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A concept analysis of the patient experience


Tanja Avlijas RN, MScN
The University of Ottawa

Janet E. Squires RN, PhD
School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada; Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Ontario, Canada

Michelle Lalonde RN, PhD
School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada; Institut du Savoir Montfort, Ottawa, Ontario, Canada

Chantal Backman RN, PhD
School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada; Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Ontario, Canada; Bruyère Research Institute, Ottawa, Ontario, Canada

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A concept analysis of the patient experience

Tanja Avlijas, RN, MScN, *The University of Ottawa, tmano040@uottawa.ca*

Janet E. Squires, RN, PhD, *University of Ottawa, janet.squires@uottawa.ca*

Michelle Lalonde, RN, PhD, *University of Ottawa, Ottawa, michelle.lalonde@uottawa.ca*

Chantal Backman RN, PhD, *University of Ottawa, chantal.backman@uottawa.ca*

Abstract

Patient experience, an essential indicator of quality patient care, is of increasing importance to hospitals that want to improve and maintain strong patient experience metrics to remain competitive in the business of healthcare. The aim of this study was to clarify the concept of the patient experience by identifying its existing definitions, methods of measurement, and underlying themes and attributes, to differentiate it from similar concepts and propose an operational and theoretical definition to guide valid and reliable development of future assessment tools. Walker and Avant's eight-step methodology served as the framework for this concept analysis. A literature search, using seven databases and one search engine, was conducted of existing literature published any time up until September 2021. The search identified 19,447 references of which 436 articles and organizational websites were included. Twenty attributes (n= 20) were found to define the patient experience: (1) communication; (2) respect for patients; (3) information and education; (4) patient-centered care; (5) comfort and pain; (6) discharge from hospital; (7) hospital environment; (8) professionalism and trust; (9) clinical care and staff competency; (10) access to care; (11) global ratings (12) medication; (13) transitions and continuity; (14) emotional dimension; (15) outcomes; (16) hospital processes; (17) safety and security; (18) interdisciplinary team; (19) social dimension; and, (20) patient dependent features. The proposed definition of the patient experience is: "Patient experience is the combination of external and internal hospital processes, patient-centered attributes, patient-staff and staff-staff interactions during all episodes of care."

Keywords

Patient experience, patient and family experience, patient reported experience measure, patient reported experience measures, patient care experience

Introduction

As healthcare shifts from a disease-centered to a patient-centered model¹ the concept of patient experience assumes a crucial role. The imperative to improve patient experience is rooted in clinical and business motives.^{2,3} Clinical motives include improved patient health outcomes, better adherence to medical advice, improved patient safety, and better prevention and management of disease.²⁻⁹ Business motives include financing and reimbursements,¹⁰ increased profitability⁵ and reduced medical malpractice risk.²

Globally, changes to government healthcare policies, public reporting of patient experience survey scores, coupled with value and performance-based incentives and reimbursements have led the growing impetus of improving the patient experience within healthcare.^{2,3} In the literature, hospitals in the United States with the highest patient experience scores were the most profitable,¹¹ and physicians had higher patient retention rates.¹² In Canada, the Ministry of Health and Long-Term Care reinforced the significance of the patient experience in Ontario's healthcare through The Excellent Care for All

Act (2010),¹³ which requires hospitals to establish patient relation processes to improve the patient experience and serves as the foundation for monetary reimbursement.

The growing impact of patient experience survey results for hospitals has made it essential to have a consensus on what constitutes the patient experience and how it is measured globally. This concept analysis has three research questions: (i) how has 'patient experience' been defined; (ii) what are the methods of measurements used to define 'patient experience'; and (iii) what are the underlying themes, attributes, and features? We had to first answer these questions to differentiate 'patient experience' from similar concepts and to propose an operational and theoretical definition to guide valid and reliable development of future assessment tools.

Need for a Definition and Concept Analysis

There is an apparent consensus on the importance of the patient experience in healthcare, but a lack of agreement about what constitutes the patient experience. Although patient experience has been studied and measured, there is a noticeable dearth of explicit definition of the concept in

published literature, and when definitions are provided, they are inconsistent.^{1,14-15} This confusion leads to difficulties in determining whether different authors are making similar assumptions about what constitutes the "patient experience" and whether the authors are referring to the same concept.^{1,14} Additionally, while existing definitions attempt to create a unique understanding of the term, they seemingly fail to capture the breadth of the issue and only form a part of the full concept.

Although it is a commonly used term in research and clinical practice,^{3,16,17} patient experience remains an ambiguous concept with a wide range of interpretations and measures.¹⁶ Literature related to the patient experience, including systematic reviews, are often limited due to a lack of consensus on the definition (e.g., McMurray et al., 2016¹⁸; Johnston, 2013¹⁴; Usher-Smith et al., 2017¹⁹; Katusiime et al., 2016.²⁰)

While, to our knowledge, this is the first attempt at completing a formal concept analysis of the patient experience, Wolf and colleagues¹⁶ published a study based on "a need to determine the extent to which clear and formal definitions exist, have common overarching themes, and/or have unique, but important constructs that should be considered more widely" (p.7). This publication examined 18 sources including published articles and organizational websites to identify the main elements and themes in existing theoretical explicit theoretical definition of the patient experience from 2000 to 2014.¹⁶ The need to expand and extend upon this existing definition of the patient experience emerged as the concept of patient experience deserved close examination to identify its defining attributes and inform future research on the topic using both theoretical and operational (e.g., instruments) definitions as sources using a systematic approach. This involved the identification and the analysis of existing definitions, theories, and measures of the patient experience.

Methods

There are specific methods to define concepts for research which depend on the researcher's beliefs and approach of the concept.²³ A concept analysis enables knowledge development and enhances communication in research and clinical practice about a particular concept.²³ To select the concept analysis methodology most congruent with the goals of this manuscript, various concept analysis methodologies were reviewed including those by Norris,²² Rodgers,²² and Walker and Avant.²³

Ultimately, Walker and Avant's²³ concept analysis methodology was chosen as it was the most congruent with the goals and purpose of this study. The other methodologies reviewed either did not fit the goal of this

concept analysis, the approaches were not feasible, or were not the most congruent philosophically with our objective. Walker and Avant's²³ method of concept analysis is based on ontological realism, with a philosophical view that concepts are static entities, independent of context and time, with clear and distinct boundaries. Since the concepts have identified meanings, they can be measured and assessed empirically. This methodology consists of eight iterative steps: (1) selecting a concept, (2) determining the aims and purpose of analysis, (3) identifying all uses of the concept, (4) determining the defining attributes, (5) constructing a model case, (6) constructing borderline and contrary cases, (7) identifying antecedents and consequences, and (8) defining empirical referents.

Search Strategy

The search strategy was developed in conjunction with a librarian (M.W.B.) and included some variation of the terms "patient experience," "patient and family experience," "patient reported experience measure," "patient reported experience measures" and "patient care experience," in the title or abstract. The detailed search strategy for the bibliographic databases (PubMed, MEDLINE, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Cochrane Database of Systematic Reviews, Nursing and Allied Health, EMBASE, and ABI Inform Collection) was verified by two librarians (M.W.B. and L.S.) using the Peer Review of Electronic Search Strategies.²⁴

To identify all relevant studies and limit the risk of publication bias,²⁵ our extensive search strategy included grey literature such as unpublished reports (e.g., dissertations and theses) and key organizational websites. The grey literature search was limited to reports, dissertations, theses, and working papers using databases ABI Inform Collection; Nursing and Allied Health; and ProQuest Dissertations and Theses. Moreover, the search engine, Google, was used to seek organizational websites and other publications. A modified version of the effort bounded guideline²⁶ served as the strategy for searching Google. This consisted of searching the top 100 search hits and stopped when nothing was relevant on the three final and consecutive pages. Since the information was irrelevant for three consecutive pages, it was likely that the information would continue to be irrelevant.

Inclusion and Exclusion Criteria

The inclusion criteria consisted of articles that: 1) used the patient experience as an autonomous concept, the main topic of the article, a variable of the study, or as the fundamental concept that was defined, described, or developed explicitly; 2) included the adult population (18 years of age and older) in the acute care setting; and 3) used any study designs in the English or French language. Studies with both acute care and primary care settings, or no setting at all were also included.

The exclusion criteria were any studies that: 1) used the term patient experience as a synonym for a verb such as “encounter” or “undergo,” for example, “patient experiencing surgery” instead of “patient undergoing surgery” or “patient experiencing harassment” instead of “patient facing harassment”; and, 2) were in a setting other than acute care, such as in a primary care settings or contained a patient population that was younger than 18 years of age.

Screening Literature

The results from each database were uploaded into a reference manager software (Endnote) once duplicates were first removed using the Bond University Centre for Research in Evidence-Based Practice- Systematic Review Assistant Deduplication Module (CREBP-SRA-DM), as it was shown to have higher specificity and sensitivity than EndNote.²⁷ The first search resulted in 19,447 references, which was decreased to 12,997 after the de-duplication process. A computer-based reference management software program (Covidence) served for citation screening, abstract review, full-text review, eligibility (study selection) and data export.

Two independent reviewers (T.A. and M.B.) screened the titles and abstracts (or full text if the abstract was not available) to identify sources which included the term patient experience within the article. Articles immediately proceeded to full-text screening if both independent reviewers were unsure whether to include or exclude the study based solely on the title and abstract. When

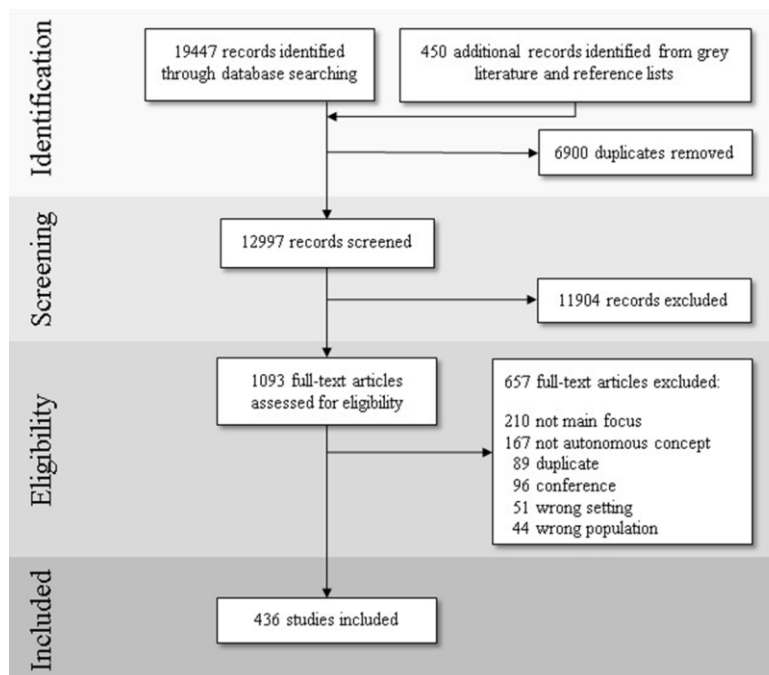
disagreements occurred, a discussion followed until the two reviewers reached consensus and if necessary, a third reviewer (C.B.) was used to resolve any disparities. Search findings were documented using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram (Figure 4.1).²⁸

Data Extraction

Walker and Avant’s²³ eight-steps guided the data extraction process performed by one reviewer (T. A.) and independently verified by a second reviewer (M.B.). The data extraction categories included: author, title, study design, country, patient population, sample size, type of hospital, data collection methodology, data analysis, theoretical definitions of the patient experience, operational definitions of the patient experience, patient experience instruments used, framework or theory used, related terms, antecedents, and consequences. Demographic information was also extracted which included patient’s marital status; previous hospitalizations; health risk behaviours; ethnicity and race; living situation; income; employment; gender; age; health diagnosis mentioned; readmission; culture and nationality; length of hospital stays; highest level of education achieved; patient’s self-reported mental, physical, and emotional health rating; and type of healthcare insurance.

In a separate data sheet, extraction included the authors, article titles, instrument names and modifications to the original instrument, and the number of patient experience domains. All theoretical and operational definitions (including instruments) were disassembled into features

Figure 4.1 PRISMA Flow Diagram for Included Articles and Organizational Websites



and sub-features of the patient experience. The data extraction sheets were piloted and revised on a few occasions for the first twenty publications.

Data Synthesis

The data synthesis was conducted, and the findings were presented as a narrative review. The reviewers independently reread the articles until data saturation occurred for the attributes, antecedents, and consequences. Any attributes, antecedents, and consequences not noted by one reviewer were discussed between the two reviewers and added if appropriate.

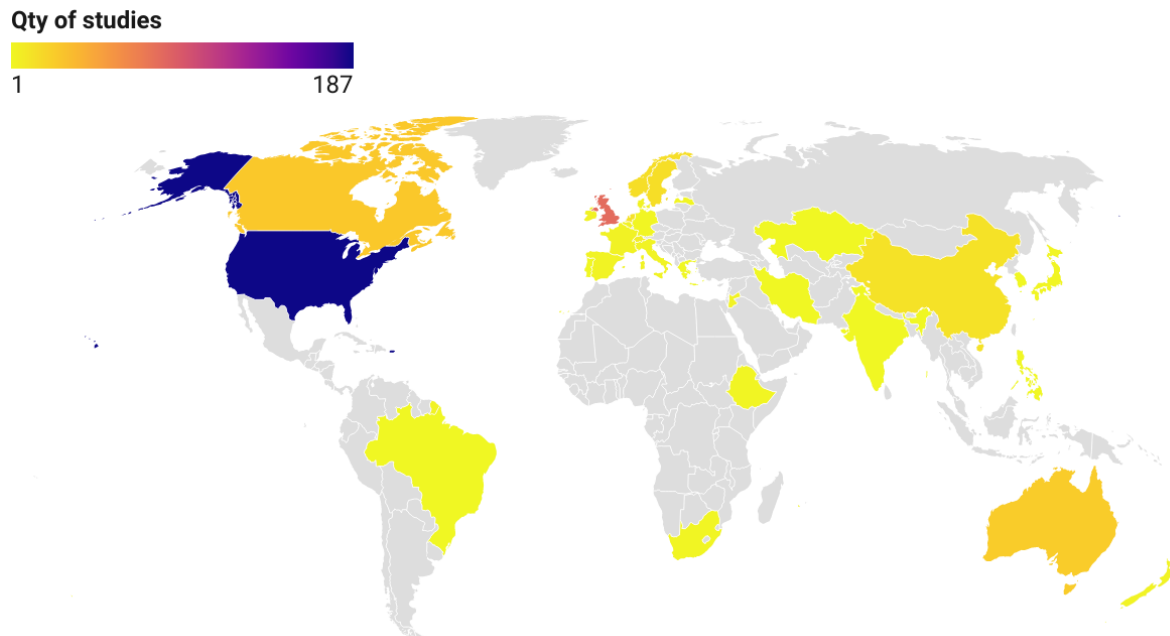
The theoretical definitions were analyzed and separated into features and combined with the features from the operational definitions (e.g., instruments) then further categorized into attributes. The process of assessing, combining, further analyzing, organizing, and clustering the features and sub-features into attributes and themes required numerous reiterations and feedback from the research committee.

experience as an autonomous concept, 89 duplicates, 96 conference proceeding, 51 for taking place in a setting other than acute care and 44 for taking into account the wrong population. This process resulted in 436 articles and organizational websites that were included in our study.

Countries of Study Origin

The 436 articles and organizational websites included in our concept analysis originated from 34 countries (United States, United Kingdom, Canada, Australia, Norway, Sweden, China, The Netherlands, Switzerland, Belgium, Denmark, France, Ireland, Jordan, Italy, New Zealand, Spain, Ethiopia, Germany, Japan, Latvia, South Africa, Brazil, Greece, India, Iran, Kazakhstan, Philippines, Portugal and South Korea) that were organized into five continents: North America, Europe, Asia, Australia and Africa. The distribution of studies according to their countries of origin are summarized in Figure 4.2 and Table 4.0.

Figure 4.2 Distribution of studies per country



Results

Characteristics of Included Studies

The first database search resulted in 19,447 articles, which decreased to 12,997 after the removal of duplicates. Two independent reviewers screened the titles and abstracts of the 12,997 articles for eligibility, resulting in 1,093 full-text articles. After assessing the full text of the 1,093 articles, we excluded 210 for not including the patient experience as the main focus, 167 for not referring to the patient

Study Settings

As previously mentioned, the inclusion criteria consisted of articles that included the adult population (18 years of age and older) in the acute care setting. However, articles with both acute care and primary care settings, or no setting at all were included. Only those in a strictly primary care setting were excluded.

Table 4.0 Distribution of studies per country, in descending order of frequency

Countries	N	%
United States	187	42,89%
United Kingdom	82	18,81%
Canada	27	6,19%
Australia	25	5,73%
Norway	15	3,44%
Sweden	15	3,44%
China	13	2,98%
Netherlands	13	2,98%
Switzerland	7	1,61%
Multinational studies	5	1,15%
Belgium	4	0,92%
Denmark	4	0,92%
France	4	0,92%
Ireland	4	0,92%
Jordan	4	0,92%
Italy	3	0,69%
New Zealand	3	0,69%
Spain	3	0,69%
Ethiopia	2	0,46%
Germany	2	0,46%
Japan	2	0,46%
Latvia	2	0,46%
South Africa	2	0,46%
Brazil	1	0,23%
Greece	1	0,23%
India	1	0,23%
Iran	1	0,23%
Kazakhstan	1	0,23%
Phillippines	1	0,23%
Portugal	1	0,23%
South Korea	1	0,23%

Of the 436 included articles, 74.77% (N=326) represent the hospital setting, 18.12% (N=79) did not contain a setting, 5.05% (N= 21) represent numerous settings, and 2.06% (N=9) took place in the academic setting (Figure 4.4 in the Appendix). The 326 articles containing a hospital setting represent nine acute-care units: medicine-surgery, oncology, intensive care unit (ICU), emergency department (ED), gynaecology/ obstetrics, specialized care units (e.g., cardiology), rehabilitation and geriatrics, psychiatry, and all inpatient units (studies whose inclusion criteria simply stated 'all units' without specifying).

Study Designs

Of the 436 included articles, 57.11% (N=249) used a quantitative method, 19.27% (N=84) used qualitative methods, 13.30% (N= 58) were of mixed-methodology and 10.32% (N=45) did not use a specific methodology (Figure 4.5 in the Appendix). Study designs included cross-sectional designs, exploratory, descriptive, ethnography, secondary analysis, literature review, randomized control trials, prospective, retrospective, systematic reviews, longitudinal cohort, phenomenology, observational, qualitative content analysis, case-control, grounded theory,

and mixed study designs. Completed and published studies replaced study protocols. We included only one protocol²⁹ because, to our knowledge, the study remained incomplete. Two librarians (M.W.B. and L.S.) aided in the search for the completed article and efforts to contact the authors were unsuccessful.

Theoretical Definitions

Of the 436 included articles, 37 explicitly defined the patient experience (Table 4.1) and 28 of those contained a unique definition. Of these thirty-seven articles, seventeen authors^{3, 30-34, 265, 267, 285, 288, 374, 378, 393, 405, 410, 411, 416} used The Beryl Institute's definition of the patient experience which is "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care."³⁰ One author³⁸⁷ used this definition and also quoted the definition by the Agency for Healthcare Research and Quality (AHRQ). The definitions of the patient experience by the AHRQ,^{35,36} Robinson (2010),^{33, 37} and by The Cleveland Clinic^{34,38} were cited twice. Twenty-four (64.9%) of the definitions were from published studies^{3, 6, 29, 33, 34, 39-42, 263, 265, 266, 267, 285, 288, 338, 374, 378, 387, 393, 405, 410, 411, 416} while thirteen (35.1%) of the thirty-

six were from unpublished articles.^{30-32, 35-38, 43-48} See Tables 4.1 through 4.24 in Appendix.

Proposed Definition of The Patient Experience

To create a new definition, the twenty attributes were organized into four themes: external and internal hospital processes, patient dependent features, hospital staff interactions, and hospital staff and patient interactions. The external and internal hospital processes are comprised of the following attributes: continuum of care/transitions and continuity, hospital environment, access to care, hospital processes, global ratings, and safety and security. In addition, the hospital living arrangements feature from the social dimension attribute also belongs in this theme. The patient dependent features theme is comprised of the outcomes, social aspects, and patient dependent features attributes. The hospital staff interactions between each other are comprised of the interdisciplinary team attribute. Lastly, the hospital staff and patient interactions theme is comprised following attributes: communication, respect for patients, information and education, patient-centered care, comfort and pain, discharge from hospital, professionalism and trust, clinical care and staff competency, medication, and the emotional dimensions attribute. Based on this concept analysis, the proposed definition of the patient experience is: “Patient experience is the combination of external and internal hospital processes, patient-centered attributes, patient-staff and staff-staff interactions during all episodes of care.”

Model Case

The model case is a hypothetical scenario that includes all of the attributes²³ relating to the patient experience. Karen is an oncology patient who lives close to her local hospital and has access to free healthcare (*Access to Care*). When Karen visits the Emergency Department (ED) she is greeted promptly and warmly by staff. During her stay in the hospital, all the healthcare staff, especially the nurses and doctors, communicate with her in a friendly, respectful, and polite manner (*Communication; Respect for Patients*). The care providers, especially the doctors, spend enough time with Karen to answer all of her and her family’s questions and listen carefully to their preferences for care (*Communication; Patient-Centered Care*).

While in the ED, Karen is admitted to the medical-oncology unit and is quickly transferred to her new room in a coordinated manner. She receives a friendly welcome from the new staff (*Communication; Respect for Patients; Continuum of Care/ Transitions and Continuity; Access to Care*). During examinations, treatments and discussions, Karen receives complete privacy (*Respect for Patients*). All the patients on Karen’s unit are treated with equality and without discrimination by the staff (*Respect for Patients*). Karen’s pain is adequately managed, and her symptoms and physical comfort are acknowledged and treated promptly

(*Comfort and Pain Management; 4. Medication Management*). The hospital’s facilities are clean, the environment is aesthetically pleasing, the temperature is comfortable, there is no unpleasing odour, the noise level is low inside and outside of Karen’s room, and equipment and supplies are readily available and in stock (*Hospital Environment*). Most importantly, Karen always feels safe (*Safety and Security*).

It is easy for Karen to order and receive tasty food of good quality (*Hospital Environment*). Karen does not have to share facilities with the opposite sex, and her roommates are pleasant (*Social Dimension*). The respect between healthcare providers is evident to Karen as she observes many of the interactions between the nurses and doctors (*Interdisciplinary Team*). Karen has trust and confidence in her healthcare team and is overall satisfied with the care provided (*Professionalism and Trust*).

The hospital staff is available and responds to Karen’s needs promptly such as support for self-care and activities of daily living (*Clinical Care & Staff Competency*). They also provide emotional support when Karen is feeling anxious (*Emotional Dimension; Patient Dependent Features*). Scheduled tests, such as X-rays are well coordinated, comfortable and timely. Karen perceives the nurses and doctors as competent in terms of technical skills and knowledgeable about her diagnosis and the treatment plan (*Clinical Care & Staff Competency; Access to Care*). When Karen complains of nausea, she receives immediate supportive interventions (*Clinical Care & Staff Competency*). Karen consistently has the same doctor and the same few nurses to care for her (*Clinical Care & Staff Competency*).

Verbal and written information is provided to Karen about tests, procedures, medication, discharge, and all other aspects of her care (*Information & Education*). The information provided is accurate, consistent, and tailored directly to her (*Information & Education*). Before any care provision, options for treatment are provided, Karen’s level of preparation is considered, and Karen serves as an active participant in care decisions (*Patient-Centered Care*). Karen’s readiness for discharge is considered, and staff take the time to educate Karen and her family regarding the discharge process, danger signals to watch for once at home, medications, Karen’s disease, and infection control (*Patient-Centered Care; Discharge from Hospital*). Staff also make sure that Karen and her family understand the information provided to them (*Information and Education*). A safe and coordinated discharge is organized for Karen with a smooth transition of information to her family doctor and community care and services (*Discharge from Hospital; Continuum of Care/ Transition and Continuity*).

Overall, Karen feels that she had a good experience and highly recommends the hospital to a friend (*Global Rating*). Karen is satisfied with the care she received and attributes a lot of her satisfaction to the prompt care she received from

the nurses (*Outcomes*). Karen feels that the adequate number and availability of nurses on the unit contributed in a significant and positive way to her overall experience (*Hospital Processes; Global Rating*).

Borderline Case

The borderline case is a hypothetical scenario which is missing one or more of the attributes²³ relating to the patient experience. Karen is an oncology patient who lives far away from the hospital and has difficulty accessing healthcare. Karen drives two hours to the nearest hospital to visit the Emergency Department (ED). Once in the ED, Karen is greeted promptly by staff and during her stay in the hospital, all the healthcare staff, especially the nurses and doctors, communicated with her in a friendly, respectful, and polite manner (*Communication; Respect for Patients*).

While in the ED, Karen waits two days before receiving a transfer to the medical-oncology unit. The transfer seems uncoordinated and delayed, but once on the medical-oncology unit she receives a friendly welcome from the new staff (*Communication; Respect for Patients*). During examinations, treatments and discussions, Karen receives complete privacy (*Respect for Patients*). However, Karen's pain is inadequately managed, and her symptoms and physical comfort are not acknowledged or treated effectively.

While Karen feels safe at the hospital, she is disappointed with the lack of cleanliness of the washrooms (*Safety and Security; Hospital Environment*). The hospital's facilities seem in need of a renovation, it is cold at night, she shares facilities with the opposite sex, and frequently, there is an unpleasant odour in the air (*Hospital Environment*).

Karen often does not receive meals, and when she does, the food is not appetizing, and the coffee is cold. While Karen has trust and confidence in her doctors and nurses (*Professionalism and Trust*), at times the interaction between the healthcare staff seems hostile and tense.

The nurses seem inadequately staffed as responses to Karen's requests for support and activities of daily living are delayed. However, Karen is happy with the care she receives once the nurses respond. She especially appreciates the emotional support they provide when Karen feels anxious (*Emotional Dimension; Patient Dependent Features*). Scheduled tests, such as X-rays are well coordinated, comfortable and timely. Karen perceives the nurses and doctors as competent, skilled, and knowledgeable about her diagnosis and the treatment plan (*Clinical Care & Staff Competency; Access to Care*). During Karen's stay at the hospital, she frequently has a new doctor and new nurses to care for her and feels there is a lack of inconsistency in her healthcare team.

Verbal and written information is provided to Karen about discharge, but she does not receive information about her medications and scheduled tests (*Information & Education*). The information provided seems inconsistent and generalized to all oncology patients. Karen's readiness for discharge is not considered, and the discharge process seems uncoordinated especially since her family doctor is not informed of her hospital visit. Overall, Karen feels that she had a mediocre hospital experience and does not recommend the hospital to a friend.

Contrary Case

The contrary case is not the patient experience and omits many of the critical attributes.²³ Karen is an oncology patient who lives far away from a hospital and has difficulty accessing healthcare. Karen visits an Emergency Department (ED). where the staff does not greet her, and she is left to wait for a long time, feeling ignored. During her stay in the hospital, all the healthcare staff, especially the nurses and doctors, barely communicate with her and when they do, it is in a rude and at times, disrespectful manner. The staff, especially the doctors, do not spend time with Karen and all of her and her family's questions remain unanswered.

Karen remains in the ED waiting to transfer to the medical-oncology unit for days. When the transfer finally occurs, it is uncoordinated, and she is left to wait in the hallway on a stretcher while the staff try to find a room for her. She feels unwelcome on the new unit and staff do not bother to introduce themselves when they approach her. During examinations, treatments and discussions, Karen is not provided with privacy, and her roommates can hear everything about her medical care. At times Karen feels certain patients are mistreated and discriminated against by the staff.

When Karen complains of pain, she does not receive adequate management and continues to feel physical discomfort. The hospital's facilities are unclean, the temperature is cold, and there are many unpleasing odours. The noise level is loud inside and outside of Karen's room, and it seems that equipment and supplies are never in stock or available when needed. Many times, Karen does not receive a food tray and is seemingly missed for meal delivery, and when she does receive meals, the food tastes terrible and seemed to be of low quality. Karen shares a room with individuals of the same sex and finds her roommates to be pleasant (*Emotional Dimension; Patient-Dependent Features*).

Karen observes many interactions between the nurses and doctors and finds them to be disrespectful towards each other, unprofessional at times, and inconsistent with the information they provide. Karen lacks trust and confidence in her healthcare team and leaves feeling unsatisfied with the overall care provided to her. Karen perceives the

nurses and doctors as incompetent in terms of technical skills and knowledge about her diagnosis and the treatment plan. During Karen's stay at the hospital, she has numerous doctor and nurses caring for her and cannot keep track of their names and roles.

Karen finds it difficult to get help with activities of daily living and the staff take a long time to respond to the call bell as the nurses seemed understaffed. Scheduled tests, such as X-rays are uncoordinated, at times uncomfortable and frequently delayed.

There is a lack of information provision about tests, procedures, medication, discharge, and all other aspects of her care. When Karen does receive information, it is inaccurate, inconsistent, and generalized for all patients. Karen does not receive options for care, is not involved in decisions regarding her care, and her level of preparation is not considered before treatments.

Karen feels unready for discharge; the staff do not educate Karen and her family regarding the discharge process, danger signals to watch for once at home, medications, Karen's disease, or infection control. Karen leaves home feeling unsafe, unprepared, and lacking information on how to proceed. Her family doctor is not updated on Karen's hospital stay, and Karen does not receive the community services she feels she desperately needs.

Identifying Antecedents and Consequences

Antecedents

Antecedents are events or incidents that occur before the patient experience (the concept) and may include events, behaviours, or environmental characteristics, that temporally or theoretically precede and influence the concept.²³ Due to the all-encompassing nature of the patient experience, there were a small number of antecedents. The antecedents of the patient experience are²³ the patient's severity of illness requiring care²⁴; (2) the patient's and staff's ability to hear what is said⁴⁰; and (3) "a feedback loop that enables improvement conversations about the breadth and depth of an individual's or organization's patient-centeredness."²⁴¹

Consequences

Consequences are anticipated events, behaviours, or conditions that follow the implementation of patient experience as a concept.²³ Consequences include (1) measures of the patient experience²⁴¹; (2) hospital reporting of the patient experience scores³⁹; (3) changing practice, policies and rules based on the patient experience data²⁴¹; (4) quality of care^{207,5}; (5) the staff's and hospital's reputations¹⁸⁷; (6) hospital funding and costs⁸⁹; (7) a more efficient healthcare system¹¹⁷; (8) performance improvement efforts¹¹⁸; (9) staff disengagement²⁰⁵; (10) patient's length of stay¹¹⁸; (11) hospitals remaining

competitive in the healthcare market¹⁸⁷; (12) staff retention²⁰⁵; (13) patient retention²⁰⁵; and, (14) adherence to medications and treatment.⁵

Defining Empirical Referents

To define the empirical referents, we included all articles that discussed any patient experience measurement instruments. The list of twenty attributes also served as the defining empirical referents for the patient experience. Table 4.25 provides a list of the 94 titled patient experience instruments used in the analysis, while the 59 unnamed instruments are not included.

Discussion

We conducted a concept analysis using Walker and Avant's²³ eight-step systematic approach and identified 67 features categorized into twenty defining patient experience attributes: (1) communication; (2) respect for patients; (3) information and education; (4) patient-centered care; (5) comfort and pain; (6) discharge from hospital; (7) hospital environment; (8) professionalism and trust; (9) clinical care and staff competency; (10) access to care; (11) global ratings (12) medication; (13) continuum of care/ transitions and continuity; (14) emotional dimension; (15) outcomes; (16) hospital processes; (17) safety and security; (18) interdisciplinary team; (19) social dimension; and, (20) patient dependent features. A model, borderline, and contrary case demonstrated the patient experience in a hypothetical patient scenario to distinguish the critical attributes. This concept analysis identified four antecedents, fifteen consequences, and 104 empirical referents of the patient experience.

Wolf and colleagues¹⁶ published an earlier article to determine explicit definitions of the patient experience in the literature, the common overarching themes, and constructs that should be considered.¹⁶ Wolf and colleagues¹⁶ study identified several overarching themes and recommendations to consider regarding the definitions of the patient experience:

1. Continuum of care
2. Beyond survey results
3. Focus on expectations
4. Aligned with patient-centered care principles
5. Focus on individualized care
6. More than satisfaction

All findings and considerations in their study were also echoed in our concept analysis, with the addition of numerous attributes and features. Overall, our concept analysis yielded attributes (n= 20) and features (n= 67). 'Continuum of care', and 'patient-centered care' are both independent attributes in our concept analysis, while focus on 'individualized care' is a feature of the 'patient-centered

**Table 4.25 Complete List of Titled Instruments Used to Measure the Patient Experience
(Does not include 59 unnamed instruments.)**

A&E Department Patient Survey 2014
A&E Department Questionnaire
Accident and Emergency Department Questionnaire (A&ED)
Adult Inpatient Experience (English)
Australian Hospital Patient Experience
Brief Emergency Department Patient Satisfaction Scale (BEPSS)
Canadian Patient Experiences Reporting System (CPERS)
Canadian Patient Experiences Survey- Inpatient Care (CPES-IC)
Cancer Experience Measurement Framework
Cancer Patient Experience Survey/ National Cancer Patient Experience Survey (NCPES)
Chinese Patient Experience Questionnaire
Consumer Emergency Care Satisfaction Scale (CECSS)
Consumer Quality Index (CQI) Inpatient Hospital Care Questionnaire
Patient Experience of Dutch Inpatient Hospital Care Survey
considerRATE questions
Consumer Quality Index Hip Knee Questionnaire
Cultural Competency Assessment Tool for Hospitals (CCATH) Survey
Emergency Department Patient Satisfaction Assessment (EDPSA)
Emergency Department Patient Experience of Care (EDPEC) Survey
Emergency Department Patient Experience of Care Discharged to Community Survey
Enhanced Recovery After Surgery (ERAS-HEALTH) questionnaire
Experiences of Nursing Care Scale
Family Satisfaction in the ICU Survey (FS-ICU 24)
Family Satisfaction Survey
Flemish Patient Survey
Friends and Family Test (FFT)
General Inpatient Questionnaire (GIQ)
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
Hong Kong Inpatient Experience Questionnaire (HKIEQ)
howRu and howRwe scales
Inpatient Assessment of Health Care (I-PAHC)
Inpatient Experience Questionnaire
Inpatient Survey - NHS England's Patient Experience Tool (2002, 2007, 2008, 2010, 2013)
Intensive Care Experience Questionnaire (ICEQ)
Irish National Perception of Quality of Care Survey (INPQS)
Medicare Consumer Assessment of Healthcare Providers and Systems (MCAHPS) Survey (2013)
Multimedia Intervention for Managing Patient Experience (MIME)
National Health Service Survey –fifth (NHSS)
National Health Service (NHS) Trust Questionnaire
National Patient Experience Survey
Newcastle Satisfaction with Nursing Scale (NSNS)
National Health Services Adult Inpatient Questionnaire
NHS National Adult Inpatient Survey (NHS NAIS)
NHS Patient Experience Framework
Nordic Patient Experience Questionnaire (NORPEQ)
OxPIE Oxford Patient Involvement and Experience Scale
Patient Dignity Inventory
Patient Evaluation of Emotional Care during Hospitalization (PEECH)
Patient Experience of Care (PEOC) Dimensions
Patient Experience and Consumer Engagement: A Framework for Action
Patient Experience of Dutch Inpatient Hospital Care Survey
Patient Experience Improvement Framework
Patient Experience Questionnaire (PEQ)
Patient Experience Surveys (PES)
Patient Measure of Safety (PMOS)
Patient Perception of Quality (PPQ)
Patient-Reported Experience Measures
Patient Satisfaction with Interpersonal Relationship with Navigator (PSN-I)

Table 4.25 Complete List of Titled Instruments Used to Measure the Patient Experience (Does not include 59 unnamed instruments.) Cont'd.

Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)
Patient's Assessment of Quality Scale- Acute Care Version (PAQS-ACV)
Patients' Evaluation of Performance in California (PEP-C survey)
Perceived Hospital Environment Quality Indicators (PHEQI)
Picker Canada Patient Experience Survey (Condensed Version)
Picker Inpatient Experience Survey- Picker Problem Score (PPS)
Picker Institute - Adult Inpatient Survey
Picker Patient Experience Questionnaire (PPE-15)
Picker Patient Experience Questionnaire (PPE-40)
Psychiatric Inpatient Experience Questionnaire (PIPEQ)
Psychiatric Inpatient Experience Questionnaire- On Site (PIPEQ-OS)
Press Ganey Emergency Department Survey
Press Ganey Inpatient Survey
Press Ganey Patient Experience Survey
Press Ganey Questionnaire (PGQ)
Quadruple Aim Framework
Quality from the Patient's Perspective Questionnaire (QPP)
Quality from the Patients' Perspective Shortened (QPPS)
Quality of Care Questionnaire
Quality of Interaction Schedule (QuIS)
Quality of Trauma Care Patient - Reported Experience Measure (QTAC-PREM)
Scottish Inpatient Patient Experience Survey (SIPES)
Short Form- Hong Kong Inpatient Experience Questionnaire (SF-HKIEQ),
Survey of Healthcare Experiences of Patients (SHEP)
Swedish version of the Picker Patient Care Experience -15 (PPE-15)
Swiss Cancer Patient Experiences (SCAPE)
The Cancer Patient's World (CPWQ) Questionnaire
The CareWell in Hospital Questionnaire
The Danish National Cancer Patient Questionnaire (German adaptation from 2017-version)
The Faces of All Clinically Engaged Staff (FACES) Instrument
The Perceptions of Care (PoC-24)
Three-Item Care Transitions Measure (CTM-3)
Urgent Care System Questionnaire (UCSQ)
Victorian Healthcare Experience inpatient surveys
Views on Inpatient Care (VOICE)
Warwick Patient Experience Framework (WaPEF)

feature of the ‘outcome’ attribute, while ‘focus on expectations and beyond survey results’ are dispersed across a few features. ‘Beyond survey results’ argues that the patient experience should be defined more broadly than the HCAHPS¹⁷ survey domains, as it does not encompass the breadth and depth of the patient experience. Citing Beyond Philosophy¹⁸ further explaining that the patient experience is about the whole organization delivering, the emotional experience and intuitive perceptions of patients.¹⁴ The ‘beyond survey results’ theme is dispersed across a few features in our concept analysis such as: ‘overall hospital rating’, ‘overall experience’, ‘emotional support’, and ‘emotional status’.

‘Focus on expectations’ refers to whether the patient’s expectations were met during their healthcare visit¹⁵. This theme potentially adds to concept confusion, as meeting of

expectations is a measure of patient satisfaction and not patient experience.²⁰⁻²² Wolf and colleagues¹⁶ cite Bowling and colleagues⁴⁰ as the source of this theme. Patient satisfaction has been referred to as the difference between the patient’s expected care and the actual care received.^{6,19,20,22,24} Patient satisfaction is determined by expectations while patient experience aims to obtain factual data of what occurred during the healthcare visit.²³ The expectations Wolf and colleagues¹⁶ list (e.g., cleanliness, information about where to go, convenient and punctual appointments, doctor being respectful and treating with dignity) are all present in the features of our concept analysis. All the examples they included of the patient “expectations” are accounted for in our concept analysis.

The extensive list of attributes and features can be found in Table 4.4 which include the six themes found by Wolf and

colleagues¹⁶ and further expands to include the addition of numerous attributes and features. The nine additional attributes we identified in our concept analysis are ‘discharge from hospital’, ‘professionalism and trust’, ‘clinical care and staff competency’, ‘access to care’, ‘medications’, ‘global ratings’, ‘interdisciplinary team’, ‘outcomes’, and ‘social dimension’.

Overall, our study built upon the work by Wolf and colleagues¹⁶ by extending, expanding, and updating the search strategy to provide a comprehensive concept analysis of the patient experience. We provide additional attributes, features, and overall clarity to the concept of the patient experience.

Strengths and Limitations

Although using Walker & Avant's²³ methodology as a guide for the concept analysis helped focus the data extraction on findings relevant to the review question some limitations to the study exist. First, this concept analysis only included articles that used the term patient experience explicitly in the gathering of attributes. There are a variety of ways to express the concept of patient experience beyond the use of the exact term in the literature; therefore, some references might have been missed. Second, the inclusion of related terms in the initial literature search would have been ideal for assembling a more inclusive scope of the overall concept but would have made this concept analysis difficult to manage with the additional volume of articles. Words related to the patient experience may merit separate concept analyses to guide their use in the clinical setting. Lastly, excluding studies with a strictly primary care setting could lead to omitted attributes that are not present in the acute care setting. Future research would be helpful to conduct a concept analysis of the patient experience in primary care and compare the results to our findings.

Conclusion

Patient experience is recognized as one of the three pillars of quality healthcare, alongside clinical effectiveness, and safety.^{7, 26} Data resulting from measuring the patient experience is used to direct limited resources; however, there is a lack of consensus on the definition and the identifying attributes of the patient experience. As noted earlier, this is the first formal concept analysis of the patient experience. Overall, this comprehensive concept analysis provided conceptual clarity to the term ‘patient experience’ by determining its defining characteristics.

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Appendix

Table 4.1 Theoretical Definitions Chart

Author	Definition
Agency for Healthcare Research and Quality (2017) [35] This definition was also cited and acknowledged by: <ul style="list-style-type: none"> • Heath(2017)[49] • Fernandes et al., 2021 [386] • Zakkar (2019) [265] 	“Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.”
Association for Patient Experience (2016) [43]	“What is patient experience? It is providing the best clinical care and service possible for patients, and it is our collective responsibility. Safety and physical comfort must be included, as well as the patient’s educational, emotional, and spiritual needs. This includes everything from making sure questions are answered, to reducing wait times, to getting him or her home safely.”
The Beryl Institute (2010) [30] This definition was also cited and acknowledged by: <ul style="list-style-type: none"> • Canadian Foundation for Healthcare Improvement (2018) [31] • Jha,Frye & Schlimgen (2017) [33] • Modic et al. (2014) [30] • Siemens Healthineers (2018) [32] • Wolf et al. (2014) [16] • Baldwin & Spears, (2019) [284] • Boge et al (2018) [404] • Fernandes et al., (2021) [386] • Gualandi et al (2019) [410] • Hefner et al (2019) [392] • Judan-Ruiz et al., (2020) [373] • Kumar et al., (2020) [377] • Niederhauser V, Wolf J., (2018) [264] • Reinares-Lara et al, (2019) [266] • Rozario (2019) [415] • Skaggs et al (2018) [287] • Yeheskel & Rawal (2019) [409] • Skaggs et al (2018) [287] • Yeheskel & Rawal (2019) [409] 	The Beryl Institute defines patient experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care”.
Cleveland Clinic (2018) [38] This definition is also cited and acknowledged by: <ul style="list-style-type: none"> • Modic et al. (2014) [34] 	“Cleveland Clinic defines our patient experience as putting "Patients First." Patients First is...Safe Care, High Value Care, High Quality Care, Patient Satisfaction”. Cleveland Clinic defines putting patient’s first as “care that addresses every aspect of patients’ encounters, including their physical comfort, as well as their educational, emotional and spiritual needs.” [50]
De Regge et al. (2017) [39]	“Patient experience is a measure of patient-centeredness, one of the six health care quality aims proposed by the Institute of Medicine (IOM). While patient satisfaction surveys give ratings of satisfaction with care, patient experience surveys elicit reports from patients on what they did or did not experience in their interactions with health care providers”.

Table 4.2 Theoretical Definitions Chart, cont'd.

<p>Edwards, Duff & Walker (2014) [51]</p>	<p>“Experience however is by definition a unique involvement in or exposure to a certain event and as such a representative sample of a ‘patient’ is unobtainable.”</p> <p>...</p> <p>“During the third interview the patient stated the hospital experience is ‘what we went through’ with both stating the ‘hospital experience’ was not limited to the period of hospital admission.”</p> <p>...</p> <p>“When asked to define ‘hospital experience’ providers gave definitions of what they believed made for a ‘good’ experience: ‘The caring attitude ... the communication with the patient’ (Nurse 3), and ‘Being treated with dignity and respect’ (Nurse 1).</p> <p>Provider definitions also listed components of care: ‘Physical structure, cleanliness, courteousness, and attentiveness of staff’ (Doctor 1), ‘Nursing staff, the doctors and their skills, their attitude ... the environment ... the building ... the food’ (Nurse 3) and ‘The care they receive, the information, how they have been treated as a person’ (Nurse 2). Hospital experience was also defined by the providers as a personal understanding as perceived by the patient ‘How the patient viewed their time while they were in hospital’ (Doctor 2), ‘Whether he feels he is getting better or not improving ... How the patient experiences their stay’ (Doctor 1). Personal interaction as a component of experience was highlighted by the patient: ‘I have had good experiences all round. The people in the hospital have been good’ and by the providers: ‘I think it is interaction between all the staff members ... that can just change their whole experience completely’ (Orderly). One provider highlighted the importance of people by defining the hospital experience as simply ‘the people he comes across’ (Nurse 4).</p>
<p>Fooks et al. (2015) [40]</p>	<p>“Patient experience is how patients perceive and experience their care (hopefully patient-centered)”.</p>
<p>Goodrich & Fitzsimons (2019) [262]</p>	<p>“What happened to them or how their care was delivered.”</p>
<p>Hagerty et al. (2017) [41]</p>	<p>“Patients’ experiences are defined as their perceptions of phenomena for which they are the best or only sources of information, such as personal comfort or effectiveness of discharge planning.”</p>
<p>Kemp et al. (2016) [42]</p>	<p>Uses Wolf’s [52] definition: “Experience encompasses more than a sense of satisfaction and ‘is defined in all that is perceived, understood, and remembered’. Patient experience is ‘about ensuring the best in quality, safety and service outcomes.’ It can assess aspects of PCC such as the inclusion of the patient in care decisions, as well as issues such as patient understanding of their condition/ treatment and discharge instructions”.</p>
<p>Lawrence General Hospital (2018) [44]</p>	<p>“This team has worked with staff, physicians, patients, and leaders to develop a definition of the Lawrence General Patient Experience: We promote healing through the sum of all interactions shaped by compassionate, respectful and attentive care for our patients and their families”.</p>
<p>Modic et al. (2014) [34]</p>	<p>Uses the Cleveland Clinic, the Beryl Institute and the Press Ganey (from CEO Patrick Ryan’s) definitions.</p> <p>“According to Press Ganey CEO Patrick Ryan, the patient experience is “not about happiness. It’s about patients being respected, being communicated with, and having their care coordinated in such a way that they can get the best possible clinical outcome for whatever their circumstances are.”</p>

Table 4.3 Theoretical Definitions Chart, cont'd.

Newell & Jordan (2015) [29]	“Patients are being surveyed on their healthcare experience across interpersonal areas such as being provided the opportunity by their health professional to ask questions, the level of involvement in their own care and whether they were shown courtesy, treated with respect and listened to carefully by their health professional”.
Quigley et al (2018) [337]	“Patient experience is assessed by asking whether something that should happen in a health care setting (e.g., the provider listens carefully to the patient) actually happened.”
Robinson (2010) [37] This definition was also cited and acknowledged by: • Jha, Frye & Schlimgen (2017)[33]	“Engaged healthcare is better healthcare, for everyone. And that's the best definition of the patient experience.”
Rudolph (2016) [53]	“To this end, we define the patient experience as ‘everything we say and do that affects our patients’ thoughts, feelings, and well-being.’”
Schauer (2015) [54]	“Patient experience is defined as delivering ‘safe, quality, high-value care’ and notes that everything a physician does in front of the patient influences their experience’.”
Solomon (2017) [47]	“Customer service’s analog in healthcare—variously called patient experience, patient satisfaction, PX, etc.—comes down to providing service in an environment where the goals of the customer can be complex, and where appropriate service to the customer may take the provider from the typical customer service approach of striving to provide immediate customer gratification”.
William Osler Health System (2018) [48]	“Patient experience is patient satisfaction, safety, access to care, quality of care that is consistently delivered with compassion.”

Table 4.2 A list of the 20 attributes identified as part of the patient experience, in descending order of frequency

Attribute (N=20)	N	%
Communication	614	12,08
Information and Education	474	9,33
Hospital Environment	441	8,68
Discharge from Hospital	419	8,25
Clinical Care & Staff Competency	416	8,19
Patient-Centered Care	406	7,99
Global Ratings	329	6,48
Respect for Patients	319	6,28
Comfort and Pain	271	5,33
Access to Care	241	4,74
Professionalism and Trust	221	4,35
Medication	186	3,66
Continuum of Care / Transitions and Continuity	181	3,56
Emotional Dimension	132	2,60
Outcomes	123	2,42
Hospital Processes	81	1,59
Safety and Security	68	1,34
Patient Dependent Features	64	1,26
Interdisciplinary Team	55	1,08
Social Dimension	40	0,79

Table 4.3 A list of the 67 features identified as part of the patient experience, in descending order of frequency

Features (n=67)	N	%
Respect and Dignity	245	4,82%
Pain Management	228	4,49%
Doctor Communication	221	4,35%
Nursing Communication	216	4,25%
Discharge Process	207	4,07%
Medication Management	186	3,66%
Staff Responsiveness	167	3,29%
Transition of Care between Sectors	163	3,21%
Overall Hospital Rating	163	3,21%
Hospital Cleanliness	158	3,11%
Hospital Noise	145	2,85%
Discharge Education About “Danger Signals”	134	2,64%
Patient as Active Participant	132	2,60%
Willingness to Recommend Hospital to Friends and Family	131	2,58%
Tailored Information Provision	121	2,38%
Patient Preferences	118	2,32%
Personal Support	117	2,30%
Communication by All Staff	108	2,13%
Involvement of Friends and Family	107	2,11%
Patient’s Comprehension of Information	106	2,09%
Emotional Support	103	2,03%
Care Coordination	92	1,81%
Waiting Time and Delays	83	1,63%
Overall Care Received from Nurses	80	1,57%
Consistency and Accuracy of Information	75	1,48%
Overall Hospital Environment and Aesthetics	71	1,40%
Availability of Staff to Answer Patient’s Questions	69	1,36%
Overall Care Received from Doctors	68	1,34%
Overall Satisfaction	64	1,26%
Information About Tests and Procedures	61	1,20%
Outcomes of Care	59	1,16%
Privacy	59	1,16%
Educating Patients and Family	59	1,16%
Trust and Confidence in Healthcare Professionals	58	1,14%
Handling Patient’s Complaints and Feedback	57	1,12%
Patient Safety	55	1,08%
Interdisciplinary Relationships	55	1,08%
Discharge Education About Medications	51	1,00%
Accessing Care	44	0,87%
Physical Comfort	43	0,85%
Hospital Food	42	0,83%
Nursing Competence	40	0,79%
Overall Experience	35	0,69%
Doctor’s Competence	31	0,61%
Social Aspects	30	0,59%
Individualized Care	30	0,59%
Patient Preparation	29	0,57%
Empathy Towards Patient	29	0,57%
Tests and Procedures	28	0,55%
Patient Readiness for Discharge	27	0,53%
Hospital Equipment	25	0,49%
Supportive Interventions and Resources	25	0,49%
Nursing Staffing Levels	24	0,47%
Written Information	23	0,45%
Cost of Care	22	0,43%
Emotional Status	22	0,43%

Table 4.3 A list of the 67 features identified as part of the patient experience, in descending order of frequency, cont'd.

Physical Abilities	19	0,37%
Options for Care	19	0,37%
Transition of Care within the Hospital	18	0,35%
Cognitive Capacity	15	0,30%
Overall Care from all Other Healthcare Professionals	15	0,30%
Hospital Safety Processes	13	0,26%
Hospital Living Arrangements	10	0,20%
Equality	10	0,20%
Existential Aspects	8	0,16%
Consistency of Staff	8	0,16%
Discrimination	5	0,10%

Table 4.4 Summary of Themes, Attributes and Features in descending order of frequency

Themes	Attributes in # of Articles (N=5,081) 100%	Features	Absolute frequency (N)	Relative frequency (%)
Hospital staff and patient interactions	Communication (N=614) 12.08%	Doctor Communication	221	4,35
		Nursing Communication	216	4,25
		Communication by All Staff	108	2,13
		Availability of Staff to Answer Patient's Questions	69	1,36
	Information and Education (N=474) 9.33%	Tailored Information Provision	121	2,38
		Patient's Comprehension of Information	106	2,09
		Consistency and Accuracy of Information	75	1,48
		Information About Tests and Procedures	61	1,20
		Educating Patients and Family	59	1,16
		Patient Preparation	29	0,57
External and internal hospital processes	Hospital Environment (N= 441) 8.68%	Written Information	23	0,45
		Hospital Cleanliness	158	3,11
		Hospital Noise	145	2,85
		Overall Hospital Environment and Aesthetics	71	1,40
		Hospital Food	42	0,83
Hospital staff and patient interactions	Discharge from Hospital (N=419) 8.25%	Hospital Equipment	25	0,49
		Discharge Process	207	4,07
		Discharge Education About "Danger Signals"	134	2,64
		Discharge Education About Medications	51	1,00
	Clinical Care & Staff Competency (N= 416) 8.19%	Patient Readiness for Discharge	27	0,53
		Staff Responsiveness	167	3,29%
		Personal Support	117	2,30%
		Nursing Competence	40	0,79%
		Doctor's Competence	31	0,61%
		Tests and Procedures	28	0,55%
		Supportive Interventions and Resources	25	0,49%
	Patient-Centered Care (N=406) 7.99%	Consistency of Staff	8	0,16%
		Patient as Active Participant	132	2,60%
Patient Preferences		118	2,32%	
Involvement of Friends and Family		107	2,11%	
Individualized Care		30	0,59%	
External and internal hospital processes	Global Ratings (N= 329) 6.48%	Options for Care	19	0,37%
		Overall Hospital Rating	163	3,21
		Willingness to Recommend Hospital to Friends and Family	131	2,58
		Overall Experience	35	0,69

Table 4.4 Summary of Themes, Attributes and Features in descending order of frequency, cont'd.

	Attribute in # of Articles (N=5,081) 100%	Features	N (%)	%of studies within each attribute
Hospital staff and patient interactions	Respect for Patients (N=319) 6.28%	Respect and Dignity	245	4,82%
		Privacy	59	1,16%
		Equality	10	0,20%
		Discrimination	5	0,10%
	Comfort and Pain (N= 271) 5.33%	Pain Management	228	4,49%
External and internal hospital processes	Access to Care (N= 241) 4.74%	Physical Comfort	43	0,85%
		Care Coordination	92	1,81%
		Waiting Time and Delays	83	1,63%
		Accessing Care	44	0,87%
Hospital staff and patient interactions	Professionalism and Trust (N= 221) 4.35%	Cost of Care	22	0,43%
		Overall Care Received from Nurses	80	1,57%
		Overall Care Received from Doctors	68	1,34%
		Trust and Confidence in Healthcare Professionals	58	1,14%
	Medication (N= 186) 3.66%	Overall Care from all Other Healthcare Professionals	15	0,30%
External and internal hospital processes	Continuum of Care / Transitions and Continuity (N= 181) 3.56%	Medication Management	186	3,66%
		Transition of Care between Sectors	163	3,21%
Hospital staff and patient interactions	Emotional Dimension (N=132) 2.60%	Transition of Care within the Hospital	18	0,35%
		Emotional Support	103	2,03%
Patient dependent features	Outcomes (N=123) 2.42%	Empathy Towards Patient	29	0,57%
		Overall Satisfaction	64	1,26%
External and internal hospital processes	Hospital Processes (N= 81) 1.59%	Outcomes of Care	59	1,16%
		Handling Patient's Complaints and Feedback	57	1,12%
	Safety and Security (N=68) 1.34%	Nursing Staffing Levels	24	0,47%
		Patient Safety	55	1,08%
Patient dependent features	Patient Dependent Features (N= 64) 1.26%	Hospital Safety Processes	13	0,26%
		Emotional Status	22	0,43%
		Physical Abilities	19	0,37%
		Cognitive Capacity	15	0,30%
Hospital staff inter-actions	Interdisciplinary Team (N=55) 1.08%	Existential Aspects	8	0,16%
		Interdisciplinary Relationships	55	1,08%
External and internal hospital processes Patient dependent features	Social Dimension (N= 40) 0.79%	Social Aspects	30	0,59%
		Hospital Living Arrangements	10	0,20%

Table 4.5 Attribute Communication with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Verbal and non-verbal communication between healthcare providers and patients.	Doctor Communication	Doctor's "communication style and format (e.g., over telephone or in person); skills and characteristics of health care professional; body language (which can convey different information from that spoke); two-way communication... Listening and paying attention to the patient". [21]	[1-91, 121, 264, 267, 273, 282, 286, 290, 297-299, 301, 307, 310, 315, 316, 329, 335-360, 362, 383, 385-390, 394, 395, 398-400, 402, 403, 405-407, 409-411, 413-428, 430-432, 438]	"When you had important questions to ask the doctor, did you get answers that you could understand?" [7]
	Nursing Communication	Exchange of information between patients and nurses.	[4, 5-8, 10-21, 23, 24, 26, 28-33, 35-39, 42-45, 47-50, 52-56, 58-63, 65-75, 77-79, 81, 84-86, 88, 91-105, 121, 264, 267, 273, 282, 287, 290, 298, 299, 301, 304, 310, 317, 320, 330, 335-360, 362-383, 385-390, 394, 395, 398-400, 402-403, 405-407, 409-411, 413-430, 438]	"Nurses always listened carefully to you. Nurses always explained things in a way you could understand" [30]
	Communication by All Staff	Level of communication between hospital staff and patient including staff introducing themselves and not withholding information from the patient.	[1, 6, 7, 16, 21, 22, 34, 35, 42, 54, 58, 60, 62, 64, 73, 77, 83, 85, 87, 88, 91, 99, 106-151, 259, 267, 269-270, 290, 297, 301, 314, 328, 329, 338, 359-360, 371, 387, 389, 394, 395, 398-401, 405, 407, 409, 413-415, 430]	Care team explained what was being done; felt that care team really listened. Care team introduced themselves when first met patient." [111]
	Availability of Staff to Answer Patient's Questions	The opportunity and amount of time staff spent interacting and communicating with patients. "Enabling questions and providing answers". [21]	[3, 15, 20, 22, 27, 53, 54, 60, 70, 71, 75, 79, 82, 85, 88, 89, 92, 99, 114, 117-119, 124, 125, 133, 136, 137, 143, 144, 152-166, 267, 282, 297, 302, 315, 318, 330, 359-361, 371, 390, 398-400, 402, 404, 408, 410, 411, 413, 415-428, 430]	"How do you rate the availability of the medical doctors who took care of you?" [155]

Table 4.6 Attribute Information and Education with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Consistent, accurate, and tailored information provision and education to patients and family on all aspects of diagnoses, tests, procedures, and care.	Tailored Information Provision	Various methods of timely and adequate information provided.	[3, 6, 7, 16, 18, 21, 22, 24, 26, 27, 36, 37, 40, 49, 53, 54, 58-60, 62, 64, 67, 68, 71, 74, 77, 81, 85, 86, 89, 91, 106, 108-114, 119, 120, 122, 123, 125-129, 131, 135-137, 140-143, 145, 146, 151, 156, 157, 167, 171, 173, 176, 179, 180, 182, 184-186, 188-190, 195, 198, 200-206, 270, 292, 297, 300, 302, 310, 333, 360, 377, 378, 383-387, 390, 391, 394, 395, 398, 400, 402, 405, 406, 409, 410, 413, 414, 430]	“Did you get the information you needed during your admission? (e.g., about your illness, examinations, treatments, and side effects)” [40]
	Patient’s Comprehension of Information	Patient’s understanding of information received from staff.	[6, 15, 28, 30, 32, 62, 69, 71, 72, 93, 107, 136, 143, 156, 170, 178, 209, 210, 259-260, 263-264, 274, 282, 290, 292, 294, 299, 300, 302, 314, 315, 320, 328, 330, 331, 335-358, 362-382, 388, 389, 391, 393, 395, 398-400, 402, 404, 406, 409, 410, 414, 416-428, 438]	“You had a good understanding of the things you were responsible for in managing your health. You clearly understood the purpose for taking each of your medications” [30]
	Consistency and Accuracy of Information	Consistency in information provided to patient by staff.	[3, 6, 7, 19, 20, 22, 26, 35, 37, 38, 40, 42, 49, 53, 54, 60, 67, 69, 71, 72, 77-79, 85, 92, 109, 110, 114, 118, 119, 126, 129, 137, 168, 171, 183, 188, 198, 207, 259, 273, 274, 282, 290, 292, 302, 304, 310, 312, 314, 329, 330, 359, 378, 385, 389, 395, 398, 402, 405]	“Hospital staff did not contradict each other.” [6]
	Information About Tests and Procedures	Patients were provided with sufficient information regarding tests and procedures.	[15, 20, 27, 46, 54, 58, 60, 62, 71, 76, 79, 82, 84, 85, 87, 88, 109, 118, 119, 127-129, 137, 151, 176, 186, 262, 272, 290, 292, 294, 297, 299, 300, 302, 304, 308, 310, 312-315, 330, 331, 383, 385-387, 394, 395, 405, 406, 410, 413, 415]	“What would be done during operation explained... anesthetic procedure explained completely... risks and benefits of operation explained... told what to expect to feel after operation;” [37]
	Educating Patients and Family	Patient and family education regarding disease and infection control provide.	[21, 24, 53, 54, 58, 85, 106, 129, 144, 151, 165, 179, 180, 182, 184, 185, 190, 195, 208, 260, 262, 282, 292, 294, 297, 302, 310, 314, 315, 328, 330, 363, 384, 386, 391, 395, 398, 400, 402, 403, 405, 406, 410, 412-415]	“Have you been offered education about your illness and its treatment in connection with your disease?” [129]
	Patient Preparation	Level of preparation by staff which patients received prior to care provision.	[5, 27, 54, 60, 78, 79, 82, 85, 149, 156, 170, 206, 292, 300, 302, 310, 312, 314, 330, 331, 395, 403, 410, 414, 415]	“Level of preparation for procedure from surgeons... level of preparation for procedure from nurses;” [156]
	Written Information	Providing patients with written information about their diagnosis, tests, procedures, results, and other components of their healthcare.	[2, 32, 62, 68, 79, 81, 87, 134, 150, 152, 154, 158, 211, 292, 300, 310, 330, 385, 391, 402, 414]	“When you were told you had cancer, were you given written information about the type of cancer you had?” [87]

Table 4.7 Attribute Hospital Environment with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
The interior and exterior hospital facilities, services, and environment.	Hospital Cleanliness	Perceived cleanliness of the hospital environment including the patient rooms and washrooms.	[1, 4, 5, 7, 9, 11-14, 20, 23, 24, 27-31, 33, 38, 41-45, 48, 49, 54, 57, 60-62, 65, 66, 68, 70, 78, 81, 85, 106, 121, 124, 141-143, 149, 162, 168, 169, 171, 183, 188, 202, 224, 231-233, 262, 264, 267, 274, 290, 292, 298, 301, 308, 310, 328, 330, 333, 335, 354-359, 361-382, 384-388, 390, 393-395, 400, 402, 407, 416-428, 430, 438]	“In your opinion, how clean was the hospital room or ward that you were in?” [7]
	Hospital Noise	The level of noise in and outside the patient’s room.	[1, 5, 7, 9, 11-14, 23, 24, 27-31, 33, 37, 38, 41-45, 48, 49, 54, 57, 60-62, 65, 66, 68, 70, 78, 81, 85, 94, 100, 103, 111, 141, 143, 145, 146, 149, 161, 234-236, 264, 267, 274, 286, 290, 292, 298, 307, 310, 328, 333, 335-359, 361-382, 384-386, 388, 394, 395, 414, 416-428, 438]	“Were you ever bothered by noise at night from hospital staff?” [7]
	Overall Hospital Environment and Aesthetics	“Physical appearance/environment of the hospital” [149] and hospital culture includes temperature and odour.	[9, 15, 18, 21, 23, 26, 27, 40, 41, 49, 50, 54, 58, 60, 70, 85, 95, 106, 109, 116, 120, 122-124, 131, 134, 141-143, 148, 149, 175, 176, 180, 186, 191, 197, 199-202, 206, 227, 234, 236-240, 262, 267, 274, 282, 286, 292, 297, 298, 301, 308, 328, 333, 359, 361, 371, 377, 378, 384, 386, 387, 393, 394, 405, 407]	“Physical appearance/environment of the hospital (e.g., aesthetics, temperature, layout)” [149]
	Hospital Food	“Patient’s food ordering and delivery processes, as well as food quality” [149], availability and fasting process while in hospital.	[7, 20, 23, 27, 38, 54, 60, 69, 72, 78, 85, 86, 116, 134, 140, 143, 149, 163, 186, 204, 224, 241, 242, 267, 270, 292, 298, 301, 307, 310, 333, 359, 361, 378, 386, 387, 394, 395, 400, 402, 409, 430]	“How would you rate the hospital food?” [7]
	Hospital Equipment	Availability of non-medical and medical equipment and supplies.	[15, 58, 60, 64, 77, 122, 124, 127, 149, 161, 163, 186, 199, 267, 292, 298, 307, 308, 333, 378, 387, 394, 395, 405-408, 430]	“Adequate equipment” [124]

Table 4.8 Attribute Discharge from Hospital with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Ensuring proper patient preparation and readiness for discharge through coordination and education.	Discharge Process	Procedures related to discharge decisions, adequate communication and information provision related to care at home.	[2, 5-7, 9, 11-16, 18-22, 24, 26-31, 33, 35, 40, 42, 43, 47, 48, 50-52, 57-62, 65, 66, 68-74, 77, 79-82, 86, 88, 93, 97, 109, 116, 118, 120, 121, 127-129, 135, 137, 140-144, 147, 149, 160, 162, 165, 180, 186-188, 190, 195, 198, 200-202, 204, 206, 209, 211, 212, 224, 228-231, 258, 259, 264, 270, 290, 294, 298, 302, 310, 319, 328, 330, 331, 335-354, 355-359, 362-385, 388-390, 394, 398, 400, 402-407, 410, 413, 414, 416-428, 430, 438]	“Were you given clear written information about what you should or should not do after leaving hospital?” [73]
	Discharge Education About “Danger Signals”	Information provision related to signs and symptoms patients should watch for and seek medical care if experiencing.	[3, 7, 19, 22, 28, 30, 38, 42, 48, 53-55, 60, 62, 68, 70, 77, 78, 81, 84, 85, 88, 93, 118, 171, 264, 290, 299, 302, 306, 310, 314, 315, 330, 335-359, 362-382, 385, 388, 390, 393, 398, 400, 402-404, 413-428, 438]	“Did a member of staff tell you about any danger signals you should watch for after you went home?” [38]
	Discharge Education About Medications	Information provisions related to medicines patients are prescribed to take at home.	[27, 40, 70, 71, 89, 93, 160, 262, 264, 288, 294, 299, 306, 310, 314, 319, 328, 359, 385, 389, 390, 393, 400, 402-404, 414, 415]	“I received adequate information on further treatment after my dismissal from the hospital the use of medicines or tools, etc.)” [7]
	Patient Readiness for Discharge	Patient’s feeling of readiness for discharge and readmission rates. Notifying patient of discharge in a timely manner,	[6, 6, 40, 60, 77, 94, 135, 207, 258, 259, 262-264, 267, 272, 274, 286, 302, 317, 379, 385, 389, 393, 394, 398, 402-404, 406, 410, 414]	“The extent to which you felt ready to be discharged” [135]

Table 4.9 Attribute Clinical Care & Staff Competency with Features, Definitions, and Illustrative Quotes

Attribute summary	Features	Definition of Feature	References	Illustrative Quote
Patient's perceived healthcare professional's competence, and the clinical care received.	Staff Responsiveness	"Availability, willingness, timeliness, and attitude of staff to respond to patient needs". [149]	[1, 5, 21, 8-9, 11-14, 18, 22, 24, 27, 28, 30, 31, 33, 35, 37, 41-44, 48-50, 52, 54, 57, 58, 60-62, 65-68, 70, 74, 81, 85, 86, 92, 94, 97, 105, 111, 112, 118, 143, 144, 149, 151, 154, 155, 178, 181, 188, 194, 205, 206, 224, 248, 260, 264, 265, 267, 290, 294, 297, 307, 312, 313, 317, 320, 330, 335, 336, 337, 338, 339-361, 363-382, 384-385, 388, 390, 393, 394, 400, 402, 406, 409, 411, 414, 416-428, 430,438]	"After you pressed the call button, how often did you get help as soon as you wanted it?" [249].
	Personal Support	Support for self-care and activities of daily living including toileting help.	[17, 22, 36, 53, 54, 60, 62, 68, 69, 72, 85, 86, 141, 161, 176, 189, 190, 194, 195, 202, 206, 243, 258, 259, 262, 264, 267, 290, 304, 313, 320, 335-358, 360, 362-382, 385, 388, 390, 399, 400, 405, 408, 414, 416-428, 438]	"Did you get enough help that you needed from the staff (e.g., eating meals, going to the toilet, and moving from/to bed)?" [176]
	Nursing Competence	Perceived nurses' technical skills and knowledge about the patient's condition and treatment.	[15, 16, 20, 21, 27, 58, 60, 69, 72, 74, 76, 77, 92, 96, 112, 123, 129, 141, 143, 193, 263, 267, 275, 290, 299, 300, 303, 304, 307, 360, 361, 384, 385, 387, 394, 399, 406, 408, 411, 430]	"Nurses knew what to do without relying on doctors" [92].
	Tests and Procedures	Frequency, timeliness, comfort, accuracy and quality of tests, examinations, and procedures.	[27, 37, 47, 58, 60, 62, 68, 71, 77-79, 81, 88, 123, 152, 156, 162, 193, 202, 206, 227, 260, 262, 267, 272, 286, 290, 292, 294, 386, 394, 402, 408]	"During this emergency room visit, did you have a blood test, x-ray, or any other test?" [88]
	Supportive Interventions and Resources	Staff providing patients with supportive interventions and awareness of patient's needs.	[4, 20, 60, 69, 72, 77-79, 110, 113, 129, 134, 140, 154, 203, 267, 300, 315, 318, 378, 400, 401, 406, 408, 411, 413, 415, 430]	"Did hospital staff do everything possible to control the side effects of chemotherapy? Did hospital staff do everything possible to control the side effects of radiotherapy?" [113].
	Doctor's Competence	Perceived doctor's skills, qualifications, knowledge, treatment and all aspects of the patient's health and condition.	[15, 16, 20, 27, 58, 60, 69, 72, 76, 78, 96, 123, 129, 141, 263, 267, 270, 275, 298, 299, 303, 360, 361, 385, 387, 394, 399, 406, 408, 411, 430]	"The doctors seemed to be qualified" [27]
	Consistency of Staff	Consistency in the healthcare personnel who are caring for the patient during their stay.	[15, 20, 60, 267, 303, 315, 372, 403, 406]	"One doctor responsible; Same group of nurses;" [16]

Table 4.10 Attribute Patient- Centered Care with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Provision of individualized and preferred patient care which includes patient and family as active participants.	Patient as Active Participant	“Reflects the role of patients as potential active participants in their health care, co-creators and co-managers of their health and use of services; responsible for self-care, participators in health care, shared decision-makers, self-managers, risk managers and life-style managers.” [1]	[2, 3, 7, 8, 16, 18, 20, 21, 22, 34, 37, 38, 47, 49, 53-55, 58-60, 62, 66-75, 78, 79, 81, 82, 85, 106, 108, 115, 119, 120, 123-126, 129, 130, 137, 141-144, 151, 157, 158, 163, 168, 171, 174, 176, 178, 180, 181, 183, 186, 197, 203, 206, 208, 211-216, 258, 259, 262, 263, 267, 269, 270, 272-274, 282, 284, 290, 300, 302, 303, 307, 308, 310, 314, 315, 328, 330, 331, 333, 363, 378, 385, 386, 391, 393, 395, 398, 400-402, 405, 406, 411, 413, 414, 430]	“Were you involved as much as you wanted to be in decisions made about your care and treatment?” [7]
	Patient Preferences	Patient preferences regarding care respected and taken into consideration.	[26, 28, 30, 53, 59, 60, 69, 70, 72, 89, 93, 114, 117, 137, 143, 167, 179, 186, 188, 189, 211, 262-264, 267, 272, 274, 286, 302, 317, 335-358, 362-382, 385, 388, 389, 393, 395, 398, 403, 405, 406, 410, 413, 415-428, 438]	“Staff took your preferences and those of your family into account in deciding what your health care needs would be” [28]
	Involvement of Friends and Family	“Any aspect related to family members’ (or other caregiver) experience with the hospital in conjunction with the patient’s stay”. [149] Includes involving friends and family in decision-making and patient care.	[2, 3, 15, 19, 20, 22, 27, 37, 53-56, 58-60, 62, 67-72, 77-79, 81-85, 93, 106, 109, 111, 112, 114, 115, 118, 119, 124, 126-129, 133, 136, 137, 144, 148, 149, 156, 163, 167, 178-182, 184-186, 189, 190, 195, 200, 201, 208, 211, 217, 262, 263, 267, 269, 270, 290, 298, 310, 334, 378, 385, 386, 393, 398-400, 402, 403, 405, 406, 410, 412, 414, 430]	“Involvement of family and friends: family didn't get opportunity to talk to doctor; family not given enough information about condition; family not given information needed to help recovery”. [23]
	Individualized Care	Providing unique care adjusted to the patient situation.	[16, 21, 58-60, 74, 103, 111, 136, 142, 157, 208, 211, 218, 260, 267, 270, 272, 294, 310, 317, 378, 385, 393, 398, 403, 405, 406, 411]	“Do you consider that your treatment has been adjusted to your situation?” [157]
	Options for Care	Providing patients with options to choose from for various aspects of care.	[6, 20, 38, 60, 79, 86, 114, 124, 131, 134, 171, 202, 267, 378, 385, 391, 398, 400, 401, 406, 414]	“Freedom to choose health care provider” [124].

Table 4.12 Attribute Respect for Patients with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Healthcare providers always treating patients and family members with respect and dignity, which includes providing patients with privacy and not discriminating.	Respect and Dignity	Patients treated with respect and matters related to dignity by staff.	[3, 6-8, 16, 20, 21, 22, 25-28, 30, 35-38, 40-42, 44, 45, 48, 49, 53, 55, 56, 58-60, 62, 67-72, 74, 75, 78, 79, 81-83, 88, 90, 92-95, 99, 103, 106, 108, 110-115, 118, 119, 121, 123-126, 129, 130, 134, 137, 138, 141-143, 152, 153, 156, 157, 160-163, 167-196, 258, 259, 261, 264, 274, 282, 290, 299, 302, 304, 307, 310, 312, 314, 316, 317, 320, 328-331, 335-358, 360, 362-383, 385-388, 390, 393-395, 398-400, 402,406, 409-411, 413-428, 430, 438, 439]	“Always treated with respect and dignity by staff.” [152]
	Privacy	Patients provided with privacy during discussions, treatments, and exams.	[6, 7, 17, 23, 27, 35, 37, 38, 49, 54, 58, 60, 66, 70, 79, 84, 85, 92, 99, 108, 112, 119, 124, 126, 137, 143, 148, 149, 162, 163, 176, 183, 186, 194, 197-199, 259, 262, 270, 274, 258, 259, 302, 304, 307, 310, 313, 314, 361, 378, 385, 387, 394, 402, 414, 430]	“My privacy was respected during examinations, treatment and care.” [6]
	Equality	All patients treated with equality by staff.	[16, 59, 92, 150, 178, 181, 270, 304, 387, 399, 409]	“Nurses favoured some patients over others.” [92]
	Discrimination	Discrimination towards patients by staff.	[124, 172, 188, 399, 409]	“Sometimes groups of people are treated in an unjust and unfavourable manner based on prejudice (discrimination)... During your hospital stay, did you experience any discrimination due to your ...” [172]

Table 4.13 Attribute Comfort and Pain with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Providing effective pain management and interventions to ease patient's physical discomforts.	Pain Management	"Effective management of the patient's pain". [149]	[1, 3,5-9,11-13,14, 18, 21-23, 26-28, 30, 31, 33, 36-38, 42-45, 47-55, 58, 60-63, 66-68, 70, 77, 79, 81, 83, 85, 88, 94-97, 108, 109, 111, 114, 116, 119-121, 123, 128, 137, 138, 141-146, 149, 151, 152, 155, 158, 168, 170, 180, 182, 183, 186, 188, 193, 197, 202, 205, 206, 209, 219-227, 258-260, 262-264, 272, 282, 286, 290, 294, 298-302, 306, 307, 310, 312, 314, 317, 318, 328-330, 335, 336-357, 359, 360, 362-382, 385, 387, 388, 390, 394, 395, 400, 402, 405, 408, 410, 411, 415-428]	"Do you think the hospital staff did everything they could to help control your pain?" [7]
	Physical Comfort	Patient's level of physical comfort during hospital stays (e.g., treatment of shortness of breath).	[3, 4, 16, 40, 42, 44, 58-60, 70, 81, 106, 115, 119, 143, 165, 167, 170, 173, 179, 180, 182, 184-186, 188, 209, 262, 263, 282, 286, 294, 306, 316, 317, 334, 359, 360, 363, 378, 386, 387, 395, 408, 428]	"One of the most immediately disturbing aspects of illness is the physical discomfort and disability it brings. Physical care that comforts patients, especially when they are acutely ill, is one of the most elemental services that caregivers can provide, from the patients' perspective." [132]

Table 4.14 Attribute Access to Care with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Patient's access to care including hospital processes, care coordination, delays, and cost of care.	Care Coordination	How organized and well-planned processes, clinical care, ancillary and support services are at the hospital.	[3,16,21,7,8, 21, 22, 26, 27, 38, 40, 42, 53-55, 58-60, 62, 64, 68, 77-79, 81, 96, 106, 107, 109, 110, 113-115, 118-122, 129, 137, 139, 142, 147, 148, 167, 168, 171, 176, 179, 180, 182, 184, 185, 189, 190, 195, 200, 203, 206, 217, 245, 250, 260, 262, 263, 272, 290, 292, 299, 302, 304, 359, 378, 384, 386, 395, 403, 405, 406, 408, 410, 413, 430]	“How well organized was your care? (All of your tests, treatments, and visits from different healthcare providers)” [16]
	Waiting Time and Delays	The amounts of time patients spend waiting for a request or service.	[3, 8, 9, 15, 17, 22, 27, 36, 38, 42, 54, 55, 60, 62, 68-70, 72, 77-79, 81, 86, 88, 91, 99, 110, 112, 116, 118, 121, 122, 124, 137, 141, 155, 162, 165, 171, 175, 176, 186, 192, 200-202, 250, 261-263, 290, 292, 294, 299, 301, 302, 359, 360, 371, 372, 383, 386, 387, 392, 394, 396, 400-402, 406-408, 410, 415, 430, 439]	“Length of time before being examined by a doctor (A&E admission) Length of time before being admitted to a bed on a ward (A&E admission) Perception of length of time to get to a bed on a ward (A&E admission) Length of time on the waiting list before admission (plan admission)” [54].
	Accessing Care	Ease of hospital access in terms of travel, accessibility, and organizational processes.	[8, 21, 26, 27, 54, 59, 60, 85, 88, 106, 110, 113, 122, 124, 129, 136, 137, 141, 143, 152, 166, 167, 180, 189, 288, 292, 299, 331, 371, 386, 392-394, 401-402, 405-408, 413, 414, 430, 439]	“Access- Patients want access to care and they are frustrated by the barriers they often encounter-whether because of telephone triage or voice mail systems; scheduling difficulties; zealous "gatekeepers"; or restrictions imposed by managed care or insurance coverage.” [250]
	Cost of Care	Financial burden of healthcare related expenditures such as parking and receiving information about financial help, benefits, and resources.	[60, 77, 79, 82, 86, 137, 175, 207, 286, 292, 302, 314, 329, 391, 400, 401, 405, 409, 430]	“Have you been offered physical training in connection with your disease?” [129]

Table 4.15 Attribute Professionalism and Trust with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Hospital staff's professionalism towards patients and patient's trust and rating of overall care received.	Overall Care Received from Nurses	The care which nurses provide to patients	[2, 16, 21, 22, 24, 35, 37, 40, 46, 51, 58-60, 64, 73, 74, 76, 77, 92, 96, 103-105, 109, 112, 121-123, 127-129, 137, 141, 143, 149, 155, 156, 159, 161, 165, 168, 174, 176, 178, 181, 183, 186, 197, 200-202, 207, 224, 227, 231, 233, 241, 243-246, 259, 282, 284, 287, 298, 302, 304, 310, 332, 359, 393, 399, 400, 402, 407, 408, 414, 430]	"The genuine caring and concern shown to you by the nurses." [96]
	Overall Care Received from Doctors	"Matters related to function and interaction specifically with" [149] doctors. The care doctors provide to patients including doctor	[15, 16, 20, 21, 22, 24, 25, 27, 34, 35, 37, 38, 58-60, 71, 76, 77, 96, 109, 114, 119, 121-124, 127, 128, 134, 137, 141, 149, 156, 159, 168, 173, 176, 177, 183, 186, 200-202, 206, 207, 224, 227, 231, 233, 241, 245, 259, 282, 284, 290, 298, 302, 329, 332, 359, 393, 399, 400, 402, 407, 408, 414, 430]	"Quality of care received-doctors" [121]
	Trust and Confidence in Healthcare Professionals	The level of trust patients has in healthcare professionals.	[15, 17, 20, 21-23, 25, 32, 35, 37-39, 46, 49, 55, 58, 60, 67, 69, 72, 73, 77-79, 82, 99, 110, 112, 114, 118, 126, 137, 138, 142, 143, 148, 160, 174, 175, 178, 181, 192, 198, 272, 301, 310, 315, 317, 330, 331, 382, 397, 399-402, 407, 414, 430]	"Did you have confidence and trust in the doctors treating you?... Did you have confidence and trust in the ward nurses treating you?" [73]
	Overall Care from all Other Healthcare Professionals	The care other healthcare professionals provide to patients.	[24, 37, 60, 87, 89, 117, 121, 140, 159, 206, 207, 247, 332, 359, 400, 402, 414, 430]	"How well do you think the pharmacist listened to your questions or what you had to say about your medicines?" [117].

Table 4.16 Attribute Medication with Features, Definitions, and Illustrative Quotes

Attribute summary	Features	Definition of Feature	References	Illustrative Quote
Accurate, timely and adequate medication administration and information provision to patients.	Medication Management	Timely and adequate information provision regarding medication.	[1, 3-5,7, 9,11-15, 18, 22, 24, 26-31, 33, 37, 38, 42-45, 47-58, 60-62, 64, 65, 67-70, 72, 77, 78, 81, 82, 88, 89, 93, 95, 97, 109, 114, 116-119, 124, 125, 127-129, 134, 141, 142, 160, 162, 171, 178-181, 187, 206, 224, 241, 263, 264, 270, 286, 290, 298, 299, 302, 313, 314, 316, 330, 335-358, 362-383, 385, 386, 388, 390, 400-402, 405, 413, 416-428, 438]	"Did a doctor explain the purpose of the medicines you were to take at home in a way you could understand? Did a doctor tell you about medication side effects to watch for when you went home?" [53].

Table 4.17 Attribute Continuum of Care/Transitions and Continuity with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Care coordination and transition between inpatient units within the hospital and sectors of the healthcare system.	Transition of Care between Sectors	Patient's continuity of care from the hospital into the community.	[16, 20, 22, 24, 25, 29, 40, 50, 53, 54, 58, 60, 62, 65, 68, 69, 72, 73, 79, 81, 82, 88, 93, 106, 114, 115, 119, 120, 129, 133, 139, 140, 142, 144, 160, 167, 179, 180, 182, 184, 185, 188, 189, 195, 200, 201, 207, 211, 212, 214, 217, 229, 238-240, 255-257, 260, 261, 264, 290, 299, 302, 328, 330, 335-358, 362-386, 388-390, 392, 393, 400-406, 409, 410, 413, 414, 416-428, 430, 438]	"Patients often experience a discontinuity of care as they move back and forth between inpatient, outpatient, and home care settings. They do not understand the institutional and functional boundaries and find it difficult to negotiate the system effectively" [132].
	Transition of Care within the Hospital	Transition in hospital between units.	[16, 36, 47, 62, 86, 133, 144, 161, 163, 202, 309, 315, 384, 393, 394, 398, 408, 410, 430]	"People with injuries are often moved from one unit or hospital to another during their injury care (e.g., from the Emergency Department to Intensive Care Unit to Trauma Unit). If this happened to you, how well did the moves go? "[16].

Table 4.18 Attribute Emotional Dimension with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
The emotional support healthcare professionals provide patients and the level of empathy they show during interactions.	Emotional Support	Receiving emotional support and treatment for emotional needs by hospital staff.	[3, 16, 19, 21, 22, 37, 53, 54, 58-60, 62, 68, 69, 71, 72, 74, 78, 81, 82, 84-86, 89, 92, 103, 108, 112-115, 118, 119, 125, 129, 136, 137, 141-143, 146, 149, 163, 165, 167, 168, 179, 180, 182, 184-186, 188-190, 195, 216, 248, 259, 262, 269, 273, 282, 286, 288, 290, 292, 297, 302, 304, 312, 315, 317, 328, 330, 332-334, 359, 360, 363, 378, 382, 384, 398, 402, 411, 414, 415, 430]	"Did the staff give you reassurance and support?" [125]
	Empathy Towards Patient	Patient's perception that healthcare providers understand the patient's situation including how the illness affects them and their responsibilities including social responsibilities.	[36, 110, 111, 157, 173, 181, 203, 378, 382, 385, 387, 393, 398, 399, 402, 405, 411, 415, 430]	"Services understood that I had responsibilities, like my need to look after my family." [110]

Table 4.19 Attribute Outcomes with Features, Definitions, and Illustrative Quotes

Attribute summary	Features	Definition of Feature	References	Illustrative Quote
The successfulness and outcome of care in terms of patient satisfaction and problem resolution/curative.	Overall Satisfaction	Patient’s rating of general satisfaction with received hospital care.	[2,15,16,20, 29, 34, 39, 46, 58-60, 76, 77, 109, 121, 123, 127, 128, 131, 138, 143, 145, 146, 156, 157, 166, 167, 169, 170, 199-201, 206, 219, 225, 235, 245, 258, 263, 270, 292, 298, 301, 304, 330, 331, 361, 412, 428]	“How satisfied are you, all in all, with the nursing and the medical or surgical treatment you received in the hospital?” [60]
	Outcomes of Care	“Patient outcomes following [receiving healthcare] such as readmission, complications, and successful intervention”. [149]	[20, 54, 60, 62, 64, 68, 76, 77, 81, 85, 94, 141-143, 149, 156, 157, 200, 201, 219, 248, 264, 265, 270, 274, 290, 297, 299, 306, 312, 319, 328, 329, 331, 386, 392, 393, 398, 403, 411, 412, 430]	“How well did the surgery relieve the pain in your affected joint?” [225].

Table 4.20 Attribute Hospital Processes with Features, Definitions, and Illustrative Quotes

Attribute summary	Features	Definition of Feature	References	Illustrative Quote
Adequate nursing staffing levels and hospital processes of handling patient’s complaints and feedback.	Handling Patient’s Complaints and Feedback	Staff handling of patient feedback, complaints, and concerns.	[3, 16, 20, 24, 27, 46, 48, 53, 54, 58, 60, 82, 85, 86, 100, 109, 110, 112, 127-129, 134, 147, 148, 170, 173, 176, 180, 188, 190, 206, 212, 236, 269, 284, 286-288, 290, 295, 297, 303, 307, 315, 330, 360, 378, 385, 392, 396, 397, 399, 400, 402, 405, 406, 411]	“Staff are informed about errors that happen, given feedback about changes put into place based on event reports, and discuss ways to prevent errors” [147].
	Nursing Staffing Levels	“Adequacy of the number, availability, and/or appropriate training” [149] of nurses during the patient’s hospital stay.	22, 48, 60, 69, 72, 79, 86, 126, 137, 142, 147, 149, 163, 174, 236, 302, 310, 379, 387, 394, 400, 401, 408, 430]	“Always/nearly always enough nurses on duty” [80].

Table 4.21 Attribute Safety and Security with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
The hospital processes in place to ensure patient safety and patients perceived level of safety.	Patient Safety	Patients feeling safe at the institution with staff and occurrence of adverse events.	[6, 7, 16, 20, 26, 32, 37, 42, 46, 47, 60, 64, 74, 76, 99, 100, 123, 142, 145, 146, 148, 151, 161, 165, 166, 171, 178, 181, 194, 197, 200, 201, 207, 212, 217, 236, 258, 270, 290, 303, 310, 314, 360, 378, 390, 392-394, 398, 402, 405, 410, 411, 430, 439]	“Before any treatment, examination or surgery began, my identity was checked by asking for my name, first name and date of birth and my identification band (wristband) was checked” [7].
	Hospital Safety Processes	Staff receive support from management and organization relating to maintaining and addressing patient safety.	[6, 48, 147, 157, 163, 390, 392-394, 396, 398, 402, 410]	“Have you felt safe at the institution?” [157]

Table 4.22 Attribute Patient Dependent Features with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Patient specific characteristics such as their emotional, physical, and cognitive status, and patient's values and meaning in life.	Emotional Status	Patient's emotional responses including level of anxiety and depression during hospital stay.	[2, 4, 21, 60, 131, 132, 145, 146, 160, 170, 209, 266, 267, 284, 297, 306, 378, 382, 386, 387, 402, 404, 405, 410]	"It was upsetting to see what happened to other patients." [131]
	Physical Abilities	Patient's individual aspects of physical abilities such as independence with activities of daily living and exercise abilities.	[2, 4, 60, 145, 146, 203, 225, 267, 288, 306, 317, 330, 378, 379, 386, 389, 400, 401, 403, 404, 413]	"Not being able to carry out tasks associated with daily living" [4].
	Cognitive Capacity	Patient's level of recollection and orientation during hospital stay.	[4, 60, 131, 145, 146, 209, 266, 267, 379, 389, 393, 400-402, 404, 410, 413]	"I have no recollection of being in the intensive care unit" [131].
	Existential Aspects	Patient's feelings of value, purpose and meaning in life and self-identity.	[4, 21, 60, 145, 146, 267, 286, 409]	"Concern that my spiritual is not meaningful." [4]

Table 4.23 Attribute Interdisciplinary Team with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
The teamwork and interaction between two or more healthcare professionals.	Interdisciplinary Relationships	"Relationship between two or more hospital employees or other healthcare providers". [149] Includes exchange of information and level of respect between two providers, usually regarding patient's care.	[6, 20, 22, 35, 37, 48, 49, 60, 62, 64, 68, 73, 81, 92, 105, 107, 111, 113, 118, 122, 125, 138, 143, 147, 149, 153, 174, 210, 274, 290, 305, 312-314, 328, 330, 360, 361, 378, 384, 386, 387, 393, 394, 396, 398, 403, 405, 406, 408, 413-415]	"How would you rate how well the doctors and nurses worked together?" [153].

Table 4.24 Attribute Social Dimension with Features, Definitions, and Illustrative Quotes

Attribute Summary	Features	Definition of Feature	References	Illustrative Quote
Patient's personal relationships, social roles, and roommate accommodations while in hospital.	Social Aspects	Patient's personal relationships with family and friends and carrying out social roles.	[4, 20, 21, 49, 58, 92, 99, 106, 124, 141, 163, 171, 174, 193, 194, 197, 199, 202, 207, 212, 227, 288, 302, 330, 363, 386, 387, 413, 430]	"Not feeling supported by my community of friends and family" [4].
	Hospital Living Arrangements	Living accommodations including roommates and sharing facilities with the opposite sex.	23, 27, 38, 121, 123, 194, 241, 372, 378, 386, 395, 405,	"Patient complaints included roommates". [100]