



RESEARCH ARTICLE

OPEN ACCESS

KNOWLEDGE OF CAREGIVERS OF ELDERLY PEOPLE ABOUT CARE WITH INJURIES CAUSED BY PRESSURE

Cenir Gonçalves Tier, Andriele Linck Dias, Débora Schlotefeldt Siniak, Letice Dalla Lana, Jonatan Jean Silveira da Silva and *Bruna Cristina Gomes Furtado

Departamento de Enfermagem, Universidade Federal do Pampa, Rio Grande do Sul, Uruguaina, Brasil

ARTICLE INFO

Article History:

Received 10th March, 2019
Received in revised form
14th April, 2019
Accepted 17th May, 2019
Published online 30th June, 2019

Key Words:

Elderly; Pressure Injury; Home Assistance; Caregivers.

*Corresponding author:

Bruna Cristina Gomes Furtado

ABSTRACT

Introduction: Aging is a biological process in which changes in the morphological and physiological characteristics of the organism occur over time, leading to natural and progressive transformations that especially affect the integumentary tissue of the elderly, as they articulate with the loss of muscle strength, reduction and to reduce the ability of the skin to act against external factors. **Objective:** to identify the knowledge of elderly caregivers about pressure injuries. **Method:** qualitative research developed in a Family Health Strategy of a municipality in the West Frontier of Rio Grande do Sul South. Group interviews were conducted with ten elderly caregivers in the period of October 2017. Data analysis was of the thematic type. The research project was approved by the Ethics Committee in Research, opinion n° 1,504,471. **Results:** The results emerged the categories: Knowledge about causes and care in pressure injury and the impact of health education and the role of nursing in the prevention of pressure injuries in the elderly. **Discussion and Conclusion:** some caregivers demonstrate some knowledge about pressure injuries, but lack information to understand what is being treated, demonstrating the importance of health education as a role of nursing as disseminators of knowledge.

Copyright © 2019, Cenir Gonçalves Tier et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Cenir Gonçalves Tier, Andriele Linck Dias, Débora SchlotefeldtSiniak, Letice Dalla Lana, Jonatan Jean Silveira da Silva, 6Bruna Cristina Gomes Furtado, 2019. "Knowledge of caregivers of elderly people about care with injuries caused by pressure", *International Journal of Development Research*, 09, (06), 28467-28471.

INTRODUCTION

The aging process leads to natural and progressive changes affecting the tegument tissue of the elderly, as they are associated with the loss of muscle strength, marked reduction of skin elasticity, impaired skin sensitivity, skin dryness and less ability of the skin to act against external factors. The individual characteristics of the elderly and the presence of chronic diseases, enhance the integrity of the skin, which significantly increase the chances of damage in the clinical state, significant impairment of physical mobility, predisposing to falls, functional disability, longer resting time and restriction no bed (Clares *et al.*, 2014). Pressure, friction and shearing on the integumentary tissue of the elderly on bony prominences and / or exposure to moisture of the tissue due to strenuous time and / or related to the use of medical device or other apparatus (Npuap, 2016). Added to intrinsic factors such as advanced age, immobility, sensorial and nutritional deficits,

*Corresponding author: Bruna Cristina Gomes Furtado

Departamento de Enfermagem, Universidade Federal do Pampa, Rio Grande do Sul, Uruguaina, Brasil

presence of chronic diseases (Pachá *et al.*, 2018), can result in reduced blood flow and local ischemia, characterizing pressure injury. The prevalence of pressure injury in the elderly in primary care was 5.0% (95% CI, 2.9-7.7), where 35% had more than one lesion, with a mean of 1.4 wounds (SD = 0, 6) by the elderly (Vieira, Araujo, 2018). In Teresina, Piauí, the prevalence of LP in bedridden patients enrolled in the FHS was 23.52% (Bezerra *et al.*, 2015). Internationally, prevalence ranges from 0.44% (95% CI, 0.41-0.47) (Pálsdóttir Thoroddsen, 2010) to 16% in the community (Skerritt, Moore, 2014). When considering the magnitude of pressure injury as a public health problem (WHO, 2014) that affects not only hospitalized elderly people, it is verified that prevention and treatment require multi professional assistance that works together with the caregiver and the elderly. The guidelines are systematically developed statements of recommended practice in a specific clinical area, designed to provide guidance to practitioners in their practice, based on current evidence, aiming, among other things, to reduce variability in care, to promote safe and free care damage and reduce costs with care (Rnao, 2012). In Brazil, the prevention of pressure injury is the

sixth target among the International Goals for Patient Safety proposed by the World Health Organization⁸. Ordinance No. 529 and Resolution RDC No. 36, both published in 2013 by the Ministry of Health, explain the actions for client safety in health services and refer the purpose of improving health care through the proposal and validation of protocols, guides and manuals, including with focus on LP (Brasil, 2013a; Brasil, 2013b). In this context, the improvement of health care should include not only health professionals, but members who provide care to the elderly with pressure injuries, in different health contexts. It is believed that caregivers, members or not of the family, are the main subjects involved in the dynamics of care for the elderly that presents a pressure injury. Thus, the link between health professionals and the caregiver is of utmost importance, so that there is a significant reduction in the progression of the pressure injury, in order to care for quality and to ensure safety in the care provided.

The caregiver immersed in their life context, must from the linkage with a strategy of family health, obtain knowledge to provide care to the elderly since it is responsible for the realization of home care. However, some caregivers for the lack of knowledge, overload and, in many cases emotional problems may find it difficult to cope with such responsibility. Therefore, the nurses' performance is fundamental in the development of strategies aimed at maintaining health, executing and improving practices that fit different situations, making them accessible, in an attempt to enable the population to joint action for their own health and comfort. The caregiver's relationship with the elderly makes it possible to understand the health status and individual characteristics of the caregiver, which allows the identification of risk factors or the appearance of lesions in the initial phase. However, it is inexorable to have a health care plan, as a new paradigm in primary care, so that prevention and health promotion work, using the caregiver as a foundation to ensure the protection of this elderly person (Brasil, 2013b). In view of this, important guidelines and training offered by health professionals, especially nurses assisting these caregivers in the prevention and promotion of health, are disseminated through preventive measures, so that knowledge on pressure injuries can be effective and consequently the offer of quality care for the elderly (Nogueira *et al.*, 2015). Thus, the objective is to identify elderly caregivers' knowledge about pressure injuries.

MATERIALS AND METHODS

Qualitative approach research, of the descriptive type according to the methodological reference of the convergent-assistance research (PCA) (Trentini, Silva, 2014). In order to participate in the study, ten caregivers (a convenience sample) belonging to a Family Health Strategy (ESF) of a Municipality of the Border were used as inclusion criteria to be in the condition of voluntary caregiver or employment bond. West of Rio Grande do Sul. In October / November 2017 information was collected, the achievement and objectives of the study were communicated to the ESF family health team. Subsequently, it was requested that the community health agents informed the researcher the address of the elderly who were bedridden and cared for. After clarifying the purpose of the research and the approval of each participant was carried out sequentially, the 3 steps related to data collection. The first stage included an interview for the collection of sociodemographic data in the home of the elderly. The second and third stages were performed in a meeting room previously

scheduled at the ESF. In the second step the caregivers of the elderly were questioned about the question: What is their knowledge about pressure injury and the care to prevent and treat them? A group interview technology was used, which aims to make a thematic and in-depth group on the subject in question, being the composition by workshops in a dynamic, as the space for the elaboration of questions about the care of pressure pressures. It should be emphasized that the workshop was not restricted to a pedagogical project because they were also with affective meanings and with the experiences of the participants, related to the topics that were discussed, with weekly meetings lasting one hour, having as a place a reserved meeting room in the ESF surveyed. The third stage consisted of a new interview, in which the participants evaluated their participation and changes evidenced after the meeting, when a care plan was offered to the interviewees, having as a location a reserved meeting room in the ESF researched. For the second and third stage, the meetings, lasting one hour, were held in a meeting room previously scheduled at the ESF, totaling four weekly meetings, taught and conducted by the counselor and researcher. Due to the fact that care was provided exclusively by the caregiver, in some meetings they could not be present, as this would imply the elderly's helplessness. To keep participants anonymous, speech fragments recorded on mp3 media were encoded by the letter C. The workshops received an OC code followed by the workshop number. The data analysis was composed of the four phases proposed by Trentini (2014), being conception, instrumentation, investigation and analysis. This study followed the ethical precepts of Resolution 466/12 of the National Health Council that governs research involving human beings, obtaining approval from the Ethics and Research Committee of the Federal University of Pampa, under the number of opinion 1,504,471. The Consent Form was provided to the caretakers by the signing of the Informed Consent Term.

RESULTS

The study included 10 caregivers of elderly people with pressure injuries in the community, where the age ranged from 35 to 82 years, with a predominance of females. In the variable marital status, six were married, three were single and one divorced. As to schooling, six (60%) had incomplete elementary education. In the family income there was a preponderance of a minimum wage, which in the period of the survey was 937 reais. The low level of schooling and income, regardless of the health coverage offered by the municipality, strengthen characteristics or factors that negatively influence the lifestyle and the acquisition of resources to provide adequate care for the elderly with pressure injury. All caregivers were family members of the elderly with pressure injuries, being composed of nine children and a husband. The time of care they reported provided varied from one to nine years, inferring the influence of the popular knowledge or the experience lived by the caregivers when giving their care.

DISCUSSION

In order to enable discussion, the following thematic categories were adopted: (1) caregivers' knowledge of pressure injury; (2) The impact of health education and the role of nursing in the care of elderly people with pressure injuries.

Caregivers' knowledge about pressure injury: In the speeches of caregivers, it was evidenced that the knowledge

about the concept of pressure injury comes from popular learning, individual observation, as well as previous experiences. This can be verified in the following reports:

I wound myself when it is hurt, when it itches and the vein has been scratching with the nail, it has infected. (C5)

It is those wounds that come out on the person's body lying very much on one side. (C10)

I think it's the ones that open up from this sitting, hurt the skin there and open those wounds. (C8)

Both statements portray that pressure injury is an injury to the skin experienced by the elderly when tissue disruption occurs as a result of the association between fragility and advanced age and lack of mobility (Machado, 2018). They also reinforce, that there are extrinsic factors that potentiate the development of the same, when there is a reinforced care for the prevention. Some caregivers present an understanding of the concept of pressure injury, which presupposes adherence to care in which they minimize the incidence of injuries and treatment of the existing lesion. However, having knowledge does not mean taking measures on self-care of the skin (GARBACCIO, 2016). More precisely, the practice of bed repositioning and the use of skin care devices by caregivers does not support their use for redistribution of pressure (Moro, 2016). The adoption of preventive measures and treatment may be associated with safety and fear of development and the prognosis of pressure injury which may compromise the clinical evolution of the lesion and the health condition of the elderly. Thus, the clarification of factors related to non-adherence to skin self-care should be investigated so that educational measures are implemented by caregivers in order to prevent pathological aging of the skin. The evaluation of the insegurança, is not to be identified when os responsabilisable drivers, is to be found with pressure by pressure.

But she took this wound was not hospital, because I think she deviated from the bed, what is it? Because that's what the nurses said. (C1)

I think she stays so much more in a position and there as she is skinny, sensitive and bones will touch and it will open and increase. (C8)

The immobility or longer periods bedridden in the aggregate bed with advancing age (Pacha, *et al.*, 2018) as pointed out by caregivers, emphasize pressure, intensity, time interval, and tissue tolerance as risk factors. However, it is noticed that even when the risk factors are present, the caregivers present doubts about the real impact of the causes or risk factors for the development of the pressure lesion. The change of position or repositioning in the bed can be measures to be adopted by the caregivers, which prevent the development of lesions and do not demand exclusively of material resources. It is worth mentioning that lesions are characterized as multifactorial aggravation, presenting intrinsic aspects such as age, dehydration, malnutrition, immobility, cognitive alterations, morbidities and extrinsic, such as friction, pressure, humidity and shear. In view of this, it is important to orient health professionals about intrinsic and extrinsic causative agents and prevention, so that they can be discovered at the outset through the caregiver's actions. After the development of the same, it is necessary that the measures are adopted for a good prognosis

of the pressure injury. Regarding the treatment used, caregivers reported:

You have to have hygiene, pass the oil, have to dry the place well, can not leave moist, move, can not stand alone, have to change. (C6)

You have to turn the person aside, put those little pantie mattresses if you have them, do not leave much in the same position, well spreading the sheet. (C10)

I washed it well and gave ointment that the doctor prescribed. (C9)

In this study, it was observed that the caregivers were aware of several actions used in the treatment, despite some hesitation about the application of their methods, encouraging the importance of the diffusion of preventive and resolving measures so that they can exercise their function more safely, understanding that it may corroborate or not for the conservation and / or recovery of skin integrity. Some measures cited by the interviewees and used to promote the integrity of the skin are: examining the skin and keeping it clean, dry and moisturized, with natural oils, frequent diaper changes, change of position with frequent intervals and in a systematic allied way to the use of cushions, relieving pressure on bony prominences, enabling effective decompression. However, the absence of care that includes not only hygiene and immobility is evident, since the treatment is based on food and hydration, comfort, quality of life and protection of bony prominences. Thus, it is prudent for nursing to implement comprehensive and individual care plans for each elderly person, with multidisciplinary measures in place.

The impact of health education and the role of nursing in elderly care with pressure injury: The results of this study lead to individualized care, since the caregivers know the specific characteristics of the elderly, but despite demonstrating some knowledge and providing care, they lack information to understand what is being treated, enjoying the full knowledge about injury. The therapeutic approach initiated by the caregiver inspection will contribute to the nursing care plan for the elderly, as it will allow a broad evaluation of the patient that includes physical and psychological aspects, health history, physical examination with emphasis on factors that alter healing, nutritional status, presence of pain, behavior and cognition, functional capacity, use of pressure redistributors and repositioning maneuvers, social and financial support, ability to adhere to the prevention and treatment plan and the characteristics of the wound (Machado *et al.*, 2018). In this context, nurses as part of home care seek to reduce the burden of systematically following the best care practices, enabling people and their families to become protagonists in the process of self-care (Soares, Heidemann, 2018). More precisely, the elaboration of the care plan together with the caregiver and the elderly, as well as the implementation in the form of integrated care to the health care network will meet the definition proposed by Home Health Care (AD) of the Unified Health System (SUS) (Brasil, 2016).

It is essential that nurses act with guidelines at all stages in the practice of care, ensuring quality of care offered both in the family health strategy and in the hospital setting, not limiting them only to the triggering cause of the clinical condition, but covering them, as for example, preventive measures with the

caregiver in the care process. The nurses' challenge when equipping the caregiver to perform the dressing at home and / or adopting preventive measures is to consider the limitations of an adequate environment for healing and patient and family adherence to treatment. Faced with this, nursing care with wounds becomes a challenge. It is believed that offering moments of encounter between caregivers of elderly people with pressure injuries, as performed in the methodology of this study, provides moments of reflection on the actions performed by caregivers and search for new actions that help in the reestablishment of the clinical picture of the injury and of the elderly. Some reports demonstrate the need and importance of the role of nursing in these moments of encounter.

She came from the hospital with this open wound already, nobody taught me what to do, I had to run after. (C5)

What I know is from a neighbor I'm listening to or someone from the family who has had it and figured out what to go through. (C3)

In the past they do not talk about these things, I took the old man to do the bandages and they did not tell me anything. (C9)

In view of the above, the meetings were considered as support by the caregivers, despite the short time, because they were able to exchange experiences, express feelings, report difficulties such as restricted family income and all costs related to materials and supplies for the daily practice of caution. It is reiterated that, even though they were meetings with a methodological purpose for the research, it was provided orientations directed to the preparation of these caregivers, with the purpose of assisting them and qualifying them regarding the prevention and management of pressure injuries, increasing their knowledge, once which according to the participants contributed to their recognition of the whole process of an injury. The practice adopted by caregivers in the home allows inferring that the care provided is capable of interfering in healing, since it is not possible for the nurse to be present at each dressing exchange or to guarantee measures favorable to healing. Thus, the elaboration of shared care planning with the patient and caregiver contributes to the adherence to the proposed plan, allowing the empowerment of these patients.

Conclusion

The study showed that despite some knowledge of caregivers about injuries, whether due to lack of knowledge or a precarious economic situation, the lack of information exchange between caregiver and nurse is essential for the prevention and treatment of pressure injury. Emphasis is placed on the need for post-discharge or home care visits focused on comprehensive, individual and multidisciplinary caregivers for the elderly and caregivers, in order to improve their knowledge to ensure the implementation of preventive and treatment measures. Given the reports, the realization of skills that can be offered by family health strategies is able to assist in the delivery of care, since these health services are easily accessible and can maintain a bond with them. Thus, the basics of prevention of pressure injuries, when implemented jointly, professional and caregiver, promote work for the elderly, reducing the caregiver's burden and costs to health and

the family. In this sense, we highlight the need for other studies on pressure injury focusing on the relevance of health education actions and their impact on the quality of home care of the elderly.

Conflicts of interest: The authors declare that they are not conflicts of interest.

REFERENCES

- Clares, JWB., Freitas, MC. and Borges, CL. 2019. Fatores sociais e clínicos que causam limitação da mobilidade de idosos. *Acta paul. enferm.* [Internet]. 2014 Jun [citado 2019 Abr 20]; 27(3): 237-242. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002014000300237&lng=pt. <http://dx.doi.org/10.1590/1982-0194201400040>.
- National Pressure Ulcer Advisory Panel. National Pressure Ulcer Advisory Panel (NPUAP) announces a change in terminology from pressure ulcer to pressure injury and updates the stages of pressure injury. [Internet]. 2016 Abr 13; [cited 2019 Abr 21]. Available from: <http://www.npuap.org/national-pressure-ulcer-advisory-panel-npuap-announces-a-change-in-terminology-from-pressure-ulcer-to-pressure-injury-and-updates-the-stages-of-pressure-injury/>.
- Pachá, HHP., Faria, JI.L, Oliveira, KA. and Beccaria, LM. 2018. Pressure Ulcer in Intensive Care Units: a case-control study. *Rev Bras Enferm* [Internet]. 71(6):3027-34. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0950>.
- Vieira CPB, Araújo TME. Prevalence and factor associated with chronic wounds in older adults in primary care. *Rev Esc Enferm USP*. 2018; 52:e03415. DOI: <http://dx.doi.org/10.1590/S1980-220X2017051303415>
- Bezerra GC, Santos Icrv, Lima JC. and Souza Mao, 2015. Avaliação do risco para desenvolver pé diabético na atenção básica. *Rev Estima* [Internet]. [citado 2017 mar. 20]; 13(3). Disponível em: <https://www.revistaestima.com.br/index.php/estima/article/view/108>.
- Pálsdóttir, G. and Thoroddsen, A. 2010. Chronic leg ulcers among the Icelandic population. *Ewma J.*, 10(1):19-23.
- Skerritt, L. and Moore, Z. 2014. The prevalence, a etiology and management of wounds in a community care area in Ireland. *Br J Community Nurs.*, Suppl:S11-7.
- World Health Organization (WHO), 2014. The conceptual framework for the international classification for patient safety. [cited 2017 Mar 2]. Available from: http://www.who.int/features/factfiles/patient_safety/en
- Registered Nurses Association of Ontario (RNAO). Toolkit: Implementation of Best Practice Guidelines. Guide lines supplement. Toronto (CAN): RN Assof Ontario; 2012 Set [cited 2019 Abr 21]. 151p. Available from: http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_re_v4_FA.pdf
- Brasil. Ministério da saúde. Portaria n. 529, de 1 de abril de 2013a. Institui o Programa Nacional de Segurança do Paciente (PNSP). *Diário Oficial da República Federativa do Brasil*; 2013. [cited 2019 Abr 21]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html5.
- Brasil. Ministério da saúde. Resolução- RDC n. 36, de 25 de julho de 2013b. Institui ações para a segurança do paciente em serviços de saúde e dá outras providências. *Diário Oficial da República Federativa do Brasil*; 2013. [cited 2019 Abr 20]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/anvisa/2013/rdc0036_25_07_2013.html.

- NOGUEIRA, PC., de Godoy, S., Costa, M. and Leite, RD. Conhecimento dos cuidadores de indivíduos com lesão medular sobre prevenção de úlcera por pressão. *Aquichan*[Internet]., 2015. Junio [cited 2019 Apr 21]; 15(2): 188-199 Universidad de La Sabana Cundinamarca, Colombia.
- Trentini M, Paim L. and Silva, DMGV. 2014. Pesquisa convergente assistencial: delineamento provocador de mudanças nas práticas de saúde. 3 ed. Porto Alegre: Editora Moriá;
- Garbaccio, JL., Ferreira, AD. and Pereira, ALGG. 2016. Self-skincare knowledge and practice described by elderly persons in the mid-west of Minas Gerais. *Rev. bras. geriatr. gerontol.* [Internet]. [cited 2019 Apr 21]; 19(1): 45-56. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1809-98232016000100045&lng=en. <http://dx.doi.org/10.1590/1809-9823.2016.14237>.
- Moro, JV. and Larcher Caliri, MH. 2016. Úlcera por pressão após a alta hospitalar e o cuidado em domicílio. *Escola Anna Nery Revista de Enfermagem* [Internet]. 20(3). Disponível em: <https://www.redalyc.org/articulo.oa?id=127745807003>.
- Machado, DO., Mahmud, SJ., Coelho, RP., Cecconi, CO., Jardim, GS. and Paskulin, LMG. 2018. Cicatrização de lesões por pressão em pacientes acompanhados por um serviço de atenção domiciliar. *Texto contexto - enferm.* [Internet]. [citado 2019Abr21]; 27(2): e5180016. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072018000200329&lng=pt.
- Soares, CF. and Heidemann, ITSB. 2018. Promoção da saúde e prevenção da lesão por pressão: expectativas do enfermeiro da atenção primária. *Texto contexto - enferm.* [Internet]. [citado 2019 Abr 21]; 27(2): e1630016. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072018000200301&lng=pt.
- Brasil, Ministério da Saúde. Portaria 825, de 25 de abril de 2016: redefine a Atenção Domiciliar no âmbito do Sistema Único de Saúde e atualiza as equipes habilitadas. 2016. [cited 2019Abr 17]. Availablefrom: <http://www.jusbrasil.com.br/diarios/113894163/dou-secao-1-26-04-2016-pg-33>.
