Introduction

The following questions were submitted following an online guest lecture by Professor Christine Moffatt on optimising wellbeing in people living with a wound (Click here to watch).


This consensus document is available in English and will shortly also be available in French, German and Japanese.

Question: How can I assess a person’s wellbeing if they have dementia or cannot speak for themselves? Anon

A sense of wellbeing is something perceived by the individual. A full assessment of wellbeing therefore requires the individual to self report, and so the ability of a health care professional to assess wellbeing will be hampered if there are difficulties with communication.

Even so, comprehensive clinical assessment and awareness of the four domains of wellbeing (physical, mental, social and spiritual/cultural) as defined in the Wellbeing consensus document should provide insight and guide interactions that endeavour to optimise wellbeing.

Self reporting is the mainstay of assessment of pain, but observational tools are used when individuals are unable to communicate the quantity and quality of their pain. Therefore, if patients cannot self report wellbeing, it is the responsibility of the health care practitioner to monitor the patient’s demeanour and behaviour, and to act to manage anything identified as negatively influencing wellbeing. The family of the patient may provide an important measure of whether any observations made are normal or abnormal for the patient.

Please also see the answer to the following question.
Question: How can I help improve the wellbeing of patients with dementia, aside from alleviating pain? Maria Jose Wazen, Valencia, Spain

Physical wellbeing involves the ability to function independently and physical wellbeing can be assumed to be less than optimal in people who are dependent on others to any degree. Although it is usually quicker for carers to 'do' for another, physical wellbeing will be enhanced if the individual can be assisted or encouraged to 'do' even the smallest tasks themselves. Optimising physical comfort and management of pain is essential. The Abbey Pain Scale, which is a one minute numerical indicator for people with end-stage dementia, is very relevant and useful (Abbey J, et al. The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia. Int J Palliat Nurs 2004; 10(1):6-13).

Mental wellbeing in a person with altered cognition is also often less than optimal, and health professional and carer interactions and interventions should aim to reduce fear, anxiety and stress. Familiarity with the care environment, persons and care routines enhances the individual’s sense of security and their mental wellbeing. Medications may be required to treat depression if assessed as warranted.

Social wellbeing is dependent upon the individual’s ability to engage with family, friends, carers or society and to what degree. Health care providers who care for cognitively diminished or unconscious patients should not assume that they are not aware of external stimuli such as therapeutic touch, verbal communication or sound (such as music). Care providers and family interactions should endeavour to expand the individual’s sense of social wellbeing.

Question: Which instruments exist to assess wellbeing in patients with a wound? How do clinicians access them? Joana Escorcio, Portugal

At present there are very few tools that focus on wellbeing as an outcome. The consensus document on wellbeing is a first step in trying to get consensus on the aspects of the lived experience that should be included in such an assessment. Many of the areas are covered in condition specific health-related quality of life tools and several reviews exist:


The consensus document indicates that, whilst these are helpful, they often do not capture the full essence of ‘wellbeing’ and clinicians may need to use a range of tools, just as they would to make a diagnosis of a physical condition.
Pages 8-10 of the document provide suggestions of informal ways of developing understanding of the issues in the clinical setting. Provided information is captured regularly, it should help clinicians to build a picture of the patient’s sense of wellbeing and identify how clinical input can help to improve it.

**Question:** We would like to know what tools you consider valid in measuring the level of wellbeing in patients? Soledad Gallardo, Policlinica Miramar, Palma de Mallorca, Spain

Quality of life is regarded as a multidimensional construct that cannot be directly measured. In clinical practice, quality of life is evaluated by asking the patient or his relatives or caregivers about different areas of wellbeing. In research and in other evaluative conditions, simple questions are not sufficient to attain valid outcomes. Instead, methods have been developed through international research to assess different aspects of quality of life and wellbeing in a reliable way. It has been concluded from many studies that quality of life consists of physical, emotional and functional aspects, which can be evaluated by standardised questions. Accordingly, quality of life questionnaires normally consist of a series of single items, which are answered in standardised scales (mostly Likert scales). The answers are then transformed into numbers which can be analysed quantitatively. In most questionnaires, an overall value (sum or average score) is also calculated. These questionnaires measure either generic health-related quality of life or condition-specific quality of life. Taken together, validated instruments for the evaluation of quality of life are very helpful and reliable tools, which should also be used routinely in clinical practice. Typical validated questionnaires are the Cardiff Wound Impact Scale (CWIS) and the Freiburg Life Quality Assessment (FLQA-w), which can be used for patients with chronic wounds. These are both cited in the consensus document (see page 6).

**Question:** Is there a tool that I can use to measure the psychosocial effects of having a chronic wound for a study in my setting here in Nigeria? Oladele Helen, Nigeria

There are very few tools that are related to the specific psychological problems of having a wound (the closest are the condition specific quality of life tools). This is because psychological problems can arise from a wide range of health conditions but their expression can be very similar, eg depression has similar presenting symptoms regardless of the cause. Tools for the assessment of psychological problems are the domain of the psychologist and/or psychiatrist who will need to have taken additional training before they use them – and most of those will have been developed within the Western world. We suggest that you focus on the methods of assessment within the Wellbeing consensus document – which if you use them carefully, will allow you to develop a much deeper and consistent understanding of the experiences and concerns of your patients.

**Question:** Most healthcare providers in Hong Kong only have a short period of time for consultation, diagnosis and treatment. How can they deal with the wellbeing of each patient in such a short time? Their concerns focus on the clinical outcome after medication, surgical operation or dressing treatments. Should this topic be raised by local health authorities? Please advise. William Wan, Hong Kong
The time invested in developing a therapeutic relationship between the patient and care provider does much to reduce the work burden. Maximising the wellbeing of those we are privileged to care for should be at the centre of all patient communication. Care interventions should be considerate of enhancing patient wellbeing, as well as patient rights and choice. The priority of the health care professional should be to foster empowerment in the patient and their participation in clinical care decisions when able. Wellbeing can best be advanced when we inform the patient of assessment outcomes and treatment options, and involve them in clinical decision making.

We suggest that a ‘mind set’ change is required generally by health care professionals and health care providers to focus not only on the physical elements of health (in this case clinical outcomes of wounds) but the individual’s satisfaction with their life. How patients feel, and their ability to cope comes down to their unique experience. The wound may be infection free and slowly showing signs of healing (an example of common past focus of health care practitioners in wound management), but if the patient is isolated, lonely, and sad their perception of their life, ie their wellbeing, will be negatively influenced.

**Question:** It is interesting to see that within the eight principles on managing wellbeing, there is not an area that looks at the management of pain. Why is this? Julie Isitt, Christchurch New Zealand

Pain is seen as an ingredient that has influence across a range of the eight principles (see page 4 of the Wellbeing consensus document). Specifically, pain is considered in the principles: managing risk, movement, protection, the outside and the everyday.

In fit, removal, wear and management of dressing products, pain plays an important role, eg when designing patient-centred products which avoid the need for tough adhesives. Such products are designed to address the principles of movement, the everyday, the outside, and protection, and also deliver pain management. Pain therefore is not intentionally left out as a consideration. It is rather a consideration that has influence across a number of the principles.

**Question:** In my professional experience, people with chronic wounds suffer decreased wellbeing, in particular due to pain. Is pain the most important obstacle for this type of patient to overcome in order to achieve wellbeing? Emil Schmidt, Dunedin NZ

Pain is certainly a very important symptom that can have a profound effect on patients in terms of how they feel about themselves and their ability to ‘carry on’. Many professionals believe that this is a really important place to start. There is very little research evidence to suggest whether or not this is the case, but certainly pain is often reported by patients as the most distressing part of having a wound so intuitively this makes sense. The only thing to be aware of is that once the pain is addressed, other symptoms will become the focus of attention so the path to wellbeing may well still need work as these other symptoms or issues may have been masked by the overwhelming nature of the pain experience.
Question: How do patients react to the need for continually monitoring their feelings and laying themselves open even further? António Gomes, Portugal

Patients should always be dealt with as individuals and for some sharing feelings is not what they wish or need to do. The process of monitoring should not be forced upon the individual: they should be able to contribute when they feel safe and ready to share their experiences. The health care professional should support the individual through the process at their own pace, and should seek further support from the multidisciplinary team if required.

The process of encouraging sharing of feelings may help to reveal issues for which the clinician needs to find proper solutions. Ideally, the therapeutic relationship should have an openness that does not close down and prevent issues of wellbeing being addressed.

Question: What is the impact on professional care of using patients’ diaries? António Gomes, Portugal

There is very little evidence on the impact of diaries within wound healing. However, evidence from areas such as critical care has shown varied results and highlighted potential issues such as the effect wearing off over time and some patients writing what they think clinicians want to read. Even so, some research has shown that the act of capturing feelings, concerns and fears has helped patients to deal with the situation they find themselves in, and may lower anxiety and improve mood.

If there is agreement with the patient that the diary can be shared with health care professionals, the diary can be used as a trigger to discuss care pathways and help in the shared decision-making. For example, if the diary shows that odour is a problem for the patient (even when it is not obviously an issue for others around them), this may prompt discussion and development of strategies in which the fear of odour can be addressed. Diaries may be particularly useful for issues such as pain control.

Question: Is there a simple way of measuring wellbeing that is not time consuming? António Gomes, Portugal

The points outlined in the Wellbeing consensus document on pages 6-8 offer simple steps for the assessment of wellbeing. The five questions listed in Box 4 on page 8 are indeed simple and will provide great insight into the patient’s wellbeing. They can be asked whilst the care provider plans or implements care.

As a starting point for change in practice, health care practitioners need to acknowledge that wellbeing is important for those living with wounds. Using the suggestions in the Wellbeing consensus document, health care practitioners can seek individual’s views on wellbeing as a component of ‘standard’ practice for the duration of their care. Practitioners can then help to address specific issues related to living with a wound and work towards improving the physical, emotional, social and spiritual aspects of the patient’s life.
Question: How can clinicians give the patients confidence, when the wound therapy or NPWT outcome falls below expectation? Stanley, Hong Kong

In general, patients want honesty. In this situation, hope may be related to indicating that there are other treatment options, but for some patients the reality may be that their wound is non-healing. It is important that clinicians work closely with patients and be open and honest about expectations of treatment outcomes.

Question: What is blunting? Anon

There are many ways of defining coping styles and strategies. One coping strategy is referred to as blunting, which is related to denial. People who use blunting as a predominant coping measure tend to avoid thinking and appraising situations. Another coping style is monitoring. People who monitor tend to constantly evaluate their symptoms and can become preoccupied with them. This can cause anxiety over any small change, whereas people who blunt may ignore small but important symptoms. It is important to realise that coping fluctuates and there is no ideal way of coping.

Question: Do you think that specific care settings are already ideally organised to act on wellbeing information? Helen, UK

When the concept of an individual’s wellbeing is raised with hospice and palliative care teams, the recurring message from these groups is ‘This is what we do, these issues are important to us, this is the way we approach the development of individualised management plans which focus on the person’s perspective and issues of concern for them’. If we can do this and do it so well for this patient population, why not carry it over to those living with a wound, recognising it to be just as important to get these four aspects of health and life ‘in balance’ for all in our care.

Question: Regarding patients’ right of refusal in cases where the clinician believes it is important for the patient to proceed, what advice do you recommend giving them in order to achieve the best outcome? Nigel Freeman, Sydney

It is important that the individual is given full access to all relevant information to ensure they make an informed decision regarding their right to refuse care. The clinician must try to present the benefits of a treatment programme and then must respect the right to refuse that treatment. As long as the decision is based on an informed position, that is perhaps the best that can be achieved.

Sometimes the position may be changed by trying to understand the patient’s perspective and the blocks to accepting treatment. When treatment is refused, the decision should be revisited regularly to ensure any changes in circumstances/opinion are identified.

In the UK, there is a reference guide to consent for examination or treatment that provides a guide to the legal framework that all health care professionals need to take account of in obtaining valid consent.
for any examination, treatment or care that they propose to undertake:


**Question:** Patient focus is often rushed due to an increasing work load at the hospital. Can you recommend any studies in particular, that I can give to my hospital management, which show the positive influence patient and nurse interaction has on understanding wound healing? Joe Starling, New Jersey, USA

There are certainly a number of studies that show that negative interactions can be a real issue. A relevant review was completed by Michelle Briggs (Briggs M, Flemming K. Living with leg ulceration: a synthesis of qualitative research. *J Adv Nurs.* 2007; 59(4): 319–28). The focus here is that if time is not spent on this important aspect of care then the patients will not progress in a timely fashion and will ultimately increase costs for the facility.

Another interesting paper on the topic is: Morgan PA, Moffat CJ. Non healing leg ulcers and the nurse–patient relationship. Part 1: the patient’s perspective. *Int Wound J* 2008; 5(2): 340-48. This paper identified that from the participant’s perspective, nurses often showed little understanding of the complex issues patients were dealing with when living with a nonhealing leg ulcer. Patients often concluded that leg ulceration was an insignificant problem and that nurses had little interest in. The authors concluded that there is an essential need to establish and maintain a trusting therapeutic relationship with patients if they are to feel they matter, that they are important as individuals and that their suffering can be eased by sensitive collaboration.

The journal *Patient Education and Counseling* provides a wide range of articles on this general topic (see: http://www.elsevier.com/wps/find/journaldescription.cws_home/505955/description).

**Question:** What can the nurse or clinician do to improve the wellbeing of the individual with a wound, in the community? Daisy Suero, USA

The Wellbeing consensus document on pages 6-8 describes how to assess wellbeing. The five questions listed in Box 4 on page 8 will provide great insight into a patient’s wellbeing. They can be asked whilst the care provider plans or implements care, and the answers can then be used to implement change as far as possible within local resource constraints.

**Question:** Do you think that it would be good for industry to promote educating carers and the patients themselves? Pilar Mozota, España

Yes and this is a developing area as the whole of healthcare is moving towards managing patients with chronic disease. Many companies already contribute via patient carer sections on their websites and by the production of product information and patient/carer advice leaflets. Indirectly, industry help

**Question: How can one best manage psychosocial problems, such as rejection, in a patient with chronic (non-healing) wounds?** Oladele Helen, Nigeria

The question of management is really important – but the question of how to go about it, will often depend on the resources that are available. As health care professionals we need to know the range of our own competencies and when to refer onto a different professional group.

If obvious causes of rejection, such as smell, have been dealt with through improved wound care, but deeper issues of rejection occur, referral to a psychologist may be appropriate. However, very few centres have access to psychologists and a different approach may be required.

The first phase would be ‘building a therapeutic relationship’ (page 6 of the Wellbeing consensus document) to allow the patient to build a relationship of trust with their caregiver to try to work on an understanding that their whole experience is important (not just the management of their symptoms). Once this relationship is strong, it will be time to try to involve family members and informal caregivers in the additional needs of the patient so that issue of inclusion and their need to feel an important part of the family can be discussed. This type of informal support can be really invaluable and has been shown to have a really positive effect on outcomes.

**Question: Why does self-esteem have a direct effect on wound healing?** deiris2012

We are uncertain whether the impact of self-esteem on wound healing is direct or indirect, or both. Self-esteem is very closely related to feelings of self-worth and self-efficacy, which impact on a person’s ability and willingness to participate in self-care and adhere to treatment. All interventions that improve adherence to treatment and involvement in care can lead to better patient outcomes; many of these intervention are successful as a result of empowering the patient to participate in their care (Price, 2011). In 2005, Horne et al suggested that ‘Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments’, so we shouldn't underestimate the potential that improved self-esteem can have. This area relates to the proposal by Price (2008) that instead of making ‘the patient fit the treatment, maybe we should make the treatment fit the patient’.

References:


**Question:** What is the role of the nurse in a medical office setting? Is there a specific role or would it just be part of the practice as a whole in this setting? I am a nurse in this type of setting and my role is that of wound consultant. Do I incorporate it in my regular practice or is it a special role? Please clarify? Sofia

Monitoring and enhancing wellbeing is a central part of all nursing roles, and therefore should be incorporated into daily practice. The Wellbeing consensus document provides suggestions for simple ways to assess wellbeing. In particular, the five questions listed in Box 4 on page 8 can be asked whilst the health care provider plans or implements care and will provide great insight into the patient’s wellbeing.

**Question:** I am a Podiatrist Wound Care Specialist. I would like to know if 'wellbeing in people living with a wound' is taught as a part of a nurse/podiatrist undergraduate course or if it is something that a health professional should improve on though post-graduate study. I don't think we have this type of course in Italy. Ilaria Teobaldi, Italy

The fundamentals of respect, empathy, caring and communication skills are essential for all health care practitioners, and it is usual for issues around understanding the patient, the concept of good communication skills etc to be taught at undergraduate level. The specialist application to wound healing is focused upon in far more detail at postgraduate level.

**Question:** Will the present economic crisis as well as cuts in healthcare affect the means of securing greater wellbeing in people with wounds? Javier Fernandez, Spain

This is difficult to answer as the cut in healthcare funding will affect different patient populations across the world to different extents and in different ways. However, the recommendations within the Wellbeing consensus document are about the fundamental right of patients and it is hoped that this can be integrated into care without the requirement of a major funding stream.

**Question:** What part should or could patient associations play in the area of wellbeing in relation to wounds? How much do you think they will promote the five-point action plan and support the consensus? Rod Hulme, Hull

The first challenge will be to make wound and patient associations aware of the guidance contained in the Wellbeing consensus document. It is anticipated that each association may choose to implement some parts of the guidance after adapting statements to meet their local needs and to
Question: How would you recommend getting industry and healthcare practitioners to work together successfully? Rosie

It is all too common for the focus of wound management to be on a ‘magic’ solution at the wound alone and a simple product-does-all silver bullet. The relationship between industry and clinician should focus on the broader elements of life with a wound, as well as the product solutions.

Industry and healthcare practitioners could further develop partnerships for training and education around wellbeing, correct product use and fit for broader needs and all elements of the holistic wound management experience (see the eight principles of a patient's wound management experience on page 4 of the Wellbeing consensus document).

Industry is in a prime position to help collect and manage data on wellbeing in people with wounds and wound care in general, and could further involve health care practitioners in its interpretation and dissemination. Industry and health care practitioners could also work together to design and produce practical tools that help support the wellbeing process, perhaps similar to the patient diaries included in the Wellbeing consensus document.

Question: Is there a place that professionals and patients (with their family) can visit (offline or online), to obtain patient Information or handouts on their wounds and the effect on the patient and family in general? I'm looking for consistency of information. Gail, USA

The resources referenced in the Wellbeing consensus document provide a starting place for healthcare professionals.

There are numerous internet sites with information about wounds and treatments, including those developed by patient groups and wound care product companies.

Sites with general information for health care practitioners, include:

http://www.epuap.com
http://www.npuap.com
http://www.woundsinternational.com/
http://www.wounds-uk.com

For patients and their families:

http://www.patient.co.uk/health/Diabetes,-Foot-Care-and-Foot-Ulcers.htm
http://www.legclub.org/
http://www.diabetes.org.uk/
http://www.nhs.uk/Search/Pages/Results.aspx?JSSniffer=true&q=wound
http://summaries.cochrane.org/CD001735/can-pressure-ulcers-be-prevented-by-using-different-support-surfaces
**Note:** It is important that clinicians are happy with the information given on a website before recommending to a patient.

If you do not find your question has been answered, this may be due to similarities/overlap with other question. We have tried to cover all topics where possible. If you have any further questions or comments on the document, please send to info@woundsinternational.com