Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

PERCEPTION OF PEOPLE WITH CHRONIC WOUND

PERCEPÇÃO DE PESSOAS COM A FERIDA CRÔNICA

PERCEPCIÓN DE PERSONAS CON LA HERIDA CRÓNICA

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ABSTRACT

Objective: to understand the perception of people with the chronic wound. ***Method:*** descriptive, exploratory, qualitative approach, carried out with ten people for whom semistructured interviews were applied. To analyze the results, we used the Content Analysis Technique. ***Results:*** it was evidenced that the wearer's perception of the chronic wound is related to changes in daily life, limitations in living with difficulties in performing daily activities and the emotional impact generated by social isolation. ***Conclusion:*** it is noticed that the changes in the daily life and the limitations in living with the difficulties in carrying out daily activities provided negative feelings directly affecting the social life of the person. In addition, the search for spirituality / faith was observed as a form of comfort and well-being, in order to have strength in facing the disease. ***Descriptors*:** Perception; Care; Chronic Wound.

RESUMO

***Objetivo*:** compreender a percepção de pessoas com a ferida crônica. ***Método*:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com dez pessoas para as quais foram aplicadas entrevistas semiestruturadas. Para analisar os resultados, utilizou-se a Técnica de Análise de Conteúdo. ***Resultados*:** evidenciou-se que a percepção do portador sobre a ferida crônica está relacionada às mudanças no cotidiano, limitações em conviver com as dificuldades na realização de atividades diárias e ao impacto emocional gerado pelo isolamento social. ***Conclusão*:** percebe-se que as mudanças no cotidiano e as limitações em conviver com as dificuldades na realização de atividades diárias proporcionaram sentimentos negativos afetando diretamente a vida social da pessoa. Além disso, observou-se a busca pela espiritualidade/fé como forma de conforto e bem-estar para, assim, ter forças no enfrentamento da doença. ***Descritores*:** Percepção; Cuidados; Úlcera.

RESUMEN

Objetivo: entender la percepción de personas con la herida crónica. ***Método:*** estudio descriptivo, exploratorio, de enfoque cualitativo, realizado con diez personas para los que se aplicaron entrevistas semiestructuradas. Para analizar los resultados, se utilizó la técnica de Análisis de Contenido. ***Resultados:*** se evidenció que la percepción de la victima de la herida crónica se relaciona con cambios en la vida diaria, limitaciones en vivir con las dificultades en la realización de las actividades diarias y al impacto emocional generado por el aislamiento social. ***Conclusión:*** se observa que los cambios en la vida cotidiana y las limitaciones de vivir con con dificultades en la realización de las actividades diarias proporcionan sentimientos negativos que afectan directamente a la vida social de la persona. Además, se observó la búsqueda de la espiritualidad y de fe como una forma de conforto y bienestar para, así, tener fuerzas en la lucha contra la enfermedad. ***Descriptores*:** La percepción; Cuidado; Úlcera.

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INTRODUCTION

Chronic ulcers are considered a serious problem for public health. In general, they imply limitations, besides contributing to retirement or even retirement, often, still in the productive period, which, in a way, contributes to the loss of active labor.[1] It is worth noting that the costs for the treatment are high, and most of the time the person cannot afford them.

In Brazil, it is estimated that 3% of the population presents the lesion, and people with the diagnosis of Diabetes Mellitus tend to develop larger lesions, increasing the number of cases. Worldwide, it is estimated that the prevalence of chronic wounds is between 0.5% and 2% of the population.[2-3]

Leg ulcers similarly, affect, both sexes up to the age of 40 years, and after aging, the higher prevalence is shown to be higher in women.[4] Based on the above, knowledge about this morbidity is considered relevant to facilitate the diagnosis and establish therapeutic measures in order to improve the healing process on the lesion.[5]

People with leg ulcers suffer from changes in physical appearance, such as amputation, which causes discomfort in daily life and in the relationships between family and friends.[6] These feelings experienced by people are directly linked to the way of adaptation that each one has and for the changes that occur in everyday life. In addition, these people are prone to developing psychological disorders, which can lead to moments of depression and difficulties in self-care actions.[7]

Thus, the development of this study became relevant due to the need to know the limitations and coping strategies of people affected by chronic injury, as well as contribute to a better understanding of the health professional before the assistance. It is also emphasized, that, the results of the study can serve as a reference for the formation of new knowledge about the subject. The study aims to understand the perception of people with chronic wound.

METHOD

A descriptive, exploratory study with a qualitative approach, carried out from March to May 2015, with ten patients treated at the UESB Interdisciplinary Wound Care Center, at the wound clinic of the UESB Physiotherapy School Clinic, located in the municipality of Jequié-BA. This number of participants was based on the criterion of data saturation, proposed by Fontanella, Ricas and Turato.8

For the development of the research, it was chosen, as field of study, the nucleus that serves the community of Jequié and other cities of the Southwest of the State. The Interdisciplinary Nucleus in the Treatment of Wounds of UESB is considered a reference regarding the treatment of wounds in the LLLS in the region. Currently, 15 patients are seen, on average. It works in the morning and evening shifts. The nurses and physiotherapists, students and teachers, attend the clinic of wounds of the Clinic School of Physiotherapy of said University.

The selection of participants interviewed met the following inclusion criteria: having a leg ulcer diagnosis, being accompanied by the interdisciplinary nucleus in the treatment of UESB wounds during data collection. Exclusion criteria were: patients without conditions of oral expression and / or cognitive deficit.

The production of the data was done from the application of a semi-structured interview, being done individually, recorded and transcribed in full. The script of the interviews was made through questions about socio-demographic characterization (gender, age, marital status, race or color, family income, schooling, diagnosed diseases) and guiding questions about: For you, what is chronic wound and which are the implications that the wound brought to your life?

The data was organized and treated based on a careful reading of the respondents' answers, transcribed in their entirety, analyzed and grouped into categories of thematic content analysis, since this type of analysis allows interpreting the spoken statements by the study participant.[9] In this way, the analysis was developed in three phases. In the first, pre-analysis: the choice of the materials that were analyzed was performed, as well as the traced objectives. A floating reading of the material was made, followed by the constitution of the corpus, with the objective of ascertaining if the material contemplated all the aspects raised in the script. An extensive reading of the material was also made possible to reformulate the hypotheses raised. In the second phase, exploration of the material: it consisted in the elaboration of the categories. Lastly, in the third phase, treatment of the results.[9]

The categories were discussed, using as a principle of analysis, the interpretation of the units of thematic analyzes that emerged from the content of the participants' answers. At the end of each deposition, the participants were sampled in parentheses (P1, P2, P3 [...] P10), being adopted "P" as a reference to the

participant and the number corresponding to the order of each interview. Thus, it safeguards their identity.[9]

Regarding ethical and legal aspects, this study was in compliance with Resolution No. 466/12 of the National Health Council and was approved by the Research Ethics Committee of the State University of Southwest of Bahia under protocol no. CAAE: 834277314.7.0000.

RESULTS E DISCUSSION

♦ Characterization of participants

Ten users of the health service participated in the study, of which five were female and five were male. The age range varied between 57 and 84 years of age. With respect to color, ethnicity, five declared to be black; three brown and two, white; in relation to marital status, they had predominance of married users, followed by widowers and singles. With regard to schooling, half had incomplete secondary education; however, the family income of the participants involved varies between half and a minimum wage. It is noteworthy that most of these patients had arterial hypertension, followed by diabetes mellitus. Although some studies do not show an association between the degree of instruction (education) of the user with emergencies and care with the injury, it is known that some information is fundamental for the treatment and recovery of the disease, since the teaching-learning process is related to how to deal with and care for the injury.[10]

♦ Perception of chronic wound patients

According to literature, perception consists in the representation that each individual has of themselves and of everything that is part of their daily life, the unique and particular experience of the person.[10] Thus, when the participants were asked about the representation of the chronic wound in their daily lives, the revelation was of an injury of difficult healing, as expressed in the following statements:

> *[...]I understand that it is chronic because it is difficult to heal, it goes back and forth [...] (P1).*
>
> *[...] this wound appeared [...] it will not heal because it is right where she steps [...] (P2).*
>
> *[...] it is a slow wound to heal, when it heals, it does not have much resistance [...] (P5).*
>
> *[...] is that thing that has difficulty healing, scaring, delay, I think [...] (P8) (P8)*

It can be observed that, although the lesions initially manifested in the biological body, this repercussions in the psychological, psycho-emotional and social field of the individuals, generating difficulty and delay in the healing process of the chronic wound.[11]

Thus, it is worth emphasizing, the need to promote the necessary clarification to the people, as well as to describe the evolutionary process of the wound, so that they can provide support to help coexist with the chronic wound.[12] On the other hand, the participant reports the perception of a scientific concept, when he states that:

> *[...]chronic wound means that a vein that is not fully functioning, there, hinders the blood circulation and results in this ulcer called venous ulcer (P9)*

In this sense, it was verified that the speech of the participant P9 reports that the venous ulcers are chronic wounds, caused by the difficulty of tissue oxygenation due to the deficiency of the superficial and / or deep venous system valves. The consequences of venous ulcers can lead to the formation of edema and lipodermato-sclerosis, which are common in people with venous insufficiency.[13-4]

♦ Change in daily life and limitations of the person with chronic wound

The chronic wound is a complex and pathological process that causes biological, physical, emotional, daily and social changes, among others, commencing with limitations and needs peculiar to the person's life. In addition, chronic wounds compromise the daily lives of people who are ill and their family members.[15] With this, this context is evident through discourses, which show the changes imposed, mainly, in daily activities, domestic tasks, impossibility for work and leisure::

> *[...]It has been difficult, because it's not everything that I can do, I cannot make a house to not get dust, because ir itches, if I go out ten times, all ten times I have to wash my foot because of dust , because it itches I feel like pulling out a piece? (P3).*
>
> *[...] I cannot work, I cannot walk, I walk very little, I have to have a car to go or someone to take me, I'm depending on someone [...] (P2).*
>
> *[...] I cannot work, I cannot do anything, nothing, there are times that even at the table for lunch I cannot go, I have to put my leg up high, to relieve it a little(P7).*

The study on chronic wound patients reveals that the chronic ulcer leaves the person limited in a physical order, which varies in intensity, since, usually the wound is related to the type, its location, period of existence of the lesion, and other factors. [6] Thus, it is well known that wounds cause

changes in the daily life of the individual, altering the pattern and way of life according to the desease, having to give up, many times, performing the activities they liked to perform on a daily basis.[16] In this way, situations of leisure abandonment, as the accomplishment of physical activities, are reported by the following interviewees:

> *[...] I liked to play ball, I cannot play, I liked to walk a lot, I cannot walk much. My work also changed, after that I could not use it anymore, I had to work autonomously (P8).*
>
> *[...] What has changed is that my physical activities, it ceased to be so, more often, because of the physical capacity to be in the day-to-day standing is different, it bothers me [...] (P9).*

Another study concluded that, in the face of the chronicity of the disease, in a greater or lesser period of time, the lesions can cause psychosocial repercussions to the patients, as they result in a change in lifestyle, difficulty in social interaction, generating self-image, limiting it to daily activities.[17]

In view of the above, it is important to emphasize that health professionals can contribute with strategies to support the treatment of people with chronic wounds by encouraging activities, such as art and leisure, valuing the guarantee of autonomy, in its potentialities and limitations. Thus, one can occupy time and improve one's self-esteem and self-confidence. In addition, the support of family and friends is fundamental to the process of coping with the disease.[14,18]

♦ The emotional impact generated by the wound

The impact of the wound on the individual has been discussed by some authors, mainly, related to the isolation that the disease brings to the life of the lesion bearer, generating restrictions, limitations and impossibilities to live due to the difficulty of movement, resulting in a deprivation of living with other people.[10,19] In this sense, the person suffering from the wound suffers from the prejudice associated with the disease in relation to other people, that is, accentuating feelings of rejection, self deprecation, being verified in the following statements:

> *[...]sometimes I sit in the corner, I sit there, I was an active person, so I'm nervous of being still in one place away from the people [...] (P4).*
>
> *[...] this wound has changed so much in my life, at first I went out everywhere, now I cannot, I just stay indoors, I cannot give much work, [...] (P6) .*
>
> *[...] you get nervous, the psychological issue influences a lot, an example everyone goes to the beach, everyone bathing and you cannot, on the beach you cannot dive, you'll be a viewer, it call attention to who is there: "oh, the guy is doing treatment there," this affects the psychological side. (P9).*
>
> *Many people sometimes look at people with disgust, have a party, a thing, they don't even invite us, they certainly feel ashamed to see us with our feet wrapped, because there are people who come looking at me, when they come close they turns their face [...]They have prejudice [...] (P5).*

Living with a chronic wound can lead to problems and transformations for the life of the patient with the disease, alter body image and directly affect the individual's sexual life.19 Thus, from the following testimony, it was possible to observe a decrease in the frequency and / or absence of sexual activity, after being infected with the disease, which may be influenced by the low self-esteem related to the partner's acceptance.

> *[...] I'm also shy and until today because of this wound, I sleep in a separate room with my wife, the wound gets the bed dirty and I felt bad about it, so that's why I say this is a problem for me, but we've gotten used to it [...] (P1)*

Thus, since this individual carries the wound, it transmits sensations from one negative image to the other, which generates a lack of confidence and interference in their social relations, such as the problem of conjugal relationship evidenced in the above statement.[6,20] Living with a chronic wound causes a lot of changes for people and their families, so, there needs to be an understanding about the care and aspects of the disease.

The impact of the disease alters people's lives, causing social isolation, characteristics of the wound itself (necrosis and odors), hampering and/or limiting social relations. All this process of illness entails physical and psychological exhaustion of the individual and his/her family members, which can evolve to improve or worsen the patient's condition.[10]

♦ Coping with illness through religiousness

For many people, religion and personal and spiritual beliefs are a source of comfort, well-being, security and strength. Thus, it is perceived, in discourses, the religious belief, faith as a point of support and smoothing of hopelessness. Hope is found in the faith that has been deposited in the divine/superior existence, which encourages them daily to the desire the improvement and cure of the disease, and to lessen anxiety about the worsening of the clinical picture.

Some studies bring the religious and spiritual involvement as a positive ally for coping with the chronic disease, the measurement, which allows for fewer depressive symptoms, greater adherence to treatment, decreased stress and higher quality of life[21-2], as we observed in the following reports:

> *[...] [...] I have a lot of faith in God, I ask God to give me strength and courage to go forward, back, nothing (P3).*
>
> *[...] I pray every day, I ask our lady to take care of me, that I cannot take so much pain, every day (P6).*
>
> *[...] Then I ask God to help me endure, I trust God a lot (P7).*
>
> *[...]I ask God for life, health, strength, that everything will be solved, is to never lose hope (P9).*

In this way, it is understood that religiosity and faith are possible to alleviate suffering in relation to chronic disease, leading the pathology affected to the development of hope, life expectancy of a better destiny, increasing the desire for healing.

CONCLUSION

The study evidenced that the wearer's perception of the chronic wound is related to changes in daily life and limitations in living with difficulties in performing daily activities. In addition, negative feelings alter self-esteem and self-image, directly affecting a person's social life, leading to a quest for spirituality / faith as a form of comfort and well-being, in order to, have strength in coping with the disease.

In this context, it is believed that the study can contribute to the understanding of health professionals about the perceptions of people with chronic wounds, in order to exercise and take care of the confrontations imposed by the disease, aiming at the qualification and humanization of care.

When considering the people who experience the chronic wound, it is necessary to have a network of psychological support and assistance by professionals in several areas of health, not only guaranteeing the treatment through dressings, consultations and exams, but through the development of activities that assist in the day to day within the perspective of its limitations and that allow a valuation of the person as a dignified and integral being for the society. The support of family, friends, social groups and the joint search for strategies are of paramount importance in coping with the disease and adherence to treatment.

Although we realized that there was a limitation of our study, it revealed elements that can increase the professionals' performance regarding the knowledge and skills of caring for the individual in its entirety, as well as foster health education for the individual with chronic ulcer and family.

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Submission: 2016/09/10
Accepted: 2017/01/16
Publishing: 2017/03/01

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