

**NURSING
INTERVENTION PLAN
FOR FAMILY CAREGIVER
OF A PERSON WITH
CHRONIC WOUNDS**

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Abstract: The person with a chronic wound requires care inherent to the wound and to the person's overall situation. In the home environment, this care is provided by the family caregiver, who needs specific monitoring by the nursing team, from the identification of their needs to the orientation of interventions. Objective: to identify nursing interventions to meet the needs of family caregivers of people with wounds. Qualitative, exploratory and descriptive study with 38 nurses, who were divided into groups of 3 or 4 elements to participate in a focus group. Content analysis was performed using the WEBQDA software. The results obtained demonstrate the role of nurses depending on the type of need, and the interventions are framed in the help methods defined by Dorothea Orem: acting, guiding, supporting, teaching and environment. In addition to these, the diagnostic evaluation activity was integrated as an adjunct in this process. It is concluded that the nursing intervention is crucial in minimizing the effects of overload and the decrease in the family caregiver's quality of life. It is important to create indicators so that there is greater visibility for nursing and family caregivers.

Keywords: Family caregiver; care plan; nursing; wound.

INTRODUCTION

The increase in the prevalence of chronic diseases (directly related to an increase in the average life expectancy and to the evolution that medicine has had over the last few years), translates into a consequent decrease in the individual's physical and cognitive abilities, which causes these beings to increase their dependence on another person. Given this dependence, family members are of fundamental importance in the life and care of this individual, responding to the person's

basic needs, in order to guarantee the best possible quality of life for the dependent person.

The dependent person, taking into account their physical disability and the nutritional deficits to which they are sometimes subject, is more likely to develop a skin lesion. These wounds become a disabling problem for the individual, due to their location, their size, their odor, the pain caused, and their treatment and the prevention of future injuries become one of the main goals of health professionals., the caregiver and the patient with a wound.

The prevention and treatment of wounds are directly related to the general care provided to the individual, so the caregiver has a leading role in the evolution of the whole situation. To deal with this situation, the caregiver will need essential home support from health professionals, in particular, taking into account the close relationship with nurses, in order to acquire skills appropriate to the needs of the person with a wound.

In these situations, the nurse has the role of executor and educator/trainer, having the ability to listen to, and observe, the needs of the family caregiver, in order to be able to plan, together, all types of interventions that may benefit the evolution of the family. of the injured patient and to enable the family caregiver to deal with the injured patient and with their own needs and difficulties. In this context where both meet – the home – knowledge and referral to existing resources in the community, whether health or social, is relevant.

Based on the above, and on the needs of the family caregiver identified in the study by Rodrigues, A; Ferré -Grau, C; Ferreira, P (2015) the following objective was defined for this study: To identify nursing interventions in view of the needs of the family caregiver of people with a chronic wound.

FOUNDATIONS

The concept of “family” and how a family is formed has changed over the years. While in past generations, an individual was born into a large family in which all relatives live close to each other, throughout life, these conditions have changed today. Today’s families are made up of few people, women are more active in the labor market, having to reconcile with this the care of children and elderly relatives, due to divorces and the constant need to travel for work, there are families that are territorially separated, being that the need to care for a dependent elderly person can be a predictor of stress (Sherman, DW, 2019).

In a home context, most of the care provided to people with dependency is carried out by a family member (hence the fact that in most cases the caregiver is called a family caregiver), who is not paid. The burden of these caregivers is highly denoted, with the notion that these individuals perceive the deterioration of their health, negatively interfering with the emotional state of the caregiver (Silva, M., Duarte, JC, Melo, R., Rua, I, Freitas, M., Morais, P., et al., 2021).

Chronic wounds are a significant problem in individuals who need care, most of whom are being cared for at home by a caregiver, with the programmed home intervention of nursing teams. There has been an investment in the training of family caregivers to prolong the time that their family member will stay at home, thus delaying their institutionalization as much as possible. This way, the family caregiver becomes the interlocutor between the person in need of care and the health professionals (García - Sánchez FJ, Martínez-Vizcaíno V, Rodríguez-Martín B, 2019)

Family members, especially people with dependency, are called upon at an early stage to collaborate and intervene in the provision of care, integrating, from an early age, the team that provides health care. The activities

to be developed are not always easy, however, the caregiver understands their need and importance, developing strategies to adapt to new situations. There are studies that indicate that caregivers report that they do not always receive explicit information about the patient’s condition, and how they must behave, however, they understand, from the outset, the importance of their own education for a good rehabilitation, an improvement in the autonomy of the person cared for, as well as for the reduction of new hospitalizations, which will bring consequent increases in costs (Martins, R., & Santos, C., 2020).

On the other hand, according to the same authors, there are also studies that demonstrate that investment in programs whose core is nursing interventions as the main strategy to train caregivers is fundamental, also interfering in increasing the caregiver’s own quality of life. However, scores related to caregiver burden are still high, and knowledge levels are low, so caregiver training is the future. The person with a chronic wound needs, in a systematic way, a healthy diet suitable for their condition, daily dermal hydration care, body positioning and application of pressure relief systems. All these interventions are nursing practices that must be taught to the caregiver, trained and constantly checked during home visits to the user (Rodrigues, A., & Soriano, JV, 2015).

The importance of a caregiver, who is an integral part of a health team, in particular a caregiver of a person with a wound, depends on the type of daily responses he can obtain, the positive influence he can exert on the person being cared for, as well as on the levels of quality of life attained by the person in need of care. However, the caregiver is not alone and is not solely responsible for this entire process and, as such, given the complexity of a person with a wound, they

must have access to information, training, constant contact with health professionals and social support (Rodrigues, AM, Ferré -Grau, C., & Ferreira, PL, 2015).

Rodrigues, AM, Ferré -Grau, C., & Ferreira, PL (2016) add that caregivers of the person with a wound provide care for 24 hours a day, responding to the basic needs of the individual, providing all the answers that take into account the physical needs, psychological and economic. Often, as they do not have access to the necessary training/information, they put their care into practice in an intuitive way.

According to some studies, the caregiver's profile fits the female gender, with an average age of 54, daughter of the person cared for, and unemployed. These caregivers, given the complexity of the "world of wounds" do not have the necessary training to deal with this condition. Through these same studies, it appears that 25% of caregivers do not have the support of a 2nd caregiver, and whoever has them is usually another family member of the person being cared for. The absence of a 2nd caregiver, or another reference, can influence the main caregiver in her affective and economic life, which will translate into less adequate care for the person cared for (Rodrigues, A., Paquete, P., 2022).

The interventions described are a benefit to the person being cared for, however, the fact that anyone who cares also needs to be cared for must never be forgotten. Therefore, based on the study carried out by Rodrigues, AM, Ferré -Grau, C., & Ferreira, PL (2015), the needs of the family caregiver of a person with a chronic wound could be systematized in 9 areas: Information on: evolution wound care and organization of care; Avoidance of contact with the wound; Difficulty in general care for the injured person; Difficulty in positioning; Support from a secondary caregiver; Transport for the injured person;

Multidisciplinary support; Recognition by patients/family members and nurses; Increased Burden vs Decreased Quality of Life.

In order to structure the care responses to the family caregiver, we rely on Dorothea Orem's thinking, which indicates one of the possible ways to satisfy the demands of the caregiver's self-care deviations, which can be transformed into components of action of the caregivers. self-care systems (Queirós, et al, 2014).

In this perspective, Tomey &Alligood (2002) clarify that this model is inscribed as a method of help and a sequential series of actions that will resolve or compensate for the limitations of people for self-regulatory actions or those of their dependents.

Orem (2001) identified five methods that nurses can use in combination or alone when caring for the person, which are: perform or act, replacing them in what they are unable to do; guide and direct; provide physical and/or psychological support; create and maintain an environment that favors its development; and teach (Tomey &Alligood, 2002).

METHODOLOGY

The present study is of a qualitative, exploratory and descriptive nature. Based on the results of the needs identified in the family caregiver of people with pressure ulcers carried out by Rodrigues, A; Ferre-Grau, C; Ferreira, P. (2015), supported and adjusted by the literature in the area, these needs were transposed to the caregiver of a person with a chronic wound. Thus, a set of needs was structured and analyzed by three home health care nurses with more than 10 years of experience working with family caregivers and those with chronic wounds. This analysis took place in the format of a discussion meeting on the pertinence and linguistic adjustment of each need,

where out of 13 proposals of needs were restructured and summarized in 9, which represent the support base for the definition of the intervention plan that was targeted. of analysis in this study.

In order to fulfill the objective of defining the nursing intervention plan based on these needs, 11 focus groups (38 nurses) were carried out, made up of nurses who provide home care, in 3 primary health care institutions in northern Portugal. A day was established when the researchers went to each institution to present the project and groups of 3 or 4 elements were formed in each institution. The three sessions took an average of 2 hours.

To optimize data collection, a grid was made with the needs of the family caregiver where nurses recorded the opinions of each group regarding the interventions they considered appropriate for each need. At the same time, a form was applied with the sociodemographic characteristics of each nurse and informed, free and informed consent.

Data were analyzed using content analysis using the WEBQDA program, with the interventions defined by all groups being grouped and adjusted using the terminology of the international classification for nursing practice. The frequency that each intervention was reported by the groups was also performed. The characterization data of the subjects were descriptively analyzed using the EXCEL program.

In addition to the informed, free and informed consent applied to each nurse, the respective authorization request was made to the participating institutions, having, in this process, all the positive opinion of the respective ethics committee.

RESULTS

The nurses involved in the present study were mostly female (89%), aged between 27

and 61 years old and an average age of 45.6 years (+4.3). 28% are specialist nurses and have an average length of service of 21 years (+2.4). When asked about the length of professional experience in home care, the average was 14 years (+1.3) and the one who has worked the least in this area has 8 years and the oldest, 32 years.

By analyzing the responses obtained by the different groups of nurses regarding the needs of the family caregiver (FC), an intervention plan was defined for each need, with the interventions being organized in a sequential perspective from the evaluation to the interventions directed by areas. For each intervention, the number of groups of nurses that referred to it was placed in parentheses.

In order to give greater consistency to the data analysis, a parallel is made with the five help methods associated with the self-care deficit advocated by Dorothea Orem: acting or doing for the other; guide the other; support the other (physically or psychologically); provide an environment that promotes personal development; teaching the other – to which diagnostic assessment is added, as a structuring pillar for the definition of subsequent interventions.

(Table 1).

In the need for information on the evolution of the wound and the organization of care, interventions focused on *teaching the other* regarding the understanding of the pathology (wound) as well as the knowledge to support care are defined. On the other hand, the response at the level of *guiding the other* in the prioritization of care and in the individual management of personal and caring activities is evident.

(Table 2).

In terms of the need to avoid contact with the wound, an assessment of the caregiver's ability to provide direct care to the wound must be carried out, as this is the condition that

Need	Information on: wound evolution and care organization
interventions	Teach the FC about wound evolution (8) Teach the FC about necessary care depending on the evolution of the wound (8) Teaching about sources of information for providing care (3) Teach the FC about health and social support (3) Encourage the definition of priorities in FC activities (4) Plan with the FC the daily or weekly management of time for care and personal activities (2) Oversee the care organization (3) Provide supporting teaching material (3) Encourage the clarification of doubts with the health team (1) Conduct health education sessions for caregivers (group) (3)

Table 1 - Nursing interventions aimed at the need for information on wound evolution and care organization.

Need	Avoidance of contact with the wound
interventions	Assess the FC's ability to treat the wound (if the nurse cannot) (1) Perform wound treatment (nursing professional) (3) Provide alternatives to the execution of the treatment by the FC (2) Facilitate the expression of emotions related to contact with the wound (7) Teaching about wound prevention (1) Teach about strategies to reduce contact with the wound (5) Teaching about wound evolution (3) Teaching about wound complications (3) Teaching about the need for wound procedures (2) Teaching about contamination prevention (1) Evidencing the importance of the role of the FC in the prevention and treatment of wounds (2) Provide a 2nd care provider capable of contacting the wound (if nurse unable) (1) Gradually involve the FC in wound care (if the nurse cannot) (6) Encourage the search for coping strategies (2) Promote sharing of experiences (in case of contact with the wound) (1) Forward the person with a wound to the RNCCI for hospitalization (2)

Table 2 - Nursing interventions aimed at avoiding contact with the wound.

Need	Difficulty in general care for the injured person
interventions	Assess the FC's difficulties in providing care(2) Identify FC disability factors (2) Teach about the care to be provided (depending on the person's needs) (9) Teach about facilitating strategies and equipment (2) Training the care to be provided (6) Provide supporting teaching material (1) Supervise the care provided by the FC (6) Positively reinforce CF performance (1) Encourage patient collaboration (1) Encouraging family support in providing care (1) Conduct health education sessions for caregivers (group) (3)

Table 3 - Nursing interventions aimed at the difficulty in general care for people with wounds.

guides the other interventions. Thus, in view of this need, all the help methods recommended by Dorothea Orem are implicit in these interventions, from providing direct *care to the wound*, *teaching the caregiver* to certain types of care, if the nurse cannot perform them, as well as *guiding* and supporting the sense of *creating an* enabling environment to find answers in the community and individual adaptive strategies.

(Table 3).

The diagnostic assessment regarding the caregiver's ability to provide general care to the injured person must be considered as a relevant intervention in this need because it will define individualized care. The interventions defined in the table above fall within the scope of *teaching and orientation* towards knowledge and the ability to provide care.

(Table 4).

As evidenced in the need above, here too, there is the importance of having interventions for *diagnostic assessment* and training of family caregivers, not only at the level of *teaching* the theoretical component of content associated with positioning according to the type of wound, but also with training of its execution. In this type of need, it is important to value the caregiver and *involve the surrounding family and social network* so that they feel the necessary support in situations of greater demand for care.

(Table 5).

Following the idea shared in the previous paragraph, when the need for a secondary caregiver is identified, it is a sign that the primary caregiver's ability to respond has reached the limit or is insufficient in the face of the needs of the injured person. It is important to ensure a good *assessment of* the primary caregiver's needs, so that support from another element can be directed. This secondary caregiver also needs preparation

in order to be an effective adjunct in the provision of care, which requires *teaching interventions* and management of the *family environment* in order to meet the needs of both the injured person and their main caregiver.

(Table 6).

As a complement to the provision of general and specific care to a person with a wound and, considering that they are usually people with physical dependence, there are moments of exacerbation of the disease or health surveillance in which there is a need for transport to and from the home. This need requires interventions that are essentially framed *in the support* of services as well as in terms of the help method that provides an *environment that* promotes responses to individual needs.

(Table 7).

The approach to the person with a wound is part of a multidisciplinary perspective, so it is relevant *to assess* the type of specialized support that is needed, with a view to their referral. At this level, the method of help related to the *guidance of the caregiver* to the professional(s) best able to respond.

(Table 8).

The type of work developed by the family caregiver and the partnership he establishes with the nursing professional and with the family itself makes them complementary in providing care to the person with a wound. With this assumption, it is from a perspective of *acting or doing for the other* that the caregiver must guide his action. But it is also crucial that both the person with a wound, the family and also the nurse must recognize this role.

(Table 9).

Overload and quality of life can be analyzed together, not only because of the reciprocal influence they have on each other, but also because the nurses' responses induced virtually identical interventions. The balance/

Need	Difficulty in positioning
interventions	Assess the knowledge and skills of the FC (3) Identify constraints to positioning (3) Teach the CF about the advantages of placements (8) Teaching about facilitating strategies and equipment (1) Teaching about the importance of family support (1) Provide support devices (4) Demonstrate placements (5) Train the CF in placements (7) Supervise the CF in the execution of positioning (6) Provide supporting teaching material (4) Provide human resources that facilitate placements (3) Positively reinforce CF performance (3) Encouraging the patient to collaborate (1) Conduct health education sessions for caregivers (group) (4)

Table 4 - Nursing interventions aimed at the difficulty in positioning.

Need	Support from a secondary caregiver
interventions	Assess the need for a secondary caregiver (4) Providing a secondary caregiver (5) Involve the secondary caregiver in care (1) Teach the FC about community resources (5) Provide support from health and social services (3) Encourage the CF to delegate tasks (1) Promote family support (1)

Table 5 - Nursing interventions aimed at the need for support from a secondary caregiver.

Need	Transport for the injured person
interventions	Assess travel needs (4) Inform about community resources (5) Provide community service support (2) Clarify about health service offerings (3) Promote family involvement (2) Provide social worker support (1) Enable transport protocol (1)

Table 6 - Nursing interventions aimed at the need for transport for the person with a wound.

Need	multidisciplinary support
interventions	Assess specialist support needs (3) Forward to multidisciplinary decision to define treatment plans (10) Referral to specialized professional (4) Request support from a specialized professional at home (2) Inform about support services in the community (2)

Table 7 - Nursing interventions aimed at the need for multidisciplinary support.

Need	Recognition by patients/family members and nurses
interventions	Identify the FC's training needs (3) Recognize skills in providing care (3) Positively reinforce CF performance (10) Reinforce the importance of the caregiver for the person cared for (5) Reinforce the importance of the care provider as a nurse's partner (5) Involve the FC in the preparation of the therapeutic plan (2) Providing a secondary caregiver (3) Listen to CF (3) Encourage the CF to express their feelings (1)

Table 8 - Nursing interventions aimed at the need for recognition.

Need	Increased burden vs decreased quality of life
interventions	Assess caregiver burden (5) Assess the FC's quality of life (3) Listen to CF (3) Facilitate the expression of emotions (2) Demystify the feeling of guilt for the wound (2) Provide support in the area of mental health promotion (3) Teach the FC about health and social support (9) Providing a secondary caregiver (6) Encourage task delegation (3) Stimulate the search for <i>coping strategies</i> (4) Encouraging the definition of rest periods (7) Clarify the FC of the right to be admitted to the RNCCI for the caregiver's rest (3) Positively reinforce CF performance (1) Encourage leisure and relaxation activities (3) Encouraging participation in mutual aid groups (1)

Table 9 - Nursing interventions aimed at increasing burden vs. decreasing quality of life.

imbalance between the two results from the totality of the family caregiver's needs.

Thus, this need, in addition to the diagnostic evaluation, involves interventions associated with the five methods of help advocated by Orem: acting or doing for the other; guide the other, support the other (physically or psychologically); provide an environment that promotes personal development; teach the other.

The figure below systematizes the interaction between the results obtained by the subjects' discourses regarding interventions in response to needs, taking into account the help methods of Dorothea Orem's theoretical model.

DISCUSSION

Based on the results obtained in relation to nursing interventions in relation to the needs of the family caregiver of a person with a wound, it was decided to structure their discussion by type of need.

In the need for information about the wound evolution process and care

organization, interventions focused on teaching and guidance on the care to be provided are corroborated by different authors, insofar as it is imperative to provide theoretical support to give it security in the care provided Alhammadi, Ali; Ogale, R. (2020). On the other hand, Rodrigues, AM, Ferré -Grau, C., & Ferreira, PL (2015) states that prioritizing care allows for better individual organization and time efficiency.

To ensure the avoidance of contact with the wound, a prior diagnostic evaluation becomes relevant, in order to understand which factors inhibit this contact. However, action for the other must be centered on the nurse, since it is he who has the skills and expertise to assess, clean and treat the wound bed (Marques R, Veludo FA., 2019). Although the theoretical framework mentions that the treatment of any type of wound must be carried out by properly trained health professionals (Costa, IG, 2018), sometimes it is evident that it is impossible for the nurse to perform the treatment, so they must adaptive strategies must be adjusted (Rodrigues,

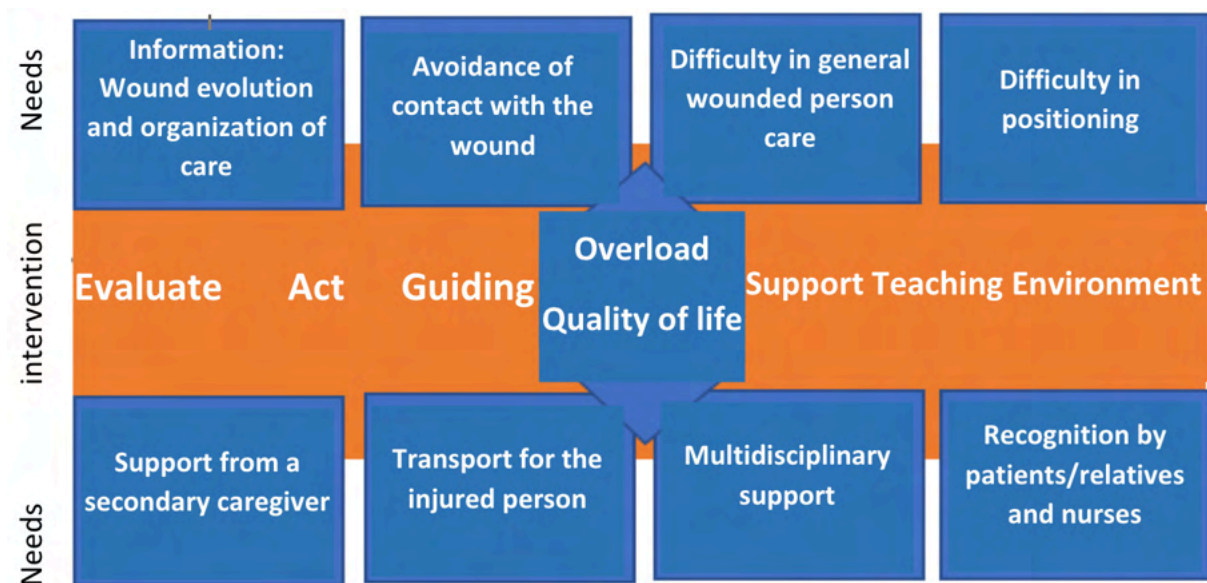


Figure 1- Systematization of nursing interventions in view of the needs of the family caregiver of a person with a chronic wound.

AM, Ferré -Grau, C., & Ferreira, PL, 2016) using family involvement, existing resources in the community and also valuing the caregiver. These interventions aim to provide an environment that promotes personal development and the satisfaction of current or future demands of action (Orem, 2001).

The person with a wound, in addition to requiring care for the wound itself, usually presents with certain comorbidities that induce a certain degree of dependence (Marini, M, 2006). Faced with this reality, the family caregiver needs to be prepared to provide general care, depending on the needs that the person with a wound presents. Thus, the diagnostic assessment of these needs is one of the imperative nursing intervention areas, since it allows defining the care to be provided by the family caregiver in an individualized way (Kıssal, A., Kurt, G., Koç, M., Çıtıl, R., Gülpınar, S., &Önder, Y., 2019). To this end, the nurse must teach and technically guide the caregiver for this response.

With a view to ensuring the adherence of the family caregiver to the exercise of their functions, as mentioned by García - Sánchez, FJ, Martínez-Vizcaíno, V., & Rodríguez-Martín, B. (2019) the positive reinforcement for performance, coming from the team nurses and the person being cared for, enhance their motivation.

Focusing on specific care inherent to the presence of most wounds, the execution of positioning is one of the areas in which caregivers have the greatest needs, whether they are more in terms of knowledge, the technical capacity for their execution or the possession of safety devices. support. Conditioned by the characteristics of the person being cared for (degree of dependence, physical structure, motivation, etc) and by the vicissitudes of the family caregiver (advanced age, lack of muscle strength, comorbidities, etc), it is not easy to perform regular positioning

(Marini, M, 2006). That said, nursing intervention must focus on training the family caregiver through teaching, demonstrating and training positions, as well as strategies to support them, where the presence of a secondary caregiver (Goh, LJ, &Zhu, X., 2018). is essential to facilitate this care and minimize musculoskeletal risks, both for the family caregiver and for the person cared for.

In this line of thought, the need for a secondary caregiver presents itself as an important resource for the main family caregiver, taking into account the demand and intensity of care that a person with a wound implies, in addition to all domestic and work activities. leisure activities in which he is involved (Rodrigues, AM, Ferré -Grau, C., & Ferreira, PL, 2015). Perhaps, in some situations, the secondary caregiver may not be an element of the family network, but may be socially recruited from the neighborhood network or volunteering.

As previously mentioned, the person with a chronic wound presents concomitant levels of physical dependence (Marini, M, 2006). which increases the complexity of mobility, limiting its accessibility and that of the caregiver to social spaces and health services. This situation becomes a caregiver's need when there are clinical conditions for travel, but there is no means of transport for the person and their caregiver, with the specific characteristics for this purpose. (Barata, S, 2021) clarifies that he found situations in which non-attendance to certain social activities and medical appointments was essentially due to lack of transport.

Although nursing is the professional area that shows the greatest competences in the area of prevention and treatment of wounds, the approach to people with chronic wounds requires a multidisciplinary intervention (Nuss, S., Medeiros, K., Alonso, M.; Gomes, N; Fuminana, L., 2015). Thus,

nursing interventions aimed at ensuring multidisciplinary support in decision-making on the therapeutic plan begin with a diagnostic assessment to identify the professional area that best meets the needs, followed by referral to the respective technician.

Previously, the importance of valuing the family caregiver was approached in a tenuous way, however it must be noted that this recognition must be evidenced by professionals, patients and family members. The positive reinforcement on the part of professionals, as well as the recognition by the families and the person with wounds, in addition to highlighting their importance, gives motivation to their performance (García - Sánchez, FJ, Martínez-Vizcaíno, V., & Rodríguez-Martín, B., 2019). For such a desideratum to be effective, (Rodrigues, A. Paquete, P., 2022) they clarify that the caregiver must be involved in the elaboration of the care plan, where the information provided to the nurse must be considered as relevant in the decision-making process. This way, the family caregiver must be considered as a partner in the provision of care.

The burden and quality of life of the family caregiver of a person with a chronic wound are inversely related, as evidenced by Rodrigues, AM, Ferreira, PL, & Ferré -Grau, C. (2016) in caregivers of people with pressure injuries. Given this fact, nurses must be concerned about evaluating these two parameters, in order to guide their actions in order to empower them with knowledge and adaptive strategies to prevent or minimize the impact of their functions at a physical and mental level. At this level (Rodrigues, A and Paquete, P, 2022) mention that in situations of overload or low quality of life, efforts must be made to provide family involvement to support the provision of care, the search for community responses to rest the caregiver and referral for appropriate health response.

CONCLUSION

The family caregiver of a person with a chronic wound is an excellent partner in the provision of care, both for the nurse, for the family and also for the family of that person.

The needs of these caregivers are specific, taking into account that their action depends on the type of wound they present and on the person's own characteristics. However, based on the previous systematization of the needs identified in this type of caregivers, it was possible to define a set of interventions for each need, based on the group discussion of several nurses.

For each of the nine needs, specific nursing interventions were listed that fit the assumptions of the five help methods defined by Dorothea Orem: acting, guiding, supporting, teaching and environment. Added to this is the addition of one more help method called assessment, which allows for the establishment of a diagnostic assessment strategy.

Overload and quality of life are considered a product between the identified needs and the ability to respond/solve them, since the greater the difficulty in finding answers, the longer the caregiver is exposed to these deviations. of health.

It must also be noted that each set of interventions defined by need is a proposal, in which the nurse's decision must be made to choose those that are most appropriate for each caregiver.

It ends by reinforcing the importance of creating result indicators so that the visibility of nursing and family caregivers is another sustained step towards their affirmation and recognition.

REFERENCES

- Alhammadi, Ali; Ogale,R. (2020). Effectiveness of Home Caregivers Teaching Program on Prevention of Decubitus Ulcer in Bed Ridden Elderly Patients. *International Journal of Nursing* December. Vol. 7, No. 2, pp. 69-79 ISSN 2373-7662
- Barata, S (2021). *Acessibilidade dos idosos aos cuidados de saúde primários: uma abordagem em contexto de urbanização dispersa na AML*. Dissertação de mestrado. Universidade de Lisboa
- Costa, IG (2018). Challenge in practice - venous leg ulcer management: a case study demonstrating the role of the wound care nurse in a developing country. *WCET J*. 2018 Oct 5;38(4):28-34.
- García-Sánchez, F. J., Martínez-Vizcaíno, V., & Rodríguez-Martín, B. (2019). Patients' and Caregivers' Conceptualisations of Pressure Ulcers and the Process of Decision-Making in the Context of Home Care. *International journal of environmental research and public health*, 16(15), 2719. <https://doi.org/10.3390/ijerph16152719>
- Goh, L. J., & Zhu, X. (2018). Exploring Patient and Caregiver Perceptions of Primary Healthcare Sector Home Care for Simple Acute Wounds. *Advances in skin & wound care*, 31(8), 348–360. <https://doi.org/10.1097/01.ASW.0000540073.29911.af>
- Kissal, A., Kurt, G., Koç, M., Çıtlı, R., Gülpınar, S., & Önder, Y. (2019). Knowledge and skill needs of home caregivers and their care burden perceptions. *Journal of Human Sciences*, 16(3), 833–845. <https://doi.org/10.14687/jhs.v16i3.5610>
- Marini, M (2006). Úlceras de pressão. In: Freitas EV, Py L, Cançado FAX, Doll J, Gorzoni ML, editores. *Tratado de geriatria e gerontologia*. 2ª ed. Rio de Janeiro: Guanabara Koogan; p. 981-92.
- Marques R, Veludo FA. (2019). Competências do Gestor de Feridas: scoping review. *Rev Gaúcha Enferm*. 40:e20180421. doi: <https://doi.org/10.1590/1983-1447.2019.20180421>.
- Martins, R., & Santos, C. (2020). Capacitação do cuidador informal: o papel dos enfermeiros no processo de gestão da doença. *Gestão E Desenvolvimento*, (28), 117-137. <https://doi.org/10.34632/gestaoedesenvolvimento.2020.9468>
- Nuss, S. , Medeiros, K. , Alonso, M.; Gomes, N; Fuminana, L (2015). Importância da abordagem multidisciplinar no tratamento da úlcera por pressão em pacientes com sequelas incapacitantes: relato de caso. *Acta Biomedica Brasiliensia / Volume 6/ nº 1/ Julho*
- Orem, D. E. (2001). *Nursing: Concepts of practice* (6th ed.). St. Louis, MO: Mosby.
- Queirós, P; Vidinha, T; Filho, A (2014). Autocuidado: o contributo teórico de Orem para a disciplina e profissão de Enfermagem. *Revista de Enfermagem Referência*. Série IV - n.º 3 - nov./dez. pp.157-164.
- Rodrigues, A. M., Ferré-Grau, C., & Ferreira, P. L. (2015). Being an informal caregiver of a person with a pressure ulcer in the Azores Islands. *Advances in skin and wound care - Vol. 28 nº10*.
- Rodrigues, A. M., Ferreira, P. L., & Ferré-Grau, C. (2016). Providing informal home care for pressure ulcer patients: how it affects carer's quality of life and burden. *Journal of clinical nursing*.
- Rodrigues, A., & Soriano, J. V. (2015). A implicação do cuidador familiar na prevenção das úlceras por pressão. *Evidências*.
- Rodrigues, A; Paquete, P (2022). Development of an interdisciplinary intervention plan for the informal caregiver: a path of co-construction of recognition. *International Journal of Health*. v. 2, n. 34 Science ISSN 2764-0159
- Sherman, D. W. (2019). A review of the complex role of family caregivers as health team members and second-order patients. *Healthcare*. <https://doi.org/10.3390/healthcare7020063>
- Silva, M., Duarte, J. C., Melo, R., Rua, I., Freitas, M., Morais, P., et al. (2021). Ansiedade associada ao desempenho do papel de cuidador familiar da pessoa dependente. *Revista de investigação e inovação em saúde*, Vol. 4 (2), pp. 63-72. <https://doi.org/10.37914/riis.v4i2.123>
- Tomey, A. M., & Alligood, M. R. (2002). *Teóricas de enfermagem e a sua obra* (5ª ed.). Loures, Portugal: Lusociência.