

Original Article

INSCIENCE, DAY TO DAY STRUGGLE AND DISTRESS : LIVED EXPERIENCES OF PATIENTS WITH CHRONIC LEG AND FOOT ULCER

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Abstract :

Chronic leg and foot ulcers leads to negative physical, physiological, social and psychological impact on clients and families, thus decreasing their quality of life. A qualitative study on experiences of person living with chronic venous ulcer in Sweden, reported that person living with chronic ulceration have experiencing the decreased wellbeing, pain and struggle between the hope and despair. In this study phenomenological design was used. Six participants were interviewed with interview schedule by the purposive sampling method. Lack of knowledge and ignorance, dressing and foot care, day to day struggle, discomforts, financial hardship, Emotional reaction and self-adaptive measures and supports were six themes identified in the Qualitative data analysis. It was reported that, feeling of fear, loneliness/sad were experienced by the patients. Severe pain in the wound site that interfere with day to day activities and produces stress in relation to meeting daily activities and difficulty in financial resources because of decreased work capacity and loss of job. The adaptive measures like massaging the around the wound, playing with children, doing small works in sitting position and accepting the situation, consuming alcohol and smoking were followed. Participant encountered herbal medicine worsens the leg ulcer. Results were highlighted the impact of the chronic leg and ulcer and psychological and emotional disturbances ignorance of adequate leg ulcer care inevitably increases the risk of amputation. Study recommended the intervention to deal the emotional disturbances in order to prevent the risk of distress and depression.

Keywords: leg ulcer, foot ulcer and experiences.

Introduction :

The world health organization reported that the chronic diseases will be the cause for one third of death and disability in 2020. Management of chronic disease pose a special challenge in a health care delivery system. In India, totally 53% of deaths are due to chronic disease.¹

Chronic leg ulcer is a life threatening complication of vascular diseases and diabetes mellitus.² Leg and foot ulcer are often recalcitrant to healing, tend to recur and become long-term chronic healthcare problems.³

In UK, a study was explored the depression in people treated for chronic venous leg ulceration,

assess the impact of excessive exudates, (leading to leakage and odour, on their daily lives) and overall health and quality of life. The findings shows that odour and excessive exudates leading to leakage had an adverse effect on patients' psychological state, leading to feelings of disgust, self-loathing low self-esteem, social isolation and depression. The study recommended the healthcare professionals focus towards the measures to rectify the impact of odour and exudates leakage on patients' health and healing⁹.

In Indian scenario, very few studies were conducted related to the live experiences of patient with chronic leg ulcer. It is very difficult to measure the subjective experiences of patients quantitatively. So the researcher felt that there is need to understand deeply about their experiences related to living with chronic leg ulcer.

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Objectives:

1. Exploring the experiences of patient living with a chronic leg ulcer.
2. Describe the patient experiences related to care of chronic leg and foot ulcer.

Materials and Methods :

Phenomenologist assumes that human experience is inherently subjective. Interpretive phenomenological design was used to explore the experience of the patient living with chronic leg and foot ulcer. The non probability purposive sampling was used to select the participants.

Inclusion criteria

Patient those who are

1. Diagnosed by the registered medical practioner as diabetic foot ulcer.
2. Age between 30years -60years
3. Able to understand and speak either Kannada, Malayalam or English
4. Interested to share their experiences.
5. Had the site of ulcer below knee.
6. Visited the K.S hegde hospital for the treatment.
7. In all the stages of diabetic foot ulcer.
8. Underwent all the type of surgical procedure for the diabetic foot.
9. Patient in the stage of before and after the surgical procedure.

Exclusion criteria

1. Chronic leg and foot ulcer patient suffering with any other serious co existing illness.
2. Patient those who are uncooperative.
3. Patient those who are unconscious, drowsy and disoriented at the time of study.

Sample & sample size

Patients those who are fulfilling the sampling criteria. Sample size comprises of 6 patients with chronic leg and foot ulcer.

Setting

The study was conducted in K.S Hegde Medical College Hospital, Mangalore.

Data collection procedure

The data was collected from the participant by using interview schedule with open ended questions. The informed consent was obtained from the participant. Researcher recruited the participant based on the predetermined sampling criteria. Researcher collected the data regarding the patient perception and experiences related to living with chronic leg ulceration in the form of rich description. Researcher field notes, translator description and audio recording contributed the data base for study and serve to ensure the trust worthiness. Researcher used the Kannada and Malayalam translator to collect field notes of interview.

Scientific adequacy of the research

The researcher presented the original feeling, thoughts and perception of the participant in relation to living with the chronic leg and foot ulcer. The study strictly followed the privacy, confidentiality of the ethical clearance procedure. This study conducted by the researcher as a part of Ph.D program. Ensure the validity of the research, validity of qualitative analysis was done with peer group. Valuators 'were selected in the field of nursing. Most of the valuators given 100% agreement for the qualitative analysis.

Results :

The data analysis done by using Moustakas (1994) method. The process of data analysis will be done along with the help of translator. Following this initial step, the rich descriptions were analysed. The transcripts were converted into formulated statements .Meaning of formulated statement and themes were identified. Themes will be analyzed for exhaustive description. The participants shared the experiences were presented. Some of the participants not recognized the severity of the wound at the initial stages. The one male participant shared that "I have just scratched my skin with my own finger nail because of itching .But I never known that it became a severe chronic leg ulcer".

Lack of knowledge (inscience)

All the participants were evaluated that not having

adequate knowledge to prevent the occurrence of diabetic foot. More specifically not cautious about prevention of injury in the lower extremity. Two of the them had applied the herbal medicine which worsens the wound further. Two participants were not aware about the seriousness of the diabetic foot ulcer and not taken on time treatment. Participants were not followed the regular check up ,diet and follow up

Dressing and foot care

Most of the participant not aware dressing for the leg and foot ulcer. Participants were dressed the wound by the local hospital worker and relatives. Most of the participants not aware about the diabetic foot wear.

Information seeking

All of them did not know the seriousness or impact of the ulcer in the starting stage. Most of them ignored seeking the proper health care support. Two of the participant already suffered with one or two episode chronic leg ulcer either in the same leg or other leg for more than one year. Most of them were not aware about the amputation.

Day to day struggle

In a real way these participants were put their life in day to day struggle to manage the leg and foot ulcer. Chronic struggling, hospitalization, lack of mobility, pain, bleeding, leakage and sleep disturbances were the factors increasing the daily battle. Most of the participants moving with assistance and using plastic bags to cover the wound site to prevent becoming wet and soiled.

“Though I have adequate financial resources like land, shop and rubber, This age I am sitting in the hospital often and not able to do my work and responsibilities properly.It is very difficult situation in the life”

Discomforts

The participant have throbbing type of pain in the foot especially surroundings and it was very severe in intensity. Five out of six participants had severe pain in the ulcer and lead to sleep disturbances and immobility. One participant experienced complete loss of sensation in the leg. Fever and chills and difficulty in eating because of the odour from

the wound discharge were also reported by them.

Financial hardship

Female participants having the financial difficulties and male participants not having much financial difficulties but one participant expressed loss of job making him to feel very difficult. Participants experienced difficulty in doing the work because of the pain, immobility.

Emotional reaction.

The participant got embarrassed and tensed. “Yesterday the staff nurse came and dressed my wound .I got scared. The wound was bleeding profusely .I am very scare to see my wound.”

One of the male participants was looking depressed and bothering about the hospitalization. Young male participant lost his hope in his life. The participant was feeling very bad about often suffering with health problem, loss of mobility and not going for the work regularly. “I am feeling very difficult with this situation often I am facing this problem in this age”

Self Adaptive Measures.

Watching TV and outside the window, playing and talking with the children, support from the family members and talking with the neighbors were adaptive measures used by the participants and they used these measures to cope with pain, emotional feeling, boredom and compensating the loss of mobility. The entire male participants were used to consume alcohol .Two of the male participant were smokers.

Baseline information

Duration of the leg ulcer for the entire participant was more than six months and one participant suffering for last five years. The entire participant wound surface area were more than 9 cm except two participant. Site of the ulcer for most of the participant were plantar aspect of the foot and for some of them it extended to dorsum aspect of the foot .Equally the participant had the ulcer in left and right leg. Four of the participant were falls in the age group between 50-60 years and two of the participant 30-35 years .Equally both male and female participant were included in the study.

Two individuals mentioned that the leg ulcer formed due to the corn in the foot and two of them got due to the formation of small ulcer, one person got gangrene and another person got the ulcer due to the scratching of the

leg with his own finger nails. Out of six participants, four participant foot ulcers was a second episode and others were got the foot ulcer as a first episode.

Tables with captions separately.

Table 1 : Identified themes and grouping of formulated statements related to knowledge

Lack of knowledge and ignorance	Dressing and foot care	Information seeking
Approached the herbal medicine. Not taking the diabetic diet to contro blood sugar level. High blood sugar level was ruled out after the occurrence of chronic foot ulcer. Not followed proper follow up and regular check up.	dressed by the local un trained hospital worker, Used the damaged foot wear. Not using the diabetic foot wear.	first victim in their life getting such type of ulcer, gathered from the health care professionals is inadequate, Not knowing the seriousness or impact of the ulcer in the starting stage. Delay in approaching the surgeon.

Table 2. : Identified themes and grouping of formulated statements related to struggle.

Day to day struggle	Discomforts	Financial hardship
Getting assistance for going toilet and bathing. Using plastic bags to cover the wound site to prevent becoming wet and soiled. Struggling with the leakage from the wound and its odour. Sleep disturbances because of the pain, dressing and leakage.lack of mobility,	loss of sensation in the leg, fever and chills in relation to leg and foot ulcer, throbbing type of pain in the foot, Profuse bleeding from the wound. Wound surface area more than 9cm. Wound on the plantar and Dorsum aspect of foot	difficulty in doing the work now a days because of the pain, Taking loan for the hospital expenses stopped his work because of the participant sickness.

Table 3 : Identified themes and grouping of formulated statements related to emotional reaction.

Emotional reaction.	Self adaptive Measures
Feeling of neglected, Embarrassed, feeling tensed and giddiness by seeing wound, Bothering about the hospitalization. Fear about the future. Fear of meeting responsibility and death.	Doing some of the house hold works in a sitting posture. watching TV, Watching outside the window, playing and talking with the children Accepted and ready to face leg ulcer. support from their family members, Smoking and Using Alcohol.

Discussion :

Totally six themes were identified in the analysis such as lack of knowledge and ignorance, information seeking, Day to day struggle, Discomforts ,emotional reaction and Inadequate knowledge, ignorance, leads to poor ulcer care. Pain, odor, leakage from the wound , bleeding and sleep disturbances are the struggle are experienced by the person daily .Pain and immobility were the major issues, creates diminished the work capacity and sleep disturbance were some discomforts experienced by them. Feeling of sad, neglected, worrying about the illness, loneliness, fear about the wound, and fear about meeting

the responsibilities and death were the emotional disturbances experienced by them.

Watching television, playing with children, smoking, alcoholism are coping resources and acceptance was the coping strategy were adapted by the participants mainly used to adapt with pain and family members are supporting adequately to meet their daily activities. Interestingly one participant used constructive coping strategy acceptance. Financial difficulties, loss of job and diminished work capacity faced by the all the participants. There is need to create the awareness about the self care, foot care, foot wear and amputation.

Findings was supported, a study was conducted to explore the lived experience of people who have non-healing venous ulcers in UK. Interpretative phenomenological analysis was utilized to identify themes and patterns. The core themes identified through analysis were biographical disruption, ways of coping, social implications and therapeutic relationships. The emergent themes reveal the impact of chronicity in participants' experience of chronic leg ulcers, their various emotional and problem-focused coping strategies and the positive role the district nurse plays in their lives. This study places leg ulceration within the body of literature on chronicity¹⁶.

Conclusion :

The experiences of the participants suggest the number of conclusions as follows

The ignorance and lack knowledge related to chronic leg and foot ulcer were the main factor for the long term struggling. Daily battle with this damages the satisfaction with life and produces psychological distress and negative impact on the quality of life. The adaptive measures of the participant were inadequate to meet the impact of this chronic illness. The negative coping strategies adapted by the males were worsening the problem and increase the risk of other health problems. Financial difficulties and diminished work capacity further aggravated the impact of the disease and increased risk of losing the support. The emotional reactions associated with chronic ulcer

increases the psychological distress. Continues struggle with this problem were the root cause for psychological disturbances and associated risk specially depression.

Apart from physical problems, emotional disturbances and psychological risks were arising equally in this daily battle with leg and foot ulcer. Emotion needs of these patients should be taken care in order to promote coping with illness, self care, health and healing. Minimal psychological intervention need to prevent the risk of distress and depression and motivated for the self care.

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References :

1. www.who.int/chp/chronic_disease/report
2. Vowden K, Vowden P, Posnett J. The resource costs of wound care in Bradford and Airedale primary care trust in the UK. *Journal of Wound Care*. 2009;18(3):93-98.
3. K. Solowiej, BSc (Hons), V. Mason, PhD and D. Upton, PhD, FBPsS. psychological stress and pain in wound care part 2 Review of pain and assessment of tools. *The journal of wound care* vol 19, no 3, march 2010 ;page no :109-115.
4. Gupta N, Gupta SK, Shukla VK, Singh SP. An Indian community-based epidemiological study of wounds. *Journal of Wound Care* . 2004 Sep;13(8):323-5.
5. A world federation of mental health report .Nightingale nursing Times.Vol6, no.7. October 2010; page no:3-4.
6. B.Ebbeskog RNT,BSC and S.L.Ekman RN Phd .Elderly persons experiences of living with chronic venous leg ulcer: Living in a dialectal relationship between freedom and imprisonment. *Scotland Journal of caring Science*,2001, Vol 15 ; Page No : 235-243
7. Douglas Harper, Tracey Gillies, Lynne Anderson, Fiona Bruce, Shonna Byrne, Duncan Dougall, Stewart Douglas, Clifford Eastmond , John Foster General, Kenneth Macdonald, Sheena MacDonald, Ian Taggart, Digby Thomas - The care of patients with chronic leg ulcer. *Scottish Intercollegiate guidelines Network*. July ,1996 ,Vol 26; Page No:4-5.
8. Hareendran A, Bradbury A, Budd J, Geroulakos G, Hobbs R, Kenkre J, Symonds T. Measuring the impact of venous leg ulcer on quality of life. *Journal of wound Care*. 2005 Feb;14(2):53-7.
9. Jones JE, Robinson J, Barr W, Carlisle C. Impact of exudate and odour from chronic venous leg ulceration. *Nursing Standard*. 2008 Jul 16-22;22(45):53-4, 56, 58.
10. Oliver R, Herber Wilfried Schnepf and Monika A rieger. A systemic review on the impact of leg ulceration on patient's quality of life. *Health and quality of life outcomes*. 2007, July 25; Page no: 524-44 www.pubmed.central.com.
11. Stephen-Haynes J. The Leg Club model: a survey of staff and members' perceptions of this model of care. *Journal of Wound Care*. 2010 Sep;19(9):380, 382, 384 passim.
12. Gale L, Vedhara K, Searle A, Kemple T and Campbell R. Patients' perspectives on foot complications in type 2 diabetes: a qualitative study. *British Journal of General Practice*. 2008 Aug;58(553):555-63.
13. Freeman E, Gibbins A, Walker M, Hapeshi J 'Look after your legs': patients' experience of an assessment clinic. *British Journal of Community Nursing*. 2007 Mar;12(3):19-20.

14. Briggs M and Flemming K. Living with leg ulceration: a synthesis of qualitative research. *Journal of Advance Nursing*. 2007 Aug;59(4):319-28.
15. Hawkins J and Lindsay E. We listen but do we hear? The importance of patient stories. *Source. British Journal of Community Nursing*. 2006 Sep;11(9):S6-14.
16. Hopkins A. Disrupted lives: investigating coping strategies for non-healing leg ulcers. *British Journal of Nursing*. 2004 May 13-26;13(9):556-63.
17. Ebbeskog B and Ekman SL. Elderly persons' experiences of living with venous leg ulcer: living in a dialectal relationship between freedom and imprisonment. *Scandinavian Journal of Caring Sciences*. 2001;15(3):235-43.