



**RESEARCH ARTICLE**

**EVIDENCE INFORMED PRACTICE ON THE IMPACT OF CHRONIC LEG AND FOOT ULCER**

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**ABSTRACT**

Aim of the study was to compare and integrate the qualitative data and quantitative data on impact of chronic leg and foot ulcer. Mixed method of research was chosen to compare the qualitative and quantitative data by Sequential explorative design. Quantitative data shown that there was major impact in social life 37.3%, wellbeing 41.5% and physical symptoms 41.7%. Qualitative data were coded based on the items of CWIS. Qualitative data shown that impact was in social life 38.9%, wellbeing 42.8% and physical symptoms 51.3%. Quantitative data and quantitatively coded items of qualitative data were distributed in the level of impact. Fisher exact test value (2.2, P>0.05) shown level impact was same in both qualitative and quantitative data. Impact of the chronic leg and foot ulcer equally affecting physical and mental health of the person apart from all other factors.

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**INTRODUCTION**

Chronic leg and foot ulcer are most common type ulcer affect the lower limb, secondary to chronic venous insufficiency and diabetes mellitus ( Shubhangi Vinayak Agale2013). Chronic leg and foot ulcer affects the day to day life of the person for long time .Struggle with non healing type of ulcer produces great impact on the life of the person. Many studies were shown the impact in various setting. So that the investigator interested to analysis the impact of these patients both qualitatively and quantitatively in Indian setting. Chronic leg and foot ulcer is the ulcer of the lower which takes healing process more than 3-4 months.

Daily life struggle with the chronic leg and foot ulcer affect the health, wellbeing, occupation and financial security (Jones JE, Robinson J, Barr W, Carlisle C 2008). Evidence informed practice is best method to analyze impact of chronic leg and foot ulcer. Assessing the impact by qualitatively will be improving the quality of care and assessing the impact quantitatively will be improving the clinical decision making. Comparing and integrating the qualitative and quantitative data on the impact will gives the high quality evidence. In this area the researcher interested to make high quality evidence on impact of chronic leg and foot ulcer researcher interested to

carry out the research to integrate and compare the impact both quantitatively and qualitatively.

**Statement of The Problem**

Evidence informed practice on impact of chronic leg and foot ulcer.

**Objectives**

- Explore the experiences of chronic leg and foot ulcer.
- Assess the impact of chronic leg and foot ulcer using Cardiff wound impact schedule.
- Compare and integrate the qualitative data and quantitative data.

**MATERIALS AND METHODS**

Mixed method of research was chosen to compare the qualitative and quantitative data by Sequential explanatory research design (Polit D F. and Beck T C. 2011). In the First phase (A. O'Cathain, E. Murphy & J. Nicholl (2008)) qualitative data were collected from the six samples .Phenomenological method was used to collect the qualitative data by using interview schedule. After that Quantitative data were collected from the 40 samples by using Cardiff wound

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impact schedule (CWIS) .Language validation done for CWIS in Kannada and Malayalam. Qualitative data were compared with quantitative data. Data were collected from the K.S.Hedge medical college Hospital, Mangalore. Samples were adults suffering with both venous ulcer and diabetic foot ulcer. Both qualitative data and quantitative data were compared and integrated.

**Inclusion Criteria**

Person who are

- Diagnosed as diabetic foot ulcer or venous ulcer.
- Having age between 30years -65years.
- Able to understand and speak either Kannada, Malayalam or English
- Had the site of ulcer below knee.
- In all the stages of diabetic foot ulcer or venous ulcer.
- Underwent all the type of surgical procedure for the diabetic foot.
- In the stage of before and after the surgical procedure.
- Educated above 10<sup>th</sup> standard and above

**Exclusion Criteria**

Person who are

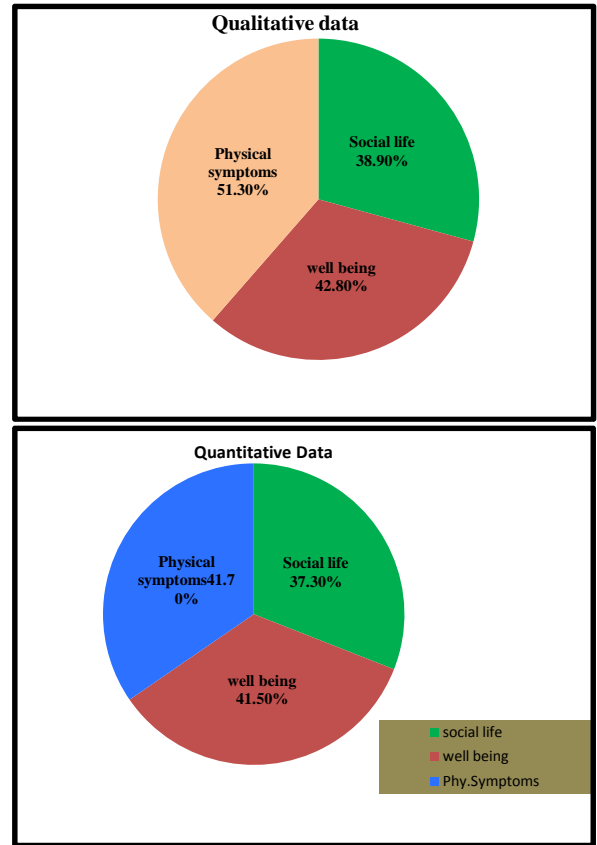
- Suffering with any other serious co existing illness.
- Uncooperative.
- Diagnosed with chronic alcoholism

**RESULTS**

Qualitative data explored that clients experiencing pain, odor, leakage from the wound, bleeding and sleep disturbances. Pain and immobility were the major issues, creates diminished the work capacity and sleep disturbance were discomforts experienced by them. Feeling of sad, neglected, worrying about the illness, loneliness, fear about the wound, and fear about meeting the responsibilities and death were the emotional disturbances expressed by them.

Quantitative data shown that there was major impact in social life 37.3%, wellbeing 41.5% and physical symptoms 41.7%. Qualitative data were coded based on the items of CWIS. Qualitative data shown that impact was in social life 38.9%, wellbeing 42.8% and physical symptoms 51.3%. Quantitative data and quantitatively coded items of qualitative data were distributed in the level of impact. Overall impact on Social life- 37.9%, Well being-42.17% and Physical symptoms-46.5% General quality of life-41.7%.

Life satisfaction life-40%. Fisher exact test was used to compare the distribution of qualitative and quantitative data on level of impact. Fisher exact test value (2.2, P>0.05) shown there is no significant difference in the qualitative and quantitative data. It shows that the quantitative finding on the level of impact and qualitative finding about the level of impact were same.



**Graph-1** Pie diagram showing the mean percentage of impact on three domains based on CWIS

In that pain, problem with every day task and disturbed sleep, family and friends are not protective, Unable to meet their social life, Not going out because of bumping of wound site, fear, frustration and low confidence in poor healing of wound were reported high impact score than other items of CWIS.

**DISCUSSION**

Findings revealed that quantitative data shows that High impact were 4.2%, Moderate impact were 95.8% and qualitative data shows that very high impact were 8.3%, high impact were 41.7% and moderate impact were 50%. Overall impact on Social life- 37.9%, Well being-42.17% and Physical symptoms-46.5% General quality of life-41.7%.

**Table 1** shows the comparison of level of impact on quantitative and qualitative data

Sl	Level of Impact of chronic leg and foot ulcer	Quantitative data		Qualitative data		Fisher exact test value
		Frequency	%	Frequency	%	
1	Very High impact (above 76%)	0	0	2	8.3	2.2
2	High Impact (51%-75%)	1	4.2	10	41.7	P=0.5
3	Moderate Impact (25%-50%)	23	95.8	12	50	Not significant
4	Low Impact (below 25%)	0	0	0	0	At 5% & 1% level

Life satisfaction life-40%. The study finding supported by the cross sectional study (Patrick Alexander Wachholz, Paula Yoshiko Masuda, Dejair Caitano Nascimento, Cecilia Midori Higashi Taira, Norma Gondim Cleto 2014) conducted in Brazil about the quality of life and co relational factor among chronic leg ulcer clients shows that No impact were 24.4%, Low impact 48.8%. Moderate impact were 14.6% and High impact were 12.2%.

Data integration of qualitative and quantitative data of this study inferred that pain, immobility were most common problems. Other major impacts explored were diminished work capacity, feeling sad and loneliness.

This findings supported by systematic review (Oliver. R. Herber, Wilfried Schnepf and Monika A rieger. 2007) was conducted about the impact of leg ulceration on patient's quality of life in Germany. The results show that patient had significantly more pain, immobility regarding the social functioning and other problems explored by the patients were restriction in work capacity, social isolation, low psychological well being, financial burden and sleep disturbances.

## CONCLUSION

Apart from all other factors impact of the chronic leg and foot ulcer equally affecting physical and mental health of the person and also increase risk of psychological distress related problems. This evaluation supporting that CWIS is effectively measuring the impact of chronic leg and foot ulcer on quality of life in Indian scenario. This evidence informed approach concluded that it is a highly supportive evidence for health care reforms to understand impact and need of these clients. It also helps to improve the quality of care and clinical decision making. It is essential to focus mental health need of these clients.

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