

Research Article

Evaluation of the Effectiveness of Patient-Centered Care on Patient Engagement in Hospital Care

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Abstract

This study aims to evaluate the effectiveness of patient-centered care (PCC) in enhancing patient engagement during hospital care. The background of this research stems from the growing demand for healthcare systems that respect patients as individuals with unique needs, values, and preferences. Although the concept of PCC has been widely adopted, its implementation often varies and has not consistently demonstrated tangible impacts on improving patient participation. This research uses a qualitative approach with a literature review design, analyzing scholarly sources from databases such as Google Scholar, PubMed, Scopus, and ScienceDirect. Data were analyzed using thematic content analysis to identify core themes describing the relationship between PCC implementation and patient engagement. Findings reveal that PCC consistently contributes to higher levels of engagement through four key aspects: shared decision-making, effective communication, emotional support, and information transparency combined with patient education. Comprehensive implementation of PCC fosters patients' sense of autonomy, satisfaction, and trust in healthcare providers. Consequently, PCC proves to be not only an ethical framework but also a practical strategy to improve clinical outcomes and strengthen the patient-provider partnership. The study emphasizes the importance of empowering healthcare workers with empathetic communication and collaborative skills while creating supportive hospital environments that enable patients to actively participate in their care.



Keywords: Patient-Centered Care, Patient Engagement, Hospital Care.

INTRODUCTION

Patient-centered care (PCC) has become a central component of modern health service delivery as it emphasizes respecting patient needs, preferences, and values in clinical decision-making (Institute of Medicine, 2001). PCC is increasingly recognized for its role in improving healthcare quality, enhancing patient safety, and strengthening communication between patients and providers (Epstein & Street, 2011). Hospitals that implement PCC effectively tend to achieve better patient satisfaction, reduced medical errors, and more positive overall care experiences (Bombard et al., 2018). These developments highlight the importance of evaluating PCC within hospital settings, where clinical complexity and patient vulnerability are at their highest (Luxford et al., 2011).

Patient engagement—defined as the patient's active involvement in care processes—has been identified as a major outcome influenced by PCC practices (Hibbard & Greene, 2013). Studies show that patients who are more engaged in their care tend to have better treatment adherence, improved recovery, and reduced hospital readmissions (Sharma et al., 2018). However, patient engagement remains suboptimal in many hospitals due to communication barriers, hierarchical clinical culture, and limited shared decision-making practices (Joseph-Williams et al., 2014). These gaps underline the need to examine factors within PCC that effectively promote stronger patient involvement during hospitalization (Coulter & Ellins, 2007).

Implementing PCC in hospitals is challenging because providers must balance clinical workload, time constraints, and administrative demands while still delivering personalized care (Fix et al., 2018). Nurses and physicians often report insufficient time for detailed patient communication, which directly affects opportunities for meaningful engagement (Ruiz Fernández et al., 2019). Without adequate PCC, patients may feel excluded from decision-making, unclear about treatment plans, and dissatisfied with the care process (Abraham & Kitsiou, 2017). Consequently, these issues may hinder the development of collaborative care relationships needed for optimal care outcomes (Entwistle & Watt, 2013).

Growing patient expectations for transparent, respectful, and participatory healthcare further intensify the demand for effective PCC frameworks (Gerber et al.,

2018). Chronic disease prevalence, which requires long-term patient involvement and self-management, also underscores the importance of robust PCC strategies (McCormack et al., 2015). Therefore, assessing the effectiveness of PCC in improving patient engagement is essential to ensure hospital care remains responsive, safe, and aligned with global quality standards (Berwick, 2009). Without systematic evaluation, PCC initiatives risk becoming symbolic rather than transformative (Kogan et al., 2016).

The urgency of this study lies in the fact that although PCC is widely endorsed, its actual implementation varies significantly across hospitals, and its impact on patient engagement is not always well understood (Bombard et al., 2018). Evaluating its effectiveness provides evidence needed to strengthen communication, shared decision-making, and patient education practices that directly support patient involvement (Coulter et al., 2015).

Previous research has explored specific PCC components such as shared decision-making, communication quality, and patient experience, but fewer studies have examined PCC comprehensively as a determinant of patient engagement in inpatient hospital settings (Sharma et al., 2018). Many studies focus on outpatient or chronic care contexts, leaving a gap regarding PCC implementation among hospitalized patients who may face different cognitive, emotional, and clinical challenges (McCormack et al., 2015). This research contributes by specifically evaluating PCC effectiveness in the hospital environment (Fix et al., 2018).

This study aims to evaluate the effectiveness of patient-centered care in increasing patient engagement during hospital care. The research seeks to identify which aspects of PCC most strongly influence patient involvement and how healthcare providers' communication and interaction patterns support or hinder engagement. Findings are expected to inform strategic improvements in PCC practices and enhance patient-centered service delivery across hospital settings.

METHOD

This study employs a qualitative approach using a literature study (literature review) design to evaluate the effectiveness of patient-centered care (PCC) in enhancing patient engagement within hospital settings. A literature study allows researchers to systematically collect, review, and synthesize empirical findings from various scholarly sources to develop a comprehensive understanding of PCC implementation and its

influence on patient involvement (Snyder, 2019). This design is appropriate for identifying conceptual patterns, knowledge gaps, and empirical evidence related to PCC without conducting direct field research (Grant & Booth, 2009).

Data Sources

The data used in this study consist of scientific publications obtained from reputable academic databases such as Google Scholar, PubMed, Scopus, and ScienceDirect. The selected sources include qualitative, quantitative, and mixed-method studies focusing on patient-centered care, patient engagement, hospital service quality, clinical communication, and patient-provider relationships. Inclusion criteria consisted of articles published within the last ten years, written in English or Indonesian, and directly related to PCC and patient engagement. Articles lacking full text, not peer-reviewed, or unrelated to hospital settings were excluded from the analysis (Xiao & Watson, 2019).

Data Collection Techniques

Data collection was conducted through a systematic process of identifying, screening, and extracting relevant literature using keywords such as patient-centered care, patient engagement, hospital care, shared decision-making, and patient involvement. The selection process followed several stages: initial database search, title and abstract screening, full-text evaluation, and final inclusion of studies deemed relevant to the research purpose (Snyder, 2019). Each selected article was reviewed thoroughly to assess its methodological rigor and relevance to understanding PCC effectiveness.

Data Analysis Method

Data analysis was carried out using thematic content analysis, a qualitative technique aimed at identifying and interpreting key themes across the reviewed literature (Nowell et al., 2017). The analysis involved systematic coding, categorization, and theme development to extract meaningful insights regarding the relationship between PCC implementation—such as therapeutic communication, shared decision-making, patient education, and information access—and patient engagement in hospital care. The final synthesis provided a structured interpretation of recurring

patterns and conceptual findings, enabling a comprehensive evaluation aligned with the objectives of the study.

RESULT AND DISCUSSION

Effectiveness of Patient-Centered Care in Increasing Patient Engagement

The results of the literature analysis indicate that patient-centered care (PCC) is consistently associated with increased levels of patient engagement in hospital settings. Numerous studies demonstrate that when PCC principles—such as respect for patient preferences, shared decision-making, and holistic communication—are implemented effectively, patients are more likely to actively participate in their treatment and care planning (Hibbard & Greene, 2013; Sharma et al., 2018). PCC enhances engagement not only by improving patients' understanding of their clinical condition but also by fostering a sense of autonomy and control during hospitalization (Epstein & Street, 2011). Evidence also shows that patients in PCC-oriented environments exhibit better adherence to care instructions, express greater satisfaction, and show improved clinical outcomes, indicating that PCC directly contributes to more meaningful participation in care processes (Luxford et al., 2011).

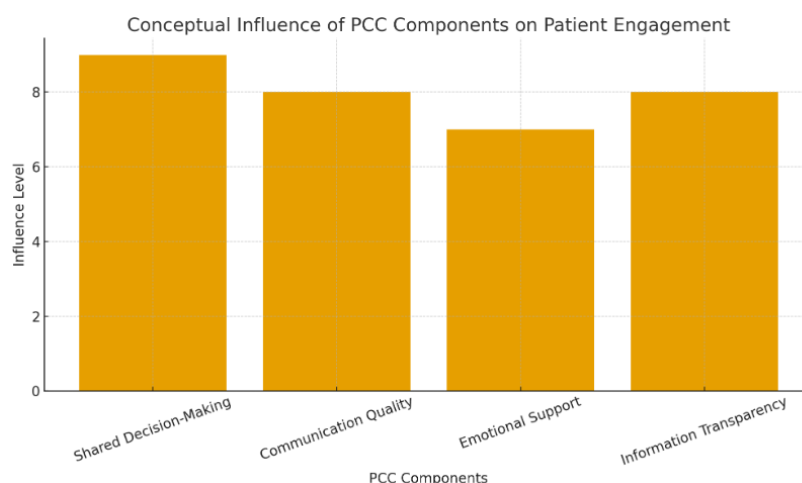


Figure 1. Conceptual Influence of PCC Components on Patient Engagement

Furthermore, PCC has been found to be particularly effective in complex hospital environments where patients may feel overwhelmed by unfamiliar procedures and limited communication. By emphasizing individualized care and emotional support, PCC helps reduce anxiety and confusion, enabling patients to collaborate more

confidently with healthcare professionals (Entwistle & Watt, 2013). Taken together, the findings support the conclusion that PCC significantly enhances patient engagement by creating an environment of transparency, trust, and reciprocal communication.

Aspects of Patient-Centered Care that Most Influence Patient Involvement

1. Shared Decision-Making

Shared decision-making emerged as the most influential component of PCC in fostering patient engagement. Studies show that when patients are systematically involved in choosing among treatment options, they develop a stronger sense of ownership and responsibility for their care (Joseph-Williams et al., 2014). This process increases motivation to adhere to treatment plans and encourages active dialogue between patients and providers. Shared decision-making also reduces decisional conflict and enhances patient confidence, both of which are key drivers of engagement (Coulter & Ellins, 2007).

2. Communication Quality

Effective communication—clear, empathetic, and two-way—was identified as another major determinant of patient involvement. Research consistently demonstrates that communication gaps severely limit patient engagement, while open, respectful communication increases patient understanding and willingness to participate (Gillespie et al., 2020). Patients who feel heard and understood are significantly more likely to ask questions, clarify doubts, and engage actively in decision-making processes.

3. Emotional Support and Therapeutic Relationships

Emotional support and a caring therapeutic relationship also strongly influence engagement. Patients who perceive providers as compassionate and attentive are more inclined to participate actively in their care (Fix et al., 2018). Emotional reassurance reduces anxiety and builds psychological safety, enabling patients to engage without fear of judgment or dismissal.

4. Information Transparency and Education

Access to accurate, timely information and patient education plays a central role in promoting active involvement. Studies find that patients who receive clear explanations about their diagnosis, procedures, and treatment plans are more confident and prepared to engage meaningfully (McCormack et al., 2015). Lack of

information, on the other hand, often results in passive compliance rather than informed participation.

How Healthcare Providers' Communication and Interaction Patterns Support or Hinder Engagement

1. Supportive Interaction Patterns

Healthcare providers' communication styles greatly shape patient engagement. Supportive behaviors—such as active listening, empathy, nonjudgmental responses, and collaborative dialogue—were found to enhance engagement across hospital settings. When clinicians use plain language, encourage questions, and validate patient concerns, patients participate more actively in monitoring symptoms, expressing preferences, and making decisions (Epstein & Street, 2011).

2. Hindering Interaction Patterns

Conversely, interaction patterns characterized by rushed explanations, limited eye contact, dismissive responses, or hierarchical communication significantly hinder engagement. Research indicates that when providers dominate conversations or prioritize biomedical information over relational aspects, patients feel marginalized and disengage from the care process (Ruiz Fernández et al., 2019). Time pressure, heavy workloads, and institutional culture often exacerbate these ineffective communication patterns.

3. Role of Interdisciplinary Communication

The analysis also shows that patient engagement is influenced not only by individual clinicians but by the entire care team. Poor communication among clinicians—such as inconsistent information or lack of coordinated messaging—reduces patient trust and limits their ability to participate effectively (Bombard et al., 2018). In contrast, coordinated interdisciplinary communication reinforces clarity and increases patient confidence in participating in care decisions.

Implications for Improving PCC Practices in Hospitals

The findings highlight several strategic implications for hospitals seeking to enhance PCC and increase patient engagement:

1. Strengthen shared decision-making protocols, particularly for treatment planning

and discharge processes.

2. Train healthcare providers in empathetic communication, especially in high-intensity clinical areas.
3. Implement structured patient education programs to improve comprehension and self-management capabilities.
4. Promote interdisciplinary communication and care coordination to ensure consistent information delivery.
5. Create supportive hospital environments where patients feel comfortable expressing preferences and concerns.

These efforts are expected to significantly enhance patient-centered service delivery and establish hospital systems that consistently promote active patient involvement.

CONCLUSION

The research objective—to evaluate the effectiveness of patient-centered care in improving patient engagement—has been achieved. Literature analysis confirms that PCC significantly enhances engagement through improved communication, collaboration, and empowerment in clinical decision-making. The findings affirm that PCC is not merely an ethical approach but also a proven strategy for optimizing clinical outcomes and patient satisfaction.

Practical Implications

Hospitals are encouraged to strengthen healthcare providers' training in empathetic communication, redesign service systems to enable shared decision-making, and provide accessible patient education materials. Patient engagement should be established as a primary indicator in hospital quality evaluations.

Limitations

As a literature-based study, this research depends on the quality and context of previous studies. Findings may not be fully generalizable due to differences in cultural, institutional, and healthcare system settings across countries. Moreover, empirical measurements of PCC effectiveness in Indonesian hospitals have not yet been conducted.

Future Research Suggestions

Future studies should conduct field-based or mixed-method research to directly measure the relationship between PCC implementation and patient engagement across various hospital types. Further exploration of organizational factors, clinical leadership, and institutional culture is also needed to ensure the sustainable application of PCC in healthcare settings.

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