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Implementation of patient-centered care in transforming mental health services: A scoping review

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Abstract

Background: Global healthcare is shifting from a traditional paternalistic model to a more inclusive and collaborative approach through Patient-Centered Care (PCC). While its impact on efficiency and patient satisfaction is well-documented, a gap remains in mapping how PCC acts as a catalyst for organizational and cultural transformation in hospitals, especially during digital transitions.

Purpose: To map and synthesize existing evidence regarding the implementation of patient-centered care in transforming mental health services.

Method: Following the Arksey and O'Malley framework, a systematic search was conducted on PubMed, ScienceDirect, and Wiley Online Library for articles published between 2015 and 2025. After rigorous screening, 10 articles met the inclusion criteria and were used for data synthesis.

Results: The findings identify three primary transformation themes: (1) Digital Transformation, utilizing virtual care, 3D medical imaging, and eHealth to enhance patient empowerment; (2) Cultural and Behavioral Transformation, focusing on therapeutic engagement and transparent communication; and (3) Structural Transformation, requiring collaborative governance and distributed leadership. Key facilitators include senior leadership support and change agents, while staff resistance and digital literacy remain significant barriers.

Conclusion: Hospital transformation through PCC requires a holistic approach that balances technological advancement with human-centered care. Success depends on strong policy support and a leadership model that embraces all medical professions to ensure sustainable service optimization.

Keywords: Hospital Service; Patient-Centered Care; Transformation.

INTRODUCTION

Global healthcare services are currently undergoing a paradigm shift from the traditional paternalistic model toward more inclusive and collaborative care. The era of health transformation requires hospitals not only to excel in clinical and technological aspects but also in humanistic dimensions through Patient-Centered Care (PCC). The World Health Organization (WHO) emphasizes that high-quality health systems must be safe, effective, and, most importantly, people-centered (World Health Organization, 2020). This transformation has become increasingly crucial given

the complexity of modern patient needs, as patients are becoming more critical regarding their rights and the quality of services they receive (Arksey & O'malley, 2025).

Factually, the implementation of PCC in various countries demonstrates significant impacts on hospital efficiency. Data indicate that hospitals integrating PCC principles experience a reduction in readmission rates by 15–20% and an increase in patient satisfaction that correlates positively with institutional reputation (Dickens, O'Shea, & Christensen, 2020). However, real-world phenomena reveal substantial disparities.

Many hospitals claim to have implemented PCC, yet in practice they remain trapped in bureaucratic routines and cost-efficiency priorities, resulting in patients' voices often being overlooked in clinical decision-making (Hormazabal-Salgado, Whitehead, Osman, & Hills, 2024). Although the literature on PCC is extensive, a notable gap exists within the broader context of hospital service transformation. Most previous studies focus primarily on specific clinical patient outcomes (such as oncology or cardiology units), while few have mapped how PCC functions as a catalyst for organizational structure and work culture changes during periods of digital transition and the post-pandemic era (Marchand, Beaumont, Westfall, MacDonald, Harrison, Marsh, & Oviedo-Joekes, 2019).

The urgency of this issue lies in the risk of hospital transformation failure if institutions pursue infrastructure improvements without fundamentally shifting services toward patient-based care. To address this gap, a comprehensive mapping of existing evidence is needed through a scoping review approach. This approach is selected due to its ability to synthesize heterogeneous literature and provide a broad overview of implementation strategies, barriers, and outcomes of PCC within transformation processes (Santana, Manalili, Jolley, Zelinsky, Quan, & Lu, 2018). By mapping the latest evidence, hospital policymakers can obtain evidence-based guidance in designing sustainable transformation strategies (Taylor, Galloway, Irons, Mess, Pemberton, Worton, & Chambers, 2024).

RESEARCH METHOD

This study employed a scoping review design aimed at describing the available evidence regarding the implementation of patient-centered care in

optimizing hospital service transformation. The study followed the methodological framework of Arksey and O'Malley, which includes identifying the research question, identifying relevant studies, selecting studies based on inclusion and exclusion criteria, charting the data, and collating, summarizing, and reporting the results. The research question was formulated using the Population, Concept, and Context (PCC) approach, where the population included patients, families, healthcare professionals, and hospital managers; the concept focused on the implementation of patient-centered care (including strategies, barriers, facilitators, and outcomes); and the context involved hospital service transformation, such as service digitalization, organizational changes, and healthcare policy reforms.

The literature search was conducted across three major electronic databases PubMed, Wiley Online Library, and Science Direct using combinations of keywords related to patient-centered care and hospital transformation, limited to publications from 2015 to 2025. The search was performed on December 3, 2025, and the results were exported to Rayyan for screening. Inclusion criteria comprised quantitative, qualitative, or mixed-method studies published in English with available full text and focusing on patient-centered care implementation in hospital settings. Articles that were not primary research, published before 2015, or conducted outside hospital contexts were excluded. A total of 320 articles were identified from the databases. After removing duplicates and conducting title and abstract screening, full-text eligibility assessment was performed, resulting in 10 articles that met the inclusion criteria for analysis. Data were extracted using a standardized template including author, year, study objectives, methods, population, context, key findings, and research gaps.

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RESERACH RESULTS

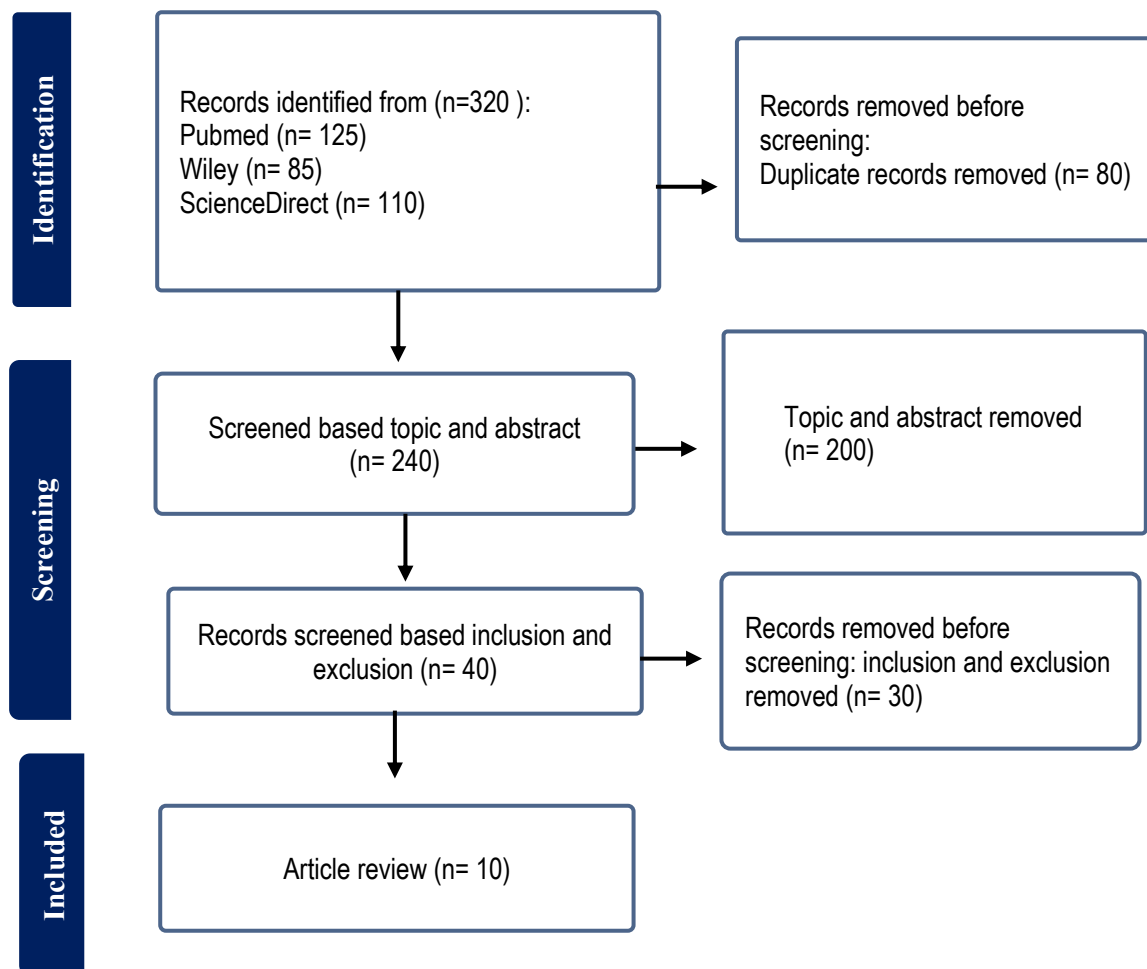


Figure. Diagram Prisma Flow

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Table. Description of 10 Synthesized Studies

Variabel	Jumlah n
Country of Study Location	
Denmark	1
Canada	1
Europe	1
Scandinavian	1
England	1
Australia	1
Netherlands	1
Sweden	1
Germany	1
USA	1
Year of Publication	
2018	1
2019	2
2020	3
2021	4
Type of Healthcare Professionals	
Nurses	3
Multidisciplinary Team	3
Specialist Physicians	2
Neonatal Staff and Parents	1
Hospital Leaders/Managers and Stakeholders	1
Type of Publication	
Original Research Articles	10
Study Design	
Qualitative	6
Multiple Case Study	2
Methodological Framework	2
PCC Implementation	
Communication and Patient Engagement Strategies	4
Digital Innovation and Service Access Strategies	3
Structural Strengthening and Care Capital Strategies	3
Focus of Hospital Service Transformation	
Digital Transformation	4
Cultural and Behavioral Transformation	3
Organizational Structure and Governance Transformation	3

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Based on the data extraction from the 10 selected articles, the implementation strategies of Patient-Centered Care (PCC) in hospital service transformation were categorized into three main themes: digital transformation, cultural and behavioral transformation, and organizational structure transformation:

1. Digital and Technological Transformation

The implementation of information technology has become a key pillar in modern hospital service transformation. The use of virtual care for dialysis patients has been shown to increase service scalability without reducing the quality of patient interaction. In addition, the utilization of 3D medical imaging in orthopedics and eHealth applications in cardiac rehabilitation facilitates more transparent and inclusive communication, enabling patients to better understand their medical conditions and actively participate in clinical decision-making.

2. Cultural and Clinical Behavioral Transformation

This transformation focuses on changing how healthcare professionals interact with patients. In mental health units, the use of therapeutic engagement tools has successfully encouraged behavioral changes among nurses toward a stronger orientation to the core values of nursing care. Furthermore, the practice of providing written medical summaries in acute wards has improved patients' sense of safety and control over their care plans. Qualitative communication strategies were also found to be effective in aligning clinical goals with the personal needs of patients with chronic conditions.

3. Organizational Structure and Governance Transformation

The success of PCC largely depends on systemic support. Research involving 17 case studies in Europe demonstrated that collaborative governance and distributed leadership are the main drivers of successful care integration. In specialized units such as NICUs and perioperative surgical settings, the implementation of family-integrated care models and the strengthening of service users' rights have become new standards in delivering person-oriented healthcare services.

DISCUSSION

The process of change in hospitals toward systems that are truly patient-centered is not merely a technical matter, but rather a major transformation that affects multiple dimensions, ranging from technology adoption to shifts in workplace culture (Queirós, Pinto, de Brito, & Santos, 2021). For instance, the utilization of virtual care technology for dialysis patients and the use of 3D modeling in orthopedic units have been shown to transform how patients understand their health conditions, enabling them to feel more empowered and confident in participating in medical discussions (Vassli & Farshchian, 2018). Similarly, the introduction of eHealth applications for cardiac rehabilitation allows nurses to continue supporting patients remotely, which ultimately fosters patient independence even after discharge from the ward (Grover, Fitzpatrick, Azim, Ariza-Vega, Bellwood, Burns, & Ashe, 2022). This demonstrates that digitalization is not solely about technological sophistication, but rather about how hospitals provide access to information that has traditionally seemed inaccessible to patients (Bussu & Marshall, 2020).

Beyond digital tools, the humanistic aspect through behavioral change among healthcare professionals plays a highly critical role. In mental health wards, the use of instruments to strengthen therapeutic relationships, along with the practice of providing written medical notes to patients in acute units, has shown that honest and empathetic communication can reduce anxiety and foster a sense of security among hospitalized individuals (Jefferies, Jamieson, Saragosa, Mukerji, Jain, Man, & Bhatia, 2019). When clinical communication is aligned with the everyday realities of patients with chronic conditions, treatment plans become more realistic and feasible to implement (Gutiérrez-Santamaría, Martínez Aguirre-Betolaza, García-Álvarez, Arietaleanizbeaskoa, Mendizabal-Gallastegui, Grandes, & Coca, 2023). This indicates that hospital transformation must begin by abandoning directive, paternalistic approaches and shifting toward equal partnerships with patients (Levac, Colquhoun, & O'Brien, 2020).

From a management perspective, the integration

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of these values will not succeed without strong governance systems and tangible support from leadership. Experiences from various hospitals in Europe demonstrate that multidisciplinary teamwork and distributed leadership across all organizational levels are key drivers of successful service integration (Constand, MacDermid, Dal Bello-Haas, & Law, 2024). This phenomenon is also evident in neonatal intensive care units (NICUs), where parental involvement in caring for their infants is highly dependent on hospital policies that actively provide opportunities for families to participate (Tricco, Lillie, Zarin, O'Brien, Colquhoun, Levac, & Straus, 2018). Without systemic support, transformation efforts are often hindered by resistance from staff who may feel burdened by new procedures (Hatam, Askarian, Taherifard, Ahmadvani, Golabi, Bordbar, & Taherifard, 2025).

Ultimately, strategies for implementing patient-centered care must be flexible and capable of addressing the unique challenges present in each service unit. The management of patients with complex conditions, such as individuals with Down syndrome, demonstrates that although standardized procedures exist, flexibility in meeting individual patient needs remains the highest priority (Yu, Xian, Jing, Bai, Li, Li, & Zhang, 2023). By involving patients in the evaluation and development of services, hospitals can ensure that transformation initiatives are appropriately targeted and effective (Walden, Lovenstein, Randag, Pye, Shannon, Pipkin, & Strickland, 2020). Overall, the integration of technological readiness, changes in healthcare professionals' attitudes, and policies that support inclusivity constitutes the primary foundation for creating more humane hospitals in the future (Zhao & Chen, 2019).

CONCLUSION

The transformation of hospital services toward patient-centered care (Patient-Centered Care/PCC) requires a comprehensive and integrated approach. This change does not rely solely on the sophistication of digital technology but is also strongly influenced by the readiness of organizational culture and the willingness of healthcare professionals to modify their communication patterns. The use of innovations such as virtual care, 3D medical imaging, and transparent

information systems has proven effective in increasing patient engagement in their healing processes. However, the sustainability of this transformation is largely determined by strong policy support from hospital management, as well as leadership models capable of engaging all levels of medical professionals. Overall, the most successful PCC implementation strategies are those that balance technological advancement with humanistic touch in every clinical interaction.

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