



EDITORIAL

Your patients need your patience: A closer look at wound care

Eka Sakti Wahyuningtyas 

Author information

Wound Study Center and Department of Nursing, Universitas Muhammadiyah Magelang, Indonesia

 ekasakti@unimma.ac.id <https://doi.org/10.31603/jhns.v12i2.13864>

Abstract

The field of wound care faces various challenges in current times. Approaches to tackle the challenges require an understanding of biological processes, patient's psychological condition, and communication. Apart from physical care considerations, effective communication in wound care is very crucial to prevent misunderstandings and errors. The process warrant that the care is carried out effectively with minimum clinical complications. As the patient is an essential element in wound care, the use of good communication among healthcare professional becomes paramount. Specifically, tissue viability nurses must exhibit patience toward patients who might encounter difficulties in following the treatment or reject the proposed treatment. The importance of patience cannot be overstated in the context of wound care as it helps to manage stress, communication, and patients' satisfaction. Moreover, patience strengthens the nurse–patient relationship and helps nurses stay well so they can support the nature of wound healing. Patience helps nurses manage challenging behaviors and improve the quality of interactions, both in hospital and community settings. Involving patients and families in goal setting and exploring questions requires time and patience. As a result, it can reduce short-term decision conflict and improve knowledge transfer between patients and healthcare professionals. Integrating clinical knowledge with compassion, effective communication, and determination can significantly support patients during the wound care delivery process. It is important to note that a comprehensive and evidence-based approach will be key to addressing challenges in wound care. The editorial presents a fresher perspective on how the patience in wound care influences the quality of practice. Such publications or studies discussing this concern would be so much helpful as insights or guidelines in wound care delivery.

Keywords: Communication, patience, patients, wound care, wound healing

The increase in chronic wound cases is a major problem such as diabetic foot ulcers, pressure ulcers, and vascular wounds (Maheshwari, 2024). This rise is due to population growth and an increasing prevalence of chronic diseases like diabetes, obesity, and vascular issues (Cotterell et al., 2024). Approximately 15–25% of diabetes patients are at risk of developing diabetic foot ulcers which lead to lower extremity amputations (Yazdanpanah et al., 2018). Demographic factors (e.g. aging population) are susceptible of having pressure ulcers because of immobility and compromised skin regeneration (Sari et al., 2019). In the treatment focus, modern wound care faces various medical and non-medical challenges in hospitals, clinics, or home care settings (Frykberg & Banks, 2015). For instance, the rise in chronic wound cases, antibiotic resistance, high treatment costs, and resource limitations across various regions (Muteeb et al., 2023). Chronic wound care incurs significant costs due to the long-term care that often lasting months or even years (Lee, 2007). This prolonged treatment which coupled with extended hospital stays increases the financial burden on healthcare systems (Díaz-Herrera et al., 2025). Another challenge is infections that caused by biofilms and multidrug-resistant organisms in chronic wounds (Diban et al., 2023). Nevertheless, diagnosing wound infections still heavily relies on clinical signs and advancements in diagnostics remain limited. To deal with this concern, studies developing up-to-date wound infection assessment is urgently needed. Additionally, limited access to quality wound care and education on wound self-care hinders wound healing.

Society appreciates the advancements in technologies (e.g. wound dressings or stem cell therapy) offering solutions. On the other hand, affordability and availability remain challenges in developing countries. Again, there have been advancements in technologies for wound but there are still many challenges in proving the effectiveness and safety. High-quality research and multidisciplinary services for wound care are essential to address the limitations in this topic of interest (Wan et al., 2022). As healthcare professionals, nurses must keep up with the latest research findings in



Figure 1. Illustration of wound care practice (Courtesy of www.unsplash.com).

wounds. However, patients often face confusion due to the complex technologies that manage wound care interventions. Therefore, consistent practice standards and public education are pivotal for better clinical outcomes (**Figure 1**). These challenges require collaboration between healthcare professionals, government, and industry to optimize protocols in wound care therapy, evidence-based research, and holistic preventive approaches (Sasaki et al., 2024).

Beyond the physical aspects of care, patients with wound require emotional and psychological needs (Probst et al., 2025). Given the complex needs of wound patients, effective communication becomes a vital component of care to address the needs (Mohr, 2025). The process ensures that care is carried out effectively and improves the experience of patients and their families. Recent research highlights various aspects of communication between health workers, patients, and families in acute and chronic wound care (Callender et

al., 2021; Costa & Serra, 2025). Communication with patients and their families involves healthcare providers, for example sharing knowledge, managing procedural distress, and listening to patients' concerns (Noorulhuda et al., 2023). The technique and objectives of communication will be effective when healthcare professionals exhibit patience during the communication process. Patience stands as a significant virtue for nurses that contributing positively to their routine care activities (King & Hoppe, 2013). This, in turn, helps patients open up concerns that enabling nurses to assess, diagnose, and plan interventions. Nurses who care for patients with patience can improve their competencies, apply critical thinking and react appropriately to difficult clinical situations. Furthermore, patience helps nurses develop empathy and understanding and improve quality of care.

In wound care, a nurse's patience is fundamental for several reasons. Firstly, wound healing can be a long-term process that requiring sustained effort and patience from both nurses and patients. In this case, nurses must demonstrate patience and empathy as the time of dealing with patients who may be non-adherent to the wound care regimen (Probst et al., 2025). The process can build a trust and enhance compliance through effective communication. When educating patients on wound care, patience is essential for clearly explaining hygiene maintenance, infection prevention, and other critical aspects. Furthermore, wound care demands meticulous attention to detail that necessitating patience for accurate assessment, documentation, and treatment (Berti-Hearn, 2022). Through the development of patience, nurses can maintain high-quality standards, patient-oriented care that facilitates optimal wound healing. Patience combining with empathy is important to bond between clinical nurses and patients along with their families (Haribhai-Thompson et al., 2022). With patience, nurses can help patients evaluate the wound healing and achievement of human basic needs fulfillment. A high level of patience in nurses with a lot of experience is associated with a more positive attitude toward patients and the quality of interactions in wound care interventions. In communication between nurses and individuals receiving care, patience is considered crucial for the precise selection of wound care therapies or dressings. It is vital in wound care because it aids healthcare providers in managing stress, improving dialogue, enhancing satisfaction and wound care outcomes for those being treated. This quality strengthens the therapeutic relationship and underpins the essential well-being of nurses. Indeed, patience forms the very foundation of effective wound care. With combining clinical expertise with empathy, clear communication, and perseverance, healthcare professionals can better support individuals throughout the wound-healing journey (**Figure 2**).

The imperative for patience in wound care faces significant barriers in its practical implementation within healthcare environments. A primary challenge stems from pressures and time constraints that are ubiquitous in modern healthcare (Freedman et al., 2021). Nurses often operate under immense workloads and manage multiple patients with diverse needs. This environment raises a drive for efficiency and rapid task completion that directly clashing with the slow, methodical, and often unpredictable nature of wound healing. Furthermore, meeting quotas and tight schedules leaves little room for the patient as attentive approach wound care needs. This clinical situation can inadvertently lead to rushed assessments, abbreviated patient education, and a diminished capacity for the empathetic listening. Consequently, even well-meaning tissue viability nurses can find their innate capacity for patience by the relentless pace and demands of

their daily responsibilities. Beyond the organizational pressures, individual and psychological factors among healthcare providers can impede patience. Also, burnout and compassion fatigue are prevalent issues within the profession that diminishing an emotional reserve (Li et al., 2024). When providers are physically and mentally exhausted, their ability to remain calm, empathetic, and patient in the face of complex or frustrating wound cases is severely compromised (Ye et al., 2024). Furthermore, insufficient training in communication and emotional intelligence can leave providers unable to manage their own frustrations (Tiwary et al., 2019). They might struggle to effectively de-escalate anxieties in individuals receiving care, which could challenge their patience. The inherent emotional labor involved in wound care—witnessing prolonged suffering, managing chronic pain, and dealing with potentially malodorous wounds—can contribute to emotional fatigue that making it harder to sustain a patient. Another insight is the inherent complexities and slow healing of chronic wounds often test the patience of both patients and providers. Unlike acute wounds, chronic wounds often require weeks or months of consistent care with progress sometimes being imperceptible or experiencing setbacks (Bowers & Franco, 2020). This long duration of care can lead to feelings of frustration, discouragement, or even hopelessness for who are applying interventions (Maslach & Leiter, 2016). Patient adherence issues can strain a provider's patience in wound care, despite legitimate challenges.

Overcoming these barriers necessitates individual commitment, a broader organizational culture shift and a multi-faceted approach. Healthcare institutions must recognize that patience is not merely a personal virtue but a professional necessity that directly impacting quality of hospital or clinical care. Another approach is re-evaluating workload allocations to ensure the realistic assignments such as adequate time for assessments, education, and communication (Wieringa et al., 2020). Implementing flexible scheduling and robust staffing models can lessen the work pressure that reduce patience (Ray & Pana-Cryan, 2021). Furthermore, investing in technology can free up valuable time and increase the direct patient interaction (Ongarora, 2022). Creating a supportive environment makes empathetic engagement a vital part of the healing process (Moudatsou et al., 2020). Leadership holds significant importance here by supporting patience, identifying challenges, and appreciating successful implementation in complicated wound situations (Salcido, 2018).

Outside of systemic reforms, specific training and ongoing professional development are powerful facilitators for sustaining patience (Paulus & Meinken, 2022). Empathy can be developed and strengthened with skills like managing emotions and effective communication, even under pressure (Yang & Wang, 2024). Providing comprehensive training in communication and emotional intelligence equips healthcare providers with the tools to navigate challenging patient interactions and de-escalate anxieties (both their own and the patient's). Workshops focused on stress management techniques, mindfulness, and resilience-building can bolster providers' internal resources (Meesters et al., 2018). These educational initiatives should not be one-off events but rather integrated into continuous professional development programs. Following that, recognizing the inherent drive for healing and the collaborative nature of wound care can facilitate patience implementation. Moreover, framing the wound healing journey can also reduce frustration when wound progress is slow. Educating individuals receiving care about wound healing can manage their expectations and relieve pressure on nurses. Interestingly, appreciating small successfulness in the healing process, no matter how minor, can offer positive reinforcement for both patients and clinical nurses as reflecting persistence. Creating effective interdisciplinary team collaboration promotes a well-rounded approach to care (Schubert et al., 2022). This strategy, in turn, shares the emotional and clinical responsibilities needed to tackle persistent wounds. Indeed, team support and a shared plan boost a provider's patience that resulting in better patient participation and a more positive wound care journey.

Despite its undeniable significance, there's a notable dearth of research and scholarly publications investigating the role of patience within the domain of wound care. This important aspect of healthcare delivery remains unexplored in academic literature. The absence of empirical evidence on how patience, or its lack, impacts wound healing outcomes, patient satisfaction, and provider well-being represents a gap in body of nursing knowledge. This oversight means that opportunities to understand and measure patience as a core competency in wound care are being missed. To solve this,



Figure 2. Illustration of clinical communication in hospital (Courtesy of www.pexels.com).

further studies are needed to deeply explore the patience in forming best practices for wound care. Future research should prioritize qualitative methodologies (e.g. in-depth interviews and ethnographic studies) to capture the lived experiences of both patients and the healthcare providers caring for them. Quantitative studies could also then build upon these insights by developing and validating tools to measure patience in clinical settings. Furthermore, intervention studies are essential to test the effectiveness of specific training programs designed to enhance patience among healthcare professionals. These studies could explore the impact of mindfulness training, communication skill-building, or structured debriefing sessions on chronic wound management. At last, this editorial holds particular relevance of patience for holistic wound care in nursing with description of barriers and facilitators (**Table 1**).

Barriers	Facilitators
Pressures and time constraints	Individual commitment
Immense workloads	A broader organizational culture shift
Individual and psychological factors	Understanding of patience
Burnout and compassion fatigue	Re-evaluating workload allocations
Insufficient training in communication	Flexible scheduling and robust staffing models
Long-term care	Creating a supportive environment
Patient with non-adherence to treatment	Clinical leadership
	Specific training
	Empathy
	Workshops on stress management
	Interdisciplinary team collaboration

Table 1. Barriers and facilitators of patience in wound care.

In the world of wound care, understanding and integrating patience encompasses far beyond merely expediting wound closure. It is fundamentally about supporting the individual through their often prolonged and challenging healing journey. This editorial recognizes that effective wound management is a technical process with combination of the emotional and psychological well-being of the person with the wound. Publications emerging from research on patience in wound care would, therefore, significantly enrich the holistic nursing literature. They would provide compelling evidence of the profound impact of interventions and interpersonal qualities—such as empathy, perseverance, and active listening—in the healing process. Such studies could demonstrate how a nurse's consistent patience can reduce patient anxiety, improve adherence to complex treatment regimens, empower individuals in their self-care, and enhance their overall quality of care even amidst chronic conditions. As close statements, bringing empirical rigor to this traditionally soft skill, these publications would solidify patience as a measurable, teachable, and indispensable element of best practice in wound care. This advocates for a more comprehensive and compassionate approach that nurtures the whole person, not just the wound.

Acknowledgments

The author extends profound appreciation to individuals who have demonstrated exceptional patience throughout their wound care journey, both within hospital settings and across diverse communities. This remarkable resilience in the face of what can be a protracted and often uncomfortable healing process facilitates better clinical outcomes and serves as an invaluable, unspoken lesson in perseverance for healthcare providers. Their quiet strength underscores the critical need for a reciprocal patience from caregivers, reminding us that true holistic care involves enduring the complexities of recovery alongside those we serve.

AI statements

The editorial piece was developed through original thinking and was not generated using any AI text tools for substantial discussion.

Editors' declaration

This work is dedicated to all professionals working in the area of wound care as a contribution to their efforts. Patience is the foundational principle that must always be applied in wound care that serving as a crucial implementation for meeting patients' fundamental psychological needs.

Availability of data and materials

None.

Competing interests

None.

Ethical clearance

Unneeded.

Funding

None.

Publishers and journal's note

This work provides an interesting insight that wound care involves more than just preparing wound dressings; it also requires psychological preparation from tissue viability nurses.

References

- Berti-Hearn, L. (2022). Back to the basics: Wound assessment, management, and documentation. *Home Healthcare Now*, 40(5), 245–251. <https://doi.org/10.1097/NHH.0000000000001109>
- Bowers, S., & Franco, E. (2020). Chronic wounds: Evaluation and management. *American Family Physician*, 101(3), 159–166. <https://pubmed.ncbi.nlm.nih.gov/32003952/>
- Callender, L. F., Johnson, A. L., & Pignataro, R. M. (2021). Patient-centered education in wound management: Improving outcomes and adherence. *Advances in Skin & Wound Care*, 34(8), 403–410. <https://doi.org/10.1097/01.ASW.0000753256.29578.6c>
- Costa, D., & Serra, R. (2025). The role of communication in managing chronic lower limb wounds. *Journal of Multidisciplinary Healthcare*, 18(2025), 3685–3708. <https://doi.org/10.2147/jmdh.s533416>
- Cotterell, A., Griffin, M., Downer, M. A., Parker, J. B., Wan, D., & Longaker, M. T. (2024). Understanding wound healing in obesity. *World Journal of Experimental Medicine*, 14(1), 86898. <https://doi.org/10.5493/wjem.v14.i1.86898>
- Díaz-Herrera, M. Á., González-Durán, M., Rodríguez-Martínez, F. J., Tujillo-Flores, G., Tuset-Mateu, N., Verdú-Soriano, J., Gea-Caballero, V., Sanllorente-Melenchón, A., Almeda-Ortega, J., Cunillera-Puértolas, O., Acedo-Anta, M., & Martínez-Riera, J. R. (2025). The financial burden of chronic wounds in primary care: A real-world data analysis on cost and prevalence. *International Journal of Nursing Studies Advances*, 8, 100313. <https://doi.org/10.1016/j.ijnsa.2025.100313>
- Diban, F., Di Lodovico, S., Di Fermo, P., D'Ercole, S., D'Arcangelo, S., Di Giulio, M., & Cellini, L. (2023). Biofilms in chronic wound infections: Innovative antimicrobial approaches using the in vitro Lubbock chronic wound biofilm model. *International Journal of Molecular Sciences*, 24(2), 1004. <https://doi.org/10.3390/ijms24021004>
- Freedman, S., Golberstein, E., Huang, T. Y., Satin, D. J., & Smith, L. B. (2021). Docs with their eyes on the clock? The effect of time pressures on primary care productivity. *Journal of Health Economics*, 77, 102442. <https://doi.org/10.1016/j.jhealeco.2021.102442>
- Frykberg, R. G., & Banks, J. (2015). Challenges in the treatment of chronic wounds. *Advances in Wound care*, 4(9), 560–582. <https://doi.org/10.1089/wound.2015.0635>
- Haribhai-Thompson, J., McBride-Henry, K., Hales, C., & Rook, H. (2022). Understanding of empathetic communication in acute hospital settings: A scoping review. *BMJ open*, 12(9), e063375. <https://doi.org/10.1136/bmjopen-2022-063375>
- King, A., & Hoppe, R. B. (2013). "Best practice" for patient-centered communication: A narrative review. *Journal of Graduate Medical Education*, 5(3), 385–393. <https://doi.org/10.4300/JGME-D-13-00072.1>
- Lee S. K. (2007). Healing chronic wounds in long-term care: New technologies to get the job done. *Director*, 15(4), 19–23. <https://pubmed.ncbi.nlm.nih.gov/19343863/>
- Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. *JAMA Network Open*, 7(11), e2443059. <https://doi.org/10.1001/jamanetworkopen.2024.43059>
- Maheshwari, G. (2024). Chronic wounds: A rising public health concern. *Wounds APAC*, 7(1), 6–11. <https://woundsasia.com/journal-articles/chronic-wounds-a-rising-public-health-concern/>

- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
- Meesters, A., den Bosch-Meevissen, Y. M. C. I., Weijzen, C. A. H., Buurman, W. A., Losen, M., Schepers, J., Thissen, M. R. T. M., Alberts, H. J. E. M., Schalkwijk, C. G., & Peters, M. L. (2018). The effect of mindfulness-based stress reduction on wound healing: A preliminary study. *Journal of Behavioral Medicine*, 41(3), 385–397. <https://doi.org/10.1007/s10865-017-9901-8>
- Mohr L. D. (2025). Bridging the gap: Communication strategies for wound, ostomy, and continence (WOC) nurses working with adolescents: A narrative review. *Journal of Wound, Ostomy, and Continence Nursing*, 52(3), 221–225. <https://doi.org/10.1097/WON.0000000000001165>
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukoulis, S. (2020). The role of empathy in health and social care professionals. *Healthcare*, 8(1), 26. <https://doi.org/10.3390/healthcare8010026>
- Muteeb, G., Rehman, M. T., Shahwan, M., & Aatif, M. (2023). Origin of antibiotics and antibiotic resistance, and their impacts on drug development: A narrative review. *Pharmaceuticals*, 16(11), 1615. <https://doi.org/10.3390/ph16111615>
- Noorulhuda, M., Grady, C., Wakim, P., Bernhard, T., Cho, H. L., & Danis, M. (2023). Communication of patients' and family members' ethical concerns to their healthcare providers. *BMC Medical Ethics*, 24(1), 56. <https://doi.org/10.1186/s12910-023-00932-x>
- Ongarora, B. G. (2022). Recent technological advances in the management of chronic wounds: A literature review. *Health Science Reports*, 5(3), e641. <https://doi.org/10.1002/hsr2.641>
- Paulus, C. M., & Meinken, S. (2022). The effectiveness of empathy training in health care: A meta-analysis of training content and methods. *International Journal of Medical Education*, 13, 1–9. <https://doi.org/10.5116/ijme.61d4.4216>
- Probst, S., Menon, T., Stefanelli, A., Bergin, S. M., Brand, G., & Tehan, P. (2025). Empathy in wound care: A scoping review of its role, impact, and barriers to person-centred healing. *International Wound Journal*, 22(6), e70687. <https://doi.org/10.1111/iwj.70687>
- Ray, T. K., & Pana-Cryan, R. (2021). Work flexibility and work-related well-being. *International Journal of Environmental Research and Public Health*, 18(6), 3254. <https://doi.org/10.3390/ijerph18063254>
- Salcido, R. S. (2018). Sustained leadership in wound care: A history of the future. *Advances in Skin & Wound Care*, 31(6), 245. <https://doi.org/10.1097/01.ASW.0000533848.29073.66>
- Sari, S. P., Everink, I. H., Sari, E. A., Afriandi, I., Amir, Y., Lohrmann, C., Halfens, R. J., & Schols, J. M. (2019). The prevalence of pressure ulcers in community-dwelling older adults: A study in an Indonesian city. *International Wound Journal*, 16(2), 534–541. <https://doi.org/10.1111/iwj.13081>
- Sasaki, H., Nishiobino, T., Tominaga, H., Tokushige, A., Shinohara, N., Nagano, S., & Taniguchi, N. (2024). Benefits of collaboration between the wound, ostomy, and continence nurse and orthopedic surgeon when treating skin defects after soft tissue sarcoma resection: A retrospective case-control study. *Journal of Wound, Ostomy, and Continence Nursing*, 51(2), 107–110. <https://doi.org/10.1097/WON.0000000000001060>
- Schubert, S., Marzloff, G., Ryder, S., Ott, K., Hutton, J., & Becker, M. (2022). Establishing a comprehensive wound care team and program. *Physical Medicine and Rehabilitation Clinics of North America*, 33(4), 805–810. <https://doi.org/10.1016/j.pmr.2022.06.006>
- Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K. R., & Basnyat, B. (2019). Poor communication by health care professionals may lead to life-threatening complications: Examples from two case reports. *Wellcome Open Research*, 4, 7. <https://doi.org/10.12688/wellcomeopenres.15042.1>
- Wang, J., Yuan, T., & Shi, J. (2022). Application of medical-nursing integration multidisciplinary-assisted surgical wound nursing mode in improving the quality of wound treatment. *Emergency Medicine International*, 2022, 9299529. <https://doi.org/10.1155/2022/9299529>
- Wieringa, T. H., Sanchez-Herrera, M. F., Espinoza, N. R., Tran, V. T., & Boehmer, K. (2020). Crafting care that fits: Workload and capacity assessments complementing decision aids in implementing shared decision making. *Journal of Participatory Medicine*, 12(1), e13763. <https://doi.org/10.2196/13763>
- Yang, Y., & Wang, C. (2024). The chain mediating effect of empathy and communication ability on emotional intelligence and caring ability of nursing students. *Frontiers in Psychology*, 14, 1339194. <https://doi.org/10.3389/fpsyg.2023.1339194>
- Yazdanpanah, L., Shahbazian, H., Nazari, I., Arti, H. R., Ahmadi, F., Mohammadianinejad, S. E., Cheraghian, B., & Hesam, S. (2018). Incidence and risk factors of diabetic foot ulcer: A population-based diabetic foot cohort (ADFC study)-two-year follow-up study. *International Journal of Endocrinology*, 2018, 7631659. <https://doi.org/10.1155/2018/7631659>
- Ye, Q., Zhong, X., Zhou, Q., Liu, H., & Li, G. (2024). Empathy fatigue among physicians and its influencing factors: A cross-sectional survey from Southwest China. *BMC psychiatry*, 24(1), 780. <https://doi.org/10.1186/s12888-024-06217-w>

Editor's insight

Key points

- The editorial highlights patience as a crucial or perhaps underestimated that required of healthcare providers when dealing with wound care.
- The specific clinical area of focus is wound care that indicating the intricacies and challenges associated with managing wounds.
- The article goes beyond superficial understanding which exploring the complexities of patience in wound care delivery.

Emerging nursing avenues

- As tissue viability nurses, what are the practical implications of patience in wound care both at hospital or community practice?
- Does patience refer to the time taken for treatment, communication style, emotional support, or something else entirely?
- How can healthcare professionals in hospitals or community significantly improve their patience in daily wound care practice?

How to cite this article (APA style)

Wahyuningtyas, E. S. (2025). Your patients need your patience: A closer look at wound care. *Journal of Holistic Nursing Science*, 12(2), 165–171. <https://doi.org/10.31603/jhns.v12i2.13864>