ORIGINAL ARTICLE

VENOUS ULCERS AND THE CHANGES CAUSED IN THE FAMILY STRUCTURE

ÚLCERAS VENOSAS E AS MUDANÇAS PROVOCADAS NA ESTRUTURA FAMILIAR

LAS ÚLCERAS VENOSAS Y LOS CAMBIOS PROVOCADOS EN LA ESTRUCTURA FAMILIAR

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ABSTRACT

Objective: Know the changes caused in the structure of families that have one of its members with a venous ulcer (VU), residing in a municipality in Santa Catarina. **Methodology:** This is a cross-sectional study with a qualitative approach developed with 12 participants through a semi-structured interview in September 2021. **Results:** Participants were between 35 and 78 years old, seven men and five women, most of them married or with a partner, living in their own home with their families. Regarding ulcers, eight had a traumatic onset and four spontaneously, lasting from two to thirty years. Among the changes that took place in the lives of these families, there was a great dependence of the VU patient in relation to their family member, responsible for the changes in the context of their lives and also the need for financial assistance. **Final Considerations:** VUs cause changes in the family structure, which demand a broader view of health professionals to assist VU patients and provide care to family members.

Keywords: Caregivers; Varicose Ulcer; Quality of Life; Nursing Care; Nursing.

RESUMO

Objetivo: Conhecer as mudanças provocadas na estrutura de famílias que têm um de seus membros com úlcera venosa (UV), residentes em um município catarinense. **Metodologia:** Trata-se de um estudo transversal, de abordagem qualitativa, desenvolvido com 12 participantes, por meio de entrevista semiestruturada, em setembro de 2021. **Resultados:** Os participantes tinham entre 35 e 78 anos, sendo sete homens e cinco mulheres, a maioria casado(a) ou com companheiro(a), residente em casa própria com seus familiares. Em relação às úlceras, oito tiveram início de forma traumática e quatro de forma espontânea, com duração de dois a trinta anos. Entre as mudanças ocorridas na vida dessas famílias, evidenciou-se grande dependência do portador da UV em relação ao seu familiar, responsável pelas mudanças no contexto da sua vida e a necessidade de auxílio financeiro. **Considerações finais:** As UV provocam mudanças na estrutura familiar, o que demanda uma visão ampliada dos profissionais de saúde para assistir o portador de UV e contemplar a atenção aos familiares.

Palavras-Chave: Cuidadores. Úlcera Varicosa. Qualidade de Vida. Cuidados de Enfermagem. Enfermagem.

RESUMEN

Objetivo: Conocer los cambios provocados en la estructura de familias que tienen uno de sus miembros con úlceras venosas (UV), residentes en un municipio de Santa Catarina. Metodología: Este es un estudio transversal, con enfoque cualitativo, desarrollado con 12 participantes, a través de una entrevista semiestructurada, en septiembre de 2021. Resultados: Los participantes tenían entre 35 y 78 años, siete hombres y cinco mujeres, la mayoría casados o en pareja, viviendo en su propio domicilio con sus familiares. En cuanto a las úlceras, ocho tuvieron un inicio traumático y cuatro un inicio espontáneo, con una duración de dos a treinta años. Entre los cambios que ocurrieron en la vida de estas familias, hubo una gran dependencia del paciente de la UV en relación a su familiar, responsable por los cambios en el contexto de su vida y la necesidad de asistencia económica. Consideraciones finales: las UV provocan cambios en la estructura familiar, lo que exige una visión ampliada de los profesionales de la salud para asistir al paciente de la UV y contemplar el cuidado de los familiares

Palabras clave: Cuidadores; Úlcera Varicosa; Calidad de Vida; Atención de Enfermería; Enfermería.

INTRODUCTION

Venous ulcers (VU) are considered a public health problem, with high incidence and prevalence rates, both in Brazil and worldwide. With the increase in life expectancy, there is an increase in non-transmissible chronic diseases, among them, VU(1), a fact that demands attention from health professionals of primary care, qualified action for the promotion of care aiming at reducing the impact on the lives of these individuals and their families. Such lesions represent the severe form of chronic venous insufficiency, characterized as an open lesion, difficult to heal, and high rate of recurrences, which require topical care, use of compressive therapy to control venous hypertension and change in lifestyle(2).

Most often, VUs are initiated by trauma and have as their main etiology chronic venous insufficiency, an abnormality of venous system function that can affect both the deep and superficial venous systems(3).

The daily life with this type of wound involves several factors, such as the presence of unpleasant odor, high degree of exudation, pain, limited mobility and social isolation(4), prolonged period for the healing of the ulcer and frequent dressing changes(5), which negatively affect the quality of life of the person, factors that require care at home and monitoring in specialized nursing services(4).

The literature points out(6-7) that the presence of VU leads the patient to suffering that affects the physical, emotional and psychological dimensions of human beings, directly interfering in the daily lives of men and women(2), which contributes negatively to changes in lifestyle and quality of life.

In this sense, regarding physical and psychosocial aspects, pain and mobility difficulty, generated by VU, limit daily life and work activities, compromising emotional state and social coexistence (8). Consequently, VU generates financial impacts on the individual's life and provokes extensive impacts on the family and social spheres, a factor that demonstrates the complexity of the problem. Such situation may generate in VU carriers anxiety and depression problems, which negatively impact the lesion's cicatricial process, thus, it is necessary to promote the psychological well-being of these individuals, with the objective of contributing to the improvement of their clinical picture(1).

Thus, the participation of the family in the care of the VU carrier can have an impact on the reduction of recurrences(4). Such participation involves the way a person who cares for and assists a family member with some kind of disease, so that his/her life starts to be organized around the care of the family member(9). Knowledge of the reality of family members of patients with VU may provide better guidance in planning nursing care, in order to integrate them into the therapeutic process(4).

By getting involved in the routine of care of a dependent person, the family caregivers find an incessant, repetitive and exhausting practice, because they are faced with tasks never performed before and which demand physical, psychic, social, intellectual and financial resources. With this, contradictory feelings may arise, which are frequent in caregivers(9). In a situation in which this family member is not prepared to become a caregiver, physical and emotional changes may occur, either by the excess of care practiced daily, which requires intense compromises of the caregiver's physical and emotional parts, surrounding everything that involves this field of anguishes, anxieties, fears, and depressions(10).

Facing the modifications in the routine of the individual with VU, the family plays an indispensable role in the life of these people, once the family member organizes and participates in medical appointments, in making treatment decisions, coordinates care and services, helps with daily tasks, such as dressing, bathing and administering medications, besides guaranteeing that the needs for food and shelter are met, sometimes also managing the financial issue(11).

Helping with the daily tasks of the affected family member, besides the tasks themselves, makes the family member assume the role of main caregiver, and he/she may become a vulnerable person who also needs attention, or even nursing care(11).

In this way, health professionals develop a fundamental role in the specific performance for the promotion of care with people affected by VU, with the objective of reducing the impact that this disease imposes on the affected person, as well as, in the search for the promotion of the quality of life of these people(1), besides elaborating and implementing interventions, with the objective of identifying problems, determining goals, planning interventions and evaluating care to increase the quality of assistance and to allow the identification of the needs of the affected person and the respective family(4).

In view of the above, this research aims at knowing the changes provoked in the structure of families that have one of their members with VU. It is noteworthy that, based on the knowledge of these changes, it will be possible to elaborate public policies directed to the support of family members directly involved in the care.

METHODOLOGY

This is a cross sectional study with a qualitative approach developed with 12 family members of VU carriers, assigned to the Family Health Strategies (FHS) in the city of Concordia - SC.

Inclusion criteria for participants were: to be family members of someone with at least one active ulcer lasting six weeks or more, resulting from altered venous circulation in the lower limbs; to be attached to a Family Health Unit (USF) in the city of Concordia; to be aged 18 years or older. Exclusion criteria were: relatives not located by phone call or visit during the collection period.

After authorization from the Municipal Health Secretary to contact nurses from the FHUs, the number of VU patients attached to each one of them was verified over the phone with these professionals. At that time, the telephone contact of each of these families was also requested, for research presentation purposes. Telephone contact was made with all possible participants (n=15), scheduling a day and time for the interview. Of these, 12 family members agreed to participate voluntarily in the research.

Because of the pandemic, sanitary measures were adopted for the prevention of COVID-19(12), such as the use of face mask covering mouth and nose, safe distance of more than one meter, hand hygiene with alcohol gel 70%, as recommended by the Ministry of Health(13).

Data collection took place in September 2021, through a semi-structured interview, prepared by the authors, applied at the home of each participant and pre-tested with two individuals, with no need for changes in the data collection instrument. All interviews were preceded by a reading, explanation, and signing of the Free and Informed Consent Form. The speeches were audio recorded, using a cell phone recorder, to ensure greater reliability of the answers.

The data collected were analyzed using Bardin's content analysis method(14), which comprises three phases: 1) pre-analysis: floating reading and organization of the materials for the following stages to be analyzed by the researchers; 2) exploration of the material: codification of the data from the planning and objectives of the study; 3) treatment of the results obtained and interpretation: analysis and organization of the data in order to make them significant according to the objective of the study.

The research was approved by the Ethics Committee on Research Involving Human Beings (CEPSH) of the Universidade do Contestado (UnC), under the consubstantiated opinion number 4.885.032, from August 02, 2021, and followed the recommendations of the National Health Council that disposes on research involving human beings and the Code of Ethics of Nursing Professionals.

RESULTS

The study had the participation of 12 family members of patients with VU attached to eight (8) FHUs in the city of Concordia - SC. All FHUs were contacted and the unit nurse provided the number of VU patients. Of the 15 VU patients identified in the city, 12 family members agreed to participate in the research voluntarily. The first two interviews carried out had the purpose of testing the data collection instrument and were included because there was no need to adjust the instrument. The participants were identified with the letter F, for family member, and an Arabic number from 1 to 12, corresponding to the order in which the interviews took place. It is worth mentioning that the transcription of the speeches was made exactly as expressed by the participants, respecting the existing cultural variation.

Data referring to the socioeconomic characterization of family members who participated in the research and the characterization of the VUs in this study are presented in Table I.

Table I - Socioeconomic characterization and characterization of venous ulcers. Concordia - SC, Brazil, 2021

Variable	n (%)
Age (Average)	57,8 (35 – 78)
Time since diagnosis (Average)	11,2 (2– 30)
Sex	
Female	5(41,6)
Male	7(58,3)
Marital status	
Single	1(8,3)
Married/With partner	7(58,3)
Widower	2(16,6)
Divorced	2(16,6)
With whom you live	
Alone	2(16,6)
Family Member(s)	10(83,3)

Education	
Incomplete elementary school	4(33,3)
Elementary school complete	1(8,3)
High school incomplete	1(8,3)
High school complete	4(33,3)
Completed Bachelor's Degree	2(16,6)
Monthly Income	
1 minimum salary	2(16,3)
2 minimum wages	8(66,6)
4 or more minimum wages	2(16,3)
Housing Type	
Home ownership	9(75,0)
Rented	3(25,0)
The ulcer closed and opened again	
Yes	11(91,6)
No	1(8,3)

Source: Authors' database (2021).

Table II presents the characterization of the situations experienced by family members of patients with venous ulcers regarding venous ulcers, as follows.

Table II - Situations experienced by family members. Concordia - SC, Brazil, 2021.

Situation Description	N (%)
Absence from work/activities, as a result of the family member with UV	-
Need for financial assistance to family member with UV	2(16,6)
Family Caregiver	

Primary Caregiver	4 (33,3)
All family members	8 (66,6)
Dependence of the person with UV	
Totally dependent on the caregiver for activities of daily living	3 (25,0)
Partially dependent on caregiver for activities of daily living	3 (25,0)
It is independent	6 (50,0)

Source: Authors' database (2021).

When questioned about changes occurred in the family regarding the impact of VU diagnosis in their lives, family members highlighted feelings pertinent to the moment of diagnosis, evidencing the emotional/psychological impact, as well as its influence related to daily life, as expressed in the following excerpts:

> *Ah very sad, my life was very sad, and still is! (F2)*
>
> *My day to day and my routine changed yes! (F1)*
>
> *A lot of work, a lot of things. (F3)*
>
> *Made me very stressed, made me very frustrated with things. (F4)*
>
> *Everything changed because then, right then, those treatments started, running from here to there and everything. (F5)*

When questioned about the need for financial help during the treatment of the family member with VU, two of the participants considered that there was a need arising from the financial issue.

> *Óia, I only spent a little bit of money but it wasn't much, I'm lucky that they helped me, because if I had to pay, what would I have to pay with? (F2)*
>
> *Ah yes, the spinning mill helped me a lot, and now they help me too, right? (F12)*

On the other hand, not all mentioned the need for financial help:

> *No, we always managed to keep up like this between us, it wasn't that easy, we even went through some very difficult days, but we managed. (F5)*
>
> *Never needed, only the clinic that helped with the dressings. (F7)*
>
> *No, thanks to God I was always able to manage by myself. (F11)*

As for the dependence of the VU carriers to perform daily life activities, three need a full time caregiver, besides family help, due to total dependence, three have caregiver/family help due to partial dependence and six are independent.

> *He/she has three permanent caregivers, they take turns during the day and each night a night and weekend. (F9)*
>
> *I had to get closer to him/her! (F1)*
>
> *Yes, he/she has a caregiver every afternoon for me to work. (F8)*

DISCUSSION

Of the 12 study participants, seven were male and five female, with a minimum age of 35 and a maximum of 78.

Regarding marital status, it can be observed that most of the participants mentioned being married or with a partner, and most of them lived with their families and in their own house.

As far as education is concerned, most participants have completed high school. According to authors(15) the level of education does not mean that people adequately assimilate the guidelines on wound care, but education influences wound care, and it is considered that their treatment depends on the teaching-learning process to be effective. The higher the level of education of people, the better their understanding about the actions of caring for their family member and about the treatment(16). The family relationship is very important for the recovery of these patients, it represents a support in helping and encouraging self-care to be able to raise the quality of life and improvement with the wound (15).

When asked about their income, most participants reported having a monthly income of two minimum wages. All participants reported that there was no need to take time off work, but during the course of treatment two (02) participants required financial assistance. VUs cause significant economic impact due to their chronicity and high therapeutic and clinical follow-up costs (17).

The development of the ulcers had a mean of 11.2 years, with prevalence of traumatic onset, and most of the wounds never healed, only in one there was healing and no recurrence. The difficulty in the healing process comes from venous insufficiency combined with other factors (17). It is estimated that 3% of the Brazilian population presents the lesion, and people diagnosed with Diabetes Mellitus can develop larger lesions(18). Thus, achieving the goal of VU healing and treating the carrier user are considerable care challenges(19).

People with wounds require specific wound care because healing is a dynamic process and involves complex cellular and molecular interactions. More than 80% of patients with traumatic wounds who dress their wounds at home have high rates of complications such as necrosis and infection. Thus, the preparation of the family member of the affected person is an important tool for the continuity of nursing care and minimize damage due to inadequate practices(20).

With regard to the need for care, family caregivers go through a significant situational transition, redefining their roles and integrating new ones. The family caregivers experience several challenges in caring for their afflicted family member, thus, paying attention to the caregiver promotes health, not only for those being cared for and the caregiver, but also for the other members of those families(21).

The impact of the onset of the disease on the family environment can lead to changes in its configuration. Regarding the existence of the injury and the damages caused, the affected person has difficulties to work, and the work leave, which besides causing financial implications(2) can generate consequences at the physical, social and emotional level, with greater overload to the family members, because the tasks they perform are added to the other roles they need to perform. Thus, it can cause to the caregiver tiredness, stress, and exhaustion, thus, with possible impact to his/her quality of life(22). Thus, the caregiver is eventually doubly vulnerable due to the overload resulting from the care of his family member(23).

Studies corroborate the importance of evaluation and intervention when the overload is perceived, and it is also important to consider other potentially stressful situations not related to care (23). In Brazil, the home care policy establishes that the health professionals are in charge of instructing the family caregivers and involving them in the process of care(24), with the objective of decreasing and avoiding complications in the healing process and consequently, an increase in the time of existence of the injury(25). The action of different professional areas must be simultaneous, in such a way that each one, in its field of knowledge and action, helps, with the union of responsibilities in the search for a treatment and care with good results to the patient with ulcers(26).

FINAL CONSIDERATIONS

When investigating the impact generated in the lives of these relatives of venous ulcer patients in a city in the western region of Santa Catarina, it was observed that many changes have occurred in their lives, due to the care provided to their relatives. It is noteworthy the greater need of their relatives for personal care and the increased responsibilities that this disease has generated in the lives of these people, which has caused impacts in their daily lives. Although most of the interviewees reported no financial impact, it is known that there was a greater demand for this resource due to the disease process and its treatment. Thus, family support is evidenced as a contributing factor for individuals with VU throughout the disease process. It stands out the importance of further studies, to amplify the evidence related to feelings and the impact of venous ulcers in the daily life of individuals, in order to minimize financial and social damages, to provide a quality care and with safety.

Funding: Fund for the Maintenance and Development of Higher Education (FUMDES), for the financial support.

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Submission: 2021-12-08
Approval: 2022-01-12