



THE EFFECTIVENESS IHSAN CULTURE FOCUS-CARE THROUGH INTENTIONAL ROUNDS ON PATIENT SATISFACTION

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ABSTRACT

One indicator of service quality at hospitals is patient satisfaction. Organizational culture and caring practices play a role in increasing patient satisfaction. At Permata Jonggol Hospital, the results of patient complaints convey a lack of nurses visiting patients, interactions occur for routine activities. Permata Jonggol has an IHSAN (Integrity, Harmony, Solutif, Entusiasim, Value) organizational culture but its implementation is not yet visible. There needs to be an intervention through periodic visits and structured communication called Intentional rounds by integrating the organizational culture. The study purpose was to identify differences in patient satisfaction and to determine the effectiveness of implementing IHSAN culture-focused care through intentional rounds. The research design used a quasi-experimental design with a pre-post test design. The population was nurses and patients in the inpatient ward using total sampling. A total of 60 respondents were included in this study, consisting of 30 respondents in the intervention group and 30 respondents in the control group. The results showed no difference in patient satisfaction before implementation between the intervention and the control group ($0.446 > 0.05$) but there was a significant difference in patient satisfaction after implementation between the intervention and the control group ($0.001 < 0.05$). There was a significant difference before and after the implementation of care in the intervention group ($0.011 < 0.05$), while in the control group, there was no difference in patient satisfaction ($0.855 > 0.05$). This care showed positive effects, however, the pattern of improvement from week to week appeared to fluctuate so that the consistency of the effects over time could not be ascertained.

Keywords: cultural care; enthusiasm; harmony; integrity; intentional rounds; patient satisfaction; solution; value

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INTRODUCTION

The rapid growth of hospitals has created intense competition in attracting patients as customers. Hospitals are more likely to be chosen when they demonstrate high service quality. One of the key indicators used to assess healthcare service quality is patient satisfaction. A study by Widiastuti et al. (2024) showed a significant relationship between service quality and patient satisfaction ($p = 0.000$), indicating that patients who perceive higher service quality tend to report greater satisfaction compared to those who perceive lower quality of care. Numerous studies have examined service quality through patient satisfaction. For example, Kibret et al. (2022) found a positive relationship between nurses' caring behavior and patient satisfaction ($\chi^2 = 7.9$; $p > \chi^2 = 0.058$). However, this finding contrasts with a study by Alodhialah et al. (2024), which reported low patient satisfaction related to nurse communication and interpersonal interactions. These findings suggest that patient satisfaction is highly dependent on individual perceptions, shaped by personal needs and expectations.

Patient satisfaction can be influenced by various factors, including patient characteristics, quality of care, clinical outcomes, and patient expectations (Asire et al., 2024). Meanwhile, the quality of nursing care is affected by physical conditions, educational background, professional qualifications, hospital level, and staffing composition within nursing units (Liu et al., 2024). Furthermore, Ram and Mi (2024) emphasized that nursing quality is influenced by a positive hospital culture, interpersonal caring behavior, and a healthy organizational environment. Therefore, patient

satisfaction is the result of a complex interaction between patient characteristics, expectations, quality of care received, and clinical outcomes. Another challenge in achieving patient satisfaction is inadequate communication from healthcare providers and the failure to meet patients' needs. In many cases, nurses' responses remain reactive, providing care only when patients call for assistance or during routine procedures such as vital sign monitoring and medication administration. This may lead to patient dissatisfaction and a perception that caring behaviors an essential characteristic of nursing are lacking.

Caring is a universal phenomenon that influences how individuals think, feel, and behave in relation to others (Potter, 2020). It is particularly important in nursing, as nurses interact with patients continuously over a 24-hour period. However, in practice, caring behaviors often face challenges, especially due to limited time available for healthcare providers to engage deeply with patients. Therefore, the development of structured communication models is necessary to support the implementation of caring in busy clinical environments. One such approach is intentional rounding, where nurses regularly visit patients in a structured manner.

Intentional rounding is a nursing care method involving regular observations every 2–3 hours, during which nurses assess and address patient needs through structured questions, such as: (1) Are you comfortable? (2) Do you need repositioning? (3) Do you need assistance to the bathroom? (4) Should the curtain or door be adjusted? and (5) Is the call bell within reach? (Widiastuti, 2025). The effectiveness of intentional rounding is influenced by several external factors, including leadership, staff training, workload, staffing levels, experience, and ward layout (Ryan et al., 2019). A realist evaluation identified eight core components of intentional rounding programs: consistency and comprehensiveness, accountability, nurse visibility, anticipation of patient needs, allocation of care time, nurse–patient relationships, teamwork and communication, and patient empowerment. However, only two components consistency and comprehensiveness, and accountability have been clearly demonstrated, while the remaining components lack strong empirical evidence.

In addition, quality improvement can also be achieved through strengthening organizational culture. Organizational culture refers to a system of values, beliefs, and assumptions that are shared and upheld by all members of an organization as guidelines for behavior and problem-solving (Sutrisno, 2018). In the healthcare context, organizational culture reflects how healthcare professionals interact, make decisions, deliver patient care, and respond to ethical and professional challenges. At Permata Jonggol Hospital, organizational culture is built upon five core values known as IHSAN: Integrity, Harmony, Solution-oriented, Enthusiasm, and Respect. The implementation of IHSAN culture can be integrated into intentional rounding practices. Regular patient visits reflect integrity; maintaining harmonious relationships with patients and colleagues demonstrating harmony; listening to patient concerns and addressing their needs reflects a solution-oriented approach; showing enthusiasm during patient interactions indicates engagement; and respecting patients represents the value component. Therefore, the effectiveness of organizational culture, particularly the IHSAN values, can be evaluated through the implementation of intentional rounding practices. The purpose of this study was to analyze the implementation of the IHSAN organizational culture (Integrity, Harmony, Solution-oriented, Enthusiasm, and Respect) through intentional rounding practices at Permata Jonggol Hospital.

METHOD

This study employed a quasi-experimental design using a pre-test and post-test control group approach. The aim of this study was to examine differences in patient satisfaction before and after the intervention, both between the intervention and control groups and within each group, as well as to evaluate the effectiveness of nursing care based on the IHSAN organizational culture implemented through intentional rounding on patient satisfaction. The study population consisted of

nurses working in inpatient wards and patients undergoing hospitalization. The inclusion criteria for patients were the ability to read and write, good cognitive status, and a minimum length of stay of three days. The exclusion criteria included patients in emergency conditions. The nurse sample included those working in inpatient wards who were not on leave, not ill, and not temporary or replacement staff.

Nurses in the intervention group received training on IHSAN culture-based nursing care through intentional rounding. The training covered: (1) basic human needs, (2) therapeutic communication, (3) caring concepts based on Swanson's Theory of Caring, (4) IHSAN organizational culture, and (5) intentional rounding procedures. During the training, nurses' knowledge was assessed using pre- and post-tests. Nurses who did not achieve a maximum score of 100 were provided with learning modules and re-tested. The control group did not receive any training and continued to provide routine nursing care according to standard procedures.

During the implementation phase, nurses were supervised to ensure adherence to IHSAN culture-based care through intentional rounding every three hours (08:00, 11:00, 14:00, 17:00, 20:00, 23:00, 02:00, and 05:00). During each round, nurses applied the “4Ps” approach: pain (assessing whether the patient was experiencing pain), positioning (whether the patient required repositioning), personal needs (assistance with toileting), and placement of items (ensuring the patient's environment was safe and within reach). In addition to adherence to the schedule and 4Ps, nurses were also supervised regarding their non-verbal communication behaviors during patient interactions.

Patient satisfaction was measured using a questionnaire developed by the researchers, adapted from the IHSAN organizational culture concept and intentional rounding principles based on the RATER model (Reliability, Assurance, Tangibles, Empathy, and Responsiveness). The instrument used to measure patient satisfaction was tested for validity and reliability before data collection. All questionnaire items were declared valid based on the validity test, and the instrument was reliable with a Cronbach’s alpha value > 0.70. Patient satisfaction was assessed four times over a four-week period: the first measurement (week 1) before the intervention, the second measurement (week 1) after the intervention, the third measurement (week 2) after the intervention, and the fourth measurement (week 3) after the intervention. The sampling technique used was total sampling; however, for data analysis, only 30 samples were included in each measurement point. Data analysis was performed using the Shapiro–Wilk test for normality, Mann–Whitney test to compare differences between groups, Wilcoxon test to analyze differences before and after intervention within groups, and repeated measures analysis including Within-Subject Effects, Within-Subject Contrast, and Between-Subject Effects tests.

RESULT

Table 1.
Description of Patient Satisfaction Scores in the Intervention Group (n= 30)

Measurement	Mean	Median	Elementary School	Minimum-maximum
Measurement 1	115.4	117.0	13.9	97 - 132
Measurement 2	123.8	129.0	9.3	104-132
Measurement 3	119.8	121.0	9.8	100 - 132
Measurement 4	122.0	123.5	9.8	100 - 132

Based on table 1, the highest satisfaction score was in the 2nd post-intervention measurement, namely 123.8, median 129.0, standard deviation 9.3 and minimum maximum 104 – 132.

Based on table 2, the highest satisfaction score in the control group was in the 3rd measurement with a mean value of 114.7, median 113.0, standard deviation 13.8 and a minimum maximum value of 97 - 132.

Table 2.
Description of Patient Satisfaction Scores in the Control Group (n= 30)

Measurement	Mean	Median	Elementary School	Minimum- Maximum
Measurement 1	111.3	103.5	14.5	97 - 132
Measurement 2	110.4	106.0	12.7	97 - 132
Measurement 3	114.7	113.0	13.8	97 - 132
Measurement 4	111.4	108.0	12.3	99 - 132

Table 3.
Normality Test Values of Patient Satisfaction in the Implementation of IHSAN Culture-Focused Care through *Intentional Rounds*

Measurement	Variable	Shapiro Wilk (Sig)	Hypothesis
1st (Pre)	Intervention Group	0.001	Abnormal
2nd (Post)	Intervention Group	0.001	Abnormal
3rd (Post)	Intervention Group	0.033	Abnormal
4th (Post)	Intervention Group	0.002	Abnormal
1st (Pre)	Control Group	0.001	Abnormal
2nd (Post)	Control Group	0.001	Abnormal
3rd (Post)	Control Group	0.001	Abnormal
4th (Post)	Control Group	0.001	Abnormal

Based on table 3, the data normality test using *Shapiro Wilk* shows that the hypothesis is not normally distributed because it is less than the alpha value.

Table 4.
Differences in Patient Satisfaction Before Implementation between the Intervention Group and the Control Group Using the *Mann Whitney Test*

Group	Mean (Min-Max)	Mean Rank	U	Z	p-Value
Intervention	115.4 (97-132)	32.20	399,000	-0.763	0.446
Control	111.3 (97-132)	28.80			

Based on table 4., it shows that there is no difference in patient satisfaction between the intervention group and the control group before the implementation of IHSAN culture-focused care through *Intentional Rounds* with a *p value* of 0.446 which is greater than the *alpha value* of 0.05.

Table 5.
Differences in Patient Satisfaction After Implementation between the Intervention Group and the Control Group Using the *Mann Whitney Test*

Group	Mean (Min-Max)	Mean Rank	U	Z	p-Value
Intervention	122.1 (100-132)	39.48	180,500	-4.025	0.001
Control	111.4 (99-132)	21.52			

Based on table 5. There is a difference in patient satisfaction between the intervention group and the control group after the implementation of IHSAN culture-focused care through *Intentional Rounds* with a *p value* of 0.001 which is smaller than the alpha value of 0.05.

Table 6.
Differences in Patient Satisfaction Before and After Implementation of Intervention Group Using *Wilcoxon Test*

Measurement	Mean (Min-Max)	Mean Rank	Z	p-Value
Before	115.4 (97-132)	10.86	-2.528 ^b	0.011
After	123.8 (104-132)	14.47		

Based on table 6. the results of the hypothesis test using *the Wilcoxon test* show that there is a difference in patient satisfaction before and after the implementation of IHSAN culture-focused care through *Intentional Rounds* in the intervention group with a *p value* of 0.011 < 0.05.

Based on table 7, the results of the Wilcoxon test show that there is no difference in patient satisfaction before and after the implementation of IHSAN culture-focused care through *Intentional Rounds* in the control group with a *p value* of 0.855 > 0.05.

Table 7.

Differences in Patient Satisfaction Before and After Implementation in the Control Group Using the Wilcoxon Test

Measurement	Mean (Min-Max)	Mean Rank	Z	p-Value
Before	111.3 (97-132)	16.23	-182 ^b	0.855
After	110.4 (97-132)	13.0		

Table 8.

Within Subject Effect Test

Effect	Df	F	P-Value
Time	3	1,342	0.262
Interaction	3	1,908	0.130

Based on table 8, it shows that there is no significant difference in patient satisfaction scores between the 1st and 4th measurements ($0.262 > 0.05$) and there is no difference in patient satisfaction scores between the intervention group and the control group ($0.130 > 0.05$).

Table 9.

Within Subject Contrast

Effect	Pattern of Change	F	P-Value
Time	Linear	1,890	0.175
	Quadratic	2,165	0.147
	Cubic	0.159	0.692
Interaction	Linear	0.586	0.447
	Quadratic	0.423	0.518
	Cubic	4,375	0.041

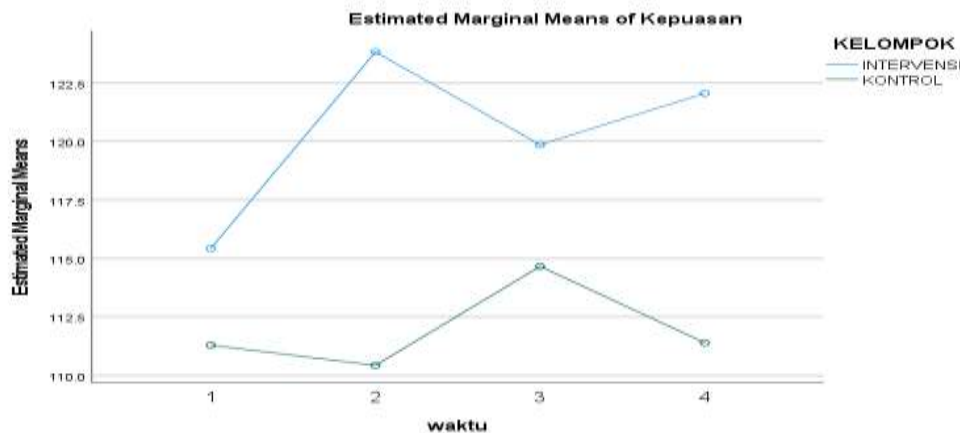
Based on table 9 shows that the pattern of changes in patient satisfaction does not form a specific pattern or tends to be unstable. The p-value (0.147 – 0.692) is greater than the alpha value of 0.05. The effect of patient satisfaction only appears at certain times and is not consistent from start to finish, as seen in the cubic interaction effect. The p-value of 0.041 is smaller than the alpha value of 0.05.

Table 10.

Between Subject Effects

Source	F	Sig	Partial Eta ²
Group	31,395	0.001	0.351

Based on table 10, the between subject effect test shows a significant difference in the average number of patients between the intervention group and the control group ($F = 31.395$, P value 0.001) with a high effect size (0.351).



Graph 1. Overview of Patient Satisfaction in the Implementation of IHSAN Culture-Focused Care Through Intentional Rounds for Each Measurement Between Groups

Based on graph 1, it shows that both the intervention group and the control group have not had consistent patient satisfaction results. In the intervention group, there was an increase in patient

satisfaction after implementation or at the 2nd measurement compared to before implementation, at the 3rd measurement after implementation there was a decrease but still above the satisfaction of the 1st measurement, and increased again at the 4th measurement. Meanwhile, in the control group, patient satisfaction at all times of the graph measurement was still below the intervention group with a tendency for a decrease in the graph even though there was an increase at the 2nd measurement.

DISCUSSION

Mean Patient Satisfaction Scores in Intervention and Control Groups

Patient satisfaction is defined as a perception of pleasure or displeasure based on the congruence between expectations and the actual experience during hospital visits or treatment (Rosmanelly et al., 2025). Patient satisfaction assessments may vary depending on patients' or families' experiences, shaped by comparisons with their expectations. These differences can be influenced by factors such as gender, education, age, occupation, frequency of healthcare visits, quality of communication, nurses' technical competence, and organizational culture. Intentional rounding represents one form of implementing the IHSAN organizational culture (Integrity, Harmony, Solution-oriented, Enthusiasm, and Respect). The study results showed that the highest patient satisfaction score in the intervention group occurred at the second measurement (week 1 post-intervention). This indicates that nurses were enthusiastic in implementing the training outcomes, perceiving the intervention as a new and valuable approach. In contrast, the highest satisfaction score in the control group was observed at the third measurement (week 2 post-intervention). Although there was an increase in satisfaction scores in the control group, the values did not exceed those of the intervention group. This is expected, as the control group only provided routine care without any additional intervention.

Differences in Patient Satisfaction Between Intervention and Control Groups

The finding that there was no significant difference in patient satisfaction between the intervention and control groups before the intervention indicates baseline equivalence between groups, which is a positive condition for evaluating intervention effectiveness without selection bias. During the pre-intervention phase, the IHSAN culture remained normative, not yet internalized or specifically implemented in structured nursing practices. Organizational culture that is not operationalized tends to produce limited impact.

After the implementation of IHSAN culture-based care through intentional rounding, a significant difference in patient satisfaction was observed between the intervention and control groups. This demonstrates that the intervention contributed positively to patient satisfaction. The integration of IHSAN values integrity, harmony, solution orientation, enthusiasm, and respect enhanced patients' care experiences and improved service quality. Intentional rounding aims to proactively and periodically meet patients' needs and comfort. Nurses' responsiveness in addressing patient needs, including pain management, plays an important role in shaping patient satisfaction. These positive experiences were not observed in the control group, which did not receive the intervention. This finding is consistent with Widiastuti (2025), who reported a significant difference in patient satisfaction between intervention and control groups after implementing intentional rounding ($p < 0.05$).

Within the intervention group, a significant difference in patient satisfaction was observed before and after the intervention, indicating that the training provided was effectively implemented in practice. Training is recognized as a key factor in enhancing the success of intentional rounding (Sims et al., 2020). Nurses were able to internalize IHSAN cultural values into their daily care practices. Conversely, no significant difference in patient satisfaction was found in the control group before and after the intervention. This confirms that routine care, which tends to be reactive and focused on clinical tasks, is insufficient to improve patient satisfaction. Limited communication

in exploring patient needs and providing information or solutions may contribute to lower satisfaction levels in the control group.

Effectiveness of IHSAN Culture-Based Care Through Intentional Rounds

The GLMRM test results showed no significant differences in patient satisfaction scores across the four measurement periods ($p > 0.05$), indicating that the pattern of change was fluctuating rather than stable. Both intervention and control groups exhibited non-linear trends (increase–decrease–increase). However, the between-subject effects analysis revealed a significant difference in mean satisfaction scores between the intervention and control groups ($F = 31.395$; $p = 0.001$) with a large effect size (0.351). These findings suggest that IHSAN culture-based care through intentional rounding had a positive impact when comparing groups and in pre–post changes within the intervention group. However, the week-to-week pattern was inconsistent, possibly due to differences in respondents at each measurement point and the relatively short intervention duration. Therefore, these results are not yet strong enough to fully support previous studies that demonstrate consistent improvements in patient satisfaction following intentional rounding interventions (Widiastuti, 2025; East Leah et al., 2019; Tama et al., 2019; Rostaei et al., 2023).

This does not indicate failure of the intervention but rather reflects an early adaptation phase in transitioning from an old culture to a new one. Cultural change requires sustained effort over time. According to Cameron and Quinn (2011), effective cultural transformation requires long-term commitment, often over several years. In this study, the IHSAN culture had only been introduced for approximately two years, which may limit its full impact. Additionally, high baseline satisfaction scores reduce the potential for further improvement. These findings are supported by other studies suggest that intentional rounding does not always guarantee improvements in comfort and caring quality. Communication is not always the central component of intentional rounding, and it may be perceived as a transactional rather than relational intervention (Sims et al., 2020). Furthermore, a realistic evaluation by Leamy Mary et al. (2023) found that only two aspects of intentional rounding consistency of visits and accountability were effectively implemented, while other components such as communication, teamwork, and nurse–patient relationships lacked strong evidence. The effectiveness of intentional rounding is also influenced by leadership, training, workload, ward layout, and nurses' experience (Sims et al., 2020). Moreover, patient satisfaction is dynamic and may be influenced by patients' physiological and emotional conditions.

CONCLUSION

The highest patient satisfaction score in the intervention group was observed at the second measurement (week 1 post-intervention). There was no significant difference in patient satisfaction between the intervention and control groups before the intervention ($p = 0.446 > 0.05$). However, a significant difference was found after the intervention ($p = 0.001 < 0.05$). Within the intervention group, there was a significant difference in patient satisfaction before and after the implementation of IHSAN culture-based care through intentional rounding ($p = 0.011 < 0.05$). In contrast, no significant difference was found in the control group ($p = 0.855 > 0.05$). These findings indicate that although the implementation of IHSAN culture-based care has not yet shown consistent effectiveness over time, it has demonstrated a positive impact and strong potential to improve patient satisfaction. Sustained implementation and reinforcement are necessary to achieve long-term effectiveness. Therefore, nursing management should provide continuous support through policies, ongoing supervision, and regular feedback to ensure consistent implementation. Furthermore, IHSAN culture-based care should be integrated into standard operating procedures (SOPs) to strengthen its application in nursing practice.

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