

# The Urgency of Patient-Centred Care in the Hospital

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**Abstract:-** Health services in hospitals (RS) still continue to be colored by complaints. Hospital services have not referred to the WHO's global strategy on integrated people-centered health services (IPCHS). Every community has access to health services by placing patients as the focus of service/Patient Centered Care (PCC). Even though it has been fully accredited and has the WBK/WBBM predicate, the Central Java Provincial Hospital still finds submitted complaints from patients or patients' families. From October to December 2020 there were 46 complaints that could be identified from the Customer Service report. The most complaints were that patients felt they had to comply with hospital directions and regulations, the types of complaints or suggestions from patients were not taken seriously as many as 14 (30.43%); Hospital responses to patient complaints are less responsive and less fast amounting to 12 (26.09%); patients have difficulty changing the type of service, upgrade to room class the procedure is complicated and very bureaucratic as many as 10 (21.74%); health services are highly dependent on the direction of Top Management or senior doctors, other officers are not listened to, let alone 6 patients (13.04); the relationship between the patient and the hospital is only a transactional relationship, there is no emotional connection totaling 4 or (8.70%) complaints. This article discusses the urgency of implementing patient-focused services in hospitals. The discussion of this article is that there has not been a patient-focused service that respects the preferences and needs of patients marked by a partnership relationship that is not optimal, is not sensitive to the patient's cultural values, is still limited to a transactional relationship between patients and service providers; has not prioritized patient autonomy as a patient's right in service as shown by as if the patient is forced to comply with hospital values and regulations but ignores patient values; the patient's requests have not been fulfilled in the flexibility of service as evidenced by the patient still having to undergo services as determined by the hospital, not being free to choose the type of service they want; Collaboration Dynamics has not occurred in patient-focused services as shown by the fact that doctors-focused services are still found, superior impressions of top management and senior doctors' decisions in determining

patient health services; and there is no specific policy on PCC implementation in hospitals. The final conclusion is that even though it has been fully accredited by KARS and has WBK/WBBM predicate, complaints about hospital services as part of public services that continue to emerge show the urgency of patient-focused services (PCC) in hospitals. The paradigm of hospital health services with the traditional paternalistic approach where "the best doctor knows best" has to be abandoned, moving to a patient-focused care approach (PCC). Conditions that encourage Collaborative Governance in Hospitals as a solution for good Hospital governance.

**Keyword:-** Patient Centered Care; Services; Collaboration Dynamics; Collaborative Governance.

## I. INTRODUCTION

The portrait of health services in hospitals (RS) still continues to be colored by complaints. The inequity of health services where many cases of BPJS patients are given secondary service by medical officers at the puskesmas, where doctors practice and hospitals rather than general patients; accused of malpractice causing the patient to die in Tugurejo General Hospital [1][2]; BPJS patients are rejected by doctors and cannot get inpatient services at the Soewondo Pati Hospital with clear reasons [3]. Another complaint is that BPJS Health's patient service which is distinguished from general patients in hospitals has received many complaints and criticisms [4], complaints of neglected patients were found until they finally died in the parking lot of the Jepara Hospital [5].

All hospitals in Central Java Province have passed the plenary accreditation of KARS (Hospital Accreditation Commission). Among them RSUD dr. Moewardi in Surakarta is a Class A Education Hospital, Prof. Hospital. Margono Soekarjo in Purwokerto and Tugurejo Hospital in Semarang is a Class B Education Hospitals, and Kelet Hospital in Jepara is a Class C Hospital. This means that the five groups of hospital service quality assurance standards are: patient-focused service standards (PCC), hospital management standards, target patient safety, national programs, and integration of health education in

services being implemented. In addition, the Central Java Provincial Hospital has also held the title of WBK (Corruption Free Area) / WBBM (Clean and Serving Bureaucratic Area) since 2017. strengthening supervision, and strengthening performance accountability, as well as fulfilling strengthening the quality of public services.

However, there are still complaints from patients or patients' families who are submitted via offline suggestion boxes or online customer service. In the last 3 months or from October to December 2020 there were 46 identifiable complaints.

Table. 1:- Identification of Patient or Family Complaints from October-December 2020

No.	Complaint Type	Amount	%
1.	the relationship between the patient and the hospital is just a transactional relationship, there is no emotional connection	4	8,70
2.	Patients feel they have to comply with hospital directives, and patient complaints or suggestions are not taken seriously	14	30,43
3.	Patients are less able to change the type of service, for example for treatment room classes, convoluted procedures, and employee promotion procedures	10	21,74
4.	Health services are highly dependent on Top Management Arahants or senior doctors, other staff don't listen, let alone patients	6	13,04
5.	Hospital response to patient complaints is less responsive and less fast	12	26,09
<b>Total</b>		<b>46</b>	<b>100%</b>

Source: Internal Data of Central Java Provincial Hospital in 2020

The various portraits of problems in hospital health services above do not refer to the concept of WHO's global strategy on integrated people-centered health services (IPCHS) as a world health organization. That every community has access to health services by placing the patient as the center of service (PCC). PCC is an approach that involves patients, patient families, and staff in policy-making, health programs, facilities obtained, and day-to-day care programs [6]. Thus, 5 (five) WHO global strategies have been established, namely: (1) Empowering & Engaging People (community empowerment & involvement); (2) Strengthening Governance & Accountability (strengthening government and accountability); (3) Reorienting the Model of Care (reorienting the model of care); (4) Coordinating Services (coordination of

services); and (5) Creating an Enabling Environment (creating a conducive environment) [7]. This strategy requires the involvement of Professional Care Providers (PPA) as stakeholders in patient-focused services (PCC) in hospitals (intra-hospital), namely doctors in charge of patients, nurses in charge of care, pharmacists, dietetics, managers of hospitals as well as patients/families and primary health facilities Multiprofessional involvement in PCC implementation requires Inter-Professional Collaboration Practice (IPCP) competence or interprofessional collaborative practice by each PPA.

The implementation of PCC requires collaborative governance among stakeholders who provide services at the hospital concerned. Collaborative governance emerged in the era of the governance paradigm, where society was growing so that the government faced more complex problems. On the other hand, the government also has limited time to overcome these problems, so it requires collaboration with external actors [8]. States that collaborative governance will be more effective if it is carried out dynamically (collaboration dynamics) which describes the collaboration process as a linear stage that occurs from time to time starting from problem definition to agenda setting to implementation. So that the patient becomes the center of health services for PPA and hospital management [9].

## II. LITERATURE REVIEW

Hospitals (RS) as public service facilities are in accordance with Collaborative Governance criteria where there are public, private and community institutions, non-state actors participate in decision-making and not only consult in formally organized forums and meet collectively with the aim of making decisions based on consensus and focus on public policy or public management [9]. The collaborative process is dynamic and cyclical, resulting in temporary actions and impacts, before leading to major impacts, as well as adaptation to temporary impacts.

Collaborative Governance is important because it is motivated by organizational development and the growth of knowledge and capacity of the institution or organization along with the experiences gained from the environment as long as the organization works within a certain time span [10] [11]. That collaboration is driven by pragmatism efforts in solving problems that cannot be resolved through the application of conventional theories that have been believed to be able to solve problems [11]. The model developed [9] is considered quite comprehensive in seeing and assessing the collaboration process starting from input through drivers, Collaboration Dynamics, and action, and ending in collaboration impact.

The dynamics of collaboration itself consist of mobilizing principle engagement, shared motivation, and capacity for joint action [9] in the implementation of PCC which involves many stakeholders and professions. In hospitals, there are doctors in charge of patients, nurses in charge of care, pharmacists who are nutritionists, patients and families, as well as hospital

management, and primary healthcare facilities who are the same stakeholders in providing patient-focused services.

Hospitals that place patients as the center of service are health service organizations that will be able to compete. Patient-Centered Care (PCC) is a new paradigm in health services that places the patient as the center of care. PCC is guided by more respect for touch and not just talking to the patient. PCC not only prioritizes technology, but also pays more attention to the importance of interaction between individuals [12]. Based on its components, PCC prioritizes the value of the patient as an individual, provides emotional support, and provides physical comfort, pays attention to patient needs from hospital admission to necessary follow-up care, and provides information and education to each patient.

The implementation of PCC makes maintenance services more effective and precise; improves continuity of care; integration and collaboration of health professionals for the benefit of patients; minimizes the transfer of patients to other hospitals; increases patient autonomy; empowerment of staff members to plan and carry out their work according to patient needs [12]. The accuracy of the allocation of resources through an approach that involves patients, patient families and staff in policy-making, health programs, facilities obtained, and daily care programs will result in better health service outcomes and patient and family satisfaction [6], decreased annual medical care costs [13], and it is important for the healthcare profession to provide valuable insights in helping to promote better healthcare work partnerships according to consumer needs [14].

The PCC concept was first introduced by Harvey Picker in 1988 through the Picker Institute in England. According to the Picker Institute in the Patient-Centered Care Improvement Guide, the four principles of PCC include: dignity and respect, information sharing, participation, and collaboration [12]. PCC or patient-focused services is one of the strategies for implementing IPCHS in hospitals. According to the IOM Institute of Medicine (2001), PCC is defined as care that respects and is responsive to the patient's personal preferences, needs, and values and ensures that patient values guide all clinical decisions.

The PCC principles are (1) Respect the values, choices and needs of patients by treating patients with respect and dignity according to cultural values including in decision making; (2) Coordination and integration of clinical and patient care/services by taking into account the patient's fears and vulnerabilities; (3) Information, communication and education by providing complete information on clinical status and care processes that help the patient's autonomy to self-regulate; (4) Physical comfort is mainly related to pain management and daily activities; (5) Emotional support and reduced fear and anxiety regarding health status and financial impact; (6) Involvement of family and friends through acknowledging and valuing their role by facilitating the provision of support during care; (7) Continuing care and smooth transition by reducing

patient anxiety regarding self-care abilities after discharge and informing access to services at home; and (8) Access to services, related to the ease of outpatient care, availability of scheduling and transportation [15].

There are 2 (two) perspectives in looking at PCC. Patient perspective and PPA perspective. PPA in question are doctors, nurses, pharmacists, and nutritionists. The basic concepts of PCC from the patient's perspective are (1) Dignity and respect; (2) Information sharing; (3) Participation; and (4) Collaboration/cooperation. The Professional Perspective of Service Providers (PPA), PCC are: (1) Partnering with patients; (2) PPA is an interdisciplinary team with interprofessional collaboration; (3) DPJP (Doctor in Charge of Service) is the Clinical Leader; and (4) Integrated Patient Care [16].

The Hospital Accreditation Commission (KARS) is designated as an independent institution that administers hospital accreditation as the Decree of the Minister of Health Number HK.01.07/MENKES/406/2020 confirms that integrated patient care (PCC) in three aspects of integration, namely intra-inter PPA, PPA-patient (horizontal) and inter-unit (vertical). So that the implementation of patient and family rights in the PCC dimension is formulated, including: (1) mobilizing and empowering patients as a reflection of the standards of Patient and Family Rights (HPK), Access to Hospitals and Continuity of Services (ARK), Patient Care Services (PAP), Management Communication and Education (MKE); (2) DPJP (Doctor in Charge of Service) as clinical leader relates to Patient Assessment (AP) and PAP standards; (3) PPA (Professional Care Provider) as an interprofessional collaboration team is formulated from AP, LAP and MKE standards; (4) Integrated Patient Progress Record (CPPT) related to AP and PAP standards; (5) Patient Service Manager (MPP) based on ARK and PAP standards; (6) The PCC target triangle is sourced from the HPK, ARK, AP and PAP standards; (7) Collaboration in patient education reflection on MKE standards; (8) Integrated Clinical Pathway (ICP) related to Hospital Governance standards (TKRS) and Quality Improvement and Patient Safety (PMKP); (9) The integration of return planning is sourced from the ARK standard [17].

The purpose of hospital accreditation in accordance with Minister of Health Regulation Number 12 of 2020 is to improve the quality of sustainable hospital services and protect patient safety; improve community protection, hospital human resources, and hospital institutions; improve hospital and clinical governance, and support government health programs. In full, KARS in the National Hospital Accreditation Standard (SNARS) edition 1.1 as a hospital service quality standard is divided into 5 standard groups: (1) patient-focused service standard group, (2) hospital management standard group, (3) target group patient safety, (4) national programs, and (5) integration of health education in services. The standard patient-focused group consists of 7 (seven) chapters, including ARK, HPK, AP, PAP, PAB (Anesthesia and Surgical Services), PKPO (Pharmaceutical Services and Drug Use), and MKE. A

hospital is predicated on passing plenary accreditation if the quality assurance of hospital services from the five standard groups above scores above 80% [17].

Based on the Regulation of the Minister for Empowerment of State Apparatus and Bureaucratic Reform Number 10 of 2019, the Corruption-Free Area (WBK) is the predicate of a work unit/region that fulfills most of the change management, structuring management, structuring the HR management system, strengthening supervision, and strengthening performance accountability. Meanwhile, the Clean and Serving Bureaucratic Area (WBBM) is the predicate of a work unit/area that already holds WBK and fulfills the strengthening of the quality of public services.

**III. METHODS**

Qualitative research with a case study approach. Collecting data through interviews, documentation, direct observation, participant observation, and physical artifacts about patient-focused services at RSUD dr. Moewardi Surakarta, Prof. Hospital. Margono Soekarjo Purwokerto and Tugurejo Hospital Semarang and Kelet Jepara Hospital, Central Java Province.

**IV. RESULTS AND DISCUSSIONS**

Various portraits of problems in health services that appear are reflections of 2 (two) things. (1) the inability of every community to access health services that place the patient as the focus of service (PCC) and (2) shift the paradigm of traditional paternalistic services with a doctor who knows the best approach to a patient-focused care approach (PCC). Referring to the concept of the global strategy on integrated people-centered health services (IPCHS) WHO as a world health organization, it is necessary to involve Professional Care Providers (PPA) in patient-focused services (PCC) in hospitals (intra-hospital). PPA as stakeholders are doctors in charge of patients, nurses in charge of care, pharmacists, dietetics, hospital managers, and patients/families as well as primary health facilities outside the hospital. Multiprofessional involvement in PCC implementation requires Inter-Professional Collaboration Practice (IPCP) competence by each PPA (Figure 1 & 2) [18].

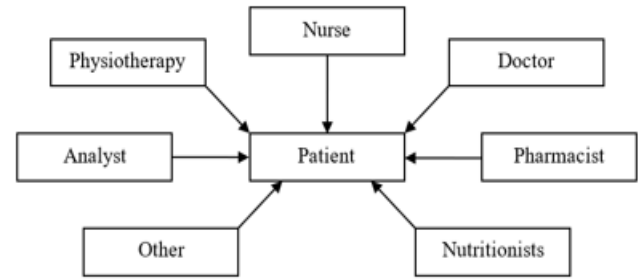


Fig 2. Patient Centered Care (PCC) model

A. There has not been a patient-focused service that respects the preferences and needs of patients characterized by not optimal partnership relationships, no sensitivity to patient cultural values, and still limited to transactional relationships between patients and service providers at the Central Java Provincial Hospital. The application of PCC is more appreciative of touch and not just talking to patients, but also pays more attention to the importance of interaction between individuals so that teamwork and collaboration optimization is needed, which is measured as task interdependence, interaction quality, and collaborative influence [19][12][20].

B. Not prioritizing patient autonomy as a patient's right in services at the Central Java Provincial Hospital is shown as if the patient is forced to obey the hospital's values and regulations but ignores the patient's values. Good PCC implementation makes patients feel prioritized in the treatment process and in meeting their needs, so collaborative governance as a governance strategy for various stakeholders to gather in a joint consensus needs to be implemented [19][21][10].

C. The patient's rights have not been fulfilled in the service flexibility of the Central Java Provincial Hospital as evidenced by the patient still having to undergo services as determined by the hospital, and not being free to choose the type of service they want. If the patient intends to change services that are different from those set by the hospital, the processes and procedures are convoluted and very bureaucratic. PCC should be an approach that involves patients, patient families, and staff in policy-making, health programs, facilities obtained, and care programs from day to day so that interprofessional collaborative practice is a trend of global issues that get attention 2020 [6][22].

D. Collaboration Dynamics has not occurred in patient-focused services, indicated by the fact that doctors-focused services are still found, superior impressions of top management decisions and senior doctors in determining patient health services for Central Java Provincial Hospitals. It also still seems paternalistic where hospital management has absolute authority to determine patient health services and senior doctors must also be obeyed by junior doctors and other service officers. The dominance of doctors and hospital top management and the lack of involvement of other stakeholders in collaboration equality. Hospital managers, doctors, and

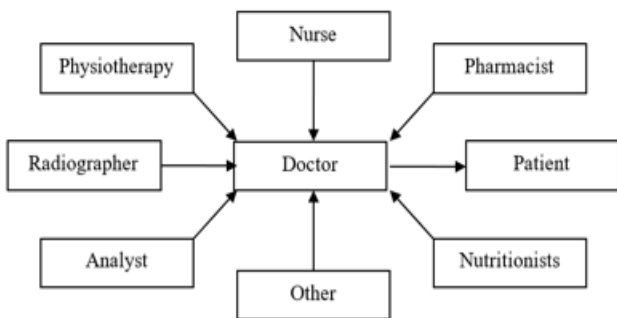


Fig 1. Traditional Model of Health Services

nurses feel as the PCC group, antagonists with health services have developed and shifted from traditional paternalistic health services, where the “doctor knows best” approach to patient-focused care (PCC) approach. Becoming better is seen with collaborative dynamics as an iterative interaction cycle that focuses on mobilizing shared principles, shared motivation, and the capacity to take collective action. [19][14][23][9].

E. There is no specific policy on PCC implementation in Central Java Provincial Hospital. The trend is that there is no policy that requires PCC as an integral part of the collaboration of quality assurance and good hospital governance. Only Minister of Health Regulation Number 12 of 2020 regarding Hospital Accreditation is available and Minister of State Apparatus Empowerment and Bureaucratic Reform Regulation Number 10 of 2019 concerning Guidelines for Integrity Zone Development towards WBK/WBBM is available. Patient-focused care (PCC) is a collaborative, interprofessional team solution that supports high-quality and safe care, patient and staff satisfaction and engagement, and hospital efficiency and innovation. At the same time, it is a time bomb for health service problems in hospitals as providers/facilities of public services in the health sector, so it is necessary to understand the PCC dimensions that help hospitals overcome tensions between stakeholder groups in achieving collective collaboration systems. So that it requires competence to work together, respecting roles and knowledge, being communicative in teams, and building effective team dynamic relationships in Inter-Professional Collaboration Practice (IPCP) by the stakeholders involved. These include PPA (doctors in charge of services, nurses in charge of care, pharmacists and dietitians), hospital management, and patients and their families [24][23][25].

## V. CONCLUSION

Even though it has been accredited by KARS and has the WBK/WBBM predicate, complaints about hospital services as part of public services that continue to emerge show the urgency of patient-focused services in hospitals. A paradigm shift in hospital health services has occurred. The traditional paternalistic approach where “the best doctor knows best” has to be abandoned, moving to patient-focused care (PCC) approach that encourages Collaborative Governance in hospitals is offered as a good hospital governance solution.

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