“The 6Cs let us reflect on all the elements of leg ulcer care”

What have the 6Cs done for leg ulcers? Compassion, care, courage, commitment, competence, communication – as mere words, they do nothing but, as an underpinning philosophy of care, they allow us to critically evaluate our approach to leg ulcer management.

We talk to patients; we are skilled, committed to good outcomes, compassionate and empathetic. However, there is clearly more we can do for people with leg ulcers.

For decades, patients have told us about the physical and psychological tolls of living with ulceration. Their stories are invaluable in arousing a compassionate response and renewed commitment to improve their lives through symptom control and healing where possible.

However, we hear of too many instances where patients are not at the centre of care decisions. For example, mobile patients may have to see a practice nurse because they can access the surgery, rather than a district nurse with the specialist skills (and vice versa). Housebound patients may be seen by a district nurse with no leg ulcer competencies, rather than the specialist who works only in the clinic, which housebound patients cannot access. Whatever care and compassion these patients receive is not always matched by competence.

If a catchment area offers only one type of compression therapy, where is the element of choice (a seventh C) for patients? What matters for ulcer healing is compression therapy (another C), so we need a range of options to suit individual patients. Competent leg ulcer practitioners are associated with faster healing and improvements in patients’ quality of life. Their competence arises from a close integration of assessment, clinical decision-making and skilled application of compression therapy, and there are significant risks to patients if any of these are flawed.

Why then do we allow healthcare assistants to assume responsibility for leg ulcer management, and what are the responsibilities of nurses who allow this? How many are afraid to challenge this practice, or back down in the face of managerial opposition while privately airing their misgivings?

Courage means doing our best for patients, which means defending the roles and responsibilities of nurses, protecting patients and HCAs from dealing with complex care that could become harmful. Deputy chief nursing officer David Foster believes courage is about risk taking, especially in relation to care (practice, 15 January 2013, pages 12-13).

Sometimes negotiations and compromises are required, and this can lead to professional conflicts where opinions differ. Communication, therefore, becomes an essential element of care; communication with patients and colleagues – and in a written record that has the patient at the centre of all decisions. The 6Cs are a means of reflection on our patients and the clinical and human elements that must be combined for effective care. NT

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We’ve heard a lot about the importance of compassionate care. Unsurprisingly, many healthcare providers are searching for ways to ensure staff offer compassionate care, and to identify compassion in future job applicants.

But if it is based on assumptions about what is best for a patient, compassion doesn’t necessarily lead to excellent care. Our discussion on page 16 illustrates how a humanising values framework can help nurses to do the right thing for their patients – and how misplaced compassion can have the opposite of the intended effect.

The framework encourages staff to see care through patients’ eyes, and to appreciate patients’ unique circumstances. As the NHS responds to Francis, the authors call for nursing to take the opportunity to champion humanised care as the priority over meeting targets.

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