This thesis is that when nurses are involved in research that impacts on their practice, findings are likely to be utilised. The objective of this inquiry was to effect change in practice, specifically in the area of wound management in one community nursing organisation. A principle guiding the involvement of nurses was flexibility, meaning that the researcher was responsive to the problems identified in practice and matching these to the needs of nurses in terms of suitable research approaches. In this inquiry, nurses sought involvement in survey and participatory action research (PAR) processes to answer three questions. What is current wound management practice? How can wound management practice improve? Did the interventions selected improve practice? These questions constitute three phases of the inquiry.

In the attempt to answer the first question a wound management survey was undertaken in 1997. Together with a group of Clinical Nurse Consultants, a total 96% (n=1046) of community dwelling clients with a wound were surveyed. In the main, analysed survey data profiled client demographic information and wound types. Findings suggest that current wound practice often lacked an evidence-base. As the first extensive survey undertaken in this setting, this community nursing organisation was challenged by the findings and acted upon the recommendations. One intervention recommended was to collaborate with further groups of nurses in the effort to improve practice.

Facilitated by the researcher, nurses collaborated in three separate PAR groups to answer the question: ‘how can we improve wound management practice? The PAR groups, after establishing their own agenda, chose to focus on wound assessment documentation, wound cleansing practices for chronic leg ulcers and Doppler assessment (a tool to aid identification of leg ulcer aetiology). Literatures were consulted, further surveys were undertaken and action plans were formulated. Action was geared towards improving practice, filtering this information throughout the organisation, and it was hoped, fostering an evidence-based practice culture.

Did the interventions selected, of which facilitating PAR groups were one, improve practice? Answering this question constitutes phase three. Led by the researcher, nurses repeated the 1997 survey in 1999, this time utilising a stratified sample, (401 records were surveyed with a response rate of 97%). Compared with 1997 survey data practice had improved, especially in the chosen focus areas of the PAR groups. Specific areas of wound management improvement were an increase in the full assessment of both leg ulcers and use of the Doppler tool. There was a marked increase in the use of tap water cleansing for leg ulcers and a corresponding drop in use of aseptic technique and use of dressing packs. A 32% improvement in cleansing technique for epithelialising ulcers was also noted. Furthermore there was an increase in the use of high compression therapy for venous leg ulcers.

The findings from the 1999 survey indicate that wound management practice has improved and that nurses are more likely to use research evidence to support practice decisions. Participation of nurses in researching their own practice has resulted in utilisation of findings. This inquiry has shown that privileging a flexible approach to research with nurses has delivered outcomes that are measurable instances of improved practice.