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Jason A. Wolf PhD

The Beryl Institute / Patient Experience Journal, jason@pxjournal.org

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The State of Patient Experience

Jason A. Wolf, PhD, *Editor, Patient Experience Journal, President, The Beryl Institute, jason.wolf@theberylinstitute.org*

Abstract

As the patient experience movement continues to flourish, there is greater alignment that experience encompasses all we do in healthcare – not simply a customer encounter, but how we engage people in mind, body and spirit, how we integrate the critical aspects of care from quality to safety to service and how we link the very complexities of our healthcare systems globally to provide for easy journeys for those receiving care. In sharing data from the latest study for The Beryl Institute on patient experience, the trends of this growing movement are seen as positive and a set of clear and defined outcomes driven by a positive patient experience are emerging, representing the impact experience now has as a central focus for healthcare globally. The state of patient experience is strong for regardless of national identity or systemic constraints – the idea itself resonates at the core of our humanity. If we approach it from that light, both in practice and in research, the possibilities for a better healthcare world are truly boundless.

Keywords

Patient experience movement, patient experience, healthcare, patient and family engagement, state of patient experience, Patient Experience Journal

An Expanding Conversation

As I offered in reflecting on our most recent issue of *Patient Experience Journal (PXJ)* this past spring:

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.¹

In that time since then, we have seen the patient experience movement continue to flourish. Every day I learn of new ideas emerging to support a positive patient experience. More importantly, I see a coalescing around the idea I believe so central to patient experience success and all it represents. That is that experience encompasses all we do in healthcare – not simply a customer encounter, but how we engage people in mind, body and spirit, how we integrate the critical aspects of care from quality to safety to service and how we link the very complexities of our healthcare systems globally to provide for easy journeys for those receiving care.

I too am seeing a shifting in experience efforts in a few additional ways. The first, in that we are moving beyond trying to address survey results to engage in experience as the more comprehensive idea I framed above. The second, we are showing increasing awareness that the experience of care providers – physicians, nurses, care teams, etc. – must be acknowledged and addressed as part of the experience conversation if we are to achieve the best in

outcomes. And the third, there is shift beyond simply suggesting the importance of patient centeredness to seeing definitive actions to partner with patients and families and engage patient and family perspective.

These trends are key as they represent an evolution of the patient experience conversation from being seen as tangential to healthcare priorities as a service effort, to finding a critical strategic role at the heart of all we do in healthcare. One thing is for certain in healthcare today, especially in a market driven by a new consumer mindset with unbounded access to information and instant opportunities for feedback; that all those receiving care have an experience whether strategically planned for or not. If these trends hold true, and the market perspective we see only continues to solidify and broaden, then in healthcare we will no longer have the option to overlook experience and instead will find it at the strategic core of all we do.

The State of Patient Experience

This April, The Beryl Institute released its latest findings on the state of patient experience² and shared insights gathered from the now growing global patient experience movement. The study included the voices of 1561 respondents from 21 countries on five continents. It represented input from 773 US hospitals, 174 Non-US healthcare organizations, 116 long-term care facilities and 93 physician practice organizations. It was an industrious undertaking to understand not only the trends we have been seeing in the last five years of patient experience

efforts in the United States, but also attempted to take a global and cross-continuum perspective as well. In analyzing what it offered us in guiding both intention and focus for action in the days ahead for the patient experience movement, I offered a central idea fundamental to what we see transpiring in patient experience today.

The bottom line is that in no greater way has patient experience mattered in healthcare for the factors that drive its success, the outcomes it is seen creating and the importance and impact it has on the consumer of healthcare, than it does at this very moment.

What the data reveal reinforce the ideas I share above and help frame what we are seeing emerge on the pages of *PXJ*. First, patient experience and its integration with quality and safety remain the top priority for healthcare leaders around the world. The idea of aligning these efforts is critical to effective and comprehensive efforts and positive outcomes. Second, we still have an opportunity for clarity of purpose – with less than 50% of all respondents identifying their organization as having a definition of patient experience. I remain steadfast in suggesting that without definition an organization lacks the foundation and in many cases shared purpose on which to build its efforts.³ Third, leadership and culture matter in patient experience. Respondents offer that it is on the backs of leaders that strong experience efforts are built and on the foundations of vibrant and purposeful culture through which experience efforts are nurtured and sustained. Fourth, this intention in focus and foundation is being accompanied by actions. For example, the data for US hospitals show an increase from 22% to 42% in the number of organizations identifying themselves as having a senior patient experience leader guiding their efforts. Across the four segments studied, an average of 63% of all organizations reported having someone in a senior role responsible for guiding experience efforts.

Perhaps most interesting in the results are some emerging data points we saw in the 2015 study. One, that there is a clear and growing investment in engaging patient and family voice for both input and feedback. Engaging patient and family voice through patient and family advisory councils had the largest increase as a metric used in gauging experience performance, moving up over 20 percentage points from 2013 and it was consistently a top identified metric across all segments studied. And while staff training and development remained the top area of investment for organizations looking to address experience improvement, patient and family engagement efforts emerged as a top three item for the first time as an investment for organizations, most specifically in both the U.S. and non-U.S. hospital segments. The other was a clear acknowledgement for the first time that patient experience is the foundation for overall improvement. In asking what the top impacted item was in focusing in

patient experience, quality/clinical outcomes came out on top.

These discoveries, while perhaps not surprising to those of us following the experience trends, are reinforcing the strong and positive move the state of patient experience is making. It represents a reinforcement of ideas at the core of the movement in focus and direction and reflects a powerful idea that all voices matter, patients and family voices should be part of the process and experience drives the ultimate in outcomes we look to achieve in healthcare. These are significant statements about what not only has emerged, but also what will drive patient experience efforts forward in the years ahead.

What Lies Ahead

From this review of the data, the practice of research we see emerging in the submissions to *PXJ* are supporting these trends. In this very volume alone, we cover the span of critical issues identified as driving the state of patient experience forward. Themes from patient and family partnership, to experience of care itself, to processes and measures, structure and even disease specific interventions shape the pages of this latest volume. Of interest as well is that we are seeing an emergence of not just simply talking about patient and family voice, but the real efforts to include patients and families in the research itself. For example in the paper, *Patient leadership: taking patient experience to the next level?*⁴, we hear directly from a patient leader in reflecting on the project and findings. And in the paper, *Patient and family partner involvement in staff interviews: Designing, implementing, and evaluating a new hiring process*⁵, a patient leader directly involved in the work as co-author as well.

What I also find of interest in that as *PXJ* has grown in the last two years in both submissions received and reach globally, the topics presented on its pages have sharpened. There perhaps is a paradox in this; that as there has been a coalescing around the centrality of patient experience in healthcare, the topics covered identified as impacting experience overall has broadened. This to me indicates we are both getting clearer about the essence of patient experience itself, all the while recognizing that it truly touches and is touched by all corners of the healthcare ecosystem. From exploring direct experiences of care in emergency departments or neonatal care, to process improvement efforts, to the impact of online portals for patient communication, from looking at how we address disease specific states, but recognizing the lessons learned in many cases are transferable across the healthcare spectrum. These topics of research reveal and reinforce the powerful statement again that experience is truly the integration of quality, safety and service, it is grounded in partnership, values all voices and has global consequences. The latter is of equal interest, with half of the articles in

this issue representing voices from around the globe. The lesson this reveals returns us to the state of patient experience itself. The healthcare dialogue is a global one and the patient experience regardless of national identity or systemic constraints resonates at the core of our humanity itself, and if we approach it from that light, both in practice and in research, the possibilities for a better healthcare world are truly boundless.

Moving Forward

As I travel and talk to individuals globally around the essence of patient experience, there is a fundamental understanding about the importance of experience yet there is clearly still a struggle with how to prioritize, resource, act and sustain these efforts. For all that the collective wisdom knows to be true, there too remains a struggle in many cases on how to move forward. These may be no better indicated than in the data, which reveal that around half of all organizations still do not have a formal definition or statement of purpose around what they want their experience to be. I have come to dub this the *performance paradox*⁶, that those things we know to be simple, clear, and understandable are not always easy, trouble-free and painless.

Yet for those same individuals when I share what I believe the true outcomes of experience are, they agree. This is where I see our opportunities moving ahead. To align around our common belief and then continue to build our research to show that above all else experience drives four critical outcomes, perhaps the most central and essential outcomes for any healthcare organization globally: clinical outcomes, financial outcomes, consumer/brand loyalty and community reputation. What I have found is that in the “business” of healthcare we continue to want to help people first in driving the best in outcomes, but we need financially viable organizations with which to do this. We strive, as seen in so many organizations’ mission statements, to be the provider of choice (loyalty) and thrive on our positions in and contributions to our communities. It may be no simpler, yet in reality subtly complex as that. That is our challenge and opportunity as we move the state of patient experience forward.

As we also move *PXJ* forward, I hope we can continue to expand and reinforce the dialogue and I invite and encourage submissions from all corners of our world. It is exciting to think where the next idea on experience excellence may emerge. I hope to see more work on the value and impact of patient and family partnership and voice, I encourage more work on the role of and impact of physicians, I stress that we must include understanding of the caregiver – nurse, physician, support staff, etc. –

experience and engagement and its relevance to experience overall as well. While just some potential ideas, I find new inquiries and possibility every day as authors find their way to *PXJ*. I invite you to consider this not only your research home, but also a place in which we can continue to expand the edges of the dialogue together. The state of patient experience is strong and the movement is growing. It is through your great ideas, commitments and actions that we will continue to truly change healthcare for the better, together.



Jason A. Wolf, PhD
Founding Editor
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