



How do individuals living with a spinal cord injury in a rural area prevent pressure injuries? The lived experience of intact skin



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Introduction: Those living with a spinal cord injury in a rural area are commonly viewed to be at risk of pressure injury due to their reduced access to specialised health care, specialised pressure care equipment and care in the home. However there are individuals living rurally who remain relatively pressure injury free over their lifetime. A qualitative study was used to explore the experiences of rural community dwelling adults who have had a long term spinal cord injury but have successfully avoided the experience of a major pressure injury.

Methods: Participants were recruited from the Rural Spinal Cord Injury (New England) database. Inclusion criterion were having a spinal cord injury for more than 10 years, having no motor ability below the level of injury, living at home and not having had a severe (grade 3 or 4) pressure injury. Five semi structured interviews were conducted in participants own homes. Three participants lived on rural properties (2 outer regional and 1 remote as per ASGC-RA Classification) and two lived in towns with a population greater than 10000 (inner regional). All participants were white, Caucasian males aged between 35 and 60. The average time since injury was 23 years. Qualitative analysis of the transcribed interviews was completed using a hermeneutic phenomenological approach. Interpretation of the data revealed three main themes and a number of sub themes as being integral to the research participants' ability to maintain their skin integrity.

Results: The major themes were "Skin not a separate entity", "Self-sufficiency" and "Minimise disruption to life". Research participants maintained their skin integrity through maintaining autonomy over their skin care management, flexibility and problem solving with regards to skin care management, proactive responses to minor body signals and completion of pressure relief within their activities of daily living rather than as a separate task. Participants were motivated to maintain their skin integrity due to fear of further incapacity and their strong sense of responsibility to others. Analysis revealed that participants' accessed equipment in an ad-hoc manner in the absence of local specialist spinal cord injury seating services although surprisingly this did not appear to have adverse effects on their ability to prevent pressure injury.

Conclusions: It is anticipated that these experiences and stories will inform education and management of those living with spinal cord injuries in rural areas with regards to maintaining skin integrity. The study strengthens the case for continued access to spinal specific services in rural areas through the Rural Spinal Cord Injury Service and also highlights the challenges for clinicians working with this client group.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Catherine Brabrook is an occupational therapist and currently works as a Rural Spinal Cord Injury Coordinator with Hunter New England Health Local Health District covering the northern clusters of this district. The idea for the research project came from an interest in how much clinicians can learn from individuals who have successfully managed their spinal cord injury for the long term.



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