

Factors Associated with Implementing Patient-Centered Care at the Educational Hospital

Annisa Ul Husna¹, Hajjul Kamil^{2*}, Ardia Putra³, Yuswardi⁴

¹Undergraduate Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh

²Fundamental and Management of Nursing, Faculty of Nursing, Universitas Syiah Kuala

*Corresponding Author: Hajjul Kamil

DOI: <https://doi.org/10.52403/gijhsr.20230105>

ABSTRACT

Patient-Centered Care is a form of patient-centered health service expected to benefit PPAs, patients, and families mutually. PCC respects patient and family decisions and even provides policies to prioritize patient and family satisfaction. In its application, there are several factors, namely leadership, strategic vision, patient and family involvement, work environment, systematic measurement and response, environmental quality, and technology. This study aims to identify factors related to the implementation of PCC at the Syiah Kuala University Teaching Hospital. This type of quantitative research; is correlative descriptive with a cross-sectional study design. The sample in this study amounted to 71 respondents taken by total sampling technique. The research data collection tool used a questionnaire, and the data were analyzed using the chi-square test. The results showed a relationship between leadership (p -value = 0.037), patient and family involvement (p -value = 0.004), work environment (p -value = 0.037), systematic measurement and response (p -value = 0.001). Moreover, there is no relationship between strategic vision factors (p -value = 0.117), environmental quality (p -value = 0.054), and technology (p -value = 1.000) with the implementation of PCC at the Syiah Kuala University Teaching Hospital. It is expected that the hospital will optimize the factors related to the performance of PCC and carry out supervision so that PCC runs well.

Keywords: Implementation, *Patient-Centered Care*, Hospital.

INTRODUCTION

In Indonesia, health services include medical services, medical support services, medical rehabilitation, and nursing services, a system of health services provided in hospitals (Lusiani et al., 2020). A patient-centered health service implementation model in which patients become active in caring for their health status is called Patient-Centered Care (PCC). The Australian Commission on Safety and Quality in Healthcare (2019) states that patient-centered care is a mutually beneficial partnership between health service providers, patients, and families through innovative approaches to planning, delivering, and evaluating health services. Meanwhile, The Institute of Medicine (IOM) defines PCC as a form of health care that forms partnerships between health practitioners and patients. Their families ensure that decisions taken respect the patient's wishes, needs, and choices and that the patient gets an understanding and support in patient decision-making and participation in patient care (Shaller, 2007). PCC is a new form that places the patient as the center of care in health services (Riskiyah, Hariyanti, & Juhariah, 2017). PCC aims to produce quality health services, allocate appropriate resources, and create satisfaction for patients and families because this PCC involves patients, patient families, and health workers in policy-making, health programs, facilities obtained, and subsequent programs. Setianingsih

(2018) showed that 90.2% of nurses had good knowledge about PCC in the ICU, while the rest had insufficient knowledge. The results showed that nurses' ability about the PCC dimension with the highest score was the first dimension, namely respecting the values, choices, and needs of patients in the ICU, while the knowledge of the PCC dimension with the lowest value was access to services.

Based on the communication results with the Nursing Division on October 12, 2022, it was stated that the Universitas Syiah Kuala Teaching Hospital was accredited with the first one-star accreditation. However, the implementation of services according to standards still needed improvement. This information is adjusted from the lack of communication and collaboration between care providers (PPA) in providing care services to patients and the lack of adequate patient care documentation, namely integrated patient progress notes (CPPT). Therefore, the authors are interested in further analyzing the factors related to implementing PCC at the Syiah Kuala University teaching hospital.

METHOD

This type of research is descriptive and correlative with a design used cross-sectional study. The population in this study were all Caregiving Professionals (PPA) at the Syiah Kuala University Teaching Hospital, totaling 71 people-sampling with a total sampling technique. The research takes place on 12 - 20 December 2022.

This research used bivariate analysis and was carried out after being passed by the Ethics Committee of the Faculty of Nursing, Syiah Kuala University, with an ethical test number with code 111079151xxx. Data collection in this study used a questionnaire, which consisted of the PCC Factors questionnaire (Rahmi, 2019) and the application of PCC from previous authors who had been permitted with validity and reliability test values ≥ 0.972 and ≥ 0.926 (Chanafie et al., 2022).

RESULTS

Based on data collection conducted on 71 respondents, the following results were obtained:

Table 1. Respondent Demographic Data (n=71)

Data Demographic	f	%
Age (M \pm SD)	1.5070 \pm 50351	
Early adulthood (26-35 years)	35	49.3
Late adulthood (36-45 years)	36	50.7
Gender		
Male	9	12.7
Female	62	87.3
Education		
D-III	23	32.4
D-IV	13	18.3
S1	19	26.8
S2	14	19.7
Specialist	1	1.4
Employment status		
civil servant	38	53.5
Contract	33	46.5
Profession		
Doctor	26	36.6
Nurse	34	47.9
Midwife	9	12.7
Pharmacist	1	1.4
Nutritionist	1	1.4
Years of service		
1-5 years	48	67.6
6-10 years	14	19.7
11-20 years	9	12.7

Table 1 shows that the average age of respondents is late adulthood (36-45 years) 36 (50.7%), with an average age of respondents overall of 1.5070. Gender Female 62 (87.3%). Last education D-III 23 (32.4%), the profession of the respondent nurse 34 (47.9%), and working period 1-5 years 48 (67.6%).

Table 2. Frequency Distribution of Factors related to PCC implementation (n=71)

Category	f	%
Leadership		
Effective	66	93.0
Less effective	5	7.0
Strategic vision		
Effective	62	87.3
Less effective	9	12.7
Patient and family involvement		
Effective	69	97.2
Less effective	2	2.8
Work environment		
Effective	66	93.0
Less effective	5	7.0
Systematic measurements and responses		
Effective	67	94.4
Less effective	4	5.6
Environmental Quality		
Effective	65	91.5
Less effective	6	7.0
Technology		
Effective	68	95.8
Less effective	6	4.2
Patient-Centered Care		
Effective	66	93.0
Less effective	5	7.0

Most of the respondents on effective PCC (93.0%), effective leadership (93.0%), effective strategic vision (87.3%), effective patient and family involvement (97.2%), effective work environment (93%), Systematic measurement and response is effective (94.4%) Environmental Quality is effective (91.5%), and Technology is effective (95.8%).

Table 3. Relationship between factors and PCC implementation (n=71)

Independent variable	PCC application		p-value
	Effective	Less effective	
	f (%)	f (%)	
Leadership			
Effective	63(88.7)	3(4.2)	0.037
Less effective	3(4.2)	2(2.8)	
Strategic vision			
Effective	59(83.1)	3(4.2)	0.117
Less effective	7(9.9)	2(2.8)	
Patient and family involvement			
Effective	66(93.0)	3(4.2)	0.004
Less effective	0(0.0)	2(2.8)	
Work environment			
Effective	63(88.7)	3(4.2)	0.037
Less effective	3(4.2)	2(2.8)	
Systematic measurements & responses			
Effective	65(91.5)	2(2.8)	0.001
Less effective	1(1.4)	3(4.2)	
Environmental Quality			
Effective	62(87.3)	3(4.2)	0.054
Less effective	4(5.6)	2(2.8)	
Technology			
Effective	63(88.7)	5(7.0)	1.000
Less effective	3(4.2)	0(0.0)	

Based on Table 3 shows that there is a relationship between leadership factors (p-value = 0.037), patient and family involvement (p-value = 0.004), work environment (p-value = 0.037), systematic measurement and response (p-value = 0.001), and there is no relationship between strategic vision (p-value = 0.117), environmental quality (p-value = 0.054), and technology (p-value = 1.000) with PCC implementation.

DISCUSSION

The leadership factor has a relationship with the implementation of PCC with a p-value of $0.037 < 0.05$. According to Nursalam (2014), leadership is one of the determining factors of the organization and will also affect individual performance.

Administration can be used to determine future activities, gather feedback, and follow up on the results of the plans. Leadership has a vital role in implementing the quality management system in the room, which is responsible to the head of the room, whose job is to manage, plan, and control the performance of his staff (Pratiwi et al., 2016).

In a plan at the Hospital, it is necessary to have a practical head of room leadership that will influence all health workers to implement existing rules. So that it can overcome problems in implementation can be overcome by leadership. Leadership factors greatly influence subordinates in an organization in achieving its goals. Leaders must be able to manage and regulate organizations and be able to lead effectively (Fauziyyah et al., 2021). This finding is consistent with the results of Pratiwi & Hidayat's (2016) study, which stated that there was an influence of the quality leadership of the head of the room on the implementation of the quality management system of health services in hospitals with statistical test results obtained a p-value of $0.037 < 0.05$. Another study conducted by Fauziyyah (2021) stated that the leadership of the head of the room significantly affects the performance of health workers in hospitals.

Furthermore, there is no relationship between the implementation of PCC on the strategic vision factor, with a p-value of $0.117 > 0.05$. A hospital must have a clear vision to manage and analyze the organization's internal activities, be responsive to external environmental challenges, and compile and implement strategic planning to achieve the vision and mission (Kurniasari, 2019). The results of this study are the following research Rahmawati (2022) that strategic implementation is needed for changes in change management in hospitals. These changes occur due to changes in circumstances, especially those related to all integrity in the hospital.

Table 3 shows that patient and family involvement factors have a relationship with the implementation of PCC with a p-value of $0.004 < 0.05$. The involvement of patients and families creates an environment for patients, families, and PPA in hospitals to work together as partners to improve the quality and safety of hospital services (Sekarsari, 2021). Patient and family involvement is an integral part of patient-focused care. Patient and family involvement is the main focus of healthcare efforts. Patients and families are not objects but must be involved in treatment (Salmond & Echevarria, 2017).

The research results from Rustam & Chaidir (2022) state that patient involvement and family participation are essential. They must be implemented to prevent other problems, such as anxiety, stress, and panic. These factors in implementing PCC at the Syiah Kuala University Teaching Hospital have been effective, as seen from the respondents' answers regarding PPA, that many patients and families have been involved in making decisions regarding the actions taken.

For work environment factors, there is a relationship with the application of PCC with a p-value of $0.037 < 0.05$. The work environment is everything that exists that affects a person at work. The work environment is critical in an organization because the work environment has a direct influence on working employees (Rahma, 2019).

Everything around can influence oneself in carrying out the assigned tasks, which is called the work environment. The work environment relates to leaders, relationships with co-workers, and also with subordinates. The results of Rahmadia's research (2019) state that there is a work environment relationship that influences work stress for nurses at the Ibnu Sina Payakumbuh Islamic Hospital.

The systematic measurement factors and responses have a relationship with the application of PCC with a p-value of $0.001 < 0.05$. Health service work efficiency requires monitoring the quality of a

hospital's services. It needs to get more attention related to the role of PPA in carrying out nursing care professionally. This must be considered to obtain good health services (Olivia et al., 2021). Wardani's research supports the results of this study that the competence of PPA and infrastructure can affect documentation and also have an impact on the implementation of PCC in the inpatient unit of Mulya Hospital, Tangerang (Wardani et al., 2022). The environmental quality factor has no relationship to the application of PCC, with a p-value of $0.054 > 0.05$. Environmental quality is an essential factor. As a health facility for the community, hospitals must have the good ecological quality to improve health and control, which may pose a risk of causing disease and health problems (Simatupang et al., 2014). The study results of Susilawati et al. (2021) state that the quality of the environment in hospitals greatly influences health, which is expected to maintain and modify each ward to meet environmental health standards to reduce the infection rate.

Finally, for the technology factor, there is no relationship to the application of PCC, with a p-value of $1,000 > 0.05$. In an organization, technology is crucial for all aspects and is the primary choice in creating information systems that are developing rapidly. This situation makes information providers continuously expand and design information systems and technology. Technology is also valuable for learning to nurse, so it is hoped that it can improve patient service later (Kartika, 2020). Technological advances in health care have changed and have had a significant impact on nursing practice. Technology can increase efficiency, reduce workload, and improve patient comfort and safety (Nurmalia & Khoirinnissa, 2021). Bagherian et al. (2017) also suggest that nurses have fewer negative attitudes about the influence of technology.

CONCLUSION

Leadership, patient and family involvement, work environment, systematic measurement, and response relate to PCC. In contrast, strategic vision, environmental quality, and technology factors do not have a significant relationship. It is expected that policymakers and leaders can implement PCC in programs hospital strategy and supervise its implementation.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCE

1. Bagherian, B., Sabzevari, S., Mirzaei, T., & Ravari, A. (2017). Effects of technology on nursing care and caring attributes of a sample of Iranian critical care nurses. *Intensive and Critical Care Nursing*, 39, 18–27.
<https://doi.org/10.1016/j.iccn.2016.08.011>
2. Berghout, M., Van Exel, J., Leensvaart, L., & Cramm, J. M. (2015). Healthcare professionals' views on patient-centered care in hospitals. *BMC Health Services Research*, 15(1), 1–13.
<https://doi.org/10.1186/s12913-015-1049-z>
3. Chanafie, D., Asmirajanti, M., Abeng, T. DE, & Binawan, U. (2022). Pengaruh Budaya Pelayanan Berfokus pada Pasien Terhadap Mutu Pelayanan di RSUD DKI Jakarta. *The Journal of Hospital Accreditation*, 04(1), 13–16.
4. Fauziyah, N., Hariyati, R. T. S., Rachmi, S. F., Handiyani, H., & Simarmata, R. (2021). Hubungan Fungsi Manajemen Kepala Ruang dengan Pelibatan Pasien (Patient Engagement) dalam Asuhan Keperawatan di Masa Pandemi Covid-19. *Jurnal Kepemimpinan Dan Manajemen Keperawatan*, 4(2), 121–134.
<https://doi.org/10.32584/jkmk.v4i2.1230>
5. Kartika, R. (2020). Survey Pemanfaatan Teknologi Informasi Dalam Pembelajaran Mahasiswa Keperawatan, 3(1).
6. Kurniasari, C. (2019). Perencanaan Strategi Berdasarkan Analisis Misi, Visi Dan Swot Rs Di Bantul Yogyakarta. *Surya Medika: Jurnal Ilmiah Ilmu Keperawatan dan Ilmu Kesehatan Masyarakat*, 14(1), 39.
7. Lusiani, M., Yusnita, E., Rachmaniah, D., Mujiyanti, S., Sari, I. P., & others. (2020). Description of the Level of Patient Satisfaction With Nursing Services in Patient Dr. Drajat Prawiranegara Serang. *Journal of Industrial Engineering & Management Research*, 1(3), 248–254.
8. Nursalam, 2014. *Managemen Keperawatan : Aplikasi dalam Praktik Keperawatan Profesional*. Jakarta: Salemba Medika.
9. Olivia, T. (2021). Indirect effects faktor peran pada implemetaasi patient centered care terhadap pelaksanaan patient safety. *Jurnal Manajemen*, 5(2), 74–81
10. Pratiwi, A., Hidayat, A. A., & Agustin, R. (2016). Melalui Kepemimpinan Mutu Kepala Ruang (Implementation of Quality Management System of Nursing Care Through Quality Leadership of Nurse Unit Manager), Departemen of Nursing, Faculty of Health Science, Muhammadiyah University of Surabaya Jl . Sutore, (Azwar).
11. Rahma, M. (2019). Pengaruh lingkungan kerja, diklat, dan pengembangan karir terhadap kepuasan kerja implikasinya terhadap kinerja pegawai di RSUD Bireun medical center. *Jurnal Kebangsaan*, 8(16), 10–22.
12. Rahmawati., L. (2022). Pentingnya Penerapan Manajemen Strategis di Rumah Sakit untuk menjadi rumah sakit pilihan masyarakat Layli Rahmawati Program Studi KARS, Fakultas Kesehatan Masyarakat Universitas Indonesia. *Jurnal Medika Utama*, 6, 2356–2365.
13. Rahmi, C., Kamil, H., Keperawatan, P. P., & Tuan, T. (2020). EAS Journal of Nursing and Midwifery Abbreviated Key Title: EAS J Nurs Midwifery Factors Associated With the Application of Patient Centered Care in a General Hospital.
<https://doi.org/10.36349/easjnm.2020.v02i01.004>
14. Rustam, J. S., & Chaidir, R. (2022). Partisipasi Keluarga dalam Perawatan Pasien Kritis di Critical Care Units: Review Studi. 'Afiyah, 1X(2), 28–32.
15. Salmond, S. W., & Echevarria, M. (2017). Healthcare transformation and changing roles for nursing. *Orthopaedic Nursing*, 36(1), 12–25.
<https://doi.org/10.1097/NOR.0000000000000308>

16. Sekarsari, R. (2021). Keterlibatan pasien dan keluarga dalam asuhan terintegrasi.
17. Setianingsih, E. 2018. Gambaran Tingkat Pengetahuan Perawat Tentang Patient Centered Care (PCC) di Ruang ICU RS di Kabupaten Kebumen. Urecol University Research Coloqium, 386-391
18. Shaller, D. (2007). Patient-centered care: What does it take, The Common Wealth Fund, (1067), 34.
19. Simatupang, theodora., naria evi dan dharma s. (2014). Analisis Pengelolaan Kesehatan Lingkungan Rumah Sakit sebagai usaha pencegahan infeksi nosokomial di Rumah Sakit Martha Friska Kelurahan Brayan Kota Kec.Medan Barat, 1–6.
20. Susilawati, S., Ilham, I., & Guspianto, G. (2021). Pengaruh Kualitas Lingkungan Fisik Udara Terhadap Angka Kuman Di Rumah Sakit. JAMBI MEDICAL JOURNAL “Jurnal Kedokteran dan Kesehatan,” 9(3), 240–246. Retrieved from <https://online-journal.unja.ac.id/kedokteran/article/view/13349>

How to cite this article: Annisa Ul Husna, Hajjul Kamil, Ardia Putra et.al. Factors Associated with implementing patient-centered care at the educational hospital. *Gal Int J Health Sci Res.* 2023; 8(1): 39-44.
DOI: <https://doi.org/10.52403/gijhsr.20230105>
