







REFLECTIVE ANALYSIS ARTICLE

CARE MANAGEMENT FOR PATIENTS WITH VENOUS ULCERS* GERENCIAMENTO DO CUIDADO AOS PACIENTES COM ÚLCERAS VENOSAS GESTIÓN DEL CUIDADO A LOS PACIENTES CON ÚLCERAS VENOSAS

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ABSTRACT







Objective: to reflect on the management of care for patients with chronic venous ulcers from the perspective of health quality proposed by Avedis Donabedian. **Method:** this is a theoretical-reflexive study based on the perspective of health quality proposed by Donabedian. Avedis Donabedian's works were used as a source of data to support the reflections, in order to present a broad and contextualized approach. **Results:** the reflections are organized in the following sections: "Avedis Donabedian and Quality in Health" and "The management of care for patients with chronic venous ulcers: qualifying care". **Conclusion:** it is concluded that the nursing staff should exercise care to patients with chronic venous ulcers through actions that qualify care, and this qualification may occur through management technologies that meet the demands identified by the professional throughout care, as well as in the reports made by the assisted subject. **Descriptors:** Disease Management; Varicose Ulcer; Quality of Health Care; Protocols; Comprehensive Health Care; Nursing Administration Research.

RESUMO

Objetivo: refletir sobre o gerenciamento do cuidado aos pacientes com úlceras venosas crônicas sob a perspectiva da qualidade da saúde proposta por Avedis Donabedian. **Método:** trata-se de um estudo teórico-reflexivo ancorado na perspectiva da qualidade em saúde proposta por Donabedian. Utilizaram-se, como fonte de dados para subsidiar as reflexões, as obras de Avedis Donabedian, com vistas a apresentar uma abordagem ampliada e contextualizada. **Resultados:** encontram-se as reflexões organizadas nas seguintes seções: "Avedis Donabedian e a qualidade em saúde" e "A gerência do cuidado aos pacientes com úlceras venosas crônicas: qualificando a assistência". **Conclusão:** conclui-se que a equipe de enfermagem deve exercer o cuidado aos pacientes que apresentam úlceras venosas crônicas por intermédio de ações que qualifiquem a assistência, podendo esta qualificação ocorrer por intermédio de tecnologias gerenciais que atendam às demandas identificadas pelo profissional ao longo da assistência, bem como nos relatos realizados pelo sujeito assistido. **Descritores:** Gerenciamento Clínico; Úlcera Varicosa; Qualidade da Assistência à Saúde; Protocolos; Assistência Integral à Saúde; Pesquisa em Administração de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la gestión de la atención a pacientes con úlceras venosas crónicas desde la perspectiva de la calidad de salud propuesta por Avedis Donabedian. **Método:** se trata de un estudio teórico-reflexivo basado en la perspectiva de la calidad en salud propuesta por Donabedian. Se utilizaron como fuente de datos para apoyar las reflexiones, las obras de Avedis Donabedian con el fin de presentar un enfoque amplio y contextualizado. **Resultados:** las reflexiones se organizan en las siguientes secciones: "Avedis Donabedian y la calidad en salud" y "El manejo de la atención a pacientes con úlceras venosas crónicas: atención calificada". **Conclusión:** se concluye que el personal de enfermería debe ejercer el cuidado a los pacientes que presentan úlceras venosas crónicas a través de acciones que puedan calificar la atención, pudiendo esta calificación ocurrir a través de tecnologías de gestión que satisfagan las demandas identificadas por el profesional durante la atención, así como en los informes realizados por el sujeto asistido. **Descriptores:** Manejo de la Enfermedad; Úlcera Varicosa; Calidad de la Atención de Salud; Protocolos; Atención Integral de Salud; Investigación en Administración de Enfermería.

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*Article extracted from postdoctoral report << Management technology for the care of patients with chronic venous ulcers >>. Federal Fluminense University. 2019.

How to cite this article

Joaquim FL, Silvino ZR, Lamego FRD, Balbino CM, Souza CJ, Santos LM. Care management for patients with venous ulcers. J Nurs UFPE on line. 2019;13:e243017 DOI: <https://doi.org/10.5205/1981-8963.2019.243017>

INTRODUCTION

Chronic venous ulcers are lesions associated with chronic venous insufficiency that affect the lower limbs and present a long healing process¹, making treatment expensive.

It is evident that these lesions negatively affect the biopsychospiritual and socioeconomic spheres², as well as hindering the activities of daily living and clinical follow-up. These are due to the difficulties that patients have to travel to health services due to pain and edema in the affected lower limb.³

Thus, it is pointed out that this pathology generates, in patients, fear, anxiety and expectation in relation to the impairment of well-being, since the clinical picture provides limitation and impediment to the exercise of daily activities, social restrictions and professionals, promoting high social and economic costs.⁴

It is also found that the feeling of anxiety and depression problems that affect patients tend to promote delays in the healing process of acute wounds, as well as changes in body image, which is associated with sadness, self-depreciation and reduced sexual libido.⁵⁻⁶

Thus, it is emphasized that the service to this public must be multiprofessional⁷ and performed by health professionals with adequate training to exercise care and who perform, with patients affected by these injuries, a systematized assistance through protocols.¹

Thus, it is indicated that studies with guidelines and protocols for the care of this type of wounds and studies to improve the quality of care with training for the multidisciplinary team, as well as health education, are indispensable for professionals, family/caregivers⁸. However, what is evidenced in many cases are behaviors adopted without scientific support, lack of care protocols and lack of systematized care, which interferes with the healing and quality of life of affected individuals,⁹ who suffer for years with the signs and disease symptoms.

Thus, it is necessary to think and provide care to this public, valuing the holistic approach and the quality of care, but when the presence of protocols in health facilities is evident, they are built only focusing on clinical signs and symptoms, more specifically related to the healing process, forgetting the other spheres that constitute the being, as well as the fact that the qualification of the assistance goes through the evaluation of the structures (physical area, equipment, inputs, human resources) and the processes (procedures and technology).

This study is justified by the difficulty of glimpsing management behaviors that value the biopsychosocial and spiritual spheres in order to

qualify the care of patients affected by chronic venous ulcers and, consequently, health promotion.

It is noteworthy that it appropriated Avedis Donabedian's thoughts regarding the quality of health¹⁰⁻¹³ to anchor the discussions of this study, corroborating the area of Nursing and health by discussing current health management and quality.

OBJECTIVE

- To reflect on care management for patients with chronic venous ulcers from the perspective of health quality proposed by Avedis Donabedian.

METHOD

This is a theoretical-reflexive study based on the perspective of health quality proposed by Donabedian. It is reported that Avedis Donabedian's works were used as a data source to support the reflections, namely: "The Quality of Medical Care Science"¹⁰; "*La dimensión internacional de la evaluación y garantía de la calidad*"¹¹; "*La qualità dell'assistenza sanitaria*"¹² and "Total Quality Management from the Health Services Perspective"¹³.

It is explained that, in order to present a broad and contextualized approach, the reflective analysis was elaborated by searching, in the literature, the production on the theme based on the concepts mentioned in the Virtual Health Library (VHL), supported by descriptors Clinical Management, Varicose Ulcer, Quality of Health Care and the keyword Care Management, from which we selected articles available in full and with content to support the initially proposed discussion. It is noteworthy that there was no intention of integrative or systematic literature search, but only theoretical reinforcement for the proposed reflections.

It is indicated that this theme comes from discussions and research conducted at the Center for Studies and Research in Citizenship and Nursing Management (NECIGEN) located at the Aurora de Afonso Costa Nursing School of the Fluminense Federal University, as well as the reflections obtained during the postdoctoral internship with the Academic Program in Health Care Sciences and funded by CAPES that the first author held at the university.

RESULTS

It is reported that the results inherent to the reflections presented here were obtained according to the method described above and are organized in the following sections: "Avedis Donabedian and the quality in health" and "The management of care for patients with chronic venous ulcers: qualifying the assistance", which are presented during the discussion of this article.

DISCUSSION

♦ Avedis Donabedian and Quality in Health

Avedis Donabedian is reportedly born on January 7, 1919 in Beirut, Lebanon. It is said that from an Armenian family, he saw his family fall victim to the holocaust. He is reported to have grown up in a small town near Jerusalem where he witnessed social upheavals that may have provided him with spiritual and intellectual depth. Donabedian is known to have studied medicine at the American University of Beirut and practiced Family Medicine in Jerusalem and, with a view to furthering his studies, studied for a master's degree at Harvard University, where he received the title of Master of Public Health in 1955.¹⁴

It is noted that after a brief time teaching at New York Medical School, Donabedian was invited to teach at the University of Michigan School of Public Health, becoming one of the most renowned faculty members. It is noteworthy that he also provided scientific contributions as a member of the United States National Academy of Sciences and as an honorary member of the Royal College of Clinical Practices of the United Kingdom and the National Academy of Medicine of Mexico.¹⁴

Donabedian provided transformations in thinking about the health system and focused his research on the quality of health care,¹⁴ absorbing, from Systems Theory, proposed by Austrian biologist Ludwig Von Bertalanffy, the notion of indicators of structure, process and outcome, adapting them to hospital care.

According to Donabedian, when evaluating health services, technical performance should be taken into account, which is related to the knowledge and medical technology employed in order to maximize benefits and minimize risks, taking into account consideration the priorities of each patient, as well as the relationship with the patient, meeting the ethical precepts, social norms and the legitimate expectations and needs that each assisted subject presents.¹⁰

For the author, when aiming to evaluate quality, the author aims to determine the level of success of the health-related professions, with regard to self-governance, preventing exploitation or incompetence, as well as aiming at monitoring quality for continuous surveillance, early detection and correction of standard deviations.¹⁰

It is also emphasized that, for the results of care to be evidenced as indicators of the quality of medical care provided, it is necessary to promote simultaneous evaluations of structures and processes in order to identify differences that will not only improve but the administrative efficiency of health services through the planning of the interventions to be adopted.

It is inferred that, for Donabedian, quality is conditioned to historical, cultural, political, social and institutional factors,¹¹ these are complex and difficult to define. It is therefore essential to listen to all those involved in the process, also taking into account the objective factors inherent in health care,¹² as well as not promoting quality reduction to the structure-process-result triad.¹² For the author, quality refers to obtaining the greatest benefits with the lowest risks to the patient and the lowest cost.¹⁰

It is emphasized that health quality should be based on the seven pillars proposed by Donabedian, namely: effectiveness, effectiveness, efficiency, optimization, acceptability, legitimacy and equity.¹³

According to Donabedian, efficacy is reported to be the ability of the art and science of medicine to produce improvements in health and well-being; effectiveness is about improvement in health, achieved or attainable under the usual conditions of daily practice; efficiency refers to the measure of the cost with which a given improvement in health is achieved; optimization relates to the process of adding benefits, becoming relevant as health care effects are not evaluated in absolute terms, but relative to costs.¹³

It is noteworthy that other pillars related by Donabedian are acceptability, which is related to the adaptation of care to the desires, expectations and values of patients and their families, and this pillar is dependent on effectiveness, efficiency and optimization, as well as accessibility of care, the characteristics of the doctor-patient relationship and the amenities of care; Another pillar is legitimacy, which is linked to the acceptability of care as viewed by the community or society at large, and equity, which is related to the principle by which what is fair or reasonable in the distribution of care and benefits among members of a population are determined.¹³

It should be noted that, when considering health quality, care management, developed by nurses, should be considered, and the search for this quality of care may be anchored in management technologies, with a view to guaranteeing the quality of the service provided, considering contexts and demands of health and aiming to meet the pillars proposed by Donabedian.

♦ Care management of patients with chronic venous ulcers: qualifying care

It is pointed out that the activity of managing care is related not only to the search for care quality, but also for better working conditions and organization of collective work, being these activities under the responsibility of the nurse for being a proactive professional.¹⁵

When being developed by Nursing, the qualification of care involves the articulation of the managerial and care spheres inherent to the work of nurses in their most diverse scenarios, valuing, through the planning of care actions, forecasting and provision of care resources and the enhancement of interactions between health team professionals through an articulated action with a view to achieving best care practices in health and nursing services.¹⁶ Thus, the nurse is evidenced as the appropriate professional to manage the structures and processes in health units.

It appears that the nursing management action mobilizes the relationships, interactions and associations made up of nursing and health teams with their own managerial competencies / skills / potentials or inherent to the nurses' professional activities and, when this action is generated in order to manage the care of patients with venous ulcers, it is generated, based on scientific, ethical, aesthetic and personal knowledge, given the complexity of man regarding its uniqueness, multiplicity and individuality, as well as their relationship and insertion in several everyday scenarios.¹⁶

Given the above, it is evident that the administrative processes governed by nurses in the care of patients with venous ulcers should be used as technologies for effective care, requiring the adoption of direct actions with patients, as well as the delegation of conduct and articulation with other health team professionals, corroborating Donabedian's thoughts¹⁰ that scientific support should be provided when providing care, in view of the evidenced clinical demand, but it is also necessary to consider the inherent needs of each assisted subject.

It is inferred that, when providing care to patients with venous ulcer lesions, the nurse is able to perform a differentiated, qualified care, with a view to the best care practices, based on critical reflection on the actions they develop, as well as respect of their purposes and how these actions can be enhanced.

Thus, it is described, by identifying the singularities of care practices, the individualities of each professional and each user, that the nurse activates the appropriate management to the processes and health needs of the individuals they care for, exercising their leadership and decision-making, without disregarding creativity and innovation, aiming at health quality.

It is essential that, when managing care, nurses have a duty to plan, delegate or do, providing and providing resources, as well as encouraging the training of the nursing team. It is pointed out that the nurse manager should also promote team interaction with other professionals in order to occupy spaces with a view to improving care.

It is necessary to undertake actions, initiatives and ways of acting with patients with chronic venous ulcers that allow them to go beyond what is previously determined by care routines, ie, it is important that nurses reflect on their practice and identify relevant behaviors during the assistance to this public, with a view to addressing the needs of the human being, involving, for that, the comprehensiveness of human, biopsychosocial and spiritual aspects.

Reflecting on chronic venous ulcers, which have a high incidence and prevalence among population groups and require management of differentiated care, one encounters the active treatment called Model ABC¹² described in the document entitled "Simplifying venous leg ulcer management. Consensus recommendations", which aims to ensure that the professional providing care to venous ulcer patients follows a systematic path to treatment.¹⁷

According to the authors of the "Simplifying venous leg ulcer management Consensus recommendations", the adoption of the ABC model optimizes venous ulcer management and contributes to reducing the financial impact that leg ulcers have on health systems worldwide. It is known that the aforementioned model is supported by evidence, including the assessment procedures of the lesion; best practices in wound / skin management regarding cleansing care and optimal wound type and compression coverage for optimal wound treatment and relapse prevention¹⁷, but all management conducts value only the healing of the lesion, forgetting the other compromises that pathology denotes when being, as well as forgetting to qualify care as proposed by Donabedian.¹¹⁻³

Thus, it is evident that the management behaviors aimed at patients with chronic venous ulcers do not promote what is recommended by the management of care,¹⁶ which is the mobilization of actions in relationships, interactions and associations between people as complex human beings and who experience the organicity of the complex care system, consisting of nursing and health teams with their own competencies / aptitudes / managerial powers or inherent to professional activities of the nurses.

Therefore, it is confirmed that nurses develop care for patients with chronic venous ulcers based on the managerial knowledge they have, through the planning and organization of work processes, also managing the demands of their professional practice.

Thus, it is stated that the demands inherent to professional practice should always value quality of care, and technology should be an ally to this qualification, not opposing human care, but being seen as a factor of humanization of care.

It is pointed out that, when thinking about care from the perspective of managerial technologies, it will be sought, as nurse managers, to provide care that culminates in clinical improvements and positively affects the quality of life of patients with venous ulcers. In other words, technology should be seen as an instrument to strengthen and qualify nursing care, thus qualifying care, but anchored in the seven pillars proposed by Donabedian.¹³

Thus, it is evidenced that the use of management technology values a care of excellence, and the nurse who acts in management should always be looking for qualification to better assist the patient during direct care.

In line with this qualification, Nursing professionals should be constantly updated to use technological resources, since there are innumerable ways to use and use them to improve care practice, tending to benefits for the patient. Thus, it is pointed out that the adoption of hard, light-hard and light technologies is paramount to care.

Thus, it is stated that, when caring for excellent care for the care of patients with chronic venous ulcers, when managing care, light-hard technologies should be used, such as protocols that provide specifications. about what is done, who is doing it and how it is done, favoring care through health prevention, recovery or rehabilitation, meeting the pillars described by Donabedian¹³ which, in addition to qualifying, can improve the assistance provided by evaluating the behaviors adopted.

As a limitation to this study, we point out the scarcity of articles in national and international bases that would contribute to the discussion about Avedis Donabedian's thoughts articulated with the themes of care management and venous ulcers. Thus, it is emphasized the importance of developing new management research for people with venous ulcers, providing greater collection to researchers, professionals and students in the health field, considering the fact that venous ulcers have a high incidence and population prevalence.

It is intended, as advances to scientific knowledge, that the reflections presented about care management articulated with the theme of venous ulcers promote the improvement of care management, providing reflections on how should be the construction and adoption of new technologies in the Nursing care and health for patients with chronic venous ulcers.

CONCLUSION

It is concluded that the reflections pointed out in this study, regarding the management of care

for patients with chronic venous ulcers, demonstrate that nurses should use management technology to better serve the patient, valuing excellence in care and qualification of assistance the technology must meet the demands inherent to the problems identified by the referred professional during the assistance, as well as in the reports made by the assisted subject.

It is pointed out that the main contribution of this study to the field of scientific research on venous ulcers and nursing was to reflect on health quality for care management, becoming especially relevant, considering that health care quality tends to impact on the practice of the professional, the patient and their quality of life, as well as on the health unit where the caregiver and caregiver meet, providing that it becomes a reference to the conditions presented.

FUNDING

Higher Education Personnel Improvement Coordination - Brazil (CAPES) - Financing Code 001.

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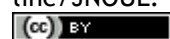
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Submission: 2019/10/17

Accepted: 2019/12/12

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