

Original Article

Qualitative Study on Lived-In Experiences of Foot Ulcer patients

Vijayalakshmi G^{1*}, Debu Aryal², Princymol Ponnacahan³, Angel grace Paul⁴, Atheertha C⁵, Haripriya Jalesh⁶, Christeena Babu⁷, Monisha B⁸, Chethan ⁹, Swathishree¹⁰

1. Principal, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

2-10, UG Students, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Abstract

Background: Foot ulcer has become the most serious and costly complication, leading to possible amputation or even death. Hence the present study was undertaken with an objective to assess the lived-in experiences of foot ulcer patient at selected hospital, Kolar with a view to develop an information booklet.

Aims: To assess the lived-in experiences of foot ulcer patient with a view to develop an information booklet.

Settings and Design: An exploratory approach with Phenomenological research design

Methods and Material: Through purposive sampling technique 12 foot ulcer patients who were willing to participate in the study were included. Then data was collected through focus group discussion and in-depth interview using open ended questions.

Statistical analysis used: The collected data was then analyzed using coding system.

Results: From the study six themes were emerged such as lack of awareness, risk of foot ulcer, helplessness, in accessible health care, financial burden and expectations from health authorities.

Conclusions: The study concludes that there is an urgent need to educate all foot ulcer patients as well as Diabetes mellitus patients on prevention of foot ulcer in order to prevent further complication.

Keywords: Foot ulcer, lived-in experiences, qualitative study, foot ulcer patients.

Introduction

Leg ulcer is a chronic and debilitating condition affecting 1-3% of the adult population, with the median duration of 6-9 months and it induces physical and emotional distress posing a pervasive and profound effect on quality of life especially among elderly. It also places a significant economic burden on patients, families, health care providers and society.¹ Chronic leg ulcer is usually associated with prolonged ill-health requiring ongoing management for many months or years or until life time and these patients experience unpleasant physical symptoms including pain, discomfort, copious wound exudates, altered body image with wearing bulky bandages, impaired functional ability and social isolation.² Some patients with leg ulcer are at greater risk of depression and exhibit different levels of depressive symptoms.^{3,4}

A study conducted on chronic leg ulceration patients experiences at primary health care setting revealed that physical impact, psychosocial wellbeing, loss of self-esteem, frustration,

family consequences and concerns about ulcer progression were significant problems faced by the patients.⁵

The literatures reviewed for the present study revealed that the nursing care focuses on wound care and the application of bandages rather than patient as a whole. Nurse as a health care professional should understand the patient experiences and expectations of living with leg ulcer in order to provide quality patient care.⁶ Hence the researchers felt to assess the lived-in experiences of foot ulcer patient admitted at R L Jalappa Hospital, Kolar with a view to develop an information booklet on management of Foot ulcer.

Material and Methods:

The design for the present study was an exploratory approach with Phenomenological research design with thematic analysis. First an ethical clearance was obtained from Institutional ethical committee and a written permission was obtained from the Medical Superintendent of R.L. Jalappa Hospital and research centre, Kolar. Then a formal permission was obtained from all study participants through purposive sampling technique. Patients who were having diabetic and non-diabetic foot ulcer, able to understand and speak in Kannada and English language and willing to participate in the study were included. These were 12 patients and these were interviewed using open-ended questions. First socio-demographic data was collected followed by questions related to lived-in experiences of foot

***Corresponding Author**

Dr. G. Vijayalakshmi

Principal, Sri Devaraj Urs College of Nursing,
Tamaka, Kolar-563101, Karnataka, India.

Mobile No : 9880092435

E-mail : Lakshmi_vijaya_venkatesh@yahoo.co.in

Conflict of Interest: None

Financial Aid: Nil

ulcer was collected like what was the reason for occurrence of your foot ulcer? Have you immediately approached health personnel? Have you faced any problem while taking care of foot ulcer? Probing questions were used to elicit their detailed experiences such as can you give an example of that? Can you tell me little more experience on that? During data collection the researcher facilitated the group and her assistants attended the focus group discussion and helped researcher by taking notes as they verbalized and the same time recording also was done using a mobile recorder. After the data collection all patients were educated on inspection and management of foot ulcer while using charts, power point presentation and also distributed a health education pamphlet.

The data collection took place around three hours allowing the researchers to develop a deep understanding of lived-in experiences of foot ulcer patients.

Data Analysis

Data analysis was done, by debriefing after each focus group discussion and by listening to the mobile recorder and verifying the data. The content was verified while reading line by line and paragraph by paragraph, looking for significant statements and codes according to the topics addressed.

The researchers used three levels of coding. In level one coding, researchers examined the data line by line and making codes which were taken from the language of the subjects who attended the focus group. In level two coding, comparing of coded data with other data and creation of categories were done. In level three coding, the categories that seem to cluster together were formed as themes. Then the documents were submitted to two assessors for validation. This action provided an opportunity to determine the reliability of the coding.

Results

(Respective figures and tables should be in the JPEJ format at the end of the document)

1. Description of Socio-demographic data of foot ulcer patients

Table-1: Socio demographic variables of foot ulcer patients

| variables | No. of patients | percentage |
|---|-----------------|------------|
| Male | 11 | 92% |
| Secondary education | 7 | 58% |
| Income (below Rs. 10,000/-) | 8 | 67% |
| Family history of diabetes mellitus | 10 | 83% |
| No habits | 7 | 58% |
| Diabetic foot ulcer(DFU) | 7 | 58% |
| DFU more than 2 years | 4 | 58% |
| DFU patients taking both insulin & hypoglycaemic agents | 5 | 71% |
| DFU in right foot | 6 | 50% |

N=12

With regard to socio-demographic data (table-1) of foot ulcer patients, Majority (92%) of them were males, 58% patients had secondary education, 67% of patients monthly family income was below Rs.10,000/-, 83% of them had family history of Diabetes Mellitus, 17% of them had the habit of smoking, 25% of them were smoking and taking alcohol, 58% of them did not had any habits. With regard to personal history of Diabetes Mellitus, 42% of them were non-diabetic and 58% of them were having diabetic with more than 2 years in that 71% of them were taking both insulin and hypoglycaemic agents and 29% of them were taking only hypoglycemic agents as a treatment. With regard to site of foot ulcer, 50% of them had right foot ulcer, 25% of them had left foot ulcer and other 25% of them had both the legs foot ulcer.

II. Live experiences of foot ulcer patients:

From focus group discussion study analysis, **six** themes were emerged. These were lack of awareness, risk factor of foot ulcer, helplessness, in accessible health care, financial burden and expectations from health authorities.

1. Lack of Awareness

One of the utmost responsibilities of health care professionals is educating the patient on foot care at the early onset of foot injury or Diabetes mellitus. But it was a surprise to hear from all study subjects that, none of them were aware or received information from health care professionals on care of foot ulcer at the time of their visit to the hospital/clinic. Similarly they expressed that, none of them got information on how to inspect their foot regularly for any infection or ulceration by the health personal.

Further they also expressed that, after an injury 63.63% of them have taken self medication as per the advice of their family members/ neighbours/ friends and only 36.36% of them visited the health care centre for treatment. The following are some statements given by the study subjects;

One participant said that:

I never visited doctor for the treatment for my injured leg and I have taken self medication thinking that it is simple, and which comes and goes.

Another participant added to this:

I was not taught by any health personnel during my visit to the health centre on how to inspect my foot for any infection or ulceration even though I am diabetic.

One more participant added to this:

After injury and bleeding, I tied one cloth and went to the clinic where doctor applied bandage and given me one injection and sent back.

2. Risk Factor for Foot Ulcer

All patients expressed that they had multiple reason for the occurrence of foot ulcer.

One participant said that:

Six years back I got chicken guinea followed by I had

swelling on both legs. Then these legs were filled with water and then it bursted followed by ulceration.

Another participant added to this:

I had enlarged veins for which I have approached traditional treatment person where they have massaged my legs using roller (similar to chapatti roller) passing the enlarged vein towards downwards. Then it bulged one side later it burst, pus and blood came then formed ulcer.

One more participant stated that:

When I was standing in the field, the cow came and hit me, then I fell down and before I gets up it came again and stamped me, hence I got injury.

Few more participants added to this:

"I had cracks in the heel, I used to apply crack heal later it turned to ulcer."

"When I was cutting the grass in the field, the knife hit me and got injury to the leg."

"First I got white patch appearance on my toe, then it turned to pimple which was filled with water and then it bursted and formed ulcer."

"When I was walking, a stick pocked in to my leg and got injured then it formed ulcer."

3. Helplessness

Wounds that are difficult to heal and discomfort associated with the condition may affect the emotional state of patients.⁷ Most (81.81%) of the patients expressed their concerned-on healing process.

One participant said that:

I am tired of sitting at home because I cannot go out with limping in front of others as this foot ulcer is interfering my day to day work.

Another participant added to this:

In 11 months, 5 times I have admitted because of repeated wound ulcer.

One more participant added to this:

I used to have severe pain after returning from the work in the evening, then I used go to doctor and take one Diclofenac injection, by next day I used to be alright and again I used to go for work.

4. In Accessible Health Care

This theme has emerged from all study participants. Almost all patients expressed that they were inaccessible to the health care needs whenever they required.

One participant said that:

I went to government hospital to get health scheme done for treatment for which they asked me to pay Rs. 300/- when I rejected to pay, they said to come on 2nd/3rd day as they have more patients waiting in Que. Then I realized as a coolie worker, if I want to come on 2nd or 3rd day I will be losing my 2 days work which is essential for my daily bread. Hence, I paid and got it done.

Another participant added to this:

I have done Arogya Karnataka health scheme but I couldn't

receive the benefit from this scheme for my treatment.

One more person added to this:

People say in Government hospital treatment is free, thinking that I went to government hospital for my wound dressing, where they asked me to pay Rs. 70/- per dressing, when I have rejected they said not to come for dressing.

5. Financial Burden

This theme is emerged from all study participants. Costly medical care, loss of income, inability to support the family were some problems expressed by the foot ulcer patients.

One participant said that:

One of my friend suggested to take treatment from sophisticated hospital so that I can recover fast, but with this ulcerated leg I am unable to work, then how can I take treatment from that hospital where we need to spend more money.

Another participant added to this while showing older patient:

They are aged and settled no problem for them but what about me, if I sit who will take care of my children, their education and my parents. Whatever is my health condition I should work.

6. Expections From Health Authorities

Almost all patients requested researchers to voice in front of health authorities for their medicine and hospital bills as they find very difficult to pay the bills.

One patient has great appreciation for the health authorities of the hospital for their proper care which is making their foot ulcer to heal faster.

Further researcher initiated to give message to the public based on their experience as follows;

- As soon as you get foot injury, visit good hospital and take treatment.
- Don't take self-medicine/ as advised by others
- Doctor/nurse/health authorities should advice on foot care as soon as they diagnosed as diabetic mellitus.
- Wear shoes while walking and maintain proper hygiene.

Discussion:

This qualitative study explored lived-in experiences of foot ulcer patients admitted at R.L.Jalappa hospital, Kolar. From the study, six important themes were emerged and these were lack of awareness, risk factor of foot ulcer, helplessness, in accessible health care, financial burden and expectations from health authorities. With regard to lack of Knowledge, none of the foot ulcer patients were aware of taking care of their foot ulcer by themselves or got information by health care personnel and it was supported by many studies.^{8,9} All participants relied on health professionals to keep them informed and reported that their negligence ended with foot ulcer. Some were expressed multiple ulcer recurrence and some were blamed that they are unable to get health facilities when they were in need. Majority were finding financial difficult for their treatment as well as for wound dressing. All most all pa-

tients expressed that, they need treatment support from the health authorities.

Recommendations and Conclusions

- Similar study can be conducted on large scale
- A quantitative study on knowledge and practices of foot care ulcer and its management can be conducted.
- **Strengths of the study:**
- The strength of qualitative research has been described as its ability to “reach the part other methods cannot reach,”¹⁰ namely the views and experiences of ordinary people. Accordingly the present study revealed the personal views of foot ulcer patients.
- **Limitations of the study:**
- The study was limited to 12 foot ulcer patients through in-depth interview hence it cannot be generalized.
- **Implications in clinical practice:**
- The present study indicates that almost all patients were lacking the knowledge on how to take care of their foot ulcer and in the study majority were with Diabetes mellitus. Hence the health care professionals working in outpatient department of medical, surgical and diabetic unit as well as in the ward should make some time to create awareness among patients to take care of their foot in order to prevent further complications.

References

1. Hellstrom A, Nilsson C, Nilsson A and Fagerstrom C. leg ulcers in older people: a national study addressing variation in diagnosis, pain and sleep disturbance. *Journal of BMC Geriatr.* 2016;3(1);16-25.
2. Maddox D. Effects of Venous leg Ulceration on Patients quality life. *Nurs Stand.*2012 :262(1);42-49.
3. Ebbeskog B, Ekman SL. Elderly persons experiences of living with venous leg ulcer: living in a dialectal relationship between freedom and imprisonment. *Scand J Caring Sci* 2001;15;235-243.
4. Edwards H, Finlayson K, Skerman H, Alexander K, Misaskowski C. Identification of symptoms clusters in patients with chronic venous leg ulcers. *Journal of Pain Symptoms Manage.*2014;47(1); 867-875.
5. Xiaoli Zhu .Kath Ryan. A qualitative study of patients experience of chronic leg ulceration in Primary health care. *Journal of International Archives of Nursing and Health care.* 2017;3(3):1-8.
6. Williams AM. Issues affecting concordance with leg ulcer care and quality of life. *Nurse Stand.*2010;24(1):51-52.
7. Maria Teresa de Jusus, Pereira Geraldo, Magela Salome, Diego Guimaraes Openheime Victoria, Helena Cunha Esposito Sergio Aguinaldo de Almeida Lydia, Masako Ferreira. Feeling of powerlessness in patients with Diabetic foot ulcers. *Wound.* 2014;26(6):177-177.
8. Mansoorreh Aliasgharpour. Nahid Dehghan Nayeri. The care process of diabetic foot ulcer patients: a qualitative study in Iran. *Journal of Diabetes and Metabolic Disorders.* 2012;11(27);1-9.
9. Faraja S Chiwanga . Marina A Njelekela. Diabetic foot Prevalence, Knowledge and foot self-care practices among diabetic patients in Dar es Salaam, Tanzania. *Journal of Foot and Ankle Research.*2015;8(20):1-7.
10. Lone Gale, Kavita Vedhara, Aidan Searle. Terry Kemple and Rona Campbell. Patients perspectives on foot complications in type 2 diabetes: a qualitative study. *British Journal of General Practice* 2018;2(1);555-563.