


**PERCEPTION OF PEOPLE WITH CHRONIC CONDITIONS AND THE INFLUENCE ON  
THE INJURY HEALING PROCESS**

**PERCEPÇÃO DE PESSOAS EM CONDIÇÕES CRÔNICAS E A INFLUÊNCIA NO  
PROCESSO DE CICATRIZAÇÃO DE LESÕES**

**PERCEPCIÓN DE LAS PERSONAS CON ENFERMEDADES CRÓNICAS Y SU  
INFLUENCIA EN EL PROCESO DE CURACIÓN DE LAS LESIONES**

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**ABSTRACT**

The study aimed to analyze the perceptions of people with chronic diseases regarding the healing of hard-to-heal wounds. Most participants recognized the influence of their chronic condition but only received proper guidance after being referred to specialized care. Popular practices were common, along with difficulties related to diet, medication, and self-care. It is concluded that care must be comprehensive, with a focus on health education and strengthening of primary care.

**Keywords:** Wound Healing. Nursing. Chronic Disease.

**RESUMO**

O estudo teve como objetivo analisar as percepções de pessoas com doenças crônicas sobre a cicatrização de lesões de difícil cicatrização. Observou-se que a maioria reconhece a influência da condição crônica, mas só recebe orientações após encaminhamento especializado. Práticas populares são comuns, bem como dificuldades com dieta, medicação e autocuidado. Conclui-se que o cuidado deve ser integral, com foco em educação em saúde e fortalecimento da atenção básica.

**Palavras-chave:** Cicatrização de Lesão. Enfermagem. Doença Crônica.

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## RESUMEN

El estudio tuvo como objetivo analizar las percepciones de personas con enfermedades crónicas sobre la cicatrización de heridas de difícil curación. La mayoría reconoció la influencia de su condición crónica, pero solo recibió orientación adecuada tras el encaminamiento a atención especializada. Son comunes las prácticas populares, así como las dificultades con la dieta, la medicación y el autocuidado. Se concluye que la atención debe ser integral, con énfasis en la educación en salud y el fortalecimiento de la atención primaria.

**Palabras clave:** Cicatrización de Heridas. Enfermería. Enfermedad Crónica.

## 1 INTRODUCTION

Chronic non-communicable diseases (NCDs) refer to a high rate of premature mortality and disability of people with them. In addition, it can cause aggravations and change lives, one of them being chronic wounds (SILVA, *et al.*, 2022).

This health condition is responsible for a high mortality rate, among which the main causes of death are cardiovascular diseases, chronic respiratory diseases, neoplasms and diabetes mellitus. Risk factors that favor development are genetic, obesity, smoking, sex, age, sedentary lifestyle, excessive alcohol consumption, inadequate diet (PASQUETTI, *et al.*, 2021).

Chronic wounds are characterized as lesions in the anatomical and physiological structure of the skin, which are difficult to heal and the healing process exceeds six weeks. This health condition directly affects the user's quality of life, both physically and emotionally. Chronic wounds can also cause pain, self-care deficit, sleep changes, anxiety, and changes in body image (ALMEIDA, *et al.*, 2024).

For good healing, it is not only efficient to treat the injury site, a set of factors is necessary for a good result, so psychological support must be provided, drug treatment when prescribed, dressing change following the professional's recommendation (FERREIRA, *et al.*, 2020).

Although chronic diseases are widely recognized as a public health problem, little is known about patients' perceptions of wound healing associated with these conditions, which can directly affect treatment adherence and health outcomes.

In view of the above, it is relevant to conduct a survey with patients with injuries and chronic diseases, in order to understand the perceptions of patients about how their diseases affect the healing of injuries.

Thus, the general objective of the study is to analyze the perceptions of people with chronic conditions and the influence on the healing process of difficult-to-heal lesions, and the specific objective to investigate in the scientific literature which factors patients consider important for the healing of wounds in their conditions, to understand how patients relate their chronic diseases to the healing process.

## 2 METHODOLOGY

This work consists of a scientific research that is acquired through the methodological process that aims, in most cases, to clarify and debate a fact based on the verification of one

or more hypotheses. Thus, it is directly related to specific issues in which it tries to explain and relate them to other events (PRAÇA, 2015)

Qualitative research represents an investigation approach that considers the subject's connection with the world and its relationships, it is a methodology that focuses on understanding social, cultural and individual phenomena. Quantitative research, on the other hand, aims to control data, using objective instruments and techniques to discuss the information collected through an analysis supported by mathematical instruments, seeking generalizations (MINEIRO, et al., 2022)

The mixed study, as the name suggests, integrates elements of both the qualitative and quantitative approaches. It seeks to contribute to research on the advantages of both approaches, aiming to provide a broader view of the phenomenon studied (FARIAS, et al., 2018)

This research is then a mixed study with a quantitative and qualitative approach, with an exploratory objective. Developed in a wound outpatient clinic in the city of Palmas Paraná, from 04/07/2025 to 05/30/2025. The research was carried out in two stages, for a qualitative approach a Narrative Review of the literature was carried out and for a quantitative approach the application of a questionnaire.

The literature review was the first step to be taken at the end of November 2025. Using the descriptors Wound healing, nursing, chronic disease. In Lilacs, Scielo and VHL databases, totaling 43,965 articles, but of these were analyzed only from the last 5 years, excluding 43,392 articles, leaving 570 studies. The review was completed with 6 articles, however, to obtain these data, exclusion methods such as duplicate articles, title analysis and abstract were used.

The interview was carried out through consultations with patients from the municipal wound outpatient clinic, so the patients who were scheduled went to the site and were asked if they accepted to participate in the research, explaining the objective and how it will happen. The estimated time was 20 minutes, taking into account the dispersion of the subject because they are an audience more in need of attention.

A total of 9 participants who met the inclusion criteria were counted: being patients with chronic diseases, aged over 45 years, and who attended the outpatient clinic regularly. The statements of these 9 patients were identified and organized as "P", followed by the number corresponding to the order in which they were interviewed.

A literature review was carried out in six stages, including the elaboration of the guiding question, search or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results, presentation of the integrative review (SOUZA, et al., 2010)

In this way, a printed questionnaire will be applied to the users of the outpatient clinic, accompanied by the consent form, by the professionals who work during the consultations. Thus, patients will not need to travel exclusively to respond to the instrument. To ensure a coverage of all users, the application will be carried out daily.

A questionnaire containing 8 questions was applied, 5 of which were multiple choice and 3 with fields for open answers. The questions addressed categories such as: knowledge about the chronic disease, perception of the work of health professionals and demographic data. This last category included 4 specific questions.

Participants who were regularly followed up with the outpatient clinic, had a chronic wound that had not healed for more than 6 months, had chronic non-communicable disease (NCD), were 45 years older and were able to answer the questionnaire autonomously.

Patients who have been discharged or are in the process of being discharged, people under 45 years of age, do not have a chronic disease, participants who need others to answer for themselves, are considered as an exclusion method for research.

The Interview had a term of commitment (ICF) which the user who accepted had to sign, thus being kept for 5 years in case of withdrawal or doubt from the research. The questionnaire part was performed manually, transcribing the patients' answers on separate sheets.

This research aims to understand the perceptions of patients, showing how chronic diseases affect the healing of lesions, in addition to seeking a view of how much these users have information about their own disease because it is of paramount importance that they are following the treatment and knowing when a disease can aggravate and generate new problems for their health.

The wound outpatient clinic has been operating since 2021, which aims to help patients with their chronic wounds and an environment to carry out scientific studies, the study is part of the research project of the outpatient clinic from which the opinion of the ethics committee originates (Opinion No. 3.730.642).

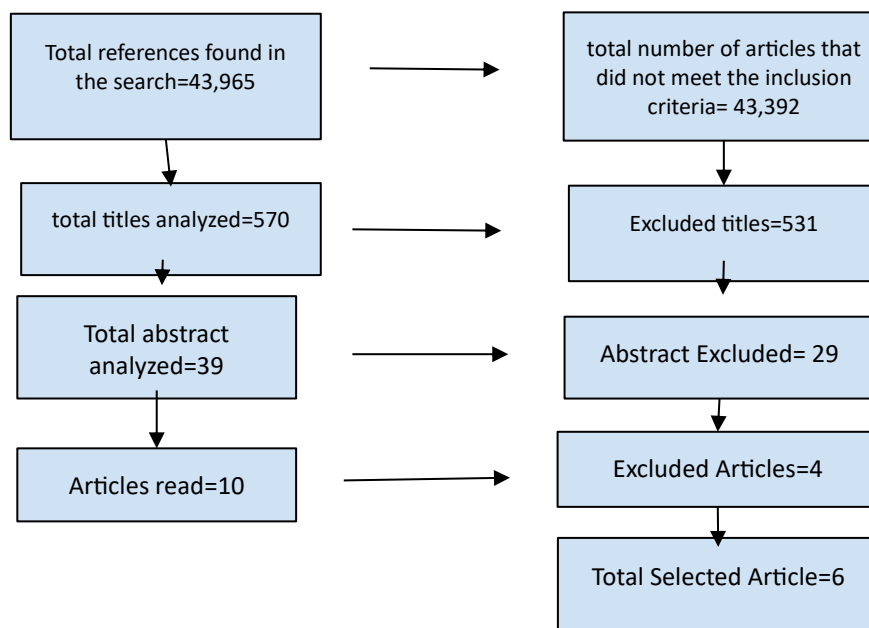
### 3 RESULTS

After the search phase in the databases, 43,965 records were initially identified. Applying the inclusion criterion referring to the time frame of the last five years, 43,392 documents were excluded, leaving 570 articles for analysis. Of these, 531 were discarded based on the reading of the titles.

In addition, 5 duplicate documents were identified between the VHL and LILACS databases, which were also eliminated. Thus, 39 articles were read in the abstracts. After this stage, 10 articles met the selection criteria. Finally, after the complete reading and application of the guiding question, 6 articles were included in the final sample.

**Figure 1**

*Flowchart selection of articles*



Source: Flowchart prepared by the author, 2025.

Table 1 shows the age distribution of the research participants, totaling nine individuals aged between 54 and 74 years. A higher concentration was observed in the 66-year-old age group, representing 33.3% of the sample. This predominance of adults and the elderly is relevant, considering that the presence of chronic diseases and difficulties in the wound healing process tends to be more common in older age groups.

**Table 1**

*Ages of the research participant. Research Source, Palmas- PR. 2025*

Age(years)	Absolute frequency	Relative frequency
54	1	11,1%
60	2	22,2%
66	3	33,3%
72	1	11,1%
74	2	22,2%
TOTAL	9	100%

Source: Prepared by the author (2025)

Table 2 shows the distribution of the research participants according to gender. There was a predominance of males, with 66.7% of the interviewees, while females represented 33.3% of the sample. This distribution may reflect population characteristics of the region or even the profile of patients with chronic diseases treated at the local health service, and is relevant data to contextualize perceptions about the healing process.

**Table 2**

*Frequency distribution by gender. Research Source, Palmas- PR. 2025*

Gender	Absolute Frequency	Relative Frequency
Male	6	66,7%
Female	3	33,3%
Total	9	100%

Source: Prepared by the author (2025)

Table 3 shows the distribution of chronic diseases reported by the participants. The most frequent diagnoses were hypertension and diabetes, both with 33.3% of the responses. However, it is noteworthy that 26.7% of the participants chose not to answer this question. This data may indicate resistance, lack of knowledge or even lack of formal diagnosis, aspects that can directly impact self-care and adherence to guidance related to the healing process.

**Table 3**

*Type of chronic diseases. Research Source, Palmas- PR. 2025*

Chronic Disease	Absolute Frequency	Relative Frequency
Hypertension	5	33,3%
Diabetes	5	33,3%
Do not respond	4	26,7%
Total	14	100%

Source: Prepared by the author (2025)

Table 4 shows the time of diagnosis of chronic diseases reported by the participants. It is observed that the majority (44.4%) could not inform the exact time since the diagnosis, which may indicate failures in communication between the patient and the health service, or even a low understanding of their condition. The other participants reported varying durations, between 3 and 40 years, evidencing different profiles in relation to living with the chronic disease and possible impacts on the healing process.

**Table 4**

*Time of diagnosis of the chronic disease reported by the patients. Research Source, Palmas- PR. 2025*

Diagnosis time	Absolute Frequency	Relative Frequency
3 Years	2	22,2%
4 Years	2	22,2%
40 Years	1	11,1%



Didn't know how to answer	4	44,5%
Total	9	100%

Source: Prepared by the author (2025)

Table 5 presents the participants' answers about the information received regarding the impact of chronic disease on the wound healing process. The majority (88.9%) stated that they had received guidance in this regard, which suggests an effort on the part of health professionals to promote health education. However, although in a smaller number, the absence of information for one of the participants (11.1%) highlights the need to expand access to knowledge and strengthen educational practices in a more equitable way.

**Table 5**

*Information received by patients on the impact of chronic disease on wound healing.*

*Research Source, Palmas- PR. 2025*

Answer	Absolute Frequency	Relative Frequency
Yes	8	88,9%
No	1	11,1%
Total	9	100%

Source: Prepared by the author (2025)

For the analysis of qualitative data regarding the health team (doctors, nurses) offer sufficient support to understand how their condition affects wound healing. The results showed that seven participants (77.8%) stated that they received support from the health team to understand how their chronic condition affects wound healing. The other two participants (22.2%) reported not receiving this type of support.

The statements stood out:

"There is a need for more monitoring by the UBS team and the vascular team. There is a delay in consultations and exams (P4).

"Not all locations provide the correct information. At the station in my neighborhood, it was always very difficult. They didn't even know how to make the dressing. Only in the outpatient clinic did I have a better evolution." (P9).

When asked about their perception of the difference in wound healing compared to people without the same chronic condition, seven (77.8%) reported perceiving a difference in wound healing compared to people without the same chronic condition. The remaining two participants (22.2%) stated that they did not perceive this difference.

Still on the question of what chronic disease affects healing, only two participants complemented users p3 and p7, who reported that chronic disease influences the healing time of the lesion. This low number of responses may be related to the lack of information received about the disease and its impact on the healing process, or even to the existence of doubts that patients had, but did not have the opportunity or did not feel comfortable clarifying (MARQUES, et al., 2018)

Regarding the investigation of the participants' perception of the factors related to their chronic condition that can influence wound healing, it revealed a partial but significant understanding on the part of the interviewees. Most mentioned the impact of diabetes on blood circulation and on the general functioning of the body, recognizing that inadequate blood glucose control can compromise healing, only P1 did not answer.

"lack of circulation, not being able to tell the influence of chronic diseases But I believe there is a relationship" (P4)

"if diabetes is not controlled, the wound does not heal" (P7)

Regarding the investigation of the participants' knowledge about practices that could help in the healing of wounds considering their chronic condition, they revealed a predominance of popular and empirical knowledge, but some activities are already recommended.

"Using aloe vera, making tea with cucumber to control diabetes, you the cucumber in the blender and drink the tea afterwards" (P9)

"Use of sugar, lard and aloe" (P1)

"Take care of cleanliness, leaves leg elevated" (P6)

"Physical exercise, water intake, taking care of food" (P4)

Regarding the participants' perception of the influence of adequate control of chronic disease on the healing of lesions, they showed a clear understanding of the importance of treatment adherence. Of the interviewees, 50% recognized that the correct use of medication and medical follow-up directly contribute to more effective healing.

"When you take medicine, the scar closes faster" (P2)

"Pain control, heals faster" (P4)

Regarding the challenges faced by the participants in the care of wounds due to their chronic conditions, they revealed several physical, emotional and social difficulties. One respondent did not answer the question.

"I have difficulty controlling the medication, and I really like to eat sweets"(P1)

"be careful with cleanliness, diet, I am careful not to fall or crash" (P2)

As for information, participants would like to receive about the relationship between their chronic condition and the wound healing process.

"Pass on information about the disease and how it interferes with healing" (P2)

"To give a lecture at work because that's how I discovered the disease, more information about the diseases" (P6)

## 4 DISCUSSION

Chronic wounds are usually related to other health problems such as diabetes, venous insufficiency, arterial disease, and immobility conditions. These are lesions that exceed the usual time, being more than six weeks of healing, in addition to directly impacting the quality of life of affected individuals. The study by Oliveira et al. (2019), showed that factors such as pain, time of wound existence, presence of exudate, and odor directly affect the physical and emotional well-being of patients.

Similarly, the research by Zanoti (2021) pointed out that the continuous monitoring of patients with chronic wounds in primary care, even during the pandemic, was essential to

promote guidance on hygiene, diet, and constant evaluation of injuries. However, failures were identified, such as the scarcity of resources and the lack of preparation of health teams in some contexts, which impairs the healing process.

Another point that deserves attention is the patients' own perception of their health and their role in the treatment. The study by Bastos et al. (2021), identified that many elderly people with chronic diseases have difficulties in managing their conditions on their own, especially in relation to the correct use of medications, the recognition of the importance of healthy behaviors, and an effective relationship with health professionals. These difficulties directly reflect on the results of the wounds and the therapeutic process.

Quality of life is one of the main indicators used to assess the impacts of chronic wounds. Pasquetti et al. (2021), showed that users with chronic diseases treated in primary care had low quality of life scores, especially in the physical domain. This reinforces that the approach to chronic patients must be integral and individual.

Lucena et al. (2020), in their scoping review on wounds in palliative care, warn of the importance of interventions that go beyond physical care, but care for the psychosocial and spiritual. In situations where a cure is not feasible, the focus should be on relieving symptoms and promoting dignity, without giving up qualified listening and welcoming the patient's subjective needs.

This evidence reflects that the healing process goes beyond just dressing the patient, it involves the whole patient, providing guidance on the way of healing, the use of medication, the relationship of their disease with the healing process, but always respecting the patient and having an individual look at each case that arises.

Population aging, a result of the demographic transition, is directly related to the increase in the prevalence of chronic non-communicable diseases and conditions, characterizing the so-called epidemiological transition. In this scenario, skin diseases and lesions stand out, which significantly affect the quality of life of elderly individuals. The skin aging process has two main components: the intrinsic, related to age and genetic factors, and the extrinsic, resulting from exposure to environmental factors, such as solar radiation, chemical agents and smoking (DUIM, et al., 2010).

Based on the research carried out at the wound outpatient clinic, it was observed that the participants were aged between 54 and 74 years. This age group, associated with the presence of chronic conditions such as diabetes mellitus and hypertension, requires greater

attention from health professionals, especially with regard to health problems that can compromise the healing process.

Chronic wounds, in this context, can be understood as a direct consequence of these factors, reflecting the clinical vulnerability of this population. Studies such as those by Pasquetti et al. (2021) and Almeida et al. (2024) reinforce this association by demonstrating that aging, when added to inadequate control of chronic diseases, is strongly related to worsening quality of life and slow healing processes.

It refers to the gender distribution of the patients interviewed, especially males, who correspond to 66.7% of the participants. These data may be related to greater exposure to accidents, in addition to lower demand for health care, which may result in delayed treatment and lower adherence to the use of medications for chronic non-communicable diseases (SIQUEIRA, et al., 2018).

Tables 4 and 5 present the answers regarding the types of chronic diseases that the participants have and the time since the diagnosis of these conditions. It was observed that five participants reported having diabetes mellitus, five had arterial hypertension and four were unable to identify which chronic non-communicable disease (NCD) they had, and of those who responded some had both diseases.

In addition, the study shows that diagnoses were made late, which resulted in a delayed start of treatment, including the use of medications and dietary changes. This delay directly compromises the quality of life of these individuals, highlighting the importance of early diagnosis and proper follow-up of NCDs, which consequently affects the healing of these lesions (FIGUEIREDO, et al., 2021).

Regarding the question related to the information received about the impact of the chronic condition on wound healing, it was observed that 88.90% of the participants reported having this knowledge. However, most stated that this guidance was acquired only after referral and follow-up at the specialized wound outpatient clinic. This data shows an important gap in primary care, both in relation to the supply of information and in the qualification of care for injuries. This fragility at the primary level can compromise the initial treatment and delay the healing process (RIBEIRO, 2019)

According to the literature, the care of chronic wounds requires a multidisciplinary and continuous approach, and it is essential that primary care is prepared to provide first aid and make the appropriate referrals in an agile manner (ALMEIDA, et al., 2024).

Among the factors that interfere in the healing process of chronic lesions, 50% perceived the chronic disease Diabetes Mellitus as the most relevant, especially in relation to blood circulation. Although 88.90% of the interviewees demonstrated some knowledge about the relationship between chronic disease and the body, another 11.1% had vague answers. These answers reveal that, even with empirical perceptions, there is still a lack of information on the pathophysiology of chronic diseases to healing.

Another relevant aspect was the frequent citation of popular and homemade practices, such as the use of aloe, lard and teas. This reality highlights the need for health services to recognize the cultural context of patients, offering clear and safe guidance, without disqualifying their beliefs, but promoting evidence-based care (PALAMIN.2018).

Regarding the challenges faced in wound care, the study participants reported, in their daily lives, following a diet, dressing and physical limitations. These reports reinforce that the care of chronic injuries goes beyond the clinical aspect, requiring emotional, social, and educational support (JUNIOR, et al., 2023).

Finally, when asked about what information they would like to receive, the participants showed interest in more detailed clarifications about food, medication, wound hygiene and practical guidance for self-care, in addition to suggesting educational strategies in environments such as work. This demand for health education confirms that it is an essential and still little explored tool in primary care, being fundamental for people's autonomy in managing their chronic condition and coping with wounds that are difficult to heal (RODRIGUES. .2016).

## 5 CONCLUSION

The present study showed that the perception of people with chronic diseases about wound healing is associated with several factors, such as pathophysiological, social, emotional and cultural aspects. It was found that, although many recognize the influence of conditions such as diabetes mellitus and hypertension on the healing process, important gaps persist in knowledge about their diseases and in the necessary care.

The frequency of popular practices in the participants' reports highlights the relevance of integrating traditional knowledge into professional care, through a sensitive, respectful, and evidence-based approach. In addition, the challenges faced in daily life — such as adherence to diet, dressing, and physical limitations — highlight the need for continuous support, health education, and interdisciplinary actions that strengthen self-care and therapeutic adherence.

Palliative care should be included in this population that has both chronic disease and chronic wound, and palliative care is an approach that aims to improve the quality of life of patients and their families in the face of life-threatening illness through prevention and relief of suffering. Palliative care is not exclusively for patients who are at the end of life, but for everyone who has a health problem that has no cure (DA LUZ, *et al.*, 2013).

A weakness of the study was the small number of participants, due to the fact that data collection was carried out only in the wound outpatient clinic, without including patients from primary health care units. In addition, during the literature review, it was difficult to find articles directly related to such a relevant topic, which limited the theoretical deepening of the research.

It is concluded that coping with chronic wounds in individuals with chronic diseases requires comprehensive care, which considers not only the clinical aspect, but also the subjective and contextual dimensions of patients, strengthening primary care and the qualification of health teams.

Finally, it is recommended that future studies be conducted with individuals outside the specialized wound care environment, considering that, in this investigation, it was observed that the patients followed by the outpatient clinic had greater knowledge about their chronic condition, which reinforces the importance of access to specialized services and health education.

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