

Authors

Sandra Daniela de Figueiredo Cardante

Corresponding author

Sandra Daniela de Figueiredo Cardante
s-scardante@ucp.pt

Commentary on: From evidence to practice – ‘person-centred care’ in the Post Anaesthesia Care Unit

I read with great interest the article ‘From evidence to practice – “person-centred care” in the Post Anaesthesia Care Unit’ by Uhlmann and Foran. The authors address a crucial topic in perioperative nursing by highlighting the importance of ensuring that patients’ individuality, preferences and experiences remain central within the highly technological and fast-paced environment of the operating suite and post-anaesthesia care unit (PACU).¹

The discussion paper highlights key elements of person-centred care, including effective communication, recognition of patient individuality, therapeutic presence, and collaborative care. Importantly, the authors identify a persistent gap between the robust evidence supporting person-centred care and its consistent implementation in clinical practice, particularly within PACU settings, where patients are often vulnerable, disoriented and highly dependent on nursing advocacy.¹

Recent research reinforces the value of person-centred approaches across the perioperative journey. Patients consistently report that emotional support, clear communication, and involvement in decision-making significantly influence their recovery, experiences and safety outcomes.^{2,3} However, the literature also indicates that person-centred care remains inconsistently defined and operationalised in perioperative contexts, with relatively limited research focused specifically on PACU practice.⁴

The evidence–practice gap identified by Uhlmann and Foran underscores an important challenge for perioperative nurses. The PACU environment is characterised by complex workflows, technological demands, and competing priorities that may inadvertently shift the focus away from the relational aspects of care. Integrating structured strategies,

such as communication protocols, patient advocacy rounds and multidisciplinary briefings, alongside education, leadership development and supportive team cultures, may enable nurses to implement person-centred principles consistently, improving both patient outcomes and professional satisfaction.⁵

By drawing attention to these issues, the authors contribute meaningfully to ongoing reflection on the future of perioperative nursing practice. Advancing person-centred care in the PACU is not solely a matter of communication or compassion; it reflects a broader commitment to safety, dignity, and quality of care for surgical patients. Practical interventions that address environmental, organisational and team factors alongside relational care are essential for bridging the evidence–practice gap and ensuring that the person remains at the centre of perioperative nursing practice.

References

1. Uhlmann S, Foran P. From evidence to practice – ‘person-centred care’ in the post-anaesthesia care unit: a discussion paper. *J Perioper Nurs*. 2025[cited 2026 March 01];38(4). doi: 10.26550/2209-1092.1346 Available from: <https://journal.acorn.org.au/index.php/jpn/article/view/920>
2. Ingstad K, Pedersen MK, Uhrenfeldt L, Pedersen PU. Patients’ expectations of and experiences with psychosocial care needs in perioperative nursing: a descriptive study. *BMC Nurs*. 2023[cited 2026 March 01];22:304. doi:10.1186/s12912-023-01451-1.
3. Bur J, Wilson N, Lewis P, Missen K. Patient experiences during the planned perioperative care pathway: an integrative review. *J Adv Nurs*. 2024[cited 2026 March 01];80(10):3886–98. doi:10.1111/jan.16071.
4. Leonardsen AC, Wolf A, Nilsson U. Patient-centeredness in the perioperative period—a rapid review of current research. *J Perianesth Nurs*. 2024[cited 2026 March 01];39(5):915–20. e3. doi:10.1016/j.jopan.2023.12.028.
5. Tong LK, Tam HL, Mao AM. A bibliometric review of person-centered care research 2010–2024. *Healthcare (Basel)*. 2025[cited 2026 March 01];13(11):1267. doi:10.3390/healthcare13111267.

This article is licensed under a Creative Commons Attribution License 4.0 International (CC BY 4.0).

Copyright to this work is retained by the authors.

DOI: 10.26550/2209-1092.1408