## Resilience is an international issue



KAREN OUSEY Clinical Editor, Wounds UK, Reader in Advancing Clinical Practice, School of Human and Health Sciences, University of Huddersfield, Clinical Associate Professor, Australian Catholic University

elcome to the September edition of Wounds UK. I have been host to an Australian scholar over the summer, which has been both interesting and enjoyable. Professor Karen-leigh Edward is an associate professor at the Australian Catholic University in Melbourne, who has a special interest in resilience and mental health. Karenleigh attended and presented the keynote address at the Woundcare4Heroes conference held at the University of Huddersfield in August. In this address, she explored the role of resilience in rebuilding the lives of injured veterans; Karenleigh has worked with veterans in Australia and offered a fascinating insight into the importance of understanding resilience. It is always entrancing to listen to international speakers and realise that the underpinning elements of physical and psychological management of wounds vary very little across the world and yet we can learn so much from the experiences of our peers overseas.

The concept of resilience is complex and has been defined as being the ability of people to 'roll with the punches' and cope with life events, both negative and positive (Dryden, 2005). If we consider this definition and relate it to the psychological care of people with wounds — whether acute or chronic — we begin to understand the complexity of linking physical and mental health needs.

We regularly discuss and talk about the holistic needs of patients and how we assess and plan their care needs, but do we always consider and discuss with patients and their families how the wound affects their lives? Most of us do, but do we develop packages of care that support the patient's psychological needs or do we simply

give instructions on how to care for the wound and what to look for (for example, is the wound infected, painful, malodourous, etc)? There is always a lack of time during which practitioners can sit with patients and their families and explore in-depth feelings and gain a full understanding of the impact a breach in the skin has had upon everyday activities. This is now the time for us to develop a range of self-care programmes that are easily accessible, written in plain English and will provide an additional level of support to patients and their families in overcoming psychological issues. Why is this important? We need to empower patients and their families to overcome barriers and to assist in keeping the patient at the heart of everything we do.

To fully appreciate what a self-care programme should contain in order to develop resilient behaviours for people with wounds, we can look to Karen-leigh's work. She suggests the term resilience be defined as 'springing back, rebounding, readily recovering, [and] buoyant, [and], the ability to transcend difficult psychological situations' (Edward, 2005a, 2005b).

I thank Karen-leigh for agreeing to present the keynote speech at Woundcare4Heroes, for educating me about resilience and for ensuring that international wound care collaborations are kept alive.

## REFERENCES

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