

**QUALIDADE DE VIDA E CUIDADOS DE ENFERMAGEM DIRECIONADOS A PESSOA COM FERIDA CRÔNICA: REVISÃO INTEGRATIVA****QUALITY OF LIFE AND NURSING CARE FOR PEOPLE WITH CHRONIC WOUNDS: AN INTEGRATIVE REVIEW****CALIDAD DE VIDA Y CUIDADOS DE ENFERMERÍA PARA PACIENTES CON HERIDAS CRÓNICAS: UNA REVISIÓN INTEGRADORA****<sup>1</sup>Francisca Aline Arrais Sampaio Santos****<sup>2</sup>Francisco Alves Lima Junior****<sup>3</sup>Francisco Mayron Moraes Soares****<sup>4</sup>Marcelino Santos Neto****<sup>5</sup>Nagyla Lays Conceição Cruz**

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**Submission:** 10-03-2025**Approval:** 08-04-2025**ABSTRACT**

The assessment of health-related quality of life in individuals with chronic wounds is crucial for understanding how patients perceive their health and well-being. This study conducted an integrative literature review to explore how nursing care contributes to the quality of life of patients with chronic wounds. The study involved identifying the topic, formulating the research question, defining inclusion and exclusion criteria, selecting and categorizing studies, and critically analyzing the results. The search for scientific articles was carried out in the MEDLINE and PubMed databases, using descriptors pertinent to the Brazilian context, such as "Pressure Injury," "Healing," "Nursing Care," "Varicose Ulcer," "Diabetic Foot," and "Wounds," combined with the Boolean operator "AND." Studies published in English, Portuguese, or Spanish in the last five years were included. After applying filters and eligibility criteria, 10 studies were selected, which highlighted that the technical knowledge of nursing professionals and the continuous monitoring of wounds and patients are determinants for improving the quality of life of individuals with chronic wounds. However, the study identified a significant gap in the literature regarding the use of rigorous methods, such as randomized clinical trials, to evaluate the impacts of these interventions. It is concluded that it is imperative to expand the practical application of evidence-based nursing theoretical frameworks in the care of chronic wound patients to ensure more effective and adapted care.

**Keywords:** Quality of Life; Healing; Nursing Care; Wounds.

**RESUMEN**

Evaluar la calidad de vida de las personas con heridas crónicas es crucial para identificar cómo los pacientes perciben su salud y bienestar. Así, el presente estudio realizó una revisión integradora de la literatura para evaluar cómo el cuidado de enfermería contribuye a la calidad de vida de los pacientes con heridas crónicas. El estudio implicó la identificación del tema, la formulación de la pregunta de investigación, la definición de los criterios de inclusión y exclusión, la selección y categorización de los estudios y el análisis crítico de los resultados. La búsqueda de artículos científicos se realizó en las bases de datos MEDLINE y PubMed, utilizando descriptores relevantes para el contexto brasileño, como "Pressure Injury", "Healing", "Nursing Care", "Varicose Ulcer", "Diabetic Foot" y "Wounds", combinados con el operador booleano "AND". Se incluyeron estudios publicados en los últimos cinco años en inglés, portugués o español. Después de aplicar filtros y criterios de elegibilidad, se seleccionaron 10 estudios en los que los resultados mostraron que el conocimiento técnico de los profesionales de enfermería y el seguimiento continuo de heridas y pacientes son determinantes para mejorar la calidad de vida de las personas con heridas crónicas. Sin embargo, el estudio identificó un vacío significativo en la literatura con respecto al uso de metodologías rigurosas, como los ensayos controlados aleatorios, para evaluar los impactos de estas intervenciones. Se concluye que es imperativo ampliar la aplicación práctica de los marcos teóricos de enfermería basados en la evidencia en el cuidado de pacientes con heridas crónicas, con el fin de garantizar una atención más resolutive y adaptada.

**Palabras clave:** Calidad de Vida; Cicatrización; Cuidados de Enfermería; Heridas.

**RESUMO**

A avaliação da qualidade de vida em pessoas com feridas crônicas é crucial para identificar como os pacientes percebem sua saúde e bem-estar. Com isso o presente estudo realizou uma revisão integrativa da literatura para levantar como os cuidados de enfermagem contribuem para a qualidade de vida de pacientes com feridas crônicas. O estudo envolveu a identificação do tema, formulação da questão de pesquisa, definição de critérios de inclusão e exclusão, seleção e categorização dos estudos, e análise crítica dos resultados. A busca de artigos científicos foi conduzida nas bases de dados MEDLINE e PubMed, utilizando descritores pertinentes ao contexto brasileiro, como "Lesão por Pressão", "Cicatrização", "Cuidados de Enfermagem", "Úlcera Varicosa", "Pé Diabético" e "Feridas", combinados com o operador booleano "AND". Foram incluídos estudos publicados nos últimos cinco anos em inglês, português ou espanhol. Após a aplicação de filtros e critérios de elegibilidade, 10 estudos foram selecionados nos quais os resultados evidenciaram que o conhecimento técnico dos profissionais de enfermagem e o monitoramento contínuo das feridas e dos pacientes são determinantes para a melhoria da qualidade de vida de pessoas com feridas crônicas. Todavia, o estudo identificou uma lacuna significativa na literatura quanto à utilização de métodos mais rigorosos, como ensaios clínicos randomizados, para avaliar os impactos dessas intervenções. Conclui-se que é imperativo expandir a aplicação prática de referenciais teóricos da enfermagem, baseados em evidência, na assistência a pacientes com ferida crônica, a fim de assegurar um cuidado mais resolutive e adaptado.

**Palavras-chave:** Qualidade de Vida; Cicatrização; Cuidados de Enfermagem; Feridas.



## INTRODUCTION

The World Health Organization (WHO) defines quality of life (QOL) as an individual's perception of their position in life, considering the cultural context and value systems in which they are inserted, as well as their goals, expectations, standards and concerns. This concept encompasses physical, mental, emotional and spiritual aspects, in addition to including social relationships, such as those established with family and friends, and also factors such as health, education, housing, basic sanitation and other living conditions <sup>(1)</sup>.

In the context of chronic wounds, the chronification process represents a growing concern for professionals and health systems, as it involves prolonged, costly and continuous treatments, which negatively impact different aspects of the life of the person and their family, directly affecting QoL and functional capacity <sup>(2)</sup>. Studies indicate that in 2019, approximately 20 million people worldwide suffered from chronic wounds. In Brazil, data from the Brazilian Society of Angiology and Vascular Surgery (SBACV), based on the Ministry of Health, reveal that, between 2012 and 2021, approximately 245 thousand Brazilians underwent lower limb amputations, half of which were due to complications related to chronic injuries, mainly due to diabetes <sup>(3)</sup>.

Chronic wounds are associated with a clinical problem that negatively impacts the individual's life, initially due to the cause, fear of care and consequent failure in self-care, which

when not performed adequately prolongs the time for wound healing and the cost of treatment. Chronic pain and psycho-emotional challenges make it difficult to perform daily, social and professional activities, in addition to representing a significant barrier to clinical treatment. Additionally, it is observed that patients with chronic wounds face challenges in mobility and access to specialized health services <sup>(4-5)</sup>.

The duration of the healing process and the occurrence of complications, such as infections, as well as their severity, extent, etiology and systemic clinical conditions, are determining factors for the chronicity and complexity of wounds <sup>(6)</sup>. In this context, chronic wounds (CF) are defined as those that present few or no signs of healing, even with appropriate therapies, often resulting from metabolic disorders or conditions associated with aging, becoming a public health problem with significant implications in daily life, demanding comprehensive care <sup>(7)</sup>.

Measuring health-related quality of life (HRQoL) in people with CF is crucial to assess how patients perceive their health and well-being. This practice has gained relevance in clinical practice, auditing, and medical research, providing critical indicators of the performance of health systems and allowing verification of the effectiveness of therapeutic interventions. These results are essential to guide clinical decisions on assessment, treatment, prognosis, and perception of care received, reinforcing the need to incorporate HRQoL assessment into



clinical practice, promoting comprehensive, holistic, and person-centered care <sup>(8)</sup>.

Enterostomal nursing plays a central role in prescribing treatments, guiding care and performing procedures, such as dressings and debridement, as well as in implementing technologies that improve qualitative and quantitative care outcomes, including patients' QoL <sup>(1,9)</sup>. In addition, nurses are essential in promoting treatment adherence, clarifying doubts and maintaining consistent care <sup>(10-11)</sup>.

This study is based on the challenge of promoting comprehensive care planning, given the difficulties of efficient healing, not limited to the condition of the injury, but expanding the understanding of factors that impact adherence to treatment of chronic wounds, promoting patient co-participation and autonomy. The objective of this review is to identify, in the literature, the impacts of nursing care on the quality of life of patients with chronic wounds, better understanding the factors that influence comprehensive health and identifying approaches and therapies that favor healing.

## METHODS

This is an integrative literature review, a method that involves the systematic compilation and synthesis of available scientific knowledge on a specific topic, providing a comprehensive view of the problem under analysis. This study followed the six steps recommended for the preparation of a quality integrative review <sup>(12-13)</sup>: identification of the topic and formulation of the research question; establishment of criteria for

inclusion and exclusion of studies/sampling or literature search; definition of the information to be extracted from the selected studies/categorization of studies; evaluation of the studies included in the integrative review; analysis and interpretation of the results; and, finally, the presentation of the review and synthesis of knowledge <sup>(14)</sup>.

The search for scientific production was carried out in December 2023, using the journals available in the PubMed-MEDLINE databases. The choice of these databases was based on criteria such as online access to articles, the presence of search engines that support Boolean operators, regular updating of content and the reliability of sources.

The descriptors used in the search reflected the diversity of terms used in the Brazilian context. Thus, the following terms were adopted: "Pressure Injury", "Healing", "Nursing Care", "Nursing", "Varicose Ulcer", "Diabetic Foot" and "Wounds". Combinations between the terms were performed in groups of three, using the Boolean operator "AND" to optimize the results.

The Evidence-Based Approach (EBP) guided the formulation of the research question using the PICO<sup>(15)</sup> method (Patient, Intervention and Context). The guiding question of the review was: "What is the impact of nursing care on the quality of life of patients with chronic wounds?". A structured instrument was developed to organize and record data from all selected articles, including information such as title,



authors, database, year of publication, main objective, method, main results and general observations. Each article was numbered sequentially for control.

The inclusion criteria were: articles published in the last five years, in English, Portuguese or Spanish. Incomplete articles, those requiring payment for access, studies still in the planning phase or without available results, and those whose focus was not aligned with the research question were excluded.

The selection of articles occurred in four stages. Initially, the combined descriptors generated a total of 29,878 articles in the databases. In the second stage, filters were applied for full-text availability, languages, and publication date, reducing the number to 2,512 articles, which were organized sequentially in a text document. After eliminating duplicates and analyzing the titles and descriptors, 169 articles went on to the third stage, where a reviewer evaluated abstracts, introductions, and conclusions to determine relevance. In the fourth stage, 61 articles were read in full; 12 studies were included because they fully met the research question; however, two studies were excluded because they were secondary reviews, thus the final inclusion result was 10 studies.

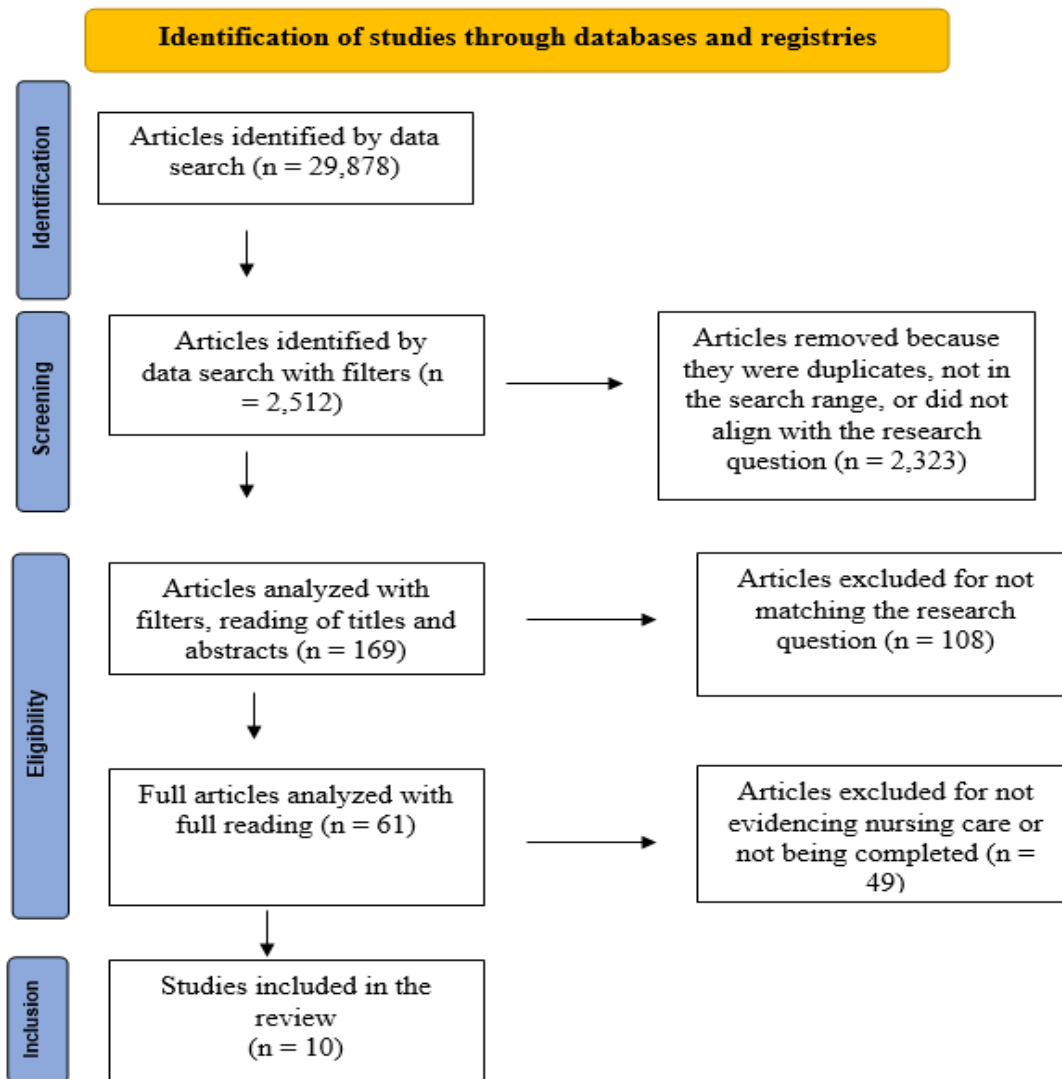
The process of reviewing and adapting the research followed the guidelines of the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), as illustrated in Figure 1. The analysis of the collected data was carried out in two stages: a descriptive one, involving the characterization of the articles included, and another of synthesis, comparison and discussion of the information extracted, with the objective of answering the research question.

For the analysis, a relationship was established between the patients' quality of life, intervention measures and nursing care, allowing a critical understanding of the problem in line with the literature. The data were synthesized based on the coherence of the contents, followed by a critical analysis of the evidence found.

The project of this work, whose identification number DOI 10.17605/OSF.IO/Z4SUA, is registered on the Open Science Framework (OSF) platform, which enables the registration and publication of integrative review projects.



**Figure 1** - Flowchart of identification, selection and document eligibility for Systematic Review, according to the PRISMA guide.



Source: Survey data, 2024.

## RESULTS

Given the need to identify which chronic wounds were addressed by the studies, the Figure 2 presents the description of the studies selected for this review, three of which were national and seven were international. Of these, seven were classified as descriptive studies (<sup>16</sup>,<sup>217</sup>,<sup>518</sup>,<sup>619</sup>,<sup>820</sup>,<sup>921</sup>,<sup>1022</sup>), two as reviews (<sup>423</sup> and <sup>724</sup>) and one as a cohort study (<sup>325</sup>). In the

assessment of the levels of evidence, level VI studies are the most prevalent, with one level II and one IV study. The keywords were not detailed in this table, as they were consistent with the descriptors used in the initial search.

Among the approaches, only two studies mentioned the use of a specific theoretical framework, both adopting Wanda de Aguiar Horta's Basic Human Needs Nursing Theory,

highlighting the relevance of consistent the care of patients with chronic wounds.  
theoretical support to guide nursing practices in

**Figure 2** - Arrangement of types of chronic wounds in studies considering country and level of evidence in a search carried out in 2023.

COUNTRY	CHRONIC WOUND	LEVEL OF EVIDENCE OF THE STUDIES
AUSTRALIA	VENOUS ULCER ; DIABETIC FOOT	IV
BRAZIL	PRESSURE INJURY	V;VI;VI
SOUTH KOREA	PRESSURE INJURY	VI
CROATIA	VENOUS ULCER	II
USA	PRESSURE INJURY	VI
IRAN	PRESSURE INJURY	VI
SINGAPORE	PRESSURE INJURY	VI
SWEDEN	VENOUS ULCER	V

Distribution of chronic wound types from the studies considering country and level of evidence in the 2023 search





Similarly, Table 1 allows us to understand how the studies interact with each other through the different approaches to nursing care applied. This organization allows us to evaluate and verify how nursing care influences clinical outcomes and identify which studies used quality of life (QoL) monitoring as a tool to assess the care provided to patients with chronic wounds (CF). Of the ten studies analyzed, six highlighted the level of knowledge of nursing professionals in the management of CF patients, while three others indicated continuous monitoring of patients and/or wounds as a relevant aspect.

Among the ten studies, two reinforce the importance of adequate documentation of care; three address patient safety; one emphasizes educational interventions; two consider the impact on healing time; one discusses the appropriate staffing levels; and another focuses on the impact of self-care. It is important to emphasize that, even when QOL monitoring was not directly measured in some studies, it was possible to observe significant changes in patients' quality of life, as reported by the studies themselves.



**Table 1** - Categorization of studies regarding the approach to nursing care, monitoring of quality of life and type of wound

Nursing Approach	Study	Type of wound	Monitoring QoL
Assistance documentation	Walker CA, Rahman A, Gipson-Jones TL, Harris CM. Hospitalists' Needs Assessment and Perceived Barriers in Wound Care Management: A Quality Improvement Project. <i>J Wound Ostomy Continence Nurs.</i> 2019 Mar/Apr;46(2):98-105. doi: 10.1097/WON.0000000000000512. PMID: 30844867; PMCID: PMC6407638. Olsson M, Friman A. Quality of life of patients with hard-to-heal leg ulcers: a review of nursing documentation. <i>Br J Community Nurs.</i> 2020;25(Sup12): S12-S18. doi:10.12968/bjcn.2020.25. Sup12. S12. Available from: <a href="https://doi.org/10.12968/bjcn.2020.25. Sup12. S12">https://doi.org/10.12968/bjcn.2020.25. Sup12. S12</a>	Diabetic Foot, Pressure Injury Venous Ulcer	Yes No
Patient Safety	Kim JY, Lee YJ. Korean Association of Wound Ostomy Continence Nurses. Medical device-related pressure ulcer (MDRPU) in acute care hospitals and its perceived importance and prevention performance by clinical nurses. <i>Int Wound J.</i> 2019;16 Suppl 1(Suppl 1):S1-61. doi:10.1111/iwj.13023. Disponível em: <a href="https://doi.org/10.1111/iwj.13023">https://doi.org/10.1111/iwj.13023</a> Tayebi Myaneh Z, Rafiei H, Hosseingolafshani SZ, Rashvand F. Relationship between practice and attitude regarding pressure injury among intensive care nurses in Iran: a descriptive, correlational study. <i>Wound Manag Prev.</i> 2020;66(8):27-34. Rodrigues CBO, Prado TND, Nascimento LCN, Laignier MR, Canicali Primo C, Brinquente MEO. Management tools in nursing care for children with pressure injury. <i>Rev Bras Enferm.</i> 2020;73 Suppl 4:e20180999. doi:10.1590/0034-7167-2018-0999. Disponível em: <a href="https://doi.org/10.1590/0034-7167-2018-0999">https://doi.org/10.1590/0034-7167-2018-0999</a>	Pressure Injury	Yes Yes Yes
Level of Knowledge	Walker CA, Rahman A, Gipson-Jones TL, Harris CM. Hospitalists' Needs Assessment and Perceived Barriers in Wound Care Management: A Quality Improvement Project. <i>J Wound Ostomy Continence Nurs.</i> 2019 Mar/Apr;46(2):98-105. doi: 10.1097/WON.0000000000000512. PMID: 30844867; PMCID: PMC6407638. Kim JY, Lee YJ. Korean Association of Wound Ostomy Continence Nurses. Medical device-related pressure ulcer (MDRPU) in acute care hospitals and its perceived importance and prevention performance by clinical nurses. <i>Int Wound J.</i> 2019;16 Suppl 1(Suppl 1):S1-61. doi:10.1111/iwj.13023. Disponível em: <a href="https://doi.org/10.1111/iwj.13023">https://doi.org/10.1111/iwj.13023</a> Tayebi Myaneh Z, Rafiei H, Hosseingolafshani SZ, Rashvand F. Relationship between practice and attitude regarding pressure injury among intensive care nurses in Iran: a descriptive, correlational study. <i>Wound Manag Prev.</i> 2020;66(8):27-34. Souza MC, Loureiro MDR, Batiston AP. Organizational culture: prevention, treatment, and risk management of pressure injury. <i>Rev Bras Enferm.</i> 2020;73(3):e20180510. doi: <a href="http://dx.doi.org/10.1590/0034-7167-2018-0510">http://dx.doi.org/10.1590/0034-7167-2018-0510</a> Teo CSM, Claire CA, Lopez V, Shorey S. Pressure injury prevention and management practices among nurses: A realist case study. <i>Int Wound J.</i> 2019;16:153-163. <a href="https://doi.org/10.1111/iwj.13006">https://doi.org/10.1111/iwj.13006</a> Olsson M, Friman A. Quality of life of patients with hard-to-heal leg ulcers: a review of nursing documentation. <i>Br J Community Nurs.</i> 2020;25(Sup12): S12-S18. doi:10.12968/bjcn.2020.25. Sup12. S12. Available from: <a href="https://doi.org/10.12968/bjcn.2020.25. Sup12. S12">https://doi.org/10.12968/bjcn.2020.25. Sup12. S12</a>	Diabetic Foot, Pressure Injury Venous Ulcer	Yes No Yes No Yes Yes
Educational Interventions	Žulec M, Rotar Pavlić D, Žulec A. The Effect of an Educational Intervention on Self-Care in Patients with Venous Leg Ulcers - A Randomized Controlled Trial. <i>Int. J. Environ. Res. Public Health</i> 2022, 19, 4657. <a href="https://doi.org/10.3390/ijerph19084657">https://doi.org/10.3390/ijerph19084657</a>	Venous Ulcer	Yes
Patient and/or wound monitoring	Kim JY, Lee YJ. Korean Association of Wound Ostomy Continence Nurses. Medical device-related pressure ulcer (MDRPU) in acute care hospitals and its perceived importance and prevention performance by clinical nurses. <i>Int Wound J.</i> 2019;16 Suppl 1(Suppl 1):S1-61. doi:10.1111/iwj.13023. Disponível em: <a href="https://doi.org/10.1111/iwj.13023">https://doi.org/10.1111/iwj.13023</a> Rodrigues CBO, Prado TND, Nascimento LCN, Laignier MR, Canicali Primo C, Brinquente MEO. Management tools in nursing care for children with pressure injury. <i>Rev Bras Enferm.</i> 2020;73 Suppl 4:e20180999. doi:10.1590/0034-7167-2018-0999. Disponível em: <a href="https://doi.org/10.1590/0034-7167-2018-0999">https://doi.org/10.1590/0034-7167-2018-0999</a> Olsson M, Friman A. Quality of life of patients with hard-to-heal leg ulcers: a review of nursing documentation. <i>Br J Community Nurs.</i> 2020;25(Sup12): S12-S18. doi:10.12968/bjcn.2020.25. Sup12. S12. Available from: <a href="https://doi.org/10.12968/bjcn.2020.25. Sup12. S12">https://doi.org/10.12968/bjcn.2020.25. Sup12. S12</a>	Pressure Injury Venous Ulcer	Yes Yes No
Management (sizing)	Souza MC, Loureiro MDR, Batiston AP. Organizational culture: prevention, treatment, and risk management of pressure injury. <i>Rev Bras Enferm.</i> 2020;73(3):e20180510. doi: <a href="http://dx.doi.org/10.1590/0034-7167-2018-0510">http://dx.doi.org/10.1590/0034-7167-2018-0510</a>	Pressure Injury	Yes
Healing time	Olsson M, Friman A. Quality of life of patients with hard-to-heal leg ulcers: a review of nursing documentation. <i>Br J Community Nurs.</i> 2020;25(Sup12): S12-S18. doi:10.12968/bjcn.2020.25. Sup12. S12. Available from: <a href="https://doi.org/10.12968/bjcn.2020.25. Sup12. S12">https://doi.org/10.12968/bjcn.2020.25. Sup12. S12</a> Tulleners R, Brain D, Lee X, Cheng Q, Graves N, Pacella RE. Health benefits of an innovative model of care for chronic wounds patients in Queensland. <i>Int Wound J.</i> 2019;16(2):334-42. doi:10.1111/iwj.13033. Disponível em: <a href="https://doi.org/10.1111/iwj.13033">https://doi.org/10.1111/iwj.13033</a>	Diabetic Foot, Pressure Injury Venous Ulcer	No Yes
Self-care	Žulec M, Rotar Pavlić D, Žulec A. The Effect of an Educational Intervention on Self-Care in Patients with Venous Leg Ulcers - A Randomized Controlled Trial. <i>Int. J. Environ. Res. Public Health</i> 2022, 19, 4657. <a href="https://doi.org/10.3390/ijerph19084657">https://doi.org/10.3390/ijerph19084657</a>	Venous Ulcer	Yes

(\*surgical wounds, traumatic wounds, malignant wound, incontinence-associated dermatitis (IAD), among others).

Source: Research data, 2024.

Table 2 lists the impact on quality of life, nursing care activities in each article analyzed, as well as the actions or measures that interfere with QoL. Furthermore, in the first column, the studies are numbered so that they are easier to identify and access. The second column refers to the impact of care on QoL, which indicates the favorable results linked to the care strategies<sup>(16)</sup> that are chosen. Therefore, it is emphasized in one of the studies<sup>(17)</sup> that the patient's response

to the treatment approach should be considered in the assessment of QoL.

Professional specialization was considered an important factor for the resolution of treatment. Thus, specialized and multidisciplinary evaluation is emphasized in three of these studies<sup>(18,22,25)</sup>, and individual and specialized care is also considered impactful, as cited by two other studies<sup>(16,19)</sup>; and, in addition, two of the studies<sup>(19,21)</sup>, the indispensability of a specialized nurse (Stomotic Therapist) and





updated is reinforced. Another study <sup>(24)</sup> highlights the indispensable nature of care records, and three others <sup>(20)</sup> reinforce the relevance of patient education.

To this end, the table presents in the second column suggestions and/or care practices carried out by studies on the management of patients with CF, which prioritize QOL. In these approaches, what was found in common was the recording and monitoring of the wound in three <sup>(16,18,23)</sup> of them, the use of antibiotics <sup>(16,25)</sup> in situations of infection in two of the studies, educational approaches <sup>(16,19,20,24)</sup> were considered by four other studies, three others

brought the evaluation of changes <sup>(16,17,24)</sup> present in CF, skin evaluation <sup>(18,23,25)</sup> and repositioning of the patient <sup>(19,23)</sup>, in two other studies the planning and structuring of a care plan <sup>(16,17)</sup>, consultation of the medical and wound history <sup>(17,22)</sup>, performance of clinical observations <sup>(17,18)</sup> and risk assessment <sup>(18,25)</sup> (Braden Scale) and prevention of PU were considered.

Furthermore, the third column identifies the actions and/or measures that influence QoL, with greater emphasis on the level of knowledge of nurses, indicated by six of the studies <sup>(16,18,19,21,22,24)</sup>.

**Table 2** - Description of the results regarding the impacts of nursing care on the quality of life of patients with chronic wounds.

Study No.	Impact on Quality of Life	Care activities performed/suggested by studies for the management of patients with chronic wounds	Actions/measures that interfere with QoL
116	Identification of barriers to effective treatment and development of strategies to improve diabetic foot care.	-Recorded photos (tracking/reassessment); -Used empirical antibiotics in case of infection; - Educational resources; - Availability of wound treatment products with instructions for use; - Assessment of changes present in FC;	Documentation of care and level of knowledge of nurses
217	The undesirable responses of treatment in CF patients reinforced the low (poor) QoL.	- Used QOL measurement instruments; - Planned and structured a care plan;	Living Conditions Reports (NHBs)
318	Access to specialized and multidisciplinary wound care has led to increased QOL, reduced hospitalizations, and consistent evidence-based practices.	-Determined wound characteristics; -Carried out clinical observations; -Checked medical and wound history; -Pain scale was applied; - Developed a personalized care plan; -Those diagnosed with venous insufficiency were prescribed compression therapy; - Antibiotic therapy was performed and a debriding dressing was applied to patients who showed signs of	Healing time and individualized treatment.

		infection;	
419	It allowed access to a careful and individualized assessment, summarized, defined risks and directed nursing care, optimizing patient care and safety.	<ul style="list-style-type: none"> <li>- Skin assessment;</li> <li>- Risk assessment (Braden Scale) and prevention of LPP;</li> <li>- Humidity control;</li> <li>- Repositioning of the patient;</li> <li>- Use of pressure distributing surface;</li> <li>- Use of protective covering;</li> </ul>	Basic Human Needs (BHNs) as a tool for assessing patient risk factors and safety, patient and/or wound monitoring
520	Meetings with multidisciplinary specialists contributed to reducing the incidence of pressure ulcers.	<ul style="list-style-type: none"> <li>- Evaluation of the skin and the region close to the device;</li> <li>- Repositioning of device when necessary;</li> <li>- In case of patient restraint, skin assessment every 2 hours;</li> <li>- Application of prophylactic dressing;</li> <li>- Training of nurses and caregivers;</li> <li>- UPP registration and monitoring;</li> <li>- Recording and reporting of observed changes;</li> <li>- It was checked at least once whether the catheters, monitoring devices, arterial catheter or needle cap;</li> </ul>	Patient safety, patient monitoring and nurses' knowledge
621	The nurse in charge is more concerned with treatment than with prevention and rehabilitation of the patient.	<ul style="list-style-type: none"> <li>- Assessment of the patient regarding risk factors;</li> <li>- Change of patient position;</li> <li>- Performance of skin examination;</li> <li>- Nutrition assessment;</li> <li>- Use of accessories to prevent injuries;</li> </ul>	Nurses' level of knowledge
722	The documentation had serious deficiencies, since the focus was on the wound and not on the individual, resulting in decreased QoL and longer healing time.	<ul style="list-style-type: none"> <li>- Recording of pain and application of analgesic gel;</li> <li>- Record of diet and specific nutritional needs of the patient with wounds;</li> <li>- Record of mood changes;</li> <li>- Compression therapy performed;</li> <li>- Guidance to the patient regarding the use of special footwear for those with diabetic wounds;</li> </ul>	Nurses' level of knowledge, healing time, documentation of care (medical records)/monitoring of the patient and/or wound.
823	The educational intervention of the study allowed for adequate treatment, effectiveness, improvement in the condition, adequate positioning, hand hygiene, nutrition, warning signs and other aspects that imply improvement beyond the wound.	<ul style="list-style-type: none"> <li>- Formulation of educational material on self-care for the patient;</li> </ul>	Educational interventions and self-care

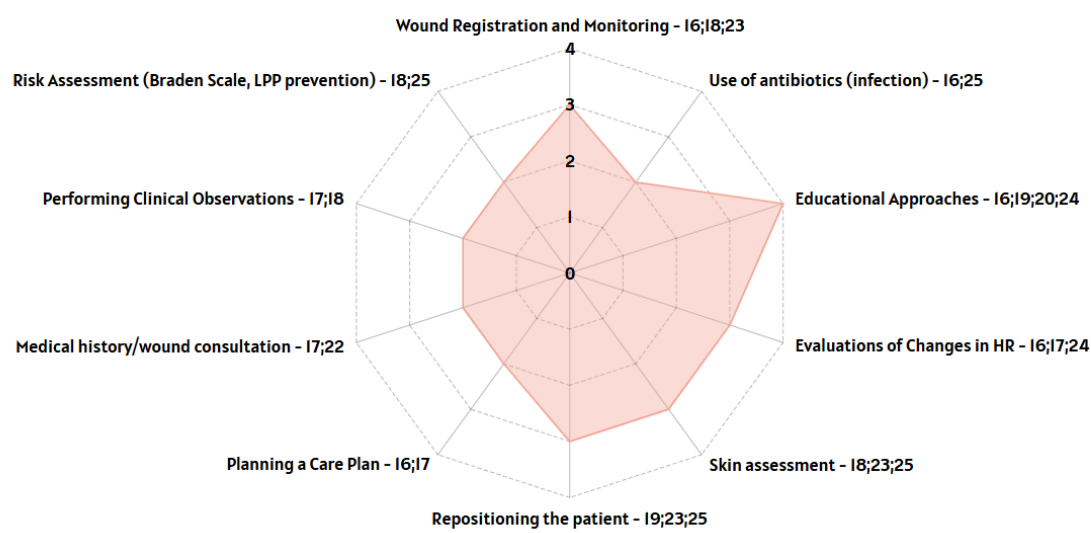


924	It clarifies the importance and impact of CF management on the patient, understanding that the patient directly feels the poor professional instrumentation, the low quality of care and consequently the difficulty in achieving improvement.	<ul style="list-style-type: none"><li>-Evaluation of the patient's clinical condition;</li><li>-Implementation of LP prevention measures;</li><li>- Multidisciplinary assessment;</li></ul>	Management (Sizing), monitoring of the patient and/or wound and level of knowledge of nurses
1025	Holistic care was considered to ensure continuity of care, improving standards, ensuring that PIs were adequately prevented and that any existing PIs were treated efficiently and effectively.	<ul style="list-style-type: none"><li>-Prevention and management of LPP;</li><li>-Multidisciplinary assessment of the patient;</li><li>- Analysis of the patient's history;</li><li>- Provision of holistic care;</li></ul>	Patient safety and level of knowledge

Source: Survey data, 2024.

The graph presented in figure 3 summarizes the common care actions highlighted in the studies, highlighting the actions of wound recording and monitoring, educational approaches, assessments of changes in HR, skin assessment and patient repositioning, with the result of the analysis available in table 2.

**Figure 3** - Frequency of the main care activities indicated by studies for patients with chronic wounds.



Source: Survey data, 2024.

## DISCUSSION

The quality of life (QoL) of individuals with chronic wounds (CF) is profoundly influenced by the comprehensive and resolute approach to nursing care. This approach should encompass not only the physical aspects of the injury, but also the factors that affect the experience of living with a chronic wound <sup>(16)</sup>. Care should be personalized and targeted to individual needs, ensuring that all dimensions of well-being are addressed. Effective treatment requires ongoing assessment tailored to the specificities of the individual, aiming at healing and minimizing complications, with the ultimate goal of improving QoL by reducing pain, discomfort, and the impact of the wound on the patient's daily life.

The results highlight the relevance of planning and structuring a care plan for the management of patients with chronic wounds (CF), considering the physical risks and other stressors that negatively influence the healing process. The development of a well-founded and individualized care plan allows the systematic organization of therapeutic interventions and the monitoring of clinical evolution, providing more effective care focused on the specific needs of each patient.

Risk assessment is highlighted as an essential component of the care plan, and is addressed in several studies analyzed. Instruments such as the Braden Scale were cited as important tools for early identification of these risks and more efficient guidance on

preventive and therapeutic practices <sup>(17-25)</sup>. It is also important to note that the assessment should cover not only physical factors, such as humidity, reduced mobility and friction, but also psycho-emotional and social risks, which can interfere with treatment adherence and the patient's general well-being.

Studies emphasize that a structured care plan based on a comprehensive risk assessment not only improves clinical outcomes but also promotes the safety and quality of care provided. The integration between care planning and risk assessment allows targeted interventions and more effective patient monitoring, contributing to reduced healing time, decreased complications and, consequently, improved quality of life <sup>(18-23)</sup>.

It is observed that, among the studies that investigated interventions aimed at QoL, documentation and continuous monitoring were indicated as fundamental for the success of CF management <sup>(19)</sup>. This practice is reinforced by emphasizing documentation as a tool for effective communication between members of the multidisciplinary team, ensuring continuity of care <sup>(24)</sup>. Furthermore, accurate and systematic documentation allows immediate adjustments in the therapeutic strategy, adapting care according to the evolution of the patient's clinical condition <sup>(18-23)</sup>.

The main results indicate that the application of nursing care based on continuous wound monitoring and the use of educational approaches has a significant impact on patients' QoL. Interventions using educational strategies



for patients and caregivers have shown a significant reduction in healing time and improvement in clinical outcomes <sup>(20-21)</sup>. In addition, the importance of accurate documentation of care and regular monitoring of the wound were highlighted as essential practices to continuously adapt to interventions and promote safe and effective nursing care <sup>(18-23)</sup>.

The comparison between educational approaches is also reported in the studies, highlighting the need for personalized interventions that consider the particularities of each person <sup>(20-21)</sup>. It is necessary to note that education aimed at patients with venous ulcers can significantly reduce healing time <sup>(20)</sup>, while another study demonstrates that self-care, when reinforced by educational strategies, promotes greater adherence to treatment and improved clinical outcomes <sup>(21)</sup>. This evidence is corroborated in another study that argues that education and ongoing training of nurses are equally critical to ensure the correct application of evidence-based interventions <sup>(24)</sup>.

Another important point of convergence between the studies is the assessment of the impact of the level of knowledge of nursing professionals on the QoL of patients. The studies demonstrate that adequate staffing and the development of specific skills are essential for effective care <sup>(17,22)</sup>. Both emphasize that the presence of well-trained nurses improves the effectiveness of interventions, resulting in shorter healing times and better management of complications. This relationship is also

confirmed by international studies, which suggest that continuous training and the use of nursing theories, such as those of Orem and Roy, promote more effective and patient-centered care practices <sup>(26)</sup>.

The importance of prevention and early intervention is also a constant in the studies analyzed. For example, they point out that the implementation of preventive practices, such as the use of pressure-relieving surfaces and regular repositioning of patients <sup>(25,27)</sup>, is crucial to prevent the progression of pressure injuries <sup>(28)</sup>. These practices are in line with the recommendations <sup>(17)</sup> and are supported by studies that suggest that a high level of technical knowledge of nurses <sup>(29)</sup>, combined with evidence-based practice, is a determinant for reducing the incidence of new injuries <sup>(30)</sup>.

On the other hand, studies have highlighted the additional complexity faced by patients with venous ulcers and low QoL due to persistent pain and wound appearance <sup>(18-31)</sup>. However, another study suggests that specialized intervention in pain management and continuous assessment of wound characteristics may be a positive predictor of QoL <sup>(31)</sup>, highlighting the importance of qualified nursing performance in this context <sup>(32)</sup>.

Furthermore, the recognition of other wounds predisposed to chronicity, such as those from surgical complications, diabetic foot, traumatic wounds and incontinence-associated dermatitis (IAD), although less evident in the literature, highlights the need to expand





approaches in future studies, exploring their specific associations with patients' QoL <sup>(33)</sup>.

The results obtained in this search also point to an important gap in the literature regarding the use of more robust methods, such as randomized clinical trials and longitudinal cohort studies, to assess the impacts of nursing interventions on QoL <sup>(34-35)</sup>. Future research should focus on methods that allow more accurate comparisons between different types of interventions, contributing to the formulation of practices based on strong evidence <sup>(36)</sup>.

Furthermore, the importance of using nursing theoretical frameworks as a basis for the foundation of nursing practice is highlighted <sup>(26,37)</sup>. The use of nursing theories, such as those of Orem and Roy, can enrich the understanding of the challenges faced by CF patients, promoting more effective and patient-centered interventions. The adoption of such theoretical frameworks strengthens the scientific basis of nursing practices, ensuring coherent and sustained care, guiding decision-making and patient-centeredness <sup>(38)</sup>.

Therefore, in the Brazilian context, there is an urgent need to expand national scientific production that explores the practical application of nursing theories, adapting them to local sociocultural and political specificities. Reinforced by Resolution No. 567/2018 of the Federal Nursing Council, nursing practice must be contextualized in a specific regulatory framework, ensuring more holistic and culturally relevant care <sup>(11,28,39)</sup>.

This research has some limitations, such as the predominance of short-term studies and the absence of longitudinal investigations that evaluate in more depth the impacts of interventions on QoL. Furthermore, there is a significant gap in national publications that contemplate nursing care considering the Brazilian sociocultural and political context. For future research, it is recommended to conduct studies with more robust methods, such as randomized clinical trials and cohort studies, as well as the use of theoretical references from nursing, to enrich the analysis of clinical practices and their implications in the national context.

## CONCLUSIONS

The approach of nursing interventions in the management of chronic wounds was verified, allowing the synthesis of the systematization of the most effective practices for the promotion of QoL. The analysis of the collected data demonstrated how technical knowledge, systematized documentation and the implementation of educational strategies contribute to the effectiveness of nursing care. In addition, the need to align these practices for more contextualized and problem-solving care was reinforced.

Additionally, the study highlighted the need for clinical practices with a more analytical and integrated approach. This work, therefore, offers a significant contribution to the understanding of how evidence-based nursing



practices can improve the quality of care and health outcomes of patients with chronic wounds.

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