

THE INFLUENCE OF PATIENT-CENTERED CARE CULTURE ON SERVICE QUALITY IN WEST JAVANESE HOSPITALS, INDONESIA

Richa Noprianty^{1*}, Wahyu Wahdana¹, Winasari Dewi², Vira Yuniar Irawan¹, Ranti Santika¹

1. Faculty of Health Science, Bhakti Kencana University, Bandung, West Java, Indonesia

2. Faculty of Nursing, Bhakti Kencana University, Garut, West Java, Indonesia

Article Information

Received: 25 September 2024

Revised: 24 July 2025

Accepted: 25 May 2026

*Corresponding Author

Richa Noprianty

richa.noprianty@bku.ac.id

DOI

10.20884/1.jks.2026.21.2.9812

ABSTRACT

The involvement of patients and their families is critical for determining the required treatment and for the quality of services provided by health care professionals. Therefore, patient-centered care (PCC) is an important indicator of service quality in health facilities. This study aims to measure the effect of PCC implementation on service quality. This research employed a quantitative, cross-sectional method. The research sample, using proportionate stratified random sampling, comprised 119 professional caregivers (PCG) from the preoperative, intraoperative, and PACU wards at three West Java regional public hospitals. Data was collected through a questionnaire. Data analysis was performed using linear regression and multiple regression. The results showed that the average application of PCC culture was 63.08, and the quality of service was 55.40. PCC implementation was also found to strongly influence service quality (p -value = 0.000; r = 0.860). An increase in PCC culture can increase the service quality score by 0.764. The three hospitals in this study implemented the national hospital accreditation standards in 2022 by applying a PCC culture. Therefore, it is recommended that these hospitals maintain and continuously improve the quality of their PCG services to enhance service quality, patient safety, and prevent adverse events.

Keywords: *Patient centered care; perioperative; professional care giver; quality of care*



ISSN : 1907-6637

e-ISSN : 2579-9320

BACKGROUND

It is important to continuously improve the quality of healthcare services to achieve optimal standards of care. Therefore, hospitals are required to undergo accreditation processes that function as benchmarks for service quality, patient safety, and institutional professionalism. Accredited hospitals are expected to deliver services in accordance with the National Hospital Accreditation Standards. The Ministry of Health reported that as of December 2021, of the 3,120 hospitals registered, 2,482 (78.8%) had been accredited and 638 (21.2%) had not. One of the critical benchmarks for obtaining accreditation is the ability to provide integrated, patient-centered care (PCC) services delivered by professional healthcare providers (Ministry of Health of the Republic of Indonesia, 2022a). Therefore, implementing PCC is an essential indicator for service quality and for obtaining accreditation.

Healthcare professionals cannot deliver optimal care without involving patients and their families (Ismail et al., 2024). Patients and their families have the right to receive comprehensive information regarding the treatments and therapies provided and to refuse proposed medical interventions (Wahyuni & Darmawan, 2019; Firmansyah et al., 2019). Past studies have shown that patient involvement in care can improve functional status, promote positive health behaviors, and enhance patient satisfaction by increasing patients' knowledge and awareness of their health conditions. Active participation in treatment also been associated with faster recovery.

Patient-Centered Care (PCC) enables healthcare providers to develop a better understanding of the unique problems patients experience. This approach fosters a sense of appreciation and improved service perception among patients, thereby increasing satisfaction levels. Service quality is considered satisfactory when it meets or exceeds

patient expectations. Consequently, higher quality healthcare services are associated with greater patient satisfaction (Abubakar et al., 2020; Noprianty et al., 2023).

The central surgical unit is a critical component of hospital service systems, particularly in facilities providing elective and emergency (cito) surgical procedures based on medical indications. The surgical team comprises specialist physicians, surgical nurses, anesthesiologists, nurse anesthetists, and non-medical personnel with specialized expertise, all providing 24-hour services. The surgical department includes the preoperative, intraoperative (operating room), and postoperative recovery (PACU) units. The operating room environment involves multidisciplinary collaboration among anesthesiologists, surgeons, nurses, and technical staff, each possessing distinct knowledge and competencies. The team is also organized into several divisions: surgery, anesthesia, nursing, and radiology, each with its own hierarchical structure and operational objectives in delivering patient care (Tomaszewska et al., 2020). The team shares collective responsibility for achieving optimal perioperative outcomes. However, differences in professional perspectives and approaches may lead to role overlap and interprofessional conflict.

Regional public hospitals in West Java have achieved accreditation and comply with the National Hospital Accreditation Standards, which emphasize innovative, patient-centered professional services. Nevertheless, the implementation of these standards has not yet reached optimal levels, as reflected in patient satisfaction rates that remain below the Ministry of Health's target (>76.61%) (Ministry of Health of the Republic of Indonesia, 2022b). Therefore, further research on the culture of Patient-Centered Care is necessary to examine its impact on service quality in hospital settings.

METHOD

This research employed a quantitative, cross-sectional method. The research sample was selected using proportionate stratified random sampling. A total of 119 professional caregivers (PCG) in the pre-operative, intra-operative, and PACU wards in three regional general hospitals in West Java, Indonesia, were selected. The PCC instrument used referred to the 2022 National Hospital Accreditation Standards, comprising 4 components: (1) partnering with patients with 4 statement items; (2) DPJP as a clinical leader with 5 statement items; (3) PCG as an interdisciplinary team with collaboration interprofessional with 4 statement items; and (4) integrated patient care with 6 statement items for a total of 19 questions. Meanwhile, service quality referred to the Director General of Health Care 2019. Therefore, this questionnaire was not tested for validity or reliability because it was adopted from national policies and regulations that serve as the standard for hospital accreditation.

The researchers conducted the data analysis using a descriptive univariate approach, a bivariate linear regression to see the influence of PCC on service quality, and a multivariate multiple linear regression to determine the influence of confounding variables on PCC culture. This study has received ethical clearance from the ethics committee (No.044/LAIKETIK/KEPPKRSGJ/VI/2023), which based its judgement on WHO standards, consisting of 7 Universal Principles (WHO, 2011) and 25 Guidelines (CIOMS, 2016).

RESULT

Most respondents in this study were professional care providers in the intraoperative unit, including general practitioners, medical specialists, surgical/instrument nurses, nurse anesthetists, and operators. Most respondents were men aged 36-45 years, married, with > 10 years of work experience, and on standby in the hospital for 3 shifts (Table 1).

Table 1. Characteristics of respondents (n = 119)

Characteristics	N	%
Age		
17–25-year-old	8	6.7
26–35-year-old	37	31.1
36–45-year-old	46	38.7
46–55-year-old	25	21
56–65-year-old	3	2.5
Unit		
Pre operation	6	5
Intra operation	104	87.4
PACU	9	7.6
Gender		
Male	83	69.7
Female	36	30.3
Education		
Diploma-3	59	49.6
Diploma-4/bachelor	11	9.2
Bachelor/professional	47	39.5
Magister	2	1.7
Care giver		
General practitioners	1	0.8
Medical specialist	3	2.5
Surgical nurse	73	61.3
Nurse anesthetist	39	32.8
Operator	3	2.5
Marital status		
Single	15	12.6
Marriage	102	85.7
Widow/widower	2	1.7
Working period		
1-3 years	12	10.1
4-5 years	11	9.2
years	32	26.9
>10 years	64	53.8
Employment status		
Government employees	81	68
Non-government	38	32
Shift		
2 shifts	5	4.2
3 shifts	74	62.2
Morning only	40	33.6
Shift nature work		
Standby in hospital	115	96.6
On call	4	3.4
Total	119	100%

The univariate analysis revealed that the average PCC culture was 63.08, and the average service quality was 55.40. Table 2 shows that the highest average PCC culture was in the integrated patient care item, with a mean of 19.50. Meanwhile, the lowest minimum value was in the statement about PCG as an interdisciplinary team with a score of 8, and the highest maximum value was in the integrated patient care item at 24.

Table 2. Distribution of PCC culture and service quality in hospitals in West Java (n = 119)

Variable	Mean	Min	Max	SD	KI 95%
PCC culture	63.08	48	76	6.54	62.02-64.16
Item PCC					
Partner with patients	14.55	10	16	1.77	14.24-14.85
DPJP as clinical leader	15.87	10	20	2.28	15.46-16.24
PCG as an interdisciplinary team	13.17	8	16	1.95	12.80-13.52
Integrated patient care	19.50	12	24	2.85	18.98-19.97
Service Quality	55.40	38	68	7.08	54.14-56.55

The bivariate analysis used linear regression. The results show that PCC culture influences service quality. The results can be seen in Table 3 below.

Table 3. Influence of PCC culture and per component on service quality

Variable	Quality of service			Information
	t	Sig	P value	Results
PCC culture	14.17	0.000	<0.05	There is influence
Per Component				
Partner with patients	2.234	0.027	< 0.05	There is influence
DPJP as clinical leader	2.335	0.021	< 0.05	There is influence
PCG as an interdisciplinary team	3.237	0.002	< 0.05	There is influence
Integrated patient care	6.546	0.000	< 0.05	There is influence

Multiple linear regression

The results show that all PCC culture variables tested influence service quality. PCC culture in general has a strong ($r = 0.860$) and significant (0.000) influence on service quality. For every one-time increase in PCC culture implementation, service quality scores in hospitals increase by 0.764 (Figure 1).

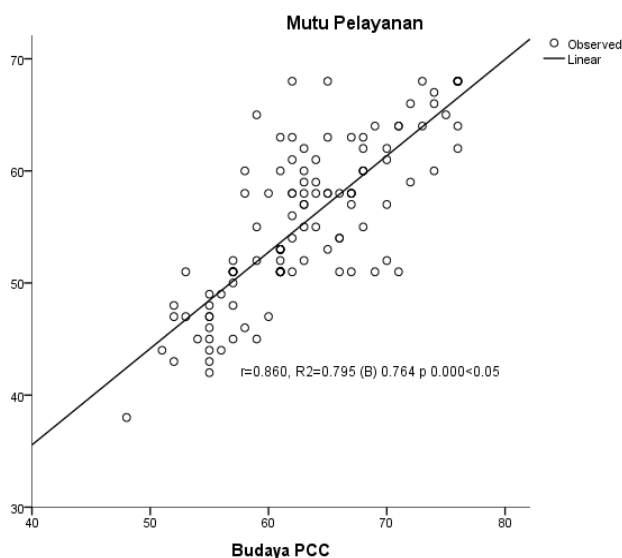


Figure 1. The influence of PCC culture on service quality

DISCUSSION

PCC Culture

PCGs are responsible for providing effective and safe care. To do so, they must support patients and their families to provide complete, accurate, and clear data. By receiving accurate data from patients and their families, PCGs can provide tailored care plans for each patient's needs.

Statement 1 of the PCC instrument used in this study, regarding inviting patients and their families to participate in planning, implementing, and evaluating the treatment program the patient will receive, received the lowest score.

This low score may be due to a lack of medical knowledge and understanding of the patient's condition. Therefore, patients and families tend to be more passive and accept the PCG team's decisions.

For the second dimension, the responsible doctor (DPJP) routinely reads the integrated patient progress notes (CPPT) for all information (24 hours) from all PCGs. The responsible doctor does this because PCGs provide a lot of care and treatment, so doctors must remain updated, as this information is critical for solving problems.

The third item regarding the statement about working together with other PCGs to maintain a climate of mutual respect obtained the lowest score. This score may be due to gaps between multidisciplinary sciences, especially in tasks that can be delegated.

Finally, in the fourth item regarding integrated patient care, the lowest statement was on PCG using Clinical Practice Guidelines or Nursing Care Standards, accompanied by a clinical pathway. The interview results showed that what PCGs have implemented so far has been based on experience and daily routines, and their adjustments to the tools and materials available at the hospital. The low score may be due to the limited procurement of the required resources. Meanwhile, several guidelines and standards must be implemented, so PCGs make modifications while maintaining patient safety principles. Therefore, it is important to conduct revisions and joint reviews with both stakeholders and PCG to ensure optimal results.

According to the Institute of Medicine (IOM) (2008), PCC is one of the six main elements of high-quality care. Patient-centered health care must apply a holistic approach to patient health, condition, and welfare to meet patients' goals and needs and improve their health status. This PCC culture involves patients and their families in making informed decisions along with health care workers (Sinaiko et al., 2019; Chanafie et al., 2022).

PCC implementation must be integrated between PCGs, both vertically and horizontally. Therefore, each PCG has the

same role and contribution in the caring process. The care provided to patients, especially in the operating room, involves many scientific disciplines and clinical staff, so effective communication and collaboration among PCGs are needed to set patient service standards. The roles and functions in providing care must be clear to ensure no overlap in duties and authority, especially in tasks that can be delegated to other PCGs (Ministry of Health of the Republic of Indonesia, 2022a; Wahyudi et al., 2023; Wahyuni & Darmawan, 2019).

As proper coordination of PCGs is essential to providing quality care, the team needs a clinical leader to make decisions, and a DPJP must be involved in every action taken. For inter-professional collaboration, each PCG is guided by clinical practical guidelines (PPK), integrated clinical pathways and procedures, and integrated patient progress records. Patients who have undergone surgery will be observed and transferred to an inpatient or intensive care room based on their condition. This practice ensures that the patient will be the center of service for the health team from the time the patient enters the hospital until the patient returns home (Noviyanti & Noprianty, 2019).

Quality of Service

The results show that the average quality of the service provided is 55.40. The statement about making a continuing care plan and discharge planning scored the lowest. This score may be influenced by the operations conducted in the hospital. Most patients are transferred to the inpatient room. Therefore, the PCG only makes notes regarding the patient's current situation, the patient's health history (background), the treatment performed (assessment), and recommendations from monitoring conducted in the PACU (recommendation) to be submitted to the PCG in the inpatient setting, with little involvement of the patient and their families. This record, often known as SBAR, is proof of the patient handover carried out by PCGs (Noviyanti & Noprianty, 2019).

PCGs conduct several assessments to determine whether a patient can be moved to a room, such as the Aldrette score for patients with general anesthesia, the Bromage score for spinal anesthesia patients, the Steward score for pediatric patients and the PADSS score for patients undergoing one day surgery (ODS). The patient's discharge or transfer plan considers several aspects, such as the patient's vital signs, ambulation, post-anesthesia nausea and vomiting (PONV), post-surgical pain and bleeding. (Luo & Min, 2017; Small & Laycock, 2020; Briggs et al., 2022).

The perianesthesia room has a specific work environment that involves a high risk of work accidents, surgical services that require a long time, and PCGs are often exposed to anesthetic gas and radiation. Such conditions affect work productivity. Moreover, post-surgical side effects and the risk of bleeding and death can increase the workload of PCGs.

The operating room consists of several multidisciplinary specialties, including anesthetists, surgical nurses, specialist doctors, and technical staff. The entire team is fully responsible for achieving optimal nursing outcomes during the perioperative period (Amir et al., 2023; Noprianty et al., 2025). However, this situation can lead to conflicts and overlapping work due to differences in the methods used to achieve goals. In addition, the entire team is divided into several crews, such as surgery, anesthesia, nursing, and radiology, each with its own command hierarchy and objectives to save patients (Bree et al., 2017; Tomaszewski et al., 2020).

Surgical nurses are the most numerous group of professionals in the operating room. They are authorized to assist with surgical procedures across various surgical disciplines. Anesthesia nurses, in particular, are constantly making systematic observations of the patient's condition, monitoring equipment, and are involved in decisions about the patient's treatment. Additionally, interpersonal skills, which facilitate functioning and protect against job burnout, are critical for nurses, as they can impact the quality of services provided to patients (Lima & Rabelo, 2013; Noprianty et al., 2022).

High-quality health services are one of the needs hospitals must meet. The success of a hospital in fulfilling its function is marked by the excellence of its service. The dominant factor that influences quality is human resources. The human resources directly involved in patient care are PCGs. Thus, quality service is contingent on quality PCGs.

The quality of health services significantly impacts patient satisfaction, with differences between self-financing patients and insured patients. This difference indicates an inequality in the services provided (Abubakar et al., 2020). The professional services provided include a caring attitude during surgery, attention to the patient's needs, support for patient safety, and efforts to minimize the risk of infection (Noprianty et al., 2023; Firmansyah et al., 2019; Dewi & Noprianty, 2018).

The Influence of PCC Culture on Service Quality

The PCC culture must be implemented by all PCGs to achieve optimal service quality, especially in accredited hospitals. Providing integrated patient care, including PCC, is a national hospital accreditation standard (Ministry of Health of the Republic of Indonesia, (2022a). The WHO also provides a global strategy stating that the provision of services to patients has undergone reform from a PCG-oriented model to PCC-based health services (World Health Organization, 2015).

Patient involvement in each procedure can improve service quality and patient satisfaction. Providing patients with knowledge of the procedure can increase their confidence, reduce their complaints, and reduce the risk of errors. Coordination, collaboration, cooperation, and communication must be well established to create professional service (Fauzan & Widodo, 2019).

PCC covers the dynamic process between PCG and patients and their families to improve service quality by providing information, education, and counseling, and by building a relationship of mutual trust with patients and families that aligns with the patient's needs. In hospitals, PCC must become a culture that involves leaders, healthcare workers, and non-healthcare workers. The research results show that age, gender, work experience, education, and profession do not influence the formation of PCC culture and service quality (Escher et al., 2023; Fauziyyah & Basabih, 2023; Mistri et al., 2023; Noprianty, 2023).

Nevertheless, as culture formation cannot be done instantly, each PCG must continue to improve their competence. Strengthening the PCC culture requires the hospital director, as the highest leader, to embody its values. Good service quality ensures patient safety, satisfaction, and efficiency (Rachma & Kamil, 2019; Chanafie et al., 2022).

However, several barriers exist to delivering and implementing PCC-based care. There is still a gap in

understanding and recognition of PCC among PGCs. Therefore, there is a need for education and training for PCGs regarding PCC. On the other hand, the obstacles for patients and their families are the patient's low level of involvement in making decisions, their lack of knowledge of the condition and illness they are experiencing, and the low level of family support for sick patients (Sinaiko et al., 2019; Putra et al., 2023; Pradani et al., 2018). Additionally, this study was conducted in hospitals that meet the standards of a teaching hospital. Thus, the findings may not be generalized to other general hospitals.

CONCLUSION AND RECOMMENDATION

The three regional general hospitals in West Java assessed in this study have implemented the 2022 national hospital accreditation standards (SNARS 2022 edition) by applying the PCC culture to the services provided at the Central Surgical Installation (IBS). Almost all PCGs have adopted a PCC approach, starting with patients in the operating room, intraoperatively, and in PACU, and involving patients and their families in the decision-making process. Therefore, hospitals are advised to maintain and enhance PCG service quality through supervision and continuous improvement, thereby improving patient safety and reducing unwanted incidents.

REFERENCES

- Abubakar, Z., Rivai, F., & Sapada, N. A. (2020). Effect of patient centered care application on inpatient outcomes in rsidia pertiwi and rsia ananda (Woman and child hospitals). *Open Access Macedonian Journal of Medical Sciences*, 8(T2), 162–167. <https://doi.org/10.3889/oamjms.2020.5217>
- Amir, H., Permatananda, P. A. N. K., Cahyani, D. D., Langelo, W., Rosita, R., Sajodin, S., Noprianty, R., Astuti, A., Suhari, S., Wahyuningsih, S., Kusumawati, P. D., Swamilaksita, P. D., Sudarman, S., & Syaiful, S. (2023). Enhancing skill conceptualization, critical thinking, and nursing knowledge through reflective case discussions: a systematic review. *Journal of Medicine and Life*, 16(6), 851–855. <https://doi.org/10.25122/jml-2023-0042>
- Bree, K., Barnhill, S., & Rundell, W. (2017). The Dangers of Electrosurgical Smoke to Operating Room Personnel: A Review. *Workplace Health and Safety*, 65(11), 517–526. <https://doi.org/10.1177/2165079917691063>
- Briggs, K. M., Botti, M., Phillips, N. M., Bowe, S. J., & Street, M. (2022). Patient, surgical and clinical factors associated with longer stay in the Post Anaesthesia Care Unit. *Journal of Perioperative Nursing*, 35(1), e26–e36. <https://doi.org/10.26550/2209-1092.1143>
- Chanafie, D., Asmirajanti, M., Abeng, T. DE, & Binawan, U. (2022). Pengaruh budaya pelayanan berfokus pada pasien terhadap mutu pelayanan di RSUD DKI Jakarta [The influence of patient-centered care culture on service quality in a general hospital in Jakarta]. *The Journal of Hospital Accreditation*, 4(1), 13–16.
- Council for International Organizations of Medical Sciences. (2016). International ethical guidelines for health-related research involving humans (4th ed.). CIOMS. <https://doi.org/10.56759/rqx17405>
- Dewi, T., & Noprianty, R. (2018). Phenomenologi Study: Risk Factors Related to Fall Incidence in Hospitalized Pediatric Patient with Theory Faye G. Abdellah. *Nurse Line Journal*. <https://doi.org/10.19184/nlj.v3i2.8249>
- Escher, C., Rystedt, H., Creutzfeldt, J., Meurling, L., Hedman, L., Felländer-Tsai, L., & Kjellin, A. (2023). All professions can benefit — a mixed-methods study on simulation-based teamwork training for operating room teams. *Advances in Simulation*, 8(1), 1–9. <https://doi.org/10.1186/s41077-023-00257-0>
- Fauzan, A., & Widodo, H. (2019). Hubungan pelaksanaan patient centered care dengan pengalaman klien rawat inap Rumah Sakit Sari Mulia Banjarmasin [The relationship between implementation of patient-centered care and inpatient experience at Sari Mulia Hospital Banjarmasin]. *Dinamika Kesehatan: Jurnal Kebidanan dan Keperawatan*, 10(2), 505–518. <https://doi.org/10.33859/dksm.v10i2.523>
- Fauziyyah, R., & Basabih, M. (2023). Patient Safety Culture in Public General Hospitals: Literature Review. *Jurnal Administrasi Rumah Sakit Indonesia*, 9(2). <https://doi.org/10.7454/arsiv9i2.6937>
- Firmansyah, C. S., Noprianty, R., & Kerana, I. (2019). Perilaku caring perawat berdasarkan teori Jean Watson di ruang rawat inap [Nursing caring behavior based on Jean Watson's theory in the inpatient ward]. *Jurnal Kesehatan Vokasional*. <https://doi.org/10.22146/jkesvo.40957>
- Ismail, S., Lahati, N. S., & Morales, J. G. (2024). Family needs of patients admitted in the intensive care unit: A meta-synthesis. *Jurnal Keperawatan Soedirman*, 19(3), 203–211. <https://doi.org/10.20884/1.jks.2024.19.3.8242>
- Lima, L. B. De, & Rabelo, E. R. (2013). Nursing workload in the post- anesthesia care unit. *Acta Paul Enferm*, 26(2), 116–122.
- Luo, J., & Min, S. (2017). Postoperative pain management in the postanesthesia care unit: An update. *Journal of Pain Research*, 10, 2687–2698. <https://doi.org/10.2147/JPR.S142889>
- Ministry of Health of the Republic of Indonesia. (2022). Hospital accreditation standards. Ministerial Decision Number HK.01.07/MENKES/1128/2022.
- Ministry of Health of the Republic of Indonesia. (2022). Regulation of the Minister of Health number 30 of 2022 on national indicators for health service quality. State Gazette of the Republic of Indonesia, 2022(1054), 94 pages.
- Mistri, I. U., Badge, A., & Shahu, S. (2023). Enhancing Patient Safety Culture in Hospitals. *Cureus*, 15(12), 1–7. <https://doi.org/10.7759/cureus.51159>
- Noprianty, R. (2023). Buku ajar manajemen dan kepemimpinan dikembangkan berdasarkan teori keperawatan dan dilengkapi dengan studi kasus, daftar tilik dan soal-soal [Textbook of management and nursing leadership developed based on nursing theory and equipped with case studies, checklists, and exam questions] (1st ed.). Deepublish. <https://r2kn.litbang.kemkes.go.id/handle/123456789/76568>
- Noprianty, R., Mutmainah, I., Wahdana, W., & Wahyudi, F. M. (2025). Compliance with the implementation of pre-anesthesia assessment toward the prevention of adverse events in the operating room. 133(1), 48–59. <https://doi.org/10.47307/GMC.2025.133.1.5>

- Noprianty, R., Wahdana, W., & Suryanah, A. (2022). Dampak beban kerja terhadap produktivitas kerja di ruang operasi [The impact of workload on work productivity in the perioperative unit]. *Jurnal Kepemimpinan dan Manajemen Keperawatan*, 5(2).
- Noprianty, R., Wahyudi, F. M., Wahdana, W., & Juarta, T. (2023). Quality Assurance in The Surgical Ward of Hospital X in Bandung During the Covid- 19 Pandemic. 4(1), 37–42.
- Noviyanti, S., & Noprianty, R. (2019). Pelaksanaan discharge planning oleh profesional pemberi asuhan (PPA) di ruang rawat inap [Implementation of discharge planning by healthcare professionals in the inpatient ward]. *[Journal Name]*, 4(3), 139–146.
- Pradani, E. A., Rohman, F., & Siswanto, S. (2018). Effect of Patient-Centered Care on Service Quality and Satisfaction Level of Bpjs Inpatients in Baptist Hospital Batu. *Jurnal Aplikasi Manajemen*, 16(1), 89–100. <https://doi.org/10.21776/ub.jam.2018.016.01.11>
- Putra, P. A. S., Susanti, N. D., Rismawan, I. M., J., N. P. A., & Sastamidhayani. (2023). Implementation of patient centered care on service quality and patient satisfaction: a literature review 1. *Jurnal Keperawatan*, 16(1), 237–248.
- Rachma, A. H., & Kamil, H. (2019). Pelaksanaan patient centered care di Rumah Sakit Umum Kota Banda Aceh [Implementation of patient-centered care at Banda Aceh General Hospital]. *Idea Nursing Journal*, 10(1), 1–10.
- Sinaiko, A. D., Szumigalski, K., Eastman, D., & Chien, A. T. (2019). Delivery of Patient Centered Care in the US Health Care System: What is standing it its Way? Robert Wood Johnson Foundation Academy Health, August. https://academyhealth.org/sites/default/files/deliverypatientcenteredcare_august2019.pdf
- Small, C., & Laycock, H. (2020). Acute postoperative pain management. *British Journal of Surgery*, 107(2), e70–e80. <https://doi.org/10.1002/bjs.11477>
- Tomaszewska, K., Majchrowicz, B., & Hejsak, G. (2020). Workload of nurses working in the operating theatre. *Journal of Education, Health and Sport*, 10(3), 164–172. <https://doi.org/10.12775/jehs.2020.10.03.018>
- Wahyudi, F. M., Suryanah, A., Juarta, T., & Nugraha, I. L. (2023). Implementasi KMK 722 tahun 2020 tentang standar profesi penata anestesi [Implementation of Ministry of Health Regulation 722 of 2020 on anesthetist professional standards]. *JKKI*, 12(01), 60–65.
- Wahyuni, N. P. S., & Darmawan, E. S. (2019). Patient Centered Care Model to Improve the Quality and Safety of Patient Care in Hospital: A Systematic Review. *The 6th International Conference on Public Health*, 291–291. <https://doi.org/10.26911/the6thicph.04.53>
- World Health Organization. (2015). WHO global strategy on integrated people-centred health services 2016–2026: Executive summary. Interim report: Placing people and communities at the centre of health services. WHO. https://apps.who.int/iris/bitstream/handle/10665/180984/WHO_HIS_SDS_2015.20_eng.pdf
- World Health Organization. (2011). Standards and operational guidance for ethics review of health-related research with human participants. WHO. Retrieved from <https://www.who.int/publications/en>