

EXPERIENCES OF PEOPLE WITH WOUNDS TREATED IN PRIMARY HEALTH CARE IN A MUNICIPALITY IN PARAÍBA

EXPERIENCIAS DE PERSONAS CON HERIDAS ATENDIDAS EN ATENCIÓN PRIMARIA DE SALUD EN UN MUNICIPIO DE PARAÍBA

VIVÊNCIAS DE PESSOAS COM FERIDAS ATENDIDAS NA ATENÇÃO PRIMÁRIA À SAÚDE EM UM MUNICÍPIO PARAIBANO

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ABSTRACT

Introduction: A wound is defined as a structural and physiological rupture of the skin or deeper structures and can impair the quality of life of the population. **Objective:** To investigate the experiences of people with wounds treated in Primary Health Care in a municipality in Paraíba. **Method:** A descriptive study of a qualitative nature, carried out in Primary Health Care, in a municipality in Paraíba, with people over 18 years old, treated in these services and who had wounds. People with cognitive alterations were excluded, due to difficulty in processing information and communicating for an interview. The data were analyzed using Bardin's content analysis. The work was approved by the Research Ethics Committee under Certificate of Presentation of Ethical Appreciation No. 71124023.3.0000.0154. **Results:** The research included 11 participants, of which 54% were female and 46% were male. Regarding the subjective questions, 5 categories of analysis emerged; I - Wounds caused by continuous trauma; II - Wounds caused by other etiologies; III - Living with wounds does not bring limitations or exclusion from society; IV - Living with skin lesions causes impairments in activities of daily living; and V - Assistance to people living with wounds in the context of Primary Health Care. **Conclusion:** It is clear that the experiences of people with wounds in primary care are unique and multifactorial, configuring a challenge for the patient, family members and professionals, which ends up requiring a holistic and empathetic approach.

Keywords: Wounds and Injuries; Skin Ulcer; Primary Health Care; Nursing.

RESUMEN

Introducción: Una herida se define como una ruptura estructural y fisiológica de la piel o de estructuras más profundas y puede afectar la calidad de vida de la población. **Objetivo:** Investigar las vivencias de personas con heridas atendidas en la Atención Primaria de Salud en un municipio de Paraíba. **Método:** Estudio descriptivo de carácter cualitativo, realizado en la Atención Primaria de Salud, en un municipio de Paraíba, con personas mayores de 18 años, atendidas en esos servicios y que presentaban heridas. Se excluyeron personas con alteraciones cognitivas debido a dificultades para procesar la información y comunicarse durante una entrevista. Los datos fueron analizados utilizando el análisis de contenido de Bardin. El trabajo fue aprobado por el Comité de Ética en Investigación bajo Certificado de Presentación de Apreciación Ética n.º 71124023.3.0000.0154. **Resultados:** La investigación abarcó 11 participantes, de los cuales el 54% fueron mujeres y el 46% fueron hombres. Respecto a las cuestiones subjetivas surgieron 5 categorías de análisis; I - Heridas causadas por traumatismo continuo; II - Heridas causadas por otras etiologías; III - Vivir con heridas no trae limitaciones ni exclusión de la sociedad; IV - Vivir con lesiones en la piel provoca dificultades en las actividades de la vida diaria; y V - Asistencia a personas que viven con heridas en el contexto de la Atención Primaria de Salud. **Conclusión:** Es evidente que las vivencias de las personas con heridas en atención primaria son únicas y multifactoriales, suponiendo un reto para el paciente, familiares y profesionales, que acaba requiriendo un abordaje holístico y empático.

Palabras clave: Heridas y Lesiones; Úlcera Cutánea; Atención Primaria de Salud; Enfermería.

RESUMO

Introdução: A ferida é definida como a ruptura estrutural e fisiológica do tegumento cutâneo ou de estruturas mais profundas e pode prejudicar a qualidade de vida da população. **Objetivo:** Investigar as vivências de pessoas com feridas atendidas na Atenção Primária à Saúde em um município Paraibano. **Método:** Estudo descritivo de natureza qualitativa, realizada na Atenção Primária à Saúde, em um município paraibano, com pessoas acima de 18 anos, atendidas nesses serviços e que apresentassem feridas. Foram excluídas pessoas com alterações cognitivas, pela dificuldade no processamento de informações e comunicação para uma entrevista. Os dados foram analisados pela análise de conteúdo de Bardin. O trabalho foi aprovado por Comitê de Ética em Pesquisa sob Certificado de Apresentação de Apreciação Ética n.º 71124023.3.0000.0154. **Resultados:** A pesquisa abrangeu 11 participantes, sendo que destes, 54% foram do sexo feminino e 46% do sexo masculino. No que se refere às questões subjetivas, emergiram 5 categorias de análise; I - Feridas causadas por trauma contínuo; II - Feridas causadas por outras etiologias; III - Viver com feridas não traz limitações e nem exclusão da sociedade; IV - Viver com lesões de pele traz prejuízos nas atividades de vida diária; e V - Assistência às pessoas que vivem com feridas no contexto da Atenção Primária à Saúde. **Conclusão:** É evidente que as vivências de pessoas com feridas na atenção primária são únicas e multifatoriais, configurando-se um desafio para o paciente, familiares e profissionais, o que acaba exigindo uma abordagem holística e empática.

Palavras-chave: Ferimentos e Lesões; Úlcera Cutânea; Atenção Primária à Saúde; Enfermagem



INTRODUCTION

The skin wound or lesion can be defined as the structural and physiological rupture of the cutaneous integument or deeper structures, being caused by extrinsic factors such as physical, chemical or biological agents, or by intrinsic factors such as neoplasms, metabolic disorders, vascular diseases, among others⁽¹⁾.

The wounds vary in extent and depth, being superficial when limited to the epidermis, dermis and hypodermis, or deep when it affects fascias, muscles, aponeuroses, joints, cartilage, tendons, ligaments, bones, vessels and cavitory organs. They can also be classified according to the time of evolution in acute and chronic^(2,3).

In general, skin lesions affect the population by altering the integrity of the skin, thus constituting a serious public health problem and worldwide coverage, both for their severity and the high socioeconomic costs they produce. The emergence of wounds burdens public spending and impairs the quality of life of the population^(4,5).

Thus, the increase in the demand for care to people with wounds became a challenge faced by the multiprofessional health team, especially in Primary Health Care (PHC), the user's gateway. PHC is an indispensable sector for care, being promoted in a universal and integral way in this context because of its proximity to the community experience. Thus, most of the therapies related to wound treatment have been performed in this sector^(3,6).

In Brazil, wound treatment currently receives special attention from nurses, who have

contributed to the advancement and success of wound treatment of various etiologies. Through the work of these professionals, healing and improvement of the patient's clinical and social condition are sought. In identifying the most frequent types of injuries, the nurse needs to plan, organize, implement and evaluate the actions of care provided⁽⁷⁾.

The care of the person with wound goes beyond technical-scientific knowledge, also requires a sensitive and integral look to the real need where they are often in the lines of what was not said, but only perceived. It is necessary a qualified listening, a therapeutic touch and a look devoid of prejudices to assist in the healing process and often this is only possible with the creation of a bond, something that happens spontaneously in PHC.

The following justification guided this research: considering that often these people face difficulties in the care of their injuries, it is pertinent to investigate how these needs are presented, if purely administrative, assistance and/ or educational, so that the gaps found serve as guidelines for a problem-solving and humanized assistance in the context of PHC, based on the principles of the UHS. The general objective of the work is to investigate the experiences of people with wounds treated in PHC in a municipality of Paraíba.

METHODS

It consists of a descriptive study of qualitative nature, developed in the Primary Health Care, in the municipality of Cuité-PB, in



the Basic Family Health Units (BFHU) of the urban area. As participation criteria, we included people over 18 years who agreed to participate in the research, who were seen in these services and who had skin lesions. People with cognitive changes were excluded from the survey because of the difficulty in processing information and communicating for an interview.

The sample size was given by the data saturation technique, which is a conceptual tool that can be used in qualitative investigations to establish or close the final size of a sample under study, interrupting the capture of new data⁽⁸⁾.

The data were obtained through a semi-structured interview, containing identification and questionnaire (interview), which detailed guiding questions about the main characteristics of the participants' experiences with skin lesions and how they were treated in the Primary Health Care of the municipality under study. The interviews took place between the months of September and November 2023, with the aid of the data collection instrument, elaborated from the research objective, being recorded on a cellular device.

The analysis of data occurred by Bardin content analysis, which is based on a set of communication analysis techniques that aims to obtain systematic procedures and objectives for describing the content and indicators of messages, which enabled the induction of information on the categories of production of these messages⁽⁹⁾.

The patients were not identified. For this, an alphanumeric code was used as follows:

the first participant was identified as P1, the second as P2 and so on. The project was approved by the Research Ethics Committee (CEP) under Certificate of Presentation of Ethical Appreciation (CAAE) in 71124023.3.0000.0154.

RESULTS

The survey included 11 participants, of which 54% (n=6) were female and 46% (n=5) male, with age range between 40 and 77 years, mostly retired.

Regarding the subjective questions, 5 categories of analysis emerged. These classes were defined to direct the analysis and interpretation of data, which have semi-structured and organized composition of qualitative results, consistent with the proposed objectives, namely: I - Wounds caused by continuous trauma; II - Wounds caused by other etiologies; III - Living with wounds does not bring limitations or exclusion from society; IV - Living with wounds brings losses in daily life activities; and V - Assistance to people living with wounds in the context of Primary Health Care.

Category I - Wounds caused by continuous trauma

With the increase in life expectancy of the population, the chronic health conditions developed may contribute to the appearance of biopsychological changes impacting, such as wounds. They can be of different etiologies and classified by time of evolution in acute or



chronic. Acute wounds, which is the focus of this category, can be caused by continuous trauma or abrasion that is caused by friction forces, bruising and shearing, i.e., skin scraping, being able to cause separation of tissue composition^(11,12) as mentioned in the speeches of some participants:

[...] It started with a terrible itch on my leg, then my foot started to get red, and there was a lot of itching and I thought this itch was good, and it was just a little thing, just through my nail and from then on it started and I didn't even care, and then it created a blister. (P1)

[...] It started with a little itch, then I took medicine and it got better, right?! Then it started again, but for a long time, very little, like a little ball, it was the second time I had it, I think it was a rubber boot I wore, then it scratched because I tightened it too much, it irritated the corner, then that little itchy thing started to come out, right, very little, like popcorn. (P3)

My leg swelled up and turned red, so I went to Dr. Medeiros for a consultation. He prescribed two boxes of pills. I took one and had half of the other left. Then the redness stopped and it started to itch, itch, and give me those sharp pains. I was running my nails over it, scratching, burning, it was boiling like a black ant. Then, when I scratched it, a little blister appeared, like popcorn, and then it burst and stayed like that. (P6)

Category II - Wounds caused by other etiologies

In addition to the continuous trauma mentioned in the previous category, the wound may have other etiologies such as accident, burn, neglect, chronic disease, complication or failure after a surgical procedure, among many others⁽⁷⁾. Related to negligence, we have self-medication, which is a practice that often happens to try to

cure the problem evidenced in the participant's report, as follows:

[...] That little itchy thing started to come out, you know, just a little, like popcorn, so I started using some ointments, and then at the pharmacy the girl said: "Sir, I'm going to give you this ointment, but if it doesn't work, you better go to a doctor, and he'll give you the right medicine." So I didn't care (sad face), I kept taking the medicine at home, and it started to grow, and what I ended up with was some castor oil that I put on, see?! But that castor oil was supposed to pop the lump, you know, but they said: "Put it on and you'll get better, you'll be fine," and then after that it just kept growing so much, that's what ruined it. (P3)

Another wound from negligence or adverse event are the pressure injuries (PI), that is, incident that resulted in damage to the patient. The PI is defined as a region bounded by cell death developed when a certain area of the body undergoes pressure between a bone prominence and a hard surface for long period⁽¹³⁾, as reported by a participant, who developed the injury due to remain in the same position for eight days:

I broke my leg, and was admitted to the Trauma Hospital, where I spent eight days in one position, and then a bedsore developed. (P9)

A wound can also be caused due to the presence of chronic diseases, being the most cited in the literature: vasculogenic ulcers, oncological lesions and diabetic foot ulcer. Vascular ulcers can have venous, arterial or mixed causes. Venous ulcers are the most frequent in lower limb lesions, which eventually affects microcirculation^(14,15) as mentioned in the report below:

The thing is, I've had this problem in my legs since 2001, for a long time, it's a circulation problem, so when the varicose ulcer opens it takes a year to heal. This one here has been open for a year [...] (P10)

In addition to the aforementioned injuries, there are others listed by the participants, caused by various problems such as burns, excessive sun exposure, infections and surgeries, as reported below:

It started with a burn, then this little wound appeared, I went to the hospital to get a dressing and it would heal, sometimes I would itch, if I hit anything the blood would run down my leg, because it's very thin, right? So it started with a little wound, then it progressed, and Dr. Jaime did a graft that healed, and left the wound very small, close, right? Then, it started to grow again, it started to grow and it got this size [...] (P2)

The doctor said it was from working in the sun so much, so I had two surgeries on my ear, the doctor said it was skin cancer, with this one I'll have 10 skin cancer surgeries, so this one on my ear was to remove the disease. (P4)

It was a puncture wound with a chicken bone, and then it got infected. That was on Friday, and then I spent the weekend drinking. I only went to the hospital on Wednesday. It was already infected, painful, and necrotizing. (P5)

It was a fish eye that people say came out under the foot, mine was under the toe, then it turned into like purple popcorn, it popped three times, then it hurt the toe, it hurt, then it was necessary to remove the toe. (P8)

It was a motorcycle accident, a truck cut me off at a roundabout, I was coming home, then I ruptured some tendons in the instep of my foot, so I had surgery. (P11)

Category III - Living with wounds does not bring limitations or exclusion from society

The presence of the wound was not a limiting factor in daily activities, but rather a resilient factor in the healing process. The research participants felt confident for self-care and daily life activities, as well as did not report difficulty in living together in society, as mentioned below:

[...] I didn't need help bathing, I walked everywhere, to the market. The wound didn't get in the way at all, oh, I loved going to the market. (P1)

[...] I any kind of prejudice because of the wound, not at all. (P1)

They've never said anything, I don't even think about it. I don't feel excluded from anything [...] (P2)

No, no one ever said anything, even now that I have no legs, no one finds fault, because we didn't choose to be like this. (P8)

“No, no, because I always live more at home, today I went to the clinic to get a filling, I went on foot, but there is no prejudice.” (P10)

It's not good, I feel a lot of pain, I went more than fifteen days without sleeping. (P5)

The problem is that the wound got too big and they had to amputate my leg. I can't walk anymore, but I used to. At home, I used to do everything with a cane. I did everything around the house, and as long as I could stand it, I did it. (P8)

Horrible, there's nothing kind about it, honestly. My sister helps me with daily activities; everything here is her responsibility: bathing, cleaning the house. (P9)

I have trouble walking [...] (P10)

It gets in the way of everything, right? To take a shower I have to use a bucket because I have to lift my leg so it doesn't get wet. To go out I can't put on sneakers or flip-flops because my foot keeps swelling up. My wife is the one who cleans the house, I'm practically immobilized [...] (P11)

Hail Mary, it's wonderful, the treatment is working, I'm no longer in pain. I liked the service, the way they treat the elderly, right? I really liked the products, nothing to complain about. Quality care [...] (P1)

I like the professionals, the quality is great. [...] I like being treated by them, they're good professionals, because they come to take care of me, right? (P2)

It was good, I was treated well, I really liked you guys. What I think is good there is the people's interest in their care. We get welcomed, they're polite, they welcome us, they give us medicine, clean the wound without any hassle. (P4)

don't feel afraid or anxious. I wash, sweep the house, make lunch. In the morning, I have the energy to do anything... (light laughter). (P2)

Thank God no, I don't have any difficulty, just the little things, little things, I do. I walk slowly everywhere, with the crutch, you know, to help. (P3)

[...] I bathe alone, I walk alone, but my daughter does the grocery shopping." (P6)

Not that I know of, they only told me not to notice, but not yet. Only people asked what was wrong? That's all. I've never experienced any kind of prejudice because of the wound, not at all. (P1)

They've never said anything, I don't even think about it. I don't feel excluded from anything [...] (P2)

No, no one ever said anything, even now that I have no legs, no one finds fault, because we didn't choose to be like this. (P8)

"No, no, because I always live more at home, today I went to the clinic to get a filling, I went on foot, but there is no prejudice." (P10)

Category IV - Living with wounds causes impairment in daily activities

The experiences and human perceptions that wounds bring to each person are unique and specific. It is important to highlight that cultural and social characteristics reflect in the singularity and its process of coping with injury. Consequently, the impact and meaning for each person are distinct and may compromise their daily life activities⁽¹⁶⁾, as mentioned in the reports of P5, P8, P9, P10 and P11.

It's not good, I feel a lot of pain, I went more than fifteen days without sleeping. (P5)

The problem is that the wound got too big and they had to amputate my leg. I can't walk anymore, but I used to. At home, I used to do everything with a cane. I did everything around the house, and as long as I could stand it, I did it. (P8)

Horrible, there's nothing kind about it, honestly. My sister helps me with daily activities; everything here is her responsibility: bathing, cleaning the house. (P9)

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It gets in the way of everything, right? To take a shower I have to use a bucket because I have to lift my leg so it doesn't get wet. To go out I can't put on sneakers or flip-flops because my foot keeps swelling up. My wife is the one who cleans the house, I'm practically immobilized [...] (P11)

Category V - Assistance to people living with wounds in the context of PHC

The reports below show the gratitude and recognition of patients with wounds to health professionals, reaffirming that care goes beyond technical-scientific knowledge, and that a humanized and integral assistance makes all the difference during the healing process. It is evident that, in addition to verbal communication and good care, the non-verbal communication of a humanized and welcoming assistance made the treatment of the injury a more tangible process.

Hail Mary, it's wonderful, the treatment is working, I'm no longer in pain. I liked the service, the way they treat the elderly, right? I really liked the products, nothing to complain about. Quality care [...] (P1)

I like the professionals, the quality is great. [...] I like being treated by them, they're good professionals, because they come to take care of me, right? (P2)

It was good, I was treated well, I really liked you guys. What I think is good there is the people's interest in their care. We get welcomed, they're polite, they welcome us, they give us medicine, clean the wound without any hassle. (P4)

I liked it because they provide good service and I can talk about things. It was great, very well served, because I think the staff are good and have good manners, good conversations, I thought everything was great. (P6)

Very good, everyone is nice to me, everyone treats me well, right? I have no complaints. For me, it's a hundred percent. I like everyone who's treated me here [...] (P7)

I've never had anything to complain about, I've always liked the staff, they do everything great. It's good, all the staff

provide excellent service, they've never treated me badly. (P9)

It was great, I really like the staff. One positive thing is that every time I go there, I'm treated well, with a human touch [...] (P10)

Oh, the girls are amazing, I can't even say enough. It's a ten percent. The staff treated me very well, I have nothing to say, excellent service, both at my home and at the clinic, I just have to say thank you. (P11)

DISCUSSION

Category I - Wounds caused by continuous trauma

The wound caused by continuous trauma described by participants triggers risk of infection, pain that causes discomfort and sensitivity, increased time to healing and possible complications. Therefore, it is considered that the nursing practice should be based on the careful assessment of the skin, so that through anamnesis and physical examination, nursing diagnoses and subsequent interventions can be elucidated, able to treat or prevent complications inherent in the alteration or loss of skin integrity^(17,18).

Given the complexity of care, PHC is an essential scenario for the foundation of injury prevention practices, since its inclusion in the community allows greater recognition of health demands, which allows the nurse to identify and program actions aimed at maintaining the integrity of the skin, which allows infinite possibilities for dealing with the injuries suffered by this type of trauma⁽¹⁸⁾, among them, guide on the importance of not scratching the lesion



and improve hygiene conditions, encourage a greater water intake and quality in feeding, prescribe coverings and ointments of their competence, among others.

The nurse is responsible for implementing the Systematization of Nursing Assistance (SNA) in favor of the patient by proposing individualized interventions that are possible to put into practice. The nurse is in the leadership, proposing and planning actions, executing them and evaluating expected results that result in healing of the lesion⁽¹⁹⁾.

It is essential to guide people with vulnerability to skin lesions and to make them aware of maintaining the integrity of the skin, investigating the causes of itching such as, dryness or venous insufficiency, thus avoiding repeat traumas. In this way, the person avoids future complications such as the appearance of a chronic injury and infections, which end up becoming expenses for public health services.

Category II - Wounds caused by other etiologies

The injury caused by negligence often happens as an inappropriate behavior, due to the lack of knowledge about wounds both by non-specialized professionals and by the patient, which results in the use of inappropriate products and the compromise of a pre-existing lesion⁽²⁰⁾, as the P5 that used in the lesion castor oil (*Ricinus communis L*).

The active ingredient of castor oil has antioxidant activity, inhibiting lipid peroxidation, conferring healing properties by decreasing the

scar area, as well as the time of epithelization, due to its multifaceted functions that affect the mediators linked to pain and inflammation. However, like any type of treatment, the care of an injury requires monitoring by a professional nurse to evaluate, perform the dressing and apply the most appropriate coverage according to the stage of the scar process⁽²¹⁾.

The practice of inappropriate self-medication can lead to negative consequences for skin injury, such as delayed healing process and other more serious consequences, besides being able to cause iatrogenic diseases and mask evolutionary diseases. This risk is associated with the person's level of education and information about medicines⁽²²⁾.

Another injury caused by negligence of professionals and that was mentioned in the results is the PI. The literature points out that students and professionals have knowledge of recommended practices, however, misconducts and outdated are also cited, evidencing the need for continuing education and available technologies and therapies⁽²³⁾.

PI can be prevented with the adoption of care practices, education directed to both nursing staff and the family caregiver, with strategies aimed at continuing home-based care⁽²⁴⁾.

In relation to the lesions due to the presence of chronic diseases, there are venous ulcers. They trigger factors such as unpleasant odor, high degree of exudation, pain, increased risk for falls and limited mobility (balance and gait), which negatively affect the quality of life of the person, requiring continuous care at home.

Given this, it is of paramount importance the action of the multidisciplinary team to assist and guide the patient for a healthy diet and therapeutic adherence to chronic disease^(25, 26).

Having said that, it is observed that skin lesions can be caused by various etiologies, understanding different experiences and meanings for each person. Thus, early diagnosis and appropriate treatment are fundamental parts in the care of these patients, since both enable faster healing and prevent possible complications, such as inadequate self-medication⁽²⁷⁾.

Category III - Living with wounds does not bring limitations or exclusion from society

Wounds determine specific experiences in the lives of people who have them, since they can interfere with the quality of life globally, in various sectors of life, from changes in the body to social, financial and psychological modifications. Thus, the experiences with the nuances of life that each person presents in the context of skin lesions are many and understanding these particularities involved in worldview, beliefs, habits and needs is of fundamental importance for the healing process^(16,28).

Therefore, the experience of self-care is seen as a facilitating process of independence and maintenance of life, which reflects on the well-being, self-esteem and adherence of the patient to the recommended therapy, reducing health costs and controlling or decreasing factors that limit daily life activities⁽²⁹⁾. It is worth

noting that when a wound is acute the interference in the quality of life is not so great, because the healing process is daily and continuous and the closure of the injury occurs more quickly. Nevertheless, when it comes to a chronic injury, it is also possible to live properly in society when you receive support.

The literature points out that, in 2050, approximately 25% of the Brazilian population will have chronic wounds. In addition, the person who presents a wound may be subject to revulsion and rejection, and because of the exudate and odors presented, they are often isolated and excluded from social interaction. Sometimes, these wounds leave sequelae that limit the performance of usual activities, causing even the removal from work, as well as the production of social, economic and psycho-emotional impacts^(30, 31).

Corroborating this, a study revealed that the presence of exudate and odor are among the worst characteristics associated with an injury because they can cause embarrassment in people around them, which leads the person to an exclusion from society in an attempt to avoid moments of repression, causing feelings of loneliness and depression. Fortunately, it was not the experience reported by the participants of this research⁽³²⁾.

Category IV - Living with wounds causes impairment in daily activities

Wounds can significantly affect the person's life, because pain, itching, burning or sensitivity may be continuous, affecting the



ability to perform daily activities. With reduced mobility, depending on the type and location of injury, people can still trigger mental distress, which can lead to social isolation. In short, the impact on daily activities can be due to the difficulty that the injuries impose to walk, clean the house, dress, bathe, which may result in increased dependency of a caregiver, generating negative feelings⁽³³⁾.

The person who lives with a wound may develop some problems in the course of life, both physical and emotional. Physical, because it can incapacitate for some daily activities, such as walking, mentioned in reports P8 and P10; and emotional because it can psychically affect the person's life, influencing their way of being and being in the world. Patients with injuries become more vulnerable to situations such as unemployment, abandonment and social isolation, which undermine life plans and generate feelings of sadness, anxiety, anger and shame^(34, 35).

Moreover, an injury often causes pain, as cited by P5. Pain, whether continuous, while walking or changing dressing, directly influences the development of daily activities, leisure and work, which can contribute to decrease functional capacity, produce poor quality sleep and develop emotional instabilities such as disappointment, guilt and fear. All this affects the person's balance, self-image and self-esteem⁽³⁶⁾.

In this direction, the nurse should take the integrality paradigm as a support in order to

broaden the scope of attention and care for people with skin lesions, presenting itself as a reference for assistance in all dimensions and complexity. However, health practices are still based on the fragmentation of knowledge and actions developed, arousing discussions about the effects of these current practices on the provision of health services and their results⁽³⁷⁾.

Category V - Assistance to people living with wounds in the context of PHC

The assistance to the person living with a wound is a dynamic and individualized process, and the competence demonstrated by the nurse through their skills are essential for quality, guarantee and maintenance of care. Quality care in PHC promotes spaces of active listening, respect and trust between patient and professional. Furthermore, there is an exchange of experiences that helps to understand the person's needs, which can contribute to improving their quality of life⁽³⁸⁾.

Studies reveal that the care model developed by nurses requires knowledge to be shared through strategies that include the patient, in order to promote measures of well-being and quality of life. The nursing consultation promotes an environment of knowledge sharing, causing changes in behavior through the insertion of health practices accepted by the user and that promote impact on the healing process. This strategy allows breaking the biomedical model and respects the biopsychosocial, spiritual and cultural context of the user, inserting him as the protagonist of the care process⁽³⁹⁾.

Therefore, the absence of interventions



by the nurse, the non-insertion of the patient as a protagonist in the care process and the lack of consideration of its cultural, social and financial variables are factors that lead to the user's distance from BHU, non-adherence and/or abandonment of the proposed therapy. The lack of a dialogue about the absence in the days of procedure, understand the reasons and seek solutions together are expected initiatives from a professional committed to the health of the person and the community⁽³⁸⁾.

The research presented as limitations the mentioned small municipality with reality different from other larger ones, where the availability for an assistance and adequate treatment in PHC occurs in easier and more accessible way, which provides a rapid improvement of the lesion and that it does not evolve into a complex lesion or a state of chronicity. Another limiting factor was the number of patients with wounds available at BHU to participate in the interview, as well as the objectivity of some participants' answers.

FINAL THOUGHTS

The wounds pose a considerable challenge both for the people who have them and their families, as well as for health professionals, especially for the PHC nurse, due to its proximity to the community. In the course of the study, it is evident that people's experiences in the context of skin lesions are complex and multifaceted, influenced by several factors.

Therefore, PHC assistance plays a crucial role, providing not only clinical treatment, but

also emotional support, health education and patient empowerment in the process of self-care. The open dialogue between professional-patient and the understanding of individual needs are essential to promote an integral and multiprofessional assistance, aiming at the wound healing process.

Thus, despite the technological advance that has driven the development of new therapeutic approaches for the treatment of skin lesions, there are still challenges to the effective implementation of these innovations in practice, as the scarcity of resources within the UHS and the need for continuous improvement of professionals. It is essential to invest in continuing education, training nurses with appropriate technical and scientific skills.

REFERENCES

1. Maria GCAC, Alana TOS, Josilene MBV, Sumaya APL, Sylvania KAG. Feridas complexas e estomias: aspectos preventivos e manejo clínico - João Pessoa: Ideia, 2016. Disponível em: Disponível em: <http://www.coren.pb.gov.br/wp-content/uploads/2016/11/E-book-coren-final-1.pdf>
2. Cauduro FP, Schneider SMB, Menegon DB, Duarte ÊRM, Paz PDO, Kaiser DE. Atuação dos enfermeiros no cuidado das lesões de pele. Revista de Enfermagem UFPE online. 2018 Oct 7;12(10):2628. Disponível em: <https://doi.org/10.5205/1981-8963-v12i10a236356p2628-2634-2018>
3. Stefanello RB, Prazeres SMJ, Santos FS, Mancia JR, Leal SMC. Caracterização de pacientes com lesões de pele hospitalizados em unidades de internação clínico-cirúrgica. Enfermagem em Foco [Internet]. 2020 Jul



- 23;11(2). Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/3294/796>
4. Milany da Costa Oliveira A, Rocha PS da S. Diagnóstico situacional do tratamento de feridas na atenção primária no município de Belém-PA. *Revista Enfermagem Atual In Derme*. 2022 May 23;96(38). Disponível em: <https://doi.org/10.31011/reaid-2022-v.96-n.38-art.1327>
 5. Viana de Sousa MB, Bezerra AMF de A, Vieira Costa C, Bispo Gomes E, Aleixo da Fonseca HT, Borges Quaresma O, et al. Assistência de enfermagem no cuidado de feridas na Atenção Primária em Saúde: Revisão integrativa. *Revista Eletrônica Acervo Saúde*. 2020 Jun 12;(48):e3303. Disponível em: <https://doi.org/10.25248/reas.e3303.2020>
 6. Silva DRVP, Moreira KFG. Intervenção de enfermagem na avaliação e tratamento de feridas em uma estratégia de saúde da família [Internet]. *ares.unasus.gov.br*. 2019. Disponível em: <https://ares.unasus.gov.br/acervo/handle/AR/ES/14637>
 7. Izabel M, Gilson. Tratamento de feridas na atenção básica: uma revisão da literatura [Internet]. 2018. Disponível em: https://www.researchgate.net/publication/329545428_Tratamento_de_feridas_na_atencao_basica_uma_revisao_da_literatura
 8. Falqueto JMZ, Hoffmann VE, Farias JS. Saturação Teórica em Pesquisas Qualitativas: Relato de uma experiência de aplicação em estudo na área de administração. *Revista de Ciências da Administração* [Internet]. 2019 May 6;1(3):40–53. Disponível em: <https://doi.org/10.5007/2175-8077.2018V20n52p40>
 9. Bardin L. Análise de conteúdo. São Paulo: 7ª Edições Brasil [Internet], 2011. Disponível em: <https://madmunifacs.wordpress.com/wp-content/uploads/2016/08/anc3a1lise-de-contec3bado-laurence-bardin.pdf>
 10. Conselho Nacional de Saúde. Resolução N° 466, de 12 de dezembro de 2012. Dispõe sobre as pesquisas científicas envolvendo seres humanos. Ministério da Saúde [Internet]; 2012. Disponível em: <https://conselho.saude.gov.br/resolucoes/2012/Reso466>
 11. Dantas JS, Silva ACO, Augusto FS, Agra G, Oliveira JS, Ferreira LM. Qualidade de vida relacionada à saúde de pessoas com feridas crônicas e fatores associados. *Texto & Contexto - Enfermagem* [Internet]. 2022;31. Disponível em: <https://doi.org/10.1590/1980-265X-TCE-2022-0010pt>
 12. Wilkinson HN, Hardman MJ. Wound healing: Cellular Mechanisms and Pathological Outcomes. *Open Biology* [Internet]. 2020 Sep 30;10(9). Disponível em: <http://dx.doi.org/10.1098/rsob.200223>
 13. Feitosa DV dos S, Silva NS de O, Pereira FNM, Almeida TF, Estevam A dos S. Atuação do enfermeiro na prevenção de lesão por pressão: uma revisão integrativa da literatura. *Revista Eletrônica Acervo Saúde*. 2020 Mar 12;(43):e2553. Disponível em: <https://doi.org/10.25248/reas.e2553.2020>
 14. Júnior S, Maiara Bezerra Dantas, Amador R. Assistência de enfermagem a pessoas com feridas crônicas. *Revista de Enfermagem e Atenção à Saúde*. 2023 Sep 26;12(3). Disponível em: <https://doi.org/10.18554/reas.v12i3.6102>
 15. Abbade LPF, Frade MAC, Pegas JRP, Dadalti-Granja P, Garcia LC, Bueno Filho R, et al. Consensus on the diagnosis and management of chronic leg ulcers - Brazilian Society of Dermatology. *Anais Brasileiros de Dermatologia* [Internet]. 2020 Nov 1;95:1–18. Disponível em: <https://doi.org/10.1016/j.abd.2020.06.002>
 16. Bernardo LA. A responsabilização da pessoa com feridas crônicas em seu processo de cuidado. *Handlenet* [Internet]. 2021 [cited



- 2025 Mar 14]. Disponível em: <http://hdl.handle.net/11422/16563>
17. Leal S. Perfil de pessoas com feridas internadas em um hospital do sul do país. Ufscbr [Internet]. 2023 [cited 2025 Mar 14]. Disponível em: <https://repositorio.ufsc.br/handle/123456789/248337>
18. Tristão FR, Girondi JBR, Hammerschmidt KS de A, Zamproga KM, Soares CF, Evaristo SM, et al. Práticas de cuidados do enfermeiro na atenção primária à saúde: gestão do cuidado da pele do idoso. *Cogitare Enfermagem*. 2020 Feb 28;25. Disponível em: <http://dx.doi.org/10.5380/ce.v25i0.65223>
19. Filho AF de L, Regel BW, Pressinatte FM. A importância do enfermeiro para a eficiência da cicatrização de lesões ulcerativas de origem venosa, arterial e mista. *Brazilian Journal of Development* [Internet]. 2023 May 26;9(05):18298–312. Disponível em: <https://doi.org/10.34117/bjdv9n5-257>
20. Kindel ME, Jung W, Witt RR, Costa IG, Lazzari DD, Carballo KB. Autocuidado de feridas crônicas no ambiente domiciliar: uma análise na perspectiva de Dorothea Orem. *Ciência, Cuidado e Saúde*. 2020 Oct 13;19. Disponível em: <https://doi.org/10.4025/ciencuidsaude.v19i0.50399>
21. Gupta R, Chaudhary AK, Sharma R. Analgesic and Anti-inflammatory Potential of *Ricinus communis* Linn.: Evidence from Pharmacology to Clinical Studies. *Current Pharmacology Reports*. 2023 Dec 2;10(1):27–67. Disponível em: <https://doi.org/10.1007/s40495-023-00347-7>
22. Polidoro T, Alves Filho JR. Automedicação entre idosos e a importância do profissional farmacêutico: Revisão de literatura. *Research, Society and Development*. 2022 Nov 10;11(15):e75111536903. Disponível em: <https://doi.org/10.33448/rsd-v11i15.36903>
23. Bernardes RM, Caliri MHL. Construção e validação de um website sobre lesão por pressão. *Acta Paulista de Enfermagem*. 2020;33. Disponível em: <https://doi.org/10.37689/acta-ape/2020AO01305>
24. Aroldi JB da C, Peres HHC, Mira VL. Percepção do impacto no trabalho de um treinamento on-line sobre prevenção de lesão por pressão. *Texto & Contexto - Enfermagem* [Internet]. 2018 Aug 6;27(3). Disponível em: <https://doi.org/10.1590/0104-070720180003020016>
25. Martins K, Xavier. Melhora do tratamento de feridas associada ao controle de doenças crônicas. *Anais de Eventos Científicos CEJAM* [Internet]. 2023 [cited 2025 Mar 14];9. Disponível em: <https://evento.cejam.org.br/index.php/AECC/article/view/74>
26. Ferreira SL, Barbosa IV, Mota CF de A, Alexandre SG, Abreu RNDC, Studart RMB. Fatores intervenientes no cuidado à pessoa com úlcera venosa, sob a ótica de familiares. *Enfermagem em Foco*. 2020 Jun 26;11(1). Disponível em: <https://doi.org/10.21675/2357-707X.2020.v11.n1.2428>
27. Kelechi TJ, Brunette G, Bonham PA, Crestodina L, Droste LR, Ratliff CR. 2019 Guideline for Management of Wounds in Patients With Lower-Extremity Venous Disease (LEVD). *Journal of Wound, Ostomy & Continence Nursing*. 2020 Mar;47(2):97–110. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/32150136>
28. Nascimento EGR, Macêdo GGC, Alexandrino A, Cardins KKB, Souza FT, Nogueira MF. Percepção da qualidade de vida de idosos com ferida crônica. *Revista Família, Ciclos de Vida e Saúde no Contexto Social*. 2020 May 22;8(3):359. Disponível



- em:
<https://doi.org/10.18554/refacs.v8i3.4010>
29. Galter RS. Impacto das feridas e do autocuidado sobre a qualidade de vida de pacientes com úlceras crônicas em membros inferiores. [Internet]. 2021 May 25. Disponível em: <https://bdtd.uftm.edu.br/handle/123456789/1322>
 30. Trivellato ML de M, Kolchraiber FC, Frederico GA, Morales DCAM, Silva ACM, Gamba MA. Práticas avançadas no cuidado integral de enfermagem a pessoas com úlceras cutâneas. *Acta Paulista de Enfermagem*. 2018 Dec;31(6):600–8. Disponível em: <https://doi.org/10.1590/1982-0194201800083>
 31. Wang Z, Bai M, Zeng A, Liu Z, Zhao R, Wang X. The Role of Negative Pressure Wound Therapy in Managing Chinese Patients With Wound-derived Acute Severe Illness. *Wounds: a compendium of clinical research and practice* [Internet]. 2018 Aug;30(8):235–41. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/30212366/>
 32. Oliveira AC, Rocha D de M, Bezerra SMG, Andrade EMLR, Santos AMR, Nogueira LT. Qualidade de vida de pessoas com feridas crônicas. *Acta Paulista de Enfermagem*. 2019 Mar;32(2):194–201. Disponível em: <https://doi.org/10.1590/1982-0194201900027>
 33. Cleunice HM. Qualidade de vida e fatores associados de pessoas com feridas crônicas em atendimento ambulatorial: estudo transversal. 2022. Disponível em: <https://repositorio.ufsc.br/handle/123456789/235400>
 34. Lube C, Chibante P, Helena F, Santo E, Dias T, Santos D, et al. PESQUISA | RESEARCH. Escola Anna Nery [Internet]. 2016;21(2):2017. Disponível em: <https://doi.org/10.5935/1414-8145.20170036>
 35. Andrade RV, Almeida LD de AL, Galdino R de M, Brito ES, Ribeiro RN, Magalhães MSSP. Avaliação da ferida e cuidados do enfermeiro em pacientes diabéticos portadores de úlcera venosa. *Revista Eletrônica Acervo Saúde*. 2020 May 29;(48):e3070. Disponível em: <https://doi.org/10.25248/reas.e3070.2020>
 36. Araújo WA, Assis WC, Vilela ABA, Boery RNS de O, Rodrigues VP, Rocha RM. Significados de viver com ferida crônica: estudo de metassíntese. *ESTIMA, Brazilian Journal of Enterostomal Therapy*. 2020 Nov 9. Disponível em: https://doi.org/10.30886/estima.v18.936_PT
 37. Oliveira AP, Rodrigues MP, Melo RHV, Vilar RLA, Sampaio ATL. Visão de enfermeiros sobre um protocolo de prevenção e tratamento de feridas. *Avances en Enfermería*. 2021 Sep 1;39(3):345–55. Disponível em: <https://doi.org/10.15446/av.enferm.v39n3.87104>
 38. Pereira de Oliveira MR, Queiroz de Lima LJ, Santos Dutra CR, Dos Santos ME, Santos Silva ME, Pereira Silva E, et al. Ações de enfermagem na atenção ao portador de feridas na atenção básica em saúde. *Nursing (São Paulo)*. 2021 Apr 9;24(275). Disponível em: https://doi.org/10.36489/nursing.2021v24i275p5544_5555
 39. Colares CMP, Luciano CDC, Neves HCC, Tipple AFV, Júnior HG. Cicatrização e tratamento de feridas: a interface do conhecimento à prática do enfermeiro. *Enfermagem em Foco*. 2019 Nov 7;10(3). Disponível em: <https://doi.org/10.21675/2357-707X.2019.v10.n3.2232>

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2. Bernadete de Lourdes André Gouveia – Critical review and final approval of the published version; 3. Edlene Régis da Silva Pimentel – Critical review and final approval of the published version;

4. Alana Tamar Oliveira de Sousa – Study design and planning; writing and final approval of the published version.

Declaration of Conflict of Interest

Nothing to declare

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