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RESEARCH

Foundational Patient Experience: Analyzing 10 Years of Patient Experience Research

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ABSTRACT

In this study, we seek to provide a critical examination of the field of Patient Experience (PX) by using citation analysis to determine the foundational keystones of the PX knowledge base. This study will employ a systematic citation analysis to evaluate the articles published in the *Patient Experience Journal* (PXJ), focusing on citation frequency as evidence of impact on the field. To achieve this, we examine the entire corpus of article citations published in the PXJ from 2014–2023 (Volumes 1–10). By examining a corpus consisting of 515 independent articles (N=515) that include over 12,000 references (n=12,712) over the course of a decade, we aim to provide a scope of the foundational knowledge in PX. The result of this analysis finds the top 10 most cited articles across the first decade of PX scholarship, each having important implications for the future of patient experience.

Keywords: Patient experience, Patient centered care

1. Introduction

Sir Isaac Newton famously stated, “If I’ve seen further than others it is by standing on the shoulders of giants.” This saying, often cited in academic research, acknowledges that science and new knowledge are forged incrementally, with each piece of knowledge or best practice building upon previous scholarship. In this study, we seek to examine a crucial time in patient experience scholarship following the foundation of academic journals related to patient experience, inclusive of the so called “patient experience movement moment.”¹ In doing so, we seek to affirm the foundation of patient experience scholarship by acknowledging the most significant contributions to this emerging scientific field.

There is little debate today that the patient experience is a fundamental aspect of provider quality, while complementing other established clinical processes

and quality outcomes.¹ The exploration of patient experience has gained traction in recent years, leading to the emergence of a growing body of scholarship in this field.² In a previous study, Silvera et al. (2017) claims that patient experience is an emerging field academically, and, as such, it is necessary to critically examine it to ensure its legitimacy. Meanwhile, the field of patient experience has, since those earlier declarations, been accepted globally as valid. For example, the World Health Organization (WHO) has included patient experience as an important factor in reducing patient harm.³ Additionally, numerous government agencies have convened commissions or committees to establish patient experience measures for health systems (i.e., Canadian Health Authority, Australian Commission on Safety and Quality in Health, National Health Service (NHS), Agency for Healthcare Research and Quality (AHRQ), National Institutes of Health (NIH)). Government organizations globally have played pivotal roles in advancing

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the field of patient experience, contributing significantly to the research and frameworks that shape healthcare policies and practices. Notably, the National Health Service (NHS) in the United Kingdom has been at the forefront, implementing and assessing patient experience measures to enhance service delivery and patient care.⁴ Similarly, the Agency for Healthcare Research and Quality (AHRQ) in the United States has produced extensive literature, tools, and guidelines that have been instrumental in improving patient outcomes through better patient experience.⁵ In Canada, agencies like Health Canada have focused on integrating patient experiences into healthcare quality assessments, promoting a patient-centered approach in national healthcare services.⁶ In Australia, the National Health and Medical Research Council (NHMRC) supports research that includes patient experience as a core aspect of healthcare quality and safety studies.⁷ These contributions from government organizations are crucial as they not only provide authoritative data and research but also set standards and expectations for patient care practices globally, ensuring that improvements in patient experience are continually pursued at the policy level and translated effectively into clinical practice.

The aim of this study is to provide a critical examination of the field using citation analysis to determine the foundational cornerstones germane to the patient experience knowledge base. This study will employ a systematic citation analysis to evaluate the articles published in the Patient Experience Journal (PXJ), focusing on citation frequency as evidence of impact on the field.⁸ To achieve this, we examine the entire corpus of article citations published in the PXJ from 2014–2023 (Volumes 1–10). By examining articles within PXJ, we seek to assess and determine the most essential scientific contributions to the field of patient experience to ascertain how PX scholarship has evolved. This methodology will provide a precise scope of the foundational knowledge that is influential to PX scholarship and practice amongst the patient experience community, offering valuable insights into a shared understanding of what is foundational for the patient experience.

2. Methods

This study involved a comprehensive citation analysis of manuscripts published in the Patient Experience Journal (PXJ). The citation analysis included articles published as research articles, case studies, editorials, and commentaries. Calls for submissions were omitted from the analysis. A total of 515 articles,

Table 1. Number of articles and references cited in PXJ.

Volume (Year)	# of Articles	# of References cited
Vol. 1 (2014)	42	876
Vol. 2 (2015)	42	941
Vol. 3 (2016)	33	944
Vol. 4 (2017)	48	930
Vol. 5 (2018)	51	1240
Vol. 6 (2019)	51	1459
Vol. 7 (2020)	77	1620
Vol. 8 (2021)	54	1503
Vol. 9 (2022)	68	1711
Vol. 10 (2023)	49	1488
Total	515	12712

encompassing the first 10 volumes, were included in the analysis (N=515). The number of articles in each volume ranged from 33 to 77 articles. Each article's 'Reference' section was collected to determine the articles cited within each published article. The collected citations were then analyzed by volume and across the first 10 volumes. Table 1 provides the number of articles and reference citations by volume that were included in this examination. Across 10 volumes of PXJ, a total of 12,712 citation references were examined.

It was determined that the greater the number of times a reference was cited across the published articles, the more central its contributions were to the field. The analysis did not examine the number of times a particular reference was cited within each published article. Every article that cites a particular reference citation at least once is captured as 1 citation in the analysis. Citation frequency is the number of published articles in PXJ that cite a particular reference.

2.1. Data validation and analysis

We commenced by organizing all citations within each dataset alphabetically (A to Z). Following this initial step, we conducted a search up to the first space encountered in each citation to ensure accuracy in identification. Duplicates were then examined for veracity, in addition to further classification for common sources of duplication such as common surnames and those containing keywords such as "National", "America/n", "Australia/n", "Canada/Canadian", among others, and diligently removed any improper duplicates that were identified. To ascertain the prominence of each cited work, we quantified the number of citations each work received. This process of data tidying was crucial to ensure the integrity and reliability of our dataset.⁹ This process was systematically applied across all

Table 2. Top cited references by volume.

Volume	Top cited article(s)
Vol. 1 (2014)	Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . National Academies Press (US).
Vol. 2 (2015)	Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . National Academies Press (US).
Vol. 3 (2016)	Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . National Academies Press (US).
Vol. 4 (2017)	Wolf J, Niederhauser V, Marshburn D, and LaVela S. Defining Patient Experience. <i>Patient Experience Journal</i> . 2014;1(1):7–19.
Vol. 5 (2018)	Centers for Medicare and Medicaid Services, Baltimore, MD United States. HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems. Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . National Academies Press (US).
Vol. 6 (2019)	Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. <i>Patient Experience Journal</i> . 2014;1(1):7–19.
Vol. 7 (2020)	Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. <i>Patient Experience Journal</i> . 2014;1(1):7–19. LaVela SL and Gallan AS. Evaluation and measurement of patient experience. <i>Patient Experience Journal</i> . 2014;1(1):28–36. Patton MQ. <i>Qualitative Research and Evaluation Methods</i> . 2nd ed. Thousand Oaks, CA: Sage Publications; 1990.; 3rd edition 2002
Vol. 8 (2021)	Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . National Academies Press (US). Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. <i>Patient Experience Journal</i> . 2014;1(1):7–19.
Vol. 9 (2022)	Doyle C, Lennox L, & Bell D, A systematic review of evidence on the links between patient experience and clinical safety and effectiveness., <i>BMJ Open</i> , Vol. 1 de 23(1). doi:10.1136/bmjopen-2012-001570., 2013.
Vol. 10 (2023)	Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. <i>Patient Experience Journal</i> . 2014;1(1):7–19.

volumes included in this study. Once studies were identified as having a significant number of citations based on first author surname or initial root, the title of the citation was then used to validate citations across all volumes. Through these methodical steps, we ensured that our analysis was grounded in a robust and systematic approach, thereby enhancing the reliability, validity, and replicability of our findings.

3. Results

The examined manuscripts collectively received a total of 12,712 citations. The range of citation frequency ranged from 1–50 with most reference articles (53%) being cited less than 5 times. The modal citation frequency was 1 with 38% of the references being published in PXJ across the first decade being cited within just one article. Conversely, just 60 articles (0.5%) were referenced greater than 10 times across volumes. Stated plainly, a select few articles are referenced frequently across volumes of patient experience literature. Thus, this substantial citation frequency indicates the recognition and impact of these manuscripts on the broader scholarly discourse around patient experience. Table 2 presents the top cited articles from each volume.

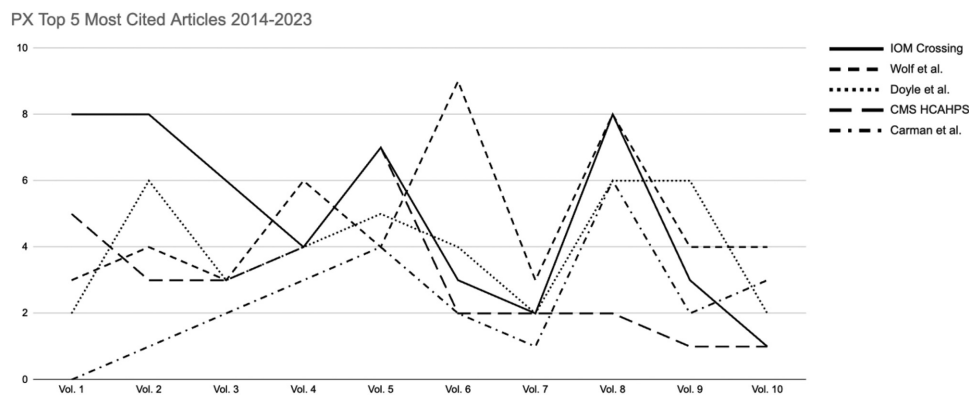
An additional analysis of the top 10 most cited references across the first 10 volumes of PXJ was conducted which assessed the progression of those references across the volumes. It was determined that these articles ranged from 14–50 citations and were then assessed for their context and themes relevant to patient experience scholarship. Table 3 provides the ranking of the top 10 citation references in patient experience. In addition, Fig. 1 provides the number of citations of the top five references across Volumes 1–10 of PXJ for illustrative purposes to show how these citations were cited across volumes.

4. Themes of top cited PX references

The analysis of the most cited references in patient experience research reveals a rich landscape of foundational theories, methodological advancements, and empirical findings that inform the current understanding and improvement of patient care practices across the top ten most cited references. To understand the contribution of these references to the patient experience literature, we detail the top cited works across various thematic categories: *Foundational*, *Methods*, and *Outcomes*.

Table 3. Ranking of top ten cited works in PX scholarship 2014–2023.

Rank	Reference citation	Citation freq.
1	Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. PubMed. Published 2001. https://pubmed.ncbi.nlm.nih.gov/25057539/	50
2	Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. Patient Experience Journal. 2014;1(1):7–19. doi: 10.35680/2372-0247.1004	48
3	Doyle C, Lennox L, Bell D. A Systematic Review of Evidence on the Links between Patient Experience and Clinical Safety and Effectiveness. BMJ Open. 2013;3(1). doi: https://doi.org/10.1136/bmjopen-2012-001570	40
4	Centers for Medicare and Medicaid Services (CMS), Baltimore, MD United States. HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems. http://www.hcahpsonline.org/en/ .	30
5	Carman K, Dardess P, Maurer M. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. Heal Aff. 32(2). doi:10.1377/hlthaff.2012.1133.	24
6	Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;3(2):77–101. doi: https://doi.org/10.1191/1478088706QP0630A	19
7	LaVela SL, Gallan AS. Evaluation and measurement of patient experience. Patient Experience Journal. 2014;1(1):28–36. doi: 10.35680/2372-0247.1003.	18
7	Price RE, Elliot MN, Zaslavsky AM, et al. Examining the Role of Patient Experience Surveys in Measuring Health Care Quality. Med Care Res Rev. 2014 October;71(5):522–554. doi: https://doi.org/10.1177/1077558714541480	18
9	Patton MQ. Qualitative Research and Evaluation Methods. 2nd ed. Thousand Oaks, CA: Sage Publications; 1990.; 3rd edition 2002	16
10	Jha AK, Orav EJ, Zheng J, Epstein AM. Patients' Perception of Hospital Care in the United States. The New England Journal of Medicine. 2008;359(18):1921–1931.	14
10	Manary MP, Boulding W, Staelin R, Glickman SW. The patient experience and health outcomes. New England Journal of Medicine. 2013;368(3):201–203. doi: 10.1056/NEJMp1211775	14

**Fig. 1.** The number of citations of the top five references across volumes 1–10 of PXJ.

4.1. Foundational

The Foundational theme categorizes documents that serve as critical resources for shaping the conceptual understanding of patient experience. The Institute of Medicine (IOM) article and the “Defining Patient Experience” article both are *Foundational* pieces in the field of patient experience.^{10,11} These foundational works serve as critical resources for shaping the conceptual understanding of patient experience. IOM’s work highlights the essential quality domains for a new health system, advocating for patient-centered approaches. The defining patient experience article by Wolf et al. provides a definitive description of patient experience, encompassing all aspects of patient interaction with the healthcare system influenced

by organizational culture. These frameworks have become central references for guiding subsequent patient experience research and policymaking.

The article “Crossing the quality chasm: a new health system for the 21st century”¹⁰ emerged as the most cited and foundational article in PX scholarship, referenced 50 times. This seminal work underscores a paradigm shift towards a health system that prioritizes quality and patient-centered care, setting a theoretical and practical foundation for subsequent studies. The piece also outlines essential reforms needed within healthcare systems to enhance quality and efficiency, establishing a framework that has significantly shaped subsequent research and policy in patient care.

Close in influence, “Defining Patient Experience” by Wolf et al., cited 48 times, systematically outlines the components of patient experience, providing a comprehensive definition that has served as a basis for both academic and practical evaluations in the field.¹¹ This work provides a clear and comprehensive definition of patient experience, facilitating a shared understanding that has been crucial for research. Additionally, the article highlights the importance of interactions between patients and the healthcare system, including direct care and organizational culture.

4.2. Methods

The *Methods* theme encompasses articles that focus on the development and implementation of methodologies for measuring and analyzing patient experiences. Articles such as the Centers for Medicare and Medicaid Services (CMS) report on “HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems” and Braun & Clarke’s, “Using thematic analysis in psychology” detail the development and application of methodologies for capturing patient experiences.^{12,13} HCAHPS has become a cornerstone for standardized patient experience measurement in U.S. hospitals, while thematic analysis offers a robust qualitative approach for exploring the depth and nuance of patient narratives.

The linkage between patient experience and clinical outcomes is prominently explored in “A systematic review of evidence on the links between patient experience and clinical safety and effectiveness” by Doyle, et al.,¹⁴ with 40 citations. This review synthesizes research demonstrating the correlation between positive patient experiences and improved clinical outcomes, underscoring the importance of patient-centered care practices. The findings aim to inform healthcare professionals and policymakers about the importance of patient-centered care, suggesting that improvements in how patients perceive their care could potentially enhance clinical safety and effectiveness. This reinforces the dual focus on patient satisfaction and clinical quality as integral to advancing overall healthcare quality.

In the realm of methods, the article about the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) by the Centers for Medicare and Medicaid Services (CMS) stands out with 30 citations, highlighting its importance as a standardized tool for measuring patient satisfaction across U.S. hospitals.¹² This work covers how the survey is administered, the

types of questions asked, and the significance of the data in improving healthcare quality by giving patients a voice and providing hospitals with actionable information to improve their services.

Further contributions to methodology include the work by Carman et al., which develops a framework for understanding and enhancing patient and family engagement.¹⁵ This article has been cited 24 times, indicating its influence in shaping strategies and policies for patient involvement in healthcare. The authors emphasize the importance of integrating patient and family engagement throughout the healthcare system to improve healthcare outcomes, enhance patient satisfaction, and increase the overall efficiency of care delivery.

Thematic analysis by Braun and Clarke, with 19 citations, has provided a qualitative lens through which patient experiences can be explored, enriching the diversity of methods used in patient experience research.¹³ The authors describe thematic analysis as a flexible tool for analyzing qualitative data, which involves identifying, analyzing, and reporting patterns (themes) within data.

Another methodological contribution includes LaVela and Gallan (2014), with 18 citations, which discusses the evaluation of patient experience and the role of patient experience surveys in measuring healthcare quality, respectively. The authors discuss various approaches to measure patient experience effectively, including qualitative and quantitative methods, as well as the use of standardized surveys. They highlight the critical role that patient experience measurement plays in understanding and improving the quality of care. The article also explores the challenges and limitations associated with these measurements and emphasizes the necessity of integrating patient feedback into quality improvement initiatives.¹⁶

The article “Examining the Role of Patient Experience Surveys in Measuring Health Care Quality” (with 18 citations) by Price, et al. delves into how patient experience surveys contribute to assessing healthcare quality.¹⁷ The authors review the efficacy and validity of these surveys as tools for measuring quality aspects of healthcare delivery that are not captured through traditional clinical data. They discuss the link between patient-reported experiences and clinical outcomes, as well as the challenges involved in designing surveys that accurately and reliably reflect patient experiences. The study underscores the

importance of patient experience surveys in providing a more comprehensive understanding of healthcare quality from the patient's perspective.¹⁷

The book "Qualitative Research and Evaluation Methods" by Michael Patton provides an in-depth guide to conducting qualitative research and evaluations.¹⁸ Across its editions, Patton explores various qualitative techniques and frameworks that researchers can use to gather and analyze data effectively. The focus is on methods like interviews, observations, and content analysis. The book is highly regarded for its comprehensive approach, which not only details how to conduct qualitative research but also discusses philosophical and theoretical underpinnings, ensuring researchers understand the context and rationale behind different methods. It is a staple resource for students, academics, and professionals in fields such as social sciences, education, health, and public administration, offering detailed guidance on designing, implementing, and interpreting qualitative research and evaluations.

4.3. Outcomes

The *Outcomes* theme highlights research that connects patient experience with tangible health and safety outcomes. The theme includes influential studies like Doyle, et al.'s systematic review, which links positive patient experiences to improved clinical safety and effectiveness, and the work by Jha, et al. that correlates patient perceptions with health outcomes.^{14,19} These studies validate the critical impact of patient experience on healthcare quality, demonstrating that patient-centered approaches not only enhance satisfaction but also lead to better health outcomes.

These findings illustrate the diverse and multidimensional nature of patient experience research, highlighting the most influential works that continue to shape the field both academically and in practice. The breadth of topics covered by these citations reflects ongoing efforts to understand and enhance patient experience comprehensively. This body of work guides ongoing efforts to optimize healthcare systems for better patient engagement, satisfaction, and health results.

Finally, the works focusing on the direct outcomes of patient experience such as those by Jha, et al. (2008) and Manary, et al. (2013), both cited 14 times, provide empirical evidence linking patient perceptions of care to measurable health outcomes, reinforcing the critical impact of patient experience on overall healthcare effectiveness. In the Jha, et al. (2008)

piece, scholars analyze patient views on the quality of hospital care across the United States using the HCAHPS survey results to explore various dimensions of patient satisfaction, including the responsiveness of hospital staff, the cleanliness of the facilities, and the quality of communication between patients and healthcare providers. The study reveals significant variations in patient satisfaction across hospitals and identifies key factors that influence these perceptions.¹⁹

Manary, et al. (2013) examines the relationship between patient experience and clinical health outcomes. The authors discuss how patient perceptions of their care, particularly regarding communication and responsiveness of hospital staff, correlate with care quality outcomes. They emphasize that better patient experiences are associated with improved quality outcomes, including adherence to medical advice and treatment plans, and decreased readmission rates.²⁰

5. Discussion

The citations analysis revealed the influence and reach of the articles referenced within the patient experience field. The findings from our comprehensive analysis of the manuscripts published in PXJ identify the significant contributions and broad scope of scholarship within the field of patient experience. Our analysis of key articles that have shaped the field of PX research has identified three main themes: Foundational, Methods, and Outcomes. Each of these themes highlights distinct aspects of PX research and its evolution over time.

This extensive review revealed the PX literature comes from a diverse array of backgrounds, including government agencies, healthcare professionals, researchers, academicians, and patient advocates. The collective efforts of this interdisciplinary body of work reflects the multifaceted nature of patient experience work, highlighting the importance of a collaborative approach across various disciplines.

The significant citation frequency observed across the analyzed manuscripts indicates a robust recognition and impactful presence within the broader scholarly discourse. Such a substantial citation count not only showcases the relevance of these manuscripts in academic circles but also emphasizes their germane influence on practical applications in healthcare shaping policies and practices that enhance patient-centered care. This is particularly evident in the

adaptation of research findings into policies and practices aimed at enhancing patient care.

These top-cited articles collectively underscore the complexity and multidimensional nature of patient experience, ranging from theoretical frameworks and methodological tools to empirical evidence linking experience to health outcomes. Each article significantly contributes to the evolving landscape of patient experience research, influencing both academic discourse and practical applications in healthcare settings. The sequence in which the themes appear over time suggests a maturation process in PX research. Initially, foundational articles laid the groundwork for conceptual understanding of the nature of patient centric health care processes and evaluation, followed by methodological processes, most especially qualitative and mixed methods approaches used by scholars, and finally a number of empirical studies linking patient experience to other care quality outcomes.

Our analysis highlighted several thematic areas where key articles have shaped the field. Foundational pieces such as the IOM's "Crossing the quality chasm" and Wolf et al.'s "Defining Patient Experience" have provided critical frameworks that continue to influence both theoretical and practical advancements in patient care. These frameworks advocate for a patient-centered approach and are pivotal in guiding ongoing policy developments and healthcare improvements. In terms of methodologies, our review identified significant works like the CMS's report on "HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems" and Braun and Clarke's "Using thematic analysis in psychology." These articles have been instrumental in refining the tools and techniques used to assess patient experiences, offering robust methods for both quantitative and qualitative analysis. The standardized measurement provided by HCAHPS has become a cornerstone in evaluating patient satisfaction on a national scale, while thematic analysis has enriched the qualitative understanding of patient narratives. Moreover, the relationship between positive patient experiences and improved clinical outcomes has been compellingly addressed in studies such as those by Manary et al. and Jha et al. These studies provide strong empirical support for the assertion that patient-centered care can lead to better health outcomes, reinforcing the clinical significance of integrating patient experience into the quality metrics of healthcare services.^{19,20}

The scholarly work published in PXJ over its first ten volumes illustrates the dynamic and evolving nature of patient experience research. The themes identified

in our analysis reflect ongoing efforts to deepen the appreciation of patient-centric care and its implications. These contributions are crucial as they guide future research directions and inform practices aimed at enhancing the effectiveness and quality of healthcare systems worldwide. This body of work not only highlights the achievements to date but also sets the stage for future innovations in the field of patient experience.

6. Conclusion

The analysis of the most cited references in patient experience research reveals three key themes: foundational theories, methodological advancements, and tangible outcomes. Foundational articles, like those by the Institute of Medicine (IOM) and Wolf et al., have established critical frameworks for understanding and defining patient experience. Methodological advancements, such as CMS's HCAHPS and Braun & Clarke's thematic analysis, have significantly improved tools and approaches for measuring patient experiences. Research linking patient experience to health outcomes, such as studies by Doyle et al. and Jha et al., demonstrates that positive patient experiences correlate with improved clinical outcomes and safety. These findings collectively highlight the evolution and impact of patient experience research, guiding efforts to optimize healthcare systems for better patient engagement and outcomes.

6.1. Limitations

The findings of this study have limitations that are worthy of note. Namely, the study examines the citations found within one of the academic publication outlets. It is possible, therefore, that some aspect of the field of patient experience has been misrepresented. This is unlikely, however, given the preeminence of the journal in the field as well as the global readership. On that note, a mechanical limitation of the study is that it is not able to determine the emergence of patient experience from resource constrained contexts. Another limitation of this study is the potential bias introduced by the publication years of the articles. Older articles have had more time to accrue citations compared to newer articles, which may impact the citation frequency analysis. The nature of contributions from low- and middle-income countries is not able to be consolidated via the methodology used. However, the emergence of patient experience in contexts across the globe is another potential frontier for future research and

practice, despite the inability for such a concept to emerge in the present study.

6.2. Practical implications

This study's findings have several implications for practice, research, and policy. For practitioners, understanding the foundational and methodological developments in PX research can guide better implementation of patient-centered approaches. Researchers can build on these identified themes to explore new areas of PX. Policymakers can leverage these insights to formulate standards that enhance patient care. Future studies might examine the development of patient experience across resource constrained contexts. Such an examination might inform the degree to which a maturity model of patient experience might exist across national contexts. Understanding the core concepts of a field of study enables the development of curricula for educating the field of practice. The results of this study can be utilized by health professional educators to develop courses on the conceptual core of knowledge relevant to patient experience scholarship, practice, and policy development.

Conflict of interest

The authors declare no conflict of interest.

References

1. Lehrman W, Silvera G, Wolf JA. The patient experience movement moment. *Patient Experience Journal*. 2014;1(2):9–11. doi:10.35680/2372-0247.1047
2. Silvera GA, Haun CN, Wolf JA. Patient experience: the field and future. *Patient Experience Journal*. 2017;4(1):7–22. doi:10.35680/2372-0247.1220
3. World Health Organization (WHO). *1st Draft Global Patient Safety Action Plan: August 2020*.; 2020. Accessed May 2, 2024. <https://www.who.int/docs/default-source/patient-safety/1st-draft-global-patient-safety-action-plan-august-2020.pdf>
4. NHS. The Patient Experience Book. A Collection of the NHS Institute for Innovation and Improvement's Guidance and Support. Published online 2013. Accessed May 24, 2024. <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf>
5. Agency for Healthcare Research and Quality (AHRQ). Patient Safety and Quality Improvement. Accessed May 24, 2024. <https://www.ahrq.gov/patient-safety/index.html>
6. Health Canada. Accessed May 24, 2024. <https://www.canada.ca/en/health-canada.html>
7. NHMRC. Accessed May 24, 2024. <https://www.nhmrc.gov.au/>
8. Patient Experience Journal (PXJ). Published 2024. Accessed May 24, 2024. <https://pxjournal.org/journal/>
9. Wickham H. Tidy data. *J Stat Softw*. 2014;59(10):1–23. doi:10.18637/jss.v059.i10
10. Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Vol 323. British Medical Journal Publishing Group; 2001.
11. Wolf JA, Niederhauser V, Marshburn D, LaVela SL. Defining patient experience. *Patient Exp J*. 2014;1(1):7–19. doi:10.35680/2372-0247.1004
12. Centers for Medicare and Medicaid Services (CMS). HCAHPS hospital consumer assessment of healthcare providers and systems. Published 2018. Accessed May 2, 2024. <http://www.hcahpsonline.org/en/>
13. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101. doi:10.1191/1478088706qp063oa
14. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013;3(1):e001570. doi:10.1136/BMJOPEN-2012-001570
15. Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff*. 2013;32(2):223–231.
16. LaVela SL, Gallan A. Evaluation and measurement of patient experience. *Patient Exp J*. 2014;1(1):28–36. doi:10.35680/2372-0247.1003
17. Price RA, Elliott MN, Zaslavsky AM, et al. Examining the role of patient experience surveys in measuring health care quality. *Medical Care Research and Review*. 2014;71(5):522–554. doi:10.1177/1077558714541480
18. Patton MQ. *Qualitative Evaluation and Research Methods*. SAGE Publications, INC; 1990.
19. Jha AK, Orav EJ, Zheng J, Epstein AM. Patients' perception of hospital care in the United States. *New England Journal of Medicine*. 2008;359(18):1921–1931. doi:10.1056/NEJMsa0804116
20. Manary MP, Boulding W, Staelin R, Glickman SW. The patient experience and health outcomes. *N Engl J Med*. 2013;368(3):201–203. doi:10.1056/NEJMp1211775