

Social repercussions experienced by elderly with venous ulcer

Repercussões sociais vivenciadas pela pessoa idosa com úlcera venosa

Repercusión social experimentado por anciano con úlcera venosa



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ABSTRACT

Objective: Understand the social consequences experienced by elderly affected by venous ulcers.

Methodology: descriptive and exploratory study with a qualitative approach carried out in 2012 with eight participants at a physiotherapy clinic in the state of Bahia. Data was collected through semi-structured interviews and analyzed through Bardin's thematic content analysis.

Results: They showed that elderly patients with venous leg ulcers have become victims of prejudice, discrimination and have experienced embarrassment and shame in their daily routines because of the chronic wounds in their bodies, which makes them different from other people.

Final considerations: the presence of chronic wounds has social implications and is associated to a human suffering process. Thus, dealing with older people with venous leg ulcers requires technical and scientific skills, as well as whole and humanized care by the nursing staff.

Keywords: Varicose ulcer. Elderly. Social stigma. Nursing.

RESUMO

Objetivo: conhecer as repercussões sociais vivenciadas pela pessoa idosa acometida por úlceras venosas.

Metodologia: estudo descritivo-exploratório, de abordagem qualitativa, realizado no ano de 2012 com oito idosos em uma Clínica de Fisioterapia no interior da Bahia. As informações foram coletadas por meio de uma entrevista semiestruturada e analisadas através da técnica de análise de conteúdo temática de Bardin.

Resultados: apontaram que os idosos acometidos por úlcera venosa se tornaram vítimas de preconceito, discriminação e vivenciaram em seu cotidiano o constrangimento e a vergonha social, por apresentar em seu corpo algo que os tornam diferentes das outras pessoas.

Considerações finais: a presença da ferida crônica repercute em questões sociais, bem como se relaciona a um processo de sofrimento humano. Assim, lidar com pessoas idosas com úlceras venosas requer dos enfermeiros, além de competência técnica-científica, um cuidado sensível e pautado na integralidade.

Palavras chave: Úlcera varicosa. Idoso. Estigma social. Enfermagem.

RESUMEN

Objetivo: conocer las consecuencias sociales experimentados por personas mayores afectadas por úlceras venosas.

Metodología: estudio descriptivo y exploratorio con enfoque cualitativo llevado a cabo en 2012 con ocho participantes en una clínica de la ciudad de Fisioterapiano, en Bahía. La información se recogió a través de una entrevista semiestruturada y analizó mediante la técnica de análisis de contenido temático de Bardin.

Resultados: mostraron que los pacientes ancianos con úlceras venosas se convierten en víctimas de los prejuicios, la discriminación y vivieron en su cotidiano el constreñimiento y la vergüenza social, por presentar algo en su cuerpo que los hacen diferentes a las otras personas.

Consideraciones finales: la presencia de heridas crónicas repercute en las cuestiones sociales y se relaciona a un proceso de sufrimiento humano. Por lo tanto, lidiar con personas mayores con úlceras venosas, requiere de los enfermeros, además de competencia técnica y científica, un cuidado sensible y guiado en su totalidad.

Palabras clave: Úlcera varicosa. Anciano. Estigma social. Enfermería.

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■ INTRODUCTION

Historically, individuals with chronic wounds were shunned from the rest of society and stigmatized for the rest of their lives. According to the Bible, these individuals symbolized sin, pain, grief, isolation and death, and were deemed to pose risks to others. So, wounds have always been associated to a process of human suffering and imbalance⁽¹⁾.

Even today, our society values physical beauty, which is supposed to meet pre-established standards. Having smooth and healthy skin facilitates social relations. In contrast, the presence of chronic wounds has negative consequences for those affected⁽²⁾. Therefore, body image is directly associated to beauty, vigor, integrity, health and acceptance; those who do not meet this beauty standard experience a significant feeling of rejection⁽³⁾, known as stigma.

Social stigma is defined as a situation in which an individual is not fully accepted by society due to a physical or mental disability. The stigmatized individual is considered different from the others, and of a less desirable kind, – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak⁽³⁾. Therefore, elderly individuals with chronic ulcers do not go unnoticed: they are seen differently because of their physical impairment.

The presence of chronic venous ulcer limits the social life of individuals, with negative repercussions on their life quality⁽⁴⁾, and they begin to experience feelings of low self-esteem, depression, anxiety, and many times, social isolation⁽⁵⁾. Thus, these individuals need to adapt to a new life condition, which, besides affecting their physical and mental well-being, impacts their social life. Then, coping with social rejection is necessary⁽⁶⁾.

It should be stressed that these injuries are usually caused by vascular problems, and are mostly characterized by delayed wound healing, recurrent relapses and underlying diseases. Chronic venous leg ulcer is the major therapeutic problem of lower limb wounds⁽⁷⁾. Studies showed that venous leg ulcers affect 1% to 2% of the world population, particularly individuals over 65 years⁽⁸⁾.

The justification for this study is the need to obtain deeper knowledge on issues related to interpersonal and social repercussions experienced by elderly individuals with chronic venous leg ulcer. The literature is also based on the biomedical model, that is, on the wound itself, without considering the context where the elderly individual, subjective issues and daily social implications related to the complexity of living with chronic wounds⁽¹⁰⁾.

Therefore, the following questions are posed: what are the social repercussions experienced by elderly individuals

affected by venous ulcers? The study aimed to understand the social repercussions experienced by elderly individuals affected by venous ulcers.

It is believed that such understanding will involve the recognition of intersubjective aspects of the social life of elderly people with chronic venous ulcer, favoring the expansion of scientific production and, hence, new insights on this field. Besides, the findings indicate relevant aspects that may contribute to the planning and execution of healthcare actions targeted to this population by the nursing staff. The greater involvement of nurses on the therapeutic process will make it possible for these professionals to provide a more comprehensive care to the patients.

■ METHODOLOGY

Descriptive exploratory study with qualitative approach. This article is included in the results of a masters dissertation titled: "Elderly perception about living with venous ulcers"⁽⁹⁾ carried out at the extension project Physiotherapy Care in Lower Extremity Ulcers, attached to *Clínica Escola de Fisioterapia* of Universidade Estadual do Sudoeste da Bahia, city of Jequié/BA.

The subjects were eight elderly individuals: 6 women and 2 men who met the following inclusion criteria: participating in the abovementioned extension project, be capable of answering the questions and be affected by venous ulcer. Elderly individuals with other types of chronic wounds and not emotionally stable to participate in the study were excluded.

The subjects were interviewed in a private room, at Clínica Escola, after being assisted by the project staff. Three subjects were interviewed at home, after previous contact and formal consent, because they were unable to report to the clinic.

Data collection occurred from September to November 2012. Semi-structured interviews with sociodemographic data were used for the characterization of the subjects, based on the following guiding questions: What is it like to live with a chronic wound? How does a chronic wound affect your daily life? How do you perceive yourself as an individual who lives with a chronic wound?

The interviews were discontinued after data saturation to avoid redundancy or little relevant data⁽¹¹⁾. The interviews were recorded with a voice recorder. Also, all the impressions obtained were recorded by the researcher in a field diary.

Data systematization and analysis was performed with thematic content analysis of Bardin⁽¹²⁾. The interviews were carefully transcribed according to an analysis plan, in three

stages: pre-analysis, exploration of material, processing and interpretation of the results.

The pre-analysis stage is aimed to the operationalization and systematization of the initial ideas, with document selection allowing for systematic exploration and formulation of hypotheses, objectives and elaboration of indicators. The second stage (exploration of material) is essentially a coding operation based on previously established rules. In the third stage, the results are processed and interpreted so as to best represent the data⁽¹²⁾.

The ethical principles of research with humans were observed, according to resolution 196/96 of the National Health Council. The study was approved by the Research Ethics Committee of Universidade Federal da Bahia, in September 2012, under Protocol no 01552412.1.0000.5531. All the subjects who agreed to participate in the study received information on the study and signed the Free Informed Consent form. In order to ensure the anonymity of the subjects, they were identified with letter E.

■ RESULTS AND DISCUSSION

Most subjects were white women aged 60-84 years, self-declared white, married, catholic, who completed 1 to 8 years of schooling and lived in the urban zone of Jequié-Bahia. The monthly family income was up to two minimum wages. Most respondents were retired, but engaged in the informal sector.

Regarding the amount of time living with chronic ulcers it ranged from 05 to 44 years and regarding comorbidities, most subjects had hypertension sometimes associated to diabetes mellitus.

Based on content analyzes of the statements and considering the social repercussions experienced by elderly people affected by venous ulcers, two categories were outlined, as follows: "Facing prejudice" and "Experiencing embarrassment and shame". Thus, the results showed that the elderly are socially stigmatized and victims of prejudice, embarrassment and social isolation.

Facing prejudice

Prejudice derives from Latin word *prejudicium*, and can be defined as an opinion formed beforehand or without knowledge, thought or reason, preconceived idea, intolerance⁽¹³⁾. In this study, prejudice was mentioned as something remarkable in the life of elderly individuals affected by chronic venous ulcer, once people perceive the wound as something contagious and evil that may harm people nearby, as shown in the statements below:

When I walk down the streets, many people go back and forth looking at me, but when they look at my feet, they turn their faces away [...]. I perceive that most of them have prejudiced views about me and look at me in a weird way [...]. Sometimes it seems that having a foot ulcer means that you are contaminated and contaminates everything around (E1).

When I arrived at the clinic to change my dressing, people kept staring at me and moved away, talking about me. I felt very sad because I know it is not my fault [...]. Some people do not even want to be around me [...] sometimes they come and ask: – this wound will never heal? I perceive this as prejudice (E2).

[...] people notice it, but don't talk about it. Some people are disgusted by the sight of my wound, and will move away from me without saying anything. They are probably afraid of an accidental touch. This is prejudice (E3).

People from outside who are not used to it, are always talking about my condition and moving away. I perceive this as prejudice, and it is sad [...] (E7).

The above statements showed that in addition to causing physical, emotional and psychological suffering, venous ulcer also imposes social inconveniences, e.g. rejection and isolation. The attitudes, looks of disapproval and derogatory comments of others show to what extent society marginalizes individuals with chronic venous ulcers, leading to feelings of low self-esteem and social isolation.

Therefore, the suffering reported by these individuals is often more associated to prejudice that leads to their social isolation than to the wound itself⁽⁹⁾.

Records in field diaries showed that the elderly attempted at first to hide their wounds and maintained physical distance from the interviewers, but felt more comfortable to make their statements later.

These individuals with chronic venous wounds could have been socially accepted but faced social stigma instead⁽³⁾. Thus, in addition to suffering from this chronic condition, these individuals face the impact of the disease on their body image, which leads to low self-esteem, and discrimination from others⁽¹⁴⁾.

Discrimination leads to social depreciation of the individual, who feels insecure, incapable, isolated and victim of prejudice⁽⁵⁾. They experience embarrassment, sadness, feelings of incapacity and shame on a daily basis, which may culminate in social isolation⁽²⁾.

Moreover, the presence of chronic venous ulcer affects the physical appearance of the individual, which has social

impact, as shown above⁽⁵⁾. Thus, in social interactions between normal and stigmatized individuals, there are moments where both sides directly face the cause and effects of stigma. So, stigmatized individuals may feel insecure and perceive social interaction as a potential source of uneasiness. These stigmatized individuals also know that normal individuals are aware of it and have the same perceptions regarding these social interactions⁽³⁾.

Lack of knowledge about the causes of these chronic wounds and a tendency to associate chronic skin lesions to leprosy results in social discrimination of these sufferers, who are compelled to adopt strategies to hide their wounds and preserve their body image⁽¹⁾.

Society stigmatizes these individuals in various ways, which has a negative impact on their quality of life. Thus, we formulated a theory about stigma to explain the society's inability to accept differences⁽³⁾.

Reflections about this prejudice experienced by elderly people with venous leg ulcers indicate the need for health professionals to provide special care to this population, in order to develop strategies aimed to include these individuals in mutual aid support groups, to help them manage these chronic condition and encourage them to face the social repercussions of the disease.

Experiencing embarrassment and shame

Embarrassment is defined as the act of embarrassing, limiting the freedom, intimidating⁽¹³⁾. The elderly individuals who participated in this study felt constantly embarrassed, once they believed they were bothering the people around them, as shown below.

In my house I have a separate couch for me. I don't let any of the boys sit on my couch because it is only for me. It is awful. I don't want them to sit on my couch and I don't sit on their couch [...] (E4).

I feel embarrassed [...]. Because of my chronic wound, I don't feel comfortable anywhere but at home. So this embarrasses me a little [...] (E5).

I don't feel comfortable changing my wound dressing or bandage in other people's houses [...]. You don't know whether the others will accept it well or not [...] So we feel intimidated and stay at home (E6).

As expressed in the above statements, the subjects feel embarrassed because they think they may bother the others. So, they only feel comfortable at home. This feeling of

segregation makes social interaction difficult and leads to social isolation.

Embarrassed individuals become suspicious, depressed, hostile, confused because social interactions cause distressing reactions⁽⁹⁾. Sometimes, patients with chronic venous ulcer are shy, sometimes aggressive. In both cases, they misread other people's intentions and reactions towards them⁽³⁾. In addition to embarrassment, these patients also realized that living with chronic venous ulcers involves shame of themselves and their physical appearance.

Stigmatized because of their physical appearance, these individuals experience feelings that range from rejection, shame, exclusion, isolation, and passivity when stigmatized⁽²⁾.

The subjects also reported that the changes in their body image had several consequences^(5,15).

I only wear pants at home. I wear nothing but pants because I am ashamed of my wounds. Very ashamed of the stains caused by discharges [...] I am so sad. This is terrible, and I feel so weak and hopeless. [...] I feel as if I were someone else [...] (E4).

I feel so ashamed of my legs, of myself. So I only wear long trousers to hide the wounds (E8).

The presence of chronic wounds embarrassed these elderly individuals, who felt low self-esteem. Changes in body image associated to the use of bandage, smell from the wound and secretions lead to social isolation and affects the self-esteem of these patients, who fear rejection.

Some studies demonstrated that individuals affected by venous leg ulcers wear clothes that hide the lower limbs because they feel embarrassed and discriminated because of the changes in their body image⁽¹⁵⁻¹⁶⁾.

Therefore, poor self-image and low self-esteem make social interaction difficult for these patients who seek strategies to cope with the situation ranging from social isolation, denial of disease and attempts to hide the wounds in their bodies⁽²⁾.

According to some authors, shame plays a key role in the lives of these patients who face discrimination from healthy individuals. Such discrimination may result in self-hatred or self-deprecation⁽³⁾.

When respondent 4 reported "I feel as if I were someone else", she expresses her wish to preserve her previous identity, to be again the person who had no wounds and was satisfied with her body.

The individual seeks ways to recover the previous identity, denying the new identity that is deteriorated⁽³⁾.

Therefore, individuals with chronic venous ulcers need assistance to regain confidence and be able to cope with disease⁽¹⁷⁾.

Some studies indicate that emotional disorders, especially non acceptance of chronic wounds are the main difficulties faced by nurses in the promotion of the self-esteem, autonomy and self-care of these patients. Thus, nursing care must be able to meet psychosocial needs based on the valuation and encouragement of people with chronic venous ulcers⁽¹⁸⁾.

Since nurses are the health professionals who spend more time with these patients and deliver the care they need, they must be prepared to deal with all the dimensions involved in caring for the elderly (encouraging self-care, addressing biopsychosocial aspects and helping the patients improve self-esteem and self-image).

The statement of respondent 1 contrasts with the feeling of shame and embarrassment reported by the other subjects, indicating a more positive way to cope with the situation, as follows:

I don't feel ashamed, I don't feel diminished because I have these foot ulcers. Many people wear long trousers to hide their wounds, not me [...] (E1).

This elderly patient was not worried about what other people might think or say about her wounds; could this be a reaction to the disapproving looks of others? Or is she indifferent to these attitudes?

In fact, this patient perceived that she could cope with social stigma and re-signify her life to prevent deterioration of her identity.

Goffman⁽³⁾ reports that some patients, based on their beliefs and identities, despite facing social stigma, perceive themselves as healthy human beings and claim that the others are not compassionate as humans should be.

So, the presence of chronic venous ulcers not always leads to social exclusion of these patients. They are possibly surrounded by people who do not feel disgusted by the sight of the wounds and show sympathy for them⁽¹⁹⁾.

In this regard, nursing actions targeted to elderly individuals affected by chronic ulcers should be improved to help these patients re-signify their lives, overcoming barriers and coping with social repercussions. It is essential that nurses stimulate resilience and coping skills in these patients.

Nurses should bear in mind that these individuals are particularly vulnerable because of their physical and psychological suffering. They need family, professional and social support to be able to cope with all the implications of living with chronic venous ulcers⁽²⁰⁾.

■ FINAL CONSIDERATIONS

It is concluded that the social repercussions experienced by elderly individuals affected by venous ulcers are prejudice, discrimination, embarrassment and shame, which were reported as a representation of the social rejection and exclusion faced by individuals with chronic wounds.

Chronic wounds are associated to a process of human suffering, and, in addition to appropriate technical and scientific knowledge, nurses must be sensitive and perceive the elderly patient as an individual with feelings, sensations and biopsychosocial needs. Or else, they must be prepared to provide care to elderly patients according to a comprehensive and holistic view of the human being.

The present study attempted to shed light on the main social repercussions experienced by elderly patients affected by chronic wounds, indicating that the ways these patients cope with the disease are not always perceived by health professionals. It is suggested that these professionals create aid support groups and stimulate the ability of resilience in these patients.

However, one limitation of this study concerns the small size of the sample. Further studies with larger samples sizes are recommended to obtain more comprehensive results.

The care of elderly people with chronic wounds is a daily challenge faced by health professionals, particularly nurses. It is believed that awareness of the social repercussions experienced by elderly patients will provide health professionals with better conditions to plan a comprehensive and interdisciplinary care and reduce the adversities and social stigma faced by patients with chronic wounds.

Therefore, caring for these patients involves more than merely changing wound dressings. Subjective aspects such as anxiety, perceptions, fears, sadness, acceptance, expectations and coping with social rejection experienced by patients affected by chronic wounds should also be considered by the health professionals who assist them.

■ REFERENCES

1. Carvalho ESSC. Viver a sexualidade com o corpo ferido: representações de mulheres e homens [tese]. Salvador (BA): Universidade Federal da Bahia, Escola de Enfermagem; 2010.
2. Britto Ribeiro de Jesus P, Santos I, Silva Brandão E. La autoimagen de sí mismo y la autoestima de las personas con trastornos de piel: una revisión integradora de la literatura la luz de la teórica Callista Roy. Aquichan. 2015;15 (1):75-89. Disponível em: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/3645>.
3. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. 4. ed. Rio de Janeiro: LTC; 2008.

- Maddox D. Effects of venous leg ulceration on patients' quality of life. *Nurs Stand.* 2012;26(38):42-9. Disponível em: <http://www.ncbi.nlm.nih.gov/pubmed/22787970>.
- Lara MO, Pinto JSF, Pereira Junior AC, Vieira NF, Wichr P. Significado da ferida para portadores de úlceras crônicas. *Cogitare Enferm.* 2011;16(3):471-7. Disponível em: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/20178/16232>.
- Costa IKF, Nóbrega WG, Costa IKF, Torres GV, Lira ALBC, Tourinho FSV, et al. Pessoas com úlceras venosas: estudo do modo psicossocial do modelo adaptativo de Roy. *Rev Gaúcha Enferm.* 2011;32(3):561-8. Disponível em: <http://dx.doi.org/10.1590/S1983-14472011000300018>.
- Albuquerque ER, Alves EF. Análise da produção bibliográfica sobre qualidade de vida de portadores de feridas crônicas. *Rev Saúde Pesqui.* 2011;4(2):147-52. Disponível em: <http://periodicos.unicesumar.edu.br/index.php/saudpesq/article/view/1560/1270>.
- Sellmer D, Carvalho CMG, Carvalho DR, Malucelli A. Sistema especialista para apoiar a decisão na terapia tópica de úlceras venosas. *Rev Gaúcha Enferm.* 2013;34(2):154-62. Disponível em: <http://www.scielo.br/pdf/rgenf/v34n2/v34n2a20.pdf>.
- Aguiar ACSA. Percepção de idosos que convivem com úlceras venosas [dissertação]. Salvador (BA): Universidade Federal da Bahia, Escola de Enfermagem; 2013.
- Aguiar ACSA, Amaral L, Reis LA, Barbosa TSM, Camargo CL, Alves MR. Alterações ocorridas no cotidiano de pessoas acometidas pela úlcera venosa: contribuições à Enfermagem. *Rev Cubana de Enfermería.* 2014;30(3):22. Disponível em: <http://www.medigraphic.com/pdfs/revcubenf/cnf-2014/cnf143f.pdf>.
- Polit DF, Beck CT, Hungler BP. Fundamentos da pesquisa em enfermagem: métodos, avaliação e utilização. 5. ed. Porto Alegre: Artmed, 2011.
- Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
- Ferreira ABH. Dicionário Aurélio da língua portuguesa. São Paulo: Positivo; 2010.
- Silva MH, Jesus MCP, Merighi MAP, Oliveira, DM, Biscoito, PR, Silva, GPS. O cotidiano do homem que convive com a úlcera venosa: estudo fenomenológico. *Rev Gaúcha Enferm.* 2013;34(3):95-101. Disponível em: <http://www.scielo.br/pdf/rgenf/v34n3/a12v34n3.pdf>.
- Silva DC, Budó MLD, Schimith MD, Ecco L, Costa IKF, Torres, GV. Experiências construídas no processo de viver com a úlcera venosa. *Cogitare Enferm.* 2015 jan/mar; 20(1):13-9. Disponível em: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/37784/24829>.
- Waidman MAP, Rocha SC, Correa JL, Brischiliari A, Marcon SS. O cotidiano do indivíduo com ferida crônica e sua saúde mental. *Texto Contexto Enferm.* 2011;20(4):691-9. Disponível em: <http://www.scielo.br/pdf/tce/v20n4/07.pdf>.
- Salomé GM, Blanes L, Ferreira LM. Evaluation of depressive symptoms in patients with venous ulcers. *Rev Bras Cir Plást.* 2012;27(1):124-9. Disponível em: http://www.scielo.br/scielo.php?pid=S1983-51752012000100021&script=sci_arttext.
- Bedin LF, Busanello J, Sehnem GD, Silva FM, Poll MA. Estratégias de promoção da autoestima, autonomia e autocuidado das pessoas com feridas crônicas. *Rev Gaúcha Enferm.* 2014;35(3):61-7. Disponível em: http://www.scielo.br/pdf/rgenf/v35n3/pt_1983-1447-rgenf-35-03-00061.pdf.
- Alves JF, Sousa ATO, Soares MJGO. Sentimentos de inclusão social de pessoas com úlcera venosa. *Rev Enferm UFSM.* 2015 abr/jun;5(2):193-203.
- Aguiar ACSA, Sadigursky D, Cardoso IS, Vilela ABA, Martins LA. Resilience of individuals affected by venous ulcer: a glimpse of nursing. *Rev Enferm UFPE on line.* 2012 Dec;6(12):915-23.

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