CLINICAL PRACTICE DEVELOPMENT

Leg ulcer clinics: advanced nursing

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Clinical nurse specialists: aiming to meet patients' needs through an advanced nursing role, and without transgressing into areas which fall within medicine.

The author describes the development of a leg ulcer clinic, based on an eclectic model of care, which draws on her experience as a clinical nurse specialist. The philosophy of the clinic recognises that a 'legs specific' approach offers only short term solutions, and that a holistic method, which encourages patients to examine their own situation, is more appropriate.

In Britain, 1 per cent of the adult population and almost 5 per cent of the over 65 age group are affected by leg ulcers. (1,2).

Working with this patient group has identified the unpleasant, complex and resistant nature of problems associated with leg ulcers. Pain, infections, odour, wound exudate leakage and immobility are among those well documented (3,4). But others, such as low self esteem, depression, obsession and dependence on the leg ulcer, together with lack of knowledge about the condition and its treatment are less well known.

The comprehensive nature of such problems, combined with a traditional rather than scientific base for the delivery of most care, leads to a high number of patients suffering protracted ulceration and its various complications.

The National Health Service spends over £600 million on treating leg ulcers each year, similar to the cost of treating tobacco related disease (4). Most of it is attributable to nursing time, particularly in the community, where nurses may spend 50 per cent of their time managing leg ulcers (5).

Nursing initiative

Research has revealed that although almost half the number of patients have had their ulcer for more than 10 years (1), it is possible to heal 75 per cent of venous ulcers in about 12 weeks (2). This shows the difference between what is usual and what is possible, with wide-reaching implications for patient morbidity and health economics.

Armed with these facts, and having done a full
The difference between what is usual and what is possible in healing venous ulcers has implications for patient morbidity and health economics.

Table 1: Aims of the eclectic model developed by nursing staff.

- To identify self care deficits.
- To promote independence.
- To focus strongly on health education.
- To recognise the individual's need to seek meaning and make sense of his or her situation.

Clearly, a brief appointment at an out-patient clinic where the legs are treated as the only presenting problem, would in no way serve the entire needs of such patients. Although some clinics do operate in such a manner, achieving high throughput numbers and respectable healing rates (8), recurrence rates as high as 67 per cent have been reported (9).

Undoubtedly, the greater challenge is not to achieve initial healing but to prevent recurrence. We aimed to develop a strategy which would tackle both issues effectively. It was recognised that 'legs specific' approaches had already failed most of the patients referred to us. For this reason a philosophy of care aimed at meeting the biopsychosocial needs of patients was developed.

Eclectic model

An eclectic model emerged, influenced by the work of Roper, Logan and Tierney (10), Orem (11), Travelbee (12), Rogers (13) and Peplau (14). Use of this purpose-designed framework allows operationalisation of the nursing team's own beliefs and values (Table 1). Specifically, it incorporates a functional health assessment of the biological systems.

The foundation of this therapeutic approach is felt to lie in the quality of the nurse-patient relationship, based on mutual respect, trust and
Supporting the patient in the decision making process empowers the individual to take responsibility for his or her own health care.

References

Empathy (13). Nursing care is directed towards assisting the individual to examine his or her own situation and feelings so that patient-set goals and treatment options can be selected in an informed manner.

Nursing aims to educate and support the patient in the decision making process, thereby empowering the individual to take responsibility for his or her own health care. Patient (and nurse) education strategies utilised in the clinic reflect adult learning principles as described by writers such as Knowles (15), and Coutts and Hardy (16). This represents an attempt to move away from the prescriptive, dogmatic approach that many of our patients have experienced, and which has not produced lasting patient compliance.

This approach is new and still undergoing review and evaluation. Results to date, however, indicate a degree of success, the reputation of which has attracted interest and support from other health care professionals throughout the northwest.

It is hoped that this article has demonstrated some of the potential applications for advanced nursing roles, showing how effective functioning as a clinician, educator, manager and change agent can positively influence creative health care innovations.