

**CHA 2019 Health Matters**  
**Nursing and Midwifery Symposium**  
**The Role of Leadership in Patient Experience**

**Introduction**

Good morning, I am delighted to be here with you today and to see that CHA continues to provide this opportunity for our Nursing and Midwifery Leaders to come together through the Nursing and Midwifery Symposium.

Today's Symposium has a focus on "Patient Experience" and this session in particular is considering the role of Leadership in Patient Experience. I am sure that you are all working hard each and every day to provide the best care possible to ensure a positive experience at all times for your patients/clients.

**What is Patient Experience?**

Before I talk about the role of leadership in regards to patient experience I think it is first necessary to tease out what is meant by patient experience and why there is such a focus on the subject.

Firstly, patient experience is not a totally new concept. Rather it has been slowly evolving through the years (25 -30) both internationally and here in Australia where it appears to have gathered momentum.

I can recall some 30 years ago my Group CEO of that time had been on a study tour to America and he came back and all he could talk about was the concept of the *Continuum of Care* and how we should be mapping our patients from that perspective.

There are many terms bandied about in health care regarding our approach to caring and I think this is quite confusing. We talk of patient satisfaction, patient centred care, patient focused care, patient engagement and now patient experience, which is no longer considered a fad, rather it is considered central to all that people and the organisations they work in, look to achieve in healthcare.<sup>1</sup>

Whatever the terminology or the latest trends, we in Catholic Health Care know that our organisations are grounded in the stories of our founders and their individual yet similar Vision, Mission and Values. This is what drives us, continues to drive us and has shaped the culture of our organisations.

Consequently, it is fair to say that we have always seen the importance of patient relationships, person centred care and being an advocate for our patients. It was back in Ireland in the 19<sup>th</sup> century that a system of nursing, titled "Careful Nursing" was developed by Catherine McAuley, foundress of the Sisters of Mercy. This model was said to be holistic, inspirational and relevant.

The central concepts of this model were around the person, the environment, health and nursing and endorsed by Florence Nightingale.<sup>2</sup>

The evolution of Patient Experience is being driven by shifts in both public and private health policy that put the experience of patients front and centre, public reporting that has both reputational and financial implications, and a significant focus on the consumer and consumer expectations. In today's competitive and challenging market, patients and their families compare health care facilities and expect a facility to provide not only good clinical care they also expect service that matches or exceeds the hospitality industry.<sup>3</sup>

It seems as the concept of patient "as patient" transitioned to be "patient as guest" we moved beyond examining only the provision of quality care and outcomes to also considering the patient experience as an important indicator. Health care organisations found that they needed to focus on the patient experience to gain and maintain a competitive edge.<sup>4</sup>

As previously mentioned the language can be confusing and it appears I am not alone as a 2009 Patient Experience Leadership Survey found 35% of respondents agreed that patient experience equals "patient centred care" and 29% agreed that it was "an orchestrated set of activities that is meaningfully customised for each patient" and 23% said it involved "providing excellent customer service". The remaining responses reflected: creating a healing environment or "other".<sup>4</sup>

I am not aware of a similar survey being conducted in Australia however, ten years on this may be an interesting study, even at an organisational level.

### **Lack of a Patient Experience Definition**

In exploring the subject of patient experience, it seems a solid definition is elusive. However, if you cannot clearly communicate to caregivers what it is, it will be impossible for them to understand how to go about improvement actions.<sup>5</sup>

We all know that successful change management (and this is what patient experience is ultimately about) requires that all staff understand exactly what the initiative means for them. No definition, creates confusion for Leaders and Managers trying to affect it, as well as for the front-line caregivers who are trying to deliver it.<sup>5</sup>

Further, definitions must account for the clinical realities of work place operations and every day patient care process that are well established and critical to the functioning of a healthcare system, e.g. safety and quality, and risk management.<sup>5</sup>

Patient experience is not a stand-alone initiative. Rather, patient experience encompasses quality, safety and service moments. These are inherently linked and strategies that improve the patient experience, such as culture

development, certainly benefit all of these programs. Therefore, an effective definition must align all these links and be very clear, there is no room for interpretation- people need to understand quickly what it is about, adopt and support.<sup>5</sup>

An extensive research conducted by Wolf, from the Beryl Institute in the USA in 2014 attempted to identify the existence of a common definition of patient experience. Through this study only 18 sources explicitly provided a definition and no universal common definition was found. Yet at the same time it had been identified that patient experience was a top priority by Hospital CEO's.<sup>4</sup>

### **Examples of Definitions**

Of these 18 definitions one that many others have adopted is from the **Beryl Institute** in the USA. This institute is a global community of thought leaders who focus on improving the Patient experience and the capacity of organisations to elevate the human experience in healthcare. Their definition (2010) is

*"Patient Experience is the sum of all interactions, shaped by an organisational culture, that influences patient perceptions, across the continuum of care"*<sup>6</sup>

**Institute of Medicine.** Their Framework states

*"Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions."*<sup>7</sup>

**UK National Health Service (NHS) Institute for Innovation and Improvement** simply say that

*"Patient experience is what the process of receiving care feels like for the patient, their family and carers".*<sup>8</sup>

My favourite definition is from **Integrated Loyalty Systems** a US based consulting firm that focuses on elevating the human side of health care. They say:

*"The patients' cumulative evaluation of the journey they have with you, starting when they first need you and based on their clinical and emotional interactions, which are shaped by your people, your processes and physical setting and shaped by their expectations of you".*<sup>4</sup>

I am not aware of any standard definition of patient experience in Australia however we are very much directed by the **Australian Commission on Safety & Quality in Health Care** who articulate through their National Safety and Quality Health Service Standard No 2 *Partnering with Consumers*, that health care leaders must involve patients in their own care through involvement in planning, design, delivery and measurement and evaluation of systems and services.<sup>9</sup>

Likewise, the **Victorian Agency for Health Information**, state "----- the consumer is at the centre of care and viewed as a critical partner in the design and delivery of their healthcare. Consumer engagement and input is actively

*sought and facilitated*". Through Safer Care Victoria they have introduced the Patient Experience Survey, which collects, analyses and reports the experience of people attending Victoria's public healthcare services. Many private hospitals have also introduced this survey.<sup>10</sup>

In summing up the debate on the need for a patient experience definition it appears to me from looking in the literature that a standard definition of patient experience is not forthcoming, and perhaps this is for the best. Rather, individual organisations should develop their own.

**Despite the lack of a universal definition what we do know** is that patient experience should be at the heart of health care and there is no longer a tolerance for a facility that excels at healing but lacks empathy and compassion towards patients.<sup>1,3</sup>

The United Kingdom's National Health Scheme (NHS) believe it is the relational rather than the functional aspects of care that patients (particularly those with long term conditions) report, matter most to them. Relational aspects include: feeling listened to, or informed, whilst functional refers to the process of delivering care such as efficient processes. This demonstrates that patients care about their experience of care as much as clinical effectiveness and safety. They want to feel informed, supported and listened to and they want to be treated as a person not a number.<sup>8</sup>

This NHS view resonates with that of Bishop Putney, who, when interviewed by Catholic Health Australia (CHA) for their Mission in Focus series spoke of his experience and expectations of being a patient in a Catholic hospital. His expectation was to be both cared for and cared about. Additionally, he expected a special relationship between the staff and their patients/clients/residents, that is they are made to feel like a person not just a patient.<sup>11</sup>

We also know that providing a positive experience for the patient is the right thing to do. Patients deserve the best and a positive experience has been linked to better health outcomes.<sup>8</sup> It seems obvious that doing everything in our power to ensure a positive patient experience is not only an ethical responsibility for our organisations and all of us who work in them, it is also about being faithful to our Vision and Mission.

### **The role of Leadership in Patient Experience**

One thing is clear, strong committed leadership is an essential ingredient if we genuinely wish to pursue a patient experience approach. Leadership creates, supports and gives direction to an organisation; leadership is the driving force, the engine that causes change.<sup>3,8</sup>

There are many levels of leadership within the healthcare industry and each has a role to play; Health Departments and associated health bodies, organisational

Boards, Trustee Boards, Chief Executive Officers (CEO) and their Executive teams, Managers in charge of departments, wards and units and Shift Leaders.

The Board will set the vision, direction and strategy of the organisation and this then is the responsibility of the CEO to implement and achieve. Today, Boards are making a conscious decision to focus on patient experience and support the development of identified improvement priorities.

Board members will ensure that patient experience is always on the agenda by playing a positive role, requesting and receiving data as evidence, even walking the floor and talking to staff and patients. This is achieved in many of our organisations by Board members visiting services or holding Board and Trustee meetings at the different facilities. Mercy Health for example, have implemented Care First Rounds and Board Quality Committee members, among others, are invited by the Quality Director to visit individual wards/departments and learn firsthand of their successes and concerns through this structured approach.

I can assure you as a Trustee of Calvary Ministries we are very interested in learning about the patient experience through reports from the Board Chair and Hospital executive, as this provides assurance to us that the Mission and Values are being lived out at the patient care level.

The literature strongly supports the importance of the CEO's role in relationship to patient care stating that the role is required to elevate quality of care, ensuring the voice of the consumer is at the centre. Hospital leadership must drive efforts to better meet pts needs and critical to the entire hospital's success is senior leaders' ability to continually clarify, articulate and model the organisation's vision for patient and family experience and why they matter." <sup>8, 10, 12</sup>

It is a changing landscape and interestingly way back in 2001 Tim Porter O'Grady warned that "The real work of leadership in healthcare today is the active and committed destruction of much of the infrastructure of health care as currently configured, and doing it quickly".<sup>13</sup>

### **Role of the CEO in leading the pursuit of a positive patient experience**

The four outcomes CEO's aspire to in health care organisations today are: clinical outcomes, financial outcomes, consumer loyalty and community reputation.<sup>1</sup> Therefore at the strategic level CEO's need to give the same priority to improvement in outcomes and quality of services as they do to financial and clinical goals. They must ensure the Board receives regular reports on examples when Patient Experience has been both positive and poor. They need to recognise the link between Patient Experience and staff wellbeing and develop plans for improving both, support their leaders in the organisation to create an organisational culture that prioritises understanding and improving the experience of patients. This will include investing in measurement and addressing the subject of patient experience at staff induction sessions and how it is integral to the performance of all staff.<sup>8</sup>

The CEO will appoint a person with the primary responsibility for managing patient experience (by whatever name). This may be an independent role or incorporated into another role. This role needs to engage with colleagues and the senior team and managers so they fully understand what Patient Experience is and what it means for the organisation and individual roles. Because, what patient experience means is that the organisation must be prepared for change if they are going to use the Patient Experience information effectively. This requires fully engaged leaders, including Finance Managers, Human Resource Managers, Nurse and Midwifery Managers who can act as role models and support the required change.<sup>8</sup>

### **Role of the Nurse/Midwifery Leader in supporting Patient Experience Initiative**

This brings us finally to the role of the Nurse/Midwifery Leader in patient experience. Thinking about where to start and what to do is, I imagine, overwhelming for you. There are various ways to approach this and individual organisations will have their own distinct approach and frameworks, as it is said that "no one size fits all".<sup>8</sup>

However, for the purpose of discussing a Manager's role in patient experience I am using some common themes that were evident across several organisations that had successfully improved patient experience. There are five key themes: Leadership, Culture, Patient Engagement, Staff Engagement and Measurement.<sup>8</sup>

I will make comments, observations or pose questions under each of these themes for you to perhaps consider from your leadership perspective and your crucial role in leading patient experience initiatives in your area of responsibility.

#### 1. Leadership

I think it will be no surprise to you that "inherent in the nursing profession and particularly at this current time – is the concept of chaos, an environment of constant and unprecedented change"<sup>15</sup>

Leadership styles vary, however transformational leadership is suggested as a successful factor in Patient Experience<sup>8</sup> and there is some evidence that transformational leadership style is linked to employee job satisfaction and well-being. In Catholic Health though, we often refer to Servant Leadership which is described by the Centre for Servant Leadership as a "philosophy and set of practices that enriches the lives of individuals, builds better organisations and ultimately creates a more just and caring world."<sup>16</sup>

- Do you reflect on your leadership style? Are you aware what your dominant style is and is this the most appropriate style for you to use?
- Do you discuss with your manager and do you seek professional development in this competency?

Being a confident leader has shown to enhance team members confidence and performance. When a leader is confident and builds team confidence, team members believe their collective team to be successful and capable of winning and there is a positive impact on performance. <sup>17</sup>

- This suggests that the Nurse/Midwifery Leader needs to fully understand and embrace patient experience in order to confidently promote this philosophy and inspire colleagues and staff
- Build greater clinical engagement and professional relationships within your area, developing strong team spirit and cohesion in order to bring the team along on the journey.
- Do you work collaboratively with your HR Manager to recruit, orientate, performance manage and develop new staff, based on contemporary practices, policies and procedures that reflect and are aligned with Patient Experience?<sup>18</sup>

## 2. Culture

It has been said that the Leaders who get the conditions right on culture will see the desired outcomes flow. <sup>19</sup> Culture should be organisation wide not craft group or workplace specific and reflect the organisational values. Our organisations have well defined and articulated values and associated behaviours that set the tone for culture.

- Does your ward/department reflect your organisational values? Because the culture in your ward will be directly reflected in Patient Experience outcomes.
- Do you refer to culture and values in your everyday conversation with staff, give praise where it is deserved and express your disappointment when values behaviour is absent?

## 3. Patient Engagement

This is a key responsibility area for the Nurse and Midwifery Manager role. A US News and World report published an article called the Patient Wish List, a top ten list of what patients want staff to hear about, what is most important to them. Unsurprisingly the list contains items associated with physical environment, basic respect and patients wanting to feel engaged with their healthcare. These are things that predominantly are within the Nurse Leader's sphere of influence. <sup>18</sup>

- Do you personally as the Nurse/Midwife Leader conduct rounds? Talk with patients and families, listen actively to them, allow them to tell their story and this feedback is then recorded, passed on and actioned.
- Bed-side handover is a perfect example of including the patient in their care, keeping them informed and promotes patient centred care.
- The introduction of health technology and innovation is driven by a desire to provide a safer, higher quality more reliable and even a more comfortable experience for the patient. Nurse Leaders are well positioned to remind the adopters and users of technology that in health care we are "human beings caring for human beings" and the impact that health

technology may have on the human experience must always be considered.<sup>20</sup>

#### 4. Staff Engagement

- First rule - keep your staff informed
- Patient experience and what this means in your organisation and your area must be clearly articulated and reinforced to new staff along with existing staff
- HR processes and the importance of recruiting people that have the competencies that support a patient-centred culture have already been mentioned. Have you ever thought about including a patient on your interview panel or in orientation programs? This would send a strong message about the importance of patient experience.
- Enable staff to deliver excellent patient experience and empower them to make changes themselves. The latter can be difficult when health care is so regulated and strict governance required over all systems and processes. Yet at times there must be some room to move.
- Providing appropriate staff development assists staff to be both clinically and professionally competent.
- The elephant in the room I am sure is the issue of staffing. However, we cannot shy away from the fact that whilst healthcare budgets are very challenging, understaffing or incompetent, inappropriate staff will affect patient experience. The link between experience and cost of care i.e. poor experiences generally lead to higher care costs as pts may have poorer outcomes, require longer stays or be readmitted for further treatment<sup>8</sup>.
- As the leader you must work closely with HR and Finance Managers to find solutions to enable you to have an appropriate and efficient staffing model.
- As a leader you need to tap into the collective energy of staff members, encourage staff to test new ideas for change and generate action from everyone in the ward or department rather than relying on direction from leaders or the next new initiative.

#### 5. Measurement:

- I would suggest "make metrics your friend".
- Your organisation will be collecting a myriad of data and you need to be able to understand what it is telling you to better understand your environment and make improvements where indicated. It is often said that we have too much data and not enough information, be sure you have the right information
- Base decision making on fact rather than hunch or "hear say" as it is a far more influential tactic and takes the emotion out of the negotiation
- Remember, not everyone is an expert in this area of measurement and evaluation, so find a colleague or mentor who can coach you.

## **Conclusion**

Catholic Health organisations have a compelling reason why they would want to ensure a positive patient experience. And this is of course commitment to their Mission, Vision and Values and honouring the legacy that has been left to us.

Patient experience is not a fad, it is at the very heart of healthcare! It is broader than the experience of care alone, as it encompasses quality, safety and service moments.<sup>1</sup> This is one reason why combining patient experience measure with these other measures of quality is critical to creating an overall picture of performance.

Whilst Boards and CEOs set the vision and culture of an organisation it is you the Nurse and Midwifery Leaders who are pivotal in ensuring that vision and culture is part of every aspect of care delivery in your area of responsibility.

To assist you in your responsibilities the big picture of patient experience needs to be broken down so you understand exactly what this means to you and your staff and how every part of your daily work supports the patient experience.

Incorporated into this work would be the development of a patient experience definition that reflects the patient's physical and emotional care needs from their health encounter, along with the organisation's Mission and Values and is both applicable and practical for organisational achievement.

Kate Birrell

October 2019

## Reference List

1. Wolf, JA Patient experience: Driving outcomes at the heart of healthcare. Patient Experience Journal (Internet) 2016 (cited 2019 Oct 20);3(1):1-4 Available from: <http://www.pxjournal.org>
2. Goedken, J, Rocklage M, Careful Nursing: An Enduring Model from Catherine McAuley for Nurse Leaders today.(Webinar on Internet).USA: Catholic Health Association of the United States; 2010 July 12;(cited 2019 Oct 28). Available from: <http://www.chausa.org>
3. Woods C, Language of Caring (Blog Internet). North Carolina: Language of Caring a branch of Plane tree International.2016.The Role of Leadership in Patient Experience (cited 2019 Oct 11); (2 pages). Available from: <https://www.languageofcaring.com>
4. Wolf, JA, Niederhauser,V, Marshburn,D, LaVela,S. Defining Patient Experience. Pt Exp Journal (Internet) 2014 (cited 2019 Oct 2 ); 1(1), Article1:7-17. Available from" <https://pxjournal.org/journal/vol1/iss1/3>
5. Merlino J. Service Fanatics: How to Build Superior Patient Experience the Cleveland Clinic Way (Internet) 1st ed. USA:McGraw-Hill; 2015, Chapter 4, Describing the Elephant: Defining the Patient Experience and Strategy; (cited 2019 Oct 28). Available from: <https://accessmedicine.mhmedical.com>
6. Theberylinstitute.org (Internet) Nashville: The Beryl Institute; Patient Experience Defined (cited 2019 Oct 27). Available from: <https://www.theberylinstitute.org>
7. Botti M, Nursing Leadership and the Patient Experience. Paper presented at Deakin Centre for Quality and Patient Safety Research: Epworth HealthCare Partnership, 2018, Melbourne, Australia.
8. National Health Service Institute for Innovation and Improvement. The Patient Experience Book: (Internet) 1<sup>st</sup> ed. Coventry, UK: iHouse University of Warwick; 2013 (updated Nov 2017, cited 2019 Oct 27). Available from: <https://www.england.nhs.uk>
9. Australian Commission on Safety & Quality in Health Care National Safety and Quality Healthcare Standards (Internet) 2<sup>nd</sup> ed. Canberra: Commonwealth of Australia; 2017. (cited 2019 Oct 28) . Available from: <https://www.safetyandquality.gov.au>
10. Safer Care Victoria, (Internet). Melbourne: Victoria State Government June 2017. Delivering high-quality Healthcare - Victorian clinical governance framework. (cited 2019 Oct 2) 1-54. Available from: <https://safercare.vic.gov.au>

11. Putney M. What is different about Catholic Health Care? (video on the Internet). Canberra: Catholic Health Australia 2013 (Cited 2019 Oct 29). Available from: <https://cha.org.au>
12. Boag J, Corcoran V, Gorton M., Clinical Governance Workshop: The Board's Role in Clinical Governance. Presentation at Australian Institute of Company Directors Workshop. 2019 Sept 10; Melbourne, Australia
13. Porter O'Grady T. Profound Change: 21<sup>st</sup> century nursing. Nursing Outlook Journal (Internet) 2001 (cited 2019 Oct 29) 49:182-6 Available from [https://www.nursingoutlook.org/article/S0029-6554\(01\)57254-1/fulltext](https://www.nursingoutlook.org/article/S0029-6554(01)57254-1/fulltext)
14. National Health Confederation. Feeling Better? Improving patient experience in hospital (Internet). 2010 (cited 2019 Sept 25); London: NHS Confederation. Available from: <https://www.nhsconfed.org>
15. Scully, N. Leadership in Nursing: The importance of recognising inherent values and attributes to secure positive future for the Profession. Collegian. 2015; 22(4);439-444.
16. Greenleaf RR. 2018 What is Servant Leadership? (Internet) Jersey Greenleaf Centre for Servant Leadership. 2018 (cited 2019 Oct 29); New Jersey: Available from: <https://www.greenleaf.org>
17. Owens K, Keller S. Exploring workforce confidence and patient experiences: A quantitative analysis. Pt Exp Journal (Internet) 2018 (cited 2019 Oct 27); 5 (1) Article 13. Available from: <https://pxjournal.org/cgi/viewcontent.cgi?article=1210&context=journal>
18. Berman S. Why human resources policies and practices are critical to improving patient experiences. Pt Exp Journal (Internet) 2016 (cited 2019 Oct 27); 3 (2), Article 3. Available from: <https://pxjournal.org/cgi/viewcontent.cgi?article=1187&context=journal>
19. Boundy, K. Cultural Exchange, Company Director, Australian Institute of Company Directors. 2019:35(7);52-53.
20. Wolf, JA. Reframing innovation and technology for healthcare: A commitment to the human experience. Pt Exp Journal (Internet) 2019 (cited 2019 Oct 28); 6(2) Article 1. Available from: <https://pxjournal.org>
21. Nielsen K, Yarker J, Brenner SO, Randall R, Borg V. The importance of transformational leadership style for the well-being of employees working with older people. Journal of Advanced Nursing (Internet). 2008 Oct (cited 2019 Oct 28). Available from: <https://www.researchgate.net/publication/23194455>  
DOI: 10.1111/j.1365-2648.2008.04701.x