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# JOURNAL OF WOUND MANAGEMENT

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## Editorial

Who will take care of our future patients?

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The impact of pressure injury on quality of life in adults:  
protocol for a systematic review

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Keeping feet in remission after healing of diabetic foot ulcers:  
a qualitative study of patients' experiences

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Understanding frailty and pre-frailty to improve chronic  
wound management in older people: a study protocol

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Signs, symptoms and/or biomarkers reported to indicate  
biofilm in chronic wounds: an eDelphi consensus protocol

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Deficits in molecular, physical and biological parameters of  
healing in the diabetic foot: a literature review

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Cochrane wounds group reviews and review updates

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# Who will take care of our future patients?

**Georgina Gethin** PhD, Registered General Nurse

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Right now across the globe the crisis in recruitment and retention of healthcare professionals is reaching, and in some cases is already at, crisis point. Post the COVID-19 pandemic, when many front-line clinicians were overwhelmed with dealing with the crisis and were suffering because of the crisis, we are seeing now what has been described as the 'great resignation'. Healthcare workers, and in particular nurses and doctors, are leaving the professions in large numbers.

The crisis is becoming even more challenging in primary care where the age profile of general practitioners and the inability to fill vacant practices is resulting in an inability of many to access care in the first instance. This, coupled with the staff shortages in the acute setting and long-term care facilities, means that care which should be delivered by trained, educated and competent professionals is being left undone or delegated to those without such competencies. This is a patient safety issue, and for many a moral and ethical one, as they are faced with making choices of who they treat and when. The World Health Organization (WHO) have acknowledged this as a critical issue in its recent *Global strategy on human resources for health: workforce 2030*<sup>1</sup>, stating that not only should healthcare workers be in sufficient numbers but they should also possess the required competency and are motivated and empowered to deliver quality care that is appropriate and acceptable to the sociocultural expectations of the population.

Wound care has always been the 'Cinderella' of healthcare. We have struggled for recognition and, despite the excellent work of the European Wound Management Association (EWMA) and other organisations, wound care still is challenged to gain acceptance as a specialist discipline. With the push to provide more and more wound care in primary care settings – as well as the hands-on element required to manage care, care that cannot be delivered by computers or robots – we can see how the staffing crisis will affect our patients at increasing levels.

According to the WHO<sup>1</sup>, a transformation of health systems is needed alongside a more effective use of existing health workers and the adoption of inclusive models of care encompassing promotive, preventative, curative, rehabilitative and palliative services. This could be done by reorientating health systems towards a collaborative primary care approach built on team-based care and by fully harnessing the potential of technological advances. EWMA have been at the fore in driving these agendas, publishing documents such as *Home care – wound care*<sup>2</sup>, *Managing wounds as a team*<sup>3</sup> and *Person-centred care*<sup>4</sup>. Most recently, a document titled *New technologies for tissue replacement*<sup>5</sup> has served to provide

current state of the art evidence as it relates to wounds. We can use these documents to argue for better services, more education, better use of resources and ultimately better patient outcomes.

All of this leaves us with a few challenges that we need to address. How do we recruit more people into the healthcare professions; how do we support and mentor and provide a positive working environment to retain them; how do we deliver care to the highest standard with a reduced workforce? None of these questions can be easily answered, but by starting the conversation we can try to find solutions. Health systems can only function with health workers<sup>1</sup>, thus, if we don't start the conversation, we will be left with the biggest question of all – who will take care of our future patients?

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