doi: https://doi.org/10.1590/1983-1447.2022.20220200.en

Revista Gaúcha de Enfermagem

Existing as a being-with-heart-disease-who-developed-pressure-wounds: an understanding based on Martin Heidegger

Existir como ser-cardiopata-que-desenvolve-lesão-por-pressão: compreensão em Martin Heidegger

Existir como ser-cardiopata-que-desarrolla-una-lesión-por-presión: comprensión en Martin Heidegger

Aurilene Lima da Silva[a]
Lúcia de Fátima da Silva[b]
Maria Sinara Farias[c]
Keila Maria de Azevedo Ponte[d]
Thais Vaz Jorge[a]
Michell Ângelo Marques Araújo[e]
Ana Ruth Macêdo Monteiro[b]
Ivis Emília de Oliveira Souza[f]

How to cite this article:
Silva AL, Silva LF, Farias MS, Ponte KMA, Jorge TV, Araújo MAM, Monteiro ARM, Souza IEO. Existing as a being-with-heart-disease-who-developed-pressure-wounds: an understanding based on Martin Heidegger. Rev Gaúcha Enferm. 2022;43:e20220200. doi: https://doi.org/10.1590/1983-1447.2022.20220200.en

ABSTRACT

Objective: To understand, using Martin Heidegger's phenomenological framework, the Being who experiences a heart disease and develops a pressure injury.

Method: Qualitative, phenomenological study using Martin Heidegger's theoretical-philosophical-methodological framework. Nine participants were interviewed at their residences, from October to December 2015, Ceará.

Results: Six meaning units were revealed: experiencing difficulties; dealing with the treatment of pressure wounds; not knowing the cardiac disease; being supported by family and friends; experiencing changes caused by disease; and maintaining faith in God. These Daily life was apprehended in an inauthentic life, chatter, curiosity, and ambivalence. Imprisoned to the vigor of having been, they live in anguish, supported by the faith in God and being-with-others in a movement of attentiveness.

Conclusion: The phenomenon interferes with patients and families' daily lives rendering them vulnerable. There is a need for nursing to reflect on this experience and incorporate care that reaches human existence.

Keywords: Nursing care. Heart diseases. Pressure ulcer. Qualitative research. Hospitalization. Enterostomal therapy.

RESUMO

Objetivo: Compreender, a partir do pensamento fenomenológico de Martin Heidegger, o Ser que vivencia uma coronariopatia e desenvolve uma lesão por pressão.

Método: Qualitativo, com base nos pressupostos de Martin Heidegger. Participaram nove depoentes e tais dados foram analisados com base na compreensão vaga e mediana, bem como na hermenêutica compreensiva.

Resultados: Foram reveladas as seguintes unidades de significado: vivenciar dificuldades; enfrentar tratamento da lesão por pressão; desconhecer o adoecimento cardíaco; receber apoio de familiares e amigos; vivenciar mudanças advindas do adoecimento; e manter a fé em Deus. Apreendido o viver num cotidiano inautêntico, no falatório, na curiosidade e na ambivalência. Aprisionados ao vigor de ter sido, vivem na angústia, amparadas na fé em Deus, sendo-com-os-outros em um movimento de prestimosidade.

Conclusão: O duplo fenômeno facticial estudado levou os sujeitos a vivenciar modos de ser que devem ser foco de atenção do enfermeiro e da equipe de saúdeem seu processo de cuidar. Denota a necessidade de a enfermagem refletir acerca deste vivido e incorporar, na sua prática clínica, um cuidado que alcance a existencialidade humana.

Palavras-chave: Cuidados de enfermagem. Cardiopatias. Lesão por pressão. Pesquisa qualitativa. Hospitalização. Estomaterapia.

RESUMEN

Objetivo: Comprender, a partir del pensamiento fenomenológico de Martin Heidegger, el Ser que sufre una enfermedad coronaria y desarrolla una lesión por presión.

Método: Investigación cualitativa, fenomenológica basada en los fundamentos teórico-filosófico-metodológicos de Martin Heidegger. El discurso de nueve entrevistados fue obtenido de octubre a diciembre de 2015, en Ceará.

Resultados: Seis unidades fueron reveladas: experimentar dificultades; hacer frente al tratamiento; desconocimiento de la enfermedad cardíaca; recibir apoyo; experimentar cambios resultantes de la enfermedad; y mantener la fe en Dios. La vida se aprehendió en una cotidianidad inauténtica, en el chatear, la curiosidad y la ambivalencia. Atrapados por el vigor de haber sido, tienen angustia, sostenidos por la fe en Dios, siendo-con-los-otros, en un movimiento de solicitud.

Conclusión: El fenómeno interfiere en la vida cotidiana de pacientes y familias, haciéndoles vulnerables. Existe la necesidad de que la enfermería reflexione sobre esa experiencia e incorpore cuidados que lleguen hacia la existencia humana.

Palabras clave: Atención de enfermería. Cardiopatías. Úlcera por presión. Investigación cualitativa. Hospitalización. Estomaterapia.

[a] Hospital de Messejana Dr. Carlos Alberto Studart Gomes. Fortaleza, Ceará, Brazil.

[b] Universidade Estadual do Ceará (UECE), Programa de Pós-Graduação em Cuidados Clínicos de Enfermagem e Saúde. Fortaleza, Ceará, Brazil.

[c] Faculdade Uninta Itapipoca. Itapipoca, Ceará, Brazil.

[d] Universidade Estadual Vale do Acaraú (UVA). Sobral, Ceará, Brazil.

[e] Universidade Federal do Ceará (UECE). Fortaleza, Ceará, Brazil.

[f] Universidade Federal do Rio de Janeiro (UFRJ). Rio de Janeiro, Rio de Janeiro, Brazil.

INTRODUCTION

Noncommunicable diseases (ND) are a set of conditions that, in general, are related with multiple causes. Their clinical course changes with time, they can manifest in acute episodes, and their prognosis is uncertain, which can lead to disabilities[1]. Heart disease is an ND with a high number of related morbidities, leading to a high number of hospitalizations and significant loss in quality of life. Nearly 45% of all deaths by ND in the world, more than 17 million, are caused by cardiovascular diseases (CVD). The same is true in Brazil, where 72% of deaths are a result of NDs; in 30% of cases, CVD[2–3].

In this context, CVDs are the main cause of death in Brazil today. In addition, they generate high costs, related with hospitalizations for diagnosis, treatment, complications, and deterioration of the patient's clinical situation[4].

Concerning hospitalization, a person with heart disease is subject to complications inherent to disease and hospitalization. These include skin lesions, such as pressure wounds, which are a complicating factor. This is true regardless of hospitalization time, inability to move, neurological deficit, sensibility loss, advanced age, unbalanced nutrition, use of medication, cognitive functioning, friction, and shearing[5].

These wounds are a serious issue and a source of concern for institutions, workers, the patient, and their family, being of interest to nurses and health services, due to the increase in their incidence and prevalence, especially in certain populations[5]. Thus, heart disease and hospitalization require the nurse to adopt a clinical point of view, regarding damage to skin integrity, which is a source of distress to the patient and their family, as well as a unique situation for the intervention of the nurse.

Considering the clinical practice in a public state hospital, specializing in CDs, we became concerned for the situation of stomal therapy patients, who still needed to treat their wounds at home after discharge. We believe that, in health care services, the multidisciplinary team (especially nurses) have a responsibility in identifying health issues and educating patients for self-care and to minimize complications, considering social, political, and economical demands of the individuals and their families.

In this context, after a hospital discharge, care should be continued, especially when one seeks to prevent or treat pressure lesions. Health teams should have good communication that favors this practice. However, in Brazil, this often does not happen as expected[6]. There are, still, few studies about pressure wounds (PW) in individuals attended in home care.

A study showed that PWs are a source of physical and emotional pain, stress, discomfort, and even rejection from caregivers, due to the smell of the lesions. Concerning the family, there is an increased cost with the purchase of additional materials to care for the lesions, a reduced family income due to the days the individual cannot work, and stress due to the delay in the recovery and the presence of complications, which constantly affects family dynamics[7]. Meanwhile, the health system faces increased costs, days of hospitalization, and hospital infections. These issues called our attention to a phenomenon that requires further investigation: the double existential facticity of simultaneously experiencing heart disease and pressure wound.

Phenomenology stands out as a method to reveal meanings, enabling understanding the experiences of the patient who experiences the dual facticity of having a heart disease and developing a pressure wound.

As a result, we sought to understand the experience of these two simultaneous existential conditions, which led to the following investigation question: How does a person experiences being debilitated as a person with heart disease and pressure wounds (caused during hospitalization)?

Thus, the goal of this study is to understand, with recourse to Martin Heidegger's thought, the Being who experiences a heart disease and develops pressure wounds.

METHOD

This is a qualitative, phenomenological research, based on Martin Heidegger's theoretical-philosophical-methodological precepts[8]. This theoretical framework facilitates the immersion of the investigator in the daily life of the Being to unveil their essence through the expression of discourse about lived experience (PW caused by hospitalization for the treatment of heart disease).

We searched a public hospital specialized in cardiovascular and pulmonary disease for potential participants. The hospital is part of the Single Health System (SUS) health care network, and is located in Fortaleza – Ceará, and the search took place from October to December 2015. At first, to determine the conditions for the field research, we surveyed hospital discharges using the reports from the Stomal Therapy Service of the institution. Having found the names of potential participants, we sought medical records in the Medical Files Service and elaborated a spreadsheet with sociodemographic characterization. Then, in a first approximation, the author called the participants, explaining the study and inviting them to participate. After they accepted participation, a visit was

scheduled to their homes. The study included nine persons from both sexes; with heart disease; who were hospitalized in the aforementioned institution; had been discharged more than six months ago to continue treating their wounds at home. This time frame was considered to be reasonable for an understanding of the facticities experienced in their lives, allowing the participants to discuss them.

Their age was from 18 to 60 years old, they lived in Fortaleza or in the metropolitan region of the city and presented the necessary clinical and emotional conditions to be able to talk with the interviewer, that is; they were conscious, cooperative, oriented, and euthymic. Our selection criteria would have excluded participants with speech disorders or cognitive deficits, but all participants invited could be a part of the corpus of the investigation. Data were collected using phenomenological interviews[9]. The following guiding question was used: From your perspective, how was the experience of being hospitalized due to cardiac disease, having developed a pressure wound and having to care for it at home? The interviews were carried out by the main researcher, recorded by a voice recording device, and immediately transcribed by the same researcher. These interviews lasted for a mean of one hour. It is worth noting that the researcher is a female, MS, stomal therapy RN, with previous experience in phenomenological interviews. No form of relationship had been established with the participants before the research.

To understand the data, the topics were derived from the interviews. The stage of analysis took place in two moments, following Heideggerian analytics: vague and median understanding (or early method moment) and comprehensive hermeneutics (or second method moment). In the first moment, we apprehended what was directly shown, that is, the ontic significance, originating the six units of significance (UM). These units and their fundamental concepts constituted the central thread that led to the second moment, which is when the ontological/meaning is made explicit from the ontic/significance. This second moment is characterized by a passage from Entity into Being. The Entity encompasses different things in different ways. It is all the things we talk in a certain way, as well as what we are. The Being, in turn, is that which is present in the entity[10].

This study followed national and international ethical precepts for research with human beings[11], under record No. 1.187.863 and CAAE: 47355615.4.0000.5039 from August 03, 2015. The participants were identified using the letter D, followed by a number, according with the order of their interview (D1, D2, D3...), and the COREQ Guide was used to write the research report.

RESULTS

The ontic understanding, immediately revealed by the statements of the persons studied, presents itself as the Heideggerian meanings of lived experience. The phenomenological encounter with the "Who" revealed by the participants is contextualized through clues for an understanding of the existential movement of the interviewees. Participants were from 37 to 57 years of age, Christian, five were females, four were married, and only one had no children. In addition to the heart disease, they had other comorbidities, especially diabetes melittus and systemic arterial hypertension.

The discourses analyzed uncovered almost immediately the ability to put oneself on the place of another to be able to understand them. The act of apprehending the possibilities manifested through speech and language led to the emergence of units of meaning. For these Beings-there, heart disease and pressure wounds meant: experiencing difficulties inherent to the hospitalization period, dealing with the treatment of pressure wounds; not knowing the cardiac disease; being supported by family and friends; experiencing changes caused by disease; and maintaining faith in god. The discourse conducted to the vague and median understandings.

The first UM was experiencing difficulties inherent to the hospitalization period. The participants do not know how the wounds appeared and PWs are an obstacle to discharge, becoming a source of anxiety for patient, family, and health worker, as the statement below shows:

> [...] *I thought about it, I had been in the hospital for almost two months. I was covered with wounds* [...] *Crazy to come home* [...] *The doctor said it was a little wound but my daughter-in-law said it was a big one (laughter); and I couldn't see. I asked how is this wound? When will it (the wound) get better here? (At the hospital, expressing anger)* [...] *Until she (the physician) discharged me, but only after she passed me to this other doctor (stomal therapist), the one that removed the flesh (shearing)* (D4).

> [...] *in the hospital they thought my daughter* [how to dress the wound] *very nicely.*[...] *in the hospital my wound was very deep, was very large, you could fit a hand in it, it was deep* [...] *all the time I waited to be discharged, but I wasn't totally fine yet [from the heart disease]* (D5).

> [...] *Honestly, I had never been hospitalized* [...] *Being sick is no good, and there there's only sick people, you don't go for fun* (D6).

[...] *The nurses who dressed my wound* [stomal therapy nurses] *were very nice, patient, and polite.* [...] *The bad part was the exam [tomography].* [...] *I'm afraid of the women who goes to take my blood and of the equipment that injects serum and contrast.* [...] *I don't even like to think about entering that machine, it's the worst exam there is* (D7).

The second UM was dealing with the treatment and caring for the pressure wound. The idea of dealing with represents the struggle against the difficulties and repercussions in the daily life of the interviewees. The lesions were considered to be a "source of punishment", the worst part of all that involved disease, hospitalization, and discharge.

[...] *the thing that handicapped me was the wound.* [...] *No one deserves that, it's punishing.* [...]*Very bad, even after you get home. Getting up, laying down, it's horrible. To take a bath, I had to place a plastic there, because it couldn't get wet. Mother Mary, it's so bad! From everything involving my disease, the worst thing that bothers me to this day is this wound.* [...] *The only thing that keeps reminding me I had this whole problem [heart disease and hospitalization] is the wound. It was like, looked like a burn that was tugged around [scar]; it looks awful.* [...] *I had wounds in my had, in may bums.* [...] *It's because, I mean, it's like a warning, something that warns you all the time you have it [the wound] in your body* (D1).

[...] *after you arrive at the hospital, it was hard because going out, walking* [...] *the wound was large, I couldn't sit. To eat, I couldn't sit, I'd eat standing up, I couldn't get a bus. It was really heard* [...] *it was deep, like a size that could fit an apple, you know?* [...] *it was really hard; I think that [pressure wound] was the worst.* [...] *But the wound was the worst part I suffered during six months* [...] (D2).

[...] *from the period this wound appeared in the hospital until I got better, it was about four months, because after leaving there they spent three more months caring for this wound.* [...] *But it really was a very large wound here in my bottom.* [...] *I couldn't sit the way I'm sitting now* [...] *it was a very bad period with a lot of pain, it was better to lay on my side. When it hurt on one side I would turn to the other, so I wouldn't stay only on one side* (D3).

The third UM found was not knowing the disease and its treatment. This revealed the lack of knowledge about the health-disease process. The participants do not understand the diagnosis and the available forms to treat the heart disease and the PW, and the communication with health workers was not successful, which led participants to fear complications, infection, pain, sexual performance issues, further hospitalization, and the ability to live an autonomous lfe.

[...] *I still ask about my heart disease* [...] *me and my sister, we just went away, no one asked* [...] *But I spent almost one year without taking my heart medicine.* [...] *We get so tiered, there's the pacemaker.* (D2).

[...] *I'm still waiting to know what it is[the heart disease]. They told me it was cholesterol.*[...] *here too [pointing at the PW on the head], I don't know if it was a clot*(D3).

[...] *I ask my daughter to dress the wound because I'm afraid I'd get, God forbid, Holy Mary, an infection.* [...] *I'm afraid I'd have to go back to the hospital* (D5).

[...] *I'd like to ask my doctor, but I'm ashamed after all I've been through, all that appeared in me. I treat my heart [with the physician] because it's not something you get embarrassed about, but down there [regarding sexual activity] the doctor can exaggerate* (D8).

[...] *at the hospital they told me to do the dressing using the ointment X [prescribed], I didn't like it, it gets your clothes all dirty.* [...] *The wound, I clean it using alum, I washed it using what they thought me, like aroeira bark, hydrogen peroxide, everything people tell me, I put there* (D9).

The fourth UM is related with the support and help from family and friends. After being discharged with a PW that needs to be cared at home, the patient has to deal with many challenges. Family and friend support is considered to be paramount.

[...] *When I was discharged, I went to my brother's house due to the bedsore, there I had comfort to care for myself.* [...] *I think my family is the reason I got better.* [...] *Everyone helped me getting the ointments and brought the things to dress the wounds* (D3).

[...] *I have my place, but I spend more time here at my mother's.* [...] *I'm surviving because my mother and father are supporting me and my children* (D8).

[...] *My daughter is very good to me, very careful.* [...] *My husband, he's even dressed my wound. He [the husband] is spending everything and more.* [...] *So, he uses this money [husband's salary], to pay for my things, to pay for wound dressings, ointments, gauze, my medicine.* [...]

My thing was really just the expense [with dressing the wound] *and that was it*(D5).

The fifth UM was experiencing changes caused by the disease. This UM shows the difficulties adapting to the changes inherent to the disease, and, more precisely, to the consequences of PWs, since these changes are drastic and require overcoming barriers to be able to perform daily activities (dressing, walking, sitting, and using collective or private transportation.

[...] *I don't feel like going to the beach anymore after I got this (PW scar). I can't use bathing suits anymore because it looks awful. I can't put a bikini on anymore* (D1).

[...] *The hardest thing we have to deal with (after the disease) is that you're no longer who you were, everything changes* [...] *you can't carry any weight, mop the floor, it changed my life a lot*(D2).

[...] *I can't lay down, I have to turn from one side to the other.* [...] *And also I had to go [to the hospital for a consultation] by care, due to the ulcer, but it was uncomfortable to sit anyway, because of the way the care rocked* [...] *I can't sit right, nor can I go on a motorcycle because I'd have to open my legs, nor in a bus, because of the way it rocks, and I must take three buses to get there, so it's very tiring for me* (D7).

[...] *after my surgery I couldn't work anymore. I want to, but I can't* (D9).

The sixth UM is related with keeping faith in God. Interviewees were thankful to God, expecting grace in their lives in the form of recovery and cure. The thank the stomal therapists and see these workers as important in the process of wound healing. In addition, interviewees were thankful and acknowledged the help from family and friends during the disease.

[...] *My wound is closed, thank God.* [...] *Today, everything is at peace.* [...] *If I'm alive, telling this story, I must thank God.* (D2).

[...] *Thank God I've had these people to help me.* [...] *I thank God a lot for getting rid of my wound* (D4).

[...] *I thought this wound would take more than a year to heal, since I have diabetes. It was really horrible. But I said, I have a lot of faith in God, I'll get better soon* [from the wound] (D5).

[...] *Thank God, they* [stomal therapy nurses] *cared for my wound and I got better* (D7).

DISCUSSION

As a conduit for ontological analysis, daily facts showed by the participants showed an understanding of the Being[10]. In this study, as we analyzed the simultaneous lived experience of heart disease and pressure wound, we attempted to clarify te phenomenon trough an analysis of the constituting moments that are presented by the nurses in the process of caring for these people. Therefore, Heideggerian thought was corroborated as it states that what one seeks in this type of analysis is not something completely unknown, despite the fact it is completely impossible to apprehend in a first approximation[10].

The concept of Being we studied was developed through the essential meanings apprehended, showing that the experienced phenomenon (hospitalization), coupled with a PW and its treatment, led interviewees to understand their lack of knowledge about the disease and their need to receive support from family and friends. This triggered resentment towards the changes imposed by the disease and its consequent financial needs. In this process, many interviewees sought God, and saw faith as a support to help them confront the situation. This, therefore, led to the concept of the Being under investigation, which was the conduit of the analysis of this study.

We followed two steps, the vague and median, for a comprehensive and hermeneutic Heideggerian thought, considering the Presence or the Dasein as a special being. Thus, factuality was arranged as the mode in which the Presences studied were part of the doubled condition (having a heart disease and PW), in the direction of an understanding of the Being, as ways-of-being of the presence. Based on Being and Time[10], we discuss, below, the analytical movement of the hermeneutic of the facticity of the Being under study.

The investigated Presence manifested pain, discomfort, sadness, fear, anger, solitude, and financial difficulties. These manifestations are ways-of-being in the given world, a lived experience that was existentially shared with family and friends, with faith and hope in God as a support.

Thus, thrown in the world, the Being with a heart disease experiences the impropriety of the disease, having no choice when confronted with an unknown phenomenon that, with its existence, deconstructs its essence. This new condition appears, in front of the Presence, as a surprise. This surprise or astonishment is the experience of being overtaken by an interruption of the expected order of life. This surprise brings Presence to the anguish in front of the new lived experience, in this case, the wound[10].

In the meantime, the PW, considered as an adverse event, should be mediated upon by the nurse in their processes of

care within the hospital, to avoid upsets capable of changing the setting and context of home care[12].

The nurse must consider that it is essential to prevent PW and advance Public Policies for patients affected by them, in addition to considering the judgment of the being cared for in their actions of care, giving them the opportunity of participating in their own therapy, thus broadening the concept of helpfulness and authenticity in a comprehensive clinical care, observing the existential repercussions that will certainly affect the quality of life of the person[13].

The co-experience of heart disease and PW is posed to the Presence as a heavy burden, which leads to existential anguish. The resulting scar is a source of disquiet and distress, a signal that remembers one of the trajectory of the disease (marked by hospitalization and by the appearance of the wound), bringing forth memories and sorrow[14–15].

To Heidegger, anguish is the ontological determinant of disposition as an opening of the Presence to the quotidian practice of assuming one's Being, authentically or not. This latter mode is more comfortable or convenient, since it allows them to feel safe as they behave as everyone, and, simultaneously, as no one[8].

Heidegger goes beyond the description of the phenomenon. He refers to the experience as a form of understanding and interpretation, an explanatory clarification of the meaning of being where the dimension of consciousness is expressed in language and is historical-social-cultural[16].

In a world where the "beautiful" is a common ambition, feeling injured in a part of the body is a phenomenon that can imprisons one in the worldly quotidian of the saying-just-to-say about one's own body, proper of the chatting way-of-being, compromising the search for new possibilities of existing.

As a result, the chatter is constituted by discourses from those who have little to no information about their disease and the complications that arise from it. The subject wanders on the discourse of the chatter they hear from others. The routine daily experience presents itself, therefore, as very impersonal/inauthentic, and chatter overcomes the worldly way-of-being of this Presence. Finally, the subject becomes anguished in their being-in-the-world, as they report changes in their daily life, due to the fact that life and leisure activities are compromised by double existential facticity.

Decadent due to the chatter, Presence, thus, assumes new ways of Being, which are not its own, and starts repeating what it listens from other workers (which is assumed to be "true"). Starting with their own consciousness, the lived experience deteriorates into an inauthentic way of Being in daily life, formed from what is heard. Nonetheless, this tendency should not be understood as a negative thing. It must be considered that it has an existential character of being-in-the-world and is constituted in the daily life of *Dasein*[10].

Heideggerian precepts related with the existence of the decadence of the being-in-the-world consider chatter, curiosity, and ambiguity as existential in the Being[10]. Through curiosity, Presence lives its existence with the tendency of searching information related with heart disease and with the treatment of the wound. As a result, a subject treats the wound with everything recommended to them. Therefore, we assume the tendency of looking to one's surrounding areas, continuing, simultaneously and in most cases, solicitous, as an occupation in daily life.

The Heideggerian concept of ambiguity states that, in daily life, interviewees are movements of understanding of the disease through the professionals, the occasional conversations with third parties, and the reading of technical and non-technical materials (media and others). From those, subjects formulate opinions and, often, are subject to ambiguity in their attempts to understand the disease. This understanding leads to a manifestation of the "chatter", everything seems to have already been addressed, discussed, apprehended and understood[17].

The existential is present in the way of being of the interviewees, as people who are-in-the-world, ambiguously: on one hand, they participate in periodical consultations; on the other, they do not even know the name of the disease present, or of the medication they use. They also do not know what caused the pressure wound.

When confronted with pain, Presence starts to be experienced in a fearful way, leading to an inauthentic way of being. One experiences the fear of feeling pain, of developing complications, and of not going back to daily life activities, which characterizes the fear and the inauthenticity of this way of being.

The fear oscillates from terror, characterized by a threat which is known and can come back at any time; horror, which is characterized by fear of the unknown; or dread, which is an intense or exacerbated state of terror. There can also be the manifestation of a new aspect: dread and horror can appear simultaneously[10].

Since the interviewees know the feeling of pain associated with the wound during the shearing and wound dressing exchange, the showed dread in regard to it. Horror, on the other hand, manifested considering the threat represented by a wound that would not close. Finally, terror manifested in the fear of feeling more intense pain, having infections, or developing complications that, eventually, could lead to a new hospitalization.

The understanding expressed above is based on the Temporal Ekstases of human life. Heidegger considers that

the three moments that form the temporal ekstases are an opening for the possibilities of existing of the Presence: the "Vigor of Having Been", the "Instant", and the "Future". Therefore, Presence decays in the world and becomes tied to the past. The wound is understood as "the worst" that could happen. The subject is locked into the chronological time demanded to treat the wound, and this time is quantified as a measure of the suffering experienced. Even after the wound is healed, many subjects continued tied to the perception that they were once healthy, which shows that they were not resigned to this situation[10].

Therefore, the Presence that experiences the double facticity of a heart disease and a pressure wound oscillates between movements that characterize an authentic and an inauthentic form of living that are connected to one's care for one's own (from the Being/the man).

It should be noted that phenomenological investigations have limitations, among which, the fact that it does not exhaust the possibilities of the phenomenon being investigated, and it is always possible to open a new path. Nonetheless, it is relevant to develop research about the phenomenon of pressure wounds in settings of chronic disease, since these settings are spaces of nursing care. Furthermore, it is necessary to foment discussions that can originate public policies directed at preventing pressure wounds and their complications.

CONCLUSION

The understanding generated by this investigation enabled reaffirming the ways of being assumed in the daily life of people with heart disease who experienced pressure wounds at home, a situation that made them existentially vulnerable. The double facticity of the phenomenon studied led the subjects to experience ways of being that should be the focus of the care of the nurse and of the health team in their process of caring. This focus should be considered from the moment of hospitalization into the potential need for home care.

The healing of a wound is extremely important; however, searching for ways to care that involve the existential movement of the Being in the double facticity of having a heart disease and a pressure wound also is. Therefore, it is necessary to recognize the needs and demands of individuals, letting them have voice in the elaboration of the care plan Furthermore, the unveiling of manifestations experienced can be useful during the planning and implementation of nursing care, favoring the participation of the subject in their own care, as well as their authenticity.

Finally, the relevance of this study is anchored in its contributions for the science of nursing, since the theoretical-methodological-philosophical framework by Martin Heidegger, used here, favors a perception of intersubjectivity according with the optics of comprehensive clinical care. Thus, we expect to contribute for the reading of other facets in future research aimed at preventing pressure wounds and promoting health while respecting existential dimension of subjects who receive care.

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Authorship contribution:

Project administration: Aurilene Lima da Silva.
Formal analysis: Aurilene Lima da Silva, Lúcia de Fátima da Silva, Keila Maria de Azevedo Ponte, Michell Ângelo Marques Araújo, Ana Ruth Macêdo Monteiro, Ivis Emília de Oliveira Souza.
Concept: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Data selection: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Writing – original draft: Aurilene Lima da Silva, Maria Sinara Farias, Thais Vaz Jorge.
Writing – revision and editing: Aurilene Lima da Silva, Maria Sinara Farias, Thais Vaz Jorge.
Investigation: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Methodology: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Resources: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Supervision: Lúcia de Fátima da Silva.
Validation: Aurilene Lima da Silva, Lúcia de Fátima da Silva.
Visualization: Aurilene Lima da Silva, Maria Sinara Farias, Thais Vaz Jorge.

The authors declare there are no conflicts of interest.

Corresponding author:

Aurilene Lima da Silva
E-mail: aurilenelimas@hotmail.com

Associate editor:
Helena Becker Issi

Editor-in-chief:
Maria da Graça Oliveira Crossetti

Received: 07.15.2022
Approved: 11.18.2022