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Perceptions of Patient-Centered Care at Dr. M. Djamil Hospital

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Abstract

Background: Patient-Centered Care (PCC) is a key component of health services that emphasizes respect for patient dignity, provision of information, active participation, and collaboration in decision-making. Dr. M. Djamil General Hospital needs to evaluate the implementation of PCC from the patient's perspective to identify service gaps and improve care quality. This study aimed to assess the implementation of PCC across four main dimensions: dignity, information provision, patient participation, and collaboration.
Methods: This study employed a descriptive quantitative design with a cross-sectional approach, involving 353 inpatients selected through stratified random sampling. Data were collected from January to June 2024 using a structured questionnaire adapted from Harvey Picker's PCC framework. Each dimension was measured with a Likert scale and analyzed descriptively.
Results: Implementation of PCC was rated highly in terms of dignity by physicians (94.94%) and nurses (96.32%). Information provision received positive perceptions for physicians (75.92%) and nurses (77.34%), but lower for dietitians (57.79%) and pharmacists (57.79%). The participation dimension was rated lower for physicians (58.36%), dietitians (54.67%), and pharmacists (66.01%), while nurses received a comparatively better score (56.66%). Collaboration was perceived positively for physicians (54.96%) and nurses (58.07%).
Conclusion: The implementation of PCC showed favorable results in dignity, information, and collaboration, while patient participation remained suboptimal. Strengthening effective communication and enhancing active involvement of all healthcare professionals, including pharmacists and dietitians, were essential to improve the quality of patient-centered care.

Keywords: *patient-centered care, dignity, information, participation, collaboration*

Introduction

High-quality health services are one of the main pillars in improving public health.[1–3] In this context, the concept of Patient-Centered Care (PCC) has emerged as an approach that prioritizes patients' needs, preferences, and values in every stage of care.[3–5] The concept was first introduced in 1988 and further developed after being promoted by the Institute of Medicine (IOM) in the early 21st century.[6–7] PCC emphasizes four main principles: dignity and respect for patients, open information sharing, active patient participation in decision-making, and collaboration with patients.[8] Effective implementation of PCC not only improves the quality of care but also enhances patient satisfaction and clinical outcomes.[7–9]

Over time, hospital services have undergone a significant shift from the traditional physician-centered model to a more inclusive, patient-centered model. In the traditional approach, physicians acted as the central decision-makers, often overlooking patients' voices.[10–12] With the adoption of PCC, however, patients have been given a more active role in making decisions regarding their treatment, aiming to create a more personalized and responsive care experience.[13]

Although PCC has been recognized as the ideal model of healthcare delivery, its implementation in Indonesia—particularly in large hospitals—still faces many challenges. Studies reported that despite hospitals' efforts to implement PCC, structural barriers and workplace culture often hinder its application.[14] Therefore, further evaluation is needed to identify the existing obstacles and propose appropriate solutions.[15,16] In 2024, the Hospital Accreditation Commission (KARS) recommended that hospitals implement continuous training in communication and interprofessional collaboration to strengthen PCC practices in Indonesia.[17]

The implementation of PCC in Indonesia, especially in large hospitals, continues to encounter several obstacles.[18] One of the major challenges is limited communication between healthcare professionals and patients, which reduces the quality of collaboration and negatively affects patients' care experiences.[7] Research has emphasized that interprofessional collaboration—particularly among physicians, nurses, dietitians, and pharmacists—is essential to ensure that patients receive holistic and well-coordinated care. However, the lack of interprofessional training and effective communication skills often hinders PCC implementation.[12]

As a national referral hospital, Dr. M. Djamil General Hospital faces unique challenges in applying PCC effectively. With 800 beds, the hospital is committed to improving service quality and patient safety. Based on data from the Medical Records Department in 2023, the hospital's Bed Occupancy Rate (BOR) averaged 75.5%, indicating a relatively high level of utilization.[19] As a large hospital, PCC implementation must cover all service lines and involve close collaboration among various health professionals.

Although workshops and coordination meetings on PCC have been conducted at Dr. M. Djamil General Hospital, a preliminary survey carried out in October 2023 revealed significant gaps in practice. A total of 80% of patients reported that healthcare providers did not listen to their complaints, 90% complained about insufficient information regarding their care, and 70% stated that they were not involved in decision-making.[19] These findings highlight the challenges in consistently integrating PCC principles across hospital units.

In the literature, PCC has been defined as an approach that places patients at the center of all care processes. Since its introduction in 1988, PCC has gained increasing importance in line with the growing demand for higher quality healthcare. The IOM in 2001 also endorsed PCC as a critical step toward improving healthcare quality in the United States.[6,20] PCC aims to provide personalized care by listening to and respecting patients' values and preferences throughout their treatment.[8,12] By doing so, patients feel valued and are actively engaged in decision-making about their health.

One of the core principles of PCC is dignity and respect for patients. A study in 2019 demonstrated that preserving patient dignity improved patient–provider relationships, which in turn increased satisfaction and adherence to treatment.[19] This aligns with the classic concept from 1957, which emphasized the importance of the doctor–patient relationship in medical decision-making.[2] Thus, the implementation of PCC requires healthcare providers to not only focus on managing disease but also to address patients' emotional and social needs.

Information sharing is another essential principle of PCC. A clear understanding of diagnosis, treatment options, and care processes is necessary for patients to make informed decisions.[7] Research has shown that effective communication improves patients' understanding of their health conditions and encourages greater involvement in medical decisions.[21,13] Other studies have also highlighted that sufficient information sharing strongly influences patient satisfaction with healthcare services.[22,29] However, challenges such as limited time and inadequate communication skills among healthcare providers remain common barriers.

Patient participation also plays a crucial role in PCC. Previous research reported that active involvement enhances patients' sense of control and ownership in decision-making, which ultimately leads to better health outcomes.[23] Other studies indicated that patient participation also requires interaction with multiple healthcare providers, creating coordination challenges within many healthcare systems.[24]

Collaboration between healthcare providers and patients is equally critical. Effective teamwork among physicians, nurses, dietitians, and pharmacists ensures that care is comprehensive and well-coordinated.[7,12] Collaboration has been shown to improve the quality of medical services tailored to patients' needs.[25]

Nevertheless, barriers such as workplace culture differences and lack of interprofessional training have been identified as challenges to building effective collaboration.[26]

Given these challenges, this study seeks to answer the following research question: How is Patient-Centered Care (PCC) implemented based on patients' perceptions at Dr. M. Djamil General Hospital in 2024? The objective of this study is to evaluate PCC implementation from the perspective of patients, covering aspects of dignity and respect, information sharing, patient participation, and collaboration with healthcare professionals.

This study also carries important clinical significance in improving the quality of care at Dr. M. Djamil General Hospital. By assessing patients' perceptions, it provides insights into the extent to which PCC principles are applied, particularly in terms of dignity, information provision, participation, and interprofessional collaboration. The findings are expected to support hospital management in refining policies and healthcare staff training, ultimately enhancing patient satisfaction, reducing medical errors, and strengthening patient safety and health outcomes.

Methods

This study employed a descriptive quantitative design with a cross-sectional approach to evaluate the implementation of PCC at a single point in time, with the aim of describing patients' perceptions of the application of PCC principles at Dr. M. Djamil General Hospital, Padang.

The study population consisted of all inpatients at Dr. M. Djamil General Hospital from January to June 2024, totaling 2968 patients. A sample of 353 inpatients was selected using stratified random sampling to ensure balanced representation across different patient groups.

The inclusion criteria were inpatients who had been hospitalized for at least three days and were willing to provide informed consent. The exclusion criteria were patients who were unable to communicate effectively (e.g., due to cognitive impairment or critical conditions) to maintain the validity of the data.

Data were collected using a structured questionnaire that had been tested for validity and reliability, with a Cronbach's Alpha coefficient of 0.87 (>0.70). Respondents were given an explanation of the purpose and procedures of the study before completing the questionnaire, with adequate time allocated for responses.

This study adhered to ethical guidelines, with ethical approval obtained from the Research Ethics Committee of Dr. M. Djamil General Hospital (No. LB.02.02/5.7/468/2023). Written informed consent was obtained from all respondents, and data confidentiality was strictly maintained.

Data were analyzed using descriptive statistics, including frequency and percentage, to evaluate patients' perceptions of PCC implementation. Comparisons across demographic groups were also conducted to identify significant differences in perceptions.

Results

The results of this study included the frequency distribution of respondents' characteristics and their evaluation of the four main dimensions of PCC: dignity and respect, information sharing, patient participation, and collaboration among healthcare professionals. Data from 353 respondents were analyzed to provide a comprehensive picture of PCC implementation in the hospital.

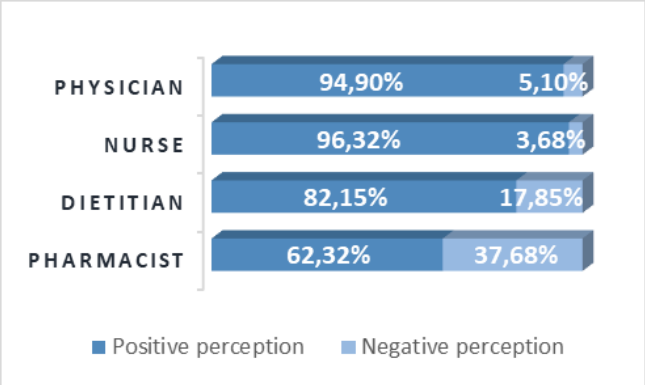
Table 1. Characteristics of Respondents (n = 353)

Variable	n	%
Age		
≥ 56 years	107	30.38
< 56 years	246	69.62
Sex		
Male	201	56.96
Female	152	43.04

Variable	n	%
Occupation		
Employed	143	40.51
Unemployed	210	59.49
Education		
Higher education	45	12.66
Primary–Secondary	308	87.34
Marital status		
Married	282	79.75
Unmarried	71	20.25

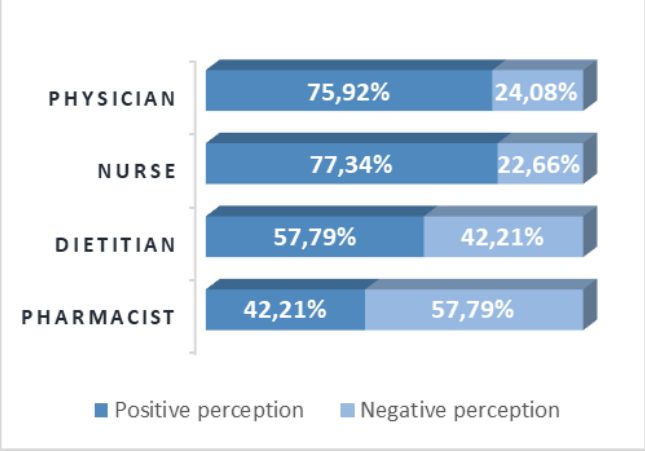
The demographic characteristics of the respondents showed that the majority were younger than 56 years (69.62%), while 30.38% were 56 years or older. More than half of the participants were male (56.96%), and 43.04% were female. In terms of occupation, most respondents were unemployed (59.49%), while 40.51% were employed. Regarding educational background, the vast majority had completed primary to secondary education (87.34%), whereas only 12.66% had attained higher education. With respect to marital status, most respondents were married (79.75%), while 20.25% were unmarried.

Figure 1. Implementation of PCC in the Dimension of Dignity and Respect for Patients



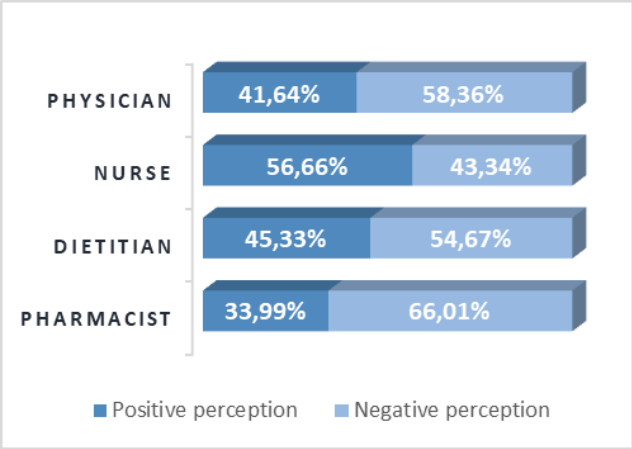
Respondents' perceptions of the implementation of PCC in the dimension of dignity and respect showed the highest ratings for nurses (96.32% positive), followed by physicians (94.90%), dietitians (82.15%), and pharmacists (62.32%), while the remaining respondents reported negative perceptions.

Figure 2. Implementation of PCC in the Dimension of Information Sharing with Patients



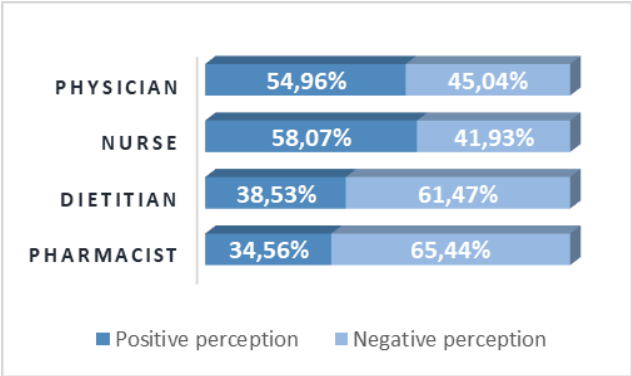
Respondents' perceptions of the implementation of PCC in information sharing with patients were highest for nurses (77.34% positive), followed by physicians (75.92%), dietitians (57.79%), and pharmacists (42.21%), while the remaining respondents reported negative perceptions.

Figure 3. Implementation of PCC in the Dimension of Patient Participation in Care



Respondents' perceptions of the implementation of PCC in patient participation were predominantly negative, particularly for pharmacists (66.01%) and physicians (58.36%), although nurses (56.66%) and dietitians (54.67%) received relatively more positive evaluations.

Figure 4. Implementation of PCC in the Dimension of Collaboration with Patients



Respondents' perceptions of the implementation of PCC in the dimension of collaboration were more positive for physicians (54.96%) and nurses (58.07%), whereas negative perceptions were more dominant for dietitians (61.47%) and pharmacists (65.44%).

Discussions

This study provided a clear overview of the implementation of Patient-Centered Care (PCC) at Dr. M. Djamil General Hospital Padang based on patients' perceptions of four core dimensions: dignity and respect, information sharing, patient participation, and collaboration among healthcare professionals. Overall, the results indicated that although PCC has been implemented effectively in several aspects, certain dimensions still require improvement.

Dignity and respect.

Patients' perceptions of dignity and respect were highly positive, with the highest ratings given to nurses (96.32%) and physicians (94.90%), followed by dietitians (82.15%) and pharmacists (62.32%). These findings reflected that patients felt respected and well-treated by physicians and nurses. Previous studies also reported that nurses frequently received higher ratings in this dimension compared to other health professionals.[23] However, the relatively lower scores for pharmacists suggested the need for improvement in this group, which is consistent with other studies highlighting the limited involvement of pharmacists in PCC implementation.[8]

Information sharing.

Perceptions of information sharing varied across professional groups. Nurses (77.34%) and physicians (75.92%) received favorable ratings, whereas dietitians (57.79%) and pharmacists (42.21%) received less favorable ratings. Effective information sharing is crucial to ensuring that patients understand their health conditions and can make informed decisions. These findings suggested that, although physicians and nurses were relatively successful in this regard, challenges remain for dietitians and pharmacists. This was consistent with previous reports that communication across health professions is often suboptimal, particularly when complex information is involved.[19]

Patient participation.

The dimension of patient participation was perceived less favorably overall, especially for pharmacists (66.01% negative) and physicians (58.36% negative), while nurses (56.66% positive) and dietitians (54.67% positive) received relatively better evaluations. This indicated that although patients felt respected and adequately informed, they perceived limited involvement in decision-making, particularly regarding medical management and pharmacological care. Previous studies also identified patient participation in medical decision-making as a continuing challenge in PCC implementation.[24]

Collaboration

Perceptions of collaboration were more favorable for physicians (54.96%) and nurses (58.07%), while negative perceptions dominated for dietitians (61.47%) and pharmacists (65.44%). These results suggested the presence of interprofessional coordination challenges that may reduce the effectiveness of PCC delivery. Prior research has highlighted similar barriers to interprofessional collaboration, particularly workplace culture differences and ineffective communication among health professionals.[27,28] The findings of this study reinforced the need for improved training in interprofessional collaboration to enhance PCC practice.[29,30]

Taken together, the results indicated that although physicians and nurses demonstrated stronger implementation of PCC, patient participation and interprofessional collaboration remain significant challenges. Further efforts are needed to strengthen interprofessional training and improve both communication and patient engagement across all aspects of care.

Strengths and Limitations

This study had several strengths. The descriptive quantitative cross-sectional design provided a clear representation of patients' perceptions regarding PCC implementation. Stratified random sampling ensured that the findings were representative across demographic groups and hospital departments. The use of a validated and reliable questionnaire (Cronbach's Alpha = 0.87) enhanced the accuracy and consistency of the results. Furthermore, this study offered specific insights into the challenges and opportunities of PCC implementation in a large Indonesian hospital, which may inform policy development and staff training.

However, some limitations should be acknowledged. The study was conducted in a single hospital, limiting the generalizability of findings to other institutions with different characteristics. Additionally, external factors such as patients' health conditions and healthcare workers' workload may have influenced patients' perceptions and could not be fully controlled.

Clinical Implications

This study has important clinical implications for improving PCC-based healthcare services at Dr. M. Djamil General Hospital. The findings demonstrated that applying PCC principles—particularly dignity, respect, information sharing, and interprofessional collaboration—can enhance the patient experience. Therefore, hospitals will need to focus on strengthening communication across professional groups, especially pharmacists and dietitians, who require improvement in information sharing and collaboration with patients.

Furthermore, these results underline the importance of continuous training for healthcare professionals in communication skills and interprofessional collaboration to enhance patient participation in medical decision-

making. Better PCC implementation will contribute to improved patient safety, reduced medical errors, and greater patient satisfaction. Ultimately, these improvements will support more coordinated care that prioritizes patients' needs and preferences, thereby enhancing the overall quality of healthcare services.

Conclusions

This study demonstrated that the implementation of Patient-Centered Care (PCC) at Dr. M. Djamil General Hospital Padang was generally effective across most dimensions, particularly in dignity and respect as well as information sharing by physicians and nurses. However, challenges remained in patient participation, especially with physicians and pharmacists, which require improvement. Collaboration among healthcare professionals also showed room for strengthening, particularly among pharmacists and dietitians. Overall, the application of PCC principles in this hospital could be further enhanced to achieve more patient-focused services, which will ultimately improve patient satisfaction and health outcomes.

Recommendations

Based on the findings of this study, it is recommended that Dr. M. Djamil General Hospital Padang will strengthen communication and collaboration training among healthcare professionals, particularly for pharmacists and dietitians, in order to improve information sharing and patient participation. The hospital will also need to reinforce a culture of PCC through policies that encourage patient involvement in medical decision-making. The development of continuous interprofessional training programs will be highly beneficial for creating more coordinated and responsive care that addresses patients' needs while improving both patient safety and satisfaction. Future studies will benefit from incorporating qualitative approaches, such as in-depth interviews with patients and healthcare professionals, to explore barriers and challenges in PCC implementation, particularly in interprofessional communication.

Declarations of competing interest

No potential competing interest was reported by the authors.

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