How can community nurses improve quality of life for patients with leg ulcers?

Leg ulceration can cause a range of problems. Community nurses need tools to assess patients’ subjective experiences so they can improve their quality of life

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Researchers have explored how leg ulceration affects patients’ quality of life but little has been written about the role of community nurses in the assessment and management of quality of life in these patients. This article describes how leg ulcers affect quality of life and the challenges nurses face in understanding patients’ subjective experience. Practical recommendations are made for improving this aspect of care.

Research studies have shown that patients with leg ulcers have a poor quality of life (QoL) (Price and Harding, 1996). They can experience multiple problems such as pain, discomfort, social isolation, malodour, altered body image, leakage, reduced mobility and the discomfort and inconvenience associated with wearing bulky bandages (Stevens, 2006; Ellis, 2004; Persoon et al, 2004). Box 1 outlines the effect of leg ulceration on QoL.

EXTENT OF THE PROBLEM

Leg ulcers are defined as any skin damage below the knee that takes more than 4-6 weeks to heal (Royal College of Nursing, 2006; Benbow, 2005). They may take several months to heal but some patients live with them for many years (Nemeth et al, 2007; Moffatt et al, 2006; Graham et al, 2003). Two thirds of patients whose ulcers have healed will have at least one recurrence (Morris and Sander, 2007). It is estimated that 1-2% of the general population in the US, Canada, the UK, Europe and Australia will suffer with a leg ulcer at some point in their lives (Myles, 2007; Edwards et al, 2005a). As older people are at increased risk of developing arterial and venous incompetence—which are underlying causes of leg ulceration—improved life expectancy means the number of people with ulcers is likely to rise (Franks and Moffatt, 2007). Even at their current incidence leg ulcers are a major economic burden; it is estimated that treating them costs £400m-600m of the UK health budget per year (Hopcroft and Forte, 2008; Myles, 2007).

There have been major advances in our knowledge about how to treat leg ulceration and in the range of dressings available. Nursing care usually focuses on wound care and the application of compression bandaging (Persoon et al, 2004), so there is concern that nurses focus on the ulcer rather than the whole patient (Heinen et al, 2007; Persoon et al, 2004).

There has also been considerable research into the negative effects of leg ulcers on patients’ QoL but there is little practical guidance on how to address the problem.

MEASURING QUALITY OF LIFE

The World Health Organization (1998) defined QoL as “an individual’s perceptions of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns”. Studies that focus on leg ulcers and QoL have used a range of QoL assessment tools (Palfreyman, 2008; Franks et al, 2003; Smith et al, 2000); this makes it difficult to compare and generalise the results. These assessment tools measure the general health status of patients with leg ulcers, rather than the actual impact of living with these wounds.

Out of 16 reviewed research articles, four employed a QoL assessment tool: World Health Organization Quality of Life Assessment (WHOQOL-100) (Park et al, 2008); EUROQOL (ED-5D) (Mathias, 2000); and Health Related Quality of Life (HRQOL) (Franks and Moffatt, 2006; Hareendran et al, 2005). Five used SF-36 (Nemeth et al, 2007; Franks et al, 2003; Smith et al, 2000; Walters et al, 1999; Garratt et al, 1993), which is a measure of general status. Five used the Nottingham Health Profile (Franks and Moffatt, 2001; Franks et al, 1999a; Franks et al, 1999b; Harmer et al, 1994; Lindholm et al, 1993). The other research studies did not use an established assessment tool to assess QoL. Jones et al (2008) used the Hospital Anxiety and Depression Scale.

The study on the impact of QoL by Palfreyman et al (2007) was aimed at developing an effective QoL assessment tool for this patient group. Using a QoL assessment tool designed specifically for people with leg ulcers addresses all the factors related to these wounds. Examples include the Venous Leg Ulcer Quality of Life (VLU-QoL) questionnaire (Hareendran et al, 2007) or the Sheffield Preference Based Venous Ulcer-5D (SPVU-5D) (Palfreyman, 2008).

National guidelines and quality of life

The Clinical Resources Efficiency Support Team (1998), Scottish Intercollegiate Guideline Network (1998) and Royal
College of Nursing (2006) have all published guidelines on the assessment and management of leg ulcers.
While these emphasise the need for competent practitioners who assess the physical effects of leg ulcers, they do not address the importance of assessing patients’ QoL in detail.
The recommendations of these guidelines will ultimately help to improve QoL and its assessment, but how QoL is affected by leg ulceration is not specifically addressed.

**EFFECT ON DAILY LIVING**
Patients’ experiences of living with leg ulcers have been explored in detail (Persoon et al, 2004; Krasner, 1998; Walshe, 1995).
Researchers have looked at single issues affecting QoL, for example the impact of exudate and odour from chronic venous leg ulceration (Jones et al, 2008). Research evidence suggests that chronic leg ulcers have physical, psychological and social costs for patients and therefore reduce their QoL (Franks and Moffatt, 2006; Walshe, 1995).
The effects on QoL are summarised in Box 2.
The research studies reviewed for this article did not consider how leg ulceration affects patients’ QoL or community nurses’ duties and responsibility in managing this aspect of care. In addition, there is little guidance on how nurses could use QoL assessment tools in their clinical practice. It is important to question whether nurses should use objective patient QoL assessments specifically designed for those with leg ulceration, such as the VLU-QoL (Hareendran et al, 2007) and the SPVU-5D (Palfreyman, 2008) as part of their everyday patient assessment.

**Improving documentation**
A longitudinal study (Nemeth et al, 2007) and a case report (Lay-Flurrie, 2001) both identified that patients’ assessment and documentation is being compromised by lengthy assessment tools which community nurses find difficult to use and time consuming to complete. There are a number of possible reasons why nurses experience these problems, including a lack of training on how to use the tools and the use of standard clinical assessment forms rather than those for specific diseases.
QoL is subjective and depends on a number of social factors that give it a personal meaning for the patient (WHO, 1998). This can be difficult to capture on standardised forms.

While researchers have explored factors that can alter QoL, community nurses need practical tools to help them to consider how these factors affect patients’ activities of daily living (Barret and Teare, 2000). Standard nursing leg ulcer assessment forms do not always allow for a comprehensive social and psychological assessment, making it difficult to evaluate patients’ QoL (Lay-Flurrie, 2001).

While many patients with leg ulcers experience pain, and this can have a marked effect on QoL, Stevens (2006) and Persoon et al (2004) pointed out that pain assessment tools are rarely used for patients with leg ulcers compared with those who are terminally ill. Stevens (2006) suggested that practitioners could design a specific pain assessment tool for patients with leg ulcers; on the other hand, they could use existing pain assessment tools to improve patients’ QoL.

**RECOMMENDATIONS FOR COMMUNITY PRACTITIONERS**
Community nurses need to take a proactive role in assessing the QoL of patients with leg ulcers. To do this, they need user friendly nursing QoL assessment tools designed specifically for this patient group.
Further research is required to explore community practitioners’ role in promoting QoL for patients with leg ulcers.
Community nurses spend approximately 50% of their time treating patients with leg ulcers (Morris and Sander, 2007) and witness the impact of these chronic wounds on patients’ everyday lives. They need to use this experience to influence local leg ulcer assessment guidelines and nursing assessment documentation to ensure that they incorporate QoL.

Tissue viability specialist nurses should be asked to work with community teams to set up ongoing quality improvement measures and clinical audits aimed at improving patients’ QoL.

Thorough and regular pain assessment and the use of pain assessment tools could help to improve pain management and also have a positive impact on patients’ QoL (Benbow, 2008; Stevens, 2006).
Lorimer (2004) and Lorimer et al (2003) suggested that standardised assessmentsand regular scheduled patient reassessments were important in managing QoL in patients with leg ulcers. These can be incorporated into local guidelines and patients’ care plans.
Research studies and reports have shown that leg clubs have been successful in promoting health by improving socialisation and reducing isolation in patients who have leg ulcers (Gordon et al, 2006; Edwards et al, 2005a; 2005b). Community nurses need to be aware of such services in their areas that can support and improve patients’ QoL.

**CONCLUSION**
Community nurses have an important role in assessing and improving patients’ quality of life.

However, this is not a responsibility they can take on alone—they need to collaborate with other members of the multidisciplinary team and develop assessment tools designed for use in clinical practice with patients who have leg ulcers if they are to promote their patients’ QoL.
REFERENCES
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