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Empathy in wound care: a scoping review protocol

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Abstract

Aim This scoping review aims to map current literature relating to the role of empathy in the provision of wound care and its potential benefits to health professionals and patients. It seeks to provide a comprehensive overview of how empathy may influence the patient/clinician dynamic, patient wellbeing, patient engagement, adherence, pain management and treatment outcomes, including wound healing. Barriers to providing empathetic care will also be considered.

Method Following the Joanna Briggs Institute (JBI) methodology and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines, this review will map existing literature on empathy in wound care. We will search the following electronic databases: MEDLINE, CINAHL, Embase, Scopus & APA PsycINFO, using an agreed search strategy co-designed with a specialist university librarian. Data from included studies will be extracted thematically using a standardised form. Potential themes include the role of empathy on the patient-clinician relationship, the influence of empathy in wound care and the barriers healthcare providers face in delivering empathetic care and how these challenges

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affect both emotional and clinical aspects of patient care. A narrative synthesis will summarise the findings.

Discussion This review will assist healthcare professionals and policymakers better understand the role and potential impact of empathy in wound care. By highlighting the importance of empathetic, person-centred approaches, it may encourage the inclusion of these aspects in guiding the development of wound care strategies and health professionals' education. Furthermore, this review will identify existing research gaps, promoting further studies into how empathy can be effectively integrated into clinical practice to enhance person centred care.

Introduction

Wound care is an important area within healthcare that requires specialised knowledge and skills to effectively manage people with a variety of wound types.¹ Chronic wounds, such as diabetes-related foot ulcers, pressure injuries, and venous leg ulcers, present significant challenges due to their prolonged healing times and complex underlying pathophysiology.² Around 450,000 Australians are currently living with chronic wounds, affecting both their direct and indirect costs, as well as their overall quality of life and well-being.^{3,4} In an Australian context, the financial impact of chronic wounds is estimated to cost the health system approximately A\$3 billion annually.⁵ Managing both acute and chronic wounds imposes a considerable workload and economic strain on tertiary hospitals, primary healthcare settings and community health organisations.³⁻⁵

Empathy is a multifaceted construct that encompasses the ability to understand and respond to the thoughts and feelings of others.⁶ It is an essential component of effective interpersonal interactions and is particularly critical in the context of healthcare.^{7,8} Empathy in healthcare involves recognising and acknowledging the emotional and physical experiences of patients, which can impact clinical outcomes.^{9,10}

The process of wound healing is often slow and can be painful, leading to physical and emotional distress.¹¹ Adopting an empathetic approach to wound care allows healthcare providers to alleviate patient distress and create a supportive environment that encourages active patient participation in their management plans.¹² This supportive environment not only fosters better patient cooperation but can also enhance the effectiveness of pain management and increase overall patient satisfaction through empathic communication.¹³ Additionally, empathy plays a prominent role in helping clinicians gather accurate and comprehensive information from patients,

which is essential for effective wound assessment and treatment.¹⁴ Patients are more likely to share pertinent details about their symptoms, lifestyle, and challenges when they feel understood and supported by their healthcare providers.¹⁵ This comprehensive information gathering can lead to more tailored, effective and shared decision making in treatment plans.

Research indicates that empathic healthcare providers can positively influence clinical outcomes in wound care.¹² Empathy has been associated with improved wound healing rates, likely due to a combination of psychological and physiological factors.¹⁶ Patient outcomes and quality of life are often the primary focus for health professionals in wound care. This scoping review will map existing literature on empathy in wound care in order to gain a deeper understanding of the potential role and importance of this aspect of wound care.

Review question

The following questions will be addressed: What is the role of empathy in wound care? What is the impact of healthcare providers' empathy on healing outcomes and patient satisfaction in wound care? What are the barriers to providing empathic wound care?

The objectives of this scoping review protocol are to present a transparent process, in particular:

- To search databases to identify studies that discuss the role of empathy in wound care.
- To describe the types and characteristics of studies identified and key findings related to empathy in wound care.
- To extract and synthesise the data from included studies to identify overarching themes.

Methods

Following the Joanna Briggs Institute (JBI) methodology, this review will examine the existing literature to map the types of available evidence.^{17,18} This scoping review protocol was developed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines, as recommended by the JBI.¹⁹ The protocol has been registered in Open Science Framework (OSF) (doi:10.17605/OSF.IO/QZ3CH). Any deviations from this protocol will be disclosed and the OSF record will be updated accordingly.

Eligibility criteria

To determine the main subjects under investigation and formulate the eligibility criteria, the PCC (Population, Concept, Context) framework was used:

- **Population** Health professionals, patients (consumers) and their carers will be the populations of interest
- **Concept** The review will explore the role of empathy in wound care, its impact on outcomes including patient satisfaction, wound healing outcomes and quality of life. It will also describe any reported barriers to providing empathetic wound care.
- **Context** Any setting where wound care is delivered, including healthcare settings and patient homes, inclusive of aged care facilities. There will be no geographic restrictions to ensure a comprehensive scope of the review.

Quantitative, qualitative, and mixed-method studies will be included.

Additionally, grey literature (conference abstracts, theses, clinical practice guidelines, editorial and opinion papers) will be considered. Relevant manuscripts that meet the eligibility criteria will also be included.

Literature sources will be limited to English, German, French, and Italian, based on the authors' language proficiency, without requiring geographical or cultural restrictions.

Information sources

We will conduct searches across the following electronic databases: Medical Literature Analysis and Retrieval System Online (MEDLINE via PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCO platform), Embase, Scopus and APA PsycINFO.

Search Strategy

The search strategy will be developed and executed in collaboration with an experienced reference librarian from Monash University[#], with input from the authors. The design of the electronic literature search strategies will adhere to the Peer Review of Electronic Search Strategies (PRESS) 2015 Guideline Statement.²⁰ To ensure a comprehensive search, we will utilise controlled vocabulary (e.g., medical subject headings) along with keywords, including various truncations (see Table 1). Boolean operators and proximity operators, such as wildcards, AND, OR, parentheses, and quotation marks, will be employed for each database. The preliminary search strategy was formulated and piloted on 22 August 2024. Searches will be conducted initially with research design filters, followed by extensive qualitative filters. Table 1 provides a summary of the search strategy applied to the MEDLINE and CINAHL databases.

Data management

All references will be consolidated into a single EndNote library, version X20. Once imported, duplicate titles will be removed. Subsequently, the

references will be exported from the EndNote library to Covidence® (Veritas Health Innovation, Melbourne, Australia), for screening.

Selection process

Two reviewers (TM, SP), both health professionals currently working in the wound care field will independently review titles and abstracts to identify studies that meet the eligibility criteria. Similarly both reviewers will review all potentially eligible full text articles. Any studies excluded will be respectfully listed in a table with clear reasons for their exclusion. In cases of disagreement between the reviewers, a third reviewer (PT) will be consulted to ensure a fair resolution. Finally, we will create a PRISMA flowchart to transparently document the final selection process.

Data extraction

A data extraction form will be developed and piloted. Data from the included studies will be independently extracted and managed by two reviewers using an electronic data collection form developed by SP, TM, and PT. The information to be extracted will encompass study details (e.g., study ID, authors, year, journal), study methods (e.g., study aims, setting, design, outcome measures, data analysis methods), and results (e.g., descriptions of empathy). In cases where data is unclear or incomplete, the authors will be contacted for clarification. Any discrepancies between the reviewers will be resolved through discussion, and if necessary, a third reviewer will be involved to ensure consensus.

Data synthesis

We will utilise a systematic approach to collate and summarise the findings. Initially, relevant data from each included study will be extracted using a standardised data extraction form. This will include key information such as study characteristics (author, year, country, study design), population details (patient demographics, clinical settings), definitions and measures of empathy, and outcomes related to wound care (healing rates, patient satisfaction, quality of life). Once the data are extracted, they will be categorised into thematic areas to facilitate a structured synthesis. These thematic areas may encompass the role of empathy in clinical interactions, the impact of empathy on patient outcomes and barriers to expressing empathy in wound care. A narrative synthesis will then be conducted to summarise the findings within each thematic area. This synthesis will highlight common themes, patterns, and divergences across all the included studies. Special attention will be given to how empathy is conceptualised and measured, as well as the contextual factors influencing its practice in wound care. Where applicable, quantitative data on outcomes related to empathetic care (such as wound healing rates and patient satisfaction scores) will be integrated into the narrative synthesis. Descriptive statistics will be used to

summarise these data, and comparisons will be made to identify trends and gaps. The synthesis will also consider the context in which empathy is practiced, including healthcare settings (hospitals, community care), cultural factors, and healthcare provider roles. This contextual analysis will aid in understanding the applicability and transferability of the findings.

Table 1. Ovid MEDLINE search strategy*

Search	Search Query	Results
1	empathy.mp. or exp Empathy/	30927
2	exp Diabetic Foot/ or exp Wound Healing/ or exp "Wounds and Injuries"/ or exp Pressure Ulcer/ or wound care.mp.	1166077
3	1 AND 2	376

*Note. This search was undertaken on 22 August 2024 and retrieved 376 results.

Discussion

The results of this scoping review will provide healthcare professionals with a comprehensive understanding of the published literature on the role of empathy in wound care. This valuable information will guide future research projects focused on empathy in wound care, and potentially guide future holistic, empathetic treatment. Furthermore, policymakers and peak bodies will also benefit from a greater understanding of the importance of empathy in wound care to guide future workforce, project and funding planning. Finally, education providers will also value the findings of this review to potentially improve the focus on empathic care in wound care within wound educational programs.

Author contribution

All authors have accepted responsibility for the entire content of this manuscript and consented to its submission to the journal and approved the final version of the manuscript. SP, PT and TM conceived the study design and developed the scoping review protocol. TM contributed to the development of the search strategy and inclusion/exclusion criteria, assisted in the review and synthesis of the literature. GB and SB provided critical revisions and feedback on the manuscript.

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Conflict of interest

The authors do not declare any conflict of interest related to this study.

Ethics statement

As this is a protocol for a scoping review, it does not involve primary data collection or direct interaction with human subjects. Therefore, ethical approval was not required. The review will adhere to established guidelines and standards for conducting scoping reviews.

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