

THE POWER OF HOPE

A Patient Review Demonstrating the Impact of Hope-Focused Interventions on Wound Healing

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Introduction

Wound healing is often approached from a strictly physiological perspective, yet psychosocial factors—especially hope—can significantly change patient outcomes. This review explores how incorporating a hope assessment, combined with targeted nutritional support, affected healing in a patient with a previously non-healing wound. Hope is the belief that the future will be better than today and that you have the power to make it so (Hellman, 2019). Part of increasing hope is also being compliant with treatment plans; the patient started incorporating vitamins C and D as well as increasing her protein intake.

Methodology

A single-patient case review was conducted in a mobile wound care setting. After several months of a stalled wound despite evidence-based treatment, the Snyder Hope Scale was administered. The patient's initial score was low, correlating with discouragement, depression, and inconsistent self-care.

- An intervention plan was created that included:
- Hope-focused strategies, such as collaborative weekly goal setting, finding pathways to success, reframing setbacks, and providing consistent positive reinforcement
- Nutritional optimization, including: vitamin D supplementation
- Increased vitamin C intake to support collagen formation
- Increased protein intake to enhance tissue granulation and cellular repair
- Wound measurements, hope scores, and nutritional adherence were reassessed weekly



Photo 1- Intake



Photo 2- 1" graft post debridement



Photo 3- ultramist started



Photo 4- ultramist stopped



Photo 6- Stopped graft



Photo 8- patient healed

Adult Hope Scale

Directions: Read each item carefully. Using the scale shown below, please circle the number that best describes YOU.

1. I can think of many ways to get out of a jam.	1	2	3	4	5	6	7	8
2. I occasionally put up my arms.	1	2	3	4	5	6	7	8
3. I feel that most of the time.	1	2	3	4	5	6	7	8
4. There are lots of ways around any problem.	1	2	3	4	5	6	7	8
5. I am easily cheered by an argument.	1	2	3	4	5	6	7	8
6. I can think of many ways to get the things in life that are important to me.	1	2	3	4	5	6	7	8
7. I worry about the future.	1	2	3	4	5	6	7	8
8. Even when others get discouraged, I know I can find a way to solve the problem.	1	2	3	4	5	6	7	8
9. My past experiences have prepared me well for the future.	1	2	3	4	5	6	7	8
10. I've been pretty successful in life.	1	2	3	4	5	6	7	8
11. I usually feel myself worrying about something.	1	2	3	4	5	6	7	8
12. I meet the goals that I set for myself.	1	2	3	4	5	6	7	8

Agency/Willpower: Add scores for questions: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12. Total: (range: 4-32). Higher scores reflect higher pathway thinking.

Pathways/Waypower: Add scores for questions: Agency, Pathways. Total: (range: 4-32). Scores of 40-48 are hopeful, 45-48 are motivated, 49-52 are confident, 53 or higher are high hope.

Total: Add scores for Agency and Pathways. Total: (range: 4-32). Scores of 40-48 are hopeful, 45-48 are motivated, 49-52 are confident, 53 or higher are high hope.

Research shows that Hope is made up of two qualities: Agency (or Willpower) and Pathways (or Waypower). Willpower is determined in part by your brain having enough fuel, or nutrients. Waypower is the ability to create small steps toward your goal and connect, in part, that feeling supports to continue towards your goal. Use this to measure your Hope level.

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Snyder Hope Scale

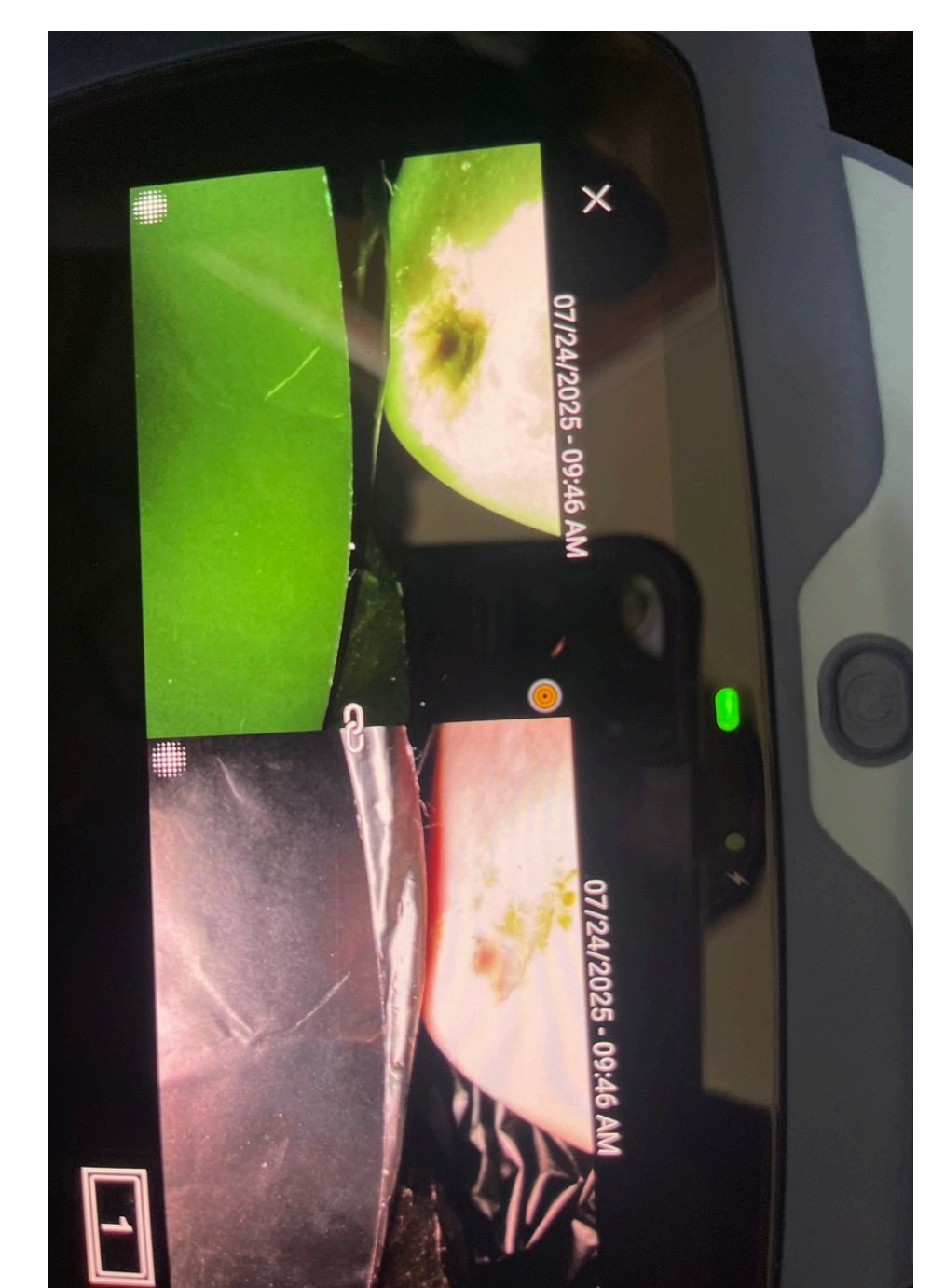


Photo 5- Moleculight exams negative

Snyder Hope Scale Case Comparison

Variable	Case Example A	Case Example B
Trail Hope Score	32	52
Hope Category	Low	High
Agency Subscore	10	28
Pathways Subscore	10	28
Agency Item Mean	4.0	7.0
Pathways Item Mean	4.0	8.0

Clinical Interpretation:

Patients demonstrating these hope scores exhibited reduced medication regimen and limited perceived treatment pathways. Higher hope scores were associated with increased agency thinking, increased pathway thinking, and increased engagement in wound care planning. Standardized hope scores may positively influence both agency and pathway thinking in patients with self-care healing.

Photo 7- beginning and ending hope scores

Results

1. 12/02/2024- 66 year old female with previous infection in the right knee after a TKA. She went to a nursing home and developed a pressure ulcer of her heel. Her previous treatments include amoxicillin and border foam dressings.
2. 01/09/25- Amniotic graft initiated- 2.8cmx2.6xcmx0.5cm.
3. 02/24/25- Ultramist started with graft- wound size is 2.2cm x 2.4cm x0.5cm.
4. 03/13/25- Ultramist discontinued, wound size 2cm x 1.8cmx0.5 cm.
5. 05/05/25- Moleculight fluorescent imaging performed weekly with negative results.
6. 05/29/25- Amniotic graft discontinued after 20 grafts. Wound measurements are 1.6cm x 1.1cm x 0.3cm.
7. 07/24/25- Hope score initiated- original score was 32. Using collagen with silver along with a border foam dressing. Patient starting using vitamin c, d, and increased protein intake by 30 grams daily.
8. 09/09/25- Patient discharged with complete closure and repeat hope score on discharge was 52.

make it happen

Key Takeaway

Healing a wound requires hope in action. It is important to have clear goals for healing. Realistic pathways such as wound care, nutrition, plan of action, and the belief that daily choices matter.

Protein builds new tissue, and key vitamins (A,C, D and Zinc) provide the tools to repair skin, fight infection, and close wounds.

This patient set a small goal and was able to visualize her wound healed and life improvement. Hope was strengthened by turning that goal into daily pathways.



References