

# Social models in leg care: understanding Lindsay Leg Club volunteering

## KEY WORDS

- » Lindsay Leg Clubs
- » Social model
- » Volunteers
- » Wound care
- » COVID-19 pandemic

**Background:** This qualitative exploratory research was the first study to explore Leg Club volunteering through focusing specifically on volunteers' narratives. **Aims:** The aim was to understand volunteers' motivations and experiences and to outline the crucial steps for maintaining volunteers' positive trajectory towards providing social support. **Methods:** A qualitative study based on semi-structured interviews with volunteers from UK Leg Clubs was undertaken. Interview transcripts were analysed using a constructivist reflexive thematic analysis. **Results:** I recruited 16 volunteers from three UK Leg Clubs. The study explained the motivations for volunteering (started as members or companions; retired individuals with a strong sense of purpose; emotional, social and mental health reasons), experiences of volunteering (satisfaction from helping; meaningful social connections; personal growth) and volunteers' objectives (desire to recruit more volunteers; concerns about long-term capacity to return to pre-pandemic activities). **Conclusions:** The study outlines the conditions necessary for Leg Club volunteers' continued success in the social dimension of leg care. **Declaration of Interest:** Dr Anna Galazka is a volunteer project consultant for the Lindsay Leg Club Foundation. The research was funded by Cardiff Business School Research and Scholarship Seedcorn Funding Scheme.

Lindsay Leg Clubs are community-based, collaborative partnerships between patients with, or at the risk of, developing leg wounds (referred to as 'members'), healthcare providers and volunteers. The Leg Clubs started in Suffolk, England, UK, in 1995, as social leg ulcer clinics to help tackle the isolation and exclusion of individuals with wounds and help improve their engagement with treatment. However, over the years, they have grown to become synonymous with person-centred, holistic care of the individual, focused on health education, empowerment of the whole person as well as peer support and interaction (Lindsay and Hawkins, 2003; Lindsay, 2004; Bright, 2022). A fundamental role in the organisation and the running of the Leg Clubs is played by Leg Club volunteers who collaborate with healthcare providers on setting up the Leg Club venue in addition to fundraising and providing daily practical and social support to members (Lindsay, 2019; Brooke, 2020). While abundant research has discussed the Lindsay Leg Clubs in the context of

members' experiences (e.g. Hampton and Lindsay, 2005; Yarwood-Ross and Haigh, 2012; Elster et al, 2013; Upton et al, 2015; Crispin et al, 2022), no major studies have put a spotlight specifically on Leg Club volunteers. This study seeks to address this oversight by taking the first step in conceptualising Leg Club volunteering.

This article presents qualitative findings of the first exploratory study of the nature and role of Lindsay Leg Club volunteering, paying particular attention to the effects of the COVID-19 pandemic on the volunteers' future needs. Following the temporary closure of many UK Leg Clubs in response to the COVID-19 pandemic, one of the priorities for the Leg Clubs that have since re-opened has been to support their volunteers as they apprehensively return to the 'new normal' (Lindsay, 2022). To ensure the support is appropriate, it is essential to understand: (1) what motivated volunteers to join the Lindsay Leg Clubs; (2) what has sustained them throughout the suspension of the Leg Club

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operations and any COVID-19-related changes in the clubs' operational policies; and (3) what their future needs might be. Understanding these three aspects of Leg Club volunteering may help communities sustain the provision of Leg Club care. Therefore, this article explores the motivations, experiences and objectives of Leg Club volunteers. It also outlines how the COVID-19 pandemic negatively impacted the volunteers, and offers remedial recommendations.

### **METHODS**

The study was conducted between 6 May and 3 August 2022. It adopted a qualitative approach and used face-to-face semi-structured interviews with volunteers across three UK Leg Clubs. Two of these Leg Clubs were nominated by the Leg Club founder Professor Ellie Lindsay OBE. The third Leg Club was chosen by the author of this article on the basis of a strong research relationship with this Leg Club. To be invited to take part in the study, the participants needed to be a Leg Club volunteer. Semi-structured interviews were chosen to offer the volunteers a platform to express their own motivations, experiences and objectives for their Leg Clubs in their own words, while offering the author a platform for comparison of volunteers' views across the Leg Clubs. The interviews were conducted on-site during the author's visits to the Leg Clubs. Speaking to the volunteers while the Leg Clubs were running also gave the author an opportunity to contextually witness the volunteers' activities for a fuller appreciation of their activities and the organisational resources within which they carried out their roles — to better understand the constraints upon them (Buys et al, 2022).

However, travelling to research sites for in-person interviews, combined with the time-bound and resource-constrained nature of this funded research had practical implications for the number of volunteers who could be interviewed. The initial intention was to speak to 12–15 volunteers from across the three Leg Clubs, based on the author's familiarity with qualitative healthcare studies that relied on interviews with as few as 11 volunteers (Gonella et al, 2019). This intention translated into a target of interviewing between four and five volunteers per Leg Club. As in previous research (Selman et al, 2009), this target was set

because of time constraints and the financial limitations on the number of trips the author could make to the Leg Clubs given the short time span of the project and the specific set of financial resources available under the Cardiff Business School Research and Scholarship Seedcorn Funding Scheme.

To protect the confidentiality of the study's participants in this report, participating Leg Clubs and individual participants are referred to by numbered IDs. In total, 16 volunteers were interviewed for this study: four in Leg Club 1, six in Leg Club 2 and six in Leg Club 3. Further recruitment was stopped because the target sample size was exceeded and a repetition of concepts began to emerge (Dennison et al, 2010).

### **Ethics committee approval**

This study was approved by the Cardiff Business School Ethics Committee on 25 March 2022. Before participating in the interview, volunteers were provided with a participant information sheet and they had an opportunity to ask questions. They were assured that their participation in the research project was entirely voluntary and they did not have to explain their reasons for refusing to take part. They were also told they were free to stop the interview without giving a reason at any point. They were also advised that some people may find discussions of their perspectives regarding Leg Club volunteering in the post-COVID-19 world uncomfortable given the difficult impact that the pandemic has had on the society. If this were to happen, they could ask to stop the conversation altogether or move on to another topic. Participants were told that if they withdrew from the research, their personal data would be destroyed, but that it might not be possible to withdraw any anonymised data if it had already been published. The participants were also asked to manually sign a consent form before participating in the interview. They were told that their consent forms would be stored securely under lock and key in the researcher's university office for a minimum of 5 years. Fourteen of these conversations were audio recorded and transcribed verbatim. Two were not recorded and notes were taken instead (one participant refused to be recorded and recording

a conversation with another participant was not practical due to the walk-and-talk nature of the conversation). The anonymised transcripts of the conversations, as well as notes from the conversation, will be kept for a minimum of 5 years after the project completion on the author's professional university Microsoft OneDrive account, in accordance with the Cardiff University's records retention schedules.

**Data analysis**

Interview data were analysed thematically, using a constructivist reflexive analysis inspired by Braun and Clarke (2006; 2019). Accordingly, an inductive, data-driven approach to coding was adopted. Transcripts were read repeatedly to derive themes to create interpretative stories about the data to understand the Leg Club volunteers' perceptions and feelings.

**RESULTS**

Qualitative data revealed three groups of findings, pertaining to: (1) the motivations behind joining the Leg Club as volunteers; (2) the subjective experience of volunteering; (3) the objectives that the volunteers felt needed to be met to facilitate the continued successful operations of the Leg Clubs as they developed in the post-COVID-19 world. *Table 1* shows the sub-themes that were distinguished under each theme. These are discussed below.

**Motivations**

As shown in *Table 1*, the decisions to volunteer for the Leg Club were motivated by three groups of factors. For four volunteers interviewed, more than one factor played a role, with the boundaries

between the drivers blurred.

There were five volunteers who started as members coming in for leg care and treatment, or as companions bringing their family members to the Leg Club for leg care and treatment. After experiencing the warm welcome offered in the Leg Clubs, they felt enamoured with the psychosocial care model and returned as volunteers. For example, Volunteer 1 from Leg Club 1 explained:

*'I started as a patient coming for a doctor, and then from then on, I've been coming every week.'*

There were 12 volunteers across all three Leg Clubs who said they decided to join after retiring, because they felt a strong sense of purpose and a desire to continue giving back to their community. On learning about the Leg Clubs, usually through word-of-mouth or attending a presentation, they would decide they wanted to offer their time and skills to support Leg Club members and nurses, as well as other volunteers. In so doing, some tapped into their professional skills or interests developed through their employment, while others were prepared to embrace a new challenge that felt authentic to them. For example, in the words of Volunteer 14 from Leg Club 3:

*'I'm a member of [names a charity] and one of our members was saying that the Leg Club was looking for additional people to get involved with transporting people. And I thought that was something that I could do. I [am] retired, I'm not working, and I'm involved with a number of charity things, through [the charity]. And this was one of the things that I thought was relatively straightforward for me to do and*

Table 1. Themes and sub-themes identified in the analysis of the data	
Theme	Sub-theme
Motivations behind joining the Leg Club	Started as members or companions Retired individuals with a strong sense of purpose Emotional, social and mental health reasons
Experiences of volunteers	Satisfaction from helping Meaningful social connections Personal growth
Objectives of volunteers	Desire to recruit more volunteers Concerns about long-term capacity to return to pre-pandemic activities

*I could help people by bringing them to the Leg Club.'*

Finally, three volunteers from two Leg Clubs emphasised the emotional, social and mental health reasons for volunteering for the Leg Clubs. Whether working through stressful and traumatic life events in the close family circle, such as illness or loss of a beloved family member, or sustaining social health and wellbeing endangered by isolation, coming into the Leg Clubs to make meaningful connections with others helped improve volunteers' mood, enabling them to feel less stressed. As Volunteer 12 from Leg Club 2 explained:

*'...the girls were so kind to me. This was the one time in the week I was feeling something positive.'*

### Experiences

Concerning volunteers' experiences of delivering care and support to members and nurses in the Leg Clubs, this study has supported earlier findings about the social value that volunteers get out of helping others (Galazka, 2020). This research further distinguished three sub-dimensions of this social value.

All volunteers stressed the enormous satisfaction that they got from providing care and assistance to other members of the community. From small acts of kindness, such as welcoming somebody at the door with a smile and offering them a cup of tea or a lift back home, through providing material assistance in the form of supermarket vouchers to those members who were not in a financial position to pay for healthy food, to offering the most isolated members a lifeline of social support. All forms of help activated volunteers' 'reward centres,' which, quite simply, made them feel happy. As succinctly summarised by Volunteer 6 from Leg Club 2:

*'I just love helping other people. I just love helping other people, absolutely.'*

There were 10 volunteers from across all three Leg Clubs who further praised the opportunity that the Leg Club gave them to build meaningful

social connections with members of their local community. Many volunteers were already sociable and outgoing individuals who felt recharged in the company of other people and derived energy from widening their friendship circles. Volunteering for the Leg Clubs gave them a chance to meet new people and solidify these connections through repeat, weekly encounters. For example, Volunteer 15 from Leg Club 3 testified:

*'I do love being with people. I'm not really a house person. I love to be outside to meet people all the time.'*

Finally, it is important to stress that building social connections did not come naturally to all volunteers. Two volunteers from Leg Clubs 1 and 2 reflected on their introverted or anxious qualities, which, at first, had made it difficult for them to engage with the members. However, these volunteers also spoke of constructively challenging themselves in the psycho-social Leg Club set-up. By taking their attention away from their own worries and focusing on others, they reported experiencing personal growth. This was best substantiated by Volunteer 4 from Leg Club 1:

*'I was not very outgoing before I came here. I was um [inaudible] since I've been here, I mean it has helped immensely, talking to [members and volunteers].'*

### Objectives

Just as the COVID-19 pandemic has impacted our personal and professional lives, the volunteers observed that the pandemic posed challenges for their Leg Club. However, experiences across the three participating Leg Clubs were diverse, coalescing around the need to recruit more volunteers but diverging as to the reason for this need. Therefore, rather than discussing volunteers' objectives by theme, this section concentrates on individual Leg Clubs to present the unique situation of the volunteers in each.

In Leg Club 1, the social and clinical activities had resumed since the removal of government restrictions post pandemic. However, at the time of this study, there were only four active volunteers at the Leg Club. As explained by Volunteer 1:

*'...quite a few have left, unfortunately.'*

It must be admitted that some of the volunteers left for very personal, family reasons, which were independent of the pandemic. Nonetheless, Volunteer 2 observed that the feelings of anxiety, stress and related emotions associated with 'the new normal' may have also played a role in reducing the number of active volunteers (as well as members). As a result, the volunteers had continued concerns about the long-term capacity to return to the pre-pandemic levels of activity in the social areas.

In Leg Club 2, the social and the clinical activities have resumed, too. However, Leg Club 2 had only opened very shortly before the March 2020 lockdown. Therefore, the number of volunteers and members post-lockdown increased, as compared with the pre-lockdown levels. At the time of this study, there were eight active volunteers in this Leg Club and a desire to recruit some more. As observed by Volunteer 6:

*'...the lack of volunteers really, is... is... we need more volunteers.'*

However, the need for more volunteers came not from a drop in their numbers as a result of the pandemic (like in Leg Club 1), but, instead, from growing numbers of members as more and more were finding out about the Leg Club.

Out of the participating Leg Clubs, Leg Club 3 had the highest number of active volunteers, oscillating between 15 and 18 at the time of this research. Crucially, due to staff shortages in the local healthcare practice and the need for the nurses to recommission their services there, when this study was being undertaken the clinical side had not yet resumed. Therefore, the Leg Club operated solely as a social café. Unsurprisingly, the key objective for everyone was to re-start the clinical care provision. In recognition that this would bring more members back into the Leg Club, there was an awareness of the likely need to get more volunteers to match the higher numbers of members. As explained by Volunteer 9:

*'I will need more volunteers, I might need more drivers.'*

## DISCUSSION

In starting to conceptualise Lindsay Leg Club volunteering through an exploration of their motivations, experiences and objectives, this study found that the themes around volunteers' motivations and experiences largely corresponded to pertinent insights captured in the literature. For example, consistent with previous studies on volunteering in healthcare contexts, experience of helping and looking for personal gains, such as improved psycho-social wellbeing alongside helping others, were common reasons why the participants in this study decided to volunteer for the Leg Clubs (Gonella et al, 2019). The volunteers spoke of a great sense of personal satisfaction from making a material or symbolic difference to someone else's life, as well as of building meaningful social connections with the members as well as other volunteers (Zweigenhaft et al; 1996 Pascuet et al, 2012).

The above findings are important in relation to discovering ways of addressing volunteer concerns about shortages of Leg Club helpers, which would enable the Leg Clubs to serve the members well as their numbers continue to grow. For example, in running recruitment campaigns for Leg Club volunteers, the Leg Clubs could, therefore, emphasise the gains described by the participants using their testimonies as unbiased voices and 'social proof' that potential new volunteers could trust and relate to on a personal level. Moreover, and as an addition to existing literature, feeling inspired by witnessing volunteers at work while attending the Leg Club as a companion or as a member emerged as a vital motivation to volunteer. This is testimony to the appeal of Leg Clubs as a social space.

Therefore, Leg Club volunteers should carefully consider opening their doors to the local community and encouraging members of the community to get to know their local Leg Clubs and the volunteering opportunities available. This could be in the form of Open Days on specific dates subject to ongoing monitoring of the public health situation. However, precautions would have to be taken to protect members' privacy and wellbeing from intrusion from unfamiliar strangers. Leg Clubs welcome people of all ages and from all walks of life, but to attend they have to be registered as

patients with a local health centre. Volunteers, too, must provide their records to the Leg Club, so that there is a degree of familiarity and transparency about individuals attending on any given day, when members find themselves in a vulnerable, exposed situation of receiving care. Therefore, these days should not operate as walk-ins, but should be announced in advance for potential volunteers to register their interest, so that the members could then decide if they would like to come in on those days without feeling their privacy is compromised. Moreover, this would give healthcare providers an opportunity to discuss whether they would be prepared to have their activities observed.

### CONCLUSION

This research has been among the first few existing studies to focus specifically on Leg Club volunteers — a critical human ingredient of the tripartite Leg Club structure, which has, however, received a little less research, outside of Lindsay, (2019) and Brooke, (2020), compared with Leg Club members and nurses. It is hoped that this study contributes towards redressing this imbalance through its celebration of the volunteers' passion and commitment, as well as the difference they make to the lives of all the individuals who own and make up their Leg Clubs. The outline of volunteers' concerns might add gravitas to the need — and activities being undertaken — to recruit more Leg Club volunteers to help the Leg Clubs with exceeding on their psycho-social mission.

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### REFERENCES

- Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qual Res Psychol* 3(2):77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun V, Clarke V (2019) Reflecting on reflexive thematic analysis. *Qual Res Sport Exerc Health* 11(4):589–97. <https://doi.org/10.1080/2159676X.2019.1628806>
- Bright T (2022) Healing leg ulcers in primary care: the Leg Club\* initiative. *J Community Nurs* 36(4):36–41
- Brooke C (2020) The Nailsea District Leg Club: The importance of a volunteer team. *Br J Community Nurs* 25 (Sup6):S40–1. <https://doi.org/10.12968/bjcn.2020.25.Sup6.S40>
- Buyts T, Casteleijn D, Heyns T et al (2022) A reflexive lens on preparing and conducting semi-structured interviews with academic colleagues. *Qual Health Res* (32)13:2030–9. <https://doi.org/10.1177/10497323221130832>
- Crispin F, Holloway S, Galazka AM (2022) Members' experiences of Lindsay Leg Clubs: A thematic metasynthesis of published narratives in qualitative research. *Journal of Wound Management* 23(3):150–9. <https://doi.org/10.35279/jowm2022.23.03.03>
- Dennison L, Stanbrook R, Moss-Morris R et al (2010) Cognitive behavioural therapy and psycho-education for chronic fatigue syndrome in young people: reflections from the families' perspective. *Br J Health Psychol* 15(1):167–83. <https://doi.org/10.1348/135910709X440034>
- Elster M, Kingsley A, Layton T (2013) Barnstaple Leg Club: an introduction to leg ulcer care. *Wounds UK* 9(4):139–42. <https://www.wounds-uk.com/journals/issue/36/article-details/barnstaple-leg-club-an-introduction-to-leg-ulcer-care> (accessed 20 January 2023)
- Galazka AM (2020) Social Interaction within the Lindsay Leg Clubs: experiencing value. <https://www.legclub.org/download/documents/803> (accessed 20 January 2023)
- Gonella S, Canzan F, Larghero E et al (2019) Hospital volunteering experiences suggest that new policies are needed to promote their integration in daily care: findings from a qualitative study. *Slovenian Journal of Public Health* 58(4):164–172. <https://doi.org/10.2478/sjph-2019-0021>
- Hampton S and Lindsay E (2005) Empowering patients to take control of leg ulcer treatment through individualised management. *J Wound Care* 14(5):238–40. <https://doi.org/10.12968/jowc.2005.14.5.26772>
- Lindsay E (2004) The Lindsay Leg Club Model: a model for evidence-based leg ulcer management. *Br J Community Nurs* 9(Sup6):S15–20. <https://doi.org/10.12968/bjcn.2004.9.Sup2.13128>
- Lindsay E (2019) Valued impact of seniors working alongside clinicians in the Lindsay Leg Club network. *Br J Community Nurs* 24(Sup12):S34–5. <https://doi.org/10.12968/bjcn.2019.24.Sup12.S34>
- Lindsay E (2022) Elimination of government restrictions and its impact within Leg Clubs\*. *Br J Community Nurs* 27(Sup6):S38–9. <https://doi.org/10.12968/bjcn.2022.27.Sup6.S38>
- Lindsay E and Hawkins J (2003) Care study: the Leg Club Model and the sharing of knowledge. *Br J Nurs* 12(13):784–90. <https://doi.org/10.12968/bjon.2003.12.13.11346>
- Pascuet E, Beauchemin L, Vaillancourt R et al (2012) Volunteer satisfaction and program evaluation at a pediatric hospice. *J Palliat Med* 15(5):567–72. <https://doi.org/10.1089/jpm.2011.0426>
- Selman L, Higginson IJ, Agupio G et al (2009) Meeting information needs of patients with incurable progressive disease and their families in South Africa and Uganda: multicentre qualitative study. *BMJ* 338:b1326. <https://doi.org/10.1136/bmj.b1326>
- Upton D, Upton P, Alexander R (2015) Contribution of the Leg Club model of care to the well-being of people living with chronic wounds. *J Wound Care* 24(9):397–405. <https://doi.org/10.12968/jowc.2015.24.9.397>
- Yarwood-Ross L, Haigh C (2012) Managing a venous leg ulcer in the 21st century, by improving self-care. *Br J Community Nurs* 17(10):462–5. <https://doi.org/10.12968/bjcn.2012.17.10.460>
- Zweigenhaft RL, Armstrong J, Quintis F et al (1996) The motivations and effectiveness of hospital volunteers. *J Soc Psychol* 136(1):25–34. <https://doi.org/10.1080/00224545.1996.9923026>