Patient and Employee Experiences in Healthcare: Research Insights

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Abstract

Experiences drive loyalty, satisfaction, and advocacy, and the experiences that patients, caregivers, and employees in healthcare can be explicitly measured and correlated with important outcomes for the industry and the organizations that deliver care. As the industry strives to embrace patient-centered medicine, especially now in complex times, experiences are being tested and are more important than ever to realize improved patient quality of care and employee focus on patient outcomes. In addition to the findings of our research in patient and employee experience, this paper highlights insights from other industries that can be leveraged in healthcare to set a new bar in experiences that drive the outcomes that matter.

Research Insights

Patient (and Caregiver) Experiences

Patient Experience Quality

NEJM (Manary, Boulding, Staelin, & Glickman, 2013) determined patient experience measures are indicators of quality of care. Strong patient quality of experience is associated with improved patient outcomes. The authors recommend using qualitative and quantitative methods and robust measurements to provide the organization actionable insights that can be used to coordinate care and facilitate change.

In our quantitative research, patient experience quality (PEQ) is comprised of 9 dimensions: *perceived value, service quality, functional quality, convenience, brand trust, patient-employee engagement, perceived usability, perceived risk, and technical innovation*. Each dimension represents an opportunity to measure aspects of PEQ to patient outcomes as well as to patient satisfaction, patient loyalty, and patient advocacy. It is logical that improved patient experiences should be positively correlated with better outcomes and higher satisfaction (Adler, 2016). However, a patient can have good experience yet a negative outcome, such as a cancer diagnosis, so it is important to use measures to increase quality of care and not simply to drive outcomes (Bickmore & Merkley, 2019 October). The 9 dimensions of PEQ offer specific areas on which to focus efforts to balance organizational outcomes, quality of care, and patient satisfaction.

Patient Satisfaction

Patient satisfaction is more strongly correlated with PEQ ($r = .788, p = .000$) (over loyalty and advocacy) and specific dimensions of PEQ including service quality ($r = .745, p = .000$); perceived value ($r = .722, p = .000$); perceived risk ($r = .707, p = .000$); and brand trust ($r = .706, p = .000$).

- PEQ dimensions can drive patient satisfaction, loyalty, and advocacy.

- Patient satisfaction must be earned and can be through service quality, perceived value, perceived risk, and brand trust as dimensions of PEQ (Caruna & French, 2005)..
- However, dimensions such as brand trust are also earned, so organizations need to drill down deeper to understand the drivers of brand trust that can offer direct action
 - Brand trust is strongly correlated with perceived risk ($r = .754, p = .000$) and perceived usability ($r = .786, p = .000$). For example, organizations can ensure that patients understand risks fully via patient-friendly and approachable methods that assure understanding.
- Patient do weigh risks in deciding both ratings for service quality and satisfaction, and weigh risk on personal safety, financial, long term health, and use of technology (Parasuraman, Zeithaml, & Berry, 1985). Technical innovation is highly correlated with lower perceived risk ($r = .866, p = .000$).

Net Promoter Score

NPS, or willingness to recommend to others, can be a proxy for patient advocacy. NPS is most highly correlated with patient loyalty ($r = .799, p = .000$) and PEQ ($r = .761, p = .000$). Within the overall quality of experience 9 dimensions, the most important to NPS is perceived value ($r = .714, p = .000$); brand trust ($r = .719, p = .000$); service quality ($r = .717, p = .000$). Patient satisfaction is correlated with NPS, to a somewhat lesser extent ($r = .697, p = .000$) but still strong.

- When we drill down into perceived value, it is *pride in association with the company* or the social value, that can be quite important
- This means that quality of experiences is important in the willingness to highly rate their experiences and recommend to others
- Recommending the organization to others seems most dependent on their perceptions of the quality of the service provided and value to patients (and, likely, caregivers), as well as the overall trust of the brand.
- Patient loyalty is usually considered a precursor to willingness to recommend or advocacy, so the correlation results are not surprising.
- Perceived value is the value both in terms of costs vs. benefits but also effort vs. benefits. Costs include OOP, understand how different providers charge, and transparency and simplicity of billing/payments. Effort includes ease of understanding procedures, who provides what service, reimbursement vs. charges, and understanding the journey from hospital to home or to another facility.
- Service quality is perceived as performance against expectations. Patients and caregivers have expectations preceding interactions as well as during and after, so service quality is part of the total patient experience. If the organization or provider is not setting expectations or checking patient expectations, performance may not meet patient expectations, regardless of clinical outcome (Nordrum & Kennedy, 2016).
- Brand trust covers all interactions with the facility, clinicians, nurses, allied health, administration, and even volunteers. Brand trust is an earned dimension and can be earned through perceived risk (low risk), beneficial technical innovation, and usability

Physician, Nurse, Volunteer, Staff Experiences (EX)

Positive Workplace Experiences

Our research has shown that 67% of a positive work experiences can be explained through these attributes: (1) the belief that there are more satisfied employees than unsatisfied staff, (2) the belief that the employee is able to achieve her/his goals, (3) staff is willing to recommend the organizations to other potential employees, (4) belief in the organization's competitiveness in patient outcomes and experiences; (5) belief in the organization's competitiveness in employee experiences, (6) organization invests in technology to simplify work and increase collaboration, and (7) leadership cultivates a culture of using employee feedback to improve experiences.

New Ways to Work Based on Employee Feedback

Having the organization embrace using employee feedback to devise new ways to work, especially in creating a more patient-centric environment, is highly correlated with belief in that the organization outperforms others in patient satisfaction ($r = .850, p = .000$); that cross-functional teams can incorporate can find new initiatives for patients and employees that improve outcomes ($r = .680, p = .000$); and that leadership listens, reduces bureaucracy and barriers, and works with staff to increase value for all stakeholders ($r = .610, p = .000$).

- Our research shows that employees need to see their feedback and expertise being used to improves experiences and outcomes, and these attributes play a role in retention and even employee reviews on social media, which impact patients and new employee choices.
- Employees expect leadership to listen and incorporate data, experiences, and expertise in an iterative fashion to affect change and check on the impact of those changes
- Employees also expect that employee experiences be given the same attention as patient experiences, and this approach can be new in healthcare, especially given a history of physicians moving from independent contractors to employees
- Volunteers expect to be caregivers with equal status with patients as others in the patient experience
- Cross-functional team approaches can be more satisfying to physicians, nurses, and even volunteers, and seems necessary in a patient-centric model that still needs to control costs.

Simplifying Work

Reducing work complexity using technology is highly correlated with strong and positive collaboration ($r = .704, p = .000$), employee engagement ($r = .850, p = .000$), incorporating outside expertise ($r = .641, p = .000$); and BYOD ($r = .699, p = .000$).

- Collaboration can include using outside expertise such as telemedicine

Creativity is also prized by employees. And organizations that use technical or support creative problems solving to simply work is highly correlated ($r = .686, p = .000$).

Self-efficacy

Self-efficacy is a person's belief that they possess the capability to perform and reflects confidence to self-motivate, control, and excel in one's environment, especially under duress (Bandura, 1977). Self-efficacy is highly correlated with employee engagement ($r = .799, p = .000$).

Healthcare Experiences

Patient and Caregiver Experiences

It is logical to assume that patient reviews of healthcare providers and facilities mirror those of the rankings of Centers for Medicare and Medicaid Services' Hospital Compare Rankings. For approximately 50% of the hospitals ranked high by Hospital Compare, patient reviews in social media were positive and highly rated (Perez & Freedman, 2018). However, that also means about 50% of the time the ratings are mismatched. Given that studies have shown that 95% of US patients find online review reliable and 50% share their experiences online (Comstock, 2018 October 2), the mismatch sends mixed and even incorrect feedback to organizations trying to improve experiences (Perez & Freedman, 2018).

Other studies have demonstrated that online physician reviews are not representative of patient satisfaction and are highly stressful for physicians and health teams (Widmer et al., 2018). These findings are concerning for institutions as they balance CMS requirements with the impact of patient reviews on social media on both other patients, physicians, and regulator perceptions.

Our research has shown that patient quality of experience (PEQ) contributes more to the overall patient experience than patient satisfaction and loyalty. Patients value quality of services provided and seem to rate that value high for good service even when the outcomes are negative, which can be counter to CMS equating patient satisfaction with only positive outcomes. Positive outcomes also can leave a negative impression on the patient experience if patients were expecting a more service-oriented approach (Gingless, 2019 July). This paradox is unique to healthcare and may confuse the delivery of experiences. While healthcare is the 5th largest industry in the US, it ranks last out of the 25 largest US sectors for simplicity of experience according to Seigal+Gale Global Simplicity Index (Seigal + Gate, 2018).

Using the CMS rankings as their guide, Cleveland Clinic has raised their CMS score almost 10% in a few years by focusing on communication between patient and staff, a more patient-centered mindset, and hired a chief experience officer (Merlino & Raman, 2013, May). Employee programs were launched to help staff transform as caregivers to replace the doctor-centric relationship with a caregiver-centric one with quality of experience and services as a primary tenet. All staff at Cleveland Clinic are called Caregivers, regardless of role. For physicians, nurses and staff reviews on Indeed has improved with an increased focus on a common goal of patient-centricity (Merlino & Raman, 2013 May). Cleveland Clinic has long carried a reputation for clinical excellence, but they are making improvements in experience excellence as well for both patients and employees, keeping up the work that started over 10 years ago.

Physician Experiences

The trend of physicians moving from being independent contractors to full time employees has continued over the last decade and is a departure from the trends of other highly skilled workforces (Singleton & Miller, 2015). The move makes sense for those who do not want to manage a business but

can be frustrating for those who feel that the business overshadows patient care. And while over the trend has outlasted the last few years, there are some indications that physicians are moving to a different relationship. Physicians are forming and joining start ups to integrate technology, science, disease management, and care delivery in a faster and more innovative way, appealing to the maturing entrepreneur (Mazzolini, 2019 May). This trend aligns more with how device manufacturers and health technology companies work.

Young physicians, especially in their first few jobs, have interests similar to most professionals – work-life balance, location, work for someone prestigious, and may have student debt to pay down.

Other Industry Experiences

Experiences are considered the last differentiator for consumer-facing companies. Simplicity and transparency are also highly sought in consumer transactions. In many ways, to save their businesses, other industries have reinvented themselves in terms of customer and employee experiences from which healthcare can learn (Gamble, 2012 August 31).

Borrowing from Retail

Retail is immersed in re-inventing their business models and there are learnings from retail that healthcare could use. Retail and hospitality have small and shrinking margins with high and simultaneous demand for standardization and personalization. As healthcare moves closer to the consumer through retail healthcare through traditional pharmacy channels, *doing more with less*, is a mantra in retail (Gingless, 2019 July).. Retail and hospitality strive for predictable just personalized experiences, even in the reality of chain establishments and mass production.

To mimic these attributes, healthcare would need to think about the concept of *big medicine* and master delivering standardized care and cost efficiencies, which still providing customized patient-centric care (Druckenmiller, 2016, January 14).. For example, a hip replacement is an example of services where a consistent, predictable, and affordable, yet patient outcomes focused. However, if the patient has support from others for recovery, his/her recovery experience will be different from the patient who lives alone and is challenged with other health issues. Understanding the holistic aspect of the patient and delivery of care with standardized portions and personalized actions can be used to plan services, staff, and ultimately experiences. Volunteers can help fill some of the personalized approach that provide high-touch interactions but with cost efficiencies.

In addition, expanding the trend of retail healthcare will continue. CVS Health already has a pharmacy, market strength and care delivery arm in stores; PBM through CareMark; insurance via Aetna and has been testing hospital and clinical affiliations. With an investment or purchase of a small manufacturer, they could control their entire care supply chain for certain areas/disease states. This trend is expected to continue. The impact on customers, patients, and staff is also expected to evolve to a more consumer-focused approach.

Borrowing from Banking

Retail banking has become a sophisticated industry in both customer and employee experience (Mbama, 2018). ATMs, online banking, WiFi cafes, mobile tools, virtual agents, and other technology advances are common as are customer experience studies and emphasis on employee metrics (Dootson, Beatson,

& Drennan, 2016). Investments in technology to simplify work and increase collaboration are highly correlated with positive employee experience ($r = .734$ $p = .000$).

Borrowing from Hospitality

The disparity in patient satisfaction scores, patient reviews, physician reviews, and CMS and HCAHPS metrics, patient-provider interactions represent an area for rethinking experiences. Disturbing patient sleep for rounds might meet HCAHPS metrics, but may leave patients unsatisfied, is a high-cost interaction, might reduce services somewhere else, and might not yield a positive ROI. Consumers rate hotels and restaurants consistently high when they exceed expectations on the basics and meet expectations with precision. Our research as shown that in early relationships with patients, organizations meeting expectations ($r = .720$, $p = .000$) is more important than exceeding ($r = .610$; $p = .000$) but for patients with extended relationships exceeding expectations becomes the norm ($r = .734$, $p = .000$). This finding aligns with expectations of frequent flyers and hotel elite customers.

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