Active treatment of non-healing wounds in the community: Why language matters

KEY WORDS
- Non-healing wounds;
- Patient communication;
- Terminology;
- Best Practice Statement

This article is the first in a four-part series that will explore key principles within the new Wounds UK best practice statement (BPS), Active treatment of non-healing wounds in the community. The BPS was developed by a group of experts in November 2022 to assist practitioners, particularly those working in the community, improve the care of patients with non-healing wounds. Early accurate assessment, diagnosis and identification of risk factors that have the potential to affect wound healing are critical for improving the delivery of appropriate care. Additionally, early escalation to active treatment, such as single-use negative pressure wound therapy, is also advised. Importantly, the group recognises the importance of patient engagement in their wound care treatment, and advises using positive language when educating and informing patients that their wound is not healing as expected. The impact of language on patient experience can be significant, and the BPS identified that a change of mindset is needed around language and terminology in wound care.

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Within wound care, in 2012–13, the community setting has the highest rate of wound-related patient contact compared to hospital/practice settings (*Table 1*). It is clear that the majority of wounds are managed in community settings, therefore guidance is essential to support appropriate diagnosis and care delivery, and ultimately to improve patient outcomes.

The rate of non-healing wounds is increasing, adding to the cumulative burden of wounds for patients, clinicians caring for non-healing wounds and the health economy (Guest et al, 2020). For patients, living with a non-healing wound can mean pain and discomfort, emotional and physical distress, social isolation, and financial hardship (Järbrink et al, 2017). Non-healing wounds are also costly for healthcare systems, necessitating longer hospital stays and increased clinical workloads, risk of complications such as infections and high rates of hospital readmissions. Between 2017 and 2018, the NHS spent approximately £8.3 billion annually on wound care, £5.6 billion of which was spent on managing unhealed wounds (Guest et al, 2020).

The BPS (Wounds UK, 2022) discusses non-healing wounds and the importance of identifying patients at risk of non-healing. The document aims to increase clinician confidence and understanding of when to start active treatments and when to escalate care, to improve patient outcomes and reduce the burden of non-healing wounds.

Table 1: Number of wound-related patient contacts in the community and hospital/practice setting in 2012-13 (Guest et al, 2015)

		Number of patient visits
Community setting	GP practices	10.8 million
	Practice nurses	19.7 million
	Community nurses	10.9 million
Hospital/practice setting	Speciality nurses	51.1 thousand
	Hospital outpatients	4.3 million

Box 1. The expert group for the Best Practice Statement

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Box 2. Examples of negative descriptors to avoid when describing a wound that doesn't progress or heal within an expected timeframe (adapted from Wounds UK, 2022)

- Chronic — suggests the wound will remain unhealed for a long time
- Complex — suggests that the wound will be too difficult to heal
- Hard-to-heal — suggests that healing is not possible or difficult
- Long-standing — suggests the wound will be present for a long time
- Static — suggests the wound will not progress
- Slow-to-heal — suggests that healing will be slow

When assessing non-healing wounds, the BPS expert group (see Box 1) emphasises the importance of communication and language when assessing non-healing wounds. The use of appropriate and empowering language can help patients develop a positive attitude towards their wound care.

LANGUAGE MATTERS – RENAMING 'CHRONIC' WOUNDS

Wounds have traditionally been classified as either 'acute' or 'chronic' based on the length of time it takes for the wound to heal. While the term 'chronic wound' first appeared in the literature in the 1950s to describe wounds that did not heal normally, or progressed more slowly than expected, making them more difficult to manage and treat, it has since become a hotly debated topic.

The term 'chronic wound' has faced criticism because there is ambiguity over how long a wound must be present to be considered 'chronic' (Bernell and Howard, 2016; Kyaw et al, 2018). In terms of a leg ulcer, the NHS defines a leg ulcer as a 'long-lasting (chronic) sore that takes more than 2 weeks to heal' (NHS, 2022).

There is currently a variety of terms used for wounds that do not heal within the expected timeframe (see Box 2). The expert group agreed that many of these terms have negative connotations and should be avoided in practice. Using negative language may suggest that a patient's wound will remain unhealed for months or is too difficult, if not impossible, to heal, despite the fact that most 'chronic' or 'hard-to-heal' wounds can be healed with the appropriate treatment (Holloway, 2021).

Instead, in the BPS, the expert group agreed that the term 'non-healing' should be used to describe wounds that do not progress within the expected timeframe. The current recommended indicators of normal acute wound healing include a 40% decrease in wound area (Leaper and Durani, 2008; Gwilym et al, 2022) or signs of re-epithelialisation (Vowden and Vowden, 2016) after 4 weeks of optimal therapy.

PATIENT COMMUNICATION

The BPS discusses the importance of effective verbal communication and provides examples of open-ended questions to ask during wound assessment to help determine patient priorities, information needs, and preferred level of, and capacity for, patient engagement. To help the patient develop a clear plan of action to manage their condition, communication should be reassuring, empathic, motivating, and positive (Lloyd et al, 2018). Listening to the patient is a key part of communication, and may open up opportunities for shared care based on the patient's individual needs and preferences.

When working in the community, it is crucial to explain to the patient what the term 'non-healing' means. In particular that, although the wound is not currently healing as anticipated at the time of review, it has the potential to do so with the appropriate management, care and treatment (Holloway, 2021).

The terms 'chronic 'or 'hard-to-heal' do not imply this 'potential to heal,' but rather may give the patient the impression that they will have an incurable or prolonged wound for which wound healing is unachievable. Each patient's wound healing trajectory is unique, and using the term 'non-healing' allows the patient to concentrate on their wound in the present moment.

As part of the patient's healing journey, clinicians may encourage patients to make lifestyle changes in order to support healing and implement a successful plan of care, such as smoking cessation, limiting alcohol consumption, or encouraging patients to seek mental health services.

IMPACT OF LANGUAGE ON PATIENT EXPERIENCE

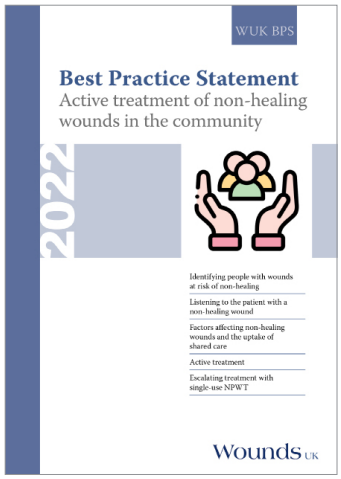
The language used by healthcare professionals has a significant impact on patient outcomes. Patient-centred communication that is non-stigmatising and does not undermine self-care is critical for improved clinical outcomes, higher patient satisfaction, and patient care (Armstrong et al, 2021).

Using language that implies blame or judgement, such as 'non-compliant', 'non-adherent', or 'non-concordant' can instil guilt and shame in a patient (Cooper et al, 2021). This may cause the individual to believe it is their fault that they have a non-healing wound, or they aren't doing 'enough': as a result, they may become less likely to engage with health services and manage their condition proactively (Lloyd et al, 2018).

When communicating with a patient who has a non-healing wound, it is critical to make the patient feel at ease, motivated, and supported throughout the healing process. It is also important to use open, simple and clear language and avoid medical jargon

Box 3. Questions to ask the patient and/or advocate — do you think your wound has improved? (adapted from Wounds UK, 2022)

- How has the wound pain been?
- Have you noticed any new, different or increased smell(s)?
- Have you noticed any changes in sensation (e.g. heat and/or itching)?
- Have you noticed any changes in your skin, including colour?
- Have the dressings stayed on?
- Have you been able to socialise?
- Have you been able to go to work?
- Is the dressing comfortable?
- Have you been able to get dressed?
- Have you been able to go outside?
- How have you slept?
- What is the worst thing about the wound for you?
- How can we help to address this?



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when explaining and sharing useful information about the patient's condition (NICE, 2012; NHS, 2018).

It is also important to involve the patient's family or caregivers, if the patient chooses, ensuring that they are engaged and understand the care plan. They should be considered part of the multidisciplinary team, with the patient at the centre as the key stakeholder. The patient and, if desired, their family or carers, should be directly involved in all decision-making, and the patient should be encouraged to follow their treatment plan by actively and attentively listening to their concerns and needs (Newell and Jordan, 2015).

The BPS stresses the need for clear and accessible communication, including examples of open-ended questions to ask during wound assessment to help determine patient priorities, information needs, and preferred level of, and capacity for, patient engagement (Box 3). For further information about the BPS and its contents, see Box 4.

CONCLUSION

Non-healing wounds are common in the UK and can have a negative effect on a patient's health, lengthen their stay in hospital, and increase the workload on medical staff. Delayed wound healing is a major source of rising NHS costs. The BPS, Active treatment of non-healing wounds in the community, provides practical guidance on early identification and management of non-healing wounds, with a focus on healing and reducing the cumulative burden of non-healing wounds in community settings.

The BPS provides guidance on patient communication, and emphasises the need for appropriate language that is empowering to the patient. Therefore, the expert group recommend using the term 'non-healing wound' for any wound that does not show signs of healing within the expected timeframe. Use of terms such as 'chronic' or 'hard-to-heal' should be avoided, as they may be demoralising to the patient, suggesting a wound that may never heal, when in fact most wounds are able to heal with timely intervention with advanced wound therapies such as NPWT. Using the term 'non-healing' allows the patient to concentrate on their wound in the present moment.

Box 4. Further information about the Best Practice Statement

This best practice statement (Wounds UK, 2022) was developed with the overall objective of supporting practitioners, particularly in the community, to improve the care of patients with non-healing wounds by:

- Explaining the importance of holistic wound assessment in recognising if the patient's wound is likely to heal with evidence-based principles of wound care and standard dressings
- Empowering staff with the tools to escalate care to more active treatments to achieve better outcomes for people with non-healing wounds in the community when needed (e.g. Negative pressure wound therapy [NPWT])
- Increased awareness of available resources/specialists appropriate to the management of wounds
- Recognising how and when to refer to a specialist for guidance, advice or management.

Key topics covered include:

- Factors associated with non-healing
- Delivery of standardised and evidence-based wound care
- Likelihood of non-healing spectrum
- Identifying people with wounds at risk of non-healing
- Listening to the patient with a non-healing wound
- Factors affecting non-healing wounds and the uptake of shared care
- Active treatment
- Escalating treatment with single-use NPWT
- Non-healing wound pathway.

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