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Veterans' experiences of patient-centered care: Learning from guided tours

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Abstract

In this paper the authors seek to examine Veterans' experiences with patient-centered care (PCC) at 2 United States Veterans Affairs (VA) facilities. The authors conduct their research through a process of guided tours, in which the participant leads the evaluator through an environment and shares thoughts, feelings, and experiences. Tours were conducted in April 2013 with 30 Veterans receiving care at these VA facilities. Via the tours participants discussed aspects of the environment of care, and described some as 'welcoming,' while describing others as 'chaotic.' Participants provided multiple examples of PCC, frequently defining PCC in terms of accessibility of appointments, continuity and familiarity with providers, and shared decision-making and communication. They highlighted that their identity as Veterans influenced their preferences for care, including efficiency, need for compassion, and consideration of mental and social health needs. Some suggested VA expand upon this idea of shared identity by creating a 'Veteran community,' and including increased opportunities for socialization with other Veterans, and access to the arts. The authors conclude that the impact of shared identity on care preferences has received limited attention in the literature; further, the impact of identity may be unique to Veterans, who represent not only a group of patients being seen at the same facilities, but a social group with shared history and characteristics, as well. These results can be utilized to expand implementation of PCC innovations, to improve health and well-being of Veterans.

Keywords

United States veterans; patient experience; narratives; patient-centered care; qualitative methods; participatory research methods

The World Health Organization defines individual health as "physical, mental, and social well-being and not merely the absence of disease or infirmity".¹ Along these lines, many healthcare organizations have made changes to facilitate the movement to a patient-centered care (PCC) model, which emphasizes patients' needs, preferences, and social context,² fosters enhanced patient-provider communication,³ and encourages a proactive, collaborative approach to health and well-being.⁴ Implementing PCC also requires system-level changes,⁵ such as cooperative care models,⁶ shared decision-making,⁷ self-management support,⁸ and eHealth/informatics.⁹ Healthcare organizations are also exploring integrative medicine combining both conventional, and complementary and alternative medicine (CAM) treatments to improve well-being, and align with patient preferences – for example, supplementing usual care with acupuncture to manage/reduce pain.¹⁰

Throughout implementation of PCC innovations, it is essential to assess patients' preferences and needs, and

capture their experiences through evaluation of current practices. The Veterans Health Administration (VHA) is one of many healthcare organizations working to incorporate PCC into practice.¹¹ As part of this culture shift, the Veterans Affairs (VA) Office of Patient-Centered Care & Cultural Transformation (OPCC&CT) has identified VA facilities as Centers of Innovation (COIs) to pilot PCC innovations. The Center for Evaluation of Practices and Experiences in Patient-Centered Care (CEPEP) was charged with evaluating process and impact of PCC innovations at COIs. A broad goal of qualitative evaluation is to understand the meaning of experiences from participants' perspectives. To do so, we used participatory approaches (e.g., guided tours) to engage patients and families in data collection. In this paper, we present the results from guided tours conducted with Veterans receiving care at two VA COIs, to learn more about their experiences and preferences with receiving VA care, and guide next steps in implementation of PCC.

Psychological research on personal narratives supports the approach of examining experiences as they occur within a specific environment.¹² As individuals construct and understand their narrative identity – the self as defined by personal characteristics (actual as well as idealized), goals, and life events¹³ – the environment functions as a backdrop that shapes the events occurring within it.¹⁴ For this reason, narrative identity is often referred to as a situated story or performance.^{12,15} Qualitative methods are frequently used to explore these factors and illuminate the complexities of personal narratives.¹⁶ Further, participatory methods essentially reverse the roles of participant and researcher; rather than the participant entering the researcher's environment to complete the study, the participant invites the researcher into his or her environment, altering the power dynamic,¹⁷ minimizing the researcher's influence on the direction and content of the tour,¹⁸ and providing context for and allowing the evaluator to understand the participants' beliefs, feelings, and experiences.

Methods

Study Design

Guided tours were conducted in April 2013 with Veterans who receive care at two VA COIs. The evaluation was determined to be quality improvement by the VA Central Institutional Review Board.

Participants

Participants were 30 Veterans who were current users of VA healthcare services. Recruitment occurred through flyers posted in the two COIs, and referral by facility leadership and providers.

Procedure

Guided tours are a form of mobile participatory methods, which emphasizes the importance of the evaluator being present and in motion with participants as they navigate the environment.¹⁹ In a guided tour, the participant leads the evaluator through an environment, such as a hospital, while discussing surroundings, thoughts, and feelings,²⁰ to facilitate an understanding of the multi-sensory (e.g., sights, sounds) experiences of the participant.²⁰ Guided tours were scheduled at a convenient time for the participant. Most (90%) tours began at the facility entrance; a small number began in another location (e.g., clinic following an appointment). Participants were asked to walk through the hospital as they would on "a typical visit" and to "talk through their experience" as they walk. Participants gave consent to participate and permission for audio-recording. Participants held the recorder and spoke into it as they walked. Tours lasted approximately 30-45 minutes. Content of each tour was determined by the participant, who narrated the tour, with the evaluator asking open-ended questions as needed to foster discussion. Some questions were generated beforehand,

including "What would be the ideal experience when you come in for an appointment?" and "If you had to go to a new part of the hospital, where would you go for help?" Participants were informed they could refuse to answer any questions, stop the recording, and stop participating at any time. At the end of the tour, each patient completed a brief survey of demographics, including age, gender, race/ethnicity, education, marital status/living arrangement, general health status, and health care use (VA and/or non-VA). They received a \$10 gift card as a token incentive for their time.

Data Analysis

Audio-recordings were transcribed verbatim by research assistants. Qualitative content analysis and pattern coding were used to analyze the data;²¹ two trained qualitative researchers independently read three selected transcripts to identify potential codes/categories. The coders then met to discuss results, and generate a complete codebook. Both coders then independently coded all transcripts, and met to compare results and resolve discrepancies. Initial agreement was high (85%). Final codes were entered into NVivo version 8 qualitative analysis software (QSR International, Doncaster, Victoria, Australia). Coders met to discuss results and identify overarching themes, including characteristics of the environment, what PCC means to Veterans, Veteran identity and impact on preferences, and need for a Veteran community.

Results

Participants were mostly male (90%), and an average age of 57 years. Most considered themselves to be in excellent, very good, or good (compared to fair or poor) health. The most frequent living arrangement was living with family/friend. (See Table 1). Though each tour was unique in the specific locations visited, many common areas were included in tours. Everyone, regardless of where the tour began, went through the main lobby at some point in the tour, 86.7% (n=26) toured primary care, 40.0% (n=12) toured the pharmacy, 33.3% (n=10) toured emergency, and 20.0% (n=6) toured the lab. Over 63% (n=19) toured at least 1 of 15 different specialty clinics, including cardiology (20.0%, n=6), mental health (20.0%, n=6), and ophthalmology (10.0%, n=2). Six toured other facility offices, such as patient travel (6.7%, n=2), and patient education (3.3%, n=1). Other areas included the store/cafeteria (23.3%, n=7), outdoor walking areas (13.3%, n=4), and parking lots (6.7%, n=2).

Characteristics of the Environment

All participants described the environment of their VA facility. Several concepts emerged about characteristics of this environment. Many focused on aesthetics, and commented on attributes like cleanliness, and use of color or natural light:

"I feel good about going through most areas, especially up and down the corridor and around the [cafeteria]... [In] the Atrium, there's plenty of light."

However, some described specific areas of their facility, particularly older sections, as unclean and "dated," and felt there was a disconnect between newly renovated and older sections:

"It's obvious that they redid this... part of the hospital. Why does one section of the hospital look nice but all the other sections [are] ugly?"

Participants also identified more abstract aspects of the environment, such as soothing or comforting, and highlighted the impact of these attributes on their well-being: "The colors are soothing (points at wall painted soft yellow)... [It] gives it a nice friendly... healing effect."

"This is the meditating room where... everyone comes to unwind... It is very comforting. Somewhere... quiet, you can sit down and relax."

Others felt the facility environment could be noisy and chaotic, especially in main lobbies and waiting areas:

"The lobby is actually pretty dead right now, but usually there is... a lot of busy stuff going on here. Typically the lobby is full of a bunch of people... People on top of people... It is overwhelming when you come through here because you don't know where you are going."

What PCC means to Veterans

Participants discussed their current experiences in receiving care and what they would consider 'ideal', and provided examples of care that was and was not patient-centered. Veterans frequently discussed care accessibility, including appointment availability:

"Some things are available to me that a lot of other Vets don't have... acupuncture, chiropractor... Unless the Vets are referred... they don't get to use those things. And even me... my next chiropractic appointment is... two and a half months away... [The] alternative clinics and medicines are not as available as I would like to see them."

"I usually don't have any problems here... I can always walk over here [to the primary care clinic] and I can always get an appointment of some sort. So they will do a walk-in appointment."

Continuity, in terms of familiarity between provider and patient, was also important, because it allowed Veterans to receive care efficiently:

"I visit [the] ER a lot because I have asthma. Certain times of the season I have to come in. They know me... they know exactly what to do for me. When I come in, they [are] waiting on me."

Participants also frequently discussed communication and shared decision-making as essential to PCC and their overall well-being:

"I leave feeling good about seeing [my doctor]... [who] listens and tries to get to the root of the problem... It makes you feel good when somebody cares about how you are feeling or how you are not feeling."

Some also defined PCC in terms of responsibility, of both patients and providers:

"As a patient anywhere, you have to be proactive. You can't let other people be responsible for your health... When they say, 'Oh, we will give you a call in two weeks,' no, I am going to that department [myself]... [From my providers], I expect efficiency... I am always going to be 15-20 minutes [early]. Check me in. See me within hopefully 15-20 minutes of my appointment time and get me out... That would be ideal."

Veterans discussed preferences for new treatment options, such as CAM, for pain:

"I was one of the first groups of patients that were actually afforded the opportunity to have acupuncture. It's part of the holistic health program. They have tai chi, tai kwon do, relaxation. They're moving... away from chemical medications and giving us more of an option."

Veteran Identity and Impact on Preferences

Throughout Veteran narratives, the idea of what it means to be a Veteran was discussed. Many participants believed this identity directly influenced care preferences. For instance, preferences for efficiency were believed to derive from military experience:

"We have all been in the military. And if anything else the military has always been efficient... When [Veterans] come [to VA] they want the same thing no matter how long they have been out."

Many discussed the importance of compassion, and consideration of mental and social health needs resulting from military experience:

"I understand they have staffing issues [that affects appointment accessibility] but... I don't want to hear about staffing issues. I now need what I need because my life has been interrupted in a way that it could never be put back the way it was before I left... It's not a light task to send a person off to combat... The sights and terrors will

never allow you to be completely comfortable again... It affects your relationships, your marriage, your children, your parents, and... society as a whole.”

Relatedly, many participants discussed personal health issues and characteristics, and felt that these issues and characteristics were common among other Veterans. Mental health issues were brought up frequently:

“The mental illness that... I suffer with... I know that it is not just my experience, this is the same experience that a lot of these Veterans are having.”

Participants also discussed other health issues, such as mobility limitations, visual impairments, and hearing impairments, and discussed the need for facility planners to be mindful of how these issues impact Veterans' needs and preferences:

“The other [issue] is... the availability of disabled parking in the parking deck... There may be... eight [spaces] on each level, [but] most of the [Veterans] that are coming here are disabled.”

“The patients that come through [this facility], a lot of them are elderly. Look at how big that sign is (points at sign in hallway just off main lobby)... They are so tiny and so compact, [and] there is a lot of [information] there.”

Some Veterans also clarified that the identity of “Veteran” went beyond physical characteristics:

“We'll chat [with other Veterans], but it has nothing to do with age, race, or any other physical complaints... They feel comfortable at the VA when they come here.”

Veteran Community

Veterans discussed using VA resources and facilities for a variety of needs. Many stated that the reason for their frequent visits was not only for medical needs, but to socialize with other Veterans:

“There's a camaraderie among Veterans... they feel comfortable when they walk in the door. And they feel at home because they're all Veterans.”

Relatedly, Veterans who have used VA care for an extended time period also make efforts to welcome new Veterans, and help them become acclimated to the care environment:

“I will stop and talk with anybody... any Veteran... [who] feels out of place like some do when they first enter... because I did... Building some good memories, good emotions... That... reinforces why I come here... I couldn't be in a better place for the issues that I have.”

Some participants suggested building upon this dynamic to create a Veteran community that would fulfill a variety of needs, including socialization, activities, and access to the arts:

“It seems to me that this campus should be run like a Veteran's community and that everything should be available for the veterans to use... [to keep] our minds and bodies healthy and in tune with today's society... Why don't we have [Veterans] acting... in amateur plays... [or offer] cultural events [and] concerts?”

Veterans also wanted greater involvement by local staff and Veterans in facility improvements:

“Just ask the people from within, not the people from the outside ... I understand the thought of hiring outside companies... but that is never going to fix it because they do not... know the needs of the Vets... [It] doesn't get me to the department I need when I need to.”

Discussion

Guided tours are well-suited for evaluation of PCC through the eyes of the patient participant, particularly to examine participants' conceptualizations and responses to the environment.²² By walking through the environment with the evaluator, participants are able to share immediate reactions to aspects of the environment more easily than through surveys. As a result, the environment was frequently discussed by participants, and included references to concrete elements, such as aesthetics, and abstract elements, such as the environment as “welcoming” or “chaotic.” The environment impacts behavior occurring within it,²³ by promoting or hindering certain responses. A welcoming environment could foster social interactions, such as those discussed by guided tours participants with other Veterans, and increased self-disclosure with care providers,²⁴ which could positively impact patient-provider interactions. Changes to the care environment, in both function and appearance, can also increase comfort, reduce anxiety, and improve patient and provider satisfaction.²⁵

Additionally, walking through the environment in real-time serves to refresh participants' memories,¹⁸ helping them to remember thoughts and reactions they experience during a typical visit. Participants shared examples of an ideal care experience that aligned with many aspects of PCC, by discussing characteristics of interactions with providers. Some discussed very positive interactions, and highlighted key provider behaviors, such as listening and educating. Throughout, they discussed a desire to be proactive, informed, and involved in decisions. Bernabeo and Holmboe²⁶ state that even in organizations implementing PCC innovations, office visits may still follow the

traditional encounter, in which the patient plays a passive role. Providers also report barriers to engaging in shared decision making with patients, including insufficient training, and increased workload.²⁷ As such, novel innovations are needed to facilitate shared decision making, including office redesign and increased support services for both patients and providers.²⁶

One major theme emerging from the current study is the importance of Veteran identity. VA patients may differ from non-VA patients; not only do they come to these facilities to receive medical care, they view being a Veteran as part of their identity, and see receiving VA care as a reflection of that identity. Walking around the facility, and seeing the people and places they frequently visit, serves as a catalyst for the interview process¹⁸ and helped participants to consider the social context in which their identity as 'Veteran' is expressed.^{12,14,15} Social identity theory postulates that people often think of themselves as members of social groups, rather than unique individuals, and delineates how membership impacts and explains individual behaviors.²⁸ Individuals use group membership to contextualize their role in social encounters.²⁹ Further, groups hold strong emotional significance for their members,²³ and can impact self-esteem and overall well-being.³⁰

The importance of identity for Veterans receiving care at VA especially warrants additional attention, as this factor can impact interactions with providers. Gade and Wilkins³¹ found that Veterans completing a vocational rehabilitation program reported higher satisfaction when they believed their counselor was also a Veteran. Satisfaction can, in turn, lead to better adherence to provider recommendations.³² Additionally, identity as a concept is not well-incorporated in PCC models, despite its potential to impact preferences and needs. Capitalizing on identity could facilitate the development of a Veteran community within VA, in which many health and social needs are targeted. More attention is needed to develop and refine this community for implementation into facilities. Models of holistic care³³ can provide guidance, by demonstrating how other facilities have utilized integrative medicine, patient education and support, and other aspects, into the care environment.

Guided tours are well-suited for PCC research and evaluation; they may be especially practical and useful to leadership and providers, in providing data that promptly delivers actionable results, such as small changes that could improve the facility environment and new directions for future PCC interventions. Among our recommendations for the present project were improved signage, particularly in the main lobby area; preferences for expanded availability of CAM; and efforts to reduce wait times and/or offer alternatives to waiting (e.g., pagers) in busy clinics. Our work shows that an evaluation technique

like guided tours, despite the small sample, can generate rich data that has the potential to improve daily activities in healthcare facilities. This approach may be well-received by healthcare personnel because it parallels other types of qualitative assessment approaches, such as "Joint Commission Tracers," who follow the course of a patient's treatment and retrace care processes.³⁴ Although tracer data is often used for compliance assessment, these data, similar to guided tour data, can be used for continuous quality improvement for healthcare quality and patient-centered care.

Additionally, participatory methods like guided tours actively engage patients and their families in quality improvement, which is viewed as necessary for effective PCC implementation.³⁵ Hence, guided tours can be adopted as an internal tool for facilities, as they work to improve the patient experience. This method was compatible in the present evaluation with exploring complex relationships and processes affecting care delivery and preferences; as participants toured the facility with the researcher, visual and auditory stimuli offered cues that helped to remind participants of thoughts and feelings they experience during a typical visit and how their experience could be improved.²⁰ It allowed participants to establish the pace and direction, permitting them to discuss any aspect of the environment that they felt was important, while the researcher was simply 'along for the ride'. A well-trained qualitative researcher is necessary to conduct guided tours effectively, as they require a generally unstructured approach to interviewing, though some basic questions were generated beforehand. Evaluators must be willing to give participants control over the tour, and possess excellent listening skills to generate effective, timely follow-up questions. They also must be flexible about direction and length of the tour, as each individual's unique experience will affect the breadth and depth.

Limitations

Qualitative results do not generalize in the same way as quantitative results;³⁶ these results may not generalize to Veterans receiving care at other facilities. However, qualitative methods can provide rich, meaningful data when studying complex phenomena or exploring potential relationships for future study. While the sample size from the present study is smaller than one would find in large surveys of patient preferences, it is similar to sample sizes found in other qualitative studies. Additionally, the sample included Veterans from two geographically dispersed VA COIs, and was comprised of both male and female Veterans, and Veterans from different racial and ethnic backgrounds. Though each participant was unique in his or her experience with receiving care, common themes emerged across Veteran participants, signaling theoretical saturation has been achieved.³⁷

Conclusion

Participatory methods engage the individuals who will be most impacted by the results, and are increasingly viewed as an important component of PCC quality improvement.³⁵ The present study highlights many experiences to inform PCC innovations going forward. Participants valued warm, welcoming environments, and collaborative interactions with their providers. Further, they viewed their shared identity as Veterans as influential on preferences for care receipt, and desire a more holistic approach to care that encompasses this shared identity.

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