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COMMENT

Do we promote advocacy on behalf of our patients?

Ellie Lindsay OBE FQNI, President, Lindsay Leg Club Foundation

he NHS is facing major challenges around efficiency, the private sector, social enterprise, patient expectations and quality outcomes, while having to manage its organisational complexity. There are frequent restructuring of services and new patterns of nursing, organised around the concepts of progressive, person-centred care and empowerment. Do these challenges allow us to act as advocates for those in our care?

Modern, person-centred care demands many disciplines and skills beyond those of the medical and nursing professions. Prime consideration should be given to a patient's preferences and feelings when planning care.

Anxiety over nurse shortages in the NHS continues. Medical science and technology and the rapidly accelerating demands on skilled professional manpower may have serious implications for the nursing profession. On a personal note, I have observed, while visiting a hospital ward, that nursing functions and the use of information technology has broadened, with computers being used for tasks that were once done on paper. Nursing skills have become more complex and, in addition to the protective, nurturing and ministering functions, nursing should encompass an educative and therapeutic relationship that enables patients to move forward along the positive health continuum.

People seek health information online, changing the dynamic between those receiving care and health professionals. Therefore, to be patient advocates, nurses need to ensure our own communication skills evolve so that when we listen to people, we become skilled in listening to their narrative.

Clinical environments are stressful and, while many nurses embrace professional advocacy, this is not evident in all. For example, on a ward, people requiring care and their families observe things that staff may be unaware of. It is therefore essential to put patients at the centre so we can improve their care and act as their advocate. We need to be willing to do what it takes to incorporate a person-centred approach and to be an advocate. The patient's voice needs to be heard at every stage of their experience if meaningful care pathways are to be created.

The core concept of holistic care and its application to wound management means looking at the whole person, not just the wound. This is demonstrated in a psychosocial Leg Club environment where the clinical and volunteer team consider the needs of each individual member and adopt a multidisciplinary approach. Most nurses providing leg ulcer management have no experience of living with a leg ulcer and all that goes with it. Yet, they are very aware that, for many, living with the condition often leads to social stigma, a lack of wellbeing and a poor quality of life as leg ulcers can be unsightly, painful and malodorous.

Care pathways in a Leg Club are individualised and involve a two-way relationship between the member and clinicians, in which they are encouraged to be equal partners. As advocates, the team provides members and their families with sufficient information to enable them to play an active part in their treatment pathway. By being transparent, the team can facilitate members and their families to be in control of their care.

Leg Club staff have developed and implemented a unique form of evidence-based, person-centred care in a social, non-medical environment that promotes social interaction, peer support and participation. Members are encouraged to share, both with one another and the staff caring for them, narratives of their experiences.

Many of us have been advocates for people we are close to and will probably need our own advocates in the future, but we cannot be confident that the structures for patient advocacy and empowerment exist now or will do so in the future.

Nurse education needs to prepare practitioners to provide the quality and quantity of nursing care that the individuals are entitled to.

People experiencing lower limb problems and chronic wounds have the potential to make a collective representation to drive resource allocation for wound treatment, care and research. However, there is little effective advocacy at the national level, despite the huge prevalence of these problems and resource and spending associated with wound healing. It is reasonable to expect more attention to this, which could deliver definitive benefits. **BIN**