

FACTORS INFLUENCING THE IMPLEMENTATION OF PATIENT CENTERED CARE IN HEALTH SERVICES: A SCOPING REVIEW

Faktor-Faktor yang Memengaruhi Implementasi Patient Centered Care Di Layanan Kesehatan: A Scoping Review

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ABSTRAK

Patient-Centered Care (PCC) merupakan pendekatan penting dalam meningkatkan kualitas layanan, keterlibatan pasien, dan hasil kesehatan dengan menempatkan kebutuhan, preferensi, serta nilai pasien sebagai pusat proses pelayanan. Meskipun manfaat PCC telah diakui secara luas, implementasinya terutama di negara berkembang masih menghadapi berbagai tantangan, seperti kurangnya pemahaman tenaga kesehatan, keterbatasan waktu, beban kerja tinggi, dan minimnya dukungan organisasi. Artikel ini bertujuan melakukan scoping review terhadap faktor-faktor yang memengaruhi implementasi PCC. Pencarian artikel dilakukan secara sistematis melalui database PubMed, ProQuest, dan Google Scholar dengan kata kunci: "patient-centered care, factors influencing PCC, barriers to PCC." Kriteria inklusi meliputi studi primer, tinjauan sistematis, atau studi kelayakan yang diterbitkan dalam Bahasa Indonesia, Inggris, atau Korea pada tahun 2019–2024. Dari 1.450 artikel yang diidentifikasi, sebanyak 16 artikel memenuhi kriteria dan dianalisis lebih lanjut. Hasil kajian menunjukkan bahwa faktor internal yang memengaruhi implementasi PCC mencakup empati, kompetensi literasi kesehatan, kelelahan kerja, kompetensi keselamatan pasien, pelatihan humanistik, stres kerja, kualitas hidup, profesionalisme perawat, dan komunikasi efektif. Faktor eksternal meliputi lingkungan kerja yang mendukung, budaya organisasi berbasis PCC, infrastruktur fasilitas, dukungan manajemen, aksesibilitas, dan persepsi pasien. Kesimpulan: PCC merupakan pendekatan strategis yang memberikan manfaat besar terhadap hasil kesehatan pasien dan efisiensi layanan. Namun, implementasi yang berhasil membutuhkan dukungan kebijakan, pelatihan, dan perubahan sistemik dalam organisasi pelayanan kesehatan.

Kata kunci: perawatan berpusat pada pasien, faktor yang memengaruhi PCC, hambatan PCC

ABSTRACT

Patient-Centered Care (PCC) is a crucial approach to improving service quality, patient engagement, and health outcomes by placing patient needs, preferences, and values at the center of the care process. Although the benefits of PCC are widely recognized, its implementation, especially in developing countries, still faces various challenges, such as lack of understanding among healthcare workers, time constraints, high workloads, and minimal organizational support. This article aims to conduct a scoping review of factors influencing PCC implementation. Articles were systematically searched through PubMed, ProQuest, and Google Scholar using the keywords: "patient-centered care, factors influencing PCC, barriers to PCC." Inclusion criteria included primary studies, systematic reviews, or feasibility studies published in Indonesian, English, or Korean between 2019 and 2024. Of the 1,450 articles identified, 16 met the criteria and were further analyzed. The review results indicate that internal factors influencing PCC implementation include empathy, health literacy competency, work burnout, patient safety competency, humanistic training, work stress, quality of life, nurse professionalism, and effective communication. External factors include a supportive work environment, a PCC-based organizational culture, facility infrastructure, management

support, accessibility, and patient perceptions. Conclusion: PCC is a strategic approach that provides significant benefits to patient health outcomes and service efficiency. However, successful implementation requires policy support, training, and systemic change within the healthcare organization.

Keywords: patient-centered care, factors influencing PCC, barriers to PCC

INTRODUCTION

PCC is a patient-centered healthcare service and remains a new paradigm in healthcare. The Institute of Medicine (IOM) defines Patient-Centered Care (PCC) as a form of healthcare that prioritizes good collaboration between the care provider and the care recipient, in this case, the patient and/or their family (if necessary), where treatment decisions are based on the patient's own wishes, needs, and choices.¹

Patient-centered care is an important determinant of quality care.² Patient-Centered Care (PCC) is a healthcare approach that places patients at the center of care by considering their needs, preferences, and values as the basis for medical decision-making.³ This concept emphasizes the importance of effective communication, empathy, and shared decision-making between patients and healthcare professionals, thus creating a more holistic care experience.⁴

PCC not only impacts the quality of patient interactions with healthcare professionals but also provides better clinical outcomes, increases patient satisfaction, and improves the efficiency of healthcare services.^{5,6} The implementation of Patient-Centered Care (PCC) is a core value of healthcare and effective healthcare delivery, the design of which requires certain nursing competencies.⁷ Competent nurses tend to be more effective in providing patient-focused care, which has a positive impact on patient satisfaction and clinical outcomes.⁸

However, the implementation of PCC still faces various challenges, especially in developing countries. In Canada, the main challenge faced is the burden of administrative responsibilities on healthcare workers that limit their time to focus on patients, with only 40% of

hospitals reporting implementation of PCC across all service units.⁹ Research at Banda Aceh City General Hospital shows that several PCC dimensions, namely continuity and transition dimensions, only reached 67.5%, which indicates that the implementation of PCC principles as a whole is not yet optimal.¹⁰ The results of Handayani's (2019) research showed that 41 people (58.6%) of the 70 nurse respondents obtained results in the implementation of patient-centered care (PCC) which were less than good in implementing patient-centered care.¹¹ Research conducted by Ernawati & Lusiani (2019) found that 4 out of 5 participants (nurses) said they were still not familiar with the term patient-centered care (PCC) and the flow of its implementation, which resulted in less than optimal nursing care being provided.¹² These findings are in line with the research results¹³, which state that the implementation of PCC is not optimal due to a lack of organizational support, limited resources, and a hierarchy-based service culture.

Nurses play a central role in the implementation of Patient-Centered Care (PCC), yet studies from a nursing perspective are limited. Therefore, this study aims to identify and analyze internal and external factors influencing PCC implementation to support improvements in the quality of patient-centered healthcare services.

METHODS

This review uses a scoping review method based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework to explore the literature related to PCC implementation from a nursing perspective. Articles were selected based on inclusion and exclusion criteria. The inclusion criteria

were primary study articles, systematic reviews, or feasibility studies related to PCC in Indonesian, Korean, and English, published between 2019 and 2024. Exclusion criteria included articles that lacked full access, were abstract-only, or were irrelevant to the healthcare context. The literature search was conducted using three major databases: PubMed, ProQuest, and Google Scholar. The search strategy for identifying studies was

relevant ones using keywords such as "patient-centered care", factors influencing PCC" AND barriers to PCC".

Screening and Selection Process

Study abstracts were independently screened, and reference management was performed using Zotero to remove duplicates. Articles that passed deduplication were subjected to full-text review against the criteria and then analyzed using data extraction including

authors, year, methods, main results, and strengths and weaknesses.

Data Synthesis

Instrument assessment was conducted to analyze and categorize findings as uncontroversial, credible, or unsupported. Furthermore, content analysis was conducted to analyze narratives. To validate the credibility of the findings in this review, the synthesized results underwent a confidence assessment. To ensure consistency and objectivity in the data synthesis process, validation was conducted between reviewers using an inter-rater reliability approach. Two reviewers independently evaluated and categorized the findings of each article into three levels of credibility: uncontroversial, credible, or unsupported.

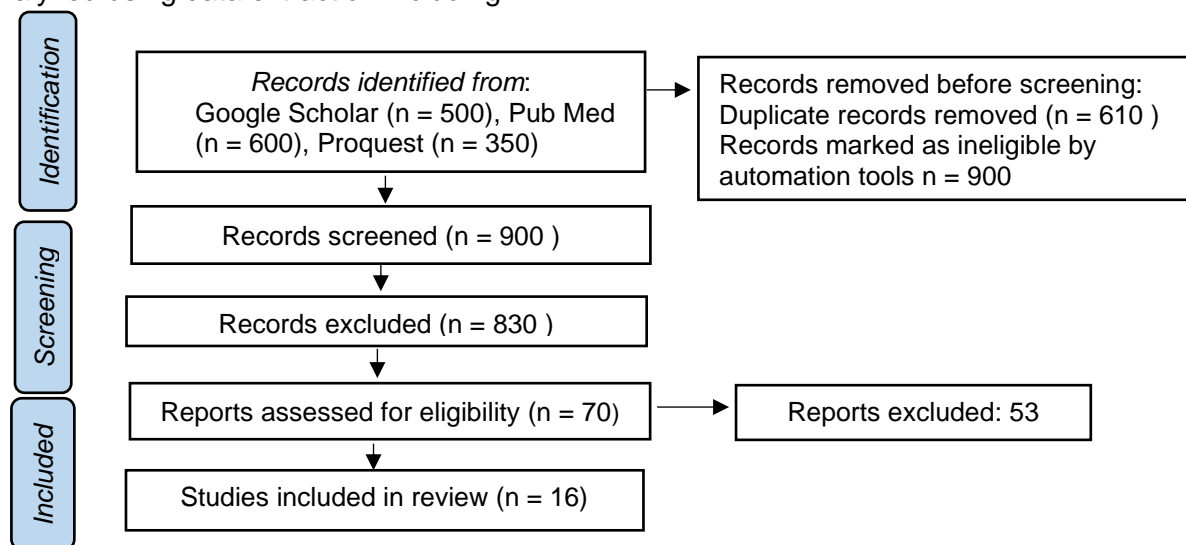


Figure 1. Prism Diagram

RESULT

After a critical review of the articles that had gone through the screening process and full-text assessment, 16 articles were obtained that met the inclusion criteria and were worthy of further analysis. These articles were extracted and tabulated in Table 1 based on author name, year of publication, title, methods, and main results. Meanwhile,

53 articles were excluded in the final assessment stage for several reasons, including not directly discussing the implementation or supporting factors of Patient-Centered Care (PCC), the study focus was not relevant to the context of nursing or health services, and were only available in abstract form without full-text access.

Table 1. Review Findings

No	Author Name, Year, Title	Method	Results
1	Cakmak & Ugurluogu, 2024 <i>The Effects of Patient-Centered Communication on Patient Engagement, Health-Related Quality of Life, Service Quality Perception and Patient Satisfaction in Patients with Cancer: A Cross-Sectional Study in Turkiye</i> ¹⁴	Design: Cross-sectional observational study Sample: Number of respondents: 312 cancer patients variables: patient-centered communication, patient involvement, health-related quality of life, perception of service quality, patient satisfaction	It has been statistically revealed that patient-centered communication has a positive impact on patient engagement, health-related quality of life, perception of service quality, patient satisfaction.
2	Yang, 2022 <i>Effects of health literacy competencies on patient-centered care among nurses</i> ¹⁵	Design: Cross-sectional correlational study. Sample: 171 nurses. Sampling technique: Non-probability sampling Variables: Professional self-concept, Perceived patient safety culture, Nursing work environment, Patient safety care activities	There is a significant positive relationship between health literacy competencies and patient-centered care by clinical nurses
3	Yu et al., 2023 <i>More patient-centered care, better healthcare: the association between patient-centered care and healthcare outcomes in inpatients</i> ¹⁶	Design: Quantitative, cross-sectional survey design. Sample: 5,199 inpatients Variables: Physical health status (PHS), Mental health status (MHS), Perceived need for hospitalization (PSN), 4 indicators of physician-induced demand, PCC.	PCC improves physical health, mental health and subjective need of patients to be hospitalized.
4	Huh & Shin, 2021 <i>Person-Centered Care Practice, Patient Safety Competence, and Patient Safety Nursing Activities of Nurses Working in Geriatric Hospitals</i> ⁵	Design: Quantitative, cross-sectional survey. Sample: 230 nurses. Sampling technique: convenience sampling. Variables: Nurse competence and work environment, Caring leadership, Implementation of Patient-Centered Care.	Patient safety ($y = 0.417$, $p < 0.001$) and age ($y = 0.209$, $p = 0.035$) as the main factors that influence patient safety during nursing activities
5	Kwon & Kim, 2022 <i>Factors Associated with Person-Centered Care among Hospice Nurses</i> ¹⁷	Design: Quantitative, descriptive correlational. Sample: 120 nurses in 30 inpatient hospice institutions in South Korea. Sampling technique: total sampling. Variables: Person-Centered Care (PCC), Nursing professionalism, Nursing work environment, Empathy	There is a positive correlation between these variables. Factors that influence person-centered care from hospital nurses are become a manager, high nursing professionalism, better nursing work environment, high capacity for empathy.

		capacity, Position (manager vs. regular nurse)	
6	Shen et al.,2024 <i>What factors influence surgical nurses' competence in implementing person-centered care in the perioperative period? A cross-sectional study</i> ¹⁸	Design: Descriptive quantitative with cross-sectional approach Sample: 437 active surgical nurses. Convenience sampling technique. Variables: Person-Centered Care (PCC) Competencies, Empathy, Job burnout, Humanistic nursing training, Personnel agency	Participants who demonstrate better PCC competency: high level of empathy (y = 0.502, P < .001), low level of work fatigue (y = 0.288, P < .001), humanistic nursing training (y = 0.167, P < .001), and personnel agency (y = 0.083, P < .001)
7	J. Choi et al., 2020 <i>Person-Centered Care Environment Associated With Care Staff Outcomes in Long-Term Care Facilities</i> ¹⁹	Design: Correlational descriptive research Sample: 235 care staff Variables: Person-centered care environment, Job satisfaction, Intention to turnover	A significant relationship was found between person-centered care environment and job satisfaction and turnover intention among staff in Korea
8	Abekah-Nkrumah & Nkrumah, 2021 <i>Perceived work environment and patient-centered behavior: A study of selected district hospitals in the central region of Ghana</i> ²⁰	Design: Quantitative, using a cross-sectional survey approach. Sample: 179 respondents. Sampling technique: multistage proportional stratified sampling. Variables: Patient-Centered Behavior, Perceived Work Environment Elements	Perceived internal communication of patient-centered care strategies (y = 0.23; P < 0.001), supervisor support (y = 0.31; P < 0.001) had a significant positive effect on employee patient-centered behavior. Good predictors of patient-centered employee behavior were perceived coworker support (y = 0.51; P < 0.001), job characteristics (y = 0.16; P < 0.01)
9	Al-Sahli et al., 2021 <i>Person-Centered Care in a Tertiary Hospital Through Patients' Eyes: A Cross-Sectional Study</i> ²¹	Design: Quantitative, cross-sectional descriptive correlational study. Sample: 300 nurse respondents. Sampling technique: Proportional Sampling Variables: Perception of Patient-Centered Care Climate, Respondent/Patient Characteristics	The results of the study showed a significant relationship between patient characteristics and their perspectives on patient-centered care, such as age, gender, nationality, area of residence, route to treatment, length of hospital stay, hospital preferences.
10	Ewunetu et al., 2023 <i>Patients' Perception of Patient-Centered Care and Associated Factors Among Patients Admitted in Private and Public Hospitals: A Comparative Cross-Sectional Study</i> ²²	Design: Comparative Cross-Sectional Study Sample: Total 420 patients. Sampling technique: Proportional Stratified Random Sampling Variables: Patient Perception of Patient-Centered Care, Sociodemographic Characteristics, Clinical Characteristics and Patient Experience	The following factors were associated with patient-centered care practices only in general hospitals: residence, treatment information, external appearance of the hospital

11	Lee & Lee, 2020 <i>Nursing Practice Environment and Moral Distress Impact on Person-centered Care of Long-term Care Hospital Nurses</i> ²³	Design: descriptive correlational. Sample: 154 nurses. Sampling technique: Purposive sampling. Variables: Patient-Centered Care, Moral Distress (MD), Nursing Practice Environment (NPE)	Regression analysis showed that the nursing practice environment and moral distress significantly influenced the quality of person-centered care.
12	Choi et al., 2021 <i>The influence of patient-centeredness on patient safety perception among inpatients</i> ²⁴	Design: descriptive correlational. Sample: 122 patients Variable :Patient-Centeredness (PC), Patient Safety Perception(PSP)	Patient experience has a positive influence on patient safety perceptions (PSP) in hospitalized patients.
13	Hwang et al., 2019 <i>Patient Participation in Patient Safety and Its Relationships with Nurses' Patient-Centered Care Competency, Teamwork, and Safety Climate</i> ²⁵	Design: Quantitative, cross-sectional study Sample: 355 nurses. Sampling technique: Total population sampling Variables: Patient-centered care (PCC), Teamwork Perceptions Questionnaire/TPQ), Safety Climate subscale)	Multiple logistic regression analysis revealed that PCC score (OR ¼ 2.31, 95% CI ¼ 1.14e4.70) and safety climate (OR ¼ 2.51, 95% CI ¼ 1.09e5.78) were significant factors associated with patient participation.
14	Kim et al., 2022 <i>Combination Relationship between Features of Person-Centered Care and Patient Safety Activities of Nurses Working in Small-Medium-Sized Hospitals: A Cross-Sectional Study</i> ²⁶	Design: Study <i>cross-sectional correlational</i> Sample : 171. Sampling technique: non-probability sampling Variables: <i>Professional self-concept</i> , Perception of patient safety culture, Nursing work environment, Patient safety activities	Attributes and the care environment are positively related to patient safety activities.
15	Chang et al., 2020 <i>Person-Centered Care, Job Stress, and Quality of Life Among Long-Term Care Nursing Staff</i> ²⁷	Design: Cross-sectional study with a descriptive-correlational approach Sample: 183 nurses Variables: Person-Centered Care (PCC), Job stress, Quality of life	Significant factors found to be associated with person-centered care include quality of life and work stress. The regression model with job stress and quality of life as predictor variables accounted for 29.2% of the variance in person-centered care.
16	Kang & Seo, 2021 <i>The Factors Affecting Person-centered Care Nursing in Intensive Care Unit Nurses</i> ²⁸	Design: Descriptive correlational Sample: 156 ICU nurses Variables: Person-centered critical care nursing, Burnout Nursing work environment, Patient-centered communication	Person-centered nursing showed a statistically significant negative correlation with burnout, a statistically significant positive correlation with patient-centered communication.

DISCUSSION

Patient-Centered Care(PCC) is a healthcare approach that focuses on

individual needs, preferences, and values, and has been proven to improve patient quality of care, satisfaction,

safety, and overall health. Based on the results of the literature review, the implementation of PCC is influenced by 9 internal factors and 5 external factors.

Internal factors that influence PCC implementation. Internal factors involve individual characteristics inherent in health workers or patients themselves, which play an important role in the success of PCC implementation.

1. Empathy at the core of PCC

Empathy has been identified as one of the key attributes influencing the success of PCC. A study by Shen et al. (2024) showed that high levels of empathy in perioperative nurses increased their ability to respond to patient needs holistically.¹⁸ Empathy has become an important contributor in communicating patients' emotions and concerns, which can help them be perceived as decision-making partners.²⁹ In the hospice sector, nurse empathy not only improves the quality of care but also strengthens therapeutic relationships with patients and their families.¹⁷

2. Health Literacy Competence

Good health literacy among health workers supports their ability to provide information that is clear, accurate, and appropriate to the patient's needs. Findings by Yang (2022) revealed that health literacy competencies contribute directly to improving effective communication between nurses and patients.¹⁵ Research by Kim and Cha (2021) shows that this competency significantly influences the implementation of patient-centered care, with a strong positive relationship. The higher the health literacy competency—which encompasses knowledge, skills, and attitudes—the better the nurse is at implementing care that focuses on patient needs and preferences.³⁰ This is in line with the global approach that emphasizes the importance of increasing literacy capacity as a strategic step in PCC services.

3. Work Fatigue

Workplace burnout is a major barrier to effective PCC implementation. Research in intensive care units found that burnout significantly reduced positive interactions between nurses and patients.²⁸ This high level of work fatigue has a negative impact on the quality of nursing services and contributes to an increased risk of incidents that could threaten patient safety.³¹

4. Patient Safety Competence

Patient safety competencies, which involve skills, knowledge, and proactive attitudes, are essential elements of PCC. Research by Huh & Shin (2021) found that nurses with high levels of safety competencies were better able to ensure patient well-being, particularly in geriatric hospital settings.⁵ Patient safety skills and age positively influence patient safety activities.⁵

5. Humanistic Training

Research shows that humanistic-based training helps nurses understand the importance of care centered on the individual patient's values.¹⁸ Humanistic-based training has been shown to be effective in supporting the implementation of patient-centered care, by improving nurses' empathy, therapeutic communication skills, and the ability to build meaningful relationships based on individual patient values and needs. These findings indicate that this type of training significantly contributes to more personalized nursing practice that is responsive to patient preferences.³²

6. Work Stress

High levels of job stress negatively impact PCC quality. Research by Azhari (2024) showed that nurses' job stress was significantly correlated with workload, organizational culture, length of service, and relationships with superiors, but was not influenced by dual roles.³³ Unmanaged work stress has the potential to reduce the quality of service and endanger patient safety.³³ Nurses with low levels of work stress have a better ability to respond to patient needs

holistically.²⁷ Therefore, efforts to reduce work stress need to be a priority in policy development.

7. Quality of Life

A good work-life balance improves the quality of life of healthcare workers, which positively impacts patient care. The quality of life of nurses, who deal with human life, is crucial because nurses can provide more effective care when they have a good quality of life.³⁴ Nurses with a higher quality of life are able to provide more personalized attention to patients.²⁷

8. Nursing Professionalism

High professionalism enables healthcare professionals to provide services that respect patients' values, preferences, and needs. This factor is particularly important among hospice nurses.¹⁷ The research results also show that a high level of professionalism contributes positively to a culture of patient safety, encourages nurse involvement in incident reporting, and improves the quality of nursing services.³⁵

9. Effective Communication

Patient-centered communication enhances therapeutic relationships and trust between patients and healthcare providers. Statistically, patient-centered communication has been shown to positively impact patient engagement, health-related quality of life, perceived quality of care, and patient satisfaction.¹⁴ Study by Abekah-Nkrumah & Nkrumah(2021) shows that good internal communication also supports the quality of PCC services.²⁰

External factors influencing PCC implementation

The research results show that adequate external conditions can facilitate the success of this approach.

1. Supportive Work Environment

Research by Arsat et al. (2022) shows that a supportive work environment—including nurse participation in decision-making, a foundation for quality care, leadership

support, and good interprofessional relationships—has a positive influence on nurses' caring behavior. These findings reinforce the importance of a conducive work environment as a key factor in facilitating patient-centered nursing practice.³⁶ This is in line with the findings of Bardhia et al. (2025), which showed that a positive nursing practice environment significantly contributed to nurses' perceptions in implementing patient-centered care.³⁷

2. PCC-Based Organizational Culture

An organizational culture that emphasizes PCC values has a significant impact on service quality. Reports that organizational culture, patient-focused care significantly improves patients' perceptions of service quality.³⁸

3. Facility Infrastructure

The physical appearance and facilities of a hospital play a significant role in shaping patients' experiences with services. Al-Sahli et al. (2021) reported that physical aspects of facilities, such as hospital accessibility and facility comfort, influence patient perceptions of service quality.²¹ Studies have found a significant relationship between patient perspectives on PCC and certain demographic characteristics such as age, gender, nationality, area of residence, route of hospital admission, duration of hospitalization, and preference for hospitals, the importance of considering demographic factors in the effective implementation of the PCC approach.²¹

4. Management Support

Supportive management, both through training and supervision, positively contributes to the implementation of PCC. Research shows that managerial support not only improves staff job satisfaction but also optimizes clinical outcomes.²⁰

5. Accessibility and Patient Perception

Another external factor is service accessibility, including hospital location and transportation. Accessibility

influences patient perceptions of service quality, particularly in rural areas.²²This study comprehensively identifies various factors supporting the implementation of a patient-centered care (PCC) approach from a nursing perspective. However, the results also indicate a number of significant barriers to implementing PCC in the hospital environment. Research conducted by Dewi & Nazriati (2024) identified three main barriers to the implementation of patient-centered care (PCC) by nurses in Indonesian hospitals: limited time and workload, lack of resources, and communication challenges.³⁹

The use of a systematic scoping review method enabled researchers to integrate findings from multiple cross-cultural studies with broad geographic coverage, enriching the understanding of the internal and external factors contributing to PCC success. Another strength is the analysis's inclusion of a variety of healthcare settings, such as general hospitals, hospices, and intensive care units, providing a comprehensive overview of the practical application of the PCC approach.

This study has several limitations, such as the predominance of cross-sectional studies, which limits causal conclusions, and the limited database resources used. Furthermore, the scoping review method did not assess the methodological quality of each study, so internal validity was not analyzed in depth.

The results of this study emphasize the importance of policy and organizational support in the implementation of PCC. Strengthening the competency of healthcare workers through training in empathy, communication, health literacy, and stress management needs to be prioritized. From a managerial perspective, a supportive work environment, a PCC-based organizational culture, and infrastructure investment are key success factors. Further research, particularly

longitudinal or experimental studies, is needed to assess the impact of interventions on PCC quality and patient clinical outcomes.

CONCLUSION

This systematic review highlights the importance of PCC as a healthcare strategy that significantly impacts patient outcomes, satisfaction, and service efficiency. Implementing PCC requires strengthening healthcare workforce competencies through training, as well as systemic changes at the organizational level to create a supportive work environment.

Based on various studies, PCC is a relevant and applicable approach across all healthcare services. However, its implementation requires policy support, competency training for healthcare workers, and the development of an organizational culture aligned with PCC values.

This article makes a significant contribution to theory development by identifying and classifying internal and external factors that support PCC implementation, and provides an empirical basis for strategic policy formulation in the healthcare sector. Furthermore, the findings of this study can be used as a reference for designing evidence-based interventions to accelerate the widespread adoption of PCC across global health systems.

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