

Perception of self-care in users with chronic wounds

RESUMO | Objetivo: compreender a percepção dos portadores de feridas crônicas acerca do autocuidado. Método: estudo descritivo-exploratório, de abordagem qualitativa, realizado junto a 10 pacientes no período de agosto de 2021, no Centro de referência em Prevenção e Tratamento de Úlceras Crônicas da cidade de Parnamirim/Rio Grande do Norte. Utilizou-se um roteiro de entrevista semiestruturada e análise de conteúdo de acordo com a proposta de Bardin, com uso da técnica de análise de conteúdo e decodificação dos dados em categorias. Sendo aprovado pelo comitê de ética do Centro Universitário Maurício de Nassau. Resultados: Identificou-se as dificuldades no que se refere ao autocuidado no portador de ferida crônica, suas implicações na qualidade de vida como: dor, desconforto, dificuldade de locomoção e desgaste psicológico, além de informações superficiais por parte dos profissionais. Conclusão: Evidenciou-se a relevância da atuação do enfermeiro como mediador do autocuidado, para garantir a autonomia e melhora da qualidade de vida em pacientes portadores de feridas crônicas e a necessidade do fortalecimento de práticas educativas na vida diária.

Descritores: Autocuidado; Cuidados de Enfermagem; Ferimentos e Lesões; Percepção; Enfermagem.

ABSTRACT | Objective: to understand the perception of patients with chronic wounds about self-care. Method: descriptive-exploratory study, with a qualitative approach, conducted with 10 patients in August 2021, at the Reference Center for Prevention and Treatment of Chronic Ulcers in the city of Parnamirim/Rio Grande do Norte. A semi-structured interview script and content analysis were used according to Bardin's proposal, using the technique of content analysis and decoding of data into categories. Being approved by the ethics committee of the Maurício de Nassau University Center. Results: Difficulties with self-care in chronic wound patients were identified, their implications on quality of life such as: pain, discomfort, difficulty in locomotion and psychological exhaustion, as well as superficial information on the part of professionals. Conclusion: The relevance of nurses' actions as a mediator of self-care was evidenced to ensure autonomy and improvement of quality of life in patients with chronic wounds and the need to strengthen educational practices in daily life.

Keywords: Self-care; Nursing Care; Injuries and Injuries; Perception; Nursing.

RESUMEN | Objetivo: comprender la percepción de los pacientes con heridas crónicas sobre el autocuidado. Método: estudio descriptivo-exploratorio, con abordaje cualitativo, realizado con 10 pacientes en agosto de 2021, en el Centro de Referencia para la Prevención y Tratamiento de Úlceras Crónicas de la ciudad de Parnamirim/Rio Grande do Norte. Se utilizó un guión de entrevista semiestructurado y un análisis de contenido de acuerdo con la propuesta de Bardin, utilizando la técnica de análisis de contenido y decodificación de datos en categorías. Ser aprobado por el comité de ética del Centro Universitario Maurício de Nassau. Resultados: Se identificaron dificultades con el autocuidado en pacientes con heridas crónicas, sus implicaciones en la calidad de vida como: dolor, malestar, dificultad en la locomoción y agotamiento psicológico, así como información superficial por parte de los profesionales. Conclusión: Se evidenció la relevancia de las acciones de las enfermeras como mediadores del autocuidado para asegurar la autonomía y mejora de la calidad de vida en pacientes con heridas crónicas y la necesidad de fortalecer las prácticas educativas en la vida cotidiana.

Palabras claves: Autocuidado; Cuidados de Enfermería; Lesiones y Lesiones; Percepción; Enfermería.

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INTRODUCTION

The definition of chronic wounds is given by any interruption in the continuity of a body tissue, regardless of its extension, and may be due to trauma, clinical conditions, presenting difficulty in its healing process and exceeding six weeks of duration. It may be associated with factors such as vascular compromise, chronic diseases, long-term immobility and nutritional changes. Treatment must be specialized and will be based on continuous, accurate and objective assessment.⁽¹⁾

Regarding the wound healing process, a precise balance between biological and molecular processes that are involved in hemostasis, inflammation, proliferation and skin remodeling is required. For healing to take place, it is necessary that some factors are present in this process, such as the fact that the wound bed is well vascularized, as well as an intact immune system. When these ideal conditions are absent, abnormal healing can occur, causing these wounds to pass from a phase called acute to the

chronic phase.⁽²⁾

In Brazil, the performance of the nursing team in wound care is regulated by resolution nº 567/2018⁽³⁾ of the Federal Council of Nursing (COFEN), with these professionals having close contact with their patients, which provides a favorable environment for the promotion of care and monitoring of results. It is of considerable importance that nursing, together with the multidisciplinary health team, promote self-care actions, considering the entire social context of the individual and creating a bond with the patient and their family, so that the planning strategies for self-care take place in a valid way. The process of preventing and healing wounds, whether acute or chronic, is a reflection of self-care actions, which must be linked to the individual's socioeconomic and cultural conditions, also involving the family group and the community in which they are inserted, hygiene habits, knowledge about injuries and access to health services.⁽⁴⁻⁵⁾

Indeed, from the perspective of nursing care for patients with chronic wounds, nursing theories become fundamental parts of this process. Thus, understanding the importance of self-care, it makes sense to use Dorothea Orem's theory, which is composed of three interrelated theories: Self-care Theory, Self-Care Deficit Theory and Nursing Systems Theory. Self-care addresses the importance of individuals developing activities for their own benefit to maintain life, well-being and health. On the other hand, the Self-Care Deficit theory deals with the participation of nursing, when the person does not have the ability to carry out their activities. Finally, Systems Theory contemplates the needs of self-care and the client's ability to perform it.^(6,8)

In this context, it is extremely important to reflect on how users perceive their contributions to self-care, ensuring comprehensive care and the empowerment of their actions. The importance of nursing guidelines and care on the care of

chronic wounds is highlighted, demonstrating that the benefits of the study go beyond the interviewees, including the professionals involved in the assistance, thus ensuring an inclusive and participatory treatment, in which the client is an agent of his own care and recovery.

Given the importance of the topic, this study aims to understand the perception of patients with chronic wounds about self-care.

METHODO

Patients with chronic wounds treated at the Specialized Center for the Prevention and Treatment of Chronic Ulcers (CEPTUC - Centro Especializado de Prevenção e Tratamento de Úlceras Crônicas), located in the city of Parnamirim, metropolitan region of Natal/Rio Grande do Norte, in the period of August 2021, participated in the study, among ten participants who were being monitored at the unit. Patients were selected with the collaboration of CEPTUC professionals taking into account the inclusion criteria: patients with wounds for more than two years and who are followed up at least twice a week at the institution. As an exclusion criterion, those under 18 years of age were selected, as well as those who, for some reason, present changes in the level of consciousness, unable to answer for themselves or who did not accept to participate.

Subsequently, contact was made with the participants, who received all the information about the research and, after accepting to participate and signing the Free and Informed Consent Term (ICF), a form was filled out about the sociodemographic data of the interviewees, in addition to a semi-structured interview containing open questions formulated by the researchers.

Patients were interviewed at their respective appointment times, in a reserved place at the institution and individually. The speeches were recorded and stored on an electronic audio device and

fully transcribed using Microsoft Office Word. An analysis was made through the proposal of Bardin⁽⁹⁾ using the content analysis technique, with application of the word association test and soon after, organization of analyzes with decoding of data into categories.

Data collection took place after approval by the ethics committee of the Centro Universitário Maurício de Nassau on July 15th, 2021, under the opinion number: 4,850,319 and CAAE: 46257521.8.0000.5193.

Preserving the confidentiality of the volunteers' identity, it was decided to identify them by abbreviations containing the letter "E" followed by a number according to the order of the interview.

RESULTS

Among the interviewees, the majority were female (60%). The predominant age group was over 50 years (80%) followed by those aged between 31 and 41 years (20%). Regarding the level of education (80%) of the participants had incomplete elementary school and only (20%) had completed high school. With regard to family income, (80%) of the interviewees reported receiving the amount of up to R\$:1,100.00, (10%) and (20%) above R\$:2,000.00.

In addition, participants with married marital status (90%) and (10%) declared themselves to be widowed (a) prevailed. As for the number of family members, (50%) of the interviewees live with an average of 1 to 3 people and the others (50%) live with an average of 4 to 5 people. Also (70%) of the patients declared themselves to be Catholics, followed by those who were Evangelicals (30%).

Soon after the collection of sociodemographic data, the interview script was applied, containing open and subjective questions, from which three categories of analysis emerged, namely: experiences of people with chronic wounds; difficulties in self-care evidenced by patients with chronic wounds and; guidelines of

Table 1 - Sociodemographic characterization of the population studied. Rio Grande do Norte (RN), Brazil, 2021.

Category	n	Percentage
Gender		
Male	4	(40%)
Female	6	(60%)
Age group		
31 to 40	2	(20%)
Over 50	8	(80%)
Education		
Incomplete Elementary school	8	(80%)
Complete Elementary school	2	(20%)
Family income		
Up to 1.100	8	(80%)
Above 2.000	2	(20%)
Family members		
2-3 people	5	(50%)
4-5 people	5	(50%)
Marital status		
Married / Stable Union	9	(90%)
Widowed	1	(10%)
Religion		
Catholic	7	(70%)
Evangelical	3	(30%)

Source: The authors. Pamamirim (RN), Brazil, 2021.

professionals for patients with chronic wounds.

Category 1 - Experiences of people with chronic wounds

In this category, pain was one of the points most mentioned by the interviewees, demonstrating that the patient's experience is closely linked to this factor. Even more, the participants approached the injury as an important emotional and psychological factor.

[...] I think it's sad, because the pain we feel, we don't sleep at night, sleep is short, we don't eat very well because at that moment, while we have that pain, we don't eat, and when the pain

eases a little, we eat. (E4)

It's very difficult, right, because it's very painful and takes time to heal and it's complicated. (E5)

Sad, horrible. That it hurts, burns, throbs, does everything that is not good [...]. But it's awful. Pain, agony, suffering, it's horrible. (E7)

Category 2 - Difficulties in self-care evidenced by patients with chronic wounds.

Respondents reported obstacles that significantly interfere with their daily tasks and, thus, become dependent on family members or acquaintances. Regarding these limitations, the partici-

pants emphasize from basic activities of daily living to instrumental activities. They also reported that even with difficulties, they are still responsible for the daily dressing change, on the other hand, others comment on the dependence to perform the dressing change, bringing in this sense a reality of deficit in self-care.

[...] I don't do anything at home, it's just suffering, I think it's too bad. [...] I don't go to a beach, I don't do anything, for God's sake, it gets in the way too much. (E7)

[...] I put a stool a little higher, put my leg on top, my foot on top and then I go for it, something that is a little dirty, I go and put it on. I take a dry gauze, shove it between my fingers to clean, but I dry it. (E4)

[...] I don't do it myself, the girl already does it, you know? But I stay seated, there's a half-high chair at home so I sit down and stretch my leg, put it on top of the stool, she puts the bench on the side and makes it for me. (E1)

[...] At home I receive assistance from a private nurse, right? She is the one who handles the service of changing the dressing. (E5)

Category 3 - Guidance from professionals for patients with chronic wounds

With regard to these guidelines, the participants superficially cite what is passed on by professionals about the care to be taken with injuries.

[...] the orientation is just to change the gauzes, because they advise to change only, not to put too many gauzes and that's it. (E2)

[...] The guidance they give me is the same thing they do to my

feet, cleaning, right? Clean the injury well, put what they say and everything works out. (E3)

They never give me any guidance. They just tell me I'm fine and I'm not wearing boots and I'm going to wear socks, that's all. (E9)

Be careful the flies don't get close. When I go to take a shower, don't let it get wet, put it in a bag so it doesn't get wet, don't get a splash of soap and water, that's it. (E4)

[...] That I be very careful in case of infection, don't eat heavy food, treat it right, wash my hands, use alcohol. (E7)

DISCUSSION

The individual with a chronic wound suffers psychologically due to their condition. For these people, the wound is not just a skin lesion, it often diminishes their pleasure and prevents them from carrying out everyday activities.^(10,12)

Category 1, which emphasizes the experiences of people with chronic wounds, addresses factors such as pain, which is already considered in some literature as a 05th vital sign and is closely related to emotional factors experienced by patients.

Chronic injuries lead to frequent wear and tear and, in general, are related to a permanent and/or recurrent nature, causing the individual with the wound to lose considerable self-esteem as a result of the disabilities it causes, such as alterations in sleep patterns, pain, difficulties at work, drug dependence, shame of socializing, in addition to almost always not being cured.⁽¹²⁻¹³⁾

In addition to pain, users with wounds, mainly of a chronic nature, carry psychological suffering as a result of the change in quality of life and well-being,

with a high probability of compromising their mental health.⁽¹²⁾ Feeling sad about your condition and constantly living with a feeling of sadness is a recurring situation.⁽¹⁴⁾

In this perspective, the studies were homologous with the report of the research respondents, the participants approached the injury as an important emotional and psychological factor. In this context, the individual with a chronic wound goes through impacts that can generate limitations in self-care, difficulties in daily life and even result in the deprivation of living with other people. Multiprofessional participation in promoting self-esteem, autonomy and self-care of people living with a chronic wound is of paramount importance, proposing the implementation of adjusted and correlated care actions that seek to achieve evolutions in the treatment and recovery of patients and establish a link between individuals and the service.⁽¹⁵⁾

Category 2 addresses the difficulties in self-care evidenced by patients with chronic wounds, which include difficulties in daily activities, locomotion, and even restrictions related to leisure.

The patient with a chronic wound finds it difficult to carry out daily activities and hinders leisure and work. Similarly, the interviewees reported the persistence of obstacles that significantly interfere with their daily tasks and, in this way, they become dependent on family members or acquaintances.⁽¹⁶⁾

From the same point of view, a study⁽¹⁷⁾ addresses that the physical restrictions imposed by chronic wounds are usually associated with their location, type of injury, in addition to other conditions. From this perspective, these limitations encompass numerous physical aspects, from the practice of hygiene to working and traveling.

In addition, users tend to demonstrate deficits in the practice of self-care most often associated with precarious external conditions such as medical care, dressing and being complemented

by the supply of materials. ⁽¹⁸⁾ Such a situation directly impairs the effectiveness of self-care at home or more complex ways of personal wound care.

Even facing difficulties and even without much guidance, individuals with chronic wounds at some point change the dressing at home, where the speech of some interviewees is in line with this literary approach. ⁽¹⁹⁾ On the other hand, other interviewees have already highlighted the need for additional help to change the daily dressing, and it is clear that they find barriers to self-care with the injury. This reality is still in line with a study ⁽¹⁷⁾ which demonstrates the indispensability of an individual's support to perform the dressing.

In category 3, the guidelines of professionals for patients with chronic wounds are highlighted. The nursing professional in the face of care has an important role in the orientation and treatment of wounds, since they have a lot of contact with the individual and will be able to analyze and monitor their evolution and guide them on the care that will be carried out at home. ⁽²⁰⁾ Factors subject to change should be observed and passed on by a multidisciplinary team, so that this individual can perform self-care effectively, enabling a good recovery.

The speeches of the participants succinctly bring the guidelines that are given by the professionals, where, as reported, it is often not addressed effectively and individually, thus not offering the comprehensive care that is necessary in the context of those with chronic wounds.

Studies ^(19,21) bring information about the explanations given by professionals to individuals with chronic wounds, which are too vague for care to be carried out effectively at home, a situation that does not give these individuals independence and autonomy for self-care.

The deficit in comprehensive care is reported in studies ⁽²²⁾, where they emphasize that most of the professionals are focused on the disease and not on the recovery and prevention of disea-

ses resulting from the pathology. Thus, the lack of communication between the care sectors with patients with chronic wounds can directly or indirectly affect the recovery of these individuals, given that the guidelines are often not passed on as they should, influencing the care



For healing to take place, it is necessary that some factors are present in this process, such as the fact that the wound bed is well vascularized, as well as an intact immune system.



provided. ⁽²³⁾

In this way, educational practice actions should be implemented during the care of chronic wounds, in view of the need for individuals to know more about the care that should be taken with injuries. ⁽²⁴⁾ In addition, crucial aspects must

be considered according to the reality and needs of each user, and the nurse must not only guide and care, but also prescribe care to facilitate assistance when performed by family members or other professionals.

In this context, the guidelines passed on to patients with chronic wounds are very important for their recovery. In addition, the competence of this care also depends on the knowledge, skills and interest of individuals. The guidelines for care include adequate water intake, balanced and regular diet, adequate rest and the practice of physical activity in a balanced way. ⁽²⁵⁾

CONCLUSION

The research carried out provided a reflection on the experience of patients with chronic wounds and how they perceive self-care, it is possible to identify how the condition affects the quality of life and the performance of activities of daily living, the feelings they carry and their limitations in the healing process.

The situation reported by users demonstrates the impact of chronic injuries on their lives, whether due to the continuous pain, the difficulty of living with other people, the limitations of performing basic activities of daily living, as well as the emotional impact that this experience brings.

In this context, it is important for nurses to participate with regard to the care provided to patients with chronic wounds and the guidelines provided, since they must be the mediators of self-care to guarantee the autonomy of these individuals and, thus, improve their quality of life.

It is also necessary that future studies, when approaching the patient with a chronic wound, analyze how health professionals apply the theory of self-care in these patients and how to contribute to the strengthening of this self-care in daily life. 🐦

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