

# The meaning of spirituality and the sense of life for people with hard-to-heal wounds

*Significado de espiritualidade e o sentido da vida para pessoa com ferida de difícil cicatrização*

*Significado de la espiritualidad y sentido de la vida para personas con heridas de difícil cicatrización*

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## ABSTRACT

**Objective:** to analyze the meanings of spirituality and the sense of life for people with hard-to-heal wounds. **Method:** a qualitative study conducted in the interior of São Paulo, Brazil. The data related to the context of spirituality were constituted according to thematic analysis and, according to Minayo, organized and interpreted based on the phenomenology of Viktor Emil Frankl. **Results:** four categories emerged: the sense of life for a person with a hard-to-heal wound; the meaning of spirituality for a person with a hard-to-heal wound; consequences and weaknesses of living with the injury; and coping and resilience strategies among patients with wounds. **Conclusion:** it was found that spirituality has various meanings for the interviewees, who emphasized that faith helped them and, at the time of the research, was still helping them deal with negative feelings, pain, and the shame of having a chronic wound.

**Descriptors:** Nursing; Nursing Care; Existentialism; Spirituality; Wound Healing.

## RESUMO

**Objetivo:** analisar os significados de espiritualidade e do sentido da vida para pessoas com ferida de difícil cicatrização. **Método:** estudo com abordagem qualitativa, desenvolvido no interior de São Paulo, Brasil. Os dados referentes ao contexto da espiritualidade foram constituídos conforme análise temática e segundo Minayo, organizados e interpretados a partir da fenomenologia de Viktor Emil Frankl. **Resultados:** emergiram quatro categorias: o sentido da vida para pessoa com ferida de difícil cicatrização; o significado de espiritualidade para pessoa com ferida de difícil cicatrização; consequências e fragilidades de conviver com a lesão; e estratégias de enfrentamento e resiliência entre pacientes com feridas. **Conclusão:** constatou-se que a espiritualidade tem vários significados para os entrevistados, os quais fizeram questão de relatar que a fé os ajudou e, no momento da pesquisa, ainda auxiliava a lidar com os sentimentos negativos, com a dor e a vergonha de possuir uma lesão crônica.

**Descritores:** Enfermagem; Cuidados de Enfermagem; Existencialismo; Espiritualidade; Cicatrização.

## RESUMEN

**Objetivo:** analizar los significados de espiritualidad y sentido de la vida para las personas con heridas de difícil cicatrización. **Método:** estudio con enfoque cualitativo, desarrollado en el interior de San Pablo, Brasil. Los datos relativos al contexto de la espiritualidad se identificaron mediante un análisis temático y según Minayo, se organizaron e interpretaron a partir de la fenomenología de Viktor Emil Frankl. **Resultados:** surgieron cuatro categorías: sentido de la vida para personas con heridas de difícil cicatrización; significado de espiritualidad para las personas con heridas de difícil cicatrización; consecuencias y debilidades de vivir con la lesión; y estrategias de afrontamiento y resiliencia de los pacientes con heridas. **Conclusión:** se comprobó que la espiritualidad tiene varios significados para los entrevistados, que insistieron que la fe los ayudó y que, cuando se realizó la investigación, aún los ayudaba a lidiar con los sentimientos negativos, el dolor y la vergüenza de tener una lesión crónica.

**Descriptores:** Enfermería; Atención de Enfermería; Existencialismo; Espiritualidad; Cicatrización de Heridas.

## INTRODUCTION

Hard-to-heal wounds are defined as any break in the continuity of bodily tissue, to a greater or lesser extent, resulting from trauma or clinical conditions. These wounds have a challenging healing process, lasting more than six weeks<sup>1</sup>.

These types of lesions have a high incidence and prevalence in the population, which can cause significant harm to the lives of the injured and their families, mainly due to the psychological, social, and economic repercussions that can affect these individuals<sup>2</sup>.

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Brazilian data estimate that 3% of the population suffers from complex skin lesions, with people diagnosed with *Diabetes Mellitus* being more prone to developing severe lesions, which tends to increase the number of cases. On the international scene, the estimated prevalence of hard-to-heal wounds varies between 0.5% and 2% of the global population<sup>3</sup>.

The occurrence of these wounds causes direct changes in lifestyle, professional career, and body image, constituting a serious problem for the public health system<sup>4</sup>. Furthermore, the experience of living with a hard-to-heal wound still evokes feelings of concern, guilt, mood changes, frustration, disappointment, anxiety, fear, and sadness<sup>5</sup>.

Although people with wounds seek relief and symptom control, especially pain, they often deny the existence of the wound at the onset of the illness. However, later on, they reach a point where they accept the chronic condition as an inherent characteristic of their bodies for the rest of their lives<sup>6</sup>.

Given this reality, the following questions were raised: How can spirituality help a person with a hard-to-heal wound accept and live with their condition? What is the meaning of life for people with hard-to-heal wounds?

Starting from the principle that spirituality is debated in the modern scientific community, particularly in the health field. Numerous ongoing studies confront spirituality with quality of life, as well as with coping with diseases and promoting and rehabilitating health. It is noteworthy that the World Health Organization (WHO) has recognized and incorporated spirituality into the concept of health, thus revolutionizing medicine and science<sup>7</sup>.

It should be emphasized that this study becomes relevant at the social and scientific level, as it may contribute in the future as a data source for new research.

As is known, the emotional state of individuals with chronic pathology favors treatment, so it is important for them to seek better quality of life and habit changes, strengthening their spirituality and sense of life. In this way, they will be able to accept their condition, which is beneficial for the healing process.

In this scenario, the topic of spirituality has been a source of interest, with an important reference on this subject being the psychiatrist Viktor Frankl, the creator and founder of Logotherapy, also known as the Psychotherapy of Meaning in Life. In this framework, the search for meaning in life is the main motivational potential of the human being, even in the phase of terminal or palliative care. For the author, suffering is inherent to the human being, and he highlights the tragic triad of existence: pain, guilt, and death.

However, regardless of the suffering experienced, spiritual freedom allows individuals to characterize the meaning of their existence. The way each person faces suffering makes all the difference, as one way to alleviate this feeling is by finding a meaning in it. Frankl sought to provide a humanistic interpretation of suffering, in which the patient should not become merely a passive being but should count on the support of the health care team to adopt a dignified and motivated attitude in the face of the situation they are encountering<sup>8</sup>.

Therefore, this study aimed to analyze the meanings of spirituality and the sense of life for people with hard-to-heal wounds.

## METHOD

This is a descriptive and exploratory study with a qualitative approach, developed in Primary Health Care Units (PHCUs) and Family Health Strategy (FHS) units located in a region known as Vale do Paraíba, in the interior of São Paulo State, Brazil. The location was chosen for convenience, due to the researchers' professional proximity to the field and because these were the places where the study's theme emerged.

The Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>9</sup>, *checklist* was used to ensure the necessary methodological rigor for this approach.

Participants in the research were individuals who, at the time of the study, were residents in the area covered by the mentioned Primary Health Care. Included in this study were lucid, oriented, literate individuals with verbalization capacity, who were being monitored due to the presence of hard-to-heal skin lesions (of venous, arterial, neuropathic ulcer, pressure injury, and wounds of undetermined cause etiology). Patients with cognitive deficits and those not registered in the eligible municipality for the study were excluded. It is noteworthy that during the recruitment and approach to integrate the research, there were no refusals from the participants.

The sample closure was defined by theoretical saturation, which is operationally defined as the point at which no new information is obtained from additional participants. This occurs when the data start to show redundancy or repetition, and the researchers assess that continuing data collection would no longer provide relevant insights.

The researchers had empirical confidence that the category is theoretically saturated, meaning there is repetition in themes, considering a combination of the following criteria: empirical data limits, integration of such data with theory (which, in turn, has a certain density), and the theoretical sensitivity of those analyzing the data<sup>10</sup>. Thus, the sample consisted of ten patients.

A semi-structured questionnaire, developed by the authors, was applied. It contained open-ended questions designed to guide the research by gathering patients' experiences with hard-to-heal wounds, focusing on their perceptions and interpretations of spirituality and the meaning of life.

Examples of questions applied in this instrument include: *Could you tell me what the sense of life means to you? What does spirituality mean to you? What does having a wound mean to you and what consequences has the wound brought to your life? How do you cope with having a wound?* There were also closed-ended questions to characterize the sociodemographic profile of each participant.

The questionnaire was administered by the researchers themselves, and the interviews were recorded using an electronic device, lasting an average of 20 to 25 minutes, and were later transcribed in full.

It is important to note that the data collection strategy was conducted between May and August 2021, adhering strictly to health surveillance protocols as outlined by municipal decrees and the Ministry of Health guidelines, due to the COVID-19 pandemic. Data were collected in a reserved, well-ventilated environment, in a private room, with interview times scheduled in advance and conducted individually.

The information regarding the context of spirituality was analyzed in light of the theoretical framework of a previous study<sup>11</sup>, which categorizes the statements and collective subject discourse into main categories and subcategories. The results were organized in phases of pre-analysis and result characterization, and were interpreted based on phenomenology<sup>12</sup>. This theoretical precept supports and evaluates the sense of life context, understanding it as the meaning perceived through the senses (everything that surrounds us), i.e., the phenomenon, and then the whole. From this conceptualization, it is possible to unveil and broaden the perspective on certain contexts or situations, especially concerning spirituality, which characterizes the human and existential dimension.

To ensure the anonymity of the participants, they were referred to using an association of letters and numbers. "Pat" an abbreviation for Patient, was followed by an Arabic numeral from 1 to 10, according to the order of the interviews.

After the approval for the study by the institution, the project was reviewed and approved by the Research Ethics Committee (REC). The research was conducted with patients of both sexes, over 18 years old, who agreed to participate in the study and signed the Informed Consent Form (ICF).

## RESULTS

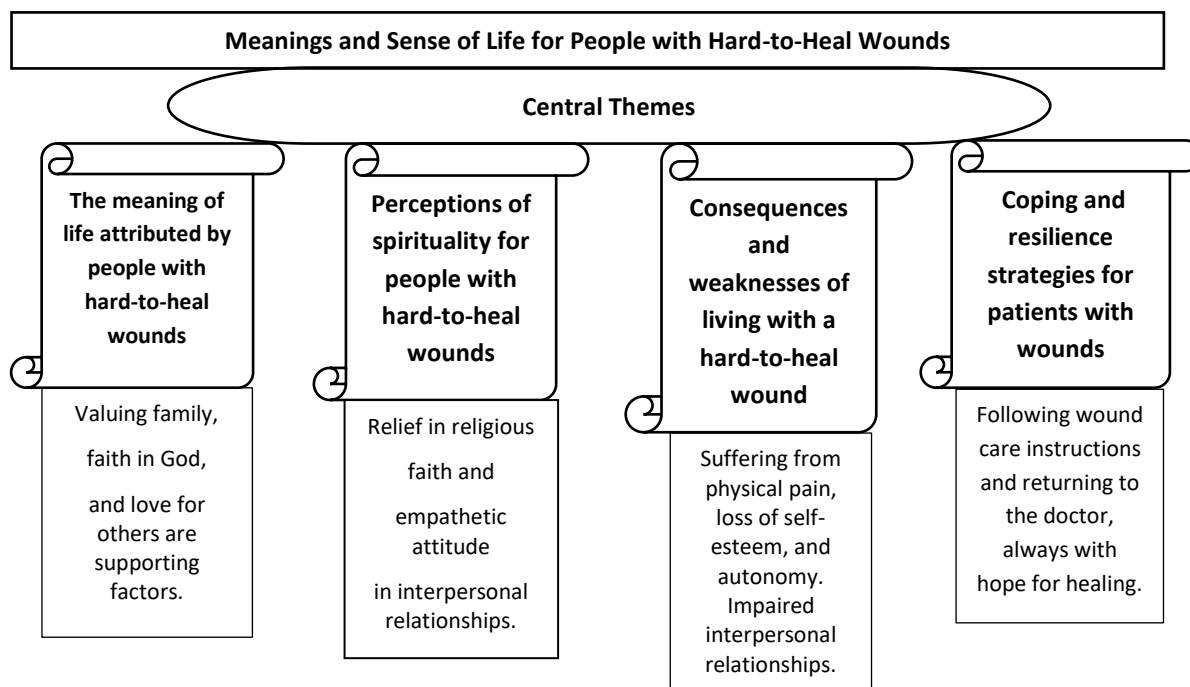
Of the ten research participants, all were monitored and treated for their skin lesions in Primary Health Care (PHC). The sociodemographic characterization of the participants is described in Table 1.

**Table 1:** Sociodemographic data of the study participants in Primary Health Care in the interior of São Paulo State. Botucatu, SP, Brazil, 2021.

| Participants | Age | Marital Status | Skin color | Religion    | Practitioner of religion? | Children | Gender |
|--------------|-----|----------------|------------|-------------|---------------------------|----------|--------|
| 1            | 64  | Widow          | White      | Evangelical | Yes                       | 2        | Female |
| 2            | 81  | Widow          | White      | Catholic    | No                        | 10       | Female |
| 3            | 58  | Divorced       | Black      | Evangelical | Yes                       | 3        | Male   |
| 4            | 64  | Divorced       | Black      | Catholic    | No                        | 1        | Male   |
| 5            | 48  | Divorced       | Black      | Evangelical | Yes                       | 5        | Female |
| 6            | 68  | Married        | White      | Evangelical | Yes                       | 1        | Male   |
| 7            | 77  | Widow          | Black      | Catholic    | Yes                       | 3        | Female |
| 8            | 65  | Married        | White      | Catholic    | No                        | 0        | Female |
| 9            | 76  | Married        | White      | Catholic    | Yes                       | 2        | Male   |
| 10           | 83  | Divorced       | Black      | Evangelical | Yes                       | 5        | Male   |

The questionnaires were administered to people of both genders, aged between 64 and 83 years old. Among the interviewees, five were male and five were female. Regarding marital status, three declared themselves widowed, four divorced, and three married. Additionally, four self-identified as black and six as white. In terms of religion, five claimed to be Catholic and five Evangelical. However, of this total, three claimed not to practice their religion.

After thematic analysis, the data obtained were grouped into four central categories and their thematic units, which are: i) the sense of life for people with hard-to-heal wounds; ii) the meaning of spirituality for people with hard-to-heal wounds; iii) consequences and weaknesses of living with the wound; and iv) coping and resilience strategies among people with wounds, as shown in Figure 1:



**Figure 1:** Diagram of meanings and sense of life for people with hard-to-heal wounds. Botucatu, SP, Brazil, 2021.

### Category 1: The meaning of life attributed by people with hard-to-heal wounds

It was observed that the meaning of life for patients with hard-to-heal wounds is anchored in the pillars of family, faith in God, and love for others.

These perceptions help them face this discomforting period and continue their lives in the best possible way. Moreover, believing in the transcendent contributes to boosting self-esteem and restoring their hopes. Along with family support, they are also able to restore their health, as explained in the excerpts below:

*"My family, my grandchildren, I have many friendships, and my faith in God give meaning to my life." (Pat 01)*  
*Life is so good. I love cooking, and it motivates me to get up every day, especially when I have my children over for coffee, and there is always a cake I have made. (Pat 02)*  
*It is my family, the church, my grandchildren. I am part of the church choir; I sing and play the guitar. I feel very happy when Sundays come, and I can go to the service, even with difficulties walking. (Pat 03)*  
*The meaning of life for me is being with my family, believing in God, knowing that I can always count on them. It is the affection I feel for them, and I feel that it is mutual. I feel special because of it. (Pat 06)*  
*The meaning of life is opening my eyes every day very early and thanking God for living one more day despite all the difficulties in this world. (Pat 10)*

It can be seen that many of the participants attributed the meaning of life to the main reason for living and pointed to the sacred as the primary pretext to continue their daily activities, even with a hard-to-heal wound, which could lead them to feel discouraged and helpless in the face of suffering and life's adversities.

### Category 2: Perceptions of spirituality for people with hard-to-heal wounds

It was also noted that when asked about the meaning of spirituality, the vast majority of interviewees associated it with God and the practice of prayer in religious temples. Additionally, they emphasized how important faith is and the possibility of serving others with empathy, even while dealing with an illness. These attitudes help reduce moments of suffering brought about by their wound condition.

Finally, it was found that spirituality was exalted as something sacred, defined by many participants as God, and above all, pointed out as something that brings benefits not only to the body but also to the well-being that transcends the soul. This gives them hope for healing and the recovery of hard-to-heal wounds, as can be seen in the following statements:

*It means everything, because through spirituality, through faith, I have received blessings. (Pat 01)*

*God is my spirituality; it is to Him and Our Lady that I turn to when I need to receive a grace, especially when someone is ill. (Pat 02)*

*Even though I am not a practicing believer, I pray at home. I know that God is with me, and He watches over me every day. (Pat 04)*

*To serve God, to help others, to pray for someone in need—I find these very important in the healing process; it is about having faith. (Pat 05)*

*I would say it is having faith to gain the wisdom to deal with both the good and the bad things that happen. It is having the intelligence to not get discouraged often in the face of all the difficulties. (Pat 10)*

Many participants associated spirituality with faith, God, and religiosity, which is shared in groups and rituals, especially in Catholicism and Protestantism. They described that it is through their own spirituality that they have obtained blessings and graces from God, Our Lady, and the saints.

Additionally, through spirituality, they said they are able to overcome challenges and strengthen their spirit to keep moving forward.

### Category 3: Consequences and vulnerabilities of living with hard-to-heal wounds

It was noted from the reports above that participants understood the implications of having a wound that is difficult to heal and how it negatively impacted their daily lives. In addition to physical pain, there was emotional turmoil, including a loss of self-esteem and autonomy, which also affected their social and familial interactions.

For many patients, having a prolonged wound condition was uncomfortable, causing various disruptions to both the body and the individual's psyche. The following testimonials illustrate these feelings and actions:

*It is a wound that does not heal, it is despairing. I have even thought I might need an amputation. I feel ashamed; I only wear jeans to hide it. My neighbors do not even know I have this wound. Whenever I go out for dressing changes, I say I'm going to check my blood pressure. (Pat 01)*

*The wound does not heal, it comes and goes, and the consequences are pain, sleepless nights, embarrassment. I can not wear closed shoes because my foot became deformed. It even prevented me from visiting my brother in the hospital when he was admitted. (Pat 02)*

*A wound is something I have had to learn to live with due to some health issue. I have worked hard in life; many times, I neglected my health because I thought it could wait. Today, I'm paying a high price for it, but that price seems small compared to the joys God has given me throughout my life. (Pat 06)*

*[...] it is a wound that has not healed, which has left me even sicker than I already am because I have diabetes, high blood pressure, heart problems. I take strong medications, I have had a stroke. I cannot move as much as I would like, I'm afraid of falling. Dressing changes are painful, and when the clinic does not have materials to help with the dressings, I have to buy them out of my own pocket. It is hard. (Pat 07)*

*[...] it is an obstacle in my life. I cannot rest as the doctor recommends because I live alone with my little dogs. I need to take care of myself, of them, and manage the household chores. I cannot stand wearing these compression stockings; I do not have the strength to put them on, so I live with this damn wound that makes me very sad. (Pat 08)*

*[...] it is an unbeatable disease, a plague. It steals my peace, my tranquility, and has taken away my enjoyment of many things I used to do, like traveling, leaving the house, meeting friends, and even going to my children's homes. (Pat 09)*

*Chronic wound is endless sadness, it is being a burden in someone's life, depending on people for everything, feeling ashamed to leave the house. It is living with pain daily, it is dying a little every day. (Pat 10)*

Many participants defined hard-to-heal wounds as a stigma because they do not heal, cause a lot of pain, bad odor, and discomfort, becoming an obstacle in life.

Consequently, some interviewees reported feeling shame and embarrassment about having a wound and being in this condition. Others expressed regret for not taking care of their health when they should have, which made them feel sad and discouraged about their current situation.



#### Category 4: Coping and resilience strategies for patients with wounds

It is evident that wound care and rest are crucial for their healing. However, for the patients, managing the wound and dealing with this condition all the time is challenging. Additionally, there is the issue of self-esteem, which is relatively low in patients with difficult wounds. It can be observed that, even in the face of this adverse situation, they have maintained their faith and hope, as this gives them strength to keep living, as seen in the following statements:

*I do daily dressings, rest, and have a lot of faith that one day I will be healed. (Pat 01)*

*I take medicine, dress my wound, and pray a lot. What can not be cured must be endured. My mother always said that, and I have gotten used to it. (Pat 02)*

*I do not confront it, I had to accept this condition. My foot was mutilated, I know I did not take care of myself because I abused a lot. Now, it is about moving on with life and waiting for complete healing to regain more mobility. (Pat 03)*

*It is not easy, I know I need to be careful, have a strict diet. I think there are worse diseases than mine. That is what gives me strength to keep fighting, and also a lot of faith in God. (Pat 06)*

*I do not leave home for anything except for going to the doctor. I'm afraid of infections, of things getting worse because I walk very slowly. To avoid causing trouble, I prefer to stay at home, praying the rosary, saying my prayers, and taking it one day at a time. (Pat 07)*

*I can say that most days I feel sad, often in a bad mood. My family complains about my absence, but I do not like exposing myself. My walk is different, I prefer to stay home because I have already accepted my problem. (Pat 09)*

*I try to forget, but it is not easy. I live one day at a time, trying to do my best, accepting that God does not give us burdens heavier than we can carry. I accept it, live with days of turmoil, but I keep moving forward. (Pat 10)*

As noted in the above accounts, many participants mentioned that, to deal with this type of wound, they need to follow a routine that is often unpleasant: dressing changes, medication applications, continuous doctor visits, and dietary control.

Some of them said they needed to maintain faith in God to avoid succumbing to sadness and discouragement and to keep going, despite the difficulties.

#### DISCUSSION

Wounds that are difficult to heal, previously known as chronic wounds, are characterized by acute injuries that, when exposed to microorganisms, are susceptible to infections that must be constantly monitored by health care professionals. Furthermore, the prolonged duration of these wounds may be related to the treatment adopted by the health care provider or to the lack of care. Poor hygiene conditions and inadequate management can contribute to delays in the healing process or worsen the injury<sup>13,14</sup>.

From this perspective, it is known that some inherent characteristics of wounds include foul odor, local pain, erythema, and exudate. These factors affect the patient in all dimensions: biological, psychological, social, and spiritual. The persistent odor and the appearance of the dressings cause feelings of embarrassment, leading to social isolation.<sup>15</sup> Given this scenario, it is highlighted that a holistic approach and sensitivity of professionals to the multidimensional issues of human beings should be prioritized. Providing quality and humane care, looking beyond the health problem, can change how individuals face life's adversities, thereby improving their quality of life<sup>16</sup>.

It is known that hard-to-heal wounds directly impact the lives of those affected, turning activities that were once simple into significant challenges. Furthermore, the presence of such ailments also affects social and physical aspects, as it hinders mobility and the ability to maintain physical integrity, depending on the location of the wound. This condition tends to generate psychological imbalances such as anxiety, loneliness, depression, and other syndromes, which interfere with self-care actions<sup>17,18</sup>.

It is evident that living with a hard-to-heal wound is an ongoing process that encompasses a series of aspects, including initial concerns about the duration of the illness, pain, acceptance of the chronic state of the wound, daily limitations, changes in lifestyle, among others. In addition, there is also the emergence of different feelings and emotions about the new condition experienced, as well as the development of coping strategies and the persistent desire to seek necessary help to change this condition.

Based on the results presented, it was observed that the spiritual dimension brings positive experiences and, when approached positively, assists in coping with the illness. This contributes to preserving physical, mental, and motivational states for self-care, reducing restlessness and anxiety caused by prolonged treatment<sup>19</sup>.

It is important to note that the pain and discomfort caused by the wound are major concerns. Thus, the pain's impact also negatively affects the life of patients with hard-to-heal wounds, creating a range of disturbances and behavioral changes, not only for the patients but also for their families. Among the main changes are physical limitations, social relationships, financial strain, sleep disturbances, rest, and sexuality, leading to social withdrawal. All these factors result from the restrictive presence of pain, which reduces functional capacity and interferes with abilities to walk, run, and perform daily life activities in general<sup>20</sup>.

Regarding the condition of pain, it can be added that for people with complex wounds, living with pain is a great ordeal that brings not only physical difficulties but also certain anxieties that go beyond the issue of pain. For example, there is the development of irritability, fatigue, discouragement, sadness, lack of hope, and empathy. The delay in wound healing further aggravates the patient's condition. One way to cope with pain and the limitations caused by hard-to-heal skin wounds is through good humor and boosting self-esteem through faith and spirituality. Studies reveal that stress increases pain levels and further aggravates the chronicity of the wound, as well as its persistence and recurrence<sup>21</sup>.

To cope with the condition of difficult-to-heal skin wounds, many people devise means and strategies to do so. It is challenging to manage a painful wound on the body every day, which compromises mobility, limits actions, triggers conflicting feelings and emotions, and, to make matters worse, lacks a predetermined healing time. One of the means found by patients was religiosity, which many use as an alternative to alleviate the negative effects caused by the illness. Many of the interviewees assert that religiosity strengthens them emotionally in the absence of support from family and friends. This highlights the importance for nursing professionals to understand the beliefs of the patient, as providing care that goes beyond their therapeutic needs can offer comfort amid the anxieties and vulnerabilities caused by their wound condition<sup>22</sup>.

Hard-to-heal wounds not only affect the life of the person afflicted by this condition but also impact their family members, who often do not fully comprehend the true extent of the suffering this situation can cause, both physically and psychologically. As a result, many patients with wounds feel alone in their pain and suffering<sup>23</sup>.

For the interviewees, spirituality was the necessary support to continue with life and overcome situations of pain and bodily deformity caused by the wounds. In addition to attenuating certain negative thoughts, feelings, and emotions present in their condition, spirituality also helped in the process of acceptance in the face of illness, bringing some serenity. According to the reports, through spirituality and religiosity, they could perceive that the wound was not a punishment from God, but rather the result of weakened health or complications caused by diabetes. Lastly, faith also awakened hope in the interviewees that the affected area would heal and the wound would not reopen<sup>24</sup>.

It is evident from this that illness prompts the search for understanding why one is facing such a situation, which many consider unfair. Therefore, many patients seek in spirituality the necessary strength to overcome these moments, as faith and spiritual belief provide emotional, social, and motivational support. These elements play a crucial role in improving the state of mind for both patients and their families. In view of this scenario, health care professionals need to be prepared and have a deeper understanding of the patients' need to turn to faith to overcome their illness condition<sup>25</sup>.

Based on the above, we affirm that spirituality instills in patients with hard-to-heal wounds the resilience needed to face difficulties and overcome pain, discomfort, and hopelessness. This occurs because faith in God and spirituality are capable of transcending moments of suffering and provide a renewed sense of vigor to this population seeking to find meaning in life through religiosity and spirituality. However, alongside the solace and serenity brought by faith, these individuals place many of their hopes for healing and recovery in divine miracles, which consequently can lead to negligence in treatment<sup>26</sup>.

### Study limitations

Limitations of this research include the number of participants and the limited representativeness in the study, which may hinder the findings from fully reflecting the collective perspective of patients with similar conditions. However, care was taken to invite all patients with hard-to-heal wounds during the data collection period, respecting the study's inclusion criteria, which were fully met.

While there are recognized limitations in this study, it has revealed elements that can contribute to improving the performance of nursing professionals in terms of knowledge and skills in holistic care of individuals.

## CONCLUSION

The study highlighted that the suffering caused by hard-to-heal wounds is significant, which is why patients need a reason to continue living. This reason is found through spirituality. It also showed that the patient's perception of hard-to-heal wounds is related to changes in daily life and limitations in coping with difficulties in performing daily activities.

Furthermore, it revealed that negative feelings affect self-esteem and self-image, directly impacting the person's social life. This leads to seeking spirituality/faith as a source of comfort and well-being, thereby finding strength to cope with the illness.

It was found, therefore, that spirituality holds various meanings for the interviewees, who emphasize how faith helped them and continues to help them cope with negative feelings, pain, and the shame of having a skin lesion.

It is noteworthy that the study sheds light on the nurse's role in understanding the meaning of life and spirituality for patients with hard-to-heal skin lesions, which may still be unknown to some professionals in the field.

The findings presented here can contribute and assist in nursing care practices for patients in similar situations, as well as promote the development of new studies and technologies aimed at this clientele. This includes especially managing and controlling pain, reducing wound healing time, reducing stigma, and alleviating social isolation.

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