

PROFESSIONAL TRAINING AND THE OUTCOME IN WOUND TREATMENT: A THEORETICAL REFLECTION

^{1,*}Anelvira Oliveira Florentino, ²Cássia Marques da Rocha Hoelz, ³⁴Franciele Costa da Silva Perez, ⁴Adriane Lopes, ⁵Ingridy Tayane Gonçalves Pires Fernandes, ⁶Márcia Zotti Justo Ferreira, ⁷Luciana Rodrigues Silva, ⁸Solange Aparecida Caetano, ⁹Elaine Aparecida Leoni and ¹⁰Cláudia Maria Silva Cyrino

^{1,2,3}Paulista State University, Botucatu, São Paulo, Brazil

⁴Integrated Faculties of Jau.Jaú, São Paulo, Brazil

⁵Anhembi-Morumbi University, São Paulo, São Paulo, Brazil

^{6,7}Anhaguera College of Tabao da Serra, São Paulo, Brazil

^{8,9}Unin of Nurses of the State of São Paulo, São Paulo-Brazil

¹⁰Paulista State University, Botucatu, São Paulo, Brazil

Received 20th November 2021; Accepted 16th December 2021; Published online 30th January 2022

Abstract

Background: A properly qualified professional, specialized and qualified to work guides his patient and family, with greater adherence to the proposed therapy, especially in cases of home visits, advising, acting as a health educator, acting correctly, ethically, and updated, enabling a dignified and quality offer to the patient. **Aim:** Reflect on the professional training of nurses in wound care and its influence on the outcome. **Methods:** This is a theoretical reflection based on current scientific literature and a case study, which took place in the time frame from June to August 2021. **Results:** In the first home consultation, on June 5, 2021, the patient was found to be in a process of dementia, disoriented, malnourished, with trochanteric and sacral lesions with signs of infection and necrosis. Anamnesis, care, and guidance to the family were carried out. **Conclusion:** The execution of therapeutic actions in the treatment of wounds must be performed by a qualified professional, trained to do so, to obtain good adherence to therapy, maintain the integrity of the skin, its dignity and provide quality of life. **Implications for clinical practice:** It is believed that this study can arouse the interest of professionals who treat wounds to qualify and update themselves always, in order to offer an adequate and effective.

Keywords: Professional Training, Wounds; Home Care, Therapeutic Adherence, Outcome Assessment, Health Care.

INTRODUCTION

The treatment of wounds has been keeping up with technology, with new equipment such as lasers, as well as new coverages and protocols, such as, based on evidence-based practice, are designed individually, and considering the individual as a whole. The increase in the number of specializations in Dermatology is emphasized, with an emphasis on Wounds, Stomal Therapy, Phototherapy, Wounds and Dressings, among others for the treatment of skin lesions, which is an indicator of the population's need and a market area that gives autonomy to the health professional, especially the Nurse. In a favorable scenario for the development of skills, abilities, promotion of quality of life and rehabilitation of the individual's health, it appears that there is a gap in practice. The care of skin lesions is one of the main and first activities performed by nurses in a private way and its performance in health units, whether in basic health units or hospitals, not requiring proof of title/specialization from the professional. Given the above, in practice, inadequate treatments are performed, generating more time for healing, higher costs for institutions and even for the family/patient, when he/she is in home treatment. A study carried out with nurses precisely demonstrates that there is very general knowledge and unsafe actions in the treatment of wounds by non-specialist professionals.¹ As with all specialties, Dermatology with an emphasis on wound treatment evolves, changes, interventions fall into disuse and are replaced by others, as well as its drug therapy, coverage, etc. A properly qualified professional, specialized and qualified to act guides his patient and family, with greater adherence to the proposed therapy, especially in cases of home visits, advising,

acting as a health educator, acting correctly, ethically, and updated, enabling a dignified and quality offer to the patient.² Undoubtedly, the home treatment of wounds, especially those that have a long period without healing, at home is enriched by the patient being in their environment, with their family, with a support network for emotional and health support - based on continuity of the therapy given by the professional during his/her visit -, enabling the offer of adequate care to the realities of the patient as an individual, according to his/her needs. The care of chronic wounds takes place over a long period, making the nurse carry out the reception, gaining the trust of the patient and their family, from the correct action and their care with ethics, transparency, safety, respect and in accordance with the science. An excellent care will be offered when there is a union of science, education and adequate and updated practice; and the outcome of the treatment will be given by these three variables, which directly affect.

Purpose

Reflect on the professional training of nurses in wound care and its influence on the outcome.

METHODS

This is a theoretical reflection based on current scientific literature and a case study, which took place in the time frame from June 5 to August 18, 2021. This study has a reflective and descriptive character, and its approach is qualitative. Based on the history of the patient and his injury, a reflection on the importance of a qualified nurse professional for the treatment, adherence and outcome of a wound emerged. The case took place in the city of Itapetininga, State of São Paulo, Brazil. To

*Corresponding Author: Anelvira Oliveira Florentino, Paulista State University, Botucatu, São Paulo, Brazil.

build the theoretical foundation of this study, a search was carried out in the current literature, based on studies published and indexed in Google Scholar. This database was used because it allows access to other types of scientific studies, not just scientific articles, as there is a shortage of studies on the topic addressed here. Aiming respect the privacy of the patient and his family, they will be anonymous. The family authorized to photograph the evolution of the wound and use it as a study based on the signing of the Informed Consent Form, considering that the patient does not answer for himself.

RESULTS

Patient J.F., male, 78 years old, was institutionalized and did not have a large or qualified support network. Transferred from a clinic outside the city of care via a home visit, the family was unable to inform how long the patient had had the wound. In the first home consultation, on June 5, 2021, the patient was found to be in a process of dementia, disoriented, malnourished, with trochanteric and sacral lesions with signs of infection and necrosis. Anamnesis, care, and guidance to the family were carried out. From consultations once a week, it was possible to observe good evolution in healing, with its last day on August 18, 2021, not because of the wound closure, but because of the family's option to discontinue treatment with a trained professional due to the high cost. The entire treatment was carried out from the ozoniobag at 60 mcg, which consists of a cover bag with ozone gas, which is part of the Integrative and Complementary Therapies group.

From the photos of the wound in the sacral region, it is possible to observe the evolution.



Figures 1. Evolution of the wound. Itapetininga, São Paulo, Brazil, 2021

DISCUSSION

There are many variables that must be analyzed in this case, as shown below. The elderly person was institutionalized, so there was negligence in the clinic, thus failing to fulfill the function of a long-term institution, which aims to provide quality at the end of life and comprehensive support and health care. Negligence or recklessness in health care for the elderly is considered violence, violating the Elderly Statute. Clinics, long-stay institutions and family members/caregivers are responsible for the elderly, especially as in the aforementioned case, an elderly person who is not in good standing to signal any type of dissatisfaction, discomfort or reaction.³ There is also a deficient support network of the family, which did not monitor the elderly, their well-being, their health condition and does not obtain concrete and certain information about the injuries and general clinical status of the patient. The support network for the elderly, institutionalized or not, must exist, because with the aging process and the appearance of fragilities, dependence, loss of autonomy and social/family/marital role and the development of comorbidities, it is a matter of dignity to do so much for someone who is at the end of his life. This support network ranges from assistance for activities of daily living, to attention, affection, company, hygiene, leisure, care in general.⁴ It is not known if any type of therapy was performed in the institution, but if it was done, it was not performed by a qualified professional, as it showed signs of infection, necrosis, in addition to the patient's malnutrition, which directly influences the healing process. In addition to constituting a violation of the principles that guide health care, professionals need to be aware of their responsibility for the patient's life, how much their care can influence their life, their quality of life, whether for the better or for the worse. Professional qualification and updating are the best paths that professionals should follow to ensure patient safety. The chosen therapy is recent, ozone therapy, which has gained emphasis in scientific events and in clinical practice. Your action consists of:

“As O₃ reacts, products derived from contact with organic matter cause an acute and transient oxidative stress capable of triggering intra and extracellular pathways that lead to positive biological responses. In addition to having a direct action on transcription factors that stimulate the production of antioxidant enzymes, O₃ damages the bacterial cell wall and cytoplasmic membrane, causing a bactericidal, germicidal, fungicidal effect, without triggering resistance mechanisms, in view of these properties it has been increasingly applied in integrative clinical practice[...].”^{5:2}

Conclusion

The professional, when accepting to perform an intervention, without proper qualification, goes against the Law of Professional Practice and the principles of Ethics and Bioethics, being reckless and causing harm to the patient.

This reflective study brought science together with recent therapies (such as ozone therapy); clinical practice, based on the report of the case experienced; and education, which should guide health care, ensuring quality of care, risk prevention, effective treatment, healing, and well-being outcomes. As a limitation of the study, unfortunately, the treatment was not completed, that is, complete healing, due to the option of interrupting the treatment for financial reasons. However, it was clear that a qualified professional can offer individualized assistance according to the needs of each patient. Education and Science save lives!

Implications for clinical practice

It is believed that this study may arouse the interest of professionals who treat wounds to qualify and update themselves always to offer an adequate and effective. No guesswork, no insecurity, evidence-based practices, with Science as the guide. In the midst of a pandemic period and surrounded by fakenews and infodemia, the theme of education should receive increasing emphasis, considering that we work with lives, with people, we save lives, based on adequate care, we enable an improvement in the quality of an individual, in addition to having taken the oath at the end of the Undergraduate Course to commit to Science and update to take care of people.

Key messages

It is necessary for the professional to specialize and update.

Education and responsibility save lives.

It takes an individual to have a support network.

Science saves lives.

REFERENCES

- Almeida BS. Fragilidades no cuidado aos pacientes com lesão por pressão: percepção dos enfermeiros. Monografia (Curso de Enfermagem) – Centro Universitário de João Pessoa, João Pessoa, 2018. 183f.
- Fonseca PMM, Soares TB. Atuação da equipe de enfermagem frente aos cuidados do paciente portador de ferida venosa. UMC [access in 05 Jan 2022]. 2019;4(1):1-15. Available from: <http://seer.umc.br/index.php/revistaumc/article/view/613/486>
- Silva C. Negligência familiar contra o idoso. Monografia (Curso de Serviço Social) – Universidade Federal de Uberlândia, Uberlândia, 2020, 29f.
- Moreira A. O idoso institucionalizado: aspectos legislativos e a influência da participação familiar na qualidade de vida da pessoa idosa. Rev. Longevidad. 2020 [access in 05 Jan 2022];2(6):50-63. Available from: <https://revistalongevidad.com.br/index.php/revistaportal/article/viewFile/829/896>
- Paula KJS, Urruchi WMI, Freire MHS. Determinação da concentração de ozônio em diferentes tipos de soluções aquosas para uso na prática clínica. Glob AcadNurs. 2021;2(1):e64. <https://dx.doi.org/10.5935/2675-5602.20200064>
