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## ROLE OF NURSES IN PATIENT'S CONCORDANCE TO COMPRESSION THERAPY FOR VENOUS LEG ULCER

The healing of venous leg ulcers should be celebrated and is achieved through skill nurse input and significant patient effort. Keeping them healed, however, is a considerable challenge with one major cause of concern. The rate of recurrence for venous leg ulcers reported varies. In the UK, one of the initial major studies in 1987 into venous leg ulcers reported approximate rates of 67% of recurrence (Douglas & Simpson, 2009: p448). Another study in 2006 reported a recurrence rate 36% at 5 years (Walshe, 2008: p1095), whereas a subsequent study in 2012 found a 16% rate of recurrence (Nemeth & Simon, 2008: p36). The authors suggested that patients not wearing their compression hosiery, or even not wearing them for long periods could have caused these increased rates of venous leg ulcer recurrence. Where there were lower recurrence rates, these were associated, with support from nurses for patients over a prolonged time, to ensure their therapy was followed. These patient interventions included weight control, elevation of feet while sitting, exercise involving movement of ankle joints and calf muscles, avoidance of prolonged standing, and keeping the lower leg skin in optimal condition (Flanagan & Schofield, 2011: p155). A concordance program that is nurse-led for patients is effective in the prevention of recurrences of venous leg ulcer, as well as increasing time spent by patients with legs above heart level. Maintenance of healing is challenging since it is reliant on the ability and willingness of the patient to perform ulcer care daily, which the nurse should ensure the patient understands (Moffatt et al, 2008: p409). The nurse should teach the

patient how to apply the hosiery since it is necessarily firm and hard to apply and a lifetime commitment, even for people who are able bodied. To a nurse, logic shows that treatment will prevent recurrence of the problem. However, for a patient especially a patient who has suffered a recurrence, even when wearing hosiery. A systemic literature review-examining patient and nurses' perspective on treatment adherence reported that, patients found hosiery as difficult to use and found that wearing the garments had body image issues. There are concerns that there is poor motivation among patients, as well as understanding of the condition afflicting them. Concordance, for example, is lower when there is home nursing for patients, especially because patients frail and unable to manage compression hosiery and other management plans alone (Friedgood, 2008: p624). For this reason, the nurse should develop an understanding for the patients' capabilities and perspective while also developing a care-approach that is more collaborative and patient-focused. Another role for practicing nurse in concordance of compression therapy for VLU is the development of a VLU management plan, of which the nurse has joint responsibility with the general practitioner (McGuckin et al, 2012: p133). The nurse is responsible for educating patients about prescribed treatment and about their condition. One way is through educating the patient on application techniques to enhance comfort. This is because compression is a cornerstone for the treatment of VLU, but most patients are not tolerant of much compression. In addition, most of them are elderly and wear the hosiery incorrectly, which may increase the damage. Finally, there are patients who spend a lot of money on the hosiery and cannot wear them properly, which affects their willingness for concordance

(Ghauri & Earnshaw, 2010: p1051). For this reason, the nurse should work, with the patient, to come up with simpler bandaging methods, as well as find the type of bandage that the patient would be willing to wear and keep on, as well as that which is affordable. In order to establish trust with the patient, the nurse should seek to improve the access of the patient to treatment, for example, through home visits to reassure them on their treatment, as well as reassure them on the safety of ABPI (Margolis & Baumgarten, 2012: p383). By doing this, the nurse, will help those patients who find it difficult to attend regularly the clinic because of transport issues. Physical factors like discomfort and pain may lead to decreased concordance. Most patients suffering from VLU suffer from potentially debilitating pain that affects their life quality and could influence management of the ulcer. The nurse should be quick to notice this in order to use reduced compression until there is resolution of the edema and pain, at which point the nurse will advise the patient to use high-compression hosiery. The nurse should also find out about the patient's preferences about the nature of hosiery to use, especially since it forms part of the patient's dress. The cosmetic and aesthetic factors should be taken into consideration with the nurse allowing the patient to make their choice on the color of hosiery in order for the patient to feel comfortable. Lack of comfort leads to decreased concordance with the treatment's management. Management of compression therapy is made difficult by poor division of roles between practicing nurses and general nurses (Lorimer et al, 2009: p140). There should be standardization of VLU management and assessment, including the clarification of the inter-professional team's roles. References Douglas, W. & Simpson, N., 2009.

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