



NURSING DIAGNOSES OF THE "COPING/TOLERANCE TO STRESS" DOMAIN, IDENTIFIED IN WOMEN WITH LEG ULCERS

DIAGNÓSTICOS DE ENFERMAGEM DO DOMÍNIO "ENFRENTAMENTO/TOLERÂNCIA AO ESTRESSE" IDENTIFICADOS EM MULHERES COM ÚLCERA DE PERNA

DIAGNÓSTICOS DE ENFERMERÍA EN EL DOMINIO "ENFRENTAMIENTO/TOLERANCIA AL ESTRÉS", IDENTIFICADOS EN MUJERES CON ÚLCERA DE PIERNA

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ABSTRACT

Objective: to describe the Nursing diagnoses of NANDA Taxonomy II domain nine - Coping/Tolerance to Stress, identified in the therapeutic listening of women with leg ulcers. **Method:** cross-sectional quantitative study, developed in health units of Bahia. The data was extracted from in-depth interviews and submitted to content analysis and diagnostic inference based on Taxonomy II NANDA-I. **Results:** 26 women participated, between the ages of 22 and 88 years. Wound time ranged from one to 12 years. We identified 88 different EDs, of which five belong to Domain nine. Coping/Tolerance to Stress and repeated 277 times: feelings of impotence, ineffective coping, defensive coping, readiness for improved coping, and chronic sadness. **Conclusion:** the need to plan Nursing care for these women beyond the physical dimension is evident. **Descriptors:** Nursing Diagnosis; Leg Ulcer; Nursing Care.

RESUMO

Objetivo: descrever os diagnósticos de enfermagem do domínio 9 da Taxonomia II da NANDA-Enfrentamento/tolerância ao estresse, identificados na escuta terapêutica de mulheres com úlceras de perna. **Método:** estudo quantitativo transversal, desenvolvido em unidades de saúde da Bahia. Os dados foram extraídos de entrevistas em profundidade e submetidos à análise de conteúdo e inferência diagnóstica pautada na Taxonomia II NANDA-I. **Resultados:** participaram 26 mulheres, entre 22 e 88 anos. Tempo de ferida variou 1 a 12 anos. Identificou-se 88 diferentes DE, dos quais 05 pertencem ao Domínio 9. Enfrentamento/tolerância ao estresse e se repetiram 277 vezes: sentimento de impotência, enfrentamento ineficaz, enfrentamento defensivo, disposição para enfrentamento melhorado e tristeza crônica. **Conclusão:** evidencia-se a necessidade de planejar cuidados de enfermagem para essas mulheres que ultrapassem a dimensão física. **Descritores:** Diagnóstico de Enfermagem; Úlcera da Perna; Cuidados de Enfermagem.

RESUMEN

Objetivo: describir los diagnósticos de Enfermería del dominio nueve de la Taxonomía II de la NANDA - Enfrentamiento/Tolerancia al estrés, identificados en la escucha terapéutica de las mujeres con úlceras de piernas. **Método:** estudio cuantitativo transversal, desarrollado en las unidades de salud en la Bahia. Los datos fueron extraídos de entrevistas en profundidad y sometidos a análisis de contenido y la inferencia diagnóstica basado en la Taxonomía II NANDA-I. **Resultados:** participaron 26 mujeres, entre 22 y 88 años. El tiempo de herida varió de uno a 12 años. Se han identificado 88 diferentes DE, de los cuales cinco pertenecen al dominio nueve Enfrentamiento/Tolerancia al estrés y se repitieron 277 veces: sentimiento de impotencia, enfrentamiento ineficaz, enfrentamiento defensivo, disposición para enfrentamiento mejorado y tristeza crónica. **Conclusión:** se evidencia la necesidad de planificación de cuidados de Enfermería para esas mujeres que van más allá de la dimensión física. **Descriptor:** Diagnóstico de Enfermería, Úlcera de la Pierna, Atención de Enfermería. **Descriptor:** Diagnóstico de Enfermería, Úlcera de la Pierna, Atención de Enfermería.

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INTRODUCTION

With the prolongation of life expectancy and the advancement of chronic and degenerative diseases, Nursing professionals have been confronted daily with a large number of people with chronic wounds.

Among these wounds, we highlight a venous stasis ulcer (VU), or leg ulcer, as the main complication of chronic venous insufficiency (CVI), whose incidence tends to be high, especially in the elderly, females and the economically poor population.¹ The frequency in women is attributed to the increased risk of deep venous thrombosis during pregnancy and the longevity of this group, as well as the female hormones, that predispose to the occurrence of CVI and VU.²

Leg ulcers require a demand for self-care, which, these people often, do not have because of factors such as low resources, difficulties in accessing quality services, lack of information, and mainly, the feeling of impotence that such ulcers cause, interfering with the situation. Moreover, some necessary treatments are costly and unavailable in the public health system.

In order, to provide comprehensive care, the performance of an interdisciplinary team, the articulation of the different levels of care, and the inclusion of the sick person and his/her family in the planning of self-care are essential.³ In this sense, professionals need to acquire technical and relational skills, and adopt clinical care protocols, aiming at the provision of a systematic and quality care to these people.

Although, in the daily routine, it is observed that technical professionals and Nursing assistants are the ones who are most in contact with people with wounds, it is the nurse who is the professional of the health team who, during their training, prepares to evaluate, draw up therapeutic plans, guide and execute the curative process and follow the evolution of wounds.⁴ Currently, the challenge for this professional and his/her team is to overcome the interest in the wound with exclusive offer of dressings and to carry out an extended approach, considering the sick person as a complex and integral being, visualizing it besides the injury.⁵

In this sense, the goal of Nursing care for people with chronic wounds admits not only the prospect of healing, but the palliation of suffering and improvement of the quality of life, especially in situations where the possibilities of tissue repair are remote. Therefore, in the evaluation of people with

wounds, it is important to include aspects about quality of life, such as: physical, psychological, social well-being, pain, difficulty locomotion, optimism level and life expectancy.⁶

In order to achieve an extended care, the nurse needs to consider all the dimensions of the sick person, and for that, it is important to use scientifically validated methods and techniques for the planning of this care, among which the Nursing Care Systematization (NCS), Nursing Process (NP) and diagnostic taxonomies stand out, such as NANDA-I Taxonomy II.

Resolution 358/2009 considers that the NCS organizes the professional work regarding method, personnel and instruments, making the operationalization of the Nursing Process possible, considered a methodological instrument that guides the Nursing professional care and documentation of the practice, besides what should be done and what steps should be taken.

The NP favors the evaluation of the person in a critical, holistic, individual and humanized way. It consists of five stages: Nursing history, Nursing Diagnosis, planning, implementation and evaluation, items which allow to collect information about the person who will receive the Nursing care: organize the data, based on the human responses, signs and symptoms, and causal factors of such responses, plan and implement actions for further evaluation.

A Nursing diagnosis is a clinical judgment about the individual's, family's or community's responses to actual or potential health problems/life processes. It is the basis for the selection of Nursing interventions and for the achievement of results, for which the nurse is responsible.⁹

The identification of the domain and class of each Nursing diagnosis emphasizes the taxonomic strategies proposed by NANDA-I, allow a articulation of the identified data, encourages the reflection about the care provided and reinforces the importance of the ND. The systematic use of the NANDA-I Taxonomy facilitates communication among Nursing professionals, offers standardized language, aims to obtain desirable results for the person cared for, and contributes to the acquisition of nurse autonomy.⁸

Among the domains, "Coping/Tolerance to Stress" includes aspects related to the struggles against events/life processes. It is composed of three classes and 37 Nursing diagnoses.⁹ It will be considered, in this study because it gives rise to the most identified

NDs that represent the difficulties faced by women with leg ulcers in their daily life, as a result of living with a chronic wound.

This study stems from the concern of the authors to contribute to the planning of integral Nursing care for women with leg ulcers. Based on their observations of care contexts, people with chronic wounds, treated mainly in the basic health and outpatient units, usually receive more treatment of the lesion through dressings, disregarding the subjectivity of the disease.

The Nursing consultation, a private activity of the nurse, considered a privileged moment of care, favors communication and therapeutic listening¹⁰ and are essential for Nursing professional care. However, in the context under study, the presence of items that investigate the subjective needs of people with leg ulcers in the care guide instrument was not observed, which motivated the authors to formulate the following research problem: which Nursing Diagnoses (ND) related to the subjective dimension identified in the therapeutic listening of women with leg ulcers? And to answer this, this study aims to describe the Nursing Diagnoses of domain nine of NANDA Taxonomy II - Coping/Tolerance to Stress, identified in the therapeutic listening of women with leg ulcers.

This research is justified by the nurse's need to base professional work, using already validated instruments that favor the actual and potential needs of the people under his/her responsibility, especially those with leg ulcers.

METHOD

Article elaborated from the dissertation << Nursing Diagnoses in Women with Leg Ulcers >>, presented to the Professional Master's Degree in Nursing at the State University of Feira de Santana / UEFS. Feira de Santana-BA, Brazil. 2014.

An exploratory, quantitative approach was carried out using the database of the Research Project titled Body and Sexuality of Chronically Injured Women: images and social representations, financed by the CNPQ according to Edict MCT/CNPq/SPM-PR/MDA 020/2010, and was approved by the Research Ethics Committee of the UEFS, through protocol Num. 032/2011.

This study respected the ethical and legal precepts, as recommended by Resolution 466/12, of the National Health Council. In proceeding with registration and analysis of

the data, anonymity of the participants was ensured.

The data from the matrix research was collected in the period 2010/2011. The sample was composed of all the women interviewed, which corresponded to 26 women aged between 22 and 85 years, who had leg ulcers for more than three months and were cared for in the outpatient unit of a public hospital in Salvador and in the referral unit for the treatment of people with hypertension and diabetes in Feira de Santana, in the State of Bahia, who receive people with leg ulcers from the different neighborhoods and districts located in the referred Municipalities, offering specialized care for evaluation and treatment of this population.

For the preparation of this article, were used the statements of the 26 women who gave in-depth interviews, recorded, from the following question: Tell me what it is like to live with leg injury. Although the construction of the database initially did not have the objective of identifying the Nursing Diagnoses through consultations with physical examination, history and anamnesis, the statements contained in the in-depth interviews revealed scientific evidence pertinent to the diagnostic inference.

Thus, the identification of NDs was performed in two phases: in the first, an analytical reading of each interview was made, with the selection of the expressions contained therein, which denoted responses of women with leg ulcers to their actual or potential health problems/vital processes. In the second, the identification of the Nursing Diagnoses, based on NANDA-I Taxonomy II, verifying the definition of the diagnostic title, the defining characteristics or the risk factors described therein was compatible with the interviewees' statements. After confirmation of each diagnostic category, the expressions of the women were classified according to the specific Nursing Diagnosis. Next, the results of the established NDs were submitted to the assessment and validation of three nurses and one nurse with experience in working with Nursing Diagnoses of NANDA-I Taxonomy and care for people with leg ulcers. After being evaluated, the confirmed ND were classified by Domain and Classes. Next, the quantification of Nursing Diagnoses, defining characteristics and risk factors was performed.

For the purposes of this article, we analyzed the diagnoses and their respective defining characteristics and risk factors, belonging to the domain nine -

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Coping/Tolerance to Stress, according to NANDA-I Taxonomy II 2012-2014.⁹

interviews, 277 times, on average of 13.1 ND per interview, according to table 1.

The data was organized into Microsoft Office Excel 2007 version 2007 worksheets and presented in tables in the form of simple frequency and percentage.

Data was processed in three stages: full transcription, of all 26 interviews in the first column of the form; analytical reading of all interviews and selection of the expressions contained therein that denote responses of women with leg ulcers to their health problems/actual or potential life processes, establishing the Nursing Diagnosis according to NANDA International Taxonomy II, 2012 -2014; confirmation or disposal of each established diagnosis. This process involved a careful reading of the definition of each ND as well as its defining characteristics or risk factors and selection of the factor(s) that best represented each verbal expression. At this moment, the researcher's knowledge about NANDA-I Taxonomy, as well as her experience in establishing a specific ND, according to the signs and symptoms or life processes referred to by the people receiving Nursing care, in this case, fundamental for women with leg ulcers.

RESULTS

The women in this study were between 22 and 85 years of age, with a predominance of the age group of 40-49 years. Most of them declared themselves to be black Catholics. The abovementioned occupations were diverse, such as a farmer, a maid, among others, and the majority, housewives. The predominant family income referred to one minimum wage and five of them had as source of income Sickness Aid.

As for the level of schooling, there were women who were not literate up until higher education and most reported having studied until incomplete elementary school. There was a predominance of single women and widows.

Regarding aspects of the lesion, in eight women, the wound had been present from one to five years. The most prevalent pathological antecedents were Diabetes mellitus and Systemic Arterial Hypertension, of which six had more than one pathological antecedent.

After analyzing the data, we identified 88 different NDs, of which 13 were identified in more than 40% of the interviews. Of these, five belong to Domain nine. Coping/Tolerance to stress, which were repeated, in the

Table 1. Distribution of Nursing Diagnostics in the Domain Coping/Tolerance to Stress, identified in women with leg ulcers, and number of interviews per diagnosis. Salvador / Feira de Santana (BA), Brazil, 2013.

Domain	Diagnostic Characteristics	Num of times	% (n=277)	Num of interviews	% (n=26)
Coping/ Tolerance to Stress	Feeling of impotence	93	33.5	21	80.7
	Ineffective coping	61	22.0	17	65.3
	Defensive confrontation	60	21.6	12	46.2
	Provision for improved coping	39	14.0	15	57.7
	Chronic sadness	24	8.6	12	46.2
Total		277	100	-	-

Based on table 1, the most prevalent occurrences of the diagnoses identified in the reports of women interviewed were associated with feelings of impotence (93), ineffective coping with chronic wound condition (61) and defensive coping (60).

times and were identified from 46 different defining characteristics, which were repeated 243 times, on average six by ND, with CD predominance. Frustration report about the inability of previous activities (43) and lack of control reports (39), according to table 2.

The five ND of the Domain Coping/Tolerance to stress were repeated 277

Table 2. Distribution of the defining characteristics of the ND of Domain nine. Coping/Tolerance to stress, identified in the interviews of women with leg ulcers (n = 277). Salvador/Feira de Santana (BA), Brazil, 2013.

Nursing Diagnostic		N	Defining Characteristics	N	%
1	Feeling of Impotence	93	Report of frustration regarding the inability to perform previous activities	43	46.2
			Report of lack of control	39	41.9
			Dependence on others	5	5.3
			Report of shame	5	5.3
			Report of alienation	4	4.3
			Report of doubt regarding performance role	4	4.3
			Depression due to physical deterioration	1	1.0
2	Ineffective Coping	61	Report of inability to cope	20	32.7
			Verbalization of inability to cope or inability to ask for help	17	27.8
			Inability to meet basic needs	7	11.4
			Use of forms of coping that prevent adaptive behavior	7	11.4
			Inability to meet role expectations	4	6.5
			Lack of problem-solving behavior	3	4.9
			Inadequate troubleshooting	3	4.9
			Inability to deal with information	2	3.2
			Lack of goal-oriented behavior / problem solving, including inability to deal with information and difficulty organizing information	1	1.6
			Change in the usual patterns of communication	1	1.6
			Healing impairment	1	1.6
3	Defense Coping	60	Difficulty in establishing relationships	14	23.3
			Denial of obvious weaknesses	10	16.6
			Denial of obvious problems	9	15.0
			Hypersensitivity to criticism	6	10.0
			Difficulty maintaining relationship	5	8.3
			Distortion of reality	5	8.3
			Projection of responsibility	5	8.3
			Difficulty in perceiving reality	3	5.0
			A Superior attitude to others	2	3.3
			Hypersensitivity to disparagement	2	3.3
			Guilt projection	2	3.3
			Use of forms of coping that prevent adaptive behavior	2	3.3
			Change in the usual patterns of communication	1	1.6
			Risk of hostility	1	1.6
			Verbalization of inability to cope or inability to ask for help	1	1.6
			Distortion of obvious problems	1	1.6
4	Provision for improved coping	39	Positive feelings / reactions	18	46.1
			Defines stressors as "manageable"	7	19.9
			Search for social support	5	12.8
			Recognizes power	4	10.2
			Seeks to know new strategies	3	7.6
			Uses a wide variety of emotion-driven strategies	2	5.1

			Uses spiritual resources	1	2.5
			Recognizes possible changes in environment	1	2.5
5	Chronic Sadness	24	Expression of feelings of sadness	20	83.3
			Report of feelings that interfere with the patient's ability to achieve his or her highest level of social well-being	4	16.6
			A report of feelings that interfere with the patient's ability to achieve his or her highest level of personal well-being	3	12.5
			Negative feelings report	1	4.1
Total		277		243	-

The ND Impotence Feeling belongs to Class two: coping responses. It is defined by NANDA-I as "the lived experience of a lack of control over a situation, including, a perception that one's actions do not significantly affect an outcome."⁹ It was inferred 93 times, based on seven defining characteristics, in 21 interviews.

DISCUSSION

The data indicates that, when they were heard, women with leg ulcers spoke about their health problems that are beyond the physical sphere and emphasized psycho-emotional and social aspects, imperceptible to health professionals, when performing the physical examination, without allowing moments of dialogue.

The sense of helplessness in these women was highlighted by their perception of the rupture of their social roles, in as much as illness prevents them from carrying out their daily activities, placing them in the situation of a person dependent on care, and financially dependent on other members of their family, or even friends and neighbors. Faced with this reality, they feel that they have lost control over their own lives.

These psychosocial and emotional aspects, identified in the interviewees' reports, highlight the difficulty presented by women with leg ulcers to develop daily activities essential for the maintenance of life, such as caring for oneself, taking care of the home, walking and working.

In people with leg ulcers, the feeling of impotence is closely related to the loss of physiological, psychosocial and economic control, causing loss of autonomy and decreased quality of life.^{5-6,11}

Feelings such as sadness, hopelessness and frustration demand psychosocial attention and require the interlocution of Nursing care with the other professionals of the health team,¹⁰⁻¹¹ which leads the authors to infer that such feelings are in the genesis of the identified NDs that make up Class Two: Coping Responses.

The women in this study find it difficult to adjust to the new situations that the illness

imposes, in order to maintain their daily life and to satisfy social expectations, revealing ineffective coping and defensive confrontation. They were identified, through 11 and 16 CDs, respectively, being the most frequent report of inability to cope.

The NANDA-I taxonomy defines ineffective coping as the "inability to develop a valid assessment of stressors, inadequate choice of responses practiced and/or inability to utilize available resources," while the ND defensive coping is defined as "Repeated projection of a falsely positive self-assessment based on a self-protective standard that defends against perceived underlying threats to positive self-esteem."⁹

The prevalence of these NDs reveals that it is necessary to have, in the Nursing history topics that favor the identification of the subjective needs of people with leg ulcers during the Nursing consultation for further planning of professional actions.

A study¹² evaluated the occurrence of stress in 60 women with and without cancer, the importance attributed to it and the evaluation of their overcoming in the health, social/work and family areas and identified stressors compatible with those presented in this study, such as: affective disorders with psychosomatic manifestation; depression; emotional stress/occupational stress; marital conflicts; separations; disagreements or conflicts with children; parents or siblings; losses due to the death of parents or close relatives, among others. This indicates that the human being, especially the woman, cohabits with several stressors, which aggravated when she has to live with a complex problem like a leg ulcer.

The coping behaviors are a person's actions in the face of a perceived problem, in an attempt to minimize the negative and stressful experience to considerable levels of psychological and emotional well-being.¹³

Women living with a leg ulcer experience various stressful situations, as well as, facing difficulties due to altered body image, they must also deal with the physical, social, psychological, emotional and spiritual consequences of this chronic health problem,

such as pain, odor, changes in daily activities, low self-esteem, among others.

This situation requires a restructuring of behaviors, attitudes and practices of self-care. Therefore, the importance of the nurse to identify and stimulate the development of individual coping capacities through the therapeutic relationship, difficult, without help, as perceived in the testimonies of these women.¹⁴

The coping responses must occur in order to modify the risk conditions to favor psychosocial adaptation, and consequently, an improvement in the quality of life and a balanced psychological functioning,¹⁵ which may occur if these women find coping support.

The selection of coping strategies should capture the socio-cultural context in which the person is inserted, as well as the attitudes and behaviors of the health team that treats the person. And the outcome of the coping process will depend on the nature of the stressor, on the availability of the individual's social and psychological resources, and on the characteristics of the context, all interconnected.¹⁵

For women with leg ulcers, it is necessary to consider the strong symbolic load placed on their body today, demanding an increasingly rigid discipline of presenting themselves to the public, in the sense of being appreciable, and beautiful within social norms, as it may have different meanings and be observed in different ways.¹⁶

In addition, limiting health problems, such as chronic wounds, are unexpected events and require many ways of coping, causing stress and other emotional symptoms involving personal, social, and emotional mobilization. In addition to this, the fact that chronic injury is a health problem with a strong social stigma.^{10,15}

In women, the integrity of the skin represents, beyond protection, femininity and, its loss is experienced as something threatening, capable of altering the concept that it makes of itself. When faced with a new body aesthetic, which escapes the standards accepted by society as normal, women may present problems regarding the acceptance of their own image and self-valorization, mainly, because the presence of the wound is stigmatized by the society that associates it with negative characteristics, which favors discrimination, generating suffering,¹⁶ because, with chronic injury, feelings of inferiority, rejection, shame and sadness are evident.¹¹

The female body, altered by the leg ulcer, can make the woman more sensitive and have difficulty coping. Their ability to accept and adapt to these changes directly affects their emotional state, their quality of life and their personal, family, social and work functions, since many women view, as perfection a perfect, healthy and beautiful body, with no skin changes.¹⁷

Although ineffective or defensive coping is multi-causal in women with leg ulcers, it seems to be more related to the embarrassment and shame usually stemming from visible changes in the skin and leading to physical disfigurement, a change in body self-image, and preoccupations with social prejudice, with consequent interruption of professional, recreational and sexual activities.¹¹

Thus, these women need support from professionals, their families and the community to help them face difficulties in their daily lives, as well as adequate support from the health service at all levels of care related to qualified professionals, materials and products suitable for the treatment of the lesion, mainly, moments of listening and support of the nurse and other professionals.¹⁸⁻⁹

Women with leg ulcers experience social isolation that increases with time, due to the treatment itself or its limitations. Thus, people who are related to them become accustomed to their condition, not giving them the same support as the beginning of the problem or the treatment¹⁰⁻¹ and, thus, express themselves in "difficulty in establishing relationships", aggravated by the fact that they feel unattractive, which makes it difficult to approach people for fear of rejection, preventing them both from preserving existing relationships, and from initiating new links.¹⁰

In the genesis of this isolation are the repulsive characteristics of the wounds such as secretions and odors, which can be controlled through the use of therapies suitable for this purpose, already available in the Brazilian market, but, little available in public units, requiring managers to provide resources that ensure care that can minimize this problem. This can be attenuated with the implementation of the systematization of Nursing care, when the nurse can predict the need for necessary materials based on the profile of the clientele.

With regard to chronic STDs, NANDA-I defines it as "Recurrent and potentially aggressive cyclic pattern of disseminated sadness, experienced in response to

continuous loss along the path of a disease or disability." It was identified, through four CDs, being the most prevalent, expressed feelings of sadness (83.3%).

Feelings such as sadness, pain and grudges, if untreated, can lead a person to present guilt complex, sudden mood swings, anxiety crisis, panic, unexplained reactions, indecisions, excessive envy, fears, hypersensitivity, pessimism, and impotence and depression.

You may feel devalued, constantly despise yourself, not believe in yourself, see no meaning in life, or have goals and feel unable to achieve anything you set out to do. With this, it may present feelings of violence, verbal or physical, against the other or against yourself.^{11,17}

Sadness, is often, caused by the change in social life due to the limitations that put people in the complex situation of not being able to lead their own lives with autonomy and basic conditions of existence like work, leisure, safety, locomotion, among others, The dependents of family and friends to manage their activities, whether domiciliary, leisure, social and family. This will cause damage to their autonomy, and, consequently, will result in a deficit of self-esteem, self-image and quality of life, making them perceive themselves as invalid and discriminated.^{6,11}

Although women with leg ulcers have difficulty coping with such a situation, they also find a willingness to deal with events. This provision can be strengthened through religiosity, work or family support, as well as the participation of groups living together. The social support network is an important resource that can be used by the person with health changes, seeking internal and external resources.²⁰

Although the presence of leg ulcers causes problems that hinder people's lives, the improved disposition of confrontation denotes that aspects such as spiritual suffering, feelings of abandonment, despair, loss of meaning and dignity, among others, depend on each individual and some factors may arouse, in the person, the desire and the courage to face their problems,²¹ such as: trust in the relationship with the health professional, especially the nurse; family and friends support; access to appropriate therapies, which may increase hope in wound healing, among others. In this sense, opportunizing group participation in discussion and mutual aid can result in qualitative contributions in the lives of these women.

NANDA-I defines this ND as "a pattern of behavioral and cognitive efforts to cope with demands that are sufficient for well-being and can be strengthened." It was identified from eight CD's, with the most frequent positive feelings/reactions, as shown in table 2. Thus, it can be inferred that women with leg ulcers in this study, if supported and stimulated, could improve how they deal with this chronic situation. For this, the nurse needs to know the experiences of these women in the face of the leg ulcer.

CONCLUSION

This study aimed to describe the Nursing Diagnoses of domain nine of NANDA Taxonomy II - Coping/Tolerance to Stress, identified in the therapeutic listening of women with leg ulcers. The results revealed that their problems are highlighted in the repercussions that the lesions promote on their relationships and feelings. Largely due to changes in physical ability, self-esteem and body image, in relationships with other people and in the interruption of a number of activities of daily living.

Although their speeches denote inability to cope and even impotence, they also highlight a willingness to cope with the illness situation experienced.

The results of this study provide subsidies for the nurse to systematize Nursing care, aiming to take care of this specific group of women in an integral approach, favoring their quality of life and the palliation of their suffering.

The richness of the testimonies, which made possible the diagnostic inference, highlights the importance of creating space for the expression of the experiences of these women during the therapeutic encounter. When listening, the nurse will have the opportunity to know elements that reveal the need for care that, are often, not contemplated in the conventional instruments of examination, history and anamnesis.

Thus, the in-depth interview during therapeutic listening has proved to be an important additional method for data collection in the implementation of the Nursing process, in order to systematize Nursing care based on the expressions of the needs of those who need professional Nursing care.

This study does not conclude the discussion about the identification of ND in women with leg ulcers, but emphasizes the need for future research on the subject and the importance of the nurse's performance with this group. A

study on the need to implant the Nursing consultation in the care units for these people would be a way forward.

The fact of working with secondary data, in which the clinical aspects were not explored, could have contributed to the identification of other diagnoses and their causes, as well as making it possible to use all the structural elements of NANDA-I Taxonomy II, and the lack of publications on Nursing Diagnoses in women with chronic wounds in other contexts, to compare the results, were revealed as limitations of this study.

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