SELF-EFFICACY AND QUALITY OF LIFE IN PEOPLE WITH VENOUS ULCER

SGAWCM Sobratafe Global Advanced Wound Care Meeting 2021
Virtual meeting October, 20-25th

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Introduction: Venous ulcers are caused by insufficiency or obstruction of veins, leading to venous hypertension in the lower limbs and a greater probability of onset of lesions. Individuals with venous ulcers live with the chronic pain of the injury, which can affect their autonomy during daily life, therefore, the individual's quality of life can be significantly impacted. Self-efficacy is related to the individual's confidence in the ability to successfully perform a certain activity or behavior that leads to an expected result. Thus, there is a need to combine the influence of self-efficacy on the quality of life of people with venous ulcers.

Objective: To analyze the correlation between self-efficacy and quality of life in people with venous ulcers in primary health care.

Methods: Cross-sectional study with a quantitative approach to data treatment and analysis. Data were collected from 54 people with venous ulcers (VU) in the family health strategy (ESF) of Parnamirim - Rio Grande do Norte, from August to October 2017. The instruments used for data collection were: Medical Outcomes Short-Form Health Survey-36 (SF-36) and the Chronic Pain Self-Efficacy Scale (AEDC). As the SF-36 is responsible for assessing health-related quality of life (QL), with 36 items grouped into 8 domains and in two dimensions (Physical Health and Mental Health), the score ranges from 0 to 100, the closer to 100, better quality of life. While the AEDC is characterized as a certainty scale, the final score ranges from 30 to 300, composed of three domains (Pain, Functionality and other symptoms), each domain the score ranges from 10 to 100, the closer to 100, the better the effectiveness. The domain called other symptoms was not used. For the study, relative and absolute frequencies and Spearman's correlation were used. The following classification was adopted as a significance level of p-value < 0.05 and as correlation parameters: r = up to 0.39 (weak); r = 0.40 to 0.69 (moderate); r = 0.70 to 1 (strong). The project was approved by the ethics committee (CAAE nº 65941417.8.0000.5537).

Results: After analyzing and systematizing the data, a correlation was found between Self-efficacy for pain control and the Physical Health dimension of the SF-36, with a significance level of p-value = 0.000 and a correlation parameter r = 0. 54; correlation between Self-efficacy for pain control and the Mental Health dimension of the SF-36, with p-value of 0.003 and the correlation parameter r = 0.40; In the correlation between Self-efficacy for pain control and the SF-36 Total, the p-value was 0.000 and the correlation parameter was r = 0.50. As for the correlation between Self-Efficacy for Functionality and the Physical Health dimension of the SF-36, the p-value was 0.000 and the correlation parameter (r) was 0.62; For the correlation between Self-Efficacy for Functionality and the Mental Health dimension of the SF-36, the p-value was presented as 0.001 and the correlation parameter (r) as 0.45; In the correlation between self-efficacy for functionality and the SF-36 Total, the p-value was 0.000 and the correlation parameter (r) was 0.57.

	P – value (p)	Correlation parameters (r)
Self-Efficacy for Pain Control X Physical Health Dimension (SF-36)	0.000 (significant)	0.54 (moderate)
Self-Efficacy for Pain Control X Mental Health Dimension (SF-36)	0.003 (significant)	0.40 (moderate)
Self-Efficacy for Pain Control X SF-36 Total	0.000 (significant)	0.50 (moderate)
Self-Efficacy for Functionality X Physical Health Dimension (SF-36)	0.000 (significant)	0.62 (moderate)
Self-Efficacy for Functionality X Mental Health Dimension (SF-36)	0.001 (significant)	0.45 (moderate)
Self-Efficacy for Functionality X SF-36 Total	0.000 (significant)	0.57 (moderate)

Conclusion: Thus, it appears that the correlation between self-efficacy and quality of life of people with venous ulcers in primary health care is moderate and significant, since all analyzed correlations had p-value < 0.05 and an r = 0.40 to 0.69.

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