ISSN: 2318-8413 DOI: 10.18554/refacs.v8i3.4010

REFACS

Perceptions on the quality of life of elderly people with chronic wound

Percepção da qualidade de vida de idosos com ferida crônica

Percepción de la calidad de vida de los ancianos con heridas crónicas

Received: 06/10/2019
Approved: 07/04/2020
Published: 01/07/2020

Elayne Gonçalves Rodrigues do Nascimento[1]
Giovanna Gabrielly Custódio Macêdo[2]
Arthur Alexandrino[3]
Karla Karolline Barreto Cardins[4]
Fernanda Teixeira de Souza[5]
Matheus Figueiredo Nogueira[6]

This study aims to evaluate the perceptions on the quality of life of elderly people with chronic wound. This is an exploratory-observational study of quantitative and qualitative nature, carried out with 20 elderly people from the region of Curimataú, Brazil, on the state of Paraíba, between November of 2014 and March of 2015, through a sociodemographic questionnaire, the WHOQOL-Old tool and a semi-structured interview script, which we analyzed, respectively, by descriptive analysis, score calculations and content analysis. The results showed that the quality of life of elderly people is average, with the exception of the aspects "social participation" and "intimacy". The testimonies we gathered created three categories: *Subjetive perception of quality of life*; *Physical and emotional impact of chronic wound on quality of life*; and *The impairment of autonomy and social relationships in elderly people with chronic wound*. The participant's speeches emphasized the physical and emotional impacts of the chronic wound in their quality of life, especially in the impairment of autonomy and social relationships. There is a need to implement coping interventions and and build specific and interprofessional lines of care, with focus on the qualification of assistance.
Descriptors: Aged; Health of the elderly; Wounds and injuries; Quality of life; Comprehensive health care.

O objetivo deste estudo foi avaliar a percepção da qualidade de vida de idosos com feridas crônicas. Trata-se de estudo exploratório-observacional de natureza quantiqualitativa realizado com 20 idosos do Curimataú Paraibano, entre novembro de 2014 a março de 2015, através de um questionário sociodemográfico, do instrumento WHOQOL-Old e um roteiro de entrevista semiestruturado, analisados por análise descritiva, cálculos de escores e análise de conteúdo, respectivamente. Os resultados demonstraram que a qualidade de vida dos idosos encontra-se regular, com exceção das facetas "Participação social" e "Intimidade". Os depoimentos obtidos resultaram em três categorias: *Percepção subjetiva da qualidade de vida*; *O impacto físico e emocional da ferida crônica na qualidade de vida*; e *O comprometimento da autonomia e das relações sociais em idosos com ferida crônica*. Os discursos dos participantes enfatizaram os impactos físicos e emocionais da ferida crônica na sua qualidade de vida, sobretudo no comprometimento da autonomia e das relações sociais. Verifica-se a necessidade de implementação de intervenções de enfrentamento e a construção de linhas de cuidado específicas e interprofissionais, com foco na qualificação da assistência.
Descritores: Idoso; Saúde do idoso; Ferimentos e lesões; Qualidade de vida; Assistência integral à saúde.

El objetivo de este estudio fue evaluar la percepción de la calidad de vida de los ancianos con heridas crónicas. Se trata de un estudio exploratorio, observacional de carácter cuantitativo y cualitativo realizado con 20 ancianos del territorio de Curimataú en la Paraíba, entre noviembre de 2014 y marzo de 2015, mediante un cuestionario sociodemográfico, el instrumento WHOQOL-Old y un guion de entrevista semiestructurado, analizados mediante un análisis descriptivo, cálculos de puntuación y análisis de contenido, respectivamente. Los resultados mostraron que la calidad de vida de los ancianos es regular, con la excepción de las facetas "Participación social" e "Intimidad". Los testimonios obtenidos dieron lugar a tres categorías: Percepción subjetiva de la calidad de vida; El impacto físico y emocional de la herida crónica en la calidad de vida; y El deterioro de la autonomía y las relaciones sociales en ancianos con herida crónica. En los discursos de los participantes se destacaron los efectos físicos y emocionales de la herida crónica en su calidad de vida, especialmente el perjuicio de la autonomía y las relaciones sociales. Se verifica la necesidad de implementación de intervenciones de confrontación y la construcción de líneas de atención específicas e interprofesionales, con foco en la calificación de la asistencia
Descriptores: Anciano; Salud del anciano; Heridas y traumatismos; Calidad de vida; Atención integral de salud.

1. Nurse. Specialist in Family Health. Coordinator of Primary Care in Remigio, PB, Brazil. ORCID: 0000-0001-6698-8830 E-mail: elaynegrnascimento@gmail.com
2. Nurse. Currently Specializing in Intensive Care Unit (ICU) on Uniprofessional Residence modality by Hospital da Restauração da Universidade de Pernanbuco, Recife, PE, Brazil. ORCID: 0000-0002-2365-0714 E-mail: cmacedogiovanna@hotmail.com
3. Undergraduate student in Nursing by the Universidade Federal de Campina Grande (UFCG) Campus Cuité, PB, Brazil. ORCID: 0000-0001-5817-4335 E-mail: alexandrinoarthurdm@gmail.com
4. Nurse. Master in Public Health. Cuité, PB, Brazil. ORCID: 0000-0002-5571-2932 E-mail: karla_karolline@hotmail.com
5. Nurse. Currently Specializing in ICU, Urgency and Emergency. Specialist in Health Research, João Pessoa, PB, Brazil. ORCID: 0000-0001-9193-5992 E-mail: fefeteixeira@outlook.com
6. Nurse. Specialist in Family Health. Master in Nursing in Health Care. PhD in Collective Health. Associate Professor of the Undergraduate course of Nursing of UFCG, Cuité/PB, Brazil. ORCID: 0000-0002-5787-7861 E-mail: matheusnogueira.ufcg@gmail.com

INTRODUCTION

What characterizes the change in the Brazilian demographic and epidemiological profile is primarily an aging population and a change in patterns of morbidity and mortality, with an increase in the prevalence of chronic illnesses and conditions[1].

Among chronic conditions with high rates of prevalence and incidence, as well as too many financial and social impacts, chronic wounds stand out, that is, continuity solutions that do not evolve functionally and anatomically over a period of three months, generally associated with pressure injuries, chronic diabetic and vasculogenic ulcers, commonly seen in the elderly population[2].

This portion of the population is one of the most vulnerable groups for the development of chronic wounds due to cellular, cutaneous, vascular and systemic changes usually associated with the aging process and the coexistence of diseases, such as venous and arterial insufficiency, systemic arterial hypertension and diabetes mellitus[2,3].

Chronic wounds determine universal losses in the affected individual's quality of life. The impacts include complex changes in social, financial, physical and psychological aspects of daily life, which contribute to situations such as social isolation, a higher degree of dependency, lower productivity and low personal satisfaction[4].

In order to enable the construction of multidisciplinary, resolute, humanized and integral care[5], quality of life becomes a relevant parameter for evaluation in chronic conditions, due to the previously mentioned impacts and because quality of life encompasses a multidimensional concept related to the individual's perception of their condition/situation. With this perspective in mind, this study aims to evaluate the perception of quality of life of elderly people with chronic wounds.

METHOD

This is an exploratory-observational field study of a quantitative and qualitative nature. The study was carried out in the cities of Barra de Santa Rosa, Cuité, Nova Floresta, Remígio and Sossego, all of which compose the micro-region of Curimataú Ocidental, in the Brazilian state of Paraíba, guided by the larger research project entitled: "Quality of life of elderly people and the diversity on the experience of aging: a study in Curimataú Ocidental, in the state of Paraíba ".

The larger project was based on a probabilistic sample of simple random type, calculated based on an estimated prevalence of satisfactory quality of life of 50% and considering the sampling error of 5%, 95% reliability level and 20% increase for possible losses. According to census data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística)*[6], published in 2010, the five municipalities had a total of 9,606 citizens aged 60 years and over, and they were distributed as follows: 2,001 in Barra de Santa Rosa, 3,040 in Cuité, 1,576 in Nova Floresta, 2,614 in Remígio and 375 in Sossego, that being the public in which the sampling calculation was based on. We applied a systemic probabilistic calculation based on the premise of representativeness.

Participants were included in the research as long as they fulfilled the following criteria: I) being 60 years old or older; II) having a condition of chronic wounds (for specific participation in the interview); III) be registered and monitored in the Family Health Strategy (*Estratégia de Saúde da Família*); and IV) not having any cognitive impairment, as assessed by indicators of the Mini-Mental State Examination (MMSE).

The following tools mediated the operationalization of data collection: a) Socioeconomic and demographic questionnaire, validated in the Project "Health Situation, Quality of Life and Social Representations" of the International Group for Studies and Research on Aging and Social Representations of the Graduate Program in Nursing from Universidade Federal da Paraíba, linked to the Brazilian Ministry of Health, to collect personal information and the social profile

of participants; b) WHOQOL-Old questionnaire, a tool for measuring and evaluating quality of life prepared by the World Health Organization and validated in Brazil in the year 2006[7], and organized into six aspects: "Sensoty Functioning" (SF), "Autonomy" (AUT), "Past, Present and Future Activities" (PPF)," Social Participation "(SOP)," Death and Dying "(DAD) and" Intimacy "(INT); and, c) scripted interview, solidifying the qualitative segment of the questions: 1) What does Quality of Life mean to you? 2) What interferes the most with your Quality of Life as a person with chronic wound? 3) How do you evaluate your Quality of Life with chronic wound? as items about the perception of the elderly person affected by a chronic wound about their quality of life.

We carried out data collection between the months of November of 2014 to March of 2015. After identification of the Family Health Strategies for the inclusion of specific sample of the research, nurses and community health agents were contacted to provide information about accessibility from researchers to the elderly individuals.

Once the elderly people accepted to participate in the study and met the inclusion criteria, the team of researchers proceeded to collect information, either at the home of the sampled individuals or at the Family Health Unit. Before completing the instruments, the researchers gave the individuals the Free and Informed Consent Form, which was signed in two copies, as well as general information about the research. The team of researchers was composed of the researcher in charge, five nurses from the Education and Health Center of Universidade Federal de Campina Grande and 13 students regularly enrolled in the institution's Bachelor in Nursing course.

The quantitative data originated from the Data Collection Questionnaire and the score calculations related to the quality of life assessment of the WHOQOL-Old questionnaire were entered into the Excel program - version 2010, which were then processed by an IBM Statistical Package for the Social Sciences software - version 20, and calculated under simple frequencies for nominal and ordinal variables, and measures of position and variability for quantitative variables. For the WHOQOL-Old calculations, we used the sum of responses given by the elderly participants in the study for each question, and then divided it by the number of respondents[8]. The means were described (result of the variant between 1 and 5) referring to the Standardized Score (SS). High scores represent a satisfactory quality of life, and low scores represent an unsatisfactory quality of life.

Qualitative data were submitted to Content Analysis[9] in the thematic category modality, providing support for the grouping of testimonies and the respective discussion.

The research was carried out as authorized by the Education and Health Center of the Universidade Federal de Campina Grande and the five Municipal Health Secretariats of the municipalities involved. The project was submitted to the Research Ethics Committee of the Hospital Universitário Alcides Carneiro and approved under no. 844.702 and Certificate of Presentation for Ethical Appraisal 34715614.5.0000.5182.

RESULTS

For the study, 444 elderly people were surveyed. Of those, 92 were from Barra de Santa Rosa, 140 were from Cuité, 73 were from Nova Floresta, 122 were from Remígio and 17 were from Sossego. Among all 444 participants, 20 reported having a chronic wound, which was then considered in this study.

Table 1 shows the socioeconomic and demographic characterization, where we can see the following variables: age group, gender, marital status, family arrangement, presence of a caregiver, identification of caregiver, religion, functional literacy, educational level and family income.

We can see that 60% of the sampled individuals were female and with an average age range of 74.25 years, ranging from 60 to 93 years. Most elderly participants were married

(60%), living in a tri-generational family arrangement (35%), living only with their spouse (20%) or with their spouse and children (20%). Regarding the presence of a caregiver, 55% of elderly participants said they had live in caregivers, who were mostly their children (30%).

In a representation of great religious expressiveness, 85% of the elderly people surveyed were Roman Apostolic Catholics. In regards to functional literacy and educational level, 55% of participants were functionally illiterate and had an average of 2.05 years of education. The average monthly family income was circa R$ 1,377.35, ranging from a minimum of R$ 788.00 to a maximum of R$ 1,576.00 (Table 1).

Table 1. Simplified socioeconomic and demographic profile of elderly people with chronic wounds monitored by the Family Health Strategy of Curimataú Ocidental, in the state of Paraíba (n=20). Paraíba, Brazil, 2015.

Variable	Categories	Elderly people evaluated	
		f	%
Age group	60 to 74	11	55.0
	75 to 89	07	35.0
	Over 90	02	10.0
Statistics Age	Mean = 74,25		
	Standard deviation = 11.187	Minimum = 60	Maximum = 93
Gender	Female	12	60.0
	Male	08	40.0
Marital status	Single	01	5.0
	Married	12	60.0
	Widowed	07	35.0
Family arrangements	Alone	03	15.0
	Just spouse	04	20.0
	Spouse and children	04	20.0
	Spouse, children and son/daughter-in-law	01	5.0
	Just children	01	5.0
	Tri-generational arraignments	07	35.0
Presence of caregiver	Yes	11	55.0
	No	09	45.0
Identification of caregiver	Spouse	01	5.0
	Just children	06	30.0
	Another elderly person	01	5.0
	Private caregiver	03	15.0
	Does not have caregiver	09	45.0
Religion	Catholic	17	85.0
	Evangelical	03	15.0
Functional literacy	Yes	09	45.0
	No	11	55.0
Educational level	Illiterate	11	55.0
	01 to 04 years of education	04	20.0
	05 to 08 years of education	05	25.0
Statistics educational level	Mean = 2.05		
	Standard deviation = 2.481	Minimun = 0	Maximum = 6
Family income	Mean = 1,377.35		
	Standard deviation = 271.546	Minimum = 788.00	Maximum = 1,576.00
Total		20	100,0

According to the participants' responses and the aspects “Sensory Functioning”, “Autonomy”, “Past, Present and Future Activities”, “Social Participation”, “Death and Dying” and “Intimacy” that make up the WHOQOL-Old questionnaire, Table 2 shows the calculation of descriptive measures of the items of each aspect.

Among the 24 items contained in the WHOQOL-Old, the best SS is item 15 of aspect “Past, Present and Future Activities”, which deals with the assessment of the satisfaction of the

participants with what they achieved in life (m = 4.00). On the other hand, the worst score was identified in item 04 of the "Autonomy" aspect, which concerns the intensity with which the elderly participants control their own future (m = 1.95).

Table 2. Descriptive measures of WHOQOL-Old * items in elderly people with chronic wounds monitored in the Family Health Strategy of Curimataú Ocidental in the state of Paraíba (n = 20). Paraíba, Brazil, 2015.

Aspect/Issue	m (SS)	sd	cv (%)
Sensory Functioning (SF)			
Old_01 - Intensity of loss of senses in daily life **	2.90	1.21	41.71
Old_02 - Intensity of loss of sense in the participation in activities**	3.05	1.19	39.05
Old_10 - Effect of sensory functioning on the ability to interact **	2.95	1.10	37.26
Old_20 - Sensory functioning evaluation	2.80	0.95	33.98
Autonomy (AUT)			
Old_03 - Freedom to make own decisions	3.40	1.31	38.64
Old_04 - Intensity in which they control their own future	1.95	1.15	58.77
Old_05 - Intensity in which people respect their liberty	3.80	0.89	23.54
Old_11 - Capacity to do what they wish to do	2.30	1.26	54.81
Past, Present and Future Activities (PPF)			
Old_12 - Ability to be satisfied with opportunities for life achievement	3.00	1.08	35.87
Old_13 - Capacity to feel they have received deserved recognition in life	3.80	0.77	20.20
Old_15 - Evaluation on satisfaction with what they have achieved in life	4.00	0.92	22.94
Old_19 - Evaluation on the happiness about things yet to come	3.05	0.89	29.08
Social Participation(SOP)			
Old_14 - Capacity to have enough things to do each day	2.00	1.12	56.20
Old_16 - Evaluation on the satisfaction with how they use their time	2.80	1.20	42.73
Old_17 - Evaluation on the satisfaction with the level of activities	2.20	0.95	43.25
Old_18 - Evaluation on the satisfaction with the participation on community activities	2.20	1.06	48.01
Death and Dying (DAD)			
Old_06 - Intensity of worry about the way they will die **	2.95	1.47	49.77
Old_07 – Intensity of fear of not being able to control death **	2.95	1.36	45.98
Old_08 – Intensity of far of dying **	3.15	1.60	50.75
Old_09 - Intensity of fear of suffering being dying **	2.90	1.41	48.64
Intimacy (INT)			
Old_21 – Intensity of feelings of companionship in life	2.80	1.79	64.10
Old_22 – Intensity of feelings of love in life	2.70	1.78	65.93
Old_23 – Intensity of the opportunity to love	2.10	1.59	75.53
Old_24 – Intensity of the opportunity of being loved	2.05	1.50	73.34

* WHOQOL-OLD (World Health Organization Quality of Life for Older Adults): Instrument used to measure the Quality of Life for World Health Organization for elderly people.
** Itens with reverse scores, already decoded.
Key: m = mean; SS = Standard Score; sd = standard deviation; cv = coefficient of variation.

We can see the general understanding of the performance of the elderly participants regarding each of the aspects in Figure 1, from the analysis of the Converted Aspect Score (CAS), which shows the relationship between the lowest possible value (0%) and the highest possible value (100%), and Total Converted Score (TCS) that shows the average percentage of quality of life of the elderly participants, considering all questions in the questionnaire through the following categorization: 0 - 20% = very poor quality of life; 20 - 40% = poor quality of life; 40 - 60% = average quality of life; 60 - 80% = good quality of life; 80 - 100% = excellent quality of life.

The aspect "Past, Present and Future Activities" shows the best performance, as it classifies quality of life in this aspect as good (61.56%). The worst performance was "Social Participation" (32.50%), which determines a significant impairment of quality of life in this regard. Through the conversion of CAS to TCS, the general quality of life of the elderly people who participated in this study was average (45.94%).

The selected testimonies resulted in three categories: I) *Subjective perception of quality of life*; II) *Physical and emotional impact of chronic wound on quality of life*; and III) *Compromise of autonomy and social relationships in elderly people with chronic wounds.*

Subjective perceptions of quality of life

The elderly participants related the meaning of quality of life to four main aspects: health, fulfillment of needs, family presence and freedom to leave their homes. The word health appeared as a synonym for quality of life in most speeches:

It's my health[...] (G2)
Just health. (G4)
Health, union, especially health. (G5)
[...] Take care of my health and look for health soon once I get the wound. (G7)
[...] health, it is good. (G8)
[...] thus, it is to be healthy, to have a good life. (G10)

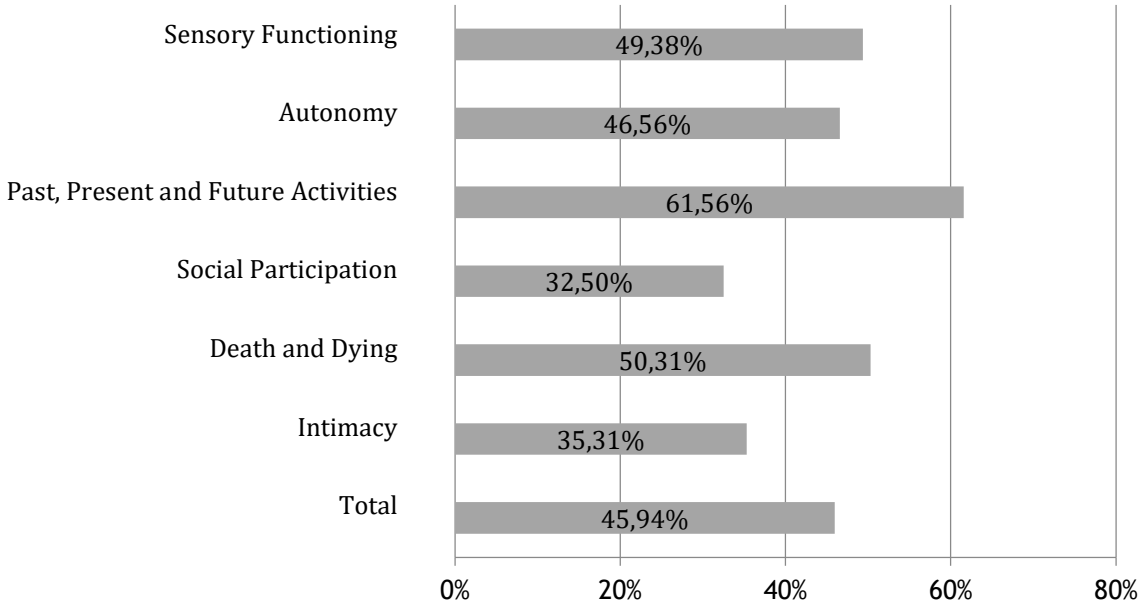

Figure 1. Converted Aspect Score and Total Converted Score of the WHOQOL-Old questionnaire in elderly people with chronic wounds monitored by the Family Health Strategy of Curimataú Ocidental, in the state of Paraíba. Paraíba, Brazil, 2015.

Physical and emotional impact of chronicle wound on the quality of life

The speeches highlighted:

My circulation is lacking [...] I can't do anything myself [...]. (G9)
My veins are very jumbled [...] and for walking, it's bad, because I am not well all the time. [...] I am very lonely [...] I don't like my life, I feel distressed [...] I get angry, I curse myself a lot [...]. (G10)
My 'middle' is very worn out [...]. (G2)
Now, for me,it's not "okay" but not "right" [...], I cannot even turn over one leg or the other [...]. The nurse told me to sleep 'belly up' to improve my sleep. (G6).
I was sadder [...]. I don't go out on the street anymore. (G3)
Terrible, very bad [...]. I need to get a lot better to have a quality of life. (G7)
[...] happiness, I don't have that anymore. (G5)
I feel useless [...] I see everything wrong in my life. (G2)

Impairment of autonomy and social relations of elderly people with chronic wound

The speeches show interferences on social life and daily activities

Wishing to do things and not being able to [...]. (G1)
Worst of all, now I can't walk anymore [...] I can't take care of my own home [...]. That's all. (G5)
Ah, what interfered the most was that I couldn't work anymore. (G7)

DISCUSSION

The age group with the highest representativeness was that of young elderly people aged 60 to 74 years (55%), followed by those with 75 to 89 years (35%) and over 90 years (10%). This result corroborates a research carried out in Teresina, in the state of Piauí, which points to age as one of the most relevant aspectss involved in the development of chronic wounds, being easily observed in individuals over 60 years of age[10].

Most of the elderly participants in the study are female (60%). As in this study, a survey conducted with elderly people who had chronic wounds revealed that 74.07% of participants were female. This scenario follows the trend towards the feminisation of old age, and it is justified by the longer life expectancy of this group[10].

In regards to marital status, 60% of the participants were married, similar to a study carried out in the city of Uberaba, in the state of Minas Gerais, in which the highest percentage of elderly people interviewed were married or living with a partner, an aspect that favors the coping with the situation by the elderly person and care for the wound. On the other hand, a considerable sum does not have a partner (40%), a fact that tends to hinder therapy and generate complications in the physical, social and psychological sphere for the elderly person, such as social isolation and declining self-esteem[11].

As for the family arrangements, the tri-gerational arrangements happened in 35% of the cases. This type of arrangement is a contemporary family composition that is not always favorable to accommodations, and it also contributed to the elderly person's needs getting passed over in favor of the younger ones[12].

A caregiver was present in 55% of the sampled cases, which contributes to a lower risk of injuries and recurrences due to lack of specific care with the wound. However, 45% mentioned not having a caregiver. The absence of a caregiver causes individuals to develop practical skills and take charge of their own care[11]. However, the elderly person who takes charge of their self-care may experience greater physical and emotional stress, mainly due to the exhaustive routine that caring for a wound requires.

Of the elderly participants who claimed to have a caregiver, the majority mentioned that they were their own children (30%). Family caregivers are of unparalleled importance in caring for the health of individuals, with emphasis on chronic patients. The family members idealize the forms of care according to their understanding of the situation and this process can lead to joint action within the family context[11].

Similar to the state of Paraíba (75.1%) and Brazil as a whole (64.6%), a large part of the elderly participants were Roman Apostolic Catholics (85%). Despite the existence of few studies that associate the impact of religion on quality of life and health, we understand that some of the effective confrontations for biopsychosocial changes common to the elderly people are spiritual beliefs and religious practices[13].

Most of elderly participants were illiterate, with an average of 2.05 years of education, showing a profile of functional illiteracy, since they had less than four years of study. As in the present study, a survey conducted in the city of João Pessoa, in the state Paraíba, found that most of the elderly participants considered vulnerable were also illiterate. Schooling is a socioeconomic determinant and contributes to social inequality, hinders access to health education and, consequently, impairs adherence to healthy behaviors that tend to improve quality of life.

Furthermore, the low level of education among participants favors the increase in use of health services, since this portion of the population is the most affected by chronic conditions that could have been prevented throughout their lives[4,14]. Elderly people with less education tend to have a greater need for caregivers to perform daily activities, and may also interfere in the understanding and assimilation of health care.

The average family income of R$ 1,377.35 is insufficient to meet basic human needs. Corroborating the research findings, a study carried out with elderly people with chronic

wounds in the city of Teresina, in the state of Piauí, pointed out that most of the participants' family income was between 1 to 3 minimum wages, that is, people with low income. With insufficient income, the elderly participants cannot eat properly, since their financial condition does not allow them to meet all their basic needs[2].

The presence of chronic wounds is a considerable additional source of expenses, due to pharmacological treatment and materials necessary for dressings for the wound. It brings an aspect capable of destabilizing family finances and affecting the quality of life of individuals[15].

According to the WHOQOL-Old EP, the aspect with the best score was "Past, Present and Future Activities", which deals with the assessment of satisfaction of the participants in with what they have achieved in life (m = 4.00), positively influencing their quality of life. On the other hand, the worst score was identified in item 04 of the "Autonomy" aspect, which concerns the intensity in which the elderly participant control their own future (m = 1.95). The absence or low control over the future itself indicates a low quality of life.

The low score for the intensity in which the elderly participant control their own future is a negative indicator of quality of life, since autonomy is a fundamental condition for pleasant and significant aging[16]. However, a study that analyzed the performance of activities of daily living by patients with chronic wounds pointed out that 42.9% said they were bothered by not being able to perform simple tasks, which had a negative impact in their autonomy[17]. This result is, therefore, comparable to the 46.56% score for satisfaction regarding autonomy as a dimension of quality of life.

The result of the aspect "Past, Present and Future Activities" shows that elderly participants are satisfied with their achievements throughout life and with their future prospects. The significant percentage for this aspect can confirm that satisfaction is a complex phenomenon and difficult to measure, referring, therefore, to a subjective condition. Life satisfaction is a cognitive judgment of some specific domains, in addition to being a process of judgment and general assessment of one's own life according to one's own criteria[18].

In the CAS calculation, the "Past, Present and Future Activities" aspect also showed the best result, while "Social Participation (SP)" had scores significantly below the others. The low performance in the SP shows that dissatisfaction of the elderly participants with daily activities, especially in the community, as well as dissatisfaction with the level of daily activity and with the use of time.

This scenario can be justified by the limitations that the chronic wound brings to the patient, such as loss of freedom, restriction in social life and even the imposition of use of certain pieces of clothing. All of these factors produce psycho-emotional repercussions that reflect on the individual's self-image and self-esteem, in order to impact on their way of relating to others and, consequently, on their quality of life[19].

The determinants related to health have permeated the most diverse concepts of the term 'quality of life' in old age. In this sense, it is believed that people enjoy a better quality of life when they remain healthy as they age[20]. However, the occurrence of a chronic wound involves a complex and pathological process that causes biological, emotional, physical and social changes that impose considerable limitations and needs peculiar to the individual's life[21].

As a result of physical impairment, the emotional exhaustion of the elderly participants is perceived when asked about their quality of life after the wound. It is well known that the person with a chronic wound presents a frequent speech related to the loss of the sense of life, lack of perspectives for the future and hopelessness.

In addition to the emotional impact, the loss of autonomy and the damage to social relations are the biggest concerns. Studies claim that the greatest negative effect of a chronic wound is reflected in the reduction of activities of previously active individuals in relation to their work and daily tasks[22,23], a scenario also observed in the speeches of the elderly participants in this research when asked about the interference of the wound in their quality of life, a fact that generally contributes to family dependence and social isolation[4].

Clinical aspects associated with chronic wounds, such as pain when walking, pain at rest and use of pain medications, present themselves as variables that statistically decrease the quality of life of the elderly, especially for limiting their mobility, causing sleep and rest dysregulation and changes in mood[4,5].

Thus, understanding the quality of life of an elderly person with a chronic wound requires reflections that encompass not only their physical suffering, but also aspects that involve their psychosocial situation and the impact of this condition on the individual and their family members who, most of the time, do not understand the dimensionality that encompasses such a problem.

CONCLUSION

This study showed that elderly people with chronic wounds have an average quality of life in almost all WHOQOL-Old domains, with the exception of “Social participation” and “Intimacy” aspects. This finding culminates in the indispensability of specialized care for wounds carried out by qualified and competent professionals, so as to favor the (re) integration of the elderly person into their socio-family environment.

From the subjective perspective of the interviews, even in the aspects "Social participation" and "Intimacy", the speeches show a perception of the contrary quality of life, since all the elderly people, in general, consider it bad, especially due to the difficulties imposed by the wound, as their negative impact on physical and emotional state, autonomy and social relationships.

The results we obtained suggest a need to invest in interventions to confront and encourage social participation, as well as in the formulation of specific and interprofessional care lines that ensure good health and quality of life in the face of the aging process and the presence of wounds . In addition to that, this disparity focuses on the need to insert the individual's perception of their health status in the assessment of chronic conditions.

The limitation of this study involved a small number of participants due to the limited population profile. However, by relating specific groups (elderly people and those with chronic wounds), it represents of a place and a time period.

REFERENCES

1. Duim E, FHC Sá, YAO Duarte, RCB Oliveira, ML Lebrão. Prevalência e características das feridas em pessoas idosas residentes na comunidade. Rev Esc Enferm USP [Internet]. 2015 [cited 24 Mar 2020]; 49(Esp):51-7. Available from: http://www.scielo.br/pdf/reeusp/v49nspe/1980-220X-reeusp-49-spe-0051.pdf

2. Vieira CPB, Araújo TME. Prevalência e fatores associados a feridas crônicas em idosos na atenção básica. Rev Esc Enferm USP [Internet]. 2018 [cited 24 Mar 2020]; 52:e03415. DOI: http://dx.doi.org/10.1590/S1980-220X2017051303415

3. Kim CG. Avaliação e manejo de clientes com distúrbios vasculares e problemas na circulação periférica. In: Hinkle JL, Cheever KH. Brunner & Suddarth: Tratado de Enfermagem Médico-cirúrgica. 13º ed. Rio de Janeiro: Guanabara Koogan; 2018. Capítulo 30. p. 852

4. Almeida WA, Ferreira AM, Ivo ML, Rigotti MA, Barcelos LS, Silva ALNV. Fatores associados à qualidade de vida de pessoas com feridas complexas crônicas. Rev Pesqui. [Internet]. 2018 [cited 22 Mar 2019]; 10(1):9-16. DOI: 10.9789/2175-5361.2018.v10i1.9-16

5. Lentsck MH, Baratieri T, Trincaus MR, Mattei AP, Miyahara CTS. Qualidade de vida relacionada a aspectos clínicos em pessoas com ferida crônica. Rev Esc Enferm USP [Internet]. 2018 [cited 24 Mar 2020]; 52:e03384. DOI: http://dx.doi.org/10.1590/S1980-220X2017004003384

6. Instituto Brasileiro de Geografia e Estatística. Censo Demográfico 2010 [Internet]. Rio de Janeiro: IBGE; 2010 [cited 13 Jan 2019]. Available from: https://ww2.ibge.gov.br/home/estatistica/populacao/censo2010/default.shtm

7. Fleck MP, Chachamovich E, Trentini C. Development and validation of the Portuguese version of the WHOQOL-OLD module. Rev Saúde Pública [Internet] 2006 [cited 20 Jan 2019]; 40(5):785-91. DOI: http://dx.doi.org/10.1590/S0034-89102006000600007
8. Pedroso B, Pilatti LA, Gutierrez GL. Cálculo dos escores e estatística descritiva do WHOQOL-OLD pelo Microsoft Excel. Geriatr Gerontol. [Internet]. 2010 [cited 18 Jan 2019]; 4(4):214-9. Available from: http://fefnet178.fef.unicamp.br/ojs/index.php/fef/article/viewFile/622/391
9. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.
10. Vieira CPB, Furtado AS, Almeida PCD, Luz MHBA, Pereira AFM. Prevalência e caracterização de feridas crônicas em idosos assistidos na atenção básica. Rev Baiana Enferm [Internet]. 2017 [cited 22 Mar 2019]; 31(3):e17397. DOI: http://dx.doi.org/10.18471/rbe.v31i3.17397
11. Elias HC, Marzola TS, Molina NPFM, Assunção LM, Rodrigues LR, Tavares DMS. Relation between family functionality and the household arrangements of the elderly. Rev Bras Geriatr Gerontol. [Internet]. 2018 [cited 22 Mar 2019]; 21(5):562-9. DOI: http://dx.doi.org/10.1590/1981-22562018021.180081
12. Melo NCV, Teixeira KMD, Barbosa TL, Montoya AJA, Silveira MB. Arranjo domiciliar de idosos no Brasil: análises a partir da Pesquisa Nacional por Amostra de Domicílios (2009). Rev Bras Geriatr Gerontol. [Internet]. 2016 [cited 29 Mar 2020]; 19(1):139-51. DOI: https://doi.org/10.1590/1809-9823.2016.15011
13. Oliveira ALB, Menezes TMO. Significado da religião/religiosidade para a pessoa idosa. Rev Bras Enferm. [Internet]. 2018 [cited 22 Mar 2019]; 71(supl 2):823-9. DOI: http://dx.doi.org/10.1590/0034-7167-2017-0120
14. Barbosa KTB, Costa KNFM, Pontes MLF, Batista PSS, Oliveira FMLO, Fernandes MGM. Envelhecimento e vulnerabilidade individual: um panorama dos idosos vinculados à estratégia saúde da família. Texto Contexto Enferm [Internet]. 2017 [cited 26 Mar 2020]; 26(2):e2700015. DOI: https://doi.org/10.1590/0104-07072017002700015
15. Borges EL, Nascimento Filho HM, Pires Júnior JF. Prevalência de lesões crônicas de município da Zona da Mata Mineira (Brasil). Rev Min Enferm. [Internet]. 2018 [cited 22 Mar 2019]; 22:e1143. DOI: http://www.dx.doi.org/10.5935/1415-2762.20180074
16. Cortez ACL, Menezes JMMM, Brandão PP, Silva GCB, Dantas EHM. Correlação entre os testes de avaliação da capacidade funcional de idosos participantes de um projeto de inclusão social na cidade de Teresina – Piauí. J Health Sci. [Internet]. 2018 [cited 22 Mar 2019]; 20(4):277-82. DOI: http://dx.doi.org/10.17921/2447-8938.2018v20n4p277-282
17. Martins JJ, Schneider DG, Coelho FL, Nascimento ERP, Albuquerque GL, Erdmann AL, et al. Avaliação da qualidade de vida de idosos que recebem cuidados domiciliares. Acta Paul Enferm. [Internet]. 2009 [cited 10 Feb 2019]; 22(3):265-71. DOI: http://dx.doi.org/10.1590/S0103-21002009000300005
18. Silveira PM, Borgatto AF, Silva KS, Oliveira ESA, Barros MVG, Nahas MV. Criação de uma escala de satisfação com a vida por meio da Teoria da Resposta ao Item. J Bras Psiquiatr. [Internet]. 2015 [cited 22 Mar 2019]; 64(4):272-8. DOI: http://dx.doi.org/10.1590/0047-2085000000089
19. Gomes E, Donoso MTV, Werli-Alvarenga A, Goveia VR. Compreendendo os significados de se conviver com ferida crônica. Rev Enferm Atenção Saúde [Internet]. 2018 [cited 22 Mar 2019]; 7(2):176-88. Available from: http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/2396/pdf
20. Ministério da Saúde (Brasil). Envelhecimento ativo: uma política de saúde [Internet]. Brasília, DF: Ministério da Saúde; 2005 [cited 15 Feb 2019]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/envelhecimento_ativo.pdf
21. Leal TS, Oliveira BG, Bomfim ES, Figueredo NL, Souza AS, Santos ISC. Percepção de pessoas com a ferida crônica. Rev Enferm UFPE on line [Internet]. 2017 [cited 22 Mar 2019]; 11(3):1156-62. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13490/16210

22. Aguiar ACSA, Sadigursky D, Martins LA, Menezes TMO, Santos ALS, Reis LA. Repercussões sociais vivenciadas pela pessoa idosa com úlcera venosa. Rev Gaúcha Enferm [Internet]. 2016 [cited 22 Mar 2019]; 37(3):e55302. DOI: http://dx.doi.org/10.1590/1983-1447.2016.03.55302
23. Santos LSF, Camacho ACLF, Oliveira BGRB, Nogueira GA, Joaquim FL. Influência da úlcera venosa na qualidade de vida dos pacientes: revisão integrativa. Rev Enferm UFPE on line [Internet]. 2015 [cited 22 Mar 2019]; 9(supl 3):7710-22. DOI: 10.5205/reuol.7049-61452-1-ED.0903supl201526

CONTRIBUTIONS
Elayne Gonçalves Rodrigues do Nascimento contributed with the conception, collection and analysis of data; writing and revision. **Giovanna Gabrielly Custódio Macêdo**, **Arthur Alexandrino**, **Karla Karolline Barreto Cardins** and **Fernanda Teixeira de Souza** participated in writing and revision. **Matheus Figueiredo Nogueira** worked on the conception, collection and analysis of data, and revision.

How to cite this article (Vancouver)
Nascimento EGR, Macêdo GGC, Alexandrino A, Cardins KKB, Souza FT, Nogueira MF. Perceptions on the quality of life of elderly people with chronic wound. REFACS [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(3):359-369. Available from: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)
NASCIMENTO, E. G. R.; MACÊDO, G. G. C.; ALEXANDRINO, A.; CARDINS, K. K. B.; SOUZA, F. T.; NOGUEIRA, M. F. Perceptions on the quality of life of elderly people with chronic wound. **REFACS**, Uberaba, MG, v. 8, n. 3, p. 359-369, 2020. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

How to cite this article (APA)
Nascimento, E.G.R., Macêdo, G.G.C., Alexandrino, A., Cardins, K.K.B., Souza, F.T. & Nogueira, M.F. (2020). Perceptions on the quality of life of elderly people with chronic wound. *REFACS*, 8(3), 359-369. Retrieved in: *insert day, month and year of access* from *insert access*. DOI: *insert DOI link*