

Public Health Prevention and Maintenance for Lower Limb Care

Ellie Lindsay, OBE FQNI, Independent Specialist Practitioner; Visiting Fellow, Queensland University of Technology & Joan-Enric Torra, PhD, Universitat de Lleida, Spain

- Of the many decisions facing the nursing profession today, those concerned with the objective of improving public health prevention of the lower limb and education will ultimately prove to be the greatest possible benefit to the improvement of person-centred care.
- Community nursing, also known as public health nursing, is the art and science of preventing disease, prolonging life, promoting health, wellbeing and efficiency through a structured pathway of care, education, information and understanding.

Introduction

It is widely acknowledged that the demographic composition of almost all populations in the developed world will change substantially. People live longer because of improved nutrition, sanitation, medical advances, healthcare, education and economic wellbeing. However, this change will have an impact, especially on the elderly, who are the highest users of health and wound care services.

Health is a basic human right. It is fundamental for developmental aspects in social health and is increasingly being acknowledged as a vital element of health development. Health prevention of the lower limb cannot be solely provided by the healthcare sector but requires organised and systematic action to be taken by all involved: by governments, other health and social care divisions, the third sector, voluntary organisations, local authorities and the media.

The central theme of the concept of progressive health promotion for individual wellbeing is the organisation of facilities, services and staff around the needs of the primary population. This may be achieved through personal and direct involvement – through observation, participation or an activity designed to facilitate health promotion learning, for example in a social Leg Club setting.

Results

Today we must recognise the dynamic and changing nature of our technological society, and the public's expectation and need for preventative health promotion and education. Effective communication is key in promoting health education. It provides the basis for the development of a dynamic therapeutic and educative process in preparation for meeting the health needs of society. Practitioners must accept and understand that science and art have equal importance in interactions and in building the therapeutic relationship necessary to impart health promotion information.

Prevention and intensive prevention management are key in this condition. Recent reports from the Leg Club database confirm that the main clinical reason for attending Leg Clubs is not simply treatment of an ulcer but to receive "advice and maintenance". Most members (56% between 1st April 2017 and 31st March 2018) were in the Well Leg rather than the "treatment" bracket, which means they were being monitored and advised rather than treated, gaining insight into their conditions through sharing their experiences and gaining peer support.

• Evidence-based health promotion is a priority and as practitioners we have a responsibility to change the trajectory of lower limb management to ensure higher quality information while not disrupting innovation and creativity.

¹ Hawkins J, Lindsay E. We listen but do we hear? The importance of patient stories. Br J Community Nurs 2006;11(9 suppl): S6-S14

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Method

From its inception in 1995, the psychosocial Leg Club has specifically drawn from the discipline of health psychology to promote health education through psychology, biology, sociology, social interaction and high standards of professional communication – all necessary and important components of effective care that sit alongside the more traditional features of community-based treatment and cure. The three main approaches to preventative health promotion are:

- structures that may generate ill health.

Discussion

Throughout its growth and development, the psychosocial Leg Club model has drawn on all three approaches to promote the wellbeing of its members (patients). To date the key objective has been the management of problems relating to the lower limb, leg ulcers and the promotion of well legs for those members who attend.

Nursing staff work with members in a unique partnership to best practice guidelines, providing interactive teaching and learning. They draw on the self-empowerment approach to health promotion, where shared knowledge facilitates an open forum.¹

Conclusion

Continuous Leg Club health promotion initiatives have seeded the community with excellence in practice and ensured that widely differing groups have been given access to Well Leg management, thereby raising the profile of 'Healthy Legs for Life' as important and necessary for continued mobility and good health.



• The challenge therefore is to meet the new and evergrowing demands being made in an innovative and cost-effective way.

• Behaviour change: primarily aimed at bringing about changes in individual behaviour through changes in the individual's cognition as well as increasing knowledge and understanding about health risks.

• Self-empowerment: empowering individuals to make healthy choices through participatory learning techniques. Individuals are taught how to increase control over their physical, social and internal environment.

• Collective action: communities of individuals work collaboratively to modify those social, economic and physical



Practitioners, therefore, should be challenged and reassured by the prospect of developing new ways to deliver evidence-based health promotion of lower limb care in partnership with their client group and the general public, for example the Legs Matter Coalition (www. legsmatter.org).

