Emerging scholar article

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From evidence to practice – 'person-centred care' in the Post Anaesthesia Care Unit: A discussion paper

Abstract

Introduction: Person-centred care – involving communicating effectively with patients, recognising patient individuality, using therapeutic touch, addressing patients by their chosen name and title, and promoting patient empowerment – should be a dynamic element of perioperative nursing and balance clinical responsibility with patient preferences.

The aim of this paper is to stimulate discussion that may advance contemporary person-centred care in the operating suite and Post Anaesthesia Care Unit (PACU). The specific terminology of 'person-centred care' has been used to reflect current trends and the transition away from the previously used term 'patient-centred care'. While these terms are often interchangeable, emphasis on the uniqueness of the person is a foremost requirement of perioperative and perianaesthesia nursing, requiring a more personalised approach.

Discussion: Establishing person-centred care and fostering therapeutic relationships has been shown to improve not only patient satisfaction but also patient safety. While this discussion primarily focuses on the PACU, this information is of value to all perioperative nurses as they strive to incorporate person-centred care into the entire surgical patient journey. This paper will be presented under the following themes: 'the holistic person', 'integrating person-centred care into practice', 'working collaboratively' and 'future recommendations for perioperative nurses'.

Conclusion: Despite robust evidence, including recommendations in the National Safety and Quality Health Service Standards that support this practice, an evidence–practice gap has been noted due, in part, to a lack of formal definition and limited perioperative and multidisciplinary education. Also, as there is a paucity of research conducted on person-centred care in the PACU, it is a recommendation of this discussion paper that Australian research be conducted in the specialised patient domains of the operating suite including the PACU. Prioritising a culture of advocacy for person-centred care holds promise for further enhancing patient outcomes and generating professional satisfaction for all perioperative nurses.

Keywords: post anaesthesia care unit, patient-centred care, person-centred care, perioperative nursing, collaborative care, family-centred care

Introduction

Contemporary health care is rapidly evolving, presenting challenges for both healthcare providers and consumers[1]. Economic strain, staff shortages, increased use of digital tools and complex definitions of self-identification (such as gender, personal values and family structures) are impacting core concepts of care, such as person-centred care (PCC)[2]. While a universal definition has not been agreed upon, PCC is generally thought to include communicating effectively with patients, recognising patient individuality, using therapeutic touch, addressing patients by their chosen name and title, promoting patient empowerment and balancing clinical responsibility with patient preferences[2]. However this lack of formal definition and education about PCC may have, in part, increased the gap between available evidence and the implementation of PCC into perianaesthesia and perioperative nursing[1,3].

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In the operating suite and the Post Anaesthesia Care Unit (PACU), partnering with consumers is essential to achieving accreditation. According to the Australian Commission on Safety and Quality in Health Care (ACSQHC)[4] 'Person-centred care is widely recognised as a foundation to safe, high-quality health care. It is care that respects and responds to the preferences, needs and values of patients and consumers'. As a result, this has been embedded into many Australian health policies and healthcare facility mission statements[1]. However, in the PACU setting, which is a highly specialised unit designed for recognising and responding to immediate post-operative complications from surgery and/or anaesthesia, PCC has been difficult to attain[5,6].

This paper aims to stimulate discussion in the operating suite and the PACU that may advance contemporary PCC. The specific terminology of '*person*-centred care' has been used to reflect current trends and the transition away from the term '*patient*-centred care' which can be seen as emphasising a person's injury or illness rather than the person[7]. While these terms are often interchangeable, emphasis on the uniqueness of the person is a foremost requirement of perioperative and perianaesthesia nursing, requiring a personalised approach[2,7].

Discussion

Rigorous searching of the literature, and reading and re-reading chosen scholarly articles about PCC allowed identification of themes that were analysed and synthesised. To ensure the highest quality evidence underpinned this discussion, literature was evaluated against the Joanna Briggs Institute's level of evidence framework and the Equator Network checklists.

While this discussion primarily focuses on the PACU, this information is of value to all perioperative nurses as they strive to incorporate PCC into all stages of the patient's surgical journey. This paper will be presented under the themes that emerged – 'the holistic person', 'integrating person-centred care into practice', 'working collaboratively', and 'future recommendations for perioperative nurses'.

The holistic person

Patients are vulnerable immediately after surgery and often feel a loss of control[8]. Post-anaesthesia care nurses play a key role in supporting patients at this time and aim to create a strong sense of safety, empathy and advocacy. In addition to these established core concepts of PACU nursing, there needs to be an emphasis on prioritising individuality, inclusivity, diversity and equity[9,10]. Contemporary views and current culture necessitate these priorities becoming core concepts of general, perioperative and post-anaesthesia nursing to facilitate person and family-centred care[1,11]. These priorities are consistent with *patient*-centred care, the key difference is the shift to an improved, constructive focus on engaging with the patient as a person, not just treating their underlying injury or illness[12].

Qualitative research conducted by Fix et al.[13] (n = 107) found that nurses could support post-anaesthesia patients holistically by considering their spiritual, social, personal and life circumstances, as well as their desired level of involvement in care decisions[14]. However, in a cross sectional descriptive study of perioperative nurses by Yuksel and Akeoban[14] (n = 150), it was found that only 71.3 per cent of nurses believed patients should receive individualised care and of these only half were aware of the concept of PCC.

Evidence suggests that imbalances which have contributed to this issue are present at the micro (clinical), meso (systems) and macro (organisational) levels of health care, manifesting as limited education, lack of postgraduate qualifications, ineffective interventions, weak policies and unregulated transition of evidence into practice[1,15,16]. Janerka et al.[3] found that implementation of PCC positively occurred at the micro level; however, there was limited implementation at the meso and macro levels causing concern for holistic support, culture and sustainability at the clinical coalface. However, as many post-anaesthesia care nurses have chosen to specialise in this field of nursing, this has resulted in increased interest to positively contribute to holistic PCC and the implementation of this concept into their daily routine[14].

Integrating person-centred care into practice

Integrating PCC into the patient journey involves best practice based on scholarly literature and governing guidelines, such as the National Safety and Quality Health Service (NSQHS) Standards, to meet the care needs of individual patients and the requirements of health service organisations[4,17]. Arakelian et al.[2] explain that nursing care will need to be individualised for each patient, thus will vary between patients. Additionally, PACU nurses will need to combine this individualised care with clinical obligations such as patient observations, adherence to standards and procedures, workplace expectations and meeting post-anaesthesia criteria requirements[2].

Barriers to providing PCC include time pressures, inexperienced clinicians, ineffective therapeutic relationships, communication differences, limited resources, challenging personalities, unrealistic expectations, overwhelming workloads, burnout and lack of respect[18–20]. Furthermore, PACU nurses frequently face challenges providing PCC due to the rapidly changing, fast-paced environment and limited time with each patient, which may result in missed information during care transition and impact the implementation of PCC into practice[12,21].

Strategies to support effective implementation of PCC include inclusive and strategic planning, detailed and accurate documentation, frequent evaluation of the patient's health journey, adherence to guidelines, multimodal care methods, positive leadership, postgraduate education, structured training and use of innovative models to contribute to exceptional PCC[4,9,11,14,21–23]. Furthermore, collaborative care methods were frequently discussed in the literature and found to directly affect how PCC is performed, emphasising the importance of integration of collaborative teams cohesively working with patients[10,24].

Working collaboratively

Collaboration remains a cornerstone of PCC, supporting the achievement of shared goals and establishment of meaningful therapeutic relationships[8]. Fostering these therapeutic relationships

results in greater patient satisfaction and a statistically significant improvement in patient safety outcomes[25,26].

Safe, collaborative care takes place in different ways within the PACU but all rely on effective interactions such as involving patients, who are experts on their own life and care goals, in decisions about interventions[27]. However, in the case of paediatric PACU patients, a qualitative study by Taranto et al.[19] (n = 15) found that collaboration was an area needing improvement and further research was warranted to determine how to improve PCC for this patient group. This highlights the need for PACU nurses to foster collaboration, partnering with patients, including children and their care givers, to ensure truly individualised and supportive post-anaesthesia experiences are delivered[4,16].

Multidisciplinary team collaboration is also an integral part of PACU nursing where patient goals can be more easily met when the entire healthcare team is effectively coordinated when delivering PCC[4,18]. If care is poorly coordinated, this may impact post-surgical outcomes and patient perceptions of their environment[25,26]. Further, professional collaborations, such as interaction with national and international facilities, can enhance PCC by sharing expertise and seeking best practice from a wide range of foundations, fostering a sustained and contemporary commitment to PCC and future innovation[19,24].

Future recommendations for perioperative nurses

The future of PCC relies heavily on a transition from outdated conceptions of patient roles to perceiving the patient as a holistic person, much more than their injury or illness[7]. As there is a paucity of research into PCC in the PACU available, organisational support for further Australian research[3], including qualitative observational studies, would be welcomed[28]. Also, using an implementation science model may lessen the evidence–practice gap[29]. Implementation science is the scientific study of methods and strategies that facilitate the uptake of evidence-based practice specifically into healthcare settings[29].

Assigning a perioperative nurse to foster PCC may benefit patients and clinicians by pre-planning care, establishing therapeutic relationships and improving perioperative communication[9,30]. As PACU patients may be sedated or still recovering from the effects of anaesthesia, accurate information about patient preferences would be essential. Using this information could facilitate a sincere environment focussed on preventing anxieties and promoting enhanced recovery and wellbeing[2].

Furthermore, all Australian perioperative education should include PCC, integrating this into their graduate programs, orientation of new employees and regular staff education, to maintain a collaborative, positive environment and facilitate a culture of ongoing learning where nurses no longer work beyond their knowledge scope of PCC[20,31]. To bridge this knowledge gap, staff should all have access to relevant standards, such as *The ACORN Standards*[32] produced by the Australian College of Perioperative Nurses, and opportunities to learn about PCC. Funding for these opportunities should be included in financial planning[5,18].

Quinn et al.[33] recommend that future planning should include implementation of a highly diverse workplace, including employment of gender diverse, multicultural and additionally skilled staff to provide a multitude of connective platforms for post-anaesthesia patients. The assurance of a safe space for both nursing and healthcare consumers impacts PCC, particularly in the highly acute PACU environment where there are high expectations for exceptional care[18,26].

Conclusion

The principles of person-centred care should underpin care provided in Australian operating suites, including PACUs. The delivery of PCC requires a commitment to individualised care, looking past the patient's medical condition and focusing on their diverse and holistic needs. Despite robust evidence and authoritative guidelines supporting this practice, its implementation is hindered by a range of barriers. To overcome these barriers, support strategies are required at micro, meso and macro levels. As there is a paucity of research into PCC in the PACU, it is a recommendation of this discussion paper that Australian research be conducted in the specialised patient domain of the operating suite, including PACU. Educational guidance could be sought from national and international frameworks and policies that may further support the integration of PCC into everyday practice. By prioritising a culture of PCC advocacy, the future holds promise for further enhancing patient outcomes and the generation of professional satisfaction for all perioperative nurses.

Contribution

This discussion paper contributes to contemporary perioperative and post-anaesthesia nursing care by synthesising research into PCC and aims to generate discussion, enhance professional development and improve care of patients.

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References

1. Byrne AL, Baldwin A, Harvey C. Whose centre is it anyway? Defining person-centred care in nursing: An integrative review [Internet]. Plos One. 2020[cited 2025 Sep 14];15(3):e-1–e-21. DOI: 10.1371/journal.pone.0229923
2. Arakelian E, Swenne L, Lindberg S, Rudolfsson G, Vogelsang AC. The meaning of person-centred care in the perioperative nursing context from the patient's perspective [Internet]. J Clin Nurs. 2017[cited 2025 Sep 14];26(1):e-2527–e-2544. DOI: 10.1111/jocn.13639

3. Janerka C, Leslie GD, Gill FJ. Development of patient-centred care in acute hospital settings: A meta-narrative review [Internet]. Int J Nurs Stud. 2023 [cited 2025 Sep 12];140(1):e1– e13. DOI: 10.1016/j.ijnurstu.2023.104465
4. Australian Commission on Safety and Quality in Healthcare (ACSQHC). For consumers [Internet]. Sydney: ACSQHC; 2025 [cited 2025 Sep 28]. Available from: https://www.safetyandquality.gov.au/consumers#person-centred-care
5. Australian College of Nursing (ACN). Person-centred care [Internet]. Canberra: ACN; 2014 [reviewed 2020 May, cited 2025 Oct 10]. Available from: www.acn.edu.au/advocacy-policy/position-statement-person-centred-care
6. Davidson M, Litchfield K. Patient recovery and the post anaesthesia care unit [Internet]. Anaesth and Intensive Care Med. 2024[cited 2025 Sep 12];25(8):533–6. DOI: 10.1016/j.mpaic.2024.06.018
7. The University of Gothenburg. Centre for person-centred care – GPCC [Internet]. Gothenburg: The University of Gothenburg; 2025 [cited 2025 Sep 14]. Available from: www.gu.se/en/gpcc
8. Dahlberg K, Sundqvist A, Nilsson U, Jaensson M. Nurse competence in the post-anaesthesia care unit in Sweden: A qualitative study of the nurse's perspective [Internet]. BMC Nurs. 2022[cited 2025 Sep 12];21(1):14. DOI: 10.1186/s12912-00792-z
9. Ashour H, Mohamed A, Abou Hashish, Ebtsam A O, Awad N, Hassan A. From awareness to action: Investigating the impact of big-five teamwork model awareness on rationing of nursing care and patient centered care [Internet]. BMC. 2025 February 1 [Cited 2025 Sep 12];24(1):133. DOI: 10.1186/s12912-025-02711-y
10. Shin JY, Jang EH. Influence of person-centred perioperative nursing and patient safety competency on patient safety management activities among operating room nurses: A descriptive survey study [Internet]. Korean J Adult Nurs. 2023[cited 2025 Sep 12];35(2):e-97–e-106. DOI: 10.7475/kjan.2023.35.2.97
11. Saasouh W, Ghanem K, Al- Saidi N, LeQuia L, McKelvey G, Jaffar M. Patient-centered perspectives on perioperative care [Internet]. Front Anesthesiol. 2024[cited 2025 Sep 14];3(1):e-1–e-9. DOI: 10.3389/fanes.2024.1267127
12. Abraham MR, Dokken DL, Johnson BH. 50th anniversary series: Evolution of patient- and family-centered cares: Milestones, key drivers, and recommendations [Internet]. Paediatr Nurs. 2024[cited 2025 Sep 12];50(4):161–84. DOI: 10.62116/PNJ.2024.50.4
13. Fix G, Lukas C, Bolton RE, Hill J, Mueller N, LaVela SL et al. Patient-centred care is a way of doing things: How healthcare employees conceptualize patient-centred care [Internet]. Health Expect. 2018[cited 2025 Sep 14];21(1):300–307. DOI: 10.1111/hex.12615
14. Yuksel H, Akeoban S. Person-centred perioperative nursing levels of surgical nurses and factors affecting them [Internet]. J Surg Med. 2025 [cited 2025 Sep 14];9(4):e-45–e-49. DOI: 10.28982/josam.7993
15. Vennedey V, Hower K, Hillen H, Ansmann L. Kuntz L, Stock S. Patients' perspectives of facilitators and barriers to patient-centred care: Insights from qualitative patient interviews [Internet]. BMJ Open. 2020[cited 2025 Sep 12];10(5): e033449. DOI: 10.1136/bmjopen-2019-033449
16. Ramos A, Pires S, Sa E, Gomez I, Alves E, Fonseca C et al. A cross-sectional study of the perception of individualized nursing care among nurses in acute medical and perioperative settings [Internet]. Nur Reps. 2024 October 25 [cited 2025 Sep 12];14(1):3191–205. DOI: 10.3390/nursrep14040232
17. Nilsson U. What is most important to you now? Person-centered postoperative care in the PACU [Internet]. J Perianesth Nurs. 2019[cited 2025 Sep 14];34(4):877–878. DOI: 10.1016/j.jopan.2019.04.008
18. Gillespie B, Bavin E, Harbeck E, Chaboyer W. Prioritising care in the OR: A qualitative study [Internet]. AORN J. 2025[cited 2025 Sep 14];122(3):141–52. DOI: 10.1002/aorn.14398
19. Taranto J, Thornton R, Lima S, Redley B. Parents' experience of family-centred care in the post anaesthetic care unit during non-clinical delays: A qualitative study [Internet]. J Child Health Care. 2022[cited 2025 Sep 12];26(4):597–611. DOI: 10.1177/13674935211036547
20. Younas A, Inayat S, Masih S. Nurses' perceived barriers to the delivery of person-centred care to complex patients: A qualitative study using theoretical domains framework [Internet]. J Clin Nurs. 2022[cited 2025 Sep 12];32(1):368–381. DOI: 10.1111/jocn.16245
21. Diaz M, Havrilla A, Dabney C. Perioperative guidelines for transgender and gender-diverse patients [Internet]. Nursing. 2025[cited 2025 Sep 14];55(6):28–35. DOI: 10.1097/NSG.0000000000000201
22. Goktas S, Gezginci E, Oymaagaclio K. Adaptation of the person-centered perioperative nursing scale to Turkish: A validity and reliability analysis [Internet]. J Perianesth Nurs. 2022[cited Sep 12];37(5):712–716. DOI: 10.1016.jopan.2021.12.009
23. Ramage B, Foran P. Evidence-based practice in perioperative nursing: Barriers and facilitators to compliance [Internet]. J Perioper Nurs. 2023[cited 2025 Sep 12];36(5):e-37–e-41. DOI: 10.26550/2209-1092.1265
24. Maciel E, Almeida FEA, de Freitas RBC. Practical aspects of humanized care in the surgical center and post-anaesthesia recovery room: Caring beyond technique [Internet]. CDC. 2025[cited 2025 Sep 12];71:1–6. DOI: 10.14198/cuid.29352
25. Nilsson U, Gruen R, Myles PS. Perioperative recovery: The importance of the team [Internet]. Anaesthesia. 2020[cited 2025 Sep 14];75(1):158–64. DOI: 10.1111/anae.14869
26. Shin P, Desai V, Hernandez A, Qiu C. Time out: The impact of physician burnout on patient care quality and safety in perioperative medicine [Internet]. Perm J. 2023[cited 2025 Sep 14];27(2):160–8. DOI: 10.7812/TPP/23.015
27. Hoenberger H, Delahanty K. Patient-centered care – enhanced recovery after surgery and population health management [Internet]. AORN J. 2015 [cited 2025 October 12];102(6):578–83. DOI: 10.1016/j.aorn.2015.10.016
28. Dahlberg K, Brady JM, Jaensson M, Nilsson, U, Odom-Forren J. Education, competence, and role of the nurse working in the PACU: An international survey [Internet]. J Perianesth Nurs. 2021[cited 2025 Sep 14];36(3):224–31. DOI: 10.1016/j.jopan.2020.08.002
29. Nilsen P. Making sense of implementation theories, models and frameworks. Implementation Science [Internet]. 2015[cited 2025 Sep 14];10:53. DOI 10.1186/s13012-015-0242-0
30. Chen L, Gil Z, Idilbi N, Zontag D, Shadmi E. The role of nurse practitioners in surgical settings across the perioperative trajectory: A comparative study on patient-centered outcomes [Internet]. Nurs Rep. 2025[cited 2025 Sep 12];15(8):291–301. DOI: 10.3390/nursrep15080291
31. Webster F, Rice K, Bhattacharyya O, Katz J, Oosenbrug E, Upshur R. The mismeasurement of complexity: Provider narratives of patients with complex needs in primary care settings [Internet]. Int J Equity Health. 2019[cited 2025 Oct 12];18(1):107. DOI: 10.1186/s12939-019-1010-6
32. Australian College of Perioperative Nurses. The new ACORN standards: 2023 professional standards for practice perioperative nurses (PSPPN). 4th ed. Adelaide: ACORN; 2024 [cited 2025 Sep 14]. Available from: www.acorn.org.au/acornstandards
33. Quinn B, O'Donnell S, Thompson D. Gender diversity in nursing: Time to think again [Internet]. Nursing Manag (Harrow). 2021[cited 2025 Oct 12];29(2):20–24. DOI: 10.7748/nm.2021.e2010