

Reflection: patients' experiences of being treated in a Leg Club setting

Abdul M Seckam, PhD

Patient experiences with wound care treatment are being recognised as central to prudent care. Leg Clubs provide community-based treatment, education and ongoing health promotion and care for people with leg-related problems. This article considers the growing evidence of patients' experiences of being treated in a Leg Club setting. Six participants from a Leg Club setting were interviewed via a semi-structured interview, and interviews were transcribed verbatim and investigated for themes using interpretative phenomenological analysis in accordance to Smith et al (2009). An overarching theme, the holistic approach to treatment, was identified, with two subthemes: Leg Club education and a sense of autonomy and trust in Leg Club staff. This study revealed the importance of a holistic approach to treatment within a Leg Club setting, and adds to, and compliments, the body of evidence.

KEYWORDS:

■ Leg Club ■ Holistic wound care ■ Patient experience

The Lindsay Leg Club
Foundation is a charity that
cares for patients suffering
from leg ulcers. The debilitating
effects of leg ulcers may lead to
various psychological and social
implications. Additionally, the
impact of leg ulcers has financial
implications on patients, their
family and the NHS. There is
a growing body of evidence
to support the effectiveness of
members being treated in a Leg
Club setting (Table 1).

Participating in Leg Club allows the patient to be involved with their care and treatment. Lindsay (1996) recorded the first ethnographic patient story. This story relates to how the Leg Club and its team helped a patient become compliant

Abdul M Seckam PhD, Cardiff Metropolitan University, Cardiff School of Health Sciences, Western Avenue, Llandaff, Cardiff aseckam@cardiffmet.ac.uk

with treatment, thus empowering the patient in the management and treatment of their wound. Other stories highlight the positive relationships between nurses and patients. (Hawkins, 2003; Foster and Hawkins, 2005).

Importantly, the Leg Club model (*Figure 1*) provides the opportunity for patients and staff members to articulate their experience.

Various authors have also suggested the importance of patient stories (Lindsay, 1996; Kutchins and Kirk, 1997; Brocki and Wearden, 2006; Hawkins and Lindsay, 2006; Smith et al, 2009) in line with prudent care.

In addition, qualitative evidence has positive implications in medical research (Reid et al, 2005), and is being recognised in informing decision-makers about the use of therapeutic interventions (Dixon-Woods and Fitzpatrick, 2001). Worley (2004) suggested that patient experiences provide valuable information for clinicians, leading to effective care, and Reid et al (2005) suggested that these experiences may play a role in the context of NHS frameworks.

PATIENT EXPERIENCE

In an interpretative phenomenological analysis (IPA) study undertaken by Seckam (2016) on the lived experiences of using medical grade honey to treat wounds, an unexpected theme with two subthemes was identified, as highlighted in *Figure* 2. The findings detailed below are part of a PhD dissertation (Seckam, 2016; Seckam and Mercer, 2018).

IMPORTANCE OF A HOLISTIC APPROACH TO TREATMENT

As highlighted in the analysis of

Table 1: Benefits of Leg Clubs: a growing body of evidence

Benefits of the Lindsay Leg Club model in practice

Healing rates are excellent and recurrence of leg ulcers is reduced (Vowden and Vowden, 2006; Lindsay, 2010; Clarke and Lindsay, 2013)

Cost- and time-effective (Lindsay, 2010; Clarke and Lindsay, 2013; Lindsay, 2017)

Patients benefit from social interaction and wellbeing (Edwards et al, 2009; Clarke, 2010; Upton et al, 2014; Upton et al, 2015)

General practitioner input is kept to a minimum (Lindsay, 2010)

General practice nurse input is reduced (Lindsay, 2010)

Falling rates of inappropriate referrals and antibiotic prescribing (Lindsay, 2010)

Leg club BM/FINAL.indd 24

JCN 2019, Vol 33, No 2





the participants' transcripts, Leg Club staff administered a holistic approach to members' wound care treatment. The importance of a holistic approach to treatment was identified as the main theme, with two subthemes identified under this.

Subtheme one: Leg Club education and a sense of autonomy

Analysis of members' transcripts highlighted the education they received during their Leg Club treatment, which allowed the participants to feel autonomous. Participant one commented on being educated on honey treatment:

I haven't heard of honey being used... until I came to the Leg Club.

Participant two, also discussed the various options available, therefore, illustrating the importance of the Leg Club staff education and empowerment:

The options were there for me to use and they had several options, which you could see being used all round the room with different people.

Leg Club members also spoke with staff, volunteers and other members, thus providing a sense of empowerment. Members also commented on the support provided by staff and nurses. Participant three explained:

[The nurse said]... they're starting to use that [honey] now, and then she started to use it, like. And it did make a difference... I've read it in the newspaper about this, er, Manuka honey, because my daughter got online like and... and got all the information about it.

The education, empowerment and nurses allowing members to become involved in their treatment regime provided a sense of autonomy, thus adding to a more holistic approach to wound care in line with the Leg Club model and prudent care.

A non-medical setting, e.g. community/church/ village hall. This avoids the stigma or fear of attending a medical setting and reinforces the community ownership of the Club.

this encourages opportunistic attendance for information and advice, provides increased opportunities for early diagnosis/leg ulcer prevention, and helps isolated older people reintegrate into their communities

Leg Club model

treatment — people
share their experiences,
gaining peer support, and
are encouraged to take
ownership of
their treatment.

Integrated 'well leg' regime — supporting maintenance of healthy legs, positive health beliefs and broad health promotion.

Figure 1. The Leg Club model (Lindsay, 2010).

Subtheme two: trust in Leg Club staff

Leg Club members' trust in staff was important, as the nurses suggested a suitable dressing, which helped heal their wound successfully. Participants were grateful and trusted in the Leg Club staff and the care they provided, as evidenced in the extract below:

Leg Club, as such, that was more of a revelation to me... I was so grateful for those girls being there and coming to see me every day and change the bandages because they were just so... so wet and horrible and yucky, and you don't realise what treasures you know...

Participant two commented on the trust in, and appreciation for,

the Leg Club nurses in their wound care, comparing them to 'treasures'. Participant one further explains:

I say the nurses know best what might work for you and [laughs]... it depends on their training I should imagine now, they have alternative medication to suggest for patients and er I suppose I go along with that.

FINAL THOUGHTS

The evidence and importance of patient stories in holistic wound care is growing. This approach administered by the Leg Club has been evidenced in the participants' reflections, which provide an insight into the experiences of education, empowerment, autonomy, trust

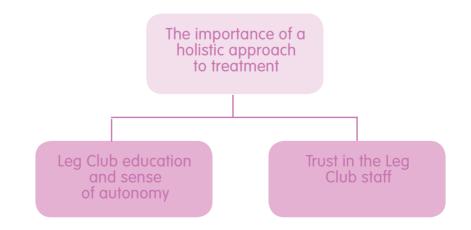


Figure 2.

The key theme and two subthemes, as identified in Seckam (2016).



13



in Leg Club staff and successful healing, adding to previous research outlined in *Table 1*. This parallels previous research by Lindsay (1996), Kutchins and Kirk (1997), Brocki and Wearden (2006), Hawkins and Lindsay, (2006), Vowden and Vowden (2006), Smith et al (2009), Lindsay (2010), Clarke and Lindsay (2013).

Moreover, the reliable and high quality care received among these members by the Leg Club staff was emphasised, and studies have shown that such practices enhance patient compliance and concordance, thus resulting in better healing outcomes (Greenfield et al, 1988; Hawkins, 2003; Foster and Hawkins, 2005).

The evidence (Table 1) and experiences demonstrated here offer valuable information for future research and to help inform service improvement programmes. This can help mould and shape decisions made by organisations such as the NHS and National Institute for Health and Care Excellence (NICE). Finally, these first-hand patient experiences are important as they enable wound care specialists to develop an informed and proactive way of educating, empowering and recommending wound care treatment to address the needs of those with leg ulcers.

This article highlights the importance of a holistic approach to wound care among patients being treated in a social setting: a

KEY POINTS

- The Leg Club model provides the opportunity for patients to be involved with their care and treatment.
- Analysis of patient experiences highlighted the positive effects of a holistic approach to wound care.
- Treatment in Leg Clubs enables education and feelings of empowerment and trust.
- Patient experiences are important to informing prudent healthcare practices.

Leg Club. Perhaps in the future this model can be adopted and employed for various medical conditions. While there is a growing body of evidence to support being treated in such settings, more research remains to be undertaken, both nationally and internationally. JCN

ACKNOWLEDGEMENTS

Dr Jenny Mercer, Professor Rose Cooper, Dr Katie Thirlaway, Dr Sarah Maddocks and Ms Janice Ryland.

REFERENCES

- Brocki J, Weardon A (2006) A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health* 21(1): 87–108
- Clarke M (2010) Patient satisfaction with a social model of lower leg care provision the Lindsay Leg Club. *Wounds UK* 8(1): 20–6
- Clarke M, Lindsay E (2013) A social partnership for the delivery of leg care: The Lindsay Leg Clubs. Available online: file:///C:/Users/sm17089/Downloads/Commisioners-info.pdf (accessed December 2018)
- Dixon-Woods M, Fitzpatrick R (2001) Qualitative research in systematic reviews. *BMJ* 323(7316): 765–6
- Edwards H, Courtney M, Finlayson K, Shuter P, Lindsay E (2009) A randomised controlled trial of a community nursing intervention: improved quality of life and healing for clients with chronic leg ulcers. *J Clin Nurs* 18(11): 1541–49
- Foster T, Hawkins J (2005) The therapeutic relationship: dead or merely impeded by technology? *Br J Nurs* 13(13): 698–702
- Greenfield S, Kaplan SH, Ware JE Jr, Yano EM, Frank HJ (1988) Patients' participation in medical care: effects on blood sugar control and quality of life in diabetes. *J Gen Intern Med* 3(5): 448–57
- Hawkins J (2003) Task to talking in wound care. *Nurs Standard* 17(31): 63–6
- Hawkins J, Lindsay E (2006) We listen but do we hear? The importance of patients stories. *Br J Community Nurs* 11(9): s6–14
- Kutchins H, Kirk SA (1997) Making Us Crazy: The psychiatric bible and the creation of mental disorders. The Free Press, New York



Practice point

Leg Clubs offer a non-medical social environment in which to provide nursing care. In turn, this removes any stigma associated with leg ulcers and allows isolated elderly patients to mix with others, which improves concordance and promotes healing.

- Lindsay E (1996) What are patients' views of leg ulcer management in a social community clinic? Unpublished undergraduate dissertation. University of Suffolk
- Lindsay E (2010) Leg Clubs®: A clinically and cost effective approach to lower limb management. *Br J Community Nurs* 15(6): s16–23
- Lindsay E (2017) Leg Clubs: A costeffective social prescribing approach to lower limb management. *Br J Community Nurs* 1(2): 111–12
- Reid K, Flowers P, Larkin M (2005) Exploring lived experience. *Psychologist* 18(1): 20–3
- Seckam AM (2016) Evidence-based wound care: integrating specialist and patient perspectives. Unpublished doctoral thesis. Cardiff Metropolitan University, Cardiff, Wales
- Seckam AM, Mercer J (2018) Older patients' experiences and perceptions of having their wounds treated with medical-grade honey. *Br J Nurs* 27(15): S22–S29
- Smith JA, Flower P, Larkin M (2009) Interpretative Phenomenological Analysis. Sage, London
- Upton P, Scurlock-Evans L, Williamson K, Rouse J, Upton D (2015) The evidencebased practice profiles of academic and clinical staff involved in pre-registration nursing students' education: A cross sectional survey of US and UK staff. *Nurs Educ Today* 35(1): 80–5
- Upton D, Andrews A, Upton P (2014)
 Venous leg ulcers: what about wellbeing?
 J Wound Care 23(1): 16–7
- Vowden K, Vowden P (2006) Bridging the gap: the impact of patient choice on wound care. *J Wound Care* 15(4): 143–5
- Worley CA (2004) Quality of life-part 1: Using the holistic caring praxis in skin and wound care. *Dermatol Nur* 16(6): 527–8



