

# Developing the 'Look after your legs' CD

The 'Look after your legs' leg-shaped self-care prompt tool is used within a nurse-led outreach leg ulcer clinic and social support group in Gloucester. A casual comment from a visitor to the clinic inspired a project to set the message from the self-help tool to music with the help of musicians, patients and the wider multicultural community. This article describes the journey taken to achieve the creation and development of a CD that can help to enable patients to receive the healthcare messages contained within the leaflet in a light-hearted, yet effective, way.

Anna Gibbins, Lynn Davis

## KEY WORDS

Venous leg ulcers  
Prevention  
Self care  
Empowerment  
Multicultural

The prevalence of venous leg ulceration is estimated to be between 1% and 2% of the population in people over the age of 60 years in a study within Europe, Australia and the USA (Margolis et al, 2002). The expectation is that this number will rise with the age of the population (Cullum et al, 2001). It must be recognised, however, that leg ulceration is not purely a condition found in older people (Callam et al, 1985). It has been suggested that patients with venous leg ulcers endure periods of healing followed by episodes of recurrence. Franks et al (1994) also reported that these patients often experience feelings of loneliness and issues regarding perceptions of altered body image which impact on their quality of life. Chambers (2006) suggests that health professionals should engage with patients to offer education, psychological support and self management options

Anna Gibbins is Professional Development Lead — Case Management, Gloucestershire Primary Care Trust (West); Lynn Davis is Tissue Viability Lead Nurse, Gloucestershire PCT (West)



which support self care. House (1996) recognises that there is a correlation between effective communication by professionals and good clinical outcomes.

Venous leg ulceration is not recognised as a long-term condition by the Department of Health, however, many nurses and patients consider it to be a life-long condition. In the authors' nurse-led leg ulcer clinic in Gloucester emphasis is placed on prevention of recurrence using patient education.

Two lead nurses at the unit undertook an innovative project to produce a CD containing self-help strategies to be used by patients and the public and promotes the adoption of positive lifestyle changes using a series

of self-care prompts as an 'aide memoir'. The self-care prompts were taken from an original locally-produced leg-shaped leaflet which provided individual patients with self care information regarding elevation, exercise, skin care, toenail care, shoe advice, the importance of wearing compression hosiery daily and attending for regular follow-up care. It was devised following a small piece of local research by Gibbins et al in 2004 that considered the impact of behaviour change in relation to the improvements in quality of life, using information that nurses and other professionals provided. The results indicated that empowering patients to make small daily lifestyle changes using the messages in the form of self-care prompts from the leaflet coupled with reinforcement from professionals resulted

in improved quality of life. This advised the patient about a series of self-care strategies associated with behaviour changes (Ajzen and Fishbein, 1980) to prevent leg ulcer recurrence. Staff working with patients in a nurse-led outreach leg ulcer clinic promote the use of this self-care tool to empower patients to make lifestyle changes and to adopt self-care coping strategies as described by Jones and Nelson (1998). The key messages of the tool have been set to music with help from musicians within the local community. The aim of the CD is to empower, inform and educate patients and the public in a light-hearted, yet effective, way.

The production of the CD as a health promotion tool was undertaken with wide collaboration and enthusiasm from community staff, patients and local multicultural community groups. The following describes the steps, processes and pitfalls that the two lead nurses faced in taking this project forward.

### First steps

In September 2005 a passing comment from a visitor at a patient-led support group meeting resulted in the two lead nurses at a community-led leg ulcer clinic in inner city Gloucester to adapt the original self-care advice from the 'Look after your legs' leaflet into a format that could be set to music. The original draft was written with a rap rhythm in mind and the idea then escalated to encompass other types of music from the wider community including Asian music. Traditional British nursery rhymes were used such as 'Here we go round the mulberry bush' with the words changed to: 'File your nails to keep them trim; ensure you regularly check your skin; throughout the day move ankles and feet, whilst having a rest don't miss a beat'.

Musicians from varying cultural backgrounds were contacted in November 2005 to take part in the project. Music scores and words were produced which represented themes from different local cultures. This included an African-Caribbean song and an Indian interpretation in Hindi and Gujarat. During the early part of 2006 the two lead community nurses

working in the clinic started networking with multicultural groups and volunteer musicians. With group consensus, contact was made with a community producer at BBC Radio Gloucester who agreed to allow the CD to be produced and recorded in his studio. The producer recognised the potential opportunity for community working and was able to support the project free of charge.

Issues around patient and public participation, consent, intellectual property, data protection and copyright were explored with help from senior management within West Gloucestershire Primary Care Trust (WGPCT) public health team and the local BBC radio station who provided invaluable guidance and support. Work on all of these aspects continued as the project developed. A small seed fund of £1,000 was granted by the public health team within the WGPCT to meet initial start-up costs. The project was further recognised by *Wounds UK* in the summer of 2006 by the award of a Highly Commended certificate and a cheque for £250 which was added to the seed fund and used for production costs. Any future money generated will be invested into further initiatives in relation to community leg care within Gloucestershire. To date only £500 of this money has been used on the purchasing of an original piece of music that supported the African-Caribbean track. All other aspects of the work have been accomplished within current resources coupled with enthusiasm and voluntary support from the wider community.

### New ground

Representatives and patients from local white, black and Indian communities were contacted and informal discussions and engagement with the groups were held by the lead nurses who outlined the concept and the practicalities of their participation in the project. Singers from each group volunteered to participate and were given their rehearsal schedule and their song sheets to practice in their own time during spring 2006. This was coordinated by the lead nurses and a clerical support worker who sent out information, followed up bookings and leads and provided a point of contact for all concerned.

Rehearsal schedules for each community group were developed with the help of the local BBC radio and the lead nurses. In June 2006 key lead singers from each group spent the day at the radio station producing rehearsal CDs to be used to practice the songs with their community groups over the summer. A final recording date was set for early autumn 2006.

Each participating group were given the opportunity during August 2006 to choose a 'stage name' for their group. The patients from the nurse-led leg ulcer clinic group, decided on the Walking Free Singers, a positive reflection of their experiences of living with leg ulcers and being free of them after treatment. The African-Caribbean group agreed on the Black Rappers and the Indian singers The Bollywood Group. The majority of participants within the groups were older people with the oldest singer being 92 years old.

A final recording of all the multicultural versions of the self-care prompts was held at BBC Radio Gloucester in September 2006 and a master copy of the CD was produced.

The final recording day dawned to torrential rain and the lead nurses were anxious that the participants may opt out. How wrong they were as all the expected participants arrived along with a few more to play their part in the recording of the CD. Consent forms for individual participation in the recording were obtained from each participant to enable the completed work to go out into the public domain. The reason for this was to ensure that any future profits



would be able to be channelled back into local community leg ulcer services and not to individual participants. Each group was given an allotted recording time in the studio. This was a new experience for all the participants and the nursing staff involved and it was great fun and reinforced group cohesiveness and commitment. There was an expectation that each group would arrive fully rehearsed and ready to record. The lead nurses had been clear from the outset to each group about the legalities of copyright issues surrounding the reproduction of music.

One group had chosen music from a karaoke CD and great lengths were taken beforehand by the lead nurses to establish whether the selected tune could be used by the group in time for the final recording as there was no further free recording studio time. Emails to the licensing authority that covered the CD to seek consent to use copywritten work, proved fruitless. The BBC producer was able to resolve the issues on the day by negotiating with the singers to record them singing without the original music while listening to it through headphones.

By the end of the day all three groups had sung and the recordings had been successfully recorded on one CD. The African-Caribbean group were so thrilled with the day that they asked if they could record the self-care prompts set to a reggae rhythm. The two lead nurses felt that this idea would be worth exploring as this type of interpretation would potentially appeal to younger people.

Networking with the black community commenced and with help from the community producer at the radio station, a local black musician with writing, recording and production skills was contacted by the lead nurses. Initial discussions were held and it was agreed that the musician would be helped by a lead singer from the black community to create a musical score to be jointly produced as a rehearsal CD for the Black Rappers to practice with. This was completed in October 2006. Recording of this work was then undertaken in a local youth and community centre in November 2006.

### Next steps

Following the recording of all the themes the lead nurses realised that a CD sleeve would be needed and representatives from the patients and multicultural groups indicated their willingness to be further involved in the development of its design and artwork.

With the help of the local public health team within WGPCT a contact was identified from a local lottery-funded art project for older people, called Art Shape. This group agreed to facilitate the production of the CD sleeve. A 10-week programme during the autumn 2006 was started in a local church hall and representatives from the multicultural groups and the public attended one afternoon a week to work on the CD sleeve development. The lead nurses attempted to engage staff from local community nursing teams to support the facilitator and the group each afternoon. Although staff indicated their enthusiasm to be involved with the work initially, participating once a week on a rota system proved difficult for them and fell outside their normal duties. In reality they showed a reluctance to participate and commit time away from routine work.

As a result of this the weekly afternoon sessions involved one of the lead clinic nurses supporting the artist and a representative from the public health team.

This team enabled the multicultural group to engage with each other and formulate ideas for the artwork of a CD sleeve. A core group of patients and the public attended all the sessions with other participants attending on an ad hoc basis. One of the group led on the development of the front cover and in a pictorial form represented all the cultures involved. A further idea was to



create a cartoon section depicting the self-care prompts as a pull-out booklet inside the CD case. One of the lead nurses arranged photographic shoots with individual volunteer patients and staging the self-care advice in a range of community settings. These photographs formed the framework for the pull-out booklet. This was all formatted by the artist using IT facilities provided free by Art Shape and was reproduced as a prototype CD sleeve and pull-out booklet.

Members of the group proved to be innovative and creative. One idea generated from this group was to have a champion or nationally-known figurehead to support the CD and a letter was written by one of the group participants with the group's agreement and sent to an international public figure. To date no reply has been received.

### Discussion

The CD has been produced as a prototype with the hope that the content will emphasise self-care messages and promote patient empowerment in a light-hearted way in a format that is readily accessible to the public for independent use.

Although initially an amount of money was allocated to the project, to date only £500 has been used as most of the project has been supported by voluntary contributions of time, effort and staff allocation which has been sustained within the trust's current resources. Patient representatives and other participants have shown remarkable enthusiasm and commitment to be involved and overcome their own personal challenges to make themselves available at different venues and times in order to help the project succeed. Although the patient cohort represented a group of older people and a proportion with mobility problems, being involved with the project has given them a purpose to go out of their homes and interact with the wider community. The initiative also encouraged the use of peer support in a social setting to maintain healed venous leg ulcers which has been recognised as a good strategy (Haw and Kitching, 2000).



A Department of Health survey has reported that patients who consulted healthcare professionals were not always encouraged to self care and further suggests that engaging with patients and supporting them to self care and self manage is time well spent and will ultimately reduce patient contact (DoH, 2005). The DoH (2005) also highlights the importance of the nursing role in managing long-term conditions with an emphasis on the health and the maintenance of independence.

It has been recognised that older people 'all too often fall through the cracks of the health service...the overall goal in working with the elderly is to enhance the quality of life, help to develop and/or maintain independent functioning and to empower the elderly and prevent iatrogenic dependency' (Harper, 1999). The production of the CD has worked towards this goal by using a unique initiative to promote positive multicultural networking and community partnerships in the promotion of self care and has empowered and involved patients and the public in the wider community.

Despite the evidence to suggest the positive benefits of this type of initiative, there were challenges motivating some of the clinical team who seemed less enthusiastic about engaging with patients in a perceived social environment whereby they spent time away from more clinically orientated tasks, norms and values. This is described by Ford and Walsh (1994) as a reluctance to deviate from the rituals of clinical care.

A further challenge to the lead nurses has been the ongoing work with the business planning and marketing of the CD. This sits outside the perceived normal sphere of the roles and responsibilities of district nurses. To date these subject areas are not covered in standard education and training for community staff. With the local amalgamation of three PCTs, the process has been delayed as active networking has had to be undertaken to keep senior managers within the new PCT informed. Although discussions with the independent sector have been encouraging in respect of the marketing

value of the CD the initial cost is inhibitive to swift progress.

### Conclusion

Raising the profile of leg ulcer management and prevention of recurrence of venous leg ulcers comes under the remit of community nurses and the public health team, particularly with the current national emphasis on care for patients with long-term conditions. This joint initiative between health professionals, community workers, artists, musicians and older people of multicultural backgrounds within Gloucester has embraced the national health agenda by engaging with patients and the public by empowering them to make health choices which are supported by research evidence. Implementation of lifestyle changes promoted in a light-hearted way early on in treatment and following healing of venous leg ulcers has the potential to reduce recurrence, promote patient concordance and improve quality of life. One casual comment inspired an innovative project undertaken by two lead nurses working in the community outreach leg ulcer clinic to develop and produced a self-help music CD. The prototype CD, the CD sleeve and a cartoon pull-out booklet containing self-care prompts has now been produced and the lead nurses and the groups involved are poised to move into the next phase. This project is ongoing and we are now working with a range of professionals in order to produce the CD in a final format and consider its marketing. **WUK**

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### Key Points

- ▶▶ It is important to promote self-care strategies for people with leg ulcers but it is sometimes difficult to convey the message.
- ▶▶ Empowering patients to make small daily lifestyle changes using the messages in the form of self-care prompts coupled with reinforcement from professionals can result in improved quality of life for the patients.
- ▶▶ The development of a self-care CD featuring music from different cultures will be useful in conveying the self-care message in a novel, fun and effective way.
- ▶▶ Implementation of lifestyle changes promoted in a light-hearted way early on in treatment and following healing of venous leg ulcers has the potential to reduce recurrence, promote patient concordance and improve quality of life.

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