

Improving wellbeing and quality of life using motivational interviewing

KEY WORDS

- ▶ Leg Club model
- ▶ Quality of life
- ▶ Wellbeing
- ▶ Well leg

Wellbeing and quality of life (QoL) are important factors to consider when treating patients with chronic wounds. A person's wellbeing encompasses physical, social, psychological and spiritual factors and varies over time (Wounds International, 2012). The World Health Organization (1997) defines QoL as an individual's perception of their position in life with the context of their culture, values, goals, expectations and concerns. Anxiety and depression can delay wound healing, while poor symptom management can reduce patient concordance with their treatment (Wounds International, 2012).

Encouraging patients to take medications, engage in healthy lifestyles and quit harmful habits is vital. The psychosocial Leg Club 'well-leg' programme is an integral part of the social model and is aimed at health education, advice, maintenance and prevention of further leg-related problems once an ulcer has healed. Members that have healed and wish to remain healed attend on a regular 3-monthly basis for a full reassessment, support and advice. A Doppler assessment (in line with local policy) is performed to ensure the ankle-brachial pressure index remains satisfactory and, prior to prescribing new hosiery, the member is re-measured to ensure the stocking is correctly fitted. Through education and on-going advice and support, members are made aware that care and the prevention of recurrence of leg-related problems are for life, and that prevention is better than cure.

Due to the drop in walk-ins (non-appointment system), Leg Clubs also see people with healthy legs requesting an assessment and advice. Members of Leg Clubs can rely on a safe venue where their physical, psychological and social needs will be met within a social model of care. Members have access to treatment, appropriate equipment, and medical education on leg health, as well as general health, nutritional advice, social interaction and refreshments. The types of medical treatment available in Leg Clubs range from straightforward leg washes and stocking replacement to Doppler assessment and bandaging

to complex cases such as extreme circulatory problems, which require further consultation and discussion.

It offers a collaborative client-centred, empathic approach to working with people to achieve concordance. The healthcare professionals at Leg Club work in partnership with members to encourage autonomy and reflection while practising reflective listening. These are some of the defining aspects of motivational interviewing (MI) (Rollnick et al, 2008), which fosters collaboration rather than confrontation, evocation rather than imposition, and autonomy over authority. It was therefore decided to research whether MI within the Leg Club environment had a positive impact on participants' wellbeing and quality of life.

POOLE LEG CLUB (BEST FOOT FORWARD LEG CLUB)

Poole Leg Club is run by a GP practice in Dorset. A nurse manager, wound care nurses and admissions prevention nurse attend as well as healthcare assistants, a receptionist and volunteers. Members of the Adam Practice in Poole and people who live in the local area can be referred to or volunteer to join if they have a problem of the lower limb or chronic wound.

METHOD

Participants

People who self-referred to the Leg Club over a 7-months period were given a consent form to sign and a letter introducing the Club. They were informed that participation in the study was voluntary. If they consented to participate, they were asked to complete the Wellbeing in Wounds Inventory (WOWI) prior to participating in their first session (baseline) and again after having attended a second session (follow-up). In total, 22 members consented to participate in the study. The baseline and follow-up scores were compared to determine whether attendance and engagement with the service had a positive impact on participants' QoL and wellbeing. All

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22 members completed the first questionnaire; on follow-up, while attending the Leg Club, 21 members completed the second questionnaire.

Measurement of wellbeing

Wellbeing and QoL were measured using the WOWI, which is a validated questionnaire that measures wellbeing and QoL in wound care patients (Upton and Upton, 2015; 2016a). It has shown good test–retest reliability and has demonstrated responsiveness to changes in health status. The WOWI includes 19 statements that capture qualitative wellbeing and experience of QoL in relation to wound worries, personal resources, emotions and social concerns. It is broken down into two parts: wound worries (7 questions) and personal resources (12 questions). A higher score denotes a greater sense of wellbeing experienced across a number of factors.

A five-point Likert type scale ranging from ‘strongly disagree’ to ‘strongly agree’ was used to score participants’ satisfaction. A 0–100 scale was used for ease of interpretation, with higher scores denoting better wellbeing. Sub-scale scores were calculated as a mean and if 50% were missing, no score was calculated (Upton and Upton, 2015).

The Leg Club

On arrival at the Leg Club, volunteers provided participants with refreshments. There were no changes to the social aspects of the Leg Club provided by the volunteers. When a slot became available, participants’ wounds were washed by a healthcare assistant and then treated by a nurse. Various therapies, leg washes and dressing protocols were employed and no measures were placed to control these or their effects. The participants received the same treatments as they were receiving at the GP practice (baseline). The difference was that participants were then engaged in a discussion about their therapy.

The staff underwent a coaching session on MI with the researcher and given the opportunity to ask any questions about the process. The researcher kept in close contact with the Lead Nurse during

the study to ensure that there were no further staff questions during this period. The Open, Affirming, Reflective, Summarisation (OARS) approach was taken to engage and educate participants about their wounds and enable self-care when at home. (O)pen questions were asked to establish a safe environment, gain an understanding of the participant’s world, gather information and help them make an informed decision. The healthcare professionals treating participants provided (A)ffirming positive feedback to demonstrate empathy and affirm exploration of past healthy behaviours and decisions and build self-efficacy. (R)eflective listening and (S)ummarisation were demonstrated by healthcare professionals by reflecting participants’ phrases, feelings and thoughts, and presenting them with a view of themselves.

Ethics

This research was conducted in line with the British Psychological Society code of conduct and with the approval of the University of East London Research Ethics Committee and the Leg Club Foundation’s Independent Clinical Governance board. Nurses collected completed consent forms, baseline and follow-up questionnaires, and sent them to the researcher, who had no contact with the participants. Once the data had been recorded and analysed, the questionnaires were destroyed. Participants’ data were kept confidential and were anonymised. Participants were informed that participation was voluntary and that they could withdraw from the study at any time.

Analysis

The WOWI questionnaires were scored and means and standard deviations calculated using SPSS software. The standard deviation of differences between means and standard error of differences between participants’ scores in each condition was calculated. A paired sample t-test was used for repeated measures on all parts of the questionnaire with the null hypothesis that MI does not improve wellbeing, and therefore WOWI score. A p -value <0.05 was considered significant.

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The WOWI tool is the copyright of Urgo Medical, The Lindsay Leg Club Foundation and Upton (D. Upton)

Table 1. Mean Wellbeing of Wounds Inventory (WOWI) scores before and after attending Leg Club

WOWI statements	Baseline results	Follow-up results to be undertaken
Wound worries		
The following are problems for me:		
1. My wound pain	21.42	
2. The smell from my wound	26.19	
3. The leakage from my wound	16.66	
4. My social situation	15.47	
Having a wound makes me feel:		
5. Anxious/worried	23.80	
6. Stressed	17.85	
7. Depressed/miserable	17.85	
Combined mean	19.89 (agree)	
Standard deviation	2.53	
Personal resources		
I believe I am strong enough to cope with setbacks in my:		
1. Life in general	60.04 (true)	
2. Wound care or treatment	60.71 (neutral)	
3. Symptoms	58.33 (neutral)	
4. Social situation	55.95 (neutral)	
How happy are you with your:		
5. Life in general	63.09 (happy)	
6. Social situation	51.19 (neutral)	
7. How supported do you feel in your:		
8. Life in general	66.66	
9. Wound care or treatment	(supported) 61.9 (neutral)	
How much control do you feel you have in your:		
9. Life in general	48.80 (neutral) 64.28 (some control)	
10. Social situation		
How hopeful do you feel about the future of your:		
11. Life in general	61.9 (neutral) 59.52 (neutral)	
12. Social situation		
Combined mean	61.9 (neutral)	
Standard deviation	59.52 (neutral)	

RESULTS

The 21 participants were aged between 48 and 91. The majority were male. Most participants were Caucasian and were from the UK or European Union, which is representative of the rural Dorset area. All participants had chronic wounds for many years. Many of the participants had concomitant medical conditions, such as type 2 diabetes and cardiovascular disease; therefore, it was understood that they had some level of vascular degeneration. The mean WOWI scores before and after patients attended the Leg Club sessions are given in *Table 1* and the paired t-test in *Table 2*.

There were significant reductions in participants' wound worries and improvements in their personal resources, following participation in OARS-based MI at the Leg Club compared to baseline (standard deviation: 7.493; 95% CI -68.875--55.014; $p=0.000$).

DISCUSSION

This research project considered wellbeing to be a distinct aspect of holistic care with high importance to individuals with a chronic wound. Before attending the Leg Club, care had consisted of traditional GP appointments in a local practice or if, they self-referred/were a new patient, the participant had received little or no previous support. When attending the Leg Club, in addition to the implementation

of dressing and medication protocols the participants were engaged in MI. Results from the WOWI questionnaires completed before and after attending two Leg Club sessions indicated that the addition of MI to standard care significantly improved participants' wellbeing. It is important to ask the Leg Club member what optimal wellbeing is for him or her, and this is a key MI approach whose impact can be measured by the WOWI.

In practice, QoL is well documented for individuals with chronic wounds but research into/the assessment of wellbeing in this group has been insufficient (Upton and Upton, 2015). The WOWI is a highly feasible tool for measuring wellbeing in wound care patients and its good test-retest reliability and responsiveness to changes in health status (Upton and Upton, 2016a; 2016b) make it ideal for assessing interventions in this patient group. Based on the Leg Club Foundation Urgo Scholarship award, the work undertaken on behalf of the Leg Club Foundation by Upton and Upton and the current study, the Leg Club Foundation has incorporated the WOWI into its members' satisfaction survey to determine the impact of Leg Clubs on client wellbeing. The use and application of MI in chronic wound patients has received little attention and exploration to date and this initial study has made tentative

Table 2. Paired t-test results

		Mean	Standard deviation	Standard error mean	95% Confidence Interval of the difference	
					Lower	Upper
Pair 1	Prior to MI approaches in HLC - Post MI approaches in HLC	-61.944	7.493	2.832	-68.875	-55.014

inroads to defining future areas of study. Healthcare professionals at the Leg Club applied techniques of MI and OARS coaching to improve members' wellbeing. OARS were not actively analysed due to the possibility of boredom and expectant behaviours affecting the results and because it might have put vulnerable participants under additional stress. Members' anecdotal experiences of wound healing and the social aspects care provided by the Leg Club were very positive. The impact of MI was not separated from other aspects of the Leg Club in the current study, so it would be interesting to conduct a second study with a control group attending a Leg Club who do not receive MI. This would provide greater clarity on where the healing and motivation to change self-care behaviour originates from than the broad approach to applying MI methods in the current Leg Club community project.

Although the sample size in this project was small, the significant improvement in patient wellbeing captured by the WOWI should prompt further exploration of MI in this patient group. The explanation and implementation of MI approaches should be standardised in future research, with researchers or healthcare professionals receiving training to ensure they have a good understanding of the techniques and apply them consistently. This is important when implementing and evaluating MI use in a community setting (Hecht et al, 2005).

LIMITATIONS

The sample size was small, therefore further research with a larger group of participants is warranted. The majority of participants were

male, Caucasian and British, so it is not known whether gender, ethnicity or culture have an impact on wound-care patient response to MI techniques. There was no measurement or audit of the exact use of OARS to quantify its application and consistency of use. Training in MI would improve application and consistency in any future studies. Participants may have felt obliged to show improvement.

CONCLUSION

The application of MI in addition to standard methods of wound care treatment led to a significant improvement in participants' wellbeing, as measured using the WOWI. The WOWI is a suitable tool to measure wellbeing in patients with chronic wounds.

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