



RESILIENCE OF INDIVIDUALS AFFECTED BY VENOUS ULCER: A GLIMPSE OF NURSING

RESILIÊNCIA DE INDIVÍDUOS ACOMETIDOS POR ÚLCERA VENOSA: UM OLHAR DA ENFERMAGEM

RESILIENCIA DE LOS INDIVIDUOS AFECTADOS POR ÚLCERA VENOSA: UNA VISIÓN DE ENFERMERÍA

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ABSTRACT

Objective: to know the strategies of resilience developed by individuals affected by venous ulcer. **Method:** descriptive and exploratory study of qualitative approach, carried out with ten subjects in the Clinical School of Physiotherapy, State University of Sudoeste da Bahia, Municipality of Jequié, BA, Brazil. The information was collected by a semi-structured interview and analyzed by the technique of Thematic Content Analysis, after the approval of the research project by the Committee of Ethics on Research of the State University of Sudoeste da Bahia, Protocol No. 206/2009. **Results:** we observed several resilience strategies developed, such as the search for spiritual, family, health professionals and their social network support, in addition to developing self-care as a mechanism to cope with the disease. **Final remarks:** Venous ulcer interferes with the quality of life of affected individuals and to address the various repercussions that affect their living, they develop resilience strategies for the chronicity of the ulcer. **Descriptors:** Venous Ulcer; Resilience; Nursing.

RESUMO

Objetivo: conhecer as estratégias de resiliência desenvolvidas por indivíduos acometidos por úlcera venosa. **Método:** estudo descritivo-exploratório, de abordagem qualitativa, realizado na Clínica Escola de Fisioterapia da Universidade Estadual do Sudoeste da Bahia, no Município de Jequié, BA, Brasil, com dez sujeitos. As informações foram coletadas por meio de entrevista semiestruturada e analisadas pela técnica de Análise de Conteúdo Temático, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa da Universidade Estadual do Sudoeste da Bahia, Protocolo nº 206/2009. **Resultados:** foram mostradas diversas estratégias de resiliência desenvolvidas, tais como a busca por apoio espiritual, familiar, dos profissionais de saúde e da sua rede social, além de desenvolver o autocuidado como mecanismo para enfrentar a doença. **Considerações finais:** a úlcera venosa interfere na qualidade de vida dos acometidos e para enfrentar as diversas repercussões que lhes permeiam o seu viver, estes desenvolvem estratégias de resiliência com a cronicidade da úlcera. **Descritores:** Úlcera Venosa; Resiliência; Enfermagem.

RESUMEN

Objetivo: conocer las estrategias de resiliencia desarrolladas por personas afectadas por úlcera venosa. **Método:** estudio descriptivo y exploratorio de enfoque cualitativo, realizado con diez sujetos en la Clínica Escuela de Fisioterapia de la Universidad Estatal del Sudoeste de Bahia, en el Municipio de Jequié, BA, Brasil. Las informaciones fueron recopiladas por medio de una entrevista semiestructurada y analizadas con la técnica de Análisis de Contenido Temático, tras la aprobación del proyecto de investigación por la Comisión de Ética en Investigación de la Universidad Estatal del Sudoeste de Bahia, Protocolo N° 206/2009. **Resultados:** se observaron varias estrategias de resiliencia desarrolladas, como la búsqueda de apoyo espiritual, familiar, de profesionales de la salud y de sus redes sociales, además de desarrollar el autocuidado como un mecanismo para hacer frente a la enfermedad. **Consideraciones finales:** la úlcera venosa interfiere en la calidad de vida de los afectados y para abordar las diferentes repercusiones que afectan sus vidas, desarrollan estrategias de resiliencia para la cronicidad de la úlcera. **Descriptores:** Úlcera venosa; Resiliencia; Enfermería.

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INTRODUCTION

Venous ulcer (VU) is a chronic cutaneous lesion that has a greater predisposition to manifest itself in the distal third of the medial aspect of the leg, close to the medial malleolus. It starts spontaneously or traumatically with variable size and depth, having a slow healing and a recidivating condition. Scholars in the field² state that the incidence of VU is higher in individuals with 60 years of age or older and its occurrence is higher in women.¹⁻⁴

VU interferes in the everyday life of both individuals affected and their relatives, leading to profound changes in biopsychosocial and economic aspects, favoring thus the deterioration of quality of life.⁵ In addition, they face the estrangement of their families, loss of friends, abandonment on the part of their partners and loss of freedom, autonomy and professional activities.⁶

This way, when living with a wound, individuals do not experience only changes in the body, but also psychological changes, with important repercussions on interpersonal, social and affective relationships.⁶ In order to face these numerous repercussions that affect their living, these individuals develop resilience strategies to live with chronic VU.

Resilience refers to the ability human beings have to face and respond in a positive and healthy way to experiences that have high potential risk for health. This process is recognized as a complex and dynamic phenomenon, which is gradually built from interactions experienced by humans in their environment. This mechanism can promote the ability to successfully face situations that represent a threat to well-being.⁸

When dealing with individuals affected by wounds, it is important to remember that we are faced with someone especially fragile, with wounds both in the physical and psychological sphere. These individuals are creating resiliency strategies all the time in order to face and live with VU. This way, these individuals need family and social support to strengthen them for experience and face the multiple facets imposed by the chronic wound.

This study is justified by the importance of its objective, i.e., to know the strategies of resilience developed by individuals affected by VU, as well as by the scarcity of scientific studies showing the strategies mentioned. We emphasize the importance of knowing what

these strategies are, in order to foster care practices with a view to improving the quality of nursing care. We also highlight the nurses' need to deepen their knowledge and update within this field, thus prioritizing individuals who receive care.

We believe that the results of this research will be able to encourage the expansion of scientific production and consequently the renewal of knowledge in this field, in addition to providing the formulation of new intervention practices making care more humanized.

METHOD

This is a descriptive and exploratory study with a qualitative approach, developed with individuals affected by UV, treated at the Clinic School of Physiotherapy, State University of Sudoeste da Bahia (UESB), by the continuing extension project: "Physiotherapeutic Care in Ulceration of the Lower Limbs", in the Municipality of Jequié, BA, Brazil.

The research was submitted to the Committee of Ethics on Research of the UESB, meeting the norms of Resolution 196/96,⁹ regarding ethical aspects observed during the performing of research involving human beings, under Protocol No. 206/2009.

This article was drawn up from the final work for the undergraduate course entitled: "Venous Ulcer: challenges, perspectives and readaptations", carried out in 2009, in which the information used was obtained from interviews with ten subjects with UV, identified by the letter "E" and listed according to the order of interviews.

The instrument used for the collection of information was a semi-structured interview script, a technique that made it possible to get closer to the subject. The strategy was an asymmetrical dialogue, in which the subjects responded in relation to knowledge, feelings, desires, wishes and experiences regarding UV and in which we also recorded our impressions and observations on non-verbal communication.

The interviews were held in accordance with the time availability and acceptance of informants who were under care at the time of our entry into field. We performed these interviews in a reserved environment of the clinic to ensure the privacy and confidentiality of subjects and we used a voice recorder.

For analysis, we used the technique of Thematic Content Analysis,¹⁰ consisting of two

steps: pre-analysis and analysis. During the first step, we performed a fluctuating reading of the statements—which constituted the corpus—followed by an exhaustive reading, in which the analysis categories were set and grouped by similarity. Three categories emerged to meet the objective proposed by this study.

RESULTS AND DISCUSSION

From the analysis of the interviews, three categories emerged showing the resilience strategies developed by these subjects in their process of living with a VU. The following categories synthesize the thematic content: support by the family, health professionals, and social network, in the fight against the disease; self-care as a strategy of resiliency; and spirituality as support for coping with the disease.

• Support of the family, health professionals and social network in the fight against the disease

Families, health care professionals and social networks act with a view to assist and provide support for overcoming the disease, directed to the acceptance of the therapeutic behavior, guidance for medication adherence and assistance with curative care and prevention of relapses, in addition to emotional support. This makes the affected individual to feel cared for, valued and supported by its network of coexistence. This way, the relatives are referred to as significant support for coping and living with VU.

[...] it is good that my family has understanding people, my husband and my kids understand me and always stay with me, supporting me [...] (E1) (ipsis litteris)

[...] my husband also takes care, takes cares of me too much [...] (E2) (ipsis litteris)

The family is almost always related to feelings like affection, companionship and solidarity, being understood as support to face and accept the impositions of the chronic ulcer. It is imperative that the family sets up itself as a foundation for the individual affected, being able to collectively construct a less hard and sad path, since the attitudes and behavior of this family influence throughout the rehabilitation process.¹¹

Together with the family, the social network and health care professionals also contribute to the strengthening and recovery of individuals affected.

[...] people help me a lot, the nurses and

doctors help me a lot, guide me listen to me and advise me. So I'm more calm, quiet [...] (E2) (ipsis litteris)

[...] I have always consulted doctors, tried to undergo treatment, take care not to cause an infection or worse thing. Thank God for that didn't get worse [...] (E3) (ipsis litteris)

[...] here at the University I also undergo the treatment. I always go to the doctor, every 15 days and always taking the medicines that he prescribes [...] (E1) (ipsis litteris)

The continuous interaction with health care professionals allows the development of a relationship of complicity, trust and respect between the two parties. The creation of this bond makes people affected by VU to share their feelings, anxieties, suffering, highlighting the role that these professionals play in the entire course of the therapeutic process, becoming a reference in care, thus contributing to a better adhesion and acceptance of the treatment.

Health care professionals have to establish a therapeutic communication with patients in order to take into account their complaints and respect the particularity of each individual.¹² This relational proximity with the professionals configures itself as a differential in the care process, since it favors the promotion of health and assists establishing paths to a better quality of life and a better living with this chronic condition.

Other sources of support mentioned by the subjects were church mates, colleagues and friends.

[...] my church supports me, gives me strength. My friends from the church visit me, always brings me a word of love, affection, this is very good, they are my friends [...] (E1) (ipsis litteris)

[...] on the weekend I also want to have fun with the colleagues playing dominoes or a game of intelligence [...] (E3) (ipsis litteris)

The fact that individuals receive support from loved ones causes them to feel welcomed and recover faster. The disease, in some ways, also belongs to their entire network, since all problems are shared.¹³

We can see the relevance of that bonding and close relationship between individuals affected and their families and social networks they belong to. The possibility of having a stable, sensitive and reliable social network constitutes a significant support for human living, because it protects the individual against disease-causing factors, acts as an agent for help and contributes to the

strengthening of the family and social relationships.⁷ The importance of having a support that empowers and assists these individuals in their daily lives in order to live with a chronic wound becomes evident. Their statements make it clear that the relationships of affection result in resilience mechanisms.

In that sense, it is worth noting the need of the people related to affected individuals to be clarified about the disease, as well as the entire course of its evolutionary process, because in this way they will be able to offer support and intervene when necessary.

• Self-care as resilience strategy

Self-care is defined as activities that individuals perform for their benefit in order to maintain life, health and well-being. These activities are necessary for conditions resulting from changes—throughout the different stages of the life cycle—that require adaptation. The need for self-care is also present in the cases of diseases and treatments required to correct the condition resulting from the disease.¹⁴

In this direction, self-care emerged in the interviews of the subjects as a resilience strategy when living with VU.

[...] I myself have done the dressing at home every day. I care much for this sick foot, this wound [...] (E4) (ipsis litteris)

[...] I always take care of myself. I sit and put my feet up, I don't get many hours standing and not many hours sitting. When I lie down, I put my feet up [...] I take my medicines right [...]

 (E5) (ipsis litteris)

VU produces changes that require time for acceptance and learning for self-care. Individuals start taking care of themselves daily, making the dressing and taking medication following guidance from health care professionals. At that time, individuals become aware of their dependency, their limitations and the importance of self-caring; as can be observed in the following statements:

[...] I had to change my diet, I have to eat whole wheat bread, white rice, chicken without skin, kale, such things, it's not everything that I eat, it must be so [...] (E2) (ipsis litteris)

[...] my diet has changed, what I ate before now I don't eat anymore, I quit frying, fat, salt, and pasta. I don't eat these thing anymore, my diet now has been fruits and vegetables [...] (E1) (ipsis

litteris)

Healing requires an adequate nutritional intake of protein and calories, in addition to vitamins. Some foods like meat, beef liver and chicken, for example, are essential to the healing process, because they have vitamins that can increase the production of proteins and form tissue building blocks, among other functions.¹²

The ability of self-care involves the capacity of individuals to perform actions that address their needs regarding a few basic factors such as age, gender, life experiences, values, beliefs, culture in which they are inserted, resources, education, health, and health care system. In this context, the need for therapeutic self-care encompasses all actions necessary to maintain life and promote health and well-being.¹⁴

In this sense, it is necessary that health care professionals demonstrate how the dressings should be done and provide guidance about supportive measures, the need for rest and nutritional requirements, so that affected individuals can perform their self-care activities correctly without neglecting care, since incorrect care will promote the worsening of their health.

The theory of self-care assumes that individuals should be active subjects in their decision-making process and the identification of their needs; so that the actions can be developed for health care. Health care professionals should commit to share knowledge and make patients responsible for their treatment.

• Spirituality/faith as support for coping with the disease

Spirituality or faith is defined as what brings meaning and purpose to life and is recognized as a factor that contributes to the health and quality of life of many people. It is expressed as an individual search through the participation in religious groups that have something in common: the faith in God.¹⁵ Still, some authors state that spirituality or faith can help people to face the difficulties of life, providing structure for assigning meaning to personal and spiritual issues and, more generally, providing a sense of well-being.¹⁶

For many people, religion and personal and spiritual beliefs are a source of comfort, well-being, safety and strength, as can be observed in the following statements:

[...] what I do is having a lot of faith, then, every day, every morning, I ask God to give me strength to help me win, because I know

that it is very difficult, but if we have faith we can.

Because what is impossible for us is possible for God, then you have this faith you win. I believe I'll beat this illness because I have faith [...] (E1) (ipsis litteris)

[...] sometimes there is that desperation, I cry a lot. When I see that it is not healing, soon I become desperate, but after that I go back and only God can help [...] (E6) (ipsis litteris)

[...] we must have a lot of willpower, faith in God, all days caught up with God at night to see if I improve this leg, because I suffer a lot with this leg, there are days that it hurts and I don't even sleep at night aching. Sleepless, without being able to sleep at night. I can't do anything, youknow, only God [...] (E7) (ipsis litteris)

Through these statements, it is evident that the search for God is constant and this search becomes the cause for hope and comfort for overcoming the disease. On several occasions the desire to quit arouses and produces feelings of despair and anguish. However, when people think that there is a superior being able to help them, they start facing the disease in a different way; as can be seen in the statement above cited: *"soon I become desperate, but after that I go back and only God can help"*.

Faith is a constructive way of thinking, setting itself on a feeling of confidence that what people really want will happen. Considering the statement: *"what is impossible for us is possible for God, then you have this faith you win"*, we observe that it demonstrates the faith that these people have. The goal will set itself in the fact that this person is convinced that God is able to remedy or ameliorate his/her illness. Thus, his/her unconscious will absorb that idea, making it actually happen. Therefore, it reveals that patients with spiritual well-being tend to be more hopeful.¹⁷

In addition, faith in God is a feeling that is culturally rooted and it shows to be as necessary as the other treatment modalities. The statement points out that faith in God occupies a prominent place in the lives of these people and, also, it reveals that it is essential to know the spirituality of patients with VU when planning care.

Spirituality/faith is a predictive factor of well-being and social support. In the case of chronic diseases, it becomes a real ally of people who suffer or are sick and this makes spirituality/faith increasingly required in the practice of health care. Science bows to the

greatness and importance of spirituality in human dimension.¹⁷

It is interesting to notice that in the midst of major technological breakthroughs a growing need of spiritual search emerges. There is a challenge to health care professionals in order to respond to questions about the balance between health and spirituality. The spirituality construct has an intrinsic value for evaluation in health by providing a framework of meanings for the confrontation of disease conditions.^{15,16}

Religious and spiritual beliefs provide significant forces in the various moments of suffering caused by diseases and treatments. Therefore, it is undeniable that aspects of spirituality, faith and religiousness cannot be disassociated from the therapeutic process of patients with chronic pain, since these aspects improve the quality of life of patients with VU and reduce the impact of the disease, making them essential to the success of the treatment.

FINAL REMARKS

VU interferes with the quality of life of individuals affected, since it causes various biological, psychological, social and economic changes in their lives. In order to address the range of repercussions affecting the lives of these individuals, they develop resilience strategies for living with chronic VU.

The results of this study point out the several strategies of resilience developed, such as the search for spiritual, family, health care professionals and social network support, in addition to developing self-care as a mechanism to face the disease.

The support mentioned by the individuals directs to the acceptance of the therapeutic behavior, guidance for medication adherence, assistance in curative care and prevention of relapses, in addition to emotional support.

It was evidenced that the continuous interaction with health care professionals allows the development of a relationship of complicity, trust and respect between the two parties, thereby contributing to a better adhesion and acceptance of health treatments. The importance of spirituality/faith was also evidenced, since it was reported as a source of comfort, well-being, safety and strength.

The findings suggest the need to deploy and/or implement public policies for health care of individuals affected by VU, based on an integral and interdisciplinary care with

trained professionals in order to manage and plan health care aiming at the humanization of nursing care. This way, knowing some of the resilience strategies developed by these individuals will facilitate the planning of care and nursing procedures, whose main challenge is preserving the quality of life.

Considering the breadth of this theme, we believe that this research can promote the development of others, since the strategies of resilience have been little researched. In this way, studies become necessary in order to deepen the research of other aspects or factors related to coping with VU, so that this issue could be discussed and better understood.

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