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Evaluation of Patient-Centered Care (PCC) Implementation at A Type C Private Hospital

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ABSTRACT

Background: Patient-centered care, or PCC, has been recognized as a crucial pillar supporting both patient safety and healthcare quality. PCC must be monitored and evaluated, and reporting or documentation must be used as a communication mechanism. To determine the effectiveness of health care implementation, an assessment system is put in place.
Purpose: To evaluate the implementation of PCC at a type C private hospital.
Methods: A descriptive analytical design was applied in this study with a population of 385 inpatients. In this study, 97 respondents or 25% of the population participated as samples, chosen through purposive sampling. The instrument used was a questionnaire containing eight PCC indicators, namely patient choice, communication of information and education, coordination of services, moral support, physical comfort, involvement of family and loved ones, continuity and transition, and access to services. Percentage formulas was used in this study. This research has been declared ethically approved with document number 1117.1/RSPWDC/LP/KEPK/VIII/2023.
Results: The dimensions of choice appreciation, moral support, physical comfort, continuity and transition, coordination, and integrated patients included in the good category as many as 97 respondents (100%), dimensions of family involvement and the closest people to patients included in the good category as many as 94 respondents (96.9%), and the dimensions of communication, information, and patient education included in the good category as many as 72 respondents (74.2%).
Conclusion: The evaluation of the implementation of PCC implementation at a type C private hospital is in the good category.

Keywords: evaluation, patient center care, private hospital, type C

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BACKGROUND

Patient-centered care (PCC) is identified as an important cornerstone of healthcare quality and patient safety. PCC is a service that respects and is responsive to the preferences, needs, and values of individual patients and ensures that patient values are the primary consideration for all clinical decisions. This form of PCC service has continued to develop until now and is included in the hospital accreditation assessment process. PCC impacts not only the patient but also all components involved with healthcare. Staff can benefit from patient-centered care by enjoying increased levels of professional satisfaction (Moore *et al.*, 2017; Selfianie, 2025). Organizations also benefit from cutting healthcare costs, and there is a link between staff satisfaction and employee retention. The impact of PCC on patients is that it can improve patient experience, reduce length of stay and return to hospital due to illness, reduce length of hospital stay, improve disease management, reduce healthcare costs, and improve safety and quality of care (Leidner *et al.*, 2021; Yu *et al.*, 2023).

The quality of health care shows the level of perfection in the patient; the more perfect the experience gained, the better the quality of health care. The patient's experience while getting treatment and health services at the hospital is different; the application of PCC services is expected to provide a good experience for patients in the hospital (Fauzan and Widodo, 2019; Gustina Irawan, 2019). This interaction affects thoughts and feelings about hospital services, as well as the strength of the customer's relationship with the hospital. In accordance with the patient's point of view, if the service received or felt is more pleasant than his expectations, it will lead to a good experience, and vice versa (Putra, P.A.S., Susanti, NI.P., Rismawan, I.M., Sastamidhayani, 2023). The implementation of PCC which involves cross-sectoral performance in health services and is included in one of the criteria in hospital accreditation, causes the need for monitoring and evaluation of the implementation of PCC in health services with a system that continues to be built to be better in the future. Monitoring method, evaluation, and documentation methods can improve effective communication so that unwanted events that occur during service can be minimized and the quality of service in hospitals can be improved (Putra, P.A.S., Susanti, NI.P., Rismawan, I.M., Sastamidhayani, 2023).

The implementation of this dimension of PCC is influenced by many factors, namely leadership, vision, patient and family involvement, a supportive work environment, the quality of the hospital environment, supporting technology, systematic measurement, and feedback. The study of the phenomenology of the implementation of PCC says that the lack of understanding of all related hospital parties will affect the implementation of patient-centered care. The implementation of this dimension of patient-centered care PCC is influenced by many factors, namely leadership, vision, patient and family involvement, a supportive work environment, the quality of the hospital environment, supporting technology, systematic measurement, and feedback. The study of the phenomenology of the implementation of PCC says that the lack of understanding of all related hospital parties will affect the implementation of patient-centered care (Ernawati and Lusiani, 2019).

OBJECTIVE

This research aims to evaluate PCC implementation at a type C private hospital.

METHODS

This study used quantitative research with a descriptive design, which is to provide an overview of the evaluation of the implementation of PCC at a type C private hospital. The number of respondents in this study was 97 inpatient’s who had been selected by researchers

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according to the inclusion criteria using the purposive sampling technique. The instruments used was a questionnaire containing eight PCC indicators, namely patient choice, communication of information and education, coordination of services, moral support, physical comfort, involvement of family and loved ones, continuity and transition, and access to services established as SOPs in hospitals and which had undergone validity and reliability testing. The questionnaire was completed by inpatients who were willing to participate as respondents and had been undergoing treatment at a type C hospital for 3 days or more so that they could assess the implementation of PCC during their hospitalization. This research has passed ethics reviewed from the hospital, as evidenced by the ethical eligibility letter number 1117.1/RSPWDC/LP/KEPK/VIII/2023. Data collection for this study was carried out in September 2023, followed by data analysis using univariate analysis of each PCC dimension.

RESULTS

Table 1. Frequency Distribution of Respondent Characteristics Evaluation of Patient Centered Care (PCC) Implementation in Type C Private Hospitals

Characteristics	Frequency	Percentage
Male	44	45.4%
Female	53	54.6%
20 - 40 years old	39	40.2%
41-60 years old	58	59.8%
Elementary	19	19,6%
Junior high	18	18.6%
Senior high	42	43.3%
College	18	17.5%
Government staff	11	11.3%
Private staff	54	55.7%
Self-employed	32	33%

Based on Table 1, it is known that the majority of respondents in this study are female (54.6%), aged between 41 and 60 years (59.8%), have a senior high school education background (43.3%), and have jobs as private employees (55.7%).

Evaluation of Patients Centered Care (PCC) Dimensions

Table 2. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimension of Appreciation of Patient Choice in Inpatient Type C Hospitals

Appreciation of Patient Choice	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 2. It can be seen that the dimension of appreciation of patient choice obtained good results with a percentage of 100%.

Table 3. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimensions of Communication, Information, Education obtained by Patients in the Inpatient Type C Hospitals

Communication, Information, Education obtained by Patients	Frequency	Percentage
Good	72	74,2%

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Good enough	25	25.8%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 3. It can be seen that in the dimension of communication, information and education obtained by patients obtained good results with a frequency of 72 people (74.2%) while respondents who stated that they had not received good CIE were 25 people (25.8%).

Table 4. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimensions of Coordination and Integrated Patient Services in the Inpatient Hospital

Coordination and Integrated Patient Services	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 4, it can be seen that in the dimension of coordination and integrated patient services obtained good results with a percentage of 100%.

Table 5. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimension of Moral Support for Patients in the Inpatient Hospital

Moral Support for Patients	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 5, it can be seen that in the dimension of moral support the patient obtained good results with a percentage of 100%.

Table 6. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimensions of Patient Physical Comfort in the Inpatient Hospital

Patient Physical Comfort	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 6, it can be seen that the patient comfort dimension obtained good results with a percentage of 100%.

Table 7. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Dimensions of Family and Closest Person Involvement in the Inpatient Hospital

Family and Closest Person Involvement	Frequency	Percentage
Good	94	96.9%
Good enough	3	3.1%
Not good	0	0%
Total	**97**	**100**

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The results of the study as described in table 7, it can be seen that in the dimension of the involvement of the family and people closest to the patient, the frequency of respondents who stated well was 94 people with a percentage of 96.9% and respondents who stated quite well were 3 people with a percentage of 3.1%.

Table 8. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on Patient Continuity and Transition in the Inpatient Hospital

Continuity and Transition	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 8, t can be seen that the dimensions of continuity and patient transition obtained good results with a percentage of 100%.

Table 9. Frequency Distribution of Evaluation of Patient Centered Care (PCC) Implementation Based on the Service Access Dimension in the Inpatient Hospital

Service Access	Frequency	Percentage
Good	97	100%
Good enough	0	0%
Not good	0	0%
Total	**97**	**100%**

The results of the study as described in table 9, it can be seen that in the dimension of access to services received by patients obtained good results with a percentage of 100%.

The results of the comparison of the 8 dimensions of PCC show that the majority of dimensions were evaluated as good by patients. The dimensions of communication, information, and education obtained by patients and family and closest person involvement have a fairly good evaluation level from inpatients, although overall it is still in the good category.

DISCUSSION

In the discussion of this research, each dimension will be discussed in the implementation of patient center care in type C hospitals in 2023. Patient-centered care respects the wishes, needs, and preferences of patients and provides opportunities for patients and their families to be involved in decision-making for their care and treatment. Respecting patient-centered values, options, and wishes expressed by patients, including sensitivity to the problems experienced by patients (Tunny H, Dan T, Puput I, 2022). This is supported by previous research which states that patients tend to want to get information about their health conditions and they are involved in every decision that will be taken (Rachma and Kamil, 2019). The researcher assumes that the dimension of respecting patient choice has an influence on the service and care process, with all actions provided according to the wishes and decisions of the patient. Patients who are given the opportunity to choose their care can feel a sense of control over their care. They can be aware of all the care they receive, so they will feel more satisfied because they are heard and valued. It also influences the shorter length of stay in the treatment period and patient adherence to the treatment recommended to the patient. It also affects treatment outcomes and leads to higher patient satisfaction due to a feeling of involvement in the treatment process. Providing choice to patients can also encourage

healthcare facilities to focus on the individual needs of patients. This has an impact on improving the quality of care to increase patient satisfaction.

The results showed that the implementation of communication, information, and education obtained was in the good category, although it still needed to be improved. Patients and their families are given information about the patient's health condition, treatment and care plans, and disease prognosis. Information is communicated in a language that is easy for patients and their families to understand. Health workers need to establish good communication and be caring and responsive to build patient and family trust. Health workers also need to educate patients to be able to maintain and improve their own health, which can also increase independence in caring for themselves (Rachma and Kamil, 2019). The results of research in other hospitals show that patients are less satisfied with the communication, information, and education provided by medical personnel in the hospital. The creation of patient satisfaction will determine the good image and improvement of hospital accreditation assessments (Yulia, 2023). Researcher assume that patient communication, information, and education about the patient's clinical status and prognosis related to the patient's illness, as well as the treatment process and health promotion, play an important role and influence the level of satisfaction with health services. Good and effective communication between patients and medical personnel helps patients understand their health conditions, diagnosis, and treatment plans better. Providing honest and transparent information to patients about their health conditions, risks, and treatment options can help patients make good decisions. This makes patients feel more satisfied with their care and decisions. Educating patients about recommended treatments and necessary self-care steps, as well as disease prevention and health promotion education, can help patients take the right steps in their care. Patients who feel knowledgeable about self-care will be more satisfied with their healthcare (Kwame A and Petrucka P, 2021; Aleni *et al.*, 2024).

Coordination and integrity among care-giving professionals are essential in PCC, as caregivers have the same goal for patient care and patients are unique and different from each other. Patient care also needs to be applied in examination, testing, consultation, and procedure services to ensure the accuracy of information and timeliness. Coordination and integration are also needed when patients are transitioning from dependence on others' assistance to independence in self-care (Rachma and Kamil, 2019; Havana *et al.*, 2023). Coordination and integrated care can fulfill care based on patient needs and will affect patient satisfaction, comfort, and compliance. Poor coordination between patients and healthcare providers can occur when patients are not given the opportunity to explain their concerns and feel that they are not being listened to. Poor coordination may also result from the care process being too difficult for patients to follow and they not understanding what they are supposed to do (Rachma and Kamil, 2019). Researcher assume that the dimensions of coordination and service integrity affect the care process and patients' health service satisfaction. Good coordination between various health units can reduce barriers to care. Patients will more easily access the services they need without excessive barriers. Effective service coordination affects the collaboration of health care providers in planning and delivering appropriate and sustainable care according to patient needs.

PCC pays attention to the emotional and spiritual dimensions. PCC pays attention to the patient's and family's anxiety about the condition of the disease, the uncertainty of healing, or the onset of disability. Professional caregivers must also pay attention to anxiety about the cost of care as well as about changing roles in family and society. Previous research obtained the results of the dimensions of moral support in the implemented category at 88.6% (Rachma and Kamil, 2019). Other researchers also stated that they were satisfied with the emotional support they received from the nurse because the nurse always asked how they were doing and

always gave positive sentences to strengthen the patient. Emotional support is very important for patients who are sick (Birhanu *et al.*, 2021; Yulia, 2023). Researchers assume that the moral support dimension involves providing attention, empathy, and psychological support to patients, which can affect patient satisfaction during treatment in health services. Moral support from medical personnel can help reduce stress, increase self-confidence, fill psychological needs, and encourage patient understanding by providing a sense of trust, calmness, and comfort to patients during treatment. Moral support also strengthens the relationship between patients and medical personnel, which has a positive impact on communication and cooperation in making treatment decisions.

Professional caregivers pay attention to patients so they are free from pain, shortness of breath, and other comforts, especially at the end of life. Attention to physical comfort is given on time and according to patient needs (Rachma and Kamil, 2019). The results of this study are in line with previous research, which explains that physical comfort has a huge impact on the patient's experience. Care interventions in a physical context intended to reduce pain, prevent hypothermia, optimize patients before anesthesia, and position patients to reduce the risk of injury can improve patient comfort. Another thing that also affects the physical comfort of patients is the surrounding environment, such as noise, bedding conditions, and room lighting. Physical comfort greatly affects the patient's condition (Yulia, 2023). Researchers assume that clean, well-equipped, organized, and patient-friendly healthcare facilities create a comfortable and calming environment and that patients tend to feel better when they are surrounded by an environment that provides visual and aesthetic comfort. Gentle handling and attentive care by medical and nursing staff also contribute to physical comfort.

The dimension of family and loved ones involvement focuses on accommodating the patient's family and loved ones. Professional caregivers involve the family and people closest to the patient in making decisions for the patient according to their respective roles, involving family or friends as patient companions in the healing process (Tunny H, Dan T, Puput I, 2022). The results of the study are in accordance with previous research, which states that the dimensions of family and closest person involvement are in the implemented category. In PCC, if the patient is truly involved, then the patient's family and closest people must also be involved during the treatment process. Patients really need support from their family and closest people during the treatment process, and the involvement of family and closest people gives meaning to the treatment process and patient care decision-making (Yulia, 2023). Researcher assume that the involvement of family and loved ones can provide much-needed emotional support for patients during treatment. The presence of caring and supportive loved ones can reduce patients' stress and anxiety, thus contributing to feelings of comfort and satisfaction. Family involvement in medical decision-making can provide additional insights and assist patients in making informed decisions.

Integrated and comprehensive care and seamless transfer of information across a fixed or virtual team of providers, including doctors. Nurses and all other health workers are connected to each other (Lateef and Mhlongo, 2022). This continuity and transition can help eliminate duplication of information delivered to patients (Davis S, *et., al*., 2022). The results of the study are in accordance with previous research, which explains that awareness among professionals about the importance of patient participation in discharge planning shows that frail patients can be supported to participate in discharge planning when professionals have a good approach, can provide support, and encourage patients to be active in discharge planning. Implementation of ineffective discharge planning will cause no continuity of patient care when at home, so it can cause adverse conditions in patients (Bahtera, Setiawan and Rizany, 2023). Reseracher assume that the dimensions of continuity and transition of care have a significant impact on patient satisfaction with health services. Continuity refers to the continuity of

consistent and coordinated care, while transition refers to the movement of patients from one stage of care or provider to another. Good continuity of care creates a sense of consistency in the services provided to patients. Continuity allows providers to better understand the patient's medical history and preferences.

The dimension of access to services received is access to services or information available to the public regarding doctor practices or information that patients can use to select the doctor or practice most likely to meet the needs of patients who meet standards *(Davis S,et. al*., 2022). Service access refers to the ease and availability with which patients can obtain the health services they need. This involves the location and number of health facilities, as well as the availability of medical equipment. If patients can easily access the facilities and equipment they need, this can increase patient satisfaction. This relates to the availability of appointments or service times that suit the patient's schedule (Ernawati and Lusiani, 2019). Research indicates that PCC implementation in private hospitals is better than in non-private hospitals. This opens up opportunities for private hospitals to compete in terms of service quality (Ewunetu *et al.*, 2023; Jada, Nasrallah and Jacob, 2025). Researchers assume that the dimension of service access received by patients can have a significant influence on patient satisfaction. Access to care refers to the ease and availability with which patients can obtain the health services they need. This involves the location and number of health facilities, as well as the availability of medical equipment. If patients can easily access the facilities and equipment they need, this can increase satisfaction.

CONCLUSION

The evaluation of patient perceptions of the implementation of patient-centered care (PCC) in inpatient care at a type C private hospital is included in the good category. The dimensions of communication, information, education obtained by patients and family, and closest-person involvement are dimensions that still need to be continuously improved in the implementation of PCC in type C hospitals. Periodic monitoring and evaluation of PCC implementation in hospitals is necessary. Nurses, as PCC implementers, need to be equipped and updated with knowledge, attitudes, and behaviors in PCC implementation through training and workshops related to PCC.

CONFLICTS OF INTEREST

There is no conflict of interest in this study.

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