



**Wounds International's clinical innovations section presents recent developments in wound care. This issue, we focus on innovations in wellbeing.**

## Wellbeing in practice: Clinicians *do* have a role to play



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“Wellbeing” – an individual's sense of how they feel about their life – is influenced by complex, multifaceted interactions of our physical, psychological, social, and spiritual/cultural beliefs; the elements that make us unique and human.

Clinicians will be aware of just how interlinked these aspects are within their own personal and professional lives, and how they are then able to cope with what life puts in their path. These shared experiences connect us as human beings, yet also define our individuality and sense of “being”.

Wellbeing in general terms can be thought of as: “A dynamic process that gives people a sense of how their lives are going through the interaction of their circumstances activities and psychological resources.”<sup>[1]</sup> It is suggested that the greater one's sense of wellbeing, the greater the capacity to deal with and respond to difficult circumstances.

For those involved in the management and care of patients living with wounds, it should come as no surprise that all aspects of a person's sense of self can be affected by a wound, often changing from day to day – and within a 24-hour period. The physical components of self – general health, mobility, and ability to function – can be negatively influenced by the type of wound, local wound factors (including bioburden, cellular burden, moisture imbalance, pain, and malodour), and treatment regimens. In a social context, there are people who may feel isolated or disconnected from family, friends, and even their clinicians. Negative psychological responses and emotions, including sadness, anxiety, frustration, distress, or repulsion, may be experienced. Their faith or beliefs may also be tested, with the patient questioning why their condition is “being allowed” to happen to them. The impact of this range of physical, emotional, and social changes on the wellbeing of a person living with a wound have been described in the literature.<sup>[2-6]</sup>

In an attempt to explore the relevance of wellbeing for those living with wounds, and to initiate discussion and reflection on current clinical practices and behaviours, an expert working group convened in 2012 and developed the document *Optimising Wellbeing in People Living with a Wound*.<sup>[7]</sup> For the first time, a definition specific to wound management was established. The definition highlights the complex and multifactorial nature of this subject, identifying that wellbeing can only be described from the individual's perspective, can change over time, and can be influenced by culture, wound type, duration, and care setting. Optimising wellbeing in those living with a wound requires collaboration and engagement by a range of people, but the clinician plays a pivotal role.<sup>[8]</sup>

Recognition and understanding of the negative impact of living with a wound is not new. It has been 20 years since Lindholm et al<sup>[9]</sup> published their attempts to measure quality of life among patients living with chronic leg ulcers. Since then, a steadily growing body of evidence – using qualitative or mixed methods – has described the negative impact on all aspects of life and, more recently, has suggested that wound healing itself maybe delayed or inhibited in the presence of stress or depression.<sup>[10-11]</sup>

Wound management is a complex process and knowledge specific to achieving positive outcomes has increased exponentially over the past few decades. A systematic and structured approach to wound care – from diagnosis to addressing local barriers to healing, developing care pathways, detailed product knowledge, and to the personalisation of care – is now stressed.<sup>[12]</sup> Such rapid changes with positive results beg the question: “Could clinicians do this *even better*?” And, might the incorporate on a systematic approach to patient wellbeing with a wound further enhance outcomes?

For those who are able to self report, the incorporation of patient-reported outcome measures (PROMs) in everyday practice enables individuals to share their perspective on their experiences. Generic or condition-specific, health-related quality-of-life tools are useful,<sup>[13]</sup> along with screening tools specific to depression, anxiety, and stress. Wound diaries (developed to discuss and report the impact of the wound symptoms since the last

consultation) should also be considered for inclusion as part of everyday practice.

Worley<sup>[14]</sup> suggests that only by knowing the patient can the clinician initiate effective care. If the only outcomes the clinician is measuring routinely are clinical ones, they may be failing to recognise or appropriately manage the patient holistically. Clinicians need to reflect on how to understand the patient's full experience of living with a wound to develop a truly patient-centred approach. It is much easier said than done, but now is the time for wellbeing to become the focus of wound care. To achieve this, clinicians must ask themselves – as they interact with patients – are they striving to develop “healing relationships”?<sup>[15]</sup> Barrier et al<sup>[16]</sup> provide a useful reminder for developing positive clinician–patient relations using the PEARLS acronym:

- **Partnership:** In this together.
- **Empathy:** Express our understanding to the person.
- **Apology:** Acknowledge delays or repeated tests.
- **Respect:** Acknowledge suffering.
- **Legitimation:** Negative feelings (sadness/anger).
- **Support:** Will not abandon.

In wound management today, clinicians must appreciate the “woundedness” of each individual,<sup>[17]</sup> and create environments where people can heal not only their bodies, but also their mind and spirit.<sup>[18]</sup> Through the development of our therapeutic relationships, our deliberate intent to better understanding the experience of patients, and interdisciplinary respect and collaboration, clinicians can individually and collectively continue to work towards achieving these goals.<sup>[19–20]</sup>

The first Australian–New Zealand Forum on Wellbeing for those living with wounds took place earlier this year in Melbourne, Victoria, Australia. This initiative was undertaken and supported by Smith & Nephew. At the completion of the 2-day event, participants were asked if they felt they would be able to continue to raise the profile of wellbeing and work towards promoting person-centred care and wellbeing for those living with wounds in their workplace. More than 93% said “yes”, acknowledging that we may not get it right all the time, but that it is possible to incorporate person-centred concepts that emphasise wellbeing into everyday practice.

It all starts with clinicians; their understanding, beliefs, and actions. The greater the advances made in optimising wellbeing, the more patients living with wounds will benefit. ■

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