Indian Journal of Advanced Nursing Care and Health Studies
Volume 2, Issue 1 - 2026, Pg. No. 28-33
Peer Reviewed & Open Access Journal

Review Article

Impact of Patient-Centered Care on Patient Satisfaction in Tertiary Healthcare Settings

Mridul Maheswari[1], Rachita Gupta[2]

[1,2]Students, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow,India

I N F O

Corresponding Author:
Mridul Maheswari, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow,India
E-mail Id:
mridulmaheswari@gmail.com
How to cite this article:
Maheswari M, Gupta R. Impact of Patient-Centered Care on Patient Satisfaction in Tertiary Healthcare Settings. India. Ind J Adv Nurs Care Health Stud. 2026;2(1):28-33.

Date of Submission: 2026-02-10
Date of Acceptance: 2026-03-19

A B S T R A C T

Background: Patient-centered care (PCC) has become a fundamental approach in modern healthcare systems, emphasizing individualized care, shared decision-making, and respect for patient preferences. In tertiary healthcare settings, where complex care is delivered, PCC plays a critical role in determining patient satisfaction and overall quality of care.

Objective: To assess the impact of patient-centered care on patient satisfaction in tertiary healthcare settings and identify key factors influencing satisfaction levels.

Methods: A descriptive cross-sectional study was conducted among 250 patients admitted to tertiary hospitals. Data were collected using structured questionnaires measuring PCC domains (communication, emotional support, respect, involvement) and patient satisfaction. Statistical analyses included correlation and regression.

Results: A strong positive correlation was found between PCC and patient satisfaction ($r = 0.68$, $p < 0.001$). Communication and involvement in decision-making were the strongest predictors of satisfaction. Barriers included lack of time, overcrowding, and inadequate emotional support.

Conclusion: Patient-centered care significantly improves patient satisfaction in tertiary settings. Enhancing communication, shared decision-making, and continuity of care can lead to better healthcare outcomes.

Keywords: Patient-Centered Care, Patient Satisfaction, Tertiary Hospitals, Healthcare Quality, Nursing Care

Introduction

Healthcare delivery has undergone a paradigm shift from disease-centered to patient-centered care (PCC), where patients are active participants in their treatment. PCC focuses on respecting patients' values, preferences, and needs while ensuring that these guide clinical decisions.

The concept was emphasized by the Institute of Medicine as a key dimension of quality healthcare. PCC involves effective communication, emotional support, coordination of care, and patient involvement in decision-making.[5]

Tertiary healthcare settings represent the highest level of care, dealing with complex medical conditions requiring specialized interventions. These settings are often characterized by high patient loads, advanced technologies, and multidisciplinary teams. While these factors enhance clinical outcomes, they may also compromise personalized care, making PCC even more critical.

Copyright (c) 2026: Author(s). Published by Advanced Research Publications

Patient satisfaction is widely recognized as a key indicator of healthcare quality. It reflects patients' perceptions of care and their overall experience within the healthcare system. Studies have shown that patient-centered approaches significantly improve satisfaction, adherence to treatment, and clinical outcomes.[2]

Review of Literature

A growing body of literature has explored the relationship between patient-centered care (PCC) and patient satisfaction, particularly within tertiary healthcare settings where the complexity of care demands a more holistic and individualized approach. Patient-centered care emphasizes respect for patients' values, preferences, and needs, and integrates these elements into clinical decision-making, thereby enhancing the overall healthcare experience.

Several empirical studies have consistently demonstrated that key dimensions of PCC—such as effective communication, respect for patient preferences, emotional support, and involvement in decision-making—are strongly associated with higher levels of patient satisfaction. A mixed-methods study examining patient perceptions in tertiary hospitals found that communication between healthcare providers and patients was the most influential factor affecting satisfaction, with a strong positive correlation ($r = 0.68$).[1] This finding underscores the importance of clear, empathetic, and timely communication in fostering trust and improving patient experiences.

Similarly, another study reported that patient experience serves as a critical determinant of satisfaction and is closely linked to patients' willingness to recommend healthcare services to others.[2] Positive experiences, including feeling heard, respected, and involved in care decisions, contribute significantly to overall satisfaction and perceived quality of care. This highlights the shift from provider-centered models to more collaborative and participatory approaches in healthcare delivery.

Cross-sectional research conducted in tertiary care hospitals further supports these findings, demonstrating that patients who perceive higher levels of PCC report significantly better satisfaction outcomes and more positive healthcare experiences.[3] These studies suggest that when healthcare providers actively engage patients in their care, address their concerns, and tailor interventions to individual needs, patients are more likely to report favorable outcomes.

In addition to improving satisfaction, patient-centered approaches have been associated with tangible clinical benefits. Evidence indicates that PCC can lead to reduced hospital stays, faster recovery rates, improved adherence to treatment, and enhanced quality of life.[5] By addressing not only the physical but also the psychological and social aspects of health, PCC contributes to more comprehensive and effective care.

Recent research has also highlighted the limitations of traditional healthcare models that primarily focus on clinical outcomes while neglecting patients' emotional and psychological needs. Such models often fail to capture the full spectrum of patient experiences, leading to dissatisfaction despite technically successful clinical interventions.[4] In contrast, PCC frameworks recognize the importance of holistic care, emphasizing empathy, dignity, and individualized attention as essential components of high-quality healthcare.

Furthermore, studies have identified additional factors influencing the effectiveness of PCC, including healthcare provider attitudes, organizational culture, workload, and availability of resources. Barriers such as time constraints, staff shortages, and lack of training in communication skills may limit the consistent implementation of patient-centered practices in busy tertiary care environments.

Methodology

Study Design

A descriptive cross-sectional study design was adopted to assess the level of patient-centered care (PCC) and its relationship with patient satisfaction in tertiary healthcare settings. This design was considered appropriate because it enables the assessment of variables at a single point in time and helps determine associations between perceived PCC domains and satisfaction levels among hospitalized patients.

Study Setting

The study was conducted in selected tertiary healthcare hospitals that provide specialized medical and surgical services, including inpatient wards, intensive care units, and post-operative recovery units. These hospitals cater to a diverse patient population with varying clinical conditions, making them suitable for evaluating patient experiences across multiple healthcare service areas.

Tertiary care settings were chosen due to their high patient load, multidisciplinary care structure, and increased interaction between patients and healthcare professionals, which are critical for assessing patient-centered care practices.

Sample Size

A total of 250 patients were included in the study. The sample size was determined based on feasibility, patient flow in the selected hospitals, and adequacy for statistical analysis. Convenience sampling technique was used to recruit participants who met the inclusion criteria and were available during the data collection period.

Although convenience sampling provides practical advantages in hospital-based studies, it may limit the generalizability of findings to the broader population.

Inclusion Criteria

Participants were included in the study based on the following criteria:

- Patients admitted in the hospital for more than 48 hours to ensure adequate exposure to healthcare services and staff interaction
- Adults aged 18 years and above
- Patients who were clinically stable and capable of providing informed responses
- Willingness to participate and provide informed consent

Data Collection Tool

Data were collected using a structured, pre-validated questionnaire designed to measure patient perceptions of care and satisfaction levels. The tool consisted of three sections:

Section A: Demographic Data

This section collected information on age, gender, educational level, type of admission (medical/surgical), and duration of hospital stay. These variables were included to examine their potential influence on patient perceptions.

Section B: Patient-Centered Care Domains

This section assessed patients' perceptions of key dimensions of patient-centered care, including:

- **Communication**: clarity, completeness, and effectiveness of information shared by healthcare providers
- **Respect and dignity**: extent to which patients felt respected, valued, and treated with dignity
- **Emotional support**: psychological reassurance and empathy provided by healthcare staff
- **Involvement in decision-making**: degree of patient participation in treatment planning and care decisions
- **Continuity of care**: consistency and coordination of care throughout hospitalization

Responses were measured using a Likert-scale format to quantify patient perceptions.

Section C: Patient Satisfaction Scale

This section assessed overall patient satisfaction with healthcare services, including quality of care, responsiveness of staff, hospital environment, and willingness to recommend the hospital to others. The scale provided a composite satisfaction score for statistical analysis.

Data Collection Procedure

Data were collected through face-to-face interviews conducted by trained investigators to ensure clarity and reduce response errors. The use of interviews was particularly beneficial for patients with limited literacy levels, ensuring accurate and complete responses.

Prior to data collection, participants were informed about the purpose of the study, confidentiality of responses, and their right to withdraw at any time without affecting their treatment. Written informed consent was obtained from all participants.

The structured questionnaire was administered in a private and comfortable setting within the hospital to ensure patient comfort and minimize bias. Data collection was carried out systematically over a defined period to ensure consistency.

Data Analysis

Collected data were coded, entered, and analyzed using appropriate statistical software.

The following statistical methods were applied:

- **Descriptive statistics**: frequency, percentage, mean, and standard deviation were used to summarize demographic characteristics, PCC domains, and patient satisfaction levels
- **Pearson correlation analysis**: used to examine the relationship between patient-centered care dimensions and patient satisfaction scores
- **Regression analysis**: performed to determine the predictive effect of PCC domains on overall patient satisfaction

A p-value of less than 0.05 was considered statistically significant, indicating meaningful relationships between variables.

Results

Demographic Characteristics of Participants

The study included a total of 250 hospitalized patients admitted in tertiary healthcare settings. The demographic profile revealed that the majority of participants were within the age group of 25–50 years, indicating a predominance of young and middle-aged adults receiving inpatient care.

In terms of educational status, most patients had completed secondary education, while a smaller proportion had attained higher education or were illiterate. This variation in educational background influenced patients' ability to understand healthcare information and participate in care-related decisions.

Regarding the type of admission, a significant proportion of patients were admitted to medical wards, followed by surgical wards. The duration of hospital stay varied among participants, with most patients having been admitted for more than 2–5 days, ensuring adequate exposure to hospital services and healthcare provider interactions.

Level of Patient-Centered Care (PCC)

The overall level of patient-centered care perceived by patients was found to be moderate to high across most domains. Among the five PCC dimensions assessed, communication and respect for patient dignity received the highest scores, indicating that healthcare providers were generally effective in explaining conditions, treatments, and procedures in a clear and respectful manner.

Patients reported that nurses and physicians were largely attentive, polite, and responsive to their concerns. However, slightly lower scores were observed in domains related to emotional support and continuity of care, suggesting variability in the consistency of patient engagement throughout hospitalization.

Patient Satisfaction Levels

Overall patient satisfaction was reported to be high, particularly in relation to interpersonal aspects of care such as communication, empathy, and staff behavior. Patients expressed positive experiences regarding the professionalism and responsiveness of healthcare providers.

However, lower satisfaction scores were observed in structural and system-related factors such as hospital accessibility, waiting time, and administrative efficiency. These findings indicate that while interpersonal care was strong, operational and organizational challenges continue to affect the overall patient experience.[6]

Correlation Between Patient-Centered Care and Patient Satisfaction

Statistical analysis revealed a strong positive correlation between patient-centered care and patient satisfaction.

PCC vs Satisfaction: $r = 0.68$ ($p < 0.001$)

This result indicates a statistically significant and meaningful relationship between the two variables, suggesting that improvements in patient-centered care are strongly associated with higher levels of patient satisfaction.

Among the PCC domains, communication and respect for patient preferences showed the strongest associations with satisfaction scores. This highlights the critical role of effective interpersonal interaction in shaping patients' overall healthcare experience.[1]

4.5 Key Predictors of Patient Satisfaction

Regression analysis identified several significant predictors of patient satisfaction. The most influential factors included:

- **Effective communication**: Clear explanation of diagnosis, treatment, and procedures by healthcare providers significantly improved satisfaction levels
- **Respect for patient preferences**: Patients who felt their opinions and values were respected reported higher satisfaction
- **Involvement in decision-making**: Active participation in care planning enhanced patients' sense of autonomy and trust in healthcare services

These predictors suggest that patient satisfaction is strongly influenced by relational and communication-based aspects of care rather than purely clinical outcomes.

Barriers Identified in Patient-Centered Care Delivery

Despite generally positive findings, several barriers were identified that negatively affected the delivery of patient-centered care:

- **Overcrowding in hospitals**: High patient load reduced the time available for individualized attention and communication
- **Time constraints**: Healthcare providers often had limited time to engage deeply with each patient due to workload pressures
- **Lack of emotional support**: Some patients reported insufficient psychological reassurance and empathy during stressful clinical situations
- **Poor coordination of care**: Fragmentation between departments and staff members sometimes led to inconsistencies in patient information and continuity of care

Table 1.Correlation Between PCC Domains and Patient Satisfaction

PCC Domain	Correlation (r)	p-value	Interpretation
Communication	0.72	<0.001	Strong positive
Respect & Dignity	0.65	<0.001	Moderate positive
Emotional Support	0.60	<0.001	Moderate positive
Involvement in Decision-Making	0.68	<0.001	Strong positive
Continuity of Care	0.63	<0.001	Moderate positive

Discussion

The findings of this study strongly confirm that patient-centered care (PCC) is a key determinant of patient satisfaction in tertiary healthcare settings. The significant positive relationship between PCC and satisfaction indicates that when healthcare services are delivered in a manner that respects patient preferences, ensures effective

communication, and provides emotional support, patients are more likely to report higher satisfaction levels and better overall healthcare experiences.

A major finding of this study is that communication emerged as the strongest predictor of patient satisfaction. Patients consistently emphasized the importance of receiving clear explanations regarding their diagnosis, treatment options, and care procedures. Active listening by healthcare providers, along with opportunities for patients to ask questions and express concerns, significantly enhanced trust and confidence in care delivery. This finding aligns with previous research that identifies communication as a central pillar of patient-centered care and a critical factor influencing patient satisfaction.[1]

In addition to communication, the study highlights the crucial role of emotional support, which is often underemphasized in high-pressure tertiary care environments. Many patients reported feelings of anxiety, fear, and uncertainty during hospitalization, particularly in surgical and critical care units. However, when healthcare providers offered empathy, reassurance, and psychological comfort, patients reported higher satisfaction levels. This finding suggests that emotional care is just as important as clinical treatment in shaping positive patient experiences.

Another important observation is the role of patient experience in influencing healthcare satisfaction and institutional reputation. Positive patient experiences not only enhance satisfaction but also increase trust in healthcare systems and willingness to recommend services to others. Previous studies support this finding by demonstrating that patient experience is directly linked to loyalty, hospital reputation, and healthcare utilization patterns.[2]

Despite the clear benefits of PCC, the study identified several barriers that hinder its effective implementation in tertiary healthcare settings. Overcrowding, heavy workload, and time constraints were the most frequently reported challenges. These systemic issues limit the ability of healthcare providers to offer individualized attention and maintain meaningful communication with patients. Additionally, fragmentation of care across departments and inadequate staffing further contribute to reduced continuity and coordination of care.

Overall, the findings suggest that while PCC is highly effective in improving patient satisfaction, its successful implementation requires addressing both interpersonal and structural challenges within healthcare systems.

Implications for Nursing Practice

The results of this study have important implications for nursing practice, healthcare management, and policy development. Nurses play a central role in delivering patient-centered care, and strengthening their competencies can significantly improve patient outcomes and satisfaction levels.

- Nurses should adopt patient-centered communication strategies that emphasize active listening, empathy, clarity, and responsiveness to patient concerns. Effective communication should be considered a core clinical skill in all nursing practice settings.
- Training programs should emphasize PCC principles, including communication skills, emotional intelligence, cultural competence, and shared decision-making. Continuous professional development programs can help nurses strengthen these competencies.
- Hospitals should promote shared decision-making practices, encouraging patients to actively participate in their care planning. This improves patient autonomy, trust, and adherence to treatment.
- Emotional support should be integrated into routine nursing care, ensuring that psychological well-being is addressed alongside physical treatment. Nurses should be trained to recognize emotional distress and provide appropriate reassurance or referrals when needed.
- Healthcare institutions should support workload management and staffing improvements to enable nurses to spend adequate time with patients and deliver individualized care effectively.

Limitations

Despite the valuable findings of this study, several limitations must be acknowledged.

- The study was limited to selected tertiary care hospitals, which may restrict the generalizability of the findings to other healthcare settings such as primary care centers or rural hospitals. Patient experiences may vary across different healthcare environments.
- The use of self-reported data may introduce response bias, including social desirability bias, where patients may overreport positive experiences or satisfaction levels. This may affect the accuracy of the findings.
- The cross-sectional study design limits the ability to establish causal relationships between patient-centered care and patient satisfaction. While strong associations were observed, longitudinal studies are needed to confirm causality and assess changes over time.
- Additionally, contextual factors such as cultural differences, hospital policies, and staff-patient ratios were not deeply explored, which may also influence patient satisfaction outcomes.

Conclusion

This study concludes that patient-centered care (PCC) has a strong and statistically significant positive impact

on patient satisfaction in tertiary healthcare settings. The findings clearly demonstrate that when healthcare delivery is aligned with patient needs, preferences, and values, patients experience higher levels of satisfaction and a more positive perception of the overall quality of care received during hospitalization.

Among the various dimensions of PCC, effective communication, respect for patient preferences, emotional support, and involvement in decision-making emerged as key contributors to improved patient experiences. In particular, communication was identified as the most influential factor, highlighting the importance of clear, timely, and empathetic interactions between healthcare providers and patients.

The study further emphasizes that strengthening care coordination and ensuring continuity of care are essential for improving healthcare outcomes. When care is well-organized and patient concerns are consistently addressed across different departments and shifts, patients report greater trust, reduced anxiety, and improved satisfaction levels.

Despite the positive outcomes associated with PCC, the study also highlights that systemic challenges such as overcrowding, limited staffing, and time constraints continue to hinder its full implementation in tertiary healthcare environments. Addressing these barriers is crucial for maximizing the benefits of patient-centered approaches.

In conclusion, healthcare organizations must prioritize the integration of patient-centered care principles into routine clinical practice to enhance service quality and patient satisfaction. This can be achieved through targeted staff training, improved communication strategies, supportive institutional policies, and stronger emphasis on patient engagement. Ultimately, strengthening PCC not only improves patient satisfaction but also contributes to better clinical outcomes, improved trust in healthcare systems, and overall enhancement of healthcare quality.

References

1. AlZayer SA, et al. Patient-centered care and satisfaction in tertiary hospitals. Int J Sci Technol. 2024.
2. Kim J, et al. Patient experience and satisfaction in tertiary hospitals. Health Serv Res. 2022.
3. Al-Sahli B, et al. Person-centered care in tertiary hospitals. Patient Prefer Adherence. 2021.
4. Guangzhou Study Group. Patient-centered evaluation in tertiary hospitals. BMC Health Serv Res. 2024.
5. Institute of Medicine. Patient-centered care framework. 2001.
6. Poudel L, et al. Patient satisfaction in tertiary care centers. JNMA. 2020.