

Rapid Research and Implementation Priority Setting for Wound Care Uncertainties

Gray et al. (2017)

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For which topic were research priorities identified?

wound care

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

People with complex wounds are more likely to be elderly, living with multimorbidity and wound related symptoms. A variety of products are available for managing complex wounds and a range of healthcare professionals are involved in wound care, yet there is a lack of good evidence to guide practice and services. These factors create uncertainty for those who deliver and those who manage wound care. Formal priority setting for research and implementation topics is needed to more accurately target the gaps in treatment and services.

What was the objective?

to prioritize wound care-related uncertainties

What was the outcome?

a ranking list of 25 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

survey; workshop

How were the priorities for research identified exactly?

Step 1: collecting uncertainties: survey: participants were asked to identify up to five uncertainties about wound care in consultation with their colleagues, 139 uncertainties were submitted. Step 2: data processing: all submitted uncertainties were collated, sorted and categorized. Step 3: workshop with nominal group technique: a further 20 uncertainties were identified on the day of the workshop, followed by small group discussions, participants were then asked to vote with 10 colored stickers for their priorities, 25 uncertainties made it to the final prioritized list, plenary session and final rating of uncertainties: participants were asked to individually rate each uncertainty

Which stakeholders took part?

Wound care practitioners and managers. Survey: 31 participants. Workshop: 33 participants: 10 specialist nurses attended (mostly tissue viability nurses), 10 district nurses, 7 podiatrists and 6 managers covering podiatry, pharmacy and community nursing.

How were stakeholders recruited?

Purposive sampling was used to ensure that participants had relevant clinical and management experience and expertise. NHS HCPs were eligible to participate if they regularly cared for patients with complex wounds, were wound care specialists or managed wound care services. Interested potential participants were identified through contacts developed at the inception of the NIHR CLAHRC Greater Manchester wound care program and were approached via email, telephone or via a face-to-face meeting.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.