

Massage to prevent pressure ulcers: Knowledge, beliefs, practice and effectiveness

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Stellingen behorende bij het proefschrift

Massage to prevent pressure ulcers:
Knowledge, beliefs, practice and effectiveness.

Inge G.P. Duimel-Peeters

1. Het is niet omdat effleurages niet schadelijk blijken te zijn, dat men vooral hard moet doorgaan met smeren (dit proefschrift).
2. Verpleegkundigen hechten meer belang aan eigen, op jarenlange ervaringen berustende inzichten dan aan CBO-richtlijnen (dit proefschrift).
3. Dimethyl sulfoxide heeft effect, doch geen preventief effect op decubitusontwikkeling (dit proefschrift).
4. Een (nog) beter begrip van de etiologie en pathogenese van decubitus zal de preventie uiteindelijk ten goede komen (dit proefschrift).
5. Patiëntgebonden onderzoek verdient meer erkenning.
6. Implementeren begint met goed definiëren.
7. Een succesvolle promovendus moet niet op de eerste plaats slim zijn.
8. Ten onrechte wordt bij risicofactoren voor de ontwikkeling van decubitus uitsluitend aan de patient gedacht. Kenmerken van de zorgverlener en de context zijn minstens zo belangrijke factoren.
9. De maximale lengte van dankwoorden in proefschriften moet in het reglement worden vastgelegd.
10. You can put anything on a pressure sore except the patient. (Witkowski and Parrish, 1986)