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Exploring Patient Living with Chronic Experiences and Outcome with Regards to Psychosocial Impact of Chronic Wound in Selected Hospitals in Ondo State: A Qualitative Study

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ABSTRACT:

Patient experiences and outcomes related to the psychosocial impacts of chronic wounds are influenced by various factors. Exploring these experiences can provide valuable insights into the psychosocial burdens they encounter, informing targeted interventions that address their specific needs beyond clinical treatments. This study aims at exploring patient living with chronic experiences and outcomes with regards to the psychosocial impact of chronic wound in selected hospitals in Ondo state. The researchers adopted an existential descriptive phenomenological approach among 20 participants determined through data saturation. An in-depth interview guide was used to collect data. Reliability of the instrument was ensured by considering its trustworthiness. Interview sessions were conducted in English language and Yoruba languages depending on the preference of the participants which lasted for a maximum of 45 minutes and were recorded and transcribed using field notes. Thematic analysis approach as outlined by Creswell was used, themes and sub-themes were developed, all analysis was done using NVivo version 9.

Three major themes with subtheme emerges; theme 1; Emotional and Financial Burdens of Chronic Wounds"(subthemes; Financial strain, Impact on relationships, Sadness, Isolation and worry, Mood change, theme 2: Positive Distraction and Social Engagement (subthemes: Watching movies, listening to music, playing games, Staying positive, and Playing with other patients. Theme 3 Support Networks in Chronic Wound Management (subthemes: Pastors and church members, Healthcare workers, Family and friends, Workplace, Help and support). The study highlights the profound psychosocial impact that chronic wounds have on patients, encompassing emotional, financial, and social dimensions. These findings underscore the importance of integrating psychosocial support into chronic wound care plans, ensuring that patient care extends beyond clinical treatment to address the holistic needs of individuals living with chronic wounds.

Keywords: *Chronic wounds, Experiences, Psychosocial impact, Adult patients, Tertiary hospitals.*

1. INTRODUCTION

Chronic wounds are those that fail to progress through the normal stages of healing in a timely manner, typically not achieving complete healing within three months (Parodi et al., 2021). These wounds often stem from underlying conditions or diseases that compromise the body natural healing processes, resulting in prolonged inflammation and tissue damage. This disruption is evident in conditions such as pressure ulcers, cancers, and arterial insufficiency (Schaper et al., 2020). Chronic wounds are characterized by stalled healing progression, primarily due to impaired tissue repair mechanisms and a prolonged inflammatory phase (Weigelt et al., 2022). Their prevalence affects millions globally, leading to extended hospital stays, reduced quality of life (QoL), and placing a substantial financial strain on healthcare systems (Murphy et al., 2020).

The impact of chronic wounds on patients is profound, contributing to social isolation, often driven by feelings of guilt and the sense of being a burden to family and friends (Murphy et al., 2020). Persistent pain, frequent infections, and the regular use of antibiotics—which can contribute to resistance—further diminish the QoL for both patients and their families (Erfurt-Berge et al., 2019; Oliveira et al., 2019; Klein et al., 2021; Mościcka et al., 2020). Various studies have examined the QoL of patients with chronic wounds using both quantitative (Hopman et al., 2016; Lentsck et al., 2018; Reinboldt-Jockenhöfer et al., 2021; Frykberg & Banks, 2015; Vogt et al., 2020) and qualitative methods (Adderley et al., 2017; Kapp et al., 2018). However, despite the necessity for evidence-based wound care, there is often a lack of robust clinical evidence to guide best practices (Gurtner & Chapman, 2016; Hossain et al., 2023). This deficiency in evidence can lead to increased stress and burnout among patients, ultimately affecting their treatment satisfaction and overall well-being (Klein et al., 2021). Adult patients living with chronic wounds face a number of psychosocial challenges beyond physical discomfort. These wounds can profoundly impact their mental health, social interactions, and overall QoL (Murphy et al., 2020). Research by Kapp et al. (2017) highlights the psychological distress, anxiety, and depression experienced by individuals coping with chronic wounds. The long healing process, coupled with pain and necessary lifestyle adjustments, contributes significantly to emotional strain and social withdrawal (Adderley et al., 2017).

In Nigeria, chronic wounds represent a substantial healthcare challenge, adding to the burden of non-communicable diseases (Adderley et al., 2017). Despite progress in healthcare delivery, the management of chronic wounds and their psychosocial impact on adults remains an area in need of further exploration. Chronic wounds, including diabetic foot ulcers, pressure ulcers, and venous ulcers, are prevalent in both urban and rural communities (Ge & Wang, 2023). Their increasing prevalence—often associated with conditions such as diabetes, vascular diseases, and inadequate wound care practices—complicates healthcare delivery and highlights the necessity for comprehensive wound management strategies (NHS England, 2017). Patient experiences and outcomes concerning the psychosocial impacts of chronic wounds are influenced by numerous factors (Klein et al., 2021). However, there is a gap in empirical evidence regarding patients' understanding of these psychosocial effects and how they incorporate this knowledge into their care (Klein et al., 2021). Additionally, the experiences and challenges of adults living with chronic wounds remain insufficiently studied (Gupta et al., 2021). Addressing these gaps through research can provide valuable insights into the psychosocial burdens faced by these patients, leading to targeted interventions that extend beyond clinical treatments (Gupta et al., 2021).

Particularly in Nigeria, and more specifically in Ondo State, qualitative research on the psychosocial effects of chronic wounds is scarce, despite the acknowledged complexity of these conditions. To advance nursing practices, enhance patient care, and improve the overall well-being of individuals affected by chronic wounds, it is crucial to explore patient experiences concerning the psychosocial impacts of these conditions. This study aims to address this gap by conducting a qualitative exploration of the experiences and outcomes of patients living with chronic wounds in selected hospitals in Ondo State. A qualitative approach allows for an in-depth exploration of these complex, multifaceted experiences. The qualitative approach is well-aligned with the study goals because it enables a deep understanding of the lived experiences of patients, the nuanced psychosocial challenges they face, and the ways in which these are shaped by their cultural and healthcare context, providing richer insights into how chronic wounds affect daily life, emotional states, and social interactions. Through this research, the goal is to provide insights that contribute to a deeper understanding of the psychosocial challenges these patients face and inform better care strategies.

2. MATERIALS AND METHODS

Design

The researchers adopted an existential descriptive phenomenological approach. This qualitative research design that focuses on exploring and describing the lived experiences of individuals as they perceive and make sense of their existence and reality. It aims to understand how people experience certain phenomena on a deeper level, emphasizing their subjective perspectives, emotions, and meanings. This approach is particularly valuable when studying deeply personal, emotional, or transformative experiences, such as living with a chronic condition, as it allows the researcher to capture the nuanced ways in which individuals navigate and interpret these experiences. The study is conducted in Tertiary hospitals in Ondo State. They include University of Medical Sciences Teaching Hospital (UNIMEDTHC) and Federal Medical Centre Owo, which are the two tertiary hospitals in Ondo state. The target population for the study is adult patients with chronic wounds who are admitted into these hospitals or coming for wound dressing in the general outpatient clinics. The sample size is determined through data saturation at 20 which is at the point where no new information is elicited by participants. This is achieved through the following ways:

Ongoing Data Analysis: As data collection progresses, the researchers analyze data concurrently with conducting interviews. This involves closely examining the transcripts after each interview to identify emerging themes, patterns, and ideas related to the psychosocial impacts of chronic wounds.

Repeated Themes and Codes: Through the coding process, where data are broken down into themes or categories and similar themes continue to emerge from subsequent interview.

Sampling technique

Purposive sampling technique is adopted to select the participant into the study. Purposive sampling is appropriate for this study because it allows the researchers to carefully select participants whose experiences provide the most insight into the psychosocial impacts of chronic wounds, thus aligning with the study aim of understanding these complex, deeply personal experiences.

Inclusion criteria

Patient with chronic wound used for this study:

- Must be 18 years and above
- Must be with wound that have lasted for three months and above
- Must be admitted in the health facility or coming for daily wound dressing in the health facility

Instrument for data collection

In-depth Interview Guide: An in-depth interview guide is used to collect data in the qualitative strand of the study. It has two sections; **Section A:** This is used to collect socio demographic information of the participants which includes age, gender, religion, education. **Section B:** This section consists of questions which are used to explore the experiences of the respondents with regards to psychosocial impacts of chronic wounds. The interview guide is written in English language and translated back to Yoruba by a linguistic specialist in Yoruba language.

Developing the in-depth interview guide follows the following steps:

i. **Clarify Research Objectives**: the researchers understand the study goals and identify key themes or areas to explore.

ii. **Conduct a Literature Review**: the researchers review existing research to identify common themes and gaps, ensuring that the guide covers all relevant aspects.

iii. **Identify Core Themes and Subthemes**: the researchers outline main topics to cover, such as emotional experiences and coping mechanisms, and break them into specific subtopics.

iv. **Formulate Open-Ended Questions**: the researchers create open-ended questions for each theme, along with follow-up probes to encourage detailed responses.

v. **Organize in Logical Flow**: the researchers arrange questions from general to specific, starting with background questions and gradually moving to more sensitive topics.

vi. **Pilot Test the Guide**: the researchers test the guide with a similar participant to ensure clarity and depth, and refine questions as needed.

vii. **Ensure Flexibility**: the researchers are open to adjusting the flow of questions during the interview to explore unexpected themes.

viii. **Incorporate Ethical Considerations**: the researchers include an explanation of the study, obtain consent, and prepare to handle sensitive topics respectfully.

ix. **Review and Refine**: the researchers get feedback from experts, refine questions for clarity, and ensure alignment with the study objectives.

Trustworthiness of Instrument for qualitative Data Collection

Reliability of the instrument is ensured by considering its trustworthiness according to Creswell et al. (2018) who state that establishing the trustworthiness of research instruments is crucial to ensure that the data collected is reliable and valid.

Credibility: This refers to the accuracy and truthfulness of the findings. Creswell suggests using techniques such as member checking (validating findings with participants), and prolonged engagement in the field to ensure credibility. The researchers ensure that after data collection, the result is shared with participants to verify the accuracy of their responses and ensure that their views are accurately captured by the instrument (Creswell & Poth, 2018).

Transferability: This aspect is concerned with the extent to which the findings can be applied to other contexts. When designing the instrument, detailed contextual questions that allow for a comprehensive understanding of the participants' environment and circumstances are included. This information helps others assess whether the findings could be applicable to different contexts (Lincoln & Guba, 1985). Additionally, the process of instrument development is clearly documented, including how questions are formulated and how the instrument is administered. This transparency allows other researchers to determine whether the instrument could be adapted for their own studies (Creswell & Poth, 2018).

Dependability: Dependability involves ensuring that the research findings are consistent and could be repeated. Researchers keep a detailed record of the steps taken during the instrument development and data collection processes. This includes the rationale behind choosing specific questions or measurement scales and any adjustments made during the pilot phase (Lincoln & Guba, 1985). Colleagues and experts in the field review the research instrument and provide feedback. Regularly check for consistency in the data collection process is also maintained.

Confirmability: This refers to the objectivity of the research findings, ensuring they are shaped by the participants and not due to the researchers' bias. The researchers' ensured reflexivity is maintained by reflecting on and document their own biases and how they might influence the design and implementation of the instrument. After data collection, an independent auditor review the research instrument and the data collected to confirm that the findings are supported by the data and that the instrument is used appropriately (Lincoln & Guba, 1985). By systematically applying these stages of trustworthiness, researchers enhance the reliability and validity of their research instruments, leading to more robust and trustworthy findings.

3. Method of Data Collection

Before starting the interview, the participants are provided with detailed information about the study purpose, their role, voluntary nature of participation, confidentiality measures, and their right to withdraw at any time without consequences. The researchers obtain written or verbal consent, ensuring that participants fully understand and agree to participate. Ethical clearance is obtained from the Health Research Ethics Committee (HREC) of tertiary health facilities used in the study. Interview sessions are conducted by the principal researcher with the help of the other research assistants who help to take notes and other responsibilities that are assigned to her. The in-depth interview is conducted using the semi-structured in-depth interview guide on the wards where the patients are admitted and in comfortable offices which are pre-arranged in the general outpatient clinic for the out-patients respondents who come for wound dressings on their clinic days. Each interview session lasts for a maximum of 45 minutes and all of them are recorded and transcribed using field notes. The interview is conducted in English language and Yoruba languages depending on the preference of each respondent. This is managed by asking participants about their preferred language before the interview, employed interviewers who speak the preferred language to ensure accurate communication and respected cultural nuances and expressions for a deeper understanding. Transcription is done afterwards.

4. Method of Data Analyses

The audio recorded data are transcribed and transformed into raw data. Thematic analysis approach as outlined by Creswell (2014) is utilized. The raw data are thoroughly inspected by reading repeatedly to identify the words that appear more frequently in the dataset which are similar in nature and common. Themes are generated accordingly and the list is compared with the original data. Abbreviations of topics in form of codes are made and codes are written next to the appropriate segment of the texts. Themes and sub-themes are developed. The thematic analysis is finally done using NVivo version 9.

5. Ethical Considerations

Ethical clearance is obtained from the Health Research Ethics Committee (HREC) of Federal Medical Center and University of Medical Science teaching Hospital, Ondo, Ondo State with protocol number UNIMEDHC/028/111; FMC/OW/380/VOL/CCXIV/176), respectively. Formal permission from department heads and ward leaders and informed consent from the participants are also obtained from all participants.

6. RESULTS

TABLE 1: Socio-Demographic Characteristics of the In-depth Interview Participants

Participants	Age(years) (mean=43±4.28)	Hospital	Sex	Religion	Occupation	Educational Level
1	32	FMC(Owo)	Male	Traditional	Farmer	No formal
2	51	FMC(Owo)	Male	Christian	Clergy	Tertiary
3	17	UNIMED	Female	Christian	Student	Secondary
4	23	UNIMED	Male	Christian	Artisan	Primary
5	61	UNIMED	Male	Christian	Artisan	Secondary
6	49	UNIMED	Male	Muslim	Civil servant	Secondary
7	40	FMC(Owo)	Male	Christian	Civil servant	Tertiary
8	16	FMC(Owo)	Male	Christian	Student	Secondary
9	39	FMC(Owo)	Male	Muslim	Farmer	Tertiary
10	37	FMC(Owo)	Male	Muslim	Farmer	Secondary
11	40	FMC(Owo)	Female	Muslim	Housewife	No formal
12	32	FMC(Owo)	Female	Muslim	Civil servant	Tertiary
13	56	UNIMED	Male	Christian	Civil servant	Tertiary
14	51	FMC(Owo)	Female	Christian	Artisan	Secondary
15	40	FMC(Owo)	Female	Muslim	Artisan	Primary
16	38	FMC(Owo)	Male	Muslim	Civil servant	Tertiary
17	32	UNIMED	Male	Christian	Student	Tertiary
18	39	UNIMED	Female	Christian	Artisan	Primary
19	50	UNIMED	Female	Christian	Civil servant	Tertiary
20	44	FMC(Owo)	Male	Muslim	Civil servant	Tertiary

The in-depth interview corroborates the socio-demographic characteristics of respondents in the quantitative study. The mean age of the respondents is 37±3.16 years. Twelve are males, eleven are patients from the federal medical center Owo. Eleven are Christians, six are civil servants, nine are tertiary holders and thirteen are married.

Table 1: Themes and Sub-themes that Emerged from Participant’s View on Perceived Psychosocial Effect of Chronic Wound

Theme	Sub-theme
Emotional and Financial Burdens of Chronic Wounds”	• Financial strain • Impact on relationships • Sadness, isolation and worry • Mood change
Positive Distraction and Social Engagement	• Watching movies and listening to music and playing games • Staying positive • Playing with other patients
Support Networks in Chronic Wound Management	• Pastors and church members • Healthcare workers • Family and friends • Workplace • Help and Support

Theme 1: Emotional and Financial Burdens of Chronic Wounds

Sub-theme 1: Financial Strain

Many of the participants identify that the financial burden of chronic wounds on them is profound, encompassing direct costs such as medical treatments, dressings, and frequent healthcare visits, as well as indirect costs including lost wages and decreased quality of life (See excerpt below):

…….. "Since this ailment began, I've become a financial burden to my family, who I once supported. This reversal of roles has been emotionally and practically challenging"….. (Interview 20).

…. "I never imagined being dependent on my children, a stark contrast to when I provided for them. The emotional toll is immense, knowing my illness strains their finances and well-being" (Interview 12).

"As my condition has progressed, I've felt helpless, with my once-cherished independence now a distant memory. Relying on my family for financial support has been a bitter pill, making me feel like a burden to those I once supported" …… (Interview 8).

The transition from caregiver to care receiver has been painful. Watching my children take on my former responsibilities fills me with both gratitude and guilt. The financial strain my illness imposes on them is a constant worry, leaving me feeling trapped by my circumstances" (Interview 5).

Sub-theme 2: Impact on Relationships

However, some interviewees state that their condition constitutes an unintended burden on their family members, while another interviewee states that he is deserted by his family members. An interviewee expresses this concern thus:

My relationship with family has been okay; they care for me, though I know the stress affects them, especially my wife, who provides sole care. Other family members come and go, but she stays permanently" (Interview 12).

"This chronic wound has strained my relationships with my spouse, children, and other family members, causing significant stress and making daily interactions more challenging" (Interview 2).

"Since this ailment started, I've been in a place and I feel like I've been a burden on my children",

"Everyone has deserted me even my own children. It's just one of my sons that's has been taking care of me all this while" (Interview 19).

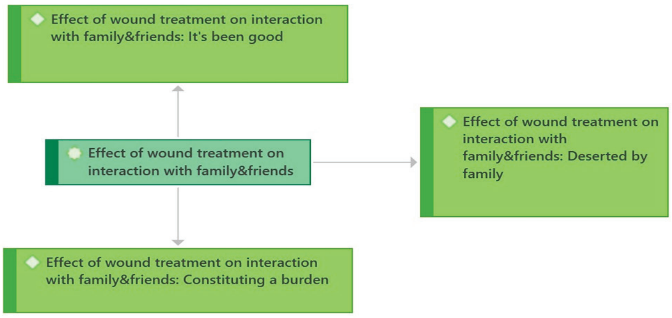


Figure 1: Showing the various effects of wound treatment on interaction of patients with family and friends

Sub-theme 3: Sadness, Isolation and Worry

Participants itemize some of the deep-seated emotions they feel as a result of the prolonged treatment of wounds. Sadness, in particular, is a recurring theme, manifested in various forms. They feel ashamed due to their inability to attend social functions, sad about the deteriorating condition of their wounds, fearful of another surgery or prolonged treatment, and depressed by the presence of smelly wounds. The following quotations summarize the interviewees' remarks:

The pain and the sight and smell of pus make me feel very sad, sometimes fearing my leg is decaying. I find some relief when I ask nurses questions, as their answers help reduce my fear" (Interview 12).

…."Yes, I'm really scared, especially with the possibility of another surgery. The thought terrifies me, but I try to stay strong to avoid adding to my family's stress. I don't want them to see how frightened I am, as they already have so much on their plates" (Interview 5).

"I'm deeply affected by my wounds, which smell so bad that even I can't stand it. The situation has become so severe that people avoid me, increasing my feelings of isolation and depression" (Interview 1).

"I'm very scared, especially about the possibility of another surgery. It terrifies me, but I try to stay strong to avoid worrying my family, who already have enough stress. Maintaining a brave front helps protect them from additional strain" (Interview 11).

"I haven't attended any parties for a while and am unsure when I'll feel comfortable doing so again. The thought of social events makes me feel ashamed and worried about how others might perceive me" (Interview 10).

"I'm deeply affected by the pain and the smell of pus, which makes me feel sad and fearful that my

leg is decaying. Asking nurses questions helps reduce my fear" (Interview 12).

"I'm genuinely scared about the possibility of another surgery, but I'm trying to stay strong to avoid worrying my family" (Interview 7).

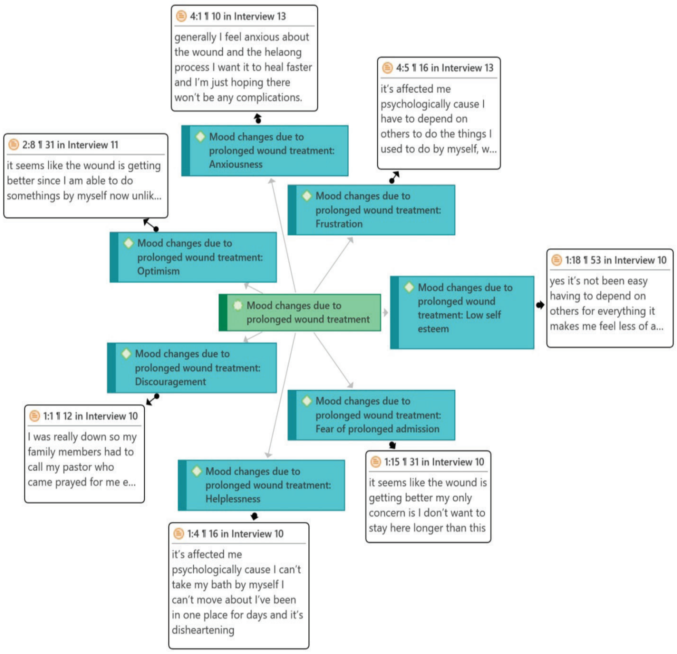
Sub-theme 4: Mood Changes Owing to Prolonged Wound Treatment

Different participants experience diverse changes in their moods as a result of the prolonged treatment and frequent hospital visits. These mood changes include feelings of discouragement and helplessness, as many feel overwhelmed by the length and intensity of their treatments. Some express a deep fear of prolonged hospital admission, worrying about the extended time away from their normal lives and the uncertainty of their recovery. Frustration is a common theme, as the constant medical procedures and hospital environment took a toll on their patience and mental well-being. Low self-esteem emerged in some, likely due to the physical and emotional strain of their conditions and the treatments. Anxiousness is also prevalent, with interviewees feeling nervous about their health outcomes and the ongoing nature of their medical care. The figure below shows the various emotions displayed and supporting quotations:

"The frustration is the worst part. Just when I think I'm making progress, something sets me back, creating a constant cycle of hope and disappointment. It feels like I'll never fully recover" (Interview 6).

"The sense of helplessness is overwhelming. I feel stuck in an endless cycle of treatments and appointments, with each day blending into the next. The constant repetition makes me feel powerless and trapped, as if my life revolves solely around my medical condition" (Interview 4).

"My self-esteem has suffered greatly. Prolonged treatment and constant reminders of my condition make me feel disconnected from who I used to be. I struggle to recognize myself and find it hard to see a light at the end of the tunnel. Each setback erodes my confidence, making it difficult to believe things will get better" (Interview 19).



4:1 ¶ 10 in Interview 13
generally I feel anxious about the wound and the helaong process I want it to heal faster and I'm just hoping there won't be any complications.

4:5 ¶ 16 in Interview 13
it's affected me psychologically cause I have to depend on others to do the things I used to do by myself, w...

2:8 ¶ 31 in Interview 11
it seems like the wound is getting better since I am able to do somethings by myself now unlik...

1:18 ¶ 53 in Interview 10
yes it's not been easy having to depend on others for everything it makes me feel less of a...

1:1 ¶ 12 in Interview 10
I was really down so my family members had to call my pastor who came prayed for me e...

1:15 ¶ 31 in Interview 10
it seems like the wound is getting better my only concern is I don't want to stay here longer than this

1:4 ¶ 16 in Interview 10
it's affected me psychologically cause I can't take my bath by myself I can't move about I've been in one place for days and it's disheartening

Figure 2: Showing the various mood changes experienced by interviewees and their supporting quotations

Theme 2: Positive Distraction and Social Engagement (coping strategies)

Sub-theme 1: Watching Movies, Listening to Music and Playing Games

Many participates turn to entertainment and social activities to distract themselves and find relief. Watching movies and TV shows provides a temporary escape from their pain, allowing them to immerse themselves in different stories and worlds. However, being in the company of others whether friends, family, or support groups, offers both emotional comfort and a sense of normalcy. Engaging in conversations, sharing laughs, and feeling supported by loved ones help alleviate their stress and discomfort. Also, Singing and listening to music are also common coping strategies adopted.

"When pain becomes intense, I inform the nurses, who suggest practical ways to manage it, such as watching movies or engaging in activities for distraction" (Interview 8).

"Shifting my focus away from the pain with friends or activities provides mental relief, helping me cope better with discomfort" (Interview 10).

"Singing and playing the radio effectively distract me from pain and lift my spirits, reducing stress and anxiety" (Interview 20).

"Playing video games helps me focus on the game world and distracts me from physical pain" (Interview 17).

Sub-theme 2: Staying Positive

One common approach establishes a structured daily routine by organizing their day with specific tasks and goals, patients create a sense of normalcy and control in their lives. This routine often includes regular times for wound care, rest, and leisure activities, helping them to balance their physical needs with mental well-being. Other interviewees report that educating themselves about chronic wounds and potential treatments empowers them and reduces feelings of helplessness.

"I constantly remind myself that as long as there is life, there is hope. This mantra helps me stay positive and motivated even during the toughest times. I focus on the fact that I'm still alive, and for that, I am incredibly grateful" (Interview 10).

"I remind myself that as long as there is life, there is hope. This mantra keeps me positive and motivated, making me grateful for every moment" (Interview 13).

"Focusing on the fact that I'm still alive helps me stay positive and grateful, even during the toughest times" (Interview 14).

The belief that as long as there is life, there is hope that helps me stay motivated and positive, reminding me to be grateful for every moment" (Interview 16).

"Staying positive through tough times is easier when I remember that being alive means there is always hope, which I am deeply grateful for" (Interview 9).

Sub-theme 3: Playing with Other Patients

The interviewee goes further to mention playing with other patients in the ward as another coping mechanism. The interviewee remarks:

..."Whenever I start to feel bored or overwhelmed by my situation, I often find solace in playing with other patients on the ward. Engaging with them not only provides a distraction from my own discomfort but also fosters a sense of community" (Interview 15).

Figure 3: Showing the various coping mechanisms adopted by interviewees

Theme 3: Support Networks in Chronic Wound Management

Sub-theme1: Family and Friends

Most patients emphasize the importance of parents, spouses, children, and siblings, family members, friends, and neighbours in offering practical and emotional support as well as assisting them in adapting and adjusting to living with their wound. Practical aid included giving transportation, offering to accompany patients to medical appointments, helping with food shopping, meal preparation and basic domestic duties.

"I relied on my spouse for buying necessities during my treatment, which alleviated stress and allowed me to focus on recovery" (Interview 1).

"Initially, the ailment drained our finances with the costs of medical treatments and medications, but I was fortunate to receive support from family and friends despite the financial strain" (Interview 3).

Some older patients are reluctant to ask for their adult children for assistance, preferring to try to manage independently. "Commented that her grown children:

"... are working and they have their own lives to live without me all the time" (Interview 2).

Sub-theme 2: Pastors and Church Members

Financial repercussions associated with the wound are severe for some patients and their families, causing high levels of stress and making some turn to external support such as pastors and church members because they are the main earners for their family who have young children to care for and support. They appear particularly hard hit by the uncertainties and restrictions that living with a chronic wound imposes on them. A series of excerpts from the transcription of the interview with one such patient are as follows:

"I receive encouragement from my pastor and church members, who frequently visit and support us with food, money, and even paid for my ward's school fees" (Interview 5).

"My pastor and his wife visit monthly to pray with me and bring financial and other support, along with contributions from other church members" (Interview 15).

Sub-theme 3: Healthcare Workers

Patients often report that nurses help them during the wound dressings and encourage them to come regularly and adequate information regarding the risks, symptoms and management of potential wound infection deficient and financially.

"…the nurses also came and explained to me that it's not the end of life and that I can still do all I use to do that I can get prosthesis, and it will be as though my leg wasn't amputated so I was encouraged and agreed to it" (Interview 7).

"…once in a while when the nurses give me money and follow up on me and tell me what to do sometimes, they tell me about some NGO that can support me" (Interview 9).

"…health worker was really interested in my case and they give financial support and encouraged whenever I am with them and sometimes, they connect me with some people who can assist me and give me job" (Interview 7).

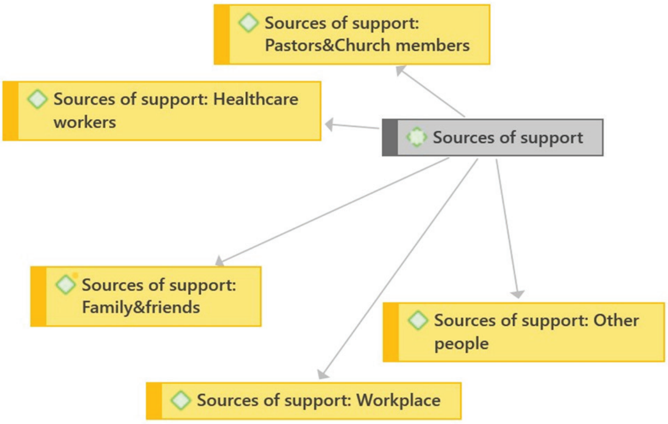


Figure. 4: Showing the various sources of help and support for interviewees

7. DISCUSSION

The study highlights the profound psychosocial impacts experienced by individuals with chronic wounds, encompassing financial strain, relationship strain, sadness, isolation, mood changes, and anxiety. These findings resonate with existing literature and provide deeper insight into the multifaceted challenges faced by patients. Participants consistently report significant financial burdens due to chronic wounds. This strain includes direct costs such as medical treatments, dressings, and frequent healthcare visits, as well as indirect costs like lost wages and diminished quality of life as noted by one of the participant, …….. *"Since this ailment began, I've become a financial burden to my family, who I once supported. This reversal of roles has been emotionally and practically challenging"…..* (Interview 20). This aligns with Abdalrahim (2023) who finds that chronic wounds significantly impact daily activities, mobility, income, and personal relationships. Similarly, the studies by Doss and Popejoy (2023) and Liosatos et al. (2024) which reveal that the financial burden of chronic wounds extends to families, exacerbating stress and reducing overall well-being.

The study also uncovers the impact of chronic wounds on relationships. Participants describe how their condition unintentionally places a burden on family members, who often take on additional responsibilities as noted by one of the participants:*"This chronic wound has strained my relationships with my spouse, children, and other family members, causing significant stress and making daily interactions more challenging"* (Interview 2). This is consistent with Jiotsa et al. (2021) who note that social isolation and altered body image due to visible wounds can lead to withdrawal from social interactions, affecting personal relationships and social engagement. The strain on relationships is further supported by the work of Schulz and Sherwood (2008) and Choi et al. (2024) who find that chronic illness often disrupts family dynamics and increases the emotional load on caregivers. Sadness, isolation, and mood changes emerge as significant themes. Participants express deep sorrow related to their deteriorating condition, fear of additional surgeries, and the impact of unpleasant wound odours. For instance, a participant notes that ….*"Yes, I'm really scared, especially with the possibility of another surgery. The thought terrifies me, but I try to stay strong to avoid adding to my family's stress. I don't want them to see how frightened I am, as they already have so much on their plates"* (Interview 5). These findings reflect the work of Lommi et al. (2023), where participants feel profound grief and inconsolable sadness due to severe outcomes such as limb amputation. Similarly, Robinson (2017) reports increased anxiety and depression among patients with ongoing wound care, highlighting the psychological toll of chronic wounds.

The emotional burden experienced by participants is consistent with research by Pombeiro et al. (2022), which highlights that the prolonged nature of chronic wounds often leads to persistent emotional distress and psychological trauma. Mood changes are prevalent, with participants experiencing discouragement and helplessness due to prolonged treatments and frequent hospital visits. *"The sense of helplessness is overwhelming. I feel stuck in an endless cycle of treatments and appointments, with each day blending into the next. The constant repetition makes me feel powerless and trapped, as if my life revolves solely around my medical condition" (Interview 4).*

This emotional strain aligns with the observations of Klein et al. (2024), who find that chronic wound management often leads to significant mental health challenges, including heightened anxiety and depression. Additionally, the studies by Eckert et al. (2023) and Sen (2019) support these findings, emphasizing that the chronic nature of wound care can lead to persistent feelings of frustration and hopelessness. Low self-esteem is another notable outcome, likely resulting from both the physical and emotional strain of chronic wound management. Participants report difficulty in recognizing themselves and feeling diminished self-worth, which aligns with Lommi et al. (2023), where severe physical alterations lead to diminished self-esteem and mental health. Additionally, social isolation due to mobility limitations and altered body image, as described by Kim et al. (2021), exacerbates feelings of withdrawal and loneliness. This is supported by the research of Klein et al. (2024) and Ren et al. (2020), which find that individuals with chronic wounds often experience social withdrawal and a decline in self-esteem, impacting their overall quality of life.

The study reveals that participants with chronic wounds adopt a range of coping mechanisms to manage their discomfort and navigate their daily lives. These strategies vary widely, reflecting individual preferences and the specific nature of their conditions. The coping mechanisms identified include engaging in entertainment and social activities, maintaining a structured daily routine, and seeking emotional support from various sources. Participants frequently reported using entertainment as a means to distract themselves from pain and discomfort. Watching movies, listening to music, and playing games emerged as common strategies. These activities provide temporary relief by offering an escape from the harsh realities of their conditions. *"When pain becomes intense, I inform the nurses, who suggest practical ways to manage it, such as watching movies or engaging in activities for distraction" (Interview 8). "Shifting my focus away from the pain with friends or activities provides mental relief, helping me cope better with discomfort" (Interview 10).* This aligns with findings by Chun et al. (2022), Kim et al. (2021) and An et al. (2023), who note that engaging in pleasurable activities can significantly alleviate the psychological burden associated with chronic illness. Similarly, studies by Lagunes-Córdoba et al. (2022) highlight that entertainment and hobbies can serve as effective distractions, helping patients manage stress and improve overall well-being. The role of social support in coping with chronic illness is well-documented.

Participants in the study also emphasize the importance of being in the company of others, whether friends, family, or support groups. Social interactions offer emotional comfort and a sense of normalcy, which is consistent with the research by Brown et al. (2021) and Shin et al. (2020). Their study finds that support from loved ones helps reduce feelings of isolation and enhances emotional resilience among patients with chronic conditions. Engaging in conversations, sharing laughter, and feeling supported are vital for alleviating stress and improving quality of life, as supported by Yim (2016); Akimbekov & Razzaque (2021). Maintaining a structured daily routine is another key coping strategy. Participants organize their days with specific tasks and goals, incorporating regular times for wound care, rest, and leisure activities. This approach provides a sense of normalcy and control, balancing physical needs with mental well-being. This finding is supported by the work of Grady and Gough (2014), which emphasizes that structured routines can help patients manage chronic conditions more effectively by creating predictability and stability in their lives. Self-education about chronic wounds and potential treatments also emerges as an important coping mechanism.

Participants report that understanding their condition and treatment options empowers them and reduces feelings of helplessness. This is consistent with research by Calhoun et al. (2022), which finds that patient education significantly contributes to improved self-management and reduced anxiety. Knowledge about their condition enables patients to make informed decisions and fosters a sense of control over their health. Other coping mechanisms mentioned by participants include interacting with fellow patients, surfing the internet, reading the Bible, and praying. These activities provide additional avenues for emotional support and distraction. Engaging with other patients in the ward can foster a sense of camaraderie and shared experience, which is beneficial for emotional support (Krist et al., 2017; Carbone et al., 2022). Surfing the internet and reading can offer both information and entertainment, while religious practices such as reading the Bible and praying provide spiritual comfort and a sense of hope, as highlighted by research from Lommi et al. (2023).

The variety of coping mechanisms adopted by participants underscores the importance of personalized strategies in managing chronic wounds. From entertainment and social interactions to structured routines and self-education, these approaches reflect the diverse ways in which individuals adapt to their conditions. The variety of coping mechanisms used by participants in managing chronic wounds can be understood through Lazarus and Folk's Transactional Model of Stress and Coping, which highlights several key aspects. Dynamic Process: Coping is individualized, varying based on personal experiences and stress perceptions, such as using entertainment and social interactions (Lazarus & Folkman, 1984). Appraisal**:** The model emphasizes primary and secondary appraisal, where individuals assess stressors and their coping resources, influencing their chosen strategies (Lazarus, 1993). Coping Strategies**:** Participants employ both problem-focused and emotion-focused strategies, reflecting the complexity of managing chronic wound challenges (Lazarus & Folkman, 1984). Adaptation and Resilience**:** Effective coping fosters adaptation and resilience, with structured routines and social support enhancing control over their conditions (Folkman & Moskowitz, 2004).

The findings highlight the need for healthcare providers to support patients in developing and maintaining effective coping strategies that address both their physical and emotional needs. Future research should continue to explore these coping mechanisms and their impact on patient outcomes, ensuring a holistic approach to chronic wound management.

The study highlights the significant role of various support networks in the management of chronic wounds, emphasizing the vital contributions of family and friends, religious communities, and healthcare workers. These support systems are crucial for helping patients navigate the physical, emotional, and financial challenges associated with chronic wound conditions. Family and friends provide essential practical and emotional support for patients with chronic wounds. Participants in the study underscored the importance of family members—such as parents, spouses, children, and siblings—as well as friends and neighbours. This support includes practical aid such as transportation, accompaniment to medical appointments, assistance with food shopping, meal preparation, and general domestic duties. This finding is consistent with research by Gallant (2003) and Thomas et al. (2017) which highlights the positive impact of family and social support on chronic illness management. Additional studies, such as those by Shahin et al.,(2021), further reinforce that strong family support is associated with better adherence to treatment plans and improved health outcomes. For many patients, especially those facing severe financial repercussions due to their chronic wounds, religious communities play a pivotal role.

The study finds that patients often turn to pastors and church members for additional support. This external support is particularly important for individuals who are primary earners and have young children to care for. The financial strain of chronic wounds can be overwhelming, and the assistance from religious communities, such as financial aid and emotional support, helps mitigate some of these challenges. This aligns with findings from Ghezelseflou (2023), which emphasize the role of spiritual and community support in coping with chronic illness. Further support is provided by Lommi et al. (2023), who find that faith-based support systems can significantly enhance emotional resilience and provide practical assistance to patients. Healthcare workers, particularly nurses, are integral to chronic wound management. The study highlights how nurses provide essential support through wound care, encouragement for regular visits, and education about wound management. This includes providing information on the risks, symptoms, and management of potential infections. Such support is critical for improving patient outcomes and reducing the incidence of complications. This finding is consistent with research by Frykberg and Banks (2015) and Kim and Lee (2018), which notes that effective communication and support from healthcare professionals are key factors in managing chronic wounds. Additionally, the work of Britto et al. (2024) and Nagle et al. (2023) supports the importance of healthcare workers in delivering comprehensive care, highlighting that patient education and supportive care strategies are crucial for effective wound management. The study findings underscore the importance of a comprehensive support network in managing chronic wounds. Family and friends offer practical and emotional support, religious communities provide additional assistance and comfort, and healthcare workers deliver essential care and education. These networks collectively contribute to better management of chronic wounds and improved patient well-being. Future research should continue to explore the interactions between these support systems and their impact on chronic wound management.

8. Conclusion

The study reveals the significant psychosocial impact of chronic wounds on patients, affecting emotional, financial, and social aspects. Using an existential descriptive phenomenological approach, it highlights feelings of sadness, isolation, and worry, alongside strained relationships. However, positive distractions, such as leisure activities and social interactions, help alleviate some burdens. Strong support networks—including family, friends, healthcare workers, and religious communities—are essential for effective chronic wound management. These findings emphasize the need to integrate psychosocial support into chronic wound care plans, addressing the holistic needs of individuals beyond clinical treatment.

Future research could explore the long-term effects of robust support networks on the emotional and psychological well-being of patients with chronic wounds. Another area for further study could focus on identifying and evaluating specific positive distractions (such as leisure activities or therapeutic interventions) that most effectively alleviate emotional and social burdens in patients with chronic wounds

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