



Nursing care from a critical and person-centred perspective. Systematic review
Cuidado de enfermería desde la atención crítica y centrada en la persona. Revisión sistemática

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ABSTRACT

Objective: to analyse nursing care from the perspective of critical and person-centred care based on a systematic review. **Method:** systematic review, population of 15 articles. **Conclusion:** The analysis of nursing care from the perspective of critical and person-centred care, based on this systematic review, highlights the importance of combining technical excellence with the humanisation of care. Person-centred care not only improves clinical outcomes, but also has a positive influence on the perception of quality of care by patients and their families.
Descriptors: economics nursing; health planning; community health nursing. (DeCS).

RESUMEN

Objetivo: analizar el cuidado de enfermería desde la atención crítica y centrada en la persona en base a una revisión sistemática. **Método:** revisión sistemática, población de 15 artículos. **Conclusión:** El análisis del cuidado de enfermería desde la atención crítica y centrada en la persona, basado en esta revisión sistemática, destaca la importancia de combinar la excelencia técnica con la humanización del cuidado. La atención centrada en la persona no solo mejora los resultados clínicos, sino que también influye positivamente en la percepción de calidad del cuidado por parte de los pacientes y sus familias.
Descriptor: economía de la enfermería; planificación en salud; enfermería en salud comunitaria. (DeCS).

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INTRODUCTION

Person-centred care has become an essential standard in nursing practice, as it fosters empathic and personalised relationships between professionals and patients, which has a positive impact on clinical outcomes and the perception of the care received (6,7). In intensive care units (ICUs), where patients face highly complex and vulnerable situations, the role of nursing is crucial to guarantee safety, quality of care and the overall well-being of the patient.

On the other hand, the importance of implementing care models that optimise decision-making and communication in these environments has been highlighted, such as the use of standardised tools for the transfer of information, which have been shown to improve patient safety and the quality of care provided (1,10). The integration of the family in the care process has emerged as a key component in critical care, since their active participation not only improves clinical outcomes, but also reduces stress and anxiety in both patients and their caregivers, strengthening the care experience (2,3).

Based on the above, the objective is to analyse nursing care from the perspective of critical and person-centred care based on a systematic review.

METHOD

This work was carried out using a systematic review methodology, analysing 15 scientific articles following the guidelines established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol.

The search was carried out using controlled terms and keywords related to the subject, such as 'nursing care', 'critical care', 'person-centred care', 'quality of care' and 'intensive care units'. These terms were combined using Boolean operators (AND, OR) to optimise the results. RESULTS

Person-centred care from the perspective of Edvardsson et al. it is said that the perception of quality of care is closely linked to the ability of professionals to establish



empathetic and personalised relationships with patients (7). For their part, Lee & Kim emphasised that both patients and nurses consider effective communication and empathy to be essential elements in providing quality care (6). In this sense, Cook et al. comment that it is important to include competencies related to empathy and communication in nursing training programmes, as these skills are fundamental for developing person-centred practice (8). On the other hand, Izumi et al. emphasised that quality care for patients with advanced diseases must address both physical and emotional needs, which reinforces the need for a comprehensive approach to care (5).

In the field of critical care, the studies by Lee & Chang (1) and López Cárdenas et al. (11) highlight the importance of implementing care models that optimise decision-making and communication in high-pressure environments such as intensive care units (ICUs). The SBAR technique (Situation, Background, Assessment, Recommendation), evaluated by Abbaszade et al., has proven to be an effective tool for standardising the transfer of information between professionals, improving the safety and quality of care (10). Likewise, Zhang et al. proposed an index for evaluating the quality of psychological care in hospitalised patients, which reinforces the need for specific tools to measure and improve care in critical environments (9). On the other hand, the integration of the family in the care of critical patients is an essential component of person-centred care, in view of which, Franck et al. emphasised that the active participation of family members not only improves clinical outcomes, but also reduces stress and anxiety in both patients and their caregivers (2). Similarly, Glajchen et al. identified significant benefits in holding family meetings in the context of palliative care, although they also pointed to barriers such as a lack of staff training to handle complex family dynamics (3). Meanwhile, in paediatric care, Calhoun et al. analysed the importance of involving families in the care of children in critical care units, improving both the patient experience and the perception of quality of care (4).

Likewise, the management of specific conditions in critical care requires evidence-



based nursing interventions. Amatangelo & Thomas highlighted the importance of standardised protocols for the care of stroke patients in critical care units, which ensures timely and effective care (12, 13). On the other hand, Bento & Sousa analysed nursing interventions in patients with delirium in the ICU, which raises the need for specific strategies to prevent and manage this condition, which is frequent in critical patients (14). Likewise, Tume & Trapani emphasised the relevance of specialisation in intensive cardiac care, highlighting the need for continuous training for nurses working in these areas, given the complexity of the patients treated (15). It is important to bear in mind that paediatric critical care has evolved significantly in recent decades, and Calhoun et al. analysed this evolution, highlighting the need for specialised modes that consider the unique needs of children and their families (4). This is in line with the trend towards more personalised and person-centred care, even in highly complex contexts. Likewise, Franck et al. proposed the integrated family care model, which has proven effective in the care of premature newborns, improving both clinical outcomes and the experience of families (2).

Despite advances in critical and person-centred care, challenges remain related to workload, lack of resources and resistance to change in some clinical settings. In this case, Zhang et al. comment on the need to develop clear indicators to evaluate the quality of care (9). Likewise, Izumi et al. highlighted the importance of promoting an organisational culture that values person-centred care (5). On the other hand, López Cárdenas et al. identified differences in the perception of care in two models of care in the ICU, which suggests that the organisational structure also influences the perceived quality of care (11).

CONCLUSION

The analysis of nursing care from the perspective of critical and person-centred care, based on this systematic review, highlights the importance of combining technical excellence with the humanisation of care. Person-centred care not only improves clinical outcomes, but also has a positive influence on the perception of quality of care by patients and their families. Strategies such as the use of standardised tools,



such as SBAR, and the integration of the family into the care process have proven to be fundamental to guarantee safe and quality care.

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CONFLICT OF INTEREST

There is no conflict of interest with people or institutions linked to the research.

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