



# SQUEEZE IN

## Comfortable conversations

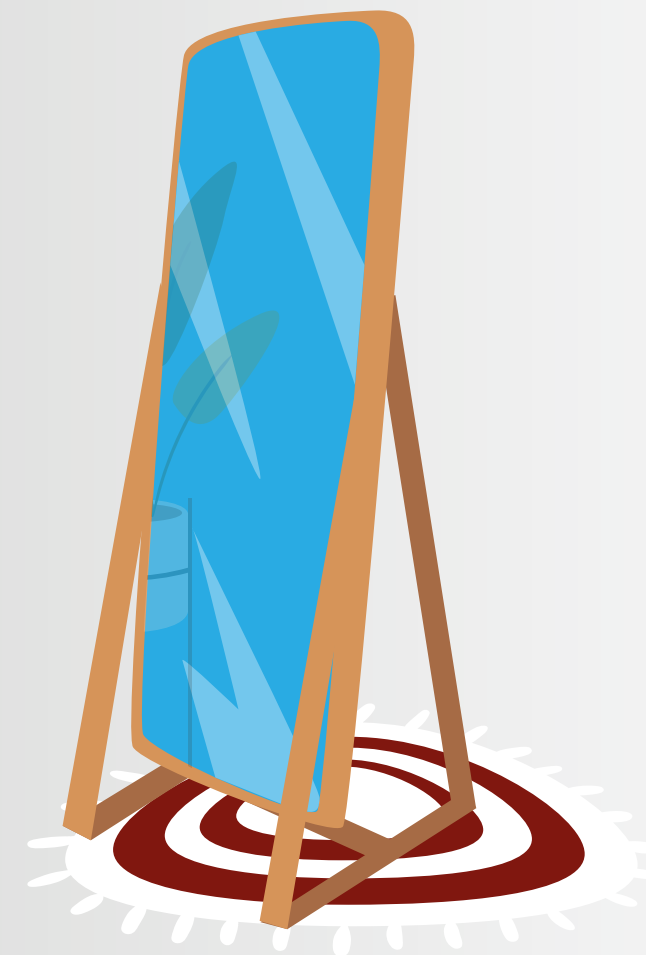
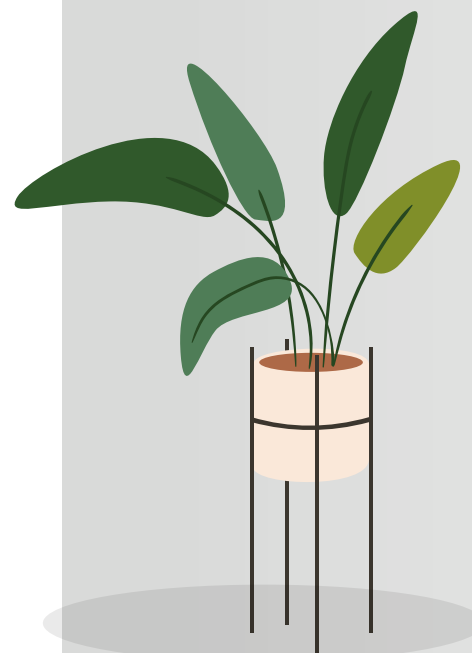
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our helpful dialogue tool

LEADING THE  
SELF-CARE REVOLUTION

 Lohmann & Rauscher

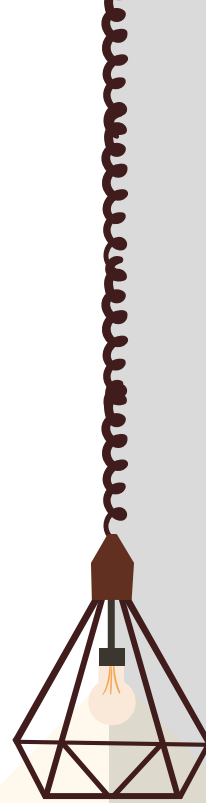
# Contents

Introduction	2
Principles of good communication	3
Self-care: how to frame conversations around self-care to your patients	9
Principles for good practice when discussing the prevention and management of leg ulcers	16
Conclusion	31



# Introduction

Over the past decade patient experience has grown exponentially in importance and for many it may be as significant as clinical outcomes, particularly in chronic and recurring conditions. Positive patient experience hinges on effective communication, and is linked to better adherence and clinical outcomes.



As a healthcare professional, we know that you will already be aware of this and understand the most effective ways to communicate with your patients. However, it can be useful to remind ourselves of key principles to ensure that conversations with patients have the most positive possible outcomes.

## *Principles of good communication*

When engaging a patient in conversation around their leg health, it's important to set the right tone so that they feel supported and encouraged to be open with you about how they are feeling and their condition.



Remember that language, both verbal and non-verbal, holds power. The way you initiate the meeting will often set the tone for the rest of the discussion, so it's important that your patients feel welcomed and valued from the moment they begin their journey. Certain words, phrases, and descriptions can be problematic whatever the intention of the user, so be mindful of the language that you use.

The following section outlines the key principles for good practice, which you are likely to already be familiar with, when communicating with your patients around their leg health.

## Avoid...

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### Using judgemental or negative language

Ensure that you don't use language which assigns judgement to the patient. It's also important not to 'threaten' them with negative consequences to actions or inactions.

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### Attributing blame or responsibility

Try not to attribute blame to a person for the development or worsening of their condition.

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### Inferring generalisations, stereotypes or prejudices

Don't use language which attributes any generalisations or stereotypes to your patient or their background.

## Try instead...

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### Speaking empathetically

Try to see the patient's point of view of their condition, and develop an empathetic language style. This will help them feel that you understand them, and that their thoughts and opinions are valid.

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### Remaining 'person-centred'

Separate the person from their condition, and avoid labelling patients as 'suffering from' their condition – for example, 'living with' is a more positive alternative.

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### Optimising your non-verbal communication

People can communicate information in numerous ways, so pay attention to eye contact and facial expressions, and be considerate of personal space.

## ***Avoid...***

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### **Using humour, ridicule or combative language**

Don't inadvertently cause a patient to feel ridiculed or defensive when referring to their condition or their efforts to treat it.

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### **Jumping to conclusions**

Misunderstandings may arise from an incorrect interpretation of what was said, or from being given an unclear or incomplete account that leaves gaps in understanding. Make sure you understand what the patient is saying before jumping to conclusions or solutions.

## ***Try instead...***

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### **Sticking to the evidence**

There is increasing evidence to support patient education and empowerment. Patient focused support material can help patients become a stakeholder in their own health care.

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### **Listening and exploring**

Try to listen to your patient's own words or phrases about their condition and how they are feeling, and explore or acknowledge the meaning behind them.

Setting the right tone from the outset is important and will encourage your patient to speak openly about their condition and how they are feeling. It will also help them to feel more positive on the outlook of their condition, and could provide more motivation to make the small changes to their lifestyle to help manage their condition effectively.



# Be positive.

Try and focus your conversation on what your patient has achieved already in tackling their condition, e.g.

***“well done for coming to see me so quickly when you noticed the discolouration on your ankle, that was the right thing to do!”***

and on the potential for improvement in their condition moving forwards.

# Be understanding.

Your patients may have felt misunderstood when talking about their condition to those around them, or to other clinicians before. People will have different experiences with their conditions, so try to see things from their point of view and avoid ‘shutting them down’ or invalidating what they are telling you.





## ***Be collaborative.***

It's important that the patient feels they are a part of the decision-making process, so try not to speak with an authoritarian or controlling tone.

## ***Be helpful.***

Offer more specific help and advice wherever appropriate, and signpost patients to more information and local services which could help them. Try to keep up to date with the support and services out there for your patients!



## ***Create a positive environment.***

Think about your clinic and whether it is a comfortable environment for all your patients. For example, some patients may have mobility issues which cause them difficulty if the chairs are low, while chairs with armrests may not be suitable for patients who are obese or overweight.

## Self-care

Self-care is an important way for your patients to maintain their independence and take a proactive stance towards the recurrence or worsening of their condition. However, self-care can seem like a daunting prospect to some people, so try to correctly frame conversations with your patients so that they don't feel overwhelmed or that they have been left to deal with their condition alone.

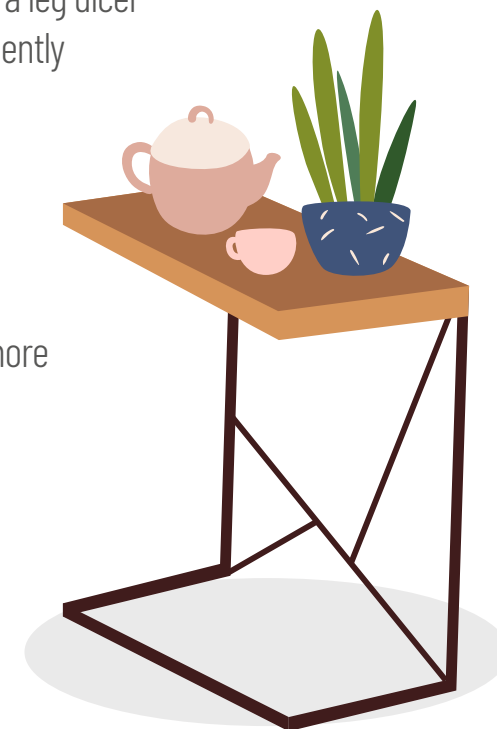
Some lower limb conditions may require greater involvement by the clinician initially, however patients should be made aware from the outset that as their condition improves, they will be more able to self-care and enjoy the benefits this brings.



## Why is self-care important?

Efficient self-care is beneficial to your patients' health and wellbeing, to the NHS and to wider healthcare services. Chronic lower limb wound care places a heavy burden on the healthcare system, with estimated costs of £3.1 billion in 2019 for leg ulcers in England alone<sup>1</sup>. Around two-thirds of care for wounds is delivered in the community, equating to 50% of the community nursing workload<sup>2</sup>.

Empowering patients to effectively self-care, both in maintaining good leg health to prevent a leg ulcer from developing or recurring and in efficiently treating their condition<sup>3</sup>, helps to reduce the pressure placed on healthcare systems and community carers. Being able to self-care can also improve patient quality of life by allowing them to take control of their treatment and feel more independent, and often leads to better clinical outcomes due to increased treatment adherence.



## *How to frame conversations around self-care.*

Starting the conversation around self-care can help to facilitate a more helpful and positive discussion, which will leave your patient feeling more confident in their ability to effectively self-care for their condition and general wellbeing.



## Avoid...

Inadvertently implying that your patient has been lazy or careless with taking care of themselves. This could make the patient feel judged and defensive, and they might not take the advice you give them on board.

*It looks like you haven't been taking great care of your leg ulcer since we last met!*

## Try instead...

Introducing the topic more gently by asking them an open-ended question to find out what they think about self-care. This gives the patient the opportunity to raise their concerns or ask for advice, as well as giving you the opportunity to correct any misconceptions they have around self-care.

*Do you know what I mean by the term 'self-care'?  
Where do you think you're at with self-caring for your condition and your wellbeing?*



## Avoid...

Making the patient feel like self-care means that they will be left alone to deal with their condition, or that they are a 'burden' to you or the wider healthcare system.

*Once you start self-caring, you'll be able to manage a lot of your treatment on your own without help from me/your community nurse.*

## Try instead...

Ensuring you frame self-care as a collaboration between the patient, yourself and other healthcare professionals.

*Self-caring for your treatment will give you more independence, and we will work together to make sure that you feel comfortable with your treatment.*



## Avoid...

Making self-caring feel like a huge challenge for your patient. If they feel overwhelmed by the prospect, they are likely to have a less positive mindset and less motivation to self-care.

*Once you have improved your diet and exercise regime, and have been regularly wearing your compression, you will feel much better!*



## Try instead...

Talking about self-care as a positive way for your patient to gain more autonomy in their life, and encourage them to start small and build up to bigger changes over time. Acknowledge positive actions that they have already taken, and use those to make plans for what to do next.

*It's great that you have started walking for 15 minutes every morning! If you feel ready to do so, why not try fitting in a slightly longer walk once a week?*

# TOP TIPS

## to give your patient around self-care

### Start small

Encourage your patient to ease into their self-care routine by starting with small changes, and building these up over time

### General health

Explain that any improvement they can make to their general health and wellbeing will have a knock-on effect on the prevention of a leg ulcer developing, and on the successful management of their condition if they already have one

### Movement

Encourage your patient to move more using simple exercises to improve their circulation and reduce swelling. Talk about the importance of movement, rather than exercise!

### Skin care

Good skin care and hygiene is a simple but important change your patient can make to start their self-care regime

### Compression

Encourage them to ensure they wear their compression as advised, and let them know that they can come to you for advice if their specific type of compression is difficult for them to use





# *Principles for good practice*

## ***Discussing leg ulcer prevention and the maintenance of recovery***

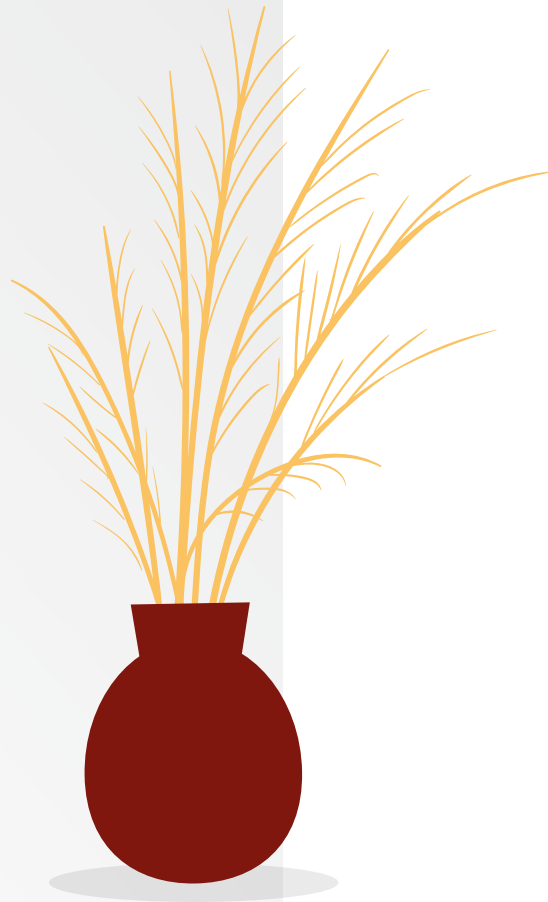
Certain people may have an increased risk of developing a leg ulcer if they:

- Have had a previous leg ulcer
- Have a family history of the condition
- Have a lack of daily movement, i.e. standing or sitting for long periods of time
- Are overweight or have a large waist circumference
- Smoke tobacco products
- Are elderly
- Have common conditions associated with venous disease, e.g. varicose veins, chronic oedema, venous staining, varicose eczema



## Starting the conversation

Conversations around the risk factors for developing a leg ulcer such as weight and smoking can be sensitive for some people, so try to frame your conversations with them in the right way to encourage them to adhere to your advice and take preventative action against developing an ulcer.

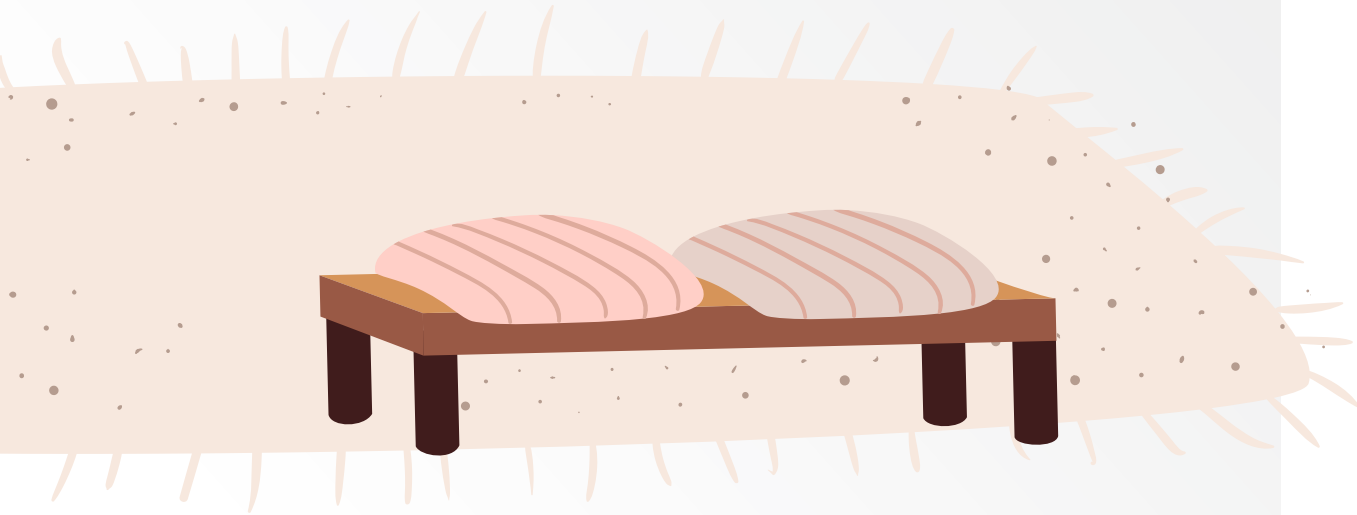


Make sure that your patient understands how venous disease occurs and what having the condition means for their life.

It might be worth reassuring your patient that the word 'disease' simply means an illness or sickness characterised by certain individual signs and symptoms. While some of these might cause them discomfort and concern, assure them that most of their symptoms can be managed effectively and are curable with the right ongoing treatment.

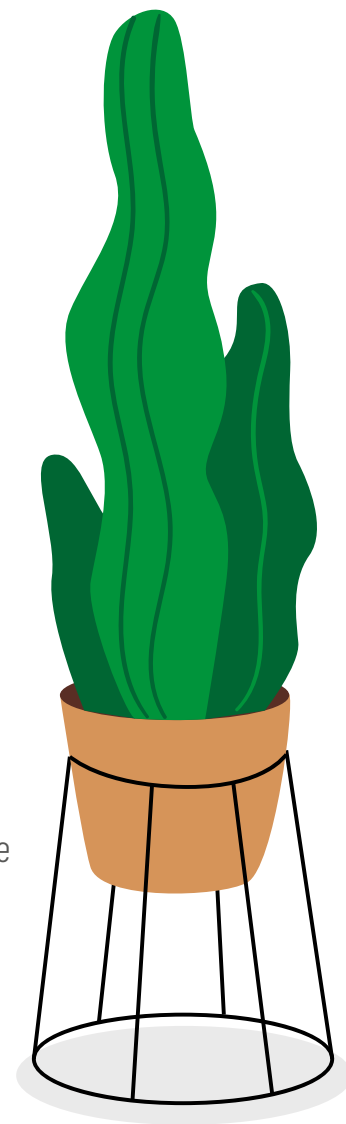
## Remind them...

That venous disease is very common across the adult population of the UK<sup>4</sup>, and that the condition can cause a leg ulcer: a wound on the lower leg that takes more than two weeks to heal and is a common symptom of venous disease.<sup>2</sup>



**2%** of the adult population will have a leg ulcer in any one year, which equates to **over 1 million people<sup>1</sup>**

**Over half**  
**(560,000)**  of these people will have a diagnosis of venous disease<sup>2</sup>





You will know how to best describe how venous disease and its symptoms occur to your patient, as well as the impact it will have on them. Keep in mind that they may find some of the medical information confusing or overwhelming, which could have a negative impact on how comfortable they feel when speaking with you, so try to be sensitive to this when explaining their condition by using simple, accessible language.

## Avoid...

Starting the conversation around a sensitive topic such as weight loss in a way which indicates a 'worst case scenario'. People are usually aware of factors such as being overweight, smoking, and not exercising enough.

*Your measurements today mean you fall into the category of clinically obese. If you don't lose some weight, you will be in a high-risk category to develop a leg ulcer.*

## Try instead...

Initiating conversations around sensitive subjects by referring to things patients have already said, where possible.

*As you said previously, you've found it hard to exercise frequently as you get tired and breathless. Shall we discuss some ways for you to start building up your fitness?*



## Avoid...

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Making assumptions about a person's lifestyle. For example, a person's weight may not reflect their diet and activity levels, but assuming so might make them feel defensive and less open to your advice.

*At the weight you are now, you really need to exercise more. In terms of dieting, you obviously aren't following the diet sheet we discussed previously.*

Using non-clinical terms, which can be disrespectful and inappropriate, regardless of your intention.

*You're too big. You need to slim down.*

## Try instead...

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Asking them to talk about their lifestyle habits on their own terms; this will open up the conversation for you to give them advice without making them feel judged.

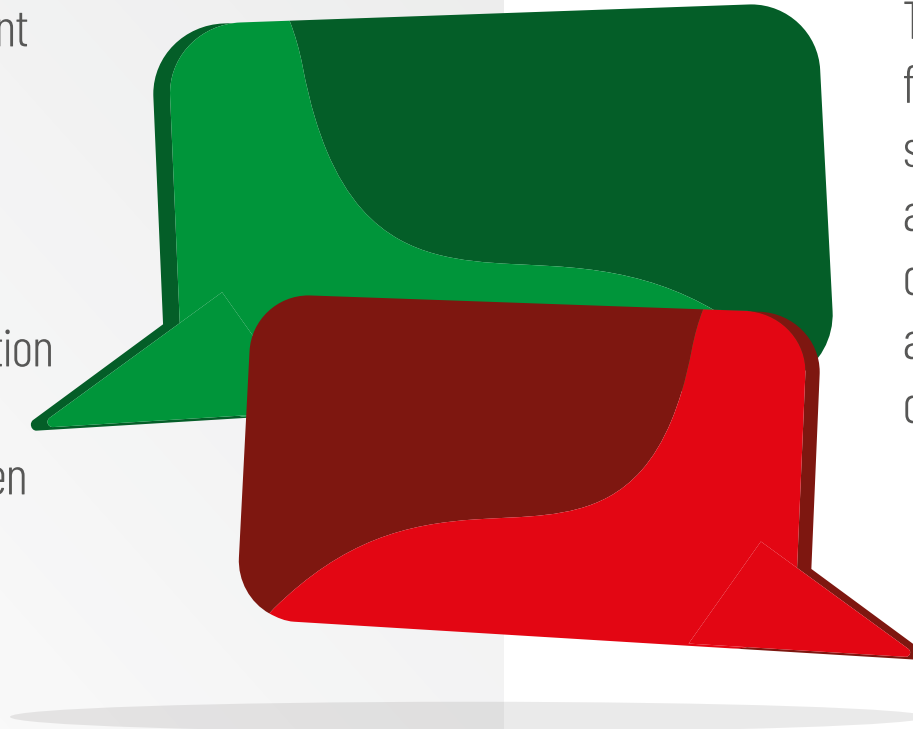
*Can we talk a bit more about your diet and movement habits? Do you think you could increase your daily steps?*

Using the phrase 'some people' rather than 'you' when talking to your patient can help to soften the conversation and avoid attributing blame or judgement.

*Some people who are at risk of developing a leg ulcer find that losing a little weight can be helpful.*

## ***Effective management of a leg ulcer: Starting the conversation***

The early identification and efficient treatment of a venous leg ulcer is imperative to successful healing. Remember to be sensitive and considerate with the language you use to discuss your patient's condition and treatment plan, as they may feel overwhelmed, isolated and even embarrassed by their condition.

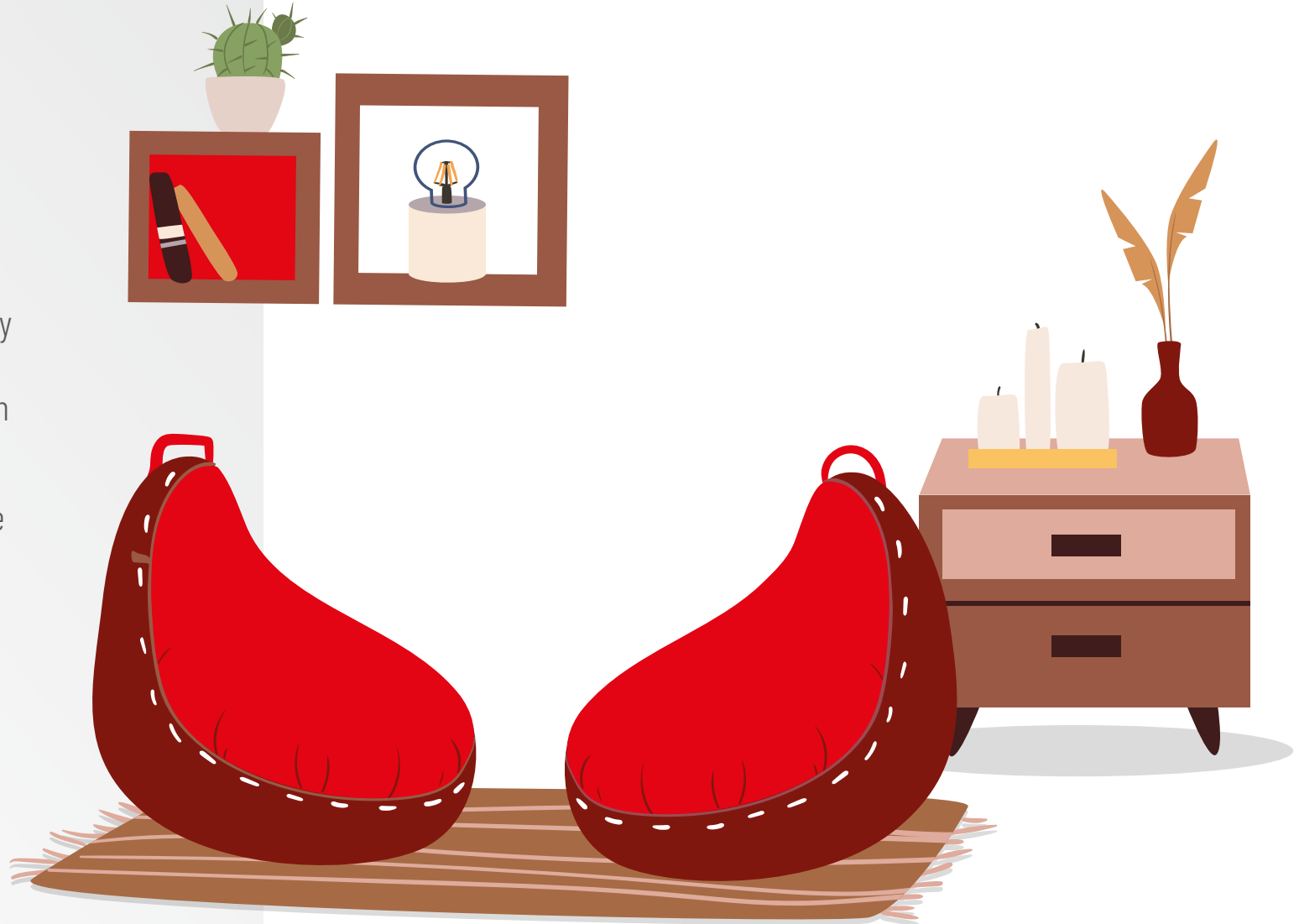


They may be particularly sensitive around factors which they perceive as controllable such as weight, alcohol intake or smoking, and might feel they are to blame for the development of an ulcer, or that you are assigning blame to them for the development of their condition.



Working in partnership with your patient to achieve their goals and start their self-care journey is key. Make sure to ask what their personal goals are – not all patients' primary goals are to heal, some might just be to stop their wound leaking or smelling, or to be able to see their grandchildren without the fear of stigma around their wound.

If the clinical symptoms of the leg ulcer mean that the use of self-care garments are not appropriate initially, it is still important to explain the merits of self-care and enabling the use of self-care garments, to set expectations from the outset of treatment.



## Avoid...

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Opening conversations by focusing solely on the condition rather than the person and their life, and how their condition is impacting it.

*What is your leg ulcer management like?*

Rushing over your explanation of the importance of compression and how it works and avoid using words which might make the patient alarmed.

*You need to ensure that your compression is really tight on your leg or it won't work.*

## Try instead...

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Initiating the conversation using a more open-ended question which requires an answer other than 'yes' or 'no' to help the patient feel at ease speaking to you. You can then ask more specific questions afterwards.

*How have you been doing since we last spoke?  
How has your ulcer been?*

Giving a clear explanation of what compression is, and ask the patient if they have any questions about what you have said. Try to use words and phrases which will help them to feel reassured and confident.

*Your compression shouldn't cause you any pain,  
it should feel like a gentle squeeze on your leg.*

## Avoid...

Using language which apports blame or judgement to a patient for any reason, including not achieving their treatment goals. This could lead to them becoming defensive and may make them feel hopeless about their recovery and less motivated to adhere to their treatment plan.

*Why haven't you been washing your legs and applying your creams as much as I suggested at our last visit? It will be very difficult for your condition to improve unless this happens!*

*You have to start doing your leg exercises every day, otherwise the swelling in your ankles won't go down.*

## Try instead...

Being mindful that your patient will most likely already know, and be feeling disheartened by, the fact they have not achieved some or all of their goals. Use language which is supportive and encouraging to help motivate them to set achievable goals and reassure them that they will recover.

*Try not to worry about not having washed or creamed your leg as much as you planned this month, managing to do what you did will still have made a difference to your legs! Let's discuss how we can make this easier for you.*

*I know it can be difficult to fit in regular movement or exercise on top of everything else. Why don't you try incorporating some simple leg movements into a routine part of your day - for example, you could try doing them while you watch TV in the evening?*

## Avoid...

Setting your patient's goals so high that they feel they won't be able to achieve them, especially around areas like smoking, alcohol intake and diet, as this will lead to demotivation and decreased adherence.

*Your alcohol intake is much too high, you need to cut it out of your diet or your ulcer will not improve.*

*Why have you not been compliant to my compression recommendations?*

## Try instead...

Working collaboratively with your patient to set realistic targets, which they feel they can achieve. These can then be built up over time, and will be more likely to be successful. For habits such as smoking or alcohol consumption, you could signpost them to useful resources.

*You mentioned that you would like to reduce your alcohol intake. Shall we discuss what you think is an appropriate goal to start off with?*

*I see you have not been wearing your compression, why is that? How can I help to make it easier for you to wear it?*

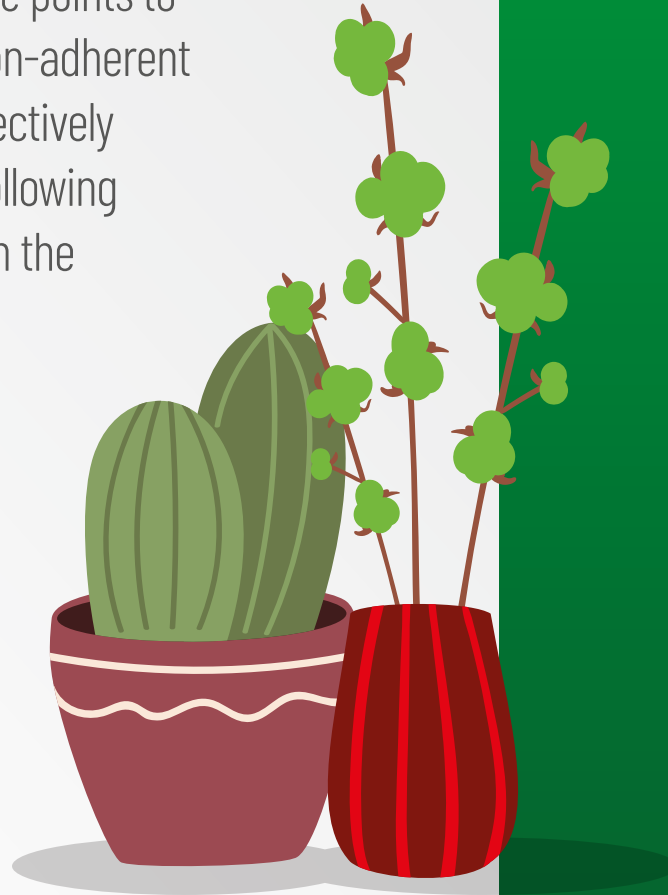


## ***Speaking to patients who are finding it more difficult to follow their treatment plan***

The treatment process can feel lonely and hopeless for patients with a leg ulcer. This, along with a variation of other factors, can cause some patients not to adhere to their treatment plans. It is important to tackle the subject of non-adherence in the correct way, so that your patients don't feel judged or attacked. If they feel defensive they are less likely to be receptive to your advice.



The following section outlines some points to keep in mind when dealing with non-adherent patients, so that you can more effectively pinpoint the reason they are not following their treatment plan, and work with the patient to overcome their barriers.



## *Don't assume*

If a patient has not been following parts of their treatment plan, such as diet or compression, don't assume that they can't be bothered or that they are lazy. It may be that their compression is too painful to wear and they don't feel confident enough to bring this up with you, or they might not be eating a healthier diet because they are not physically able to buy and cook fresh ingredients for a meal. If your patient is not adhering to a part of their treatment, explore the reasons why this might be the case.

# *“I can't do it, it's too much”*

Try not to consider phrases such as these said in a clinical encounter to show 'denial' or 'lack of motivation' in your patient. They indicate that your patient is feeling overwhelmed by part or all of their condition and treatment, and it is important for you to explore the reasons behind them with your patient so that you can manage them together and build their confidence.



# *Change the angle*

Don't limit the conversation to the topics which seem most important such as their clinical treatment and associated side-effects. Your patient might be struggling with an aspect of treatment which you didn't expect, and not having the chance to address this in their consultation may lead to reduced adherence to their treatment. Try changing the angle of conversation by asking patients more about their hobbies and interests, and whether these are impacted or prevented by their current treatment.

Together, you can then work out a way for them to continue doing the things they love as much as possible, which will result in a happier patient who feels more confident to adhere to their treatment plan.



# *Conclusion*



## Seek to be less...

*Stigmatising*

*You're in denial.*

*Shaming  
or blaming*

*Your ulcer has become worse because you haven't been wearing your compression.*

*Authoritarian*

*You must stop drinking alcohol.*

## Seek to be more...

*Empathetic*

*It sounds like wearing your compression every day is quite hard to do at the moment.*

*Empowering  
and inclusive*

*What are you finding the most challenging right now?*

*Respectful*

*I appreciate you being open to talking about this.*

## Seek to be less...

### *Demanding*

*Before you come to see me, you need to complete this exercise log, so I can check how much you are doing.*

### *Disapproving*

*You aren't meant to be drinking alcohol.*

### *Discriminating*

*Don't use discriminatory language of any kind.*

## Seek to be more...

### *Trust building*

*I will have a conversation with the rest of the team and feed back to you.*

### *Person-centred*

*What thoughts have you had about your diet at the moment?*

### *Encouraging and positive*

*I can see the effort you're putting in, keep up the good work!*

## Seek to be less...

*Stereotyping or  
assumptive*

*Don't assume anything based on someone's  
background or previous medical history.*

*Judgemental*

*That's the wrong choice, it will never work.*

*Pre-judging*

*No one from their family has followed advice for  
avoiding a leg ulcer, they will be the same.*

## Seek to be more...

*Clear*

*No, your ulcer has not improved. However, let's look  
at what we can do differently to help it heal.*

*Reassuring*

*It's not unusual for it to take a little bit of time for your  
ulcer to improve. It's hard work for your body to heal,  
but we will get there!*

*Understanding*

*It sounds like you're going through a difficult time at  
the moment, so it might not be the best time to be  
concentrating on your diet. Why don't we look at this  
next time I see you?*

## Seek to be less...

### Threatening

*If you don't take better care of your skin, you'll never get rid of your ulcers.*

### Avoiding

*I didn't know they couldn't sit in the waiting area, I work in the clinic.*

### Ritualistic

*This is what I advise and works for most people.*

## Seek to be more...

### Exploring

*What makes you say 'I feel like a failure'? Let's look at what we can do to make things better, together.*

### Environmentally aware

*For example, making sure that your clinic and waiting room has enough seating, and that it is suitable for people who are of a larger size.*

### Collaborative

*Let's talk together about the different options and then see what you think would suit you best.*

## Seek to be less...

*Disconnected*

*I'm a little busy today but next time we will look at what additional help is available.*

*Detached*

*I am listening, I just need to get your dressings ready.*

*Disrespectful*

*It's just wound care, how can that be incompatible with your culture?*

## Seek to be more...

*Helpful and supportive*

*For example, offer specific help where appropriate such as a referral, or a dedicated appointment to set goals and make plans.*

*Congruent words and behaviours*

*For example, looking at the person when greeting them or asking questions.*

*Culturally competent*

*For example, exploring an individual's cultural, faith and spiritual beliefs and making sure their treatment fits with them.*



As a healthcare professional we are sure you will already be utilising many of the principles outlined in this guide. However, it can be useful to remind ourselves of the importance of strong communication (both verbal and non-verbal) with patients, and the positive impact it can have on their treatment experience and adherence.

# Signposting

Once you have had a conversation around a particular topic, ask your patient if they would be happy for you to offer them guidance and direction towards additional support and resources. There is plenty of help out there, but your patient needs to be able to find it to use it!



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[lselfcare.co.uk/squeezein](http://lselfcare.co.uk/squeezein)

## You could signpost people to:



**NHS Stop Smoking**

[nhs.uk/better-health/quit-smoking](https://nhs.uk/better-health/quit-smoking)

**NHS Live Well series**

[nhs.uk/live-well](https://nhs.uk/live-well)

**NHS Eat Well**

[nhs.uk/live-well/eat-well](https://nhs.uk/live-well/eat-well)



**Legs Matter**

[legsmatter.org](https://legsmatter.org)



**Lindsay Leg Club**

[legclub.org](https://legclub.org)



**L&R Self-care**

[lselfcare.co.uk](http://lselfcare.co.uk)



There are also a number of resources which have been developed for HCPs. These include:

- **LeaRn on Demand** An educational hub from L&R supporting up-to-date clinical information and revalidation
- **Legs Matter** ([legsmatter.org](https://legsmatter.org))
- **L&R Leg Ulcer Best Practice Statement**
- **NWCSP Recommendations and Preventing and Improving Care of Chronic Lower Limb Wounds Implementation Case**
- **Wounds UK (2019) Best Practice Statement** Addressing complexities in the management of venous leg ulcers. London
- **Wounds UK (2021) Best Practice Statement** Compression hosiery: A patient-centric approach (3rd edn). Wounds UK, London
- **Vowden P, Kerr A, Mosti G (2020)** Demystifying mild, moderate and high compression systems – when and how to introduce “lighter” compression. Wounds International, London

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3. Ashby RL, Gabe R, Ali S (2014) Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV, VenUS IV): a randomised controlled trial. *Lancet* 383, 871-879
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