



## Skin care in nursing: A critical discussion of nursing practice and research



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### ABSTRACT

Skin (self-)care is part of human life from birth until death. Today many different skin care practices, preferences, traditions and routines exist in parallel. In addition, preventive and therapeutic skin care is delivered in nursing and healthcare by formal and informal caregivers. The aim of this contribution is a critical discussion about skin care in the context of professional nursing practice. An explicit skin assessment using accurate diagnostic statements is needed for clinical decision making. Special attention should be paid on high risk skin areas, which may be either too dry or too moist. From a safety perspective the protection and maintenance of skin integrity should have the highest priority. Skin cleansing is the removal of unwanted substances from the skin surface. Despite cleansing efficacy soap, other surfactants and water will inevitably always result in the destruction of the skin barrier. Thousands of products are available to hydrate, moisturize, protect and restore skin properties dependent upon their formulation and the concentration of ingredients. These products intended to left in contact with skin exhibit several actions on and in the skin interfering with skin biology. Unwanted side effects include hyper-hydration and disorganization of lipid bilayers in the stratum corneum, a dysfunctional barrier, increased susceptibility to irritants and allergies, and increases of skin surface pH. Where the skin barrier is impaired appropriate interventions, e.g. apply lipophilic products in sufficient quantity to treat dry skin or protect the skin from exposure to irritants should be provided. A key statement of this contribution is: every skin care activity matters. Every time something is placed on the skin, a functional and structural response is provoked. This response can be either desired or undesired, beneficial or harmful. The choice of all skin care interventions in nursing and healthcare practice must be based on an accurate assessment of the skin and concomitant health conditions and on a clearly defined outcome. A standardized skin care and skin care product language is needed for researchers planning and conducting clinical trials, for reviewers doing systematic reviews and evidence-base summaries, for nurses and other healthcare workers to deliver evidence-based and safe skin care.

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## What is already known about the topic?

- Skin care plays a major role in nursing practice.
- People in acute and long-term care settings are affected by various skin conditions.

## What this paper adds

- In the nursing and care context skin may be either too dry or too moist.
- Adequate skin assessments are required before planning skin care interventions.
- Limit any unnecessary exposure to cleansers or leave-on products.
- In case of risks or diagnosed skin conditions, apply appropriate targeted products in adequate quantity to maintain or to restore the skin barrier.
- A standardized skin care language and product description is needed.

## 1. Introduction

The skin is the largest organ of the human body and plays a fundamental role for survival, for staying healthy or becoming ill. Beside these biological functions skin appearance and its perception by oneself and by others is crucial for self-esteem, wellbeing and social acceptance. Empirical evidence suggests that the way we look determines how we feel (Gupta and Gilchrest, 2005) and how we perceive others health, attractiveness, success and age (Fink et al., 2012).

Skin (self-)care including washing, bathing and numerous approaches for beautification are part of human life from birth until death since the beginning of mankind (Blanco-Davila, 2000; Evans, 2004; Routh et al., 1996). Besides personal preferences and beliefs, skin care activities are influenced by culture, geographical region, availability of sanitary structures (e.g., public baths), knowledge, industrial developments and marketing strategies (Ashenburg, 2007; Fotoh et al., 2008). Today many different preferences, traditions and skin care behaviours exist in parallel.

From a health and nursing care perspective, the skin is the target of various interventions. Over life there are certain periods where people are unable to care for their skin for themselves. This is typically the case very early in life (baby care), during periods of severe illness, disability or care dependency, in advanced age and at the end of life. In these situations, individuals usually receive skin care interventions from others like informal (e.g., parents, partners) or formal (e.g., nurses, nurse assistants) care givers. This means that the caregivers become responsible for choosing and conducting appropriate interventions. Although often regarded as a rather basic task, which in professional nursing practice is often delegated to less qualified personal (McCloskey et al., 2015; Walsh et al., 2003), skin care is complex and challenging. Unfortunately, current skin care is not always beneficial (Cowdell et al., 2014; Cowdell and Steventon, 2015).

The aim of this contribution is a critical discussion about skin care in the context of professional nursing

practice. We explore skin care from conceptual, practical, educational and research perspectives. Special emphasis is given to classification and discussion of skin cleansing and caring procedures, substances, and the challenges we face today. A major statement of this critical discussion is that both over- and undersupply of skin care in nursing practice is common and that many activities may even be harmful.

## 2. What is skin care?

The term *skin care* is widely used both by the public and health professionals. However, a clear and accepted definition is lacking. The Medical Subject Headings of the National Library of Medicine thesaurus defines 'Skin care' as 'Maintenance of the hygienic state of the skin under optimal conditions of cleanliness and comfort...' (National Library of Medicine, 1994). This definition it includes activities like washing, bathing, cleansing, and the use of soaps, detergents, oils, etc.

In the recent edition of the Nursing Interventions Classification (NIC) several concepts related to skin care are listed, for instance Bathing (1610), Self-care assistance: bathing/hygiene (1801) and Skin care: topical treatments (3584) (Bulechek et al., 2013). For instance 'Bathing' is defined as 'Cleaning of the body for the purposes of relaxation, cleanliness, and healing,' including showers, tub and bedside baths, application of 'lubricating ointment and cream to dry skin areas' and 'drying powders to deep skin folds' (p. 91). 'Skin care: topical treatments' is characterized as 'Application of topical substances or manipulation of devices to promote skin integrity and minimize skin breakdown.' (p. 348).

The International Classification of Functioning, Disability and Health (ICF) includes concepts like 'Washing oneself' (d510) or 'Caring for body parts' (d520) which includes the sub concept of 'Caring for skin' (d5200): 'Looking after the texture and hydration of one's skin, such as by removing calluses or corns and using moisturizing lotions or cosmetics.' (World Health Organization, 2015).

Based on these selected definitions the following conclusions can be drawn: Skin care is defined in terms of activities (e.g., washing, bathing, cleaning, using lotions) as well as in terms of purpose (e.g., maintenance of the hygienic state, comfort, cleanliness, relaxation). Three purposes of skin care emerge: (1) enhancing comfort and well-being; (2) keeping the skin intact and healthy; (3) cleaning. Obviously, there are overlaps between these three goals but mismatches may occur. Therefore following the basic nursing process thinking (Yura and Walsh, 1978) we recommend that the first step is to identify people with special skin care needs, then to define intended and achievable individual goals to be reached through delivering interventions.

## 3. Who is in need for (special) skin care?

A perceived nursing care need very often leads directly to the intervention. In the current context, this means for example people who cannot wash themselves need to be washed. Unfortunately, this straightforward association provides no details about the number of washes needed,

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