

The Correlation between the Implementation of Patient-Centered Care (PCC) and the Fulfillment of Patient Rights at Regional General Hospital of Bireuen Regency

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ABSTRACT

Introduction: Patient-Centered Care is an innovative healthcare model in which planning, implementation, and evaluation combine healthcare providers, patients, and families to provide better services. This study aimed to examine the relationship between implementing Patient-Centered Care and fulfilling patient rights in hospitals.

Methods: This study used a cross-sectional research design. Data analysis was performed using the Chi-square test and Logistic Regression. The number of samples was as many as 104 people selected by proportional sampling.

Results: All dimensions of Patient-Centered Care correlated with the fulfillment of patient rights ($p < 0.05$). In addition, the logistic regression test showed that emotional support was the dimension with the highest correlation value ($p = 0.012$) with an odds ratio of 7.947. This indicates that patients with the correct dimensions of emotional support are 7.947 times more likely to have their rights fulfilled than patients who do not receive emotional support.

Conclusion: The results of this study conclude that to fulfill the rights of patients in hospitals, a targeted and structured implementation is needed in providing patient-centered services to improve the quality of health services. Health care workers are urged to encourage patients and their families to participate in the care process actively.

Keywords: Patient-Centered Care, Patient Rights, and Hospital.

INTRODUCTION

According to the Australian Commission on Safety and Quality in Health Care (ACSQHC), Patient-Centered Care (PCC) is an innovative approach to the planning, delivering, and evaluating of health services based on mutually beneficial partnerships between health care

providers, patients, and families. PCC can be applied to patients of all ages and practiced in every service form.¹ The dimensions of the PCC are divided into 8, which is; (1) Patient Preference, (2) Coordination and Integration of Care, (3) Information and Education, (4) Physical Comfort, (5) Emotional Support,

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(6) Involvement of family and friends, (7) Continuity and Transition care, (8) Care Access.²

The PCC concept is one part of patient care management that is the primary goal of every hospital in implementing the idea, especially in Indonesia, because it is one of the Hospital Accreditation Standards.³ The main focus of the PCC concept is decentralization, promotion of efficiency and quality, and cost control. In implementing PCC, it is also necessary to pay attention to optimizing patient rights, such as providing education to patients and families in fulfilling their rights and obligations in receiving health services. The application of PCC covers various contexts, including primary care, acute care, disability care, mental health care, and chronic illness,⁴

Staff involvement also plays a role in obtaining the information needed to provide values of trust to patients.³ Collaboration among professionals is required to promote and improve patient-centered health care, reduce competition between professions and improve teamwork.²⁰ PCC implementation has also provided positive patient experiences and better outcomes, such as improved adherence to care and medication. Not only beneficial for patients, but the implementation of PCC is also beneficial for Health organizations in reducing the cost of extended hospitalization and increasing return visits.⁵

METHOD

The research design used a cross-sectional study method. Data collection was carried out in July 2022 at the Bireuen Regional General Hospital, Aceh, Indonesia. The number of samples was as many as 104 patients in the adult ward, sampling using proportional sampling. The data collection tool in the form of a PCC questionnaire was adopted from the Picker; Patient Care Experience (after obtaining permission), consisting of 31 statement items with three alternative answers, namely no, sometimes, and always (this questionnaire does not provide questions

for the dimension of access to care, which is not included in the study). The patient rights questionnaire developed by the researcher and tested for content and construct validity consists of 26 question items with two alternative answer choices, Yes and No. Data analysis used descriptive statistical tests, chi-square, and logistic regression.

RESULT

Based on Table 1, the demographic data of the most dominant respondents from the number of respondents 104 obtained 28 (26.92%) at the age of 36-45 years, 53 (50.96%) in the male

Table 1: Data Characteristic on correspondent demographic (n=104)

<i>Demographic Variables</i>	<i>f</i>	<i>%</i>
Age (years old):		
17-25	20	19,23
26-35	14	13,46
36-45	28	26,92
46-55	16	15,38
56-65	12	11,54
over 65	14	13,46
Sex:		
Male	53	50,96
Female	51	49,04
Level of Education:		
Elementary School	10	9,62
Junior High School	16	15,38
Senior High School	66	63,46
Diploma-III	5	4,81
Bachelor	7	6,73
Occupation:		
Not Working	37	35,58
Student	7	6,73
Contract workers	9	8,65
Civil Servants	3 48	2,88
Private		46,15
Duration of Treatment:		
3-5 days	96	92,31
5-8 days	6	5,77
> 8 days	2	1,92

gender, 66 (63.46%) in senior high school education, 48 (46.15%) in private employment, and 96 (92.31%) in in the duration of treatment of 3-5 days.

Based on Table 2, it can be seen that the dominant category of each PCC dimension, starting from respecting patient preferences, is in the implemented category as much as 86.6%, coordination and integration of care are carried out partially as much as 70.2%, information and education 55.8% is carried out, physical comfort was implemented as much as 79.8%, emotional support 89.4% carried out, involvement of family and friends was carried out as much as 61.5%, continuity,

Table 2: PCC Implementation and Patient Rights Fulfillment (n=104)

<i>PCC Implementation</i>	<i>f</i>	<i>%</i>
<i>Respect patient preferences</i>		
Partially Implemented	14	13,5
Implemented	90	86,6
<i>Coordination and Integration of Care</i>		
Partially Implemented	31	29,8
Implemented	73	70,2
<i>Information of Education</i>		
Partially Implemented	46	44,2
Implemented	58	55,8
<i>Physical Comfort</i>		
Partially Implemented	21	20,2
Implemented	83	79,8
<i>Emotional Support</i>		
Partially Implemented	11	10,6
Implemented	93	89,4
<i>Involvement of family and friends</i>		
Partially Implemented	40	38,5
Implemented	64	61,5
<i>Continuity and Transition care</i>		
Not Implemented	43	41,3
Partially Implemented	36	34,6
Implemented	25	24,0
<i>Fulfillment of Patient Rights</i>		
Yes	37	35,6
No	67	64,4

and care transitions were not implemented as much as 41.3%. And the variable of Patient Rights has been fulfilled by 64.4%

Table 3 shows that the seven dimensions of PCC are related to the fulfillment of patient rights (all measurements have p-values < 0.05).

Based on the results in table 4, it can be seen that three of the seven dimensions of PCC have a significant relationship with the fulfillment of patient rights. Based on the three dimensions that have a relationship, the dimension of Emotional Support is most related to the value ($p = 0.012$) with an OR of 7.947, which means that the implementation of PCC with the dimensions of emotional support that is carried out well has an eight chance to fulfill the patient's rights compared to the dimensions of emotional support that are implemented not good.

DISCUSSION

a. Respect patient preferences

This study's results indicate a relationship between the dimensions of respecting patient preferences and the fulfillment of patient

Table 3: The Correlation between PCC Implementation and Fulfillment of Patient Rights

<i>PCC Dimension</i>	<i>p-value</i>
Respect patient preferences	0,032
Coordination and Integration of care	0,045
Information of Education	0,003
Physical Comfort	0,010
Emotional Support	0,015
Involvement of family and friends	0,027
Continuity and Transition	0.003

Table 4 Logistic Regression Test

<i>PCC Dimension</i>	<i>p-value</i>	<i>OR/Exp (B)</i>
Respect patient preferences	0,017	4,976
Physical Comfort	0,018	3,936
Emotional Support	0,012	7,947

rights, with a value of $p = 0.032$ ($p < 0.05$). PCC is also a service provider who respects each other, is responsive to the needs and values of individual patients, and ensures that these values are included in all clinical decision-making.⁶ This is in line with the researchers' results that respecting patient preferences has been implemented by 86.6%.

Based on research conducted by Fauzan and Widodo, there is a relationship between the application of PCC and the client's experience in the hospital with a value of $p = 0.000$ ($p < 0.05$)⁷, patients always respect their choices and needs; nurses always appreciate what the client chooses for the treatment process and other requirements. Health professionals value the diversity of individuals that influence the value, preferences, and specific choices of patients and families in recovering their health. In line with research by Riskiyah, Haryati, and Juhariah, inpatients get a pleasant experience from the friendliness and courtesy of health workers.⁸ In carrying out PCC, health workers assess the characteristics, needs, and preferences of patients as a plan in the decision-making process by discussing them with the patient for the desired end goal.⁹

Researchers assume that in providing health services that involve patients, the friendliness of health workers must interact and an adequate consultation time so that patients can better know their health conditions and make the right decisions for their treatment. This is supported by the theory of shared decision-making in the practice of palliative care which states that the threshold for a person to talk about his disease must be specific, where each patient has different choice goals for making decisions about their treatment condition.¹⁰

b. Coordination and Integration of Care

This study's results indicate a relationship between coordination of care and the fulfillment of patient rights, with a value of $p = 0.045$ ($p < 0.05$).

Coordination and integration of care can help reduce anxiety, feelings of fear, and vulnera-

bility. Coordination of care can reduce feelings of exposure such as coordination of clinical care, support services, and coordination of care for patients with special needs.¹¹

According to Rosa, PCC monitoring and evaluation is related to integrated medical record documents involving several health workers such as doctors, nurses, pharmacists, nutritionists, and physiotherapists. This integration's benefits can prioritize patients' interests collaboratively and comprehensively as a medium of information, control tools, drug and food analysis, and patient screening.⁹

In line with the research conducted by Rahmi, the monitoring and evaluation factors have a 17.642 chance of implementing good PCC in hospitals with a p-value of 0.001. The researcher assumes that monitoring and evaluation are part of implementing PCC as a support for treatment planning that provides complete patient medical data documents that can be used by a professional team of care providers (PPA).¹⁷ This is supported by research conducted in Australia that participation and involvement in handovers increase the safety and satisfaction of patients and nursing staff. More than 44% of nurses felt improved patient safety as a result of good handover.¹¹

c. Information and Education

This study's results indicate a correlation between information and education on patient rights, with a value of $p = 0.003$ ($p < 0.05$).

Communication is a complex process that occurs through exchanging information, thoughts, and feelings between individuals. This process consists of several stages: sender, receiver, context, media, message, and feedback. Research conducted by Altin and Stok showed that the application of patient-centered communication significantly affects patient satisfaction in consulting doctors ($p < 0.05$)¹²

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and Stok showed that the application of patient-centered communication significantly affects patient satisfaction in consulting doctors ($p < 0.05$).¹³ Providing information about the health status of patients and their families is the right of patients to obtain information about the service process, medical information, treatment plans, and other services while in the hospital. Research conducted by Tabassum et al.¹⁴ educated patients to know their rights during illness, with a p-value of 0.000. This is different from the research undertaken by Ernawati and Lusiana. The theme results obtained a lack of health information received by patients during treatment. The researchers assume that communication is essential to getting adequate information; if communication is not given correctly, it will affect the information exchange process in nursing care.

d. Physical Comfort

This study's results indicate a correlation between physical comfort and patient rights, with a value of $p = 0.010$ ($p < 0.05$). According to Kolcaba, comfort is the fulfillment of individual and holistic basic human needs that can create a feeling of well-being in the individual.¹⁹

Research conducted by Idris and Prawesti obtained the results of a correlation between the level of comfort and the quality of life of heart patients, nurses who provide nursing care must be able to provide comfort physically, socially, psychospiritually, and environmentally, with an increase in these four elements, it is hoped that it can encourage patients to feel support and improve quality of life.¹⁸

e. Emotional Support

This study's results indicate a correlation between emotional support and patient rights, with a value of $p = 0.015$ ($p < 0.05$). In the multivariate results, the largest Odds Ratio (OR) value is 7,947, which means that the implementation of PCC in terms of emotional support that is carried out well has a 7,947

times chance of fulfilling the patient's rights. Fauzan et al.⁷ researched the implementation of PCC with client experience (93.5%) had a good experience. Some clients are satisfied because nurses always ask how they are and give positive sentences that can strengthen the client's mind.

Research conducted by Tang showed that there was a positive influence of patient anxiety on the dimensions of panic, dimensions of mental dysentery, dimensions of anxiety, dimensions of urinary frequency, dimensions of sweating, and dimensions of blushing on hospital choice behavior with a p-value < 0.05 hospital choice behavior as a decision-making behavior for patients and is a cognitive function that depends on the control process and anxiety stimulus.¹⁵

f. Involvement of Family and Friends

The results of this study indicate that there is a correlation between the involvement of family and friends with the fulfillment of patient rights, with a value of $p = 0.027$ ($p < 0.05$)

In the PCC concept of providing care that involves patients, the involvement of family members is also needed. These can be understood as close friends and other people who influence patients and can provide necessary support and information during the treatment process.⁹

However, this concept differs from the research conducted by Rahmi, with a p-value of $0.332 > 0.05$ that the involvement of patients and families does not correlate with the implementation of PCC. Family support is the family's attitude, action, and acceptance toward sick sufferers.¹⁷

g. Continuity and Transition of Care

This study's results indicate a correlation between continuity and transition, with a value of $p = 0.003$ ($p < 0.05$).

According to KARS, there is a regulation on the discharge of patients accompanied by criteria for the discharge of patients with a complex discharge plan (discharge planning)

for continuity of care to health conditions and patient service needs.³

Research conducted by Rachma and Kamil¹⁶ on the implementation of PCC at the Aceh Regional General Hospital, the results shows that continuity and transition have not been carried out by 67% of patients not getting good information at the time of discharge, in the form of treatment, actions that need to be considered at home, and the referral process for further treatment. The research is almost the same as this study's results, which found that the continuity and transition processes were only partially implemented by 56.7%. The researchers assume that in the process of providing information, the role of the family becomes a critical aspect in the continuity and transition process where in this process, the patient and family play a role in obtaining information and education about drugs, the recovery process, and others that support the patient's recovery.

CONCLUSION

The conclusion that can be drawn from the application of PCC is that the dimension of emotional support is most related to the fulfillment of patient rights in hospitals. This shows that patients with the correct dimensions of emotional support will have their rights fulfilled compared to patients who do not get emotional support. Hospital nursing managers are expected to be able to strengthen the PCC dimension in the overall implementation so that patient rights can be guaranteed while in hospital care.

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Source of Funding: Nil

Ethical clearance: This study has passed the ethical test that has been carried out on the ethics committee of the Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia, with the study code 112014230522

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