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Defining Patient Experience

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Abstract

In recent years, perceptions of performance and quality of healthcare organizations have begun to move beyond examining the provision of excellent clinical care, alone, and to consider and embrace the patient experience as an important indicator. There is a need to determine the extent to which clear and formal definitions exist, have common overarching themes, and/or have unique, but important constructs that should be considered more widely. In this article, we provide a 14-year synthesis of existing literature and other sources (2000-2014) that have been used to define patient experience. A total of 18 sources (articles or organizational websites) were identified that provided a tangible, explicit definition of patient experience. A narrative synthesis was undertaken to categorize literature (and other sources) according to constructs of the definitions provided. The objectives of the synthesis were to: (1) identify the key elements, constructs, and themes that were commonly and frequently cited in existing definitions of 'patient experience,' (2) summarize these findings into what might be considered a common shared definition, and (3) identify important constructs that may be missing from and may enhance existing definition(s). The overarching premise was to identify and promote a working definition of patient experience that is applicable and practical for research, quality improvement efforts, and general clinical practice. Our findings identified several concepts and recommendations to consider with regard to the definition of patient experience. First, the patient experience reflects occurrences and events that happen independently and collectively across the continuum of care. Also, it is important to move beyond results from surveys, for example those that specifically capture concepts such as 'patient satisfaction,' because patient experience is more than satisfaction alone. Embedded within patient experience is a focus on individualized care and tailoring of services to meet patient needs and engage them as partners in their care. Next, the patient experience is strongly tied to patients' expectations and whether they were positively realized (beyond clinical outcomes or health status). Finally, the patient experience is integrally tied to the principles and practice of patient- and family- centered care. As patient experience continues to emerge as an important focus area across healthcare globally, the need for a standard consistent definition becomes even more evident, making it critical to ensure patient experience remains a viable, respected, and highly embraced part of the healthcare conversation.

Keywords

Patient experience definition, patient experience, patient- and family- centered care, patient satisfaction, continuum of care, organization culture, patient voice, healthcare, literature synthesis, definitions, domains, constructs

Note

The views expressed in this manuscript are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or United States Government.

Introduction

A Critical Inquiry

There has been a rapid expansion in the use of the term "patient experience" in the general healthcare vernacular and in the realm of both clinical practice and research. This has been driven by both shifts in public policy that

have put the experience of patients front and center with public reporting that has an impact on incentives or reimbursements and a significant transition in healthcare with an evolving and engaged patient and family population and the corresponding emergence of a consumer mindset. In the wake of this expansion, there has been an increasing acknowledgement that patient experience is now a top priority for healthcare leaders.^{1,2}

Yet, in practice and research the concept of patient experience has had varied uses and is often discussed with little more explanation than the term itself. Although very little has been published about the complexities with regard to defining patient experience, the 2009 HealthLeaders Media Patient Experience Leadership Survey³ discovered that when it comes to defining patient experience, there are widely divergent views within the healthcare industry. They found that 35% of respondents agreed that patient experience equals "patient-centered care," 29% agreed it was "an orchestrated set of activities that is meaningfully customized for each patient," and 23% said it involved "providing excellent customer service." The remaining responses reflected patient experience meant, "creating a healing environment," being "consistent with what's measured by HCAHPS," or "other" than the options provided in the survey. In asking the question, "Does your organization have a formal definition of patient experience?" of healthcare organizations in its recent Patient Experience Benchmarking Study, The Beryl Institute discovered that on average 45% of US-based hospitals¹ and 35% of non US-based healthcare organizations reported having a formal definition. The question this raises is that as patient experience is identified as a priority item, would healthcare efforts be best served by having a formally accepted definition of patient experience?

With the expanding global dialogue on patient experience, we believed this was a critical topic to explore. There is a need to determine the extent to which clear and formal definitions exist and if not, what if any common themes emerge in the application of patient experience in research and practice. As such, we initiated a review to: (1) identify the key elements central to a common shared definition and (2) promote and support this definition in the continuation of applied research, improvement efforts and general practice.

An Existing Definition

In expanding this inquiry, we acknowledge The Beryl Institute's current definition for patient experience – "*the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care*"⁴. Our intent was not to critique or validate this definition, but rather explore the elements key to an effective framing of this issue. As the patient experience movement progresses and a field of practice emerges as exemplified in such efforts as the Patient Experience Journal, the idea of definition is important, but also complicated. Our desire is not to spark a debate on exact words, but rather to reinforce that some level of consensus is critical to move the conversation forward. We also acknowledge that definitions can change over time, especially in the dynamic and rapidly changing healthcare environment; and we do not want an aspiration for academic consensus to impede

our ability as a community of research and practice to move forward.

The efforts that shaped The Beryl Institute's definition came from the voices of practice and a review of current research and use in 2010. A workgroup of healthcare leaders from a variety of patient experience roles identified the key elements shaping their work in the patient experience. Within individual organizations, inquiries were made of peers and patients to identify key themes and these larger concepts were pulled together in collective data that was aligned around main themes. The four themes that emerged were personal interactions, organization culture, patient and family perceptions, and across the care continuum. From the themes, a definition was created and then validated through the broader Institute community for further feedback and refinement. The definition is currently being used (with or without adaptations) by a number of healthcare facilities globally as their own definition of patient experience.

However, there is much ground yet to be covered in moving towards alignment around a clear and shared definition of patient experience. The purpose of this article was to provide a 14-year synthesis of existing literature and other sources that have been used to define patient experience. Given the breadth and depth of information, we aimed to examine key concepts and compare/contrast multiple definitions, and ultimately to recommend a working definition that we feel can be used to across healthcare settings to capture the patient experience.

Methods

Data Sources and Article Selection

Literature was reviewed from 2000 to 2014, in the English language, using a search of the National Library of Medicine PubMed Medline database, Ovid, Cumulative Index to Nursing & Allied Health Literature (CINAHL), Academic Search Premier, Business Source Premier, Global Health, and Proquest - Health & Medical Complete. Several combinations of multiple key words and search terms were used, including: patient experience, patient experience + definition, patient experience + framework, experience of care + patient, patient experience + framework. Four reviewers independently search multiple databases and sources using both broad and refined search techniques. All sources mentioning the general concept of patient experience were identified.

The **academic and scholarly data databases** identified 2,230 journal articles. In addition, a **manual search** through the reference lists of relevant papers and key journals was conducted to identify other relevant articles (manual search yielded an additional 7 articles). Finally, in order to provide a comprehensive examination of the existing definitions of patient experience, **internet search**

engines (google, google scholar) were used to capture information from major health organizations (such as The Beryl Institute, Institute for Healthcare Improvement (IHI), Planetree, Picker Institute, Association of Patient Experience, and Beyond Philosophy) yielding an additional 18 potential information sources. The initial search yielded a total of 2,254 documents, of which 2,131 were immediately discounted after reading the abstracts because they were not related to the scope of this review. Duplicates from each of the individual reviewers (each of the four authors) searches were excluded (n=27) leaving a combined list of 96 potentially appropriate sources, from which duplicates that occurred across reviewers were excluded (n=14). The full-text of the remaining 82 articles/documents was screened and each source was coded into categories by all authors individually, after which they met to reach consensus.

Inclusion/Exclusion Criteria

Journal articles had to fit the following criteria in order to be included in the synthesis: provide a definition, description, or a conceptual framework for ‘patient experience.’ If any element of the inclusion criteria was indiscernible, the article was not included in the findings. We created categories and coded each article into the most appropriate category. (a) No definition (but the term was either implied or used but not defined), (b) uses/identifies CAPHS/HCAPHS as the measure of patient experience, (c) uses/identifies as Picker Principles, Domains, and or Problem Scores, (d) uses proxy measures (e.g. Quality measures, other non-CAPHS satisfaction survey or measurement), (e) uses The Beryl Institute definition, (f) uses The IHI definition, and (g) provides a unique definition or set of concepts used to define patient experience. *Categories (a) through (f)* were ineligible and *category (g)* included eligible sources that were included in the synthesis.

Of the 82 documents from journals and other sources read to assess criteria satisfaction, 64 were ineligible because we could not determine a true, unique, definition or set of concepts used to define patient experience. A total of 18 articles satisfied the criteria and were therefore used in this review. A schematic diagram of the search process is shown in Figure 1.

Synthesis

Comprehensive findings were extracted and summarized. A narrative synthesis⁵ was undertaken, describing and categorizing literature (and other sources) according to constructs of the operational definition and/or components of working definitions of the patient experience. Although we systematically compiled information sources, this is not a systematic review and does not claim to summarize every article or source that defines patient experience, rather, we comprehensively searched sources and focused on overarching themes and

constructs pertaining to and most commonly used to define patient experience.

Findings

Need for Definition

We identified 18 sources (websites or articles) that explicitly provide a definition for the patient experience (Table 1). The latest data from both the most recent HeathLeader’s survey and The Beryl Institute’s State of Patient Experience benchmarking research identified patient experience as a top priority; however they also identify there is a divergent nature of patient experience and need for a clear and concise definition. In the article “What is the Patient Experience?” from the Gallup Business Journal, the authors’ suggest that the ideal patient experience is created by meeting four basic emotional needs: confidence, integrity, pride and passion, ultimately asserting that experience is about engaging patients. The author offers in closing, “Engaged healthcare is better healthcare, for everyone. And that’s the best definition of the patient experience”.⁶

Continuum of Care

Several authors argue that the patient experience is not just one encounter, but spans over time and includes many touch points. In a recent publication, Deloitte LLP’s Health Sciences Practice⁷ contends that organizations need to focus on the patient experience to gain and maintain a competitive advantage. They define the patient experience as much broader than the care itself, describing specific touch points or times when there is interaction with the organization and the patient. Their definition, “The Patient Experience refers to the quality and value of all of the interactions—direct and indirect, clinical and non-clinical—spanning the entire duration of the patient/provider relationship” represents a continuum of interactions. In a recent article, although Stempniak⁸ does not define patient experience directly, he does offer two quotes that provide some insight. The first from Pat Ryan, CEO of Press Ganey who said, “Let’s look at the patient experience in total as reducing suffering and reducing anxiety... across the entire continuum of care, from the first phone call to the patient’s being discharged.” The second is a statement from Dr. Jim Merlino, Chief Experience Officer at the Cleveland Clinic who admits, the biggest challenge in this effort is figuring out where to start, and defining exactly what the “patient experience” means. Pemberton & Richardson⁹ provide an overview of a development process of a patient experience vision, told through a story and framed by a series of six active steps a patient goes through during an episode of care, which included: reputation, arrival, contract, stay, treatment and after stay. While there is no direct statement of how they defined the patient experience, they identified the importance of culture and staff engagement in driving an effective patient experience effort. These authors

supported the outcomes of their effort with select measures from standard surveys that aligned with the six steps they described. Integrated Loyalty Systems, a consulting firm that focuses “on elevating the human side of health care” defines the patient experience as “The patient’s cumulative evaluation of the journey they have with you, starting when they first need you and based on their clinical and emotional interactions, which are shaped by your people, your processes and your physical setting, and shaped by their expectations of you.”¹⁰ The Beryl Institute, a global community of thought leaders who focus on improving the patient experience, also includes a time component in its definition. The Beryl Institute defines the patient experience as, “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care”.⁴

Beyond Survey Results

Several articles argue that the patient experience should be defined more broadly than just using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey domains. Beyond Philosophy, a consulting firm dedicated to improving the customer experience, indicated that using HCAHPS may not encompass the breadth and depth of the patient experience. Beyond Philosophy defined the patient experience as “a result of the interaction between an organization and a patient as perceived through the patients’ conscious and subconscious mind. It is a blend of an organization’s rational performance, the senses stimulated and emotions evoked and intuitively measured against patient expectations across all moments of contact.” They further explained, that patient experience is about: “(1) The whole organization delivering, (not just front line staff or individual people, back office and management too). (2) The rational as well as the emotional experience (not just about what you do but also how you do it) and (3) Dealing with the intuitive perceptions (i.e., gut feelings) of patients (reality is in your patients’ mind).”¹¹

Focus on Expectations

Some patient experience definitions focus heavily on expectations. Bowling and Colleagues (2012) conducted a comprehensive review of patient expectations from 2000-2009. They evaluated two concepts (1) pre-visit expectations and (2) post-visit experience in general practitioner patients and hospital outpatients. The authors defined patients’ experiences as “their direct, personal observations of their healthcare” and measured patient experience in terms of whether patient ‘expectations’ were met. Expectations of experience included: cleanliness, information about where to go, convenient and punctual appointments, being seen on time and choice of hospital/doctor and helpful reception staff, the doctor to be knowledgeable, clear and easy to understand, to be

involved in treatment decisions and to experience a reduction in symptoms/problems, doctor being respectful and treating with dignity, being given reassurance, receiving advice about health or condition, information about cause and management of condition and information about benefits/side effects of treatment, being given an opportunity to discuss problems.¹²

Aligned with Patient-Centered Care Principles

Other definitions focus on patient-centered care principles. Weiss and Tyink¹³ discuss the opportunity to provide the ideal patient experience through creating a patient-centric culture. The components of a patient-centric culture encompass competent, high-quality care, personalized care, timely responses, care coordination, and are reliable and responsive. They suggest that the patient experience is about a brand experience and is driven by what happens at the point of contact between the patient, the practice, and the provider. While Frampton does not offer a direct definition for patient experience, she alludes to its alignment to patients’ experiences of care and suggests that this occurs in two main areas of focus: human interactions and the care environment. She adds that patient-centered care lives in the space between what care and treatment is provided and how they are experienced by patients and their loved ones.¹⁴ In a recent article, Hewitson and colleagues conducted a secondary analysis of survey data; the outcome measure was patients’ self-report of their experience of inpatient care. Their assessment of patient care experience included: staff-patient interactions, information provisions, involvement in decisions and support for self-care (shared decision-making and self-care management support).¹⁵ The authors used an instrument developed from the adult National Health Service (NHS) survey, the Oxford Patient Involvement and Experience scale (OxPIE); this instrument also provided an overall rating of care score. The Institute for Health Care Improvement also mentions patient-centered care when discussing the patient experience. They explain that everyone in the organization, from parking staff to the Chief Executive Officer, has a role in the patient’s journey. They say, “By putting the emphasis on a patient’s care experience — including respect, partnership, shared decision-making, well-coordinated transitions, and efficiency-hospitals see improvements in their patient satisfaction data and HCAHPS”.¹⁶

Focus on Individualized Care

Similar to patient-centered care, several articles focused on the individualized care aspect when defining the patient experience. Using the Institute of Medicine Framework (which includes the themes of compassion, empathy and responsiveness, co-ordination and integration, information, communication and education, physical comfort, emotional support, relieving fear and anxiety and involvement of family and friends) as a model to compare

and contrast themes, Staniszewska and colleagues offered a set of generic themes associated with patient experience.¹⁷ The Warwick Patient Experiences Framework (WaPEF) identifies seven key generic themes that are important to a high-quality patient experience: patient as active participant, responsiveness of services, an individualized approach, lived experience, continuity of care and relationships, communication, information and support. Staniszewska and Bullock share how, through an extensive review of research and policy, the NICE Guidance Development group, inclusive of six patients, identified dimensions of patient experience included in the publication *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*.¹⁸ The dimensions identified in the guidance include: knowing the patient as an individual; essential requirements of care; tailoring healthcare services for each patient; continuity of care and relationships and enabling patients to actively participate in their care. They reinforce their findings with a position outlined by Richard Doll, the eminent epidemiologist, who stated that there is no point providing clinically effective and economically efficient care that no one wants.

More than Satisfaction

A few articles provide a definition of patient experience and also cautioned against equating it with satisfaction. Shale argues that the concept of the "patient experience," although usually measured by "service experience," differs between patients, clinicians, politicians, managers, and academics.¹⁹ Shale believes that patient experience is a clinical quality indicator; however cautions paralleling patient experience with satisfaction. She explains, "there is a complex relationship between patient knowledge, patient expectations of care, patient experiences of care, patient assessment of care, and objective measures of patient benefit"(p287). She postulates there are three dimensions or domains of patient experience including the physiologic illness experience (rash, bleeding, etc.), customer service (not satisfaction) and the lived experience of the illness (coping/dealing with the condition). In another article, the authors walk a narrow line in identifying satisfaction and its linkage to patient experience; they provide some insights into what they mean by patient experience, specifically as it relates to measuring the experience of patients. Primarily, they suggest measures of patient experience are intended to capture "responsiveness". They offer, "health system responsiveness specifically refers to the manner and environment in which people are treated when they seek health care." The authors note they use the World Health Organization's term "responsiveness" to refer to satisfaction with the health system from the perspective of patient experience. Patient experience is framed by the domains of responsiveness, which include: autonomy, choice, communication, confidentiality, dignity, prompt attention, and quality of basic amenities.²⁰ Needham suggests the need to look outside of healthcare

and examine experience beyond simple measures such as HCAHPS or satisfaction surveys, suggesting that "Patient experience is about managing both the emotional and physical roller-coaster a patient experiences while undergoing a healthcare procedure and about maximizing the patient's social, mental, and physical health and wellness." He writes that the patient experience is built on an organization's ability to capitalize on its employees, relationships, and the services it offers. The author proposes three Ps that will help to purposefully shape a positive experience: personalizing medicine, partnering with patients, and empowering employees.²¹

Finally, The Free Dictionary provides a simplistic and subjective definition of the patient experience. Basically, patient experience is described as "How the patient feels/felt, i.e., good or bad, as/after he or she undergoes/-went an episode of care."²²

Discussion

As our review of literature and sources showed, there is an absence of a commonly used definition around patient experience in healthcare. While there has been increasing numbers of articles, research and writing on the subject in recent years, little has been seen in the way of coalescing around an accepted statement. Much of this is due to the reality that in all but a few cases a truly concise, applicable and replicable definition was not offered. Other influences may be the competing interests that influence the day-to-day operations of healthcare overall.

In examining the situation further, while numerous indirect statements were offered about what could comprise or shape the context of patient experience, we believe a more significant effort should be made to align around a consistently identified definition. This is offered not to promote one idea or concept over another, but rather recognizing that with a rapidly expanding exploration into this topic academically and intensifying efforts to address patient experience in practice, a common footing will strengthen and align efforts overall.

We offer that in a global industry prone to driving distinction in process, protocol, etc., we must make efforts to create alignment around some of our core ideas that impact patient experience overall. For one, we cannot, nor should we attempt to define patient experience without considering the perspective of the patient (and family) member herself or himself. For example quality, safety, and service efforts are often addressed as distinct efforts in organizational settings, but we have yet to see where patients or family members draw these forced distinctions. They have but one experience, impacted by the various facets that comprise every healthcare encounter. The definitions that we identified and synthesized span a range of patient health-setting/environment experiences, overall

lived experiences, care experiences, clinical interactions, organizational features of care, and process measures. The ‘sum of all interactions’ of The Beryl Institute definition reflects the interactive, dynamic nature of the patient experience, as a whole. Quality improvement initiatives, therefore, can be approached at multiple angles, from attention to experiences of care through clinical process measures. This includes efforts at innovation or process improvement and all aspects of care -whether they occur in the direct and/or clinical care space or in indirect and ancillary areas.

In addition, the language of healthcare is expanding in the experience space, reaching beyond the facets of a clinical encounter, as exemplified in the term “across the continuum” at its broadest sense. In our review and in our suggestions we do not wish to debate the evolving language to describe those participating in the healthcare system, whether they include terms such as: patient, consumer, customer, or user. With that we do offer a simple consideration. Herein we return to the word “patient” in our discussion, not simply rooted in the etymology of suffering we often hear mentioned. While healthcare at its core will never stray from this central need, let us consider “patient” as a unique descriptor for an individual engaging in the healthcare system at any point across the continuum. Is it fair to call an individual in a wellness or prevention program a patient? Perhaps we could parse words to refer to them as clients or users, but at the end of the day they too will have an experience. For sake of our conversation and in examining the potential for a unified definition we return to that experience being a patient experience.

With this context, we suggest that while consistency in the use of one definition was not revealed in our review, there was great alignment around central themes seen as critical to patient experience. This reinforces our call for and the potential for a coalescing of ideas versus a perpetuation of distinction. In our review some specific ideas appeared on multiple occasions. The most consistent concepts or phrases found across our 18 reviewed sources included: emotional and physical lived experience (8 occasions), personal interactions (7), spanning across the continuum (5), shaped by the organization/culture (5), and importance of partnership/patients involvement (5) (data not shown). Other concepts frequently mentioned touched on perceptions, information and responsiveness. This was accompanied by central themes we found as we reviewed the final set of sources identified in Table 1. As noted in our findings these themes included: the need to move beyond survey results, as patient experience is more than satisfaction, continuum of care, focus on expectations, individualized care and tailored services, and that patient experience is commonly aligned with patient-centered care principles.

With the proliferation of writing on the subject, the implementation of policy driving action and the expansion of the patient experience as a field of study and practice, the lack of stated alignment accompanied by a clear emergence of common ideas leads us to suggest the need for a formally accepted definition. We acknowledge that while some attempts to create a clear definition have been undertaken and are noted in our findings, most efforts still do not frame the idea beyond that of measures, domains of practice or applied strategies. We believe this hinders the patient experience effort and in doing so creates an unstable foundation for the future of both research and practice.

In reviewing the alignment of emerging concepts and overarching themes we found much of what is or could be included in a potential shared definition of patient experience. Of interest to us was the recurrence of themes found in the definition offered by The Beryl Institute that include: ‘sum of all interactions’, ‘the influence of organizational culture,’ ‘patient perceptions’, and the importance of considering experiences ‘across the continuum of care.’ The integration of interactions, culture, perceptions and the broad cross continuum reach found in the Institute’s definition pull together the themes we discovered, and provide a number of concepts for consideration to guide actionable patient experience improvement efforts. We believe there is a significant and practical need for a clear, comprehensive and shared definition and that the Beryl Institute’s definition along with the themes identified in this review provides a means by which to frame a concise, practical definition to guide future action.

Several of the themes we identified are not explicitly stated in The Beryl Institute definition that we believe could enhance the patient experience definition, making it more useful and far-reaching. They more directly represent ideas that could support efforts around patient experience improvement beyond the context of defining the concept itself. Three consistent themes identified in our narrative synthesis include: active patient and family partnership and engagement, the integral need for person-centeredness, and an acknowledgement of the broad and integrated nature of experience overall. While these concepts may be implicit in the framing of The Beryl Institute definition and can be made clear through further explanation, the emergent themes along with other commonly recurring constructs from our synthesis suggest that it would be beneficial to develop a framework to provide clarity and reinforce applicability. Further work is needed to develop a framework that ultimately provides a structure within which to consider key principles that may be applied to optimize patient experience across settings. In the interim, as discussed above, we report important themes and recurrent common constructs that prevail in current

definitions that we recommend be considered in efforts to improve patient experience (Figure 2).

Limitations

Although our search methods were very comprehensive and far-reaching, we recognize that there is a wealth of information in various formats and venues on the patient experience and that this is a rapidly growing area. This synthesis is an initial and important step toward compiling and examining how patient experience is being defined across healthcare settings.

Conclusion

As patient experience continues to emerge as an area of research and practice in healthcare, the need for standard consistent definition becomes even more critical. Without a common foundation or at least a cornerstone on which to build or adapt, the efforts that follow are set on shaky ground. We offer these ideas not in the promotion of one idea over another, but in recognizing that in existing work and in the shared themes we uncovered there is a strong set of related concepts from which to grow. This will be critical to ensure patient experience remains a viable, respected, and highly embraced part of the healthcare conversation, as we believe it should.

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Figure 1. Search Process

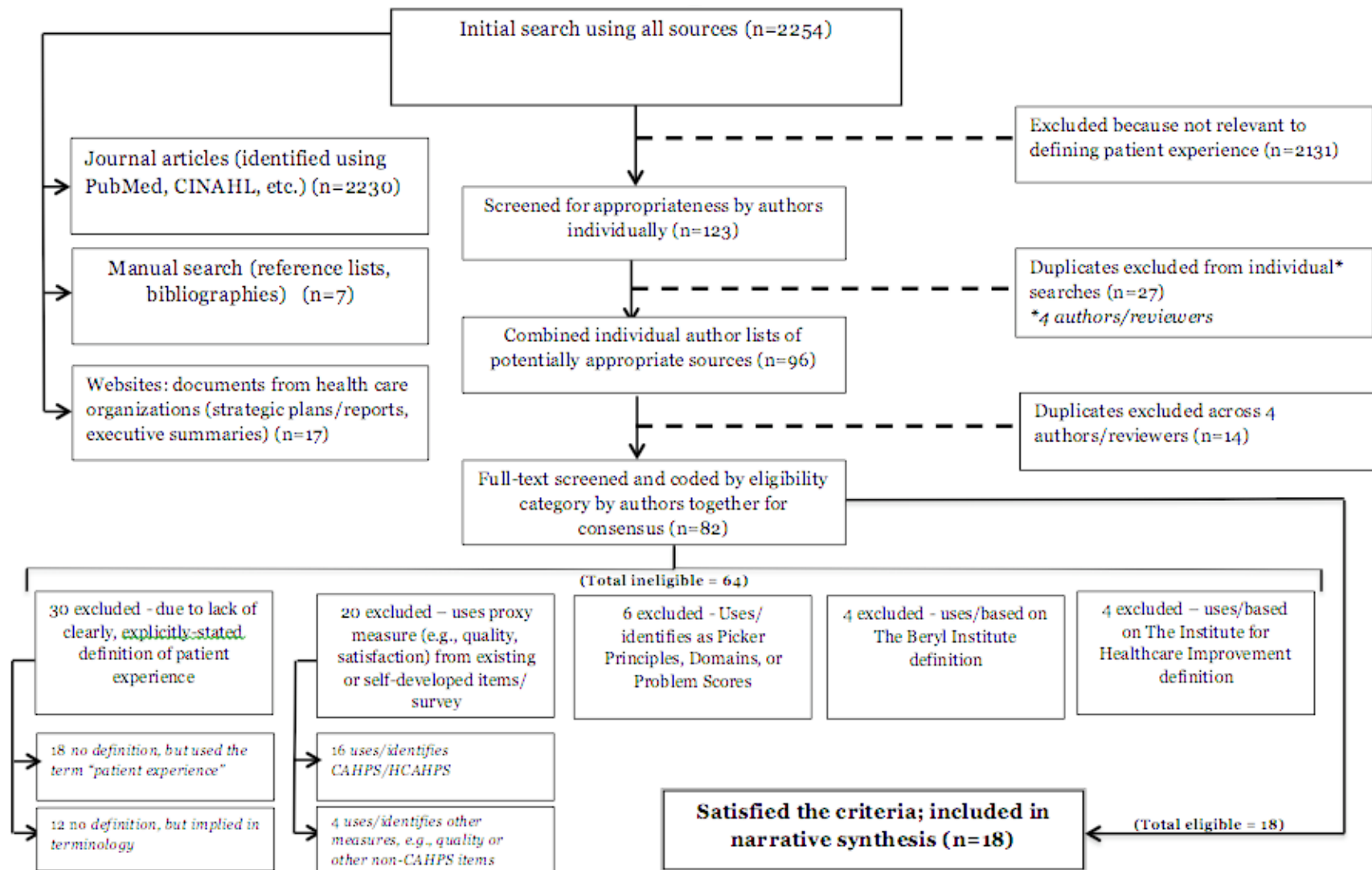


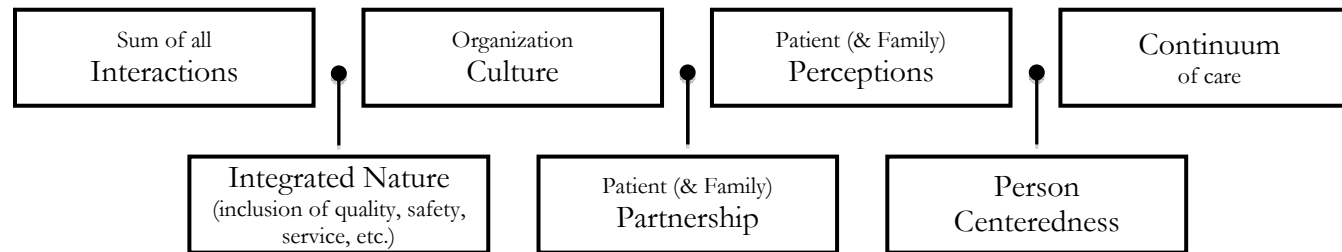
Table 1. Defining patient experience, sources

Article Title and/or Webpage Title	Author(s)/ Organization	Year	Publication Name	Patient Experience Definition/Usage	URL
How does satisfaction with the health-care system relate to patient experience?	Bleich S, Ozaltin E, Murray C	2009	Bulletin of the World Health Organization	Bases its view of patient experience around the concept of health system responsiveness, which specifically refers to the manner and environment in which people are treated when they seek health care. Patient experience as responsiveness is found in domains including: Autonomy, Choice, Communication, Confidentiality, Dignity, Prompt attention, and Quality of basic amenities.	http://www.who.int/bulletin/volumes/87/4/07-050401/en/
The measurement of patients' expectations for health care: a review and psychometric testing of a measure of patients' expectations	Bowling A, Rowe G, Lambert N, Waddington M, Mahtani KR, Kenten C, Howe A, Francis SA.	2012	Health Technology Assessment	Patients' experiences are their direct, personal observations of their healthcare. Expectations of experience included: cleanliness, information about where to go, convenient and punctual appointments, being seen on time and choice of hospital/doctor and helpful reception staff, the doctor to be knowledgeable, clear and easy to understand, to be involved in treatment decisions and to experience a reduction in symptoms/problems, doctor being respectful and treating with dignity, being given reassurance, receiving advice about health/condition, information about cause and management of condition and information about benefits/side effects of treatment, being given an opportunity to discuss problems.	http://www.journalslibrary.nihr.ac.uk/hta/volume-16/issue-30
The patient experience: strategies and approaches for providers to achieve and maintain a competitive advantage	Feirn A, Betts D, Tribble T	2009	Deloitte LLP's Health Sciences Practice White Paper	The patient experience refers to the quality and value of all of the interactions—direct and indirect, clinical and non-clinical—spanning the entire duration of the patient/provider relationship	https://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_lshc_ThePatientExperience_072809.pdf
Healthcare and the patient experience: Harmonizing care and environment	Frampton S	2012	Health Environments Research & Design Journal	Patients' experiences of care occur in two main areas of focus: human interactions and the care environment. Suggests that patient-centered care lives in the space between what care and treatment are provided and how they are experienced by patients and their loved ones.	http://connection.ebscohost.com/c/editorials/79867766/healthcare-patient-experience-harmonizing-care-environment
People with limiting long-term conditions report poorer experiences and more problems with hospital care	Hewitson P, Skew A, Graham C, Jenkinson C, Coulter A	2014	BMC Health Services Research	Experience is described as patients' self-reports of their experience of inpatient care, including staff-patient interactions, information provision, involvement in decisions and support for self-care and overall ratings of care.	http://www.biomedcentral.com/1472-6963/14/33
The truth about patient experience: what we can learn from other industries, and how three Ps can improve health outcomes, strengthen brands, and delight customers	Needham BR	2012	Journal of Healthcare Management	Patient experience is about managing both the emotional and physical roller coaster a patient experiences while undergoing a healthcare procedure and about maximizing the patient's social, mental, and physical health and wellness. To support this effort it is suggested to personalize medicine, partner with patients, and empower employees.	http://www.ache.org/Faculty_Students/The_Truth_About_Patient_Experience.pdf

A vision of the future for patient experience	Pemberton S, Richardson H	2013	Nursing Times	Provided a patient experience vision framed by a series of six active steps, which include: reputation, arrival, contract, stay, treatment and after stay. The importance of culture and staff engagement in driving an effective patient experience effort is suggested.	http://www.nursingtimes.net/Journals/2013/08/16/n/f/n/210813-A-vision-of-the-future-for-patient-experience.pdf
What is the "patient experience"?	Robison J	2010	Gallup Management Journal Online	The ideal experience is created by meeting four basic emotional needs: confidence, integrity, pride and passion. Experience is about engaging patients. "Engaged healthcare is better healthcare, for everyone. And that's the best definition of the patient experience."	http://businessjournal.gallup.com/content/143258/patient-experience.aspx
Patient experience as an indicator of clinical quality in emergency care	Shale, S	2013	Clinical Governance: An International Journal	Warns us about equating patient experience with satisfaction and explains, "there is a complex relationship between patient knowledge, patient expectations of care, patient experiences of care, patients assessment of care, and objective measures of patient benefit' Suggests there are three dimensions or domains of patient experience including the physiologic illness experience (rash, bleeding, etc.), customer service (not satisfaction) and the lived experience of the illness (coping/dealing with the condition).	http://www.emeraldinsight.com/journals.htm?articleid=17099413&show=pdf
The Warwick Patient Experiences Framework: patient-based evidence in clinical guidelines	Staniszewska S, Boardman F, Gunn L, Roberts J, Clay D, Seers K, Brett J, Avital L, Bullock I, O' Flynn N	2014	The International Journal for Quality in Health Care	The Warwick Patient Experiences Framework identifies seven key generic themes that are important to a high-quality patient experience: patient as active participant, responsiveness of services, an individualized approach, lived experience, continuity of care and relationships, communication, information and support.	http://intqhc.oxfordjournals.org/content/early/2014/02/19/intqhc.mzu003.abstract
Can we help patients have a better experience? Implementing NICE guidance on patient experience	Staniszewska S, Bullock I	2012	Evidence Based Nursing	Identifies the dimensions of patient experience included in the publication Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. They include: knowing the patient as an individual; essential requirements of care; tailoring healthcare services for reach patient; continuity of care and relationships and enabling patients to actively participate in their care.	http://ebn.bmj.com/content/15/4/99.extract
The patient experience: taking it to the next level	Stempniak M	2013	H&HN: Hospitals & Health Networks	The patient experience can we viewed in total as reducing suffering and reducing anxiety across the entire continuum of care, from the first phone call to discharge.	http://proxiau.wrlc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=buh&AN=87040647&site=ehost-live&scope=site
Creating sustainable ideal patient experience cultures	Weiss M, Tyink S	2009	MEDSURG Nursing	Experience is based on the components of a patient-centric culture which encompasses competent, high-quality care, personalized care, timely responses, care coordination, and reliable and responsive. Experience is about a brand experience and is driven by what happens at the point of contact between the patient, the practice, and the provider.	http://proxiau.wrlc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=43799670&site=ehost-live&scope=site

What is patient experience?	Beyond Philosophy		Website	The patient experience is a result of the interaction between an organization and a patient as perceived through the patients' conscious and subconscious mind. It is a blend of an organization's rational performance, the senses stimulated and emotions evoked and intuitively measured against patient expectations across all moments of contact.	http://www.beyondphilosophy.com/services/deliver/patient-experience-excellence-2/
Primary Drivers of Patient Experience	Institute for Healthcare Improvement		Website	Highlights five primary drivers of exceptional patient and family inpatient hospital experience of care: leadership; staff hearts and minds; respectful partnership; reliable care; and evidence-based care and offers that patient's care experience includes respect, partnership, shared decision making, well-coordinated transitions, and efficiency.	http://www.ihl.org/education/InPersonTraining/ThePatientExperience/pages/default.aspx
Definition of the patient experience	Integrated Loyalty Systems		Website	The patient's cumulative evaluation of the journey they have with you, starting when they first need you and based on their clinical and emotional interactions, which are shaped by your people, your processes and your physical setting, and shaped by their expectations of you.	http://www.wecreateloyalty.com/patient-experience/definition-of-patient-experience/
Defining patient experience	The Beryl Institute		Website	The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.	http://www.theberylinstitute.org/?page=DefiningPatientExp
Patient experience definition	The Free Dictionary by Farlex		Website	How the patient feels/felt, i.e., good or bad, as/after he or she undergoes/-went an episode of care.	http://medical-dictionary.thefreedictionary.com/the+patient+experience

Figure 2. Definitional themes and recurring constructs for inclusion and consideration in patient experience improvement efforts



Elements	The sum of all interactions	shaped by an organization’s culture	that influence patient perceptions	across the continuum of care
Expanded Description	The orchestrated touch-points of people, processes, policies, communications, actions, and environment	The vision, values, people (at all levels and in all parts of the organization) and community engaged and involved with the organization	What is recognized, understood and remembered by patients and support people. Perceptions vary based on individual experiences such as beliefs, values, cultural background, etc.	In all facets of the healthcare system, in all encounters, in all settings from non-clinical proactive experiences to long term or hospice; and across the spectrum of services.
Supporting Themes (for patient experience improvement) and alignment with elements	Integrated Nature reinforces that experience from the patient perspective is singular and aligned, not simply a collection of distinct or disparate efforts. It is encompassing of all encounters whether they include quality, safety or service and these efforts should be coordinated and aligned to support a “one-experience” mindset. [Includes: Beyond survey results, more than satisfaction]		Person-centeredness recognizes that the recipient and deliverer of healthcare experience are at their core human beings. As a component of experience, this reinforces that process or protocol should not trump the broader needs of people engaged (in almost all cases) at any point on the healthcare spectrum. [Includes: Aligned with patient-centered care principles]	
		Patient & Family Partnership (& Engagement) acknowledges that patients, families and members of their support network are active participants in the care experience and must be engaged as participant owners in their encounters. The voices of these individuals are not only significant in situations of care, but also in planning, ongoing operations and change/improvement efforts. [Includes: Focus on expectations, focus on individualized care]		

Note: As mentioned above, the most consistent supporting themes are presented in this graphic, but we suggest other practices or concepts may also be proven to support patient experience improvement and performance.