The social dimension in leg ulcer management

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Summary

The correlation between social isolation, poor compliance to treatment and low healing rates for patients suffering from leg ulcers is well documented. Pain, odour, bandages etc. result in low self-esteem, depression and social stigma. Home visits by community nurses do not address the social and psychological needs of this client group. By providing leg ulcer management in a social, non-medical setting, where the emphasis is on social interaction, participation, empathy and peer support, Debenham Leg Club is an innovative approach to meeting the holistic needs of the patients. It is a unique partnership between the district nurses and the local community in which a sense of ownership empowers patients to become stakeholders in their own treatment. Clinics are held weekly in a community cottage on an informal 'drop in' basis. Patient contacts average 1,000 per annum, 70 per cent for treatment, the balance for assessment, monitoring or advice. The value of the 'club' concept is evident in the happy, welcoming, uninhibited atmosphere that characterises the clinic. Patients' views have identified positive attitudes and a strong sense of ownership in 'their' club. Many long-standing ulcers have healed or greatly improved as patients have attended the Leg Club. However, prospective quantitative studies need to be performed to confirm whether ulcers do heal better in this type of environment. This nurse-led social leg ulcer clinic provides holistic care and combats the effects of social isolation on compliance and wound healing.

Introduction

Patients do not necessarily feel empowered when they visit a medical establishment. It has been stated that every patient has the right to be a partner in his own care planning and receive relevant information, support and encouragement from the nurse which will permit him to make informed choices and become involved in his own care [1]. Patients do not necessarily feel thus empowered when they visit a medical establishment.

Research has shown that for many patients experiencing leg ulcers, the problems of pain, wound exudate (leading to social stigma) and immobility can result in social isolation and loneliness. This may be exacerbated for the elderly in a rural community by lack of transport and the fragmentation of the family network due to lack of local employment. Loneliness can become a vicious circle, proceeding from powerlessness to social isolation to reduced self-esteem [2]. These factors can contribute to depression and self neglect, often manifested in lack of compliance – the patient does not comply with prescribed treatment in order to delay healing and perpetuate social contact with the nursing team [3]. Treating leg ulcer patients by visiting them in their own homes ensures that the community nurse is aware of the physical and social environment and is able to liaise with carers regarding problems or concerns. However, the root causes of poor compliance are not addressed and, regardless of how many visits the patient receives, the nurse is unable to provide the peer support and empathy of someone who has experienced living with an ulcer.

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Clinic based leg ulcer treatment can lead to a more cost-effective and higher quality of care [4]. Availability of specialised equipment and wound care products, ready access to medical records and the potential availability of a doctor on site can all contribute to efficiency in the delivery of care. However, one very important issue in setting up a clinic is the benefit the patients receive from the social interaction with each other [5]. A formal medical setting can be intimidating to the socially isolated, introverted individual, discouraging the social interaction that is desired. The author therefore proposed that the needs of her patients would be best met by establishing a leg ulcer clinic in an informal (non-medical) community setting in which patients can develop a sense of ownership and empowerment. The clinic was named by the patients themselves to reflect its non-threatening, inclusive, welcoming

approach, and was conceived as a partnership between the district nurses, the patients and the local community. The Debenham Leg Club opened in 1995 (Figures 1 and 2).

Aims and objectives

The Leg Club aims to meet the holistic needs of leg ulcer patients in the community by delivering research based nursing care in a friendly, non-threatening, social environment. The specific aims of the Leg Club are:

- to empower patients to become stakeholders in their own treatment and to promote a sense of ownership and involvement;
- to meet the social needs of isolated patients by providing a mechanism for social interaction, empathy and peer support;
- to rebuild patients' self-esteem and self-respect by de-stigmatising their condition;
- to facilitate an informal support network;
- to achieve compliance to treatment through informed beliefs and modified behaviour;
- to provide continuity of care and a coordinated team approach to its delivery;
- to minimise leg ulcer recurrence by systematic post-treatment monitoring and 'well leg' checks;
- to adopt a simple, flexible 'drop in' approach that encourages attendance for information and advice, and to facilitate early diagnosis of problems;
- to provide an informal forum for health promotion and education;
- to provide an environment for staff development and a teaching resource for research based wound management.

The interaction between patients, their community and the district nurses is encompassed in the Leg Club logo (Figure 3). The Leg Club concept applies the philosophies of social and health belief models in a framework that addresses the individual's hierarchy of needs. The social model emphasises

Figure 1. The Debenham Leg Club.

Figure 2. The Debenham Leg Club.

wellness and maintenance of health and places equal emphasis on social health, communication, prevention of depression, development of a community within the facility and the maintenance of social position in the surrounding community.

The health belief model is a useful tool in predicting the degree to which individuals are likely to play an active role in their, and others', health care [6]. It introduces the concept of self-efficacy and identifies an association between belief in the treatment, motivation and compliance. It assumes that well-being is a common objective for all and that locus of control is associated with mastery of health information, motivation, effective problem solving, sense of responsibility and desire for active participation in health care [7]. It acknowledges that, even when an individual recognises personal susceptibility, action will not occur unless he or she also believes that becoming ill will bring organic or social repercussions. People often need help to clarify their beliefs regarding their own health and this is an important aspect of the empowerment process as self-awareness is a necessary component of the decision making process.

The hierarchy of needs [8] (Figure 4) addresses individual's self-actualisation and fulfilment of need. It is based on the assumption that all human beings have needs which must be satisfied and that these needs tend to direct an individual's behaviour until they are satisfied. The needs at one level must be at least partially satisfied before those at the next level become important determinants of action.

Figure 3. Logo – Debenham Leg Club.

Detailed functioning of the Leg Club

The club is located in community cottages in rural villages of Debenham and Grundisburgh, Suffolk. It is open weekly (Tuesday afternoons and Thursday mornings) for approximately 3 hours. No appointment is required. There are three staff members; a district nurse, community nurse and a nursing auxiliary. Patient contacts average 1,200 per annum; 65 per cent General Practitioner referrals, 35 per cent self referrals and 70 per cent for treatment, balance for assessment, monitoring or advice.

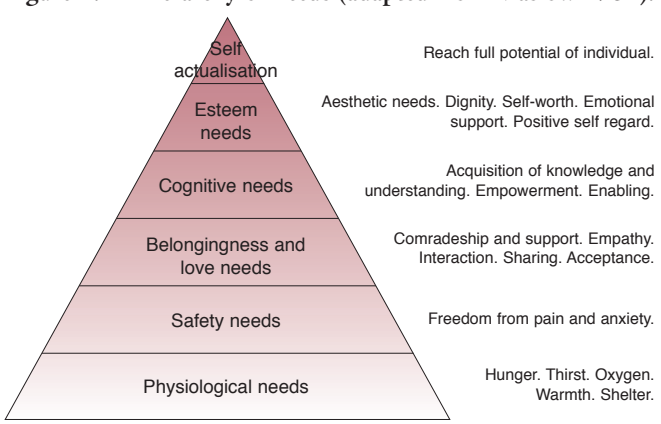
Non-nursing costs are totally self-funded. The cost of premises and purchase of specialised equipment was met through fund-raising by patients and the local community and the support of health care companies. Drivers are voluntary. The equipment we have include a doppler ultrasound monitor, medical camera and grid films, electronic sphygmomanometer, glucometer, trolleys, trays, screens and receivers.

Potential outcomes

The experience gained since setting up the Debenham Leg Club provides strong evidence of tangible benefits in this new approach; for patients, staff and the community nursing service. Patients' and staff views provide information that suggests that specific benefits are being provided. Detailed qualitative research would be necessary to confirm objectively that these benefits have been delivered. Some of the benefits that have been highlighted by patients' and staff responses are:

- Patients greatly value the informal friendly environment and the peer support the Leg Club provides [9]. They appear to be better informed, have a positive attitude to their treatment and are less likely to be non-compliant.
- Patients appear to understand the importance of tissue hydration and compression hosiery in maintaining skin integrity and the prevention of recurrence.

Figure 4. Hierarchy of needs (adapted from Maslow 1954).



- Many patients' long-standing ulcers have healed, or greatly improved, as a direct result of this new approach. Proposals have been prepared for further qualitative and quantitative research to objectively assess patient satisfaction, healing rates and cost effectiveness of treatment.
- Patients have continued to attend for post-treatment monitoring and 'well leg' checks suggesting acceptance of the social setting.
- The club has proved to be a forum for opportunistic health promotion and education.
- Patients and the local community play an active role in running 'their' Leg Club by contributing to fundraising, administration, voluntary transport, refreshments etc. and have produced information leaflets for new patients.
- Nursing staff have felt both motivated and rewarded by working in this environment that facilitates team building and skill mix.

A second Leg Club to serve the adjoining practice area of Grundisburgh was set up in October 1998 in response to demand from patients.

Conclusion

Providing a nursing framework that empowers patients and encourages informed beliefs and modified behaviour has enhanced the delivery of holistic care for leg ulcer patients. The Leg Club concept has been disseminated to other primary care groups and its implementation is being facilitated in other regions. The potential application of this model to other areas of health care is also under consideration. The specific benefits in relation to the healing of wounds, recurrence of wounds and patient satisfaction need to be objectively evaluated with qualitative and quantitative research.

References

1. Royal College of Nursing. A Position Statement On Nursing. London: Royal College of Nursing, 1987.
2. Charles H. The impact of leg ulcers on patients' quality of life. Prof Nurs 1995; **10(9)**:571-574.
3. Wise G. The social ulcer. Nursing Times 1986; **May**:47-49.
4. O'Hare L. Implementing district-wide nurse led venous ulcer clinics: a quality approach J Wound Care 1994; **3(8)**:389-392.
5. Hawkins J & Mears J. A valuable service. J Comm Nurs 1992; **Nov**:18-20.
6. Becker M. The health belief model and sick role behaviour. In: Proceedings. Workshop/Symposium on Compliance with Therapeutic Regimes 1974; 22 May McMaster University, Hamilton, Ontario, Canada.
7. Leddy S & Pepper J. In: Conceptual Bases of Professional Nursing (3rd edition) Philadelphia: JB Lippincott Co 1993; 9:239.
8. Maslow A. Motivation and Personality. New York: Harper and Row, 1954.
9. Lindsay E. What are patients' views of leg ulcer management in a social community clinic? University College Suffolk 1996 (unpublished degree thesis).