Salud Integral y Comunitaria. 2026; 4:305
doi: 10.62486/sic2026305

SHORT COMMUNICATION

Person-centered care in rehabilitation nursing: Integrating sexual health into transformative nursing practice

Atención centrada en la persona en enfermería de rehabilitación: Integración de la salud sexual en la práctica transformadora

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Cite as: Teixeira F, Guerra N, Marques J, Severino S, José H, Sousa L. Person-centered care in rehabilitation nursing: Integrating sexual health into transformative nursing practice. Salud Integral y Comunitaria. 2026; 4:305. https://doi.org/10.62486/sic2026305

Submitted: 12-07-2025 **Revised:** 30-09-2025 **Accepted:** 25-11-2025 **Published:** 01-01-2026

Editor: Dr. Telmo Raúl Aveiro-Róbalo

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ABSTRACT

Introduction: McCance and McCormack's Person-Centred Practice Theory is grounded in dignity, respect, and the active involvement of the person in their care. Rehabilitation Nursing in Portugal shares these principles, promoting autonomy and functionality throughout the life cycle. Sexuality, integrated within human functionality, constitutes an essential dimension of care, often neglected due to taboos and lack of specific policies.
Objective: to critically analyse how the person-centred approach can be applied in Rehabilitation Nursing, emphasizing the integration of sexual health as a component of transformative care.
Method: a theoretical-reflective study based on a literature review conducted between September and October 2025 using Google Scholar, EBSCOhost, and PubMed, employing MeSH and DeCS descriptors related to nursing care, rehabilitation, sexuality, and care models.
Development: person-centred practice fosters ethical, empathetic, and collaborative relationships. In Rehabilitation Nursing, it reinforces personalized care and the recognition of sexuality as part of overall wellbeing. The Registered Nurses' Association of Ontario supports this integration, promoting inclusive practices grounded in human rights. However, cultural and organizational barriers, such as the predominance of the biomedical model, hinder addressing sexuality by Specialist Rehabilitation Nurses.
Conclusions: integrating sexuality within person-centred practice promotes ethical and humanized care. Overcoming barriers and investing in professional training are essential to establish inclusive, transformative practices supported by institutional policies.

Keywords: Person-Centered Care; Rehabilitation Nursing; Sexual Health.

RESUMEN

Introducción: la *Teoría de la Práctica Centrada en la Persona* de McCance y McCormack se fundamenta en la dignidad, el respeto y la participación activa de la persona en su cuidado. La Enfermería de Rehabilitación en Portugal comparte estos principios, promoviendo autonomía y funcionalidad a lo largo del ciclo vital. La sexualidad, integrada en la funcionalidad humana, constituye una dimensión esencial del cuidado, frecuentemente desatendida por tabúes y falta de políticas específicas.

Objetivo: analizar críticamente cómo el enfoque centrado en la persona puede aplicarse en la Enfermería de Rehabilitación, con énfasis en la integración de la salud sexual como componente del cuidado transformador.
Método: estudio teórico-reflexivo basado en una revisión bibliográfica (septiembre–octubre de 2025) en Google Scholar, EBSCOhost y PubMed, con descriptores MeSH y DeCS sobre cuidados de enfermería, rehabilitación, sexualidad y modelos de atención.
Desarrollo: la práctica centrada en la persona promueve relaciones éticas, empáticas y colaborativas. En la Enfermería de Rehabilitación, refuerza la personalización del cuidado y la valoración de la sexualidad como parte del bienestar. La *Registered Nurses' Association of Ontario* respalda esta integración, promoviendo prácticas inclusivas basadas en derechos humanos. Sin embargo, barreras culturales y organizacionales, como el modelo biomédico, dificultan su abordaje por los Enfermeros Especialistas en Rehabilitación.
Conclusiones: integrar la sexualidad en la práctica centrada en la persona favorece un cuidado ético y humanizado. Superar barreras e invertir en formación profesional resulta esencial para consolidar prácticas inclusivas, transformadoras y respaldadas por políticas institucionales.

Palabras clave: Atención Dirigida al Paciente; Enfermería en Rehabilitación; Salud Sexual.

INTRODUCTION

The Theory of Person-Centered Practice, presented by McCance and McCormack in 2006, offers a humanized model that determines care based on dignity, respect, reciprocity, ethics and the active participation of the person.[1] The authors consider that the person's rights and choices are essential for the provision of care and advocate a therapeutic partnership to build meaningful and personalized care.[1,2]

Rehabilitation Nursing, in Portugal, is a nursing specialty that considers the assumptions of this theory, as it aims to maximize the capacity for self-care and promote the person's functionality and autonomy throughout the life cycle in various contexts and situations, including sexuality.[3] In addition, sexuality is a relevant area of activity for Rehabilitation Nursing, explained in its specific competencies and integrated into the person's functionality.[4]

There are clinical conditions that can lead people to experience and/or present sexual dysfunction.[5] Sexual dysfunction is a persistent or recurrent alteration in the sexual response cycle, causing suffering and damaging the person's quality of life and social well-being.[6]

The person with sexual dysfunction may show a decrease in their participation in social activities [7] and, as a result, experience feelings of oppression or social exclusion.[8,9] This is related to society's negative view of sexuality, which is considered taboo[10,11,12,13] and associated with various myths.[11,14] This view reflects society's lack of knowledge about sexuality.[12,15]

Specific policies and protocols regarding sexuality are scarce, making it difficult for Rehabilitation Nurse Specialists (RNS) to act.[12,16] In this sense, the aim of this article is to critically analyze how the person-centered approach can be applied in Rehabilitation Nursing, with an emphasis on integrating sexual health as an essential component of transformative care.

METHOD

A theoretical-reflective approach was used. A bibliographic review was carried out between September and October 2025, in the Google Scholar, EBSCOhost and PubMed databases, using the MeSH descriptors (Nursing Care, Person-Centered Care, Rehabilitation Nursing, Sexuality, Sexual Health) and DeCS (Healthcare Models). Articles published since 2020 were selected, or with earlier dates when relevant to the foundation of the Theory of Person-Centered Practice. Books and reference documents were also consulted. The main ideas were analyzed with a view to integrating sexual health into person-centered care within the framework of Rehabilitation Nursing.

DEVELOPMENT

Person-Centered Practice: Fundamentals and framework in Rehabilitation Nursing

The Theory of Person-Centered Practice is part of the Nursing Paradigm of Transformation, which values continuous change, reflection on practice and adaptation to the person's preferences.[17,18,19,20] This paradigm integrates a humanized approach,[17] it is ethical, empathetic and person-centered.[21] The person-centered approach implies providing information and support for the person to participate in decisions about their health, focusing on their preferences and well-being.[22]

McCance and McCormack structured the theory into four domains: nurse prerequisites, which refer to the qualities and competencies necessary for person-centered practice, such as authenticity, clinical competence and ethical principles; care environment, which covers the organizational factors that condition the

implementation of practice, including organizational culture, leadership style and the support offered by the organization; person-centered processes, which correspond to the actions and interactions between nurse and person during care, such as effective communication, active involvement, building a partnership relationship, shared decision-making and mutual respect; and person-centered outcomes, which refer to the effects of practice on both the person and the health system, reflected in well-being, satisfaction, positive experiences and the valuing of individuality.[2,23,24]

The traditional concept of "intervention" has been replaced by "therapeutic action", which is understood as an intentional and relational interaction that promotes well-being and dignity through an empathetic, respectful and partnership relationship between the nurse and the person.[2] Therapeutic action transcends technique, including a relational, ethical and personalized response.

Within this framework, performance indicators are essential to evaluate and sustain practices that promote dignity, individuality and the active involvement of the person in their care.[23] Eight indicators were presented, aligned with humanistic principles: assessment of therapeutic relationships, shared decision-making, safe care environment, person-centred documentation, evidence-based practice, evaluation of the care experience, team development and facilitation of person-centred practice in organizations.[23,25] Its use reinforces therapeutic action as a relational and ethical practice, contributing to the continuous improvement of health services.

The application of the Theory of Person-Centered Practice in Rehabilitation Nursing reinforces the importance of personalized, ethical and collaborative care, oriented towards meaningful goals defined with the person.[20,26] Person-centered rehabilitation values dignity, respect and autonomy, promoting interventions that take into account the person's physical, social and emotional context. This approach favours the construction of sustainable therapeutic plans, the active involvement of the person in decisions and the use of theory to guide more humanized and effective practices in the rehabilitation process.[26]

Sexuality as a Dimension of Transformative Care

Sexuality is an essential dimension of the human experience, influenced by biological, psychological, social and cultural factors.[27] In this sense, the Registered Nurses' Association of Ontario highlights the importance of integrating sexual health into Rehabilitation Nursing, as a component of person-centered care and as a promoter of inclusive and ethical practices that respect human and sexual rights.[28] Thus, sexuality is considered a relevant aspect in the provision of care by health professionals,[14,27,29,30] especially Rehabilitation Nursing in Portugal.[14,29,30] However, the organizational culture in many healthcare contexts still predominantly reflects the biomedical model,[31] which limits the implementation of person-centered care and hinders a transformative approach to sexuality.

This limitation also has repercussions on attitudes and practices, leading both the person and the RNS to show hesitation in addressing sexuality.[12,32] The RNS faces barriers such as social taboo, the perception of sexuality as an intrusive topic, shyness, lack of confidence and lack of time.[12,14,16] Despite this, it is expected that the RNS will be the one to initiate the dialog and create a safe space for the person to express their concerns and experiences.[12,32]

The evolution of the concept of sexuality challenges the RNS to continually update its knowledge of assessment and intervention methods.[33,34] Changes in the experience of sexuality, especially in rehabilitation contexts, can increase the likelihood of psychological distress and negatively affect the person's quality of life.[14,35,36]

Recognizing sexuality as an integral part of care is a fundamental step towards building more humanized, ethical and person-centred practices. Its integration into the therapeutic plan contributes to the promotion of well-being, autonomy and dignity, which are central values of the Theory of Person-Centered Practice.

Clinical Implementation of Person-Centered Practice in Sexuality in Rehabilitation Nursing

The clinical application of Person-Centered Practice Theory involves continuous training, transformational leadership and positive care environments, with a focus on the uniqueness of the person.[1,2,37]

The RNS should adapt communication and therapeutic actions to human responses, promoting shared decision-making.[4,7,12,29,36] The RNS's person-centered approach to sexuality is implemented using Sexual Counseling Models, in order to promote a safe and ethical space for dialogue about sexuality..[2,14] The literature consulted presents a number of Sexual Counseling Models that can be used in the health area, including Permission, Limited Information, Specific Suggestion and Intensive Therapy,[14,38] the Bring up, Explain, Tell, Timing, Educate and Record,[38,39] and the Check In, Affirm, Clarify, and Answer Tool.[40,41] Knowledge about these models is still limited among RNSs, requiring specific training to understand and use them in clinical practice.[16,33,42]

From this perspective, the evaluation of the RNS should be relational, consider active listening, valuing the personal narrative and recognizing the person's values.[2,43] The Check In, Affirm, Clarify, and Answer Tool is the closest to the person-centered approach.

Sexuality is a subject that requires consideration of each person's own knowledge of themselves.[44] It is up

to the RNS to identify alterations in the experience of sexuality[33,42] and act as a therapeutic partner, promoting the person's well-being, self-care and self-determination.[2] To this end, it must provide emotional support, counseling and strategies that promote healthy sexuality, including compensating for any dysfunctions.[29,36,45] The RNS's work is aimed at empowering people to maximize their functionality,[4] acting as an educator and facilitator so that the person can make informed decisions about their health and well-being.[20] In this way, the RNS must use effective and empathetic communication strategies.

CONCLUSIONS

The application of the Person-Centered Practice Theory in Rehabilitation Nursing makes it possible to integrate sexuality as an essential dimension of care. To do this, it is necessary to overcome cultural and organizational barriers, invest in the training of RNSs and adopt clinical strategies that promote ethical and empathetic dialogue. This approach contributes to more humanized care, respecting the person's autonomy, dignity and functionality. It is suggested that studies be carried out on person-centered practices that include sexuality in rehabilitation contexts, in order to boost the formulation of protocols and institutional policies that promote transformative and inclusive care.

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FINANCING

The authors did not receive financing for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

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