



SELF-CARE OF CHRONIC WOUNDS IN THE HOUSEHOLD ENVIRONMENT: AN ANALYSIS FROM THE PERSPECTIVE OF DOROTHEA OREM¹

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ABSTRACT

Objective: To analyze the self-care of people with chronic wounds at home. **Method:** Qualitative, descriptive exploratory study. Twenty patients from an ambulatory clinic in Santa Catarina participated. Data collection took place from September to October 2016, through interviews. The content analysis identified three categories that were discussed in the light of Orem's framework: Therapeutic demand of self-care, Individuals' skills for self-care and competencies of Nursing for management of self-care. **Results:** it was identified as an altered therapeutic demand of self-care the increased necessity for rest due to pain. As for development: restriction of daily activities of life, due to limited movement. As for health deviations: deficits in competence (self-medication, lack of knowledge about bandages/dressings and complications). Self-care was influenced by internal factors (ignorance, doubts) and external factors (medical assistance, valorization of curative procedures and provision of material). The competence of Nursing was enacted in the identification of the wound, dressing and guidance. **Final considerations:** This context presents potentialities for the promotion of self-care, either through the implementation of a protocol instituted for the treatment of wounds, or for the training of professionals aimed at a more resolute care that encompasses the aspects of prevention, promotion and rehabilitation in health.

Keywords: Self Care. Wounds and Injuries. Home Health Nursing. Nursing Theory.

INTRODUCTION

Chronic wounds (CW) are cutaneous lesions that have not completed the healing process within twelve weeks⁽¹⁾. Considered an important public health problem, due to their recurrent nature, the long healing period and the high cost of treatment material and operation, they have a significant social and economic impact for both patients and their families, as well as for health services⁽²⁻³⁾.

Individuals with CW report, frequently, suffering and changes in their routines and activities of daily living, usually caused by pain and complications such as recurrent infections

and gangrene. These complications can worsen and lead to the need for amputation of the affected limb or even death. Among the changes, there is a limitation in physical mobility, which prevents them from participating in physical and leisure activities, triggering social isolation and depression⁽⁴⁻⁵⁾.

Due to the long wait for cicatrization and the occurrence of relapses, people with CW perform their own daily care for their injuries, such as cleaning and changes of dressing at home. They are also the first to identify the signs and symptoms of complications⁽⁵⁾. In this way, it is necessary that the actions are extended beyond the realization of the dressing, so that they know

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how to take immediate action when identifying these signs. These actions will be determined in collaboration with the health team, the patient as the center of care and the family⁽⁶⁻⁷⁾.

Changes in lifestyle and adherence to treatment are achieved from the moment that people are capable to manage the self-care⁽⁸⁾. This self-care management, classified as a result sensitive to nursing intervention⁽⁹⁾, allows individuals to observe, recognize and determine the severity of the signs and symptoms of their health problems and choose the appropriate strategies to manage them⁽⁹⁾.

Nursing theories configure a guide to evidence-based practice, through effective assessment, intervention and decision-making, in addition to composing criteria for efficient and high quality care⁽¹⁰⁾. According to Dorothea Orem, self-care "is the human being taking care of itself", in order to maintain life, health and well-being⁽⁸⁾. If effectively carried out, it helps to maintain structural integrity and human functioning, contributing to the development of the individual. When unable to provide it to themselves, they will be in a self-care deficit⁽⁸⁻⁹⁾. Orem defined this as being practices and activities that individuals initiate and perform for themselves with the purpose of maintaining a healthy lifestyle, a good functioning of health and their well-being⁽⁸⁾.

It is important for nursing to know how people with chronic wounds perform self-care at home, since in health units some patients report difficulties in implementing it, which negatively impacts the evolution of the healing of the wound⁽¹¹⁻¹²⁾. To answer this question, the study was developed with the aim of analyzing personal care for chronic wounds at home, based on the concepts of Orem's theory of self-care.

METHODOLOGY

This is a descriptive research, with a qualitative approach, carried out at the wounds ambulatory of a polyclinic in a municipality in the state of Santa Catarina.

Data collection took place in September and October 2016, after approval of the research project by the UNIDAVI Research Ethics Committee (minute no. 1.731.841). Data were obtained through semi-structured interviews,

using a survey designed for this study and which addressed personal aspects related to self-care with the wound, performed at home. All participants read and signed the Free and Informed Consent Form and were identified by the names of flowers, as a way to preserve anonymity.

Participants in this research are people with CW, attended at the ambulatory clinic, who met the following inclusion criteria: being 18 years of age or older, having at least one active lesion, of any etiology, lasting six weeks or more, located in any body segment and be a user of the wound-dressing room during the data collection period. The study excluded individuals who had irregularities in the frequency of visits to the unit; discontinuity in the treatment of CW and significant communication difficulties or other limitations that prevented the interview.

The sample was defined using the criterion of theoretical saturation, as proposed by Glaser and Strauss (1967, p. 65), when no additional data is found that would allow the researcher to add properties to a category, that is, the category is saturated. The sample resulted in 20 participants and the data collection was completed when systematic repetition of the statements was identified.

The data collection instrument developed for this study allowed obtaining information for the socioeconomic and clinical characterization of the interviewees, as well as topics related to home care with wounds, characteristics of this care, its form and conditions of performance, in addition to the difficulties encountered in the management.

The instrument was initially applied to two patients in the ambulatory study, who met the inclusion criteria, with the aim of pre-testing, in order to adjust the script if necessary, aiming to contribute both to its refinement and to the training of the researcher responsible for data collection. These individuals were not included in the sample.

Participants were recruited through medium of the polyclinic professionals by prior appointment, in the wound-dressing room or reception of the unit, during office hours. And, after the attendance of the participants by the ambulatory professionals, one of the researchers conducted the interviews and these were

individual, being recorded, stored in an electronic audio device and transcribed in full using *Microsoft Office Word®*.

After the transcription was completed, the categorical content analysis⁽¹³⁾ began, with the support of the NVivo 11 software, based on the following phases: pre-analysis of the surveyed material (global knowledge of the contents); exploration of the material; treatment of the results obtained and interpretative analysis (search for meaning of the contents, based on the theoretical framework)⁽¹¹⁾. The operational categories were defined according to the three concepts of Dorothea Orem's Self-Care Theory: 1) Therapeutic demand for CW self-care; 2) Competencies of individuals for self-care of CW; and, 3) Nursing skills for the management of CW self-care.

RESULTS AND DISCUSSION

Therapeutic demand for self-care of chronic wounds

The therapeutic demand for self-care is related to meeting the needs of individuals in relation to maintenance of life, health and wellbeing. For Orem, there are therapeutic demands for three types of self-care: universal self-care, self-care related to development and self-care related to health deviations⁽¹⁴⁻¹⁵⁾. Some of these requirements are stable, others, however, are constantly changing.

Universal self-care meets the needs common to all human beings during the life cycle, described as daily routine activities and are associated with processes on the integrity of human structure and functioning in the life cycle^(11-12,15). Although important for all individuals, it is part of the recommendations for the care of CW to maintain a sufficient intake of water, air and food; and preserving the balance between activity and rest^(3-4,6).

The doctor said to eat vegetables, lower the salt in the food to lower blood pressure, drink lots of water to help the wound cicatrize and lose weight. I didn't even think about losing weight because of the wound." (**Lily**)

The nurse recommended me to eat red meat, as it improves cicatrization. I didn't even know that. (**Calla lily flower**)

Nobody advised me on food, but I realized that very acidic foods are not good and drink a lot of coffee either. I still drink a lot of coffee. I can't control. Whenever I eat acidic foods it seems that the wound increases in size. (**Aster**)

As for the practice of physical activity, some respondents stated that they take some action in this regard, since most of them are retired people or pensioners.

I try to take walks in the square whenever I can or when I have no pain. (**Sunflower**)

I used to do water aerobics before having the wound, but now only short walks. (**Lily**)

Another practice of universal self-care, which in the case of CW is altered, is rest, which overlaps with daily life activities, as well as performing one's own hygiene, using some clothing and shoes that need adaptation to meet the imposed care by the current physical condition of a CW patient:

I try to rest when I can. Put the leg up every now and then. I walk with this foot bare. And keep the finger up so you don't hit it down there. Because there are times that throb, pinch. So I always need to rest. (**Palm**)

I need help with the bath and getting dressed, because I can't do these things without the wound bleeding. (**Gerbera**)

I can't find or buy shoes that could be worn with this wound in my foot. (**Carnation**)

Developmental requirements occur when there is a need to adapt to changes that arise in the individual's life^(1-2,11). They are responsible for promoting the life and maturation process, as well as preventing harmful conditions that hinder their development, that is, they are associated with a particular event⁽¹⁵⁾, which affects daily life, such as the presence and contact with the CW.

When describing self-care, participants list the difficulties that interfere in meeting their developmental requirements, related to their daily needs as reported below:

It disturbs me to do the housework. Bothers. Sometimes I feel pain. My son takes me out of the house, as I no longer have the ability to walk. (**Tulip**)

A lot of things I can't do. But what to do? I had a motorcycle, I can't ride anymore. (**Sunflower**)

The characteristics of health deviations, as situations that extend over time, determine what care needs people feel while experiencing the disease process^(10-11,15). Regarding self-care related to health deviations, from the perspective of the respondents, adherence to topical and compressive treatment of CW stands out, in addition to pain control.

Now I always have to do the dressing at the health center every week, because it is a big, difficult dressing. I can't stay without this wound dressing. **(Gerbera)**

Competencies of individuals and nursing for self-care of chronic wounds

Competence to care for CW depends on the knowledge, skills and attitudes of individuals^(3-4,6,11,). This competence to implement self-care is compatible with the definition of self-efficacy as the individual's perception of their ability to perform activities necessary to live together^(11,16) and effectively manage their health problem and is often pointed out as an important indicator of performance performance of self-care^(11,15,17).

The results of this study showed that even though they received little or no guidance on dressing management at home, the participants demonstrated a good performance in the practice of self-care.

They never told me anything. At the Health Post I was told to make a dressing at home, wash with hydrogen peroxide and change the gauze. The tracks got dirty, so I asked for them. They gave me one and said to wash it. They gave me nothing to put on the wound, they just said it was going to heal. So I came here at the hospital. **(Azalea)**

They didn't tell me anything about how to do it, so I saw how you do it and I try to do it at home. **(Anthurium)**

The doctor just told me to wash and clean it well with serum and then put on the Hydrogel. **(Lily)**

These results are in line with another study carried out in Canada in which the participants learned the practice of self-care, while being attended by the nurse in the ambulatory clinic. Although the participants did not receive formal training to perform self-care activities, they demonstrated the desire to learn, asking

questions and observing the dressing changes during the consultation⁽¹⁸⁾.

Self-efficacy can be increased by providing clear instructions, skills or training and demonstrating the desired behavior, helping to improve chronic wound care practices and obtaining better results^(4,12,17,19). The self-efficacy literature also describes that watching others perform some advanced practices without adverse effects would encourage observers to think that they can do the same. Therefore, they are convinced that, if others can learn to do, they will also be able to provide at least part of the performance⁽¹⁶⁾.

It is observed that patients have knowledge deficit in other aspects of self-care:

When I feel pain I take aspirin. It was the doctor at the post who prescribed it. I don't know, I think it's for pain. **(Azalea)**

The dirty material I wrap in a toilet paper and put in the bathroom trash not to mix with other trash. I don't know if it's the right one, but that's how I do it. **(Tulip)**

Thus, individuals reported that they perform inappropriate behaviors, such as self-medication:

I feel a lot of pain. At first I took other medicines, I don't know the name, but there were ten expensive pills. I took painkillers on my own, but I needed to take them every six hours and, finally, the doctor prescribed another one. **(Tulip)**

In health care services at the ambulatory clinic under study, which constitutes an external factor that influences the care to oneself, a predominance of the biomedical approach was identified in self-care for the individual with CW, where the biological manifestations and clinical changes that interfere with the tissue healing process.

However, some non-pharmacological actions for pain relief and control can be used by people with chronic pain⁽²⁰⁾, such as: music therapy, changes in body position, gentle wound cleaning, use of different types of dressings, identification of the triggers of pain, discuss fears and expectations, distraction techniques, meditation or relaxation strategies. Studies even point out that non-pharmaceutical methods reduce anxiety and stress, allowing the body to naturally readjust pain perception and increase tolerance to future treatments⁽²⁰⁻²¹⁾.

Therefore, much of what the participants reported, refers to access and supply of material resources for the treatment and care of CW at home:

Of those materials I use, I only received bandages and gauze. The rest I bought. (Jasmin)

I take Paracetamol or Ibuprofen. These I always get at the post. (Petunia)

I took only the gauze from the health center, because the bandage they had them washed. (Azalea)

I buy only ointment and tape, the rest I get at the health center. (Palm)

Now I'm without gloves, I need to buy, because you have to be careful to make the dressing. (Tulip)

A study⁽⁵⁾ found a similar result, that is, factors related to access to material resources may facilitate or limit the implementation of self-care.

At the same time, participants reported delay in scheduling appointments and return visits, due to the worsening of the injury and increased pain. This is another factor related to access to health services; which can limit or facilitate self-care. The following statement reveals this situation:

I went to the health clinic, they cleaned it with serum and applied Sunflower oil. They asked to come back every day, but I couldn't because I couldn't walk. The wound was 'leaking' and was growing. I saw that it got worse. I asked the nurse to call the doctor and assess. She replied that for that I would have to come another day and make a new appointment. (Gerbera)

Barriers to access health services also exist in other countries, such as Canada, where living in remote areas, or due to the existence of few wound care management clinics to meet the existing demand, causes patients to enter a waiting list or have to access the emergency service if necessary⁽¹⁷⁾.

When the competence or self-efficacy of individuals with CW is unable to meet the therapeutic demands of self-care, it is justified the role of nursing as a care manager and defender of the patient's right to access health services and material resources, as stated by Orem, the competence of nursing for self-care.

Nursing competencies for the management of chronic wound self-care

The competence of nursing in the face of self-care deficits in CW patients is related to the recognition of vulnerability factors, complications, the number of these and episodes of acute pain, in addition to the identification of the first signs of a CW⁽¹⁹⁾. As mentioned by the participants:

The wound started little by little, with a redness, it looked like a rash. (Lily)

A ball formed, which burst from time to time. One, two years passed and it happened again. (Glass of milk)

Despite verbalizing the perception of alteration of the skin's integrity and the complication of the wound, the respondents in this study were unaware of the identification of the signs of this pathological process and of its treatment and care, as follows:

The wound had a redness, itched a lot. So much so that I wanted to 'scratch with the nail' and take a piece. The doctor told me that the oil was closing the pores and so the skin doesn't breathe. I don't know if this is it. He told me that he was not an expert in this area, but that he would change the treatment. (Gerbera)

The lack of knowledge about wounds by both non-specialized professionals and the patient, leads to the use of inappropriate products for healing.

At the hospital I was told to wash with plenty of water. When bathing, use soap or homemade soap to help clean the bacteria. (Jasmin)

At the Health Post and at the Hospital I was told to do this: make the dressing at home always with a glove, without touching the gauze. So, I fold the gauze and take only the tip. The first time just clean around, then dry and put the plate. Never place your hand, so the gauze should always be folded. Do not reuse the gauze. With another gauze we clean and dry the wound. Do not wet the dressing in the bath. (Tulip)

They ordered dressing at home, washing with hydrogen peroxide and changing the gauze. I asked for bands of them. They gave me one and told me to wash it after use. They gave nothing to apply to the wound, they just said it would heal. So I came here. The doctor evaluated and said to put a sign. He also told me it was not for washing with shower water because of the chlorine. (Azalea)

Diagnosis and proper treatment are very important parts in the care of patients with chronic wounds, as both allow faster healing and prevent possible recurrences⁽²⁰⁾. The implementation of care protocols based on scientific evidence exposes the exact and detailed plan for a therapeutic scheme and will promote guidance for the health team, especially nursing⁽²¹⁾, who is primarily responsible for the management of wound care.

In the exercise of their competence, nursing must also consider that, in health units, especially in the most remote ones, those who assist most people with chronic wounds are mid-level professionals such as nursing technicians. The preparation of these mid-level professionals for the training of individuals for self-care should also be considered by the nursing manager⁽²²⁾ and a nurse specializing in wounds.

Self-care aims at health education, a strategy that induces the self-care agent to take preventive measures, identifying clinical complications early and taking immediate action. These strategies should help patients to minimize risk factors related to the appearance⁽²³⁾ and worsening of wounds.

FINAL CONSIDERATIONS

The therapeutic demands were related to universal self-care, self-care related to development and self-care related to health problems.

It was found that the therapeutic demands of universal self-care, at the same time that they are modified in the patient with a chronic wound, such as the increased need for rest, also cause disorders such as pain symptoms, which alter sleep. In relation to development, there was a restriction of daily activities of life, due to difficulties in commuting.

To meet the demands for self-care related to health problems, patients with chronic wounds carry out actions that demonstrate deficits in

their competence for self-care, with the consequence of self-medication, the lack of knowledge on the dressing and the identification of complications. This ability was influenced by internal factors, such as lack of knowledge and external factors, expressed in the offerings of health services.

As external factors, the guarantee of medical assistance, the valorization of technical procedures (dressings) and the provision of material were identified. These resources disregard the potential for self-care at home, or broader and more contextualized ways of performing self-care.

In this context, there is nursing, whose competence was triggered at different times, whether in identifying the wound, performing dressings and providing guidance. This area of expertise presents potentialities for the promotion of self-care, with actions that bring assistance to self-care, either through the implementation of a protocol instituted for the treatment of wounds, or for the training of professionals aimed at a more resolute care that involves aspects of prevention, health promotion and rehabilitation.

Considering the intention to analyze the self-care of people with chronic wounds, the limitations of the research are related to the study of perceptions, without other evidence, such as the observation of the behavior of the individual with wounds, or the comparison with care results of the polyclinic.

The study made it possible to identify the self-care demands of the person with a chronic wound, for which a level of self-care competence should correspond. Self-care deficits signal to nursing -what must be provided for these individuals to develop self-care at home. The results signal the need for future studies, in order to enable the construction of skills, either by the individual, or by nursing in their role in dependent care.

AUTOCUIDADO DE FERIDAS CRÔNICAS NO AMBIENTE DOMICILIAR: UMA ANÁLISE NA PERSPECTIVA DE DOROTHEA OREM

RESUMO

Objetivo: Analisar o autocuidado de pessoas com feridas crônicas no domicílio. **Método:** Estudo qualitativo, descritivo exploratório. Participaram 20 pacientes de um ambulatório de Santa Catarina. A coleta de dados ocorreu de setembro a outubro de 2016, por meio de entrevistas. A análise de conteúdo identificou três categorias que foram discutidas à luz do referencial de Orem: Demanda terapêutica do autocuidado, Competências dos indivíduos para o autocuidado e

Competências da enfermagem para o gerenciamento do autocuidado. **Resultados:** Identificou-se como demanda terapêutica alterada de autocuidado o aumento da necessidade de repouso, devido à dor. Quanto ao desenvolvimento: restrição de atividades diárias de vida, por limitação no deslocamento. Quanto aos desvios de saúde: déficits de competência (automedicação, desconhecimento sobre curativos e complicações). O autocuidado foi influenciado por fatores internos (desconhecimento, dúvidas) e externos (assistência médica, valorização dos procedimentos curativos e provisão de material). A competência da Enfermagem foi acionada na identificação da ferida, realização de curativos e orientações. **Considerações finais:** Este contexto apresenta potencialidades para a promoção do autocuidado, seja pela implementação de protocolo instituído para o tratamento de feridas, ou para capacitação dos profissionais voltada para um atendimento mais resolutivo e que englobe os aspectos da prevenção, promoção e reabilitação em saúde.

Palavras-chave: Autocuidado. Ferimentos e Lesões. Enfermagem Domiciliar. Teoria de Enfermagem.

AUTOCUIDADO DE HERIDAS CRÔNICAS EN EL AMBIENTE DOMICILIARIO: UN ANÁLISIS EN LA PERSPECTIVA DE DOROTHEA OREM

RESUMEN

Objetivo: analizar el autocuidado de personas con heridas crónicas en el domicilio. **Método:** estudio cualitativo, descriptivo exploratorio. Participaron 20 pacientes de un ambulatorio de Santa Catarina. La recolección de datos ocurrió de septiembre a octubre de 2016, por medio de entrevistas. El análisis de contenido identificó tres categorías que fueron discutidas a la luz del referencial de Orem: Demanda terapéutica del autocuidado, Competencias de los individuos para el autocuidado y Competencias de la enfermería para la gestión del autocuidado. **Resultados:** se identificó como demanda terapéutica alterada de autocuidado el aumento de la necesidad de reposo, debido al dolor. En cuanto al desarrollo: restricción de actividades diarias de vida, por limitación en el desplazamiento. Respecto a las desviaciones de salud: déficits de competencia (automedicación, desconocimiento sobre apósitos y complicaciones). El autocuidado fue influenciado por factores internos (desconocimiento, dudas) y externos (atención médica, valoración de los procesos curativos y provisión de material). La competencia de la Enfermería fue accionada en la identificación de la herida, realización de apósitos y orientaciones. **Consideraciones finales:** este contexto presenta potencialidades para la promoción del autocuidado, sea por la implementación de protocolo instituido para el tratamiento de heridas, o para la capacitación de los profesionales dirigida para una atención más resolutiva y que englobe los aspectos de la prevención, promoción y rehabilitación en salud.

Palabras clave: Autocuidado. Heridas y Traumatismos. Cuidados de Enfermería en el Hogar. Teoría de Enfermería.

REFERENCES

1. Bester P, Van Deventer Y. Holistic care for patients living with chronic wounds. *Wound Healing Southern Africa* [on-line]. 2015; 8(2): 78-81. Disponível em: <http://www.woundhealing.co.za/index.php/WHSA/article/view/183>
2. Kapp S, Miller C, Santamaria N. The quality of life of people who have chronic wounds and who self-treat. *J Clin Nurs* [on-line]. 2018; 27(1-2):182-192. doi: 10.1111/jocn.13870.
3. Abbade LPF, Lastória S. Abordagem de pacientes com úlcera da perna de etiologia venosa. *A.Bras.Dermatol.* [on-line]. 2016; 81(6):509-228. doi: <https://doi.org/10.1590/S0365-05962006000600002>.
4. Santos VLCG, Oliveira AS, Amaral AFS, Nishi ET, Junqueira JB, Kim SHP. Quality of life in patients with chronic wounds: magnitude of changes and predictive factors. *Rev. Esc. Enferm. USP* [on-line]. 2017; 51, e03250. doi: <https://doi.org/10.1590/s1980-220x2016049603250>
5. Costa IG. The Journey to ward self-care management of diabetic foot ulcer: A grounded theory study. 2017. [thesis]. School of nursing, Queen's University., Kingston, Ontario, Canada. 2017. Disponível em: <https://space.library.queensu.ca/handle/1974/24959>.
6. Batas R. Community nursing care for chronic wounds: a case study of optimal home treatment of a venous leg ulcer. *Gastrointestinal Nursing* [on-line]. 2019; 17, No. Sup5 Clinical. doi: <https://doi.org/10.12968/gasn.2019.17.Sup5.S32>
7. Rocha ACAA, Carneiro FAZ, Souza MS. Tratamento domiciliar de feridas crônicas: relato de experiência da extensão na prática do cuidar. *Revista Ciência e Estudos Acadêmicos de Medicina* [on-line]. 2015; 1(02): 20-30. Disponível em: <https://periodicos.unemat.br/index.php/revistamedicina/article/view/354/338>
8. Orem DE. *Nursing: concepts of practice*. (6th ed.). St. Louis, MO: Mosby. St. Louis, MO: 2001.
9. Rosa J, Melo LAS, Kaiser DE, Duarte ERM, Paz PO. (2017). Users with a stoma: the self-care experience. *Ciênc Cuid Saúde* [on-line]. 2017 [citado em 2017, Jul], 16(3). doi: <https://doi.org/10.4025/ciencucsaude.v16i3.35539>.
10. Younas A. A foundational analysis of Dorothea Orem's self-care theory and evaluation of its significance for nursing practice and research. *Creat Nursing* [on-line]. 2017; 23(1), 13-23. Doi: 10.1891 / 1078-4535.23.1.13.
11. Hjelm K, Apelqvist J. Influence of beliefs about health and illness on self-care and care-seeking in foreign-born people with diabetic foot ulcers: dissimilarities related to origin. *J Wound Care* [on-line]. 2016; 25(11): 602-616. doi: <https://doi.org/10.12968/jowc.2016.25.11.602>
12. Lemos CS, Rodrigues AGL, Queiroz Ana CCM, Galdino H, Malaquias SG. Práticas integrativas e complementares em saúde no tratamento de feridas crônicas: revisão integrativa da literatura. *Aquichan* [on-line]. 2018; 18(3): 327-342. doi: <http://dx.doi.org/10.5294/aqui.2018.18.3.7>.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: Hucitec: 2010.
14. Garcia AB, Müllera, PV, Paz PO, Duarte ERM, Kaiser DE. Percepção do usuário no autocuidado de úlcera em membros inferiores. *Rev Gaúcha Enferm* [on-line]. 2018; 39, e2017-0095. doi: <https://doi.org/10.1590/1983-1447.2018.2017-0095>.
15. Maslakpak MH, Shahbaz A, Parizad N, Ghafourifard M. Preventing and managing diabetic foot ulcers: application of Orem's self-care model. *Int J Diabetes Dev Ctries* [on-line]. 2018; 38, 165-172. doi: <https://doi.org/10.1007/s13410-017-0570-5>
16. Lacerda FKL, Ferreira SL, Nascimento ER, Costa DO,

Cordeiro RC. Déficit de autocuidado em mulheres com úlceras de perna e doença falciforme. *Rev Bras Enferm* [on-line]. 2019, 72(3), 72-78. doi: <https://doi.org/10.1590/0034-7167-2018-0005>.

17. Costa IG, Camargo-Plazas P, Tregunno D. "I Am the Boss": Patients' Perception of Their Role in Managing Their Diabetic Foot Ulcer. *Canadian Journal of Diabetes* [on-line]. 2018 [citado em 2020, Mai], 42(5):S25. doi:<http://doi.org/10.1016/j.jcjd.2018.08.065>

18. Sharoni SKA, Razi MNM, Rashid NFA, Mahmood YE. Self-efficacy of foot care behaviour of elderly patients with diabetes. *Malaysian Family Physician* [on-line]. 2017. doi:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5791827/pdf/MFP-12-02.pdf>

19. Munkombwe WM, Petersson K, Elgán C. Nurses' experiences of providing non pharmacological pain management in palliative care: A qualitative study. *Journal of Clinical Nursing* [on-line]. 2020, 29(9-10):1643-1652. doi:<https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.15232>

20. Apóstolo J, Bobrowicz-Campos E, Rodrigues M, Castro I, Cardoso D. The effectiveness of non-pharmacological

interventions in older adults with depressive disorders: A systematic review. *Int J Nurs Stud* [on-line]. 2016, 58:59-70. doi:<https://www.ncbi.nlm.nih.gov/pubmed/27087298>

21. Kelechi TJ, Morena G, Bonham PA, Crestodina, L, Droste LR, Ratliff CR, Varnado MF. Guideline for management of wounds in patients with lower-extremity venous disease (LEVD). *J Wound Ostomy Continence Nurs* [on-line], 2020, 47(2):97-110. Disponível em:

<https://www.ncbi.nlm.nih.gov/pubmed/32150136>

22. Macedo MML, Souza DAS, Lanza FM, Cortez DN, Moreira BA, Rodrigues RN. Cuida-me! Percepções de pessoas com úlceras de perna sobre as orientações de enfermagem. *R Enferm Cent O Min* [on-line]. 2015, 5(2): 1586-1593. doi: <http://dx.doi.org/10.19175/recom.v0i0.733>.

23. Medeiros L, Medeiros M, M, Enders B, Mesquita XS, Sena J, Martins MG, Martins AJ, Costa AI. Utilized theories by nursing in the care of people with anostomy: Integrative Review. *Open Journal of Nursing* [on-line]. 2016, 6, 600-609. doi:<http://dx.doi.org/10.4236/ojn.2016.68064>

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