Factors that influence participation in self-management of wound care in three Indigenous communities in Western Australia: Clients’ perspectives.

By

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Date of submission: 18th December 2008
I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

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Signature....................................................

Date............................................................
Abstract.

The purpose of this study was to identify any barriers or enablers as influences on wound care self-management by Indigenous people. A qualitative, interpretive study sought to investigate how participants perceived their wounds and their general health, and to identify the influences on them accessing wound care services.

There is a dearth of information on culturally appropriate practice in wound management for Indigenous Australians. This research project was therefore significant in attempting to bridge the gap in nursing knowledge of Indigenous clients’ perceptions of barriers and enablers for seeking wound care services, especially in relation to lower leg ulcers. The lack of culturally sensitive wound management practices potentially impacts on Indigenous clients’ behaviours in seeking treatment from their health service providers.

Participant observations and semi-structured interviews with the research participants investigated the management of their wounds, and the ways in which their culture influences wound management. The main aim was to understand participants’ comprehension of the importance of wound care through reflection. Understanding the enhancing or obstructive influences on wound management practices was expected to provide a foundation for teaching self care of wounds in Indigenous populations and inform health professionals’ approach to health education.

The data were analysed using thematic analysis, which generated common themes related to the research questions. These themes are: visibility, of the problem,
perceived versus actual level of knowledge, acceptance of co-morbid health conditions and pre-determined path of ill health. These findings indicated that in one region, participants’ perception of poor health was related to visibility of the problem. Participants chose to have their visible wounds managed by Silver Chain Nursing Association, whereas Diabetes and Hypertension and any other non-visible disorders were seen as appropriate to the Aboriginal Medical Service (AMS). Further to this finding, most participants displayed a sense of helplessness and hopelessness when sharing information about their diagnosis of diabetes, believing this was the norm. Many also believed that having a strong family history of a particular disease resulted in the participants also inheriting the disease. During post interview educational sessions many of the Indigenous participants were surprised by the evidence based-research reported to them by the researcher that diabetes is a manageable disease with life style changes.

Another issue highlighted was the perceived level of knowledge the participants had about wound care. Reassurance was given by the participants that their level of knowledge about how to manage their wounds was adequate. However, none of the participants were concerned about the length of time that their wound/s had or were being managed, between 3 months and 5 years. This acceptance that although a wound is not getting any worse and not getting any better was the norm is cause for concern, and indicates a low level of health literacy. This theme was ‘perceiving an imbalance in perceptions of wound care knowledge with actual knowledge’.
The most important recommendation from the study findings is the need to consider health literacy more carefully in the development of health promotion and health education for Indigenous clients with wounds.
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Chapter One

Introduction
In Australia, diabetes-related lower limb problems are among the major causes of morbidity and mortality for Indigenous people (Pincock, 2007; Zimmett, 2002). Wounds to lower limbs have not only been identified as a significant economic burden to society, but also an important social burden that impacts upon both patients and their families (Gracey, Williams, & Smith, 2000; Pincock, 2007). The evidence suggests that people with diabetes-related lower limb problems will develop a foot ulcer at least once throughout their life (Pincock, 2007). The standard of care the ulcer receives has a major influence on the person’s quality of life (Harker, 2006).

The literature infers that despite a general trend to promote best practice in wound care, diabetes-related lower limb problems continue to be difficult to manage within the home environment and the clinical setting (Bate & Jerums, 2003). A major challenge is the need to establish whether there is a direct association between a client’s knowledge of wound care principles, and active participation in best practice management of their wounds. Firstly, it needs to be established whether the client has been provided with the appropriate information to manage their wound/s. Secondly, once information has been provided, it is important to understand whether this change of information has resulted in a change or modification of life style, in a way that would maximise healing of their wound/s. If the person has responded in a positive manner to both delivery of education and adaptation of life style to better manage their wound/s, this could be considered an optimal effect of