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THE INTERSECTION OF HEALTHCARE MARKETING COMMUNICATIONS AND PATIENT EXPERIENCE: A QUALITATIVE STUDY

by

Megan Yore

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Ethical Leadership

Olivet Nazarene University

Bourbonnais, Illinois

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I am blessed to have a mentor whose example I have followed since I first had career aspirations of leadership and whose encouragement has helped me for decades. I am grateful to my participants, whose time was even more pressed during COVID-19, which arrived a few short months after I began this study. I am also thankful to my leaders at my former organization, who provided scholarship support that allowed me to undertake my doctoral studies. I have enjoyed learning with my peers in this doctoral program over the past three years and finding that relationships developed virtually can be equally gratifying as meeting in person. Finally, I thank my peers in the marketing communications discipline for their fellowship and especially those role models who have taught me so much.

DEDICATION

This study was a thank you letter to my peers in healthcare with whom I worked for 15 years. Among the various industries I have served as a marketing communications leader, healthcare was the most challenging and offered an education every day. The opportunity to serve my community and impact lives brought great fulfillment. I underwent the pursuit of a doctorate in the hopes of giving back to future generations of healthcare marketing professionals who are passionate about making a difference through our practice, and to elevate the view of marketing communications professionals by the industry at large. There are those of us who are focused on making our world a better place through dedication to conscientious, ethical, disciplined marketing communications practices, and hope to foster an understanding of the value we can bring.

ABSTRACT

Providing a positive experience to patients at healthcare organizations is a complex undertaking and a continuous process due to staff turnover and the ever-changing industry. Positive patient experiences are an important part of the healing process as they relate to better outcomes in quality assessments. The purpose of this case study was to examine the nature of collaboration between clinical and marketing communications teams working to improve patient experience. To uncover lived experience, semi-structured interviews were conducted with 18 participants–nine clinicians and nine marketing communications professionals–from 10 organizations. The study sought to understand how marketing communications teams collaborated with clinicians, how they described barriers to collaboration, and what metrics they used to measure patient experience. Four themes related to the research questions arose: a lack of understanding of each other's roles persists, a standard definition of patient experience has not yet been adopted, healthcare organizations seek third-party help in developing patient experience programs, and rewards, recognition, and ongoing education are the key ways healthcare organizations keep their staff focused on delivering care that will lead to positive patient experiences. Future research opportunities should include considering marketing communications role in patient experience programs from additional perspectives, especially executive leaders, whose influence is critical to promoting collaboration among team members.

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CHAPTER I: INTRODUCTION

Defining, leveraging, and creating best practices for *patient experience* has been a primary focus for the healthcare industry since the turn of the century as consumerism, defined by the product and service industries, became an increasingly important influence. Rose Glenn, Chief Communication and Marketing Officer for Michigan Medicine | University of Michigan, when asked about the most important aspect of creating brand reputation for her organization stated, "Hands down it is the experience that we deliver to those we serve each and every day" ("Envisioning the future," 2019, para.13). Changes in public policy, driven by the focus on reducing healthcare expenditures and the passing of the Affordable Care Act placed the patient in the center of the healthcare industry's focus, rather than the physician or the hospital organization itself. Healthcare systems, under new economic pressures, began to take inspiration from other industries–such as travel, finance, and retail–to develop a purposeful customer or consumer experience to elevate the related brand, create loyalty in a competitive market, and ultimately impact financial success.

Patient experience programs seek to improve how a patient interacts throughout the continuum of an entire healthcare system, for the primary purposes of ensuring better clinical outcomes, and also to ensure maximized reimbursements so that not-for-profit healthcare systems can stay in business and continue to provide services. As the healthcare industry moves toward a consumer focus to stay competitive, enlisting the aid

of marketing communications teams is gaining importance. According to Don Stanziano, Chief Marketing Officer of Geisinger Health, which serves over three million patients in Pennsylvania, "'Consumers' in healthcare is a term that's very much understood… Marketing has been one of the champions of that thinking and changing that perception, along with patient experience teams" (Leventhal, 2019, para. 6). A system's ability to provide a fulfilling patient experience is measured by patient satisfaction scores, among other survey instruments. These surveys are related to reimbursements and, among other measures, indicate how patients, community members, and potential customers experience and value a brand.

Collaboration among all team members is widely accepted to be the key to the ongoing success of the healthcare industry in a consumer-dominated society, as it allows clinicians to prevent harm to patients, improve their quality of care, and provide services in response to changing situations (Karam et al., 2018; Kumar et al., 2018; Pype et al., 2018; Reeves et al., 2017; Rosen et al., 2018; Schot et al., 2020). Marketing communications teams are being called to enhance patient experience efforts. Comparing collaborative practices and models for patient experience programs would benefit from further study (Reeves et al., 2017; Schot et al., 2020). An overview of metrics used to measure patient experiences and how those metrics developed was considered as part of the literature review, along with new ideas in that field. An examination of how marketing communications teams are involved with patient experience efforts is included to determine themes that will help healthcare organizations improve; the current study also looked at barriers or challenges to collaboration between marketing communications and clinical teams.

Background

Several ideas influenced the examination of the research topic, including the realities that healthcare marketing is a relatively new practice, healthcare has been slower to adopt a consumer perspective than other industries, patients now have more choice regarding their healthcare services, a lack of standardization of patient experience programs exists, and siloing affects interactions among healthcare professionals.

The discipline of marketing as part of the healthcare industry is relatively new (Latham, 2004; Purcarea et al., 2008). Physicians, administrators, and clinical staff were slow to accept marketing as a valid practice for informing prospective patients about available services. They were opposed to considering healthcare or medical services as something that was sold and did not agree with using marketing practices to support the business (Corbin et al., 2001; Latham; Willcocks, 2008). The Affordable Care Act, with the goal of reducing healthcare cost in America, began the push to position healthcare as an industry that would benefit from traditional business practices ("Healthcare 101," n.d.). Reimbursement for healthcare through government programs became tied to performance metrics. Willcocks considered patient choice and how it related to marketing. His premise that marketing was relevant due to its focus on quality service delivery was an early indicator that people were considering how the discipline might help healthcare systems attract patients. Van Rompay and Tanja-Dijkstra (2010) noted that "surprisingly few attempts have been made to integrate findings from retailing and service marketing with research conducted in the healthcare context" (p. 88).

Healthcare professionals were not yet convinced that they should spend time understanding their services from the patient, or consumer, point of view: "Faced with

multiple priorities and resource demands, health systems and providers may question the clinical and business value of collecting, analyzing, and acting upon data on patients' experiences of care" (Browne et al., 2010, p. 921). However, the direction had been set, and the understanding of the need for change increased. According to Chatterjee et al. (2012), the "changing fiscal landscape for hospital payments under the Patient Protection and Affordable Care Act has made the need to improve patient experience even more pressing" (p. 1204). Marketing teams were called into action to help.

The focus on the patient having choice was pushed by the standardization of patient satisfaction ratings programs through the launch of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) program by the Centers for Medicare and Medicaid Services. The first surveys were distributed in October 2006, with the first scores reported in March 2008 (Hospital Consumer Assessment of Healthcare Providers and Systems, n.d.). Beginning with these early indicators, researchers began focusing on the many aspects of healthcare service delivery that could be affected or assisted by lessons from the business of marketing. There has been copious research on topics including the consumerization of healthcare, customer service, service delivery, patient choice, and patient experience (Ali & Ndubisi, 2011; Astuti & Nagase, 2016; Bennorth & Poore, 2019; Browne et al., 2010; Carter et al., 2016; Elrod & Fortenberry, 2018a; Gingiss, 2019; Manary et al., 2015; O'Connor & Meese, 2018; Sterchi & Brooks, 2019; Wolf et al., 2014; Wolf et al., 2021).

As it is a relatively new focus, stemming from research conducted in the 1980s, patient experience definitions and programs are not yet standardized in the healthcare industry (Wolf et al., 2014; Wolf et al., 2021). Research on patient experience has been

conducted from the clinical perspective of physicians, nurses, and quality professionals (grouped as clinicians). Nurses are on the front line of providing service to patients and are key to building emotional connections with patients through meaningful, if brief, relationships (Ali & Ndubisi, 2011). One study noted that clinicians may not seek assistance outside of their departments to help in the pursuit of patient experience due to the *siloing* effect that is often prevalent in healthcare due to issues with financial resources, timelines, and infrastructure (Willetts & Lazarus, 2018). Some patient-focused studies place physicians as the key influencer (Carter et al., 2016; Cooper et al., 2016; Emmett & Chandra, 2010), and others considered the point of view of inpatients in a hospital setting (El-Haddad et al., 2020; Isbell et al., 2020; Zakare-Fagbamila et al., 2019).

Marketing communications professionals are also involved in the development of patient experience. They create messages and campaigns that can speak to the emotion of a healthcare experience by sharing patient stories or highlighting experiences, but if the customers or patients do not feel the emotion when they visit a hospital for services, the brand is not realized. Internal marketing, meaning marketing to organizational team members so that they become brand ambassadors, is another aspect for marketers to utilize in building a patient experience practice. Leveraging a healthcare system's own employees and family members as an audience by informing them through internal communications helps drive referrals and usage from friends, neighbors, and associates. Focusing on *internal marketing*, human resources efforts such as training availability, patient communication, and hospital support, promotes effective communication among staff members and creates a team, which allows clinicians to serve patients authentically

(Weng et al., 2016). According to Weng et al., the "internal marketing perception of nurses has a positive moderating effect on the relationship between service-oriented encounter and patient satisfaction" (p. 514).) Weng et al. described it as a "delicate relationship between perceived internal marketing, service-oriented encounter, and patient satisfaction" (p. 507). Research on healthcare advertising published by Kemp et al. (2017) highlighted that brand goes "beyond specific product features and benefits, but also includes the ability of the brand to penetrate people's emotions" (p. 127). Marketing a healthcare brand is a complex undertaking.

In a review of the available literature, examples of research studies about patient experience from the clinical or administrative point of view were found (Kennedy et al., 2014; Luxford et al., 2011; Otani, 2010; Rosen et al., 2018). However, there is a lack of academic research from a marketing communications point of view that considers how collaboration between clinical and marketing communications departments impacts patient experience. Out of a Google Scholar search of *patient experience* articles since 2016, yielding 833,000 results, no articles were found that specifically considered the topic of clinicians and healthcare marketing communications professionals working together on patient experience.

Marketing-focused articles are typically published by industry publications concerning patient experience and its relation to a marketing framework. Recently healthcare marketing communications experts and healthcare strategists have asserted that patient experience programs should be owned by marketing communications professionals because of their practiced skill set of viewing the topic through the lens of consumerism and the focus on providing excellent customer service (Ali & Anwar, 2021;

Becker's Hospital Review, 2020; Cheon & Lee, 2020; Leventhal, 2019; Society for Healthcare Strategy and Market Development, 2019; Whitman, 2019). According to an interview with Matt Gove, Chief Consumer Officer, Piedmont Healthcare in Atlanta, Georgia: "Marketers are focused on the entire patient journey, such as what happens before consumers come to the hospital and what happens after they leave. Traditional leaders of patient experience are concerned only with what happens in the medical center" (Society for Healthcare Strategy and Market Development, 2019, para. 3). A lack of research may reflect a lack of collaboration, and this could negatively impact patient experience. As important as a positive patient experience is to both a patient's wellbeing and to the system's bottom line, every effort to improve it should be considered (Astuti & Nagase, 2016; Bennorth & Poore, 2019; Otani, 2010).

The purpose of this qualitative multi-site case study was to investigate the role of healthcare marketing communications teams in providing support for patient experience programs in their organizations and to discover themes that might lead to improvement in patient experience. It provides additional knowledge for hospitals and medical practices searching for ways to increase and maintain patient satisfaction scores. Ideas for future research are also included.

Situation to Self

I was interested in the intersection between marketing communications and patient experience because it related to my role at a mid-sized healthcare system as a leader of their marketing communications program. A few years prior, I read a key article in an industry publication that called healthcare marketing communications leaders into action to help with patient experience programs, given our focus on customers and a

commitment to providing exceptional service to achieve brand loyalty. The rise of digital marketing and how it brought an additional level of professionalism to healthcare marketing communications was another predicating factor. Throughout my career, I have pushed myself and my team to be on the cutting edge of new practices. I have a strong sense of curiosity, am committed to lifelong learning, and have always been open to learning and improving our work. I hoped to bring additional credibility to marketing communications professionals in healthcare through conducting this research.

My study was positioned through ontological philosophical assumptions. Considering the nature of reality through the multiple viewpoints of the participants and honoring the different perspectives through the development of themes and findings were important steps in the ontological approach (Creswell & Poth, 2018). The constructivist-interpretivist paradigm was employed to guide this case study. The constructivist-interpretivist approach takes the position that reality is made by people in social ways and is the product of mutual understanding (Norman, 2019). Due to the complex nature of the topic, a flexible approach was valuable to the study. Constructivism-interpretivism also focuses on why a situation is happening and how people think about it. Using the constructivist-interpretivist approach allowed me to dive into the reasons why the approach to patient experience developed in the current way and highlight the thought processes of the health system administrators.

Problem Statement

The current study addressed two specific problems, one a real-world problem and the other a lack of literature in the field that considers the topic of patient experience from both the clinical and the marketing communications perspectives. Related to this

research, the real-world problem is how to sustain positive patient experiences consistently throughout a complex healthcare organization and gain the related benefits. As all healthcare systems are working on the same patient experience issues, measured by the same HCAHPS survey per congressional mandate, it is becoming increasingly difficult to excel and differentiate one healthcare experience from another. Scoring highly reflects quality of care and a good experience with the brand:

> Health systems with higher overall patient experience performance on the HCAHPS "likelihood to recommend" and "overall rating" showed higher net margins, had lower spending in the first 30 days post-discharge and received higher reimbursement per beneficiary during the episode of care than those in the bottom quartile of patient experience performance (Belasen et al., 2021, p. 3)

Marketing communications professionals are the stewards of an organization's brand and have a key role in convincing patients to seek care from their organization. According to Kennedy (2018), "A strong healthcare brand, combined with a superior patient experience provided by skilled frontline service performers, can influence consumers' healthcare choices in this highly competitive market" (p. 538).

A problem in the search of literature is the lack of academic inquiry into the intersection between marketing communications professionals and clinicians in developing patient experience programs. There are many studies and articles considering patient experience from various clinical service line points of view, such as orthopedics, oncology, or respiratory services; however, the marketing communications perspective is typically considered through the business lens and related articles are published in business or trade journals.

To understand the impact on patient experience, the current study was conducted to provide insight regarding the effect of collaborative efforts between clinical teams and marketing communications professionals. There are many third-party healthcare vendors who are selling patient experience programs to hospitals and claim to have the solution to improving the experience that patients have with those healthcare organizations, but what are the realities of marketing communications teams and clinicians seeking to impact patient experience, and what lessons can be learned from people working in the discipline?

Purpose Statement

The purpose of this multi-site case study was to discover how healthcare marketing communications team members and clinical staff members approach collaboration in order to create, improve, and sustain patient experience programs in a hospital setting.

Significance of the Study

The significance of the current study was to examine how clinical staff and marketing communications professionals describe their efforts to collaborate on patient experience for healthcare organizations and to discover if there was any reported impact from their perspective. There is an opportunity for learning that could help improve the hospital or healthcare experience for patients by providing recommendations to professionals working in that arena. The research intended to address a gap in the academic literature that widely covers patient experience from the clinical perspective but is limited from a marketing communications perspective. A continuous press on learning and new ideas are needed, as it is “clear that current patient feedback systems do not

generally allow for learning across the organization" (Sheard et al., 2019, p. 50). This research provides information to healthcare systems that are working to improve patient satisfaction experience and scores by providing ideas to assess locally.

It can be difficult for healthcare professionals to know what to focus on to impact patient experience since there are so many approaches. As described by Sheard et al. (2019), it is challenging to find the best path due to the "overwhelming nature of the *industry* of patient experience feedback" (p. 49). There are dozens of companies selling programs, consulting services, and data interpretation, and the additional facet of large financial cost creates the impetus to get the patient experience approach right. Charged with using resources in the most efficient way possible, having research to consider when making decisions will help healthcare organizations as they plan how the marketing communications function supports the clinical teams in providing a positive patient experience.

Research on this topic is important to the healthcare industry because the requirements for reimbursement from the government through programs such as Medicare and Medicaid become more stringent every year, and the pressure to reduce costs is equally heavy. Every healthcare organization is focusing on patient experience as the *likelihood to recommend* score is a key part of consumer ratings, which in part determines reimbursement. Patient experience also influences loyalty, or a patient's propensity to repeat their use of the healthcare organization. As Kennedy (2018) stated, "A brand will not erase poorly delivered service from a patient's memory…disappointing healthcare service experience . . . can result in negative word of mouth and erode a strong brand that has been years in the making" (p. 547). Thus, all healthcare organizations must

be skilled at this practice to remain competitive, stay in business, and continue to serve their community.

Population and Sample

The research was conducted using a qualitative multi-site case study approach. Semi-structured interviews were conducted with 18 individuals consisting of a marketing communications team members and clinical patient experience team members from 10 healthcare organizations throughout the Midwest. The organizations were categorized as standalone hospitals, small healthcare systems or divisions (less than eight hospitals) and large healthcare systems (nine or more hospitals). Eight pairs were from the same organization. Interviews focused on the organizational definition of patient experience, team structure, processes, collaboration, measurement mechanisms, barriers, and outcomes. The interview guide is attached in Appendix A and Appendix B outlines the literature support.

Research Questions

The primary research question that guided this research was: How do healthcare marketing communications team members and clinical staff approach collaboration to create, improve, and sustain patient experience programs in a hospital setting?

The specific questions researched were:

1. How do marketing communications teams collaborate with clinicians on patient experience?
2. How do marketing communications team members and clinical staff describe the impact of barriers to collaboration on patient experience?

3. In addition to HCAHPS, what are the key metrics used to measure patient experience and what importance to healthcare systems place on them?

Description of Terms

Affordable Care Act (ACA). The healthcare reform law adopted under President Barack Obama in March 2010 with the goal of making health care and health insurance available to more people in the United States (Affordable Care Act, n.d.)

AIDET®. A communication framework from the Studer Group that healthcare professionals use to communicate with patients and each other. The Studer Group claims that using AIDET is proven to help decrease patient anxiety, increase patient compliance, and improve clinical outcomes. AIDET is an acronym that stands for: Acknowledge, Introduce, Duration, Explanation, and Thank You ("AIDET Patient Communication," n.d.)

Baldridge. A short term for the Malcolm Baldridge National Quality Award, the only Presidential award in the United States for performance excellence. The National Institute of Standards and Technology (NIST) is the Commerce Department agency that manages the award program. The Baldridge application process is rigorous, and the award is difficult to achieve. Applicants are judged by a panel in seven areas defined by the Baldrige Excellence Framework: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results ("Baldridge Performance Excellence Program," n.d.).

Beryl Institute. An international paid membership organization that brings together healthcare professionals who work to improve patient experience (The Beryl Institute, n.d.).

Big data. This term refers to the availability of large sets of complex data that businesses use to make decisions ("History of Big Data," n.d.). With the advent of electronic health records, health systems have a much larger volume of information to use in running their businesses than ever before.

Brand Ambassador. A person who is passionate about a product, brand, or company and who will actively promote or endorse it even without compensation (Smith et al., 2018).

Collaboration. How individuals work together to develop and execute interdisciplinary patient experience programs from the moment of consideration, through utilization, until the close of the experience for the patient. According to the Patient Safety and Quality Handbook, collaboration is "health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care" (O'Daniel & Rosenstein, 2008, p. 2).

Consumer/Customer Experience. These terms are used interchangeably in healthcare to highlight the fact that patients have choices. Describing a patient by the terms *consumer* or *customer* was a change that began around the time of the ACA. This relates to adopting a retail mindset in healthcare to understand how a customer perceives a brand or organization based on all the ways in which people engage with it, make purchasing decisions, and move towards loyalty to the organization (Gingiss, 2019).

Customer Service. The practice of standardizing efforts so that each customer's expectations are met. Delivering the highest quality service and ensuring professional, personal, polite, and prompt attention are key elements. The goal is to ensure that

customers have the most positive experience with the brand or organization (Smyth, 2021).

Daisy Award ®. Given by the Daisy Foundation for a cost to the healthcare organization, an award that honors individual nurses or teams of nurses for providing extraordinary care. DAISY is an acronym for diseases attacking the immune system ("What is the Daisy Award," n.d.)

Electronic Health Record (EHR) or *Electronic Medical Record (EMR)*. A database containing digital versions of patient records, which replaced the paper chart in the 2010s. With digitization, all information concerning patients is more readily available for assessment (The Office of the National Coordinator for Health Information Technology, n.d.).

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). A national, standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience, developed by the Centers for Medicare and Medicaid Services, and administered by hospitals ("HCAHPS: Patients' Perspectives of Care Survey," n.d.)

Hospitality. The practice of making customers or patients feel comfortable and well-cared for while in facilities. Hospitality shares the same root word as hospital and hospice, two key elements in a healthcare system. It is a more individualized approach than customer service as it relates to the person's specific needs (Montgomery, 2016).

Internal Marketing. The practice of effectively training and communicating with team members so that they are highly satisfied, leading to them being providers of excellent customer service (Iliopoulos, 2011).

Marketing Communications. An integrated discipline that works to bring customers to a brand based on data, digital engagement, promotions, advertising, experiences, and service ("What is marketing communications," n.d.).

Net Promoter Score (NPS). Created by the Satmetrix company, NPS is used to measure customer experience. Healthcare organizations are using this because of the similarity to the HCAHPS question: How likely are you to recommend (X)? (What is Net Promoter Score? n.d.)

Patient Experience. As defined by the Beryl Institute, "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care" (Wolf et al., 2014, p. 8).

Patient Satisfaction Surveys: Instruments used to measure how patients perceive their care and treatment throughout a healthcare system. The most prevalent in the United States is HCAHPS, although many other tools exist to perform this function ("HCAHPS: Patients' Perspectives of Care Survey," n.d.).

Press Ganey. An independent organization that has provided consulting services to healthcare systems for more than 30 years. They partner with more than 26,000 organizations on delivering patient satisfaction surveys and identifying opportunities for improvement ("About Press Ganey," n.d.).

Reimbursements. Payments that the government gives to hospitals for services provided for patients who have Medicare or Medicaid insurance. There is often a difference between the cost of the service and the amount reimbursed ("Healthcare 101," n.d.).

Retailization of healthcare. The change occurring in the healthcare industry due to patients having an increasingly retail mindset when considering healthcare choices. This involves researching options, demanding quicker and more efficient service, and transparent pricing. The term began to be used widely when the Affordable Care Act was launched (Hiss, 2015).

Servicescape. A model for assessing environmental factors which can influence patient experience ratings (Kumar et al., 2017).

SERVQUAL. A tool for measuring service quality based on 10 subjects, used frequently in international hospital systems in assessing patient satisfaction: 1. reliability, 2. responsiveness, 3. competence, 4. access, 5. courtesy, 6. communication, 7. credibility, 8. security, 9. understanding/knowing the customer, and 10. tangibles (Buttle, 1996).

Studer or *Studer Group*. A for-hire healthcare consulting group founded by Quint Studer, an author who previously worked as a Director of Marketing, Chief Operating Officer, and President for three different healthcare organizations, where he made notable improvements in patient satisfaction. He translated his work to Studer Group, which is now part of Huron Healthcare, a private for-profit company ("Healthcare," n.d.; "Quint-Speaking," n.d.).

Summary

The current study explored the current experience of healthcare marketing communications teams and clinical staff as they work to help their organizations provide an effective patient experience with the main purpose of improving patient health and recovery and to elevate their brand and improve their financial situation. The aim of the current study was to identify themes that healthcare marketing communications teams

can use to more collaboratively partner with clinical teams to improve patient experience at their organizations. The need is evident: “patient experience [is] a fractured domain, spread across several different disciplines…this splintering of the response to patient feedback … hinder(s) the ability for change to occur as a result of it” (Sheard et al., 2019, p. 49). Healthcare organizations struggle to maintain patient satisfaction scores that reflect a differentiated experience for healthcare consumers. Improving the patient experience will create customer loyalty and help healthcare systems remain in the business of providing services to their community.

Chapter II provides a title search synopsis and the Historical and current literature was reviewed to provide context to the subjects of healthcare marketing communications and patient experience. Summaries of historical and current literature related to healthcare marketing communications, the digital influence, the patient as consumer/customer, patient experience, and patient experience measurement instruments follow, with an additional note on how COVID-19 might impact patient experience in the future.

CHAPTER II: REVIEW OF THE LITERATURE

Introduction

Patient experience is a wide-ranging subject that is defined in many ways by dozens of authors focusing on the topic, leading to complexity in arriving at one agreed-upon approach. The discipline of marketing communications is also complex, both a science and an art. Marketing healthcare brings even more complexity, as the industry is constantly in motion, increasing in medical advances, and centering on new and additional ways to measure performance. Healthcare marketing is a relatively new discipline, compared to product marketing, retail sales or financial services. The path to collaboration between marketing communications professionals and clinicians has been slow to evolve, yet both professions are working towards the same goal: a positive patient experience that will help people of all ages and the communities in which they live.

Theoretical Frameworks

Several theoretical frameworks guided the approach to the current study. Previous work was conducted from either a patient care or marketing perspective; research considering both a patient experience perspective from clinicians and collaboration with marketing communications team members was not evident. Several theories in each discipline are related to the intersection of patient experience and marketing communications; each viewpoint offered learnings that influenced consideration of the

problem statement, conducting research on the topic, and developing the findings and recommendations.

Patient Experience Related Theoretical Frameworks

Several formative theoretical frameworks impacted the development of patient experience practices. Herzberg's Two-Factor Theory, developed in 1959, outlines how hygiene factors (those related to doing the job) and motivation factors (the ways that the job satisfies the need for growth or self-actualization) affect job satisfaction (Alshmemri et. al., 2017). This theory was important to the current study because clinicians who are often overwhelmed with direct patient care will focus on what brings them the most satisfaction, serving patients. Finding time to collaborate with others outside the direct care team might increase their workload and lead to dissatisfaction. In addition, the satisfaction nurses derive from serving patients could have had an influence on the behaviors they exhibited and the experience they provide. The patient-centered care framework began in 1969 with Edith Balint's concept and has evolved many times since (Santana et. al., 2018). According to Santana et al. (2018), the emphasis on the views of the patient "provide unique information about health-care effectiveness, including improvement of patient experiences and outcomes and health-care provide satisfaction" (p. 430). The patient-centered care framework, highlighting structure, process, and outcome, outlined the development of clinical culture and interactions between clinical staff members and patients, and thus offers a roadmap for key points of patient experience and its measuring, monitoring and evaluation.

In 1991, Peplau (1992) developed a theoretical framework of interpersonal relations related to nursing practice; she posited that the nurse-patient relationship was a

central feature of clinical practice. According to Peplau, “the behavior of the nurse-as-a-person interacting with the patient-as-a-person has significant impact on the patient’s well-being and the quality and outcome of nursing care” (p. 14). In today’s terms, this translated to the nurse having an important impact on the experience of the patient: their behaviors could influence patients to change their healthcare habits. These three theoretical frameworks highlight the issues related to how nurses care for patients and thus were important to this study in determining the factors influencing their approach to collaboration with other departments on patient experience.

Marketing Theoretical Frameworks

One of the seminal marketing frameworks is the Four Ps–product, price, promotion, and place–developed by McCarthy (1964). His concept has been reassessed and updated several times since it was developed, with Booms and Bitner (1981) extending the framework to apply more effectively to services, such as healthcare, by adding participants, physical evidence, and process (Rafiq & Ahmed, 1995). In healthcare, the aspect of how customers need to acquire the service is complex and presented a challenge for marketing professionals trying to attract patients to their organization. Healthcare marketing team members needed to “ensure that customers understand the process of acquiring (the) service” (Rafiq & Ahmed, p. 7), in addition to promoting the benefits. In other words, healthcare marketers had to communicate the experience of using a healthcare system to prospective patients.

The Kano Model of customer satisfaction, developed in 1984, provided another framework for this research study. According to Rotar and Kozar (2017), “customer satisfaction represents one of the key concepts in modern marketing theory and practice”

(p. 341). The model looked at customer needs through three categories: basic requirements or needs, performance needs, and needs that were met through being delighted by their purchase or experience (Rotar & Kozar). Translating the idea of customer experience to patient experience for this study, the Kano Model provided the view that satisfaction was influenced by the quality of the product purchased, and also the entire shopping experience (or patient experience) (Rotar & Kozar). The aspect of satisfaction related to emotions and feelings, and as a construct that evolves throughout the customer relationship, also related to how patients experienced healthcare services. Finally, Astuti and Nagase (2016) developed a conceptual framework of loyalty to a healthcare system that aligned with marketing objectives. Their study of relationship marketing, trust, commitment, and loyalty showed that if relationship marketing declined, patients would be more likely to change healthcare providers. Hands-on care providers were instrumental in marketing their organization through relationship building (Astuti & Nagase).

These frameworks offered the closest alignment to the intersection of marketing communications and patient experience. It was important to consider them all in conducting this research as there has not been one theoretical framework that has been developed for the topic. The data gathered from participants was compared to the ideas in these frameworks to gain insight into the issues influencing how the two roles collaborate on providing patient experience.

Historical Healthcare Marketing Communications

A review of the history of healthcare marketing sets the stage for understanding how the discipline has evolved. Utilizing marketing business practices in healthcare is a

relatively recent occurrence, beginning about 40 years ago (Latham, 2004). Prior to that, the tactics used to inform and attract patients were primarily communications and education. According to Elrod and Fortenberry (2018c), "In the 1980s, resistance against health services advertising faltered, helped by the US Federal Trade Commission's scrutiny of the American Medical Association's ban on its members' use of advertising which subsequently was relinquished" (p. 5). At the turn of the century, marketing within healthcare was still not a common practice or mature programmatic effort, and was even considered unpopular (O'Connor, 2018). The traditional *Four Ps* of marketing–product, placement, price, promotion–did not easily translate for consumers in determining medical quality. Latham noted, "The single most striking fact about advertising for medical services is that there seems to be so little of it," and "one must still marvel at the paucity of advertising for medical services" (p. 243). The adoption of the marketing discipline was slow in healthcare; this trajectory was impacted by the opinion of caregivers.

Due to a strict commitment to always doing what was right for the patient, and through working to ensure no coercive measures were allowed in the medical decision-making process, the professional standards of physicians caused them to oppose seeking patients through advertising (Latham, 2004). Clinicians, especially physicians, considered it unethical to market medical services to patients and were concerned by the practice: "There is cause for profound concern about certain 'products'–the medical services–that mainstream medical caregivers sell" (p. 243). Willcocks (2008) offered several reasons why clinicians did not trust using the practice of marketing in healthcare: marketing would produce competition and affect quality of care, demand is unpredictable,

healthcare is too complex for marketing techniques to be effective, and the definition of a healthcare customer was ambiguous. Healthcare administrators also did not need to purposefully seek customers through marketing as there was little competition–most communities had a standalone hospital that took care of area residents. However, with mergers and acquisitions increasing 70% between 2010 and 2015, most of these individual organizations have joined to become systems or were absorbed by a larger system (Ellison, 2019). Thus, competition escalated, pushing the need to market healthcare services.

It took time for healthcare leaders to understand the benefits of customer satisfaction and retention and how marketing could influence those aspects (Corbin et al., 2001). Following the adoption of the Affordable Care Act, around 2010, the industry began to change. Chief healthcare executives realized that having a solid business-based marketing strategy at one's healthcare system was necessary to continued, long-term success, although most healthcare systems still did not have one in place (Purcarea et al., 2008). Healthcare marketing professionals learned to present marketing as relevant to clinical practice and show how the practice was related to communications and sharing information (Willcocks, 2008). Rather than wholly relying on their doctor's recommendation, patients began to seek other sources for information and insight on medical services that they needed. This resulted in hospital leaders beginning to see patients as the active decision makers they were–in other terms, consumers or customers with choice–rather than passively following what the doctor prescribed. Customers can be influenced by marketing.

The marketing of a complex service such as healthcare differs from marketing a product, and healthcare marketing is known to be more challenging than product marketing. Traditionally marketing focuses on the Four Ps–product, placement, price, and promotion–but this was not an adequate scope when working to earn customer loyalty for a complex service such as healthcare. Expanding the traditional definition of the Four Ps to include three more *Ps*–physical evidence, people, and process–as a framework for comparison helped marketers understand how they could influence choice, loyalty, and patient satisfaction (Weng, 2016). This expanded definition highlighted how the marketing of healthcare was considered service marketing, a subset of the marketing discipline. Framing healthcare marketing as marketing a service provided context for clinicians so that they could understand how a marketing focus could help with successful patient care.

Many variables are involved in marketing a service. To align with healthcare's mission to improve patients' wellbeing, marketing leaders focused on the emotional and behavioral components of a marketing approach in healthcare. Ali and Ndubisi (2011) analyzed 563 surveys to consider the effects of rapport and respect on patient relationships and stated that a "customer needs to feel valued and connected" to manage through working with a healthcare organization (p. 136). Kemp et al. (2014) studied loyalty to a healthcare brand and noted "Emotional relationships created through a focus on brand value, quality, and community commitment in order to heighten trust help create brand advocates for healthcare systems" (p. 129). Although aligning with advanced behavioral marketing practices was slower in healthcare than other consumer-focused industries, market forces were pushing for change by the late 2010s.

Historical Digital Influence

Although behind the curve in launching digital marketing practices compared to industries such as retail, financial, or travel, healthcare organizations began the path to new mediums in the early 2010s. The adoption of electronic health records pushed the industry to advance even faster in providing electronic access to records, health information, appointment scheduling, and clinicians themselves. According to Zygourakis et al. (2014), who compared the hotel and healthcare industries as organizations with payments tied to customer satisfaction, the rise of the internet caused patients to "read about us before coming to the hospital and write about us afterwards" (p. 53). This was a new, public aspect to the services provided by healthcare organizations and physicians.

Changing demographics also pushed healthcare to follow a digital path. The key audience target of typically younger, female patients with a post-high school education level, defined the ideal healthcare consumer, one who was making decisions or influencing usage for herself, her children, her spouse, her parents, and even her friends. Buccoliero et al. (2016) illustrated how this next generation of patients expected more access to medical information and physician interaction through electronic means such as websites, social media platforms, and applications. Although costly for healthcare organizations, transitioning to a digital platform would be key for ensuring loyalty in a future of healthcare consumers.

Historical Patient as Consumer/Customer

As marketing and the use of digital mediums began to be more widely adopted in healthcare, a transition to framing patients as consumers or customers arose, in line with

business practices. According to Luxford et al. (2011), who studied organizations with a reputation for improving the patient experience and barriers to patient-centered care, "the organizations in our study had also devoted considerable attention to the improvement tenet of 'customer-focus', translating to a focus on patients as 'customers' of the health service" (p. 514). They found that developing a strategic focus on customer needs led to placing the patient at the center of their efforts and gave them a more successful track record of providing a successful patient experience.

When developing a model for service training with the goal of increasing patient satisfaction scores, collaboration with physicians and clinicians to address an individual practice's or unit's specific challenges in providing customer service was shown to influence adoption of the behaviors and resulted in higher patient satisfaction scores (Brantley & Niekamp, 2014). Delgado-Ballester and Sabiote (2015) found that consumers were impacted by experience, leading to brand familiarity, which could result in loyalty and repeated use of the service. Purcurea (2016) urged optimizing consumer-focused services so that employees become advocates. Consumers inherently assess the value of a purchase, yet healthcare or a stay in the hospital is typically a service that people would rather avoid purchasing (Danaher & Gallan, 2017), adding to the challenge to convince patients or customers of the need. As more options for healthcare services were developed every year, consideration of the patient as a customer was ongoing in the historical literature.

One way to show the value of healthcare is through excellent customer service. A recent study indicated that service expectations were common across all industries (PriceWaterhouseCoopers, 2018). Customers expected the same level of service from all

healthcare workers, from the front line to the physicians, and thus the need arose for customer service training and education in healthcare, consistently and repeatedly delivered over time (Berry et al., 2006). In attempting to understand the quality of healthcare services, clues such as the cleanliness of an office or the promptness of a physician allowed customers to form impressions of service performance and those who provide it; Berry studied service innovation and noted that successful organizations had to be able to identify and manage these clues well. As in hotels, hospitals have large staffs with people in many different roles and ranks of roles (Zygourakis et al., 2014). Looking at patients as consumers or customers who have service expectations brought healthcare marketing and patient experience practices closer together.

Historical Patient Experience

The definition of *patient experience* evolved over time and continued to be a topic of debate. Beginning in the late 1980s, patient experience efforts developed in alignment to the patient-centered care movement, as they focused on several of the same considerations, this was also around the time that healthcare organizations began adopting marketing practices. Shaller (as cited in Luxford et al., 2011) developed a framework described as follows:

> [There are] seven key factors for achieving patient-centered care at the organizational level: engagement of the top leadership; a strategic vision clearly and constantly communicated to every member of the organization; involvement of patients and families at multiple levels; a supportive work environment for all employees; systematic measurement and feedback; the quality of the built environment; and supportive information technology (p. 511)

In parallel to the definition of patient-centered care, Wolf et al. (2014) expanded the definition of patient experience as creating individualized care for patients, which was thought to engage them in their care and help meet their service expectations. Patient-centered care and patient experience were intertwined, and specific hospital efforts took elements from each as their programs evolved.

There are many factors that can influence patient experience, which led to challenges for a healthcare system in trying to manage them all well. A synthesis of published literature on patient experience from 2000-2014 concluded that consideration of all touch points during an experience with a healthcare system, from physician office to in-hospital, to outpatient and billing, defined patient experience (Wolf et al., 2014). A more-heightened focus on patient experience began in the 2000s when new safety and quality standards were introduced (Kash et al., 2018). Patient experience efforts began to be related to improving the quality of care: Browne et al. (2010) suggested that "Measuring patients' experiences [was] also a critical step toward understanding and improving the quality of care" (p. 922). The Beryl Institute, a lead organization in the healthcare industry focused on healthcare patient experience, worked to discover best practices for healthcare systems for improvement in this area. They identified observing patients in real time, creating an immediate response team, and optimizing patient experiences to push brand loyalty as key elements of patient experience (Purcarea, 2016). Customer perceptions, expectations, and emotions influence the value they place on a healthcare service they purchase (Ali & Ndubisi, 2011). The patient's mood at the time they receive service was noted as a related aspect that was difficult to predict and could influence the experience (Corbin et al., 2001). Often the clinical team had to deliver *bad*

news related to an impending course of treatment or reduced quality of life, while simultaneously trying to instill hope so that the patient adopted their recommendations (Sweeny et al., 2011). Older consumers, a key demographic in healthcare as they consume more services than younger people, were found to be more affected by a positive experience in one study (Delgado-Ballester & Sabiote, 2015). There is also a socioeconomic impact of perception on hospital ratings for safety-net hospitals (SNHs), which primarily serve low-income populations and underrepresented minorities (Chatterjee et al., 2012). In 2007 when the first publicly reported measurements were released, safety-net hospitals "had worse performance on overall hospital rating than non-SNHs" (p. 1208). On the more tangible side, environmental characteristics of the hospital as well as technology were found to affect overall satisfaction (Buccoliero et al., 2016). Researchers looked at patient experience to try to bring clarity to the issue.

Assessments of patient experience programs and recommendations on how to improve them have varied throughout their development, reflecting the complex nature of the effort. Although supported theoretically by hospital boards of directors and top administrators, according to Manary et al. (2015), in the early stages of development, patient experience programs had a lower support rate among physicians and nurses. As the practice progressed, several reasons were identified in favor of patient experience improvement. Browne et al. (2010) found that "Efforts to improve patient experience also result(ed) in greater employee satisfaction, reducing turnover," and "Nurse satisfaction (was) positively correlated with patients' intent to return to or to recommend the hospital" (p. 922). Nurses were very important to recommendations for the hospital, in essence, the brand.

When developing a model for service training with the goal of increasing patient satisfaction scores, Brantley & Niekamp (2014) found that collaboration with physicians and clinicians to address an individual practice's or unit's specific challenges in providing customer service could influence adoption and higher patient satisfaction scores. Kennedy et al. (2014) studied the Mayo Clinic model and recommended leveraging patient experience committees with members from many disciplines throughout the healthcare system. Due to the complexity of providing healthcare services, some researchers believed that coproduction, or patients having an influence on what is provided, was needed to create the most effective experiences for patients (Batalden et al., 2016). Challenges such as diversity among patients, the resistance of healthcare providers allowing patients to have input into clinical decisions, and the aversion to non-standard practices were identified in allowing the patient to have a voice (Batalden et al.). To find best practices, patient experience programs tried to measure all these disparate elements by using various ratings methodologies that judged the many touchpoints a patient had throughout the continuum of care.

Historical Patient Experience Measurement

Healthcare systems have looked to many various indicators to measure a patient's experience and obtain data that will help lead to action. Traditionally hospital ratings programs were used and included measurement of patient satisfaction as an indicator of quality. The patient experience measurement movement began in the 1980s with two professors from the University of Notre Dame who were interested in researching how patients felt about their healthcare (Bennorth & Poore, 2019). Irwin Press and Rod Ganey

founded Press Ganey, a firm that provides consulting services to healthcare organizations regarding patient experience ("About Press Ganey," n.d.).

The federal government launched their own program, HCAHPS, in October 2006. HCAHPS is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience, developed by the Centers for Medicare and Medicaid Services ("HCAHPS: Patients' Perspectives of Care Survey," n.d.). Hospitals were required to ask certain questions of their patients about recent stays to participate in government insurance programs. With its launch, and the tie to government reimbursement for healthcare services, patient satisfaction ratings gained momentum and HCAHPS information became a key focus of United States healthcare systems. Patient experience measurement was distilled into two primary, common HCAHPS metrics to gauge overall experience. According to Chatterjee et al. (2012), "overall hospital rating, and whether the patient would recommend the hospital are highly correlated" to patient experience (p. 1205). Countries outside the United States used the SERVQUAL scale in traditional service sectors such as banking, repair, and telephone services, and to study healthcare service quality (Ladhari, 2009).

Finding the HCAHPS data to be challenging to use for specific change, healthcare administrators sought additional or different information to inform their efforts. Some hospitals used Press Ganey to distribute the HCAHPS survey and would include other proprietary questions to gauge patient perceptions specific to their organization.

Some healthcare organizations tried to create their own rating systems to measure the effects of personalized medicine, a partnership between providers and patients, and empowering team members to provide excellent service (Needham, 2012). Physician-

specific measurement surveys were also developed. According to Boissy et al. (2016), HCAHPS did not do an effective job of measuring individual physician performance, which led doctors to question the feedback if it did not directly pertain to them: "Because the average inpatient sees at least 3.6 physicians during a hospital stay, and patients are frequently unaware of different physicians' roles in their care, HCAHPS may be a poor measure of experience and satisfaction with a specific physician" (p. 755). According to Carter et al. (2016), "Staff members found the free-text comments more helpful and revealing than quantitative responses and reported that sometimes these comments provided the context and detail required for staff to learn from, and act on, patient views" (p. 790). Although it could be improved, HCAHPS remains the primary common source of patient satisfaction feedback.

As social media platforms gained momentum and began to be used in healthcare marketing, some clinicians started to favor HCAHPS as a more credible metric:

> Systematically measuring patient experience differs from user-generated reviews posted on Web sites such as Yelp and Angie's List, because scientifically based sampling methods enable a broader and more representative assessment of all patients in a practice and thereby more valid, credible data (Browne et al., 2010, p. 921)

Other researchers and clinicians questioned the prevalence and validity of ratings systems. Mazurenko et al. (2015) noted that several key factors, including interdisciplinary relationships, technical infrastructure, and staffing were not part of the HCAHPS survey and were important to the patient experience. These disparate views

illustrated that healthcare organizations continued to search for best practices to measure patient experience.

Current Healthcare Marketing Communications

Healthcare marketing became more progressive in the past five years with new skill sets entering the industry from the retail, hotel, and consumer packaged goods fields, developments in digital marketing, and the effects of COVID-19. Branches of the healthcare marketing communications discipline expanded over time to include brand, brand loyalty, customer service, service experience, digital channels, internal marketing, hospitality, and environmental factors. In 2018, building on the traditional Four Ps of marketing, Kash et al. (2018) added physicians, partners, places, and processes to the mix. The fact that healthcare is difficult to market has not changed in the current literature: a "difference between healthcare and other services is its combination of complexity and importance" (Berry, 2019, p. 80). Patients do not really want to undergo medical treatment; it is typically a necessity. "Understanding the difference between *want* services and *need* services is important…Patients who need a hospital stay do not necessarily want it" (Kennedy, 2018, p. 539). According to Berry, this "customer reluctance is a reality of healthcare" (p. 79). The task for marketers continues to be challenging due to these factors.

Current strategic healthcare marketing efforts must focus on multiple aspects to meet the challenges of the assignment. According to Berry, "Marketing scholarship converges on the view that total customer experience is a multi-dimensional construct that incorporates customers' cognitive, emotional, sensory and behavioral response to human interaction, technology, facilities, and other stimuli" (p. 79). Another aspect of

healthcare marketing is setting expectations for the service. El-Haddad et al. (2020) stated "Expectancy theory in psychology proposes that satisfaction is primarily determined by the difference between that which is expected and what is received" and has a relationship to healthcare (p. 1724). Marketing efforts can set the expectations through messaging, advertising, and social media, and to meet expectations, the system needs to follow through with what is promised.

As Kennedy (2018) observed, "Perception of a service organization's brand is influenced by many factors, such as its advertising messages, word of mouth, past experiences, and the service performance of frontline staff" (p. 539). Kumar et al. (2018) posit that in addition to directly influencing the view of the brand, marketing efforts impact peoples' experiences with the organization, which then influences their view of the brand. Clinicians are key to supporting brand efforts, yet not all are on board. Some medical providers continue to demonstrate concern over using marketing tactics to influence patients. Related to the fact that overtreatment in America has resulted in the highest per capita medical costs in the world, "aggressive marketing of medical services" is considered by some to be one of the reasons for that situation (Walsh-Childers & Braddock, 2018, p. 203). A clear delineation between aggressive paid marketing and using marketing skill sets to help with consumer experience is key. To achieve success, Whitman (2019), a healthcare marketing strategist, recommended "Establish(ing) behavioral expectations . . . to ensure that everyone is accountable for customer experience. Continued reinforcement of these behaviors is essential to long-term success. The frequency of this reinforcement is dependent on the established communication channels and the organization's culture" (para. 3). Marketing teams play a strong role in

managing these communication channels and can help reinforce expected team service behaviors: “Strongly branded healthcare organizations ensure frontline staff is able to deliver on the brand promise by teaching them service quality basics” (Kennedy, 2018, p. 539).

Using emotional messaging to increase loyalty to the brand is also the purview of healthcare marketing teams and continued to be a theme in recent literature. Like all consumers, patients are exposed to thousands of marketing messages daily, making it difficult for them to know what is valid, or what can be trusted. Providing more information through marketing and communications tactics can help with building trust. Trust, emotional commitment, and relationships are highlighted as the most important healthcare brand elements, and brand image and customer satisfaction have a significant and direct effect on healthcare service use (Hosseini & Behboudi, 2018). The rise of digital channels and new technology in recent years has provided even more ways in which to convey a healthcare brand and market healthcare services.

Current Digital Influence

The rise of *big data* escalated marketing efforts in the late 2010s and early 2020s in every industry that sold products or services. The increased amount of data available to healthcare institutions due to electronic medical record adoption highlighted the idea that a commitment to innovation aligned with data would result in better patient outcomes (Purcarea, 2016). While marketers previously judged the quality of their efforts based only on market share (which was a lagging indicator with an 18-month delay), marketers now had data on which to base strategy. Rather than using broad educational campaigns to gain volume and market share, slicing and dicing patient records through customer

relationship management systems gave healthcare marketers insight into what their customers (patients) might need in the near future to stay well: “The availability of big data in healthcare, as well as the advances in methodology, have made health analytics a great booster for value centered marketing” (Agarwal et al., 2020, p. 12). Ratings and reputation management continued to evolve in healthcare. According to Agarwal et al. (2020), “Digital word-of-mouth in healthcare is also changing the nature of competition, driving consumers to doctors with higher patient ratings” (p. 16). Patients as consumers were now used to buying products and services online and through applications, that translated to healthcare. Marketing communications teams realized the need to be skilled at interpreting these many forms of data and creating actions based on the data.

The digital transformation is expected to continue. According to Agarwal et. al. (2020), the next areas of interest will be advances such as machine learning and recommender systems that would help clinicians make medical recommendations based on patient preference. Virtual appointments, at-home diagnostic kits, and wearables continue to be trialed. New players such as Amazon are entering the industry, recently signing to provide healthcare services for more than 140,000 Hilton employees (Reuters, 2021). In resource-strapped hospitals, adoption continues to be slow compared to other industries, and as new innovations happen daily, it is a constant effort to keep up to serve healthcare consumers in the way they expect.

Current Patient as Consumer/Customer

The move to framing patients as consumers with choice pushed change in the healthcare industry. According to Agarwal et al. (2020), “The move toward the consumerization of care underscores that value is not a strictly objective measure of

dollars or deaths but rather, is closely tied with patient preferences and experiences" (p. 9). Price transparency and the availability of online or virtual medicine allows people to shop for elective services, laboratory and radiology tests, and physician appointments. The patient is now a customer with choice, and consumers will seek data on which to make their choices: "One goal of healthcare reform in the USA is to increase the availability of quality and patient satisfaction data to help consumers choose their hospitals and doctors" (Kennedy, 2018, p. 538). Aligned with the rise in retailization or commercialization of healthcare services, investment in customer service programs and tools in the healthcare industry has also been on the rise, especially with front line staff (Kennedy, 2017); implementation and standard adoption of these programs, with the goal of improving the patient experience, continues to evolve (Elrod & Fortenberry, 2018a). With healthcare consumerization, aligning customer service provided by healthcare organizations to the level provided by hotels, restaurants, banks, retail shops, and other service organizations has risen in importance.

Healthcare systems looked to the hotel industry for inspiration regarding expected environmental elements and service standards. Although a stay in a medical facility differs from a stay in a hotel in crucial, complex ways, for the patient, it is a similar experience. Hospitals invested in *healing environment* elements such as building wide-open spaces, redecorating in color palettes from nature, controlling sound levels, using plants and water elements to create calm, and decorating with art that is spiritually uplifting (DuBose et al., 2018). Physical environmental factors including atmosphere, service delivery, design, and wayfinding can affect patient satisfaction, loyalty, and

willingness to pay for services; a hospitable staff can offset negative experiences (Suess & Mody, 2018).

According to Don Stanziano, Chief Marketing Officer for Geisinger Health (as cited in Leventhal, 2019), “Banking, travel, and retail are all great examples of industries that have deployed sophisticated customer engagement technologies and leverage them to evolve their business models” (p. 3). Healthcare needs to follow suit to meet customer expectations, as they expect more from healthcare: according to a PricewaterhouseCoopers (2018) report, personal experience was twice as important in healthcare than in other industries. Ali and Anwar (2021) stated that marketing culture can be mapped to healthcare organizations to improve customer experience: “As a result, there will be a unified goal for all sections and individuals in the organization providing its customers a continuous and superior value” (p. 178). Researchers are paying more attention to these topics in the healthcare realm as the industry transitions into a business-centric approach to attracting patients through a differentiated experience.

Current Patient Experience

Patient experience continues to be an important theme at the forefront of the healthcare conversation today: “The patient experience agenda is reaching a zeitgeist moment in many health-care systems globally” (Sheard et al., 2019, p. 46). The recognition of the emotional impact of receiving healthcare services and the patient experience has stayed consistent in recent literature (Ali & Ndubisi, 2011; Boissy et al., 2016; Elrod & Fortenberry, 2018a; Isbell et al., 2020; Sweeny et al., 2011). Patients and family members experience a range of heightened emotion during a hospital stay, so ensuring a positive experience can influence future usage or loyalty. This can be

challenging. According to Isbell et al. (2020), “Hospital and system-level factors largely triggered negative emotions” for patients (p. 1). Human elements were found to be important in producing effective patient experience and higher satisfaction–assurance, empathy, and responsiveness were most important to patients’ perceptions of the quality of the care provided (Suki et al., 2018). Crisafulli et al. (2019) note that patients experience a loss of control, threats to their self-esteem, and feelings of stupidity in the face of healthcare services. Managing patient expectations is crucial–if the patient’s experience was less than expected, their perception of quality suffered; if the experience was better than expected, the patient perceived higher quality care (Suki). People who have higher expectations tend to have more positive emotions about their experience (Suki). One study of 7,918 practices in England showed that “patient experience is highly influenced by practice responsiveness and interactions with the physician” (Smith & Smith, 2018, p. 4647). According to a PriceWaterhouseCoopers (2018) report, “Provider staff attitude was the main contributor to positive experiences by 70 percent of consumers, compared to 38 percent of retail shoppers and 33 percent of bank and airline customers” (Gandolf, n.d., para. 10). As patient experience is the responsibility of all members of a healthcare team, they all have an interest in affecting it.

Patient experience teams can range in size from one person to dozens, depending on organizational size, availability of financial resources, and maturity of the program. The leadership of these programs also varies, with physicians, nurses, or marketing professionals in charge of the efforts. Examining patient experience in the United Kingdom, one study observed:

> Usually, patient experience was housed under the nursing remit…This division was said to be unhelpful by several participants who felt that patient experience was therefore automatically seen as an issue for corporate and shop floor nursing staff to solve (Sheard et al., 2019, p. 50)

But patient experience cannot only be owned by nurses, as so many other professionals come in contact with patients during their stay, and consistency is key. Sterchi and Brooks (2019) note that providing instruction to clinicians regarding how to exhibit a consistently caring attitude is limited and challenging to define. Appealing to caregivers' purpose in choosing a career in healthcare was employed by some healthcare systems. Several researchers note that connecting people to purpose leads to a culture of customer service excellence, and to the organization's success (Bennorth & Poore, 2019). Helping people understand their purpose can be encouraged through marketing communications efforts to create interest, adoption, and enthusiasm for providing an excellent patient experience. In addition to the human elements, factors outside the control of healthcare professionals can also influence the patient experience.

The COVID-19 pandemic created challenges for healthcare organizations on their trajectory to improve the patient experience. Changing policies, reduced or no visitation, masking, vaccinations, and financial implications all impacted patient experience efforts. According to Becker's Hospital Review (2020), the COVID-19 pandemic brought focus to messages of public safety and caused patient experience executives to begin "reimagining how to increase access to care and deliver a better-than-expected service" (p. 1). Patient experience efforts continue to evolve in a continuous cycle of expected and unexpected influences, and how these are measured evolves alongside.

Current Patient Experience Measurement

Healthcare professionals continue to understand the importance of and approach the topic of patient experience measurement with a goal of improving health and saving lives:

> Patient-reported experience with health care is an essential measure of how well a healthcare system functions…Poor self-reported experiences with the health care systems are associated with slower recovery from illness and a lower likelihood of adherence to prescribed treatment regimens (Chatterjee et al., 2012, p. 1204)

Recent literature indicates that HCAHPS continues to be a primary source of patient experience measurement. The goal of the survey continues to be "to promote consumer choice, public accountability and greater transparency in health care" (Belasen et al., 2021, p. 2). Patients can view the *Hospital Compare* website and find scores for any healthcare system or hospital taking advantage of federal reimbursements. Performance measures in seven categories are weighted. Patient experience is 22% of the overall score, equal to mortality, patient safety, and readmission rates, with effectiveness of care, timeliness of care, and efficient use of medical imaging each weighing in at 4%. Patient experience is level with key quality of care indicators, supporting its importance to patient healing. This data is helpful to patients making healthcare decisions: "Consumers and patient advocates point to 'Hospital Compare' and the most recent star ratings as important resources they rely upon to make informed choices" (Belasen et al., p. 3). However, according to the literature, not all clinicians are convinced about the efficacy of patient experience measurement.

Data suspicion is an ongoing topic of consideration in the literature in utilizing patient experience measures. The complexity of the feedback, lack of expertise in interpreting feedback, timeliness, lack of time to follow up, and complexity of change management efforts add to the lack of believability in the data (Sheard et al., 2019). Physicians remain hard to convince due to the many available data points and little agreement among them: there is "Concern among physicians that patient experience is prejudiced by other aspects of care, such as the technical quality of care or the quality of health outcomes" (Smith & Smith, 2018, p. 4655). Some clinicians question the validity of hospital ratings and are concerned that they are an unproven measure of patient experience–they believe the quality of the experience is evident in the treatment (Gusmano et al., 2019). Front line staff share their hesitation: "Compounding the…problems of data interrogation, were underlying problems that ward staff perceived to be inherent in the data already collected and therefore its value even before it reached them" (Sheard et al., 2019, p. 51). Due to the lack of timeliness of the feedback, teams find little value in attempting to impact the issues.

Rather than relying on numerical data, in one study, "Staff members found the free-text comments more helpful and revealing than quantitative responses and reported that sometimes these comments provided the context and detail required for staff to learn from, and act on, patient views" (Carter et al., 2016, p. 790). Others reported a lack of available people power to interpret feedback and act upon it, creating a "bizarre situation whereby masses of data were being collected from patients, but a lack of skill and person power, within the patient experience team, prohibited its interpretation and therefore its use" (Sheard et al., 2019, p. 49). Most often a patient interacts with team members from

more than one department, although the feedback comes through one survey. Austin et al. (2015) considered why national hospital rating systems can cause confusion for patients and caregivers. Parsing out the responsibilities can be challenging.

Due to these issues, healthcare organizations continued to seek new and additional ways to measure patient experience feedback. According to Berry (2019), "New measurement ideas, and evidence on their value, are important areas to explore" (p. 89). The use of Net Promoter Scores, prevalent in business, escalated in healthcare (Hamilton et al., 2014). Krol et al. (2014) tested Net Promoter Scores in healthcare and did not find strong support. Lee et al. (2018) posited that the consideration should be a promoter score based on the overall rating of recommending the hospital to another patient, not the net of that number. In addition to HCAHPS and Net Promoter Scores, other rating systems were now available.

Ratings have risen in prevalence with Amazon's practice of rating all products, and physicians have been slow to accept their expertise being categorized by a star rating. Third-party ratings through companies such as U.S. News and World Report, Google, Healthgrades, Yelp! or others also attract consumers' attention. Feedback through social media platforms such as Facebook, Twitter, and others is being examined for insight into the patient experience, yet anecdotal feedback is not a *hard* measurement. "The lack of a consensus approach concerning certain aspects of measurement suggests that social media measurement in health care settings is at a nascent stage" (Ukoha, 2020, p. 9). Although it is agreed that social media should be able to be used to track patient experience, "It is difficult to measure the extent to which patients are satisfied with the information health care organizations share with them on social media" (Ukoha, p. 6). It

can be confusing for patients to make sense of all of the available ways that healthcare services are rated, and thus for healthcare organizations to know where to focus. Some healthcare organizations are innovating their own feedback programs. In Scotland, a program called *Care Opinion* provides a platform through which patients or family members can share a "story of their healthcare experience online, to which clinicians have the option of responding" (Berry, 2019, p. 88)–96% of stories were responded to by a clinician. Patient stories provide a key marketing tactic as prospective patients find value in hearing from others, in essence a testimonial or recommendation or word-of-mouth endorsement, which some find more valuable than a score.

Realizing the challenges with delayed feedback, some are proposing new systems to measure patient experience that will allow issues to be addressed sooner:

> There is little current evidence suggesting that collection of patient experience data necessarily results in significant improvements in service delivery…real-time feedback has the potential to enable healthcare organisations (*sic*) to respond promptly to patients' concerns and make timely improvement to services (Carter et al., 2016, p. 786)

Healthcare leaders agree. According to a panel of healthcare executives:

> Many of the data gathering tools systems use (*sic*) to inform patient experience decisions, like HCAHPS scores and post-visit surveys, aren't useful for mitigating poor experiences before they happen. Health systems are looking for ways to collect data in real-time so clinicians and administrators can immediately implement changes (Becker's Hospital Review, 2020)

Challenges to real-time feedback cycle success are similar to using HCAHPS: getting teams to accept the system, making sense of the data, staff engagement, timing, survey completion, and duplication of efforts.

The COVID-19 pandemic impacted patient experience and highlighted the fact that there is still not one best way to assess the patient experience. Hospital administrators understand this and continue to seek the best path: “It’s time to reimagine the patient experience measurement in the post-COVID world. Organizations will no longer differentiate themselves by meeting patient expectations; they will need to exceed them” (Becker’s Hospital Review, 2020). The effect of COVID-19 will continue to cause change: “patient feedback mechanisms need to be recalibrated to reflect potential disruptions in health care” (Belasen et al., 2021, p. 6). In addition to the pandemic, nurse shortages and physician burnout continue to impact patient experience:

> When staffing shortages and lack of vital medical equipment strain hospitals’ resources and bed capacity, hospitals may be blamed for service disruptions, which could skew future HCAHPS results. This might also lower hospital ratings, decrease the willingness of patients to recommend and potentially affect hospitals’ reputation (Belasen et al., p. 6)

COVID-19 is another element that affects patient experience, adding to a long list of factors that have an influence.

Recent literature continues to reflect the fact that best practices in measuring patient experience have not yet been finalized for the healthcare industry (Austin et al., 2015; Belasen et al., 2021; Zakare-Fagbamila et al., 2019). As Sheard et al. (2019) observed:

> Collecting feedback from patients about their experiences of health care is an important activity. However, improvement based on this feedback rarely materializes. It is now widely acknowledged that patients want to give feedback . . . . Yet, whether staff can use this feedback to make changes to improve the experiences that patients have is now a central concern (p. 47)

Some researchers are calling for a different approach. El-Haddad et al. (2020) stated that there is a "need for a more standardized assessment of patient expectations" (p. 1725). What has received more focus in recent articles is the intersection of patient experience and marketing communications efforts and how these disciplines working together can lead to improvement.

The Intersection of Healthcare Marketing and Patient Experience

Recently published authors highlighted the value that healthcare marketing communications efforts can bring in impacting patient experience (Agarwal et al., 2020; Ali & Anwar, 2021; Elrod & Fortenberry 2018b; Kumar et al., 2018; Purcarea, 2019). Marketing efforts can serve as a connection between patients as consumers or customers and patient experience. According to Agarwal et al. (2020), "At the heart of value-centered marketing is a cultural shift in healthcare organizations that prioritizes the patient experience" (p. 16). Marketing communications teams can help engage clinical workers to think about brand perception and customer service as related to experience: they can "positively influence brand perception and value through improved frontline staff service performance" (Kennedy, 2018, p. 538). Berry (2019) stated, "Healthcare in the U.S. (and elsewhere) needs the expertise, objective reasoning, and fresh ideas – unpolluted by politics – that marketing academicians can offer" (p. 87). Marketing can

differentiate an organization through helping patients and consumers make sense of quality of healthcare ratings, and as Huppertz et al. (2017) noted, advertising investment can influence patient satisfaction scores (p. 1606). Including patient experience efforts in marketing plans is now an expectation. Using the traditional Four Ps theme, marketing strategist Gandolf (n.d.) declared "Henceforth, patient experience joins the classic 'Seven Ps' of a marketing mix–people, product, price, promotion, place, packaging, and positioning–for a new total of eight fundamentals" (para. 2).

In addition to the tactical support a marketing communications team can provide in enhancing experience, adopting a marketing mindset has been shown to enhance organizational effectiveness. Ali and Anwar (2021) stated: "the general idea of marketing, in turn, is believed to be the key to achieving organizational consistency, such as the ratio of market and profitability, through communication with the determination of needs and desires" (p. 172). The culture that marketing professionals create brings value to an organization. According to Ali and Anwar, "The 'marketing culture' can be defined as 'a more efficient and effective organizational culture in creating employee behavior, giving exceptional value to buyers of corporate assets and enabling exceptional business results" (p. 172). Cheon and Lee (2020) recommend approaching solutions to healthcare issues using marketing perspective rather than thinking of healthcare only as the context for the issue.

The role of marketing communications in developing a customer focus is gaining in importance: "Existing volume-based paradigms have left consumer value on the periphery of healthcare marketing. This has created a pressing need to reconceptualize the healthcare marketing ecosystem, finally giving consumer value a central role"

(Agarwal et al., 2020, p. 11). With patients exercising choice, healthcare administrative leaders have also begun to take notice of marketing expertise:

> As patients are now becoming more active participants in their own health, C-suite organizational leaders are deploying strategies to help ensure their hospital or health system stands out from the pack by delivering a modern patient experience. A big part of that process has included getting healthcare marketing teams involved at the table, as forward-thinking organizations are now realizing that meeting and exceeding patient expectations has become an imperative goal (Leventhal, 2019)

Healthcare administrators today know that marketing relates to a growth proposition and is a necessary component for organizations interested in ensuring success in the competitive industry (Elrod & Fortenberry, 2018b). Ultimately, marketing communications teams and clinical teams need to work together to provide the best possible patient experience. According to Kennedy (2018), "A brand will not erase poorly delivered service from a patient's memory . . . a disappointing healthcare service experience . . . can result in negative word of mouth and erode a strong brand that has been years in the making" (p. 547). Rather than viewing marketing and patient experience as separate efforts, recent authors examine their interdependent relationship in attracting patients and creating loyalty for the healthcare system and the value that partnership creates (Ali & Anwar, 2021; Berry, 2019; Elrod & Fortenberry, 2018b).

Title Searches and Documentation

To understand the history of the patient experience and marketing communications disciplines and to consider the relationship of collaboration between

clinical teams and marketing communications professionals in developing patient experience programs, several angles were researched. Key healthcare marketing communications research terms included: customer service, healthcare communications, healthcare consumerism, healthcare customer service, healthcare marketing, hospital marketing, healthcare marketing measurement, healthcare service marketing, internal marketing healthcare, marketing measurement, and service marketing. Patient experience research terms included: healthcare collaboration, hospitality, hospitality and hospitals, and patient experience. Healthcare metrics research terms included: hospital ratings, patient satisfaction, patient satisfaction measurement, and patient satisfaction surveys. A focus on articles published since 2015 was utilized to ensure the most current research, although several sources published prior to 2015 were included for historical context on the subjects of healthcare marketing, hospital ratings, and patient experience.

The research studies were collected through searching the subject guides of business and healthcare, Google Scholar, and journals and articles for related research papers. A Google Scholar search of *patient experience* since 2016 yielded 833,000 results, highlighting the interest in the topic and the challenge in finding specific articles related to the current study. The results were categorized into several subtopics, including healthcare marketing, the patient as consumer, patient experience, patient experience measurement, and the intersection of healthcare marketing and patient experience. See table 1 for reference types and the number of sources cited for this study.

Table 1

Literature Review Sources

Type	Quantity
Business/trade articles	8
Websites/definitions	15
Books	4
Educational videos	1
Total	130

Summary

The topics of patient experience and healthcare marketing are vast; however, research examining the topics considered in conjunction does not exist. There are many influences on patient experience, creating difficulties in managing a program consistently. The resistance to marketing healthcare is waning after early clinical detractors warned against the practice (Agarwal et al., 2020). Marketing healthcare as a service is a complex undertaking as the service is not desired. Electronic health records hastened the adoption of other digital mediums for patient communications and access. Changing demographics need to be considered in providing patient experience. Consumers have common expectations of service across all industries and expect even more from a healthcare experience (PriceWaterhouseCoopers, 2018). HCAHPS, although necessary, is being questioned as to the efficacy in creating actual positive change (Sheard et al., 2019). This is causing the trialing of new ideas to measure patient experience.

A review of the literature suggests that further research is appropriate to discover how marketing communications teams and clinicians develop patient experience efforts with the goal of improving patient experience. Chapter III will discuss the research methodology employed to discover themes related to collaboration between marketing communications teams and clinical staff and possible barriers to success.

CHAPTER III: METHODOLOGY

Introduction

The purpose of the current study was to investigate how healthcare marketing communications teams collaborate with clinicians on patient experience programs in their organizations and through a case study analysis to discover themes that might lead to improvement in patient experience. The nature of collaboration is generally defined as how the teams work together through developing and executing interdisciplinary programs to approach patient experience from the moment of consideration, through utilization, until the close of the experience (O'Daniel & Rosenstein, 2008). The research question was derived through the researcher's first-hand observations and learning acquired about the topic, supported by a thorough examination of the literature to date. An examination of this situation will add to industry knowledge and aim to provide new ideas for those studying and practicing patient experience in the future.

A review of the literature suggests that additional learning could be gained through examining how clinical staff and marketing communications teams collaborate on providing patient experience efforts and what impact that may have for healthcare systems. This chapter includes a review of the design, research questions, setting, participants, procedures, the researcher's role, data collection, document analysis, focus groups, observations, data analysis, trustworthiness, credibility, dependability and confirmability, transferability, ethical considerations, and a summary.

Research Questions

The primary research question that guided this research was: How do healthcare marketing communications team members and clinical staff approach collaboration to create, improve, and sustain patient experience programs in a hospital setting? Collaboration is generally defined as how the teams work together to develop and execute interdisciplinary patient experience programs from the moment of consideration, through utilization, until the close of the experience for the patient.

The specific questions researched were:

1. How do marketing communications teams collaborate with clinicians on patient experience?
2. How do marketing communications team members and clinical staff describe the impact of barriers to collaboration on patient experience?
3. In addition to HCAHPS, what are the key metrics used to measure patient experience and what importance to healthcare systems place on them?

Research Design

The current study was conducted using a qualitative multi-site case study design. As marketing is an art as well as a science, the qualitative case study method is as appropriate as a quantitative approach. A search of the literature produced dozens of qualitative studies related, separately, to patient experience and healthcare marketing, supporting the chosen approach for this study (Campbell et al., 2016; Carter et al., 2016; El-Haddad et al., 2020; Isbell et al., 2020; Luxford et al., 2011; Sheard et al., 2019).

The current study was framed through a collective case study using a phenomenological-hermeneutic approach. According to Creswell and Poth (2018),

collective case studies use “multiple case studies to illustrate the issue” (p. 99). Programs from several different research sites were considered to discover representative patterns and themes that could lead to more effectively providing a positive patient experience. The approach was used to achieve a “textual and structural description of the experiences, and ultimately provide an understanding of the common experiences of the participants” (Creswell & Poth, p. 79). The phenomenon considered was the nature of or approach to collaboration in providing patient experience-oriented service by clinicians and marketing communications team members, and how collaboration might have impacted that process.

A case study approach was best suited to this research question of interest due to several factors. According to Creswell and Poth (2018), case study elements allow research within a real-life setting, permit the use of multiple sources of information, and focus on interviews as an important element. These strengths of the case study approach allow the researcher to arrive at an in-depth understanding of the situation based on the research. There is precedence for case study research to be well-suited to the marketing field. According to Perry (1998), case study methodology is appropriate for postgraduate students researching marketing topics (p. 785). According to Saldaña (2016), “qualitative analysis calculates meaning” (p. 10), which aligns with the intent of the current study, to find patterns of meaning in discovering how marketing communications teams collaborate with clinicians with patient experience.

In addition, case study research allows creativity and sources other than numerical data. The researcher may use different sources of information and bring in elements of quantitative research. The attributes Saldaña (2016) outlines reflect a healthcare

marketing communication culture and thus using a qualitative approach is appropriate for this research; he states that those who employ coding need to be organized, able to deal with ambiguity, flexible, creative, rigorously ethical, and have an extensive vocabulary. Creswell and Poth (2018) state that setting boundaries for the case study research is a key aspect, such as a specific place (i.e., hospital systems), or time. Case studies often involve an embedded analysis, as when the researcher is positioned with various units that provide front-line clinical care and observe their behaviors in action. Creswell and Poth also note that interviews are important to case studies and need to be handled in a way that adds to the research, through thoughtfully determining the research questions, identifying appropriate participants, designing an effective interview guide, pilot testing the guide, and conducting the interviews in a place and setting amenable to the person being interviewed. Additional documentation was requested for review to inform the search for themes. These elements were drawn together to inform the case study.

Using case studies for marketing communications research has precedence. An early proponent, Perry (1998) sought to support the use of case studies for "postgraduate research students in marketing and their supervisors, for its aim (was) to present and justify guidelines for using the case study research methodology in honours *(sic),* masters and PhD research theses" (p. 785). Luxford et al. (2011) utilized a qualitative study to investigate possible barriers in healthcare organizations to improving the patient experience but did not look at marketing communications efforts as possible influencers. Noting that there was "little current evidence suggesting that collection of patient experience data necessarily result(ed) in significant improvements in service delivery" (Carter et al., 2016, p. 786), researchers conducted a qualitative study to gauge the

effectiveness of implementing real-time feedback in primary care practices in Britain. Campbell et al. (2016) used a qualitative approach to gain an understanding of physicians' comfort level in utilizing social media to interact with patients. In research conducted at Mayo Clinic, Kennedy (2018) studied customer service performance standards and based on their findings, recommended that administrative leaders create and launch service standards using the same process as the implementation of care standards to encourage adoption by clinicians. El-Haddad et al. (2020) studied patient expectations of health care using a qualitative approach and semi-structured interviews of patients to understand how different contexts could influence expectations. Akbar et al. (2021) used qualitative methodology to consider the causes for failure of social marketing efforts. Qualitative research methodologies have been shown to be appropriate for the topic under consideration for the current study.

As the researcher developed an original set of questions related to the literature, a pilot process was conducted by reviewing the interview guide with several industry experts to ensure that the questions were appropriate based on the research topic. The researcher consulted four people for the pilot: a front-line nurse; a manager of healthcare marketing communications; a retired nurse leader, professor, and doctoral student advisor; and a retired healthcare chief executive officer and university president. An interview using the draft script was conducted to each and feedback was gathered to inform and improve the script. General feedback was positive, and the conversations helped the researcher understand different points of view on the topic. All suggestions were addressed before finalizing the interview script.

Participants and Setting

Potential participants for the study were all people in marketing communications or patient experience roles in healthcare organizations in the United States. The population for this research, or the people that might benefit from it, was anyone who was working in marketing communications or patient experience for a healthcare organization and who was responsible for any related activities at the time of the study. The sample included 18 individuals consisting of a marketing communications team member and a clinical patient experience team member from ten healthcare organizations. In seven instances, two professionals participated from each site. The organizations where the participants worked were categorized as standalone hospitals, small healthcare systems (less than eight hospitals) and large healthcare systems (nine or more hospitals). Interviews focused on organizational definition of patient experience, team structure, processes, collaboration, measurement mechanisms, and outcomes.

The sample size was determined through a purposeful sampling approach, identifying participants who would be the best suited to provide insight into the research questions. Participants were chosen because they could "purposefully inform an understanding of the research problem and central phenomenon in the study" (Creswell & Poth, 2018, p. 158). Convenience sampling of marketing communications team members who were active in the industry by asking for "volunteers or others who are readily available and willing to participate" (Creswell & Poth, p. 159) was employed to acquire initial marketing communications participants who were leaders in their organizations. Snowball sampling (Creswell & Poth) was then employed to enlist clinical team members who worked in identified patient experience roles in the marketing communications

participants' healthcare organizations. See Table 2 for the demographics of the participants and Table 3 for healthcare marketing communications and patient experience titles of the participants.

Table 2

Participant Demographics

Demographic characteristic	Number		
Gender	Male		Female
	4		14
Role (general)	Marketing Communications		Patient Experience
	9		9
Level	Management		Staff
	14		2
Organization size	Standalone Hospitals	Small Healthcare Systems	Large Healthcare Systems
	3	3	3

Table 3

Participant Roles by Level

Title	Quantity
Marketing Communications	
Marketing Strategist	1
Marketing Coordinator	1
Marketing Manager	1
Manager, Marketing & Business Development	1
Director of Marketing	1
Director, Marketing & Business Development	1
Director, Planning & Business Development	1
Director, Marketing & Communications	1
Chief Marketing Officer	1
Patient Experience	
Patient Advocate	1
Project Specialist, Quality	1
Community Wellness Manager	1
Director of Patient Experience	1
Director, Inpatient Services	1
Director, Quality, Safety & Risk	1
Executive Director, Clinical Services	1
Patient Experience Administrator	1
Chief Patient Experience Officer	1

The setting for the current study was the healthcare organizations in which patients experience the care provided by the clinical team members interviewed. In addition to interviewing the participants, visiting the sites where the experience was provided was important to a real-world understanding of the behaviors related to caring for patients. Observing collateral and digital communications supporting patient

experience efforts in the actual setting provided a view as to how marketing communications team members were involved in messaging the importance of a good patient experience.

Patient experience team members had various reporting roles. Two reported to a Director of Quality, five to a clinical manager, and two directly to Administration or the Chief Executive Officer specifically. Two marketing communications team members reported to the Chief Executive Officer, five to a Vice President, and two to a Director, typically of Marketing, Marketing Communications, or Communications. Titles for all participants interviewed varied widely. In all cases, as the organization size increased, the complexity of the organizational structure and the size of the team also increased.

Procedures

Semi-structured interviews were conducted to collect data on patient experience, scheduled for the convenience of the interviewees. Interviews were conducted either in person or remotely utilizing Zoom or Teams virtual meeting technology. In-person interviews were audio recorded using the iPhone Voice Memos application. Virtual interviews were audio and video recorded through Zoom or Teams. The recordings were password protected and kept on a password protected computer. Codes were used for participants' names to protect their privacy and identities. After the interviews were transcribed into Microsoft Word by the researcher using Google docs voice recognition, the researcher listened to all interviews several times and hand edited the transcripts to ensure precision. The transcripts were uploaded to QDA Miner Lite 6.0, a qualitative data analysis software platform from Provalis Research, for analysis. All interview files were

stored on an encrypted flash drive and backup copies were stored as password-protected documents in the researcher's Google Drive to protect the privacy of the interviewees.

The researcher requested documents from the interviewees that highlighted their organization's approach in educating team members and leaders who had recently joined the healthcare organization about patient experience. Additional documents were gathered from the marketing communications team members regarding ongoing efforts to promote the practice, to both internal and external audiences. No confidential documents or those containing patient information were shared; all materials were used in either company training sessions or in communicating to the organizations' team members or patients and visitors. The documents were stored on a password protected flash drive and Google drive as a backup to ensure protection of the intellectual property. All materials will be destroyed after three years.

Direct observations during field visits were employed to assess how patients visiting the facilities might learn about patient experience-related topics and to look for physical artifacts, such as signage, collateral materials, and newsletters. According to Yin (2009), field visits allow a researcher to assess the occurrence of certain types of behaviors during certain periods of time in the field. Assessing how patients and visitors were greeted and escorted offered information on patient experience, for example. Photographs were taken to inform the study and the organization's approach to communicating patient experience messages (see Appendix C).

The Researcher's Role

Based on past observations, my belief before engaging in this research was that only ongoing, multi-departmental, system-wide efforts endorsed by the organization's

senior executive leader would be successful in improving and maintaining an excellent patient experience in my healthcare organization. I had developed beliefs about clinical staff members which I needed to carefully consider before advancing this research. Networking with healthcare marketing and communications professionals over the years solidified these perceptions because they seemed universal to our experience as marketing communications professionals in serving healthcare.

I also questioned why clinicians, in my experience, seemed averse to help from marketing communications professionals, who worked to be experts in knowing customers and learning how to best serve them. It often seemed that unless one was a scientist, clinicians did not find the source credible. Introducing basic customer service concepts, reminding them of scripting, or offering training on creating a special experience were often met with resistance. Even given these preconceptions, I had a true curiosity about the subject and was passionate about learning and improving our work, both together and individually. I worked to ensure an open mind when interviewing the participants and listened carefully to discover unknown themes. Because I had recently left a position as a healthcare marketing communications leader before undergoing the research phase, the hesitancy to share information with a possible competitor was removed.

Data Collection

Three different methods of collecting data were employed: interviews, document analysis, and artifact analysis. The research began with interviews to inform an understanding of the patient experience approach at each organization. Following the interviews, an examination of the documents was conducted to further inform the

understanding. Six field visits were conducted to collect archival elements so that the researcher had a better understanding of what to look for when assessing how an organization used messaging to support patient experience efforts by clinical staff.

Interviews

Interview guides were developed using qualitative questions aligned to the research questions. The interview protocol is attached as Appendix A. The questions were grounded through a review of the literature; see Appendix B for a full discussion. A focus on open-ended questions was employed to ensure the participant would be encouraged to share detailed insights (Creswell & Poth, 2018). In addition, several prompts were added to most questions to ensure that the researcher could draw the interviewee into a robust discussion.

Because semi-structured interviews with open-ended questions were employed, the researcher asked follow-up questions that were not part of the original interview guide if the conversation produced a new opportunity for consideration. According to Yin (2009), it is important to follow interview guide questions while also ensuring a fluid conversation by "putting forth 'friendly' and 'nonthreatening' questions in…open-ended interviews" to glean the most useful information (p.107).

Instructions to the interviewee included an introduction and welcome, details about the anticipated interview time length, details on how the participant's confidentiality would be kept (a pseudonym would be used, and the data would be protected), and a request to record. When the interviews were virtual, the interviewee was in a close-up frame, thus it was more difficult to observe physical behaviors. Those noted included the participants holding eye contact well and using hand gestures to accentuate

their points. To inform the identification of themes during analysis, the researcher took simple notes during the interviews to generate items to analyze further.

Document Analysis

The researcher gathered documents that illustrated the organization's approach in educating team members and leaders about patient experience. Additional documents were gathered from the marketing communications team members regarding ongoing efforts to promote the practice, to both internal and external audiences. Documents included memos; slide decks and lesson plans used in education; and website pages, newsletter articles, posters, and other promotional collateral. Memos to team members reflected the organization's philosophy on patient experience. Slide decks and lesson plans used in education outlined the key issues about serving patients that the organization wanted to ensure team members learned during onboarding. The organization's ability to translate care for a patient's experience through its website offered a view into their commitment to the practice. Newsletter articles, posters, and additional promotional collateral reflected the brand elements that were important to the organization in conveying to its staff why patient experience was important to its success.

Observations/Artifact Analysis

To verify the authenticity of what was reported in the interviews, field visits were conducted when possible. The researcher paid close attention to how staff members approached visitors using customer service techniques and transcribed descriptive and reflective field notes immediately following each interaction. Photographs documenting public messages about patient experience themes, such as posters reading "We care about you!" or "Please give us your feedback so we can serve you even better" were catalogued

to inform the research. One example of metric boards can be found in Appendix C as anonymity precluded including other samples.

Data Analysis

Creswell and Poth (2018) outline an approach to qualitative data analysis that was employed for this study. Specific steps included:

1. creating transcripts of the interviews
2. organizing data files
3. reviewing audio recordings and editing the transcripts
4. reading through the interview transcripts and taking notes
5. entering the transcripts into the software and forming initial codes
6. using the codes to identify themes
7. developing and assessing interpretations of the themes, and
8. presenting an in-depth view of the themes using representations of the analyzed data.

Interviews were transcribed verbatim, resulting in 81,947 words in response to the interview script and research questions. The transcripts were sent to the participants for their review and endorsement. The researcher then listened to the recordings again and added non-verbals to highlight the tone of the response. The transcripts were then imported into QDA Miner Lite 6.0 qualitative analysis software.

Coding of the interview transcripts was employed to discover meaning in the data. As a first round, holistic coding was used to summarize large chunks of data related to the interview script and research questions to create a high-level overview. After initial review, an analytic memo was written to help the thought process of considering the

implications. A second round of holistic coding was performed to ensure that major ideas were captured. The next phase included using process and In Vivo coding. Process coding was used to understand how the different roles worked together or separately at their healthcare organizations in developing and providing patient experience programs. A final category of *examples* was employed to catalog specific efforts the participant organizations cited in support of patient experience efforts. An analytic memo was written after each of the three rounds to capture key impressions. For all types of codes, tags and color coding were used to organize the data. Throughout the analysis, tags and codes were added to the transcripts, consulting the master list, through a deductive process, as the researcher continued the implications of the information shared by participants.

Finally, using "synthesis (to) combine different things in order to form a new whole" (Saldaña, 2016, p. 10), the information was reassessed to create themes. The researcher reviewed the coded interview transcripts, reread the analytic memos, and pulled lists of all codes with a frequency count through the software program. The researcher wrote and rewrote three key themes to develop the study's trinity (Saldaña). *Headlines* were created that provided direction for the findings gleaned. A comparison of the three categories of organization type was used to determine similarities and differences between the hospitals and healthcare systems, using participant interviews and documentation. A final fourth theme of practical deliverables was added to provide examples for people interested in how this research might apply to their work.

Trustworthiness

Several methods were utilized to achieve trustworthiness, as well as an approach that respected credibility and transferability. Triangulation of data using multiple sources was employed to measure the themes, through a comparison of supporting documents gathered from the interviewees, behavioral observations and physical artifacts collected during field visits, and the descriptions of the participants' work discovered through the interviews. According to Creswell and Poth (2018), in triangulation, the researcher uses "multiple types of data to support or contradict the interpretation" (p. 256).

Corroborating the evidence through triangulation provided support for the themes identified. Using multiple sources is important, according to Yin (2009), because it "allows an investigator to address a broader range of historical and behavioral issues" (p. 115). By employing a comparison of the documents and observations to the interviews with the marketing communications professionals' interview transcripts, and then another comparison to the clinical team members' interview transcripts, the researcher worked to support the findings. Results from the three types of organizations were also compared to discern if there were differences based on organizational size.

Credibility

By comparing the findings at each organization, both between clinicians and between marketing communications team members, an assessment of the real experience of these professionals was gauged to test credibility. Member checking and seeking the feedback of participants by providing the transcript of their interview(s) to them for review was also employed to ensure the credibility of the findings (Creswell & Poth, 2018). A summary of the findings was shared with each of the participants to gather their

feedback. Although not a primary measurement, the researcher compared the findings to her own experience in working as a marketing communications professional for over 15 years to determine if they aligned.

Transferability

Rich, thick description was utilized to ensure the transferability of the information between the participant and the researcher (Creswell & Poth, 2018), and from one participant to another. According to Fetterman (as cited in Creswell and Poth), "thick description is a written record of cultural interpretation" and includes "verbatim quotes…incorporating the view of the participants (*emic*) as well as the views of the researcher (*etic*)" (p. 94). The researcher carefully read the interviews and reviewed the descriptions multiple times to gain an understanding of the information and inform the analysis.

Ethical Considerations

As the researcher has participated in patient experience work, an examination of researcher bias was important to consider the trustworthiness of the analysis. Ethical considerations for this research were carefully assessed to ensure adherence to standards. Participants were informed that they could withdraw from the research study at any time, for any reason, without fear of retribution. Codes were used for participants' names, hospitals, and healthcare systems to protect their privacy and identities. Interview transcriptions were stored on an encrypted flash drive and backup copies were stored as password-protected documents in the researcher's Google Drive to protect the privacy of the interviewees. No confidential documents or those containing patient information were collected. The documents were stored on a password protected flash drive and Google

drive as a backup to ensure protection of the intellectual property. When collecting archival elements, no photographs of patients or providers were taken that would identify them to ensure their identities were protected. No identifying logos or company names were included, and pseudonyms were used to protect the organization's reputation.

Summary

This qualitative case study gathered information on the nature of collaboration between healthcare marketing communications professionals and clinical staff members in delivering patient experience efforts at nine United States hospitals or healthcare organizations of various sizes. Interview participants were asked to share deliverables related to their organization's programs for review in relationship to the study. Six field visits were conducted to observe behaviors and collect physical artifacts related to the study. Interview transcripts and supplied documents were analyzed to identify and interpret themes illustrating the successes and challenges for healthcare marketing communications professionals and clinical staff members in delivering these programs.

Using a case study approach as the methodology for this work allowed the researcher to utilize a breadth of information which to analyze and from which to draw conclusions (Yin, 2009). Employing interviews produced rich descriptions of the interviewees' work in serving patients. An examination of related documents and observations from field visits provided triangulation of data to ensure credibility. Several themes were identified for analysis that allowed the researcher to develop conclusions that could help improve patient experience work for other healthcare professionals, both clinicians and marketing communications team members. In chapter 4, the findings, data analysis process and the results of the study will be covered.

CHAPTER IV: FINDINGS

Introduction

The purpose of this multi-site case study was to discover how healthcare marketing communications team members and clinical staff members approach collaboration to create, improve, and sustain patient experience programs in a hospital setting. In this chapter, the findings of the data analysis will be presented, including a description of each participant and their organization. Close study and consideration of the insights shared by the participants resulted in four main themes that related to the primary and secondary research questions, as they emerged through an analysis of data from interviews, a review of documents, and site visits.

Research Questions

The primary research question that guided this research was: How do healthcare marketing communications team members and clinical staff approach collaboration to create, improve, and sustain patient experience programs in a hospital setting?

The specific questions researched were:

1. How do marketing communications teams collaborate with clinicians on patient experience?
2. How do marketing communications team members and clinical staff describe the impact of barriers to collaboration on patient experience?

3. In addition to HCAHPS, what are the key metrics used to measure patient experience and what importance to healthcare systems place on them?

Participants

The 18 participants in this study worked for healthcare organizations of three different sizes during the time of the interviews, either standalone hospitals, small systems or divisions of large systems with less than eight hospitals, or large systems with nine or more hospitals. Three participants were in transition, either leaving their role or new to their role. This is reflective of the changes in the healthcare workforce in the United States in 2022 when the interviews took place: a survey conducted in the fall of 2021 by Morning Consult found that since February 2020, 12% of U.S. health care workers had lost their jobs and another 18% had quit, for a total 30% turnover of the healthcare workforce, or nearly one of every five workers (Galvin, 2021). Pseudonyms for participants, their organizations, and vendor partners were used so that their anonymity may be protected. A description of each participant is included to provide a more illustrative picture of each person interviewed and context that reflects their individual perspectives and stories in light of the data gathered.

Sue (R1)

Sue is Chief Marketing Officer at Academic Health, a large healthcare system in the Midwest. Sue has a long career in serving the healthcare industry in leadership roles and is considered an expert in her discipline. She was responsible for patient experience for a few years for one of her organizations as the practice evolved. Sue currently leads a team of almost 100 healthcare marketing communications professionals.

Bob (R2)

Bob is Chief Patient Experience Officer at Academic Health. Bob has worked in healthcare for more than 35 years at various organizations and in several different roles throughout the United States. He oversees a team of around 100 staff members for his current organization, which includes about 20 people in roles directly related to patient experience.

Patricia (R3)

Patricia is Director of Marketing & Business Development for a division of a large healthcare system in the Midwest, Regional Healthcare. Patricia is relatively new to the healthcare industry and worked for marketing firms before her current role for almost 20 years. She leads a team of three practitioners.

Julie (R4)

Julie is Patient Experience Director for Regional Healthcare. She worked in business development before transitioning to patient experience and advocacy, and so has experience in both roles related to this study. Julie has served the healthcare industry for more than 10 years. She is a team of one.

Sarah (R5)

Sarah is Marketing Manager at State Health in the Midwest and supervisors other team members. She has worked in subsets of the healthcare services industry and has served almost 20 years in healthcare marketing communications, in several different roles throughout her career for her current organization.

Kathy (R6)

Kathy works on patient experience projects through her role in the analytics department of State Health and is a sole practitioner. Before transitioning to healthcare, she gained almost 25 years in communications roles for several different types of organizations and has experience in both roles related to this study.

Dennis (R7)

Dennis is in a director-level role over the marketing and communications team for his organization, among other duties, and works for a mid-size system in the Midwest called Best HealthCare. He has overseen patient experience-related efforts for two different organizations as a part of his responsibilities.

Kate (R8)

Kate leads patient experience for Best HealthCare and reports to the administrative team as a sole practitioner. She has over 10 years in healthcare and has a bachelor's degree in communications, and so has experience in both roles related to this study. Kate is a team of one for patient experience for her organization, collaborating with many clinicians and business roles throughout her organization.

John (R9)

John leads marketing and business development for his organization, Quality Hospital in the Midwest, and has over 10 years' experience in healthcare marketing communications. He and one additional team member deliver marketing, communications, and education programs for his hospital. John's organization has much larger competitors in his market, and patient experience can be a differentiator.

Amy (R10)

Amy has worked for Quality Hospital for five years and coordinates patient experience programs for her organization. She is a team of one and serves as the coordinator of a multi-disciplinary team that works on patient experience issues for Quality Hospital.

Paula (R11)

Paula has worked in marketing communications for Rural Health in the Midwest for over 15 years. She has one team member and helps with efforts related to a third-party program that her hospital uses to align team members on patient-focused services.

Betty (R12)

As Director of Inpatient Services for Rural Health, Betty is considered the leader of the patient experience effort for her organization. Manager-level team members and other clinical roles report to her. She is a nurse with almost 30 years' experience as a clinician at a standalone critical access hospital.

Tiffany (R13)

Tiffany is a nurse leader at a medium-sized teaching system in the Midwest, University HealthCare, at the Executive Director level. She has almost 20 years' experience in leadership roles in healthcare clinical services and has worked for a few different organizations, adding to her perspective on the topic of patient experience. Currently she leads managers and nurses.

Lisa (R14)

At Independent Hospital in the Midwest, Lisa works on a small marketing team of three. She has about 10 years' experience in communications, marketing, and fundraising roles. Leadership of marketing communications is outsourced for her organization, making her

the informal leader of marketing communications for her organization. Lisa is highly focused on how marketing and communications team members can help with patient experience.

Jane (R15)

Jane is Director of Quality, Safety, and Risk for Independent Hospital in the Midwest and is a clinician with over 20 years' experience in healthcare. As leader over patient advocacy among other roles, she helps shape the patient experience approach for her organization.

Emma (R16)

Emma is the sole person in the Patient Advocate role for Independent Hospital and works with Jane. She is relatively new to the healthcare system after working in medical practices as a clinician for over 10 years. Emma is still learning how the hospital works as far as relationships and accomplishing goals.

Josh (R17)

Josh led the marketing communications team for his organization, a large religious-affiliated healthcare system in the Midwest, Christian Health. He has experience in other industries and was relatively new to his role in healthcare. Josh was transitioning to a different role and a different industry, and his perspective compared to those with a very long tenure in healthcare added a unique view into patient experience efforts.

Jackie (R18)

As a marketing strategist for Systemwide Health, a large healthcare system in the Midwest, Jackie worked with clinicians directly to market their services and oversaw a team of four. She has about 10 years' experience in marketing and only a few in

healthcare, having served agencies before joining the organization. Jackie added a fresh perspective to the practice compared to those who have served hospitals or healthcare systems for many years. She was in transition to a higher-level leadership role for a healthcare services organization (not a hospital or healthcare system).

Results

Several themes arose during the analysis of the data, which were transcripts of semi-structured interviews conducted with patient experience and marketing communications professionals working in healthcare. Holistic, Process, and InVivo Coding were all used to parse the data and arrive at the themes.

Holistic Coding provided a high-level overview of the interviews, which were categorically aligned to the script questions. Large sections of data were provided in direct response to an interview script question and coded accordingly, such as "role of marketing communications," "role of patient experience," or "patient experience definition." Challenges identified by the participants including "communication," "resources," and "lack of knowledge/ transparency" helped describe the nature of collaboration and the barriers to it.

A second round of analysis included the use of Process Coding, which recognized actions as gerundives, or words ending in *-ing*. Processes identified in analyzing the data included "acting," "educating," "listening," "managing," "building relationships," "recognizing," "sharing," and "supporting" (see table 4).

Table 4

Process Code Frequency

Process	Count	% Codes	Cases	% Cases
Listening	12	1.9%	5	27.8%
Managing	11	1.8%	2	11.1%
Sharing	8	1.3%	4	22.2%
Acting	7	1.1%	3	16.7%
Educating	6	1.0%	4	22.2%
Recognizing	5	0.8%	4	22.2%
Building Relationships	3	0.5%	2	11.1%
Supporting	1	0.2%	1	5.6%

Two primary ways that hospitals or healthcare systems work on patient experience issues were identified (Figure 1 and Figure 2) that informed the development of the themes. In some organizations, a single patient experience team member collaborated separately with clinicians and marketing team members, all of whom affected or influenced the experience of patients at their healthcare systems through individual ways. In other organizations, marketing communications team members were part of a multi-disciplinary committee that discussed and worked together to improve opportunities related to patient experience issues for their organizations.

Figure 1

Patient Experience Process, Standalone Patient Experience Role

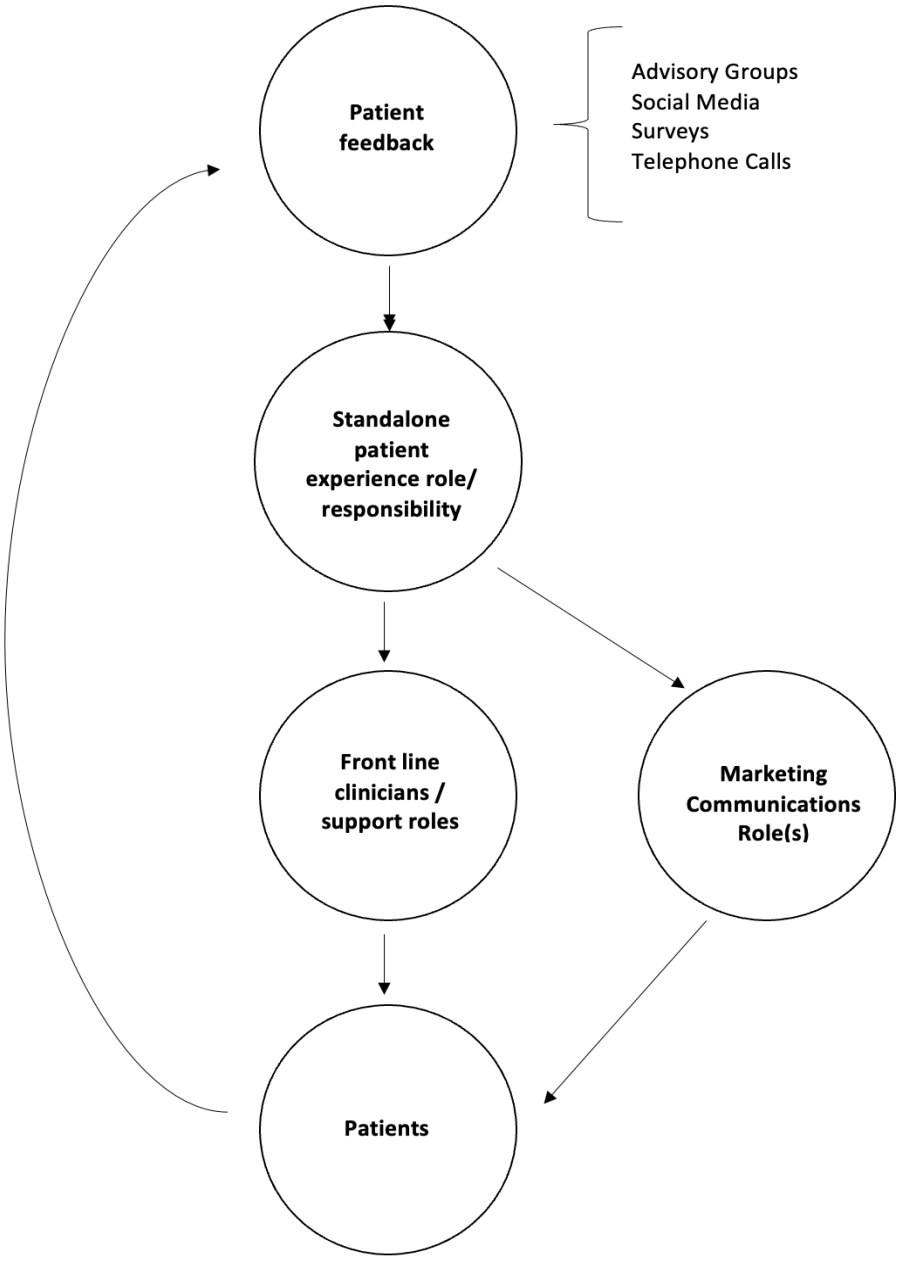
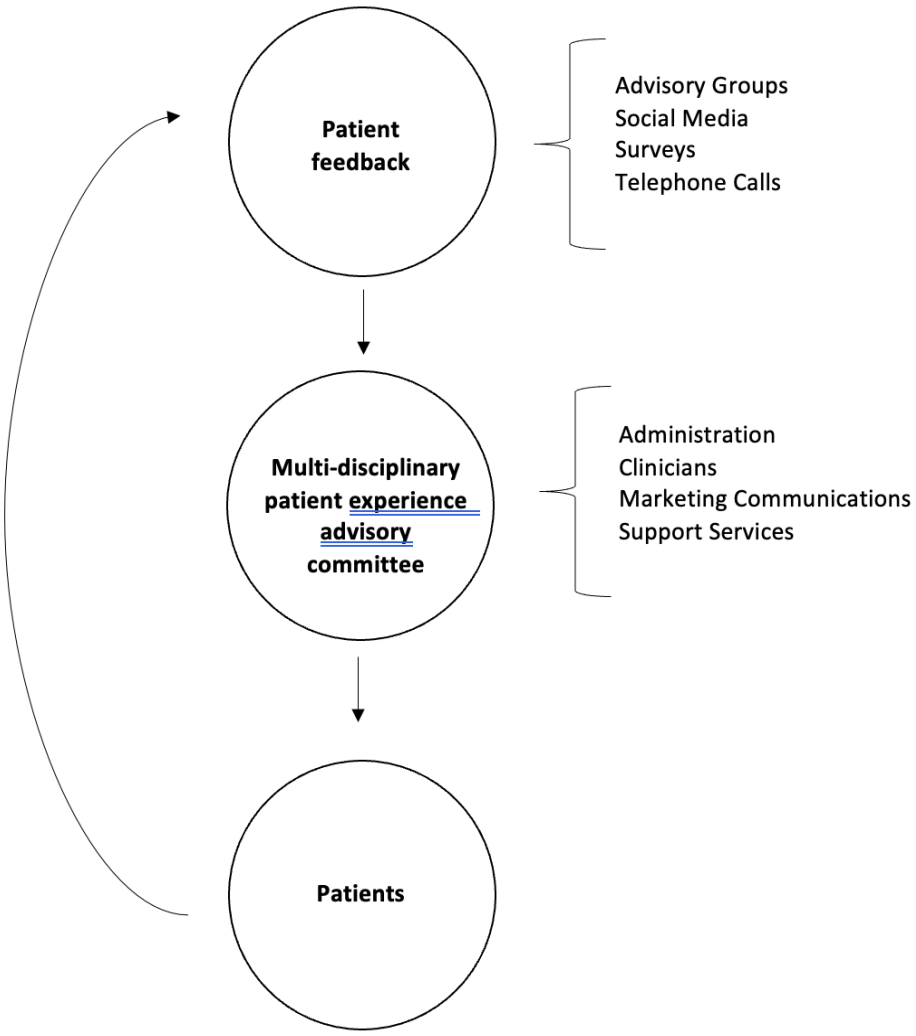


Figure 2

Patient Experience Process, Multi-Disciplinary Committee with Marketing Communications Roles as Members



InVivo Coding was conducted simultaneously with Process Coding. In Vivo Coding was utilized to identify the specific words with which healthcare organizations define patient experience as to date there is not one widely accepted definition (see table 5). The most frequent words used when describing patient experience were “everything,” “care,” and “feelings (or perceptions).”

Table 5

In Vivo Code Frequency

In Vivo	Count	% Codes	Cases	% Cases
Care	27	4.3%	12	66.7%
Everything	27	4.3%	10	55.6%
Perceptions and Feelings	16	2.6%	8	44.4%
Mission	12	1.9%	6	33.3%
Everyone	8	1.3%	5	27.8%
Expectations	5	0.8%	3	16.7%
Outcomes	5	0.8%	4	22.2%
Above and Beyond	4	0.6%	3	16.7%
Before Patient	3	0.5%	3	16.7%
All About the Patient	2	0.3%	1	5.6%
First Encounter	2	0.3%	1	5.6%

In Vivo Coding also helped identify the specific ways organizations rewarded and recognized team members for excellent patient experience, or ways in which they executed communications, education, and training.

Research Questions and Theme Development

The researcher developed themes after examining an overview of the responses to the research questions. In response to research question 1, clinicians still largely consider

marketing communications professionals support staff rather than strategic partners in developing the patient experience. In the following analysis, theme 1 shows that a lack of understanding regarding the value of marketing communications professionals to patient experience work exists, and marketing communications professionals are not embedded in the clinical data process. In consideration of research question 2, barriers to collaboration on patient experience efforts center around issues impacting clinician's ability to perform their work. Topics reported included a lack of resources related to people, time, and money; the absence of organizational prioritization by organizational leadership; and communications issues between different types of roles. Regarding research question 3, seven out of 10 participant organizations are using Press Ganey, considered an industry standard, to measure patient satisfaction. Two organizations have developed a proprietary solution. Although suggested by some current authors as a trend, the notion of healthcare organizations developing more responsive survey solutions has not permeated the Great Lakes States region healthcare systems to date. Close study and consideration of the insights shared by the participants in response to the interview script, which was based on the research questions, and a review of the documents and materials provided by the interviewees resulted in four main themes.

Theme 1: A lack of understanding persists, both by clinicians regarding the value of marketing communications professionals participating in patient experience work, and by marketing communications professionals regarding the clinical data process that measures patients' satisfaction with their experience.

The primary goal of this research was understanding the nature of collaboration between healthcare marketing communications professionals and clinicians in working

together on patient experience. The findings related to this theme are categorized into several subthemes that arose during the data analysis. These include marketing communications professionals' view of their role in patient experience, patient experience team members' view of marketing communications professionals, lack of access/transparency, the physician perspective of the marketing communications discipline, lack of resources, staff experience and engagement, the impact of other priorities, the role of leadership, and the value of collaboration.

Marketing Communications Professionals' View of their Role (subtheme 1a) Six out of nine healthcare marketing communications professionals interviewed for this study expressed the idea that since they strive to work from a strategic viewpoint, they should be more involved in the patient experience process. Sarah (R5) noted that State Health's patient satisfaction numbers went down when their marketing communications team "took [their] foot off the gas pedal," as a related issue was that "marketing [didn't] actively have some big [patient experience] strategy or project in place." John (R9) was passionate about his marketing and communications team's involvement in patient experience, sharing "That's why it's so essential that [we are] part of that conversation, because without it [we've already lost.]" He sees his team's skill set as crucial because patients' first impression are "so essential" and describes his involvement in the conversation as "critical." Paula (R11) visualized how her team could contribute to improving patient experience efforts at Rural Health if the marketing communications team's skills were leveraged, stating they "should be more integrated into the clinical staff" and noting that "sometimes they forget unless they need a flyer that we should be at the table." She echoed healthcare marketing communications literature's call for

involvement, saying “I think there should be more chief marketing officers at facilities . . . that is what I would like to see, is to have a Chief Marketing officer or someone at the table that’s also helping to drive where we’re going and having a team behind them to make that happen.”

Lisa (R14) would like to see a better partnership between her department and clinicians at her Independent Hospital. She shared her view that she thinks it “needs to be an enterprise-wide type thing led by those two departments.” Jackie (R18), a strategist by title, provided “strategy briefs” to service line leaders and focused on producing marketing deliverables with purpose and intent.” She was changing the approach for Systemwide Health, centering her organization’s marketing plan on “patient journey experiences” and “how the patient journeys through their care” rather than a service line perspective (i.e. cardiology, oncology, orthopedics, etc.) with the same calls to action (make an appointment with your primary care provider). Jackie shared “our clinical staff won’t love it, but I think it'll be the right thing for consumers.” Marketing communications participants articulated their strategic role and were eager to advance it.

Patient Experience Team Members View of Marketing Communications (subtheme 1b) Despite Marketing Communications participants framing their involvement in patient experience as strategic and valuable, patient experience or clinical team members did not wholly describe understanding about the value of a strategic partnership with marketing communications peers or agree that they should be involved in this area. Five participants in patient experience roles specifically stated ideas that frame marketing communications teams as production support rather than strategic partners. Although relationships were described in positive, supportive terms, examples

of working together provided by those in patient experience roles focused on deliverables rather than strategic collaboration. Bob (R2) said that at Academic Health, his patient experience team "utilize(s) and partner(s)" with marketing communications to "get the word out about things that are going well, and things that aren't going well." He also noted "We're not that connected when it comes to the day-to-day trying to make improvements, exactly."

Julie (R4) saw the marketing communications department as a support role, noting "any way that they can support me to get out the word that patient experience here is going to be good, they do that, and it's really helpful." Kathy (R6) reported that she could not "think of anything that had a patient experience, a clear patient experience, focus" when asked about the projects on which she collaborated with State Health's marketing communications team and reiterated "I really haven't worked with them at all that I can think of for patient experience." Betty (R12) talked about marketing communications at Rural Health providing "social media support" and "marketing videos." Tiffany (R13) stated that when working with University Healthcare's marketing communications department, they "allow[ed her] as the leader to take the lead," and described the interactions as "'You tell me what you want' and 'You ask me the questions, and I'll give you the answers'."

Jackie (R18) reported that she was trying to change the view of her marketing communications team at Systemwide Health. She shared how a physician treated her in a recent interaction, sharing "he was very upset because we didn't want to do a poster." In her view, "as consumerism changes…, tactics have to change," and rather than just taking

orders, she worked to “set clear expectations” on how marketing communications and physicians could “do this together and in each be in our guardrails of our expertise.”

Lack of Access/Transparency (subtheme 1c) Some marketing communications professionals reported that they did not understand the practical nature of patient experience team members’ work. Sarah (R5) shared that it has been challenging to strategically partner with State Health’s patient experience leader, saying she is more involved in “one-to-one interactions” and spends “a lot of time in our inpatient floors.” She talked about wanting to be involved in patient experience on a large scale, throughout the continuum of care, rather than just a focus on the hospital: “I don’t see her much interacting out in our community on bigger initiatives.” She described patient experience efforts as “bumpy” and challenging to get “off the ground.” Sarah also lamented that with “all of these initiatives, there’s just not consistency.”

At State Health, the participants in the patient experience and marketing communications roles had different perspectives on the importance of social media in addressing patient experience concerns. Sarah (R5) talked about the importance of paying attention to social media as part of the patient experience, stating “our team in particular very much monitors social media. We monitor our reputation comments whether it’s on Google, or other key directories and platforms.” She said that patients use the medium to contact their system proactively, and “share stories…about their experience.” However, the patient experience informal leader, Kathy (R6), at State Health was not aware of the importance of social media to patient experience from a marketing communications perspective: “I don’t think we’re really looking very much at our Facebook ratings or our Google ratings. At least not in my world.”

Three marketing communications participants reported that they do not have access to patient experience metrics or understand the clinical process to develop them or the related goals. Sarah (R5) was not sure what measurement system her healthcare organization used to measure patient satisfaction, stating "I believe we are using Press Ganey…it's changed back and forth a little bit over the years." When asked about Quality Hospital's tool for measuring patient experience, John (R9) said that it was "a little Greek to me unfortunately. I'm not quite sure how [we calculate patient experience] exactly." His company uses a proprietary system that "basically boils it down to one number for our customer experience numbers and our customer satisfaction," but he did not know what formula they used, stating "I'll have to look it up." Jackie (R18) noted that she would like to have more insight and information about Systemwide Health's metrics, saying that they "could be shared more broadly and impacted across some strategies." She said that the data was not "relatively available" and that she had to "go seek them out a little bit." In reflecting on that fact, Jackie observed with irony, "I don't have line of sight to them actually and I'm the marketing strategist."

Physician Perspective of Marketing Communications (subtheme 1d) Three marketing communications participants observed that physicians ("providers", short for primary care providers, another term for physician) in particular presented challenges for them as they attempted to increase their value in the patient experience process. Sue (R1) stated "even if I have a Chief Experience Officer, if they're not an MD, it's very hard to affect change with doctors." Paula (R11) shared that doctors at Rural Health have stated "'I don't believe in marketing or in advertising'," to which she has responded "Well, how do you think the public know you're here?" Jackie (R18) said providers at her system

think “they are marketers as well.” Her approach is to try to coach them, framing the effort as “you’re the subject matter expert in the clinical space, and we’re the subject matter experts in the marketing space.” She shared that she works to ensure that doctors do not “dictat[e] the tactics, the timing and what we’re talking about,” because “they do have to meet those system goals,” and she is committed to working from a strategic, rather than a support, perspective.

Lack of Resources (subtheme 1e) There was consensus among both marketing communications and patient experience-focused team members that patient experience programs do not have enough budget or team members dedicated to them. Three participants focused on the fact that administrators consider it everyone’s job and so do not staff more full-time people in the role. Bob (R2) said that patient experience efforts would advance with more budget dedicated to them, stating “you get what you pay for.” He also noted that score-based “exterior facing programs” do “not mean much” to patients coming to Academic Health for care. Julie (R4) shared that “if I could get every employee to know that no matter what their job is, it’s all about the patient,” that her job as a patient experience coordinator would be easier,” and included all roles in that effort, “no matter if you’re the CEO or a physician, housekeeping, wherever you are…it’s all about the patient.” Dennis (R7) stated that he does not have enough marketing communications team members to do the necessary work, but in “patient experience I think is even worse” and compared Best HealthCare to other organizations, observing “across the country, the patient experience resource pool is very, very low.” His experience is that “the justification is [that] patient experience is everyone’s child,” but

believes the effort needs a leader, “someone that champions it, monitors it, [and] works to help people put improvement plans in place, it’s just absolutely critical.”

Kathy (R6) observed that the lack of resources throughout healthcare affects State Health’s efforts to improve patient experience, noting “how do you even try and move this needle with nurses who are so burned out that they’re one ask away from quitting?” Tiffany (R13) thought that having an officer-level patient experience leader was important, because they can help front-line clinical leaders discover ideas that will help their unit improve: “I found that when we have a patient experience officer, it was better because they could really dissect the data for you.” She shared, “I find that when you have leaders doing it independently, it just is not as clean, it’s harder to get through,” and noted that in her past roles, the patient experience officer helped her focus on best practices and outcomes, which she found to be “always helpful.”

Staff Experience and Engagement (subtheme 1f) Multiple considerations on how staff members’ personal experience influenced their ability to provide positive patient experience efforts were mentioned. Two participants mentioned increased violence at their organization. Kathy (R6) said the increase in violence against clinicians impacts how well State Health can deliver patient experience, and that even though there has always been violence against caregivers, “now it’s worse, and people are nasty about the masks.” Tiffany (R13) shared that she has “worked in areas where there was a lot of violence” and that “was another thing that impacted how we delivered care.” Her hospital would “frequently go on lockdown,” meaning caregivers could not leave the hospital and relief staff could not come in the hospital.” She has had to “separate gang members” and has witnessed “violence towards healthcare workers.” Tiffany said that those factors

influenced delivering great patient experience and said that the effort "suffers because [we're] under so much stress."

Frequent changes in the clinical team also impact the ability to provide a great patient experience. Betty (R12) said Rural Health's 40% turnover of staff in the past year and the related necessity of using travel nurses has negatively impacted their efforts, as "those folks are not always invested in [our] facility" which can "really change [our] scores." Trying to serve patients while being "short-staffed" was also mentioned by Tiffany (R13) who reported they teach University Healthcare team members to avoid that term. She shared "they're trying to explain to the patient why they were late," but saying that the hospital does not have enough staff to be responsive is "never a positive thing" and can impact how patients report their experience at her healthcare system.

Impact of Other Priorities (subtheme 1g) Sarah (R5) discussed how State Health's reality of multiple competing priorities had been a barrier. She said that her marketing team "used to very much proactively go through and harvest comments and feedback from our HCAHPS surveys . . . looking for themes or areas that we could promote." Sarah said that that effort had "not been a priority for the past several years" due to other organizational issues. Kathy (R6), also at Sarah's organization, noted that lack of organizational leadership support had negatively influenced her organization's patient satisfaction scores and ability to deliver quality patient experience. She talked about how the State Health CEO had been very involved in patient experience efforts in the past, but that recently, he had not been, stating "that's actually one of our problems . . . I don't know that I've seen [patient experience] as a focus for him."

The COVID-19 pandemic, which arose during this doctoral study, was noted by several participants as a unique barrier that has impacted delivering positive patient experiences. Bob (R2) said it was a "challenge" to ask Academic Health frontline staff to "do more or change what they're doing among COVID." Sarah's (R5) system had "focus groups in the past" and were "surveying them regularly on different topics." She reported, "that is something that has gotten completely put by the wayside through Covid." Kate (R8) talked about the importance of empathy training in teaching clinicians to deliver positive patient experiences, and since that "has to be in person…COVID has not allowed us to continue doing it." Betty (R12) summed up how impactful COVID-19 has been at Rural Health as they attempt to improve patient experience, stating, "It's been really hard the last two and a half years with COVID. You just think that you got it and then boom COVID hit . . . it's really hard to keep people motivated."

Role of Leadership (subtheme 1h) Strong organizational leadership support of specific patient experience programs, collaboration, and ensuring that all team members are involved is seen as essential by most participants in fostering collaboration among all roles on the organization's team and setting priorities. At Julie's (R4) division, the Regional Healthcare CEO is the patient experience champion for multiple hospitals in the system. She shared that he is "very involved with it," "helps make decisions," and "knows the importance of it," which helps Julie and her peers progress with the projects related to patient experience. Sarah's (R6) CEO sees patient experience as an effort to "change culture" and "approaches it from the inside." She described how he serves as a coach and educator, and "wants to teach everyone how to connect with patients on an emotional level." Sarah talked about the cascade of the CEO taking care of leaders, and

leaders taking care of their people, so that their "people can truly take care of patients" and "impact HCAHPS scores."

Dennis' (R7) leader at Best Healthcare was their Chief Nursing Officer before taking over as CEO. He said, "she has been very, very dedicated to patient experience." Dennis focused on care that patients receive in the hospital impacting patient experience as "there's traditionally been a real connection between inpatient care and patient experience." He saw it as helpful that Best Healthcare's CEO was a nurse first, because she "had a lot of experience with patient experience prior to her CEO position and brings that to her role as CEO," relating it to the "comfort" patients have while in the hospital. For Paula (R11), Rural Health's CEO has made patient satisfaction "a top priority," which she called a "blessing."

Value of Collaboration (subtheme 1i) In a general sense, participants from both disciplines see the value of collaborating with other healthcare roles to improve the experience of patients coming to their organizations for care. In three instances, examples were shared of clinicians in patient experience roles working with marketing communications team members on patient experience-focused, multi-disciplinary committees. The term "silos" is used in healthcare, and Kate (R8) talked about Best HealthCare's efforts to "reduce that silo." They hold "a monthly steering committee for the care experience for all the things," and shared that her system's executive team leads the session and includes all directors. All members "give a report out about what they're doing for patient experience and share a best practice that they think is helping them." Kate stated that the practice "has broken down a lot of silos because we're all required to pull the weight and we're all connecting and we're all hearing what's happening in

patient experience." She believes that "there has to be something like that at an organization," because "if there's not that cross contamination, that cross breeding of ideas, you're going to get the silo."

For Amy (R10), prioritizing a system-wide collaboration on patient experience efforts was important. Relatively new to her role, Amy said that "the person that was facilitating before was a great person, however, didn't really challenge us as much." She is making the effort to be more purposeful in her approach, and stated "for me personally, I just want to continue to challenge the people on the team and let them come up with ideas on what's in, what do people like when they get here, and some things that I've noticed that we've really done a great job on improving."

As a marketing strategist, Jackie (R18) shared a big picture vision: "The patient experience, in my mind, is more than just marketing communications, it's a true CRM of customer relationship management and it goes from the people on the floor to the valet people to the administrative staff." She believed that everyone on the team impacted efforts to improve and stated, "I think having a strategy to support that holistically will make people more successful in having a strong experience with patients."

Theme 2: Definitions of patient experience varied from organization to organization and a standard industry-wide definition did not yet exist.

When asked about their organization's definition of patient experience, a variety of terms were used. Most participant organizations (eight out of nine) had not written their own definition and had different opinions on its necessity. Bob (R2) said that a definition for Academic Health is "not something that is etched in my memory because it's not like it's posted everywhere or one of those things where it's a tagline." Dennis

(R7) mused "Actually, there may be a formal definition, but I don't have that at the tip of my thumb right now."

One organization, Quality Hospital, had been purposeful about writing their own organizational definition of patient experience, and the patient experience program leader could recite it. Amy (R10) shared that her hospital does not make the definition public, and that their focus is on "improving the patient's experience by utilizing an employee-driven team to develop initiatives and create sustainable organization change to improve how we care for our patients that choose [us]."

Everything Matters (subtheme 2a). In general, participants describe patient experience as including everything that happens in an organization that could impact a patient and consider it every team member's job. "Everything" (tied with "care") or a similar version of the phrase was the most frequently coded word participants used when defining patient experience for their organization.

Bob (R2) stated "For me it is every interaction we have with every patient that walks through our doors to ensure that it's a seamless process and a good experience for them." Julie (R4) used the word "everything" or "every" five times in her description of patient experience: "I would have to say that patient experience is just everything from the second that the patient walks in the door, even until afterwards when they get that follow up phone call. It's every interaction that they have here at the hospital, it's every single thing that has to do with this . . . . It's everything . . . . It's easier just to say from beginning to end everything that happens here." According to Sarah (R5), "patient experience is everything and anything that impacts the individual's choice to recommend us to others and to use us again in the future." At Best HealthCare, Dennis' (R7) system,

they recognized that “everything we do, say, and apply, all have an impact on our patients,” and they consider “every touch point that a patient has” to determine how to make that experience better. Kate (R8) observed that for Best HealthCare, “patient experience is everything. It’s everything that the patients encounter from start to finish, even outside of the health system.”

Care Comes Up Frequently (subtheme 2b) The word “care” or phrases around “care” also ranked number one (tied with “everything”) in code frequency when participants described their organization’s definition of patient experience (see Table 5). Bob (R2) stated, “regardless of location, issue, ability to pay, race, gender, every patient should get the same care, high quality, good experience,” and noted that that is “easier to say than to do.” Part of Kate’s (R8) work is coaching physicians, who she calls the “chief influencers of care” and understands how crucial they are to the patient’s experience at Best HealthCare, noting “if you have a poor physician or physician experience, likely you’re going to make everything else lower, too.” For Betty, (R12), patient experience is only about “delivering outstanding healthcare,” stating firmly “that’s just period.” Tiffany’s (R13) goal is “to make sure that we give good quality care” and that patient experience is about “deliver[ing] safe, quality care.” Emma (R16) also shared her goal, to make sure that “each of my patients [is] well taken care of.” Across the board, care was very important to all participants.

Patient Experience Brings Up Emotions (subtheme 2c) Descriptions around patients’ “perceptions and feelings” when being treated by caregivers at a healthcare organization were the third-most cited term. Sarah (R5) said that patient experience is “the feelings someone is left with after interacting with our organization.” Kate (R8)

spoke for her patients, observing in their words "Did you make me feel better? …did you treat me like a person?" Regarding her peers, Kate stated, "if I walked up to anybody right now and said, 'What's [our] definition of patient experience?' they wouldn't be able to repeat [it] . . . they'd probably just say, 'Patient experience is how we make people feel'." Julie (R4) focused on how Regional Healthcare patients "perceive things." According to Dennis (R7), patient experience "encompasses the perceptions and feelings patients have when they learn about an organization, when they start inquiring and start feeling the organization," and continues "once they become part of the care provided by the hospital," and through to "follow up care." Tiffany (R13) said that patient experience is about "making sure that patients' perception of what we're doing is aligned with what we're actually doing."

Mission, Vision, and Values as a Patient Experience Definition (subtheme 2d) Participants from five of nine organizations cited their mission, vision, and values as a substitute for a patient experience definition. When asked if State Health had a specific definition for patient experience, Sarah (R5) stated "the closest thing I could find right now is our new mission." Lisa (R14) saw patient experience reflected in Independent Hospital's "mission and values." Jane (R15) said that her healthcare system does not have a "formal definition, but it's our mission and vision." Josh (R17) observed, "we have a mission statement . . . for the health system and it includes patient experience." At Systemwide Health, Jackie (R18) said, they "really lean on our mission . . . . That's what we're defining as patient experience."

Beryl Institute Definition (subtheme 2e) Two participants quoted a third-party, the Beryl Institute, as the source of the definition that their organization uses for patient

experience. Julie (R4) meets with new team members monthly to discuss patient experience for her organization and tells them the Beryl Institute's definition of patient experience, which is "the sum of all interactions shaped by an organization's culture that influences patients' perceptions across the continuum of care." Kate's (R8) system partners with the Beryl Institute and has "adapted" their definition. Other participant organizations also use outside resources to help with patient experience efforts.

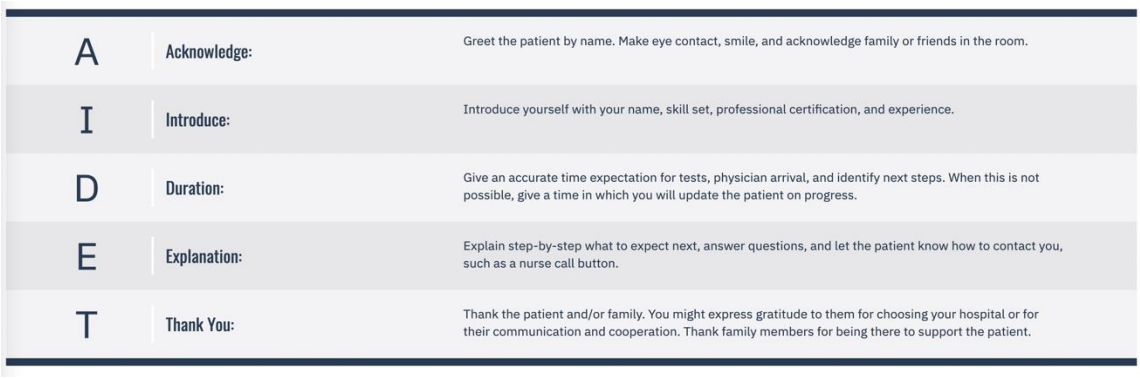
Theme 3: Healthcare organizations seek support from outside sources to help them create positive patient experiences.

Participant organizations use a variety of survey tools, educational resources, and third-party partners to help them work on improving patient experience. Most organizations still use Press Ganey as the survey tool to meet HCAHPS requirements and to measure patient experience. Participants from seven out of nine participant organizations mentioned Press Ganey by name as the vendor partner for their patient satisfaction or experience surveys. Two organizations formerly used Press Ganey and had recently moved to a proprietary system.

Industry Expert Educational Resources (subtheme 3a) Five examples were provided of participant organizations using communication or education tools from the Studer Group, an expert who the healthcare systems followed. Patricia (R3), Julie (R4), John (R9), Paula (R11), and Tiffany (R13) all mentioned the AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) communication behavior among other techniques (see figure 3).

Figure 3.

AIDET® Definition from the Studer Group (now Huron Healthcare).



A	Acknowledge:	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.
I	Introduce:	Introduce yourself with your name, skill set, professional certification, and experience.
D	Duration:	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.
E	Explanation:	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.
T	Thank You:	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.

John (R9) shared that Quality Hospital was also "scripting telephone etiquette" and used "HELP," which stands for "hello, explain, length, and then pass it on." His organization is purposeful about the multiple principles, stating that they are "taught, reiterated, and refreshed" constantly.

Third-Party Vendor Support (subtheme 3b) Three organizations contracted with third-party vendors who offered a program that the healthcare company followed with the goal of improving the employee experience, the patient experience and patient satisfaction scores. The names of the organizations have been anonymized to protect the identity of the participant organizations and the participants themselves. At Academic Health, Sue (R1) shared that their partner vendor reviews metrics for them and compares them to peer organizations across the country, pointing out for them "where [they] shine and where [they're] having problems." Amy (R10) reported that Quality Hospital has used a consultant for about five years, who developed a program to help them "find what areas they want to work on" and put different teams together to work on issues. Rural Health, Paula's (R11) healthcare system, rose from a 4-star to a 5-star hospital in the CMS customer satisfaction rating and said that they have "invested a lot of time and

money" into an organization with which they partner on a service excellence initiative. All participants who noted that they use a third-party to help with patient experience shared that it was helpful to have outside experts help coordinate and influence team members to improve.

Theme 4: Healthcare organizations utilize rewards, recognition, and education to keep a continuous focus on patient experience improvement.

Rewards and Recognition (subtheme 4a) Interviewees from all ten participant organizations noted that their hospital or healthcare system works to find ways to recognize caregivers for providing excellent patient experiences so that those examples influence others to do so when asked directly about its presence. Recognition sometimes includes a tangible reward. Several participants offered specific examples. Kate (R8) shared that Best HealthCare gives out awards monthly and includes physicians. She noted the importance of "individual recognition" for the younger team members, who want to "stand out." Betty (R12) noted that Rural Health encourages people to nominate their peers, and patients to nominate their caregivers, for awards. The stories of selected winners are shared with other departments and at their "huddles." Tiffany (R13) and Lisa (R14) stated that they used the Daisy Award, a program from an international foundation award that honors nurses, to recognize excellent patient experience. Winners at Lisa's hospital monthly recognition also receive "branded apparel" as a prize. Josh (R17) stated that Christian Health leaders meet each morning, and that "every day we start our meeting with recognition."

Ongoing Education (subtheme 4b) Patient experience education typically occurs at new team member orientation at the participant organizations. Kate (R8) facilitates

four-hour workshops as part of orientation at Best HealthCare. Amy (R10) shared that Quality Hospital's patient experience session focuses on "service recovery training" and "respect" as the main behaviors that improve patient experience.

Three organizations were committed to ongoing education. Kate (R8) visits "a lot of staff meetings" monthly to "talk about patient experience and get feedback." She noted that she wants to formalize the program going forward. John (R9) shared that Quality Hospital conducts refresher training for his entire hospital staff "every two years" to keep the lessons "top of mind at all times" for their team. As part of their service excellence program, team members at Paula's (R11) hospital teach workshops "once or twice" each year, and "each and every employee has to go through that training."

Three organizations shared that they hold events to keep reeducating staff members on patient experience principles. At Regional Healthcare, Julie (R4) and Patricia (R3) shared that they help plan an annual internal educational "trade show" which includes a booth on patient experience, scripting, and communication techniques. Patricia said that communication was a key focus, including telephone etiquette and "how to talk to family members who are calling to get an update" on their loved ones' status. Reminders on HIPAA and patient privacy were also part of Patricia's communication booth. Sarah's (R5) system has held similar events in the past. At Sarah's (R5) and John's (R9) hospitals, their CEO holds quarterly sessions to inform team members on company news, including patient experience stories and training. John said that in addition to "the latest updates," his CEO shares patient satisfaction scores, holding the sessions allows the "success stories" to become the "word on the street," which in his small community, impacts patients coming to Quality Hospital for care.

Summary

Through an analysis of the data, several themes arose in answer to the research questions. A gap in understanding between marketing communications professionals and patient experience team members regarding the former's value in the process remains. Definitions of patient experience focus generally on the same ideas, while no one definition has been adopted in the industry. Participant organizations rely on third-party support through surveys, educational resources, and specific approaches to develop staff engagement around improving patient experience. Rewards and recognition efforts are frequently used to keep the focus on patient experience success stories and influence other caregivers to make the effort to provide a great experience.

The primary research questions were investigated through this research and answers provided by participants provided additional insights. Organizational leadership is seen as important to fostering collaboration between different departments in the hospital or healthcare system. Working in the healthcare industry is challenging and multiple issues related to staff, time, money, and other resources create barriers to working together seamlessly on patient experience. The COVID-19 crisis presented a unique, widespread challenge that resulted in some efforts being deprioritized while all team members focused on serving critical patient needs. Most organizations still use Press Ganey and have not approached launching a new system to measure patient experience.

Chapter V presents recommendations related to the research questions and themes, along with ideas for future research and implications for those working on patient experience in the healthcare industry.

CHAPTER V: CONCLUSIONS

Introduction

The purpose of the current study was to gain an understanding of the nature of collaboration between healthcare marketing communications professionals and clinicians and how they work together on patient experience efforts for their organizations. The researcher was interested in the lived experience of persons serving in those roles and included team members at standalone hospitals, small healthcare systems, and large healthcare systems in the study. This chapter includes a summary of the findings, a discussion of the findings in comparison to the relevant literature and theories reviewed, implications of the research, delimitations and limitations of the study, and recommendations for future research.

Summary of Findings

The current study was undertaken to better understand the practical nature of how clinicians and marketing communications professionals collaborate on patient experience efforts. The literature review was vast due to the complexity of the topic and revealed a gap when considering patient experience from a marketing communications perspective. A qualitative study was conducted to understand the topic from the view of 18 real-world practitioners from 10 healthcare organizations in the Midwest in America.

The primary research question that guided this research was: How do healthcare marketing communications team members and clinical staff approach collaboration to create, improve, and sustain patient experience programs in a hospital setting?

The specific questions researched were:

1. How do marketing communications teams collaborate with clinicians on patient experience?
2. How do marketing communications team members and clinical staff describe the impact of barriers to collaboration on patient experience?
3. In addition to HCAHPS, what are the key metrics used to measure patient experience and what importance to healthcare systems place on them?

As investigated using the interview script based on the research questions to guide conversations, the participants' perspectives related to the primary research question were gathered. In addition, several themes were developed in response to the research questions and in relationship to the research conducted regarding the approach to collaboration by clinicians and marketing communications professionals on patient experience efforts.

Regarding research question 1, which explored how marketing communications teams collaborate with clinicians on patient experience, the overall impression based on participants' insights was that marketing communications professionals were enthusiastic about partnering, but clinicians still saw marketing communications professionals as support staff rather than strategic partners (theme 1). An opportunity for better understanding exists, addressing which will help clinicians and marketing communications professionals see each discipline's value to patient experience work,

foster collaboration, and to ensure a sharing of information to inform their efforts. Six marketing communications participants seemed to strive for a higher-level involvement in patient experience (subtheme 1a), as John (R9) noted, it is "essential" for marketing communications team members to be part of the conversation. Patient experience professionals saw marketing communications roles as support, or did not work directly with them at all, as Kathy (R6) reported (subtheme 1b). It was challenging for some marketing communications staff members to acquire needed information, such as Jackie (R18), who does not have "line of sight" on her healthcare system's patient experience data (subtheme 1c). Physicians were not always aligned with the value of marketing communications involvement in patient matters (subtheme 1d).

The role of leadership in fostering collaboration was reported as important (subtheme 1h). Dennis (R7) shared that his current CEO, a former Chief Nurse, was "very, very dedicated" to improving patient experience. Regional Healthcare's CEO was the patient experience leader at multiple hospitals. Rural Health's CEO had made patient experience a "top priority." Conversely, at State Health, the participants noted that the lack of CEO support recently has been challenging to improving patient experience. In describing the barriers to collaboration on patient experience between marketing communications team members and clinical staff, participants cited lack of resources (people, time, and budget), lack of organizational prioritization, and general communications issues. Although it could be challenging to collaborate, all participants theoretically understood the value that would bring to their hospitals (subtheme 1i).

Using outside educational materials or vendor partners to help with patient experience efforts was common and seemed to help foster collaboration (Theme 2). Five

participant organizations mentioned the Studer Group and the AIDET communication behavior (subtheme 2a). Several healthcare organizations mitigated a lack of team members dedicated to patient experience by seeking support from outside partners to help them work on creating a consistent approach to delivering patient experience by all team members (subtheme 2b). Three different third-party consultants were cited, with three hospitals of various sizes–Academic Health, Quality Hospital, and Rural Health–utilizing those resources.

Using resources outside of their own organizations to improve patient experience impacted the way in which marketing communications professionals and clinicians collaborated (Theme 3). Five organizations used teachings from the Studer Group and the AIDET communication model (subtheme 3a). Three organizations contracted with vendors who developed patient experience programs for them (subtheme 3b), and all seemed pleased with the results.

Three types of efforts were common to the healthcare systems working to improve patient experience. Recognizing team members for their positive patient experience delivery, rewarding them for that behavior, and continuous education on the importance of patient experience were techniques used by the majority of participant organizations and the two roles were part of collaborative efforts to deliver them (Theme 4). Kate (R8), Betty (R12), Tiffany (R13), Lisa (R14), and Josh (R17) all provided specific examples of award programs or recognition efforts (subtheme 4a). Best HealthCare, Quality Hospital, Rural Health, Regional HealthCare, Independent Hospital, and State Health all held events to educate team members about patient experience and related communication and service techniques (subtheme 4b). Collaboration between

marketing communications professionals and clinicians was cited when participants discussed events.

Research question 2 concerned the discovery of reported barriers to collaboration between marketing communications and clinician professionals in working together purposefully on developing patient experience programs. A lack of resources such as time and number of staff impacted the ability for the separate toles to work together, or as Tiffany (R13) shared, it was "better" for her when a patient experience officer was available to help her clinical team focus on improvements (subtheme 1e). Staff engagement was noted as a key necessity to provide a positive patient experience (subtheme 1f). Violence against caregivers, turnover of staff, the impact of travel nurses, competing priorities, and COVID-19 were all mentioned as specific barriers. In addition, the nature of the healthcare industry itself presented many competing priorities that took precedence over spending more time purposefully collaborating when immediate patient care is the primary goal (subtheme 1g). Dealing with the COVID-19 pandemic was the main focus at the time of this study.

The lack of a standard, industry-wide, accepted definition of patient experience that all participant healthcare organizations aligned could also be considered a barrier to collaboration. Definitions of patient experience varied from person to person and organization to organization, and a best practice definition had not yet been adopted by participants (Theme 2). In describing patient experience in their own words, terms such as "everything," "everyone," and "care" frequently arose (subthemes 2a and 2b). Emotions and perceptions were also mentioned when describing the importance of a good experience from a patient perspective (subtheme 2c). Only one organization, Quality

Health, had written their own definition of patient experience. Five others–State Health, Independent Hospital, Systemwide Health, and Christian Health–relied on their healthcare system's mission and vision as a substitute (subtheme 2d). Two other participant organizations–Regional Healthcare and Best HealthCare–used the Beryl Institute definition of patient experience (subtheme 2e).

The focus of research question 3 was to seek an understanding of what patient experience measurement programs the participant organizations used in addition to HCAHPS, (R3). It was discovered that most still use Press Ganey (eight out of ten) to facilitate their HCAHPS surveys rather than having created another more responsive solution.

Discussion

The findings of the research were compared to the literature reviewed to inform the current study. A comparison to the theoretical frameworks used was also employed. In relationship to the topics of healthcare marketing communications, the patient as consumer or customer, digital influence, patient experience, patient experience measurement, and the intersection of healthcare marketing communications and patient experience, themes arose that highlighted the reality of the healthcare marketing communications and patient experience professionals working on the effort. What follows is a comparison of the results of this study to the relevant literature and previous studies reviewed.

Theoretical Frameworks

In comparing the theoretical frameworks considered for this study, several aligned elements were found. Herzberg's Two-Factor Theory outlines how hygiene and

motivation factors–aspects of performing the job and how the job is satisfying, respectively (Alshmemri et al., 2017)–relate to how nurses prioritize their duties when serving patients. Nurses and other clinicians focused on taking care of their patients in an inpatient setting, can be wholly centered on that often-emergent obligation, and a reason for them seeing departments such as marketing communications as *support* rather than strategic partners (subtheme 1b). Due to a lack of resources such as adequate levels of staff or time (subtheme 1f), front-line clinicians seem to prioritize caring for patients above all else, and rightly so. The challenge would be to help them see that the hygiene factors of their jobs could be improved through collaboration by creating a multi-disciplinary team to help with the patient experience effort, rather than it being the sole responsibility of front-line clinicians, as found at Quality Hospital and Best HealthCare.

The Patient-Centered Care Framework (Santana et al., 2018), which considered the structure, processes, and outcomes of delivering patient care, was based on interactions between clinical staff members and patients. Peplau's (1992) theoretical framework of interpersonal relationships also focused solely on nurses and patients. Because these early theories in patient experience scholarship did not include non-clinical roles such as marketing, clinicians' inclination to include them has not been standard practice and could be related to how patient experience professionals do not always see the value of the marketing communications role (subtheme 1b and subtheme 1c) in improving patient experience.

Marketing theoretical frameworks have been adapted from the seminal work identifying the Four Ps–product, price, promotion, and place–in the 1960s by Jerome McCarthy (Rafiq & Ahmed, 1995). According to this framework, a key factor in

marketing any service is promoting the benefits and communicating how to acquire it (Rafiq & Ahmed), which supports the rationale to include healthcare marketing communications professionals in the process of developing a positive patient experience. Marketing communications professionals interviewed reiterated this idea and provided examples of how they are attempting to instill their approach in designing patient experience efforts (theme 1a and theme 4b).

The Kano Model of customer satisfaction, created in 1984, considers a customer's basic needs, performance needs, and intrinsic needs (Rotar & Kozar, 2017). Intrinsic needs are those that are met through being delighted by their purchase or experience (Rotar & Kozar). Delighting customers is difficult in healthcare, as patients are often experiencing negative emotions such as sadness, fear, and anger over being hospitalized (Danaher & Gallan, 2017). Barriers described by participants in this study such as having a lack of resources (subtheme 1e), violence against caregivers (subtheme 1f), or COVID-19 (subtheme 1g) were reported as contributing to the challenge of front-line staff remaining engaged in providing a positive experience for patients at their facilities.

Finally, the conceptual framework of loyalty to a healthcare system by Astuti and Nagase (2016) showed that the marketing relationship influenced customer choice, and that if the quality of the relationship declined, patients would be more likely to switch to another provider or healthcare system. This can be considered as one-to-one marketing and is an area for which providers can be coached, as described by Sue (R1) as an important part of delivering patient experience for her system, and Kate (R8), who works directly with physicians to help them improve their approach with patients.

Healthcare Marketing Communications Literature

The aspect of slow adoption of marketing practices by the healthcare industry in comparison to others (Elrod & Fortenberry, 2018d; Latham, 2004; O'Connor, 2018), and the early opposition to marketing and advertising by physicians (Latham; Walsh-Childers & Braddock, 2018; Willcocks, 2008) were reflected in some marketing communications participants' description of their efforts to collaborate with clinicians on patient experience. Sarah (R5) reported that her system was not working on anything related to patient experience. Dennis (R7) shared the opposition by physicians in the past to using data in marketing to improve patients' perception; although in recent years, they are "much more open to it." Paula (R11) and Jackie (R18) both shared challenges of working with physicians specifically.

The ongoing trend of mergers and acquisitions in healthcare was reflected in the participant organizations. With mergers and acquisitions heightening since the Affordable Care Act was passed (Ellison, 2019; Schmitt, 2017), competition escalated, and marketing gained importance. Two participant organizations were going through mergers at the time of this study (names anonymized to protect confidentiality). With more choices, patients began to seek information from sources other than providers in making healthcare decisions (Willcocks, 2008). This situation aligns to the role of marketing communications professionals, whose job it is to provide information to the public so that they can make informed decisions. According to Ali and Ndubisi's research (2011), when marketers can make the customer feel valued and connected, the patient feels better about their choice. Kate (R8) reflected this idea when she shared that she had "one of the greatest jobs in the world" because she "get(s) to tell positive experiences through patient

story interviews" which are appreciated by her healthcare system's patients as they tell about real people who underwent healthcare services at her organization.

El-Haddad et al. (2020) related expectancy theory to healthcare marketing, positing that satisfaction with the service is how it meets customer expectations. This idea aligned to several participants' view of patient experience delivery. Dennis (R7) said that patient experience is influenced by "the perceptions and feelings patients have" when they hear about his healthcare system. John said that patient experience starts with "the very first interaction with the organization in any way" and said that it was "essential" to people choosing his hospital. Tiffany (R13) shared that although her perspective is that her team is providing good, quality care, sometimes "the patient doesn't necessarily perceive it as such." These participants supported the idea that setting expectations through marketing communications helped patients feel good about their choice.

Digital Influence Literature

Participants in this study shared examples of ideas discovered in the literature regarding how digital advancements have affected healthcare delivery, such as the use of social media and data to analyze patient *buying* habits (Ukoha, 2020). Patricia (R3), Sarah (R5), Dennis (R7), John (R9), Paula (R11), and Lisa (R14) all discussed the importance of monitoring social media channels for feedback on patient experience or using it for communications about how their organization approached the effort. Jackie (R18) seemed to have an advanced understanding and practice of utilizing data to inform marketing strategy and execution. She shared that she was able to track patients from the website through to booking an online appointment, attributing "31% of [their] business" to marketing efforts. Although identified as important in the literature by Agarwal et al.

(2020), the idea of digital advances to help provide care in the home as a next phase was only discussed by Sue (R1), who leads a team of 100 at a large academic medical system, and seemed to have a more progressive view of enhancing digital avenues for patients to compete with national players such as Amazon, CVS, Walgreens, or Wal-Mart. Sarah (R5) was the only participant to mention voice recognition through Alexa, Google Assistant, or Siri as an area they "definitely need to improve." This type of "machine learning" was cited by Agarwal et al. as the next "area of interest" for healthcare systems but seems slow to be adopted.

Patient as Consumer/Customer Literature

The literature considered for this study that discusses patients as consumers reflected the lived experience of the marketing communications participants. As Kennedy (2018) noted, patient satisfaction data helps patients make a choice, and all participant organizations shared that they track the related metrics. The marketing communications professionals understood their role to be bringing patients to the healthcare system; however, none identified looking at other industries such as hotels, travel, and retail for ideas to improve their organization's efforts as some authors recommended (DuBose, 2018; Leventhal, 2019; Suess & Mody, 2018).

Patient Experience Literature

An earlier synthesis of patient experience literature from 2000-2014 by Wolf et al. (2014) concluded that all touch points during an experience with a healthcare system influenced patient experience. This outcome aligns with the findings of this study, where the words "everything" and "everyone" came up frequently when participants were asked to define patient experience in their own words and for their hospital or healthcare system

(subtheme 2a). The Beryl Institute came up in the literature (Purcarea, 2016) as a leader in patient experience theory, and whose AIDET communication behavioral model was also mentioned by five participants from four organizations (subtheme 3a).

Brantley & Niekamp (2014) discussed how collaboration between clinicians and others influenced the ability to address customer service issues and improve patient satisfaction scores. Participants in this study saw value in collaboration, even though they reported various levels of success in achieving it (theme 1f). Connecting the idea of providing a positive patient experience to the caregivers' need for purpose (Bennorth & Poore, 2019) was echoed by Betty (R12), who noted that having to use travel nurses who were "not like family" compared to long-time employees was challenging to the ability to continue to provide a great experience.

Patient Experience Measurement Literature

Press Ganey, a firm that provides healthcare consulting services and that was a pioneer in the field of measuring healthcare experience (Bennorth & Poore, 2019), was named by participants from seven of the 10 organizations as their patient satisfaction survey vendor, including HCAHPS required questions. Although a review of the literature seems to encourage healthcare systems to create and use more responsive and insightful methods of gaining patient satisfaction feedback (Berry, 2019; Boissy, 2016; Carter et al., 2016; Lee et al., 2018; Mazurenko, 2015; Needham, 2012), most participants still relied on Press Ganey.

The complex nature of the data, timeliness of reporting, and lack of people available to interpret the data were posited as challenges in leveraging the resources by Sheard et al. (2019). In Tiffany's (R13) experience, having a patient experience

professional on staff was “better” because they could “really dissect the data” for her. Kathy (R6) shared that her role is more focused on data interpretation that what she was hired for, as “they don’t really have anybody who’s taking a good look at that data.” As Carter et al. (2016) stated, most clinical staff members find comments more helpful than the numbers. Sarah (R5) reported that her marketing communications team had “harvested comments and feedback” in the past, but that with recent competing priorities, the effort had waned.

The Intersection of Healthcare Marketing and Patient Experience Literature

The marketing communications participants in this study echoed the literature in positing that they should be much more involved in designing and delivering patient experience for healthcare systems due to their special set of skills (Agarwal et al., 2020; Ali & Anwar, 2021; Berry, 2019; Cheon & Lee, 2020; Huppertz et al., 2017). Six out of nine specifically described their role as strategic (theme 1a). As Leventhal (2019) urged, participants supported the idea that marketing team leaders must be at the decision-making table, an idea also shared by Paula (R11), who asked “do I have a seat at the CEO table? . . . no, I do not” and said she would like that to happen. Quality Hospital, where John (R9) works, seemed to be the most advanced in this area. Their CEO was a staunch proponent of enhancing their patients’ experience. In addition, John enjoys a collaborative relationship with Amy (R10), the patient experience leader, and was very involved in educating his hospital on patient experience best practices.

Implications

This section addresses the theoretical, empirical, and practical implications of this research study. The current study examined how clinical staff and marketing

communications professionals collaborate on patient experience efforts for healthcare organizations and what impact collaboration might have on the practice. The researcher sought to provide insights that could help improve the hospital or healthcare experience for patients. The researcher also intended to address a gap in the academic literature that widely covered patient experience from the clinical perspective but was limited from a marketing communications perspective. As healthcare organizations are responsible for using resources in the most efficient way possible, having research to consider when making decisions will help leaders as they plan how the marketing communications function works with clinical teams in providing a positive patient experience. A great experience can be a differentiator for healthcare organizations who seek to remain competitive, stay in business, and continue to serve their community.

Theoretical Implications

As the literature review did not produce a theory related to marketing communications and clinicians' collaboration in delivering patient experience, other theories were considered that were related to the topic. As the practice continues to evolve, the development of an overarching theoretical framework to guide those working on patient experience would be helpful as no current theories fit the topic perfectly. Creating a new framework was outside the scope and not the intent of this research. As patient experience is a vast topic and the approach varies widely from organization to organization, that effort would be a complex undertaking.

Empirical Implications

Bringing the results of this study to the attention of people working on patient experience could encourage more purposeful collaboration going forward. At

organizations such as Quality Hospital or Best HealthCare, whose participants report successful collaboration, the focus on patient experience seemed to be going well. Marketing communications professionals were observed as being eager to help and passionate in their commitment to improving experience for their organizations. Clinicians were cordial in their description of working with their counterparts in marketing communications roles. It seems that continuing to work to prove their value will help marketing communications team members receive an invitation to the join the effort and collaborate more purposefully with those in clinical roles. Spending time building relationships with clinicians, shadowing them as appropriate in the care setting, and volunteering to partner in patient experience programs or on a multi-disciplinary team are ways in which marketing communications professionals could promote themselves as strategic allies in the effort.

Practical Implications

Encouraging collaboration between clinicians and marketing communications professionals may help improve patient experience and the resulting satisfaction with a healthcare organization. Enhancing patient experience and the related measurements could encourage patients to utilize a particular organization. Highlighting the way in which marketing communications professionals are seen by clinicians may help educate the latter on the value of the former, and result in a more purposeful collaboration and successful way of working together. Establishing a multi-disciplinary team that includes marketing communications team members as well as clinicians, administrators, and front-line staff could allow all to be involved and gain further understanding into how different roles add to the positive impact on patients, as Quality Hospital and Best HealthCare

have done. The role of the senior leader at the facility is crucial to all these opportunities. As reported by participants at Academic Health, Christian Health, Regional HealthCare, and Rural Health, executive support is a key element in their success, and conversely, a lack of executive support was noted as problematic by both participants from State Health. Chief Executive Officers at hospitals or health systems should help their clinical staff understand the value of a marketing communications perspective to enhance patient experience efforts at their organizations. Financial incentives related to better than average patient satisfaction metrics may help, as both Quality Hospital and Best HealthCare participants shared that their annual bonus structure included an element of patient experience goals.

A continuous focus on education also appeared to be valuable to improving patient experience. New employee orientation, educational trade fairs, town-hall meetings with the organization's leader, and rounding were all examples shared as ways in which healthcare systems were keeping the focus on providing positive patient experience. Participants reported that sharing patients' stories as testimonials was effective. Mass communications also allowed marketing communications team members to communicate best practices for the organization and encourage staff members to adopt them. Continuing this cycle of education and communication would be important for consistently sustaining focus. As reflected in the research question regarding barriers, it does not seem like a lack of understanding of what works to improve patient experience, it is related to issues such as lack of adequate staff, budget, time, and prioritization (R2).

For organizations with limited team members, engaging a third-party consultant appeared helpful. Outside experts brought authority to the message when improvements

were needed and helped organizations stay on track when staff turnover affected consistency.

Delimitations and Limitations

There were several delimitations to this research study. According to Roberts and Hyatt (2019), delimitations describe the boundaries and scope of the study, including what was under the researcher's control, what is included, and what was left out. A case study approach was chosen over other options because it best fit what the researcher was interested in studying. The interviews were conducted during a narrow time frame, from April 2022 through August 2022. This was necessary due to the scope of the doctoral program under which the research took place. The participants were marketing communications professionals and clinicians working for organizations based in the Midwest in America. It would have been challenging to recruit participants from a wider geography within the timeframe necessary. The research was based on those working with inpatients, or persons staying in a hospital for care. Expanding the research to outpatient services and medical practices would have enlarged the research base to a size that would have been unmanageable for this type of study. Convenience and snowball sampling were utilized because leveraging relationships was the most effective way to gather participants. It took effort to enlist participants for the study. Several people turned down the opportunity because they reported being too busy to take the time or were concerned about confidentiality and being identified as participants by their organizational leadership.

Several limitations were encountered during this research study. Limitations are "particular features of your study that you know may affect the results or your ability to

generalize the findings" (Roberts & Hyatt, 2019, p. 154). First, patient experience is a vast topic with many aspects that could be researched. It is also a practice that is unending. Taking on such a large topic with many related subtopics may have affected the ability to draw general conclusions that would be applicable to all working in the field. Second, only marketing communications professionals and those identified as being a leader in patient experience for their organization or having a title that included the term *patient experience* were interviewed. Considering the topic of patient experience from other perspectives, such as organizational leaders and those employed by housekeeping, nutrition services, medical practices, or outpatient services, rather than solely inpatient-focused clinicians, might have added to the research.

Next, due to the focus on marketing communications professionals and clinicians working for organizations based in the Midwest in the United States of America, results may not represent the general population in the United States or the world. Cultural and social norms may differ depending on location, which could have an influence on the participants' views. The study could have been enhanced by interviewing additional subjects in other geographic areas. In addition, although the participants were well-suited for the inquiry given their roles and the topic, the information gleaned was from their individual perspectives, and not all interviewees may be considered experts based on limited responsibilities, length of time in their roles, or lack of strategic insight.

Finally, repeated requests for documents and examples were made through several avenues, including verbal, email, and telephone call reminders. Only four participants provided documents for review. Some examples were gathered through site visits; however, pieces were branded with the organization's information, so to protect

confidentiality, were described in a general sense rather than being included as samples (except for one illustrative comparison that can be found in Appendix C). The study might have been more insightful if all participants would have provided all documents they thought important to patient experience work at their organization for comparison to the information reported and to other peer healthcare hospitals or healthcare systems.

Recommendations for Future Research

The current study began with the simple goal of achieving a better understanding of how clinicians view the relationship with marketing communications in creating a successful experience for inpatients to discover best practices to share with others interested in advancing the practice. Although learning was acquired, questions remain that would benefit the discipline if further inquiry was pursued by future researchers interested in the topic. The researcher only accomplished a first step in obtaining a clear picture of the current nature of the relationship between clinicians and non-clinicians.

Additional interviews with a wider group of nurses, including front line clinicians, would provide for an enhanced qualitative study. Including the perspective of administrative leaders of each organization through additional interviews might produce a more complete picture of the situation regarding organizational goals for patient experience improvement. Additional documents may exist that could be thoroughly analyzed and coded to add to the research and conclusions, and a provision for blinding the materials should be included as documents provided by organizations in this study included identifying information. A granular review through an individual case study approach of the efforts made when an organization was able to reach stellar patient satisfaction results and reported valuable collaboration, with each role well understanding

the other, would provide further knowledge to leverage for others who are interested in achieving the same goals.

Developing a theory of healthcare marketing communications for other researchers to utilize would be helpful for those practicing the discipline. A thorough examination of the available literature did not produce such a model. Advancing the academic approach to healthcare marketing communications would help educate future professionals and inform research. Conducting a quantitative study on a larger scale to gather more information regarding patient satisfaction metrics and how they relate to patient experience at healthcare organizations could help inform future studies.

Creating best practices for healthcare systems to use in developing patient experience programs throughout the world would be beneficial. These could be based on organizational size, committed FTEs, budget, and reporting relationships, and include a component of how to best collaborate with the marketing communications team for maximum effectiveness. Studying organizations who have a multi-disciplinary committee to address patient experience versus those who approach the effort from an individual expert perspective would shed additional light on which approach could be more successful. Developing an industry-wide standard for a patient experience definition so that all systems can align to it and provide a common experience for patients who seek care from more than one organization would help advance the practice.

Summary

The current study considered how nine clinical team members and nine marketing communications professionals defined, approached, and practiced patient experience at 10 healthcare organizations in the Midwest in the United States. The nature of

collaboration between the two roles, barriers to collaboration, and metrics used to measure patient experience satisfaction were specific ideas explored through the research questions, and several ideas arose. The role of an organization's leader in fostering collaboration between clinicians and marketing communications professionals working on patient experience was noted as important. Barriers such as staff daily experience, their engagement with their work, and the impact of other priorities, including COVID-19, were reported. All participant organizations distributed HCAHPS surveys as it is a requirement for federal government support, and seven out of 10 used Press Ganey to facilitate that function.

Aligned to the overall research questions, several themes were identified as inherent to the study. First, a lack of understanding remains between clinicians and marketing communications professionals regarding each other's work (and for clinicians, marketing communications' related value) in delivering patient experience (theme 1). Subthemes included marketing communications professionals' view of their own role in influencing patient experience, patient experience team members' view of marketing communications professionals, lack of access into or transparency around each other's work, the physician perspective of marketing communications, and lack of resources. The final subtheme concerned the value of collaboration; both roles expressed understanding of its value, even if they reported a need to improve in that area.

Next, a standard, consistently adopted definition of patient experience was not reported among the participant organization (theme 2). However, several common ideas arose in the subthemes. For interviewees, everything mattered when defining patient experience; the word *care* came up frequently; several organizations used their hospital

or healthcare system's mission, vision, and values as a patient experience definition; and the Beryl Institute definition arose as the accepted definition for some.

In addition, this research found that healthcare organizations sought support from consultants or outside vendors to help them align their teams around delivering positive patient experiences (theme 3). The Studer Group was an industry expert used by a few participant organizations for their educational resources, and three other groups were mentioned by participants (anonymized to protect the privacy of all involved).

Finally, rewards, recognition, and continuous education helped participant organizations keep a heightened focus on patient experience improvement (theme 4). Examples of home-grown efforts and national awards such as the Daisy Award for nursing were cited. Including prizes such as food items or branded merchandise were reported as effective by those interviewed.

Two important takeaways came clearly through this research. Marketing communications professionals still have work to do to be considered equals, if not leaders, in the patient experience realm in healthcare. Educating clinical roles on the strategic nature of marketing communications and the value aligning to a customer-focused approach may help change the perception that marketing communications team members are just support. In addition, healthcare system administrative leaders are crucial to marketing communications professionals being successful in this area. Only a healthcare system or hospital CEO can give the heads of marketing communications a seat at the leadership table and conveying their intentions in using marketing communications leaders for patient experience improvement and the overall good of their organization would advance the view of the role by other clinicians.

The current study helped bring to light the reality of professionals working in healthcare marketing communications and how they are seen by, and collaborate with, their clinical peers to improve the experience of patients who visit their organizations for care. Lack of studies on this specific topic means that the effort brought some value to the profession. The marketing communications professionals who participated in this study especially appreciated the focus on this topic and expressed that the anticipated findings would help them in their pursuit of advancing their practice. The conversations with participants generated ideas that they said they will continue to consider in helping their own organizations, patients, and communities enjoy a better experience when they undergo healthcare treatment. It was enlightening to learn that the situation was common among marketing communications professionals and to bring to light ideas for helping improve the future of the patient experience practice for those in all types of roles who have dedicated their careers to helping improve lives through better health, and better healthcare.

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Appendix A

Interview Protocol and Questions

Interview Protocol: Patient Experience Collaboration between Clinicians and Marketing Communications

Purpose statement:
The purpose of this case study will be to understand the nature of collaboration between clinical staff and marketing communications team members in creating patient experience programs. At this stage in the research, the nature of collaboration will be generally defined as how the two teams work together through developing and executing interdisciplinary programs to approach patient experience from the moment of consideration, through utilization, until the close of the experience.

Research question:
How do healthcare marketing communications team members and clinical staff approach collaboration to create, improve, and sustain patient experience programs in a hospital setting?

Time of interview:
Date:
Place: Virtual/on site
Interviewer: Megan Yore
Interviewee:
Position of Interviewee:

[Welcome]

Thank you for agreeing to be interviewed for my study. I look forward to learning more about your role in patient experience. This interview should take about 60 minutes. I will keep your answers confidential, on file for one year, and use a pseudonym for your name to protect your privacy. I would like to record our interview; do I have your consent?

[Starting Recording]

Could you please repeat that I have your consent to record? Thank you.

[Briefly describe the project/Use roles aligned with interview subject]

I would like to share the focus of my project with you. I would like to understand how clinical staff members/marketing communications team members view collaboration with marketing communications team members/clinical staff members in creating patient experience programs. I am seeking understanding on how the two teams work together to develop and execute patient experience programs for a healthcare organization. These could extend from the moment of consideration, through care and treatment, to post care and payment.

Questions:

1. Please describe "patient experience" in your own words.
2. What is your organization's definition of patient experience?
3. Tell me about your role. What is your involvement in patient experience for your organization?
4. How does your CEO/organizational leader approach patient experience?
5. How do you (what programs have you developed to) teach new and current team members about patient experience?
6. What metrics does your organization use to measure patient experience? Describe to me how they affect your work.
7. How does your organization report patient experience outcomes?
8. What are some customer service techniques that you have highlighted?
9. Has your organization developed a change management program around patient experience? Please describe it to me.
10. How have rewards and recognition programs affected team members' adoption of patient experience best practices?
11. Describe the patient experience efforts or programs on which you have worked with [marketing communications team members] OR [clinicians]. What has gone well? What were the barriers?
12. Talk to me about the impact, if any, that you have seen from collaboration with [marketing communications team members] OR [clinicians on patient experience programs?
13. When you think about patient experience, is there anything else that you would like to share with me?

[Close]

Thank you for participating in this interview, which will inform my study of patient experience and how it intersects with the marketing communications discipline. I will keep your responses confidential and use a pseudonym for your name in my research. May I follow up with you if I have further questions? I will also share the final work with you. Thank you again.

Appendix B

Interview Questions Literature Support

The interview questions including a discussion of each question and its basis in the literature follow.

1. *Please describe patient experience in your own words.*

   Since there are many varying definitions of patient experience and no one definition is accepted as the standard, it was important to gain an understanding of how the interviewee thought about the effort (Wolf et al., 2014).

2. *What is your organization's definition of patient experience?*

   Organizations may have modified their perspective on providing patient experience, since there are so many aspects to it, and they may not have had the bandwidth to address them all. In addition, organizations may apply their individual organizational values to the effort, which could have altered the definition from healthcare system to healthcare system.

3. *Tell me about your role. What is your involvement in patient experience for your organization?*

   Based on the literature, there were many different types of professionals working on patient experience, and many types of organizational structures. Gaining an understanding of the interviewee's place in the system was important to an analysis of the themes (Ali & Anwar, 2021; Berry, 2019; Leventhal, 2019; Sheard et al., 2019).

4. *How does your CEO/organizational leader approach patient experience?*

It has been shown that organizations with a strong leader focused on patient experience could be more successful at delivering positive patient experiences. Determining if the healthcare professionals charged with providing patient experience were supported by their administration was a key aspect of the research (Leventhal, 2019).

5. *How do you (what programs have you developed to) teach new and current team members about patient experience?*

Onboarding new team members well during orientation can emphasize the importance of the effort. Specific training programs have been shown to lead to positive results (Brantley & Niekamp, 2014).

6. *What metrics does your organization use to measure patient experience? Describe to me how they affect your work.*

Almost all healthcare organizations use HCAHPS due to its tie to federal reimbursement for services provided. However, some have not considered HCAHPS to be the most useful metric for teams attempting to create change (Carter et al., 2016; Gusmano et al., 2019; Hamilton et al., 2014; Sheard et al., 2019).

Assessing the other metrics used by organizations in this study, and how they impacted what the organizations focused on, added to the analysis. This was a crucial aspect to the study and parallels research question 3.

7. *How does your organization report patient experience outcomes?*

Healthcare organizations report a variety of measurements to their board of directors, management teams, and team members in order to highlight what needs to be worked on. These may include quality metrics, financial metrics, staff engagement, patient volumes, and more. Assessing how organizations report patient experience outcomes back to their employees showed what importance they placed on the practice (Belasen et al., 2021).

8. *What are some customer service techniques that you have highlighted?*

Customer service standards carry the same expectations across industries. Healthcare organizations have looked to the banking, retail, restaurant, and hotel industries to try to learn how their approaches may translate to healthcare. Learning if organizations focused on customer service, or the patient as customer, was illustrative regarding at what point in the retailization of healthcare continuum the organization operated (Agarwal et al., 2020; Elrod & Fortenberry, 2018a).

9. *Has your organization developed a change management program around patient experience? Please describe it to me.*

Healthcare organizations have had to change their approach from being a service that people needed, and for which they may have had no other options, to a state where patients had more information on which to base their choices and their spending. Change management is a technique used by organizations to ensure alignment with a new program, culture, or perspective.

10. *How have rewards and recognition programs affected team members' adoption of patient experience best practices?*

Aligned with change management, some organizations will use incentives to encourage the desired behavioral change. Some organizations have had success with this practice, and an assessment of the practices used by the participants' organizations offered opportunities for other organizations in pursuit of success (Alshmemri et al., 2017).

11. *Describe the patient experience efforts or programs on which you have worked with [marketing communications team members] OR [clinicians]. What has gone well? What were the barriers?*

This question was asked of both types of team members, changing the wording depending on the participant being interviewed. This was a crucial aspect to the study and parallels research question 2.

12. *Talk to me about the impact, if any, that you have seen from collaboration with [marketing communications team members] OR [clinicians on patient experience programs?*

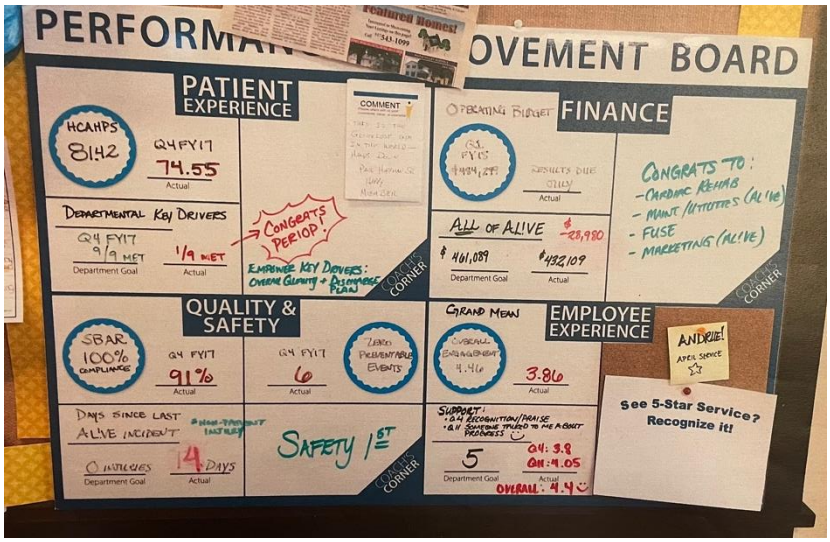
This question was asked of both types of team members, changing the wording depending on the participant being interviewed. Determining if there is an impact when marketing communications teams collaborate well with clinicians was a key point to this study. This was a crucial aspect to the study and parallels research question 1.

13. When you think about patient experience, is there anything else that you would like to share with me?

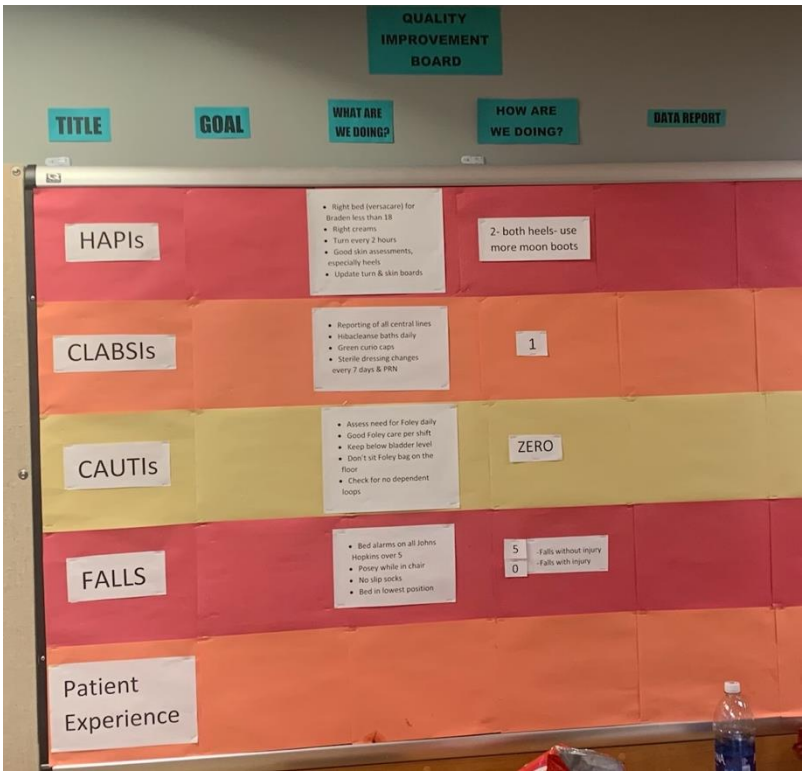
Completing the interview with this general, open-ended question allowed for the participant to share anything that they felt to be crucial to the discussion, and that was not covered in the previously asked questions (Creswell & Poth, 2018).

Appendix C

Select Examples from Site Visits



Example of a Performance Improvement Board Including a Focus on Patient Experience



Example of a Performance Improvement Board with No Tracking of Patient Experience