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The patient experience movement moves on

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Abstract

As we present Volume 2 of Patient Experience Journal (PXJ) we both recognize the contributions that helped launch this publication and acknowledge the work that helped build the foundation of the broader research exploration in the emerging field of patient experience. On this base of knowledge we have worked to establish a new home for expanding the exploration of new ideas and practices through this publication. The importance of building, supporting and sustaining an outlet for research in patient experience is grounded in the belief that positive patient experience is good for healthcare, it is good for the people who comprise it and it should be of greatest benefit for those who are cared for and served. If we do our work as scholars and practitioners, in linking new ideas and solid proven practice, we have the potential to profoundly change the nature of healthcare. It is why we ask you as readers and researchers to continue to push the boundaries of what we believe is possible; understanding that at the end of the day, there is not only great opportunity, but great responsibility in focusing on excellence in patient experience and continuing to ensure the patient experience movement moves on.

Keywords

Patient experience, Patient Experience Journal, patient experience movement, patient experience research

This week marks the first anniversary of *Patient Experience Journal (PXJ)* and as you will see in this issue, the scope and breadth of topics emerging that impact the experience of patients and families and those caring for them continues to expand. In April 2014, when we launched *PXJ*, our hope was to establish a home for research efforts that have for far too long been searching for a common place in which to gather. We also believed that the voices of practitioners and of patients and families committed to sharing insights needed a place from which to be heard and could guide the scholars driving this research.

The intent of *PXJ* was simple - to provide a means to collect, highlight and openly disseminate the growing body of work focused on and committed to the topic of patient experience. This has resulted in tens of thousands of downloaded articles in this first year. More so, our commitment was to reinforce that while all efforts to impact the experience of patients and families are clearly local, and even reach deeper to the individual level, the reality of this work is that it is something healthcare organizations struggle to address collectively every day around the world. We have seen this reinforced with the readership of *PXJ*'s coming from over 80 countries.

Of interest as well has been the range of voices captured in our most read articles in year one, from the top read and foundational *Defining Patient Experience*¹, which explored the global efforts to define patient experience and the key themes that help shape the concept (and has served as a guiding construct for the continued growth and framing of

PXJ itself), to two powerful commentaries. The first was from a leading executive perspective, *To serve patients is our greatest privilege*², which reinforced the powerful point of why people chose the healthcare profession in the first place and the second from the voice of the patient directly in *Customer service vs. Patient care*³, which challenged us to not overlook the complexity that is found in dealing with the humanness of healthcare and the true individual needs of patients and families beyond just service.

This last idea is fundamental to all I have seen in research and practice. When we look at the totality of patient experience, we must recognize it as its broadest point and acknowledge it is not something we can compartmentalize. Rather it encompasses the central practices of quality, safety and service and includes how cost and overall outcomes influence not only the delivery of care, but also the very choices healthcare consumers are making.

This latest issue of *PXJ* reinforces that very message. Covering ideas from safety to satisfaction, cancer treatment to pediatric settings and leadership to patient engagement, you will find the true breadth of the patient experience conversation emerging.

Implications for our Work

What does this mean for our work in patient experience both as researchers establishing our academic community and practitioners searching for the answers on how, what and even why? In one of our opening pieces in this issue⁴,

Geoffrey Silvera and I explore the most frequently cited materials in Volume 1 of *PXJ*. They too reflect some of the core ideas we continue to find central to the overall healthcare experience, such as, the implications of systemic perspectives on quality, the nature of patient perceptions and the continued debate on measurement, an exploration of the links between experience and outcomes and more.

With the range of perspectives presented in Volume 2, Issue 1, it is clear we have an incredible opportunity in front of us. While some academic fields have definite boundaries and even ranges of impact, the work we are seeing coalesce in the emerging field of patient experience is quite expansive and therefore, has the incredible opportunity to have extensive and broad positive impact.

That may be one of the most profound and critical ideas at the center of the work we do. Research in the patient experience realm has real and tangible implications. These are not discussions on hypotheses, but rather they are grounded in the stories of people and rooted in the challenges of effective practice. In even the highest standards of objective research, they may always in some way lean towards the opportunity for action to be found in what is discovered.

In addition, I continue to explore the idea that fundamentally there are no secrets when it comes to the heart of the experience conversation. Even with the advent of new technologies, virtual encounters and other emerging functionalities in healthcare, there is one core idea difficult for the industry to move beyond (and in fact it must not). That in healthcare we are human beings caring for human beings and as much as we want to believe in the exactness of the science of medicine, I have yet to find one individual within its boundaries that would deny there is some part that will always be art.

That means this is a messy and complicated business. Our humanness makes it that way. For as much as we create consistency, we remain unique collections of individuals coming together for a common good. Our work is not so much about finding the truth, as understanding what the truth is for those in each encounter. This poses a challenge in a way to driving broad conclusions, yet, as in the organizational sciences and management, or in the deep roots of psychology and human development, we can and should remain comfortable operating under a set of central ideas.

It is from this understanding we must continue to push the research agenda and expand the dialogue, recognizing that our labs are not sterile settings with perfect conditions, but are found on the front lines of care, in physician practices or hospitals, long term care facilities or hospice. They too are found in the spaces in between and surrounding the clinical world that may not equate to a direct care

encounter at all. Rather they serve to tie the broader care experience together, such as insurance or financial transactions, access to pharmacy or even e-monitoring efforts.

The exciting nature of the marketplace and the dynamism we see in humanity itself may be what allows for a broad base on which to build our work. Perhaps the implications are no more complex than reinforcing our willingness to ask the questions beyond protocol or process to the people we have in our systems. We also need to be able to focus on both uniqueness in our segments and commonalities found across our boundaries. I was privileged to lead a panel at The Beryl Institute's Patient Experience Conference this year that explored the conversation of experience across the continuum and it reinforced a critical message we hear shared consistently. That regardless of segment or area of healthcare one might find themselves, we come back to the reality that experience happens at the point of interaction, so people matter, organization culture matters, leadership matters, attitude matters, process matters...and there is much that matters. That leaves us much more to explore.

The movement moves on

In Volume 1, Issue 2, the article, *The patient experience movement moment*⁵, identified three major developments signifying the patient experience movement was upon us. First, government policy and mandates in numerous countries are elevating the experience conversation. Second, an expanding knowledge base and a burgeoning support industry has sprouted up with significant investments, consolidations and expanded focus from major players. And third, a growing amount of research is showing the positive impact of experience on outcomes and other aspects of care.

Yet even with those developments, the patient experience movement needs more on which to ground its collective efforts and push the issue forward. Nelson Mandela, was attributed with stating, "All movements need organizations that are the point of the spear." This reinforces the power and need for a gathering place for ideas and people. We have seen this start to take root in the efforts of *PXJ* and in our sister community, The Beryl Institute, which has gathered tens of thousands of people globally on this very topic to collaborate and share ideas.

Perhaps more significantly though are the words of Mandela's peer, Steven Biko who added, "The power of a movement lies in the fact that it can indeed **change the habits of people**. This change is not the result of force, but of dedication, of moral persuasion." This idea may be what rests at the very heart of our work here together; that we are not forcing a shift, but are working at our core to

change the habits of people and by this very effort, the habits of organizations and systems themselves.

The idea of patient experience as a movement, as an emerging field of research and practice is a powerful consideration. It signifies in its very framing that no one owns the idea, but rather we gain from the sharing of ideas. That there may be no one truth, but we succeed in the exploration of all truths. That while no two circumstances may ever be exactly the same, they still have a grounded reality that they include people, human beings deserving of care and compassion, dignity and respect, honor and understanding, be they offering care or receiving it. And that may be our biggest opportunity of all.

I write this not to express ungrounded idealism, but perhaps to offer, we have great opportunity in our ability to ground our ideals. That positive patient experience is good for healthcare, it is good for the people who comprise it and if we do our work as scholars and practitioners in conjunction, in linking new ideas and solid proven practice, we have the potential to profoundly change the nature of healthcare. It is why we are here one year later asking you as readers and researchers to continue to push the boundaries of what we believe is possible, understanding that at the end of the day, there is not only great opportunity, but great responsibility in every healthcare interaction. With that, our possibilities are truly boundless.



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Founding Editor
April 30, 2015

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