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Patient Experience: A return to purpose

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Abstract

As an opening reflection to Volume 4 of Patient Experience Journal (PXJ), this editorial reviews the progress of the journal and the implications seen both in the evolving healthcare marketplace globally as well as reviews the data on the developing field of patient experience. It reinforces the need for an integrated view of experience as supported by data in the most recent State of Patient Experience research – one encompassing quality, safety, service, cost and population health implications and one driven on an engine of both patient and family engagement and employee/staff engagement. The article offers that healthcare is as dynamic as it has ever been and is now being pushed at speeds it has not been built to handle, suggesting the need for agility and vision, redesign and expanded thinking. The recognition of these intertwined realities reveals what the author suggests is a return to purpose in healthcare. This is framed by the reinforcement that engagement, communication, quality and safe outcomes are unquestionably central issues for healthcare and they are all now coming together as central to the overall experience dialogue. From these insights, the article offers an invitation for contributions to PXJ that will both underline and expand the exploration found on its pages, from types of submissions to topics including national and global perspectives, technology and culture. The author calls on readers to share their voice, stories, thoughts, research and experiences grounded in the essence of generosity that inspires each of us to sustain a commitment to positive experience efforts each day. The article leaves us in suggesting the powerful simplicity of a return to purpose may be one of the strongest foundations we could hope for in building the future of healthcare.

Keywords

Patient experience, Triple Aim, State of Patient Experience, Patient Experience Journal, global healthcare, healthcare policy, healthcare technology, patient and family engagement, employee engagement

An opening reflection

Welcome to Volume 4 of Patient Experience Journal (PXJ). When we launched this publication during Patient Experience Week 2014, our intention, and perhaps more fundamentally our hope, was to create a place where research and evidence, practice and practicality could meet. Our bold aspiration was to create a central gathering place for evidentiary explorations into patient experience theory and practice.

At the time, we could not predict what would appear on our pages, gauge the breadth with which people would approach this topic or fathom the read and impact this publication could have. And while the latter point is still something we must understand more fully, we can say without hesitation that PXJ has surpassed our initial dreams. Individual articles are now downloaded at just under 10,000 times per month, with the 200,000th article download milestone waiting ahead in the next few weeks following this volume's release. The journal is now read in over 190 countries and territories and the contributions have not only covered the breadth of the definition of patient experience itself,¹ they had pushed the thinking of

the field and highlighted voices from across healthcare around the world.

This is shared to open this volume, not as a proclamation of any success, but rather as proof of something much more significant in healthcare overall – that patient experience no longer rests at the fringes of our global conversation but rather at its heart.² This is a field with tangible and rapidly growing science and one that seeks to bend the linearity and crack the silos that have for so long dominated the way healthcare has been both operated and researched. This is reflected in continued data showing the priority placed on patient experience by healthcare leadership across the continuum and around the globe. It is exemplified in the shared perspective that people now more than ever acknowledge patient experience is an integrated effort – linking quality, safety, service, cost and the very population outcomes that drive decisions in health systems around the world.³

This is a complementary view of the core components of the triple aim itself,⁴ and underlines the critical importance of that concept's recent expansion to the quadruple aim.⁵ If we are true to experience from the perspectives of

consumers of care, be they patients or family members, caregivers or citizens, the components of care experience, population health efforts, management of costs, and workforce engagement, must be all considered part of the experience one has with healthcare.

I have consistently challenged the minimizing of experience to the clinical setting and its equation to satisfaction or to survey results, and remain steadfast in expanding the perspective of all experience fundamentally encompasses.⁶ This calls for a shift from provider grounded language such as being “centric” to broader constructs of partnership and acknowledges the broad lens by which those who engage in healthcare experience the system overall.

This returns us to the trajectory of PXJ and the opportunity it calls us to tackle. Healthcare is as dynamic as it has ever been and is now being pushed at speeds it has not been built to handle. This will call for agility and vision, redesign and expanded thinking. These thoughts can be inspired by, borne out of, or proven in concept on the very pages of this community driven publication. I start with this reflection and a subtle nudge for there is much left to explore.

A view of Volume 4

The opportunity emerging is not just conceptual, but one grounded in what we are seeing on the pages of PXJ right up to this most recent issue. Volume 4, Issue 1 opens with a commentary from Professor Jane Cummings, Chief Nursing Officer England, who calls us to consider an experience age in which “the global dialogue on patient experience will become even more important, as we recognise that despite differences in design and operation, the challenges our health systems face and the focus on what matters most to patients are shared.”⁷ This global dialogue is one that is both geographic and conceptual in nature, as this volume also challenges us to think about the expanse of those being served by healthcare.

This issue presents research from rural care settings and underserved populations, addresses the idea that all voices matter in patient experience through an exploration of co-design and caregivers’ perspectives, and touches on some practical concepts such as the impact of mobile devices and practices to address quiet at night. In addition, the issue looks to provide greater framing of contributions and a stronger narrative voice as well.

Volume 4 launches sections for *case studies*, which remain evidence and research based submissions addressing the application of practices, processes or programs, and *personal narratives* which are designed to allow for the telling of stories that showcase individual patients, providers or others who are leading the effort to employ patient

experience practices with powerful lessons, practical outcomes or measured results. We present our inaugural narrative in this issue by Shaw & Lamdin⁸ where through an exploration of a surgical experience they challenge us on how to navigate the multiple roles we are called to play in healthcare from practitioners, to patient to caregiver.

The opportunity to share narratives is a fundamental part in bringing voice to the science we see expanding in patient experience. It reminds us of the person (or people) in the middle of any effort to make positive change be they delivering, supporting the delivery of, receiving or supporting the recipient of care. These are critical reminders of the humanity and in many cases the fragility of those experiencing the complex healthcare systems we create.

A return to purpose

The acknowledgement of the humanity at the center of all we do in healthcare is not new, but in the midst of our current dynamic political, policy-driven and structurally rigid environment in which healthcare finds itself, this idea cannot be overstated. In fact, it was reinforced by a powerful discovery just released in the initial findings of The Beryl Institute sponsored exploration of the State of Patient Experience 2017.³ The data revealed in numerous ways a return to purpose for patient experience. This appeared in two key ways.

The first was that staff/employee engagement emerged as the fastest growing priority across segments over the last two years. This emergence in commitment to engagement of the healthcare workforce comes on the heels of rapidly increasing conversations and explorations into the issues of caregiver and provider fatigue and burnout and the implications this has on the overall experience of those seeking care. Evidence continues to grow showing how engagement of people in healthcare organizations directly impacts outcomes both clinically and operationally and has a reinforcing influence on those delivering care.

Engagement has the opportunity to be an affirmative and supportive focus that can address the challenge of people finding themselves disconnected from the very passion and purpose that drove them to healthcare in the first place. This reflects the second area I would encourage and invite more work and contributions. How are we managing culture and people in healthcare organizations to ensure they are all cared for and what are the implications for doing (or not doing) this well?

This second point is a longitudinal development realized over the six years since the initial State of Patient Experience research was conducted in 2011.³ This year’s data revealed organizations were focusing on the fundamentals of both patient and family and employee

engagement, recognizing the need to strengthen communication efforts and elevating a focus on quality and safety as central to providing the best in experience.

These ideas of engagement, communication, quality and safe outcomes are unquestionably central issues for healthcare. What is powerful is that they are all now coming together in the experience dialogue. This is a shift in focus from episodic to integrated, from transactions to interactions, from clinical to human. It is grounded on healthcare's commitment to diagnose and heal, sustain wellness and support people's remaining days with dignity, respect and comfort. And no longer are priorities simply success in survey domains or satisfaction scores, but rather a broader, integrated focus that represents a true return to purpose overall.

An opportunity, responsibility and invitation

This issue takes on one more challenge as PXJ embarks on its 4th year in publication. In the piece authored by Silvera Haun & Wolf,⁹ we conducted a self-reflective exercise of the content of PXJ itself to evaluate, understand and engage in the scope of all experience encompasses. The exercise serves as a means to understand both the landscape of what PXJ is bringing to light and where it is missing opportunities to contribute. In addition, the hope is to frame what opportunities for contribution exist and to reinvigorate the challenge for innovation in experience research overall.

This exploration of what PXJ has published leads to a call for what we hope you will see as not just an opportunity for exploration, but a responsibility as readers and contributors to both the patient experience community and the research base of the field overall. While I encourage you to read the piece as you look for research inspiration, I would be remiss not to add an invitation to the mix. In addition to considering opportunities for personal narratives or evidence-based cases, we determined an opportunity to push the edges of the conversation in PXJ.

One, we invite pieces that expand our global understanding to not just national practices, but how national contexts and cross national similarities and distinctions inform our work. Two, we must expand the exploration into technology, not just regarding its use, but more so its central role to interactions people now have in healthcare and how and to what extent technology and expanding technologies will shift the experience people have. I would contend we as well have opportunities to explore the cultural influences on experience both organizationally and demographically in the face of evolving patient populations and potential policy changes.

Since we last published PXJ, a lot has happened globally and politically that has created a new type of dynamic and in some ways shifted the stability of where we believe healthcare stands. It may be the eternal optimist in me, but I see this as potentially one of the greatest opportunities in healthcare's evolution, where the need to be agile and grounded in inquiry is perhaps never been greater, where the opportunity to engage in local or national policies as well as linking to create means for global sharing and education are never more needed.

As we closed volume 3, I called us to consider the experience era was upon us, and this conversation on research, practice and the opportunities it provides has never been more exciting. There are clear opportunities ahead and the powerful simplicity of a return to purpose may be one of the strongest foundations we could hope for in building the future of healthcare.

Our commitment at PXJ is to do our part to push at this conversation and expand the potential of how we think. Our invitation is to share your voice, your stories, your thoughts, your research and your experiences. It is this essence of generosity that inspires each of us to sustain a commitment to positive experience efforts each day. This is an outcome we can and should all aspire too. Your voices, your readership and your contributions will continue to make this possible.



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