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CONCEPTION OF HEALTH CAREGIVERS OF INDIVIDUALS WITH PRESSURE ULCER

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ABSTRACT

The objectives of this study were to analyze the concept of health of individual’s caregivers with ulcer pressure (UPP); and identify the difficulties faced by caregivers and implement home care. This is an exploratory and descriptive, qualitative approach. For data collection we used a semi-structured interview instrument. We interviewed 28 caregivers. The interviews were recorded and transcribed, data were submitted to thematic analysis, with pre-analysis; exploration of the material; and treatment of results and interpretation. Four thematic categories emerged from the analysis of the reports of caregivers of patients with ulcer individuals Pressure: Health as absence of disease; The lack of preparation and guidelines for exercise caring role; and the burden experienced by the caregiver. The absence of disease becomes essence of the concept of health, hindering the ability of caregivers to identify new strategies to qualify the care and the less dramatic follow this chronic condition. It follows that it is of paramount importance to establish new care strategies for the individual with pressure ulcer, your caregiver and your whole family.

Keywords: Health. Nursing. Nursing Care. Pressure Ulcer. Caregivers.

INTRODUCTION

Pressure ulcers (UPP) are skin lesions and surrounding tissue, caused by excessive pressure in a particular location, usually bony prominences, which causes the interruption of the blood flow, causing ischemia and necrosis at the site progressively[1].

The pressure associated with friction, shear and humidity enhances the skin injury. In addition to these, other factors bear on the emergence of the UPP, such as: nutritional deficit, altered level of consciousness, old age, fecal and urinary incontinence, reduced or absent physical mobility and chronic diseases, especially those that affect the cardiovascular system[1].

Individuals with these injuries are in chronic health condition and in need of help and support to carry out daily activities. The dependency is not a new phenomenon, but is a problem with social, psychological, economic implications, and financial policies, not only to the dependent person, but also for the caregiver who needs to have the time to help and care for[2]. The caregiver usually takes alone the care of a family member, which is not an easy task, because it is faced with a variety of feelings and is required to add new activities to your life. Therefore, take care of an individual in chronic health condition may cause physical, emotional and social overhead for the caregiver[3].

The monitoring and guidance of the caregiver about the possible ways to meet the needs of the person, under their responsibility, are essential to avoid complications and compromises, in addition to promoting security and confidence in the face of the actions of care. Without a specific

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staging, the career is invaded by the anxiety caused by ignorance about the disease, the clinical picture, the possible complications and the most appropriate way to perform the careful[4].

To establish an effective and efficient treatment to individuals with UPP is essential to the introduction of new assistance programs or methods to modify the form of prevention of the complications and management of chronic conditions[5]. So the caregiver also needs to be considered not only as responsible for taking care of basic human needs, but also as someone who needs care and prepared to assume this role.

So, to promote the health of the individual wearer of UPP and his caregiver, it is essential to consider the social determinants of health (SDH), since they give a new meaning to health faced with a chronic condition. In addition, it is necessary to identify the risk factors and causes of chronic disease, as well as understand the development process of home care, contributing to the quality of life of the patient.

The chronicity of the patients with UPP often come accompanied by physical limitations and other changes in the lives of these individuals and their caregivers[6]. In this sense, that the attention devoted to individuals with UPP to include the perspective of the caregiver. Considering this panorama, you can drive a new look at the process health and disease, which is defined by factors social, economic, cultural and psychological influence in the conduct of this process. Furthermore, it is important to identify what the perception of this population about the changes experienced in the face of this chronic condition[5].

Thus, question: what is the meaning for caregivers of individuals with UPP? The analysis of this perspective is essential for understanding the living conditions of these individuals, to assume the role of caregiver and thus propose advances in structuring new methodologies of social assistance, with a focus on the social determinants of health all.

Given this, the context of the basic attention to health allows prevention, recovery and rehabilitation of individuals with UPP. In addition to actions aimed at individuals with UPP, the basic care can also arise as a space for the implementation of promotional and health education dedicated to caregivers, in order to qualify the implemented on care homes.

Thus, the objectives of this study were: to analyze the health conception of caregivers of individuals with UPP, identify the difficulties encountered by caregivers to address this chronic situation and implement domiciliary care.

METHOD

This was an exploratory research and descriptive, qualitative approach, crafted from a clipping of a database macro search entitled "demographic and clinical Profile of individuals with pressure ulcers seen in basic health units of a municipality West border of Rio Grande do Sul."

The investigative scenarios were the UBS of a municipality of the West border of Rio Grande do Sul. The subjects were caregivers of individuals with UPP. For the composition of the sample of subjects were considered the following inclusion criteria: act as caretaker of the individual with UPP, have ties to the health units that constituted as search scenarios and be 18 years of age or older.

The capture of the subject of the study was conducted through a survey conducted along with the teams of health units, seeking the individuals with or at risk of developing UPP, which were monitored, continuously, or that had been seen in the last 30 days in the health units, from the records on the charts.

For data collection, we used a semi-structured interview to identify the social features, the design of health of caregivers, the guidelines and the preparation to assume the role of caregiver, and also the difficulties and strategies the caregiver was to develop the care. The instrument was validated from pre-test in order to verify the methodological rigor.

The collectors were scholars of the undergraduate program and graduate studies from the Universidade Federal do Pampa (UNIPAMPA) previously trained to implement the data collection instruments, under the guidance of professor, researcher in charge of the study. Initially, was scheduled a visit to caregivers at home, for the presentation of the objectives and the method of research, as well as the informed consent form to be signed voluntarily by participants.

28 were interviewed caregivers. The interviews were recorded through recording in MP3. The macro search project was approved by the Research Ethics Committee of UNIPAMPA, under nº 220,093/2013, following the provisions of resolution No. 466/2012, which regulates the standards of research involving humans. The identification of the subject of the research was carried out by means of code (C) followed by the number of the day of interview.

For the treatment of the data, initially, the interviews were transcribed, and the set of qualitative data was submitted to thematic analysis, with pre-analysis, exploration of the material and processing of results and interpretation[7].

RESULTS AND DISCUSSION

This session presents the characterization of investigative scenario and the three thematic categories: health as absence of disease, lack of preparation and guidelines for exercising the role of caregiver and the overload experienced by caregivers.

Characterization of the research scenario

31 were carried out visits to the homes of individuals with UPP, 28 of which caregivers have participate in the research. The majority of these caregivers was characterized as being of the female gender, married, with incomplete basic education, retirees and with household income of up to two minimum wages. With regard to the structural conditions of the domicile, 16 families lacked basic sanitation available, being 22 residences of masonry. In relation to the time of exercising the role of caregiver, it was evidenced that the maximum time was 38 years and on average 6.4 years of home care.

The *deficit*, the female gender and low educational level were the social features that emerge among the participants. In similar research was also evidenced the predominance of female caregivers[8]. Another survey conducted with caregivers of frail older people found that a large proportion of careers was of the female gender, married and daughter of the individual requiring care[9]. This may be related to the Act of caring, culturally and socially, performed by the woman, who, usually, have kids, husband, domestic activities, in addition to industrial activities.

The low educational level was also important to be highlighted in this research, because, through the lines it was noted that these caregivers were given guidance, but classify as insufficient. For this reason, it is believed that the low educational level was one of the factors for the difficulty of assimilation of the range of information about the care. On the other hand, the strengthening of education of this population may decrease the vulnerability of these people regarding the risk factors for chronic diseases and UPP[6].

Health as absence of disease

By analyzing the statements of the subject, it was evidenced that the perception of health was closely linked to the absence of disease. Thus, the absence of disease emerged as flagship of health significance, demonstrating that caregivers could not sense the possibility of having health, front of the presence of the lesion in the UPP and the dysfunctions which accompanied the chronic situation.

> I understand health as the person who is right. That I understand as having health (C 01).
>
> [...] without health there is nothing you can do. The ailing person there is nothing you can do, [...] If you have health needs no treatment, health is everything (C 07).
>
> For me not to get sick, is to have a healthy living [...] (C 21).
>
> Is not to be sick. [...] before he worked for, was, wasn't up to anything (22 C).

Health is a State of physical, mental and social well-being. This approach allows to infer that health is not just the absence of disease[5]. In this approach, the concept is much broader and includes quality of life, the practice of physical exercise and the emotional state of each person. Furthermore, it is a subjective and individual concept that reflects the experience and the experience of individual's life[6].

Thus, the meaning of health for caregivers reflects, too, the difficulties faced to undertake the care and face long periods in which the patient highlights the UPP. In this perspective, the perception of health is linked to socioeconomic and cultural conditions that involve the experiences and life experiences[6]. These differences about the perception of health result of habits and socially constructed behaviors and factors that are beyond the control of the individual[10].

In the situations analyzed, it was found that the care was held by only one person, usually a family member. So, for this individual the meaning of health outside the role of caregiver represented responsibility and commitment. At various times, the caregivers perceived the individual with UPP as an obligation, leaving aside your own life and concern about his health.

> For me it is the responsibility, every mother who has a son is responsible for taking care of him. I am responsible for him, for the sake of it, for everything (C 02).
>
> Means a commitment I've ever had with my family, as long as I can take care of her I will handle (C 16).
>
> First of all, she is, her health (C 02).
>
> My health is more or less, sometimes I go to the doctor, but only in some need, because the concern is he. He that need (27 C).

The contributing factors to the overload of the caregiver are significant and influencing the perception of health that the same feature. The caregiver, overloaded, immersed in activities relating to care and without time to focus on your health, you can't conceive what is health. At this point difficult and troubled, health becomes the absence of disease. A study, which aimed to understand the experience of the family caregiver in patient care chronic practice dependent on domicile showed that caregivers who also had some disease they care for themselves to devote himself to the person cared for[11].

The lack of preparation and guidelines for exercising the role of caregiver

In the analysis of the statements, it was found that the caregivers understand and identified some risk factors for the development of the UPP. The more risk factors cited were the pressure on the surface of the skin, lack of hygiene and the lack of moisture of the skin. Other important factors, such as nutrition, were not mentioned.

> I think both stay in the same position. Because I know people jumble, which is not wheelchair accessible, moving with these wounds, [...] (C 04).
>
> I think it's lack of care, hygiene, skin hydration [...] (C 05).
>
> Why spend a lot of time lying down, has to be turning sideways, otherwise start a skin injury, being a long time in bed, or sitting, so the person has to move (C 06).
>
> [...] She kept time with diaper urinated on. And the urine burns up by own remedies that have a lot of acid. [...] (C 07).
>
> [...] the lack of blood circulation, by her skin be sensitive, she didn't get around right, does not have as we have agility, so blood does not circulate right, her skin is delicate, sensitive, so any little grip creates a wound, or a clot, sometimes even a bruise (12 C).

With regard to the preparation to assume the role of caregiver, subjects reported that they did not receive subsidies to carry out this role. Under house arrest, the caretakers received only sporadic guidelines, some health professionals, nurses, community health agents, physiotherapists and doctors. However, such information was deemed insufficient because it addressed only issues related to drug therapy, the need for change in decubitus and hygiene, without focus for the difficulties and challenges that these guys live front to be caretaker of an individual with UPP in home environment.

> I had a doctor who came here. Examining it, said everything was fine, checked if you were taking the meds right (C 09).
>
> The community agents came here, explained and I take care of him. [...] They explained that it is for him to take a bath, because it is careful. The medication himself here. [...] I just take care of the food, wash clothes (11).
>
> The nurses rarely come here, to apply the flu injection. But to guide me, to see how I can

> handle it, the meds right. It was all in the Act I learned (12 C).
>
> The nurse directed on the dressing, but compared to other care didn't get a lot of guidance (C 24).

In the perception of the subject, the key information and guidelines to play the role of career were received within the hospital, in periods of hospitalization. These walkthroughs are valid, but out of context of the reality of life and the real needs of the individual wearer of UPP and his caretaker, becoming insufficient to subsidize the care, prevention of complications, and the welfare of these individuals.

> I picked up in practice. The need did everything. I know a little, because we went through a long hospitalization, we made friends with nurses, technicians and even doctors, [...]. They helped me a lot, I was taught the technical part, even to make aspiration, I'd trade probe, but when I call some people coming to help me [...] (C 07).
>
> I received the only aid the Holy House, when he "had" admitted, I had the aid of the nurses, they talked to me and the doctor too. I had to turn him several times on the bed so you don't get hurt, I had to place it several times. [...] Not so dependent, let "it" more independent from the start (20 C).

The patient with risk of developing UPP requires special care, especially when it's under the domiciliary care[8]. However, the lack of preparation of these caregivers can cause anguish, which raises uncertainty at the moment [11] care.

In this sense, it is important to draw up a care plan that includes the preparation of the caregiver and that guarantees the environmental conditions and care for their stay in the residence. The educational groups, that promote actions to promote health and disease prevention, host and home visit, can provide support for the caregiver[12].

Thereby, the unpreparedness of the caregivers, the emergence of the UPP and other complications are common. Therefore, it is essential to the preparation of the caregiver to perform its activities. The team approach to the caregiver is required to form ties with the basic health unit, which favors the search to request help, materials, medicines, consultations and clarification of doubts. Thus, the development and implementation of a plan of guidelines are needed for the caregiver, aimed at establishing a strategy for support, in order to minimize the impacts generated by[13] overload.

In this respect, the role of caregiver is exercised, intuitively, often without a support network. In situations where there is a follow-up of the health team, the guidelines are out of context, since there is an approximation to the reality of the individual with UPP and the real needs of the caregiver. A study of caregivers showed that the guidelines provided by health professionals were not sufficient to meet the needs of care, which suggests a gap in the process[13]. This refers to the importance of guiding the caretaker and the other members of the family about the need and the importance of family support network, so that the caregiver can perform their duties with excellence and don't feel overwhelmed[14].

The health basic attention model, still in force in most public services, does not permit this approach with the reality of home care, which disfavors the monitoring of this population and thus decrease the complications from chronic health condition and the prevention of recurrent hospitalizations. The health units, which constituted as investigative scenarios, are not configured as a family health Strategy (FHS). This aspect may be contributing to the deficits in the planning assistance offered to the individual wearer of UPP and his caretaker. The ESF may be an alternative, since with the methodology, it is possible to plan actions of domiciliary care to individuals promoting their quality of life, as well as minimize the overload experienced by their caretakers[3].

In the home context, the nurse is the professional who can ensure that differentiated attention to the caregiver. In a study that sought to analyze the work of nurses in home care, identified that caregivers recognize the nurses for their ability to communicate with the team and with his own family, but also for its particular form of care for and teach care[15].

The overload experienced by caregiver

Through the analysis of the statements from caregivers, found that the greatest difficulty encountered by caregivers was the individual's physical mobility deficit with UPP, both for home care, as for transportation to health services and other social activities. In addition, the caregivers they feel overworked, because, in most situations and families, this role is exercised by only one person, that in addition to caring for the individual wearer of UPP, also performs the other household chores. This situation is related to the economic condition, which requires that other family members engaged in labour activities, without time to devote to the care, and unable to hire a professional to assist in care.

> "Is" the only one who can handle. I have a sister who just come "to" help change in the morning, but still is not always, as it's just me (C 05).
>
> No, no one helps me. I'm the one who got him here. I answer all this alone (11 C).
>
> I watch her straight, 24 hours. When I go out, my mother is, or my sister-in-law look "she". But my life "stop", and I watch her straight (12 C).
>
> Has a daughter, but she has her own place, work, take the kids to school, I won't be calling her every day, to get her out of bed, change the sheet, to put in a Chair, holding her [...] (14 C).
>
> My daughter helps when you can, because she also has her commitments, [...] She lives here with me, but she works (C 16).

Caregivers are dedicated exclusively to the care of individual with UPP and end up neglecting own health by setting the renunciation of his life. A possible explanation for this situation is the fact that the caregiver receives little support from family members to perform the careful, and just overwhelmed with the task of taking care, failing to carry out day-to-day activities, such as social, employment and activities related to self-care[16].

The Act of taking care ends up being seen as a liability and/or obligation, once the individual with UPP is a close relative, which reinforces the dedication with which the caregiver performs its work. The caregiver gets blanking, putting aside their own life and concern about his health. Take care of myself in the family is not an easy task, as well as a variety of feelings, the caregivers are required to add new activities to your routine of life[3].

So, take care as obligation becomes a hard process for both the caregiver and the person who presents the need for caution[17]. Dependent individuals are not oblivious to the conflicts arising from the process of care, because they realize the obligation and the difficulties in the relationship of care[17].

Caregivers end up having a negative view of the process of care. In addition, the ignorance of the pathology of the individual makes the achievement of care. The individual with UPP is a complex thing, especially for lay persons, as it is necessary to know the etiology of UPP, its complications and how to avoid them, to perform the actions of care with greater success.

Nursing professionals are important guiding of careers at home. The peculiarities, which permeate the care at home require a deepening assistance approaches in order to meet the demands of this specific scenario in the making in nursing[18].

CONCLUSION

The concept of emerging health statements of careers was the absence of disease. Due to the difficulties of everyday life, caregivers could not see a more expanded concept of health. However, this situation, too, may be related to the medium in which this person has developed, being a cultural thing, and not just his experience as a caregiver.

Another situation observed was that the caution was exercised only by one person, who assumed the role of caretaker in unexpected ways, often without specific preparation. In view of the other members of the family have their commitments, the watch was intended for a person responsible for the care for the individual wearer of UPP, the housekeeping and any other activities that arose on a daily basis.

The caretaker ran the care activity with knowledge acquired in life and on information received outpatient and hospital-wide, out of context of your reality. Thus, the knowledge of these individuals was insufficient to carry out the careful successfully. These gaps between teams of health and caregiver ended up making a more adequate attention, favoring the emergence of complications of Comorbidities, such as the UPP, in addition to overload the caregiver.

The caregivers were difficult to identify and point out the strategies used to overcome the challenges found in the routine of care to individuals with UPP. The strategies were limited to leisure moments performed in his own home, since they could not pull away, in an attempt to at least relieve the stress and the overload experienced in daily life. In addition to this strategy, the caregivers bleeding cool is also the modifications of physical space as a factor relevant to facilitate the care, in fact, helped with the offset of the individual wearer of UPP, on the premises of the residence, and, at the same time, facilitated the caregiver's access to the patient.

It has become evident that health care professionals, mainly nursing home care was far away, and that is the task of health professionals develop and implement care plan also focused for the caregiver. These professionals could act, especially in the preparation and follow-up of the caretaker for the implementation of care, from sufficient guidelines to overcome the obstacles faced. Nurses must be able to propose strategy for support to minimize the impact generated by chronic health condition in the individual wearer of UPP and the caregiver.

On many occasions, the care required to prevent the emergence of the UPP and the worsening of chronic condition will not be possible due to some physical limitations, psychologies, or social, that caregivers may have, however, it is necessary that the nurse knows how to work with these adversities, and can be used as a strategy, for example, harm reduction.

The results can also serve as a basis for the implementation of public policies for home care to individuals with UPP and the population requiring home care. Furthermore, can guide the development of actions aimed at caregivers, who are viewed by the health team. An example of support for careers strategy can be the establishment of a careers support group, in order to implement actions directed to the care of individuals with UPP and emotional support for caregivers. It should be noted that the objectives of this study were achieved, but it is essential to carry out new studies on the subject, to identify the possible factors that trigger the overload of caregivers and the health care implications of these caregivers.

CONCEPÇÃO DE SAÚDE DE CUIDADORES DE INDIVÍDUOS COM ÚLCERA POR PRESSÃO

RESUMO

O estudo teve os seguintes objetivos: analisar a concepção de saúde de cuidadores de indivíduos com Úlcera por Pressão (UPP); identificar as dificuldades encontradas para enfrentar essa situação crônica e implementar os cuidados domiciliares. Tratou-se de uma pesquisa exploratória e descritiva, de abordagem qualitativa. Para a coleta de dados foi utilizado um instrumento de entrevista semiestruturada. Foram entrevistados 28 cuidadores, sendo que as entrevistas foram gravadas e transcritas e os dados foram submetidos à análise temática, com pré-análise, exploração do material, tratamento dos resultados e interpretação. Emergiram três categorias temáticas: saúde como ausência de doença, falta de preparo e orientações para exercer o papel de cuidador e a sobrecarga vivenciada pelo cuidador. A ausência de doença foi referida como sendo a essência da concepção de saúde, dificultando a possibilidade dos cuidadores em identificarem novas estratégias para qualificar o cuidado e o acompanhamento menos dramático dessa condição crônica. Desse modo, pôde-se concluir que é de suma importância estabelecer novas estratégias de cuidado voltadas para o indivíduo com Úlcera por Pressão, ao seu cuidador e a toda a sua família.

Palavras-chave: Saúde. Enfermagem. Cuidados de Enfermagem. Úlcera por Pressão. Cuidadores.

CONCEPTION OF HEALTH CAREGIVERS OF INDIVIDUALS WITH PRESSURE ULCER

RESUMEN

Los objetivos de este estudio fueron analizar el concepto de salud de cuidadores de individuos con Úlcera por Presión (UPP); e identificar las dificultades que enfrentan los cuidadores para hacer frente a esta situación crónica e implementar la atención domiciliaria. Se trata de una investigación exploratoria y descriptiva con enfoque cualitativo. Para la recolección de datos se utilizó un instrumento de entrevista semiestructurada. Fueron entrevistados a 28 cuidadores, las entrevistas fueron grabadas y transcriptas y los datos fueron sometidos al análisis temático, con pre análisis; exploración del material; tratamiento de los resultados e interpretación.

Surgieron tres categorías temáticas: salud como ausencia de enfermedad; falta de preparación y orientaciones para ejercer el rol de cuidador; y la sobrecarga vivida por el cuidador. La ausencia de enfermedad fue referida como siendo la esencia del concepto de salud, dificultando la posibilidad de que los cuidadores identificaran nuevas estrategias para cualificar el cuidado y el acompañamiento menos dramático de esta condición crónica. De este modo, se pudo concluir que es de suma importancia establecer nuevas estrategias de cuidado dirigidas al individuo con Úlcera por Presión, a su cuidador y a toda su familia.

Palabras clave: Salud. Enfermería. Atención de Enfermería. Úlcera por Presión. Cuidadores.

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