Patient empowerment in wound management

Patients have a right to play a central role in their own healthcare, as this improves their experience and satisfaction, and yields enhanced clinical and economic benefits. With the ever-increasing reduction in available trained healthcare professionals, and the rising prevalence of chronic wounds, it is now more important than ever that patients are empowered to take a leading role in their own health care. An international group of wound care experts met in May 2015 to discuss potential ways to empower, engage and support patients living with a wound. This article provides an overview of the resulting best practice statement: *Optimising Patient Involvement in Wound Management.*

"Patient involvement in their healthcare improves their experience and satisfaction, and yields enhanced clinical and economic benefits."

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Wounds and their many complications are a major challenge for individuals, the health service and society as a whole. For example, pressure ulcers (PUs), also known as bed sores or pressure sores, are localised areas of tissue damage arising due to excess pressure and shearing forces (National Pressure Ulcer Advisory Panel et al, 2014). These wounds range in severity from superficial tissue damage, to full-scale tissue destruction (Beeckman et al, 2008). PUs occur most often in individuals who have mobility problems and are exposed to prolonged periods of sustained pressure/shear forces (Gefen et al, 2008).

Despite advances in technology, preventative aids and increased financial expenditure, PUs remain a large-scale debilitating concern (Moore et al, 2016). Prevalence rates range from 8.8%–53.2% and incidence rates vary from 7%–71.6% across Europe, the US and Canada (Moore and Cowman, 2012). Furthermore, 72% of all PUs occur in the over-65-year age group (Russo et al, 2006). It is estimated that approximately 4% of the annual healthcare budget in Europe is being spent on PUs, with nursing time accounting for 41% of these costs (Posnett et al, 2009). Moreover, people with PUs have a substantially lower health-related quality of life than those without PUs (Essex et al, 2009). Worryingly, global mortality directly attributable to PUs has increased by 32.7% from 2000-2010 (Lozano et al, 2010).

With respect for the problem of PUs outlined here and the global problem of wounds in general, an international group of wound care experts met in May 2015 to discuss potential ways to empower, engage and support patients living with a wound (Moore et al, 2016). This article will present some of the key tenets of the resulting best practice statement: *Optimising*

Patient Involvement in Wound Management.

Why is patient involvement important?

The rights of patients to have a central part in the healthcare process are an important aspect of healthcare provision (Coulter et al, 2008, European Commission 2012, World Health Organization [WHO], 2015). The benefits include enhanced motivation and knowledge about health and illness, resulting in patients having increased capacity to monitor and look after themselves (Coulter et al, 2008, European Commission, 2012). From a wound care perspective, patient involvement in assessment, management and prevention tends to be limited, as this aspect of care has been largely viewed as the domain of the trained healthcare professional. However, patient involvement in their healthcare improves their experience and satisfaction, and yields enhanced clinical and economic benefits (Coulter et al, 2008).

A WHO healthcare workforce report suggests that there will be a shortage of 12.9 million healthcare workers by the year 2035 (WHO, 2014). Furthermore, in developed countries, 40% of nurses will leave health employment in the next decade (WHO, 2014). With the drive for increased capacity within primary healthcare, the desire for people to remain in their own homes for as long as possible, coupled with the ever-increasing reduction in available trained healthcare professionals, it is now more important than ever that patients are empowered to take a leading role in their own health care (WHO, 2012).

Optimising patient involvement in wound management

Because of the rising prevalence of non-healing wounds, there is an associated rise in healthcare expenditure used to provide direct care to people with these wounds (Dealey et al, 2012). However, in today's society there are a lot of competing demands for healthcare resources (Phillips, 2005b). As a result of this, clinicians have to be careful about spending in health care and thus, need to look for more cost-efficient and effective ways of managing wounds (Apelqvist et al, 2013). Fundamentally, involving patients in wound management, necessitates that the right patient has access to the right services and the right information. In this way, they will have the necessary information to make decisions about their plan of care (Moore et al, 2016). The amount of involvement patients have in their care influences their satisfaction with the services they use, enhances concordance with treatment plans and contributes to a reduction in overall costs (Kapp et al, 2012).

Barriers to patient involvement

Although patient involvement makes sense, there are many barriers to empowerment and engagement (McAllister et al, 2012). At the outset, it is important to remember that not all patients will want to be involved; nonetheless, being able to identify those who wish to be involved allows an open, questioning approach to all patient interactions (Moore et al, 2016). In addition, reassurance needs to be provided, such that patient involvement is not seen as undermining the role of the clinician, or alternatively, overburdening of the patient (Moore et al, 2016). Fundamentally, choice is the key to patient involvement and, to ensure this, staff and patients need to have open dialogue, within a safe, non-threatening environment (*Box 1*).

Box 1. Hints and tips to achieve a therapeutic relationship (Moore, 2016).

- Establish the patient's level of insight into their specific wound problem
- Establish the patient's expectations of the healthcare practitioner
- Establish the level of social support the patient has
- Outline the model of care employed, emphasising the central role of patient involvement
- Establish the patient's willingness/ability to be involved in their care
- Set realistic, achievable goals and establish good follow-up communication and support. Patients who are committed are more likely to follow the care plan.

Facilitating patient involvement

At the outset, it is important to develop an understanding of the patients desire to be involved, and the depth that this involvement may encompass. For example, the patient may be fully involved whereby they feel confident, are able to make decisions about their care, and are capable of monitoring and managing the wound on a daily basis, supported by regular visits to a clinician. Alternatively, they may opt for shared involvement, where they and the clinician have equal responsibility for monitoring and management of the wound. Conversely, they may not be involved at all, because they are unable to take on responsibility of a wound and thereby rely on others to make decisions about their care (Moore et al, 2016).

The need to be involved may change over the trajectory of care and may also be influenced by the patient's age, the duration of their wound

and underlying disease, in addition to their level of education and literacy. However, the consensus document on patient involvement stresses the importance of not assuming that just because someone is elderly, has a chronic wound and comes from a low socioeconomic background, that they are not able to be involved (Moore et al, 2016).

From the patient's perspective, involvement can be seen as encompassing three steps. Firstly, appreciating that they have a problem with a wound, which needs to be managed in the best way possible. Secondly, understanding that they, as the patient, have a choice in how their care is planned and delivered. Finally, accepting the choice of care that has been mutually agreed, while at the same time knowing that there is a personal benefit to them in accepting this choice of treatment (Moore et al, 2016). To achieve this, the consensus document suggests the following (Moore et al, 2016):

- Seek patient views and understanding of their condition
- Identify any fears or concerns the patient may have
- Establish what is important to the patient
- Assess patient willingness to be involved in their care.

Underlying the achievement of patient involvement, according to the individual's needs and capabilities, is the role of education and training. This training should include both patients and clinicians, as often there can be a misunderstanding of what the concept 'involvement' actually means (European Commission, 2012).

For patients, education could involve the use of information leaflets and interactive information systems to enhance knowledge and understanding of the patient regarding their specific wound and associated problems. Shanley (2012) used a multimedia leg ulcer prevention programme (LUPP) to determine the effect of this educational intervention on patient's knowledge of leg ulcer prevention within the Irish community care setting. Following the education programme, Shanley (2012) found a statistically significant improvement in the knowledge score of the intervention group ($p<0.05$).

How will you know if patient involvement is making a difference?

Understanding the impact of care planning approaches is important in everyday practice. This might seem challenging at the outset, when confronted with a heavy day-to-day workload. However, if patient involvement is to become a reality then evidence will be needed to support continued investment in this approach to care delivery (Phillips, 2005a). A simple way to determine whether advocating for patient involvement is having a positive effect could be to gauge the patient's understanding of their wound and the treatments being used. Given that increased patient satisfaction, in addition to increased outcomes, is known to be related to patient involvement, it may be that the patient expresses greater assurance in treatments being used, and the role that they themselves play in the overall treatment care plan.

Overall, engaging in patient involvement involves greater communication, and the impact of this can be recognised through the confidence the patient expresses in the therapeutic relationship developed between them and their care provider (Elwyn et al, 2005).

Conclusion

Patient involvement is seen as an important aspect of healthcare, given the rising prevalence of wounds compounded with limited resources with which to manage this rising prevalence. Importantly, patient involvement in their healthcare improves their experience and satisfaction and yields enhanced clinical and economic benefits (Coulter et al, 2008). Therefore, it is a worthy approach to adopt, but there are barriers to consider. The degree to which a patient wishes to be involved will be influenced by age, the duration of their wound and underlying disease, in addition to their level of education and literacy.

Thus, education and training are needed to help both the clinician and the patient understand where patient involvement lies within the trajectory of care, and how patient involvement is founded in the concept of choice. Evaluation should include the impact that patient involvement is having on the individual's knowledge, skills and attitudes, in addition to their perceptions of the degree to which they have involvement in decision making. WE

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