

Usporedba kvalitete života pacijenata s kroničnim ranama u domovima za starije i nemoćne i u ustanovama za zdravstvenu njegu u kući

The comparison of the quality of life of patients with chronic wounds in residential care homes/nursing homes and patients receiving services from home care organisations

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Sažetak

Cilj: Cilj je ovog istraživanja usporediti kvalitetu života pacijenata s kroničnim ranama u domovima za starije i nemoćne i ustanovama za zdravstvenu njegu u kući.

Metode: U uzorak je bilo uključeno 50 pacijenata iz doma za starije i nemoćne osobe te 50 pacijenata koje se njeguju u ustanovama za zdravstvenu njegu u kući, a radi se o namjernom kvotnom uzorku. Kao instrument istraživanja korišten je upitnik *Quality of Life with Chronic Wounds – Wound-QoL Questionnaire*.

Rezultati: Rezultati su pokazali da kronične rane umjereno negativno djeluju na pojedine aspekte života pacijenta. Smetnje vezane za pojedina područja kvalitete života bile su izraženije kod pacijenata u domovima za starije i nemoćne u odnosu na pacijente u ustanovama za zdravstvenu njegu u kući.

Zaključak: Kvaliteta života statistički je značajno bolja kod pacijenata u ustanovama za zdravstvenu njegu u kući, stoga se preporučuje primjena navedenog oblika zdravstvene njege u odnosu na institucionalnu skrb kad god je to moguće.

Gljučne riječi: kvaliteta života, kronične rane, pacijent, ustanove

Kratak naslov: Kvaliteta života pacijenata s kroničnim ranama

Abstract

Aim: This paper aims to compare the quality of life of patients with chronic wounds in residential care homes/nursing homes and patients receiving services from home care organisations.

Methods: The sample included 50 patients from residential care homes/nursing homes and 50 patients receiving services from home care organisations chosen by deliberate quota sampling. *Quality of Life with Chronic Wounds – Wound-QoL Questionnaire* was used as a research instrument.

Results: The results have shown that chronic wounds have a moderately negative effect on certain aspects of the patient's life. Impediments referring to certain aspects of life quality were more noticeable with patients living in residential care homes/nursing homes compared to those who are beneficiaries of services of home care organisations.

Conclusion: Statistically, the quality of life is significantly better in patients who receive health services from home care organisations; it is thus recommendable to apply this form of health care as opposed to institutional care whenever possible.

Keywords: quality of life, chronic wounds, patient, organisations

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Uvod

Kronične rane nastaju uslijed prekida u anatomskom i funkcionalnom kontinuitetu kožnog tkiva te predstavljaju čimbenik koji se odražava na kvalitetu života pacijenta [1]. Rane predstavljaju sve značajniji socioekonomski problem današnjice te im je potrebno posvetiti adekvatnu pažnju u sestrinstvu [2]. Tijek cijeljenja rane kriterij je na temelju kojeg se razlikuju akutne i kronične rane. Rane koje se tretiraju standardnim medicinskim postupkom, a ne zacjeljuju unutar razdoblja od 4 do 8 tjedana smatraju se kroničnim ranama. Kronične se rane razvijaju iz akutnih rana, a proces

Introduction

Chronic wounds develop as a consequence of an interruption in the anatomic and functional continuity of skin tissue and are considered to be a factor significantly affecting the quality of patients' life [1]. Wounds appear to be more and more recognised as an important socio-economic issue in today's world; consequently, they deserve to be adequately approached in nursing care [2]. The healing process of the wound is the basic criterion for discriminating between acute and chronic wounds. Chronic wounds are defined as wounds that fail to heal after being treated from 4

razvoja kronične rane može nastati u upalnoj, proliferativnoj te u fazi sazrijevanja rane. Na nastanak kronične rane utječu infekcije i ishemija tkiva. Određene bolesti poput dijabetesa, neuropatije ili neuroplastičnih procesa također su čimbenici koji uvjetuju nastanak kroničnih rana [3]. Tipičnim kroničnim ranama smatraju se ishemijske rane poput potkoljeničkog arterijskog ulkusa, neurotrofičke rane kao što je neuropatski ulkus te hipostatske rane, odnosno potkoljenični venski ulkus. U tipične kronične rane moguće je ubrojiti i dekubitus te dijabetičko stopalo [4].

Kronične se rane smatraju javnozdravstvenim problemom, pogađaju 5 % odrasle populacije u zapadnim zemljama i generiraju visoke troškove zdravstvenih usluga jer zahtijevaju kućnu njegu, dulju hospitalizaciju, složene tretmane i pomoćne terapije, a povezane su s visokom stopom recidiva [5]. Procjena kvalitete života koristi se kao pokazatelj odgovora na liječenje ljudi s kroničnim ranama uzimajući u obzir fizičke, psihološke i socijalne aspekte, funkcionalni status i viziju života. U tu svrhu koriste se provjereni alati i instrumenti za procjenu učinaka bolesti i liječenja [6].

Cilj istraživanja

Opći je cilj istraživanja utvrditi značajke kroničnih rana i njihov utjecaj na kvalitetu života pacijenta. Na temelju općeg cilja istraživanja postavljaju se specifični ciljevi, a to su:

- istražiti percepciju ispitanika o statusu rane;
- istražiti utjecaj kroničnih rana na psihološki status pacijenta;
- istražiti utjecaj kroničnih rana na kretanje pacijenta;
- istražiti utjecaj kroničnih rana na socijalni život pacijenta;
- usporediti kvalitetu života pacijenata s kroničnim ranama u domovima za starije i nemoćne te ustanovama za zdravstvenu njegu u kući.

U radu se polazi od sljedećih hipoteza:

- H0 – ne postoji razlika u kvaliteti života pacijenata s kroničnim ranama u domovima za starije i nemoćne osobe i ustanovama za zdravstvenu njegu u kući;
- H1 – pacijenti s kroničnim ranama imaju nisku kvalitetu života;
- H2 – kronične rane imaju negativan utjecaj na psihološki status pacijenta;
- H3 – kronične rane negativno utječu na kretanje pacijenta;
- H4 – kronične rane imaju negativan utjecaj na kvalitetu socijalnog života pacijenta.

Ispitanici i metode

Za provedbu istraživanja koristio se strukturirani anketni upitnik koji se sastoji od pitanja o sociodemografskim, psihološkim i socijalnim utjecajima kroničnih rana na kvalitetu života pacijenta. Ispitanici su iskazali stavove vezane za kvalitetu života s kroničnim ranama na Likertovoj skali od 1 do 5 na kojoj je 1 – uopće ne, a 5 – jako puno. Uz dozvolu

to 8 weeks by standard medical procedures. Chronic wounds develop out of acute ones and are likely to develop in any of the phases: within the inflammatory, proliferative, or maturation phase of wound healing. Infections and tissue ischemia are factors that might contribute to chronic wound development. The development of chronic wounds can also be attributed to certain diseases like diabetes, neuropathies, and neuroplasticity processes [3]. Ischemic wounds like lower leg arterial ulcer, neurotrophic wounds like neuropathic ulcer, and hypostatic wounds, i.e. lower leg venous ulcer, are considered typical chronic wounds. Pressure ulcer (decubitus ulcer) and diabetic foot ulcer are also considered chronic wounds [4].

Chronic wounds are considered a public health problem that affects 5% of the adult population in Western countries. They incur high treatment costs because the treatment requires home care services, longer periods of hospitalization, complex therapies and supportive treatments, and, besides, they are associated with high recurrence rates [5]. The evaluation of the quality of life is based upon the answers of respondents on the way how people with chronic wounds respond to treatment taking into consideration physical, psychological and social aspects, their functional status, and their vision of life. For this purpose, verified tools and instruments are used to estimate the effect of the disease and its treatment [6].

Aim of the research

The overall aim of the research was to establish the characteristics of chronic wounds and their impact on the quality of life of patients. Based on the overall aim of the research, specific objectives were set as follows:

- to investigate the perception of participants on the status of their wounds
- to investigate the impact of chronic wounds on the psychological status of patients
- to investigate the impact of chronic wounds on patients' mobility
- to investigate the impact of chronic wounds on patients' social life
- to compare the quality of life in patients in residential care homes/nursing homes and those receiving services from home care organisations.

The following hypotheses are set:

- H0 – There is no difference in the quality of life in patients with chronic wounds between those who live in residential care homes/nursing homes and those who receive services from home care organisations.
- H1 – Patients with chronic wounds have a low quality of life.
- H2 – Chronic wounds have a negative impact on the psychological status of the patient.
- H3 – Chronic wounds negatively affect the patient's mobility.
- H4 – Chronic wounds have a negative impact on the quality of social life of the patient.

autora, kao instrument istraživanja korišten je upitnik *Quality of Life with Chronic Wounds – Wound-QoL Questionnaire*. Upitnik je preveo ovlaštenu prevoditelj u suradnji sa stručnjakom iz područja zdravstvene njege. Ciljna populacija u provedbi istraživanja bili su pacijenti s kroničnim ranama u domovima za starije i nemoćne osobe te ustanovama za zdravstvenu njegu u kući. Uzorak je činilo 50 pacijenata iz doma za starije i nemoćne osobe (N = 50) i 50 pacijenata koji dobivaju njegu u ustanovama za zdravstvenu njegu u kući (N = 50), a radi se o namjernom kvotnom uzorku.

Istraživanje se provelo u izravnoj komunikaciji s pacijentima s kroničnim ranama. Prilikom procesa prikupljanja primarnih podataka svi su ispitanici bili upoznati s ciljem i svrhom istraživanja te im je istaknuto da se rezultati neće koristiti u druge svrhe osim navedenih, a ujedno se svim ispitanicima osigurala anonimnost.

U postupcima statističke obrade podataka korištena je deskriptivna statistika, odnosno izračun frekvencija i relativnih udjela (postotaka) te izračun aritmetičke sredine ili prosjeka i standardne devijacije prilikom obrade stavova ispitanika o pojedinim aspektima utjecaja kroničnih rana na kvalitetu njihova života. Statistički test kojim se mjerila razlika među ispitanicima bio je t-test.

Za istraživanje je dobivena suglasnost etičkih povjerenstava u ustanovama u kojima se istraživanje provodilo.

Rezultati

Dobiveni rezultati istraživanja prikazuju percepciju stanja kronične rane kod pacijenta u posljednjih sedam dana, psihološke značajke i socijalni život pacijenata s kroničnim ranama. Istraživanjem se uspoređuje kvaliteta života pacijenata s kroničnim ranama u domovima za starije i nemoćne te ustanovama za zdravstvenu njegu u kući. Vrste rana koje su bile prisutne kod pacijenata su: potkoljениčni vried, dijabetičko stopalo i dekubitus.

Pacijenti u domovima za starije i nemoćne osobe ocijenili su bol kronične rane u sedmodnevnom razdoblju prosječnom ocjenom 3,36, a pacijenti ustanova za zdravstvenu njegu u kući prosječnom ocjenom 3,21.

Pacijenti iz obiju skupina ocijenili su prisutnost neugodnog mirisa kronične rane umjerenom. Prosječna ocjena neugodnog mirisa malo je viša kod pacijenata u domovima za starije i nemoćne te iznosi 2,71 u odnosu na pacijente u ustanovama za zdravstvenu njegu u kući gdje je prosječna ocjena neugodnog mirisa 2,64.

Ispitanici iz obiju skupina ocijenili su prisutnost iscjетка iz kronične rane umjerenom. Malo viša prosječna ocjena u pogledu prisutnosti iscjетка iz rane dobivena je kod pacijenata iz ustanova za zdravstvenu njegu u kući (2,72) u odnosu na pacijente u domovima za starije i nemoćne osobe (2,63).

Opći zaključak vezan za percepciju pacijenata o stanju kronične rane u posljednjih sedam dana je da su bol, neugodan miris i iscjetak iz rane umjerenom prisutni kod obiju skupina pacijenata, a najizraženiji simptom vezan za status rane osjećaj je umjerenog bola.

Subjects and methods

A structured survey questionnaire was used to conduct this research. It contained questions about the sociodemographic, psychological, and social effects of chronic wounds on the quality of patients' lives. The respondents expressed their attitude about the quality of life with chronic wounds on the Likert scale with scores ranging from 1 to 5, on which 1 denoted "not at all" and 5 "very much". With the consent of the authors, the questionnaire *Quality of Life with Chronic Wounds – Wound-QoL Questionnaire* was used as a research instrument. The Questionnaire was translated by an authorised translator in collaboration with a health care expert. The target population of this study included patients with chronic wounds living in residential care homes/nursing homes and patients receiving services from home care organisations. The studied sample consisted of 50 patients from residential care homes/nursing homes (N = 50) and 50 patients receiving services from home care organisations (N = 50), who were chosen by way of deliberate quota sampling.

The research was conducted in direct communication with patients with chronic wounds. During the procedure of primary data collection, all of the respondents were acquainted with the aim and purpose of this study, and it was emphasised to all of them that the results will not be used for any other purposes except for those previously explained to them; the anonymity of all of them was guaranteed.

Descriptive statistics were used in statistical data processing, i. e. calculation of frequencies and relative shares (percentages) and calculation of arithmetic mean or average and standard deviation when processing respondents' views on certain aspects of the impact of chronic wounds on their quality of life. The statistical test that measured the difference among the respondents was the t-test.

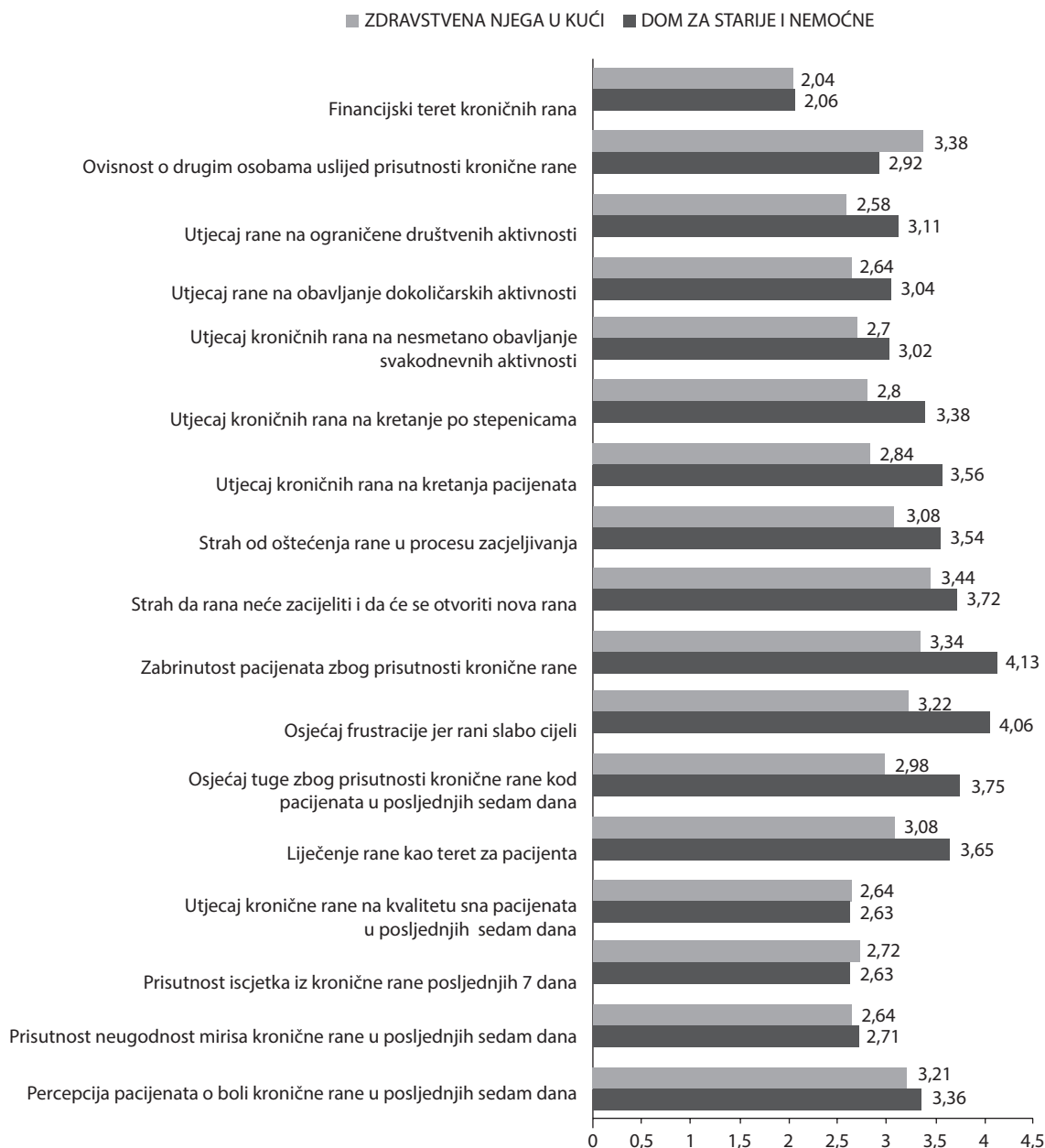
The research was approved by the ethics committees in the institutions where the research was conducted.

Results

The obtained results showed the perception of having a chronic wound as perceived by the study patients in the last seven days, concerning their psychological condition and social life. The study compared the quality of life in patients with chronic wounds living in residential care homes/nursing homes and those receiving services from home care organisations. The types of wounds observed in the patients were: lower leg ulcer, diabetic foot, and pressure ulcer.

The patients living in residential care homes/nursing homes estimated the pain caused by the chronic wound within the last seven days with an average score of 3.36, whereas the patients receiving services from home care organisations estimated this pain with an average score of 3.21.

The patients from both groups estimated the presence of an unpleasant odour (a bad smell) of a chronic wound as moderate. The average score of 2.71 relating to the presence of an unpleasant odour is slightly higher with patients living in residential care homes/nursing homes than the average score of 2.64 as given by the patients receiving services from home care organisations.



SLIKA/FIGURE 1. Prikaz rezultata prema pitanjima u upitniku (bodovi 1 – 5 prema Likertovoj skali) / Presentation of results according to the questions in the questionnaire (Points 1- 5 based on Likert scale)

Pacijenti iz obiju skupina iskazali su da je prisutnost kronične rane imala umjeren utjecaj na kvalitetu njihova sna promatrajući navedeno u sedmodnevnom razdoblju. Prosječna ocjena utjecaja rane na kvalitetu sna iznosila je 2,63 kod pacijenata u domovima za starije i nemoćne te 2,64 kod pacijenata u ustanovama za zdravstvenu njegu u kući.

Rezultati pokazuju da pacijenti ustanova za zdravstvenu njegu u kući percipiraju liječenje rane kao umjeren teret (3,08), dok pacijenti domova za starije i nemoćne smatraju liječenje kronične rane značajnim teretom (3,65).

Pacijenti ustanova za zdravstvenu njegu u kući iskazuju da ih kronična rana čini umjerenom nesretnima (2,98), a pacijenti domova za starije i nemoćne osobe smatraju da ih kronična rana čini značajno nesretnima (3,75).

The subjects from both groups estimated the presence of discharge oozing from their chronic wounds as moderate. A slightly higher score concerning the wound drainage was given by the patients receiving services from home care organisations (2.72) as compared to the one (2.63) given by the patients living in residential care homes/nursing homes.

The overall conclusion due to the patients' perception of the condition of their chronic wounds in the last seven days was that the pain, a bad smell, and wound drainage were moderately present in both study groups of patients, the most prominent symptom in relation to the wound status being the feeling of moderate pain.

The patients from both study groups estimated that the chronic wound had a moderate impact on the quality of their sleep during the observed period of the previous se-

Pacijenti ustanova za zdravstvenu njegu u kući iskazali su umjerenu razinu frustracije jer je potrebno puno vremena da rana zacijeli (3,22), dok je kod pacijenata domova za starije i nemoćne osobe razina frustracije bila na višoj razini te je ocijenjena prosječnom ocjenom 4,06.

Pacijenti u domovima za starije i nemoćne osobe iskazuju višu razinu zabrinutosti zbog prisutnosti kronične rane (4,13) u odnosu na pacijente ustanova za zdravstvenu njegu u kući (3,34).

Strah da rana neće zacijeliti i da će se otvoriti nova rana prisutniji je kod pacijenata u domovima za starije i nemoćne (3,72) nego kod pacijenata ustanova za zdravstvenu njegu u kući (3,44).

Pacijenti domova za starije i nemoćne osobe imaju izraženiji strah od oštećenja rane u procesu zacjeljivanja iskazan prosječnom ocjenom 3,54, dok su pacijenti ustanova za zdravstvenu njegu u kući ocijenili strah od oštećenja rane u procesu zacjeljivanja prosječnom ocjenom 3,08.

Nadalje, podaci pokazuju da je utjecaj kroničnih rana na kretanje pacijenata izraženiji kod pacijenata u domovima za starije i nemoćne (3,56) u odnosu na pacijente ustanova za zdravstvenu njegu u kući (2,84).

Prosječna ocjena teškoća u kretanju po stepenicama kod pacijenata u domovima za starije i nemoćne iznosi 3,38, a kod pacijenata u ustanovama za zdravstvenu njegu u kući iznosi 2,8.

Pacijenti domova za starije i nemoćne ocijenili su utjecaj kroničnih rana na obavljanje svakodnevnih aktivnosti prosječnom ocjenom 3,02, a pacijenti ustanova za zdravstvenu njegu u kući prosječnom ocjenom 2,70.

Pacijenti u domovima za starije i nemoćne osobe ocijenili su utjecaj rane na obavljanje dokoličarskih aktivnosti prosječnom ocjenom 3,04, dok su pacijenti ustanova za zdravstvenu njegu u kući ovom pitanju dodijelili prosječnu ocjenu 2,64, odnosno procijenili su utjecaj rane na obavljanje dokoličarskih aktivnosti manje značajnim.

Pacijenti u domovima za starije i nemoćne osobe ocijenili su utjecaj rane na ograničenje društvenih aktivnosti prosječnom ocjenom 3,11, a pacijenti ustanova za zdravstvenu njegu u kući dodijelili su ovom pitanju prosječnu ocjenu 2,58.

Pacijenti ustanova za zdravstvenu njegu u kući iskazali su višu prosječnu ocjenu utjecaja rane na razvoj osjećaja ovisnosti o drugim osobama (3,38) u odnosu na pacijente domova za starije i nemoćne (2,92).

Objektive skupine ispitanika smatraju da im kronična rana predstavlja manji financijski teret. Pacijenti domova za starije i nemoćne ocijenili su financijski teret kronične rane prosječnom ocjenom 2,06, a pacijenti ustanova za zdravstvenu njegu u kući prosječnom ocjenom 2,04.

Kvaliteta života pacijenata s kroničnim ranama u domovima za starije i nemoćne te ustanovama za zdravstvenu njegu u kući uspoređena je prema kriterijima stanja kronične rane, psihološkog stanja pacijenta, utjecaja kronične rane na kretanje i društveni život pacijenata. Usporedba je prikazana u tablici 1.

ven days. The average score of the impact of the wound on the quality of sleep was 2.63 as given by the patients living in residential care homes/nursing homes, whereas it was 2.64 with patients receiving services from home care organisations.

The results showed that the patients receiving services from home care organisations perceived the wound treatment as a moderate burden (3.08), whereas the patients living in residential care homes/nursing homes thought of the wound treatment as a considerable burden (3.65).

The patients receiving services from home care organisations perceived the chronic wound as making them moderately unhappy (2.98), whereas the patients living in residential care homes/nursing homes believed that the chronic wound made them considerably unhappy (3.75).

The patients receiving services from home care organisations evaluated the level of their frustration due to the long periods of wound healing as moderate (3.22), whereas the perception of frustration with the patients living in residential care homes/nursing homes was on a higher level reaching the average score of 4.06.

The patients living in residential care homes/nursing homes showed higher levels of anxiety due to the presence of the chronic wound (4.13) in comparison to the patients receiving services from home care organisations (3.34).

The fear that the wound wouldn't heal and that a new one might appear was more prominent with the patients living in residential care homes/nursing homes (3.72) than it was the case in the patients receiving services from home care organisations (3.44).

The fear that the wound might get knocked (damaged) in the healing process was more noticeable with the patients living in residential care homes/nursing homes and it was estimated by a score of 3.54. The patients receiving services from home care organisations evaluated their fear of damaging the wound during the healing process by the average score of 3.08.

Furthermore, the data indicated that the impact of chronic wounds on the mobility of the patients was more prominent in the patients of residential care homes/nursing homes (3.56) compared to those receiving services from home care organisations (2.84).

The average score of difficulties the patients of residential care homes/nursing homes face when climbing/descending stairs is 3.38, and for patients receiving services from home care organisations is 2.8.

The patients of residential care homes/nursing homes evaluated the impact of chronic wounds on the unimpaired performance of daily activities with an average score of 3.02, whereas the estimation of the patients receiving services from home care organisations reached the score of 2.70.

The patients of residential care homes/nursing homes evaluated the impact of chronic wounds on their leisure activities with an average score of 3.04, whereas the patients receiving services from home care organisations assigned 2.64 of the points to this question, i.e., their evaluation of the impact chronic wounds exerted on their leisure activities was less noticeable.

TABLICA/TABLE 1. Hi-kvadrat test / Chi-squared test

	Zdravstvena njega u kući	Domovi za starije i nemoćne
Prosjeak	2,90	3,30
Varijanca	0,13	0,29
Broj promatranih varijabli	17,00	17,00
Koeficijent korelacije	0,73	
Broj stupnjeva slobode	16,00	
Empirijska vrijednost t-testa	-2,75	
p-vrijednost t-testa	0,003	

Prosječna ocjena utjecaja kronične rane na kvalitetu života pacijenata ustanova za zdravstvenu njegu u kući iznosi 2,90, a prosječna ocjena utjecaja rane na kvalitetu života pacijenata u domovima za starije i nemoćne je 3,30. Iako obje skupine pacijenata iskazuju umjerenu razinu utjecaja rane na kvalitetu života, empirijska vrijednost t-testa iznosi -2,75, a p-vrijednost iznosi 0,003.

S obzirom na dobiveni rezultat, odbacuje se nulta hipoteza prema kojoj ne postoje statistički značajne razlike između kvalitete života pacijenata s kroničnim ranama u domovima za starije i nemoćne osobe te ustanovama za zdravstvenu njegu u kući i zaključuje se da je kvaliteta života pacijenata s kroničnim ranama uz tretman ustanove za zdravstvenu njegu u kući viša.

Rasprava

Istraživanje o kvaliteti života pacijenata s kroničnim ranama provedeno je s obzirom na kriterij ustanova koje se bave zdravstvenom njegom kroničnih rana, konkretno domova za starije i nemoćne te ustanova za zdravstvenu njegu u kući. Rezultati istraživanja pokazali su da je ustanova koja provodi zdravstvenu njegu rane statistički značajna varijabla koja se odražava na ukupnu kvalitetu života pacijenta u kontekstu psihološkog stanja, pokretnosti pacijenta i njegova društvenog života. Rezultati provedenog istraživanja u domovima za starije i nemoćne i ustanovama za zdravstvenu skrb u kući govore u prilog zdravstvenoj njezi kroničnih rana u vlastitom domu, odnosno u sklopu izvaninstitucionalne skrbi jer se pacijent pri takvoj skrbi ne odriče (ili manje odriče) vlastitog životnog ritma, okruženja na koje je navikao i društvenog života [7].

Na temelju rezultata istraživanja moguće je provesti postupak verifikacije postavljenih hipoteza istraživanja:

- H₀ – ne postoji razlika u kvaliteti života pacijenata s kroničnim ranama u domovima za starije i nemoćne osobe i ustanovama za zdravstvenu njegu u kući.

Provedba t-testa pokazala je da je razlika između kvalitete života pacijenata s kroničnim ranama u domovima za starije i nemoćne i ustanovama za zdravstvenu njegu u kući statistički značajna, odnosno da je kvaliteta života viša kod pacijenata u ustanovama za zdravstvenu njegu u kući.

The patients of residential care homes/nursing homes evaluated the impact of the wound on the restriction of social activities with an average score of 3.11, whereas the patients receiving services from home care organisations activities evaluated that issue with an average score of 2.58.

The patients receiving services from home care organisations assigned a higher number of points to the impact the wound exerted on their feeling of dependence on other people (3.38) than was the case with the patients of residential care homes/nursing homes (2.92).

Both study groups considered their chronic wounds a lesser financial burden. The patients of residential care homes/nursing homes evaluated the financial burden of the chronic wound with an average score of 2.06, and the patients receiving services from home care organisations with an average score of 2.04.

The quality of life of patients with chronic wounds living in residential care homes/nursing homes and those receiving services from home care organisations was compared based on criteria of the condition of the chronic wound, the psychological condition of the patient, the impact the chronic wound exerted on the mobility and social life of the patient. The results of the comparison are shown in Table 1.

The average value of the evaluation of the impact of chronic wounds on the quality of life in the patients receiving services from home care organisations is 2.90, whereas the evaluation of the impact of chronic wounds on the quality of life in the patients of residential care homes/nursing homes is 3.30. Although both study groups estimated the impact their chronic wounds exerted on the quality of their lives as moderate, the empirical value of the t-test comes to -2.75, and the p-value of the t-test is 0.003.

With regard to the obtained results, the null hypothesis stating that there are no statistically significant differences concerning the quality of life in patients with chronic wounds living in residential care homes/nursing homes as opposed to those receiving services from home care organisations has been rejected, and the conclusion is that the quality of life in the patients receiving services from home care organisations is higher.

Discussion

The study of the quality of life in patients with chronic wounds was conducted guided by the criteria of healthcare organisations dealing with wound management, specifically those of residential care homes/nursing homes and home care organisations. The results obtained in the study indicate that home care organisations providing services in wound treatment represent a statistically relevant variable affecting the overall quality of life in patients within the context of their psychological condition, mobility, and social life. The results of the study as carried out in residential care homes/nursing homes and home care organisations speak in favour of the chronic wound treatment provided within patients' own homes, i. e., outside of healthcare institutions, because the patients receiving such care do not relinquish (or relinquish to a lesser degree) their life rhythm, familiar environment and social life [7].

Based on the study results, it is possible to conduct the verification procedure of the proposed research hypotheses:

- H1 – pacijenti s kroničnim ranama imaju nisku kvalitetu života.

Budući da su obje skupine pacijenata iskazale da osjećaju umjerenu bol, neugodan miris i iscjedak iz rane, postavljenu hipotezu potrebno je modificirati pa ona glasi: H1 – pacijenti s kroničnim ranama imaju umjereno nisku kvalitetu života.

- H2 – kronične rane imaju negativan utjecaj na psihološki status pacijenta.

Istraživanje je pokazalo da kronične rane izazivaju umjerenе do značajne tegobe pacijentima u smislu zabrinutosti, frustriranosti i straha da rana neće zacijeliti, da će se otvoriti nova rana, odnosno da će se postojeća rana proširiti. Na temelju navedenog moguće je potvrditi postavljenu hipotezu.

- H3 – kronične rane negativno utječu na kretanje pacijenta.

Istraživanjem je utvrđeno da kronične rane umjereno do značajno utječu na kretanje po stepenicama, obavljanje svakodnevnih aktivnosti i općenito kretanje pacijenata, što potvrđuje postavljenu hipotezu.

- H4 – kronične rane imaju negativan utjecaj na kvalitetu socijalnog života pacijenta.

Hipotezu je moguće potvrditi jer pacijenti osjećaju da umjereno do značajno ovise o drugim osobama (izraženije je kod pacijenata ustanova za zdravstvenu njegu u kući) te je umjeren utjecaj na obavljanje dokoličarskih i društvenih aktivnosti.

Blome i sur. [8] proveli su istraživanje o kvaliteti života pacijenata s kroničnim ranama putem *Wound QoL* upitnika čiji su rezultati usporedivi s našim rezultatima o kvaliteti života pacijenata s kroničnim ranama u domovima za starije i nemoćne i ustanovama za zdravstvenu njegu u kući. Sociodemografski profil ispitanika uključenih u istraživanje upućuje na viši udio muškaraca u uzorku istraživanja (54,5 %) te na prosječnu dob ispitanika koja iznosi 65,3 godine. Prosječno trajanje kronične rane u odabranom uzorku ispitanika koji je iznosio $N = 165$ bilo je $26,6 \pm 50,6$ mjeseci. Na temelju faktorske analize u upitniku izdvojena su tri ključna faktora koja negativno utječu na kvalitetu života pacijenata s kroničnim ranama. Ti su faktori tjelesni, psihološki i faktori vezani za mogućnost obavljanja svakodnevnih aktivnosti. U provedenom istraživanju status rane ima umjeren prosječan utjecaj na kvalitetu života pacijenta, a jednako su ocijenjeni i psihološki aspekti te aspekti vezani za aktivnost.

Thalyne Yurí i sur. u svom su istraživanju dobili rezultate da pacijenti s kroničnom venskom bolesti (KVB) i kroničnom ranom na potkoljenici imaju značajno sniženu kvalitetu života u usporedbi s bolesnicima s KVB-om bez kronične rane. Aspekti kvalitete života na koje je prisutnost kronične rane najviše utjecala bili su: fizički aspekt, funkcionalni kapacitet, socijalni aspekti i tjelesno zdravlje [9]. Prema rezultatima studije o kvaliteti života s kroničnim ranama [10] postoji potreba za djelovanjem na svim područjima skrbi za ranu (QOL upitnik o kvaliteti života osoba s kroničnom ranom). Do 64 % sudionika osjećalo se umjereno do ozbiljno oslabljeno. Rezultati studije [11] ukazuju na hitnu potre-

- H0 – There is no difference in the quality of life in patients with chronic wounds between those who live in residential care homes/nursing homes and those who receive services from home care organisations.

The implementation of the t-test indicates that the difference between the quality of life in the patients with chronic wounds living in residential care homes/nursing homes and those receiving services from home care organisations is statistically relevant, i.e., the quality of life is higher in the patients receiving services from home care organisations.

- H1 – Patients with chronic wounds have a low quality of life.

Since both study groups evaluated their wound-related pain, an unpleasant odour, and the wound drainage as moderate, the proposed hypothesis needs to be modified as follows: H1- Patients with chronic wounds have a moderate quality of life.

- H2 – Chronic wounds have a negative impact on the psychological status of the patient.

The study results indicate that chronic wounds exert considerable impact on the predicaments of the patients such as anxiety, frustration and fear that the wound won't heal, that a new wound might appear, or that the existing wound might worsen. Based upon the above stated, it is possible to confirm the proposed hypothesis.

- H3 – Chronic wounds negatively affect patient's mobility.

The study confirmed that chronic wounds exert a moderate to considerably negative impact on patients' mobility as regards climbing/descending stairs, performing everyday activities and mobility in general, so the proposed hypothesis remains supported.

- H4 – Chronic wounds have a negative impact on the quality of the social life of patients.

This hypothesis can be confirmed because the patients feel moderate to considerably dependent upon others (more considerably so with the patients receiving services from home care organisations) and due to the fact of the moderate impact of wounds on leisure and social activities.

The results of the study conducted by Blome et al. [8] on the life quality in patients with chronic wounds using the *Wound QoL* questionnaire are comparable with the results we obtained in the study of the quality of life in patients with chronic wounds living in residential care homes/nursing homes and those receiving services from home care organisations. The sociodemographic profile of the study patients shows a larger proportion of males included in the study sample (54.5%) and the average age of the study patients of 65.3 years. The average duration of the chronic wound in the chosen sample of the study patients of $N = 165$ was 26.6 ± 50.6 months. Based on factor analysis, it was possible to identify three key factors exerting a negative impact on the quality of life in patients with chronic wounds. These factors are the factors of physical nature and those of psychological nature, and then factors related to the performance of day-to-day activities. According to this study, the wound status has a moderate average impact on the quality

bu bolničkih institucija da više ulažu u stručno usavršavanje medicinskog osoblja. Studija je otkrila nedovoljno znanje (< 90 %) o prevenciji dekubitusa među 40 medicinskih sestara u JIL-u.

Zaključak

U istraživanju je analizirana kvaliteta života pacijenata s kroničnim ranama u domovima za starije i nemoćne te ustanovama za zdravstvenu njegu u kući. Zdravstvena njega u kući pravo je pacijenta u sklopu sustava obveznog zdravstvenog osiguranja. Prije samog istraživanja bilo je postavljeno pet hipoteza od kojih su dvije modificirane. Prva postavljena hipoteza je da pacijenti s kroničnim ranama imaju nisku kvalitetu života. Nakon obrade rezultata istraživanja postavljena je hipoteza modificirana – pacijenti s kroničnim ranama imaju umjereno nisku kvalitetu života.

Na temelju procjene statusa rane, psihološkog stanja pacijenta, pokretljivosti i značajki društvenog života, zaključeno je da je kod pacijenata u objema skupinama prisutna umjerena razina utjecaja kronične rane na kvalitetu života, što u konačnici potvrđuje postavljene hipoteze. S obzirom na navedeno, zaključuje se da postoji statistički značajna razlika između pacijenata u domovima za starije i nemoćne te ustanovama za zdravstvenu njegu u kući. Dakle, hipoteza da ne postoji razlika u kvaliteti života pacijenata s kroničnim ranama u domovima za starije i nemoćne osobe i ustanovama za zdravstvenu njegu u kući opovrgnuta je. Kvaliteta života ipak je statistički značajno bolja kod pacijenata u ustanovama za zdravstvenu njegu u kući, stoga se preporučuje primjena navedenog oblika zdravstvene njege u odnosu na institucionalnu skrb kad god je to moguće.

Nema sukoba interesa

of life in the patients. The same applies to psychological aspects and aspects relating to bodily activities.

The results obtained by Thalyne Yuri et al. in their study indicate that patients with the chronic venous disease (CVD) accompanied by lower leg venous ulcer have a considerably low quality of life as compared to those suffering from CVD but without the chronic wound. The aspects of life most affected by the presence of the chronic wound were: bodily aspect, functional capacity, social aspects, and physical health [9]. According to the results of another study concerning the quality of life with chronic wounds [10], there is a need for action in all areas of wound management (QoL questionnaire on the quality of life in patients with chronic wounds). Up to 64% of the study patients felt moderate to considerably weakened by the disease. The results of yet another study [11] point out the urgent need for hospital institutions to make investments in the professional training of their nursing staff. The study unveiled insufficient knowledge (<90%) on the prevention of pressure ulcer (decubitus ulcer) among 40 nursing professionals in the ICU.

Conclusion

This study analysed the quality of life in patients with chronic wounds living in residential care homes/nursing homes and those receiving services from home care organisations. Health care is a statutory right of patients within the system of statutory insurance. Before conducting this research, five hypotheses had been proposed, two of which were modified. The first hypothesis put forward was that patients with chronic wounds had a low quality of life. After the results of the study were processed, this hypothesis was modified into: Patients with chronic wounds have a moderate quality of life.

Based on the evaluation of the wound status, the psychological condition of patients, their mobility, and information about their social life, the conclusion was reached that in both study groups a moderate impact of the chronic wound on the quality of life could be observed, which ultimately confirmed to the suggested hypotheses. Taking into consideration all the so far stated facts, the conclusion was drawn that there is a significant difference between the patients in residential care homes/nursing homes and patients receiving services from home care organisations. Consequently, the hypothesis that there is no difference in the quality of life between the patients in residential care homes/nursing homes and patients receiving services from home care organisations was rejected. The quality of life is significantly better in patients who receive health services from home care organisations; it is thus recommendable to apply this form of health care, as opposed to institutional care, whenever possible.

Authors declare no conflict of interest

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PRILOZI / ENCLOSURES

Upitnik o kvaliteti života pacijenata s kroničnim ranama / Questionnaire on the quality of life in patients with chronic wounds

Molimo Vas da pri odgovorima analizirate razdoblje od posljednjih 7 dana. /
Please, when answering the questions refer to the period of the last seven days.

RB / No.	Tvrđnja / Statement	Nimalo / Not at all	Malo / A little	Umjereno / Moderately	Puno / Quite a lot	Vrlo puno / Very much
1.	Rana me boli. / ...my wound hurt.					
2.	Rana ima neugodan miris. / ...my wound had a bad smell.					
3.	Iz rane izlazi iscjedak. / ...there was a disturbing discharge from the wound.					
4.	Rana mi smanjuje kvalitetu sna. / ...the wound has affected my sleep.					
5.	Liječenje rane mi predstavlja teret. / ...the treatment of the wound has been a burden to me.					
6.	Rana me čini nesretnim. / ...the wound has made me unhappy.					
7.	Frustriran/a sam jer rani treba dugo da zacijeli. / ...I have felt frustrated because the wound is taking so long to heal.					
8.	Zabrinut/a sam zbog rane. / ...I have worried about my wound.					
9.	Bojim se da se rana ne pogorša i da se ne otvori nova rana. / ...I have been afraid of the wound getting worse or of new wounds appearing.					
10.	Bojim se da ne oštetim ranu u procesu zacjeljivanja. / ...I have been afraid of knocking the wound.					
11.	Imam problema u kretanju zbog rane. / ...I have had trouble moving about because of the wound.					
12.	Imam problema u kretanju po stepenicama zbog rane. / ...climbing stairs has been difficult because of the wound.					
13.	Imam problema s obavljanjem svakodnevnih aktivnosti zbog rane. / ...I have had trouble with day-to-day activities because of the wound.					
14.	Rana mi otežava aktivnosti kojima se bavim tijekom dokolice. / ...the wound has limited my leisure activities.					
15.	Rana ograničava moje aktivnosti u društvenom životu. / ...the wound has forced me to limit my activities with other.					
16.	Osjećam se ovisnim/ovisnom o pomoći drugih zbog rane. / ...I have felt dependent on help from others because of the wound.					
17.	Rana mi predstavlja financijski teret. / ...the wound has been a financial burden to me.					