

Outline of project proposal: Does a patient focus to consultations in chronic venous leg ulcer care improve patient satisfaction and health related quality of life?

Many thousands of people in the UK are affected by leg ulceration with annual costs for their care and management estimated to be in the region of £200 million (Posnett and Franks, 2007). The personal cost to the sufferer, however, is consistently underestimated, misunderstood and simply overlooked, especially in relation to the impact of the condition on day-to-day functioning. The care delivered patients who suffer from venous leg ulceration focuses primarily, if not solely, on the provision of wound care; often with scant regard for the more wide ranging effects that ulceration poses. This was personally reinforced when, as an experienced District Nurse, it was noted that many community nurses had the healing of their patients' ulcer as the exclusive goal to the treatment plan, with little or no attention directed towards the patients' priorities of care. Consultations lacked any significant sharing of information regarding the causes and management - a factor not exclusive to the care of leg ulceration. Research demonstrates that life for venous leg ulcer patients and their carers' is complicated by many issues including pain, limited mobility, odour, depression, anxiety and social isolation – but during consultations these important factors were overlooked or received transitory attention.

Providing an individualised assessment of the factors deemed to be significant by the patient and the inclusion of these into their wound management strategy may enhance the care delivered, improve the quality of support where nurses listen to the 'whole' patient and may, subsequently, improve the health related quality of life (HRQoL) of the patient. There is consistent evidence that the quality of the relationship between the patient and health professional contributes to their satisfaction and has a significant impact on treatment outcomes and their compliance with treatment (Hardy, West & Hill, 1996).

Following a systematic search and narrative synthesis of the literature, it is felt that this topic represents an original approach to the development of a patient focus to the care management of those with chronic venous leg ulceration. Research exploring HRQoL and venous ulceration has tended, to date, to focus on the evaluation of HRQoL measurement tools or the evaluation of specific dressing properties. This project aims to build on previous research, to determine the value of establishing patient reported outcomes and to evaluate the effectiveness of this approach using a number of previously validated measurement tools.

This study will comprise of two phases. Phase one will explore the lived experiences of patients with chronic venous leg ulceration, in order to identify the key factors inherent within nurse-patient consultations. This phase will involve in-depth patient interviews and a period of non-participant observation. Data from this phase, combined with a review of the literature, will be used in the development of a new consultation template. Phase two will comprise the initial pilot of the template to test its' effectiveness when compared with usual care. The research questions to be answered in this study are:

1. What are the priorities of care delivery and the features of the nurse-patient consultation that are of significance to the patient with venous leg ulceration? (Phase one)
2. Does the implementation of a consultation template, and thus a patient focus to the consultation, improve patient satisfaction and quality of life? (Phase two is a pilot to assess the viability of a full study)

Hardy, G., West, M. and Hill, F. (1996) Components and predictors of patient satisfaction. British Journal of Health Psychology. 1, 65-85.

Posnett, J. and Franks, P. (2007) The costs of skin breakdown and ulceration in the UK in Smith and Nephew Foundation (2007) Skin Breakdown – The silent epidemic. snfoundation,uk

RCN Research Society Marjorie Simpson New Researchers' Award 2009.

I would like to attend the RCN Annual International Research Conference because.....

I feel that research is at the very heart of our responsive and evidence-based profession, which is constantly striving to improve practice and to provide the very highest standards of patient care. We, as nurses, are ideally placed to provide a unique and distinctive patient focus to research and, as such, are integral to the establishment of the UK as a leader in clinical research.

Since qualifying in 1990 I have been extremely fortunate to have had a varied, exciting and challenging career with wide-ranging clinical experience. During this time, I have witnessed a number of significant organisational, procedural and professional changes. These developments have ranged from the inception, development and formation of Primary Care Trusts to provide a local, community-focussed approach to the delivery of health and social care; the developments of innovations in wound care including the use of larval therapy in wound debridement and the current progression towards an all graduate nursing profession. These, along with many other innovative developments, will lead to improved patient care and have developed as a result of influential research to positively improve practice and enhance the care of our patients.

As a 'novice' researcher, I am keen to develop my research expertise, in order to play my part in any future, research-based developments in our healthcare environment and to be equipped to encourage and motivate my students and colleagues who will form the nursing workforce of the future. I feel that my attendance at this highly regarded International Research Conference will educate, inform and inspire me to, personally, develop my skills as a novice researcher; it will give me the opportunity to network with the high quality researchers who will be in attendance and will equip me to cascade my enthusiasm to practitioners and colleagues on my return.