

**THE DAILY LIFE OF MEN WHO LIVES WITH CHRONIC
VENOUS ULCER: PHENOMENOLOGICAL STUDY^a**

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ABSTRACT

The chronic venous leg ulcer is the major therapeutic problem of lower limb injuries, which can trigger changes in the daily life of the person affected by it. This study aimed to understand the daily life of men who lives with chronic venous ulcers. A phenomenological study was conducted with eight men, who were interviewed during June and July of 2012. The study asked questions related to: "Restrictions in social life" and "Recovering the skin integrity and restart the activities affected by the wound". The answers revealed that men with these ulcers have social implications in the areas of productivity and sexuality. This leads to restrictions in everyday life with loss in performance of socially established roles for men, leading to anxiety for his return at full performance of his social role. The findings suggest significant experiential aspects that may guide professionals in the planning and implementation of health actions aimed to treat these patients.

Descriptors: Varicose ulcer. Nursing. Qualitative research.

RESUMO

A úlcera venosa crônica constitui o maior problema terapêutico das lesões de membros inferiores, podendo desencadear mudanças na vida diária da pessoa por ela acometida. Objetivou-se compreender o cotidiano do homem que convive com a úlcera venosa crônica. Estudo fenomenológico realizado com oito homens, entrevistados em junho e julho de 2012. As categorias identificadas, "Restrições na vida social" e "Recuperar a integridade da pele e retomar as atividades afetadas pela ferida", revelam que a convivência do homem com a ferida produz repercussões no âmbito produtivo e na sexualidade. Isso o leva a restrições na vida cotidiana, com prejuízo no desempenho de papéis socialmente estabelecidos para o gênero masculino, o que desperta no homem a ansiedade pela retomada das atividades prejudicadas. Os achados sinalizam aspectos vivenciais relevantes que podem orientar os profissionais no planejamento e execução de ações de saúde voltadas para essa clientela.

Descritores: Úlcera varicosa. Enfermagem. Pesquisa qualitativa.

Título: O cotidiano do homem que convive com a úlcera venosa crônica: estudo fenomenológico.

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RESUMEN

La úlcera venosa crónica de la pierna es el principal problema terapéutico de lesiones de las extremidades inferiores, lo que puede provocar cambios en la vida cotidiana de la persona afectada por ella. Este estudio tuvo como objetivo comprender la vida cotidiana del hombre que vive con úlceras venosas crónicas. Un estudio fenomenológico se llevó a cabo con ocho hombres, que fueron entrevistados durante junio y julio de 2012. Las categorías de "Restricciones en la vida social" y "Reanudar las actividades afectadas por la herida" revelan que la coexistencia del hombre con la herida produce consecuencias sociales en el contexto de las actividades laborales y la sexualidad. Esto da lugar a restricciones en la vida cotidiana, una pérdida en el rendimiento de los roles socialmente establecidas para los hombres, lo que lleva a diseñar el pleno cumplimiento de su función social. Estos hallazgos sugieren importantes aspectos experienciales que pueden orientar a los profesionales en la planificación y ejecución de acciones de salud dirigidos a tratar a estos pacientes.

Descriptor: Úlcera varicosa. Enfermería. Investigación cualitativa.

Título: La vida cotidiana de hombre que vive con la úlcera venosa crónica: un estudio fenomenológico.

INTRODUCTION

Chronic venous ulcer (CVU) is the major therapeutic problem of lower limb injuries. It is estimated that one percent of people in industrialized countries will suffer from a leg ulcer at some point in life⁽¹⁾. The occurrence of this type of wound may trigger difficulties with regard to self-care and social life of the person from the disease, one needs to change his daily life, which brings negative effects on quality of life⁽²⁾.

Therefore, there is a need for people with CVU to adapt to a new condition of life, which can compromise their mental, physical and social well-being. Thus, the presence of injury, causes the need for rethink values, obtaining scientific and practical knowledge about the disease, adaptation to treatment, in addition to coping in society⁽³⁾.

With regard to man, it is known that the patterns of social construction of the male image are based in a healthy and strong body, fit for the socially constructed roles of worker, breadwinner, sexually active and with an idea designed for their contemporaries of a man who is not slaughtered for disease⁽⁴⁾.

The wound modifies the standard image of man in the social world, by changing their way of living and relationship. Thus, the body image projected by the society and the perception that men have of themselves could, when different from the socially established pattern, culminate in negative feelings such as low self-esteem, depression and anxiety, leading to social isolation⁽⁵⁾.

The biopsychosocial impact resulting from the presence of CVU in one's life requires on the part of the healthcare team an integral view and a

specific care, considering the needs of each person. This might cause a positive impact on quality of life, compliance with treatment, healing time and reducing of public costs⁽⁶⁾.

A review of the literature was proposed to analyze the scientific production of nursing in the thematic of men's health in the context of Primary Health Care showed that this issue is emblematically supported under the collective perspective of health care, not paying attention to men's personal experience of health/diseases process⁽⁷⁾.

The professional experience of one of the authors provides an empirical observation of practice in relation to people with CVU. Although the occurrence of this disease is prevalent among women, it is noted that male population, when affected by this type of injury, do not search for health services as the female population, often resulting in a lack of professional health in relation to how the man with CVU experience the injury and provides himself self-care. Considering the decrease in quality of life caused by the presence of CVU, we highlight the importance of knowing how men live with this condition. The following questions guided this research: how is the everyday life of men with CVU? What are the expectations, considering their interaction with the wound?

This study aimed to understand the daily life of a man who lives with chronic venous ulcers. Such understanding will unfold in the recognition of the intersubjective aspects enrolled in the experience of man with CVU and may signal to health actions that seek to fully meet this social group.

Moreover, understanding the singular reality that permeates the everyday man with CVU enable the emergence of the sociocultural context in

which fits his process of health and illness. Such understanding is aligned with the proposal of the National Program of Comprehensive Healthcare of Man, which proposes that health actions for this patients consider the life context in which this person is inserted⁽⁸⁾.

Current studies on this topic published in this journal and other international reach, bring scientific evidence focused on the treatment of CVU with emphasis on compression therapy^(3,9-10). There is a gap in knowledge about the implications of CVU in the daily life of man, which places this study as an important contribution on the subject in the scientific field.

METHODS

Qualitative research with theoretical and methodological basis in social phenomenology of Alfred Schütz, whose core theory of social action is understood as a precursor of changes in the everyday world. The action takes place on the grounds of existential reasons linked to past and lived present (reasons why), as well as projections related to the experience at hand, which constitute the core of the possibility of the action itself (reasons to)⁽¹¹⁾.

The choice of social phenomenology of Alfred Schütz happened due to the fact we could adopt a systematic investigation that ensures better understanding of subjectivity inscribed in human action, taking, as analytical perspective, the social context in which man acts, interacts and expresses themselves in the everyday life, revealing in this respect their experiences in the social world. Thus, understanding the various interpretive practices through which reality is constructed, is expressed by socially experienced actions, both individually and collectively⁽¹¹⁾. Thus, the meaning attributed to the experiences and expectations of men in relation to living with CVU, although individually built by these men - in a subjective context of meaning - covered with intersubjective meaning in the universe, setting up a social sense.

This study was conducted in four BHU (Basic Health Units), a municipality in the Zona da Mata Mineira. These scenarios constitute the practice of educational institution to which researchers are linked to, which allowed access to interviewees. To contact the men who participated in the research, firstly we talked to nurses and community health agents, who, through the registration of

users in the coverage area of BHU, led to the appointment of individuals to the researchers.

We included men affected by CVU, regardless of age and social status, and excluded those who did not have the physical and psychic conditions to answer research questions.

Data collection was conducted in June and July 2012, using a recorded interview with the following open questions: Tell me about your daily life after the onset of venous ulcers. Tell me about your expectations for life, considering that you have a leg ulcer.

The study included eight men whose interviews were conducted in the premises of the units or at their homes, day and time were set by the study participants. We finished data collection when the concerns were answered and the objectives were achieved. The men who agreed to participate were informed about the study and signed a consent form. To ensure anonymity they were identified with the letter 'H' followed by Arabic numerals 1 through 8.

The organization and categorization of the material were performed according to the steps taken by researchers of social phenomenology of Alfred Schütz⁽¹²⁾: attentive and careful readings of each interview in full, with a view to the identification and apprehension of the overall meaning of man's experience regarding to their daily lives with CVU; grouping the meaningful content extracted from the statements for composition of categories; we discussed these categories in the light of social phenomenology of Alfred Schütz and literature related to the topic. This study was approved by the Ethics and Research Committee of the Federal University of Juiz de Fora, nº 226/2009.

RESULTS

The biographical characteristics of the eight men included in the study were: age between 40 and 81 years; incomplete elementary school; two singles, one married and five widowed. Three lived with relatives, two with their wives and the others alone. Seven were retired and one on sick leave from work because of the CVU. They have had this wound for six to 30 years, with a history of at least two cycles of scarring and recurrence. Three assiduously attended to the clinic for treatment of CVU and others reported self-care of the wound at home.

The significant content of the statements allowed us to compose the categories for the

everyday man with CVU. The category “Restrictions in social life” expresses aspects experienced in the present and past (reasons why) and the category “Recovering the skin integrity and restart of activities affected by the wound” evokes expectations (reasons for), in view of the existence of injury in your life.

Restrictions in social life

The daily life of the man who lives with CVU is marked by characteristics that externalize their health condition. Their body image is altered as a result of the injury, affecting self-image and the perception that others have about them. Added to this is evidenced the occurrence of pain and odor from the wound, which brings reflections on the socialization of men:

[...] in my life, I do not wear a pair of shorts or a pair of bermudas. I'll have to explain what is wrong with my leg, and often, people do not understand it [...] once I went to a store and the salesperson told me that it looked like something had died there. The odor was very strong [...] it was very hard for me (H8).

This wound hurts so much. My sister calls me to lunch in her house on Sundays, but I don't feel like going. To leave my house I have to take pills for pain (H3).

Given the signs and symptoms of the injury, the man finds himself bound to perform everyday activities. In this sense, some restrictions on their social life related to work, leisure and studies:

Doing nothing is bad, but I cannot work because of the dust, which impairs the wound (H6).

I cannot travel, have fun. If a colleague calls me to fish, how can I go? I don't have health conditions. This wound is very disruptive (H3).

I was going to law school [...] like to study. I didn't go through with it because the wound hurts [...] (H8).

Before I attended the neighborhood association [...] I used to organize games to raise funds for the community. Because of the wound, I had to stop [...] (H7).

Another aspect highlighted by men with regard to the limitations experienced relates to their sexuality, whose practice is affected due to the presence of CVU:

This wound disturbs me to get a companion. How many times have I brought her here at home, but once they see the leg, they don't come back. They invite me to take a bath. I refuse [...] I have to take a shower hidden. I make the dressing without them seeing. It's very sad [...] we are bound to be alone (H3).

It's hard to be a man and have the wound. No woman wants to take such a responsibility. I'm a lot of work for them.. I have to be alone right, it's better for me and for others (H4).

I didn't want to get married. I'm married to my leg. My money goes to care for her [leg]. Almost 30 years of marriage (H5).

Recovering the skin integrity and restart of the activities affected by the wound

Reflecting on the limits imposed on their daily life by the presence of CVU, men expects to recover their skin integrity, which will enable them to restart their activities in the social sphere:

I hope to get better to return to my activities. I like to participate in church work. If God helps me, I will now join the party for Our Lady of Glory, the saint patron of my neighborhood (H1).

Well [...] I want to see the wound closed. [...] To get a girlfriend. To return to work, to have a beer with my friends (H2).

That wound will heal and next year I'll try to go back to law school. It may take some time, but I'll try to do it [...] (H8).

DISCUSSION

The health care of people with wounds is a large problem that represents a challenge to be faced daily by those who care for them⁽¹³⁾. In the case of men with CVU, health professionals should consider the specifics of the male daily life, proposing assistance to this population.

This special attention is signaled by current health policy toward men is about the need for health professionals who are co-responsible for caring for the male population, especially to diseases that affect humans in their daily personal, family and community lives⁽⁸⁾.

The presence of CVU is perceived by men as being able to change their daily life, causing inter-

ference in their personal, relational and professional lives. The perceived limitations in activities of daily living refer to the loss of freedom, which implies restrictions on social life, including non-participation in social events, trips, and the imposition of the use of certain items of clothing. This produces effects on psycho-emotional sphere, reflecting the self-image and self-esteem of the subject with CVU and impacting the way they relate to others⁽¹⁴⁾.

This impact is of great meaning for men, who are understood to be someone that builds themselves with each other, allocating intersubjective universe in the heart of meanings and senses that attaches to lived experiences. Thus, the linkage of people in different social relations, through which they understand and are understood presupposes intersubjectivity⁽¹¹⁾. For Schütz, the cultural and social world is intersubjective, since men live and coexist with each other, so not only through the body and among objects, but also as beings endowed with a consciousness that is essentially similar⁽¹¹⁾.

When the male gender is put on the agenda, it is clear that the evidence of this research, with regard to daily changes triggered by the presence of CVU, are congruent to results noted in other studies involving the theme⁽¹⁵⁻¹⁶⁾. A research conducted in Natal with 50 people with CVU showed that 82 % of these had pain and abnormal walk, making it difficult to perform activities in the social, recreational and educational field⁽⁹⁾.

In the case of the male population, the results of this study draw attention to aspects related to the production environment of men, which goes beyond the home environment and gain legitimacy in work activities/relational, where they play their social role.

The limitations imposed on the everyday of man with CVU permeate their cultural world - that guides the performance of their social role - and intersubjective - in which their context of meaningful relationships is subscribed. This implies that cultural patterns designed by society show a similar consciousness adequacy or inadequacy of the social role of men, built and fed back in the intersubjectivity of daily relationships.

Thus, the restriction on the scope of leisure, work and study, as evidenced by men with CVU, is perceived as a significant loss, given the importance of the preservation of such activities assumes in men's lives.

Study that examined the perception of man in the care of their own health has pointed out that they fear or are afraid to report situation of illness on their work, especially if it is of chronic in nature. This fact attached to the possibility of the disease removing them from the labor market, which would mean his dismissal of the productive role of provider assumed in society⁽¹⁷⁾.

A study conducted in Bandeirantes, Paraná showed that work directly affects the quality of life of people living with venous leg ulcers⁽¹³⁾. Thus, the restriction in the professional activities indicated by the respondents of this study deserves to be highlighted, as it may cause a change in their integration into society, breaking a previously established biographical situation⁽¹⁸⁾.

This is relevant to men, since such disruption predicts a need to restructure themselves, considering the recognition of their own current situation in the social world, consisting of a sedimented history of all their previous subjective experiences that are not anonymous, but rather unique and subjectively belonging to it⁽¹¹⁾.

The recognition and social respectability of men are built through work, which makes them to have behaviors and attitudes in the social world⁽⁴⁾. In this regard it should be reiterated that the body of knowledge and the way the subject is situated in the context of social relations defining the reason for the action, understood as human conduct by him designed so knowingly and intentionally⁽¹¹⁾.

The way men see the world of production (work and study), leisure and relational translates intentionality, that is, how their conscience reacts when facing what is presented as a social reality.

In this sense, sexuality emerges, an issue considered by men as important and which is affected due to the CVU. This result is corroborated by other studies, thus indicating that the chronic wound as one of the causes of decreased sexual activity, resulting in low self-esteem, lack of self-acceptance and acceptance of a partner^(15,19). Changes in sexual life of people with chronic wounds are not limited to the absence of sex, extending to rejection and abandonment by their partner, which may lead to emotional isolation, due to the fact they no longer believe in the success of a marital relationship⁽¹⁵⁾.

This should be emphasized in this study, since for this aspect of life to be experienced in a full and free manner, men must interact with oth-

ers, emanating in this relationship, the dimension of sexuality. This assumes that the cultural and intersubjective universe is in the midst of such dimension, and these universes are undergoing a process of redefinition by man due to CVU. In this context, one must go back intentionally to the projection of actions, which are incompatible to be realized in the present, considering their current biographic situation (being with CVU).

Schütz states that as the subject projects the actions (expectations), anticipates the act as if it had been completed, and the possibilities of realizing them are directly related to the elements of the present time, ie, the biographical situation and the body of knowledge available at the time of the projection⁽¹¹⁾.

When dealing with the expectations that men with CVU have, it is evident that these are anchored within the limits set out in their everyday life. The healing process of the injury is translated in the present study as a possibility to overcome the restrictions experienced as a result of the wound, with a view to the resumption of activities which were until them jeopardized (reasons for).

A systematic review confirms this finding, stating that the healing of leg ulcers is perceived as a precursor to improving the quality of life of the person, allowing the restart of activities which were interrupted by the onset of the injury and the desired social interaction⁽¹⁶⁾.

Consequently, the need for a better quality of life leads individuals to seek strategies for coping in order to rescue their physical and mental integrity, built over a lifetime. Associated to quality of life, we highlight the role of body image, which indicates the balance or imbalance in the inner man's interaction with the world, greatly influencing the development of their skills and their social identity⁽²⁰⁾.

It is evident that man's experience with CVU evokes unique aspects of gender and health that deserve to be considered by professionals, especially nurses, who have been significantly addressing the care of people with wounds.

FINAL CONSIDERATIONS

The coexistence of man with CVU produces social implications in the productive and sexuality, which leads to restrictions in everyday life, a loss in performance of socially established roles for man. This situation causes him anxiety to restart activities which were jeopardized by the wound.

Approaches related to work and sexuality need to be addressed by the multidisciplinary team that works in the care of man with CVU, given the appreciation of these aspects by the subjects of this study.

The complexity of the life of man who lives with a chronic wound requires nurse's increased involvement in the therapeutic process, which will allow professionals to access the feelings evoked by the subject and consequently its spectrum to watch it, considering the biopsychosocial subscribed in the disease process.

This research has proposed studying the experience of a particular group of men, located in a given socio-cultural-historical region, which prevents generalization of the results. However, the above findings indicate experiential aspects relevant to the circumscribed everyday man with CVU should be considered by professionals in the planning and implementation of health actions for this clientele. It is hoped that the findings of this study unfold in initiatives within the micropolitics of the work process in health, with a view to improving care and access to human health actions to care of CVUs, as well as guidelines related to promotion of self-care for these clients, so that living with the injury does not extend for a long time and thus do not bring so many implications to their lives.

We suggest that new investigations are conducted so that they may present other perspectives of the studied phenomenon in order to best explain it.

REFERENCES

- 1 O'Meara S, Cullum NA, Nelson EA. Compression for venous leg ulcers. *Cochrane Database Syst Rev.* 2009;21(1):CD000265.
- 2 Maddox D. Effects of venous leg ulceration on patients' quality of life. *Nurs Stand.* 2012; 26(38):42-9.
- 3 Costa IKF, Nóbrega WG, Costa IKF, Torres GV, Lira ALBC, Tourinho FSV, Enders B C. Pessoas com úlceras venosas: estudo do modo psicossocial do modelo adaptativo de Roy. *Rev Gaúcha Enferm.* 2011;32(3):561-8.
- 4 Figueiredo WS, Schraiber LB. Concepções de gênero de homens usuários e profissionais de saúde de serviços de atenção primária e os possíveis impactos na saúde da população masculina, São Paulo, Brasil. *Ciênc Saúde Coletiva.* 2011;16(1 Supl):935-44.

- 5 Lara MO, Pereira ACJ, Pinto JSF, Vieira NF, Wichr P. Significado da ferida para portadores de úlceras crônicas. Cogitare Enferm. 2011;16(3):471-7.
- 6 Lopes FM, Bonato ZF. Cuidados aos portadores de úlcera venosa: percepção dos enfermeiros da Estratégia de Saúde da Família. Rev Eletrônica Trimestr Enferm. 2012;28:147-58.
- 7 Castro CO, Tocantins FR. Necessidades assistenciais do homem na perspectiva da Enfermagem e a Saúde da Família. Rev Pesqui Cuid Fundam (Online) [Internet]. 2010 [citado 2013 Jun 11];2(Supl.):813-6. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1141/pdf_290.
- 8 Ministério da Saúde (BR). Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes [Internet]. Brasília; 2008 [citado 2013 Jun 11]. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/politica_nacional_homem.pdf.
- 9 Silva MH, Jesus MCP, Merighi MAB, Oliveira DM, Santos, SMR, Vicente EJD. Clinical management of venous ulcers in primary health care. Acta Paul Enferm. 2012;25(3):329-33.
- 10 Queiroz FM, Aroldi JBC, Oliveira GDS, Peres HHC, Santos VLGC. Venous ulcer and compression therapy for nurses: development of online course. Acta Paul Enferm. 2012;25(3):435-40.
- 11 Schutz A, Luckmann T. Las estructuras del mundo de la vida. Buenos Aires: Amorrortu; 2009.
- 12 Merighi MAB, Jesus MCP, Domingos SRF, Oliveira DM, Baptista PCP. Ser docente de enfermagem, mulher e mãe: desvelando a vivência sob a luz da fenomenologia social. Rev Latinoam Enferm. 2011;19(1):164-70.
- 13 Cardozo GM, Bermudes JPS, Araújo LO, Moreira ACMG, Ulbrich EM, Balduino AFA, Mantovani MF, Moreira RC. Contribuições da enfermagem para avaliação da qualidade de vida de pessoas com úlceras de perna. Rev Estima. 2012;10(2):19-27.
- 14 Sousa FAR. O corpo que não cura: vivências das pessoas com úlcera venosa crônica de perna [dissertação]. Porto: Escola Superior de Enfermagem, Universidade do Porto; 2009.
- 15 Souza MKB, Matos IAT. Percepção do portador de ferida crônica sobre sua sexualidade. Rev Enferm UERJ. 2010;18(1):19-24.
- 16 Herber OR, Schnepf W, Rieger MA. A systematic review on the impact of leg ulceration on patients' quality of life. Health Qual Life Outcomes. 2007;5:44.
- 17 Alves RF, Silva RP, Ernesto MV, Lima AG, Souza FM. Gênero e Saúde: o cuidar do homem em debate. Psicol Teor Prat. 2011;13(3):152-66.
- 18 Melo LP, Silva NP, Silva KCL, Ponte MPTR, Gualda DMR. Representações e práticas de cuidado com a ferida crônica de membro inferior: uma perspectiva antropológica. Cogitare Enferm. 2011;16(2):303-10.
- 19 Salomé GM. Processo de viver do portador com ferida crônica: atividades recreativas, sexuais, vida social e familiar. Saúde Coletiva. 2010;7(46):300-4.
- 20 Pereira-Júnior ADC, Henriques BD. The nursing care of the colostomy patient. Rev Enferm UFPE On Line. 2010;4(3):990-5.

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Received: 22.04.2013
Approved: 11.09.2013