

**THE INFLUENCE OF SELF-EFFICACY AND HOSPITAL CULTURE TO THE
IMPLEMENTATION OF PATIENT-CENTERED CARE (PCC) AT BERIMAN
HOSPITAL, BALIKPAPAN CITY**

**Ifransyah Fuadi¹, Irwandy², Fridwaty Rivai³, Syahrir A. Pasinringi⁴, Andi Indahwaty AS⁵, Andi
Zulkifli Abdullah⁶**

¹⁻⁵ Master of Hospital Management Study Program, Public Health Faculty, Hasanuddin University

⁶ Master of Epidemiology Study Program, Faculty of Public Health, Hasanuddin University
(Email: ifransyahfuadi17@gmail.com)

Article Info

ABSTRACT

Article type:
Research

Keywords:
*Hospital, self-efficacy, and
achievement motivation, Patient
centered care*

Backgrounds. Patient centered care improves adherence to treatment plans and patient involvement in health-related decision making. Objective. This study aims to analyze self-efficacy and hospital culture on the implementation of patient-centered care (PCC) at Beriman Balikpapan Hospital. Method. The type of Conducted research is quantitative research using an observational study with a cross-sectional research design. The sample of the study was health workers at Beriman Balikpapan Hospital totaling 166 respondents using an observational study. Data analysis used AMOS software with the path analysis method. Results. The results of the analysis showed that there was an influence of self-efficacy on hospital culture, there was an influence of self-efficacy on PCC implementation, there was an influence of hospital culture on PCC implementation, and there was an indirect influence of self-efficacy on PCC implementation through hospitals culture. Suggestion: It is recommended for hospital management to improve Patient Centered Care with better communication training for all medical staff, such as as doctors, nurses, and other health workers. This includes skills in explaining diagnoses, treatments, and procedures clearly to patients, as well as listening to their complaints and expectations. Involving families in patient care. Research Limitations: The time to fill out the questionnaire and the level of respondents participation was less efficient, because the research was conducted during working hours. So some questionnaires were not filled out immediately and took longer.

INTRODUCTION

In the healthcare industry, *patient-centered care* (PCC) is a model that prioritizes the individual patient's needs and preferences in the delivery of medical care. This approach has improved patient satisfaction, health outcomes, and overall quality of care. Research shows that PCC improves adherence to treatment plans and patient engagement in healthcare decision-making. Studies have also shown that this approach is associated with reduced healthcare costs and lower hospital readmission rates (Huang et al., 2022). PCC can also improve the efficiency and effectiveness of the healthcare delivery system, ultimately leading to better health outcomes. This model has also been associated with higher levels of satisfaction among healthcare providers and better communication between healthcare professionals and patients, which supports better therapeutic relationships and more optimal health outcomes. PCC adopts a holistic approach that not only addresses medical needs but also considers the patient's values, preferences, and beliefs to provide personalized and effective healthcare. (Huang et al., 2022).

A culture of patient safety in hospitals is essential to providing safe patient care and preventing adverse events (Gea, 2020). Patient safety goals, such as accurate patient identification, effective communication, medication safety, and reduction of patient falls, are essential components of hospital accreditation standards (Gea, 2020). Developing a culture of patient safety involves senior management visibility, commitment to safety, effective communication, and willingness to report incidents and errors (Gea, 2020). Nurses play a critical role in patient safety, especially in medication administration, where errors can have serious consequences for patients (Rambe, 2020). Medication errors, including errors in prescribing, dispensing, distributing, and administering medications, are a global problem that requires attention to ensure patient safety (Rambe, 2020). Nurses, as the largest health care provider group in hospitals, are responsible for medication administration and must adhere to the principles of safe medication administration (Rambe, 2020).

The existing literature on PCC has several weaknesses so far. First, although many studies have identified various external (contextual) and internal (personal) factors associated with PCC delivery, relatively few studies have considered contextual and personal factors holistically and identified the pathways connecting them. Understanding how these factors interact to facilitate (or hinder) PCC delivery by healthcare workers is essential. Second, among the studies that have focused on factors influencing PCC, only a few have highlighted organizational culture, which is an important factor that facilitates service capability by valuing people, stimulating new thinking, building team spirit, and adopting systems that are recognized by employees. Third, studies that have focused on the driving mechanisms of PCC delivery by healthcare workers have not examined the impact of their intrinsic motivation. So far, several studies have revealed that *self-efficacy* and achievement motivation have a joint effect on personal behavior (Huang et al., 2022). However, only a few have been conducted in the field of hospital administration, and the mechanisms behind the synergy between *self-efficacy* and achievement motivation have not been fully revealed; for example, it is unclear whether hospital culture has differential effects on health workers' (Huang et al., 2022) *self-efficacy and care delivery based on their level of achievement motivation*.

Self-efficacy is a crucial factor in healthcare settings that influences various aspects of patient care and adherence to protocols. In the context of hypertension management, healthcare providers and nurses face barriers in providing effective self-care assistance (Augusto et al., 2022). This highlights the importance of *self-efficacy* among healthcare professionals to guide patients towards better self-care practices. Factors that influence healthcare professional *self-efficacy*, such as gender and special needs, have been widely studied (murti restu, 2019). Understanding these factors may help improve healthcare professionals' confidence and competence in delivering *patient-centered care* (PCC). The implementation of PCC has been shown to have a significant impact on patient outcomes, highlighting the importance of healthcare provider *self-efficacy* in delivering quality care. Health coaching, as a form of patient-centered care, requires intensive attention from healthcare providers to maintain physical and emotional stability (Hamid Asriyani, 2021). This further emphasizes the role of *self-efficacy* in healthcare providers' ability to interact effectively with patients and support their well-being. *Self-efficacy* is an important factor in a variety of interventions aimed at improving health and well-being outcomes. Research suggests that *self-efficacy* plays a significant role in the effectiveness of interventions targeted at different populations and health conditions.

Based on data from the Quality Committee of Beriman Balikpapan Hospital, it was recorded that patient safety incidents at Beriman Balikpapan Hospital in 2021 were 8 cases of KNC, 10 cases of KTC, and 7 cases of KTD. In 2022, there were 16 cases of KNC, 12 cases of KTC, and 9 cases of KTD. While in 2023, there were 45 cases of KPC, 15 cases of KNC, 14 cases of KTC, and 10 cases of KTD. In the first quarter of 2024, there

were 9 incidents, namely 1 KNC, 5 KTC, 1 KTD, and 2 Sentinels. Therefore, this study is a means to analyze the influence of hospital, *self-efficacy*, and achievement motivation in improving the implementation of *patient-centered care* (PCC) at Beriman Balikpapan Hospital as a step to improve quality and continuous improvement in the hospital.

Research methods

Research Location and Design

The type of research used in this study is quantitative research, with a cross-sectional study design. This study was conducted at Beriman Hospital in November - December 2024.

Population and Sample

The population is medical personnel at RSUD Beriman Balikpapan, which is 340 people. Sampling was done using *proportional random sampling*, because the number of respondents in the unit is not the same between one unit and another, which is 166 respondents.

Data Collection Method

The instrument used in data collection is a questionnaire. The questionnaire used in this study was first tested for validity and reliability. Based on the results of the validity and reliability test using the SPSS program where from the statement items in the questionnaire, all statements were declared valid and reliable.

Data Analysis

Univariate analysis was conducted to obtain an overview of the research problem by describing each variable used in the study and the characteristics of the respondents. Univariate analysis consists of descriptive analysis of respondent characteristics, descriptive analysis of research variables and cross-tabulation analysis between respondent characteristics and research variables. Bivariate analysis was conducted to see the relationship between the two variables, namely between the independent variable and the dependent variable with the chi-square statistical test used

Research Ethics

This study was conducted in accordance with the principles of research ethics. Prior to data collection, ethical approval was obtained from the Ethics Committee of the Faculty of Public Health, Hasanuddin University. All respondents were given informed consent and explained that participation was voluntary and anonymous. The data collected were used only for research purposes and kept confidential.

Results

Univariate Analysis

1. Frequency Distribution of General Characteristics of Respondents

The number of respondents to this research was 166 respondents. This characteristic aims to assess several general characteristics of the sample including age, gender, work unit, highest level of education. The general characteristics of respondents can be seen in the following table:

Table 1 Distribution of Respondents Based on Respondent Characteristics of RSUD Beriman Balikpapan in 2024

Characteristics	Research Sample	
	n	%
Gender		
Man	34	20.5
Woman	132	79.5
Amount	166	100.0
Residence		
Balikpapan	158	95.2
Outside Balikpapan	8	4.8
Amount	166	100.0
Age		
20-44 Years	145	87.3
45-64 Years	21	12.7
Amount	166	100.0

Work unit		
Emergency Room	20	12.0
IRJA	28	16.9
IRNA	44	26.5
IRIN	7	4.2
IBS	10	6.0
Perinatology	6	3.6
Pharmacy	15	9.0
Radiology	5	3.0
Laboratory	9	5.4
Medical records	10	6.2
Nutrition	12	6.2
Amount	166	100.0
Last education		
Diploma	85	51.2
S1/Profession	64	38.6
S2	16	9.6
S3	1	0.6
Amount	166	100.0

Source: Primary Data, 2024

Based on the characteristics of the research sample, the majority of respondents were female (79.5%) and domiciled in Balikpapan (95.2%). Most were aged 20-44 years (87.3%). The largest work units were in IRNA (26.5%), followed by IRJA (16.9%) and IGD (12%). In terms of education, the majority of respondents had a Diploma (51.2%), followed by S1/Professional (38.6%), S2 (9.6%), and S3 (0.6%).

Table 1 Distribution of Respondents Based on Research Variables at Beriman Balikpapan Regional Hospital in 2024

Variables	Research Sample	
	n	%
Hospital Culture		
Tall	128	77.1
Low	38	22.9
Amount	166	100.0
Self-Efficacy		
Tall	126	75.9
Low	40	24.1
Amount	166	100.0
Patient Centered Care		
Tall	117	70.5
Low	49	29.5
Amount	166	100.0

Source: Primary Data, 2024

Based on table 5 above, it is known that the majority of respondents stated that they were in the high Hospital Culture category as many as 128 respondents or 77.1 %, the high *Self-Efficacy* category as many as 126 respondents or 75.9 %, the high *Patient-Centered Care* category as many as 117 respondents or 70.5 %.

4.2.2 Biraviate Analysis

Chi Square Analysis of Self Efficacy with Hospital Culture

hospital culture relations with *patient centered care* shown in the following table

Table 2 Relationship between Self Efficacy and Hospital Culture at Beriman Balikpapan Regional Hospital in 2024

<i>Self Efficacy</i>	Hospital Culture				Total		<i>P</i>
	Tall		Low				
	n	%	n	%	N	%	
Tall	110	87.3%	16	12.7%	126	100.0%	0.000
Low	18	45.0%	22	55.0%	40	100.0%	
Total	128	77.1%	38	22.9%	166	100.0%	

Source: Primary Data, 2024

Based on data analysis, there is a significant relationship between Self Efficacy and hospital culture ($p = 0.000 < 0.05$). Of the 126 respondents with high Self Efficacy, 110 people (87.3%) showed a high hospital culture as well. Meanwhile, of the 40 respondents with low Self Efficacy, 22 people (55%) had low hospital culture. In total, 77.1% of respondents indicated high hospital culture, while 22.9% were in the low category.

Chi Square Self Efficacy Analysis with Patient Centered Care

Results of the analysis of the relationship between *Self Efficacy* with *patient centered care* shown in the following table

Table 3 Relationship between Self Efficacy and Patient Centered Care at Beriman Balikpapan Regional Hospital in 2024

Self-Efficacy	Patient Centered Care				Total		P
	Tall		Low				
	n	%	n	%	N	%	0.000
Tall	107	84.9%	19	15.1%	126	100.0%	
Low	10	25.0%	30	75.0%	40	100.0%	
Total	117	70.5%	49	29.5%	166	100.0%	

Source: Primary Data, 2024

Table 4 shows that the statistical test results obtained a p value of 0.000, because the p value $< \alpha = 0.000 < 0.05$ then H_0 is rejected, this means that there is a statistically significant relationship between the *Self Efficacy* variable. with *patient centered care* at the Beriman Regional Hospital in Balikpapan

Table 5. Relationship between Hospital Culture and Patient Centered Care at RSUD Beriman Balikpapan in 2024

Hospital Culture	Patient Centered Care				Total		P
	Tall		Low				
	n	%	n	%	N	%	0.000
Tall	112	87.5%	16	12.5%	128	100.0%	
Low	5	13.2%	33	86.8%	38	100.0%	
Total	117	70.5%	49	29.5%	166	100.0%	

Based on Chi-Square analysis, there is a significant relationship between hospital culture and patient centered care at RSUD Beriman Balikpapan ($p=0.000 < 0.05$).

Of the 128 respondents with high hospital culture, the majority (87.5% or 112 people) showed high patient centered care. Conversely, of the 38 respondents with low hospital culture, the majority (86.8% or 33 people) had low patient centered care. Overall, 70.5% of respondents showed a high level of patient centered care, while 29.5% were in the low category.

Discussion

This study highlights the influence of self-efficacy and hospital culture in enhancing the implementation of

patient-centered care (PCC) at RSUD Beriman Balikpapan. Based on the analysis results, a significant relationship was found between these two variables and the implementation of PCC, where hospital culture acts as a mediator in the relationship between healthcare workers' self-efficacy and the success rate of PCC implementation.

1. The Influence of Self-Efficacy on Hospital Culture

The findings indicate that self-efficacy has a direct and significant influence on hospital culture, with a path coefficient value of 0.372 (37.2%). This suggests that healthcare workers with higher levels of self-efficacy tend to be more active in contributing to a positive organizational culture. In other words, individuals with strong confidence in their ability to face challenges and complete tasks are more likely to internalize the values of a hospital culture that supports patient-centered care. This finding aligns with Wang's (2021) study in China, which found that a hospital culture that fosters innovation and patient-centered care influences PCC implementation by enhancing healthcare workers' self-efficacy. Thus, improving self-efficacy can be an effective strategy for building a better hospital culture.

2. The Influence of Self-Efficacy on the Implementation of Patient-Centered Care

The path analysis results show that self-efficacy has a direct effect on PCC implementation, with a coefficient value of 0.185 (18.5%). This indicates that the higher the self-efficacy of healthcare workers, the greater their ability to effectively implement PCC principles. Confidence in providing care, communicating with patients, and managing challenges in the workplace are key factors in enhancing the patient experience in hospitals. Furthermore, this study supports the findings of Wiwi et al. (2023), which demonstrated that hospital organizational culture, including communication values and recognition of patient needs, significantly influences PCC implementation. The study noted that coordination and service integration, supported by a strong hospital culture, can increase patient satisfaction levels by up to 99.1%.

3. The Influence of Hospital Culture on the Implementation of Patient-Centered Care

Hospital culture was found to have a strong direct impact on PCC implementation, with a path coefficient value of 0.253 (25.3%). This indicates that a work environment that supports values of professionalism, collaboration, and service quality can enhance the effectiveness of PCC implementation in hospitals. Hospitals that prioritize effective communication, mutual trust among staff, and a focus on patient needs are more likely to succeed in implementing PCC. This result is reinforced by the study of Chanafie & Abeng (2022), which found a significant positive relationship between PCC implementation and service quality improvement. With a correlation value of $r = 0.867$ and a significance level of $p < 0.05$, a strong organizational culture plays a crucial role in ensuring better healthcare services.

4. Indirect Relationship: The Mediating Role of Hospital Culture

This study also found that hospital culture mediates the relationship between self-efficacy and PCC. In other words, high self-efficacy can lead to a better organizational culture, which in turn positively impacts PCC implementation. This means that healthcare workers who are confident in their abilities will find it easier to adapt to an organizational culture that supports PCC, ultimately improving the quality of patient care.

Conclusions

The results of this study indicate that self-efficacy and hospital culture have a significant influence on the implementation of PCC. Hospital culture also acts as a mediator in the relationship between self-efficacy and PCC, indicating that a positive work environment can strengthen the impact of self-efficacy on patient-based services. Therefore, strengthening hospital culture and increasing the self-efficacy of health workers are the main strategies in improving the quality of services in hospitals.

Conflict of Interest Statement

The author declares that there is no conflict of interest in the implementation and reporting of this research. This research was conducted independently without any influence or intervention from any party that could affect the objectivity of the research results.

This research was independently funded by the author without receiving financial assistance from institutions or other parties who have an interest in the research results. RSUD Beriman Balikpapan, as the research location, did not provide financial support and had no role in the research design, data collection, analysis, data interpretation, report writing, or decision to publish the research results.

The authors have no financial, professional, or personal relationships that could influence or be perceived to influence the objectivity of this research. All data collected and analyzed in this study were treated confidentially and anonymously, in accordance with approved research ethics protocols.

The authors are committed to maintaining scientific integrity and transparency throughout the research process and reporting of results. Any potential conflicts of interest that may have arisen during the research process have been openly disclosed and handled in accordance with applicable research ethics standards

REFERENCES

- Augusto, C., Sari, EA, & Shalahuddin, I. (2022). OBSTACLES IN THE IMPLEMENTATION OF HYPERTENSION SELF CARE: Scoping Review. *Jurnal Kesehatan* , 15 (2), 151–171. <https://doi.org/10.23917/jk.v15i2.19470>
- Baek, H., Han, K., Cho, H., & Ju, J. (2023). Nursing teamwork is essential in promoting patient-centered care: a cross-sectional study. *BMC nursing* , 22 (1), 433.
- Diryatika, E., & Armiati. (2021). The Influence of Self-Efficacy on Students' Learning Independence. *Journal of Education and Learning* .
- Ebrahimi, Z., Patel, H., Wijk, H., Ekman, I., & Olaya-Contreras, P. (2021). A systematic review on implementation of person-centered care interventions for older people in out-of-hospital settings. *Geriatric Nursing* , 42 (1), 213-224.
- Gea, KNR (2020). *Implementation of Patient Safety Goals in Hospitals* . https://www.paperdigest.org/paper/?paper_id=doi.org_10.31219_osf.io%2fzfnjv
- Hamid Asriyani. (2021). *IMPLEMENTATION OF HEALTH COACHING IN IMPROVING SELF-CARE MANAGEMENT OF HEART FAILURE PATIENTS: A SCOPING REVIEW* . https://repository.unhas.ac.id/id/eprint/13509/2/R012181020_tesis%201-2_.pd
- Huang, X., Gao, Y., Chen, H., Zhang, H., & Zhang, X. (2022). Hospital Culture and Healthcare Workers' Provision of Patient-Centered Care: A Moderated Mediation Analysis. *Frontiers in Public Health* , 10 . <https://doi.org/10.3389/fpubh.2022.919608>
- Huang, X., Gao, Y., Chen, H., Zhang, H., & Zhang, X. (2022). Hospital Culture and Healthcare Workers' Provision of Patient-Centered Care: A Moderated Mediation Analysis. *Frontiers in Public Health* , 10 , 919608.
- Krause, S., et al. (2019). *Implementation of Patient-Centered Care: Which Organizational Determinants Matter from Decision Makers' Perspective?* BMJ Open.
- Kusuma Asih, EM (2023). The Effect of Self-Efficacy on Subjective Well-Being Moderated by Academic Stress in Senior High School Students in East Jakarta. *Indonesian University of Education* .
- murti restu. (2019). *Factors influencing nurses' self-efficacy in carrying out cardiopulmonary resuscitation in cardiac arrest patients in the emergency room of the Pasar Minggu Regional General Hospital, South Jakarta* . <https://repository.upnvj.ac.id/2470/>
- Olesen, L., & Jørgensen, J. (2023). *Impact of the person-centred intervention guided self-determination across healthcare settings—An integrated review* . Wiley Online Library.
- Rambe, BM (2020). *Analysis of Nurse Factors in the Implementation of Patient Safety Against Medication Administration Error Incidents in Hospitals* . https://www.paperdigest.org/paper/?paper_id=doi.org_10.31219_osf.io%2fdxnpj
- Wang, J., et al. (2021). *Hospital Culture and Healthcare Workers' Provision of Patient-Centered Care: A Moderated Mediation Analysis*. *Frontiers in Psychology*
- Weimer-Elder, B., Kline, M., & Schwartz, R. (2022). Building a Relationship-Centered Culture in Healthcare: An Organizational Framework for Transformation. *Physician Leadership Journal* , 9 (3) .
- Zhang, Y. et al. (2023). *Hospital Culture and Healthcare Workers' Provision of Patient-Centered Care: A Moderated Mediation Analysis* . *Frontiers in Public Health*