


NURSING PRACTICE IN THE CONTEXT OF MENTAL HEALTH IN PATIENTS WITH WOUNDS

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ABSTRACT

Objective: To map in the literature how mental health nursing care occurs in patients with wounds. **Methods:** This is a scoping review. The guiding question elaborated was: How does mental health nursing care take place in patients with wounds? The search for studies was carried out in October 2024, in the following databases: Scientific Electronic Library Online, Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Medical Literature Analysis and Retrieval System Online, Web of Science. **Results:** Most of the articles addressed aspects related to mental illness due to injuries/wounds, however, few studies highlighted aspects related to nursing care itself. **Conclusion:** Nurses, as professionals who work in health promotion/maintenance, disease prevention, treatment, cure, and rehabilitation, need to develop care that does not neglect mental health aspects and promotes mental well-being actions, such as self-care for wounds, adequate hygiene, and relaxation techniques. **Contribution to practice:** Nurses need to develop therapeutic plans that contemplate mental health, incorporate the nursing process into care, and publicize successful or unsuccessful cases of mental health care for patients with wounds.

Keywords: Wounds and injuries, Mental health, Nursing.

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INTRODUCTION

The conceptions and practices related to the health-disease process no longer admit a fragmented view, which visualizes only one pathology. There is a need for care activities and welcoming actions with respect, for an individual with feelings and values based on human dignity. From this perspective, with an integrated view, it is possible to perceive that people suffer psychically for several reasons, among them, the presence of a wound/lesion that is difficult to heal or not, which compromises body image ⁽¹⁾.

Wound can be understood as an interruption in the continuity and integrity of a body tissue, to a greater or lesser extent, resulting from trauma or clinical conditions ⁽²⁾. This lesion and its aspects (odor, extension, location of the lesion) generate mental suffering in people.

Therefore, mental health, as opposed to suffering and/or disease, is an essential aspect for the well-being of every human being and wounds can negatively impact the subject's psychic well-being ⁽¹⁾. It is estimated that injuries caused by wounds impact not only the physical functioning, but also the biopsychosocial well-being of the subjects.

People who have wounds have changes in their daily lives and limitations in carrying out daily activities. In addition, there is the presence of negative feelings that distort self-esteem and self-image, lack of confidence, discomfort due to foul odors, psychic exhaustion, feelings of rejection, self-deprecation, refusal to perform leisure and entertainment activities, directly impacting social life and living with other people, causing damage to mental health ⁽³⁾.

In this sense, qualified and holistic nursing care contributes to humanized care practices, enabling assertive conducts, in which harm to the patient can be avoided through the continuity of care with trained nurses who implement care based on a care process that follows current scientific protocols and conducts that encompass biopsychosocial aspects ⁽⁴⁾.

In view of this, the present study aims to map in the literature how mental health nursing care occurs in patients with wounds.

METHODS

It is a scoping review, being a method that aims to map scientific evidence in the literature in order to clarify issues that need understanding and greater detail, ascertaining the size, impact and nature of the study, summarizing and publishing the data, and thus

publicizing gaps in existing research. The study was carried out according to the established indications of the Joanna Briggs Institute (JBI) ⁽⁵⁾.

The elaboration of the research question followed the structure of the PCC strategy, where Population (P): people with wounds; Concept (C): nursing care; and Context (C): mental health. Therefore, the guiding question elaborated was: *How does mental health nursing care take place in patients with wounds?*

The descriptors "Wounds and Injuries", "Mental Health", "Nursing", indexed in the *Health Sciences Descriptors (DeCS)* and in the *Medical Subject Headings (MeSH)* were used as search strategies, and were combined with the *Boolean operator AND* (Chart 1).

Chart 1 - Search strategy

Database	Search strategy
SciELO	Wounds and injuries AND Mental Health AND nursing
MEDLINE/PUB MED	Wounds and injuries AND Mental Health AND nursing
Wos	Wounds and injuries AND Mental Health AND nursing
BDEFN	Injuries & Injuries AND Mental Health AND Nursing
LILACS	Injuries & Injuries AND Mental Health AND Nursing

Source: Developed by the authors (2024).

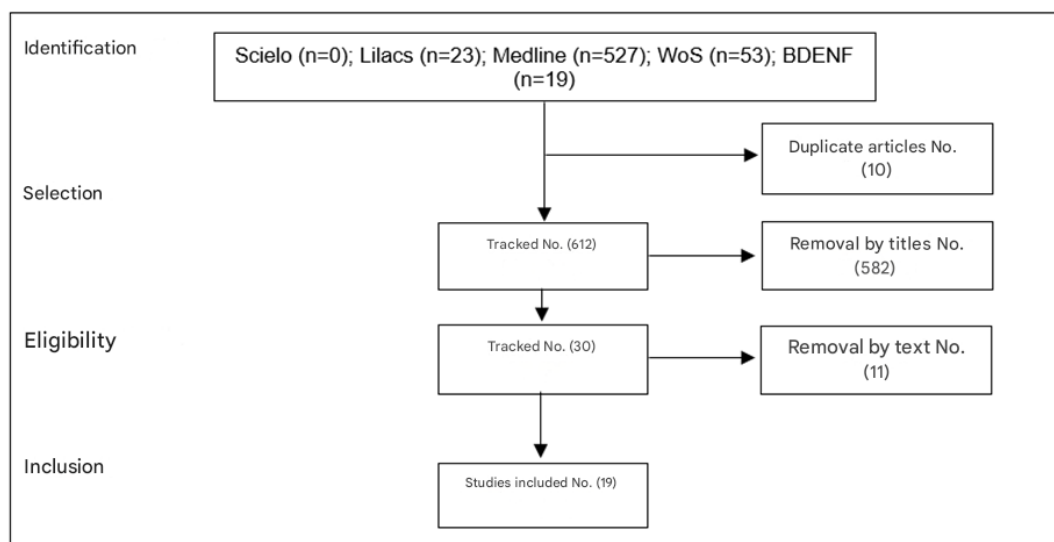
Original studies available in full in Portuguese, English and Spanish, with a limitation of 10 years, were adopted as eligibility criteria. Editorials, letters to the editor, annals of events, books, and reports were excluded.

The search for studies was carried out in October 2024, in the following databases: *Scientific Electronic Library Online (SciELO)*, *Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS)*, *Medical Literature Analysis and Retrieval System Online (MEDLINE)*, *Web of Science (WoS)*. All databases were accessed through the Federated Academic Community (CAFe), belonging to the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES). The criteria determined to select this database involved: availability of articles on the internet; presence of search engines with support for keywords and the "and" operator; Updated database and reliable source of information.

The selection of studies was made in four phases, in which the first phase was the elaboration of the search strategy, formed by the combination of the given descriptors in the related databases. In the second, the filters were applied and the studies were initially stored in the *Rayyan*[®] software, for verification and exclusion of duplicates, selection and screening of the studies. The selection was structured according to the recommendations of the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for*

Scoping Reviews (PRISMA-ScR), illustrated in Figure 01, in the flowchart of the study selection process.

Figure 01 - Flowchart of the study selection process.



Source: Developed by the authors, 2024.

The third phase of study selection was carried out by two reviewers, in a double-blind format with general alignment, who read the abstract, results, and conclusion of each study to identify the importance for the research. In the fourth phase, the pre-selected studies were read in full, detecting accuracy and relevance to the research. This made it possible to extract relevant data for analysis.

The data extraction, carried out after the full reading of the articles and the application of the inclusion and exclusion criteria, was done by a reviewer, who also filled in the database, constituted in the form of a table, in the *Excel software*, version 2016, of the Microsoft *Office suite*. The information extracted was: title, objective, type of study, results and conclusion.

RESULTS

Of the selected studies, most were in English (17 articles) and were published in 2017 (four articles), with a methodological design used in different ways, including epidemiological, cross-sectional, longitudinal, and qualitative studies.

Most of the articles included in the study address aspects related to mental illness due to injuries/wounds, however, only two studies highlighted aspects related to nursing care itself (Chart 2).

Table 2 - Organization of the works selected for the review

Authors	Year	Type of study	Main results
Inder KJ, Holliday EG, Handley TE, Fragar LJ, Lower T, Booth A, Lewin TJ, Kelly BJ ⁽⁷⁾ .	2017	Epidemiological study	Campaigns to reduce the impact of mental illness should consider unintentional injuries as a contributor, while injury prevention initiatives can benefit from treating mental health problems.
LaVela SL, Heinemann AW, Etingen B, Miskovic A, Locatelli SM, Chen D ⁽⁸⁾ .	2017	Cross-sectional study	Higher physical and mental health status and quadriplegia were each independently associated with greater perceptions of holistic care and empathy in the therapeutic patient-provider relationship. Limited empathy, communication, and holistic care can arise when providers focus on illness/disease management rather than patients as individuals.
Yan R, Strandlund K, Ci H, Huang Y, Zhang Y, Zhang Y. ⁽⁹⁾ .	2021	Cross-sectional study	The prevalence of anxiety and depression among hospitalized patients with a chronic wound is high. Support from loved ones, including a spouse, and a positive coping style are essential protective factors for mental health and well-being.
Froutan R, Saberi A, Ahmadabadi A, Mazlom SR ⁽¹⁰⁾ .	2022	Randomized controlled trial	The recreational therapy program is recommended to promote the mental health and QoL of patients with pain anxiety and burns.
McLean L, Chen R, Kwiet J, Streimer J, Vandervord J, Kornhaber R ⁽¹¹⁾ .	2017	Case report	The role of multidisciplinary, integrated treatment and trauma-informed care is essential. While level 1 evidence for treatments of post-traumatic stress disorder applies theoretically, adaptations that consider comorbidities and treatment settings are often essential, with more research needed.
Wu X, Hu Y, Li Y, Li S, Li H, Ye X, Hu A ⁽¹²⁾ .	2024	Case Study	Patients with facial burns have low levels of stigma and self-esteem, which requires our efforts. In particular, there is a positive correlation between stigma and self-esteem, and self-esteem is an independent risk factor that affects stigma.
Cleary M, Visentin DC, West S, Andrews S, McLean L, Kornhaber R ⁽¹³⁾ .	2018	Expert opinion	There is a gap in the use of evidence on mental health and the needs of burn survivors, and we need to understand what we know compared to what we do.
Foster K, Mitchell R, Young A, Van C, Curtis K ⁽¹⁴⁾ .	2019	Semi-structured interviews	There is a need to include all family members in discharge planning and to use a family-centered continuum of care approach from the time of the child's injury to post-discharge recovery. To strengthen the well-being of parents and the family, a holistic biopsychosocial approach is recommended, including cognitive-behavioral and other psychological strategies to help reduce the distress of parents and all family members and strengthen their coping capacity.

Wiseman TA, Curtis K, Lam M, Foster K ⁽¹⁵⁾ .	2015	Descriptive longitudinal study	Depression, anxiety, and stress in patients hospitalized after injury are common and should be predicted in patients who have been admitted to intensive care. Screening at 3 months after injury identifies patients at risk for long-term depression, anxiety, and stress symptoms.
Zhu HJ, Wang SJ, Yang H, Li DJ, Chi YF, Li J ⁽¹⁶⁾ .	2019	Cross-sectional study	Nurses should examine relevant items when the patient is hospitalized. Emphasis should be placed on patients who are young, have a college degree and higher education, are single, self-funded, and those engaged in occupations with high facial demands, to minimize patients' negative moods, encourage them to face life, choose the right career, and improve their quality of life.
Santos KCB, Ribeiro GSC, Feitosa AHC, Silva BRS, Cavalcante TB ⁽¹⁷⁾ .	2018	Cross-sectional study	The assessment of the QoL of hospitalized patients with chronic wounds becomes relevant given the needs resulting from the hospitalization regimen and consequent impact on the QoL of patients. It is expected that This study can contribute to the planning and implementation of holistic nursing actions and individualized with a focus on biopsychosocial aspects that contribute to improving the QoL of patients and serve as a subsidy for future research
Pereira RDC, Santos EFD, Queiroz MA, Massahud Junior MR, Carvalho MRFD, Salomé GM ⁽¹⁸⁾ .	2014	Clinical study	Most of the individuals were female, 22 (40%) were between 60 and 65 years old, 27 (49.10%) were between 66 and 70 years old, had 1 to 2 minimum wages and were widowed. A total of 23 (41.82%) elderly patients were identified with venous ulcers at the level of mild or moderate depression, and 26 (47.28%) with severe depression. Regarding the Subjective Well-Being Scale, most of the study participants showed alterations in the following domains: 43 (78.20%), satisfaction with life, and 40 (72.70%). Through this study, we concluded that the individuals who participated in the research have mild to severe depression and decreased quality of life. They feel unhappy, and dissatisfied with life.
Kaba E, Triantafyllou A, Fasoi G, Kelesi M, Stavropoulou A ⁽¹⁹⁾ .	2020	Grounded theory approach.	The care of patients with mental illnesses and skin lesions is affected by multidimensional factors that have a direct impact on the quality of nurses' work and the hospitalization of patients. Specific efforts are needed to overcome the obstacles that hinder the care provided and to improve clinical practice.

Alisic E, Conroy R, Magyar J, Babi FE, O'Donnell ML ⁽²⁰⁾ .	2014	Semi-structured interviews	The strong notion of individual differences in views suggests a need for psychosocial care training for injured children and their families. In addition, additional research on pediatric traumatic stress and psychosocial care will help overcome the current paucity of literature. Finally, a peer support system can accommodate wishes regarding staff care.
Richmond TS, Wiebe DJ, Reilly PM, Rich J, Shults J, Kassam-Adams N ⁽²¹⁾ .	2019	Cohort study	In this cohort study that included 623 urban Black men with serious injuries, adverse childhood exposures, pre-injury physical and mental health conditions, acute post-injury stress responses, and intentional injuries contribute to the severity of post-injury depressive and post-traumatic stress symptoms. The intersection of previous trauma and adversity, prior exposure to challenging handicaps, and poor health prior to injury should not be overlooked in the midst of acute injury treatment when assessing the risk of post-injury mental health symptoms.
Oladele HO, Fajemilehin RB, Oladele AO, Babalola EO ⁽²²⁾ .	2019	Descriptive study	Chronic wounds are associated with poorer quality of life, and simultaneous receipt of wound care from multiple sources was common. These findings also suggest the need to pay more attention to the psychological aspects of patients with chronic wounds.
Yan R, Yu F, Strandlund K, Han J, Lei N, Song Y ⁽²³⁾	2021	Cross-sectional study	The health-related quality of life of hospitalized patients with chronic wounds was poor and sleep status, diagnosis, pain, retirement status, and whether the wound has odor were the main demographic and disease-characteristic factors that affected their health-related quality of life. Perceived social support improved the health-related quality of life of hospitalized patients with chronic wounds by buffering their mental stress.
Foster K, Young A, Mitchell R, Van C, Curtis K ⁽²⁴⁾ .	2017	Longitudinal study	There is a need for the provision of targeted psychological care for parents of seriously injured children in the acute phase of hospital, including psychological first aid and addressing parental blame. Parents and children would benefit from implementing anticipatory guidance frameworks informed by a family-centered social ecological approach to prepare them for the trauma journey and discharge. This approach could inform the delivery of care along the trajectory of recovery from childhood injuries.

<p>Foster K, Mitchell R, Young A, Van C, Curtis K ⁽²⁵⁾.</p>	<p>2019</p>	<p>Semi-structured interviews</p>	<p>Parents identified a number of individual characteristics and resources, and those of their children and families, communities, and hospital setting, that facilitated their well-being during the initial post-injury period. Three themes were derived from the analysis: Harnessing internal forces; have positive and supportive relationships; Be in a safe place with the right help. Resilience-promoting factors for parents of injured children can be used to inform the development of brief online intervention modules to increase parental resilience. Routine screening and psychological first aid directed at parental distress are recommended.</p>
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Source: Developed by the authors (2024).

DISCUSSION

People who live with wounds have poor quality of life, evidencing the need for care and attention that contemplate psychological aspects arising from a multidisciplinary team that enhances a good prognosis. However, studies are needed to explore the forms of care and the variables involved in having a wound and the needs of these patients ⁽¹⁸⁾.

Several factors can impact the management and care of patients who have an injury: previous adversities, deficient support in the support network (family, friends, neighbors, for example), racial disparities, age, education level, occupation, marital status and source of income, impacting the results of cure, management and appearance of a new lesion ^(16,17,22).

In addition to these factors, in a longitudinal survey of 12-month injuries, it also detected male gender, unemployment or inability to work, involvement in a serious incident, alcohol abuse, and having experienced a recent episode of depression. Longitudinal studies have shown that mental illness related to injuries requires awareness and empowerment activities to minimize the impacts of mental illness ⁽¹²⁾.

In this sense, aspects related to quality of life and psychosocial well-being must be taken into account. The prevalence of anxiety and depression in hospitalized patients with wounds is high, causing repercussions on quality of life ⁽²³⁾. An example can be shown in people with burns on the head and face, who presented mental suffering with repercussions on the quality of life, negative feelings and the person's perception of the world ⁽¹⁶⁾.

In a study with 216 patients with difficult-to-heal wounds, it was noticed that 36.6% of the participants had symptoms of anxiety and 37% felt depressive symptoms. Some factors contributed to the development of mental suffering: sleeping less than 5 hours; severe pain;

wound with odor; inefficient coping; deficient social support; men with high monthly income; less schooling and absence of spouses ⁽²¹⁾.

Patients in China who presented facial burns manifested feelings of sadness, low self-esteem and experienced situations of stigma, requiring the development of interventions aimed at increasing self-esteem and positively improving the reduction of stigma in this context ⁽²⁴⁾.

In another setting, in an intensive care unit, it was found that high depression, anxiety, and stress scores at 3 months after injury were predictors for elevated levels of depression, anxiety, and stress at 6 months. There is a need to implement care and screening strategies to identify these subjects susceptible to mental suffering ⁽⁸⁾.

In this sense, a randomized controlled clinical trial with 58 patients, admitted to the burn center of the Imam Reza Hospital in Mashhad, Iran, was able to reduce anxiety, pain and promote better quality of life in burn patients through a recreational therapy program that promoted mental health and quality of life ⁽²³⁾. It is necessary to have professionals who make these patients protagonists of care, self-care and who encourage the participation of other actors involved in this process of illness of the body and mind.

Other variables are important to help people in mental distress, such as empathy, assertive communication, and holistic care, making it essential to understand and make efforts to improve the therapeutic relationship between patients, professionals, and family members ⁽²³⁾. Clinical factors also need a different view, as they directly influence quality of life, and it is necessary to implement innovative strategies in order to reduce the negative impact on quality of life, as these are aspects that can be attenuated or avoided by a humanized and welcoming look, avoiding unhappiness and dissatisfaction with life ^(6,13).

Support from loved ones, including a spouse, and a positive coping style are essential protective factors for mental health and well-being ⁽²¹⁾. There is a need to include all family members in care planning through a continuous approach to care with a focus on understanding the impacts of wounds on the recovery and healing process. In this sense, a biopsychosocial approach is recommended, including cognitive-behavioral interventions, other psychological strategies that can be online or face-to-face, routine screening, and psychological first aid aimed at minimizing psychological distress and strengthening coping capacity ^(15,19).

Therefore, the provision of targeted psychological care for care providers is relevant for the implementation of psychological support, benefiting the implementation of

anticipatory guidance frameworks informed by a social ecological approach to prepare them for the trauma journey and discharge ⁽⁹⁾.

The nurses point out that the main difficulties experienced in the care process for patients with mental injuries and suffering may be: scarcity of supplies, equipment, hospital services and personnel; deficient knowledge; nurses' resistance to change; difficulty in collaborating with patients; patients' physiological and anatomical conditions; and nurses' attitudes and practices as an obstacle to treatment ⁽²⁰⁾.

In addition to nurses, care providers also show that there are several variables for the psychological distress of patients with injuries: integration back into home life; mental and emotional adjustment to the injury; coping with the injury as a family; and elaboration of resources to meet the needs of the family ⁽¹⁵⁾.

In addition, the team considers psychosocial issues important, but focuses on physical care; knowledge of individual conditions, but have divergent views on vulnerability; use of psychosocial strategies for support, based on instinct and experience, but not on training; and opposing individual desires regarding care and self-care, strong evidence of personal differences. because it harms care ⁽⁷⁾.

Some suggestions from nurses to positively impact the management and care of people with injuries are: the need for additional staff, increased availability of hospital supplies and equipment, continuing education, and implementation of good care practices and changes in the approach of patients in relation to collaboration ⁽²⁰⁾.

The performance of a multidisciplinary, integrated team with informed care is essential for success ⁽¹⁰⁾. This is a complex process that needs to take into account personal and professional aspects. With regard to nursing practice, nurses can use care resources as a care protocol for patients with wounds, including interventions, expected goals and nursing results, considering that the standardization of records of care performed and results obtained will allow detailed reassessments, culminating in better quality of care provided to patients ⁽²⁵⁾.

The care of patients with mental distress and skin lesions is impacted by multidimensional factors that affect quality of life ⁽²⁰⁾. In this sense, additional research on injuries and mental illness needs to be developed to overcome the current scarcity of literature, detect gaps, and develop studies that meet the needs of the practice of people with wounds ^(7,14).

CONTRIBUTION TO PRACTICE

The findings of this study may contribute to showing that mental suffering related to injuries/wounds is a reality. Professionals, patients and family members need to develop psychic coping strategies for people with injuries, considering that this health condition impacts the personal and the collective.

With regard to nursing practice, there is a need for a comprehensive and holistic view that focuses on therapeutic plans that contemplate the mental health of these patients, the need to incorporate the nursing process into care and to publicize successful or unsuccessful cases of mental health care for patients with wounds.

In addition, the present study has limitations that serve as a stimulus for further studies: use of few descriptors, search strategy and Boolean operators, databases and time frame. In this sense, it is suggested the use of other descriptors and alternative terms, combinations of new search strategies and expansion of databases

FINAL CONSIDERATIONS

Patients with injuries need a humanized, welcoming and integral look, as being a carrier of a wound directly impacts well-being and quality of life. Studies show that mental distress manifests itself through anxiety, depressive signs and symptoms, low self-esteem, distress, and distress.

Given the singularities of this health condition (foul-smelling, painful, secretive and purulent wounds), it is necessary to develop innovative and welcoming care practices to help these patients. In this sense, health and nursing professionals who provide direct care to these patients need to evidence and publicize their care experiences and successful work process aimed at these patients.

It is worth noting that these patients need a network of psychological support and assistance by multiprofessional teams covering activities such as: dressings, consultations and exams, activities that help promote and maintain mental health. The help of family, friends, social groups and the joint search for strategies are crucial.

Nurses, as professionals who work in health promotion/maintenance practices, disease prevention, treatment, cure, and rehabilitation, need to develop care that does not neglect mental health aspects and promotes mental well-being actions, such as self-care for wounds, adequate hygiene, and relaxation techniques.

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