

Behavioral Beliefs in Chronic Wound Management: A Theory of Planned Behavior Perspective



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Background

Chronic wounds are a growing public health issue, especially among individuals with comorbidities such as diabetes and hypertension. Patients’ personal, cultural, and contextual beliefs often influence treatment adherence, particularly regarding wound dressing practices.

The Theory of Planned Behavior (TPB) provides a robust theoretical framework to understand the behavioral, normative, and control beliefs that shape patients’ intentions and actions. Despite its relevance, few tools exist to assess these beliefs in the context of wound care.

Objective

To explore the spectrum of behavioral beliefs held by individuals with chronic wounds concerning their consistent, daily engagement with nurse-guided wound dressing at a healthcare facility until full recovery.

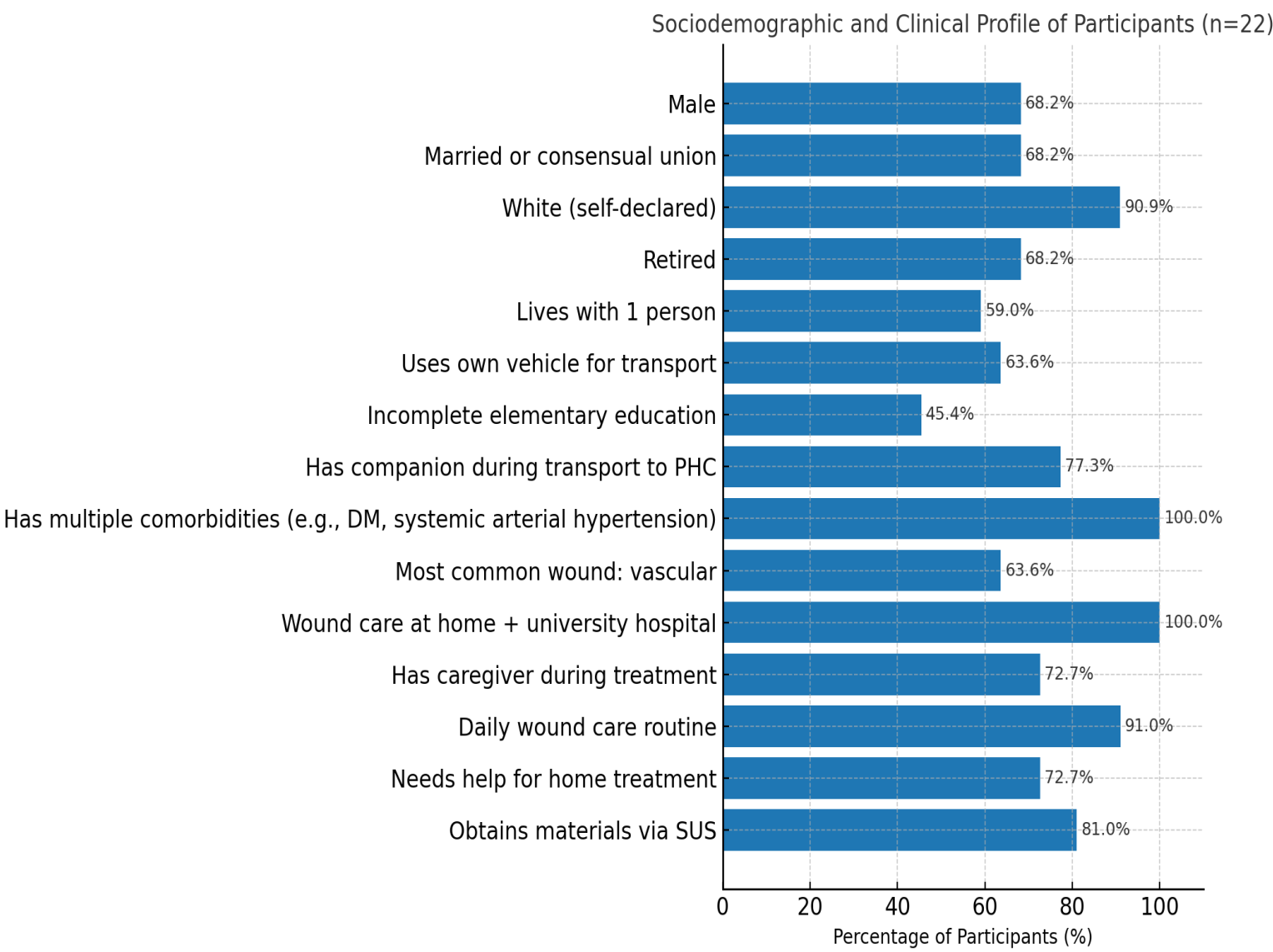
Methods

A qualitative study was grounded in the Theory of Planned Behavior and conducted between May and July 2024 in inpatient and outpatient units of a university hospital in southern Brazil. The target behavior was: *attending the healthcare unit daily to have the wound dressing performed exactly as instructed by the nurse, until complete healing.*

Participants were adults (18+ years) of all genders with chronic wounds of any etiology. Qualitative data were collected through interviews and analyzed according to the TPB framework. The study was approved by the local Research Ethics Committee (CAAE: 74667323.0.0000.0121).

Results

The sample consisted of 22 individuals with chronic wounds. The mean age was 63 years, ranging from 42 to 88 years. Individual income ranged from R\$ 1,412.00 to R\$ 8,472.00 (mean = R\$ 2,844.00, SD = R\$ 2,040.25). One person was unable to report either type of income.



A total of 13 salient beliefs were identified:

Behavioral beliefs (advantages/disadvantages): feeling good, being cared for, having wound healing monitored, transportation costs, and time-consuming appointments.

Normative beliefs (social referents): influence of children, spouse, and close family members on decision-making.

Control beliefs (facilitators/barriers): having a ride or access to a car, weather conditions, physical limitations, and pain.

Conclusion

The study revealed that patients' personal and sociocultural beliefs significantly influence their adherence to wound treatment. The findings highlight the importance of considering behavioral determinants when planning individualized care and health education strategies.

I have no conflict of interest

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