

# EXPERIENCES CONSTRUCTED IN THE PROCESS OF LIVING WITH A VENOUS ULCER

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**ABSTRACT:** The aim of this study was to identify the experiences constructed by people with venous ulcers, in the process of living with this chronic condition. This qualitative study was conducted between January and February 2013. A semi-structured interview was used, in which the participants were 14 people with venous ulcers treated at an outpatient angiology clinic of a municipality in the state of Rio Grande do Sul. The data were subjected to content analysis. The three categories submitted to analysis were: The venous ulcer and its impact on work; Changes in routine and limitations in living with the venous ulcer; and Living with the venous ulcer and the need for professional and family care. It was concluded that people with venous ulcers can present a propensity to develop problems that jeopardize their physical and emotional health and that require integral care from healthcare professionals.

**KEYWORDS:** Varicose ulcer; Life changing events; Nursing.

## EXPERIÊNCIAS CONSTRUÍDAS NO PROCESSO DE VIVER COM A ÚLCERA VENOSA

**RESUMO:** Objetivou-se identificar as experiências construídas pelas pessoas com úlcera venosa, no processo de conviver com esta condição crônica. Pesquisa qualitativa realizada entre janeiro e fevereiro de 2013. Utilizou-se a entrevista semiestruturada na qual participaram 14 pessoas com úlcera venosa, atendidas em ambulatório de angiologia de um município do interior do Rio Grande do Sul. Os dados foram submetidos à análise de conteúdo. As três categorias submetidas à análise foram: Úlcera venosa e a sua repercussão no trabalho; Mudanças na rotina e limitações no viver com a úlcera venosa; e Conviver com a úlcera venosa e a necessidade de cuidado profissional e familiar. Conclui-se que a pessoa com úlcera venosa pode apresentar propensão a desenvolver problemas que colocam em risco a sua saúde física e emocional e que necessita de atenção integral dos profissionais da saúde.

**DESCRIPTORES:** Úlcera varicosa; Acontecimentos que mudam a vida; Enfermagem.

## EXPERIENCIAS EN EL PROCESO DE VIVIR CON ÚLCERA VENOSA

**RESUMEN:** Fue objetivo de este estudio identificar las experiencias de las personas con úlcera venosa, en el proceso de convivir con esta condición crónica. Investigación cualitativa realizada entre enero y febrero de 2013. Se utilizó la entrevista semiestruturada, de la cual participaron 14 personas con úlcera venosa, atendidas en ambulatorio de angiología de un municipio de interior de Rio Grande do Sul. Los datos fueron sometidos al análisis de contenido. Las tres categorías sometidas al análisis fueron: Úlcera venosa y su repercusión en el trabajo; Cambios en la rutina y limitaciones en el vivir con úlcera venosa; y Convivir con úlcera venosa y la necesidad de cuidado profesional y familiar. Se concluye que la persona con úlcera venosa puede presentar propensión a desarrollar problemas que ponen en riesgo su salud física y emocional y que necesita de atención integral de los profesionales de la salud.

**DESCRIPTORES:** Úlcera varicosa; Acontecimientos que cambian la vida; Enfermería.

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## INTRODUCTION

A long period living with a chronic wound can cause changes and difficulties in various aspects of the life of the affected person, which can be physical, such as hindering the performance of some daily living activities, or emotional, which affect them psychically and influence their way of being-in-the-world<sup>(1)</sup>.

When presenting a chronic wound, such as a venous ulcer, the person may develop negative feelings such as sadness, dissatisfaction, frustration, anxiety, anger, depression, embarrassment, isolation, feelings of inadequacy, interpersonal relationship difficulties and impairments of body image and sexual activity<sup>(2-5)</sup>.

Therefore, often, neither the person with the venous ulcer nor their family are prepared to comprehend all the aspects that guide living with the problem. It is necessary for these people to adapt to their life conditions, through new skills, revision of values, knowledge about the disease, adaptation to treatment and coping with society<sup>(6)</sup>.

Nevertheless, many healthcare professionals still maintain care with the emphasis on the disease, making integrality of the care with prevention and health promotion difficult<sup>(7)</sup>. The importance is highlighted of healthcare professionals considering the different aspects that exist in the process of living with venous ulcers, such as the emotional, psychological, economic and social dimensions involved in the health-disease-care process<sup>(5)</sup>.

Accordingly, when assisting a person with a chronic health condition, it is necessary to go beyond the knowledge of the physical and psychological changes, taking healthier living into account. It is necessary to comprehend the experiences constructed by these people in the process of living with the disease, which will guide the process of choices regarding the care and treatment that will be performed<sup>(8)</sup>. Given the above, the study intended to find answers to the following question: what experiences are constructed by people with venous ulcers?

From this question, the aim was to identify the experiences constructed by people with venous ulcers, in the process of living with this chronic condition.

## METHOD

This qualitative study was conducted with people with venous ulcers undergoing treatment in the angiology outpatient clinic of a university hospital in the state of Rio Grande do Sul.

Data were collected through semi-structured interviews conducted in January and February 2013. The study included 14 people with venous ulcers, enrolled in the outpatient service mentioned. For inclusion, the following criteria were used: being 18 years of age or over, having venous ulcers, and being treated in the outpatient clinic during the data collection period. People that presented comprehension or communication difficulties were excluded.

The interviews took place in the clinic and focused on knowing what people did to care/treat the venous ulcer, the health care carried out on a daily basis, and the changes caused in life after treatment of the venous ulcer. All interviews were individual, recorded in MP3 format and transcribed in full.

Data analysis was performed according to the content analysis technique<sup>(9)</sup>. Therefore, the following steps were performed: organization of the data, repeated readings of the data obtained, identification of the codes and the results obtained, formation of the categories, understood as the set of expressions with similar characteristics that represent the experiences of the people who were part of the investigation, presentation and analysis of the categories found.

The study was approved by the Research Ethics Committee of the Federal University of Santa Maria, under authorization number 23081.000145/2008-19. It was carried out according to Resolution 466/2012 of the National Health Council for research involving humans, with regard to secrecy, anonymity, informed consent and freedom to withdraw from the study at any time. In the presentation of the results codes (E1 to E14) were used to maintain the anonymity of the participants.

## RESULTS

The characterization of the respondents is presented first, followed by the three categories constructed from the data analysis: The venous

ulcer and its impact on work; Changes in routine and limitations in living with the venous ulcer; and Living with the venous ulcer and the need

for professional and family care.

The characterization of the respondents is presented in Table 1.

Table 1 - Characterization of the people with venous ulcers interviewed in the outpatient angiology clinic of a university hospital in the state of Rio Grande do Sul. Santa Maria, RS 2013

Code	Age (in years)	Gender	Marital status	Profession/ Occupation	Duration of the venous ulcer (in years)
E1	47	F	Married	Housewife/ Social Security benefit	14
E2	76	M	Widowed	Driver / Retired	5
E3	50	M	Married	Farmer/ Retired	2
E4	66	F	Widowed	Housewife/ Retired	12
E5	64	F	Widowed	Housewife/ Retired	25
E6	61	F	Single	Housewife/ Retired	20
E7	56	M	Single	Rural worker/ Social Security benefit	15
E8	52	M	Separated	Security guard/ Retired	½
E9	74	F	Widowed	Cook/ Retired	14
E10	49	F	Separated	Cleaner/ Retired	8
E11	70	F	Widowed	Farmer/ Retired	2
E12	79	F	Single	Shopkeeper/ Retired	20
E13	68	F	Married	Housewife/ Retired	20
E14	68	M	Married	Driver / Retired	1

### The venous ulcer and its impact on work

In the first category the members of the study indicated that changes occurred when living with the venous ulcer, which had a great influence on work.

*Much has changed in life, first we went to the farm, worked, I had to find other things to do to occupy me, to pass the time, not to get into a state of depression.* (E3)

*The wound left me unable to do many things that I did before and the most important was taking care of my wife [bedridden due to a stroke]. She was so good to me [emotional moment, spoke with difficulty and cried] and I have to pay her back.* (E14)

While the work was influenced by the existence of the venous ulcer, the overload of activities may have favored the occurrence of the venous ulcer. Thus, the relationship of the venous ulcer with work was emphasized.

*I worked a lot, even my veins are protruding due*

*to so much heavy lifting, climbing stairs, I had a shop, I worked a lot.* (E4)

The existence of the venous ulcer limits the person in the work activities and can lead to withdrawal from work and retirement.

*I had to retire, mostly because of the leg.* (E9)

Also this limitation in the work can cause problems in relation to financial issues and social activities.

### Changes in routine and limitations in living with the venous ulcer

The main changes in the routine are described in this second category, including mobility limitations.

*I walked well, now I am kind of slow, and it hurts to put my foot down.* (E2)

*I do not have that strength to walk, my legs seem like they do not have the strength for me to stand*

*up alone, to walk, it is difficult.* (E10)

*I walked around all right, now I have to go out in a car, because it is the only position that I am ok, it is either sitting in the car or only with a crutch.* (E14)

The need for change in the routine related to leisure was also identifies.

*I loved fishing and now I'm afraid of hurting this here. I loved to dance, but that changed. Lots of parties that we will no longer go to.* (E2)

*I was used to doing something and then I had to adapt in other ways, such as no longer playing football, no longer running, also I can no longer go to a party to dance, so we really change the routine of our lives.* (E3)

*I think it changed everything, I do not walk, because if I go out to see a neighbor when I arrive I'm already tired.* (E10)

By identifying the intense change in the leisure routine, either due to the occurrence of pain or fear of complicating the situation of the lesion, the respondents indicated the need to use strategies to adapt, to not feel that they are useless and to live with the limitations.

*I have already avoided everything so as not to cause an accident and increase the lesion. I cannot think that I cannot do anything. We're not useless, despite the limitations.* (E3)

Difficulties in going out, traveling and sightseeing can also arise from the difficulty or impossibility of wearing shoes, this being a concern with the personal presentation that influences the vanity of people with venous ulcers.

*I cannot leave because I cannot put a shoe on right. I can not travel, so I stay at home, I do not care if I am not in pain.* (E12)

*I only use those slippers closed at the front, because they do not press the back and also*

*because I have to use socks and how can I use slippers and socks.* (E4)

In addition to the daily changes and limitations in social activities, there was the need to incorporate care into the routine of the respondents.

### **Living with the venous ulcer and the need for professional and family care**

The third category presents what the study members did to take care of or treat their chronic health condition, that is, their therapeutic route and its temporality.

*I thought I would get better in a month or two, and it was going, doing a dressing, another dressing, and it did not get better and did not improve, we will get used to the disease.* (E2)

*With the treatment of the wound I expected it to get better, because there are days that this here bothers me, it stings and I have to be taking medication forever.* (E14)

The constant need for monitoring in the health services can be tiring and cause suffering, and can even lead to change of residence so that the treatment occurs.

*What bothers me is this here [indicates the location of the ulcer], I have to walk to the doctor, previously I did not have to walk to the doctor and this hinders me a bit.* (E7)

*Everything changes and now, like a gypsy, I go here and there [referring to the fact of moving house and town to perform the treatment].* (E11)

In living with the venous ulcer, the respondents highlighted the need for professional and family care as an experience that was constructed and intensified in the process of living with their chronic condition.

*The medicines that they [healthcare professionals] gave me, the dressings, everything right, all right,*

*it is my nurse [daughter] that does the dressings, when I come here it is [name of the nurse of the outpatient clinic] and at home it is her [daughter].* (E11)

*I think it is important to be treated well, well medicated, now I just have to wait for the nature of the leg, it will define itself.* (E3)

Therefore, the care is an action performed by professionals and by their family members. This experience is influenced by the social context, family bonds, and the responsibility of the people with venous ulcers for their own care.

## DISCUSSION

Regarding the characteristics of the respondents, it was verified that the majority were women over 60 years of age, corroborating data found in studies that presented similar characteristics<sup>(10-11)</sup>. In the scientific field there is still little knowledge regarding the implications of venous ulcers in the quotidian of the person and how their self-care is performed, however restrictions in life were observed, with impairments and social implications in the productive context and in the sexuality of the person. This finding is sometimes unknown by healthcare professionals, due to the low demand of people with venous ulcers for the health services<sup>(12)</sup>.

The mean duration of the venous ulcers was 11.3 years. Often, the delay in wound healing may be associated with pre-existing conditions, such as hypertension, diabetes, inadequate nutritional status, immunodeficiency or infection. Furthermore, the period of time between the appearance of a wound and the wound healing is influenced by the therapy adopted for its treatment<sup>(13)</sup>.

Regarding the current profession/occupation of the respondents and that prior to the disease, there are similarities with other studies in which activities with reduced mobility, long periods in an orthostatic position, and short rest period predominated. These are considered risk factors for the development of venous hypertension in the lower limbs and the consequent onset of venous ulcers<sup>(14-15)</sup>.

However, at the time of the performance of the study the majority of the respondents were found to be retired. Often, the person who has a chronic wound needs to withdraw from work and take early retirement, as well as to restrict daily living and leisure activities<sup>(1,16)</sup>. This can occur due to the fact that these people need frequent care from physicians and other healthcare professionals because of the prolonged therapy<sup>(1)</sup>.

Previously active individuals are faced with the reduction of activities in relation to work and daily tasks. As they are not used to remaining at rest during some periods of the day, they feel uncomfortable with this situation and it becomes perceived as a limitation, disability and economic loss<sup>(17)</sup>.

Leisure is affected to the extent that these users no longer frequent the places they used to because of the pain and difficulties moving around. These factors also restrict domestic activities and lead these people to require the help of someone to perform these activities<sup>(6)</sup>.

Many people with venous ulcers feel embarrassed and discriminated against, with disturbances in the self-image and shame due to the lesion, starting to wear clothing that covers the lower limbs. There is also an influence on marital relations, in which the shame and the appearance of the lesion have an influence and can lead to the termination of the relationship<sup>(6)</sup>.

In the case of the respondents of this study, changes were identified in leisure activities due to the presence of pain, fear of causing complications in the ulcer, or care requirements, such as dressings and the use of medication. Furthermore, people with venous ulcers may have different levels of depression and tend to be isolated due to fear of suffering from the pain, odor and exudation of the injury, which causes a negative impact on the quality of life. Accordingly, they need to be helped to understand that the injury does not imply restrictions in the social life, but that it needs to be seen as a situation that requires adaptation regarding their new condition of life<sup>(16)</sup>.

In an international study<sup>(18)</sup>, it was found that primarily people with venous ulcers need more knowledge about the disease, so that they can comprehend the treatment and recognize their role in promoting their health. For the study respondents, their own actions were not related to healing or were seen as of secondary importance, with the actions of healthcare professionals and wound treatment products being emphasized.

The healthcare professional of the outpatient clinic, when performing the care, needs to be aware of the suffering of these people, promoting support and encouragement to overcome the difficulties that may arise; intervening appropriately so that there is the strengthening of the person's value as a human being and so that he/she feels motivated to seek help when necessary<sup>(1,16)</sup>.

Therefore, it is necessary to develop actions involving various dimensions of care, objectively and subjectively, with a commitment to integral care, the employment of inter-sectoral actions with an emphasis on the health promotion, injury prevention, treatment and rehabilitation of these users<sup>(19)</sup>.

## CONCLUSIONS

The experience constructed in the process of living with a venous ulcer is marked by changes such as the inability to work and to relate socially, which causes the need to adapt to a routine of care. The prolonged treatment period and the difficulty in walking often cause withdrawal from professional activities, leading to retirement due to the chronic condition. This situation favors economic, emotional, social and leisure changes, as well as the pursuit of new care.

It was concluded that people with venous ulcers present a propensity to develop problems that jeopardize their physical and emotional health. Accordingly, it is important to identify the multiple dimensions that are influenced when living with a venous ulcer, aiming to seek strategies that favor the adaptation to the chronic situation and promote the quality of life of these people.

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