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# Patient Experience: The field and future

Geoffrey A. Silvera

*Auburn University*, [geoff@pxjournal.org](mailto:geoff@pxjournal.org)


Courtney N. Haun MPH

*Auburn University*, [cnh0028@auburn.edu](mailto:cnh0028@auburn.edu)

Jason A. Wolf PhD

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

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## Patient Experience: The field and future

Geoffrey A. Silvera, *Auburn University / Patient Experience Journal, GSilvera@Auburn.edu*

Courtney N. Haun, *Auburn University, cnb0028@Auburn.edu*

Jason A. Wolf, *The Beryl Institute / Patient Experience Journal, jason@pxjournal.org*

### Abstract

In an effort to understand the progress and evolution of the field, a self-examination study has been administered to assess contributions to the core knowledge base in the field and to assess the degree to which articles published in Patient Experience Journal (PXJ) addressed the core elements of patient experience outlined in the definition of patient experience as offered by The Beryl Institute. The purpose of this examination is to understand PXJ's position as a central voice for patient experience scholarship, practice, and knowledge exchange. The findings suggest that the operating definition of the field continues to be suitable and appropriate to the scope of practice and to the knowledge base in patient experience and reinforce that patient experience scholars and practitioners share a common understanding of the patient experience field. The article offers a call to action for patient experience practitioners, scholars, and educators and acknowledges that for as much as we have explored, we still do not know all that we can about patient experience. While reinforcing its core ideas, the results suggest that new themes germane to the patient experience await beyond the horizon.

### Keywords

Patient experience, patient experience definition, patient experience research, sum of all interactions, organization culture, patient perceptions, continuum of care, integrated nature, patient and family partnership, person centeredness

### Introduction

A core principle of the Patient Experience Journal (PXJ) is to maintain comprehensive coverage of the patient experience, committing to:

*Keep up with the evolution of the field and look to expand the conversation through innovation, providing the best and latest analyses on the spectrum of patient experience efforts encompassing service, quality and safety and include the voice of leaders, caregivers, patients and family members.<sup>1</sup>*

In an effort to understand the progress and evolution of the field, a self-examination study has been administered to assess contributions to the core knowledge base in the field and to assess the degree to which PXJ publications have addressed the core elements of patient experience outlined in the definition of patient experience as offered by The Beryl Institute.<sup>2</sup> Additional consideration is offered to evaluate whether the operating definition of the patient experience is indeed inclusive and comprehensive of the contributions that have been made to the field through the first three volumes of PXJ. In this examination, researchers seek to determine the current status of the field and identify opportunities for future contributions using quantitative citation analysis and qualitative methodology.

The purpose of this examination is to understand PXJ's position as a central voice for patient experience scholarship, practice, and knowledge exchange. As PXJ seeks to create a world in which patient experience is recognized at the heart of health care, it is critical that the publication, as a representative voice of the broader patient experience community, is self-reflective and willing to respond to shifts in the field and knowledge base. Through the first three volumes, 117 articles have been published by PXJ that have been downloaded more than 180 thousand times (at the time of this publication) and have been read in almost 8,000 institutions and 199 countries and territories. These metrics suggest both that the journal content has resonated with its readers and that the field of patient experience, its participants, contributors and evaluators, is active and expansive.

### Background

To build a field requires core pillars that function as touchstones for scholars and practitioners. For the field of patient experience, a key touchstone is The Beryl Institute definition of patient experience.<sup>2</sup> Its position as a cornerstone in the patient experience field is demonstrated by two interesting points: it is both the most downloaded PXJ article and as the most cited article across all articles published in PXJ. A key outcome of the present analysis is that it functions as a de-facto test of the validity and sustainability of this touchstone. For instance, if

contributions to PXJ are unable to be categorized within the constructs of the definition, this would suggest a need for review and revision of the definition itself.

Because the field is sprawling, it is important that field cultivators be self-critical and corrective. The editorial team at PXJ considers the publication’s internal validity to be a top priority. It is for this reason that PXJ editors seek to review and scrutinize the contributions of the journal and the patient experience knowledge base. Doing so, will serve two aims. The first, is to identify journal contributions by the areas of the patient experience they most associate with. The second, and most critical aim to the mission of the journal, is to reexamine the validity of The Beryl Institute definition of the patient experience based on the contributions that have been made to the journal.

By every measure, the patient experience is a new frontier academically speaking. This study will offer a brief synthesis of the contributions made to patient experience knowledge through PXJ. It also provides a critical examination of the field of patient experience itself at this point in time. Each contribution over the first three volumes of PXJ have augmented the knowledge base in the field. It is, thus, appropriate to ensure that some of the primary foundations of the field hold true as understanding of the patient experience advances. This project will function as a critical review of a touchstone piece in the field, and, if necessary, offer suggestions for course correction. This study will assess the validity of the working definition of the patient experience, The Beryl Institute’s definition of the patient experience, by examining the degree to which it encompasses the contributions made to PXJ. This review process ensures that as knowledge is gained regarding the patient experience, the field itself is able to evolve. From a practical perspective, being cognizant of the potential for this evolution through self-critical inquiry engenders confidence that the contributions to the patient experience knowledge base remain relevant to the field of patient experience in both research and practice.

## Methods

Included in the definition of the patient experience are seven themes: *Sum of All Interactions*, *Organization Culture*, *Patient Perceptions*, *Continuum of Care*, *Integrated Nature*, *Patient and Family Partnership*, and *Person Centeredness*.<sup>2</sup> To classify the contributions of the articles included in this examination, which includes 107 of the 117 articles published in the first three volumes (Table 1) excluding editorials and *Defining the Patient Experience*. Each publication was categorized based on the contents of their abstracts as contributing to one or multiple of the themes and recurring themes of the patient experience delineated in *Defining the Patient Experience*<sup>2</sup>. One investigator classified each PXJ article into one or several of these themes based on its abstract. To account for article’s ability to contribute to more than one theme, articles could be classified into multiple themes with a maximum of three theme classifications.

As a test of the internal validity of the classification results, a random selection of ten articles was sampled and given to two other investigators to classify. Separately, the additional investigators classified the ten random articles with the same instruction as the principal investigator. The results of these classifications were then compared along with those of the principal investigator. Across the three researchers there was over 90% consistency in article classification, validating the principal researcher’s classification results. The results presented are based upon the principal investigators’ classification. (The complete results of the categorization are included in the appendix.)

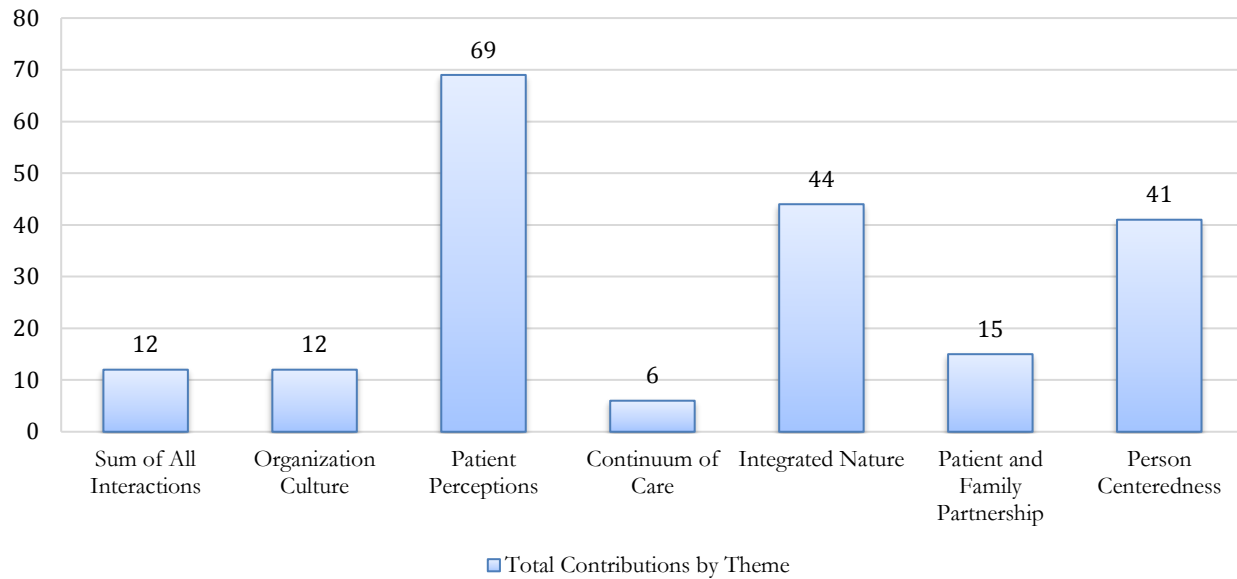
## Results

The results of the PXJ article classification are presented in Figure 1, which shows the number of articles included in the first three volumes of PXJ that contribute to each of the seven themes included in the definition of patient experience. The classification resulting in the following counts: *Sum of All Interactions* (12), *Organization Culture* (12), *Patient Perceptions* (69), *Continuum of Care* (6), *Integrated Nature* (44), *Patient and Family Partnership* (15), and *Person*

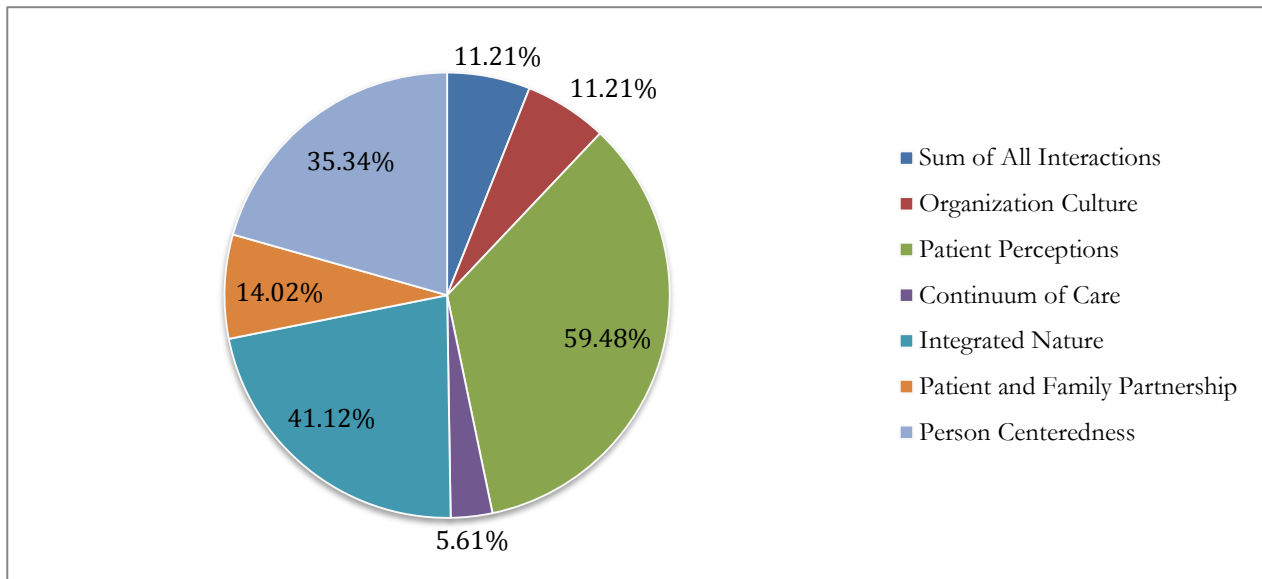
**Table 1- PXJ Published Articles by Volume and Issue**

PXJ Volume		Total Articles Published
Volume 1	Inaugural Issue	20
	Issue 2	20
Volume 2	Issue 1	22
	Issue 2	21
Volume 3	Issue 1	17
	Issue 2	17

**Figure 1. Total contributions to patient experience by theme**



**Figure 2. Relative contributions by theme**



*Centeredness* (41). Figure 2 depicts the relative contributions by theme allowing for ease of comparison across the themes. The relative contributions by theme, presented in Figure 2, include the percentage of articles published that address each specific theme and find the following: *Sum of All Interactions* (11%), *Organization Culture* (11%), *Patient Perceptions* (60%), *Continuum of Care* (6%), *Integrated Nature* (41%), *Patient and Family Partnership* (14%), and *Person Centeredness* (35%).

### Discussion

The principal contribution of this analysis is that the results find that each of the PXJ articles published in the first three volumes fits into the existing themes of The Beryl Institute’s definition of the patient experience. This finding suggests that the operating definition of the field continues to be suitable and appropriate to the scope of practice and to the knowledge base in patient experience. Another notable contribution of the results is that each of

the seven themes has been represented in the first three volumes. These two findings, that the definition is comprehensive and that each of the themes has been addressed to some degree are important for several reasons. The fact that articles did not reach significantly beyond the boundaries of the working definition and touch on each core theme, shows that patient experience scholars and practitioners share a common understanding of the patient experience field.

Two features of several articles are worth noting, however, as they each pushed the boundaries of the current theme categorizations. The first is the national context of health system or organizations being explored. PXJ has a global audience and contributions come from nations across the world. While no contribution has directly examined the degree to which national context influences the patient experience as of yet, doing so could push the boundaries of the field as the current definition finds its boundaries either at the organization level, with its *Organizational Culture* theme, or between organizations, with the *Continuum of Care* theme. Examination, specifically of the variation of patient experience across national, or sub-national, contexts could offer a new perspective on current conceptualizations of patient experience, drawing distinctions from which one can learn and reinforcing and strengthening current ideas as central to a broader context for patient experience.

The second feature worth noting is the use of technology in PXJ contributions. Several studies included in the analysis directly examine the use of technology and its influence on patient's experiences of care and other outcomes. Presently, these articles fall under the *Sum of All Interactions* theme. However, there may be just cause to qualify interactions with technological interfaces as distinct from interactions with care providers, staff, or other human interactions. While several PXJ articles examine technological interventions, there remains a need to examine the propensity of technological interactions to change patient experiences relative to human interactions. This becomes increasingly relevant with the rapid growth in patient engagement technologies and the burgeoning interest in the use of artificial intelligence (AI) in health care. Doing so might allow practitioners to appreciate the influence of technology in patient experience and contribute knowledge as to the degree to which technological interventions augment or detract from both from the practices central to a focus on patient experience and the reflections of experience by patients, families and consumers of care.

The results of this analysis also show considerable variation in the total contributions and relative contributions across the themes in the definition of patient experience. The most explored aspects of the patient experience through the first three volumes are *Patient*

*Perceptions* (70), *Integrated Nature* (44), and *Person Centeredness* (42). The substantial contributions made specifically to the *Patient Perceptions* theme are, to some degree, unsurprising as a foundational underpinning of patient experience scholarship and practice is to highlight the experience of patients and their families from their unique perspective. However, the fact that the relative contribution to this theme makes up more than half of the contributions to PXJ (almost 60%) is a revelation. On one hand, this suggests that this particular concept in the definition of the patient experience is a central theme in research and practice. The centrality of this theme is, perhaps, due in part to the intuitive conceptual linkage between patients' perceptions and their experience and to the relative ease in measuring and examining perspectives versus measurement of features relevant to other themes. On the other hand, this finding shows considerable opportunity to contribute to the patient experience knowledge base through the examination of features constituted within the other themes. In particular, future examination and theory development relative to the themes *Sum of All Interactions*, exploring the efforts of patient experience at touch points in a health care system and the implications thereof, *Continuum of Care*, understanding the integrated nature of the health care experience to better gauge how the parts may or may not influence experience and in what ways that occurs, *Organization Culture*, investigation the intricacies of culture and its influence on performance, deliver, process and other factors that can impact experience and *Patient and Family Partnership*, reinforcing and expanding the constructs beyond patient and family engagement to partnership and all that can encompass, entail and ultimately influence, present real opportunity to improve understanding of patient experience practice and expand its foundational knowledge.

## Conclusions

There are several limitations to this study. As this examination is a self-reflective study initiated by the editors of PXJ, the contributions examined were inclusive of PXJ articles only and does not include references from other publications. Thus, this analysis, and the results thereof, could not speak to whether or not the field has been shifted based on contributions to other publications. As the purpose of this examination is to evaluate the appropriateness and comprehensiveness of the operating definition of the patient experience, a foundational piece in PXJ, this exclusion seems appropriate to the intentions of the examination. In addition, this examination categorized based on content included in article abstracts, it may be that articles would have been better categorized based on the full content of the article. Notwithstanding, the results of this examination find that each of the contributions in the first three volumes of PXJ fit the current definition, offering, at this point, no need to amend the definition.

## A Call to Action

The findings of this study suggest several direct calls of action to patient experience practitioners, scholars, and educators. We have established that The Beryl Institute definition of the patient experience is, to date, comprehensive and inclusive of contributions made to PXJ. However, this finding does not, by any means, suggest that we know all that we can about patient experience. Each of the seven present themes of this definition have unanswered questions that remain unexplored and unexamined. So, the work of perfecting the patient experience lays ahead of us still.

In addition, the results suggest that new themes germane to the patient experience may be on the horizon as well. For example, contributions towards our understanding of how the national context of patients and organizations as well as the interaction between various levels of technological interfaces could develop our understanding of this field even further. This also includes the suggestions for contributions in balancing the lesser explored themes noted above. These all provide strong opportunities for contribution to the knowledge base of patient experience and through their contributions can have lasting and significant contribution in both solidifying and expanding the field. As we look toward the future, we must recognize the rapidly shifting landscape in health care globally, acknowledge the vast unknown of that future and consider all the influences that it might someday have on the field, its practice, and its knowledge.

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**Appendix. PXJ articles assigned by theme (excludes editorials)**

<b>Sum of All Interactions (n=12)</b>
<p><b>Associated articles</b></p> <ul style="list-style-type: none"> <li>• LaVela, Sherri L. PhD, MPH, MBA and Gallan, Andrew S. PhD (2014) "Evaluation and measurement of patient experience," Patient Experience Journal: Vol. 1: Iss. 1, Article 5.</li> <li>• Brach, Cindy (2014) "A daughter's frustration with the dearth of patient- and family-centered care," Patient Experience Journal: Vol. 1: Iss. 1, Article 7.</li> <li>• McTavish, Anndale MA and Phillips, Cynthia RRT, MEd (2014) "Transforming the patient experience: Bringing to life a patient- and family-centred interprofessional collaborative practice model of care at Kingston General Hospital," Patient Experience Journal: Vol. 1: Iss. 1, Article 9.</li> <li>• Shah, Shital PhD; Krause, Mary Katherine MS, FACHE; Fullam, Francis MA; Vanderberg-Dent, Susan MD; and Solber, Amie E. MS (2014) "The impact of the resident duty hour regulations on surgical patients' perceptions of care," Patient Experience Journal: Vol. 1: Iss. 1, Article 12.</li> <li>• Feldman, Kenneth J.; Lopez, Molly; and Gagliardi, Morris (2014) "Using a data-driven organizational improvement model to engage an interdisciplinary team in transforming a public women's health clinic," Patient Experience Journal: Vol. 1: Iss. 2, Article 14.</li> <li>• Brodt, M.P.P., Amanda; Norton, M.A., Christine K.; and Kratchman, Amy (2015) "So much more than a "pair of brown shoes": Triumphs of patient and other stakeholder engagement in patient-centered outcomes research," Patient Experience Journal: Vol. 2: Iss. 1, Article 7.</li> <li>• Kratchman, BA, Amy; Barkman, MA, Darlene; Conaboy, BA, Kathy; de la Motte, MSed, Anna; Biblow, MSW, Rachel; and Bevans, PhD, Katherine (2015) "The Children's Hospital of Philadelphia Family Partners Program: Promoting child and family-centered care in pediatrics," Patient Experience Journal: Vol. 2: Iss. 1, Article 8.</li> <li>• Kennedy, Denise M. (2015) "Creating and integrating a new patient experience leadership role: A consultative approach for partnering with executive and clinical leaders," Patient Experience Journal: Vol. 2: Iss. 1, Article 21.</li> <li>• Silvera, Geoffrey A. and Clark, Jonathan R. (2016) "Patient evaluations of the interpersonal care experience (ICE) in U.S. hospitals: A factor analysis of the HCAHPS survey," Patient Experience Journal: Vol. 3: Iss. 1, Article 13.</li> <li>• Gombeski, Bill R. Jr (2016) "Impact of logo wear on provider perception of patient," Patient Experience Journal: Vol. 3: Iss. 1, Article 14.</li> <li>• Soklaridis, Sophie PhD; Ravitz, Paula MD FRCPC; Adler Nevo, Gili MD FRCPC; and Lief, Susan MD PRCPC (2016) "Relationship-centred care in health: A 20-year scoping review," Patient Experience Journal: Vol. 3: Iss. 1, Article 16.</li> <li>• Berman, Shari (2016) "Why human resources policies and practices are critical to improving the patient experience," Patient Experience Journal: Vol. 3: Iss. 2, Article 3.</li> </ul>
<b>Theme: Organization Culture (n=12)</b>
<p><b>Associated articles</b></p> <ul style="list-style-type: none"> <li>• Kennedy, Denise M. MBA; Didehban, Roshanak MHS, FACHE; and Fasolino, John P. MD (2014) "Creating and sustaining a culture of accountability for patient experience," Patient Experience Journal: Vol. 1: Iss. 2, Article 9.</li> <li>• Feldman, Kenneth J.; Lopez, Molly; and Gagliardi, Morris (2014) "Using a data-driven organizational improvement model to engage an interdisciplinary team in transforming a public women's health clinic," Patient Experience Journal: Vol. 1: Iss. 2, Article 14.</li> <li>• Mast, Linda J. PhD, FACMPE; Rahman, Ateequr PhD; Bridges, Diane PhD; and Horsley, Neil L. DPM (2014) "Exploring the impact of an interprofessional care protocol on the patient experience and outcomes for seniors with diabetes," Patient Experience Journal: Vol. 1: Iss. 2, Article 17.</li> <li>• McKenzie, Fiona; Joel, Katherine; Williams, Charlotte; and Pritchard-Jones, Kathy Professor (2014) "Learning what high quality compassionate care means for cancer patients and translating that into practice," Patient Experience Journal: Vol. 1: Iss. 2, Article 18.</li> <li>• Lewis, Barbara MBA (2014) "Book Review: Questioning Protocol," Patient Experience Journal: Vol. 1: Iss. 2, Article 20.</li> </ul>

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### Theme: Patient Perceptions (n=69)

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**Theme: Continuum of Care (n=6)**

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### Theme: Integrated Nature (n=44)

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### Theme: Patient and Family Partnership (n=15)

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### Theme: Person Centeredness (n=41)

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- Press, Irwin PhD (2014) "Concern for the patient's experience comes of age," Patient Experience Journal: Vol. 1: Iss. 1, Article 2.
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