REFLECTIONS OF NURSING ACTIONS IN THE QUALITY OF LIFE OF INVIDUALS WITH LEG ULCER

AS AÇÕES DE ENFERMAGEM REFLETINDO NA QUALIDADE DE VIDA DE INDIVÍDUOS COM ÚLCERA DA PERNÁ

LAS ACCIONES DE ENFERMERÍA REFLEJANDO EN LA CALIDAD DE VIDA DE INDIVIDUOS CON ÚLCERA DE PIerna

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ABSTRACT

Objective: to reflect on the changes in the daily life of individuals with leg ulcers and how nursing actions influence their quality of life. Method: descriptive study with qualitative approach held at the Hiperdia Health Care Centre of Viçosa-MG. Fifteen individuals were interviewed. Results: the data obtained were grouped into the following categories: the process of living with a leg ulcer: difficulties, dependence, pain and prejudice; nursing actions in the management of leg ulcers; before and after: the life of former leg ulcer patients; religiosity, faith and hope. Conclusion: nursing actions transcend the objective of wound healing by acting on the different domains that influence the development of the lesions, be they of social, biological, emotional and spiritual nature. Descriptors: Leg Ulcer; Quality of Life; Nursing.

RESUMO

Objetivo: refletir sobre as mudanças ocorridas na vida diária dos indivíduos com úlceras da perna e como as ações de enfermagem influenciam na qualidade de vida desses indivíduos. Método: estudo descritivo, de abordagem qualitativa, realizado no Centro de Atendimento à Saúde Hiperdia de Viçosa-MG. Foram entrevistados quinze indivíduos. Resultados: os dados obtidos foram agrupados nas seguintes categorias: O processo de conviver com úlcera da perna: dificuldades, dependência, dor e preconceito; As ações de enfermagem no manejo de úlceras da perna; O antes e o depois: a vida do exportador de úlcera da perna; Religiosidade, fé e esperança. Conclusão: considera-se que as ações de enfermagem transcendem o objetivo da cicatrização da ferida, ao atuarem sobre os distintos âmbitos que influenciam o desenvolvimento das lesões, sejam eles sociais, biológicos, emocionais e espirituais. Descriptores: Úlcera da Perna; Qualidade de Vida; Enfermagem.

RESUMEN

Objetivo: reflexionar sobre los cambios ocurridos en la vida diaria de los individuos con úlceras de la pierna y cómo las acciones de enfermería influyen en la calidad de vida de esos individuos. Método: estudio descriptivo de enfoque cualitativo, realizado en el Centro de Atención a la Salud Hiperdia de Viçosa-MG. Fueron entrevistados quince individuos. Resultados: los datos obtenidos fueron agrupados en las siguientes categorías: El proceso de (con)vivir con úlcera de pierna: dificultades, dependencia, dolor y perjuicio; las acciones de enfermería en el manejo de úlceras de la pierna; el antes y el después: la vida de (ex)portador de úlcera de la pierna; Religiosidad, fe y esperanza. Conclusión: se considera que las acciones de enfermería transcenden el objetivo de la cicatrización de la herida, al actuar sobre los distintos ámbitos que influyen en el desarrollo de las lesiones, sean sociales, biológicos, emocionales y espirituales. Descriptores: Úlcera de la Pierna; Calidad de Vida; Enfermería.
INTRODUCTION

Leg ulcers affect up to 5% of the adult population of western countries. They represent a public health problem because of their interference with the productivity and quality of life of individuals, besides the significant expenditures on health services.1-2

Leg ulcers are characterized by loss of integument (epidermis and/or Dermis), reaching subcutaneous and underlying tissues, affecting the lower limb extremities. Ulcers with venous etiology comprise 60 to 70% of the cases, and with arterial etiology, 10 to 15% of the cases. These two kinds, arterial and venous, can also coexist (mixed ulcer).3-4

Factors related to quality of life, such as productivity, well-being, self-accomplishment, exercise of social roles, and balance of psychological and physical functions are often affected by problems such as pain, mobility difficulties, depression, loss of self-esteem, social isolation, and their recurrent character. Thus, promotion of emotional comfort and social adjustment of patients and family members involved in their care is essential in the management of leg ulcer treatment.5-8

There is not a unique concept that completely describes the real and full meaning of quality of life, as this is based on various aspects. Here, we used the concept assigned by the World Health Organization (WHO), which defines it as the “perception of individuals of their own position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns”.9

So, to take care of individuals with leg ulcers must take into account that these persons are endowed with feelings and emotions, and that besides the pain caused by the physical injury, they may present a pain that is not caused by sensory stimulation; this pain weakens them and often prevents them from performing their activities. They have what can be called “wounds in the soul”.5,11

In this way, the creation of bonds between nurses and leg ulcer patients becomes a crucial element in the treatment. In addition to the actions related to the recovery of health or rehabilitation, which can be understood as the treatment of the wound itself, nurses should perform also activities of health promotion and prevention of physical and emotional diseases to reduce the incidence or recurrence of leg ulcers.7,11-13

Based on these considerations, it is understood that when nurses identify the needs of these individuals they should make use of strategies aimed at comfort, relief, moderation of pain and control of the injury in their daily practice, for improving the quality of life of these subjects.14

The motivation to carry out the study came from the performance an undergraduate Nursing student of a public university in an outreach project focused on providing care to leg ulcer patients developed in a secondary referral center to hypertensive and diabetic patients in Minas Gerais. The guiding questions of the research were: What are the main changes that happen in the life of individuals with leg ulcers? How do the nursing actions reflect on health promotion of these individuals? From these considerations, the objective set in the study was to reflect on the changes that take place in the daily life of leg ulcer patients and on how nursing actions influence the quality of life of these individuals.

METHOD

The present study was planned based on the actions linked to the outreach project with interface with research entitled: “Health promotion and prevention of skin lesions in diabetic patients in a Health Care Center (Hiperdia), Vícosa, MG: a proposal of interlocution between outreach and research activities”.15

This was a descriptive study with qualitative approach carried out in a Secondary Hiperdia Health Care Center, characterized as a Reference Center of medium complexity, managed by the Municipal Health Department. The Center provides care for people diagnosed with Arterial Hypertension (AH) and Diabetes Mellitus (DM) from nine municipalities that make up the micro-region of Vícosa (MG), Brazil. Patient care is carried out by a multidisciplinary team composed of a nurse, psychologist, social worker, nutritionist and physician. They carry out treatment, prevention of injuries and rehabilitation actions with the target audience of the service.

The inclusion criteria adopted were: individuals who had or still have leg ulcers, over 18 years old, living in Vícosa, assisted in the Hiperdia Center between September 2013 and July 2014. Fifteen subjects met the inclusion criteria, of which nine had leg ulcers and were under treatment at Hiperdia Center, and six participants had already been discharged as a result of wound healing.

Data were collected in July 2014 through a semi-structured interview that addressed the following issues: What are the changes in the...
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The existence of a leg ulcer may cause various changes in the life of individuals who now experience situations that were not part of their daily lives, and activities limited to conditions that were never expected.

The spontaneity of life ends up overwhelmed by changes such as daily dressing routines, frequent visits to the health unit and food restrictions, as can be seen in the testimonials below:

Oh, everything has changed. Oh my God[...] I had to do the dressing. I would go to one place, it wouldn't work, then in the other, and it wouldn't work again.[P10]

 [...] we used to be free to eat what we like right [...] and now, not the case. I cannot eat what I like, what I used to eat [...] it has to control, everything has to change, the whole habit.[P1]

The chronicity of the disease ends up imposing limitations on individuals, distancing them, or hindering or even preventing them from carrying out their routine activities. The following statements express the above:

I no longer do what I used to. I don’t even sweep the yard anymore. I do not do a general cleaning in the house anymore [...] [P8]

 [...] I could not put on shoes [...] I used to like to walk, play football [...] Then I was without [...] because I could not wear shoes, and so, I accepted it, right? [...] [P12]

 [...] You cannot go on a walk, because in my age that’s necessary, right? And my profession too [...] a very sedentary life [...] and I have to, I need a walk. So, things change a lot [...] you cannot wear a shoe [...] [P6]

 [...] I used to walk well before, I used to walk very well, and then I had to spend time at home, I could no longer walk as I used to [...] [P11]

What has changed is that I get slow, with difficulty to move, to walk. That's what has changed a lot [...] [P1]

The restrictions of common day-to-day actions such as shoe-shimming, walking, doing housework and physical exercise emerge as the more shocking changes, even more than the routine change itself, with the need for dressings and visits to the health units. What used to be common becomes an important loss for leg ulcer patients.

The various changes that occur in the life of these individuals end up also involving their relatives. In this context, the family has represented an essential factor in the reduction of stressors and, consequently, a positive influence in the quality of life of these individuals.
The dependence on others, in a society that overestimates independence, generates feelings of frustration in individuals with leg ulcers. As a result, some subjects, faced with the need for help, related mainly to the physical limitation caused by the wound, reported feelings such as being a burden to their relatives, as evident in the following statements:

Ah, much have changed, because I was solving my things on my own, I did not even need to bother her. But now I need to bother, so that she may take me around right?[P7]

[…] Ah, it causes trouble, because you depend on others, as I could not put a foot down. So I had to depend on my boy to get in the car to take things, to make these dressings [...][P13]

[…] the family too, we bother the family. That great concern [...][P13]

One of the major factors that alter the quality of life of leg ulcer patients is pain. This pain leads to exhaustion, affecting the ability to perform the activities.

Living with pain generates anxiety and insomnia. Among the alterations associated with pain is the increase of lysis of anabolic hormone and the production of catabolic hormone, which lead to delay in the healing process and increase the risk of infections.

In addition, pain, whether acute or chronic, acts on different aspects of human life, triggering changes in sleep patterns, appetite, irritability, energy changes, and restricted activities. The following testimonies present the impact of pain on the daily life of leg ulcer patients:

[…] It was hard for me to go, really. Because the bus stop is down here. Until I got up there, it would hurt [...][P5]

It used to be much more difficult, it would hurt too much, [...][P3]

Even to sleep... it takes too long, because it burns a lot [...][P7]

I used to feel. Now I do not feel it any more [...][P5]

It used to hurt a lot! It used to burn, hurt a lot [...] at night was even worst, it burned a lot. P11

It used to hurt a lot, now it hurts, but a little. (P9)

 [...] It hurt a lot in the first days, then started to heal. Now it doesn’t hurt anymore [...][P14]

Pain is not an uncommon event in leg ulcer patients, and it is very often cited by participants, as noted in this study, affecting their locomotion and sleep pattern. However, these individuals reported pain relief after beginning the treatment. Only one testimonial was unique in combining the experience of pain and worry:

It may be in pain, I do not know how to tell anyone that it is hurting. It hurts, it hurts in me, not in the others, right?[...] You go tell the girls, they get worried. If you keep quiet, it’s better.[P8]

The patient’s concern about the people who live with him generated an attitude of denial of pain, of silent suffering, so as not to cause suffering to others. This is in line with what was detected in another study, in which some patients adopt silence as a coping strategy, preventing their pain from bothering other people with whom they live. However, this empathy assumed by certain individuals can affect their treatment, because by denial of the existence of pain limits the actions of nurses to help with the situation.

With regard to the changes in life experienced by the participants, one speech stood out by reporting prejudice as a major difficulty faced.

The situation of living with a leg ulcer amid a society where the perfect and undefiled body is put as a model to be pursued may create shame in individuals who may not want to be seen in the way they are. Individuals with leg ulcers not only fight against the visual sense that the wounds provoke, but also against the olfactory sense provoked by the odor.

There was a day when I arrived at the health center [...] I was feeling that strange smell, I had not cleaned the wound [...] Then I said: ‘Wow, goodness, what a funny smell of a damn possum here! Wow! Weird[...] Then I went there to the bathroom, cleaned[...]. The girl: ‘do you have something?’ I’m with a wound[...] She said, ‘Oh, so that’s why’. Then she took a band and gave me so that I could wrap over the wound. After that, it got better. The thing was really bad. It was really bad, even on the bus it was bad[...] People would be like, whispering one to the other[...] Ah, even the driver, who is very nice... would say: ‘Oh, don’t worry, don’t pay attention to these, you go to the treatment, what can you do? [...] who does not want to feel the bad smell, that he stays from you, go to another corner. I was quiet[...] doing nothing, what would I do? It was no use[...]’[P5]

As shows this testimony, situations of everyday life may become unpleasant and uncomfortable. Prejudice can be manifested in different ways, and wounded individuals seek strategies to adapt to the various situations.

The health-disease process ends up being negatively affected by prejudice, and the coping method, according to psychology,
represents the possible strategies used by the individual to conform to these situations. These may be focused on the problem or on the emotion.10

The focus on the problem seeks to modify the stressful situation by controlling and dealing with the threat, while the emotion-focused coping is based on the regulation of the emotional response caused by the problem.10

All the statements mentioned above show that the life of leg ulcer patients passes through several modifications. Each individual emphasizes the most significant changes in their case, which depends on the context in which they are inserted. However, the speeches of all participants indicate that living with a leg ulcer generates important modifications that end up affecting the quality of life of these individuals.

♦ Nursing actions in the management of leg ulcers

Nurses play a fundamental role in the holistic care of individuals with leg ulcers. They monitor the evolution of the lesion, perform dressings, give the necessary guidelines, as well as offer emotional support to individuals and their families.9–11. It is the responsibility of nurses to continually observe the interaction between local, systemic, psychosocial and external factors that lead to the appearance of a wound or slow down the healing process.10

In this perspective, the actions of health education are fundamental, because individuals with leg ulcers perform part of their treatment at home, such exchanging dressings. The encouragement received also leads to changes in modifiable lifestyle habits that may influence the healing process, such as smoking cessation and glycemic control and the practice of self-care, stimulating the individuals to take care of themselves, thus helping in their recovery.22

In this context, nurses act in health promotion, directly translation into quality of life. This fact that can be observed in the statements below:

[...]She explained to me how she did the dressing[...] she taught me a lot[...] the technique, then I did it myself. Right?[...] And always doing exactly what she asked for. And everything went ok, and thank God, the toe is already healed. Thank God.(P6)

[...] I already know that the wound has to be cleaned before medicine right?[...] She taught me[...] she explained to me how she did the dressing[...] she taught me a lot[...] the technique, then I did it myself. Right?[...] And always doing exactly what she asked for. And everything went ok, and thank God, the toe is already healed. Thank God.(P6)

Communication is essential in the treatment of leg ulcer patients. This can be classified as comprehensive or robotic, and thus therapeutic or not. In therapeutic communication, the nurse must be focused on the real needs of individuals.13,22 Communication is very important, because it can significantly influence the posture assumed by the subject facing the situation, which is confirmed by the speech of P13:

[...]Very important. Besides the way she treats patients, she gives cheers them up. Because she treats people very well. She talks to them. So, that's very important too[...] and her conversation, that she has with the patient, that reassures the patient.(P13)

The demonstrations of affection to individuals can trigger positive results, helping
in their situation. And this does not only concern the affection and kindness from family and/or friends, but also affection shown by the whole healthcare team, including the nurse. Because nurses spend most of the time with these individuals, they create a bond that goes overcomes the idea of a nurse-patient hierarchy. The nurse becomes a source of support for the continuation of the treatment, which for being too long, may cause anguish and abandonment.

[...] I don’t give up, to this day, I have never failed one day! [...] The affection that she has shown me, helps me, that she want to see me healed, to see me get better. And, so I have to see it, and I have to collaborate with her, right? [...] I have to do my part, too. (P11)

In the interpersonal relationship-centered theory, Peplau raises the hypothesis that the posture of the nurse causes a significant impression in the learning and, consequently, in the response of individuals throughout their experience with the disease. Thus, the way of treating and relating make nurses, once again, to become a link between the individuals and their long-dreamed cure. Jesus, very much! [...] I don’t know if it’s because of her training [...] her way of treating people, you know? It helps a lot too. You can see her care [...] You have to have a very light hand to work. You see she cleans, we don’t feel anything, do you understand [...] she is, she has love in what she’s doing, you know? That’s very important. The person devote to what she is doing, the service, right? [...] She has an interest in healing people, right? And the kindness with which she treats us. Not only, not only the love for work, but to take care of us. Not only the affection she has for it, but the affection she has for us. Do you understand [...] (P11)

Before and after: the life of former leg ulcer patients

From the perspective of humanization of nursing assistance, the psychological and social effects that intricately involve the patient’s life should not be forgotten. They are very important in the improvement of the results of the healing of the ulcer and the quality of life of individuals.

The joy and enthusiasm of patients who feel discouraged and hopeless is possible through promotion of an improved quality of life, controlling and managing the various factors involved, through health promotion, nursing guidelines and recommendations, and recovery of health with the treatment based on appropriate bandage and coverage techniques.
The first thing for me [...] I started to talk more often with God [...] (P15)

Oh, my daughter, with God we have everything! I always asked for a solution, right? [...] (P3)

Oh, I think it will heal! I have faith in God that this leg will heal! I already told you, I have faith in God. I even have a promise to pay, if that leg heals, and it will heal! If it is the will of God! God willing, that’s what I expect. (P8)

Ah, it’s with God, right! I have a great faith in God, thank God! Much faith in God [...] Without Him, without God, we cannot do anything [...] (P11)

Oh, God guides a thing that works for us, and takes away those evils! (P9)

Studies show that spirituality, linked to religiosity, brings benefits that can prolong the survival of individuals even under chronic conditions. In this way, valuing the spiritual aspect can help and strengthen the coping with the limitations imposed by the ulcer in the leg.

Cultivating hope makes individuals gain the strength to face the challenges imposed by the illness.

The hope of healing, the hope that the wound will not arise again, the hope of returning to a so-called normal life, without limitations and modifications imposed by the condition of the ulcer, impel and strengthen the human being that even before so much suffering finds the strength to continue.

[...] what I hope is to heal it, all, so I can find a way. (P4)

[...] I hope it will not happen again, because that’s it, it is so distressing [...] So I hope, that this may not happen anymore. (P13)

It is confirmed, therefore, by the speeches of the subjects interviewed, that religiosity, based on faith in God, represents a foundation of the spirit and hope for the continuity of the treatment of these individuals.

CONCLUSION

The main changes and difficulties experienced in the everyday life of individuals with leg ulcer are dependence, pain and prejudice. In this way, living with a leg ulcer promotes changes that significantly affect the quality of life of these people.

Aiming to act on these issues, nurses are able to act on the various aspects that influence the quality of life of leg ulcer patients. They do so through actions of promotion and recovery of health, emotional support and health education, facilitated by therapeutic communication. This way, they improve pain reduction, which may reflect an improvement in sleep patterns; minimization of edema in lower limbs and secretion of leg ulcers, which results in a more adapted and positive social life of the individuals; and ultimately, the evolution and healing of wounds in general, providing benefits in physical, social and emotional aspects.

The nursing support in the emotional and spiritual aspects reassure and encourage the subject to give continuity to the treatment, which together with the faith and hope of the individuals, encourages and motivates patients not to give up treatment.

Therefore, the care to leg ulcer patients does not merely aim at the healing, but also at changing the circumstances that may compromise their quality of life. Nurses are, this way, true agents of changes in the life of these individuals.

REFERENCES


