had competencies in place, but few actually had time to monitor these to ensure changes occurred at the ‘coal face’.

In addition, all mentioned outcomes, but most took these for granted (i.e. were unable to measure service-specific outcomes in relation to healing). The exception was all respondents being able to quantify a reduction in pressure ulcer incidence as a result of the Department of Health Safety Thermometer (DH, 2012) focus and CQUIN targets (DH, 2012).

Nonetheless, all reported problems with the current data collection tools and methodology. All felt that appropriate, well-thought-out targets with consistency of data collection, using both sensitive and specific data collection methods, would be helpful to the profession going forwards. Currently, wound duration and/or healing rates are not monitored or targeted, and all felt resources were wasted on factors such as formulary expenditure and nurse time. In turn, most respondents reported examples of protracted and poor patient journeys as a result of inaccurate assessment, diagnosis and

**Table 4: Summary of responses relating to appropriate level of education for Tissue Viability Nurses (TVNs).**

Answer options	Frequency	Valid %
Experience	128	57.7%
General Diploma	17	7.7%
General Degree	91	41.0%
General Postgraduate Diploma	13	5.9%
General Master’s	19	8.6%
Specific Postgraduate Diploma in Wound Care	106	47.7%
Specific Master’s in Wound Care	59	26.6%
Master’s in Business Administration	2	0.9%
PhD	4	1.8%

treatment. It could be argued that these are lost opportunities, and if services had greater exposure and/or commitment from senior management to adequately resource teams and support strategies to affect changes in practice then the patient journey would improve, outcomes would be better and current expenditure would reduce (Posnett and Franks, 2007).

Furthermore, respondents felt that the lack of hierarchy and mapping of patient journeys within services needed to be addressed. The interviewees suggested the need for a multi-disciplinary team approach, much the same as is used in podiatry (Taylor and Hendra, 2009).

It could be argued that it is time to explore this approach – as opposed to having a TVN as the lone discipline in the service, there should be integrated services or, as a minimum, varied co-opted professionals that are available for onward referrals using agreed guidance. One respondent explained they had moved towards a more structured approach to creating services and skilled staff at all levels and has renamed the TVN to Wound Nurse as a response to service needs.

It is clear there is confusion and misunderstanding of the TVN role and that – as per hypothesis – the role, band and responsibilities vary from Trust to Trust. Respondents recognised that threats of decommissioning were associated with this. There was unanimous agreement that a policy is useless if nobody reads it or has knowledge of the contents. However, all interviewees were committed to the role, committed to improving patient outcomes with their currently limited resources; they are championing an often hidden service and are open and eager to look at ways to improve services going forward.

Most referred to the use of business cases as a means used to address shortcomings in current service provision, and all stated that improved marketing of services and partnership working with a multidisciplinary approach, with national competencies, guidance and quality assurance measures are very much needed and long overdue. Interviewees also recognised the role that industrial partners can play in promoting partnership working, to ensure that staff have access to products that meet the ever-changing needs of the patient profile – for example, wound products that can effectively manage complex

**Table 5: Summary of responses relating to skills and attributes for Tissue Viability Nurses (TVNs).**

Answer options	Frequency	Valid %
Managing change	188	84.7%
Managing people	154	69.4%
Ability to influence practice	209	94.1%
Communication skills	212	95.5%
Clinical credibility	206	92.8%
Organisational skills	164	73.9%
Problem solving	193	86.9%
Project management	139	62.6%
Time management	169	76.1%
Focus	178	80.2%
Drive	193	86.9%

wound types and support services that support bariatric nursing.

**LIMITATIONS**

Although the questionnaire was sent to TVNs across the UK and interviewees were self-selecting, there was little response from Scotland or Northern Ireland. All interviewees were senior TVNs. As such, a further study will need to ensure a cross sample of bands of TVNs and also include other healthcare professionals who are involved in tissue viability – for example, general practitioners, medical staff and procurement services.

The respondents were asked if they were satisfied with the service received from the TVN when they referred patients: almost 40% indicated they were not satisfied. This was not explored in the questionnaire, and should be included in a further survey. WUK

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