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Geoffrey A. Silvera

Auburn University, geoff@pxjournal.org

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A call to excellence in patient experience

Geoffrey A. Silvera, PhD, *Associate Editor, Patient Experience Journal, Auburn University, GSilvera@Auburn.edu*

Abstract

In this address, the incoming associate editor describes his early experience with the Patient Experience Journal (PXJ) and issues a call to action to the PXJ community. In the call to action, the PXJ community is asked to build upon our collective history of scholastic and practical excellence. The combination of practical relevance and methodological rigor in our contributions will help to ensure a future in which patient experience is paramount in health service delivery conversations. In addition, gaps in the patient experience literature and emergent opportunities for theoretical and practical contributions are recommended.

Keywords

Patient experience, service excellence, practical relevance, methodological rigor

A pile of research articles on the measurement of patient centered care and its rising importance in U.S. health care policy and practice sat on my desk. These articles each sharing the same story although from a variety of research outlets. Each story is muddled, though, by the need for its authors to sanitize and contort the message of the importance of patient experiences to fit within the framing of its publication outlet, often centered on a tangential topic. Whether focused on healthcare quality, or management, or policy, or economics, the patient experience, an essential element to each of these stories, has not been the central narrative in any of these conversations.

Hope came in an email. The moment I was made aware of the *Patient Experience Journal (PXJ)*, I knew that I had to serve. I found almost instantly amongst *PXJ*'s authors, reviewers, board members, and readers, a community of scholars, practitioners, and policy makers whom all shared my passion about the importance of this cause. Many in our community have had to endure the marginalization of the patient experience for decades, fighting against a sea of other stakeholders to ensure that as progress in health care delivery marches forward the most important stakeholder, patients, are not forgotten.

As comforting as it is to find a journal home and community, the burdens of knowledge creation and practice improvement in patient experience have not decreased. We should be ever mindful of the lessons learned in our time on the fringes when in order to contribute patient centric theory and research to other publications, the founders of this field had to be excellent in their execution, balancing theoretical and practical relevance with methodological rigor. The research being done in this space, our space, we believe to be of universal

importance. But, the ability for us to influence health care service delivery, is not guaranteed or promised based on the righteousness of our pursuit. We live in a reality in which there are other important voices that have become central to health service delivery and evaluation. The ability to influence health care delivery stems from a history and culture of scholastic excellence and practical relevance. We must be excellent in our pursuits to center health care delivery and evaluation debates on the experiences of patients and their families. When we abandon excellence, we forsake our cause.

As a community of patient experience practitioners, scholars, and policy makers, we must steel ourselves to ensure that we might one day delight in patient centered health care systems across the globe. We must be excellent in relaying the relevance of our research topics and the importance of our research questions. We must be excellent in applying rigorous and appropriate research methods to answer our research questions. We must be excellent in the discussion of how the results of our efforts can, and should, change the conversation around the practice of patient care. We must be excellent because our pursuit is a noble one, and we cannot afford to abandon our pursuits of excellence and relevance because the costs are too great.

Evidence of our excellence, heretofore, can be seen through our global readership, whom have been empowered by the evidence produced by our contributing authors. Our excellence is evidenced in our author's contributions that have been enhanced by the commentary of our reviewers. And, our community of excellence has been set along this pursuit by the leadership of our editorial board and founding editor.

As we look forward to new opportunities in building a patient experience knowledge base, let us be steadfast in the excellence of our efforts. There are emerging opportunities for scholarship in the influence of new delivery models on patient experience outcomes. In addition, contributions can be made through the exploration into the experience of specific patient populations. The increasing relevance of patient experience across different national contexts has created a fertile research area as well. And, as technology continues

to influence the practice and delivery of medicine and our daily lives, we will continue to see new and interesting interactions between patients and their care providers that will augment care delivery. These few gaps exemplify the importance of our cause and how much we still have to learn about patients and their experiences worldwide. As we address these gaps and continue to build this field, let our pursuit to understand and practice patient experience excellently be excellent.