J Surg Med. 2025;9(4):45-49.
https://doi.org/10.28982/josam.7993

JOSAM

Research article
https://jsurgmed.com/

Journal of Surgery and Medicine

e-ISSN: 2602-2079

Person-centered perioperative nursing levels of surgical nurses and factors affecting them

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Ethics Committee Approval
The study was approved by the Nevşehir Hacı Bektaş Veli University Ethical Board on July 21, 2023 (Decision number: 2023-08). Verbal and written consent was obtained from all participating nurses.
All procedures in this study involving human participants were performed in accordance with the 1964 Helsinki Declaration and its later amendments.

Conflict of Interest
No conflict of interest was declared by the authors.

Financial Disclosure
The authors declared that this study has received no financial support.

Published
2025 April 11

Abstract

Background/Aim: There is evidence that effective perioperative care provided by nurses shortens the length of hospital stay, particularly in surgical units. However, studies on the level of perioperative nursing by nurses are limited. This study aimed to analyze the level of person-centered nursing by nurses working in surgical units and the factors affecting them.
Methods: This cross-sectional descriptive study was conducted between July and August 2023 through face-to-face interviews with 150 nurses working in surgical units of two government hospitals in Adana and Nevşehir provinces who agreed to participate. Data were collected using the "Nurse Introductory Information Form" and the "Person-Centered Perioperative Nursing Scale (PCPON)".
Results: It was found that 52% of the nurses were aware of person-centered care, and 71.3% did not believe that the same care should be applied to each patient. The mean score of the PCPON for nurses working in surgical units was 77.233 (14.62). There was a statistically significant difference between the PCPON scores of nurses working in intensive care units, those who chose the nursing profession willingly, those who willingly worked in surgical units, and those with knowledge of person-centered nursing (P<0.05).
Conclusion: This study revealed that nurses working in surgical units demonstrated a high level of person-centered perioperative nursing performance. Factors such as willingly choosing the nursing profession, willingly working in surgical units, and educational status were found to influence perioperative nursing.

Keywords: perioperative nursing, surgical nursing, nursing, patient safety

How to cite: Yuksel H, Akcoban S. Person-centered perioperative nursing levels of surgical nurses and factors affecting them. J Surg Med. 2025;9(4):45-49.

Introduction

Surgical nursing is the field that implements policies for patient safety, sterilization, anesthesia, and minimizing surgical risks [1]. Nursing applied in the surgical field encompasses the nursing practices that patients require before, during, and after surgery [2]. Patients often experience anxiety and stress during hospitalization due to various factors such as the hospital environment, preoperative, perioperative, or postoperative complications, and uncertainty. However, nurses may face challenges in providing care in surgical units, particularly when they focus solely on surgical interventions, which can hinder communication, empathy, and personal care [3,4].

Person-centered nursing has been shown to have positive effects, including reducing the length of hospital stay, infection rates, and hospital costs. To enhance the quality of nursing care, nurses should consider patients and their families holistically. By implementing evidence-based guidelines in a perioperative setting, nurses can positively impact patient outcomes, such as reducing surgical site infections and length of hospital stay. Participation in preoperative assessment, training, intervention, and decision-making processes by perioperative nurses can enhance patient safety [5]. Feng et al. (2022) found that providing focused care in the perioperative period significantly decreased anxiety and depression in patients with lung tumors [6]. Perioperative care begins in the preoperative period, continues during and after surgery, and extends until no further care is required [7]. Person-centered care is essential for enhancing the quality of perioperative nursing practices [8]. When applied in the perioperative setting, person-centered nursing promotes rapid patient recovery, increased patient satisfaction, and reduced medical costs by shortening hospital stays [9]. The Association of Perioperative Registered Nurses (AORN) has established a perioperative nursing data set and standards based on a patient-focused model.

According to AORN standards of practice, perioperative nurses should consider patients' goals and preferences when developing and implementing care plans. Therefore, a person-centered nursing plan that addresses the patient's physiological, sociocultural, and spiritual needs should be devised. Consequently, person-centered care provided by nurses in surgical units is crucial. Despite limited research on the levels of person-centered perioperative nursing among surgical nurses [4,6,7,9], this study aims to analyze the person-centered nursing practices of nurses working in surgical clinics during the perioperative period.

Research Questions

1. What is the level of person-centered nursing practices among surgical nurses during the perioperative period?

2. What factors influence the level of person-centered nursing practices among surgical nurses during the perioperative period?

Materials and methods

Research type

This is a cross-sectional descriptive study.

Population and sample of the study

The study was conducted with nurses working in the surgical units of two hospitals in Adana and Nevşehir provinces. Therefore, the study population consisted of nurses working in surgical units. Sample size calculation was done using the G*Power 3.1.9.7 program. Since no study with sample characteristics and criteria similar to this study was determined, Cohen's standardized effect size was used [10]. In the evaluation of person-centered nursing levels of nurses working in surgical units and the factors affecting them, the independent t-test and analysis of variance were used when there was a normal distribution, and the Mann-Whitney U Test and Kruskal–Wallis test were used when there was no normal distribution. Accordingly, the sample size was determined as n=145 when a priori analysis was made with a medium effect size (0.50), α error=0.05, β error=0.05, and power=0.95. Considering the possible loss of data during the study, 150 nurses were included in the study. After the research, the person-centered nursing levels of surgical nurses and the factors affecting them were evaluated in the posthoc power analysis using the G*Power 3.1.9.7 program. Accordingly, in the analysis of variance, the effect size was 0.50, the alpha value was 0.05, and the minimum power of the study was 0.95.

Data collection

Data were collected between July and August 2023. A face-to-face questionnaire was administered to the nurses who agreed to participate in the study by explaining the purpose of the study. Volunteer nurses were asked to fill out questionnaire forms by the responsible nurses in the surgical units. The nurses who volunteered to participate in the study read the consent text at the beginning, answered the research questions without a time limit, and declared that they voluntarily participated.

Data collection tools

Nurse introductory information form

The form, developed by the researchers in line with the literature, included socio-demographic questions about gender, age, total years of employment, duration of employment in the surgical unit, educational status, and 16 statements about the nursing profession [9,11].

Person-centered perioperative nursing (PCPON)

The 'Person-Centered Perioperative Nursing Scale' was developed by Soyeung Shin and Jiyeon Kang in South Korea in 2019 to evaluate person-centered perioperative nursing. The Cronbach's alpha coefficient of the scale was found to be 0.76-0.88 [12]. A Turkish validity and reliability study of the scale was conducted by Yılmaz et al. in 2022, where Cronbach's alpha was determined to be 0.97. The scale consists of 20 questions, which are answered using the following scale: "1: Never, 2: Rarely, 3: Occasionally, 4: Frequently, 5: Always". The lowest score that can be obtained from the scale is 20, while the highest score is 100. A high score indicates a high level of person-centered perioperative nursing performance [13]. In the present study, the Cronbach's alpha value was determined to be 0.98.

Ethical considerations

The necessary Ethics Committee approval (Decision No: 2023/08) was obtained from Nevşehir Hacı Bektaş Veli University Non-Interventional Research Ethics Committee, and approval was also obtained from the health institutions where the research was conducted. Additionally, the purpose of the study was explained at the beginning of the questionnaire form, approval of the participating nurses was obtained, and the nurses were informed that participation in the study was voluntary. The

principles of the Declaration of Helsinki were applied during the implementation of the study. The authors obtained the necessary permission via email for the scale to be used in the study.

Data analysis

The data was analyzed using the SPSS 25.0 (Statistical Package for Social Sciences) program. The normal distribution of numerical characteristics was assessed using the Shao test and Skewness-Kurtosis values. It was found that the Skewness value ranged from -0.102 to -0.910, and the Kurtosis value ranged from -1.288 to 1.386. Kurtosis and Skewness values between -1.5 and +1.5 indicate a normal data distribution [14]. In the descriptive data analysis of the study, number and percentage distributions, mean, standard deviation, minimum, and maximum values were calculated. The independent t-test was used to compare the measurement values of two independent groups, while analysis of variance was used to compare three or more independent groups. All data obtained were evaluated using appropriate statistical methods based on their characteristics, with the statistical significance level set at $P<0.05$.

Results

The mean age of the nurses participating in the study was 31.74 (5.54) years, with a monthly working time of 180.39 (33.70) hours, and 55.3% were female. It was found that 68.7% of the nurses had a Bachelor's degree, 54% worked in surgical units, 32.0% had been working for 6-10 years, 30% had been in surgical units for 1-5 years, and 80% worked day and night shifts. On the other hand, 42.7% of the nurses willingly chose the nursing profession, 61.3% willingly worked in surgical units, 52% had knowledge about person-centered nursing, 50% knew the definition of perioperative nursing, and 34.7% did not attend symposiums/congresses. When analyzing statements regarding patient care, it was found that 71.3% did not agree with the idea that the same care should be applied to each patient, and 82% communicated with patients during patient care (Table 1).

The mean PCPON score of the nurses working in surgical units was 77.233 (14.62) (Table 2). The distribution of PCPON scores of nurses working in surgical units according to some variables was examined. It was found that the scale score of female nurses was higher than male nurses, but the difference was not statistically significant ($P=0.162$, t=1.404). A statistically significant difference was found between educational status and PCPON score ($P=0.016$, F=3.560). The Bonferroni correction test, one of the pairwise comparisons, was used to identify the group that made a difference. It was determined that nurses with postgraduate education scored higher than other nurses (Table 2). Additionally, it was observed that the PCPON scores of nurses working 6-10 years in the profession, working in surgical units for 21 years or more, receiving training/certification related to surgical nursing, and working only night shifts were higher, but the differences were not significant ($P=0.720$, F=2.201; $P=0.104$, F=1.957; $P=0.561$, t=0.582; $P=0.071$, F=2.698, respectively) (Table 2). A statistically significant difference was found between the PCPON scores of nurses working in intensive care units, those who willingly chose the nursing profession, those who willingly worked in surgical units, and those who had knowledge about person-centered nursing ($P=0.04$, F=3.300; $P<0.001$, F=10.094, $P=0.004$, F=5.795; $P<0.001$, F=5.95, respectively) (Table 2). According to the Bonferroni correction, it was determined that nurses who answered "yes" received higher scores (Table 2). Furthermore, it was found that the scale scores of nurses who participated in symposiums/congresses, knew what perioperative care was, stated that the same care would not be applied to every patient, and communicated with patients were significantly higher ($P=0.001$, F=13.610; $P<0.001$, F=10.087, $P<0.001$, F=14.438; $P<0.001$, F=11.817, respectively) (Table 2).

Table 1: Socio-demographic and occupational characteristics of nurses working in a surgical unit

Characteristics	mean (SD)	min-max
Age	31.74 (5.54)	22-48
Monthly working hours	180.39 (33.70)	100-220
	n	**%**
Gender		
Female	83	55.3
Male	67	44.7
Educational status		
High school	18	12
Associate degree	13	8.7
Bachelor's degree	103	68.7
Postgraduate	16	10.7
Unit of work		
Surgical units	81	54
Intensive care units	48	32
Operating rooms	21	14
The duration of working in the profession of nurses (years)		
1 years<	12	8
1-5 years	33	22
6-10 years	48	32
11-20 years	45	30
21 years≥	12	8
The duration of working in the surgical units (years)		
1 years<	25	16.7
1-5 years	45	30.0
6-10 years	40	26.7
11-20 years	35	23.3
21 years≥	5	3.3
Ways of working		
Night (16-08)	17	11.3
Day (8-16)	13	8.7
Night-Day (shift) (8-16, 16-08)	120	80.0
The status of willing choosing the nursing profession		
Yes	64	42.7
Undecided	45	30.0
No	41	27.3
The status of willing working in surgical units		
Yes	92	61.3
Undecided	34	22.7
No	24	16.0
Knowing what individualized patient care		
Yes	78	52.0
Partially	61	40.7
No	11	7.3
Participation in studies/symposiums/congresses in the field of nursing		
Yes	51	34
Partially	47	31.3
No	52	34.7
Status of receiving training/certificate related to surgical nursing		
Yes	80	54
No	70	46
Knowing what perioperative nursing		
Yes	75	50.0
Partially	55	36.7
No	20	13.3
The level of agreement with the idea that the same care should be applied to each patient		
Yes	18	12.0
Partially	25	16.7
No	107	71.3
Communicating with patients in surgical units		
Yes	123	82
Partially	25	16.7
No	2	1.3

Values are presented as mean (SD), number (%). SD: standard deviation

Table 2: Distribution of person centered perioperative nursing scale scores of nurses working in surgical unit

	mean (SD)	min-max
Person Centered Perioperative Nursing Scale Total Score	77.23 (14.629)	40-100
Characteristics	**mean (SD)**	**Test *P*-value**
Gender		
Female	78.73 (14.93)	t=1.404
Male	75.37 (14.13)	*P*=0.162
Educational status		
High school[a]	70.05 (17.55)	**F=3.560**
Associate degree [b]	74.53 (13.85)	***P*=0.016***
Bachelor's degree [c]	77.51 (14.25)	**d>a d>b d>c**
Postgraduate [d]	85.68 (9.79)	
Unit of works		
Surgical units [a]	74.67 (15.63)	**F=3.300**
Intensive care units [b]	81.41 (13.13)	***P*=0.004***
Operating rooms [c]	77.52 (11.95)	**b>a b>c**
The duration of working in the profession of nurses (years)		
1 years<	74.25 (20.33)	F=2.201
1-5 years	79.24 (14.61)	*P*=0.720
6-10 years	81.10 (11.90)	
11-20 years	72.97 (15.41)	
21 years≥	75.16 (11.91)	
The duration of working in the surgical units (years)		
1 years<	81.04 (14.96)	F=1.957
1-5 years	76.97 (13.68)	*P*=0.104
6-10 years	79.25 (12.08)	
11-20 years	71.88 (17.85)	
21 years≥	81.80 (5.20)	
Way of working		
Night (16-08)	84.88 (11.76)	F=2.698
Day (8-16)	75.53 (19.86)	*P*=0.071
Night-Day (shift) (8-16, 16-08)	76.33 (14.14)	
The status of willing choosing the nursing profession		
Yes [a]	83.07 (12.25)	**F=10.094**
Undecided [b]	73.51 (14.68)	***P*<0.001***
No [c]	72.19 (15.07)	**a>b a>c**
The status of willing working in surgical units		
Yes	80.35 (13.21)	**F=5.795**
Undecided	72.55 (16.45)	***P*=0.004***
No	71.87 (14.32)	**a>b a>c**
Knowing what individualized patient care		
Yes [a]	80.35 (13.21)	**F=5.95**
Partially [b]	72.55 (16.45)	***P*<0.001***
No [c]	71.87 (14.32)	**a>b a>c**
Participation in current studies/symposiums/congresses in the field of nursing		
Yes [a]	84.68 (11.39)	**F=13.610**
Partially [b]	70.61 (14.22)	***P*<0.001***
No [c]	75.36 (14.75)	**a>b a>c c>b**
Status of receiving training/certificate related to surgical nursing		
Yes	77.87 (14.85)	t=0.582
No	76.47 (14.63)	*P*=0.561
Knowing what perioperative nursing		
Yes [a]	82.00 (12.97)	**F=10.087**
Partially [b]	73.92 (14.47)	***P*<0.001***
No [c]	68.45 (14.08)	**a>b a>c b>c**
The level of agreement with the idea that the same care should be applied to each patient		
Yes [a]	68.45 (14.08)	**F=14.438**
Partially [b]	64.12 (13.15)	***P*<0.001***
No [c]	77.94 (14.52)	**c>a b>a c>b**
Communicating with patients in surgical units		
Yes [a]	79.60 (13.94)	**F=11.817**
Partially [b]	67.76 (12.17)	***P*<0.001***
No [c]	50.00 (14.14)	**a>b a>c b>c**

Values are presented as mean (SD). ANOVA F test, t: independent-Samples T test, **P*<0.05

Discussion

Person-centered nursing is an essential aspect of nursing that takes into account patients' personal characteristics related to their clinical condition, personal lifestyles, preferences, and involvement in decision-making processes that impact their care. It also considers patients' behaviors, thoughts, and perceptions regarding physical indicators and primary coping mechanisms [15]. This study focused on examining the levels of person-centered perioperative nursing among nurses working in surgical units.

The study found that the majority of participating nurses were knowledgeable about person-centered perioperative nursing and believed it should be implemented. A similar study emphasized the importance of person-centered perioperative nursing in the surgical unit [16].

Zúñiga et al. [17] highlighted that while nurses had a high level of knowledge about person-centered patient care, they faced challenges in implementing person-centered perioperative nursing due to factors such as work intensity, long shifts, high patient loads, and inadequate staffing. Given that care is central to the nursing profession, it is crucial for surgical nurses to be well-versed in person-centered nursing to deliver more effective, individualized care to patients.

The study revealed a significant correlation between education level and person-centered perioperative nursing, with higher education levels correlating with a greater emphasis on person-centered care. Most nurses in the study held a Bachelor's degree, which was found to positively impact person-centered perioperative nursing. Lemos and Poveda [18] noted that academic education significantly influenced the level of person-centered perioperative nursing. Another study with surgical unit nurses indicated that as nurses' education levels increased, the quality of perioperative care improved, and their awareness of providing patient-specific care heightened [19]. Enhancing education levels, pursuing additional theoretical and practical training in perioperative care, and complementing education with relevant certification programs are believed to be effective strategies for promoting person-centered perioperative nursing.

The study found that nurses working in surgical units had high scores on the person-centered perioperative nursing scale, indicating above-average levels of care. Previous research also noted that operating room nurses demonstrated high levels of perioperative care for patients, leading to positive outcomes [20]. Another study evaluating nurses found that their person-centered perioperative care was consistently high [21]. Patients treated in surgical units, both before and after surgery, may experience uncertainty and stress. The high level of person-centered perioperative nursing provided by nurses, who prioritize patient care, supports the findings of this study.

Additionally, the study revealed a significant difference in person-centered perioperative nursing between surgical nurses in the intensive care unit and those who chose the nursing profession voluntarily. Previous research indicated that intensive care unit nurses exhibited high levels of person-centered perioperative nursing. Conversely, another study found that nurses who voluntarily entered the profession had significantly higher levels of person-centered perioperative care [22,23].

Furthermore, nurses who participated in symposiums/congresses, understood perioperative care, acknowledged the importance of individualized care, and engaged in patient communication had significantly higher scale scores. A study with perioperative nurses developed a protocol that emphasized the importance of training in perioperative patient care, leading to improved effectiveness and communication skills [24]. Surgical units, like other healthcare settings, encourage innovation [25], requiring nurses to stay updated on new practices and participate in events that enhance patient care and communication skills.

Limitations

The limitations of this study include that it was solely conducted with nurses in the surgical unit, the findings were based on the nurses' statements, and it was not an observational study. Additionally, the possibility that hospital management may have marked the positive option without carefully reading the survey questions could have influenced the results. These uncontrollable issues may have impacted the statistical analyses.

Conclusion

The study revealed that nurses in surgical units exhibit a high level of person-centered perioperative nursing. Factors such as educational background, job satisfaction, participation in symposiums/congresses, understanding of perioperative nursing, and belief in individualized patient care were found to influence person-centered perioperative nursing. This approach is believed to enhance communication between nurses and patients, improve care effectiveness, and increase patient satisfaction. Increasing awareness among nurses in surgical units about perioperative nursing is expected to have a positive impact on patients, potentially reducing hospitalization periods and improving nursing quality. Continued research on this topic is recommended, along with support for nurses through in-service training and certificate programs, and the provision of positive work environments by healthcare institution managers.

References

1. Bori G, Gómez-Durán EL, Combalia A, Trilla A, Prat A, Bruguera M, et al. [Clinical safety and professional liability claims in Orthopaedic Surgery and Traumatology]. Rev Esp Cir Ortop Traumatol. 2016 Mar 1;60(2):89–98.
2. Wilson CJ, Mitchelson AJ, Tzeng TH, El-Othmani MM, Saleh J, Vasdev S, et al. Caring for the surgically anxious patient: a review of the interventions and a guide to optimizing surgical outcomes. Am J Surg. 2016 Jul 1;212(1):151–9.
3. Mazurenko O, Zemke D, Lefforge N, Shoemaker S, Menachemi N. What determines the surgical patient experience? Exploring the patient, clinical staff, and administration perspectives. J Healthc Manag. 2015;60(5):332–46.
4. Morgan S, Yoder LH. A Concept Analysis of Person-Centered Care. J Holist Nurs. 2012 Mar;30(1):6–15.
5. Hohenberger H, Delahanty K. Patient-Centered Care-Enhanced Recovery After Surgery and Population Health Management. AORN J. 2015 Dec 1;102(6):578–83.
6. Feng J, Ge L, Jin F, Jiang L. Application of Narrative Nursing Combined With Focused Solution Model to Anxiety and Depression in Patients With Lung Tumor During Perioperative Period. Front Surg. 2022 Apr 8;9:858506.
7. Bergström A, Håkansson Å, Warrén Stomberg M, Bjerså K. Comfort Theory in Practice-Nurse Anesthetists' Comfort Measures and Interventions in a Preoperative Context. J perianesthesia Nurs Off J Am Soc PeriAnesthesia Nurses. 2018 Apr 1;33(2):162–71.
8. Sundqvist AS, Nilsson U, Holmefur M, Anderzén-Carlsson A. Promoting person-centred care in the perioperative setting through patient advocacy: An observational study. J Clin Nurs. 2018 Jun 1;27(11–12):2403–15.
9. Kalantar-Zadeh K, Lockwood MB, Rhee CM, Tantisattamo E, Andreoli S, Balducci A, et al. Patient-centred approaches for the management of unpleasant symptoms in kidney disease. Nat Rev Nephrol. 2022 Mar 1;18(3):185–98.
10. Cohen J. Statistical Power Analysis for the Behavioral Sciences. Statistical Power Analysis for the Behavioral Sciences. Routledge; 2013.
11. Blomberg AC, Bisholt B, Lindwall L. Responsibility for patient care in perioperative practice. Nurs Open. 2018 Jul 1;5(3):414–21.
12. Shin S, Kang J. Development and Validation of a Person-Centered Perioperative Nursing Scale. Asian Nurs Res (Korean Soc Nurs Sci). 2019 Aug 1;13(3):221–7.
13. Yılmaz Esenboğa N, Yurt S. Individual Centred Perioperative Nursing Scale: Turkish Adaptation, Validity and Reliability Study. J Ege Univ Nurs Fac. 2023 Apr 27;39(1):21–33.
14. Erbay Ş, Beydoğan HÖ. Educators' Attitudes towards Educational Research. Ahi Evran Univ J Kırşehir Fac Educ. 2017;18(3):246–60.
15. Ceylan B. Individualized Care in Nursing. J Ege Univ Fac Nurs. 2014;30(3):59–67.
16. Karayurt Ö, Ursavaş FE, İşeri Ö. Examination of the Status of Nurses to Provide Individualized Care and Their Opinions. Acıbadem Univ Heal Sci J. 2018;9(2):163–9.
17. Zúñiga F, Ausserhofer D, Hamers JPH, Engberg S, Simon M, Schwendimann R. Are Staffing, Work Environment, Work Stressors, and Rationing of Care Related to Care Workers' Perception of Quality of Care? A Cross-Sectional Study. J Am Med Dir Assoc. 2015 Oct 1;16(10):860–6.
18. Lemos C, Poveda V. Role of perioperative nursing in anesthesia: a national overview. SciELO Bras. 2022;56:e20210465.
19. Blomberg A, Lindwall L, Bisholt B. Operating theatre nurses' self-reported clinical competence in perioperative nursing: A mixed method study. Nurs Open. 2019 Oct 1;6(4):1510–8.
20. Dias P, Clerc D, Rodrigues MG da R, Demartines N, Grass F, Hübner M. Impact of an Operating Room Nurse Preoperative Dialogue on Anxiety, Satisfaction and Early Postoperative Outcomes in Patients Undergoing Major Visceral Surgery—A Single Center, Open-Label, Randomized Controlled Trial. J Clin Med. 2022 Apr 1;11(7):1895.
21. Koçak T, Akbuğa G. Determination of the Relationship Between Perioperative Care Quality and Patient Satisfaction in Patients Undergoing Orthopedic Surgery. J Ankara Univ Sch Med. 2022;75(3):361–7.
22. Rose PM. Individualized care in the radiation oncology setting from the patients' and nurses' perspectives. Cancer Nurs. 2016 Aug 23;39(5):411–22.
23. Alıcı CB, Koç Z. Quality of life and satisfaction affect individualized nursing care perceptions in intensive care. Psychol Health Med. 2020 Feb 7;25(2):148–59.
24. Stucky CH, De Jong MJ, Wymer JA. Certified Surgical Services Manager (CSSM): The New Gold Standard for Perioperative Nurse Leaders. J PeriAnesthesia Nurs. 2020 Dec 1;35(6):557–63.
25. Mendes DIA, Ferrito CR de AC, Gonçalves MIR. Nursing Interventions in the Enhanced Recovery After Surgery®: Scoping Review. Rev Bras Enferm. 2018;71:2824–32.