THE PERCEPTION OF FAMILY CAREGIVERS ABOUT THE PRESSURE ULCER IN THE ELDERLY

A PERCEPÇÃO DOS CUIDADORES FAMILIARES ACERCA DA ÚLCERA POR PRESSÃO EM IDOSOS

LA PERCEPCIÓN DE LOS CUIDADORES FAMILIARES ACERCA DE LA ÚLCERA POR PRESIÓN EN ANCIANOS

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ABSTRACT

Objective: understanding the perception of family caregivers about the Pressure Ulcer (PU) in the elderly.
Method: an exploratory descriptive study of a qualitative approach guided by the question << The knowledge of family caregivers about the PU has implications for the care of this old? >>, conducted with ten family caregivers of elderly patients with Pressure Ulcer in a regional hospital. Data were collected from June to September 2014, then, submitted to Content Analysis after the project was approved by the Research Ethics Committee, CAAE nº 31578614.4.0000.5200 and Protocol nº 662.771/2014. Results: the experience of caregivers allows them to meet the PU and can identify its causes and prevention methods, acting on behalf of the well-being of the elderly affected by PU. Conclusion: knowledge can enhance daily practice and improve the performance of care, in addition to result in health benefits for the elderly affected by PU.

Descriptors: Hospitalization; Elderly; Pressure Ulcer.

RESUMO

Objetivo: compreender a percepção dos cuidadores familiares acerca da Úlcera por Pressão (UP) em idosos.
Método: estudo exploratório descritivo com abordagem qualitativa norteado pela questão << O conhecimento do cuidador familiar acerca das UP acarreta implicações no cuidar desse idoso? >>, com dez cuidadores familiares de idosos com Úlcera por Pressão em um hospital regional. Os dados coletados entre junho a setembro de 2014, em seguida, submetidos à Análise de Conteúdo, após a aprovação do projeto no Comitê de Ética em Pesquisa, CAAE nº 31578614.4.0000.5200 e Protocol nº 662.771/2014. Resultados: a vivência do cuidador familiar permite que este conheça a UP e consiga identificar suas causas e métodos preventivos, atuando em prol do bem-estar do idoso acometido pela UP. Conclusão: o conhecimento pode embasar a prática diária e melhorar o desempenho do cuidar, além de acarretar em benefícios para a saúde do idoso acometido pela UP.

Descritores: Hospitalização; Idoso; Úlcera por Pressão.

RESUMEN

Objetivo: comprender la percepción de los cuidadores familiares acerca de la úlcera por presión (UPP) en los ancianos.
Método: este es un estudio exploratorio descriptivo con enfoque cualitativo guiado por la pregunta << ¿El conocimiento de los cuidadores familiares acerca de las UPP tiene implicaciones para el cuidado de este mayor? >> conducido con diez cuidadores familiares de pacientes ancianos con úlceras por presión en un hospital regional. Los datos fueron recogidos de junio a septiembre de 2014, a continuación, sometidos al análisis de contenido después de que el proyecto ser aprobado por el Comité de Ética en Investigación, CAAE nº 31578614.4.0000.5200 y Protocol nº 662.771/2014. Resultados: la experiencia de los cuidadores familiares les permite cumplir con la UPP y poder identificar sus causas y métodos de prevención, actuando en nombre del bienestar de personas mayores afectadas por la UPP. Conclusión: el conocimiento puede basar la práctica diaria y mejorar el rendimiento de la atención, y el resultado en beneficios para la salud de las personas mayores afectadas por la UPP.

Descriptores: Hospitalización; Ancianos; Úlceras por Presión.

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INTRODUCTION

Aging is a process inherent in all living beings. In the case of humans it cannot be dissociated from biopsychosocial aspects, a factor that contributes to its occurrence is different in each organism.\(^1\) The anatomical and physiological changes can accelerate or decelerate this process from the physical point of view.\(^2\)

Brazil has experienced a constant demographic transition, epidemiological, and nutritional.\(^3\) The demographic transition can be observed when comparing the proportion of young people to the elderly, which grew 1,79% over the last 13 years, while that of young people decreased 5,9%, which contributed to a significant change in the pyramid Brazilian age in 2013, as there was a marked increase in the elderly population and decrease in the young.\(^3,5\)

The epidemiological transition, to emphasize the changes concerning the behavior of morbidity and mortality, which currently have been evidenced by the overlapping of cardiovascular diseases to other chronic diseases and higher incidence of this latter group to infectious and parasitic diseases.\(^3,5\)

As regards the nutrition transition, it is observed that the change in dietary habits associated with life habits resulted in the increase of the population overweight and obesity relating directly to the increase in chronic non-communicable diseases.\(^3,5\)

These transition processes, when combined, have a major impact on the life expectancy of the population and, consequently, on the quest for health services.\(^6\) As a result of these changes, the average life expectancy of the Brazilian, who in the last century, was 33, went to 74, six years in 2012.\(^3\)

Advancing age can lead to various functional limitations, causing some seniors need help to carry out the Activities of Daily Living (ADL), which can range from a simple aid, as the shift to any room in the house, to a more complex and continuous, for example, help during personal hygiene.\(^7\) Involvement of acute and chronic diseases for the elderly makes this need for assistance increases, especially when it is hospitalized for medical treatment.\(^8\)

The coming of the UP in on hospital beds hospitalized elderly is something preventable, and it occurs a decrease in the UP presence in the hospital is necessary to know the risk factors, so that the multi-professional team in partnership with the family caregivers deploy preventive measures in favor of the customer.\(^9\)

Both in hospitals and in the home some clinical conditions of the elderly may be aggravated by the emergence of Pressure Ulcers (PU).\(^10\) Pressure ulcer can be defined as the damage present in the epithelial tissue, commonly present in the regions where there is the presence of bony prominence, arising as a result of pressure alone, or combined with the cut off or friction. In addition, UP is considered a public health problem because it is estimated that 3% to 14% of hospitalized clients develop UP, and the elderly are an important part of this group.\(^11\)

It is possible to observe the high worldwide incidence and prevalence of UP.\(^12\) Its characterization as common complication, resulting in adverse impacts to perform ADLs, and effectiveness of their social relations.

During the hospital stay, the development of UP is considered a major problem experienced by some customers, with its elevated incidence and prevalence worldwide, accounting for different countries and realities costly to the hospital, as well as individual and family suffering.\(^13\) According with a multicenter study conducted in institutional care for acute patients the prevalence of UP was determined in some countries such as Italy (9%); Holland (15%) and the United Kingdom (18%).\(^14\)

Given this situation, the family caregiver now features as an important element in helping the elderly to perform ADLs, and contribute so that it can deal with the challenges of the health-disease process. Sometimes only one person is chosen by the family, which is responsible for implementing the care.\(^8\) Thus, the caregiver term is defined as the individual responsible for providing care to sick or dependent elderly in the execution of their ADLs, which may or may not be the same family.\(^15\) This, in turn, finds several challenges arising from the practice of caring for the elderly, and through his experience is creating strategies such as the use of play techniques, both in the home environment, as in the hospital, in order to promote biopsychosocial well-being of the elderly, independence and autonomy.\(^16\)

Given this reality, arises the question: “Knowledge of family caregivers about Pressure Ulcers carries implications for the care of the old?” To answer this question this study aims to:

- Understanding the perception of family caregivers about pressure ulcer in the elderly.
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METHOD

Article drawn from the Work Completion Course presented to the Multidisciplinary Residency Program of Internazionalization of Health Care, Federal University of Pernambuco/UFPE, Garanhuns (PE), Brazil, 2015.

It is a descriptive exploratory study with a qualitative approach, held at internal medicine section of the Regional Hospital Dom Moura, located in the municipality of Garanhuns (Pernambuco) there is approximately 210 km from the capital. It is a referral hospital for the 21 municipalities that make up the V Regional Health Management, with its more than 500,000 inhabitants. The Medicine department attended an average of 101 elderly during the months of January, February and March 2014. Most of these elderly is accompanied by their family caregivers during hospitalization period.

Based on this it selected a purposive sample of 10 family caregivers of elderly patients by UP who were admitted to the internal medicine section of the Regional Hospital Dom Moura.

Inclusion criteria were: (1) being a family caregiver for elderly patients with pressure ulcer; (2) to monitor the elderly hospitalized in the medical clinic. Exclusion criteria: (1) the subject does not know how to read and write.

Data collection was conducted from June to September 2014, through a script of semi-structured interviews with family caregivers, in order to question regarding the formation, management and risk factors for ulcer pressure in the elderly in the hospital.

After the full record of the interviews there were revealed thematic beams, due to the similarity of the highlighted content in the statements of the respondents. Thus, it was possible to relate the theory with practice, based on content analysis, which is described as a set of broad communication analysis techniques. Thus covers the following steps: pre-analysis, exploration of material and treatment of results causing arise themed bundles through inference and interpretation.

In the pre-analysis is the systematization in order to direct the successive operations of content analysis, being based on the choice of documents to be analyzed, formulating hypotheses and objectives, and development of indicators for final interpretation. The exploitation of the material depends on the first phase, if it has been well thought out and conclusive, this step will occur through the systematic application of data. Treatment of results, third and last stage corresponds to inferences upon the analyzed content, which will be interpreted and can be arranged in new theoretical dimensions.

The project was approved by the Research Ethics Committee of the Hospital Otavio de Freitas, under CAAE nº 31578614.4.0000.5200 and Protocol nº 662.771/2014. Therefore, they were subject to the observations contained in the National Health Council Resolution 466/2012.

RESULTS AND DISCUSSION

Through data analysis emerged six thematic categories related to the perception of caregivers regarding caring for the elderly with UP: (1) a popular concept of pressure ulcer; (2) preventive methods of pressure ulcer; (3) the causes of pressure ulcer; (4) the transformation of caring for the elderly after the onset of pressure ulcer; (5) responsibilities after the emergence of pressure ulcer; and (6) access to information related to the pressure ulcer.

A popular concept of Pressure Ulcer

The coming of the PU in the elderly leads the family caregiver to make various questions about what is actually this type of injury. From generating matter of debate, “What do you mean by pressure ulcer?” family caregivers reported:

- It is a burn due to the heat and the much time in bed. (Family Caregiver 2)
- […] It was a sore because of the movement. But I saw some seniors who were so because of the relocation. The wound is large. I wonder: Will it increase? Will you heal soon? (Family Caregiver 6)
- It is an injury; I do not know really what it is. (Family Caregiver 8)

The pressure ulcer is a skin injury experienced by the elderly, especially those who are under the relocation process in hospitals, as well as those who are institutionalized in long-stay institutions for the elderly (LTCF), as a result of the association between fragile situation with old age and lack of mobility.

It is observed in these lines some uncertainty and fear of what really is PU and prognosis of elderly people receiving treatment in the health service. In contrast, some family caregivers present understanding of the PU. These feelings can be observed in the study, which interviewed seven relatives in two health centers in Coimbra, so the lack of knowledge can be considered as a clinical trial, which is related to the need, lack or absence of specific content.
Preventive methods of Pressure Ulcer

The PU, as other problems associated with the elderly, needs special attention from health professionals and family care. When asked about what can be done to avoid the PU, family caregivers reported in their speeches:

- Using a water mattress, an eggshell mattress, more ventilated mattress and turning several times. (Family Caregiver 2)
- [...] Be very careful, I was, but it was little. [...] Putting too much sunflower oil and cream. (Family Caregiver 5)
- When her turn will get better, making the dressing, using the right medicine. Will it take the whole ass? Avoid that it is stretched, I leave aside more. (Family Caregiver 6)

Several instruments have been used in hospital practice as a preventive method for the PU. According to the study carried out in Singapore, three Intensive Care Units of 42 users reviews 25 developed PU, which could have been avoided by preventing, for example, by applying instruments in clinical practice, such as scale of Braden and Norton.22,3

The Braden Scale has the intention to contribute to the prevention of PU by providing subsidies to predict the risk for their training. With regard to this scale are analyzed six risk factors into account, namely: (1) Sensory Perception, regarding the customer’s ability to react significantly to the discomfort related to pressure; (2) Humidity: refers to the level to which the skin is exposed to moisture; (3) Activity: analyzes the level of physical activity; (4) Mobility: it is the customer’s ability to change and control the position of his body; (5) Nutrition: reflects the usual pattern of customer’s food consumption; (6) Friction and shear: shows the dependence of the customer for the mobilization and positioning of spasticity states of agitation and contraction which can lead to constant rubbing.24

Thus, the total score of the scale remains between 6 values to 23. The customer evaluation of the final can find the following references: under 11: High risk; 12-14: moderate risk; 15-16: minimal risk. Therefore, the lower the score, the higher the risk for developing UP.24

The speeches of family caregivers about the preventive methods are similar to the strategies highlighted in another study, where the experience of the family caregiver allows the same Reframe the caring for the elderly with PU, and yet, create care strategies, such as the communicative with other family and the search for guidance on the healing that must be performed.21

It may be noted that the health facility to another study no stage of PU III and IV, highlighting the staging of lesions and reducing the incidence of UP in health institutions as a result of a joint effort between health staff and the family caregivers, in addition applying a prevention protocol.25 Confirming this study, it was observed that the preventive methods become effective to the extent that the caregiver is aware about prevention methods.

The position change is present in the story of family caregivers as one of the main ways of preventing the PU training. In a study of bedridden elderly seen in their own home, it was observed that 89.2% of those responsible for caring for the elderly refer to this practice as a precautionary measure.26

One can still carry out preventive measures through the development of educational tool, which is delivered to the caregiver at the time that the elderly receive the hospital, guiding them about preventative measures for the PU, to be performed at home. Thus, the action in the prevention of PU is essential to prevent it from occurring and worsening. It is also possible that there is a reduction of infections.27

The causes of Pressure Ulcer

When the family caregivers were asked about: “What do you consider that may cause or worsen Pressure Ulcers”, the following answers emerged:

- It is due to warmth, to use disposable diaper, and get really lying. (Family Caregiver 1)
- Staying on the same side [...]. If not careful can become widespread. (Family Caregiver 2)
- I think that if you stay doing body weight will increase and get scratching. Already have about three cases of elderly people who died, not because of it, but died and did not recover. [...] (Family Caregiver 6)

Family caregivers reported in their speeches that the possible cause of PU training in the elderly may be related to the use of diapers and because of prolonged bed rest, confirming the items that make up the Braden Scale.24

The insertion of caring for the elderly in daily contact allows the caregiver to understand some processes experienced by the same, although the same identify and list the causes of PU with its respective coming. However, the guidance of health professionals on how to identify the causes, can allow the family caregiver can identify the emergence...
The perception of family caregivers about...

The caring for the elderly after the onset of PU permeates some changes resulting from the depth and extent of the injury, which may be exacerbated when associated with other comorbidities.

- Responsibilities after the emergence of Pressure Ulcer

The family caregivers were interviewed with the following question: “What precautions you must perform after the emergence of pressure ulcer?” Family caregivers responded according to what was exposed below:

- Always turn from one side to the other, with very careful not to hurt. Always use the proper cream and ointment to heal as quickly as possible. (Family Caregiver 2)
- Besides, I put him in the other. I’m straightening it and help to sit. (Family Caregiver 3)

After the coming of the PU it is necessary that steps are taken so that the elderly have a positive outcome, so the role of family caregivers in partnership with the multidisciplinary team is essential at this time, it will be crucial to the health and quality of life of the old.

The responsibility to take care of the elderly with the UP sometimes finds barrier unprepared by the caregiver, whether due to lack of knowledge, or even emotional factors, as with increasing responsibility there is evidence indicating the reporting of family caregivers about the emergence of feelings related to depression, injustice, anger and fatigue, which can hinder the care. Thus, the partnership between the health professional and the family caregiver is critical to minimize PU association with non-healing and death, as was exposed by one of the family caregivers.

- Access to information relating to Pressure Ulcer

This study sought to identify family caregivers obtained health professionals information about the prevention and management of PU; however, it was found that half (50%) of respondents did not get any professional information linked to the care of the elderly at the hospital where they were hospitalized during the study period, as explicit in Figure 1.
Ensuring access to relevant information about the topic is essential for the family caregiver to perform his duties as expected, to improve the clinician’s old frame; however, as the lines it was noticeable that 50% of those not received any orientation for many times, the professional neglect preventive measures. Of those who received information, 30% was carried out by the nurse, who ends up being the one professional who is more present in daily life and in the elderly relocation process, with a greater readiness to perform ongoing evaluations of injuries.

Access to information may relate to the application of instruments such as the Braden Scale, which is directed to the health professional, and not for the family caregiver. However, this scale allows the creation / formation of a bond for the construction of joint strategies for caring for the elderly. Thus, the simplest measures can be carried out by family caregivers should be guided by the professionals responsible for health care.

By the application of these instruments it is possible to stimulate the practice of preventive measures, which are passed on to family caregivers during hospitalization process.

CONCLUSION

The family caregiver knowledge level can base his daily practice and improve his performance during the period of care, leading to benefits for the elderly affected by PU, promoting their health and preventing diseases, contributing to their treatment.

The understanding of what is being treated by the family caregiver is critical to ensure correct and effective monitoring, promoting the recovery of the elderly with PU.

Preventive measures should be disseminated so that family caregivers gain knowledge on the subject and can promote the health of the elderly. In this study, family caregivers knew several measures, although often present themselves insecure about the same, so it is necessary to reinforce the strategies, so that they can play their safely paper listing the causes of PU with their respective measures of prevention.

The role of the professional is essential to guide the practice of caring for the elderly, there are these promotion and rehabilitation and disease prevention, ensuring safety and quality of care provided to it. In addition, we need to adapt strategies in all health care levels, like the scales of Braden, aimed at the prevention of PU, in order to enable family caregivers to develop preventive measures with quality. It is even possible to improve strategies making them accessible training courses for caregivers, enabling the community to act in practice for the sake of its own health and well-being, which the researchers in the field have a responsibility to ensure the dissemination of these implementations for the sake of care quality.

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