Structured partnership approaches to community wound care: Insights from clinician workload data in Kalundborg South

Background: Community wound care consumes a substantial proportion of nursing resources and is characterised by practice variation, workforce pressure and limited capacity. Simplifying wound care pathways and reducing unwarranted variation are increasingly important to support sustainable, qualitative wound care.

Aims: To describe wound care workload patterns in a Danish municipal home-care setting and explore opportunities for more value-based practice through structured training and simplified treatment strategies.

Methods: Anonymised municipal time-registration data from Kalundborg South Municipality were analysed over 52 consecutive weeks. The number of wound care events, event duration, average time per event and total nursing time were summarised using descriptive statistics.

Results: Wound care and compression therapy accounted for nearly 40% of total registered nursing time. Event distributions were highly skewed. Although most events required relatively little time, a small proportion of prolonged wound care events accounted for more than one-third of the total workload. These patterns highlight opportunities to simplify routine wound care while focussing specialist resources on more complex cases.

Conclusions: Structured assessment, targeted training and simplified wound care pathways may support more efficient use of nursing time in community settings. Moreover, partnership-enabled educational models offer a pragmatic approach to addressing workforce constraints without compromising care quality.

Malene H. Landauro
Coloplast A/S, Humlebaek, Denmark

Mette Weinkouff Gammelby
Sygeplejen Høng, Kalundborg South, Denmark

Ida Hasselbalch Kjær Olsen
Sygeplejen Høng, Kalundborg South, Denmark

Malene Rasmussen
Coloplast A/S, Humlebaek, Denmark

Majken Linnemann Jensen
Coloplast A/S, Humlebaek, Denmark

Key words
- Community wound care
- Home care nursing
- Nursing workload
- Practice variation
- Simplified wound-care pathways
- Wound care education

Wound care delivered in the community consumes substantial healthcare resources (Díaz-Herrera et al., 2025a, Guest et al., 2020, Posnett et al., 2009) and is marked by practice variation (Brabers et al., 2019, Carmichael et al., 2021, Gray et al., 2018) which contributes to delayed healing, inefficient resource use, and significant strain on frontline staff (Skerritt et al., 2025, Stephen-Haynes and Toner, 2025, Gray et al., 2018, Guest et al., 2020, Guest et al., 2015). At the same time, community wound care represents one of the largest yet least optimised segments of municipal health services (Gray et al., 2018, Kapp and Santamaria, 2020). As municipalities face escalating demand and ongoing workforce shortages (Birk HO, 2024, Committee, 2018, Policies., 2023, Posnett et al., 2009, Probst S et al., 2014), wound care stands out as a high-impact area in which simplifying practice and reducing unwarranted variation could meaningfully improve both patient care and operational efficiency (Programme, 2020, Gray et al., 2018).

Chronic, non-healing wounds are, by their very nature, complex, and their development is strongly influenced by underlying aetiologies, contributing to high prevalence rates of pressure ulcers, lower-limb wounds, and diabetic foot ulcers (Probst S et al., 2014, Atkin et al., 2019, Skerritt et al., 2025). Chronic wounds greatly affect patient quality of life (QoL) through pain, exudate, malodour, reduced mobility and social isolation (Atkin et al., 2019, Ousey and Edward, 2014). In Europe, rising healthcare costs have driven a shift from hospital-based wound care to community, home and primary care settings (Probst Set al., 2014). Currently, over 70% of wound-related resources and nursing time are devoted to home or primary care (Díaz-Herrera et al., 2025b, Guest et al., 2015, Guest et al., 2020, Posnett et al., 2009, Gottrup et al.,

Conflict of interest: Three authors are employees of Coloplast A/S. The educational initiatives described involve collaboration between municipal home-care services and Coloplast Professional service program. No financial incentives were provided to the participating municipalities or healthcare professionals. Data analysis and interpretation were conducted independently.

2013, Skerritt et al., 2025), although wounds managed by specialist hospital teams tend to heal faster (Guest et al., 2020). Fragmentation across providers and inconsistent adherence to best practice guidelines frequently lead to unwarranted variation, clinical uncertainty and inefficient resource use (Marques et al., 2024, Stephen-Haynes and Toner, 2025, Welsh, 2018). Furthermore, community nurses operate under increasing pressure from workforce shortages, rising caseloads and the logistical challenges inherent in providing care in patients' homes (Genet et al., 2013, Committee, 2018, Analytics, 2021, Witthøft, 2023, Policies., 2023, Research., 2020).

In Denmark, municipalities report similar pressures, characterised by increasing pressure from workforce shortages among nurses and social and healthcare assistants (Analytics, 2021, Witthøft, 2023), high demand for home-based care, and considerable variation in day-to-day practice. Local data suggest that while many community-treated wounds are superficial, complex wounds may consume a significant proportion of nursing time, indicating opportunities for more evidence-based practice (Gottrup et al., 2013). With projected workforce shortages and increasing demand for home-based care, municipalities need practical, scalable solutions that improve efficiency without compromising quality.

The adoption of holistic assessment frameworks, combined with appropriate treatment strategies and carefully selected dressings, has been shown to provide significant clinical and economic benefits, including improved healing rates and reduced costs (Coleman et al., 2017, Young, 2025). Reliance on industry-supported education, endorsed by specialised healthcare professionals (HCPs), has emerged as a response to constrained workforce capacity and documented gaps in wound care competence (Probst et al., 2024). The Wound Care Pathway (WCP) (Caroline Dowsett, 2021) and its implementation in the community setting represent an example of an educational partnership which has supported a shared clinical framework among generalist nurses, improving confidence in dressing selection and consistency in wound management (Jensen et al., 2024).

Through the Coloplast Professional service program, Kalundborg South municipality in Denmark initiated a partnership to evaluate resource use in home-based wound care and to seek support in simplifying treatment practices. As part of this collaboration, the municipality provided access to anonymised wound-related time-registration data covering one full year. The current study therefore aimed to assess wound care related resource utilisation in the home setting in Kalundborg South Municipality and to explore how structured training and simplified treatment approaches could support more value-based practice.

Method

Study design and structure

Anonymized municipal time-registration data from Kalundborg South Municipality, covering 52 consecutive weeks (19 August 2024 – 17 August 2025), were collected. To ensure full anonymity, the municipality randomly selected 80% of citizens who received wound care and/or compression therapy during the study period, yielding weekly totals of time per citizen for wound care and compression. No visit-level timestamps, clinical outcomes or cross-sector linkage data (e.g. hospital care) were available.

Wound events definition

A *wound event* was defined as a continuous period with registered wound- or compression-care time, ending when there was a pre-specified without registrations. Due to the absence of visit-level detail and the possibility that interruptions in registered care might reflect either true healing or changes in the mode of care delivery (such as hospital admission, self-management or management by other caregivers), two pre-specified event-gap scenarios were applied:

- Scenario 1 (primary): Events ended after one full week with no registered care
- Scenario 2 (sensitivity): Events ended after two full consecutive weeks with no registered care.

Outcomes and analysis

The following were summarised:

1. Total nursing hours across activity categories
2. Time per event distributions
3. The concentration of total wound care time across three event groups: <7 hours, 7 to <30 hours and ≥30 hours per wound event.

Results

Kalundborg data

Overall workload and proportion of wound and compression care

Across 39 activity categories, nurses registered a total of 6,591.5 hours (mean: 126.8 hours/week) over 52 weeks **[Figure 1]**. The three most resource-demanding activities included wound care (1,996 hours), dispensing medication (1,638 hours) and compression therapy (592 hours), accounting for 30%, 25% and 9% of total nursing time, respectively. Weekly totals ranged

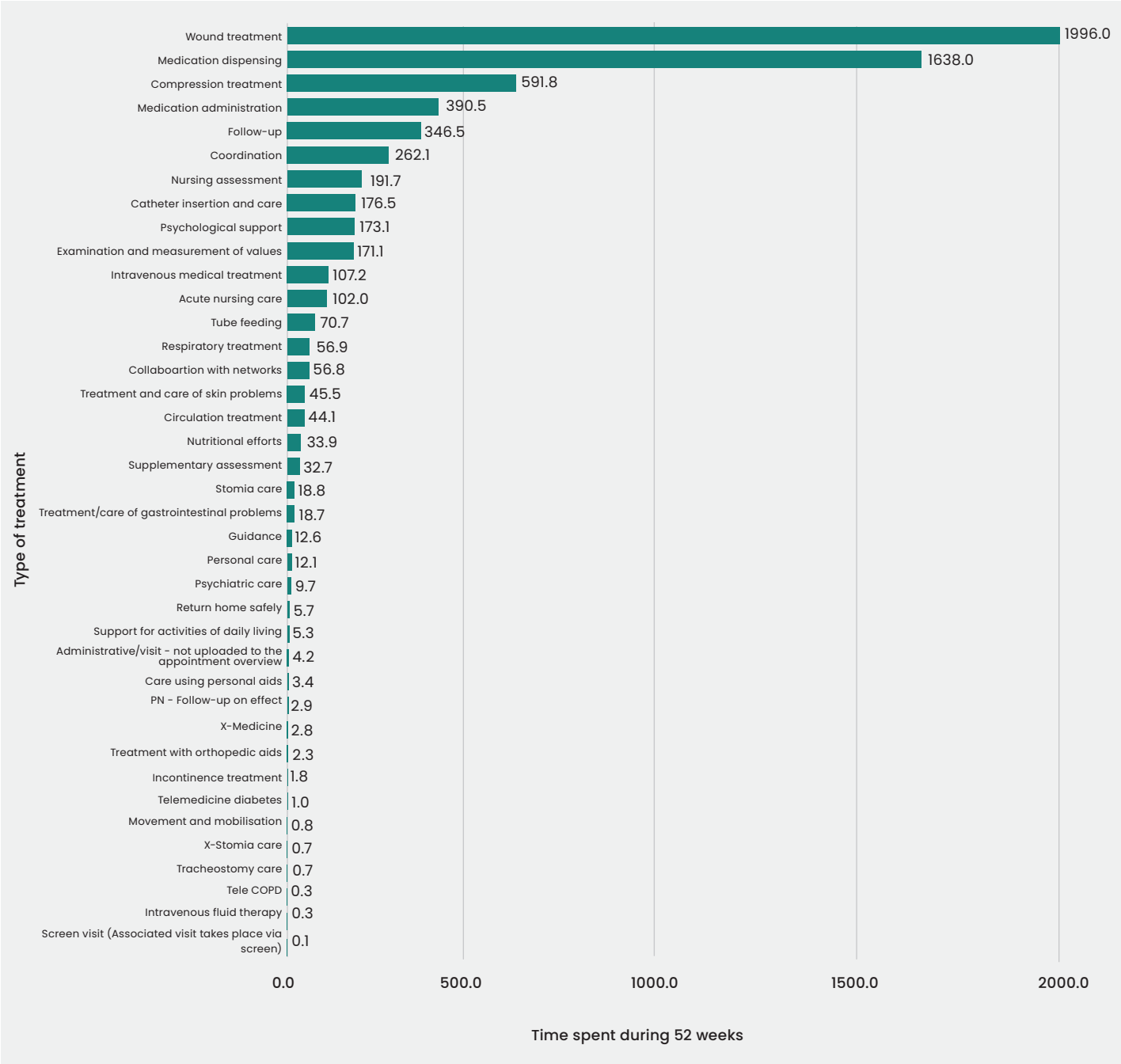


Figure 1. Time registrations from home-care activities from August 2024 to August 2025

from 83.7 to 153.1 hours, indicating a consistently high baseline demand with limited flexibility in capacity.

Event counts, duration and time per event

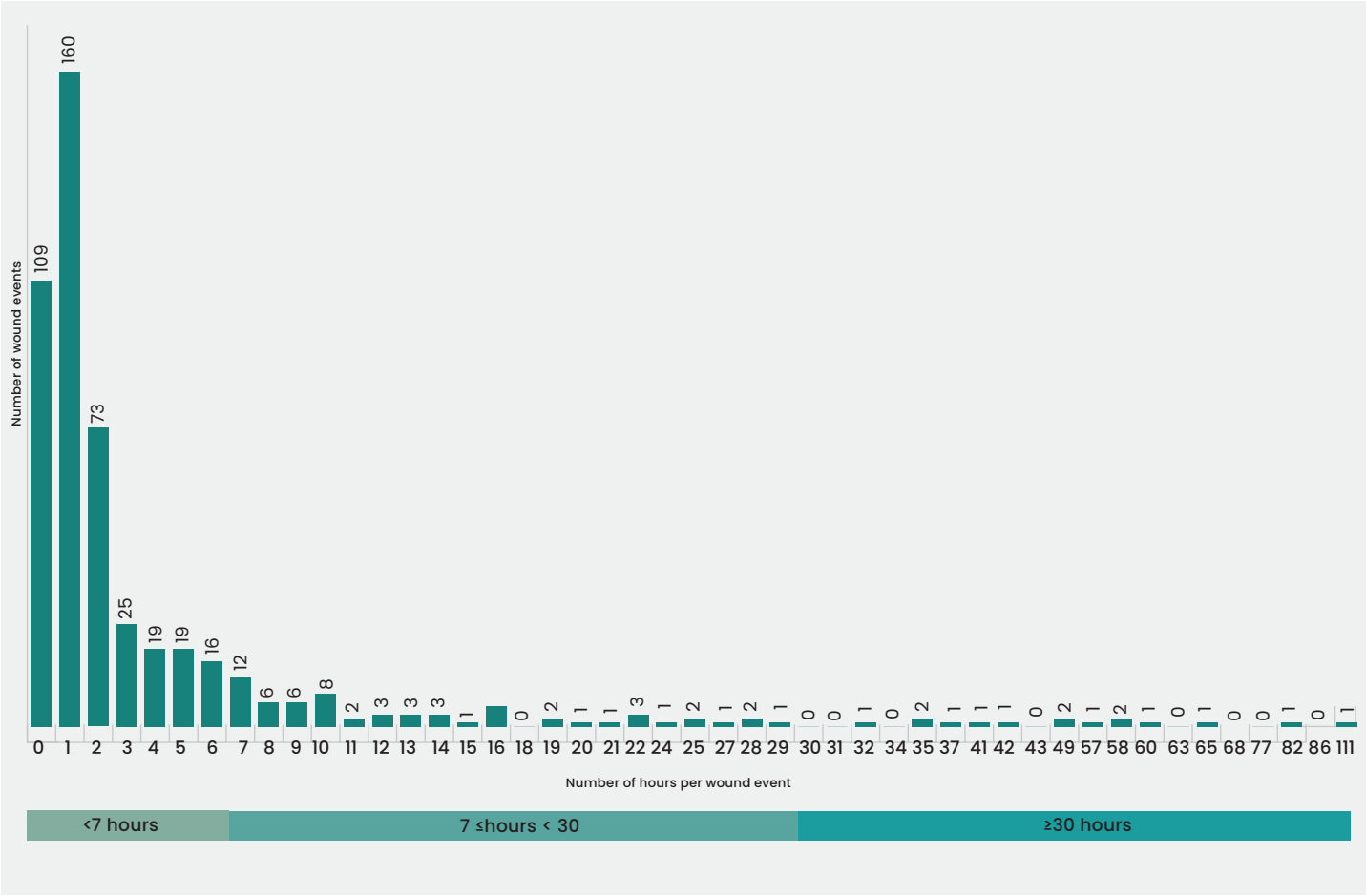
Under Scenario 1, there were 499 wound events across 3,033 weekly observations (mean duration: 6.1 weeks per event). Under Scenario 2, there were 407 events across 3,382 observations (mean duration: 8.3 weeks per event). In both scenarios, the distributions were right-skewed, with many short-duration events and relatively few prolonged episodes.

Time per wound event

Total time on wound and compression therapy was 2,286.11 hours. With 286 citizens, wound care over a full year would represent a maximum of 14,872 citizen-weeks (286 x 52 weeks). However, only 3,033 citizen-weeks included registered wound/compression care, corresponding to 20.4% of all potential citizens-weeks. This indicates that wound care was not required every week for most citizens and that the majority of citizen-weeks (79.6%) did not include registered wound or compression care. Time per wound event **[Figure 2]** was also highly skewed and most wound events required two hours or less, while a subset consumed several hours of nursing time.

Concentration of total wound time

Grouping events by total time per event into three categories yielded **[Figure 3]**:



- <7 hours: 421 events; 28% of total time (642.7 hours)
- 7–<30 hours: 63 events; 36% of total time (831.7 hours)
- ≥30 hours: 15 events (≈3%); 36% of total time (811.7 hours); mean 54.1 hours per event.

Thus, a small number of prolonged events (≥30 hours) accounted for more than a third of total workload.

Discussion

This study provides an overview of time consumption related to wound care activities in a municipal home care setting and highlights important patterns of practice and workflow. Across a full year, wound care and compression therapy accounted for almost 40% of all registered nursing time, consistent with reports from Denmark and the UK, where wound care consistently represents a disproportionate share of nursing workload and healthcare expenditure in the community (Gottrup et al., 2013, Gray et al., 2018, Guest et al., 2020, Maella-Rius et al., 2024, 2014, Guest et al., 2015, Posnett et al., 2009). Furthermore, large variations in time spent (83.7 - 153.1 hours per week) were observed, suggesting limited flexibility within existing capacity. This reinforces the importance of identifying efficiency gains within wound care itself, rather than relying on additional staffing to absorb demand.

Analysis of individual wound events in the current data revealed a highly skewed distribution. Just 3% of wound events accounted for more than one-third of all wound care time, with a mean consumption exceeding 50 hours per event. These long running episodes are likely to reflect complex or hard-to-heal wounds (Skerritt et al., 2025). Conversely, the predominance of short duration wound events highlights an important opportunity to simplify routine wound care, by reducing unnecessary dressing complexity and visit frequency. This may enable a more standardised and structured approach, supporting reduced decision-making demands and practice variation (Gray et al., 2018, Rando et al., 2018, Analytics, 2021, Genet et al., 2013, Policies., 2023). Together, these patterns support a pragmatic service principle: "simplify the many and support the few." This mirrors NHS community experience, where a minority of complex wounds drive the majority of resource use and where service sustainability depends more on staff capacity than dressing unit price (Díaz-Herrera et al., 2025a, Guest et al., 2015, Gottrup et al., 2013, Posnett et al., 2009).

Figure 2. Time consumption per wound event, where a wound event was defined as ending after one week without registered treatment. *Values were rounded to the nearest integer. The x-axis is not equidistant.*

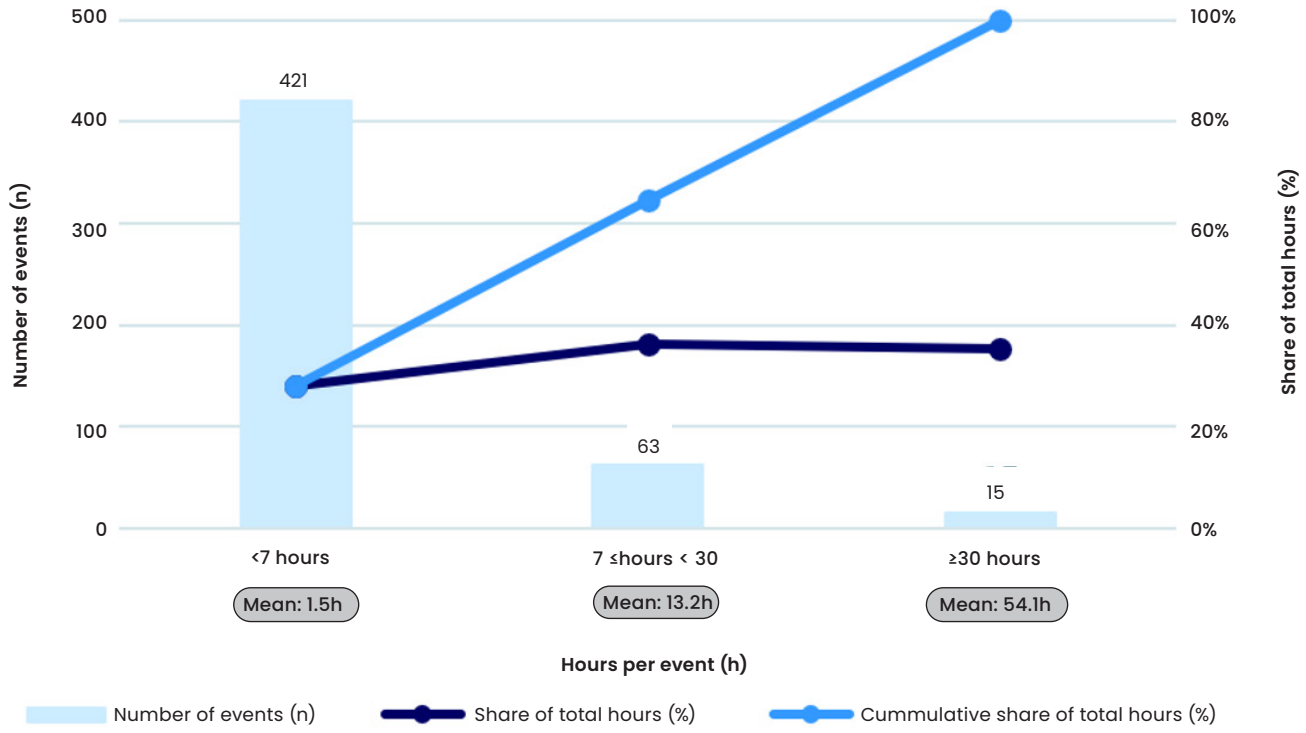


Figure 3. Distribution of wound care time for three groups of wounds based on their share of total hours.

Evidence consistently indicates that structured, standardised wound care pathways enhance clinical consistency and support more efficient resource use (Programme, 2020, Probst S et al., 2014). Central components include holistic assessment frameworks (Caroline Dowsett, 2017) combined with clear guidance on treatment strategy and dressing selection aligned to clinical needs rather than habit ((WUWHS), 2016). Qualitative data from 261 HCPs highlight structured education, standardised recommendations, improved product knowledge and clearer patient information as key facilitators of patient-centred wound management (Kuhnke et al., 2019). These integrated methods have been demonstrated to deliver significant clinical and economic benefits, offering improved healing rates and reduced costs, largely driven by reductions in dressing-change frequency and unwarranted variation (Coleman et al., 2017, Young, 2025, Öien et al., 2016). Shared-care models represent a complementary approach to community wound care by supporting appropriate patient and carer involvement, with potential to reduce reliance on routine nurse visits and to release capacity for more complex care needs (McDonald, 2020).

Partnership-enabled training and everyday practice

Within this context, partnership-enabled training initiatives may play a supportive role in addressing known gaps in wound care education among generalist community nurses. Workforce constraints and limited access to specialist training have increasingly prompted collaboration between municipal services and external partners to support competence development (Becker et al., 2025, Anderson et al., 2021, MacLean et al., 2025). The WCP, for example, was an international consensus project involving more than 2,200 HCPs across more than 60 countries, developed to address the lack of structured wound education for non-specialists. This initiative explicitly acknowledges the role of industry-supported dissemination platforms, while maintaining clinician-led content and independence (Caroline Dowsett, 2023). Despite ongoing ethical considerations surrounding public–private collaboration in wound care (Welsh, 2018), such initiatives have been reported to increase knowledge and confidence among generalist nurses and to reduce unwarranted variation in day-to-day practice (Jensen et al., 2024, Probst S et al., 2014, Welsh, 2018), **[Box 1]**.

One of the key aspects of the training sessions was, alongside reinforcing a holistic wound assessment and care approach (Caroline Dowsett, 2017), to promote simplification of wound management by reducing the use of multiple or unnecessary dressings where appropriate. The introduction of a simplified foam-based dressing strategy, using Biatain® foam with 3DFit Technology, was intended to support more consistent first-line management of the large proportion of shallow wounds (≤2cm), which are estimated to represent approximately 80% of wounds

(Ousey, 2013). For these wounds, a single-dressing approach without fillers may be sufficient (Braunwarth H, 2018), potentially reducing dressing changes, visit frequency and cumulative time spent per wound. This may allow clinical resources to be redirected toward the smaller subset of complex wounds requiring more intensive assessment and specialist input (Gray et al., 2018).

In addition, the combination of an absorbent foam structure and a fluid lock layer in Biatain® Silicone (standard) provide a visual change indicator which support dressing changes based on clinical need rather than routine. In practice, this validated, visual change indicator acts as a practical tool, signalling when the dressing is approaching its absorption capacity **[Figure 4]**, reinforcing confidence in leaving the dressing undisturbed up to seven days, as indicated in the instructions for use (Coloplast, 2021). Maintaining an undisturbed environment is recognized as beneficial for healing, whereas repeated disturbance may traumatise the tissue and disrupt the wound environment (Berg, 2019, McNab, 2023, Rippon et al., 2012, Rippon, 2015).

From a health-economic perspective, each change involves staff time, supplies and organisational coordination, making dressing-change frequency a key factor in wound-related resource use (Posnett et al. 2009; Öien, Forssell, and Ragnarson Tennvall 2016). A clinical interpretation of the NHS Clinical Evaluation Team Foam Dressings report indicated that premature or routine dressing changes may compromise foam dressing performance and limit efficiency gains (McNab, 2023). In this context, features such as 3DFit Technology and visual change indicators may support simplified dressing strategies and extended wear time, with potential implications for visit frequency, nursing workload and resource utilisation (Nielsen, 2019, Voegeli et al., 2024).

In Kalundborg, even modest extensions in wear time and reduced adjunct product use – if achieved safely through training, pathway adherence and appropriate dressing selection – could translate into fewer changes and lower consumption, potentially releasing capacity without altering service intensity. Reducing decision-making demands and freeing up time allows nurses to focus more attention on the smaller number of complex cases that drive overall workload (Skerritt, Gooney & Sheahan, 2025; Öien et al., 2016).

Taken together, these examples illustrate how structured collaboration through the Coloplast Professional service program may

Box 1. Citation in: Danish Magazine 'Sår,' No. 3, 2025," Structured training – improving competence in wound management", M. Hartun Jensen, M. Landauro & M. Hansen

"In our setting, the Wound Care Pathway has become an integrated and well-established part of daily practice. Our wound care competence has improved, and we now work in a shared direction with a common understanding of what wound dressings can and should do. We experience faster wound healing, and dressings are changed only when clinically required, resulting in a markedly prolonged wear time. By following the Wound Care Pathway, we free up time and hands for other tasks. We hope the Wound Care Pathway will reach many more users, as it is an easy and intuitive tool to apply in practice and is also of great benefit to patients.

Marianne Hansen, District Nursing Manager
Nørremarken District, Vejle Municipality

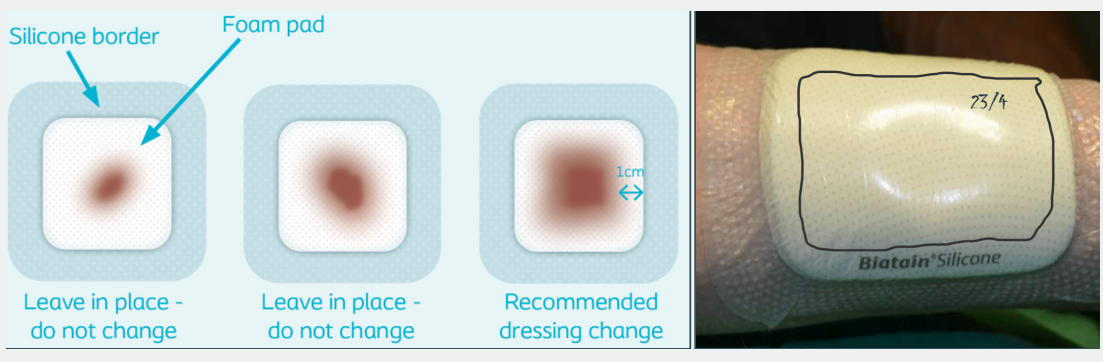


Figure 4. Schematic illustration of exudate spread beneath the top film layer of Biatain® Silicone (standard) and a real-time image, where the 1cm border and the date of dressing application are drawn directly onto the dressing for visualisation. The dressing may remain in place until there is a 1cm gap between the exudate and the edge of the dressing foam pad, or for up to seven days (Coloplast, 2021).

support alignment of wound care practices and create opportunities for more efficient use of nursing time and wound care products in municipal home-care settings. Although derived from Danish municipal data, the workload patterns, variation and capacity challenges described here are highly consistent with those reported across NHS community services, supporting the relevance of these findings for UK wound care practice and service development (Anderson et al., 2021, Gray et al., 2018, Guest et al., 2015, Stephen-Haynes and Toner, 2025).

Strengths and limitations

A key strength of this study is the use of real-world time registration data collected over a full year, providing a comprehensive picture of wound care workload in a municipal setting. However, the study is limited by its observational design and by the absence of direct clinical outcome measures, such as healing rates or recurrence. Data were drawn from a single municipality, which may limit generalisability, although the observed patterns are consistent with findings from other community settings (Gottrup et al., 2013). Additionally, the absence of cross-sector linkage precludes interpretation of the high proportion of citizen-weeks without registered home-care wound time, which may reflect self-care, hospital care or even healing.

Conclusion

The study provides a practical baseline for municipalities seeking to understand and optimise wound care workload. The findings support continued emphasis on standardised assessment, targeted training for generalist staff and simplification of treatment pathways as potentially high-value strategies in community wound care. The Coloplast Professional service program, which fosters collaboration between municipalities and industry, offers significant value by addressing workforce constraints through targeted and evidence-based training for the generalist workforce. These partnership initiatives not only enhance clinical competence but also create an opportunity to reclaim valuable resources for the community by improving efficiency and reducing unnecessary workload. Future evaluations linking time-registration data with clinical outcomes and prospective implementation studies will be important to quantify the impact of such approaches on healing, visit frequency and costs.

Acknowledgement

The authors would like to acknowledge the municipality of Kalundborg for their participation in the Coloplast Professional service program and for sharing their practical experience and reflections on this collaborative approach to community wound care. In addition, the authors acknowledge Eva Egeskov Bach for her valuable contributions to scientific discussion and interpretation of the findings.

References

Analytics Denmark (2021) Behovet for velfærdsuddannede i 2030. https://xn--danskeprofessionshjskoler-xtc.dk/wp-content/uploads/2021/05/Damvad-Final-07-05-2021.pdf (accessed 28.01.2026)

Anderson M, O'Neill C, Macleod Clark J, et al (2021) Securing a sustainable and fit-for-purpose UK health and care workforce. Lancet 397: 1992–2011

Atkin L, Bućko Z, Conde Montero E, et al (2019) Implementing TIMERS: the race against hard-to-heal wounds. J Wound Care 28(Suppl): S1–S50

Becker SL, White-Chu EF, Munoz EP, et al (2025) Healing a gap in medical education: efficacy of a wound care didactic intervention. J Am Acad Dermatol 92: 643–645

Berg LM, Serena TE, Dhoonmoon L, et al (2019) Meeting report: promoting wound healing by optimising dressing change frequency. Wounds International 10

Birk Ho VK, Rudkjøbing A, Krasnik A, et al (2024) Denmark: Health System Review 2024. Health Syst Transit

Brabers AEM, de Groot K, Groenewegen PP (2019) Practice variation among home care nurses. Prim Health Care Res Dev 20: e136

Braunwarth H, Schmitt M, Bieber R, Kruschwitz S (2018) Wound depth and the need of a wound filler in chronic wounds. Poster presented at Symposium on Advanced Wound Care, North Carolina, USA

Carmichael K, Hughes J, Styche T (2021) Impact of a wound management system on budget optimisation, formulary compliance and variations in care. Br J Community Nurs 26: 246–250

Committee on the Health and Care Workforce (2018) The nursing workforce: Second Report of Session 2017–19 (HC353)

Colboc H, Ayoub N, Pegalajar-Jurado A, et al (2024) Performance of a silicone foam dressing in management of wounds in a community setting: a sub-analysis of the VIPES study. J Wound Care 33: 542–553

Coleman S, Nelson EA, Vowden P, et al (2017) Development of a generic wound care assessment minimum data set. J Tissue Viability 26: 226–240

Coloplast A/S (2021) Biatain Silicone: Instructions for Use

Díaz-Herrera M, González-Durán M, Rodríguez-Martínez FJ, et al (2025a) The financial burden of chronic wounds in primary care: a real-world data analysis on cost and prevalence. Int J Nurs Stud Adv 8: 100313

Díaz-Herrera MÁ, González-Durán M, Rodríguez-Martínez FJ, et al (2025b) The financial burden of chronic wounds in primary care: a real-world data analysis on cost and prevalence. Int J Nurs Stud Adv 8

Dowsett C, van den Heede B (2017) The Triangle of Wound Assessment: a holistic framework from wound assessment to management goals and treatments. Wounds International 8: 34–39

Dowsett C, Bain K, Hoffmann C, et al (2021) The Wound Care Pathway – an evidence-based and step-by-step approach towards wound healing. Wounds International 12: 78–85

Dowsett C, Greenstein E, Keast D, et al (2023) Paving the way for effective wound care education for the non-specialist—developing five evidence-based wound type specific pathways. Wounds International 14(4): 34–42

Genet N, Boerma W, Kroneman M, et al (2013) Home Care Across Europe: Current Structure and Future Challenges

Gottrup F, Henneberg E, Trangbæk R, et al (2013) Point

prevalence of wounds and cost impact in the acute and community setting in Denmark. J Wound Care 22: 413–422
Gray TA, Rhodes S, Atkinson RA, et al (2018) Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. BMJ Open 8: e019440
Guest JF, Ayoub N, McIlwraith T, et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 5: e009283
Guest JF, Fuller GW, Vowden P (2020) Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 10: e045253
Jensen MH, Landauro MH, Hansen M (2024) The Wound Care Pathway: a Danish effect study. Br J Community Nurs 29: S6–S14
Kapp S, Santamaria N (2020) The effect of self-treatment of wounds on quality of life: a qualitative study. J Wound Care 29: 260–268
Kuhnke JL, Keast D, Rosenthal S, Evans RJ (2019) Health professionals' perspectives on delivering patient-focused wound management: a qualitative study. J Wound Care 28: S4–S13
Maclean S, Geddes F, Carville K (2025) Use of simulation-based education to improve wound care practice amongst registered and nursing students: an integrative review. Clin Simul Nurs 104
Maella-Rius N, Torra-Bou JE, Martínez-Rodríguez L (2024) Nursing care in patients with dependency-related skin injuries in the community: a scoping review. Br J Community Nurs 29: S8–S18
Marques R, de Lopes MVO, Neves-Amado JD, et al (2024) Integrating factors associated with complex wound healing into a mobile application: findings from a cohort study. Int Wound J 21: e14339
McDonald M, Birch R, Birch E (2020) Improving wound care services through a shared care pathway. J Community Nurs 34
McNab F, Vernon T (2023) Clinical interpretation of the NHS Clinical Evaluation Team Foam Dressings Report to support Wound Care Formulary review. Wounds UK 19
National Wound Care Strategy Programme (2020) Preventing and Improving Care of Chronic Lower Limb Wounds: Implementation Case
Nielsen AC (2019) Fluid Handling Capacity of Ten Silicone Dressings – the Importance of Effective Exudate Management. Poster presented at Wounds UK Annual Conference, London, UK
Ousey K, Edward KL (2014) Exploring resilience when living with a wound: an integrative literature review. Healthcare (Basel) 2: 346–355
Ousey KS, Stephenson J, Barrett S, et al (2013) Wound care in five English NHS Trusts: results of a survey. Wounds UK 9
Öien RF, Forssell H, Ragnarson Tennvall G (2016) Cost consequences due to reduced ulcer healing times: analyses based on the Swedish Registry of Ulcer Treatment. Int Wound J 13: 957–962
Policies Observatory for Health Systems and Policies (2023) Denmark: Country Health Profile 2023. State of Health in the EU. Paris/Brussels: OECD Publishing
Posnett J, Gottrup F, Lundgren H, Saal G (2009) The resource impact of wounds on health-care providers in Europe. J Wound Care 18: 154–161
Probst S, Dellenbach C, Seppänen S, et al (2014) EWMA Document: Home Care-Wound Care: Overview, Challenges and Perspectives. J Wound Care 23(Suppl 5a): S1–S41
Probst S, Gethin G, Bobbink P (2024) Research Focus and Guidelines in Wound Care Education. In: Kielo-Viljamaa E, Stolt M, Suhonen R (eds) Wound Care Education in Nursing: A European Perspective. Springer International Publishing, Cham
Rando T, Kang AC, Guerin M, et al (2018) Simplifying wound dressing selection for residential aged care. J Wound Care 27: 504–511
Research Services for Welfare and Health (2020) Primary Health Care in the Nordic Countries: Comparative Analysis and Identification of Challenges. Copenhagen
Rippon M, Davies P, White R (2012) Taking the trauma out of wound care: the importance of undisturbed healing. J Wound Care 21: 359–368
Rippon MW, Bielfeldt S, et al (2015) An evaluation of properties related to wear time of four dressings during a five-day period. Wounds UK 11: 45–54
Skerritt L, Gooney M, Sheahan L (2025) The provision of wound care and management in a community healthcare setting: an exploratory study. J Wound Care 34: 74–87
Stephen-Haynes J, Toner LCM (2025) Wound care in the UK: addressing variations in practice, cost, outcomes, and the data deficit. Br J Nurs 34: S4–S10
Voegeli D, Landauro MH, Sperup T, et al (2024) Clinical performance and cost-effectiveness of a silicone foam with 3DFit™ technology in chronic wounds compared with standard of care: an open randomised multicentre investigation. Int Wound J 21: e70074
Welsh L (2018) Wound care evidence, knowledge and education amongst nurses: a semi-systematic literature review. Int Wound J 15: 53–61
Witthøft A (2023) Kliniske retningslinjer under pres. https://dsr.dk/fag-og-udvikling/sygeplejersken/fagbladet-sygeplejersken/sygeplejersken-argang-2023-nr-8/kliniske-retningslinjer-under-pres/ (accessed 28.01.2026)
World Union of Wound Healing Societies (2016) Advances in wound care: the Triangle of Wound Assessment. London: Wounds International
Young C (2025) Understanding the physiology of wound healing and holistic wound assessment. Nurs Stand 40: 41–49