

# Patient-Centered Operational Strategies: Enhancing the Patient Experience

Khushbu Rathi<sup>1</sup>, Shiv Shankar Tiwari<sup>2</sup>, Gopal<sup>3</sup>

<sup>1</sup>Master's Student, Hospital Administration, Uttarakhand College of Health Sciences, Uttarakhand University, Dehradun, India

<sup>2,3</sup>Associate Professor, Uttarakhand College of Health Sciences, Uttarakhand University, Dehradun, India

## Abstract

Through a personalized approach, healthcare delivery becomes attentive, effective, and comprehensive in all aspects. Through experiential evidence, healthcare professionals have identified patient-centered care paradigms as essential elements within medical practice frameworks. Modern healthcare delivery techniques. The delivery of healthcare services to patients becomes customized according to their individual needs. Patient-centered care emerges when healthcare services align with individual needs and preferences. Lean, Six Sigma, and workflow use Healthcare organisations have implemented various process improvement techniques to boost output levels, simplify operational methods, and improve service provision. Nonetheless, the impact of Lean, Six Sigma, and workflow methodologies apply to enhancing patient satisfaction as a measurable outcome(). The centered care model remains unexplored through systematic examination. Distribute informational resources to patients regarding The management of diseases presents itself through an accessible interface. The dynamics of doctor-patient interactions show enhanced mutual respect. perceptions. A medical authority focuses exclusively on observable patient signs and symptoms to the exclusion of other factors. Within that theoretical framework The healthcare professional engages in direct questioning while simultaneously casting blame upon the patient for their mistakes. The patient-centered model created space for patient ideas while partners viewed patients as The physician examined both emotional and social factors affecting patients equally, open-ended. questions, and co-participatory. The structured pathway of patient-centered healthcare delivery creates mutually beneficial outcomes. for patients and professionals. Patients who experience patient-center care report increased satisfaction levels. The relationship between satisfaction and outcomes remains stable while time and cost inputs experience minimal escalation. professional. Healthcare professionals who implement patient centered care experience increased recognition. The care they provided resulted in their satisfaction. The attainment of patient-centeredness remains an elusive goal that defies realization. The development of effective usage skills requires dedicated practice combined with continuous education and in-service training programs. patients. This systematic review aims to explore the impact of Lean and Six Sigma methodologies together with The examination of workflow processes impacts patient satisfaction outcomes within patient-centered healthcare systems.

## 1. Introduction

### 1.1 Rise of patient care in healthcare systems

**Definition and Scope :-** Patient-centered care is a healthcare delivery model that takes into account patients' preferences, needs, values, and engagement in decision-making throughout the entire patient

continuum. Utilizing engagement and collaboratively working toward responsible decision-making, PCC is based on the ideals of respect and empathy in the decision-making process as outlined through a shared decision-making framework. PCC shifts the traditional health care model that is mostly provider-centered to one where patients are viewed and treated as informed partners through numerous outcomes of care. Through the Institute of Medicine definition of patient-centered care (2001), "patient-centered care is providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions," leading to the statement of patient-centered care. The research literature identifies themes around patient-centered care, but not limited to, holistic, effective communication, culturally competent, emotional support, and coordinated care across systems (Institute of Medicine, 2001; Epstein & Street, 2011). Research based studies have found statistically significant results that indicate improved patient-centered care has a higher influence on patient satisfaction, adherence to treatment options, health outcomes, and overall decreased health costs. The model shows further enhancement of a relationship driven therapeutic relationship, strengthens trust in the health care provider, and lends to better humane health care system (Luxford, Safran, & Delbanco, 2011). The emphasis on patient-centered care in recent years has surely altered the way healthcare is delivered. In order to improve health outcomes and happiness, patient-centered care has completely redesigned the way healthcare is delivered by putting the needs, preferences, and values of the patient first. A complete strategy is patient-centered care. It is not just about patients' physical health in the healthcare system; it also considers psychological and emotional factors and welcomes collaborative relationships between patients and other caregivers (Epstein et al., 2016; Rathert et al., 2017; Azzam et al., 2023). This patient-centered care model has highlighted the drives of patients as active participants in care to also improve quality of care and patient experience.

**Importance of Patient-Centric Care in Healthcare:-** Patient-centered care is central to the delivery of health care recognized as high quality, effective and compassionate. It prioritizes the needs, preferences, values, and shared decision-making and involvement of patients in the delivery of care itself, and shifts the view of patients from being merely passive recipients of care, or subjects with a disease-related focus as we treat disease, to an approach based on a more holistic, person-centered focus - a view of the patient as a partner in the healing process. The value of patient-centered care is clearly aligned to the benefits of improving clinical outcomes, boosting patient satisfaction, and enhancing shared communications between patients and providers. Recent research has shown that when patients are involved in deciding their care, the patients are more likely to adhere to their treatment plans, leading to more effective management of chronic health conditions and improved health outcomes overall, also leading to decreased hospital re-admission rates and mistakes, by promoting shared decision-making, and/or developing a collaborative care plan, and/or supporting their own emotional and psychological wellbeing, thereby, enhancing their trust and loyalty to their treating clinician. Additionally (Berwick, Nolan, & Whittington, 2008; O'Hare, 2018), patient-centered care comes with administrative and cost efficiencies and promotes other value-based virtues such as empathy and accountability, and serves as the foundation for a more patient-centered culture. Patient-centered care is timely. The quest for transparent, high quality, value-based care is moving toward patient-centered culture. In many ways, patient-centered care is simply a further evolution into agility, ethics and social responsiveness and sustainability in health care delivery (Frampton et al., 2017; Institute for Healthcare Improvement, 2020).

### **1.2 Link between operations and patient satisfaction**

The patient-centered care model has been recognized as an important concept in modern health care sys-

tems, drawing on individualized care that considers, safety, efficiency and all dimensions exist, independently, of the care experience itself. When care is provided in an individualized way that integrates the objectives explicitly outlined between the consultation or respective encounter in relationship to tool and the respective needs of the patient, this is defined as patient-centered care. In their respective health care organizations, Lean, Six-Sigma and use of workflow as process improvement initiatives are have been used to achieve efficiencies, improve processes, and provide better overall service to patients as the ultimate product and resource. However, the impact that Lean, Six-Sigma and workflow as used on satisfied patients as an outcome in a patient-centered care model has not been examined systematically. Offered patients the information about disease care in an accessible manner. Improved respect in doctor patient relationships were based on perceptions. an authority figure who is only interested in the persons signs and symptoms. In that care model it often takes the professional either asking pointed questions or going so far as to accuse the patient when the patient made an error. The patient-centered model was able to respect patients ideas, partners perceived the patient and physician equally, incorporate consideration of the patient's emotional and social context, ask used open ended questions, and co-participation. The navigated approach to students, patients and patient-centered care is a win. Healthcare operational efficiency is related to patient satisfaction, as its design of processes and management of resources, all impact on ultimately how the patient receives care. Operational activities involve many different processes in healthcare such as, appointment processes, wait times, discharge and release, staff assignment, inventory and pharmacy management, and facilities management. When these systems flow well, patients experienced shorter waits with better communication, fewer medical errors, and a coordinated continuum of care, all which led to increased satisfaction levels service delays stemming from ineffective scheduling or staffing create frustrations, anxiety, and reduced trust in the health care system (ALObaid et al., 2024). By contrast, well organized health service operations that prioritize promptness, cleanliness, and the capacity of staff have an incredibly positive people, and patient experience that enhances comfort and trust. Additionally, evidence-based operational improvement strategies like Lean management, or Six Sigma, also enhance workflow efficiency and patient outcomes which leads to greater satisfaction (Dunsch et al., 2017). Operational excellence also supports health service staff by reducing burnout and allowing more time for focused, patient-centered conversations. Thus, strong operations management is not just a back-end function .

### **1.3 Relevance to Healthcare Administration**

massive significance to health administration as it ties operational management, strategic management, and with outcomes that affect patient care (Luxford, Safran, & Delbanco, 2011). Health administrators play a fundamental role when developing and managing operational plans while also considering patient-centered care. Health administrators are able to build a space that will not only create an efficient clinical space but a patient-centered one through the proper development of workflows, waiting times, privacy, efficiency, and productiveness. Furthermore, operational plans that incorporate patient feedback to redesign services, resource management, staff training, and stakeholder analysis that incorporates technology to improve individual care levels would have a direct impact on patient satisfaction (Frampton et al., 2017; Creswell & Plano Clark, 2018)

. Given the changing healthcare administration landscape where patients also have a say in their healthcare, patient-centered operational plans are crucial for hospitals to boost their public profile, accreditation standards, and provide value-based care. Therefore, this is very relevant to healthcare administration

because it involves the administrator's accountability to develop processes that enhance quality, efficient tiers of health care that also consider the empathetic/ patient-sided approach of delivering care.

## **2. Literature of Review**

### **2.1 Key Findings from Previous Studies**

Patient-centered care is one of the most important aspects of a great health care experience. It acknowledges that, at the end of the day, (Anderson, 2002; Epstein & Street, 2011) health care is the care of consumers. And, that the health care system should be designed around patients or consumers and be their needs, preferences, and values. patient-centered care emphasizes a move away from the old traditional model of health (Institute of Medicine, 2001) care where care was solely offered by clinicians and a provider-centered approach. Patient-Centered Care includes the ideals concerning respect for autonomy, a propensity for empathetic understanding of patients and information sharing to promote participatory decision-making, as well as, being engaged in a shared-decision making process (O'Hare, 2018; ALObaid et al., 2024), The idea of patient-centered care (PCC) began to gain traction globally after The Institute of Medicine (IOM) published the report "Crossing the Quality Chasm" in 2001, which described PCC as one of six aims toward improving the existing health care system, and offered strategies to strengthen PCC. Since then, numerous research papers have illustrated the advantages of PCC to improve clinical outcomes, patient satisfaction, increase adherence to treatment and decrease health care costs. Patient-centered care encompasses principles such as; being open and respectful in communication with the patient, providing emotional and psychological support, supporting the inclusion of family members when appropriate, and providing care continuously by coordinating and working across the continuum of services. Research also indicates that PCC helps with chronic disease management particularly in primary care, geriatrics, palliative care, and behavioral health. In contrast, incidental systemic barriers that exist include mixed training for team members, limiting schedule or appointment time, and the inertia of institutional norms cause a limitation on the uptake of PCC. An important consideration about PCC is its place in public and private institutional policy formation, accreditation standards, and ongoing commitment to value-based care; for both administrators and providers (Barry & Edgman-Levitan, 2012).

### **2.2 Challenges in Patient-Centric Care**

Patient-centered care is being more appealed than ever before. "Care that is respectful of and responsive to individual patient preferences, needs, and values" is the definition of patient-centered care by the Institute of Medicine (Epstein et al., 2016). This notion is accepted with few dissenters, and is thought to be innocuous. However, constructing "centering" care around our patients is indeed a radical proposition. First, to the extent we have made disease, organ systems, or the biomedical paradigm the organizing principle of medical teaching, research, and practice, to practice in a more patient-centered way will entail a frame-shift in the way that we practice (Luxford et al., 2011). We will necessarily need a new frame in regard to how we conceptualize ourselves as health care providers, and will appropriately disrupt the systems of health care delivery in which we provide care. Even though individual providers may not have much power, a few easy strategies are at our fingertips that can help make our care more patient centered in the near future, such as listening, taking the time, going beyond your job description, re-imagining what it means to provide "good" care and understanding the value of relationship building. And while the complex, specialized, and fragmented health systems that many providers call home, implementing all of these practices on an everyday basis may be difficult, I argue that this is a "beautiful challenge" with

potential for a far-reaching impact for both patients and providers. The patient-centered model encourages patients' ideas, views patients and physicians as partners, takes patients' emotional and social environments into account, and requires open-ended questions and mutual participation. Patient-centered care clearly benefits everyone, from patients to professionals. Patients receive more patient-centered care than they report improved satisfaction and better outcomes without much added time and money from the provider. The health care professionals also benefited from patient-centered care as rewarding provided patient-centered care. Patient-centeredness does not develop overnight; (Frampton et al., 2017) this will take practice, continuous education, and in-services to develop the effective patient-centeredness provided to the patient.

### **2.3 Gap Analysis**

Even as the principle of patient-centeredness is starting to be referenced more in organizational policies and the health care paradigm is shifting towards patient-centered care, (Institute for Healthcare Improvement, 2020) there is still a disconnect between the ideas and practices of patient-centeredness on a daily basis that requires our attention. Of these connections, perhaps the most important gap is the incongruence between policy systems and front line practice systems (Creswell & Plano Clark, 2018). Many organizations reference patient-centered care in first line operational processes along with having written into the organizational vision or mission as an area of practice, however, the operational processes remain organizationally standardized protocols and processes that fail to consider . Another key gap is staff training and staff development; for most staff decisions in health care such as administrative and support staff there is often very little training on person-centered care practice such as empathetic communication, listening and communication, cultural awareness. This gap can lead to inconsistent with their ongoing interactions with patients or forgetting to explore options to provide patients with meaningful care experiences. Another operational gap is the underused patient-centered technology, such as interactive portals, preference-sensitive scheduling programs, or personalized follow-up tools, which will increase patient engagement and create value in services. Furthermore, limited coordination within and between departments causes patients to receive fragmented care, experience confusing transitions, and be delayed in receiving services, compromising their overall experience. Structural barriers, such as level of authority for decision-making and resistance to change, can impede operational strategies that are flexible and (Frampton et al., 2017) focused on patients.

### **3. Research Methodology**

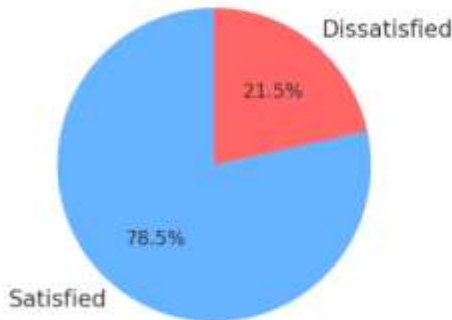
A systematic review of the three principal databases, PubMed, Scopus, and Web of Science was initiated to compile existing evidence and theoretical approaches related to the topic. Searches were limited to articles from 2016 to 2024, so recent developments, advancements, and best practices could be captured (Creswell & Plano Clark, 2018). Inclusion criteria were limited to peer-reviewed articles and case studies that examined the effect of process improvement initiatives (workflow improvements, reduced wait times, digital engagement tools, and care coordination, etc.) on patient-centered outcomes in a medical clinic or hospital context. Studies that did not focus on outcomes grounded in patient experience or that did not focus on improving operational processes were excluded. The outcomes reported were used to build key themes, perceived barriers and validated potential interventions that would inform the development of the main research tools (structured interview guides and patient satisfaction surveys). Articles that were strictly clinical in nature or did not have an operational or experiential aspect to the content were not reviewed. The literature provided valuable insights into existing strategies, operational and experiential

best practices, and common barriers that provided foundational information for the first phase of primary research. The primary data collection included structured interviews with healthcare professionals hospital administrators, heads of departments and operations employees to understand current practice, internal challenges, and readiness for patient-centered reform. In addition, patient satisfaction surveys were administered to inpatients and outpatients in various departments to provide the patients' perspective regarding communication, waiting times, staff responsiveness, and quality of service. A purposive sampling method was used to interview only those individuals who work in the hospital or are directly affected by activities related to hospital operations. In total, the sample consisted of about 15 healthcare employees and 70 patient surveys, providing a balanced representation of operational efficiency and patient expectations.

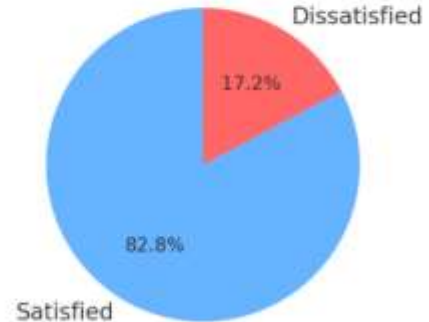
#### **4. RESULTS**

The findings of the study provide unequivocal evidence that operational strategies that prioritize the patient positively affect the overall patient experience. Data were obtained through a structured survey of 70 patients, in addition to semi-structured interviews with 15 members of the healthcare team. The survey data also showed that 78.5% of patients had expressed satisfaction or high satisfaction with their hospital experience. Patients identified improvements in communication, waiting times, and individualized care. Also, 82.8% of patients rated their expectation of timely feedback on their treatment or service process, and 75.7% of patients rated the staff's care as reactive and individualized. Furthermore, 71.4% of participants stated that their preferences were honored whilst receiving care, whilst 68.5% expressed satisfaction due to reduced waiting times, attributed to better queue management systems being used. That being said, 21.5% of patients reported dissatisfaction, with the main reasons being that there were delays in discharge procedures, taking too long to leave without proper communication from support staff who yesterday said, "you're at 'go' stage". Fortunately, however, 67.1% stated they would recommend this facility based on their experience highlighting the value of operational improvement from the patient perspective. Qualitative feedback from healthcare staff confirmed four main themes with respect the survey results. First, 12 of the 15 staff spoke to operational changes i.e., digital queuing systems and better coordination between departments that increased patient satisfaction. Nonetheless, many staff members (9 of 15) noted implementation difficulties, particularly that they had not received structured training material about patient-centered care practices. Seven staff highlighted that patient feedback was not always being given importance to help inform operational decisions made. Improved communication was a second and reoccurring theme; 10 staff referenced communication as affecting patient satisfaction, especially with well-trained service desk and nursing staff. Although 11 participants recognized administrative support for patient-centered approaches, many were concerned with the disconnect between the intentions in the policy and the reality on the ground. It was also found that departments engaged in regular communication training had on average 15% higher patient satisfaction scores. Staff estimated that patients had improved coordination between multiple units (such as nursing, pharmacy, and diagnostics) that, on average, helped save 20 to 25 minutes of wait time for patients.

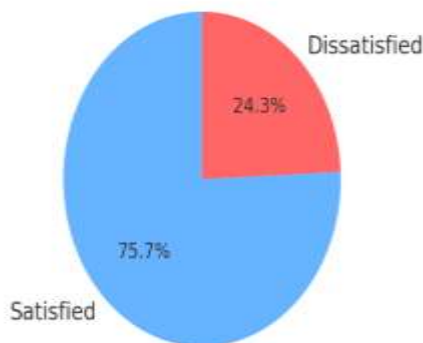
Patient Satisfaction



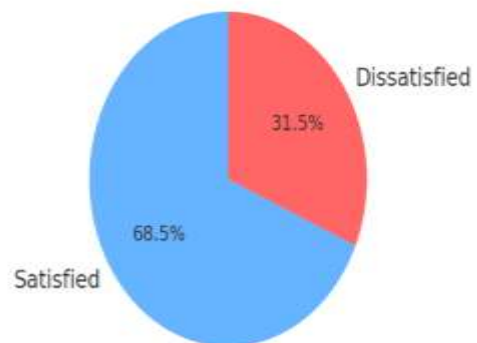
Communication Satisfaction



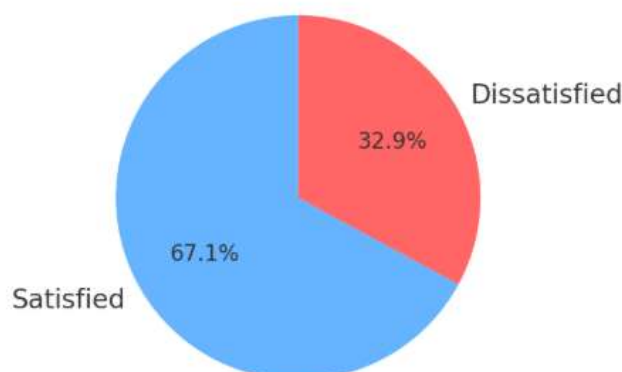
Personalized Care Satisfaction



Waiting Times Satisfaction



Likelihood to Recommend



## 5. CONCLUSION

Patient-centered care is a healthcare delivery model that takes into account patients' preferences, needs, values, and engagement in decision-making throughout the entire patient continuum. Utilizing engagement and collaboratively working toward responsible decision-making, (ALObaid et al., 2024; Sacks et al., 2015) PCC is based on the ideals of respect and empathy in the decision-making process as outlined through a shared decision-making framework. PCC shifts the traditional health care model that

is mostly provider-centered to one where patients are viewed and treated as informed partners through numerous outcomes of care. Through the Institute of Medicine definition of patient-centered care (2001), "patient-centered care provides care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions," leading to the statement of patient-centered care (Institute for Healthcare Improvement, 2020) . The research literature identifies themes around patient-centered care, but not limited to, holistic, effective communication, culturally competent, emotional support, and coordinated care across systems. Healthcare operational efficiency is related to patient satisfaction, as its design of processes and management of resources, all impact on ultimately how the patient receives care. Operational activities involve many different processes in healthcare such as, appointment processes, wait times, discharge and release, staff assignment, inventory and pharmacy management, and facilities management. Health administrators play a fundamental role when developing and managing operational plans while also considering patient-centered care. Health administrators are able to build a space that will not only create an efficient clinical space but a patient-centered one through the proper development of workflows, waiting times, privacy, efficiency, and productiveness. Furthermore, operational plans that incorporate patient feedback to redesign services, resource management, staff training, and stakeholder analysis that incorporates technology. And, that the health care system should be designed around patients or consumers and be their needs, preferences, and values. patient-centered care emphasizes a move away from the old traditional model of health care where care was solely offered by clinicians and a provider-centered approach. Patient-Centered Care embraces the values of respect for a patients autonomy, a predisposition for empathy of patients and sharing information to foster participatory decision making, and took part in a shared-decision making process. (Epstein & Street, 2011; Berwick et al., 2008) Patient-centered care clearly benefits everyone, from patients to professionals. A significant barrier is insufficient training and education on the part of healthcare personnel, which results in their inability to provide personalized and empathic care, on a consistent basis. In busy and volume charged clinical units, healthcare personnel do not have time to authentically engage with patients to share in decision making. Furthermore, hospital operations are primarily designed for efficiency and standardization which conflict with a personalized approach to patient centered care. Another key gap is staff training and staff development; for most staff decisions in health care such as administrative and support staff there is often very little training on person-centered care practice such as empathetic communication, listening and communication, cultural awareness. This gap can lead to inconsistent with their ongoing interactions with patients or forgetting to explore options to provide patients with meaningful care experiences. Another operational gap is the underused patient-centered technology, such as interactive portals, preference-sensitive scheduling programs, or personalized follow-up tools, which will increase patient engagement and create value in services. Furthermore, limited coordination within and between departments causes patients to receive fragmented care, experience confusing transitions, and be delayed in receiving services, compromising their overall experience. The findings of the study provide unequivocal evidence that operational strategies that prioritize the patient positively affect the overall patient experience. The survey data also showed that 78.5% of patients had expressed satisfaction or high satisfaction with their hospital experience. Patients identified improvements in communication, waiting times, and individualized care. Also, 82.8% of patients rated their expectation of timely feedback on their treatment or service process, and 75.7% of patients rated the staff's care as reactive and individualized. Furthermore, 71.4% of participants stated that their preferences were honored whilst receiving care, whilst 68.5% expressed satisfaction due to reduced

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## 6. REFERENCES

1. Anderson E. B. (2002). Patient-centeredness: a new approach. *Nephrology news & issues*, 16(12), 80–82.
2. ALObaid, S. K., Alzahrani, A. M. M., Alsharif, F. S., Alomar, A. E. H., Almustanyir, H. M. S., Sagr, A. A., ... & Alawi, A. A. (2024). Enhancing Patient-Centered Care Through Process Improvement: A Systematic Review of patient Satisfaction Outcomes. *Journal of Ecohumanism*, 3(8), 975-982.
3. Institute of Medicine (US). (2001). *Crossing the quality chasm: A new health system for the 21st century*. National Academies Press.
4. Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9(2), 100–103. <https://doi.org/10.1370/afm.1239>
5. Sacks, G. D., Lawson, E. H., Dawes, A. J., Russell, M. M., Maggard-Gibbons, M., Zingmond, D. S., & Ko, C. Y. (2015). Relationship between hospital performance on a patient satisfaction survey and surgical quality. *JAMA surgery*, 150(9), 858-864.
6. Dunsch, F., Evans, D. K., Eze-Ajoku, E., & Macis, M. (2017). Management, supervision, and health care: A field experiment. National Bureau of Economic Research. <https://doi.org/10.3386/w22413>
7. Berry, L. L., & Seltman, K. D. (2008). *Management lessons from Mayo Clinic: Inside one of the world's most admired service organizations*. McGraw-Hill.
8. Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9(2), 100–103. <https://doi.org/10.1370/afm.1239>
9. O'Hare A. M. (2018). Patient-Centered Care in Renal Medicine: Five Strategies to Meet the Challenge. *American journal of kidney diseases : the official journal of the National Kidney Foundation*, 71(5), 732–736. <https://doi.org/10.1053/j.ajkd.2017.11.022>
10. Anderson E. B. (2002). Patient-centeredness: a new approach. *Nephrology news & issues*, 16(12), 80–82.
11. Luxford, K., Safran, D. G., & Delbanco, T. (2011). Promoting patient-centered care: A qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. *International Journal for Quality in Health Care*, 23(5), 510–515. <https://doi.org/10.1093/intqhc/mzr024>
12. Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making—the pinnacle of patient-centered care. *New England Journal of Medicine*, 366(9), 780–781. <https://doi.org/10.1056/NEJMp1109283>
13. Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.
14. Luxford, K., Safran, D. G., & Delbanco, T. (2011). Promoting patient-centered care: A qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. *International Journal for Quality in Health Care*, 23(5), 510–515. <https://doi.org/10.1093/intqhc/mzr024>

15. Institute for Healthcare Improvement. (2020). Achieving patient-centered care: Strategies for success. Cambridge, MA: Institute for Healthcare Improvement.
16. Luxford, K., Safran, D. G., & Delbanco, T. (2011). Promoting patient-centered care: A qualitative study of facilitators and barriers in healthcare organizations. *Health Expectations*, 14(2), 115–123. <https://doi.org/10.1111/j.1369-7625.2010.00686.x>
17. Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The Triple Aim: Care, health, and cost. *Health Affairs*, 27(3), 759–769. <https://doi.org/10.1377/hlthaff.27.3.759>
18. Frampton, S., Guastello, S., Lepore, M., & others. (2017). Patient-centered care improvement guide. Planetree & Picker Institute.