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Self-Care Agency for Patients with Varicose Ulcers Attending an IPS in the Department of Huila, Colombia, in 2025

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ABSTRACT

Chronic venous insufficiency and varicose ulcers represent a significant public health problem, with clinical, social, and economic consequences that impact patients' quality of life and place a heavy burden on the healthcare system. Despite international evidence highlighting the importance of self-care in the prognosis of these conditions, gaps persist in Colombia regarding how patients adopt such practices, particularly in regions like Huila. This study aimed to determine the self-care agency of patients with varicose ulcers in this department during 2025, using a quantitative, descriptive, and cross-sectional design based on Dorothea Orem's Self-Care Deficit Theory. The sample consisted of 81 conveniently selected patients, who completed a sociodemographic and clinical profile, as well as the Self-Care Agency Assessment Scale.

Results showed that 76.5% of participants achieved a high level of self-care agency, reflecting the effectiveness of the educational and support system provided by the healthcare institution. However, a specific deficit was identified in the Activity and Rest dimension, as 60.5% of patients reported difficulties managing time for self-care, particularly influenced by the predominant domestic role. In conclusion, although overall self-care agency is high, it is essential for future interventions to focus on strategies for routine planning and strengthening family and social support in order to achieve sustained adherence and improve therapeutic outcomes.

Keywords

Self-Care, Ulcer, Varicose Ulcer.

Introduction

Chronic venous insufficiency (CVI) is a condition involving a series of pathological alterations, such as leg swelling, skin changes, and discomfort, which develop as a result of venous hypertension. This disease is common worldwide and is associated with disability, negatively impacting patients' quality of life and their ability to perform at work. In most cases, its origin is related to the malfunctioning of venous valves. Without proper intervention, the disease tends to progress and can cause serious complications such as post-phlebitic syndrome and the formation of venous ulcers [1].

Chronic venous ulcers (or varicose ulcers) are wounds of circulatory origin that mainly affect the skin of the lower extremities and

constitute a global health problem due to their high prevalence in adults, especially in older people, as well as the negative impact they have on the quality of life of those who suffer from them [2].

These lesions tend to become chronic due to various factors, including delayed diagnosis, self-medication, barriers to access to specialized treatment, and, especially, lack of adherence to compression therapy and self-care. Such difficulties not only complicate the clinical evolution of the lesions, but also significantly limit the chances of adequate functional and social recovery for the patient [3]. In this context, scientific evidence has shown that adherence to self-care practices, a central variable in this study, is a crucial component in improving clinical outcomes, reducing recurrences, and promoting quality of life in patients with varicose ulcers [4].

In the context of varicose ulcers, self-care is defined as the patient's ability to take an active role in managing and monitoring their condition, incorporating practices that promote healing, prevent complications, and improve quality of life. This process includes measures such as proper wound hygiene and protection, adherence to compression therapy, control of risk factors such as weight and blood pressure, a balanced diet, and physical activity. In addition, actions such as elevating the legs, changing position, and using moisturizing creams, among other recommended habits, are required [4].

Self-care in patients with varicose ulcers is essential to promote the healing process and prevent recurrence, as these lesions are often chronic, painful, and slow to heal. Self-care involves the patient's active participation in their own recovery process, which includes understanding their condition, adhering to compression therapy, following medical advice, and adopting a healthy lifestyle. The education provided by nursing staff is key to helping patients recognize warning signs, practice preventive measures such as leg elevation, weight control, and physical activity, and strengthen their autonomy and self-management. Thus, promoting self-care not only contributes to improving clinical outcomes and quality of life, but also strengthens the patient's independence and empowerment in the face of their illness [5].

The associated complications are serious: skin infections (cellulitis), osteomyelitis, and poor healing; in chronic cases, there is even a risk of transformation to squamous cell carcinoma of the skin. In addition, venous ulcers significantly reduce patient autonomy, cause pain, and limit mobility, which increases functional disability [6,7].

From an economic standpoint, venous ulcers place a considerable burden on healthcare systems. It is estimated that chronic wounds consume between 1% and 4% of total healthcare spending in developed countries [8].

Overall, venous ulcers account for about 70% of all chronic lower limb ulcers and are associated with prolonged hospital stays, multiple treatments, and specialized therapies. This global scenario indicates that the care of these injuries has high direct costs (dressings, medications, clinical intervention) and significant indirect costs (loss of productivity, home care) [9].

Chronic venous insufficiency and venous ulcers represent a public health problem with a significant impact on patients' quality of life, functionality, and the sustainability of healthcare systems. These conditions not only cause severe clinical complications and physical disabilities, but also emotional, social, and economic disturbances that affect both the patient and their family [1]. Although international evidence has recognized the importance of self-care as an essential strategy for improving clinical outcomes and reducing recurrences, there are few studies at the national level that delve into how patients with venous ulcers develop these practices and how such actions impact their overall well-being.

Methodology

Type of study: This research was conducted using a quantitative, descriptive, and cross-sectional approach, with the aim of determining the level of self-care agency in patients with varicose ulcers in the department of Huila during the year 2025.

Population

The population consisted of patients diagnosed with varicose ulcers treated in public and private health service providers (IPS) in the department of Huila.

Sample

Eighty-one patients diagnosed with varicose ulcers treated in public and private health service providers (IPS) in the department of Huila were selected.

The sampling type was non-probabilistic convenience sampling, given that those patients who met the established criteria and were available and willing to participate at the time of data collection were selected. This type of sampling was justified by the limitations of access to comprehensive population records and by the exploratory nature of the study.

Inclusion criteria

Patients who met the following criteria were included in the study.

- Have a confirmed medical diagnosis of chronic venous ulcer, recorded in their medical history.
- Be 18 years of age or older.
- Have had the lesion for at least 4 weeks.
- Receiving active treatment (dressings, medical or nursing follow-up) at an IPS in the department of Huila.
- Having the cognitive ability to understand and respond to the data collection instrument.
- Agreeing to participate voluntarily in the study and signing the informed consent form.

Exclusion criteria

Patients with any of the following conditions were excluded.

- Ulcers of non-venous etiology (arterial, diabetic, mixed, pressure, or other causes).

- Patients hospitalized in critical condition or with severely restricted mobility that prevented their active participation in the interview.
- Clinical diagnosis or history of cognitive impairment, severe mental disorders, or neurological conditions that hinder understanding of the questionnaire.
- People who are homeless or without stable residence, who cannot be contacted later for clarification or follow-up.

A univariate descriptive analysis was performed on sociodemographic variables (age, sex, educational level, occupation, health insurance status, place of residence) and clinical variables (duration of ulcer). Qualitative variables were presented in tables of absolute and relative frequencies (percentages). For the variables of age and duration of ulcer evolution, measures of central tendency (mean, median) and dispersion (minimum, maximum, and standard deviation) were calculated.

The data obtained using the self-care agency scale were grouped by items corresponding to the activity/rest domain. The total score for each participant within this domain was calculated and classified according to the interpretation scale (low, medium, or high). The results were organized in a frequency table showing the number and percentage of participants at each level.

Similarly, items corresponding to the domain of personal development/social interaction were grouped together, and the cumulative score for each participant was calculated. Each case was then classified according to the established ranges to determine the level of agency (low, medium, or high). The results were presented in a frequency distribution table.

To ensure the internal validity of the study and minimize potential biases, various strategies were implemented during the data collection and analysis stages.

Results and Discussions

A total of 81 individuals who met the inclusion criteria established in the study participated. The information obtained allowed us to describe the main sociodemographic and clinical characteristics of the patients, as well as to estimate their level of self-care agency in the domains of activity/rest and personal development/social interaction. The main findings obtained from the descriptive analysis of the collected data are presented below.

Ages ranged from 30 to 88 years, with a mean of 64.7 years and a median of 65 years. Most participants belonged to the older adult group, with 67.9% of cases classified in the old age life cycle (60 years and older), while 32.1% corresponded to adults between 27 and 59 years of age. No participants were registered in the youth group (Table 2). This shows that the highest prevalence of varicose ulcers occurs in the older adult population.

In terms of gender, female participation predominated, representing 72.8% of the sample, while 27.2% corresponded to male patients. Regarding educational level, 65.4% of participants reported having completed only primary school, 17.3% secondary school, 12.4% had no schooling, and only 4.9% had attained higher education (Table 1).

Table 1: Sociodemographic characteristics.

AGE		
Fashion	70	
Average	64.70	
Median	65	
Minimum age	30	
Maximum age	88	
Standard deviation	12.13511892	
Rangos por ciclo de vida	**(N)**	**(%)**
Youth (14 - 26 años)	0	0.00 %
Adulthood (27 - 59 years)	26	32.10 %
Old age (60 years and more)	55	67.90 %
TOTAL	81	100.00 %
GENDER	**(N)**	**(%)**
Female	59	72.84 %
Male	22	27.16 %
TOTAL	81	100.00 %
NIVEL EDUCATIVO	**(N)**	**(%)**
Elementary	53	65.43 %
Middle school	14	17.28 %
None	10	12.35 %
High school	4	4.94 %
TOTAL	81	100.00 %
OCCUPATION	**(N)**	**(%)**
Various trades	6	7.41 %
Farmer	2	2.47 %
Merchant	7	8.64 %
Unemployed	1	1.23 %
Home	45	55.56 %
Nursing home	1	1.23 %
Self-employed	9	11.11 %
Farm work	2	2.47 %
None	4	4.94 %
Retired	2	2.47 %
General services	2	2.47 %
TOTAL	81	100.00 %
HEALTH INSURANCE REGIME	**(N)**	**(%)**
Contributory	18	22.22 %
Subsidized	63	77.78 %
TOTAL	81	100.00 %
PLACE OF RESIDENCE	**(N)**	**(%)**
Rural	11	13.58 %
Urban	70	86.42 %
TOTAL	81	100.00 %

Source: authors, 2025.

The most common occupation was related to housework (55.6%), followed by self-employment (11.1%) and commerce (8.6%), with a low proportion of farmers, pensioners, and people engaged in various trades. Seventy-seven point eight percent of patients were enrolled in the subsidized health care system, while only 22.2% belonged to the contributory system, reflecting a vulnerable

socioeconomic situation in the majority of the sample. Finally, most of the participants lived in urban areas (86.4%), while 13.6% lived in rural areas (Table 1).

When examining the evolution time of varicose ulcers, it can be observed that the vast majority of patients (86.4%) present an evolution of more than one year, which highlights the chronic and persistent nature of this condition in the studied population. It is important to note that, although 13.6% of cases reported a progression of less than one year, the predominant trend is toward chronicity of the lesions (Table 2).

Table 2: Time of ulcer progression.

TIME ULCER EVOLUTION	(N)	(%)
Less than 1 year	11	13.58 %
1 to 3 months	2	2.47 %
4 to 7 months	7	8.64 %
8 to 11 months	2	2.47 %
More than 1 year	70	86.42 %
1 to 2 years	19	23.46 %
3 to 4 years	22	27.16 %
5 to 6 years	6	7.41 %
7 to 8 years	3	3.70 %
9 to 10 years	4	4.94 %
More than 10 years	16	19.75 %
TOTAL	81	100.00 %

Source: authors, 2025.

Level of self-care agency

According to the results obtained through the Self-Care Agency Assessment Scale (total score of 24 to 120 points), it was observed that no patient obtained a low level of self-care agency (0.0%), while 23.5% (n=19) had a moderate level and the vast majority, 76.5% (n=62), achieved a high level of self-care agency (Table 3).

Table 3: Overall score for self-care agency level.

SELF-CARE AGENCY LEVEL	(N)	(%)
Low: 24 to 56 points	0	0.00 %
Moderate: 57 to 88 points	19	23.46 %
High: 89 to 120 points	62	76.54 %
TOTAL	81	100.00 %

Source: authors, 2025.

Self-care in patients with varicose ulcers with regard to activity, rest, and functioning

When analyzing self-care actions related to activity and rest, it can be observed that the behaviors most commonly developed by patients are seeking help with mobility problems and the ability to maintain restful sleep. Specifically, a high percentage of participants indicated that they always or almost always manage to get support if they have difficulty moving around (90.1%), and most also manage to get enough sleep to feel rested (82.7%) (Table 4). These results show that, despite the limitations of the disease, patients are willing to rely on others for support and prioritize rest as part of their self-care.

Self-care in patients with varicose ulcers with regard to personal development and social interaction

When examining self-care actions related to personal development, it is evident that the most established behaviors among patients with varicose ulcers are associated with hygiene, compliance with health priorities, and seeking information for decision-making.

Table 4: Self-care actions in patients with varicose ulcers with regard to activity and rest.

ACTIVITY AND REST								
ITEM	Never		Almost never		Almost always		Always	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
If I have trouble moving around, I manage to get help.	3	3.70 %	5	6.17 %	22	27.16 %	51	62.96 %
I lack the strength I need to keep myself going.	18	22.22 %	19	23.46 %	33	40.74 %	11	13.58 %
I think about exercising and resting a little during the day, but I don't get around to doing it.	11	13.58 %	20	24.69 %	34	41.98 %	16	19.75 %
I can get enough sleep to feel rested.	3	3.70 %	11	13.58 %	21	25.93 %	46	56.79 %
Due to my daily activities, I find it difficult to make time to take care of myself.	25	30.86 %	24	29.63 %	22	27.16 %	10	12.35 %

Source: authors, 2025

Table 5: Self-care actions in patients with varicose ulcers with regard to personal functioning.

PERSONAL OPERATION								
ITEM	Never		Almost never		Almost always		Always	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
As circumstances change, I make adjustments to maintain my health.	4	4.94 %	2	2.47 %	36	44.44 %	39	48.15 %
When situations affect me, I handle them in a way that allows me to stay true to myself.	2	2.47 %	17	20.99 %	33	40.74 %	29	35.80 %
I am able to take steps to ensure that my family and I are not in danger.	1	1.23 %	4	4.94 %	27	33.33 %	49	60.49 %
Despite my limitations, I am able to take care of myself the way I like.	5	6.17 %	4	4.94 %	38	46.91 %	34	41.98 %

Source: authors, 2025

Virtually all respondents reported that they always or almost always make efforts to keep their environment clean (95.1%), prioritize actions necessary to care for their health (98.8%), and maintain personal hygiene habits, such as changing the frequency of bathing to ensure cleanliness (96.3%). Similarly, most examine their own bodies for changes (92.6%) and constantly evaluate whether their daily self-care practices are truly effective (95.1%) (Table 6).

Discussions and Conclusion

The central finding of this research, where 76.5% of patients have a high level of self-care agency, is positioned as a strength in the context of chronicity and vulnerability. The high SAA score (76.5%) can be interpreted as successful adaptation after years of living with the disease. The fact that the majority of the sample has had ulcers for more than a year implies prolonged exposure to care instructions.

Table 6: Self-care actions in patients with varicose ulcers with regard to personal development.

PERSONAL DEVELOPMENT								
ÍTEM	Never		Almost never		Almost always		Always	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
I check whether the ways I usually practice to stay healthy are good.	2	2.47 %	5	6.17 %	35	43.21 %	39	48.15 %
I can do what is necessary to keep the environment where I live clean.	1	1.23 %	3	3.70 %	11	13.58 %	66	81.48 %
First and foremost, I do whatever is necessary to stay healthy.	0	0.00 %	1	1.23 %	25	30.86 %	55	67.90 %
I can look for better ways to take care of my health than the ones I have now.	6	7.41 %	30	37.04 %	34	41.98 %	11	13.58 %
I change how often I bathe to stay clean.	0	0.00 %	3	3.70 %	14	17.28 %	64	79.01 %
When I get information about my health, I ask for explanations about anything I don't understand.	1	1.23 %	2	2.47 %	15	18.52 %	63	77.78 %
I examine my body to see if there are any changes.	1	1.23 %	5	6.17 %	25	30.86 %	50	61.73 %
I have been able to change deeply ingrained habits in order to improve my health.	3	3.70	8	9.88 %	36	44.44 %	34	41.98 %
When I have to take medicine, I have someone who gives me information about the side effects.	9	11.11 %	4	4.94 %	19	23.46 %	49	60.49 %
I am able to evaluate how much what I do to stay healthy helps me.	0	0.00 %	4	4.94 %	30	37.04 %	47	58.02 %
If my health is affected, I can get the necessary information about what to do.	2	2.47 %	7	8.64 %	38	46.91 %	34	41.98 %
I can make time for myself.	3	3.70 %	10	12.35 %	21	25.93 %	47	58.02 %

Source: authors, 2025

From the perspective of Dorothea Orem's Self-Care Deficit Theory [10], the high score in Self-Care Agency (SCA) indicates that the person perceives an ability to carry out their self-care demands. The prolonged evolution of the ulcer has allowed the Therapeutic Self-Care Agency (TSCA, the sum of self-care actions) to become stronger. Patients have become familiar with the wound, therapeutic options, and compression therapy, making self-care a routine and vital practice for their survival.

Although the overall score was high, a detailed analysis of the Universal Self-Care Requirements (USCR) reveals specific areas of deficit, particularly in the dimension of Activity and Rest. A significant finding is the difficulty in managing time for self-care (60.5% "never" or "almost never" find time). This is especially relevant in a population of older adults and homemakers (55.56%), whose domestic occupations or family responsibilities are not recognized as "work" that requires breaks, making it difficult to elevate their legs or rest.

On the other hand, a weakness was identified in the implementation of exercise or rest intentions (38.3% "never" or "almost never" comply). This is a central problem, since compression therapy is only effective if accompanied by physical activity to optimize venous return. The exploratory review by Cifuentes et al. [11]. confirmed that exercise-based interventions (walking and dorsiflexion) showed significant clinical benefits in venous function and ulcer size reduction [11]. The lack of adherence reported by the Huila sample represents a risk that must be addressed. The difficulty in incorporating activity and rest into daily life constitutes a clear self-care deficit in the RAU of Activity and Rest (mobilization, exercise, and rest).

Reviewing the sociodemographic profile of the sample (high predominance of women, low educational attainment, and subsidized healthcare) requires analyzing the results from the Developmental Self-Care Requirement (DSCR) perspective. The results indicate a weakened social support network, specifically from friends (30.8% "never" or "almost never" rely on it). In a context of high chronicity, support from the primary caregiver or family is critical. The narrative review by Guio et al. [12], focused on family caregivers, emphasizes that although nursing interventions address basic care, few actions are aimed at strengthening the emotional and relational sphere of caregivers, whose participation is decisive for treatment adherence [12].

Conclusion

Finally, when establishing the level of self-care in relation to personal development and social interaction, it is concluded that the population has a very strong Personal Development Agency, demonstrated by their ability to adapt and monitor their bodies.

This result confirms that patients have used their agency to promote their personal development in response to the threat of disease. For the sustainability of long-term self-care, the Nursing System must transcend individual education and focus on the family and social environment, external elements that are recognized as vital to ensuring continuity of care and psychological well-being.

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