

Perception of patients with skin lesions about nursing care in the light of Peplau

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ABSTRACT

Objective: To understand the perceptions of patients with skin lesions about nursing care in the light of Peplau's theory. **Method:** Qualitative descriptive research carried out from November 2021 to February 2022, with patients treated in a reference outpatient clinic. The data were collected using an interview script, transcribed into a textual corpus, analyzed using Iramuteq software and interpreted using Hildegard Peplau's theory of interpersonal relationships in nursing. **Results:** The textual corpus consisted of 42 interviews, forming two subcorpora. The first is the origin of skin lesions with the classes: difficult to heal lesion, perceived need and traumatic lesion. The second is the patient's perception of the quality of care provided by the nurse: interpersonal process, exploration, therapeutic process and nursing. **Conclusion:** The perceptions of patients with skin lesions have shown that the care provided by nursing professionals plays a fundamental role in the therapeutic path to recovery from this health problem, as well as highlighting the considerable contribution that nursing theories can make to the interpretation of the data found.

DESCRIPTORS: Perception. Nursing Theory. Nursing Care. Ambulatory Care. Wounds and Injuries. Enterostomal Therapy.

Percepção de pacientes com lesão cutânea sobre o atendimento de enfermagem à luz de Peplau

RESUMO

Objetivo: Compreender a percepção dos pacientes com lesão cutânea sobre o atendimento de enfermagem à luz da teoria de Peplau. **Método:** Pesquisa descritiva qualitativa realizada de novembro de 2021 a fevereiro de 2022, com pacientes atendidos em um ambulatório de referência. Os dados foram coletados através de roteiro de entrevista, transcritos para um *corpus* textual, analisados pelo *software* Iramuteq e interpretados por meio da Teoria das Relações Interpessoais em Enfermagem de Hildegard Peplau. **Resultados:** O *corpus* textual foi composto de 42 entrevistas, constituindo dois *subcorpora*. O primeiro compreende a origem das lesões cutâneas, com as classes: a lesão de difícil cicatrização, a necessidade percebida e a lesão traumática. O segundo, a percepção dos pacientes em relação à qualidade do atendimento provido pelos profissionais de enfermagem: o processo interpessoal, a exploração, o processo terapêutico e a enfermagem. **Conclusão:** As percepções dos pacientes com lesão cutânea permitiram comprovar que o atendimento do profissional de enfermagem tem um papel fundamental no trajeto terapêutico da recuperação desse agravo à saúde, além de destacar a considerável contribuição que as teorias de enfermagem podem oferecer para a interpretação dos dados encontrados.

DESCRIPTORES: Percepção. Teoria de Enfermagem. Cuidados de Enfermagem. Assistência Ambulatorial. Ferimentos e Lesões. Estomaterapia.

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Percepción de los pacientes con lesión cutánea sobre la atención de enfermería a la luz del Peplau

RESUMEN

Objetivo: Comprender la percepción de los pacientes con lesiones cutáneas sobre la atención de enfermería a la luz de la Teoría de Peplau. **Método:** Investigación descriptiva cualitativa realizada de noviembre de 2021 a febrero de 2022, con pacientes atendidos en un ambulatorio de referencia. Los datos fueron recolectados mediante un guion de entrevista, transcritos en un corpus textual, analizados con el *software Iramuteq* e interpretados utilizando la Teoría de las Relaciones Interpersonales en Enfermería de Hildegard Peplau. **Resultados:** El corpus textual estuvo compuesto por 42 entrevistas, constituyendo dos subcorpus. El primero comprende el origen de las lesiones cutáneas, con las clases: la lesión de difícil curación, la necesidad percibida y la lesión traumática. El segundo, la percepción de los pacientes en relación con la calidad del cuidado brindado por los profesionales de enfermería: el proceso interpersonal, la exploración, el proceso terapéutico y la enfermería. **Conclusión:** Las percepciones de los pacientes con lesiones cutáneas permitieron comprobar que el cuidado brindado por los profesionales de enfermería juega un papel fundamental en el camino terapéutico hacia la recuperación de este problema de salud. Además de resaltar el considerable aporte que las teorías de enfermería pueden ofrecer a la interpretación de los datos encontrados.

DESCRIPTORES: Percepción. Teoría de Enfermería. Atención de Enfermería. Atención Ambulatoria. Heridas y Lesiones. Estomatoterapia.

INTRODUCTION

From a global perspective, the occurrence of skin lesions is a public health concern, mainly due to its limiting effect on daily activities and the patient's quality of life¹. In Brazil, this condition tends to affect the elderly male population, who require more comprehensive and specialized care, but this does not exclude other population groups^{2,3}. In this context, the occurrence of traumatic or difficult to heal injuries is common, leading to complications that depend on lifestyle, risk factors and associated comorbidities^{2,4}.

To this end, outpatient reference services for the treatment of skin lesions aim to provide quality care with a trained and specialized multiprofessional team for the prevention, treatment and rehabilitation of people with wounds. They have a structured environment with human and material resources⁵. The routine of these facilities is based on the direct action of the nursing team, based on humanized and holistic care, which includes welcoming, establishing a relationship, clinical assessment, therapeutic management and guidance provided to establish continuity of care^{1,6,7}.

As a science, nursing relies on theories to promote and support the care it provides, including Hildegard Peplau's Interpersonal Relationships in Nursing Theory⁸, which emphasizes the importance of nurse-patient interactions in the care process and in promoting the growth and development of relationships in different health care settings. The metaparadigms of this theory include the person as the recipient of care through an understanding of his or her individuality, history, and therapeutic needs; nursing as a facilitator of interpersonal relationships and promoter of effective recovery; health as the patient's experiences and clinical problems, including psychological and social aspects that encourage nursing to resolve the case; and the environment as a therapeutic place where nursing care takes place⁸⁻¹⁰.

The theory also describes four phases of the therapeutic relationship: orientation, identification, exploration, and resolution. The first consists of the concern of the individual seeking professional guidance in relation to the presence of a health problem. In the second, the patient identifies the nurse who can help them identify the problem and with whom they begin to build a relationship of trust. In the next phase, the client explores all the available resources offered by the professional and strengthens the affinity established to achieve his goals. In the final phase, the previously identified problem is resolved; the patient regains his or her autonomy and the therapeutic relationship between him or her and the nurse is concluded¹¹⁻¹³.

By understanding the perceptions of patients with skin lesions about their care in the outpatient clinic, it was possible to assess the quality of care provided by the nursing team, the aspects that contribute to the recovery of individuals and patient satisfaction during the therapeutic process. Based on this assumption, the following question was posed “What is the perception of patients with skin lesions about the nursing care in a reference outpatient clinic?”

OBJECTIVE

To understand the perceptions of patients with skin lesions about nursing care in the light of Peplau’s theory.

METHODS

This is a qualitative descriptive study based on Hildegard Peplau’s theory of interpersonal relationships in nursing. It provides an understanding of the therapeutic interaction between the nurse and the patient with a skin lesion, based on the quality of communication, the demonstration of empathy, the establishment of trust and the promotion of care during the service¹⁴.

The research was carried out in a reference wound clinic attached to a university hospital in the municipality of Petrolina (PE). The nursing team working in the unit consists of two nurses, one of whom is a stomatotherapist, and two nursing technicians.

The participants were patients with skin lesions seen in the clinic between November 2021 and February 2022. Sampling was non-probability and consecutive. Patients of both sexes, over 18 years of age, with skin lesions of any etiology participated in the study.

A structured instrument was used to collect the socio-demographic profile and the etiology of the lesions of the patients treated at the Wound Clinic, and for the interview, a script of open-ended questions related to the topic of the research was used, focusing on the patient’s experience with a skin lesion. The script consisted of questions about the history of the lesion, the difference between dressing in the outpatient clinic and in other settings, the importance of dressing in the outpatient setting, and feelings about the team that performed the dressing. Both the structured instrument and the script were prepared by the research team and administered on site using a voice recorder.

In total, 42 patients were interviewed. The recordings were transcribed into Microsoft Word® and the data collected on the sociodemographic profile and etiology of the lesions were tabulated in a Microsoft Excel® spreadsheet. The data were described using Stata® software, version 17, which provides data such as frequencies, means, and percentages. All stored information was kept confidential by the research team.

To analyze the data, the interviews were coded using the language recommended by the software, based on command lines such as “***** *pct_02 *VNS”, accompanied by the initials of the patient’s name. They were processed into a single file with text extension (.txt), called the textual corpus, with refinement of the composition of the interviews and replacement of colloquial and slang terms used with terms of the same meaning, according to the guidelines and specifications of the Iramuteq software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires), version 0.7 alpha 2, for the preparation of the textual matrix.

This matrix was processed using Reinert’s method, which classifies interview excerpts into Textual Segments (TS) based on repetition and identification of semantic patterns in the texts, establishing associations between words and contexts, and then organizing them into classes of similar words using “Descending Hierarchical Classification” (DHC). The graphical representation of this analysis is shown in a dendrogram and requires at least 75% retention of all TS¹⁵.

This method is based on the lexicographic analysis of the TSs, followed by chi-square statistical tests (χ^2), which are used to determine the relationships between categories, based on a comparison between the observed and expected frequencies and the statistical significance indicator, *p*, of less than 5% ($p < 0.05$), commonly used as a criterion to determine whether the results are considered statistically significant at a 95% confidence level¹⁶.

Subsequently, a detailed analysis and interpretation of all the data generated by the software was carried out, with the aim of identifying the context and connections between the classes, assigning them names that reflect their specific meaning and relating them to the theory of interpersonal relationships of the nurse-patient binomial; the interview clippings, which will be arranged in the results, as a way of considering the perceptions of patients with skin lesions about nursing care and the interrelationships between them¹⁴.

The research was conducted in compliance with Resolution No. 466/2012 of the National Health Council (NHC), with the approval of the Research Ethics Committee of the Amaury de Medeiros Integrated Health Center (CEP/Cisam) of the University of Pernambuco, under opinion No. 4.149.646, dated July 11, 2020.

RESULTS

The sample consisted of 42 patients. The sociodemographic profile of the patients and the etiology of the lesions are described in Table 1. Most patients were male, 31 (73.81%), with a mean age of 53 years. Regarding family income, 29 (69.05%) patients answered and 13 (30.95%) did not.

The analysis of the textual corpus initially yielded 163 TS. Subsequently, with the editing of the active forms and to refine the textual matrix, textual elements such as: adverbs and complementary adverbs; definite and indefinite articles and onomatopoeia were deactivated and did not participate in the analysis, resulting in 143 TS (87.73%) of retention. The program also provided the total number of words (5,322) and an average of 32.65 words per TS.

The textual corpus was divided into seven classes, forming two subcorpora. The order shown in the dendrogram (Figure 1) does not follow a numerical sequence, but a hierarchical one related to the importance of each class. The categories with the greatest similarity are grouped together in closer branches, and the less similar ones in more distant branches¹⁵.

The first subcorpus consists of the classes hard-to-heal injury, perceived need, and traumatic injury (Figure 2), which refer to the origin of skin lesions. The second subcorpus, the classes interpersonal process, exploration, therapeutic process, and care (Figure 3), encompasses patients' perceptions of the quality of care provided by nurses.

The first subcorpus begins with class 2: The difficult to heal injury, which refers to the presence of comorbidity (diabetes mellitus, vascular disease), long hospitalization (pressure injury), surgical injuries and chronic injuries. Words with the greatest statistical significance in this class included: "start," "step," "break," "hole," and "fall.

The following excerpt shows the development of the injury from the appearance of a "hole" in the lower limbs.

"All I know is that it started with my legs itching and then a small rind appeared. The scab fell off and there was a hole, very white. The size of the bottom of a needle, it started like that. It's been so long" (Patient 09).

The following fragment presents the appearance of the lesion because of chronifying processes, using the verb "break" to mean "fracture".

"They brought me to Trauma (Hospital) and said I'd broken my collarbone. They gave me a sling, twice, when I realized, over time, it created this, opened these cuts and then there was a hole full of secretion" (Patient 14).

The last section discusses the formation of a pressure injury because of a long period of pressure on the bed, resulting from a previous traumatic event.

"It's a pressure injury, right? I have a stab wound, I have a spinal cord injury [...]. It's because I'm a bedridden patient, so the pressure injuries happened" (Patient 05).

He also mentions the formation of a lesion of diabetic etiology, after the patient had stepped on a sharp object, which culminated in necrosis of one of the pododactyls.

Table 1. Sociodemographic profile of the patients and etiology of the lesions of the patients seen at the reference wound clinic. Petrolina (PE), 2023.

Variables	n (%)
Age group (years) (n=42)	
20 - 39	12 (28.57)
40 - 59	12 (28.57)
>60	18 (42.86)
Ethnicity (n=42)	
Black	09 (21.43)
White	10 (23.81)
Mixed	21 (50)
Indigenous	01 (2.38)
Other	01 (2.38)
Religion (n=42)	
Protestant	09 (21.43)
Catholic	25 (59.52)
Spiritist	03 (7.14)
Adventist	02 (4.76)
No religion	03 (7.14)
Education (n=42)	
No formal education	08 (19.05)
Primary school*	23 (54.76)
High school*	09 (21.43)
Higher education*	02 (4.76)
Family income (minimum wage) (n=29)	
≤1	22 (75.87)
2 - 3	06 (20.69)
>5	01 (3.45)
Etiology (n=42)	
Traumatic	22 (52.39)
Pressure injury	03 (7.14)
Venous vascular	04 (9.52)
Arterial vascular	03 (7.14)
Diabetic injury	08 (19.05)
Other	02 (4.76)

*Complete or incomplete.

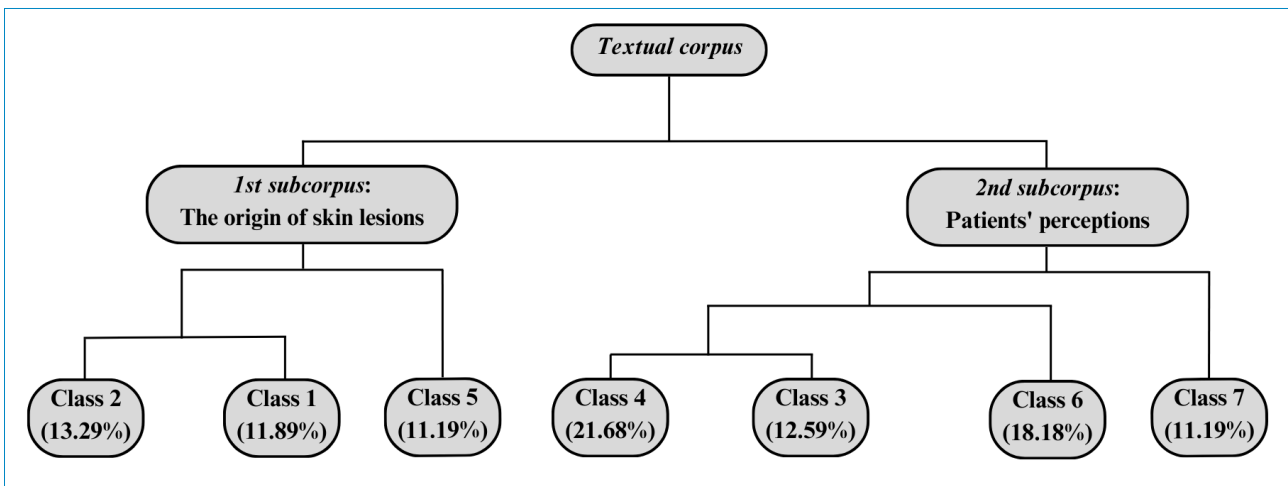
Source: Research data. Petrolina (PE), 2023.

“I stepped on an algaroba thorn, the diabetes in my foot was numb, you know? I stepped on it and it hardly hurt. But I removed the thorn, and the hole kept growing, growing, growing. After about 10 days the toe turned black. And I came here (outpatient clinic)” (Patient 29).

Class 1: Perceived need was named in reference to when the patient realizes that it is necessary to seek assistance from a health service. In this phase, the words “happen”, “seek”, “wound”, “doctor” and “health center” were highlighted.

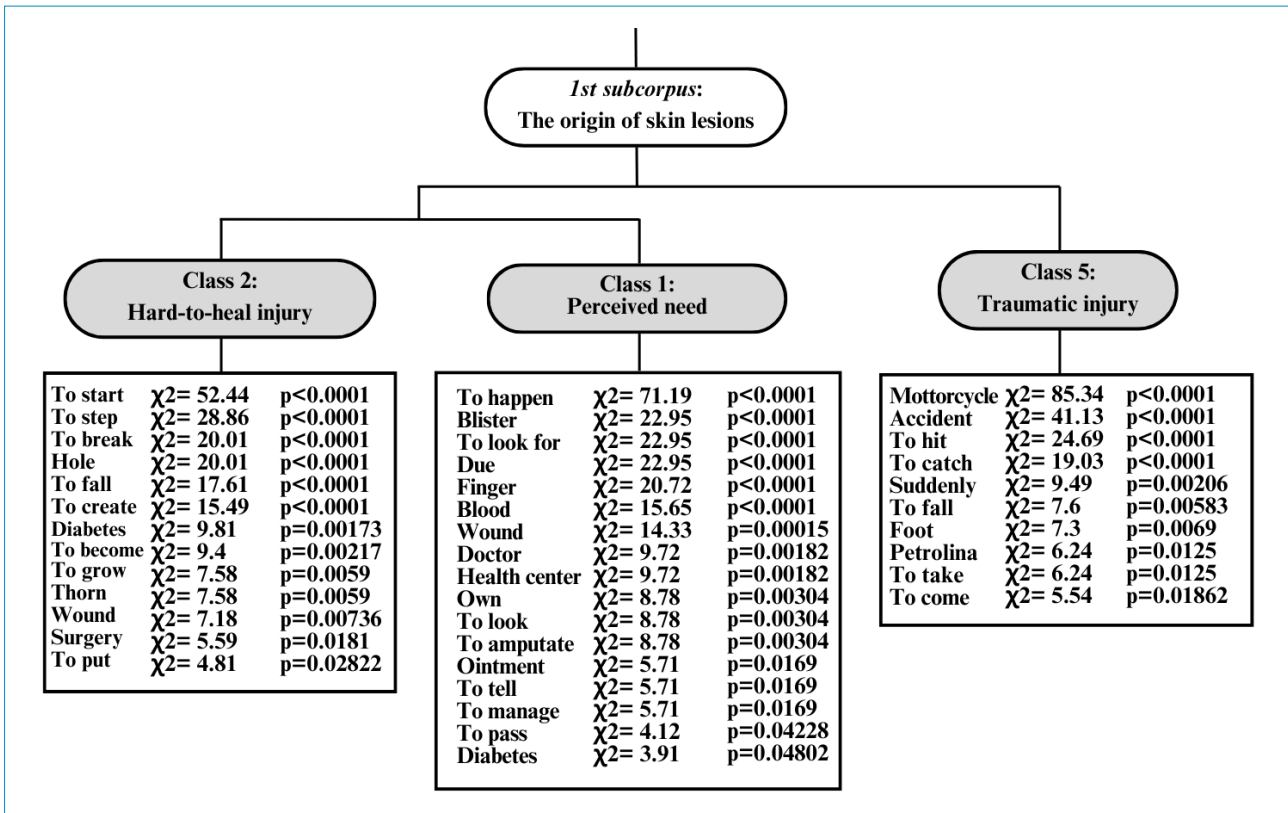
The three excerpts below tell of the search for assistance, first seeking care in primary care and then being referred to the referral service.

“[...]When I went to see a doctor at the neighborhood health center to see what had happened, he told me that the



Source: Iramuteq 0.7 alpha 2 software, 2023.

Figure 1. Class dendrogram produced by Iramuteq 0.7 alpha 2 software. Petrolina (PE), 2023.

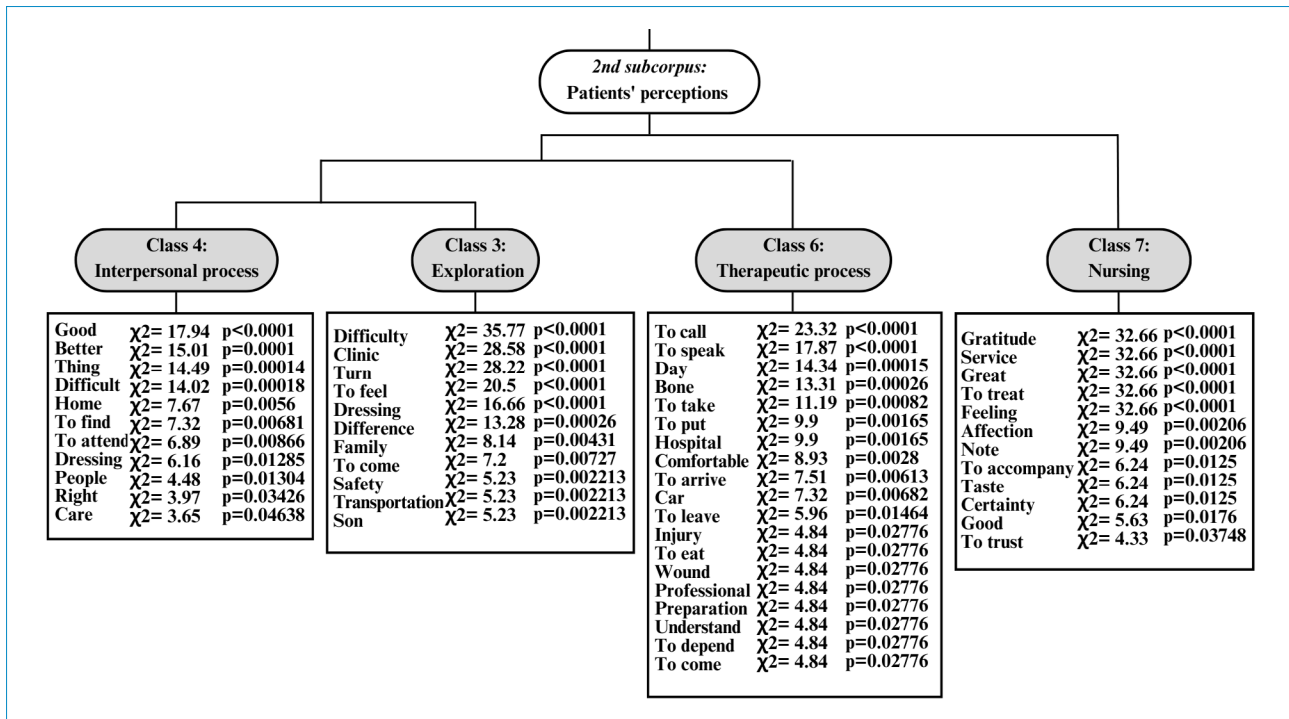


Source: Iramuteq 0.7 alpha 2 software, 2023.

Figure 2. 1st subcorpura of DHC classes with data produced by Iramuteq 0.7 alpha 2 software and related to Peplau Theory. Petrolina (PE), 2023.

medicine didn't make my toe inflamed, but it was due to diabetes. When I went to the trauma unit (hospital), the doctor looked at my foot and said that I would have to have both toes amputated, [...] I should have gone immediately to a health center or UPA (emergency care unit) and I didn't" (Patient 08).

"This wound started as an itch [...] I would go to the health center, put some ointment on it and it would get better. Then it started scratching [...] and after six months it burst" (Patient 34).



Source: Iramuteq 0.7 alpha 2 software, 2023.

Figure 3. 2nd subcorpora of DHC classes with data produced by Iramuteq 0.7 alpha 2 software and related to Peplau Theory. Petrolina (PE), 2023.

“This wound happened with a sandal, so I hurt it spinning some tires [...] it hurt and I didn’t run after it. After a fortnight I sought medical help and the procedure started [...]” (Patient 10).

Class 5: Traumatic injury covers trauma resulting from traffic accidents and accidents at work that caused the injury. The following words stand out: “motorcycle”, “accident”, “hit”, “caught” and “suddenly”. The following two excerpts report car accidents as the traumatic etiology of skin lesions; one event involves a motorcycle and the other a car.

“I was riding my motorcycle home from work, on the road, and suddenly I discovered a pile of sand. The bike skidded on the sand, and I hit the wooden posts with wire, with everything” (Patient 32).

“A car accident when I was about to cross the road and the car suddenly caught me and I fell to the ground and the car tire went over my foot [...]. Thank God I didn’t hit my head anywhere, it didn’t hit my body, just my foot” (Patient 13).

The following part contains the verb “caught” with the meaning of “sticking” to a surface during the patient’s work routine.

“I was going to work, I was working in a passion fruit, pumpkin and watermelon field. And this nail, a big nail, caught me under the foot [...]. So what happened? I was pierced, there was no way I could get there in a hurry, and when I did, my finger was amputated and there was also a scraping under my foot” (Patient 42).

Classes 2 and 5 include skin lesions with traumatic, diabetic, venous and arterial vascular etiologies and pressure injuries. Injuries that are difficult to heal were organized at the beginning of the dendrogram because they are associated with the presence of comorbidities, long hospital stays, surgical injuries, and chronic injuries that tend to prolong recovery. The relationship with class 1 becomes more intrinsic as it leads to the patient seeking a health service because of a perceived need, driven by the desire for a promising and effective treatment.

Class 5 is related to the other two classes because it involves traumatic injuries with the potential for complications, such as an infectious process, dehiscence or rupture of surgical sutures, which may delay healing, especially when associated with the presence of comorbidities, such as diabetes mellitus and vascular disease, such as venous or arterial ulcers.

The second subset is divided into four classes. The first of these is Class 4: The Interpersonal Process, which corresponds to the interaction between the patient and the nurse. It was composed of the words “good”, “better”, “thing”, “difficult” and “home”, also considering the differences in the application of bandages outside the outpatient clinic, as shown in class 3.

Below is an excerpt expressing the patient’s perception of outpatient care using the words “better” and “good”.

“Doing it here (outpatient clinic) is better because there are specialized people. You can do it at home, but it’s not the same. It’s very good” (Patient 22).

“[...] dressing here (outpatient clinic) is better, it’s calmer, it’s better done, it’s more careful, you feel more confident here” (Patient 02).

In the following excerpt, “thing” means the dressing at the outpatient clinic, plus the patient’s difficulty in doing it at home.

“They do things better than I do at home. At home, there’s no preparation, this wound, to clean and wash, everything is always more difficult” (Patient 09).

In this last excerpt, the word “difficult” is linked not only to the difficulty of changing the dressing, but also to the fear of doing it wrong and jeopardizing the recovery of the injury.

“And at home, if you’re not used to it, it’s more difficult. We get scared, nervous. Afraid of hurting ourselves, afraid of not knowing how to do it and not getting it right. [...] afraid of catching bacteria, catching something else” (Patient 26).

The second is Class 3: Utilization. This class discusses the distinction between the outpatient clinic, the health center, and the home in terms of managing dressing changes. They discuss the difficulties of distance and transportation to the outpatient clinic, the purchase of materials for dressings at home, and the feeling of comfort, trust, and technical competence of the professionals, elucidated by the words “difficulty”, “outpatient clinic”, “time”, “feeling”, and “dressing”.

The following part of the interview deals with the difficulty of getting to the outpatient clinic due to distance and lack of transportation, which affects the continuity of the indicated therapeutic process.

“Yes, at the outpatient clinic I have a hard time finding transportation to get here. What makes it difficult is that it’s also three times a week [...] It’s not every day and I have to hitchhike” (Patient 05).

In the following text, there is a comparison of how dressings are performed in different health services, such as the outpatient clinic and the basic health unit (UBS in Portuguese).

“There (UBS) they don’t have the care that they have here, I can say one hundred percent, in the first place [...] there, they just clean the bandage, take the gauze off, and throw in the serum and that’s it. They wipe it off and apply the ointment, but not here (outpatient clinic), here it’s one hundred percent” (Patient 16).

The patient then uses the verb “feel” to express the feelings of trust, security and competence of the professionals at the clinic.

“Here (outpatient clinic), if they did it every day, I’d agree to do it every day [...]. I did it once at the health center and I didn’t like it [...] I feel a mother’s love for them. I really like them (nurses) [...] for me it was a family that I created here in the hospital (outpatient clinic)” (Patient 09).

Class 6: The therapeutic process, which is based on the identification of problems, the history of conduct and the implementation of a new approach to the patient’s treatment, is elaborated by the terms “talk”, “day”, “take”, “put” and “admit”.

In this excerpt, the patient recounts an episode of interaction with the nursing team, who provide guidance on the appropriate therapeutic management to achieve the expected outcome.

“[...] did you see the beginning of this wound? When you got here? I asked her (the nurse), on the first day, if it was going to close, she said it would, but that it would depend on me, and it did. She got there, all that, and it closed. Special treatments” (Patient 10).

The following segment includes the period of hospitalization, in which the term “day” and “hospitalize” refer to the number of days of hospitalization, as well as the procedures chosen prior to referral to the outpatient clinic.

“[...] I spent fifty-seven days in hospital because of this injury, because it wasn’t even the fracture. [...]. He (the doctor) said that you have ninety percent to not have this surgery, which was to put the plate in, because the shin bone has been glued together for 42 days [...]” (Patient 12).

This last excerpt shows a decision made by the patient which, according to him, hindered the evolution of the skin lesion.

“I had a very simple injury, and invented bathing in the sea and ate shrimp, a lot of shrimp, and it burst” (Patient 36).

Class 7: Nursing deals with gratitude, service provision and evaluation of the nursing team’s care, evidenced by the significant words “gratitude”, “care”, “great”, “treat” and “feeling”.

The following segments show the feeling of gratitude and the evaluation of the service using the verbs “treat” and “great”, as a reflection of the care provided by the professionals in the patients’ perception.

“[...] It’s really good, what it means is improvement, [...] I think it’s better, because here (Outpatient Clinic) you have you (Nurses) [...]. That’s everything to me, the feeling of being cured, when I see it, I’m already cured” (Patient 02).

“Here (outpatient clinic) is great, the service here is VIP, it’s ten. The nurses, their service, I have nothing to complain about [...]” (Patient 08).

“It’s gratitude, everyone treated me very well, I was treated very well, there’s nothing to say and after I started walking here (Outpatient Clinic) I have nothing to complain about either, thank God” (Patient 13).

Class 4, called “The Interpersonal Process”, begins the subcorpus representing the patient’s interaction with the care team that received him. Through the therapeutic process, the client identified the differences between the health services sought during the exploration phase. This allowed him to determine the quality of care in each environment and to stay in the one that best met his needs.

In addition, the feelings presented in Class 7: Care reflect the quality of care provided by the care team and are also observed in the other classes of this subcorpus through the patient’s evaluation and preference for the service. These feelings determine the reliability and security conveyed by the team during the interpersonal process, as well as the expectations that clients carry throughout the therapeutic process.

DISCUSSION

The results of the survey helped us to understand the perception of patients with skin lesions about their care in a reference outpatient clinic. The discussion will follow the order of subcorpora and classes as presented in the results.

The sample showed a predominance of males, self-described brown, over 60 years old, belonging to the Catholic religion, with primary school education and a family income of up to one minimum wage. Patients' perceptions of care are inextricably linked to their repertoire of experiences, religiosity, traditions, knowledge, and socioeconomic conditions, as well as to gender, age, and ethnicity¹⁷⁻²⁰. All these cultural backgrounds have a direct impact on how individuals identify and interpret their experiences in different settings, which is reflected in their evaluation of the quality of care during their recovery process, highlighting the outpatient clinic as one of the settings where care takes place^{8,9}.

The first subcorpus includes the origin of skin lesions. In the classes "The difficult to heal injury" and "The traumatic injury", it is possible to deduce the implications that the presence of the wound can have on the patient's daily life, not only in terms of adapting to the new reality, but also in terms of the possibility of professional intervention^{1,4}.

At this point, the patient reflects on their clinical condition and the possible consequences that the presence of the skin lesion could have in the physical and emotional spheres. Some reports highlight physical and social limitations, episodes of pain, family dependency and compromised mental health². These feelings, when combined with inadequate management of the lesions, especially if carried out without professional help, can compromise the evolution of the healing process, causing the wound to become chronic and prolonging the necessary treatment time^{1,4}.

The class "perceived need", which refers to the first phase of Hildegard Peplau's theory, orientation, refers to the moment when the patient subjectively perceives the need for professional help, i.e. the emergence of a health problem not fully understood by the individual. At this point, the professional's goal is to welcome and get to know the patient's current state of health, as well as all the aspects surrounding it, to understand the problem to be solved, and to implement the best course of action^{8,21}.

The management of skin lesions requires the establishment of a relationship of trust between nurses and patients. This bond is essential not only to ensure adherence, but also to ensure effective communication between the two parties, with a clear understanding of the guidelines offered and collaboration throughout the process²².

The second subcorpus reflects the patients' perception of the care provided in the outpatient clinic. This perspective is exclusive to individuals with different customs, traditions and beliefs that reflect a culture and pre-existing ideas that reverberate in the discernment and interpretation of experiences lived in the service. This diversity is essential in the interpersonal process because it is through it that the level of quality of care provided can be determined and it is possible to deduce which factors require improvement interventions¹⁷⁻²⁰.

The interpersonal process class, a concept developed in the theory identification phase, conveys the idea of interaction and sharing of information, emotions, and feelings between the nurse and the patient as important points in the therapeutic journey that motivate the team to resolve the case. Each consultation helps to develop and improve the professional's skills through goal setting and active, meaningful communication that allows for an understanding of the patient's needs, individuality, expectations, and perceptions^{8,21,23}.

This humanized, person-centered approach and interpersonal relationship aims to improve the quality of care, increase the patient's confidence in therapy, and promote a positive experience for both. The theory also emphasizes the involvement of individuals in making decisions about their health. In this way, they become empowered about their current state of health and the paths they can take to reach their goal^{12,13}.

The "Exploration" class, named after the phase of the same name in the theory, describes the moment when the patient actively seeks out available health services and matches them to his or her care needs. In this phase, the relationship between the professional and the patient is strengthened, allowing them to work together to take advantage of all available resources, including care techniques and knowledge related to the treatment of skin lesions^{8,9,14}.

Among the resources explored, the first contact with primary health care (PHC) stands out because of the

perceived need reported in class 1. As a point of entry, the PHC is responsible for the management of patients with skin lesions, the most recurrent of which are difficult to heal wounds. Through the professionals' assessment and management, some users may be referred to referral services when they require specialized care beyond the resources available at the UBS^{24,25}.

The class "The therapeutic process" includes interpersonal relationships strengthened by the recognition of the bond, the history of behavior and the role of nursing as a facilitator of care, with the aim of resolving the condition and regaining the patient's autonomy, until the conclusion of the therapeutic relationship between the patient and the nursing team, as outlined in the theory⁸⁻¹⁰. The continuity of this process allows the health professional to constantly reassess and adapt new approaches. This contributes not only to the restoration of physical integrity, but also to a more effective and rewarding empirical experience of care for the patient, which promotes quality of life and general well-being¹¹.

The class of "care", named after Hildegard Peplau's metaparadigms, which defines it as a human connection established between a person affected by a disease or in need of health services and a nurse who is specially trained to identify and meet their care needs. In this class, there is the involvement of the person as the recipient of the care offered by the team, of the nurse as the provider of this care, of the patient's health as the motivation to solve the case, and of the outpatient clinic as the therapeutic environment where the professionals' activities take place⁸⁻¹⁰.

The perception of care is the result of the relationship between the patient's expectations, the behavior of the team and the progress seen throughout the therapeutic process, observed through the eyes of the individual. The feelings towards nursing reflect the completeness and professional mastery, the performance in the care provided in the outpatient clinic and the demonstration of satisfaction reported by patients with skin lesions¹⁸.

The importance of the contribution of nursing in the treatment of skin lesions should be emphasized, considering the commitment of professionals to their duties and the responses provided by the patients themselves. In addition, the dissemination of the results of this study is a valuable source of information for the academic and nursing community in the context of satisfaction and quality of care, as a way of improving professional practice and encouraging further research involving patients' experiences in different areas of nursing practice.

The limitations observed in the development of this research were related to the scarcity of articles relating the theory of interpersonal relationships in nursing to the treatment of skin lesions, especially in the outpatient setting. In addition, because this was an interview study, patients may have omitted information because they felt embarrassed to answer the interviewer, although the interviews were conducted in a private setting to minimize this situation, or because they thought that some of the information might interfere with their treatment.

CONCLUSION

The perceptions of patients with skin lesions have shown that nursing care plays a fundamental role in the therapeutic pathway to recovery from this health problem. In addition, the significant contribution that nursing theories can make to the interpretation of the data found stands out.

Hildegard Peplau's Theory of Interpersonal Relationships in Nursing brought out the essence of nursing actions by emphasizing the relationship between patient and nurse as essential for therapeutic progress. It also highlighted the importance of establishing a bond based on effective communication and patient-centeredness as fundamental tools in everyday nursing, to build an interpersonal relationship governed by trust in technical competence and gratitude for the professionals in the care scenario analyzed.

It is therefore understood that nursing is not only characterized by its skills and knowledge, but also by exercising its role in a humanized and compassionate way, valuing the individuality and relationships with patients, to promote continuity of care and excellence in providing services to the community.

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