



## Processes underlying adherence to leg ulcer treatment: A qualitative field study

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### ABSTRACT

**Background:** Non-adherence to leg ulcer regimen is a major problem. Reasons for non-adherent behaviour are not fully understood. Literature about processes underlying adherence in leg ulcer patients is scarce.

**Objectives:** To explore the processes underlying adherent behaviour in patients with leg ulcers who received an intervention to enhance adherence to leg ulcer lifestyle advice.

**Design:** A qualitative field study was conducted among patients receiving an adherence-promoting intervention.

**Settings:** The study was carried out in a home care setting in Belgium.

**Participants:** Twenty-six patients with venous leg ulcers were included and received the intervention from five tissue viability nurses in a community healthcare organisation.

**Methods:** Semi-structured interviews with open-ended questions were held with patients and nurses after the end of the intervention. Data were also collected by means of participant observation. Data collection and data analysis took place iteratively and analysis was validated by means of researcher triangulation.

**Results:** Trust in the nurse was central to leg ulcer treatment adherence. Patients who had a trusting relationship with their nurse showed better adherence to the recommended lifestyle modifications. Trust was facilitated by nurses spending meaningful time with the patient, which means they took time to talk with the patient. Trust was also established because nurses provided care beyond patients' expectations, taking time for wound care and being attentive to pain and other problems. A trusting relationship promoted 'compliance' even if patients were not convinced of the benefits of the leg ulcer lifestyle advice. Perceived physical improvement and diminished discomfort after following the lifestyle advice convinced patients of the importance and positive effect of the regimen, which they doubted at first.

Self-efficacy for performing leg exercises was often much higher than self-efficacy for being physically active and elevating the legs. Physical impediments, co-morbidities and socio-structural impediments influenced the patient's ability to adhere to leg ulcer advice.

**Conclusions:** A conceptual framework to understand adherence to leg ulcer treatment was developed. Nurses should be aware of how nurse-related factors can affect adherence. Aspects that foster trust could be incorporated into leg ulcer care.

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### What is already known about this topic?

- Theory-based interventions to enhance adherence are often held to be more effective in promoting long-lasting behavioural change.
- Adherence-enhancing strategies in leg ulcer patients have received scant attention in literature.
- Randomised controlled trials can provide evidence about the effectiveness of an intervention, but do not offer insight into the reasons why it is effective.

### What this paper adds

- A trusting relationship between the patient and the nurse is important in promoting adherence to leg ulcer lifestyle advice.
- A coherent conceptual framework for behavioural change in leg ulcer patients was developed.

## 1. Introduction

A venous leg ulcer is a chronic health problem which often necessitates life-long treatment. Non-adherence to leg ulcer treatment is frequently reported. Lifestyle counselling based on theoretical models is often held to be effective in promoting behavioural change. Therefore, a comprehensive theoretical framework that elucidates leg ulcer-related behaviours can make a major contribution, but is not yet available in literature.

## 2. Background

The prevalence of leg ulcers has been estimated at 0.6–1.9% of the adult population of the UK, the USA, and Europe (Briggs and Closs, 2003). Compression, leg exercises and leg elevation are essential components of leg ulcer treatment and in the prevention of ulcer recurrence (Heinen et al., 2004; Nelson et al., 2000; O'Meara et al., 2009). Non-adherence to leg ulcer regimen is a major problem, manifesting itself in refusal to wear compression hosiery (Raju et al., 2007), not doing exercises or being physically inactive (Heinen et al., 2007b), and not elevating the legs (Johnson, 1995).

Although there is a growing awareness of the problem of non-adherence to leg ulcer treatment, the reasons for non-adherence are not fully understood. In a literature review, Van Hecke et al. (2009b) reported that pain, discomfort and a lack of valid lifestyle advice from healthcare professionals have been identified as the main reasons for non-adherence to leg ulcer treatment from the patient's perspective. Application difficulties, skin problems, uncomfortable footwear and poor appearance due to compression stockings were also mentioned. Patients reported the relationship with the nurse and the cost of compression hosiery to be factors influencing adherence. While different reasons for non-adherence to leg ulcer treatment have been identified in literature, no conceptual framework ties them all together. It is unclear which concepts are lacking and which interacting processes are at play. A coherent conceptual framework is important as it explains health-related behaviour, and as adherence-enhancing strategies based on such theoretical

frameworks are seen to be more effective in promoting long-lasting behavioural change (Elder et al., 1999).

Theory-based interventions to enhance adherence to leg ulcer treatment such as the nurse-led Lively Leg programme for outpatient dermatology clinics (Heinen et al., 2006) and Leg Clubs (Lindsay, 2004) have been developed. The underlying theoretical assumptions had only to a limited extent been investigated in leg ulcer patients. No information was available to explain the value of the interventions or to provide reasons why the interventions are effective. Such information is essential when healthcare professionals have to adapt the intervention to suit the situation of the individual patient (van Meijel et al., 2004).

## 3. Aim

The aim of this study is to explore the processes underlying adherent behaviour in patients with venous leg ulcers who received the nursing intervention (NI) 'Adherence to leg ulcer lifestyle advice'. It was embedded in a larger research project focusing on the development and evaluation of a theory-based NI to enhance adherence to leg ulcer advice. This NI was developed at the Ghent University Nursing Science Department. The NI aims at enhancing adherence to wearing compression garments, doing leg exercises and engaging in physical activity and leg elevation. The intervention consists of five patient consultations at home. The delivery of the intervention by a tissue viability nurse (TVN), a community nurse who had special training in wound care and who served as a resource for wound care in his/her community healthcare unit, was part of the intervention. The NI starts with the patient's story of living with a leg ulcer in order to understand the patient's needs and perceptions relating to the ulcer. It consists of educational, cognitive and behavioural components. Detailed information on the intervention is presented in Table 1. In general, patients with venous leg ulcers in community healthcare settings in Belgium receive leg ulcer care from a community nurse. This leg ulcer care is less than optimal. Patient education is often given sporadically or not at all (Van Hecke et al., 2009a). Sometimes conflicting advice is provided. Community nurses also have limited knowledge and skills about wound care issues and leg ulcer-related health education (Van Hecke et al., 2009a). When dealing with non-adherent patients, nurses seldom explored the obstacles and problems that patients experienced. Often their focus was limited to wound care.

## 4. Methodology

A qualitative field study (including patient interviews and participant observation) was conducted as the research question focused on clarifying and interpreting the patients' experiences and processes underlying behaviour rather than identifying and testing hypotheses about determinants.

### 4.1. Sample

Twenty-six patients were included and received the NI from five TVNs from a community healthcare organisation.

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