

**PEOPLE LIVING WITH WOUNDS: A THEORETICAL REFLECTION**  
**PESSOAS QUE CONVIVEM COM FERIDAS: UMA REFLEXÃO TEÓRICA**  
**PERSONAS QUE VIVEN CON HERIDAS: UNA REFLEXIÓN TEÓRICA**

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Studies on issues involving the experience of people with wounds can provide healthcare professionals with theoretical basis for the development of quality nursing care. Thus, this article aims to reflect on the development of well-being theme of people living with wounds from the International Consensus on Wounds and Wellness. This reflection was structured based on questions: How is it living with wound? Which dimensions of the human being are affected? Are there guidelines that may facilitate better understanding of these situations? How can the family help to alleviate the suffering of people with chronic skin lesions? In this sense, the family is seen as a key element in the care relationship to the achievement of well-being. It is understood that care is not determined only by a moment of love and attention, but by an attitude that includes professional knowledge and family knowledge.

**Descriptors:** Wounds and Lesions; Nursing Care; Social Support; People.

Estudos referentes às questões que envolvem a vivência da pessoa com feridas podem fornecer aos profissionais de saúde subsídios teóricos para o desenvolvimento da assistência de enfermagem com qualidade. Assim, este artigo tem como objetivo refletir sobre o desenvolvimento da temática bem-estar de pessoas que convivem com feridas a partir do Consenso Internacional sobre Feridas e Bem-Estar. Esta reflexão foi estruturada a partir dos questionamentos: Como é viver com ferida? Quais dimensões do ser humano são afetadas? Existem diretrizes que podem facilitar o melhor entendimento dessas situações? Como a família pode contribuir para amenizar o sofrimento das pessoas com lesão crônica de pele? Nesse sentido, a família é vista como elemento fundamental na relação do cuidado para o alcance do bem-estar. Compreende-se que o cuidado não é determinado somente por um momento de dedicação e atenção, mas sim, uma atitude que engloba o saber profissional e o saber familiar.

**Descritores:** Ferimentos e Lesões; Cuidados de Enfermagem; Apoio Social; Pessoas.

Los estudios relativos a cuestiones que involucran la experiencia de la persona lesionada pueden proporcionar a los profesionales de la salud apoyo teórico para el desarrollo del cuidado de enfermería con calidad. Por lo tanto, este artículo tiene como objetivo reflexionar sobre el desarrollo del temático bienestar de las personas con heridas del Consenso Internacional sobre Heridas y Bienestar. Esta reflexión se estructura a partir de las preguntas: Cómo es la vida con la herida? Lo que se ven afectadas las dimensiones del ser humano? Hay directrices que pueden facilitar una mejor comprensión de estas situaciones? Cómo la familia puede ayudar a aliviar el sufrimiento de las personas con lesión crónica de la piel? En este sentido, la familia es vista como un elemento clave en la atención y consecución del bienestar. Se entiende que la atención no se determina sólo por un momento de amor y atención, sino más bien, una actitud que abarca el conocimiento del profesional y de la familia.

**Descriptores:** Heridas y Traumatismos; Atención de Enfermería; Apoyo Social; Personas.

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## INTRODUCTION

Living with a wound causes a lot of biopsychosocial changes. It is therefore important in that condition a global, multidisciplinary look that considers the person with a skin lesion in the physical, psychological and socio-spiritual dimensions, making them participants in their health-disease process<sup>2</sup>.

The health care provided to people with wounds is a challenging problem to be faced daily by those who care for them, especially health professionals<sup>3</sup>. Chronic wounds are considered public health problems and have significant socioeconomic impact on patients, families and health system as a whole<sup>4</sup>.

Due to the long time and complexity of their treatment, care with chronic lesions require interdisciplinary approach, adoption of treatment protocol, specific knowledge, technical skills, coordination between the service levels of Health System (SUS) and active participation of patients and families, within a comprehensive perspective of care<sup>3,5</sup>.

In the approach of people with chronic wound one of the key aspects is the systematic assistance that enables the assessment of factors related to clinical features (pain characteristics, injury time and characteristic of the wound), health care features (diagnosis, behaviors and interventions) and related to quality of life of beneficiaries, that interfere with the progress of healing of chronic wounds<sup>6</sup>.

Studies on this topic say a misguided assistance determines that chronic wound remains years without healing, leading to high social and emotional cost. In many cases, it removes the individual from work, worsening socioeconomic conditions and the quality of life of that person and their family, and weights the health services. In several studies in primary, medium, and high complexity care level, it has been found that the assistance provided by SUS has not been contributing to effective treatment and prevention of new ulcers, increasing the demand for people with chronic injuries, and often, with advanced and irreversible

complications, worsening the general status and of pre-existing chronic diseases<sup>5-7</sup>.

It is noteworthy that the concern of professionals, industries producing inputs for the treatment of wounds and health organizations often focus on wound healing. Health professionals must turn to the records on the wound, to reduce the size, depth and improves the appearance of the wound bed. Meanwhile, data on prevalence and incidence for different populations and types of wounds are important as evaluation criteria for healthcare organizations. In turn, industry researchers have concentrated their focus on the properties of a customized coverage, its antimicrobial efficacy and/or control of exudates<sup>1,7</sup>.

People with wounds may have other priorities that are not recommended by professionals, health organizations and industries, which prevent them from wearing clothes or shoes, or even perform daily activities<sup>1</sup>.

The physical aspects of a wound are measured through various tools already recognized in the scientific community, but the concept of "welfare" is much more complex and difficult to be seized. The welfare of these people may be affected due to the state of chronicity, slow healing and recurrence and, at the same time, may have lower quality of life compared with the general population<sup>2,3</sup>.

Thus, this article aims to reflect on the development of well-being of people living with wounds from the International Consensus on Wounds and Wellness<sup>8</sup>.

## METHOD

This is a reflection study on the subject wounds and wellness dimensions of human beings, based on the International Consensus on Wounds and Wellness<sup>8</sup>.

The reflection was conducted based on the questions: How is it living with wound? Which dimensions of the human being are affected? Are there guidelines that may facilitate better understanding of these situations? How can the family help to alleviate the suffering of people with chronic skin lesions?

**RESULTS**

From the guiding questions of this reflection, it was presented the theme "*Welfare and its Relation to Wound Care*" with four reflective axes, namely: *Living with Wound*; *Affected dimensions of the human being*; *Guidelines for Nurse's performance*; and *Role of the Family*.

**DISCUSSION*****Welfare and its Relation to Wound Care***  
***Living with Wound***

A chronic lesion can trigger a series of problems throughout life, whether they are physical or psychological. From the physical point of view, it generates disabilities for some activities of daily living; from a psychological point of view, it can emotionally affect the individual and influence the way of living, of being and being in the world<sup>8,9</sup>.

When the wound arises, the person starts to have walking difficulties and pain. The lesion presents exudate and odor, occurring lifestyle changes, with feelings of disgust, loathing and low self-esteem, conditions that interfere with the individual's self-image. This may result in changes in their lifestyle, leading, most of the times, to breakdown of social relations by the separation established between individuals caused by their self-perception as a fragile person. This perception can often be due to ineffective management of wound exudate, immobility, depression, sleep disturbance and fatigue determined by pain<sup>1,3,6,8-11</sup>.

Thus it is clear that living with a wound is a complex and multifactorial situation. Professionals, health organizations and the pharmaceutical industry often focus on wound healing as the main criteria for evaluating results. Health professionals evaluate the data on the wound, for example, reduction of the size and depth and the aspect of the wound bed; healthcare organizations may raise the epidemiological profile of patients and types of wounds; pharmaceutical industry researchers are often concentrated on the properties and efficacy of a given coverage<sup>1,8</sup>.

Although these elements are important, many people living with a wound may have different priorities that should be valued. There is currently strong evidence that when the patient is actively involved in their treatment, the results are better<sup>12</sup>. This adherence requires that these people are qualified to ensure the attainment of their autonomy, making them become responsible for their own care.

***Affected dimensions of the human being***

Wellness is a dynamic condition determined by physical, social, psychological and spiritual factors. Its concept is inherently individual, varying with time, culture and context in which the individual belongs, and does not depend on the type of wound, duration or the care environment. In wound healing, the achievement of welfare of a person with wound will be the result of cooperation and interaction established between clinicians, patients, their families and caregivers, health care and industry<sup>1</sup>.

Thus, to improve the wellness condition, it becomes necessary to offer favorable conditions for the wound improvement or healing, to relieve/control symptoms and to ensure that all involved in this process actively participate in promoting better health for that population.

The concept of health and consequently wound care must be associated with four interrelated areas of wellness: physical, mental, social and spiritual/cultural<sup>1</sup>.

The physical well-being domain is related to the physical parameters of a wound that include specific factors such as its size, location, depth and duration. Other physical parameters associated with the wound include odor, pain/irritation and fluid leakage caused by excessive levels of exudate<sup>3</sup>.

Pain is considered one of the most distressing symptoms for people with chronic wounds. The manifestations caused by acute or chronic pain can cause the individual to manifest symptoms such as changes in sleep patterns, appetite, energy and libido, irritability, decreased ability to concentrate, restrictions on the ability for domestic, professional and social activities<sup>13</sup>.

People who have a chronic wound often have other comorbidities that determine greater dependence on other people, medical care or unplanned hospitalization, which determines the need to adapt to these new conditions of life<sup>1</sup>.

Individuals who have chronic diseases recover from an injury, but may be affected by a new injury or recurrent injury. As they have experienced a previous injury, they know the negative aspects and difficulties of treatment, thus becoming a stressful event for them<sup>2</sup>.

In the mental well-being area, it is observed increased anxiety and poor quality of life. Studies show a significant correlation between anxiety, depression and delayed healing in patients with ulcers, revealing that depression may precede the wound or be a reaction to the wound or to delayed healing<sup>14-16</sup>.

Depression can be a precursor to self-neglect, disturbed sleep and poor nutrition, which impacts negatively on wound healing. These people may lose confidence and hope, and try to protect developing social defenses through isolation of contact with others or concealing the true extent of their problems<sup>17</sup>.

Some people exhibit denial as to problems associated with wound, while others may express feelings of anger on the injury itself and on their prescribed therapy. The fact that the wound lasts several years places the individual in a situation of apathy, lack of motivation and self-indulgence. This routine causes them to settle and discredit the possibility of cure<sup>17</sup>.

#### ***Guidelines for Nurse's performance***

Evidence highlights the important role of health professionals with clients with chronic wounds, since treatment is usually complex, involving changes in the client's life and daily self-care. Thus, nurses should strengthen the bond with the customer, providing individual and humanized care.

Through nursing consultation customer adherence to proper treatment should be guided and fostered. Through empathy and understanding this relationship will be strengthened, thus enabling a better

understanding of the customer with regard to their emotions and feelings<sup>18-20</sup>.

The skin lesion can lead to feelings of guilt, frustration and hopelessness related to treatment, especially if the person is properly following the guidelines and the treatment plan. When this occurs, the patient feels powerless, which leads to greater dependence on family and health professionals. These people can think of putting an end to their lives to get rid of suffering<sup>12,21</sup>.

In this context it is installed a psycho-emotional framework comprising worry, frustration and hopelessness. The chronicity of the lesion and its complications trigger exhaustion or discouragement with their management<sup>22,23</sup>.

National and international studies on the subject indicate that factors such as physical health, marital status, income, gender, age, self-esteem, personality, living with family, friends, religiosity and cultural level provide comfort and encouragement to the person injured, helping them to maintain a positive outlook on life and of support in their daily activities<sup>24-26</sup>.

The social welfare domain refers to the limitations that people with chronic wounds experience in relation to inactivity, social isolation and feelings of depression, for in most of the cases they remain bedridden for long periods, being segregated from society.

Therefore, these people need to balance the social world with aspects related to living with chronic wounds that are painful under the physical and emotional point of view. Research indicates that individuals who are unable to maintain the performance of their professional duties because of their wound often feel the loss of their roles within the family, having difficulty to financially handle this situation<sup>27,28</sup>.

#### ***Role of the Family***

Living with a chronic wound can be extremely disturbing and many people have difficulties to organize their daily routines around their treatment, the financial cost, the impact on quality of life and interpersonal and family relationships. This can lead to a feeling of inability to cope with

situations that require self-control and independence<sup>22,29</sup>.

In this scenario the social network issue, understood here as a web of relationships linking the various individuals who have social ties, providing support resources to flow through these bonds, implies in emotional and instrumental aspects that are characterized as very important<sup>24,30</sup>.

The family care is of fundamental importance in the health status of family members living with a chronically ill person, as they increasingly take on the responsibility of the health care of those members, and thus the family becomes an important ally so that people affected by chronic wound be assisted and cared for in a participatory manner<sup>17,31</sup>.

It is important for health professionals to identify the network of social support that this person has and also provide support and the encouragement to self-reliance of people with chronic wounds for self-management in the household.

As for the spiritual/cultural welfare field it is observed the lack of information on how these issues can influence wound care options. The way subjects perceive their wounds and create expectations around healing may be related to their perceptions and their level of health knowledge, their literary skills and their belief system.

Beliefs are transferred through generations, and may be in direct conflict with health guidelines, leading to non-adherence to the pharmacological treatment. In this context it is for health professionals to recognize and strive to understand the beliefs, religious aspects and cultural backgrounds of people with wounds and involve them in decisions to be taken, rather than trying to impose them.

It is noteworthy from evidence that when the subject is actively involved in their care, this involvement determines improvement in the welfare state. This requires empowerment of the person in taking care of their health in order to provide independence and self-confidence, which can promote autonomy, self-esteem and self-care<sup>30,32</sup>.

## CONCLUSION

The search in scientific literature on the theme suggests concepts about the welfare of persons living with wounds, international guidelines on the wounds and the dimensions of welfare.

A major limitation of this study concerns the limited number of publications in nursing on the meaning of welfare of people living with wounds, a fact that allows deducing the importance of reflecting and stimulating studies on and to improve the actions of health care and nursing for this specific population.

Family is seen as a key element in the relationship of support to the person with lesion. It is understood that the support is not determined only by a moment of love and attention, but rather, by an attitude that encompasses family and professional knowledge. In this sense, the four domains of welfare for the person with chronic wound are components to be included in the assessment of quality of life and assistance to be provided to these people.

Establishment and maintenance of quality to people with wounds is a challenge to be faced by nursing professionals, especially by nurses. The nurse should pay attention not only to the injury itself, but they should have the sensitivity to plan care in a global way.

It is essential to investigate the extent of the needs of people living with wound, emphasizing the importance of shared responsibility to enhance well-being in order to identify and solve their concerns and difficulties, promoting treatment adherence through empowerment and decision-making, which will result in autonomy.

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