Implications for nursing practice

The effect of stress on wound healing has been demonstrated in many studies and this needs to be taken into account when caring for patients with wounds in clinical practice. Despite the limited evidence for the role of pain in this relationship, both stress and pain should be assessed and managed during the wound care process to prevent patient discomfort, distress and delayed healing.

A thorough person-centred assessment is essential to provide sensitive and effective management of wound pain (Hollinworth, 2005). Nurses need to observe patients’ behaviour (both verbal and non-verbal) as well as implementing standard assessments as this can help to identify signs of pain and stress. Such signs are outlined in Table 1.

Both psychological and physiological measures, as well as patient feedback on their perception of stress and pain, can be used to monitor changes associated with stress and pain. Such routine assessments at the start of, and during, treatments should be carried out, to ascertain patients’ individual needs, such as effective pain relief (White, 2008).

In order to maintain patient comfort and trust in nursing care, patients should be encouraged to participate in their wound care. In an international dressing related pain survey (Price et al, 2008), more than 80% of patients reported that they liked to be actively involved in dressing changes. They felt it was beneficial to receive effective analgesics, and for nurses to be caring and gentle with their wound. In addition to this, many patients noted the importance of communication during wound treatment.

| TABLE 1. BEHAVIOURAL SIGNS OF PAIN AND STRESS (FELDT, 2000) |
|------------------|-----------------------------|-----------------------------|-----------------------------|
|                  | Pain                        | Stress                      |
|                  | Vocal expressions: moans, grunts, cries, sighs, gasps | Increased breathing rate |
|                  | Facial expressions: winces, grimaces, furrowed brow, tightened lips, jaw drop, clenched teeth | Faster eye blink rate |
|                  | Bracing: clutching/holding bedrails, tray or table, or affected area of pain | Accelerated heart rate |
|                  | Restlessness: shifting position, hand movements, unable to keep still | Muscle tension |
|                  | Rubbing: touching, holding, rubbing or massaging affected area | Squirming |
|                  |                             | Sweating palms             |
|                  |                             | Dry mouth, tense voice     |
|                  |                             | Pale skin, cold sweat      |
|                  |                             | Avoidance behaviour        |

In particular, they valued being listened to, consulted with and distracted from wound care procedures.

The correct selection of dressings can also contribute to improving pain, stress and QoL. The World Union of Wound Healing Societies (WUWHS) (2007) identified that soft silicone adhesive dressings are advantageous compared with other dressing types because they produce minimal pain and trauma at dressing changes, provide good adherence to the skin without strong bonding, stick instantly to the skin, and are easy to remove to check the wound and then reapply (WUWHS, 2007). White (2008) also found that such dressings could significantly reduce pain at dressing change.

CONCLUSION

Nursing care is vital to safe pain relief and to optimal wound healing. There is increasing evidence supporting a relationship between stress and the delayed healing of wounds, suggesting that successful stress assessment and management during wound care will prevent delays in healing.

Minimising pain could reduce its effect as a stressor; however, research is needed to demonstrate the role of pain in the relationship between stress and wound healing. Despite this, assessment and management of pain and stress as part of routine wound care could provide the basis for faster wound healing and improved QoL for patients who have acute and chronic wounds.

REFERENCES