

Relationship Between the Implementation of Patient Centered Care with Patient Satisfaction and Quality of Service Inpatient Installation at Hasanuddin University Hospital

Fridawaty Rivai^{1,2}, Syahrir A. Pasinringi¹, Nurmala Sari³, Shafa Nadia¹, Anwar Mallongi⁴, Ismi¹

^{1,2,3}Master of Hospital Administration Study Program, Public Health Faculty, Hasanuddin University, Makassar, South Sulawesi, Indonesia

²Hasanuddin University Hospital Hasanuddin University, Tamalanrea

⁴Department of Environmental Health, Public Health Faculty, Hasanuddin University, Makassar, South Sulawesi, Indonesia

Abstract

Objective: This study investigated how Patient Centered Care (PCC) was implemented and how it related to patient satisfaction and service quality outcomes.

Methods: Observational analytic research was conducted with a cross-sectional design. 150 patients in the samples are chosen proportionally and based on inclusion criteria. A Patient Centered Care (PCC) questionnaire, a Patient Satisfaction Questionnaire, and a Quality of Service Questionnaire were the measuring instruments used to gather the data. SPSS Version 22 was used to analyze the data. The PCC application's dimensions were described using univariate analysis. The effect of implementing Patient-Centered Care (PCC) on patient satisfaction and quality of service was examined using multivariate analysis.

Results: There is a relationship between the implementation of Patient Centered Care (PCC) and patient satisfaction ($p=0.014$) and there is no relationship between the implementation of Patient Centered Care (PCC) and quality of service ($p=0.073$)

Conclusion: This study shows that there is a relationship between implementation PCC on patient satisfaction but there is no relationship with quality of service.

Keywords: Patient Centered Care (PCC), Patient Satisfaction, Quality Of Service.

INTRODUCTION

The Concept of Patient-Centered Care (PCC) become increasingly widely known and developed into a focus of the health care system in order to improved patient satisfaction and quality of service. 1 The World Health Organizational (WHO) and Institute of Medicine (IOM) at the US National Academy have identified that included in the Six Aims to Improve Health Care and as a core component of the mission and strategic values of care.^{2,3}

PCC is a novel approach to care planning, delivery, and evaluation based on collaboration between patients, families, and medical professionals.⁴

Address for correspondence: Fridawaty Rivai

Public Health Faculty, Hasanuddin University, Makassar, South Sulawesi, Indonesia

Email: fridarivai@unhas.ac.id

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: pnjournal@gmail.com

How to cite this article: Fridawaty R, Syahrir A. P, Nurmala S, Shafa N, Anwar M, Ismi, Relationship Between the Implementation of Patient Centered Care with Patient Satisfaction and Quality of Service Inpatient Installation at Hasanuddin University Hospital, J PHARM NEGATIVE RESULTS 2023;14(1): 77-81.

Access this article online

Quick Response Code:



Website:

www.pnjournal.com

DOI:

10.47750/pnr.2023.14.01.012

The Principles PCC can be proven by many health care providers who emphasize the need to respect patient preferences and values, comfort in terms of patient psychophysiology, communication and fulfillment of patient needs and providing coordinated support and care, through this flexible principle can increase patient satisfaction and quality of service.⁵ A measure of a patient's satisfaction with their care is called patient satisfaction. PCC practices primary health care related effect to the patient care experience which has a direct and indirect impact on patient satisfaction.⁶

Individuality is the focus of PCC implementation for interpersonal approaches and nursing interventions. Respecting patient rights is seen as a commitment to building an in-depth understanding of the patient's perspective on his or her health status and related care.⁷ Negotiations between nurses and patients to determined the level of care specific to the patient's needs can be an indicator of service quality. Patient satisfaction, staff burnout, quality of care, and use of health care services were all found to be statistically correlated with PCC in previous studies.⁸

This study looks at inpatients' perspectives on the implementation of PCC in Hasanuddin University's education hospital, which is open 24 hours a day. The purpose of this study, we looked into how Patient Centered Care (PCC) was implemented and how it related to patient satisfaction and service quality outcomes..

METHODS

This research was conducted at Hasanuddin University Hospital. The population in this study were inpatients at Hasanuddin University Hospital. The number of samples was 150 patients who were selected proportionally and selected according to

Inclusion criteria, namely patients who had been hospitalized in the hospital for 2 days. The patient had signed the consent form before filling out the questionnaire. The purpose of this study, which employs an analytical research methodology with a cross-sectional design, is to assess the impact of PCC implementation on two dependent variables—patient satisfaction and quality of service. The Hasanuddin University Faculty of Health's Ethics Committee has given their approval to this study.

A Patient Centered-Care (PCC) questionnaire with 32 questions, a Patient Satisfaction Questionnaire with 25 related questions, and a Service Quality Questionnaire with 25 questions were used to collect the data.SPSS Version 22 was used to analyze the data. At Hasanuddin University Hospital, PCC applications were dimension of PCC described using univariate analysis. The effect of implementing Patient-Centered Care (PCC) on patient satisfaction and service quality was examined using multivariate analysis.

RESULTS

Table 1. Distribution of respondent characteristics (age, gender, education and work).

Characteristics of Respondents	(N = 150)	%
Age (mean ± SD)	46	30.7
Gender		
Male	29	19.3
Female	121	80.7
Education		
Not Completed in Primary School	5	3.3
Elementary School	15	10
Junior High School	19	12.7
High School	51	34
D1/D2/D3	3	2
Graduate	50	33.3
Magister/Doctor	7	4.7
Work		
Civil Servants	32	21.3
Private Employee	19	12.7
Entrepreneur	26	17.3
Unemployment	40	26.7
Other	33	22

Source: Primary Data 2022

The average age of the respondents to this study was 46 (± SD 30.7), and more than half of them were women (n:121, 80.7%).The majority of respondents were graduates (n:50, or 33.3% of respondents, and the majority of respondents were unemployed or did not have a job (n:40, 26.7%) [Table 1].

The eight dimensions of Patient-Centered Care (PCC) are respect for patient preferences and values;provide the patient with information, education, and communication; synchronization of services;actual solace;involvement from family; continuity and change in service; access to services measured using a questionnaire PCC. [Table 2] shows that the implementation of PCC is considered poor is 56.7% according to respondents with a percentage of poor and is assessed according to respondents as good at 43.3%.

Table 2. The Application of PCC Distribution

The Application of PCC	(N = 150)	%
Poor	85	56.7
Good	65	43.3
Total	150	100

Source: Primary Data 2022

Table 3. Patient Satisfaction Distribution

Patient Satisfaction	(N = 150)	%
Not satisfied	76	50.7
Satisfied	74	49.3
Total	150	100

Source: Primary Data 2022

Table 4. Quality Of Service Distribution

Quality Of Service	(N = 150)	%
Poor	76	50.7
Good	74	49.3

Total **150** **100**
Source: Primary Data

Table 5. The relationship between Implementation Patient Centered Care and Patient Satisfaction

Patient Satisfaction	Patient Centred Care (PCC)				Total		P - Value
	Poor		Good		n	%	
	n	%	n	%			
Not Satisfied	51	60	34	40	85	100	0.014
Satisfied	25	38.5	40	61.5	65	100	
Total	76	50.6	74	49.4	150	100	

Source: Primary Data 2022

Table 6. The relationship between Implementation Patient Centered Care and Quality of Service

Quality of Service	Patient Centred Care (PCC)				Total		P - Value
	Not good		Good		n	%	
	n	%	n	%			
Poor	49	57.7	36	42.3	85	100	0.073
Good	27	41.5	38	58.5	65	100	
Total	76	50.6	74	49.4	150	100	

Source: Primary Data 2022

Analysis of the relationship between Implementation Patient Centered Care and Patient Satisfaction

The distribution results show that patients who choose the not satisfied category are 76 (50.7%) compared to patients who choose the Satisfied category as many as 74 (49.3%) [Table 3]. The results of the analysis show that from the 85 respondents in the not satisfied category, there were 51 (60%) patients who assessed that Patient Centered Care (PCC) was not good and 34 patients (40%) rated it good. Of the 65 respondents in the Satisfied category, there were 25 (38.5%) patients who assessed that Patient Centered Care (PCC) was poor and 40 patients (61.5%) rated it good. based on the Chi-Square test's results, where the p-value was <0.05 and the p-value was = 0.014. Therefore, it is possible to draw the conclusion that Patient-Centered Care (PCC) has a significant impact on patient satisfaction [Table 5].

Analysis of the relationship between Implementation Patient Centered Care and Quality of Service

The distribution results show that patients who choose the Bad category are 76 (50.7%) compared to patients who choose the good category are 74 (49.3%) [Table 4] The results of the analysis show that from 85 respondents in the Bad category there are 49 (57.7 %) of patients who rated Patient Centered Care (PCC) as not good and 36 patients (42.3%) who rated it good. Of the 65 respondents in the Good category, there were 27 (41.5%) patients who assessed that Patient Centered Care (PCC) was not good and 38 patients (58.5%) rated it good. Based on the results of the Chi-Square test with p value = 0.073 where p value > 0.05. As a result, it is possible to draw the conclusion that Patient-Centered Care (PCC) and service quality do not significantly relationship. [Table 6]

DISCUSSION

Based on the results of observations made when conducting research, several respondents stated that the implementation of PCC at the Hasanuddin University Hospital, especially in terms of coordination in services and physical comfort was still low. The patient stated that the nurses and doctors had different information. The main factor that supports the implementation of PCC is the coordination between the health care team such as doctors and nurses. 9 this can make patients understand and can be information that can help in making the right decisions in their health care.10

In addition, the dimensions of the patient's physical comfort in the implementation of PCC are still low, namely when the patient feels sick, however, the doctor or nurse is late in providing anti-pain or taking action to reduce the patient's pain. Timeliness, efficiency, effectiveness in patient care are important elements in providing health services for patients who need treatment. 11

However, in implementing the PCC dimensions on information, education, and communication, which have a high value, this is influenced. Communication between patients and service providers is intended to be able to discuss patients' health conditions and their treatment plans as well as encourage patient participation in decisions related to treatment and implement treatment options that can meet patient needs and preferences. 12

Analysis of the relationship between Patient Centered Care (PCC) and patient satisfaction

Based on the results of statistical tests showed that there was a significant relationship between Patient Centered Care (PCC) and patient satisfaction. This is influenced because

patient satisfaction which is an indicator of quality in health and nursing services is related to the service process between service providers and patients, such as attitudes of attention, trust, care, responsiveness and regulatory systems in hospitals.¹³

According to previous research, there is a positive correlation between the level of patient satisfaction and the implementation of PCC in inpatient settings.¹⁴ Another research showed a significant difference in the patients satisfaction receiving PCC treatment compared to patients not receiving PCC treatment. ¹⁵ In post-cesarean special care patients, there is an effect of application PCC on patient satisfaction.¹⁶

Another study in patients with breast cancer who received treatment at 86 hospitals in Germany with the implementation of a good discharge plan can improve patient assessment even when LOS is lowered so that it is concluded that LOS reduction can be done and does not affect patient satisfaction.¹⁷ Research on post-cataract surgery patients also concluded that PCC is very effective in increasing patient satisfaction.¹⁸

This study demonstrates that incorporating PCC into health care services may be an option for enhancing patient perceptions and care quality. PCC also provides a common platform for patients and health care providers to coordinate in improving health services, patient safety, and can reduce health costs.¹⁹

Analysis of the relationship between Patient Centered Care (PCC) and quality of Service

A statistical test reveals that there is no relationship between the quality of service and Patient-Centered Care (PCC). In the provision of competent health care for patients is an important element in the quality of service.²⁰ PCC flexible nature and focus on meeting patient needs can improve the quality of care provided.⁵

Studies in the past have demonstrated that patients have a positive perception of high-quality care if it is tailored to each patient's specific requirements, takes into account the patient's values, and encourages patient participation in care and related care. ²¹⁻²⁴ Another study that is in line with this study states that there is no effect between Patient Centered Care (PCC) and quality of service.¹⁵ The absence of this effect is due to the lack of optimal service to patients and patient safety. The main focus in improving the quality of service is that hospitals are required not only to concentrate on providing good medical care, and the technical aspects of services but also on the functional aspects of care.¹⁹

CONCLUSION

This study shows that PCC implementation has a relationship with patient satisfaction but has no relationship with quality of service. The implementation of PCC should be improved by hospital management, particularly in terms of patient care coordination and physical comfort. The

essence of PCC is recognizing patients as unique people, respecting values and beliefs, responding flexibly to patient needs and preferences. If this can be met, it can support increasing patient satisfaction and quality of service.

CONFLICT OF INTEREST

The author declares no conflict of interest

ACKNOWLEDGMENTS

Funding sources : this research is receive grant from LP2M Hasanuddin University

REFERENCES

1. Liu Y, Fu M, Zhou Q, Tian M, Zhang X, Wang Z. The application of patient-centered care bundle significantly reduces incidence of perioperative respiratory complications in hip fracture patients aged 80 and over. *Geriatr Nurs (Minneapolis)*. 2022;43:213-218. doi:10.1016/j.gerinurse.2021.11.014
2. Ekman I, Wolf A, Olsson LE, et al. Effects of person-centred care in patients with chronic heart failure: The PCC-HF study. *Eur Heart J*. 2012;33(9):1112-1119. doi:10.1093/eurheartj/ehr306
3. Rathert C, Wyrwich MD, Boren SA. file:///C:/Users/YASIN-01/Documents/BU FRIDA/JURNAL IBU/6.pdf. *Med Care Res Rev*. 2013;70(4):351-379. doi:10.1177/1077558712465774
4. Australian Commission on Safety and Quality in Health Care (ACSQHC). Patient-Centred Care: Improving Quality and Safety by Focusing on Care on Patients and Consumers. Discussion paper: Draft for public consultation, September 2010. 2010;(September). [http://www.health.gov.au/internet/safety/publishing.nsf/Content/36A-B9E5379378EBECA2577B3001D3C2B/\\$File/PCCC-DiscussPaper.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/36A-B9E5379378EBECA2577B3001D3C2B/$File/PCCC-DiscussPaper.pdf)
5. Jo Delaney L. Patient-centred care as an approach to improving health care in Australia. *Collegian*. 2018;25(1):119-123. doi:10.1016/j.colegn.2017.02.005
6. Larson E, Sharma J, Bohren MA, Tunçalp Ö. When the patient is the expert: Measuring patient experience and satisfaction with care. *Bull World Health Organ*. 2019;97(8):563-569. doi:10.2471/BLT.18.225201
7. Morgan S, Yoder LH. A Concept Analysis of Person-Centered Care. *J Holist Nurs*. 2012;30(1):6-15. doi:10.1177/0898010111412189
8. Nelson KM, Helfrich C, Sun H, et al. Implementation of the patient-centered medical home in the veterans health administration: Associations with patient satisfaction, quality of care, staff burnout, and hospital and emergency department use. *JAMA Intern Med*. 2014;174(8):1350-1358. doi:10.1001/jamainternmed.2014.2488
9. Epstein RM, Fiscella K, Lesser CS, Stange KC. Analysis & commentary: Why the nation needs a policy push on patient-centered health care. *Health Aff*. 2010;29(8):1489-1495. doi:10.1377/hlthaff.2009.0888
10. Otero C, Luna D, Marcelo A, et al. file:///C:/Users/YASIN-01/Downloads/1472-6963-13-251.pdf. *Yearb Med Inform*. 2015;10(1):30-33. doi:10.15265/IY-2015-013
11. Mirzaei M, Aspin C, Essue B, et al. file:///C:/Users/YASIN-01/Downloads/sidani2008.pdf. *BMC Health Serv Res*. 2013;13(1). doi:10.1186/1472-6963-13-251
12. Sidani S. Effects of Patient-Centered Care on Patient Outcomes: An Evaluation. *Res Theory Nurs Pract*. 2008;22(1):24-37. doi:10.1891/0889-7182.22.1.24
13. Juwariyah T, Joyo NBW, Santosa WRB. Hubungan Perilaku Caring Perawat dengan Tingkat Kepuasan Pasien di Poli VCT RSUD Gambiran Kota Kediri Berdasarkan Teori Watson. *J Ners dan Kebidanan (Journal Ners Midwifery)*. 2014;1(3):177-183. doi:10.26699/jnk.v1i3.art.p177-183
14. Stewart M, Brown JB, Donner A, et al. The impact of patient-centered care on outcomes. *J Fam Pract*. 2000;49(9):796-804.
15. Wolf DM, Lehman L, Quinlin R, Zullo T, Hoffman L. Effect of

- patient-centered care on patient satisfaction and quality of care. *J Nurs Care Qual.* 2008;23(4):316-321. doi:10.1097/01.NCQ.0000336672.02725.a5
16. Rivai F, Abubakar Z, Sapada NA. Effect of patient-centered care application on inpatient outcomes after emergency cesarean section surgery. *Enferm Clin.* 2020;30:130-133. doi:10.1016/j.enfcli.2020.06.030
 17. Nowak M, Lee S, Karbach U, Pfaff H, Groß SE. Short length of stay and the discharge process: Preparing breast cancer patients appropriately. *Patient Educ Couns.* 2019;102(12):2318-2324. doi:10.1016/j.pec.2019.08.012
 18. Sjarifudhin M, Maria Rosa E. Effectiveness of Patient Centered Care to Reduce Anxiety Level and Improve Satisfaction in Patients Undergoing Cataract Surgery. *J Medicoeticolegal dan Manaj Rumah Sakit.* 2018;7(3):188-195. doi:10.18196/jmmr.7372
 19. Secretary CV, Dusik-sharpe J, South A, et al. In This Issue : Board of directors , committee chairpersons and associated organization representatives / Conseil d ' administration , responsables des comités et représentants des groupes associés 2011 Executive. 2011;33(1):14-27.
 20. Tomes AE, Peng Ng SC. Service quality in hospital care: The development of an in-patient questionnaire. *Int J Health Care Qual Assur.* 1995;8(3):25-33. doi:10.1108/09526869510089255
 21. Cowie MR. Person-centred care: More than just improving patient satisfaction? *Eur Heart J.* 2012;33(9):1037-1039. doi:10.1093/eurheartj/ehr354
 22. Amran, Stang, and Anwar Mallongi, 2017. Analysis of dengue fever risk using geostatistics model in bone regency. *AIP Conference Proceedings* 1825, 20002 <https://doi.org/10.1063/1.4978971>
 23. Muhith A, Winarti E, Perdana SSI, Haryuni S, Rahayu KIN, Mallongi A. Internal Locus of Control as a Driving Factor of Early Detection Behavior of Cervical Cancer by Inspection Visual of Acetic Acid Method. *Open Access Maced J Med Sci [Internet].* 2020 Apr. 20 [cited 2022 Nov. 10];8(E):113-6.
 24. Masriadi, Rahmawati Azis, eha Sumantri, Anwar Mallongi. Effectiveness of non pharmacologi therapy through surveillance approach to blood pressure degradation in primary hypertension patients, Indonesia. *Indian Journal of Public Health Research & Development*, 2018; 9(2): 249-255