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QUALITY OF LIFE AND SELF-ESTEEM OF PEOPLE WITH CHRONIC WOUNDS

***¹Graziella Araujo Peres, ²Leila Aparecida Kauchakje Pedrosa, ³Fernanda Bonato Zuffi, ⁴Suzel Regina Ribeiro Chavaglia and ⁵Omar Pereira de Almeida Neto**

¹Nurse. Master degree student in Health Care at UFTM

²Nurse. Phd in Collective Health. Associate professor at the Post Graduation Program in Health Care at UFTM

³Nurse. PhD student in Health Care at UFTM, Master degree in Public Health Nursing at EERP/USP. Assistant

⁴Professor of the Nursing graduation course at UFTM

⁵Nurse. Master degree and Phd in Nursing. Associate professor at the Nursing graduation course at UFTM. Uberaba-MG

⁶Nurse. Master degree and Phd in Health Care. Adjunct Professor at the Nursing graduation course at UFU

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ABSTRACT

Chronic wounds (CW) in lower limbs cause psychological and social symptoms that affect the quality of life (QoL) of patients. Objective: to analyze the influence of sociodemographic and clinical variables and self-esteem on the QoL related to the health of patients with CW. Observational, analytical and transversal study with a quantitative approach. 99 patients composed the sample. A sociodemographic and clinical characterization questionnaire, a QoL abbreviated version questionnaire for people with wounds (FLQA-wk*), and the Rosenberg self-esteem scale were used. The majority of participants were men (60.6%); mean age of 61.11 years; incomplete elementary education (25.3%); married (41.4%); and with venous ulcer (58.6%). The average wound time was 60.24 months and the number of wounds was 1.27. The average self-esteem score was 26.42 points, and a better QoL result was found in the psychological well-being dimension (2.85). Female patients, with a companion, uneducated and with diabetic foot ulcer showed a better QoL and the self-esteem significantly influenced the score of QoL ($\beta=-0.285$; $p=0.004$). Thus, knowing the clinical characteristics of the wounds and the current situation of the patients regarding their QoL provides a better understanding of the complaints and helps the health care planning aimed at contributing to the improvement of QoL.

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INTRODUCTION

The increased incidence of chronic wounds in the Brazilian population is a fact known by health professionals and has generated several discussions since this kind of injury is equally frequent in the world population, besides having a recurrent characteristic and being a significant morbidity (ALBUQUERQUE AND ALVES, 2011). Chronic injuries have as a characteristic a delay in the physiological healing repair process, that is, they enter an inflammatory pathological state with a duration of more than six weeks and present high rates of recurrence.

Today, they are considered a worldwide epidemic health problem, reaching about 1% of the adult population and 3.6% of individuals over 65 (ROCHA *et al.*, 2016). The venous ulcer (VU) is one of the complications of venous stasis and is almost always located on the lower third of the lower limb, or just above the internal malleolus, sometimes it can be on the external malleolus and on the dorsum of the foot, or more rarely in the middle third of the leg. It is a consequence of chronic venous disease (CVD), that causes a valvular malfunction or an obstruction with interruption of the venous blood flow in the deep veins of the lower limbs, a factor that generates venous hypertension and compromises the blood irrigation of the tissues in the affected limb (DAY *et al.*, 2014).

*Corresponding author: Graziella Araujo Peres

Nurse. Master degree student in Health Care at UFTM

In Brazil, VUs are a serious public health problem due to the large number of patients with changes in skin integrity, although records of these treatments are scarce. The high number of people with venous ulcers contributes to burden public expenses of the Unified Health System (SUS), and interferes with the quality of life (QoL) of the population due to complications that may result in significant morbidity (DIAS *et al.*, 2014). Another injury that stands out is the arterial ulcer, which is a consequence of an inadequate tissue perfusion in the feet and legs, due to complete or partial blockage of the arterial supply. They are mainly found in the feet and fingers, presenting specific characteristics, such as variable depth (usually, when deep, it affects muscles and tendons), surrounded by red or cyanotic coloured skin, with little exudate and seropurulent secretion, small and local edema, paleness with a necrotic appearance, cold and atrophic skin, and fetid odor. They are small and rounded in size, difficult to heal and extremely painful, with atherosclerosis being a common comorbidity (SOARES *et al.*, 2013).

The diabetic foot ulcer (DFU) is another problem that affects patients according to the Guidelines-SBD (2017-2018). Diabetes Mellitus (DM) is not a single disease, but a heterogeneous group of metabolic disorders that has in common hyperglycemia resulting from malfunctions in the action of insulin or in its secretion, or both, and the concept of DFU is a "infection, ulceration and/or destruction of soft tissues associated with neurological changes and various degrees of peripheral arterial disease (PAD) in the lower limbs". These injuries have as characteristics an impact on the quality of life (QoL) of the person. The World Health Organization defines QoL as the "individual perception of one's position in life, in the context of the culture and the value systems of the society in which one lives, and in relation to one's goals, expectations, standards and concerns" (THOMAS, 2013). Presenting the concepts on the main types of wounds leads to thinking about the subjective, complex and multidimensional aspect of the QoL, that involves all the essential components of the human condition, the physical, social, psychological, cultural, and spiritual dimensions. Having quality of life depends on intrinsic and extrinsic factors. Thus, there is a different connotation of quality of life for each individual, according to their insertion in society (COSTA, 2011). In addition to the quality of life, another factor that should be highlighted is the self-esteem of injured people. Morris Rosenberg's studies on self-esteem are quite representative to explain the conditions associated with its increasing or decreasing. For the author, self-esteem can be low, medium, or high. A lower self-esteem indicates the difficulties of the individual that was incapacitated by injuries in being able to deal with problems; an average self-esteem regards the relation between feelings of approval and rejection about the individuals themselves, and a high self-esteem indicates individuals who have a positive opinion about themselves, valuing themselves and experiencing feelings of competence and self-confidence (DINI *et al.*, 2004; SCHULTHEISZ AND APRILE, 2013).

Therefore, in order to provide good healthcare, it is necessary that the team fully knows the patient, considering the aspects of the wound and of their quality of life (DOMINGUES, 2013). In this context, the following guiding question was created: what is the quality of life and self-esteem of patients with chronic wounds?

GENERAL OBJECTIVE: To analyze the influence of sociodemographic and clinical variables and self-esteem on the quality of life related to the health of patients with chronic wounds. **SPECIFIC OBJECTIVES:** To describe the sociodemographic and clinical characteristics of patients with chronic wounds; To identify the scores of self-esteem of these patients; To measure the quality of life related to the health of these patients; To analyze the influence of sociodemographic and clinical predictors and self-esteem on the quality of life related to the health of these patients.

MATERIALS AND METHODS

It was a cross-sectional, observational and analytical study with a quantitative approach. The study was carried out in the municipality of Uberaba, Minas Gerais, Brazil, located in the region of Triângulo Mineiro. The population of this study was composed of patients with chronic wounds (venous ulcer, arterial ulcer, and diabetic foot ulcer), registered and accompanied in the wound dressing service in the Maria da Glória outpatient clinic of the municipality of Uberaba-MG. The survey of the number of patients studied verified the External Call System Reports, with the code 04010015 provided by the employees of the billing sector of the General Hospital of Uberaba-MG, the list of identification of patients with this code allowed the characterization of the chronic wounds in this study. The sample size considered an aprioristic coefficient of determination, in a linear regression model with four predictors, having 0.001 as the level of significance or error type I, and a type II error of 0.1, resulting in an aprioristic statistical power of 90%. Using the Power Analysis and Sample Size (PASS) software, version 13, and introducing the values described above, a minimum sample size of $n = 108$ subjects was obtained. Considering a sample loss of 20%, the maximum number of interview attempts was 135, and the final sample of the study was 99 patients. The main outcome was the psychological dimension of quality of life.

A database was developed in the Excel application for the implementation of a double validation process data input (typing). This database was then imported into the Statistical Package for Social Sciences (SPSS), version 20, where exploratory and inferential analyses were carried out. To meet the first, second and third objectives, the categorical variables were presented in tables of absolute and relative frequencies, while quantitative variables were summarized using measures of central tendencies (mean and median) and dispersion (minimum and maximum values and standard deviation). To verify the relationship between sociodemographic and clinical variables and self-esteem on the scores of quality of life related to health, the fourth objective was responded by using an analysis that included the T-student test for the dichotomous categorical variables, and the Pearson correlation test for the quantitative variables. The results could be weak ($0 < |r| < 0.3$ meters), moderate ($0.3 \leq |r| < 0.5$), or strong ($0.5 \leq |r| < 1.0$) relations. The simultaneous influence of sociodemographic, clinical and self-esteem variables on the quality of life scores was verified through a multiple linear regression test. This project considered a level of significance of $\alpha = 0,01$. This study included individuals with chronic wounds (venous ulcer, arterial ulcer, and/or diabetic foot ulcer); who had been in follow-up in the wound dressing room in the Outpatient clinic Maria da Glória in the Municipality of Uberaba-MG; who were 18 years old or older and had preserved physical, mental, and intellectual conditions to communicate with the researcher.

People with burns, pressure injuries, or other wounds were excluded. Three checklist-type questionnaires were used and authorized by their author, Domingues (2013). The questionnaire for sociodemographic and clinical data collection used was the Questionnaire of Quality of Life for the person with wounds short version - Freiburg Life Quality Assessment-Wound adapted (FLQA-wk*), developed specifically for the study, only to characterize individuals. The second questionnaire was the Scale of self-Esteem of Rosenberg (EAR), which is composed of ten assertive questions: 5 (five) refer to a positive self-image or self-value and 5 (five) to a negative self-image or self-value and the third, the Questionnaire of Quality of Life for the person with wounds short Version - Freiburg Life Quality Assessment-Wound adapted (FLQA-wk*), being that, this questionnaire was chosen because it is a short and of easy application instrument, and has as a goal the measure of the quality of life of people with chronic wounds. The individual takes into account the perceptions of quality of life, general health and wound conditions in the last week. This scale helps in the control of values of the domains, that is, they compare their values with the total score of the instrument. The higher the score, the greater the interference in the quality of life. The score ranges from one (best quality of life) to five (worst quality of life) (ROCHA *et al.*, 2016). Data was collected in a period of three months, after the approval of the Ethics Research Committee (CEP) of the Federal University of the Triângulo Mineiro, under Protocol No. 2.711.979/2018. The ethical aspects are based on Resolution 466/2012, about research involving human beings (BRAZIL, 2012). The free and informed consent form was presented to the participants and the instrument was filled after the patient accepted and signed it.

RESULTS

Sociodemographic and clinical characterization of patients with chronic wounds: In this study, it was found that most patients with chronic wounds were male (60.6%), with an average age of 61 years, had incomplete elementary education (40.4%), and were married (41.4%). As for the classification of chronic wounds, venous ulcer was the most prominent (58.6%), the average time of the wound was 60 months and the number of wounds was 1.27.

Table 1. Sociodemographic and clinical characterization of patients with chronic wounds. Uberaba, Minas Gerais, 2018

Variables	n	%
Gender		
Female	39	39.4
Male	60	60.6
Educational level		
None	18	18.2
Incomplete Elementary Education	40	40.4
Complete Elementary Education	25	25.3
High School	13	13.1
Graduation	3	3.0
Marital status		
Single	20	20.2
Married	41	41.4
Divorced	17	17.2
Widow	21	21.2
Wound types		
Venous Ulcer	58	58.6
Diabetic Foot Ulcer	41	41.4

Source: The authors, 2018.

Self-esteem of patients with chronic wounds: The average self-esteem score among patients with chronic wounds was 26.42±3.10, ranging from 20 to 37 points.

Quality of life related to the health of patients with chronic wounds: Regarding the quality of life, the average achieved by the 99 patients with chronic wounds, considering the six domains, was 3.54±0.45 points. In the analysis of each domain, a better quality of life was verified in the Psychological Well-being dimension (2.85±0.98), that is, the presence of chronic wounds did not generate feelings of hatred and rage, depression, exhaustion or fatigue, or helplessness/abandonment among the participants of the present study. It stands out that Cronbach's Alpha ranged from 0.65 to 0.82, Table 2.

Table 2. Distribution of central trend measures for the Freiburg Life Quality Assessment-Wound adapted for patients with chronic wounds, Uberaba, Minas Gerais, 2018

FLQA-wk*	Mean	Median	Standard Deviation	min-max	Cronbach Alpha
Physical Symptoms	3.65	3.60	0.68	2.20-5.00	0.65
Daily Life	4.18	4.40	0.69	2.20-5.00	0.79
Social Life	3.80	4.00	0.88	1.67-5.00	0.72
Psychological well-being	2.85	2.75	0.98	1.00-5.00	0.82
Treatment Satisfaction	3.50	3.50	0.62	2.00-4.75	0.66
	3.25	3.33	0.57	2.00-5.00	0.67

Note: * Freiburg Life Quality Assessment-Wound adapted.

Source: The author, 2018.

In the assessment of overall health status, the result found an average of 6.63±1.65 points. The wound health state scale had a result of 5.40±2.06 points, and the overall quality of life was 6.53±1.90 points.

Table 3. Distribution of the central trend measures of the dimensions of the quality of Life Scale-Freiburg Life Quality Assessment-Wound adapted for patients with chronic wounds, Uberaba, Minas Gerais, 2018

Dimensions	Mean	Median	Standard Deviation	min-max
General Health perception	6.63	7.00	1.65	1.00-10.00
Wound Health Status	5.40	5.00	2.06	1.00-9.00
General quality of life	6.53	6.00	1.90	2.00-10.00

Source: The author, 2018.

Influence of sociodemographic and clinical variables and self-esteem on the quality of life related to the health of patients with chronic wounds: In the bivariate analysis, Student's T-test found that the best quality of life was among the female patients with chronic wounds (3.50±0.42); with partners (3.50±0.50); without an educational level (3.52±0.46), and with diabetic foot ulcer (3.44±0.47), Table 4.

Table 4. Comparison of the average of QoL scores according to sociodemographic and clinical variables of patients with chronic wounds, Uberaba, Minas Gerais, 2018

Variables	Mean	Standard deviation	p*
Gender			
Male	3.59	0.47	0.363
Female	3.50	0.42	
Marital status			
Without a companion	3.56	0.42	0.550
With a companion	3.50	0.50	
Educational level			
With formal education	3.62	0.41	0.369
Without formal education	3.52	0.46	
Type of wound			
Venous	3.61	0.43	0.066
Diabetic	3.44	0.47	

Note: * $p \leq 0,05$.

Source: The author, 2018.

In the analysis of the relationship between quality of life and sociodemographic and clinical variables a weak and positive relation was found with the time of the wound ($r=0.152$, $p=0.133$), number of wounds ($r=0.050$; $p=0.625$) and age ($r=0.117$; $p=0.251$), which means that the greater the time and the number of wounds and an age, the worse the quality of life of patients with chronic wounds. A weak and negative relation was also identified ($r=-0.298$; $p=0.003$) between quality of life and self-esteem, according to which the higher the self-esteem the better the quality of life of these patients. Table 5 presents the correlations between the scores of quality of life and socio-demographic, clinical and self-esteem variables of patients with chronic wounds.

Table 5. Pearson's correlation between quality of life scores and socio-demographic and clinical variables and self-esteem of patients with chronic wounds. Uberaba, Minas Gerais, 2018

Variables	r^*	p^{**}
Wound time	0.152	0.133
Number of wounds	0.050	0.625
Self esteem	-0.298	0.003
Age	0.117	0.251

Note: * Pearson correlation; ** $p \leq 0,05$.

Source: The author, 2018.

It was found that the self-esteem significantly influenced the score of quality of life ($\beta=-0.285$; $p=0.004$), patients with better self-esteem scores had better quality of life than those with worse scores.

Table 6. Final model of multiple linear regression of the quality of life score, sociodemographic and clinical variables, and self-esteem of patients with chronic wounds. Uberaba, Minas Gerais, 2018

Variables	B	p^*
Age	0.100	0.301
Type of wound	0.168	0.083
Self-esteem	-0.285	0.004

Source: The author, 2018.

DISCUSSION

Sociodemographic and clinical characterization of patients with chronic wounds: The predominance of males in the present study corroborates researches conducted among patients with chronic wounds, a fact that can be associated to the limitation of movements of males due to their physical structure, or their lack of consciousness regarding the need to care for themselves (EDWARDS *et al.*, 2009), (FAVAS, 2012), (PASSADOURO, 2016) and (SOUZA, 2013). However, different results were identified in other studies, in which there was female predominance, (62.0%) (ROCHA, 2016), (55%) (OLIVEIRA, 2012), (57.5%) (CUBAS, 2013) and (88%) (SILVA *et al.*, 2012). The age average verified in this study was similar to that of other researches involving patients with chronic wounds (Silva *et al.*, 2012; SOUZA, 2013; PASSADOURO *et al.*, 2016). With the increase in life expectancy, the prevalence of chronic degenerative diseases and their complications, such as loss of autonomy and functional independence, with consequent ulceration, are challenges to the society and the health care system. On the other hand, this increase in life expectancy evidences a better material condition for survival, advances in health practices, methods of diagnosis and treatment, and access to information and means of communication (MALTA, 2010).

The predominance of patients with incomplete elementary education was also verified in other national studies (SOUZA *et al.*, 2013; ROCHA, 2016). The educational level interferes with the applicability of chronic wound care, especially among elderly patients with chronic diseases, who need to deal with drugs, wound dressing, and diets. It may indicate a lifestyle that favours the appearance of injuries or even the lack of access to specialized health services, or could lead to inadequate management by professionals who provide care to this population (SOUZA *et al.*, 2013). In accordance with the data found in this research, national studies also found that most patients with chronic wounds live with a companion (SILVA; MOREIRA, 2011; ROCHA, 2016). It can be considered as a positive aspect, since it can influence the unhealthy development of the wound and the aging conditions that generate difficulties in daily life activities. So, in this context, the companion constitutes an aid to meet the possible needs of the patient (SILVA; MOREIRA, 2011). As for the type of wound, similar results were verified in studies with patients with wounds, among whom venous ulcers were the most prevalent result (SOUZA, 2013; Lino, 2013; ROCHA, 2016). It was also verified, in a systematic review, that the main causes of chronic ulcers of the lower limbs were venous failure, responsible for 60% of the cases (CRUZ *et al.*, 2013). The presence of a venous ulcer leads to several limitations. There is a great number of studies that show that the loss of mobility is very significant for the individuals, and this leads to a decrease in the level of personal autonomy, then the functional capacity of the individual is compromised, and may hence result in the dependence of the individual (LINO, 2013).

As for the time of existence of the wound, similar results were verified in national studies (Rocha, 2016; Passadouro *et al.*, 2016). However, divergent results were verified in other surveys, where the wound length ranged from 120 to 140 months, respectively (LINO, 2013). The fact that the wound lasts for several years ends up putting the individual in a situation of apathy, demotivation, and accommodation. This daily routine causes a situation of convenience and a loss of the capacity to believe in the possibility of healing (WAIDMAN *et al.*, 2011). Regarding the number of wounds, in Lino's (2013) study regarding the presence of wounds, 67.2% of the individuals had only one, 13.8% had two wounds, 10.3% had three wounds, and 8.6% had four wounds. In the study of Rocha (2016), the average was 1.5 wounds per patient. The predominance of only one lesion may represent a phenomenon related to long periods of lesion, which allowed the confluence of multiple lesions, or even less severe vasculogenic alterations (Malachi *et al.*, 2012).

Self-esteem of patients with chronic wounds: Self-esteem becomes evident in the answers given by individuals to the different situations or events of life (SCHULTHEISZ; APRILE, 2013). A study conducted by Souza *et al.* (2017), in which the population was composed of people with venous ulcer, resembles the mean scores of self-esteem of this study, with the average of 25 points for 56.8% of those surveyed. It is also similar to a study carried out with patients with venous ulcers performed by Souza (2014), in which the average score was 22 points. Thus, the studies that investigate the self-esteem of people with venous ulcer are important, and considering that the score of the scale ranges from 10 to 40, and that the closer to ten the better the self-esteem and the closer to 40 the worse the self-esteem, in this analysis, the self-esteem of the patients showed good results, since the average

scores of SE is far from 40. What was not expected, since in literature the exactly opposite is observed, is that the individuals verbalized and showed little to no satisfaction with their self-esteem (SOUZA *et al.*, 2017). The self-esteem is influenced by the assignment of a personal value that can be expressed in attitudes of acceptance or rejection, and is associated to one's self-image, personal achievements, success in relationships, and personality traits. Therefore, the concept of self-esteem can be understood as how and how much one likes oneself (SOUZA *et al.*, 2017). Finally, the definition of self-esteem is very complex, since it involves the exaltation of beliefs, and perceptions about the "inner world" and the external world. It is an internal and personal construct, strongly influenced by the unique social and cultural context of the individual (SCHULTHEISZ; APRILE, 2013).

Quality of life related to health of patients with chronic wounds: According to the domain of physical symptoms, pain is an important factor that affects the quality of life of patients with injuries, and its treatment needs to consider a broader human approach. Pain is a very common symptom in patients with venous ulcer and its prevalence varies between 80 and 96% in this group. It may be persistent and/or exacerbated during dressing wound changes. Pain can also negatively influence wound healing, because the painful stimulus is associated with the release of inflammatory mediators, which potentially reduce tissue repair and regeneration. As this is a subjective and individual characteristic, pain should be properly evaluated, diagnosed and treated. It is noteworthy that patients with chronic wounds suffer from physical and emotional pain, and unfortunately, health professionals are not well-prepared regarding pain management, since the patient in pain is considered demanding and impatient (SALOME AND FERREIRA, 2017). In the study conducted by Dias *et al.* (2014), a low score of QoL was observed in the emotional and mental health domains among VU patients, which reiterates the fact that the presence of the ulcer also affects the mental health of these patients. In a literature review, where the QoL of patients with VU was analyzed, the issues that comprise the physical and mental health dimensions, like sadness due to the change of body image, physical limitation, and pain, are frequent in studies that assess the QoL of people with venous ulcer (LARA *et al.*, 2011).

influence of sociodemographic, clinical, and self-esteem variables on the quality of life related to the health of patients with chronic wounds: In studies about quality of life in patients with chronic wounds, it can be observed that women, in general, perceive to have a lower QoL than men, according to a study by Azevedo *et al.* (2013), different from the results of this study. It is important to consider that women seek more the health services, and a possible justification for this is the fact that, in addition to having a worse self-perception of health than men, they express their symptoms more easily and start going to health services since prenatal care. It is also known that, though women have better survival rates than men throughout the life cycle, they experience higher rates of limitations due to morbidities and functional losses (TOLDRÁ, 2014). A study conducted by Azevedo *et al.* (2013), in order to evaluate the QoL of people with chronic diseases in primary health care, found the largest scores in the social (71.33%) and psychological (67.10%) dimensions. These results show a similarity with the QoL satisfaction found in this study. The subjects who did not live with a companion had lower perceptions of quality of life. It can be

deduced that the lack of a partner may be related to feelings of loneliness and isolation, and thus lead to lower wellbeing. People who live with a companion have more support (family/social). Therefore, it can be observed that having a family/support and having a companion are essential to a good QoL of people with chronic wounds, since a good health perception begins at home and continues at work, and is also associated to a good economic condition (SILVA *et al.*, 2017). Regarding the QoL of patients with chronic wounds, in the present study, it was best evidenced among those without an educational level. In the study of Almeida *et al.* (2018), the educational level is an important factor in relation to self-care, being sometimes an obstacle to a proper treatment, and may indicate a lifestyle that favors the appearance of injuries or even interfere in the access to specialized health services, or lead to an inadequate management by professionals who provide care to this population. But considering the quality of life found in this study, people with diabetic foot ulcers achieved a better quality of life than people with venous ulcers. This result is possibly because varicose veins present a relapse incidence of around 30% in the first year after cure, and this rate grows to 78% after 2 years. In the United States, varicose veins are also a major health problem mainly because they affect quality of life, have high costs and long treatments (BORGES *et al.*, 2016). In the present study, patients with better scores of self-esteem showed the best quality of life, which is also stated by the study carried out by Brizzio *et al.* (2012) where the impact of the ulcer in the daily life of the patient was verified and the authors concluded that patients with ulcers present pain, lower self-esteem, and social isolation; however, patients who had healed ulcers showed reduction in the intensity of pain, and improvements in self-esteem and quality of life.

Conclusion

Based on the data found it can be verified that the male population affected by chronic ulcers is increasing, indicating the need to perform more studies on the topic. Thus, it is a fundamental role of the nurse to develop an effective assistance in the encouragement, guidance, and educational process of patient and family alike, regarding the care of the disease and the wound, in order to minimize possible suffering due to the lack of adherence to self-care, and the delay in wound healing. A bad control of the disease and an inadequate wound care predispose the occurrence of complications and a worse response, in addition to increasing the risk of bleeding, and impairing the inflammatory processes and wound healing by interfering with the QoL and self-esteem of the patient. Thus, it can be seen that knowing the clinical characteristics of the wounds and the current situation of the patients' QoL enables a better understanding of the complaints and provides a better planning of care, thus contributing for the improvement of the QoL of the individuals. The assistance to the individual with chronic wounds should involve a multidisciplinary team that encourages a proper adherence to the treatment and autonomy, through education and guidance to get a good response to the treatment and prevention of new lesions, characterizing, thus, a higher quality of life and self-esteem of people with chronic wounds.

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