

# ANALYSIS OF THE EFFECT OF *PATIENT CENTERED CARE* IMPLEMENTATION ON INPATIENT PATIENT SATISFACTION AT LAMADDUKKELLENG HOSPITAL, WAJO REGENCY IN 2024

Trikurniya <sup>1</sup>, Fridawaty Rivai <sup>2</sup>, Andi Zulkifli <sup>3</sup>, Noer Bahri Noer <sup>4</sup>,  
Syahrir A Pasinringi <sup>5</sup> and Herlina A Hamzah <sup>6</sup>

<sup>1</sup> Master's Student of Hospital Administration Study Program, Faculty of Public Health, Hasanuddin University, Indonesia.

\*Corresponding Author Email: trikurniya21@gmail.com

<sup>2,4,5,6</sup> Master of Hospital Administration Study Program, Faculty of Public Health, Hasanuddin University, Indonesia.

<sup>3</sup> Department of Epidemiology, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia.

DOI: 10.5281/zenodo.13235589

## Abstract

**Background:** The development of globalization is currently progressing, especially in the field of clinical welfare in providing health services, in this case the quality of patient-centered health services due to the increasing demands of the community for health services that are getting stronger and supported by advances in technology, knowledge and access to information. To improve good health services and to increase patient satisfaction, hospitals need to apply one of the health service concepts, namely the application of *patient centered care* or also known as PCC. **Objective:** This study aims to analyze the effect of the application of *patient centered care* on the satisfaction of inpatients at Lamadukkelleng Hospital. **Methods:** The research method used is a quantitative approach with a *Cross-Sectional* study design and data collection using a questionnaire. The sample in this study was 100 patients using purposive sampling method. **Results:** Univariate analysis obtained the results of the application of PCC in the good category 66% and the less category 34%, while the results of patient satisfaction were obtained in the satisfied category 41% and unsatisfied 59%. The results of the bivariate test show that there is an effect of the application of *patient centered care* based on the dimension of respect for patient-centered values, preferences and needs with a  $p\text{-value} = 0.031 < 0.05$ , there is no effect of the application of *patient centered care* based on the dimensions of coordination and integration with a  $p\text{-value} = 0.699 > 0.05$ , there is no effect of the application of *patient centered care* based on the dimensions of information, communication, and education with a  $p\text{-value} = 0.985 > 0.05$ , there is no effect of *patient centered care* based on the dimension of physical comfort with a  $p\text{-value} = 0.150 > 0.05$ , there is no effect of *patient centered care* based on the dimensions of emotional support and reduction of fear and anxiety with a  $p\text{-value} = 0.065 > 0.05$ , there is no effect of *patient centered care* based on the dimensions of family and friend involvement with a  $p\text{-value} = 0.955 > 0.5$ , there is no effect of *patient centered care* based on the dimensions of transition and continuity of care with a  $p\text{-value} = 0.615 > 0.05$ , there is an effect of *patient centered care* based on the dimensions of access to care with a  $p\text{-value} = 0.01 < 0.05$ . The results of the multivariate test in this study are the dimensions that have the most influence on patient satisfaction are the dimensions of access to care that have the highest exp(B) value on inpatient satisfaction, namely 4.979. **Conclusion:** *Patient centered care* implementation has been running well but does not affect patient satisfaction at Lamadukkelleng Hospital.

**Keywords:** Patient Centered Care, Patient Satisfaction, Hospital.

## INTRODUCTION

In the era of globalization, especially Indonesia, which continues to progress, especially in the field of welfare. Thus, efforts are expected to work on health turnover in a better way. Expanding public awareness of the importance of clinic welfare in providing health services, further developing health services performed by clinics to assist healing with a full focus on patient comfort [1]. The topic of quality of care and patient safety has become one of the most important issues in healthcare. This is a

global issue and has become a major focus in health care, and Indonesia is no exception. In Indonesia, the obligation of hospitals to continuously improve and ensure the quality of their services is regulated in Article 40 of Law No. 44 of 2009 concerning hospitals. The article emphasizes that hospitals are required to obtain accreditation periodically at least once every 3 years as part of efforts to improve service quality [2]. A service that can be said to be of quality by the patient can be determined from the fact whether the services provided match the patient's needs. Until now, medical and health experts continue to strive to improve the quality of service. This needs to be improved in order to meet the demands of the community for quality health services [3]. Hospitals as public health service providers, hospitals also have problems regarding the services provided to the community whether they are in accordance with patient expectations or not in accordance with patient expectations. therefore, hospitals need to continue to improve the quality of service according to the needs and expectations of patients so that patients will feel satisfied with the health services provided and can also increase outpatient and inpatient visits [3].

A *patient-centered care* concept *Patient Centered care* or PCC has been recognized internationally as part of the concept of high-quality health care. This is in accordance with the *Institute of Medicine* (IOM) report which defines good quality care as care that is safe, effective, patient-centered, timely, efficient, and equitable [4]. Patients and their families describe a more patient-centered approach as key to meeting their needs [5]. Good service will be provided to patients occurs because of the concern of health workers in providing care so as to create a sense of comfort (Setyawati, 2009) [6]. Accreditation carried out by the Hospital Accreditation Commission (KARS) requires hospitals to adopt and implement quality standards in accordance with the National Hospital Accreditation Standards (SNARS) edition 1. SNARS Edition 1 is designed with patient-focused service standards with a risk management approach in hospitals. It aims not only to affect the process, output, and outcome but also on its application where all officers in the accreditation process are involved with the hope that KARS accredited hospitals have quality assurance, which will have a positive impact on clinical outcomes and improve patient satisfaction in the long term [7]. *Patient Centered care* is a new paradigm that aims to get better health service outcomes, allocate appropriate resources, and achieve greater patient and family satisfaction. This is possible because PCC (*Patient Centered care*) is an approach that involves patients, patient families and staff in policy making, health programs, facilities obtained and day-to-day care programs. Patient-centered care has become a key standard in national healthcare accreditation.

This is evident from its consistency in previous accreditation standards, such as KARS and SNARS 1st edition, which continues in the latest accreditation standard, STARKES, with a change in terms that better reflect eastern culture and integrated care, namely Integrated Patient Care (APT). The results of accreditation supervision training by LAP KARS confirmed the importance of focusing on continuous evaluation and action in terms of patient-centered care standards [8]. PCC is a healthcare model that places the patient at the center of care. The Pickter Institute defines eight dimensions of PCC. These dimensions consist of (a) respect for values, (b) coordination and integration; (c) information, communication, and education; (d) physical comfort; (e) emotional support and reduction of fear and anxiety; (f) involvement of family and friends (g) transition and continuity of care and; (h) access to care [9], The implementation of PCC in all health workers is an important part of

daily service delivery. A review of the literature shows that nurses play the most important role in the implementation of PCC as they are at the patient's bedside 24 hours a day. Another study by Stone (cited in Charmel and Frampton 2008) found benefits of PCC implementation in an inpatient unit that showed shorter average length of stay, significantly lower cost of care per case and increased average overall patient satisfaction scores. Charmel and Frampton (2008) also reported that PCC provides financial benefits in terms of increased staff retention, decreased return visits and decreased *length of stay* (LOS) (ACSQHC, 2010) [5]. Research from [10] on the relationship between the implementation of Patient *Centered care* with the experience of inpatient clients of the banjarmasin sari mulia hospital can be concluded that there is a significant relationship between the implementation of PCC (*Patient Centered care*) and the client experience at the banjarmasin sari mulia hospital, if the higher the implementation of PCC (*Patient Centered care*), the higher the level of experience gained. Patient satisfaction is a subjective value on the quality of service obtained by patients in health services.

This subjective assessment is strongly influenced by various factors such as experience, education, emotional level and environmental conditions. The level of patient satisfaction remains based on the objective reality experienced when the patient receives services at the hospital. Patient satisfaction is said to be fulfilled if the patient's expectations match the performance or results. The interaction between expectations and experiences after receiving hospital services determines the satisfaction or dissatisfaction of the patient [11]. Research [12] showed the benefits of implementing PCC, namely; patient satisfaction levels increased from 10% to 95%, treatment days decreased by 50%, medical errors decreased by 62%, and staff vacancy rates decreased from 7.5% to 0%. Therefore, PCC is not only beneficial from the patient's side, but also from the hospital's side. Based on some research results, the *patient centered care* variable and the patient satisfaction variable have a positive influence and relationship. So that researchers are interested in analyzing the effect of PCC implementation on patient satisfaction. Measurement of patient satisfaction through *patient center care* (PCC) is expected to provide a strategy for developing the quality of hospital services. The quality development strategy should be based on the priority dimensions of *patient center care* that really affect patient satisfaction.

## RESEARCH METHODS

The type of research used in this study is observational analytic, which is a design or design that examines the dynamics of correlation or association between the independent variable (*Patient Centered care*) and the dependent variable (patient satisfaction) at the same time with a *cross sectional* design using a quantitative approach. The sample in this study amounted to 100 respondents using the Lameshow formula. The sampling technique used in this study was purposive sampling. Data collection was carried out by using research instruments in the form of questionnaires and patient medical records. Patient perceptions of PCC implementation were measured using a questionnaire developed by Jenkinson et al (2002), namely the *Picker Patient Experience Questionnaire* with answer options using a Likert scale of 1 to 3: 1 (No), 2 (Yes, sometimes), 3 (Yes, always). Patient Satisfaction is measured by a questionnaire developed from the 2017 Patient Satisfaction Questionnaire by Imaninda & Azwar (2016) which is a development of the PSQ 18 with answer options using a Likert scale of 1 to 4: 1 (Very Dissatisfied), 2

(Dissatisfied), 3 (Satisfied), 4 (Very Satisfied).

## DATA ANALYSIS

All data were analyzed using SPSS software. Bivariate analysis was performed to see each variable, both independent and dependent variables. Bivariate analysis was conducted to determine the relationship between the application of *patient centred care* (PCC) to patient satisfaction using the *chi square* test analysis method. Through the *chi square* statistical test, a p value will be obtained, then compared with a (level of significance), where in this study a level of significance of 0.05 is used. Computerized calculations with interpretation using a p- value of 0.05 with a precision of 5% are said to have an effect if the p-value  $\leq 0.05$  which means H0 is rejected and H1 is accepted and if the p-value  $\geq 0.05$  is considered to have no effect, it means H0 is accepted and H1 is rejected.

## RESULTS

A total of 100 patients participated in this study. Patients who become samples have different characteristics. Table 1 shows the characteristics of respondents at lamadukkelleng hospital, Wajo district.

**Table 1: Frequency distribution of respondent characteristics at Lamadukkelleng Hospital, Wajo Regency in 2024**

No.	Respondent Characteristics	Total	
		n	%
<b>2</b>	<b>Age</b>		
	Childhood (5-11 years)	3	3
	Teenagers (12-25)	27	27
	Mature (26-45 years old)	49	49
	Elderly (46-65)	21	21
<b>6</b>	<b>Jobs</b>		
	PNS	37	37
	Private employee	29	29
	Self-employed	7	7
	Not working	27	27
<b>7</b>	<b>Income (IDR)</b>		
	<1.000.000	11	11
	1.000.000 - 2.500.000	15	15
	2.500.000 - 5.000.000	62	62
	>5.000.000	12	12
<b>8</b>	<b>Payment type</b>		
	General	19	19
	BPJS	76	76
	Other insurance	5	5
<b>10</b>	<b>Maintenance class</b>		
	Class 1	40	40
	Class 2	36	36
	Class 3	24	24

Source: Primary Data

Based on table 1 above, it can be seen that the majority of respondents according to the age category are adults, namely between the ages of 26-45 th (WHO), namely 49% or 49 respondents. Based on occupation, the majority of respondents work as

civil servants, namely 37% or 37 responses and followed by respondents who work as private employees as much as 29%. The majority of respondents' income is (Rp 2,500,000 - Rp 5,000,000 rupiah). For the category of payment type, the majority of responses used BPJS, namely 76% and the most respondent's treatment class was class 1, namely 40%.

**Table 2: Frequency distribution of *patient centered care* dimensions at Lamaddukkelleng Hospital Wajo Regency in 2024**

No.	Dimensions	Less		Good		Total
		n	%	n	%	
1	Respect the value of patient- centered preferences and needs	35	35	65	65	100
2	Coordination and integration	39	39	61	61	100
3	Information, communication and education	26	26	74	74	100
4	Physical comfort	38	38	62	62	100
5	Emotional support and reduction fear and anxiety	31	31	69	69	100
6	Family and friend involvement	35	35	65	65	100
7	Service transition and continuity	33	33	67	67	100
8	Access to care	33	33	67	67	100

Source: Primary Data

Based on table 2 above, shows information on the frequency distribution of respondents with good and poor perceptions of PCC implementation at the Lamaddukkelleng Hospital, Wajo Regency based on 8 dimensions of PCC implementation.

If seen based on the frequency distribution of the 8 dimensions above, the most favorable dimension according to respondents is the information dimension, Communication and education is 74%, followed by the dimension of emotional support and reduction of fear and anxiety at 69%, then the dimension of transition and continuity of care and the dimension of access to care at 67%, and then the dimension of respecting the value of preferences and needs of patients and the dimension of involvement of family and friends at 65%, while the dimension of coordination and integration is the lowest achievement of 61%.

**Table 3: Frequency Distribution of Patient Satisfaction Dimensions at Lamaddukkelleng Hospital, Wajo Regency in 2024**

No	Dimensions	Not Satisfied		Satisfied		Total
		n	%	n	%	
1	Interpersonal Behavior	64	64	36	36	100
2	Technical Quality	56	56	44	44	100
3	Access/Convenience	55	55	45	45	100
4	Finance/Financial Aspects	61	61	39	39	100
5	Physical Environment	58	58	42	42	100

Source: Primary Data

The table above shows that the frequency of respondents with perceptions of satisfaction and dissatisfaction with the dimensions of patient satisfaction during treatment at the Lamaddukkelleng Hospital, Wajo Regency. It can be seen that the five dimensions of patient satisfaction in the dissatisfied category are higher than those of satisfied respondents. The dimension with the highest dissatisfied category is interpersonal behavior, which is 64%, while the dimension with the highest satisfied category is the access/convenience dimension.



**Table 4: Analysis of the effect of the application of *Patient Centered Care* based on the dimensions of respect for patient values and needs on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Respect values, preferences and Patient Needs	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	N	%	%			
Less	24	24,0	11	11,0	35	35,0	0,032
Good	30	30,0	35	35,0	65	65,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.032 was obtained, where the *p* value is <0.05, then  $H_0$  is rejected and  $H_a$  is accepted, which means that there is an effect of PCC implementation based on the dimensions of respecting patient values and needs on inpatient patient satisfaction at Lamadukkelleng Hospital of Wajo Regency in 2024.

**Table 5: Analysis of the effect of the implementation of *Patient Centered Care* based on the dimensions of coordination and integration on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Coordination and Integration	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	N	%	%			
Less	22	22,0	17	17,0	39,0		0,699
Good	32	32,0	29	29,0	61	61,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.699 was obtained, where the *p* value > 0.05, then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the implementation of PCC based on the dimensions of coordination and integration with inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 6: Analysis of the effect of the implementation of *Patient Centered Care* based on the dimensions of information, communication and education on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Information, Communication and Education	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	%	N	%			
Less	14	14,0	12	12,0	26	35,0	0,985
Good	40	40,0	34	34,0	74	65,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.985 was obtained, where the *p* value > 0.05, then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of information, communication and education on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 7: Analysis of the effect of the implementation of Patient Centered Care based on the dimensions of physical comfort on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Physical Comfort	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	%	N	%			
Less	24	24,0	14	14,0	38	38,0	0,150
Good	30	30,0	32	32,0	62	62,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.150 was obtained, where the  $p > 0.05$ , then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of physical comfort to the satisfaction of inpatients at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 8: Analysis of the effect of the application of Patient Centered Care based on the dimensions of emotional support and reduction of fear and anxiety on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Emotional support and sensory alleviation fear and anxiety	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	%	N	%			
Less	21	21,0	10	10,0	31	31,0	0,065
Good	33	33,0	36	36,0	69	69,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.065 was obtained, where the  $p > 0.05$ , then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of emotional support and reducing fear and anxiety on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 9: Analysis of the effect of the implementation of Patient Centered Care based on the dimensions of family and friend involvement on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Family Engagement and Friends	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied		N	%	
	N	%	N	%			
Less	19	19,0	16	16,0	35	35,0	0,966
Good	35	35,0	30	30,0	65	65,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.966 was obtained, where the  $p > 0.05$ , then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of family and friend involvement in inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 10: Analysis of the effect of the implementation of *Patient Centered Care* based on the dimensions of transition and service continuity on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Service transition and continuity	Patient Satisfaction				Total		P-Value
	Not Satisfied		Not Satisfied				
	N	%	N	%	N	%	
Less		24,0		11,0		35,0	0,032
Good		30,0		35,0		65,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.699 was obtained, where the *p value* > 0.05, then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of transition and service continuity on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024.

**Table 11: Analysis of the effect of the implementation of *Patient Centered Care* based on the dimension of access to care on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Access to Care	Patient Satisfaction				Total		P-Value
	Not Satisfied		Satisfied				
	N	%	N	%	N	%	
Less	10	10,0	23	23,0	33	33,0	0,001
Good	44	44,0	23	23,0	67	67,0	
Total	54	54,0	46	46,0	100	100,0	

Source: Primary Data

From the results of the *chi-square* statistical test, the *p-value* = 0.001, where the *p value* is <0.05,  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is an effect of PCC implementation based on the dimensions of access to care on inpatient satisfaction at Lamadukkelleng Hospital. Wajo Regency in 2024.

**Table 12: Analysis of the most influential dimensions of the implementation of *Patient Centered Care* on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Variables	B	Wald	Sig	Exp (B)	95% CI	
					LL	UL
Respect for Patient Centered Values, Preferences and Needs	-1,108	5,291	0,021	0,330	0,129	0,849
Access to Care	1,605	11,081	0,001	4,979	1,935	12,812
Constant	-0,317	1,192	0,275	0,728	-	-

## DISCUSSION

### 1. The effect of implementing *Patient Centered Care* based on the dimensions of respect for patient-centered values, preferences and needs on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024

Based on the results of the study, it was found that the dimensions of respect for values, preferences, and patient-centered needs had an effect on patient satisfaction, based on the results of the analysis, the *p-value* = 0.032 was obtained, where the *p*



value was  $<0.05$ , then  $H_0$  was rejected and  $H_a$  was accepted, which means that the dimensions of respect for values, preferences and patient-centered needs have an influence on patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. Study [14] also proved the effect of PCC implementation on post-cesarean section patient satisfaction in Makassar at two maternal and child hospitals. The application of PCC was also assessed with a PCC questionnaire instrument with 8 dimensions with the highest result also in the dimension of "Respecting Patients' Preferences and Values". The application of PCC is said to increase patient perceptions of better health service quality, and create new value in services. This study is also in line with research conducted by [15] that in the dimension of respecting patient-centered values, preferences and needs, respondents were satisfied with the respectful treatment carried out by doctors and nurses towards patients. The dimension of "Respecting Patient Preferences and Values" which is the dimension with the highest achievement, according to the Picker Institute is divided into three important attributes, namely: 1) providing care with dignity and respect for patients, 2) focusing on quality of life issues/patient care in a comprehensive manner by considering patient preferences and 3) involving patients in decisions regarding their care to achieve the patient's expected goals and outcomes [16]. As previously explained that the elements of The basis of PCC is the dimension of "Respect for Patient Preferences and Values" as the definition of PCC is a system of care where patients in each encounter are treated as unique individuals with their own individual needs, values, and preferences. The system is designed to anticipate and respond to patient requests and to seek patient input into all decisions about how their health care is delivered [17].

## **2. The effect of implementing *Patient Centered Care* based on the dimensions of coordination and integration on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

From the results of the study, it was found that the dimensions of coordination and integration had no effect on patient satisfaction based on the results of the analysis obtained a  $p\text{-value} = 0.699$ , where the  $p\text{ value} > 0.05$ , so that  $H_0$  was accepted and  $H_a$  was rejected, meaning that there was no effect of the implementation of *Patient Centered Care* (PCC) on patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. As shown [18] coordination and unification of administration, in particular a stable practice climate will produce favorable results among medical staff, good collaboration and correspondence between medical staff during training will reduce the number of drug prescription errors. Delays in drug administration are not educated so patients feel awkward and constantly complain to the staff. Furthermore, coordination between staff is still poor in providing total data to patients and families. Poor coordination between patients and healthcare providers can occur when patients are not given the opportunity or time to share their complaints and when they feel they are not being listened to. In addition, when patients feel that the care process is too difficult to follow or they do not understand what they are supposed to do, this can affect adherence to care [19].

### **3. The effect of the implementation of *Patient Centered Care* based on the dimensions of information, communication and education on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

From the results of the study, it was found that the dimensions of information, communication and education had no effect on patient satisfaction. Based on the results of the analysis, the  $p\text{-value} = 0.985$  is obtained, where the  $p\text{ value is} > 0.05$ , so  $H_0$  is accepted  $H_0$  is rejected, meaning that there is no effect of the implementation of *patient centered care* (PCC) on patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. This study is not in line with that conducted by [20] that there are 85% of this dimension is satisfied and well implemented, and research conducted by bolla (2013) also obtained the conclusion that there is a meaningful relationship between the implementation of the dimensions of information, communication and education on patient satisfaction. The main determinant and facilitator of PCC is high-quality communication [21]. Communication in medical encounters is influenced by doctors' and patients' beliefs about control in their relationship as well as each other's behavior [22]. According to [29] patients often feel frightened if they are not fully informed and explained about the prognosis of their illness. Hospitals can focus on three types of communication to alleviate such fears, including; information about clinical status, disease progress and prognosis, information about the treatment process, as well as information about the treatment process. And Education to facilitate autonomy, self-care and health promotion for patients. Effective communication is considered an essential skill that healthcare providers need to master in clinical practice to improve the quality and efficiency of care. Effective communication depends not only on what is said but also on the way of doing communication both verbal and non-verbal, in addition to accurate information and effective communication will be very influential in patient education about their illness.

### **4. The effect of the implementation of *Patient Centered Care* based on the dimensions of physical comfort on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

From the results of the study, it was found that the physical comfort dimension had no effect on patient satisfaction. Based on the results of the analysis, the  $p\text{-value} = 0.150$  is obtained, where the result of  $p > 0.05$ ,  $H_0$  is accepted  $H_0$  is rejected, meaning that there is no effect of the application of *patient centered care* (PCC) on patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. [23] Consolation is actually the nurse upholding the patient fully for proper evaluation of suffering and the managers. All Inpatients and Outpatients were evaluated for torment and surveyed for torment. Patients are assisted to successfully torture the board, Nurses assist patients in daily exercises, maintain a centralized climate and emergency clinic, including ensuring the satisfaction of the patient's own needs. Maintain the neatness and comfort of the area around the patient, granting simple admission to the patient's family and spouse to visit during visiting hours. Physical comfort greatly affects the patient's condition. When nurses are able to make patients feel comfortable, it will greatly help in the healing process. Physical comfort can be seen from the nurse's ability to provide assistance when patients need help and take actions that can increase patient comfort such as performing pain management and assisting in carrying out activities.

### **5. The effect of implementing Patient Centered Care based on the dimensions of emotional support and reducing fear and anxiety on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency, 2024**

From the results of the *chi-square* statistical test, the *p-value* = 0.065 was obtained, where the  $p > 0.05$ ,  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of emotional support and reducing fear and anxiety on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. Fear and anxiety can affect anyone, anywhere and these conditions encourage patients to engage in conscious or unconscious behaviors that harm or endanger them in the face of the object of fear or anxiety. Awareness allows patients to overcome their fears, which represent the level of anxiety in patients and families, and become a solution [24]. For this reason, it is necessary for patients and families to be given information about the process for submitting complaints or complaints, Officers greet when meeting patients or families of patients, Doctors or nurses encourage patients and their families to ask questions and give opinions as active participants in accordance with the education provided, Patients and families are given information about estimated costs, So, emotional support and reduction of fear and anxiety at the labuang baji regional general hospital in Makassar are able to make patients feel at home and feel comfortable in the hospital.

### **6. The effect of implementing Patient Centered Care based on the dimensions of family and friend involvement on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency, 2024**

From the results of the *chi-square* statistical test, the *p-value* = 0.966 was obtained, where the  $p > 0.05$ , then  $H_0$  was accepted and  $H_a$  was rejected, which means that there is no relationship between the application of PCC based on the dimensions of family and friend involvement in inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. Family involvement in care is very important and complex. To date, communication education and training has usually focused on communication between health workers, patients and families. Such communication can help health workers to foster effective working relationships by involving families as partners during the treatment period. In addition, the clinical environment can also affect the relationship between health workers, patients and families [25].

### **7. The effect of the implementation of Patient Centered Care based on the dimensions of transition and service continuity on inpatient patient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Based on the results of the analysis between the dimensions of transition and service continuity on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024, it is known that most respondents stated that they were good at the dimensions of transition and service continuity on inpatient satisfaction. From the results of the *chi-square* statistical test obtained *p-value* = 0.615, where the  $p > 0.05$ , then  $H_0$  is accepted and  $H_a$  is rejected, which means that there is no relationship between the implementation of PCC based on the dimensions of transition and service continuity on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. Continuity of care refers to the cooperation of healthcare professionals and patients in care management to achieve consistent and high-quality care goals. The uncertainty of whether or not care is being carried out well, can cause a certain

amount of anxiety as a patient response. In the case of patients with low levels of health literacy, the importance of clarity of information and instructions is even more emphasized as lack of understanding of information can lead to ineffective treatment and rehabilitation [26].

### **8. The effect of the implementation of Patient Centered Care based on the dimensions of access to care on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024**

Based on the results of the analysis between the dimensions of access to care on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024, it is known that most respondents stated that they were good at the dimensions of access to care on inpatient satisfaction. Based on the results of the *chi-square* test analysis, the  $p\text{-value} = 0.001$  is obtained, where the  $p\text{-value}$  is  $0.001 < 0.05$  then  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is a relationship between the implementation of PCC based on the dimensions of access to care on inpatient satisfaction at Lamadukkelleng Hospital, Wajo Regency in 2024. The results of this study are in line with research conducted by [27]. That the quality of care services has a positive and significant effect on patient satisfaction. Patient satisfaction can be achieved or not can be seen from the beginning, namely the purpose of the hospital, which is to provide quality nursing services so that they have a good impact on patients, one of which makes patients feel comfortable doing hospitalization at the hospital. After that the hospital must know what the needs and desires of patients so that the hospital can fulfill what patients expect. If the quality of service provided at the hospital is in accordance with patient expectations, the level of patient satisfaction will be achieved [27].

### **9. Dimensions Most Influential to Patient Satisfaction at Lamadukkelleng Hospital, Wajo Regency**

Based on the results of *Multiple Logistic Regression analysis* using the backward LR method, the results of the analysis of variables that have a  $p$  value  $< 0.05$  are the dimensions of respect for patient-centered values, preferences and needs and the dimension of Access to Care. Among these variables, the access to care dimension has the highest  $\exp(B)$  value on inpatient satisfaction, which is 4.979. Therefore, in this study, the access to care dimension is considered as a variable that has the greatest influence, namely 4.979 times on inpatient satisfaction.

## **CONCLUSIONS**

This study concluded that the implementation of PCC at Lamadukkelleng Hospital, Wajo Regency in 2024 has been well implemented in the eight dimensions, namely the dimension of respecting the values, preferences and needs of patients, the dimension of coordination and integration, the dimension of information, communication and education, the dimension of physical comfort, dimensions of emotional support and reduction of fear and anxiety, dimensions of family and friend involvement, dimensions of transition and continuity of care, dimensions of access to care, but when viewed from patient satisfaction at the Lamadukkelleng Hospital, Wajo Regency, patients have not felt fast on interpersonal behavior, technical quality, access / comfort, finance / financial aspects, and the physical environment. So overall, the implementation of PCC has no effect on patient satisfaction at Lamadukkelleng Hospital, Wajo Regency.

## References

- 1) Rosa, E.M. (2018). Patient centered care in hospitals concept and implementation. Accessed from <http://repository.umy.ac.id/bitstream/handle/123456789/24189/Buku%20PATIENT%20CC%20%281%29.pdf?sequence=1&isAllowed=y>.
- 2) Rivai, F., Abubakar, Z., & Sapada, N. A. (2020). Effect of patient-centered care application on inpatient outcomes after emergency cesarean section surgery. *Enfermeria Clinica*, 30, 130-133. <https://doi.org/10.1016/j.enfcli.2020.06.030>.
- 3) Az-Zahroh, T.N. (2017). The Effect of Quality of Health Services on the Satisfaction Level of Hospitalized Patients in the General Adult Room of HospitalX Gresik Regency. *Prikosain*. 12(2):99-111. Accessed December 11, 2022.
- 4) Institute of Medicine (IOM) (U.S.), and Committee on Quality of Health Care in America. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: National Academy Press. <http://public.eblib.com/choice/publicfullrecord.aspx?p=3375215>. IT TAKE? Dale Shaller Shaller Consulting October 2007
- 5) Australian Commission on Safety and Quality in Health Care (ACSQHC). (2010). *Patient-Centred Care: Improving Quality and Safety by Focusing on Care for Patients and Consumers. Discussion paper: Draft for public consultation, September 2010. September*. [http://www.health.gov.au/internet/safety/publishing.nsf/Content/36AB9E5379378EBECA2577B3001D3C2B/\\$File/PCCC-DiscussPaper.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/36AB9E5379378EBECA2577B3001D3C2B/$File/PCCC-DiscussPaper.pdf)
- 6) Setyawati, C., & Rochmah, T. N. (2015). The Effect of Brand Knowledge on Hospital Selection. *Indonesian Journal of Health Administration*, 3(1), 31-39. <https://doi.org/10.20473/jaki.v3i1.2015.31-39>.
- 7) Hospital Accreditation Commission. *National Hospital Accreditation Standards 1st Edition (2017)*. Jakarta: Hospital Accreditation Commission; <https://doi.org/10.31227/osf.io/zfpjn>.
- 8) Muliarini, P. (2021). Legal Framework for Patient-Centered Care-Based Health Services. *The Journal of Hospital Accreditation*, 3(01), 10-16. <https://doi.org/10.35727/jha.v3i01.83>.
- 9) Picker Institute (2013) *Improving healthcare through the patient's eyes*. Available at: <http://pickerinstitute.org/about/picker-principles/>.
- 10) Fauzan Ahmad,h, Hariadi Widodo. (2019). Relationship between the Implementation of *Patient Centered care* with the Experience of Inpatient Clients at Sari Mulia Banjarmasin Hospital. Banjarmasin: <http://ojs.dinamikakesehatan.unism.ac.id>.
- 11) Krismanto, H., & Irianto, S. (2019). Analysis of Outpatient Service Quality at the Regional General Hospital (Rsud) of Dumai City. *Journal of Public Service Management*, 3(1), 32-48. <https://doi.org/10.24198/jmpp.v3i1.26677>
- 12) Luxford, K. et al. (2010) *Patient-centred care: improving quality and safety by focusing care on patients and consumers*. Sydney: Australian Commission on Safety and Quality in Health Care. Available at: <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/PCCC-DiscussPaper.pdf>.
- 13) E. Ree and S. Wiig, "Linking transformational leadership, patient safety culture and work engagement in home care services," *Nurs. Open*, vol. 7, no. 1, pp. 256-264, 2020, doi: 10.1002/nop2.386.
- 14) Abubakar, Z., Rivai, F., & Sapada, N. A. (2020). Effect of *Patient Centered care* application on inpatient outcomes in rskdia pertiwi and rsia ananda (Woman and child hospitals). *Open Access Macedonian Journal of Medical Sciences*, 8(T2), 162-167. <https://doi.org/10.3889/oamjms.2020.5217>
- 15) Nadia, S.A (2023) The Relationship Between the Implementation of *Patient- Centered Care* with Length of Stay, Patient Satisfaction and Clinical Outcomes in Postoperative Breast Cancer Patients at Hasanuddin University Hospital Inpatient Installation. Makassar. *International Journal of Health Sciences*, 6(S8), 4472- 4481. <https://doi.org/10.53730/ijhs.v6nS8.13213>



- 16) 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), 385. <https://doi.org/10.1186/s12913-015-1049-z>
- 17) Vardanaly. (2012). *Patient-centeredness in Sweden's health system - an external assessment and six steps for progress* (Vol. 3). <http://www.vardanaly.se/Rapporter/2012/Patient-centeredness-in-swedens-health-system--an-external-assessment-and-six-steps-for-progress/>
- 18) Frampton S, Guastello S, Brady C, Hale M, Horowitz S, Smith SB, Stone S.(2007). Patient Centered Care Improvement Guide. London: Planetree and the Picker Institute
- 19) Chard, R. & Makary, M. A. (2015) Transfer-of-Care Communication Nursing Best Practices, AORN Journal. Elsevier Ltd, 102(4), pp 32-342. doi: 10.1016/j.aorn.2015.07.009
- 20) Harfika, J & Abdullah, N. (2017). The Effect of Service Quality and facilities on patient satisfaction at the general hospital of the southwest aceh district. *Journal of Balance*, 1: 44-55
- 21) Slatore, C. G., Hansen, L., Ganzini, L., Press, N., Osborne, M. L., Chesnutt, M. S., & Mularski, R. A. (2012). Communication by Nurses in the Intensive Care Unit: Qualitative Analysis of Domains of Patient-Centered Care. *American Journal of Critical Care*, 21(6), 410-418. <https://doi.org/10.4037/ajcc2012124>
- 22) Stone, S. (2008). A Retrospective Evaluation of the Impact of the Planetree Patient-Centered Model of Care on Inpatient Quality Outcomes. *HERD: Health Environments Research & Design Journal*, 1(4), 55-69. <https://doi.org/10.1177/193758670800100406>
- 23) Suryawati, C., Dharminto, & Shaluhayah, Z. (2006). Developing Hospital Patient Satisfaction Indicators in Central Java Province. *Journal of Health Services Management*, 09, 177-184
- 24) Setiawan, A. 2016. Signs and Symptoms of Anxiety Fear. Pandega Martha: Yogyakarta
- 25) Laidsaar-Powell, R. et al. (2018) Facilitating collaborative and effective family involvement in the cancer setting: Guidelines for clinicians (TRIO Guidelines-1), Patient Education and Counseling. Elsevier Ireland Ltd, 101(6), pp. 970-982. doi:10.1016/j.pec.2018.01.019
- 26) WHO. (2005). Preparing a healthcare workforce for the 21st century: the challenge of chronic conditions. *Chronic Illness*, 1(2), 99-100.
- 27) Harfika, J & Abdullah, N. (2017). The Effect of Service Quality and facilities on patient satisfaction at the general hospital of the southwest aceh district. *Journal of Balance*, 1: 44-55
- 28) Guntur, Efeferendi, S.E, (2010). Transformation of Marketing Management Building Cintra Negar. Jakarta: Sagung Seto
- 29) Picker Institute (2013) Improving healthcare through the patient's eyes. Available at: <http://pickerinstitute.org/about/picker-principles/>