Scope of Wound, Ostomy, and Continence Nursing Practice

DESCRIPTION OF THE SCOPE OF WOUND, OSTOMY, AND CONTINENCE NURSING PRACTICE

In accordance with the American Nurses Association (ANA) definition of the scope of nursing practice, the scope of Wound, Ostomy, and Continence (WOC) specialty nursing practice (hereafter referred to as WOC nursing) describes the "who, what, where, when, why, and how" of WOC nursing (ANA, 2021, p. 3). WOC care are areas of specialty practice within the framework of nursing, in which nurses strive to advance the health of all affected individuals. WOC nursing is dynamic and evolves with changes in knowledge, the health care environment, and society. The depth and breadth of an individual specialty nurse's scope of practice are determined by the nurse's education, experience, practice setting, role, licensure, and the specific population(s) cared for by the nurse.

DEFINITION OF WOUND, OSTOMY, AND CONTINENCE NURSING SPECIALTY

The WOC specialty integrates the art and science of nursing as a multifaceted, theoretically grounded, evidence-based caring practice. WOC

nursing incorporates a unique body of knowledge to enable nurses to provide excellence in meeting WOC needs; health maintenance; therapeutic intervention; and rehabilitative and palliative nursing care. WOC nursing directs its efforts at improving the quality of care, life, and health of clients with WOC care needs (hereafter referred to as health care consumers). The term health care consumer is used for patients, persons, clients, families, groups, communities, or populations for whom the nurse is providing services (ANA, 2021). WOC nursing is a complex nursing specialty encompassing care across the life span in all settings where health care is delivered, and across the continuum of care.

WOC nurses influence and guide the delivery of optimal care for health care consumers directly through the provision of specialized care and indirectly as clinicians, educators, consultants, researchers, or administrators. As leaders, WOC nurses have a responsibility to promote equity by addressing social determinants of health (SDOH) that affect health care consumers including access to care and supplies, cost, health disparities, promotion of self-care, environmental issues impacting public health, technological advances, health policy, and disaster management (ANA, 2010). Collaboration with health care consumers and colleagues in industry, medicine, academia, and government is critical in addressing social and advocacy issues and achieving optimal outcomes. Consequently, interprofessional collaboration has been valued and practiced by WOC nurses since the beginning of the specialty.

HISTORY AND EVOLUTION OF WOUND, OSTOMY, AND CONTINENCE NURSING

WOC nursing originated as a lay practice to address the unmet needs of health care consumers with an ostomy. The practice of WOC nursing was founded by individuals who had undergone ostomy surgery, and those pioneers "felt that something had to be done so that future people would not have to endure the suffering that they had endured" (Alterescu, 1991, p. 126). During the 1940s and 1950s, surgical techniques developed rapidly with an increase in ostomy surgeries (Doughty, 2008). Stoma construction was often poor, and hospitals lacked support systems to help the affected individuals

deal with the life-altering surgeries. In addition, effective ostomy products were not available resulting in individuals who were left to manage their own ostomies by trial and error. Out of necessity, individuals with ostomies developed informal support networks to facilitate optimal self-care after leaving the hospital.

To fill the gap in ostomy care, one individual with an ostomy, Norma Gill, began the quest to improve ostomy care and services. After battling chronic ulcerative colitis, Norma Gill had an ileostomy performed in 1954. Following her recovery, Norma contacted surgeons in her community and began to offer informal education and support to others with ostomies. In 1958, at the request of Dr. Rupert Turnbull, a colorectal surgeon at Cleveland Clinic, Norma Gill became the first professional ostomy technician (Murphree & Ayello, 2020). Dr. Turnbull and Norma Gill worked together to provide rehabilitative care and psychological support to individuals with ostomies. By 1959, the role became known as an enterostomal therapist (ET), and in 1961, Dr. Turnbull and Norma Gill developed an educational program at Cleveland Clinic to meet the growing need for more therapists (Murphree & Ayello, 2020).

Over time, WOC nursing expanded its focus beyond ostomy care to incorporate wound and continence care to address increasing and unmet needs in those areas. In addition, WOC nursing is now practiced internationally. The following chronology highlights some of the top defining moments in the history of WOC nursing (Wound, Ostomy, and Continence Certification Board, n.d.-a; WOCN, n.d.-b).

1958: Norma Gill became the first "ostomy technician" at Cleveland Clinic.

1961: The first ET program was established at Cleveland Clinic.

1968: The first professional ostomy specialty organization was founded (American Association of Enterostomal Therapists [AAET]), which later became known as the International Association for Enterostomal Therapy (IAET).

1976: Registered nurse (RN) licensure was required for entry into ET nursing education programs, which are now known as WOC nursing education programs.

1979: Certification in the specialty was first offered by the Enterostomal Therapy Nursing Certification Board, which was founded in 1978 and is now known as the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB).

1982: The scope of practice was officially expanded to include the care of individuals with wounds and urinary and fecal continence disorders.

1985: A baccalaureate degree was implemented as the minimum educational requirement for admission to the WOC nursing education programs and eligibility for certification in the specialty.

1992: The IAET evolved into the Wound, Ostomy, and Continence Nurses Society: An Association of ET Nurses, which is now known as the Wound, Ostomy, and Continence Nurses Society™ (WOCN).

2005: An advanced practice certification via portfolio was first offered by the WOCNCB.

2005: WOCN joins ANA as an organizational affiliate along with 14 other specialty organizations.

2010: WOC nursing was recognized as a nursing specialty by ANA.

2010: *Wound, Ostomy, and Continence Nursing: Scope and Standards of Practice* was approved by ANA and published by the WOCN Society.

2012: The WOCNCB commenced Advanced Practice Exams as entry-level certification for advanced practice registered nurses (APRNs).

2012: Wound Treatment Associate (WTA) Program first offered to prepare nonspecialty nurses to provide basic, bedside wound care.

2015: The WOCNCB developed the certification, Wound Treatment Associate-Certified (WTA-C).

2016: Wound, Ostomy, and Continence Core Curriculum books developed.

2017: Ostomy Care Associate (OCA) Program developed to provide LPNs, RNs, and other licensed clinicians education to promote optimal care in ostomy, fistula, and percutaneous tube care.

2018: WOCN authors second edition of *Wound, Ostomy, and Continence Nursing: Scope and Standards of Practice*.

2020: WOCN authors contributed to the knowledge related to the management of skin health during the COVID pandemic.

2022: WOCN publishes the second edition of Wound, Ostomy, and Continence Core Curriculum books.

2023: WOCN establishes the WOCN Fellow Program to recognize excellence of nurses who have made outstanding contributions within the WOCN Society or WOC nursing profession, reflective of education, research, public policy and advocacy, membership engagement, and quality.

CHARACTERISTICS OF WOUND, OSTOMY, AND CONTINENCE NURSING

Foundations of Practice

The foundations of WOC nursing are in accordance with the ANA's statements about nursing, social policy, and the essence of the profession (ANA, 2010, 2021). WOC nursing is continually evolving and requires the integration of new knowledge. Data for the evolution of WOC nursing are derived from relevant research and evidence-based practices disseminated through professional publications and WOC nursing educational offerings. The practice is also built and evolves based on the phenomena of human responses and outcomes, which result from the treatments and therapies provided.

Core values guiding the professional practice of the WOC nurse include integrity, leadership, and knowledge. These values are demonstrated by the following beliefs and behaviors (WOCN, n.d.-a):

- Integrity: WOC nurses are uncompromised in their dedication to being a trusted, unbiased, and credible source of evidence-based information, care, and expertise.
- Leadership: WOC nurses are stewards of excellence with a common passion for mutual respect, shared experiences, and lifelong learning.
- Knowledge: WOC nurses demonstrate a continued commitment to education and research to generate and disseminate knowledge that improves patient outcomes.

Integrating the Art and the Science

"The art of nursing is demonstrated by unconditionally accepting the humanity of others, respecting their need for dignity and worth, while providing compassionate, comforting care" (ANA, 2021, p. 5). WOC nurses recognize the value and diversity of all individuals and provide care that is compassionate, culturally sensitive, equitable, and age appropriate. Essential to the practice of WOC nursing is a caring relationship with health care consumers that promotes health and quality of life (physical, occupational, psychological, social, spiritual, comfort, and sexual).

"The science of nursing is a combination of theoretical and investigative activities that address the phenomenon of health, the concept of caring, and the interactions of persons with the environment and vice versa" (ANA, 2021, p. 27). WOC nurses must use science coupled with creativity and innovation, integrating evidence-based practices to manage challenging WOC issues. WOC nurses are called on to create new products, modify therapies, use innovative approaches for topical therapies, and orchestrate interdisciplinary resources to provide treatment plans for health care consumers to achieve optimum health and independence. The WOC nurse uses critical thinking to expand knowledge of the practice through scholarly inquiry, which in turn influences best practices, social and public policy, and promotes social justice.

Professional Practice Goals

Throughout the process of care, key goals for WOC nurses are to promote high-quality, evidence-based equitable care. WOC nurses contribute to achieving these goals through a variety of activities including, but not limited to, the following (McNichol et al., 2021; Carmel et al., 2021):

- Collaborating with the health care consumer and other health care providers to develop individualized care plans and outcomes.
- Providing evidence-based care to promote quality, effective and safe care, and optimal outcomes for diverse health care consumers while ensuring health equity.
- Preventing complications and reducing readmissions.
- Using proactive risk management strategies to reduce health care–acquired injuries such as surgical site and wound infections, catheter-associated urinary tract infections, medical adhesive–related skin injuries (MARSIs), pressure and medical device–related skin injuries, and irritant contact dermatitis.
- Providing education to improve the quality, effectiveness, efficiency, and safety of care.
- Using technology for prevention, assessment, and management of WOC issues.
- Coordinating care to promote continuity across health care settings.
- Translating research into practice.

- Developing metrics for quality outcomes.
- Establishing standards for documentation and practice.
- Developing formularies for supply management.
- Developing protocols for effective utilization of resources (e.g., pressure redistribution support surfaces, negative pressure wound therapy, etc.).
- Engaging in advocacy efforts for access to and reimbursement of supplies and services.
- Conducting or participating in trials and evaluations of new products and treatments.
- Promoting WOC specialty nursing practice to the public, health care professionals, and governmental agencies.

THE TRI-SPECIALTY OF WOUND, OSTOMY, AND CONTINENCE NURSING

WOC nurses have a broad nursing foundation, knowledge base, and skill set to address the unique needs of health care consumers for prevention and treatment of WOC issues. Each specialty area has factors that influence and guide the development and advancement of the practice. A key objective for WOC nurses practicing within each specialty area is to achieve positive outcomes that maximize the rehabilitation of and quality of life for the individual.

Wound Specialty

WOC nurses address the growing need for wound care, preventing and treating acute and chronic wounds that burden society and health care. They are specifically qualified with an in-depth understanding of risk factors, etiology, physiology and pathophysiology, and wound healing processes. WOC nurses manage various wounds from pressure, venous or arterial insufficiency, diabetes, trauma, thermal injury, surgery, moisture–associated skin damage (MASD), and other conditions such as lymphedema, cancer, infection, vasculitis, sickle cell disease, and calciphylaxis. Wounds significantly impact client health, leading to increased morbidity and mortality. The implementation of WOC nurses has been

shown to enhance the prevention of pressure injuries and reduce the incidence of acquired pressure injuries (Boyle et al., 2017).

Normal wound healing is a complex dynamic process comprising four overlapping stages. Hemostasis starts immediately after injury, controlling bleeding via vascular constriction, platelet aggregation, and clot formation. Inflammation follows, with mast cells releasing cytokines to increase capillary permeability for cell migration. Neutrophils form pus by engulfing bacteria and dead tissue, while monocytes become macrophages to clean the wound bed. The proliferative phase includes angiogenesis, granulation tissue formation, collagen deposition, and epithelialization filling the wound defect. Last, the maturation phase involves collagen remodeling, wound contraction, and protective epithelial layer formation. Type 3 collagen is replaced by type 1 collagen, strengthening the wound and forming a scar (Wallace et al., 2023). When wound healing does not follow the normal processes, a chronic wound develops requiring a systematic approach to assessment and intervention using a standardized approach such as the T.I.M.E. framework (tissue management, infection/inflammation, moisture balance, and edge of wound).

WOC nurses apply a scientific approach to enhance physiological functions such as oxygenation, hydration, nutrition, and circulation, which are essential for tissue repair and immune response. They evaluate these factors and implement interventions to support oxygenation, maintain fluid balance, provide nutritional supplementation, and improve circulation.

WOC nurses possess specialized knowledge and employ a holistic approach encompassing physical, emotional, psychological, and social factors when assessing potential barriers and complications that could lead to delayed or abnormal healing. These factors include local or systemic issues such as infection, immune system impairments, hemodynamic instability, and early signs of sepsis, which may lead to multiorgan failure and mortality (Cioce et al., 2024).

Throughout the process of care, WOC nurses collaborate and coordinate with interprofessional health care providers in developing and implementing wound treatment plans. Specialized services and skills of the WOC nurse for wound care include, but are not limited to, the following (McNichol et al., 2021):

- Providing oversight of wound care to assist other health care providers in the management of acute and chronic wounds.
- Developing evidence-based wound care pathways and education materials for other health care providers and the health care consumer to use.
- Implementing strategies for risk assessment and wound prevention.
- Conducting a comprehensive wound assessment.
- Performing a comprehensive lower-extremity assessment of the limb, feet, and nails if a lower-extremity wound is present.
- Championing methods for the prevention, identification, assessment, and management of skin tears, MARSI, and MASD.
- Recommending or prescribing the following (role defined):
    - Topical wound therapy and care for skin conditions
    - Pressure redistribution surfaces and off-loading techniques
    - Compression therapy
    - Advanced treatment modalities and adjunctive therapies (e.g., skin substitutes; growth factors; negative pressure wound therapy; low-frequency, noncontact ultrasound, etc.)
    - Systemic therapy
- Performing chemical cauterization.
- Performing wound debridement (e.g., conservative sharp instrumental wound debridement, autolytic, chemical, enzymatic, biologic, etc.).
- Identifying the need for wound culture and recommending wound culture techniques to confirm a diagnosis of wound infection and guide antibiotic therapy.
- Identifying the need and interpreting results for appropriate clinical biomarker testing related to pain, healing, and the spectrum of infection.
- Recommending or performing wound biopsy (role defined).
- Educating the health care consumer and interprofessional team on the role-appropriate assessment of the dynamic health status with particular emphasis on the identification of potential barriers to healing, such as infection.

- Recommending and collaborating on nutritional assessment and therapy.
- Educating the health care consumer regarding signs and symptoms of complications that should be reported to the health care provider.
- Assessing and delivering education on infection control practices, such as the significance of appropriate hand hygiene, bioburden management, and multifactorial assessment methods required to distinguish between infection and inflammation.
- Counseling the health care consumer about lifestyle modification to facilitate wound healing.
- Counseling the health care consumer regarding prevention strategies to prevent recurrence or regression.
- Measuring outcomes.
- Advocating for availability and reimbursement of necessary supplies and therapies.

Ostomy Specialty

Health care consumers undergoing ostomy surgery require intensive physical and psychosocial care and continued support to attain quality of life. For health care consumers with fecal or urinary diversions, fistulas, or percutaneous tubes and drains, WOC nurses provide specialized care to maximize the individual's adaptation to the life-altering changes in their body image and function. *The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for Ostomy Surgery* gives a strong rating to having an ostomy nurse specialist provide perioperative education and site marking (Davis et al., 2022). Individuals with preoperative stoma site marking and education have fewer complications and an increased quality of life and independence, compared to those without stoma siting and education (Zelga et al., 2021).

After ostomy surgery, individuals are faced with life-altering changes that can be overwhelming and devastating without proper care and education. The ASCRS *Clinical Practice Guidelines* state that "trained ostomy nurses provide an essential service to clients with ostomies beyond the

immediate perioperative period" (Davis et al., 2022, p. 1177). Involvement of WOC nurses in the pre-, intra-, and postoperative periods for the client with an ostomy promotes self-management skills and adjustment to life. Quality of life and individual preferences are key factors for the WOC nurse to consider when selecting a pouching system, making treatment choices, and planning and delivering ostomy care. To facilitate the rehabilitation of the individual after ostomy surgery, the specialized services and skills of a WOC nurse for ostomy care include, but are not limited to, the following:

- Providing preoperative education and stoma site marking.
- Sizing, selecting, and fitting of an ostomy pouching system and accessories, including complex prosthetic adaptations.
- Educating the health care consumer about expected and concerning characteristics of the stoma and peristomal skin, ostomy function, effluent, and pouching system management.
- Providing the health care consumer with education to improve self-efficacy with self-care and prevention of stomal infections.
- Assessing and managing stomal and peristomal skin complications.
- Assessing adaptation and adjustment to the ostomy.
- Providing education for nutrition, hydration, and electrolyte management as needed.
- Recommending or prescribing pharmacotherapy (role defined).
- Instructing the health care consumer about the technique for colostomy irrigation (if indicated).
- Counseling for sexual, dietary, lifestyle, and vocational concerns.
- Advocating for availability and reimbursement of supplies, services, and access to long-term support.

The need for specialized ostomy care continues well beyond the immediate surgical period. WOC nurses are needed to provide long-term support and follow-up care to health care consumers, facilitate participation in support groups, and advocate for coverage of ostomy prosthetic devices. The guidance and support of an ostomy nurse specialist is essential to

preventing complications leading to emergency department visits and rehospitalization (Colwell et al., 2017).

Fistulas/Tubes/Drains. WOC nurses are essential members of the interprofessional team required to manage an individual with a fistula, tube, or drain. They are invaluable in utilizing creative modalities to establish an effective system to stabilize the tube or drain, contain and measure drainage, protect the skin from caustic effluent, and control odor (Nix & Bryant, 2021).

Continence Specialty

Fecal and urinary dysfunction, including incontinence, places a great burden on health care consumers. Assessment of incontinence and its contributing factors is inconsistent and underreported across care settings due to the misconception that the loss of continence is a normal part of the aging process (McDaniel et al., 2020). In most cases, fecal or urinary incontinence can be managed with the expert care and guidance of a continence specialty nurse.

Due to the associated stigma, many clients may feel embarrassed or reluctant to discuss their symptoms, which can lead to delayed identification, assessment, and treatment. It is essential for continence nurses to lead and support a health care environment that encourages open communication about identification and appropriate intervention for continence concerns. Incontinence can lead to a range of quality of life issues and result in health care consumers limiting their social interactions and physical activities due to fear, which can further exacerbate feelings of isolation and depression. Interventions should focus not only on managing the physical symptoms but also on providing emotional support and resources to help clients maintain their dignity and independence. Continence can most often be effectively managed and, in many cases, resolved with appropriate interventions.

WOC nurses play an important role in the successful management of individuals with fecal or urinary dysfunction. The specialized services and skills of the WOC nurse for continence care include, but are not limited to, the following (Ermer-Seltun & Engberg, 2021):

- Performing a focused assessment including a relevant history to identify risks, contributive factors, and reversible causes of fecal or urinary dysfunction.
- Performing or recommending urodynamic testing and other diagnostic tests.
- Providing education for preventive strategies: catheter-associated urinary tract infections (CAUTI); behavior, bowel, and bladder training; pelvic muscle reeducation; biofeedback.
- Selecting, managing, and providing education for continence management products or devices (e.g., indwelling catheters, absorptive products, external fecal collectors, intra-anal fecal management systems, etc.).
- Providing complex skin care to prevent and treat incontinence-related irritant contact dermatitis.
- Providing education for dietary and fluid modifications.
- Recommending or prescribing pharmacotherapy (role defined).
- Evaluating outcomes related to interventions.
- Advocating for availability and reimbursement of supplies, therapies, and access to long-term support.

WOUND, OSTOMY, AND CONTINENCE NURSE ROLES

WOC nurses serve in a variety of roles including clinician, educator, consultant, researcher, and administrator. Standards of professional practice and professional performance and competencies for WOC nurses, according to educational preparation and licensure (i.e., baccalaureate-prepared RN, graduate level-prepared RN, and APRN) are defined in the section on Standards of Practice and Professional Performance for Wound, Ostomy, and Continence (WOC) Nursing.

Clinician. The WOC nurse provides care to individuals in multiple practice settings including acute care, skilled nursing, long-term acute care, ambulatory care, rehabilitation care, home health care, and palliative or hospice care. The WOC nurse may also evaluate individuals and their

care via asynchronous or synchronous telehealth services. To achieve optimal outcomes, the WOC nurse uses the nursing process when caring for health care consumers. Each plan of care is individualized to achieve the best outcomes.

Educator. The WOC nurse provides education to health care consumers, professional nursing staff, other members of the health care team, and policy influencers. The WOC nurse provides formal and informal education via multiple modalities across the spectrum of health care settings.

Consultant. In a consultant role, the WOC nurse partners with the health care consumer and other members of the health care team (WOCN, 2013a). The WOC nurse has unique skills, knowledge of best practices, and a focus on ongoing evaluation of the outcomes to coordinate individualized care based on assessment of the needs of the health care consumer related to WOC issues.

Researcher. Nurse researchers with a focus on WOC issues contribute to the advancement of nursing knowledge by focusing on health promotion, disease prevention, normal and abnormal physiological responses, epidemiology, assessment, treatment, and outcomes.

Administrator. In the role of administrator, the WOC nurse provides leadership and management over the delivery of specialty WOC nursing services across a broad spectrum of care.

POPULATIONS SERVED BY WOUND, OSTOMY, AND CONTINENCE NURSES

Although the basic principles of WOC care are the same regardless of population or practice setting, certain populations may be at greater risk and may require adaptation or modifications in their care to address their unique needs. WOC nurses have expertise in providing evidence-based care to individuals with WOC needs across the lifespan and developmental stages, including those at end of life.

- Premature infants and neonates present challenges due to the permeability and fragility of their immature skin, which places

them at increased risk for toxicity from topical agents and damage from adhesives. This requires the WOC nurse to ensure that products are appropriate for use in this population. Topical products, dressings, devices, and equipment should be designed or approved for use in the neonate and pediatric populations.

- Older individuals experience age-related changes in their skin and wound healing abilities that increase their risks for development of skin injury and wounds, and diminish their wound healing potential (e.g., alterations in cellular reproduction, melanocyte and fibroblast function, thinning of the adipose layer, increased dryness and itching of the skin, diminished sensation, altered hormone levels, altered vitamin D production, etc.) Also, older adults often have comorbid conditions that contribute to or cause wounds (e.g., diabetes, lower-extremity arterial or venous disease, malignancy, etc.) or that require fecal or urinary diversions (Richbourg, 2021).
- Health care consumers with obesity experience increased weight; impaired mobility; excess moisture from increased perspiration; changes in skin pH; reduced tissue perfusion and oxygenation; difficulties with moving, turning, and transferring in and out of bed; and comorbid conditions. They may develop pressure injuries in atypical or unusual sites due to tubes or catheters, pressure within skin folds, and chairs or wheelchairs that are too small (Gallagher, 2021). It is not uncommon to have a stoma that is flush, retracted, or located within or near skin folds, and a protuberant abdomen that interferes with the ability to visualize the stoma.
- Health care consumers needing palliative or hospice care are often at risk for or have existing pressure injuries, end of life skin changes, malodorous wounds, malignancy-related wounds, and fecal or urinary incontinence and diversions (Emmons & Dale, 2021). The WOC nurse is a member of the interprofessional team who facilitates interventions to manage symptoms, relieve pain and suffering, and improve the quality of life based on individual needs and goals.

- The health care consumer with vulnerabilities that impact the microenvironment of the skin are frequently encountered. Various factors can impair normal immune defense mechanisms and inhibit wound healing predictably within the micro-environment. These factors encompass malignancies, solid organ or bone marrow transplantation, immunodeficiency syndromes, asplenia, active chemotherapy or immunotherapy agents, immunological disorders, gut dysbiosis, cellular senescence, chromosomal aging, proteostasis, and comorbidities such as diabetes, altered thyroid function, and nutritional deficits (Galli et al., 2024; Hrncir, 2022; O'Reilly et al., 2024; Storer et al., 2025; Torres et al., 2025).
- Health care consumers with WOC needs are significantly impacted by government policies, economic conditions, technological advancements, resource allocation, service availability, and client access. Additionally, macroenvironmental factors such as culture, race, homelessness, inadequate housing, lack of social support, substance abuse, or mental health disorders can profoundly influence the health care consumer's ability to achieve optimal health.

WOUND, OSTOMY, AND CONTINENCE NURSE PRACTICE SETTINGS

WOC nurses work in a variety of practice settings such as clinical, industry, and academia. In all settings, WOC nursing roles may vary based on the nurse's education, experience, and licensure. The WOC nurse utilizes the nursing process to collaborate and coordinate care to achieve optimal outcomes for individuals with WOC care needs.

Clinical. The WOC nurse in the clinical setting cares for consumers with a wide variety of diagnoses in acute and postacute care (e.g., hospitals, ambulatory, home health, long-term acute care, nursing facilities, and private practice). They may provide direct or indirect (such as staff education, research, policy development, regulatory compliance, client advocacy, risk management) client care in one or more areas of

the tri-specialty practice across the lifespan in any level of care across the globe. The WOC nursing specialty began in the United States and subsequently expanded to Canada, Europe, and most recently Vietnam and the Philippines. WOC nurses collaborate with the interprofessional health care team to optimize management of health care consumers with WOC care needs.

Industry. The WOC nurse in industry may function as a researcher or educator (or both) to investigate and develop new products and to provide education. They may serve as a resource to direct care clinicians and provide evidence about the clinical effectiveness of products for WOC care. The WOC nurse in industry can offer guidance about the appropriate indications and use of therapy and products.

Academia. The WOC nurse in academia may function as an educator, researcher, or administrator. They may provide tri-specialty education within the context of an accredited WOC nursing program or provide education incorporated into other undergraduate, graduate or specialty curricula.

CARE COORDINATION AND COLLABORATION BY WOUND, OSTOMY, AND CONTINENCE NURSES

WOC nurses collaborate with health care consumers, the interprofessional health care team, and industry partners to coordinate and individualize WOC care across the continuum of care. For the optimal outcomes, care should be tailored to the assessed needs of the health care consumer and be informed by current evidence-based practice and ongoing assessment. WOC nurses utilize their specialized knowledge and skills to manage care complications, to improve the quality of life for health care consumers, and to reduce health care costs. WOC APRNs may be able to provide additional services in accordance with their licensure such as ordering and interpreting diagnostic and laboratory tests; establishing a diagnosis; and prescribing pharmacological and nonpharmacologic agents and treatments to manage WOC needs.

EDUCATIONAL PREPARATION AND LEVELS OF WOUND, OSTOMY, AND CONTINENCE NURSING PROVIDERS

Educational background. For entry-level WOC specialty nursing practice, an RN must possess a baccalaureate degree. The WOCNCB offers two pathways which lead to certification. The traditional pathway requires participants graduate from an accredited WOC Nursing Education Program (WOCNEP). WOCNEPs follow the WOCN approved curriculum blueprint and are accredited by the WOCN Society (WOCNCB, n.d.-b). The experiential pathway requires the accumulation of postbaccalaureate clinical hours and continuing education credits.

The most current information on obtaining certification can be found at www.wocncb.org. The WOC graduate level-prepared RN and APRN may be able to offer additional services based on their educational preparation, experience, and licensure. Specific competencies for each level of WOC nurse provider are defined in the section that addresses standards of practice and professional performance (see section on Standards of Practice and Professional Performance for Wound, Ostomy, and Continence [WOC] Nursing). Following is a summary of the requirements for basic education, specialty education or certification, and level of autonomy for WOC RNs, WOC graduate level-prepared RNs, and WOC APRNs:

WOC registered nurse: The WOC RN is baccalaureate prepared and licensed as an RN. The nurse has successfully completed a WOC education program from a WOCN Society accredited WOCNEP, or is certified by the WOCNCB in one or more areas of the specialty practice. The WOC RN practices in accordance with the scope of practice for an RN established by their jurisdiction (state, commonwealth, or territory). Some services provided by the WOC RN may necessitate consultation with a licensed independent provider (physician, APRN, physician assistant).

WOC graduate level-prepared registered nurse: The WOC graduate level-prepared RN is prepared for specialization in practice at the master's or doctoral educational level, has successfully completed an accredited WOCNEP, and/or is certified by the WOCNCB in one or more areas of

the specialty practice. WOC nurses at this level of practice have advanced knowledge, skills, abilities, and judgment due to their additional educational preparation (ANA, 2021).

WOC advanced practice registered nurse: An RN who pursues advanced education at the graduate level completes a curriculum of study that prepares them for licensure and recognition as an APRN. To practice as a WOC nurse, the APRN has successfully completed an accredited WOCNEP and/or is certified by the WOCNCB in one or more areas of the specialty practice. There are four APRN roles including certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, and certified clinical nurse specialist. Each role is prepared to provide care to a certain population focus (family or individual across the lifespan, adult-gerontology, gender-specific, neonatal, pediatric, and psychiatric mental health). WOC APRNs have advanced clinical knowledge for directing client care in assessment, diagnosis, and treatment among health care consumers with WOC-related health issues.

WOUND, OSTOMY, AND CONTINENCE NURSING CERTIFICATION

Certification in WOC nursing is a voluntary process that validates the specialized knowledge, skills, and expertise of nurses who meet the eligibility requirements set forth by the WOCNCB. The WOCNCB administers the certification process for WOC nursing and offers the only independently accredited certification that is solely dedicated to nurses. WOCNCB is a distinct and financially independent entity that is incorporated separately from the WOCN Society. WOCNCB certifications meet the accreditation standards of the National Council for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification (WOCNCB, 2023). Eligibility criteria for certification and recertification through the WOCNCB can be found at www.wocncb.org. Maintenance of certification beyond the initial certification examination is required every five years.

The following table describes the credentials offered by the WOCNCB (WOCNCB 2026; https://wocncb.org/UserFiles/file/exam_handbook.pdf).

Table 1. WOCNCB Wound, Ostomy, and Continence Certification Credentials

Credential	Certification Title
CWOCN	Certified Wound Ostomy Continence Nurse
CWCN	Certified Wound Care Nurse
COCN	Certified Ostomy Care Nurse
CCCN	Certified Continence Care Nurse
CWON	Certified Wound Ostomy Nurse
Credential	**Advanced Practice Certification Title**
CWOCN-AP	Certified Wound Ostomy Continence Nurse–Advanced Practice
CWCN-AP	Certified Wound Care Nurse–Advanced Practice
COCN-AP	Certified Ostomy Care Nurse–Advanced Practice
CCCN-AP	Certified Continence Care Nurse–Advanced Practice
CWON-AP	Certified Wound Ostomy Nurse–Advanced Practice

ETHICS IN WOUND, OSTOMY, AND CONTINENCE NURSING

WOC nursing as a specialty practice embraces the provisions of the *Code of Ethics for Nurses* (ANA, 2025). Caring for clients with WOC needs encompasses compassion and respect in the nurse–client relationship. In their work, WOC nurses demonstrate a commitment to identify and respond to the needs of health care consumers, while recognizing the inherent dignity and worth of every person. WOC nurses have an opportunity and ongoing responsibility to commit and advocate for health care consumers to ensure they can maintain the highest level of independence. WOC nurses are obligated to adhere to standards of ethical practice. The provisions outlined in the *Code of Ethics for Nurses* are listed and described in relation to WOC nursing practice.

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

> WOC nurses provide compassionate, respectful, and individualized care for persons coping with WOC problems. Inherent in the role of the WOC nurse is preservation of the dignity, worth, and uniqueness of the individual. WOC nurses provide quality care to all health care consumers without consideration or judgment of factors that may contribute to the client's current state of health.

Provision 2. A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

> In collaboration with the client, WOC nurses develop and implement an individualized care plan supporting the recipients of nursing care in a nondirective manner. WOC nurses recognize the importance of identifying and providing support systems for the health care consumer.

Provision 3. The nurse establishes a trusting relationship and advocates for the rights, health, and safety of the recipient(s) of nursing care.

> WOC nurses adhere to the principles of privacy and confidentiality and work within the standards of practice to promote a culture of client safety across the spectrum of care delivery settings. WOC nurses respect the right of self-determination and serve as advocates for persons who receive nursing care.

Provision 4. Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

> WOC nurses assume responsibility for the delivery of competent, compassionate, and person-centered care within their scope of practice. In doing so, WOC nurses are accountable for their decisions, delegation, and recommendations. WOC nurses document assessments and treatment plans and communicate as necessary

with the health care consumer and interprofessional team to determine the appropriateness and effectiveness of the plan of care.

Provision 5. The nurse has moral duties to self as a person of inherent dignity and worth, including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

WOC nurses must prioritize their own health, safety, work–life balance, and ensure a safe work environment along with mutual respect in all interactions within their nursing role. They deliver care impartially, recognizing and valuing the unique attributes of each client. Nurses are expected to foster inclusivity, uphold ethical standards, and demonstrate compassion, thereby supporting both the nursing community and their own personal growth. Maintaining competence is a pivotal responsibility for WOC nurses; they continually strive for excellence in client care, which directly influences quality, self-respect, and a sense of purpose in their profession.

Provision 6. Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

WOC nurses respect and promote the values of human dignity, well-being, health, and independence. WOC nurses also have an obligation to work collaboratively within health care systems to establish, maintain, and improve the ethical environment of their practice setting to promote safe quality care.

Provision 7. Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

WOC nurses use the best available evidence to support best practices. WOC nurses in all practice settings participate in scholarly inquiry to advance the science of nursing and the

specialty. WOC nurses have a professional and ethical duty to safeguard research participants and ensure the integrity of the research process. WOC nurses act individually or in groups to develop and evaluate standards for their institution, professional, and social policies. The practice of WOC nursing requires the integration of technology. Emerging technologies continually enter, expand, and transform health care at a rapid pace. These technologies cover a wide range of applications in the assessment and treatment of clients with WOC issues, from molecular advancements to expansive applications, including machine learning (ML) and augmented or artificial intelligence (AI). The WOCN Society is committed to advancing legislative activity that promotes the benefits of WOC nursing care.

Provision 8. Nurses build collaborative relationships and networks with nurses, other health care and non–health care disciplines, and the public to achieve greater ends.

Physical and mental health are a universal human right (ANA, 2025). WOC nurses are engaged in various activities to promote health and prevent harm on an individual, system, and societal level. WOC nurses work with communities and interprofessional teams to develop innovative care models and support legislation for safer, sustainable communities. They aim to transform inequitable frameworks and address structural and social determinants of health through client care, education, collaboration, advocacy, leadership, and community engagement.

Provision 9. Nurses and their professional organizations work to enact and resource practice, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

The WOCN Society is recognized worldwide for its role in promoting safe and effective care and enhancing the dignity, unique attributes, human rights, worth, and quality of life of individuals with WOC needs. The WOCN Society has a defined mission, vision, and values that are representative of the WOC

nurse and aimed at promoting social justice, eliminating health inequities, and ensuring the WOC nurse-to-client and nurse-to-society relationships remain grounded in trust. The WOCN Society maintains a strategic plan to achieve the goals and vision as set forth by its members. The plan includes strategic initiatives to address advocacy, education, research, and volunteer engagement.

Provision 10. Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

WOC nurses contribute to the global health community by promoting human and environmental well-being. They engage in international collaborations to advance the development and dissemination of best practices, education, and research in their field. For example, the WOCN Society is a member associate charged with developing consensus guidelines between the European Pressure Ulcer Advisory Panel (EPUAP), National Pressure Injury Advisory Panel (NPIAP) and Pan Pacific Pressure Injury Alliance (PPPIA). WOC nurses participate in global initiatives to share their expertise and advocate for policies that improve the management of WOC issues worldwide. By fostering a global network of WOC professionals, they contribute to the overall health and flourishing of communities, exemplifying the central role of nursing in advancing public health and human dignity.

CURRENT ISSUES AND TRENDS

WOC nursing is continually evolving to address the complex needs of clients with WOC-related issues. The discipline of WOC nursing is shaped by emerging research, health care trends, and new evidence influencing both clinical practice and client outcomes. In order to advance the health of the population, it is imperative that over the next several years WOC nursing recognizes the impact of SDOH in individuals with WOC issues, advocates

for the continued establishment of standardized nomenclature, advocates and educates on the awareness of clinical presentation of various normalities and abnormalities across the spectrum of skin tones, encourages research and focus on the early detection and management of deep tissue pressure injuries, and promotes advancing health equity for the health care consumer with WOC issues.

Social Determinants of Health

There is an increasing awareness of the significant effect that SDOH have on multiple health-related outcomes including individuals experiencing WOC issues. Scholars have recognized the significant impact of social factors such as socioeconomic status, education access, and preventive health care availability on the quality of life and outcomes for individuals with WOC needs (Buchanan et al., 2020; Kelechi, 2023; Tiase et al., 2022). This understanding underscores the importance of addressing these social determinants to advance the specialty, improve outcomes, and promote health equity.

Development of Standardized Nomenclature

The introduction of diagnostic codes for MASD/Irritant Contact Dermatitis in the *International Classification of Diseases*, 10th Revision (ICD-10) was a significant milestone in the specialty of WOC nursing. This achievement resulted from advocacy led by the WOCN Society and garnered endorsement from various professional organizations (Smith et al., 2021; Johnson & Davis, 2020). The implementation of these codes serves various critical purposes, including accurate data capture of MASD diagnoses, improved documentation of prevalence, facilitation of consistent research, enhanced clinician and health care provider education, and ultimately, improved client care through precise and consistent reporting of condition progress.

Skin Tone Recognition

The acknowledgment of the spectrum of skin tones and their potential variations in normal and abnormal presentations is a growing focus in WOC nursing. Scholars emphasize the importance of recognizing how different skin tones may exhibit unique characteristics in the presentation of WOC

conditions (Robinson & Patel, 2021). This recognition is vital for providing personalized and effective care to clients with varying skin tones.

Deep Tissue Pressure Injury

An emerging trend in the field is the heightened attention to deep tissue pressure injuries. It is increasingly acknowledged that many pressure injuries likely develop long before individuals are hospitalized (Bryant et al., 2018). This understanding underscores the importance of early detection and intervention to prevent the progression of these injuries. Further research is needed to understand the onset of deep tissue pressure injuries recognizing that many may be present prior to hospital admission.

Future Trends and Research

Extant research highlights the evolving trends in WOC nursing, encompassing a comprehensive approach that addresses SDOH, emphasizes standardized nomenclature, recognizes the diversity of skin tones, and prioritizes early detection and management of deep tissue pressure injuries. Over the next several years WOC nurses must research, practice, educate, and advocate for these emerging trends in the specialty.

Wound, Ostomy, and Continence Nursing Value

With the shift toward a value-based care model that prioritizes client outcomes and quality of care for populations over episodic transactional care models, it is essential to define, assess, and evaluate the value provided by WOC nursing within the health care ecosystem. Current regulatory, reimbursement, and accreditation entities such as the Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), and The Joint Commission have emphasized client safety with an approach that imposes financial penalties instead of offering rewards for quality achievements. This method does not fully capture the comprehensive benefits attributed to specialty WOC nursing care (Pittman, 2025).

The WOCN Society acknowledges the significance of evaluating the comprehensive value of WOC nursing care. The organization is spearheading development of a set of nursing-sensitive quality measures designed to demonstrate the value (quality and cost) and impact on client care and

outcomes across various health care settings. The WOC nursing measure set leverages Curley and colleagues' (2024) nine domains of practice and the core elements of hospital environments that support nurses' capacity to provide optimal care. This mode aims to assess precision-based outcomes that distinguish between the presence and absence of nursing intervention. These domains serve to highlight the specialized care WOC nurses provide to clients dealing with complex, chronic wounds; ostomies; and incontinence. Nursing-sensitive quality measures are crucial for WOC nurses as they illustrate the value of WOC nursing care and allow for the measurement, evaluation, and improvement in practice. A global WOC measure set will highlight the true value that WOC nursing brings to clients and organizations.

Sepsis Recognition and Management

WOC nurses frequently work with health care consumers suffering from critical infections, including infected wounds, postsurgical infections, or urinary tract infections. Their advanced education and expertise enable them to accurately identify when the body is responding inappropriately to an infection and has developed or is developing sepsis. WOC nurses are proficient in implementing evidence-based management strategies for sepsis, supporting client recovery thereafter, and monitoring the effectiveness of hospital interventions to enhance care and outcomes related to sepsis. As leaders in quality improvement, WOC nurse leaders play a pivotal role in the implementation of the Hospital Sepsis Program Core Elements, as outlined by the National Center for Emerging and Zoonotic Infectious Diseases (Centers for Disease Control and Prevention, 2023).

FUTURE CONSIDERATIONS AND CHALLENGES FOR WOUND, OSTOMY, AND CONTINENCE NURSING

As the field of WOC nursing continues to evolve, several critical considerations and challenges shape the future. Proactively addressing these factors is essential to ensure that WOC nurses are well-prepared to meet

the complex needs of health care consumers and drive improvements in care delivery.

Advancing Research and Evidence-Based Practice

Future WOC nursing practice must remain grounded in robust research and evidence-based care. The challenge lies in consistently translating research findings into clinical practice and measuring the impact of the role of WOC nurses on outcomes. Furthermore, WOC nurses must actively engage in research to expand the evidence base for their specialty, addressing gaps in knowledge, and improving the quality of care provided (CDC, 2021).

Technological Advancements and AI Integration

The rapid advancement of technology, including AI, presents both opportunities and challenges. WOC nurses must embrace technological tools for wound assessment, ostomy care, and continence management while ensuring they are used effectively and ethically. WOC nurses are challenged with staying contemporary with ever-evolving technologies and incorporating them into practice (U.S. Department of Health & Human Services, 2022).

Aging Population and Complex Care Needs

The aging population contributes to the growing demand for WOC nursing. With age comes complex health conditions, including chronic wounds, ostomies, and continence issues. WOC nurses must be prepared to address these specialized needs, which will require ongoing education and competency development (Administration for Community Living, 2022).

Economic Recognition, Advocacy, and Professional Visibility

One of the significant challenges facing WOC nursing is achieving economic recognition for their services. Advocacy efforts for direct reimbursement, leveraging the National Provider Identifier (NPI), and documenting the economic value of nursing care are crucial for addressing this challenge.

Advocacy for the profession and the contributions of WOC nurses is an ongoing challenge. Future considerations include elevating the visibility of WOC nursing at local, national, and international levels, emphasizing its unique role and value within health care (Centers for Medicare & Medicaid Services [CMS], 2021; American Nurses Association [ANA], 2021).

Patient-Centered Care and Shared Decision-Making

The shift toward patient-centered care and shared decision-making requires WOC nurses to engage clients actively in their care. Future challenges include effectively facilitating shared decision-making and ensuring that clients are well-informed and empowered in managing their WOC needs (Agency for Healthcare Research and Quality [AHRQ], 2022).

The future of WOC nursing holds both exciting opportunities and significant challenges. As the field continues to evolve, WOC nurses must remain dedicated to advancing research, embracing technological advancements, and addressing the complex care needs of vulnerable and aging populations. Collaboration with interdisciplinary teams, promotion of health equity, and economic recognition through advocacy efforts are vital components in advancing the specialty. WOC nurses are poised to make a lasting impact on health care outcomes and shape the future of health care delivery.

HEALTHY PEOPLE 2030

The U.S. Department of Health and Human Services began the Healthy People initiative in 1980 and every decade since has released objectives and targets to guide health promotion and disease prevention for the nation. The current edition, Healthy People 2030, contains three priority areas, five overarching goals, and over 350 objectives (Office of Disease Prevention and Health Promotion [ODPHP], n.d.-b). WOC nursing practice is well suited to improve the health of the populations served by striving for health equity and addressing health disparities that affect health care consumers, improving personal and organizational health literacy, and addressing underlying SDOH.

Achieving Health Equity

Healthy People 2030 defines health equity as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." (ODPHP, n.d.-a) The WOC nurse strives for the attainment of health equity by using data, evidence, and frameworks to evaluate population level progress. The WOC nurse can use the framework as in Figure 1.

Figure 1

Taking Action to Improve the Consumer's Environment

"Social determinants of health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks." (ODPHP, n.d.-c). SDOH have been shown to have a larger effect on health outcomes than both genetic factors and access to health care services. The WOC nurse strives to improve outcomes by removing barriers to care. Figure 2 categorizes the five domains that encompass the SDOH.

Figure 2

DIVERSITY, EQUITY, INCLUSION, AND BELONGING

WOC nurses actively demonstrate their commitment to the principles of diversity, equity, inclusion, and belonging (DEIB) within the professional organization and WOC nurses' interactions with health care consumers (Kelechi, 2023). WOC nurses must adhere to the practice without discrimination based on factors such as race, color, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age, or genetic information (Kelechi, 2023).

In the realm of wound and continence management, extensive literature has addressed health equity concerns (Buchanan et al., 2020). However, the primary challenge in ostomy care remains access to competent ostomy-specialized providers (Smith et al., 2021). The WOCN Society has been actively emphasizing the importance of DEIB through educational programming since 2020, with a growing number of presentations dedicated to DEIB topics at national conferences such as WOCNext (Robinson & Patel, 2021).