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INTEGRATIVE REVIEW ARTICLE

INTEGRALITY IN NURSING CARE FOR PEOPLE WITH CUTANEOUS ULCERS INTEGRALIDADE NO CUIDADO DE ENFERMAGEM ÀS PESSOAS COM ÚLCERAS CUTÂNEAS INTEGRALIDAD EN EL CUIDADO DE ENFERMERÍA A LAS PERSONAS CON ÚLCERAS CUTÂNEAS

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ABSTRACT

Objective: to analyze Nursing care for people with skin ulcers from the perspective of adopting integral care. **Method:** integrative review, with search in the MEDLINE, LILACS, BDNF databases and in the SciELO virtual library, of articles published between 2009 and 2016, with the adoption of the concept of integrality and with the descriptors comprehensiveness and cutaneous ulcers. After reading the articles, the data were extracted and analyzed. **Results:** we identified 11 original studies and two reviews that highlight the perspective of dichotomized completeness with knowledge-centered themes for the prevention and topical recovery of injuries, wound care, description of care flows, and access to the service, process of work of the team and the perception of the users under the focus of the specialty. **Conclusion:** there is a gap in studies that show the value of the model to be adopted in basic care using the theoretical reference of integrality in the area of care for people with skin ulcers, which may hinder adherence and resolution in this care line. **Descriptors:** Wounds and Injuries; Chronic Disease; Wound Healing; Comprehensive Health Care; Public Health; Nursing.

RESUMO

Objetivo: analisar a assistência de Enfermagem às pessoas com úlceras cutâneas sob a perspectiva da adoção do cuidado integral. **Método:** revisão integrativa, com busca nas bases de dados MEDLINE, LILACS, BDNF e na biblioteca virtual SciELO, de artigos publicados entre 2009 a 2016, com a adoção do conceito de integralidade e com os descritores integralidade e úlceras cutâneas. Após a leitura dos artigos, efetuaram-se a extração e a análise dos dados. **Resultados:** identificaram-se 11 estudos originais e duas revisões que destacam a perspectiva da integralidade dicotomizada com temas centrados nos conhecimentos para a prevenção e a recuperação tópica das lesões, cuidados com a ferida, descrição de fluxos de cuidado, acesso ao serviço, processo de trabalho da equipe e a percepção dos usuários sob o enfoque da especialidade. **Conclusão:** há uma lacuna em estudos que mostrem a valorização do modelo a se adotar na atenção básica utilizando o referencial teórico de integralidade na área de cuidados às pessoas com úlceras cutâneas, o que pode dificultar a adesão e a resolutividade nessa linha de cuidado. **Descritores:** Ferimentos e Lesões; Doença Crônica; Cicatrização; Assistência Integral à Saúde; Saúde Pública; Enfermagem.

RESUMEN

Objetivo: analizar la asistencia de Enfermería a las personas con úlceras cutáneas bajo la perspectiva de la adopción del cuidado integral. **Método:** la revisión integrativa, con búsqueda en las bases de datos MEDLINE, LILACS, BDNF y en la biblioteca virtual SciELO, de artículos publicados entre 2009 a 2016, con la adopción del concepto de integralidad y con los descriptores integralidad y úlceras cutáneas. Después de la lectura de los artículos, se efectuó la extracción y la análisis de los datos. **Resultados:** se identificaron 11 estudios originales y dos revisiones, que destacan la perspectiva de la integralidad dicotomizada con temas centrados en los conocimientos para la prevención y la recuperación tópica de las lesiones, descripción cuidados con la herida, descripción de flujos de cuidado, acceso al servicio, proceso de trabajo del equipo y la percepción de los usuarios, bajo el enfoque de la especialidad. **Conclusión:** hay una lacuna en estudios que muestren la valorización del modelo a adoptar en la atención básica utilizando el referencial teórico de integralidad en el área de cuidados a las personas con úlceras cutáneas, lo que puede dificultar la adhesión y la resolución en esta línea de cuidado. **Descritores:** Heridas y Lesiones; Enfermedad Crónica; Cicatrización de Heridas; Atención Integral de Salud; Salud Pública; Enfermería.

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INTRODUCTION

Chronic dermatological diseases have an important magnitude in morbidity and mortality in the health of the world population.¹ The main dermatological manifestations are those due to innumerable causes. Examples are diabetes mellitus, immobility in the bed, venous and arterial insufficiency, and cutaneous infections.²⁻³

In Brazil, it is known that in addition to the increase in life expectancy, excessive consumption of salt, saturated fats and simple carbohydrates, life habits such as being sedentary and smoking and social vulnerability are determining factors for the appearance of cutaneous ulcers.⁴⁻⁵ In the elderly, this situation is aggravated by the development of functional disabilities in the aging process.⁶⁻⁷

There are no known data on the epidemiology and morbidity of wounds, since these practices are not adopted nationally. Registration is on-site and often without documentation of the nursing process.⁸ The national survey of Risk Factors and Protection for Chronic Diseases by VIGITEL provides an overview of these health conditions⁴. In Brazil, it is estimated that the annual incidence of chronic wounds is about three to five new cases per thousand inhabitants.⁹

As recommended, surveys were carried out via telephone contacts, making it possible to carry out a new picture of the health of the population in the country.⁴ A significant advance was made in the incidence of harmful and life-threatening habits among persons 18 years of age or older (51% (25.7%, 8.9% for diabetes mellitus, and 22.6% for dyslipidemia) were excluded from the study. As protection factors, approximately 35.2% of the people reported the adoption of fruit and vegetable consumption on five or more days of the week, predominantly women; 37.6% reported moderate physical activity for at least 150 minutes during the week, showing progress in these practices of prevention of health conditions.

There was an increase in the detection of diabetes mellitus and arterial hypertension during the period of the telephone survey, which indicates a probable increase in the incidence rates of acute and chronic complications such as wounds, often difficult to heal.⁴

For the success of chronic ulcer care, action-reflection-action of professionals is presupposed on the universe of possibilities of acting with the users by seeing them, transforming them, without fragmenting them or reducing them to "patients "That is, the one

who expects, who suffers, who receives action from another, who has his knowledge ignored, but rather to understand them as" historical subjects, socially and politically articulated in their family context, environment and society in which they are inserted".¹⁰⁻¹²

What is observed, in practice, is the incessant search for objective resolution of biological problems emptied of commitment and empathy with the other generating technical actions centered on procedures. On the other hand, it is believed that the relationship between health professionals and users is understood as a "meeting" in which the first one uses "technological tools" to construct and develop ways of caring by adding knowledge, attitudes and actions and the use of materials. In the academic trajectory, care modes are reflected in learning about acting in the perspective of completeness, but, often, there is contradiction in the practice of care, provoking inquiries, reflections and concerns to Nursing students.¹²⁻¹⁸

There are several conceptions for integral health care. One can understand comprehensiveness under two broad strands: the vertical and horizontal dimension, in which the first has as its focus the human being in its totality, unique, indivisible and inseparable, and the second constituting itself by the connection of intersectoral actions in different scenarios and levels of care.¹⁸ This last dimension approximates the doctrinal principle of the Unified Health System (UHS), which defines integrality as: "An articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the health system. "¹⁹ However, we opted for the Mattos analysis, which brings together in three dimensions ideas and values that broaden and direct developed actions related to the health professional, the structure and the organization of services and macro-political planning.²⁰

OBJECTIVE

- To analyze nursing care for people with skin ulcers from the perspective of adopting integral care.

METHOD

Integrative review, from 2009 to 2016, guided by six recommended steps: (1) identification of the problem and definition of the guiding question; (2) search and selection of studies according to sampling criteria; (3) data extraction; (4) critical analysis of the selected studies; (5) interpretation of the

results and (6) preparation of the synthesis and final report.²¹

It was defined as a guiding question of the research: The literature reveals that the practice of Nursing to people with cutaneous ulcers occurs in order to promote integral care?

As a search strategy, we used the National Library of Medicine-Medline / PubMed, the Latin American and Caribbean Literature in Health Sciences (LILACS), the Scientific Electronic Library Online (SciELO) and the Database of Nursing (BDENF).

As a result of previous research in this area of knowledge and in the absence of specific descriptors that deal with issues of integrality

and chronic ulcers, we chose to carry out a broad search using combinations with the following Health Sciences Descriptors (DeCS) Skin Ulcer, Leg Ulcer, Comprehensive Health Care, Community Healt Nursing, Wound Healing, Nursing Care, Integrality, Ulcer and Nursing Care, Skin Ulcer and Leg Ulcer.

As inclusion criteria, original studies and revisions addressing the proposed theme were adopted in English, Portuguese and Spanish, available in full for reading. Excluded from the sample were those with no mention of Nursing and / or non-authorship by at least one nurse. Considering the search criteria, we have outlined the following flow diagram in the database search.²²

Figure 1. Flowchart of selection of articles according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA)

In order to systematize the searches and evaluations of methodological rigor, it was intended to use the instrument Critical Appraisal Skills Program (CASP).²³ However, in the area of skin care and skin disorders, not only centered on the disease, it is perceived that there is no methodological or randomization process to be able to achieve all systematic evaluation strategies. Therefore, it was decided to describe the vision of comprehensive care in the treatment of skin care, based on the selection and classification of the studies regarding the level of evidence.

The selected articles were selected for level of evidence: Level 1 - evidence comes from a systematic review or meta-analysis of all relevant randomized controlled clinical trials or originates from clinical guidelines based on systematic reviews of randomized controlled trials; Level 2 - Evidence derived from at least one well-delineated randomized controlled trial; Level 3 - evidence obtained from well-designed clinical trials without randomization; Level 4 - evidence from well-delineated cohort and case-control studies; Level 5 - evidence from a systematic review of descriptive and qualitative studies; Level 6 - evidence derived from a single descriptive or qualitative study; Level 7 - Evidence from the opinion of authorities and / or expert committees report.

RESULTS

The sample consisted of 13 articles: eight in the English language (61.5%) and five (38.5%) in the Portuguese language. The articles from the Americas are eight (61.5%), seven (53.8%) from Brazil and one (7.7%) from the United States. From Europe, four (30.8%) were selected, with the UK participating in two (15.4%), Denmark and Spain with one each (7.7%). From Australia, an article was only selected (7.7%). The researches originate from journals in the Nursing area in seven studies (53.8%), the medical area in three (23.1%) and other health areas also in three (23.1%).

As to the design, eleven studies are original (84.6%) and two are reviews (15.4%). Among the originals, eight (61.5%) presented a quantitative approach and three (23.1%), with a qualitative approach. Among the reviews, one is systematic (7.7%) and another is integrative (7.7%). Thus, the level of evidence predominant in the studies was level 6 - VI (76.92%). The results are summarized in Figure 1.

Authors and title	Delimitation	Population	Objectives	Results	Level of evidence
Zarch K, Latif S, Haugaard VB, Hjalager IRC, Gregor BEJ. Significant Differences in Nurses' Knowledge of Basic Wound Management Implications for Treatment ⁽²⁵⁾ .	Descriptive and cross-sectional study	136 nurses	Assess the level of knowledge about the treatment of wounds of nurses and associated factors.	Greater deficit of theoretical knowledge, evaluation, symptoms and behaviors among nurses who work in hospitals when compared to those of community care and wound clinics. The factors associated with the best level of knowledge are the workplace and participation in educational courses; time of experience was not significant.	VI
Harrison MB, Vandenberg E, Hopman WM, Graham ID, Lorimer K, Carley M. Evidence-informed leg ulcer care: a cohort study comparing outcomes of individuals choosing nurse-led clinic or home care ⁽²⁶⁾ .	Observational study and cohort	104 individuals with leg ulcer.	Explore the relationship between the choice of health care location and outcomes.	The trend of healing was higher in specialized clinic, with a rate of 48.1% in home care and 66.7% in clinics. Care centered on the person, with quality, and satisfaction when performed by a specialized nursing team.	VI
Edwards H, Finlayson K, Courtney M, Graves N, Gibb M, Parker C. Health service pathways for patients with chronic leg ulcers: identifying effective pathways for facilitation of evidence based wound care. ²⁷	Observational and cohort study	70 patients with leg ulcer or foot ulcer.	Identify effective health service pathways that facilitate care management.	Care management has been assertive when it implements evidence-based guidelines and acts with multiprofessional staff. The predominance of care performed by nurses and collective health physicians, integrated in a team, in a network, results in a reduction in healing time.	VI
Martinez-Gomez DA, Moreno-Carrilo MA, Compillo-Soto A, Carrillo-Garcia A, Aguayo-Albasini JL. Reduction in diabetic amputations over 15 years in a defined Spain population. Benefits of a critical pathway approach and multidisciplinary team work. ²⁸	An experimental study of the before and after type	People with diabetic foot of hospital	To evaluate changes in lower extremity amputation rates due to diabetes mellitus in a historical series with a multidisciplinary approach	The multidisciplinary team approach to people with diabetic foot significantly reduced the proportion of total amputations (47%), with statistical significance (p = 0.009) and elective amputations 60%, 7.6-3.1 per 100,000 (p < 0.001).	III
Medeiros AAB, Frazão CMFQ, Tinoco JDS, Paiva MGMN, Lopes MVO, Lira ALBC. Úlcera venosa: fatores de risco e	Descriptive and cross-sectional study	50 adults with venous ulcer	To explore the relationship between risk factors for the development of venous ulcers and indicators of tissue integrity.	There was interaction between the social and clinical variables as risk factors for the development of venous ulcers and the nursing outcome indicators, bringing	VI

classificação dos resultados de enfermagem. ²⁹				information relevant for the elaboration of guidelines for follow-up and treatment.	
Chianca TC, Rezende JF, Borges EL, Nogueira VL, Calire MH. Pressure ulcer knowledge among nurses in a Brazilian university hospital. ³⁰	Descriptive and cross-sectional study	106 University Hospital nurses.	To evaluate the nurses' knowledge about pressure ulcer prevention, wound evaluation and staging of the ulcer.	It points to the need for continuing education programs that emphasize evaluation, prevention, and interventions to prevent the development of pressure ulcers.	VI
Brito CKD, Nottingham IC, Victor JF, Feitosa SMS, Silva MG, Amaral HEG. Venous Ulcer: Clinical Assessment, Guidance and Care of the Healing. ³¹	Descriptive and cross-sectional study	51 people with venous ulcer.	To analyze the clinical characteristics of venous ulcers, to know the received orientations and to investigate the procedures with the accomplishment of the dressing.	The results point to a high rate of recurrence of venous ulcers (44.1%) and the need to know the social profile of the subject for care planning, as well as the identification of the main locus of care, the domicile.	VI
Azevedo IC, Costa RKS, Holanda CSM, Salvetti MG, Torres GV. Nurses' Knowledge of the Family Health Strategy on Assessment and Treatment of Oncological Wounds. ³²	Qualitative study	14 nurses	To identify the difficulties faced by nurses in the care of people with oncological wounds in the context of the Family Health Strategy.	Gaps in graduation training on oncological wounds and precarious working conditions limit nursing practice, which has the role of being an educator, suggesting that knowledge and skills favor participation in decision making.	VI
Jesus PBR, Brandão ES, Silva CRL. Nursing care to clients with venous ulcers an integrative review of the literature. ³³	Integrative review	Ten articles (10)	To describe nursing care recommended in the literature to clients with venous ulcer.	Emphasis on the team's performance with the use of hard technologies, but point out the need to adopt light technologies, stimulating users' potentialities.	VI
Bedin LF, Busanello J, Sehnem GD, Silva FM, Poll MA. Strategies to promote self-esteem, autonomy and self-care practices for people with chronic wounds. ³⁴	Qualitative study	Eight nurses (8)	To identify the strategies used by primary care nurses, in the care to promote self-esteem, autonomy and self-care of people with chronic wounds.	Caring in the perspective of integrity, redeeming social support networks and multiprofessional teamwork with nurse's autonomy and decision-making.	VI
Gorecki C, Nixon J, Lamping DL, Alavi Y, Brown JM. Patient-reported outcome measures for chronic wounds with particular reference to pressure ulcer research: a systematic review. ³⁵	Systematic review	55 articles included and in eight (08) electronic databases.	To determine the adequacy of outcome measures for specific use in assessment and management in patients with pressure ulcers.	Specific measures for health-related quality of life for patients with pressure lesions and chronic lesions are similar across conceptual domains, however questions regarding treatments and symptoms, mobility, sleep, physical appearance, and insulation were	I

				not represented in patients with pressure injury , suggesting care in the person.	
Andrade NHS, Sasso-Mendes KD, Faria HTG, Martins TA, Santos MA, Teixeira CRS et al., Patients with Diabetes Mellitus: care and prevention of diabetic foot in primary health care. ³⁶	Descriptive and cross-sectional study	51 people with diabetes mellitus	Evaluate foot care adopted by people with Diabetes Mellitus and changes in their lower limbs.	Dry skin, interdigital ringworm, cracks, callosities and deformations of the feet were identified as alterations, skin changes that could be reduced and prevented. The use of light and hard technologies, along with the best evidences of the treatment and the actions of education for the practice of autonomy in the prevention of diabetic foot with strategies of team work, generates improvement of the quality of life and integrity of health care.	VI
Macedo MML, Souza DAS, Lanza FM, Cortez DN, Moreira BA, Rodrigues RN. Take care of me! Perceptions of people with leg ulcers on nursing orientations. ³⁷	Qualitative study	Nine (9) people with leg ulcers	To know the perceptions of people with leg ulcers on the nursing orientations.	Comprehensive care, individualized, with guidance to the user and family, based on scientific knowledge, with interlocution between light and hard technologies favor more adherence to care and co-management.	VI

Figure 2. Distribution of studies according to authors, title, design, population, objectives, results and level of evidence. São Paulo (SP), Brazil, 2016.

DISCUSSION

The evaluation of nursing care, from the perspective of integral care, is a concern for the training of nurses to work in the UHS.^{13,15,38-39} This investigation allowed the identification of the presence of multiple descriptors and the use of terms or words limiting the findings of scientific studies on nursing care from the perspective of integrity.

It is important to highlight that the same object defined by integrality in other articles as integral care was found, also presenting in the following ways: basic care; multidisciplinary work; user-centered care; subject in the collective context; holism; individualized care; Community level; primary care; individualized assistance; Health education; transformation of lived practices; self-care; autonomy and interdisciplinary interventions.^{24-27,32-38}

This study evidenced a few publications that strengthen the practice of Nursing in the perspective of integrality in the area of attention to people with cutaneous ulcers pointing dichotomy between theory, law, practice and assistance legitimacy.²⁰ The results reveal a defense to a care plan centered on the resoluteness of skin healing based on scientific evidence and performed by multidisciplinary team. The use and articulation of support networks for the subject and for the collective, whether normative and institutionalized, or social, coming from the relations that the individual perceives as meaningful.

Comprehensiveness, in the sense of the dimension of practices, of the relationships between professionals and users and as a means of organizing care with the articulation of actions in a service network, is fundamental for case resolution, resulting in the healing of cutaneous ulcers. In this way, it could transform indicators that reveal the

magnitude of this aggravation, which still has a tenuous form, for the organization of the line of health care of the skin.^{20,40}

The publications identified present principles of comprehensive care as a way of acting with people affected by cutaneous ulcers and not by a theoretical assumption, evidencing the practice of care focused on standard operating procedures.

The findings of this review confirmed the etiologies and types of ulcers that most afflict users, that is: chronic, neuropathic, arterial and mixed venous ulcers, majority in the lower limbs and aggravated by modifiable risk factors.^{20,26,28,30, 35,36}

The integral care model must appropriate the knowledge of the human and social sciences and their interlocation with the biological ones, meeting the ideal of integration between educational institutions and UHS service practices.^{20,38,39,41}

In recent years, researchers from developed and developing countries, such as Brazil, seek articulation to support implementation and evaluation in this thematic area, ie, comprehensive care, humanized, patient and family centered.^{26,42-44}

The analysis of the results of the review pointed out strategies and gaps for Nursing care with subjects at risk or with cutaneous ulcers from the perspective of integrity. It was possible to unveil themes related to care practice, the importance of nurses' preparation since graduation, the development of skills to offer and to acknowledge, to the satisfaction, the necessary knowledge for the user about the aggravation and the performance in a multiprofessional team.

In view of these themes, the studies allowed the analysis of the Nursing performance with subjects with chronic ulcers in order to reflect on the systematization of categories of analysis related to care and not only to the selection of advanced technologies for the exchange of dressings. These actions were detected together with the clinical experience in the care of this type of population.

Based on the reading of the articles, it is possible to highlight three thematic categories: community health, care and dermatological specificity.

1. Knowledge in the area of community nursing for the training of nurses, without which the dichotomy between prevention and treatment of wounds is accentuated;

2. Care for people at risk or with cutaneous ulcers, in the collective and integral dimension presupposing a sensible, engaged,

bonded, person-centered and not just curative action;

3. Technical training of the nursing team with the dermatological specificity, linking the use of light, hard and hard technologies.

In highlighting the thematic axes, we observed the multiplicity of knowledges that Nursing needs to understand and learn to do integral and resolute care. It is necessary to have mastery of the traditional knowledge of the health area, such as clinical, pathophysiology, nutrition, sanitary and therapeutic, but associating them in an interdisciplinary way to bioethics, biosafety, social sciences, with emphasis on sociology, anthropology and citizenship, to the human sciences, with study of modes of education and teaching-learning aimed at popular education in health, psychology and life protection.^{32-33,35-36}

In the first thematic category, one can analyze that the professional formation is intrinsically related to the teaching-learning process and the analysis of the studies suggests that the need for improvement for the care of people with chronic ulcers materializes in the search between university students and professionals for knowledge and practices, through the participation of courses, academic leagues, extension projects, seminars, congresses, among others.^{29,46-47}

Reflecting and acting on care and education is a daily and continuous process that requires empathy and persistence, a transforming practice, which must be guided by horizontal and close relationships, based on the expanded clinical and the unique therapeutic project whose exchange of knowledge generates the enhancement of subjects by respecting their singularities and collaborating to foment and modify behaviors.⁴⁸⁻⁵⁰

There is an urgent need to invest in teacher training by empowering these professionals to the teaching-learning process, integrating curricular units, expanding and diversifying practice scenarios with a focus on problem-making education that allows integrating knowledge and training actors to exercise comprehensive and interdisciplinary care.¹⁰⁻¹¹

The evidences affirmed that the resolute care in health is directly related to the training dedicated to the students during the graduation and programs of permanent education and qualifications, with appropriation of scientific knowledge, the awareness of the roles and the responsibility that the nurses hold.^{11,31-33}

In a study carried out in Brazil, nurses emphasize the lack of knowledge, mainly on the evaluation and treatment of ulcers that often have, as essence, to minimize physical and psychological suffering, to control clinical signs such as exudate and odor and symptoms such as pain and discomfort, common in oncological complications, as well as improving the quality of life and dignity for the outcome.²⁹ Contrasting this deficit, a Brazilian study about actions experienced by nurses and undergraduates participating in the UHS care network in a Project of University Extension, based on the perspective of integral care, demonstrated that a differentiated and effective practice is possible.

Nurses' knowledge, duties and responsibilities must involve technical actions to propose and plan preventive and diagnostic actions for decision-making with the multidisciplinary team and to implement care, therapies and follow-up of health conditions and injuries. The focus on Nursing care should be integral care.^{32-33,37}

In the second thematic category, it is important to highlight that health care services and, consequently, their professionals prioritize the immediate and curative practices, with a focus on the biomedical model, fragmented and hierarchical, often performing a purely procedural care, that is, centered on the wound or an affected organ.⁵¹⁻⁵²

At the same time, it was observed that the scientific productions and the care practice label the subjects as "carriers" of venous ulcers, diabetes mellitus, diabetic foot, oncological wounds, thereby stigmatizing them, limiting them and ratifying the current health model.

In care from the perspective of illness, the body is considered and treated as an "object", depersonalized, impersonal and passive, and one does not see the subjectivity of the human being. Often, the health professional does not act and does not favor coping with pain, changes in body image, self-esteem, self-care, and end up not empowering the individual for autonomy in order to manage and consume life itself.³⁸⁻³⁹

Attentive listening, sensing, decoding signs and symptoms that transcend skin health is a time-consuming skill that develops through complex skills. It is up to the nurse to seek ways of promoting care guided by the participation and co-responsibility of the subjects, with building and intensification of bond, favoring the resignification of their

feelings, pains, care and promoting autonomy for the co-management of themselves.^{39,46,50-52}

It is essential that teams question what skin ulcers represent to users, the impacts they cause, the repercussions on life, expectations and demands for care, since the best scientific evidence and technological procedures are not enough: it is vital to establish a dialogical, with sensitive and active listening, bonding, trust, attention to emotions, beliefs and social, cultural and economic issues.^{15,33-34,37,45,54}

Health education is at the heart of primary health care; it is a light, present and effective tool whose purpose is to sensitize, revive and gradually modify harmful behaviors or establish adherence to health care such as balanced nutrition, glycemic monitoring and foot care from daily examination of the foot and the use of therapeutic footwear.^{36,50}

Interdisciplinarity and teamwork in health care become a major challenge to be won due to the assistance model that is perpetuated. Work in this dimension provides for exchanges and articulation of knowledge and actions with discussions, analysis of individual questions of service users and the particular practice of the professionals included in the team, such as nurses, doctors and psychologists, promoting shared decision making, integrated, competent behaviors and committed to the user.^{33,55-56}

Regarding the thematic category about the performance of the nursing team with specificity, we can observe the composition of the nursing team, consisting of nurses, technicians and auxiliaries, professionals who are essential to care, and who account for about 50% of all health workers.⁵⁵ These professionals have a longer time to socialize and mediate with users in health services, have technical-scientific knowledge, but often because of the social division of nursing actions, they no longer provide individualized and comprehensive care.

It is up to the staff, when caring for people with wounds, to build a therapeutic bond, evaluating the individual and the potential risks. In this way, it is possible to guide the procedures and necessary care and the reason of these, making curatives and following the principles of healing and recovery of skin health, in a systematic and evidence-based way.

It is of the utmost importance that professionals receive and seek guidance and updates on dermatological care, through training programs and ongoing education, with the articulation of the integrated network and partnerships. When intervening with users, it

is vital to broaden and re-evaluate ways of acting with the most up-to-date and best-effective^{25-26,29,57}

Researchers involved in a study carried out with nurses engaged in home care, general hospitals and advanced wound care clinics, identified that those working at the secondary level had lower theoretical knowledge than those working in the primary and tertiary health services. The time of experience had no impact on the professionals' knowledge regarding the detection of signs and symptoms, clinical and the use of topical therapies, emphasizing the importance of professional training and training.²⁵

Caring for people with wounds does not assume that the professionals involved are specialists in dermatology or stomatherapy, since many of the skin ulcers have a successful outcome in primary care by a team with a generalist background.^{13,15}

However, a study of seventy patients with leg ulcer or foot ulcer suggests better quality of care when followed at expert wound care clinics, where the cure time was from 17 to 12 weeks, including lower turnover of professionals health care, which would configure a care plan with less evaluation and behavioral bias.²⁷

It is necessary to consider care by specialist nurses so as not to fragment problem-focused care. The training of specialist nurses has the challenge of proposing the transmutation of the closed specialist to the bridge-building expert, conscious of the dynamics between the whole and the parts, capable of linking, restoring and expanding his universe.⁵⁸

Reviewing the literature has the potential to build knowledge in Nursing producing a knowledge based on scientific evidence and enabling nurses to perform a safe and quality clinical practice. However, it is considered the inclusion of articles with different designs, with little methodological rigor and levels of evidence such as possible limitation of the study, reduced accuracy and presence of bias.

At the national level, there are no Public Policies for people with chronic ulcers; however, an experiment was carried out in the city of São Paulo, the Program for the Prevention and Treatment of Chronic Ulcers and Diabetic Foot, promulgated in Law No. 14.984/2009, with the Integrated Management System for Health Care (IMSC), to attend individuals with chronic ulcers, from the perspective of integral, humanized and specialized care.⁵⁹

CONCLUSION

This study allowed us to analyze that the nursing literature reveals little deepening in the concept and practices of comprehensive care for people with chronic skin lesions, especially if it is considered the sense of being total, indivisible and inseparable from the environment in which it is inserted. Thus, there are gaps in the scientific production of caring for users with cutaneous ulcers, from the point of view of integral care, which should be investigated.

The factors that most contribute to the adoption of integral practices to the studied population are the academic formation grounded in action under the dimensions of integrality, in curricular units and in elective / elective activities, as well as in university extension actions, together with teaching and research, pillars of the university and the permanent education of the workers of the area. Individual and family care, with a multiprofessional / team approach and a network of light and hard technologies, provide health education with the active participation of users, autonomy, self-care and self-care. The autonomy of the nurse was evidenced as a potential for the promotion of the integral care to the people with greater resilience / healing of cutaneous ulcers.

When considering the increase in the life expectancy of the Brazilian and world population, with a predominance of chronic health conditions / diseases that can generate cutaneous ulcers as one of the complications, plus factors of modifiable risk or not, it becomes imperative to study more deeply theme. Thus, this study can stimulate questions and research with greater methodological rigor on the ways of caring for people with skin ulcers, not only by the Nursing team, but also of the other professionals, in the different health care settings / levels, with a view to perceptions users, families, community and professionals, promoting reflections and propositions of strategies in place that promote health by preventing and reducing damages, treating, recovering health with quality of life to the people involved and anchored by the principles of integral care.

It is observed the need for action-reflection-action of the health praxis, carried out in care lines in Health Care Networks, aiming to legitimize the integral approach to the collective before the chronicity of the health-disease process. Nurses must lead the care and, from the experiences, intensify the actions of health promotion, prevention of

skin lesions and other complications of chronic conditions to support the resolution in this area.

It is essential that progress is made with regard to action from the perspective of adopting comprehensive care in the cross-sectional dimension, and that students and health professionals act from the perspective of learning to learn, to do, to live and to be.

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Frederico GA, Kolchraiber FC, Sala DCP et al.

Integrity in nursing care for people...

Crônicas e do Pé Diabético. São Paulo: Secretaria do Governo Municipal [internet]; 2009 [cited 2014 Feb 11]. Available from: http://www3.prefeitura.sp.gov.br/cadlem/secretarias/negocios_juridicos/cadlem/integra.asp?alt=24092009L%20149840000

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