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Jason A. Wolf

*The Beryl Institute / Patient Experience Journal*

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# Four commitments for the future of healthcare: Reflecting on a decade of Patient Experience Journal

Jason Wolf, PhD, CPXP, *The Beryl Institute/Patient Experience Journal*, [jason@pxjournal.org](mailto:jason@pxjournal.org)

## Abstract

This issue closes the first decade of Patient Experience Journal's (PXJ) contribution to evidence and innovation, to sharing stories and research, to elevating the conversation and pushing the boundaries of the experience movement. We have never hesitated to nudge at the status quo or to respond with agility to the challenging moments we have faced. We have welcomed diverse voices as contributors, and we have seen an even more diverse readership. In reviewing the pages of PXJ over the last decade, we see a true evolution of the experience movement itself. The words of our contributors have provided a lens into the expanding perspectives that encompass the growing experience conversation overall. So where does this lead us? What does the path for the next decade of PXJ look like? In many ways, that is up to you to decide. The voices of this community are the colors on the palette of PXJ. Your voices will paint the picture for the next decade. So this question is not a call to action for experience as an idea, per se, but rather a challenge for all of us committed to this collective movement. The decade this issue closes serves as the foundation on which we can build even greater things. While PXJ is an academic journal, it is more so a launching pad for ideas and opportunities, for hopes and possibilities. I believe there is great power in expressed ideas, there is even greater power found in a community that fosters those ideas for not only what they can become, but also what they will impact as a result.

## Keywords

Patient experience, human experience, leadership, innovation, healthcare leadership, future of healthcare

## A commitment to impact

This issue closes the first decade of Patient Experience Journal's (PXJ) contribution to evidence and innovation, to sharing stories and research, to elevating the conversation and pushing the boundaries of the experience movement. We have never hesitated to nudge at the status quo or to respond with agility to the challenging moments we have faced. We have welcomed diverse voices as contributors, and we have seen an even more diverse readership.

PXJ crosses 500 articles published with the release of this our 27th issue, over 50 articles a year on average. What is more incredible is the engagement we have seen around the world. With almost 1.2 million downloads in over 220 countries and territories over the last 10 years, that means the average number of times an article published in PXJ is accessed is 2400. That is a commitment to impact. That is a commitment to ensuring messages are heard, conversations are inspired, people are informed, practices are expanded and mindsets changed.

That is also what makes PXJ unique, for while a rigorous academic publication, we are constantly looking for ways to innovate that system. From the structures of traditional publishing, we stand distinct. Yes, we have a blind review

process to ensure a respectful and thorough experience, but we too stand strong on our belief of open access for both readers and contributors. If we are to truly contribute to the transformation of the human experience in healthcare,<sup>1</sup> we must champion for all voices to be heard and all knowledge to be accessed (and fully accessible). At the same time, our academic metrics are strong, with a Scopus generated CiteScore™ of 1.6 calculated on May 5, 2023. (Details available at <https://www.scopus.com/sourceid/21101122914>).

Most importantly our impact comes from you, our readers and contributors who find our pages online, print out our articles, read them on your devices and share them with peers and colleagues. It is that spirit of community that has fostered all we have seen in the last 10 years.

## Where we started

As I opened our first issue of PXJ on April 30, 2014, I shared:

This publication in so many ways epitomizes all that is right and good about the patient experience movement itself. That being: no one individual or organization owns this conversation or can claim to have every answer, but rather it is a true effort of a community of voices from research to practice, from

caregivers to patients and family members, across the care continuum and into the reaches of resources provided and concepts yet unknown. This journal is a product of and works to exemplify this powerful patchwork of people and ideas that offers such significant possibility in impacting the lives of all those engaging in healthcare systems around the globe. From this concept it was our intent to produce a publication that would pull together these various voices in one central place, to build on new thinking together and to engage in investigation and debate.<sup>2</sup>

This idea and our commitments have never wavered, but at the same time we have continued to evolve. In that same inaugural issue, Dr. Irwin Press spoke to the evolution of the experience conversation that led us to that moment, sharing, “Concern for the patient’s experience is coming of age. We’ve graduated from elementary “smile school” and are now embarked on “higher education”.<sup>3</sup> That has been the contributions seen in the intervening years, that we have grown the conversation, expanded knowledge, and engaged more voices. But Dr. Press also saw the realities of the human experience movement that would soon result, adding, “A culture of patient experience will exist when all in healthcare unquestioningly accept that it benefits not just the patient, but everyone involved in the medical enterprise.”<sup>3</sup>

This idea was not surprising as the idea of culture itself was grounded in the center of the definition of patient experience shared by The Beryl Institute in 2010<sup>4</sup> and reaffirmed on the pages of that same inaugural issue in 2014.<sup>5</sup> The definition of experience, *the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care*, and Dr. Press’ words both pointed to the what was to come.

### Reflecting on the decade: What we’ve learned

In reviewing the pages of PXJ over the last decade, we see a true evolution of the experience movement itself. The words of our contributors have provided a lens into the expanding perspectives that encompass the growing experience conversation overall. In our November issue of our third volume in 2016, I shared the idea that the experience era was upon us and offered, “I [am seeing] the fundamentals of something central to much of what has been causing the current tectonic shifts in healthcare. Not the organizational consolidations, technological explosions or dramatic shifts in access, but rather the emergence of the very human experience so many of us have deemed as central to our healthcare focus.”<sup>6</sup> At the core of that article I shared eight core actions essential to the new era. One that stirred great conversation and reaction and continues to ripple is our need to “share wildly and steal willingly”. This idea has been one implicit in all we have done via

PXJ. To ensure new ideas are expressed openly and that the lessons learned are applied freely.

While summarizing the path of over 500 articles is challenging, there are some core themes that have emerged and resonated widely amount our readers. Some of our [most read articles](#) reflect the integrated nature of the experience conversation itself. We saw the importance of patient and family centeredness through the words of Brian Boyle in his article, *The critical role of family in patient experience*, where he shares “The loved ones of a patient may not have a medical license or healthcare background, but their voice and presence matters.”<sup>7</sup> We were reminded of the critical need to be active and present for our patients and families through tangible practice in Morton et al.’s article, *Improving the patient experience through nurse leader rounds*. In this article, the authors show that applying intentional practice can have direct and lasting results.<sup>8</sup>

The pages of PXJ also reinforced the importance of caring for our workforce. In the article, *Rebuilding a foundation of trust: A call to action in creating a safe environment for everyone*, Rushton et al. offer, “[We] should never underestimate the value of trust. Trust in ourselves, trust in the relationship we build with our coworkers and trust we earn with those we care for in health care.”<sup>9</sup> The conversation also engaged the voices exploring the critical issues of equity, health disparities and social determinants of health (SDOH) – the community experience that is foundational to any experience one has in healthcare – be they a patient or healthcare team member. In a powerful case study from Moreno et al. from Sutter Health’s Institute for Advancing Health Equity, they write, “A better understanding of the SDOH that influence a patient’s life can help to increase understanding of the patient experience, including the barriers they encounter, and help providers and health systems alike to identify new and innovative ways to engage with them to more effectively improve their health and the delivery of healthcare to achieve better outcomes for all.”<sup>10</sup>

This collection of patient stories, workforce challenges, community opportunities have woven together the content of PXJ over these 10 years, linking the global voice of experience from 6 continents. It was framed by the broader commitment to the human experience first shared on our pages in 2016 and reinforced in *Reexamining “Defining Patient Experience”: The human experience in healthcare*. In that article the authors share:

The human experience in healthcare ultimately is a living idea in which each part has an impact and influence on the other. To look at experience as anything less than this integrated system of relationships and outcomes would undermine its ultimate intent. When we focus on the experience provided in healthcare, we honor the humanity of the

system and the people in it; this leads to the results and outcomes we know all deserve. That is why the definition of patient experience holds true and has evolved; that is why a commitment to the broader human experience in healthcare must be acknowledged, understood and acted upon.<sup>1</sup>

This evolution from Dr. Press' review of what led us to our first issue to this evolution to an explicit conversation on human experience also showed up in the themes of our special issue series as well. Starting with our 4<sup>th</sup> volume in 2017, our special issue themes framed the rich tapestry that is the experience landscape, inclusive of settings across the continuum of care and points of focus across the human experience. A recap of these themes reflects the evolution of this decade as well. Our special issues included:

- Patient Involvement (2017): <https://pxjournal.org/journal/vol4/iss2/>
- Patient & Family Experience in Children's Hospitals and Pediatric Care (2018): <https://pxjournal.org/journal/vol5/iss2/>
- The Role of Technology and Innovation in Patient Experience (2019): <https://pxjournal.org/journal/vol6/iss2/>
- Sustaining a Focus on Human Experience in the Face of COVID-19 (2020): <https://pxjournal.org/journal/vol7/iss2/>
- The Impact of Inequity & Health Disparities on the Human Experience (2021): <https://pxjournal.org/journal/vol8/iss2/>
- Elevating the human experience through caring for the healthcare workforce (2022): <https://pxjournal.org/journal/vol9/iss2/>
- Emerging Frontiers in Human Experience (2023): <https://pxjournal.org/journal/vol10/iss2/>

And the 2024 special issue now has an open call for submissions:

- Transforming Experience in Non-Hospital Settings (2024): <https://pxjournal.org/journal/vol10/iss2/20/>

Of note was the incredibly agile and heartfelt response to the COVID-19 pandemic where the community came together in a moment of crisis and we rapidly reconfigured the 2020 special issue to address this critical moment. From the decision to refocus the 2020 special issue on April 1 of that year to its publication date on August 4, 2020, 32 articles were gathered to address the crisis, to share immediate lessons learned, and to tackle what we were still facing as a global community. This issue represented more than a crisis, it represented a purpose, the purpose of PXJ first laid out in 2014. "This journal is a product of and works to exemplify this powerful patchwork of people and ideas that offers such significant possibility in impacting the lives of all those engaging in

healthcare systems around the globe." That is the purpose we sustain on the pages of this final issue of Volume 10.

## On these pages

In this issue, in closing 10 years, we sought to bring in voices of reflection and of hope, of opportunity and possibility. In the 12 articles representing voices from seven countries, we find the full spectrum of human experience once again traversed. From the patient perspective of a physician turned patient in the article, *The silence of mitotic figures*,<sup>11</sup> to the community experience lens of equity presented in the article, "You Are the Key": *A co-design project to reduce disparities in Black veterans' communication with healthcare providers*,<sup>12</sup> to a series of articles from across the continuum of care in primary care settings around the world.<sup>13-15</sup> This includes a powerful piece speaking to the workforce opportunities and a call to action in the changing the operational mindset of healthcare from members of The Beryl Institute's Nurse Executive Council in the article *Breaking the transactional mindset: A new path for healthcare leadership built on a commitment to human experience*.<sup>16</sup>

That article truly represents in many ways all we have striven to bring to life on the pages of PXJ since our inception, while serving as a reflection of where this decade has led us as well. In the article, Krull et al. raise a challenge for healthcare overall, writing, "The transactional paradigm is stifling, if not diminishing, future sustainability and innovations needed to benefit patients and families, and healthcare providers."<sup>16</sup> The challenge presented here is that if we are to transform healthcare's future we must break the models on which it has been traditionally constructed and we must do so through the lens of human experience, through relational methods and with the interests of our patients and families, our healthcare workforce and our communities in mind. The challenge framed here highlights all that PXJ has striven for, to elevate the dialogue and debate on what may be in our way and where the possibilities can be found in our healthcare system built on the simple concept of human beings caring for human beings.

## Where we go from here

So where does this lead us? What does the path for the next decade of PXJ look like? In many ways, that is up to you to decide. The voices of this community are the colors on the palette of PXJ. Your voices will paint the picture for the next decade. So, this question is not a call to action for experience as an idea, per se, but rather a challenge for all of us committed to this collective movement. I believe and I hope we will all be committed to:

1. **Show up and engage others.** We must be in the conversation whether in person, online or in contributing to the pages of PXJ. We must also be

willing to elevate the conversation with others and with our leaders. When we show up we ensure experience is part of the discussion, its concepts are considered and its impact realized.

2. **Ask questions and challenge “givens”.** We must be willing to ask why, to look for patterns that may stall or misdirect us, to understand where the status quo is dug-in to the detriment of what is possible. While there is comfort in stability, change does not occur in standing still. The inquisitiveness that is found at the heart of a journal such as PXJ, can foster the power of inquiry that any of us can bring to our organizations as we seek to push the experience conversation forward.
3. **Push boundaries and test ideas.** We must see boundaries as flexible and permeable. All boundaries are created for a reason, not all reasons are permanent. Growth and evolution come from the stretching and even breaking of those boundaries. Comfort in where we land next comes in the testing and ultimate acceptance of new ideas. This very sense of curiosity and exploration of new concepts is what enables change to occur.
4. **Sustain collaboration and a focus on possibility.** None of these ideas are possible if competition overshadows collaboration. This is not to say healthy competition doesn’t push us forward, but it is true collaboration that accelerates our ability to progress overall. This comes from our willingness to see the possibilities we both hope for and aspire to, and these possibilities are sparked through the collaboration of ideas and of actions. Possibilities are realized in moving forward together, not racing one another to some temporary top.

That may be the ultimate beauty of a collective community effort such as PXJ. It is truly a collaboration of possibility. That pushes boundaries and tests ideas. That is driven by asking questions and challenging givens and is grounded in our willingness to show up and engage others.

If we all can contribute just a little in some or even all of these ways, the decade this issue closes will only serve as the foundation on which we can build even greater things. While PXJ is an academic journal, it is more so a launching pad for ideas and opportunities, for hopes and possibilities. I believe there is great power in expressed ideas, there is even greater power found in a community that fosters those ideas for not only what they can become, but also what they will impact as a result.

That is what we have built over the last ten years. That is what I know we will accomplish in the next decade. I often say and I share here with the deepest of humility and

gratefulness, I am humbled to travel this journey with you, to learn from and with you and to foster all we will do, for the greater good of our shared humanity, together. Here is to all that awaits ahead.

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The section title “acknowledgements” does not do justice for the greatest of appreciation I wish to share with so many who have contributed both in time and commitment over the last ten years. Without our hundreds of reviewers and thousands of authors from around the world the pages of PXJ would be empty.

Thank you to the patients and family members who shared their stories to move us. Thanks to the professionals who shared practices that inspired us. Thanks to the researchers who informed us and expanded the experience conversation. You all believed in our mission of evidence, innovation and patient-forward and helped lead us through these years with your words.

And special thanks to our [editorial board](#) and advisory members who guided us from before day one. Many of you were here when PXJ was just an idea and pushed us forward with both support and rigor. We stand on your shoulders.

Lastly to my partner on this journey, Geoff Silvera, our Associate Editor, but more so a very part of our PXJ DNA. From his early days as a graduate student who jumped in with energy and passion to kick start our effort as a fledgling idea, to the now seasoned and respected academic who I believe will change the conversation on how we lead in healthcare well into the future, I am forever grateful. We do not exist without your mind, hands and heart.

A journal is more than just online PDFs, or words on a page, it reflects people’s passions, their beliefs and their hopes. Thanks to all of you for bringing all of this to light, not only on the pages of PXJ, but through the global community it has helped to foster. I stand ready to walk with you all as we continue to push the experience movement forward for many years to come.