

INPLASY2025110013
doi: 10.37766/inplasy2025.11.0013
Received: 5 November 2025
Published: 6 November 2025

López-Colmenares, GN; González-Velázquez, MS; Blanco-Borjas, DM; Quecha-Reyna, C; Espinosa-Estévez, JM.

Corresponding author:
María Susana González Velázquez

susanagv1960@gmail.com

ADMINISTRATIVE INFORMATION

Support - Programa de Apoyos para la Sup.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2025110013

Author Affiliation:
Universidad Nacional Autónoma de México Facultad de Estudios Superiores Zaragoza.

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 6 November 2025 and was last updated on 6 November 2025.

INTRODUCTION

Review question / Objective How has the participation of primary caregivers been in wound care at home?

Background A caregiver is considered a resource, instrument, and means by which specialized, specific care is provided to chronically ill individuals; that is, the responsibility for preserving another's life rests upon them. (1)
The role of the primary caregiver is still subject to the "duty" to care for our loved ones in situations of dependency, a role that, due to sociocultural factors, is primarily fulfilled by women. Considered an informal care system, it encompasses anyone who provides care to a dependent person without remuneration or recognition. (2)
The scenarios that caregivers and the sick person will face are diverse, ranging from primary care, which involves accompaniment, adherence to treatment, monitoring and prevention of complications, and modification of family habits

and daily activities (according to the type of illness); to highly complex care, where the need for a more informed, trained, and familiar caregiver—familiar with the different types of care that can contribute to the restoration of their family member's health, or, failing that, those that allow them to maintain control of the health situation or provide end-of-life care—becomes absolutely essential, since it directly influences the course of their family member's illness.
Providing care to a sick person represents a substantial change for the family over a prolonged period, frequently producing a series of symptoms that are physically, emotionally, and financially draining, which at some point can cause health problems and even lead to caregiver syndrome (1).
On the other hand, the acquisition of supplies for wound care and the increase in hospital stays or the number of readmissions require timely attention and comprehensive care for the patient. (4)
In a 2018 study conducted in Mexico (4) at primary care units of the Ministry of Health, the direct

monthly costs of wound care were estimated at 46.5 million pesos for outpatient procedures and 1.864 billion pesos for hospitalization.

These expenses do not reflect those that the family or the patient must cover, such as transportation to the health unit or the purchase of consumable materials.

Wounds continue to be a public health problem that represents a high economic burden for the Ministry of Health's medical units and the families of those with wounds.

Chronic wounds are characterized by requiring prolonged periods of time for their healing; a complex process is needed that requires different types of materials to aid in the growth of new granulation tissue.

Rationale Chronic wounds are sometimes unpredictable in their course, making them complex to manage for healthcare professionals, and unfortunately, also challenging for those who suffer from them; many frequently express hopelessness and despair. (7)

Health services providing wound care are insufficient to attend to people with different types of injuries throughout their healing process, so a family member must be actively involved in the procedure. For this to happen, the primary caregiver should receive information on how to perform conventional wound care at home, as well as how to recognize signs of infection and help ensure prompt wound closure. The Ministry of Health has indicated that chronic non-communicable diseases, such as diabetes mellitus, cardiovascular diseases, and cancer, among others, can lead to complications such as diabetic foot ulcers, venous and arterial ulcers, and pressure injuries, among others. The demand for wound care has increased in our country in recent years, resulting in prolonged hospital stays and the inefficient use of medical, surgical, and nursing resources. (4) In other areas of care, there are education and training programs for caregivers (such as palliative care and peritoneal dialysis). However, the education provided to caregivers of people with wounds is usually delivered verbally at the bedside, upon patient discharge, or in outpatient clinics. Reviewing the literature on this topic reveals the guidelines to follow to improve care processes for people with wounds and identifies the caregiver's fundamental role in this process.

METHODS

Strategy of data synthesis The review was carried out following the methodological guidelines established in the prisma 2020 tool (Preferred Reporting Items for Systematic Review and Meta-Analyses)(9) in the month of October of the year 2024 by means of search strategies (table 1) using the keywords primary caregiver, wound care, nursing and the AND connector, in the following databases: PubMed, Web of science, SCOPUS, MEDLINE, Scielo and grey literature such as TESIUNAM.

Eligibility criteria Full-text studies in English, Portuguese, and Spanish were included if they were classified as research articles, human research, randomized clinical trials, or comparative clinical studies, and involved an adult population aged 19 years and older. Articles that did not relate to the three keywords were excluded.

Source of evidence screening and selection

Using the search strategies applied to the different databases during October 2024, 203 articles associated with the keywords were found. After removing duplicate articles, the titles and abstracts were reviewed, excluding those that did not contain the keywords (137). Subsequently, 21 articles were retrieved for full-text review, of which 9 were assessed for eligibility. Six articles were excluded because they consisted of: three studies that did not include caregivers as a variable, two integrative reviews, and one systematic review. In the gray literature, 26 theses were found that addressed the topic related to one of the variables; however, these could not be included because they addressed the variables in isolation.

Data management In the end, 3 articles were selected for full text review: two qualitative articles and one non-randomized trial.

Reporting results / Analysis of the evidence

In the selected articles, a total of 135 patients with wounds and 15 caregivers were studied. The patients had pressure wounds (7.4%), simple acute wounds (6.6%), and diabetic foot lesions (86%).

The caregivers in García Sánchez's study were mostly women, aged 25 to 85 years, daughters or wives of the patients with injuries, and had a primary school education.

Presentation of the results García Sánchez and colleagues in 2019(4) explored the conceptualizations of home care for pressure ulcers from the perspective of affected patients

and their caregivers, using a theoretical sampling method that ensured the inclusion of participants of both sexes, different ages, sociodemographic characteristics, and clinical situations (pressure ulcer categories, context, location of the ulcer, days since onset, and pain level measured on a numerical scale). This was done through in-depth interviews with ten people with pressure ulcers (or who had suffered from them in the past) and fifteen caregivers who had previously cared for patients with wounds in Spain.

The results presented two categories that explained the participants' conceptualizations of pressure ulcers: (1) "Causes of pressure ulcers," which included three subcategories: unavoidable injuries, lack of caregiver knowledge, and painful wounds; and (2) "Preferences regarding pressure ulcer care," which included two subcategories: "home care as the best approach to treatment" and "avoiding institutionalization."

The importance of the voices of patients and their caregivers was highlighted, as this perspective allows for a clearer understanding of care needs and the improvement of clinical practice protocols and guidelines.

Ling Jia Goh and Xiaoli Zhu, in a 2018 study (10) in Singapore, explored the perceptions of patients and caregivers regarding home wound care for patients with simple acute wounds. This was a constructivist, grounded theory study. Nine participants from two hospitals were interviewed. Fear, lack of knowledge, and difficulty in performing self-care led many patients to avoid self-care. Age, education level, and cost did not have a significant impact. Participants with some first aid knowledge and those who appreciated the flexibility of self-care were more likely to adopt this approach. Participants also suggested that the use of telecommunications and mobile devices could facilitate this approach.

Finally, YiXin Luo and colleagues in 2023(11) conducted a parallel, non-randomized, controlled trial in 107 patients with Wagner grade I-III pressure ulcers hospitalized at two distant campuses of the same hospital in China. All patients received treatment for infections and wound bed preparation during hospitalization. After discharge, patients at one campus received routine outpatient wound care, while those treated at the other received ongoing home wound care. Per-protocol analysis was performed to compare ulcer healing indicators, knowledge, health beliefs, self-care behavior, and medical expenditures between the two groups. Ongoing home wound care improved patients' self-management behavior and reduced their medical expenses without compromising ulcer healing.

Language restriction No.

Country(ies) involved This review is being carried out in Mexico.

Keywords Primary caregiver, wounds care, nursing.

Contributions of each author

Author 1 - Guadalupe Nohemí López Colmenares - I draft the manuscript.

Email: glc720@gmail.com

Author 2 - María Susana González Velázquez - provided experience and document review.

Email: susanagv1960@gmail.com

Author 3 - Dolly Marlene Blanco Borjas - provided experience and document review.

Email: dollymarlene25@gmail.com

Author 4 - Citlali Quecha Reyna - provided experience and document review.

Email: quechary@unam.com

Author 5 - Juan Manuel Espinosa Estévez - provided experience and document review.

Email: pantera935@hotmail.com