

Experience of Cardiovascular Care Unit (CVCU) Nurses in Implementing Person Centered Care

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Abstract

Background: Nurses in the Cardiovascular Care Unit (CVCU) have a key role in delivering Person Centered Care (PCC), which focuses on respecting patient preferences and improving care quality. Despite its importance, the implementation of PCC still faces several challenges in clinical practice.

Objective: This study aimed to explore the experiences of CVCU nurses in implementing Person Centered Care in a hospital setting.

Method: A qualitative research design with a phenomenological approach was used. Six nurses working in the CVCU were selected through purposive sampling. Data were collected using semi-structured interviews and analyzed through thematic analysis based on Colaizzi's method.

Results: The study identified five main themes: (1) Satisfaction with nursing care, (2) Involvement of patients and families, (3) Communication and collaboration between nurses and doctors, (4) Suboptimal communication patterns between nurses and patients, and (5) Time management and workload.

Discussion: The findings indicate that PCC contributes to greater satisfaction in nursing care delivery. However, several barriers, such as limited communication and workload issues, need to be addressed. These insights can inform strategies for broader PCC implementation across different hospital wards. Hospital management should support this process by addressing potential obstacles and facilitating a supportive environment for PCC.

Keywords : Person Centered Care, experience, CVCU nurses, phenomenology

INTRODUCTION

Person-centered care, commonly referred to as Person Centered Care (PCC), is a new paradigm in healthcare that prioritizes the patient as the center of care in the provision of hospital services (1). The hospital provides comprehensive facilities and delivers prompt and accurate services to patients. To achieve this goal, the effective implementation of PCC in hospitals requires the active involvement of all

healthcare providers. One of the important elements in the implementation of PCC in hospitals is the role of nurses. Nurses must be able to apply the PCC concept in nursing practice because the relationship between healthcare workers and patients impacts the provision of effective nursing care. This can be assessed based on the nurse's ability to conduct continuous evaluations of the patient's needs related to their care process (2).

In the Cardiovascular Care Unit (CVCU), the characteristics of patients are in critical condition, requiring intensive care that includes close monitoring as well as the use of medications, life support equipment, and safety gear (3). The increasing demand for intensive care patients requires CVCU nurses to be more patient-centered (4). Nurses possess the skills and knowledge necessary to identify critical patients and respond quickly to life-threatening situations. Thus, the implementation of PCC is very important, considering that care in the CVCU and ICU is different from other types of care (5)

Research by Andersson, Sjöström, Willman, and Borglin (6) showed that nurses caring for patients in the Coronary Care Unit (CCU) provided holistic and coordinated care to patients in accordance with the principles of PCC. According to Setianingsih, Susilaningih, and Anna (7), 90.2% of nurses who have experience in implementing PCC demonstrate better interaction skills with patients and are able to provide quick and accurate services. This is also reflected in the statements of the Cardiovascular Care Unit (CVCU) nurses during the interviews, where the implementation of PCC by the nurses involved engaging patients and their families in the nursing care process and addressing the biological, psychological, and social aspects of patients comprehensively. In addition, the nurses felt a positive impact on the success of the interventions provided to the patients. Patients are satisfied with the care provided by the caring nurses, especially in cases with poor prognosis. The implementing nurses who apply PCC have provided the best service in accordance with the PCC concept and have made efforts to improve service quality (8).

The concept of PCC is not always easy to implement, as there are still obstacles during the process of applying PCC in the CVCU. From the literature review, it was found that there are obstacles to the implementation of PCC in the intensive care unit related to time and workload (9). The complexity in the CVCU results in a high workload, which often becomes an obstacle in establishing communication between patients and nurses, so interactions are often limited to times deemed necessary. Nurses are aware of the gaps and deficiencies in service standards at the hospital. Although PCC has been widely introduced in hospital systems, limited research has explored how critical care nurses in the CVCU implement the PCC concept in high-traffic

environments. Therefore, understanding the firsthand experiences of nurses is crucial for enhancing the integration of PCC in critical care environments.

METHODS

Study Design

This study applies a qualitative research design with a descriptive phenomenological approach. This study aims to explore the experiences of CVCU nurses at one of public hospitals in Pekanbaru, Riau in implementing PCC. This approach is used to obtain the life experiences of the participants.

Sample

The population of this study consists of all nurses in the CVCU totaling 25 nurses. The researcher used purposive sampling as the sampling technique to ensure that the selected participants could provide complete and relevant information. Participants included must meet the inclusion criteria: CVCU nurses with a minimum work experience of 2 years, CVCU nurses who are willing to participate by signing the informed consent. This research involves 6 participants who have reached data saturation. It is said to be data saturation when no new information is found from the interviews.

Instrument

The main instrument in data collection for this study is the use of an interview guideline. The interview guide is designed as a list of questions to explore the participants' experiences in implementing PCC. The data collection technique uses semi-structured interviews. The goal is to allow flexibility in exploring information according to the research objectives.

Procedure

Before the research, an ethical approval letter was obtained from the Nursing and Health Research Ethics Committee of the Faculty of Nursing, University of Riau, with letter number 946/UN19.5.1.8/KEPK.FKp/2024. After obtaining the ethical approval letter, the research permit was submitted to RSUD Arifin Achmad in July 2024. Then, meet the nurses who meet the inclusion criteria and ask for their consent. Data were collected through semi-structured interviews. The interviews lasted between 20-30 minutes in a comfortable location. Transcribing the interview recordings

into transcript form. The transcript results are repeatedly checked and the research data is validated with the participants to ensure that their experiences are accurately represented.

Data Analysis

Data were analyzed using thematic analysis with the Colaizzi analysis stages (Polit & Beck, 2008). The analysis process involves understanding the entire interview transcript. The interview recording is listened to twice, and the transcript is read several times to obtain a comprehensive understanding. Identifying keywords from the interview quotes. Keywords are divided into brief categories relevant to the research objectives. The categories are interpreted into subthemes. Similar subthemes are organized into themes that reflect a broader picture (Table

2). The researchers also discussed the entire analysis process with their supervisor to reach a mutual agreement.

RESULTS

A total of six people were interviewed, aged between 34 and 46 years. The characteristics of the participants can be seen in Table 1. All participants were female, and the majority had 3-16 years of experience working as staff nurses in the cardiovascular intensive care unit. After analyzing the interview data, five themes were identified (Table 2), and each theme will be explained separately using representative quotes to emphasize the important findings.

Table 1. Participant Characteristic

| Code | Work Period (years) | Age (year) | Education Level | Department |
|------|---------------------|------------|----------------------------|--------------------|
| P1 | 16 | 38 | Bachelor of Nursing + Ners | Implementing Nurse |
| P2 | 5 | 46 | Bachelor of Nursing + Ners | Implementing Nurse |
| P3 | 13 | 39 | Nursing Diploma | Implementing Nurse |
| P4 | 3 | 36 | Bachelor of Nursing + Ners | Implementing Nurse |
| P5 | 3 | 34 | Bachelor of Nursing + Ners | Implementing Nurse |
| P6 | 11 | 38 | Nursing Diploma | Implementing Nurse |

Table 2. Data Analysis Results

| Category | Sub-Tema | Tema |
|---|---|--|
| Implementation of PCC | 1. Job satisfaction of nurses 2. Nursing care runs smoothly 3. Patient and family satisfaction 4. Patient complaints can be resolved 5. Good for intensive patient recovery | Satisfaction with nursing care |
| Supporters of the implementation of PCC | 1. Patient and family involvement 2. Family participation 3. Cooperation with the patient for recovery | Patient and Family Involvement |
| | 1. Effective communication 2. Good cooperation among nurses 3. Effective communication strategies in education 4. Physician involvement in patient education | Communication and Collaboration between Nurses and Doctors |
| Obstacles to the implementation of PCC | 1. Patients are less cooperative 2. Lack of patient and family trust in nurses | The Communication Pattern between Nurses and Patients is Not Optimal |
| | 1. Nurse fatigue 2. Limited time with patient or family | Time and Workload Management |

Theme 1: Satisfaction with Nursing Care

The implementation of PCC impacts nurses' satisfaction in providing nursing care. Nurses expressed satisfaction when seeing good progress in patients after nursing interventions were provided. The statements from the participants are as follows:

"...we are certainly satisfied, you know, because we can directly see the patient's recovery, see the feedback from the patient, we educate them to eat through NGT, and we see that their nutrition is fulfilled..." (P1, line 38-39,40)

Furthermore, nurses feel satisfied when the interventions focus on the patients' complaints and yield effective results in addressing the patients' main issues. Here are the statements from the participants:

"...we always, when providing services, indeed always focus on the patients' complaints, so whatever the patients complain about, that is what we handle first..." (P4, line 7-8)

The implementation of PCC can increase patient and family satisfaction, as patients and their families feel that the patient's needs are well met during the care process. The statement from the participants in the following interview excerpt:

"...the patient's family also feels satisfied with the nursing care provided, so the patient's needs are also met, and they feel comfortable here..." (P5, line 51-52)

"...the patient is also satisfied and hopes not to come back here, leaving immediately..." (P6, line 52)

Nurses have full responsibility in resolving every issue faced by patients in the intensive care unit. This can be seen from the following statement:

"...if PCC is indeed good for intensive care patients, nurses will focus on the needs of those patients until any problems that arise are resolved..." (P5, line 13-14)

Theme 2: Patient and Family Involvement

Family involvement in the care process provides significant emotional support for the patient. Nurses expressed that in conditions where patients are panicking or experiencing emotional changes, the presence of family is

very helpful in calming the patients. As quoted from the interview with the participant:

"...sometimes we are busy with patients in a state of panic... there must be family present because these patients have different emotions. If we can't calm the patient, at least the family can..." (P2, line 32-34)

Participants stated that cooperative patients and family support can influence the effectiveness of nursing care and ensure that the care meets the patient's needs, thereby facilitating a smooth recovery process. As in the following interview excerpt:

"...the implementation of this PCC certainly cannot be separated from the cooperation of the patient. The patient is cooperative, and the cooperation from their family is also very influential..." (P4, line 14, 21)

Family members can also serve as a communication bridge to help explain the patient's condition and the procedures being undertaken. Providing education related to the patient's condition must be clear. This is in line with the following interview quote:

"...we can ask for help from the family if the patient is uncooperative..." (P4, line 34)

"...so we re-educate until the family understands..." (P6, line 21)

Theme 3: Communication and Collaboration between Nurses and Doctors

Effective communication between healthcare professionals and patients and families is one of the keys to the successful implementation of patient-centered nursing care. Nurses strive to build good therapeutic communication with patients and families to ensure information is conveyed clearly. This is evident in the participants' statements:

"...that's why there is therapeutic communication, that communication is indeed needed by patients and families. So that the nursing care process can be achieved..." (P2, line 78)

Effective communication in the nursing process is important to pay attention to language that is adjusted to the level of understanding of patients and families so that information is easily understood.

"...according to their level of knowledge, the language we convey..." (P3, line 62)

Collaboration between nurses and doctors is very important when facing difficulties in explaining the patient's condition or care plan. Patients and families usually trust the doctor's explanations more, so nurses often ask doctors to provide additional explanations if needed. Here is a statement from the participant:

"...if it doesn't work, we usually go to the doctor so they can explain it in detail, usually they are more willing to listen to the doctor..." (P2, line 65-66)

Collaboration among nurses can also facilitate the resolution of patient issues and ensure the quality of service is maintained. In line with the participants' statements:

"...when the patient's condition requires more effort without being asked, other nurses will help each other..." (P3, line 89)

"...the involvement between shift colleagues is what makes it possible to resolve patient issues..." (P5, line 36)

Theme 4: The Communication Pattern between Nurses and Patients is Not Optimal

Most nurses expressed that there are patients who are difficult to cooperate with, both in following the nurses' instructions and in understanding the explanations regarding the care that needs to be undertaken. Interview results from the participants:

"...there are also patients who are difficult to cooperate with, in the sense that they are not very cooperative..." (P4, line 26)

"...it could be from the family or the patient who is less cooperative..." (P6, line 28)

The nurse also stated that the way information is conveyed greatly affects how patients and families receive the education.

"...the way we communicate makes the patient feel intimidated, he will not accept..." (P3, line 57)

Theme 5: Time and Workload Management

Another challenge in the implementation of patient-centered nursing

care faced by nurses is nurse fatigue and the limited time nurses have with patients and families. Nurses often find it difficult to provide optimal education to patients and families due to limited time and the numerous tasks that need to be completed. As in the following interview excerpt:

"...nurses sometimes perform many actions, so it's gradual 'I'll explain it again later, sir', it can't be done immediately because sometimes when we want to educate, there's a patient who needs treatment..." (P2, line 40,42)

"...it seems that the time and opportunity for nurses to talk to patients or families are indeed limited..." (P2, line 53)

Participants expressed that educating the patient's family takes more time, especially if the patient is unconscious. Here is the statement from the participant:

"...if the patient is unconscious, we definitely need a longer time to educate the family..." (P1, line 25)

Besides the aspect of time, the heavy workload also affects the physical condition of nurses. Some nurses acknowledge that physical fatigue becomes an obstacle in performing nursing duties optimally.

"...but more to the physical aspect because we are not fit anymore while the tasks are heavy..." (P3, line 83)

DISCUSSION

Nurses, as healthcare professionals, are responsible for providing optimal healthcare services to patients and are also one of the determinants of healthcare service quality (10). The quality of service can be seen from the implementation of PCC by nurses. This significantly contributes to the nurses' satisfaction in providing nursing care. Nurse satisfaction in providing healthcare services is influenced by their success in meeting patient needs and delivering nursing interventions that align with patient complaints. The application of PCC principles makes it easier for nurses to better understand the patient's condition and provide appropriate care. In the study by Tunny, Tandi, and Massa (11), the ability of nurses to place patients at the center of care. Patient satisfaction with the care provided can be assessed by the nurses' ability to implement

PCC, which ultimately can enhance their performance. The sense of satisfaction felt by nurses arises when they successfully reduce patient complaints through an empathetic and personal approach.

Research conducted by Yulia (12) shows that the proper implementation of PCC not only accelerates patient recovery but also increases nurses' satisfaction with their performance. When nurses feel that their work significantly impacts the patient's condition, they are motivated to provide better nursing care. In line with the research by Kim (13), that the implementation of PCC for emergency patients can improve the quality of nursing care. The well-fulfilled needs of patients and the attention given by nurses are the main factors driving the satisfaction levels of patients and their families. In line with Ilham's (14) research at RSU Mita Medika Medan, the implementation of PCC has a significant impact on the quality of services provided by nurses, thereby affecting the increase in patient satisfaction. According to Dasaryandi, Arif, & Wijaya (15), the healthcare services provided can be considered satisfactory if they meet the expectations of patients and their families.

In the implementation of PCC, family involvement is very important because families often become the main source of support for patients, both physically and emotionally. The presence of family is very helpful in calming patients who are experiencing anxiety, fear, or emotional changes. Family can also create a more conducive atmosphere for care. Family participation helps create a more holistic care process, encompassing the physical, emotional, and social aspects of the patient's needs (16). The presence of family can provide a sense of safety and comfort for patients, especially in situations that cause anxiety, such as being in an intensive care unit or undergoing complex medical procedures. The family plays a role as an important source of information. Families can provide important information to healthcare professionals regarding the patient's health history, including allergies, medications being taken, and patient habits that may affect the care process (17). This information helps nurses design a care plan that meets the individual needs of the patient. Family members also serve as a communication bridge between the patient and the nurse. In situations where patients have difficulty understanding or accepting medical information, families can serve as a

communication bridge between the patient and the medical team.

Cooperative patients and family support can influence the effectiveness of nursing care. This involvement aims to instill a sense of responsibility for managing their own health conditions (18). By understanding the patient's health condition, the family can help ensure that the patient receives proper care at home after being discharged from the hospital. Communication is also one of the principles in the implementation of PCC. Effective communication and good communication skills play a crucial role in the nursing process, as they significantly impact the quality of care provided (19). Participants strive to build good communication with patients and families to ensure information is conveyed clearly. The communication skills possessed by nurses are related to the application of effective and therapeutic communication in every nursing care (20).

Effective and therapeutic communication in nursing care is important to pay attention to language that is adjusted to the understanding level of patients and families so that information is easily understood. Research conducted by Crocker and Smith (21) highlights that an important aspect of PCC is clear communication, including the use of language that is easily understood by patients and families. Moreover, the effectiveness of communication between nurses and doctors also greatly influences the implementation of PCC. Collaboration between nurses and doctors through education can enhance the family's understanding of the patient's care plan. Good cooperation with colleagues within a single shift also facilitates the resolution of patient issues. According to research conducted by Charosaei et al. (18), effective cooperation among nurses is one of the key factors in supporting the implementation of PCC. This collaboration enables nurses to provide integrated, consistent, and patient-centered care.

The challenges in implementing PCC include the communication patterns between nurses and patients not being optimal, as well as time management and workload not being optimal. Participants stated that communication barriers still often occur, especially when patients or families are uncooperative, both in following the nurse's instructions and in understanding the explanations regarding the care that needs to be

undertaken. Moreover, the way nurses convey information greatly affects the response of patients and their families. If communication is conducted in a tone that lacks empathy or seems intimidating, patients are reluctant to accept the information conveyed. Poor communication can impact the decline in the quality of services provided by healthcare workers. According to the research by Tiainen, Suominen, and Koivula (18), ineffective communication can be a significant barrier to providing quality healthcare services, especially in interactions between nurses and patients.

In the implementation of PCC, high workloads and lack of time for each patient often become obstacles. According to the research by Dewi and Nazriati (19), time issues and task allocation are among the factors that influence the implementation of PCC. This is because the patient's family has many considerations to make when deciding on care actions and needs time to understand the information from the nurse. Other research also states that time constraints and the demands to complete numerous tasks hinder PCC (22). Barriers for nurses during patient care include the complexity of the patient's condition, high work pressure, and communication challenges with the patient and their family (23).

Heavy workloads cause the physical condition of nurses to deteriorate. Research conducted by Youn, Lee, and Jang (24) states that during the implementation of PCC, ICU nurses work in a complex and challenging environment, which can increase the risk of work-related stress and fatigue among nurses. When nurses feel fatigued, the effectiveness of PCC implementation decreases and affects the quality of service provided to patients (25).

CONCLUSION

The implementation of PCC significantly contributes to nursing service satisfaction. The sense of satisfaction experienced by nurses is influenced by the cooperation of patients in the care process, especially in handling patient complaints. The attention and fulfillment of patients' needs by nurses, both physically and emotionally, also impact the satisfaction of patients and their families during nursing care.

The success of implementing PCC is closely tied to the involvement of patients and families during the nursing care process. Families play

an important role in providing relevant medical information to nurses and serve as a communication bridge between patients and nurses. The effectiveness of communication and strengthening collaboration with the team, nurses can reduce barriers in communication patterns that are still not optimal and create a better care experience for patients and families. From this research, it can provide guidance on nursing care practices for nurses in general.

Nursing care with the PCC approach certainly presents challenges for nurses. Nurses often do not have enough time to provide education and interact with patients and families due to high workloads. This affects the implementation of PCC. Therefore, the need for hospital management to facilitate the implementation of PCC by anticipating these obstacles to achieve optimal nursing service quality.

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Author Contribution

SA : Conceptualization and Study Design, Methodology, Data Curation, Writing – Original Draft, Writing – Review & Editing
WND and RW : Conceptualization and Study Design, Methodology, Formal Analysis,

Conflict of Interest

The authors declare that there are no conflicts of interest.

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