

## CARE FOR PEOPLE WITH VENOUS ULCERS: THE PERCEPTION OF NURSES IN THE FAMILY HEALTH STRATEGY

CUIDADOS ÀS PESSOAS COM ÚLCERA VENOSA:  
PERCEÇÃO DOS ENFERMEIROS DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

ATENCIÓN A PERSONAS CON ÚLCERAS VARICOSAS:  
PERCEPCIÓN DE LOS ENFERMEROS DE LA ESTRATEGIA SALUD DE LA FAMILIA

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### ABSTRACT

This is a descriptive study with a qualitative approach, aimed at identifying the knowledge of nurses in the Family Health Teams (FHT) from the Third Health District of Uberaba, Minas Gerais, with regard to the necessary care given to people that suffer from venous ulcers and describing their perceptions. After receiving approval by the Ethics Committee, the data were collected from sixteen nurses through semi-structured interviews. The Bardin analysis technique was used. Three categories were set up for data analysis – sufficient knowledge, insufficient knowledge, and lack of knowledge – all concerning knowledge about venous ulcers, how to care for them, guidance, and comprehensive approaches to the patient. The nurses' specific knowledge, their training, best working conditions, the use of integral health care, and the adoption of a protocol are essential to improved care for patients with venous ulcers, thus reducing the healing time and recurrence rates.

**Keywords:** Nurse; Varicose Ulcer; Primary Health Care; Family Health; Knowledge.

### RESUMO

*Trata-se de um estudo descritivo com abordagem qualitativa, cujos objetivos foram identificar o conhecimento dos enfermeiros das Equipes de Saúde da Família (ESF) do distrito sanitário III de Uberaba-MG sobre os cuidados necessários às pessoas portadoras de úlcera venosa e descrever suas percepções. Após a aprovação no Comitê de Ética, os dados foram coletados com 16 enfermeiros, por meio de entrevista semiestruturada. Utilizou-se a técnica de análise por Bardin. Na análise dos dados, surgiram três categorias: conhecimento adequado, conhecimento insuficiente e desconhecimento, relacionados ao conhecimento sobre úlcera venosa, seus cuidados, orientações e abordagem integral do portador. O conhecimento específico do profissional, sua capacitação, as melhores condições de trabalho, a utilização da integralidade do cuidado e a adoção de um protocolo são essenciais para o aprimoramento dos cuidados da pessoa com úlcera venosa, diminuindo, assim, o tempo de cicatrização e os índices de recidiva.*

**Palavras-chave:** Enfermeiro; Úlcera Varicosa; Atenção Básica a Saúde; Saúde da Família; Conhecimento.

### RESUMEN

*Se trata de un estudio descriptivo con enfoque cualitativo cuyo objetivo fue identificar el conocimiento de enfermeras de los Equipos de Salud de la Familia (ESF) del distrito sanitario III de Uberaba-MG acerca de los cuidados necesarios a personas con úlceras venosas y describir sus percepciones. Después de la aprobación de la investigación por parte del Comité de Ética, los datos fueron recogidos con 16 enfermeras, a través de entrevistas semiestructuradas. Se utilizó la técnica de análisis de Bardin. Al analizar los datos se consideraron tres categorías: conocimiento adecuado, conocimiento suficiente y desconocimiento, relacionados con el conocimiento sobre úlcera venosa, sus cuidados atención, orientación y enfoque global del paciente. El conocimiento específico del profesional, su capacitación y la adopción de un protocolo son esenciales para mejorar la atención de estos pacientes con miras a disminuir el tiempo de cicatrización y los índices de reincidencia.*

**Palabras clave:** Enfermera; Úlcera Varicosa; Atención Primaria de Salud; Salud de la Familia; Conocimiento.

## INTRODUCTION

Venous ulcers (VU) are a late-developing complication related to chronic venous insufficiency (CVI) and may arise spontaneously or as a result of trauma. They affect the lower limbs, usually in the medial aspect of the distal third of the leg, near the medial malleolus. They account for 70% to 90% of all leg ulcers and have a high recurrence rate, reaching as high as 30%, if not handled properly in the first year, and 78% after two years. People of all ages may have VU, but the elderly, especially women, are the most commonly afflicted.<sup>1-6</sup>

It is estimated that 3% of the population in Brazil has these ulcers, with the rate rising to 10% in the case of people with diabetes. A study conducted in Botucatu, São Paulo, showed a 1.5% prevalence of cases with active or healed VUs. In the United States, seven million people have chronic venous disease, accounting for 70% to 90% of VUs. In a European study, disease prevalence was 1% of the adult population, with a significant increase in individuals over 80 years of age. Worldwide, it is estimated that the prevalence of injury is between 0.5% and 2% of the population.<sup>1,2,7,9</sup>

VU is considered a public health issue in Brazil, given its significant prevalence, social and economic impact, and recurrent and debilitating characteristics, severely impacting patients' ability to walk because of chronic pain or discomfort, leading to a loss in one's quality of life, causing depression, social isolation, low self-esteem, withdrawal from work or retirement, and frequent hospitalization or outpatient visits.<sup>2-4,10</sup>

In Brazil, VU is the fourteenth cause of temporary absence from work and the thirty-second reason for an employee deciding to retire. The disease imposes a heavy burden on public spending, primarily because of its lengthy treatment and recurrence. In the United States, the annual cost for treating these ulcers is estimated at \$1 billion. Given these facts, the importance of holistic treatment and monitoring of the ulcer, patient, and family members becomes strikingly important.<sup>1</sup>

Due to the complexity and long duration of treatment, there is a stringent need for technical skill, expertise, protocol adoption, involvement of a multidisciplinary team, coordination at various assistance levels, and active participation of the patient and his/her family, considering the need for full-time care.<sup>1,3</sup>

Primary Health Care (PHC), through the Family Health Strategy (FHS), is an important tool for providing quality care to patients with VU. The focus is on the family and its relationship with the environment in which they live, facilitating home care based on "comprehensive, on-going, resolvable, good quality health care in response to the needs of the enrolled population."<sup>12,10</sup>

When it comes to PHC, the nurse plays an important role in caring for VU patients, because he or she is responsible for choosing how it will be treated, with the patient and family being actively involved.<sup>13-17</sup> Technical and scientific knowledge is essential as nurses are responsible for scheduling their visits,

prescribing and guiding treatment, requesting laboratory tests and X-rays, when needed, changing the dressing, and removing dead or infected tissue.<sup>14</sup> Therefore, it is important to remain up-to-date on VU to improve treatment quality and efficacy.<sup>15</sup>

Health care providers' guidelines are not supported by scientific evidence; the wound is the focus of attention, without addressing other aspects of the individual. Research in Brazil is not directed to preparing guidelines for treating VU, which raises doubts when it comes to choosing the best approach, resulting in a diverse range of applied treatments.<sup>3-5</sup> PHC cannot meet the patients' needs, who then look for other levels of care and ultimately return to the clinic without being accompanied by a multidisciplinary team and continuity of care.

Without systematic attention to the VU patient, the user is confronted with a backdrop of providers that are unprepared for the etiology, monitoring, and treatment of this type of skin lesion and still incorporate scientifically unsupported practices into their daily routines.<sup>4,5</sup> The systematic protocol for the care of patients with VU allows the multidisciplinary team to assess the clinical, economic, and professional care factors that could affect VU development.<sup>2</sup>

Given the above, considering the high prevalence rates of UV and the significant socioeconomic impact it has on the quality of patients' lives, it is of tantamount importance to have proper treatment guided by scientific evidence, a trained health care provider to carry out treatment with a holistic approach, and a protocol to guide the treatment, as proposed in this study.

## OBJECTIVES

- to identify the nurses' knowledge of FHS teams from the third health district of Uberaba, Minas Gerais on the required care given to people with VU;
- describe the nurses' perceptions of the required care for VU.

## METHODOLOGY

This is a descriptive study with a qualitative approach. The research project was approved by the Ethics and Human Research Committee of Universidade Federal do Triângulo Mineiro, under Report Number 1574.

Data were collected in eight units, which included seventeen FHS's from the Third Health District in Uberaba, Minas Gerais. The population consisted of sixteen nurses, who agreed to participate in the study, except for one woman who was on maternity leave at the time.

Data collection took place from March to May 2011. Prior appointments were scheduled with the FHS nurses, using semi-structured interviews with open questions that addressed the topic of venous ulcers.

The interview took place after the participants had signed an Informed Consent Form (ICF), through which they were informed about the study's objectives, the assurance of confidentiality, the possible embarrassments or benefits, and respect for their wishes with regard to participating in the survey. They were then asked for permission to record the interviews in digital media, with the participants being identified by numbers.

The survey instrument consisted of the following questions: What do you understand by VU? What precautions do you deem necessary with VU? What guidelines are necessary for the person who has VU? When caring for someone with VU, do you approach aspects other than the wound?

The resulting material was analyzed in stages, according to content analysis proposed by Bardin, involving pre-analysis, constituting the corpus, and formulating the hypotheses and objectives. After a thorough reading, interviews were organized, analyzed, described, and categorized. Answers were grouped by similarity of themes.

## RESULTS AND DISCUSSION

Sixteen nurses were interviewed, all female, with training ranging from one to fifteen years; most of them had one to five years of training (six) and two nurses had over ten years. Concerning the amount of time spent working in the nursing field, six nurses had between one to five years; eight nurses, between six to ten years; and two nurses with more than ten years. The amount of time spent in FHS ranged from one to ten years. Most of them had one to five years of service (eight nurses), while only one had ten years of experience in FHS.

Three categories emerged while analyzing the data: sufficient knowledge, insufficient knowledge, and lack of knowledge concerning venous ulcers; how to care for them; and guidance and comprehensive approaches to the patient.

Knowledge was considered sufficient when the nurse correctly responded to all of the survey questions; insufficient knowledge when fewer than five questions were correctly answered; and a lack of knowledge when the answers to the questions were considered insufficient and/or reflected ignorance on the subject.

As regards the survey question – “What do you understand by VU?” – seven nurses had sufficient knowledge, seven had insufficient knowledge, and two had no knowledge whatsoever. The following statements present one example each of sufficient knowledge, insufficient knowledge, and a lack of knowledge regarding the treatment of VU:

*A venous ulcer is an insufficiency... venous circulation that people have in the lower limbs [...]. It could be a problem in the return valve [...]. There is an impairment in the peripheral circulation in the limbs [...]. This patient may hit his/her leg [...]. A wound, an ulcer may appear... (E05)*

*It is a wound resulting from some a circulatory problem in the person. (E06)*

*An afflicted wound in the cutaneous area and with various factors that may be related to the involvement of the wound, pressure, decubitus, or some pathological process. (E11)*

Most of the nurses (nine) had a low level of knowledge about VU, with some referring to it as being a circulation problem without specifying the type of impairment, whether venous or arterial. Lack of knowledge, as well as the inability to identify its clinical features, affects the ulcer's treatment and healing. Without differentiating between the type of ulcer, health care becomes generalized, resulting in improper, prolonged treatment and/or the prevention of healing.<sup>17</sup>

Treating wounds stands out as one of a nurse's duties and, in FHS, nurses have more contact with the patient by having access to the home and family. He or she is responsible for caring for ulcer patients, which includes treatment; providing guidelines for self-care; or training a family member to perform the type of care needed to treat the wound.<sup>13,17</sup>

For the survey question – “What precautions do you deem necessary with VU?” – four nurses had sufficient knowledge, eight had insufficient knowledge, and four displayed a lack of knowledge, as seen in the statements below:

*The issue of dressing needs to be done in the correct manner [...]; assess the state of the patient and the wound [...]; have a healthy, balanced diet and keep hydrated [...]; lie down with limbs elevated [...]; walk around [...]; activity without exerting a lot of effort, use rubber bands, apply compression on the area to assist healing [...]; follow-up with vascular treatment. (E04)*

*Bed-rest for the patient, proper medication, and appropriate dressing. (E05)*

*Daily dressing, adherence to medication [...].change in decubitus position so that there is pressure on the ulcer depending on its location. (E10)*

The type of care needed for the appropriate treatment of VU involves patient assessment, including medical history; injury assessment; physical examination; documentation of clinical findings; care of the wound and the skin around it; the use of methods for healing the wound, encompassing compression therapy, which requires the use of bandages capable of absorbing the exudate; creating an environment that is conducive to healing; the use of antibiotics; treatment by a multidisciplinary team; supplementary measures including bed rest and walking; and actions to prevent recurrence of the injury, including the use of compression stockings and appropriate surgical intervention for correcting any venous abnormality.<sup>4,6,18</sup>

Professional guidelines are essential to the successful treatment of VU, as the patient becomes actively involved in this process, extending treatment from the health care unit to his or her home.<sup>3</sup>

In response to the question – “What guidelines are necessary for the person who has VU?” – five nurses had sufficient knowledge, five nurses had insufficient knowledge, and four displayed a lack of knowledge, as seen in the statement below:

*Medical follow-up, elevation of the lower limbs [...]; engage in a physical activity to improve health [...]; walk around with appropriate shoes to improve circulation [...]; change the dressing [...]; Sulfadiazine, using some Saf-gel, but it depends on the ulcer [...]; we direct some people to use boots, others for a skin graft [...]; we also work with psychologists... (E06)*

*Proper nutrition is very important, eat food that contains zinc, iron, proteins for the patient to be in a good nutritional state and heal the wound [...], keep hydrated, put your legs up. (E07)*

*Change in position [...], we have to know how and where the ulcer is [...]; a minor change in decubitus position, keep the ulcer clean. (E10)*

The main patient guidelines involve using the proper technique for changing and applying the dressing and the use of prescribed bandages, based on the condition of the ulcer and, if necessary, compression therapy, a diet that promotes healing, bed rest, keeping the affected limb elevated, walking, and wearing compression stockings to prevent recurrence.<sup>15</sup>

The nurse’s technical and scientific knowledge is essential, given his/her role in helping the patient understand the importance of following the guidelines and answering questions related to treatment. This fact encourages better adherence to the treatment, as venous ulcers reoccur when the patient does not strictly follow preventive measures due to the lack of professional guidelines.<sup>15</sup> Many nurses hold to the biomedical view, focusing on the disease and healing practices, while overlooking the patient as a biopsychosocial being, endowed with a culture, beliefs, and values.<sup>19</sup>

VU interferes with patients’ everyday life, significantly altering their lifestyles. Chronic pain or discomfort makes it difficult or even impossible to walk. Other impacts involve social isolation, depression, low self-esteem, the inability to work, or frequent hospitalizations and trips to outpatient clinics.<sup>4, 5, 10</sup> These facts demonstrate the importance of a comprehensive approach to the patient for more effective treatment and social reintegration.

Concerning the question – “When caring for someone with VU, do you approach other aspects besides the wound?” – four nurses demonstrated sufficient knowledge; three nurses, insufficient knowledge; and nine nurses, a lack of knowledge. The following sentences illustrate the corresponding results:

*Yes, the psychological aspects of these patients can be very shaky [...]. No one wants to listen to this patient anymore because all he does is complain about the pain [...]; he has low self-esteem [...], sexual problems, because the ulcers complicate things, especially with bandages on the leg [...]. Sometimes, the patient has the ulcers for years, and we have to keep him/her motivated. (E05)*

*Because everything is related, diet [...], the family plays an important role in helping the person with the treatment [...], seeing the person as a whole, not only the ulcer, and you will see all of the problems the person has, the hypertension, the diabetes, everything that’s interfering in the treatment [...]. Also, as an assessment of the nursing prescription, you have to be careful of depression... (E04)*

*So we have to assess the patient as a whole, giving attention to the ulcer, diet, whether there are other diseases involved, always looking at the whole patient and not only at the injury. (E12)*

Comprehensiveness is a guideline of the Unified Health System (SUS) defined as a coherent and continuous set of actions and preventive and curative services, both individual and collective, required for each case, at all complexity levels of the system, in compliance with the Organic Health Act (Act Number 8,080/90). Therefore, the ABS, as part of SUS, is obliged to follow this guideline, as are all primary care professionals. Responses to the survey revealed that nurses still focus on the injury and are either unaware of or confused about the comprehensive aspect. They claim to discuss other aspects besides the wound, but when asked to talk specifically about their activities, it was clear that they continue to focus on aspects related to the injury or some other associated pathology, demonstrating the comprehension of the biomedical view.

In addition to the analyzed categories, some isolated statements were made during the course of the interview which portrayed the difficulties nurses confronted when treating VU:

*What I find to be the most difficult in the FHS, for example, is a more regular follow-up, given that we nurses must deal with such a large group of patients that sometimes you are simply unable to fulfill your duties (E03)*

*Investing in the work force, qualified nurses to change dressings, as well as in topical therapies, because must have saline solution available, but barely have saline solution and gauze [...], that way, both the nurse and patient become discouraged. (E05)*

*We don’t have a specific room [...]. We should have a structure for changing the dressing, we should have options in bandages, this is what I think is needed to work, an established protocol for treating wounds [...]. We have*

*no such protocol, no room for applying the dressing, and no treatment options... (E06)*

The lack of a sufficient number of trained nurses, quality and volume of materials, and an appropriate structure for the care of VU patients are factors that hinder the quality of care provided to the patient and contribute to the ulcer's chronicity.<sup>4</sup>

The absence of a protocol in health care units, another problem identified by the nurses, is an important factor and one that has been cited by several authors. They affirm the need to adopt a protocol as a way to systematize treatment, allowing a skilled multidisciplinary team to assess the assistive, clinical, economic, and social factors that may affect the development of VU.<sup>2-5</sup>

## CONCLUSION

Venous ulcers have become a public health issue, given their high incidence and chronic, recurrent nature, resulting in lengthy and complex treatments. Their specificities require appropriate treatment, with specific management, and a trained professional with the scientific and technical knowledge needed to accompany the healing process.

Given the complexity of the injury and its impact on the patient's life, comprehensive care becomes essential. Biopsychosocial factors may influence self-care and adherence to the treatment.

Most of the nurses in this study demonstrated a lack of knowledge about VU, among other injury types. This confusion was also evident in their answers regarding the health care provided and the advice given to VU patients, and some of whom cited actions taken to cure pressure ulcers. The problem of the lack of specific information influences in the improper treatment choice, or in its use for a wide range of lesions; lengthens the healing process; and increases the chances of recurrence, in turn diminishing the power of PHC to cure specific illnesses. This generates a sense of disbelief on behalf of the patients, who feel that their needs are not being met and search elsewhere for secondary or tertiary care.

It was also evident in this study that health care professionals still focus on the disease, embracing the biomedical model, making comprehensive, preventive health care more difficult, as set forth in the PHC guidelines.

In addition to the categories, the participating nurses made comments in which they talked about the difficulties they encounter in the health care units, including the lack of a protocol, which has also been confirmed in the literature. The health care system needs to implement treatment protocols for patients with skin lesions, as well as provide appropriate training to health care providers.

The need for nurses' training was evident, as was the need to invest in improving their working conditions. Comprehensiveness has not yet been incorporated into health care facilities, even though it is listed within SUS guidelines. As such, the treatment of VU is undermined, resulting in lesion chronicity, a high recurrence rate, bringing about a burden on public spending that could be avoided or applied to other causes.

## REFERENCES

1. Macedo EAB, Oliveira AKA de, Melo GSM, et al. Caracterização sócio-demográfica dos pacientes com úlcera venosa atendidos em um hospital universitário. *Rev Enferm UFPE on line*. 2010; 4(spe):1863-7.
2. Dantas DV, Torres GV, Nóbrega WG da, et al. Assistência a portadores de úlceras venosas baseada em protocolos: revisão de literatura em bases de dados eletrônicas. *Rev Enferm UFPE on line*. 2010; 4(spe):1944-50.
3. Deodato OON. Avaliação da qualidade da assistência aos portadores de úlceras venosas atendidos no ambulatório de um hospital universitário em Natal/RN [dissertação]. Natal: Universidade Federal do Rio Grande do Norte; 2007. 104f.
4. Borges EL. Tratamento tópico de úlcera venosa: proposta de uma diretriz baseada em evidências [tese]. Ribeirão Preto: Universidade de São Paulo EERP/USP; 2005. 306 f.
5. Zuffi FB. A atenção dispensada aos usuários com úlcera venosa: percepção dos usuários cadastrados nas equipes de saúde da família [tese]. Ribeirão Preto: Universidade de São Paulo EERP/USP; 2009. 129 f.
6. Abbade LPF, Lastória S. Abordagem de pacientes com úlcera de perna de etiologia venosa. *An Bras Dermatol*. 2006; 81(6):509-22.
7. Santos RFFN, Porfírio GJM, Pitta GBB. A diferença na qualidade de vida de pacientes com doença crônica leve e grave. *J Vasc Bras*. 2009; 8(2):143-7.
8. Azoubel R, Torres GV, Silva LWS, Gomes FV, Reis LA. Efeitos da terapia física descongestiva na cicatrização de úlceras venosas. *Rev Esc Enferm USP*. 2010; 44(4):1085-92.
9. Borges EL, Caliri MHL, Haas VJ. Revisão sistemática do tratamento tópico da úlcera venosa. *Rev Latinoam Enferm*. 2007; 15(6):1163-70.
10. Martins DA, Souza AM. O perfil dos clientes portadores de úlcera varicosa cadastrados em programas de saúde pública. *Cogitare Enferm*. 2007; 12(3):353-7.
11. Mata VE, Porto F, Firmino F. Tempo e custo do procedimento: curativo em úlcera vasculogênica. *Rev Pesq Cuid Fundam online*. 2010; 2(Supl.):94-7.
12. Brasil. Ministério da Saúde. Saúde da família: uma estratégia para reorientação do modelo assistencial. Brasília: MS; 1998.
13. Cunha NA. Sistematização da assistência de enfermagem no tratamento de feridas crônicas. 2006. [Citado 2011 mar. 03]. Disponível em <http://www.abenpe.com.br>.
14. Conselho Regional de Enfermagem de Minas Gerais – COREN-MG. Legislação e normas. [Cited 2011 Out. 10] Available from: [www.corenmg.gov.br](http://www.corenmg.gov.br)
15. Carmo SS, Castro CD, Rios VS, Sarquis MGA. Atualidades na assistência de enfermagem a portadores de úlcera venosa. *Rev Eletrônica Enferm*. 2007; 9(2): 506-17.
16. Carneiro CM, Sousa FB, Gama FN. Tratamento de feridas: assistência de enfermagem nas unidades de atenção primária à saúde. *Rev Enferm Integrada*. 2010; 3(2): 494-505.
17. Bersusa AAS, Lages JS. Integridade da pele prejudicada: identificando e diferenciando uma úlcera arterial e uma venosa. *Ciênc Cuidado Saúde*. 2004; 3(1):81-92.
18. Nunes JP. Avaliação da assistência à saúde dos portadores de úlceras venosas atendidos no programa saúde da família do município de Natal/RN [tese]. Natal: Universidade Federal do Rio Grande do Norte; 2006. 131 f.
19. Fontoura RT, Mayer CN. Uma breve reflexão sobre a integralidade. *Rev Bras Enferm*. 2006; 59(4): 532-7.