

# WHAT IS WELLBEING?

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‘Wellbeing’ is a term that seems to be in use everywhere these days.

We talk about health and wellbeing in the workplace, in the context of fitness and gyms, and as dimensions in the NHS Knowledge and Skills Framework (KSF). There is even a national wellbeing survey, measuring the nation’s satisfaction and happiness. Wellbeing is difficult to define. According to the Department of Health (2010), wellbeing is “a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity”. The Nursing and Midwifery Council (NMC)’s Code of Conduct (2015) calls us to “make sure people’s physical, social and psychological needs are assessed and responded to” by “paying special attention to promoting wellbeing...” Therefore, it is important to consider what this means.

What is clear is that wellbeing is more than just an absence of ill health. It incorporates physical, social,

psychological and spiritual/cultural factors, which make people who they are. I am sure we all know people who are experiencing disease, or incapacity, yet still lead fulfilled lives with a sense of purpose and enjoyment.

Those of us who care for people with wounds will recognise that negative psychological factors, such as anxiety and depression, can have a significant impact on delaying healing; and poorly controlled symptoms can lead to poor concordance with treatment, social avoidance, sleep disturbance, feelings of embarrassment and despair, to name a few. Therefore, to begin to reverse these negative experiences, and start improving people’s wellbeing, we need to start understanding the impact that the wound has on the individual, through questioning and listening. Patients’ priorities may often be different from ours when it comes to managing their wounds.

There is a growing movement to involve patients more in their care, equip them with the knowledge and skills to self-manage where they are able to and wish to be involved, and to offer choices within the resources available. Wounds International has produced a very helpful document on this topic of wellbeing in people with wounds (International Consensus, 2012). It challenges us to involve patients in decisions rather than impose treatment, to respect their rights to refuse treatment, to understand the impact of their wound on their daily life, and to consider how accessible and responsive our services are to patients.

Levels of ability to self-manage will vary, and there will always be patients who need to depend on clinicians to direct and provide their care for their sense of wellbeing. However, understanding patients’ individual experiences and equipping and supporting them to live with their wound (while it heals, where that is achievable) should be our desire and goal if we are really to promote wellbeing.

This theme is picked up in this edition of *Wound Essentials* in a number of articles. I hope you find this a stimulus to perhaps review how you promote wellbeing in your own practice. **WE**

International Consensus (2012) *Optimising Wellbeing in People Living With a Wound. An Expert Working Group Review*. Wounds International, London

Department of Health (2010) *Our Health and Wellbeing Today*. HM Government. pp13

NMC (2015) *The Code*. Available at: <http://bit.ly/1Vxgka5> (accessed 14.06.2016)

**If you would like to contribute to a future issue of *Wound Essentials*, please contact the editor Adam Bushby via email:**

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