

# IS PATIENT EXPERIENCE THE NEW NORMAL IN HEALTHCARE SECTOR?

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## ABSTRACT

*The term "patient experience" refers to all the contacts patients have with the healthcare system, including how they are treated by insurance companies, physicians, nurses, and other medical professionals working in clinics, hospitals, and other healthcare facilities. When seeking and receiving care, patients place a high value on several characteristics of health care delivery. These include getting timely appointments, having simple access to information, and having effective communication with medical professionals.*

*The term "patient satisfaction," as it has been used up until now, refers to how satisfied patients are with their healthcare, both within and outside of the doctor's office. Patient satisfaction is a gauge of the calibre of the care received and offers medical professionals information about several medical issues, including the efficiency of their treatment and their degree of empathy.*

*Although they are not the same thing, the terms patient satisfaction and patient experience are sometimes used synonymously. To evaluate patient experience, it is necessary to ask patients whether or how frequently things that ought to occur in a medical environment (such as good communication with a clinician) did.*

*The stakeholders in the healthcare industry do not fully comprehend the patient experience, a new norm in the industry. Few hospitals are aware of the difference between patient satisfaction and patient experience. As a result, they disregard the requirement to offer a satisfying patient experience as a best practice in hospitals. The patient experience is the focus. It is concentrated on achieving the objectives and goals of the hospital, which will result in financial success and enhance the institution's reputation. In general, clinical care processes including core measures compliance, readmission rates, safety culture surveys, and quality measures tend to yield higher ratings for hospitals with greater patient experience scores (Jha et al, 2008; Bardach et al, 2013; Abrahamson et al, 2016 & Stein et al, 2015). Experience with patients is here to stay.*

*This review article discusses the measurement of patient experience as well as the philosophical underpinnings of recent patient experience research. It seeks to determine whether the patient experience—which focuses on how people interact with healthcare services—is the new standard.*

**Keywords:** Patient Experience, Patient Satisfaction, Hospital Administration, Hospital Quality

## INTRODUCTION

The phrase "new normal" was created during the 2008 financial crisis to describe the profound social, cultural, and economic changes that profoundly affected both individual lifestyles and societal attitudes. The phrase "new normal" resurfaced during the COVID-19 pandemic in

2020 to emphasise how the pandemic fundamentally altered human life, including professional identity, economic subsistence, work and family organisation, and children's education. This in turn necessitated a major revision of the conventional management techniques, procedures, and methods. Manuti et al. (2002).

Since the beginning of the epidemic, it has been clear that COVID-19 was going to make history by having a lasting impact on people, groups, and organisations. While we yearn to get back to our old routines, it is clear that things have changed, and we are still having trouble adjusting to this new normal. As a result, the complexity of the current situation forces us to address the most important issues that have arisen during this "*new normal*" phase, such as research on long-term effects, cross-country comparative research, how to prepare for a new health crisis, and how to support employees who have long-term health issues. For example, remote working and techno-stress, distance management, work/life interface, and economic and job insecurity Abrahamson et al. (2016).

With the arrival of technological advancements, accessibility, and increased patient and attendant awareness and expectations, the patient experience has also experienced a paradigm shift Jha et al. (2008). The treatment a patient receives from a doctor and a nurse is now considered standard, and neither the patient nor the family members present take advantage of it. There are new concepts in patient care that affect patient pleasure and experience. Patient satisfaction is necessary yet insufficient. Hospitals must manage the patient experience thoroughly in the new normal of health care administration if they want to be successful in the market, both financially and otherwise.

Hospital managers and administrators must deal with the "*new normal*" by transitioning to deliver a patient experience beyond simple patient pleasure as hospitals worldwide prepare to provide a safe, comfortable, and caring environment for their patients Bardach et al. (2013).

Although they are frequently used synonymously, patient satisfaction and patient experience are not the same. Medical personnel must be aware of the distinctions, and the time has come for them to accept the new normal—the patient experience—as the norm.

## Patient Contentment

The goal of patient satisfaction is to fulfil the patient's expectations for a medical visit. Two patients who receive the same care but have different expectations for how that care would be delivered may rate that care differently. Different expectations serve as the difference. Patient experience refers to whether the patient received the necessary care and the frequency with which that care should have been provided to achieve the desired health outcomes Petaschnick (2018). To establish a paradigm of patient-centric care, healthcare providers must comprehend the significance of the patient experience.

Perceived performance and expectations influence satisfaction. The patient is not satisfied if the performance falls short of their expectations. The patient is happy if the performance meets their expectations. When a patient performs above and above their expectations, they are delighted Raju et al. (2018).

Hospitals are service providers where customer satisfaction is directly impacted by service quality Kelley & Davis (1994). The process of admission, examination, investigation, treatment, discharge, and follow-up calls by the hospital are all considered to be part of the provision of health care services to patients. For a considerable amount of time, the goal of the healthcare delivery system was to increase the quality of care Rozenblum et al. (2011). The level of satisfaction from all aspects of service quality, including technical, functional, infrastructure, interpersonal, and environmental, is referred to as patient satisfaction (Zeldin, 2006). Patient satisfaction is the most significant component out of nine major criteria used to assess the quality

of healthcare services, according to the World Health Organization (WHO) Donabedian (2002). Hospitals now use patient happiness as a key indicator of organisational performance and service excellence Pakdil & Harwood (2005).

Al-Omar (2000) discovered that factors influencing patient satisfaction include waiting times, the standard of nursing care, the hospital's cleanliness, the calibre of the doctors, the friendliness of the personnel, the use of advanced technology, and the accessibility of medications. Quality nursing care, information sharing on patient care, polite staff, waiting areas, good food, health-related literature, cost of service, and the Darzi (2008) overall standard of hospital service are all elements that have a favourable impact on patient satisfaction in healthcare settings Boshoff & Gray (2004); Pakdil & Harwood (2005).

Patient satisfaction in private hospitals is influenced by responsive and quick administrative procedures, hygienic surroundings, routine doctor and nurse visits, service staff behaviour, functional and efficient grievance management, and speedy service. Contrarily, people are unsatisfied due to reasons like costly treatment and hospitalisation costs, indiscriminate medical tests and investigations, a lack of regular specialised doctors, and a shortage of qualified and experienced nurses Chowdhury (2008). Patient satisfaction is affected by factors such as good physical infrastructure, modern medical technology, reasonable prices, the calibre of services provided, nursing care, proximity, and drug availability Anand & Sinha (2010); Hariharan & Dey (2010); Otani et al. (2010); laboratory staff conduct; and hospital pharmacy behaviour Desai (2011); Sharma et al. (2011).

Patient satisfaction is an emotional and cognitive assessment of medical care that is significantly impacted by underlying expectations Urden (2002) & Crow et al. (2002). It serves as a benchmark for evaluating patient care; physician payment schemes Morris et al. (2014). It serves as a metric by which insurance companies select hospitals and allocate costs Anhang Price et al. (2014).

Patient satisfaction surveys are intended to help hospitals better understand their strengths and deficiencies from the viewpoint of their patients Espinel (2014). Quantitative and qualitative techniques can both be used to gauge patient satisfaction. However, gauging patient satisfaction is fraught with challenges. The majority of satisfaction surveys produce highly skewed results that show extremely high levels of satisfaction across patient populations, particularly among elderly patients. The issue appears to be that patients are reluctant to voice their concerns about healthcare services. It partly results from the design of the surveys used to gauge patient satisfaction Ware & Hays (1988).

## Patient Encounter

Academic research and clinical practice in the field of patient experience are both expanding quickly Stempniak (2013). Three recurring themes have been found by researchers: active patient and family partnership and participation; the necessity of person-centeredness; and an understanding of the comprehensive Wolf et al. (2014) and integrated nature of overall experience Wolf (2017). In many developing countries, improving patient experiences with care is a top objective for health system changes Kamra et al. (2016).

Patient experience is *"the sum of all encounters, determined by an organization's culture, that influence patients' impressions across the continuum of care,"* according to the Beryl Institute. They claim that a more thorough description of this definition's essential components is essential to its comprehension and practical use. *"The choreographed touch-points of people, processes, policies, communications, actions, and surroundings"* are referred to as interactions. *"The vision, values, people (at all levels and in all sectors of the company), and community"* are referred to as the *"culture."* Perceptions are *"what patients and caregivers recognise, comprehend,*

*and remember.*" Individual experiences like ideas, values, cultural background, etc. influence perceptions in different ways. "Before, during, and after the delivery of care" are all parts of the continuum of care Linder-Pelz (1982).

The patient experience was described by Beyond Philosophy as "the outcome of the interaction between an organisation and a patient as viewed through the patients' conscious and subconscious mind. It combines the cognitive performance of an organisation with the senses aroused, emotions evoked and intuitively measured against patient expectations throughout all moments of interaction (Shaw, 2014). A better patient experience encourages patients to stay in the hospital longer, increases the number of recommendations to the facility, and helps the top and bottom lines. The entire healthcare delivery team, not just the doctors and nurses, is accountable for the patient experience in a hospital. Patients' intellectual and emotional experiences are taken into account, not simply what is done but also how it is done. Finally, it addresses patients' intuitive perceptions Garg (2016).

Patients' experiences are "*their direct, personal observations of their healthcare,*" and patient experience is evaluated according to the degree to which patients' "*expectations*" were realised. Expectations of the patient experience include cleanliness, knowledge of where to go, convenient and prompt appointments, being seen on time, choice of hospital/doctor, and helpful front desk staff, the doctor to be knowledgeable and competent, clear and easy to understand, involvement in treatment decisions, and to experience a reduction in symptoms/problems; the doctor to be respectful and treated with dignity; being given reassurance; and receiving advice about how to heal Bowling et al. (2012).

In their 2009 article, Weiss & Tyink (2009) identified the elements of a patient-centred culture, including competent, high-quality, and individualised treatment, prompt replies, care coordination, and a dependable and responsive environment.

The Warwick Patient Experiences Framework (WaPEF), presented by Stanisiewska et al. (2014), outlines seven crucial general elements that are critical to a high-quality patient experience. The patient as an active participant, responsiveness of services, an individualised approach, lived experience, continuity of care and connections, communication, knowledge, and support are some of these Zineldin (2006).

Needham (2012) put out the three Ps as a way to maximise a satisfying patient experience. These three things are patient collaboration, tailored medicine, and employee empowerment. He argued that by adhering to the three Ps, healthcare companies may make the most of the resources at their disposal to boost brand recognition, enhance health results, and consistently meet the patients' social, psychological, and physical requirements.

The aforementioned illustrates that there is no consensus on what the "*patient experience*" entails. Patients, doctors, policymakers, hospital managers, administrators, and researchers all have diverse perspectives on what it means to be a patient. Even though hospitals emphasise patient-centricity, interested parties are still debating how to deliver a great patient experience and frequently conflate patient satisfaction with it Shaw Colin (2014).

The patient experience is multilayered, multidimensional, and connected to several subthemes. As a result, it is challenging to define and comprehend. Healthcare professionals will have a better knowledge of the patient experience if they try to comprehend the patient's point of view on their experience Oben (2020).

## **Patient Experience Monitoring Resources**

Periodically, hospitals are required to assess patient experience, and they are even required to disclose the results for review by other healthcare stakeholders. Although they can be improved upon and tailored to meet specific needs in various regions, the two techniques listed below have

been tried and true for measuring patient experience Prakash (2010).

### **Questionnaire on the Picker Patient Experience**

The calibre of measuring tools used to gather data on patient care is a crucial factor in reporting patient experiences. Popular measures of patient satisfaction have a bad reputation in the field of healthcare services research. They received criticism for having no conceptual foundation. As a result, a different strategy was employed in which survey tools were created to elicit patient experiences relating to specific parts of health care and provide a more thorough and relevant account of patient treatment. The Picker Institute created standardised tools to measure the quality of care and has evolved a core set of 15 questions, known collectively as the Picker Patient Experience questionnaire (PPE-15), which are used in all surveys of in-patients. The PPE-15 is based on extensive qualitative research to determine aspects of care important to patients. “ It's crucial to understand that the PPE-15 is not meant to be used as a standalone 15-question survey tool Oliver (1993). Typically, introductory questions (like the mode of admission) and filter questions (like determining whether the patient experienced pain before inquiring about how it was treated) must be added to guarantee coherence and fluency (Jenkinson et al, 2002).

### **Questionnaire on Hospital Consumer Assessment of Healthcare Systems and Providers**

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is the country's first widely disseminated, nationally representative poll on individuals' experiences with hospital care. It gauges how patients feel about their time in the hospital. There was no national standard for gathering and publicly disclosing data regarding patient experience of care that permitted accurate comparisons across hospitals locally, regionally, and nationally before the development of the HCAHPS survey. The Nationwide Quality Forum, a national organisation that reflects the opinion of numerous healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organisations, adopted the HCAHPS survey in May 2005. The countrywide rollout of the HCAHPS for use in public reporting received final approval from the government Office of Management and Budget in December 2005. The HCAHPS survey was launched by CMS in October 2006, and the first results from the survey were made public in March 2008. The poll, its methodology, and the findings it generates are all available to the public study on patient experience in India Robinson (2010).

The population of India is expected to be 1,417 million as of July 1, 2022, the 75th anniversary of India's independence, according to Worldometer estimates. Only China has a larger population than India. In terms of population, India is predicted to surpass China in 2023. The Indian healthcare industry is anticipated to triple in size between 2016 and 2022, expanding at a CAGR of 22% to reach US\$ 372 billion in 2022 from US\$ 110 billion in 2016. (IBEF, 2022). India's public healthcare spending was 2.1% of GDP in 2021–2022, up from 1.8% in 2020–2021 and 1.3% in 2019–20, according to the Economic Survey of 2022. By 2025, the government wants to spend 2.5% of the nation's GDP on public health (IBEF, 2022). With a share of the nation's total healthcare market of close to 80%, the private sector is significant in India's healthcare industry. Nearly 74% of all healthcare costs in the nation are borne by the private sector. With an estimated 40% share of hospital beds, their proportion of hospitals alone is expected to reach 74%. However, there is little research on the patient experience in India. There aren't many publications about the patient experience when searching on Google SEO. The majority of studies conducted in India still focus on patient satisfaction, which is inadequate given the current situation Stein et al. (2015).

Along with clinical effectiveness and patient safety, patient experience is increasingly acknowledged as one of the three pillars of quality in healthcare Black & Jenkinson (2009);

Department of Health (2010), Darji (2008). The NHS in the UK currently requires the assessment of patient experience data to determine the strengths and weaknesses of healthcare delivery, drive quality improvement, guide commissioning, and encourage patient choice. In addition to information on harm reduction or treatment success rates, health professionals are evaluated on other characteristics of care such as respect, compassion, and participation in care decisions (Darji, 2008).

Because of its inherent worth, the inclusion of patient experience as a pillar of quality is frequently warranted. There is no need for additional justification for the demand for compassionate treatment Cleary (2016). The improvement of patient safety and clinical efficacy is another more utilitarian justification for the value of the patient experience Berwick (2009) & Street et al. (2009). Patients may become more aware, active in decision-making, and more open to sharing information if they get clear information, empathic, two-way communication, and respect for their ideas and concerns Berwick (2009) & Street et al. (2009). A "therapeutic alliance" between patients and clinicians might then be formed, giving patients a greater "ownership" of treatment decisions. Through clinical interactions or as an observer, patients can get first-hand knowledge of the caregiving process and offer insightful observations about daily care. Controlling discomfort, providing bathing or eating assistance, ensuring a clean and safe environment, minimising noise, and coordinating care between different departments, professions, or organisations are all crucial. A "whole-system" perspective that is not readily available from more discrete patient safety and clinical effectiveness measures may be provided through the measurement of patient experience Rathert et al. (2011).

## CONCLUSION

The definition of the term "new normal" according to the Collins dictionary is "a previously extraordinary state of affairs that suddenly becomes standard or common." "A contemporary condition, social tradition, etc., that is different from what has been experienced or done before but is predicted to become ordinary or typical," the Thesaurus defines new normal as. Despite the Coronavirus outbreak, hospitals remained open and prospered. Many other companies are still trying to see through the cloud of doubt. Health-wise and economically, many have suffered. There have been some unusual eras in society. When it comes to patient happiness, the norm has altered due to declining salaries, an uncertain future, heightened health awareness, and the cost of healthcare. What do people want from hospitals, one may ask? Patients now have different demands. Their attitudes toward hospitals have evolved. Patients increasingly demand a thorough experience when receiving medical care. The pandemic will no longer appear normal from the Coronavirus side. The delivery of the discerning patient experience in the new normal requires hospitals to be ready for the new normal.

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