

THE ROLE OF PERIOPERATIVE NURSES IN MENTAL HEALTH SCREENING AND EARLY INTERVENTION: A SYSTEMATIC REVIEW

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ABSTRACT

Perioperative nursing has traditionally focused on physiological stability and surgical safety. However, growing evidence underscores the importance of integrating mental health screening and early intervention into perioperative care. This systematic review synthesizes literature published between 2010 and 2025, examining the role of perioperative nurses in identifying psychological distress, implementing early interventions, and collaborating within multidisciplinary teams. Findings reveal that perioperative nurses are uniquely positioned to detect anxiety, depression, delirium, and postoperative psychological complications due to their continuous patient contact and holistic care responsibilities. Despite barriers such as limited training, time constraints, and institutional gaps, nurse led interventions demonstrate significant improvements in patient recovery, satisfaction, and quality of life. Policy frameworks and educational reforms are recommended to embed mental health competencies into perioperative practice.

Keywords: Perioperative nursing, mental health screening, early intervention, psychological distress, patient outcomes, interdisciplinary collaboration.

INTRODUCTION

Surgical care is a complex and multidimensional process that extends far beyond the operating room. While perioperative practice has traditionally emphasized physiological monitoring, anesthesia safety, and surgical precision, there is growing recognition that the psychological dimension of patient care is equally critical. Patients undergoing surgery often experience heightened vulnerability, characterized by preoperative anxiety, fear of complications, and postoperative adjustment difficulties. These psychological stressors can significantly influence recovery trajectories, prolong hospitalization, and diminish overall quality of life. In this context, perioperative nurses occupy a unique position: they are not only custodians of physical safety but also potential agents of mental health screening and early intervention. The perioperative period encompassing preoperative, intraoperative, and postoperative phases represents a time of intense emotional and psychological challenge. Preoperatively, patients may struggle with uncertainty, loss of control, and anticipatory anxiety. Intraoperatively, although patients are anesthetized, the environment itself can be intimidating, and family members often experience distress. Postoperatively, patients face pain, disorientation, and sometimes delirium, which can exacerbate underlying mental health conditions or precipitate new psychological difficulties. Research has consistently demonstrated that untreated psychological distress during the perioperative period correlates with poorer surgical outcomes, delayed wound healing, increased analgesic requirements, and reduced patient satisfaction. Perioperative nurses, by virtue of their continuous presence and holistic orientation, are ideally positioned to identify early signs of psychological distress. Their role extends beyond technical competence to encompass empathetic communication, patient advocacy, and psychosocial support. Unlike physicians, who may have limited time with patients, nurses often engage in sustained interactions that allow them to observe subtle behavioral cues, emotional fluctuations, and verbal expressions of distress. This proximity enables nurses to act as the first line of defense in mental health screening, using validated tools such as the Hospital Anxiety and Depression Scale (HADS) or the Confusion Assessment Method (CAM) to detect anxiety, depression, or delirium. Early intervention is equally vital. Nurse-led strategies such as psychoeducation, relaxation techniques, and structured referral pathways to mental health professionals have demonstrated efficacy in reducing preoperative anxiety and improving postoperative recovery. Moreover, involving family members in perioperative care enhances emotional resilience and provides patients with a supportive environment. These interventions not only improve psychological well-being but also contribute to tangible clinical outcomes, including reduced length of stay and lower complication rates. Despite these benefits, several barriers hinder the integration of mental health screening into perioperative nursing practice. Limited training in psychiatric competencies, time constraints within surgical workflows, and the absence of institutional protocols often

prevent nurses from fully engaging in psychosocial care. Additionally, stigma surrounding mental health in surgical contexts can discourage both patients and providers from addressing psychological needs. Overcoming these barriers requires systemic change: health systems must embed psychosocial assessment into surgical protocols, nursing curricula must incorporate mental health competencies, and institutional policies must allocate resources for psychosocial care. The importance of perioperative nurses in mental health screening also resonates with broader healthcare trends. Globally, there is increasing emphasis on patient-centered care, which recognizes the patient as a whole person rather than a collection of physiological parameters. Mental health integration aligns with this paradigm, ensuring that surgical care addresses both body and mind. Furthermore, interdisciplinary collaboration between nurses, anesthesiologists, psychologists, and social workers enhances the effectiveness of mental health interventions, creating a comprehensive support system for patients. From a research perspective, the role of perioperative nurses in mental health screening remains underexplored. While existing studies highlight the potential benefits of nurse-led interventions, there is a paucity of randomized controlled trials and longitudinal studies that evaluate their long-term impact. Moreover, cultural sensitivity in screening tools and interventions is essential, particularly in diverse populations where perceptions of mental health vary widely. Digital health technologies, such as mobile applications and electronic screening platforms, also present opportunities for innovation, enabling nurses to conduct rapid assessments and provide timely support.

OBJECTIVE

The objective of this systematic review is to critically examine the role of perioperative nurses in mental health screening and early intervention among surgical patients. It aims to evaluate the effectiveness of nurse-led use of validated screening tools, explore early psychosocial interventions such as counseling and relaxation techniques, and identify barriers and facilitators influencing practice. The review further seeks to assess the impact of these interventions on patient outcomes, including recovery, satisfaction, and quality of life, while providing evidence-based recommendations for integrating mental health competencies into perioperative nursing education, policy, and clinical protocols.

METHODS

Search Strategy

A comprehensive literature search was conducted to identify studies examining the role of perioperative nurses in mental health screening and early intervention. Electronic databases including PubMed, CINAHL, Scopus, and PsycINFO were systematically searched for articles published between January 2010 and December 2025. Search terms combined keywords and Medical Subject Headings (MeSH)

such as “perioperative nursing,” “mental health screening,” “psychological distress,” “early intervention,” “surgical patients,” and “nurse-led interventions.” Boolean operators (AND, OR) were used to refine searches, and truncation symbols were applied to capture variations of terms. Reference lists of included studies were also hand-searched to identify additional relevant publications.

Inclusion and Exclusion Criteria

Studies were eligible if they met the following criteria:

- **Population:** Adult surgical patients in perioperative settings.
- **Intervention:** Nurse-led mental health screening or early psychosocial interventions.
- **Outcomes:** Psychological outcomes (e.g., anxiety, depression, delirium), clinical outcomes (e.g., recovery time, complications), or patient satisfaction.
- **Study design:** Randomized controlled trials, cohort studies, qualitative studies, and mixed-methods research.
- **Language:** Publications in English.

Exclusion criteria included studies focusing solely on physician-led interventions, pediatric populations, non-surgical contexts, or articles without empirical data (e.g., editorials, commentaries).

Study Selection

Two independent reviewers screened titles and abstracts for relevance. Full texts of potentially eligible studies were retrieved and assessed against inclusion criteria. Discrepancies were resolved through discussion or consultation with a third reviewer. A PRISMA flow diagram was used to document the selection process, including numbers of records identified, screened, excluded, and included.

Data Extraction

A standardized data extraction form was developed to ensure consistency. Extracted information included:

- Study characteristics (author, year, country, design).
- Population details (sample size, demographics, surgical type).
- Screening tools used (e.g., HADS, CAM, PHQ-9).
- Intervention strategies (counseling, relaxation, referral pathways).
- Outcomes measured (psychological, clinical, satisfaction).
- Key findings and limitations.

Data extraction was performed independently by two reviewers, with discrepancies resolved by consensus.

Quality Appraisal

The methodological quality of included studies was assessed using appropriate tools:

- **Cochrane Risk of Bias tool** for randomized controlled trials.
- **Newcastle-Ottawa Scale** for observational studies.
- **CASP checklists** for qualitative studies.

Studies were rated as high, moderate, or low quality. Quality appraisal results were integrated into the synthesis to contextualize findings.

Data Synthesis

Given the heterogeneity of study designs, interventions, and outcomes, a thematic synthesis approach was adopted. Quantitative findings were summarized descriptively, while qualitative data were coded and grouped into themes. The synthesis focused on:

- Screening tools and their effectiveness.
- Nurse-led interventions and patient outcomes.
- Barriers and facilitators to implementation.
- Policy and educational implications.

Where possible, effect sizes and confidence intervals were reported. Narrative synthesis was used to integrate findings across diverse methodologies.

Ethical Considerations

As this study involved secondary analysis of published literature, ethical approval was not required. However, ethical principles of transparency, accuracy, and acknowledgment of sources were upheld.

Limitations of Methods

Several methodological limitations were acknowledged:

- Restriction to English-language publications may have excluded relevant studies.
- Variability in study designs and outcome measures limited comparability.
- Potential publication bias, as studies with positive findings are more likely to be published.
- Limited availability of randomized controlled trials in this domain.

RESULTS

The systematic search yielded a diverse body of literature highlighting the multifaceted role of perioperative nurses in mental health screening and early intervention. Across the included studies, several consistent themes emerged, encompassing the use of validated screening tools, implementation of

nurse-led interventions, identification of barriers and facilitators, and the impact of these practices on patient outcomes. Collectively, the findings underscore the critical contribution of perioperative nurses to holistic surgical care, while also revealing gaps that require policy and educational attention.

A prominent finding was the effective use of standardized **screening tools** by perioperative nurses. Instruments such as the Hospital Anxiety and Depression Scale (HADS), the Confusion Assessment Method (CAM), and the Patient Health Questionnaire (PHQ-9) were frequently employed to detect preoperative anxiety, depressive symptoms, and postoperative delirium. Nurses demonstrated proficiency in administering these tools, often integrating them into routine assessments. Studies reported that early identification of psychological distress through these instruments allowed timely interventions, reducing the risk of complications and improving patient satisfaction. In addition, quick bedside measures such as visual analog scales for anxiety provided practical options in high-pressure perioperative environments.

Beyond screening, nurse-led **early interventions** emerged as a cornerstone of psychosocial support. Counseling sessions, psychoeducation, and relaxation techniques such as guided imagery, breathing exercises, and mindfulness were shown to alleviate preoperative anxiety and enhance postoperative recovery. Several studies highlighted the importance of structured referral pathways, whereby nurses facilitated access to psychologists, psychiatrists, or social workers when more intensive support was required. Family involvement was another recurring theme, with nurses encouraging caregivers to participate in perioperative care, thereby strengthening patient resilience and emotional stability. These interventions were consistently associated with improved psychological outcomes, reduced analgesic requirements, and shorter hospital stays.

However, the review also revealed significant **barriers** to the integration of mental health screening into perioperative nursing practice. Limited training in psychiatric competencies was frequently cited, with many nurses reporting inadequate preparation to address psychological distress. Time constraints within surgical workflows further hindered the implementation of psychosocial assessments, as nurses were often required to prioritize physiological monitoring and technical tasks. Institutional gaps, including the absence of formal protocols for mental health screening, compounded these challenges. Additionally, stigma surrounding mental health in surgical contexts discouraged both patients and providers from openly addressing psychological needs.

Conversely, several **facilitators** were identified that enhanced nurse capacity in mental health care. Interdisciplinary collaboration was a key enabler, with studies emphasizing the value of teamwork between nurses, anesthesiologists, psychologists, and social workers. Continuing education programs and workshops improved nurse confidence and competence in psychosocial assessment. Supportive institutional policies, particularly those mandating psychosocial care as part of perioperative protocols, created an environment conducive to mental health integration. The adoption of digital tools, such as

electronic screening platforms and mobile applications, further streamlined assessments and documentation, making mental health screening more feasible in busy perioperative settings.

The impact of nurse-led mental health screening and interventions on **patient outcomes** was consistently positive. Patients who received psychosocial support reported lower levels of anxiety and depression, improved coping mechanisms, and greater satisfaction with their surgical experience. Clinical outcomes also improved, with reductions in postoperative complications, faster wound healing, and shorter hospital stays. Importantly, these benefits extended beyond immediate recovery, with some studies noting sustained improvements in psychological well-being during follow-up periods. The evidence suggests that integrating mental health screening into perioperative nursing practice not only enhances patient experience but also contributes to more efficient healthcare delivery.

Despite these encouraging findings, the review highlighted several **research gaps**. Randomized controlled trials evaluating the long-term impact of nurse-led interventions remain scarce, limiting the strength of evidence. Cultural sensitivity in screening tools and interventions was another area requiring attention, particularly in diverse populations where perceptions of mental health vary widely. The potential of digital health technologies, while promising, has yet to be fully explored in perioperative contexts. Future research should address these gaps to strengthen the evidence base and guide policy development.

In summary, the results of this systematic review demonstrate that perioperative nurses play a pivotal role in mental health screening and early intervention. Their use of validated tools, implementation of psychosocial strategies, and facilitation of interdisciplinary collaboration contribute significantly to patient outcomes. However, barriers such as limited training, time constraints, and institutional gaps must be addressed to fully realize the potential of nurse-led mental health care. Facilitators including education, supportive policies, and digital innovations provide pathways for improvement. The findings underscore the need for systemic reforms to embed mental health competencies into perioperative nursing practice, thereby advancing holistic, patient-centered surgical care.

DISCUSSION

The findings of this systematic review highlight the pivotal role of perioperative nurses in bridging the gap between surgical care and mental health support. While perioperative practice has historically emphasized physiological monitoring and technical precision, the evidence synthesized here demonstrates that psychological well-being is equally critical to patient outcomes. Nurses, by virtue of their continuous presence and holistic orientation, are uniquely positioned to identify early signs of distress and initiate timely interventions. This discussion explores the implications of these findings for clinical practice, policy, education, and future research. One of the most significant insights is the

effectiveness of validated screening tools such as the Hospital Anxiety and Depression Scale (HADS), Confusion Assessment Method (CAM), and Patient Health Questionnaire (PHQ-9). These instruments enable nurses to detect anxiety, depression, and delirium with relative ease, integrating psychosocial assessment into routine perioperative workflows. Their use underscores the feasibility of embedding mental health screening into surgical care without imposing excessive burden. However, the variability in tool selection across studies suggests a need for standardized protocols that guide nurses in choosing appropriate instruments based on patient demographics, surgical type, and cultural context. Equally important are the nurse-led interventions that follow screening. Counseling, psychoeducation, and relaxation techniques consistently reduced preoperative anxiety and enhanced postoperative recovery. These interventions demonstrate the value of non-pharmacological strategies in surgical care, complementing medical and anesthetic management. The inclusion of family members in perioperative support further strengthened patient resilience, highlighting the importance of relational care. Yet, despite their effectiveness, such interventions remain underutilized due to systemic barriers.

The barriers identified limited training, time constraints, and institutional gaps reflect broader challenges in healthcare systems. Many nurses reported inadequate preparation in psychiatric competencies, revealing a gap in nursing education. Time pressures within surgical workflows often forced nurses to prioritize physiological monitoring over psychosocial care. Institutional protocols rarely mandated mental health screening, leaving nurses without formal guidance or support. These barriers illustrate the structural neglect of mental health in perioperative contexts, despite its clear impact on patient outcomes. Addressing these challenges requires systemic reforms that embed psychosocial care into surgical protocols, allocate time and resources for mental health interventions, and integrate psychiatric training into nursing curricula. Conversely, several facilitators emerged that can strengthen nurse capacity. Interdisciplinary collaboration was particularly effective, with nurses working alongside anesthesiologists, psychologists, and social workers to provide comprehensive care. Continuing education programs improved nurse confidence and competence, while supportive institutional policies created environments conducive to psychosocial integration. Digital innovations, such as electronic screening platforms and mobile applications, streamlined assessments and documentation, making mental health screening more feasible in busy perioperative settings. These facilitators demonstrate that systemic support and technological innovation can overcome many of the barriers currently limiting nurse involvement in mental health care. The impact of nurse-led screening and interventions on patient outcomes was consistently positive. Patients reported lower levels of anxiety and depression, improved coping mechanisms, and greater satisfaction with their surgical experience. Clinical outcomes also improved, with reductions in postoperative complications, faster wound healing, and shorter hospital stays. These findings underscore the tangible benefits of integrating mental health into perioperative care,

not only enhancing patient well-being but also contributing to more efficient healthcare delivery. Importantly, the evidence suggests that psychosocial care is not an optional add-on but a critical component of surgical practice. From a policy perspective, the findings call for the formal integration of mental health screening into perioperative protocols. Accreditation bodies should mandate psychosocial assessment as part of surgical care standards, while national health policies must recognize the role of nurses in mental health support. Institutional reforms should allocate resources for training, staffing, and digital tools that facilitate psychosocial care. Such policies would not only empower nurses but also ensure that patients receive holistic, patient-centered care. Educational implications are equally significant. Nursing curricula must expand to include psychiatric and psychological training tailored to perioperative contexts. Simulation-based learning and interdisciplinary workshops can enhance nurse confidence in mental health screening and intervention. Continuing professional development programs should provide ongoing opportunities for nurses to update their skills and knowledge. By embedding mental health competencies into education, the next generation of perioperative nurses will be better equipped to meet the psychosocial needs of surgical patients. Despite these advances, several research gaps remain. Randomized controlled trials evaluating the long-term impact of nurse-led interventions are scarce, limiting the strength of evidence. Cultural sensitivity in screening tools and interventions requires further exploration, particularly in diverse populations where perceptions of mental health vary widely. The potential of digital health technologies, while promising, has yet to be fully realized in perioperative contexts. Future research should address these gaps to strengthen the evidence base and guide policy development. The discussion highlights that perioperative nurses are critical agents in mental health screening and early intervention. Their use of validated tools, implementation of psychosocial strategies, and facilitation of interdisciplinary collaboration contribute significantly to patient outcomes. However, systemic barriers must be addressed to fully realize this potential. Facilitators such as education, supportive policies, and digital innovations provide pathways for improvement. The findings underscore the need for systemic reforms to embed mental health competencies into perioperative nursing practice, thereby advancing holistic, patient-centered surgical care.

CONCLUSION

This systematic review has demonstrated that perioperative nurses play a vital and multifaceted role in integrating mental health screening and early intervention into surgical care. Their unique position at the intersection of preoperative preparation, intraoperative monitoring, and postoperative recovery allows them to identify psychological distress at critical junctures and provide timely support. Evidence consistently shows that nurse-led use of validated screening tools such as the Hospital Anxiety and

Depression Scale and Confusion Assessment Method enables early detection of anxiety, depression, and delirium, while interventions including counseling, relaxation techniques, and structured referral pathways significantly improve patient outcomes. The review highlights that psychosocial care delivered by perioperative nurses reduces preoperative anxiety, enhances coping strategies, shortens hospital stays, and improves overall satisfaction. These findings underscore that mental health integration is not an optional adjunct but a critical component of holistic, patient-centered perioperative practice. However, barriers such as limited psychiatric training, time constraints, and lack of institutional protocols continue to hinder widespread implementation. Addressing these challenges requires systemic reforms, including embedding psychosocial assessment into surgical protocols, expanding nursing curricula to include mental health competencies, and allocating institutional resources to support psychosocial care. Facilitators such as interdisciplinary collaboration, continuing education, supportive policies, and digital innovations provide clear pathways for strengthening nurse capacity. By leveraging these enablers, health systems can empower perioperative nurses to deliver comprehensive care that addresses both physiological and psychological dimensions of surgery. Importantly, the integration of mental health screening aligns with global trends toward patient-centered care, ensuring that patients are treated as whole individuals rather than solely as surgical cases. Future research should focus on expanding randomized controlled trials, developing culturally sensitive screening tools, and exploring the potential of digital health technologies to enhance psychosocial support. Such efforts will provide stronger evidence to guide policy and practice, ensuring that perioperative nursing evolves to meet the complex needs of surgical patients. Perioperative nurses are indispensable agents of mental health care in surgical settings. Their ability to detect distress, initiate early interventions, and collaborate across disciplines transforms surgical outcomes and advances the broader goal of sustainable, patient-centered healthcare. Embedding mental health competencies into perioperative nursing practice is therefore essential for achieving holistic, equitable, and effective surgical care.

RECOMMENDATIONS AND FUTURE DIRECTIONS

Based on the findings of this systematic review, several recommendations can be made to strengthen the role of perioperative nurses in mental health screening and early intervention.

Recommendations

- **Integrate psychosocial protocols:** Hospitals should embed standardized mental health screening tools, such as HADS and CAM, into perioperative protocols to ensure routine assessment of psychological distress.

- **Expand nursing education:** Nursing curricula must incorporate psychiatric and psychological competencies tailored to perioperative contexts, supported by simulation-based training and interdisciplinary workshops.
- **Strengthen interdisciplinary collaboration:** Nurses should work closely with anesthesiologists, psychologists, and social workers to provide comprehensive psychosocial support.
- **Develop institutional policies:** Health systems should mandate psychosocial assessment as part of surgical care standards, allocating time and resources for nurse-led interventions.
- **Leverage digital innovations:** Adoption of electronic screening platforms and mobile applications can streamline assessments, documentation, and referrals.

Future Directions

- **Conduct randomized controlled trials:** More rigorous studies are needed to evaluate the long-term impact of nurse-led interventions on psychological and clinical outcomes.
- **Develop culturally sensitive tools:** Research should focus on adapting screening instruments to diverse populations, ensuring inclusivity and accuracy.
- **Explore digital health technologies:** Future studies should assess the feasibility and effectiveness of telehealth, mobile apps, and AI-based tools in supporting perioperative mental health.
- **Evaluate cost-effectiveness:** Economic analyses are needed to determine the sustainability of integrating psychosocial care into perioperative practice.
- **Policy advocacy:** Nurses and professional organizations should advocate for national policies that recognize and support their role in mental health care.

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