

UNDERSTANDING THE MEANINGS OF LIVING WITH CHRONIC WOUND**COMPREENDENDO OS SIGNIFICADOS DE SE CONVIVER COM FERIDA
CRÔNICA****COMPENDIENDO LOS SIGNIFICADOS DE CONVIVIR CON UNA HERIDA
CRÓNICA**

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ABSTRACT

Objective: To identify meanings of having a chronic lesion through an understandable perspective. **Method:** The metassynthesis was used. We sought studies that met the following criteria: primary articles; quality; in Portuguese, English or Spanish; published in the period from 2006 to 2016 and that address the theme chronic injuries. **Results:** The incidence of chronic lesion affects aspects which go beyond the biological, influencing the social relations, family, in self-esteem, sexuality and the perception of the person about himself. The emerging categories were applicants in more than one article, what suggests similar scenarios for various people with chronic lesion. The limitations, suffering in everyday life and social relations were frequently found in several emerging categories. **Conclusion:** The universe of the person with chronic lesion is marked by issues that go beyond pain and the characteristics of the lesion. The nurse must address these people in a comprehensive and holistic perspective.

Descriptors: Wounds and Injuries; Emotions; Nursing.

RESUMO

Objetivo: Identificar significados de se ter uma lesão crônica, numa perspectiva compreensiva. **Método:** Utilizou-se a metassíntese. Foram buscados estudos que atendessem aos seguintes critérios: artigos primários; qualitativos; nos idiomas português, inglês ou espanhol; publicados no período de 2006 a 2016 e que abordassem o tema lesões crônicas. **Resultados:** A ocorrência de lesão crônica afeta aspectos que vão além do biológico, influenciando nas relações sociais, familiares, na autoestima, sexualidade e na percepção da pessoa sobre si mesma. As categorias emergentes foram recorrentes em mais de um artigo, o que sugere cenários semelhantes para diversas pessoas com lesão crônica. As limitações, o sofrimento no cotidiano e as relações sociais foram questões encontradas nas várias categorias emergentes. **Conclusão:** O universo da pessoa com lesão crônica apresenta-se marcado por

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questões que extrapolam a dor e as características da lesão. O enfermeiro deve abordar essas pessoas em uma perspectiva integral e holística.

Descritores: Ferimentos e Lesões; Emoções; Enfermagem.

RESUMEN

Objetivo: Identificar significados de tener una lesión crónica, en una perspectiva comprensiva. **Método:** Se utilizó la metassíntesis. Se buscó estudios que cumplan los siguientes criterios: artículos primarios; de calidad; en los idiomas portugués, inglés o español; publicados en el período de 2006 a 2016 y que abordaran el tema lesiones crónicas.

Resultados: La ocurrencia de lesión crónica afecta aspectos que van más allá de lo biológico, influenciando en las relaciones sociales, familiares, en la autoestima, sexualidad y en la percepción de la persona sobre sí misma. Las categorías emergentes fueron recurrentes en más de un artículo, lo que sugiere escenarios similares para diversas personas con lesión crónica. Las limitaciones, el sufrimiento en el cotidiano y las relaciones sociales fueron cuestiones encontradas en las diversas categorías emergentes. **Conclusión:** El universo de la persona con lesión crónica se presenta marcado por cuestiones que extrapolan el dolor y las características de la lesión. El enfermero debe abordar a estas personas por medio de una perspectiva integral y holística.

Descriptorios: Heridas y lesiones; Emociones; Enfermería.

INTRODUCTION

Chronic wounds can exert emotional, physical, social and economic impacts, causing a series of changes in people's lives, such as social isolation, daily dressing change sessions, changes in walking and physical activities, particularly self-image disorders, provoking discouragement and disability for social life.¹

Sometimes, the presence of chronic wounds results in changes in physical appearance, causing different reactions in patients, friends and family members. Each individual sees his own body in a unique way, and the body image can be understood as the figuration of the

individual body formed in that person's mind, that is, how the body presents itself to the subject.² Body image is related to self-acceptance.

When presenting a chronic wound, the person can develop negative feelings such as sadness, dissatisfaction, frustration, anxiety, anger, depression, embarrassment, isolation, feeling of incapacity, difficulty in interpersonal relationships, impairment in body image and sexual activity.³ Possessing a chronic wound entails a series of changes in the individual's life, such as social isolation, need for adaptation to daily dressings, changes in physical activity and walking, food abstention,

continuous medication use and especially self-image disorders.⁴

Thus, the research problem established here is: the care for patients with chronic wounds goes beyond the interventions aimed at the tissue injuries, requiring that the nurse acts in the identification of strategies to cope with this problem. Therefore, we need to identify the meanings of being a subject with chronic lesions. Thus, this study aimed to understand the meanings of living with a chronic wound. Understanding these meanings, the nurse and other health team members can act holistically towards people with these problems.

METHOD

The methodological framework used was the metasynthesis. This framework permits the integration of qualitative articles, that is, that go beyond the sum of the parts, as they offer a new interpretation, which cannot be found in any primary report, as all the articles have become a single sample.⁵

In this study, the research problem generated the following guiding question:

what are the meanings for the subject of living with a chronic wound?

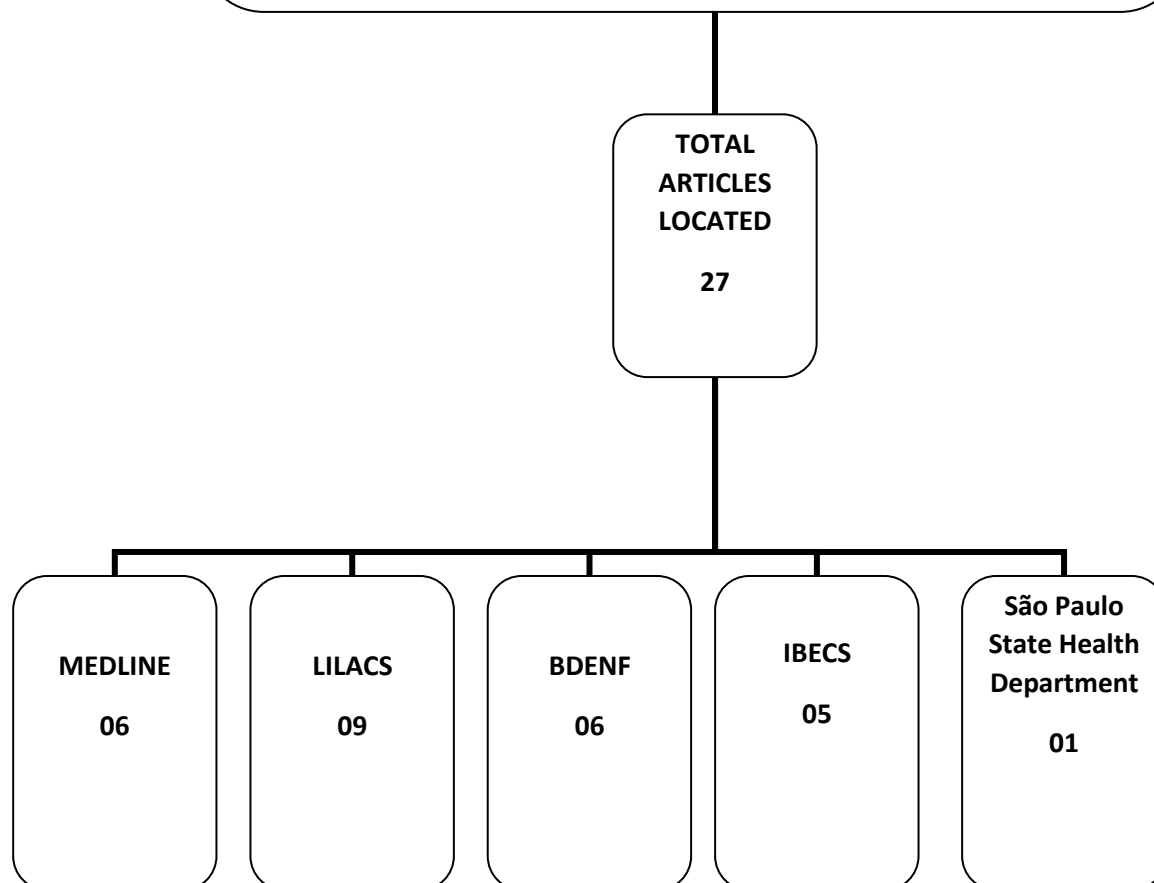
To compose the sample, an advanced research was carried out in the Virtual Health Library (VHL), where the descriptors were: Qualitative research; Nursing; Wounds; Dressings; Chronic diseases; Feelings. Descriptors were searched in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences (LILACS), Nursing Database (BDENF), Spanish Bibliographic Index of la Salud (IBECS) and the São Paulo State Department of Health. We searched for studies that met the following criteria: primary articles; qualitative studies; in Portuguese, English or Spanish; published between 2006 and 2016 in scientific journals and discussing the theme chronic lesions.

Next, a diagram with the search strategy presented:

Figure 1 – Selection diagram of articles for integrative review. Belo Horizonte, 2017.

SEARCH STRATEGY ADOPTED IN VHL

(mh: c26 OR "Ferimentos e Lesões" OR "Wounds and Injuries" OR "Heridas y Traumatismos" OR mh: c17.800.893.592or "Úlcera da Perna" OR "Leg Ulcer" OR "Úlcera de la Pierna" OR "Úlcera Varicosa" OR "Varicose Ulcer" OR "Úlcera Venosa" OR "Venous Ulcer" OR ferida OR feridas OR wound OR wounds) AND (mh: f01.470* OR emoções OR emotions OR sentimentos OR sentimento OR emociones OR ansiedade OR anxiety OR ansiedad OR medo OR fear OR miedo OR frustração OR culpa OR guilt OR esperança OR hope OR esperanza OR solidão OR loneliness OR soledad OR tristeza OR bereavement OR aflicción OR consternação) AND (crônica OR chronic) AND (instance:"regional") AND (la:("pt" OR "es"))



Source: authors.

RESULTS

Of the 27 articles found, 19 were excluded for the following reasons: three articles were review articles, 15 were quantitative studies and one article dealt with the perceptions of the professionals and not the patients with chronic lesions.

Thus, nine articles composed this integrative review.

One article used phenomenology as a methodological framework, one used the social representations theory and seven articles used thematic content analysis.

As for the origin, one was Cuban and eight were Brazilian. One of the journals (Journal of Research Fundamental Care Online), despite using the English language, is a Brazilian journal.

Nurses, whose degree ranged from undergraduate to doctorate, wrote most of the articles. The years of publication, in chronological order, were from 2011 to 2016.

For educational reasons, these articles were coded as Article 1, Article 2, Article 3, Article 4, Article 5, Article 6, Article 7, Article 8 and Article 9.

The articles are presented below, in the form of a synoptic table, emphasizing that this table presents the titles of the articles and their respective thematic categories, resulting from the participants' statements.

Chart 1 – Synoptic chart of scientific papers included in the sample. Belo Horizonte, 2017.

Article	Thematic categories originating in each article
Article 1: Social repercussions experienced by elderly with venous ulcer. ⁶	1) Facing prejudices; 2) Experiencing constraints and social shame.
Article 2: Feelings of social inclusion of people with venous ulcer. ⁷	1) Suffering; 2) Leisure is watching television; 3) The ulcer does not exclude the person from society; 4) The ulcer produces social isolation.
Article 3: Changes in the lifestyle of people with chronic ulcer: contributions to nursing. ⁸	1) The impact of the frequent relapses of venous ulcer; 2) A trend towards social isolation; 3) The repercussion of limitations in daily life.
Article 4: Being a woman and having a bruised body: a social representations study. ⁹	1) Having a marked and stigmatized body; 2) Living with pain; 3) Being sad and alone; 4) Feeling irritated about everything and everyone; 5) Being dependent on others.
Article 5: Experiences constructed in the process of living with a venous ulcer. ¹⁰	1) Venous ulcer and its repercussion at work; 2) Changes in the routine and limitations in living with the venous ulcer; 3) Living with the venous ulcer and the need for professional and family care.
Article 6: Sexual-affective trajectories of people with chronic leg ulcers: aspects of therapeutic listening. ¹¹	1) Solitary sexual-affective trajectories; 2) Fragmented sexual-affective trajectories; 3) Linear or continuous sexual-affective trajectories.
Article 7: The daily life of men who live with chronic venous ulcer: a phenomenological study. ¹²	1) Constraints in social life; 2) Recovering skin integrity and returning to one's activities.
Article 8: Daily routines for individuals with a chronic wound and their mental health. ¹³	1) Living with pain: an experience beyond the visible; 2) Living with the wound: a routine of expectations; 3) Religiosity as a way to cope with reality; 4) The chronic wound and its repercussion in the Family relationship; 5) Habit changes interfering in mental health.
Article 9: The meaning of the wound to sufferers of chronic ulcers. ¹⁴	1) Marking feelings; 2) Daily life and the chronic wound; 3) The emotional impact.

Source: authors.

among others. Care for people with chronic wounds is a daily activity for nurses and a challenge at the same time: it requires specific knowledge, skill and a holistic approach.¹⁵ Prejudice and stigma were discussed in Articles 1 and 4. Article 1 refers to the wound as something contagious, which can lead to rejection.

DISCUSSION

The categories that emerged addressed several aspects, such as interpersonal relationships, social life, sexuality and dependence on caregivers,

Article 4 discusses the marked and stigmatized body, also related to rejection, that is, the prejudice arising from the appearance and odor of the wound. In reflecting on people with chronic injuries and their daily lives, the use of stigmas and prejudiced attitudes toward them is notorious. Social inclusion needs to be promoted though. The contact with the significant differences inclusion offers, provided that an inclusive environment is created, can minimize prejudice and collaborate in the creation of a better society.¹⁶

The issue of shame emerged in Article 1. Shame is addressed in a qualitative study¹⁷ from the perspective of embarrassment and humiliation, feelings that can be attributed to the subject who feels different. The odds of people feeling uncomfortable in their own bodies may take the form of malaise, shyness or shame. It is recalled that the chronic injury involves fetid odor, reduced mobility, modified physical appearance, that is, conditions that predispose to the feeling of shame.

The isolation and restrictions in social life were recurrent, as they emerged in Articles 2, 3, 4 and 7. Article 2 discusses the social isolation the presence of a chronic wound generates. In the same

article, however, the category "The ulcer does not exclude the person from society" emerges. In qualitative research, several and possibly opposing opinions can emerge. Social isolation is also addressed in the literature¹⁸ as something common to people in these conditions. Often, the distance among individuals is intensified by society's stigmatizing view of people with lesions, with possible repercussions in their daily lives.¹⁹ Article 2 also refers to social isolation in relation to family and social life and even as something intrinsic to one's own being.

Pain emerged in Articles 4 and 8. Pain can be defined as a subjective experience associated with actual or potential tissue injury, and can be described in terms of these lesions and by both features.²⁰ Article 4 refers to pain from the perspective of suffering, whether physical or not. According to its authors, pain is present in different everyday situations, such as general malaise, unpleasant memory, anguish and suffering. Pain does not only cover the physical dimension, but also has emotional dimensions. It is recalled that those who suffer from pain experience biological, psychosocial and psychosomatic alterations.²¹ In Article 8, the authors talk about pain as something related to the

moment that leads to the person's memory of a martyrdom, something that brings a negative meaning, malaise, anguish, that is, a marker that evidences exhaustion of their capacity as human beings. The issue of pain is comprehensive and deserves further study in terms of its subjectivity and range. In personal relationships, there are varied ways of sharing pain: motor activities, facial expressions, postural changes, autonomic responses and paralinguistic expressions (such as groaning, sighing). This set represents the language of pain.²²

Dependence on other people, whether family members or professional caregivers, emerged in Articles 4 and 5. Dependence should be evaluated and re-signified in both directions: the subject receiving and the subject giving care. There are people who needed to restructure an entire way of life to provide care, depriving themselves of leisure time, of practicing a professional activity, sacrificing their personal routine and, often, their physical, emotional and social health.²³

Article 4 emphasizes physical limitations, leading to dependence even to get dressed, in some cases, generating feelings of incapacity, uselessness and loss of freedom. In Article 5, some interviewees point out the need for certain

care, whether from a professional or a family member, which permeates the condition of having a chronic illness. Coping with problems arising from disabling diseases can lead to disorganization in family functioning, interfering in the family dynamics.²³

The three categories that emerged in Article 6 are related to sexuality. According to the authors, the analysis revealed: solitary sexual-affective trajectories, fragmented trajectories and linear or continuous trajectories. Sex was referred to as a solitary practice for those whose wounds began in childhood or adolescence, and sexual experience as a couple was non-existent. The fragmented sexual-affective trajectories were apprehended in the narratives of the participants who developed the wound in adulthood. In the linear or continuous affective-sexual trajectories, people who entered into sexual experiences before developing the wound showed greater potential for hope. Thus, it is inferred that the moment of life when the wound appeared interfered directly in the question of sexuality. There is one aspect to be considered though: sexuality does not refer solely to the sexual act. In research on the sexuality of people with chronic wounds³, a category emerged referring to the

understanding about sexuality. The participants signified the term sexuality as synonymous with sex/sexual act itself. When talking about sex and sexuality, however, one needs to understand that sexuality is an integral and indivisible part of the person, not necessarily implying a reproductive aspect, focused on the sexual act.²⁴ Sexuality goes far beyond sexual intercourse.

Limitations in everyday life emerged in Article 3, Article 5 and subjectively in Article 2, which refers to watching television as the only leisure option, representing a limitation. Having a chronic wound brings a number of changes in the individual's life, such as social isolation, changes in physical activity and walking, food abstention, use of continuous drugs and especially self-image disorders. Those changes lead to discouragement and incapacity for self-care, and for life and social life activities.¹

Article 8 revealed the category "Family relationship". The authors observed that the wound may interfere in the relationships within the family, and this finding is supported in a quantitative study²⁵, which refers to the social impact of the chronic wound, showing that patients feel discriminated against even by the family. Article 2 presented the category

"The ulcer does not exclude the person from the society" though, in a positive perspective. There are several ways for people with chronic wounds to live in society, developing self-care and fostering family life.²⁶

The repercussions on work activities emerged in Article 5 and Article 7. Restrictions on activities of daily living, especially at work, were discussed in an integrative review on quality of life of patients with venous ulcer.²⁷ For the authors, the quality of life can be improved and these people can be reintegrated in their social environments and at work. Thus, health professionals can act in various ways, favoring the inclusion and social reintegration process of these people.

The issue of impact was recurrent, emerging in Articles 9 and 3. According to Article 9, the emotional impact the wound caused does not heal either. It is chronic. The chronic wound causes the patient to feel discouraged, lost, tired and even depressed. In a study about the impact of Hansen's disease diagnosis on people²⁸, reference is made to the impact of this diagnosis, mentioning people's weaknesses at that moment. Impact is understood as something that produces a strong, striking effect. Article 3 refers to the impacts of

relapses of the lesion, suggesting that, with each new recurrence, the impact "reactivates". This should be considered in the view on the person in care practice. It should be recalled that care, as the essence of the integrality of the human being, needs to contemplate the human person in the biopsychological, emotional, social, cultural and spiritual aspects.²⁹

Religiosity was not recurrent, having emerged only in Article 8. The question of religiosity needs further discussion though, which may or may not interfere in the lives of people with chronic injury. During care, the nurse should inquire about the religiosity of the person with injury or any problems as, in the patient's universe, this can serve as emotional and spiritual support. Religiousness is acknowledged as support and comfort for the patient and his/her relatives to face the illness situation.³⁰

FINAL CONSIDERATIONS

At the end of this study, we can conclude that people with chronic lesions present not only a histological and pathological lesion. Having a chronic injury involves a deficit of self-esteem, incapacity for work, social relationships, relationships with family members, issues related to sexuality and emotions. The

feeling of impotence causes patients to develop mental suffering, interfering in their way of relating to others.

It should be emphasized that these patients should be included in support groups and a more accessible specialized network, providing them with assistance that guarantees their activities and the development of productive lives and adapted to their limitations.

Issues that go beyond the pain and the characteristics of the lesion mark the universe of patients with chronic wounds. The nurse needs to approach these people in an integral and holistic perspective, in order to provide a differentiated, interdisciplinary care that is able to assist them in coping with the adversities of living with chronic injury, planning and humanizing care and thus influencing the quality of life.

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