Journal of Medical Imaging and Radiation Sciences xx (2016) 1-6

Journal of Medical Imaging and Radiation Sciences

Journal de l'imagerie médicale et des sciences de la radiation

www.elsevier.com/locate/jmir

Review Article

Patient Experience in Medical Imaging and Radiation Therapy

Amanda Bolderston, RTT, BSC, MSc, FCAMRT*

BC Cancer Agency, Surrey, British Columbia, Canada

ABSTRACT

The term "patient experience" is currently ubiquitous in health care. Many facilities are striving to improve care by examining how patients interact with and view their organization and the health care professionals who work within it. Although there is a great deal of literature on patient centered care, patient engagement and patient experience in health care generally, there is little focused literature on how this is related to patient experience in medical imaging and radiation therapy. This review article examines the underpinning concepts of patient experience and the factors that contribute to a positive patient experience. These include good communication, care for the patient as an individual, and emotional support. Patients experiencing care in medical imaging and radiation therapy departments have broadly similar expectations, although this can be challenging to provide in a technologically focused, time-limited environment.

RÉSUMÉ

L'expression « expérience du patient » est actuellement utilisée partout dans les soins de santé. Plusieurs établissements s'efforcent d'améliorer les soins en examinant comment les patients interagissent avec leur organisation et les professionnels de la santé qui y travaillent, et comment ils les perçoivent. Bien qu'un grand nombre d'articles aient été publiés à propos des soins centrés sur le patient, de l'engagement du patient et de l'expérience du patient, peu de ces articles portent sur l'expérience du patient en imagerie médicale ou en radiothérapie. Dans cet article de synthèse, les auteurs se penchent sur les notions sous-jacentes à l'expérience du patient et les facteurs qui contribuent à une expérience positive pour le patient. Ces facteurs comprennent la bonne communication, les soins pour le patient en tant que personne et le soutien émotionnel. Les patients qui reçoivent des soins dans les services d'imagerie médicale et de radiothérapie ont des attentes largement similaires bien que cela soit difficile à assurer dans un environnement où l'accent est mis sur la technologie et où le temps est limité.

Keywords: Medical radiation technology; radiography; radiation therapy; patient experience; patient engagement; patient satisfaction

Introduction

How patients perceive their health care experience is shaped every time that they interact with health care professionals (HCPs) [1]. Good patient care includes health care encounters that are compassionate and focused on the patient as an individual. Various terms have been used over the last decade to capture this concept and to champion a more empathetic system; these include patient-centered care, patient engagement, patients as responsible partners, public and patient involvement, coproduction of care, people-powered health care, and patient experience [2–4]. This review article will examine the various definitions in use, and attempt to categorize what we mean when we talk about a positive patient experience in health care generally, and within the medical radiation sciences (medical imaging and radiation therapy) in particular.

Patient-Centered Care

The Canadian physician William Osler observed over 150 years ago that "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has" [5]. This care and attention to the individualism of the patient should be central to health care, but how we describe it has expanded in both scope and complexity. Terms and concepts are often used interchangeably [6], but are usually similar to the definition used by the Institute of Medicine; namely, "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions" [1]. There is growing evidence that when care is patient-centered, health outcomes and overall patient satisfaction are improved [7].

---

* Corresponding author: Amanda Bolderston, RTT, BSC, MSc, FCAMRT, Fraser Valley Cancer Centre, 13750 96th Avenue, Surrey, British Columbia, V3V 1Z2, Canada.

E-mail address: amandabolderston@bccancer.bc.ca

http://dx.doi.org/10.1016/j.jmir.2016.09.002

Shared decision making (SDM) is essential to patient participation and has been described as "the practical reconciliation of respect for persons (autonomy) and the monopoly and power of physicians" [8]. However, true SDM relies on HCPs establishing patients' information and decision-making preferences as well as other relevant ideas, concerns, values, or expectations [9]. Examples that have been investigated include lung cancer screening with low-dose computed tomography (CT) and mammographic screening for breast cancer as well as surgical, hormonal, and radiation therapy treatment options for breast and prostate cancer [10, 11]. The practice is still relatively rare, and it is estimated that SDM occurs only about 10% of the time in medical encounters [8]. However, there is ample evidence that those with fewer resources, less education, older people, and the very ill may be less likely to be involved [12]. There are also patients who are reluctant or unwilling to make health care decisions for other reasons. Sinding comments that the SDM literature "commonly rests on a dichotomy between the paternalistic physician and the physicians committed to patient autonomy, with the former clearly established as desirable" [13]. What is increasingly clear is that the provider–patient relationship differs from patient to patient and that neither complete patient autonomy nor total medical authority is usually the answer.

Patient Engagement

Although patient centered care is a good start, the patient can still be seen as essentially receiving the attentions of the health care team to manage their treatment. An engaged patient, on the other hand, is not only charting their own health care course, they are playing an important role in shaping decisions made at every point in the health care process–from investment in hospital design and quality improvement to the cocreation of patient education materials [14].

Many patients have been "engaged" in their treatment even before the recent engagement movement. In 1998, Valerie Billingham, speaking in Salzburg, Austria at a session titled "Through the Patient's Eyes," first coined the saying "nothing about me, without me" [15]. This well-known phrase is the rallying cry for many subsequent advocacy organizations like Patients Canada who describe themselves as "a patient-led organization that fosters collaboration among patients, family caregivers, and the health care community" [16]. Social media has been successfully leveraged for patient engagement with initiatives like the #hellomynameis Twitter campaign where UK patient and physician Dr. Kate Granger advocated for HCPs to demonstrate respect and empathy for patients by simply introducing themselves [17]. The Canadian Faces of Health Care project is highly visible on various social media platforms and brings together patient stories and videos about their health care experiences "to give voice to those whose experiences are shaped by health policy decisions: both those who are cared by our system and those who provide the care" [18]. In the United Kingdom, Patient Opinion is an independent, nonprofit website for health services that allows patients to share feedback with over 600 organizations [19]. There are numerous additional examples of patient platforms that attempt to influence the policy process or improve specific areas of health care [20].

Patient Experience

More recently, the term "patient experience" has emerged. This is a broader and more faceted concept relating to how the patient experiences the care they receive from the organization and the HCPs that work within it. The Beryl Institute defines patient experience as "the sum of all interactions, shaped by an organization's culture that influences patient perceptions, across the continuum of care" [21].

Running as a thread through patient experience definitions and associated literature is the concept of treating the patient as a unique individual. This has been described as the essence of patient experience, and a direct response to the "personal identity threat" of being objectified, devalued, or dehumanized by the health care process [4, 22]. A patient's sense of personhood can be supported with mindful communication by the HCP. Studies with physicians and nurses have shown that good communication is intrinsically linked with patient trust [23, 24].

When patients are asked what they value in health care, they focus on communication and individual care, as well as additional aspects like information provision, accessibility, professional competence, good follow-up, and the attitudes of the HCPs who care for them [25–27]. Patient experience can be measured in a number of ways, but those commonly used to drive improvement tend to be quantitative; for example, surveys. Qualitative approaches, such as ethnography and phenomenology, can also supply rich data and are particularly suitable for understanding how patients view their interactions with the health care system as they focus on lived experience [28]. The Picker principles were developed from the work of Gerteis et al [29], and are used in many hospital patient satisfaction surveys. They outline seven dimensions considered important for patient experience

1. Respect for Patients Values, Preferences and Expressed Needs
2. Co-ordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Transition and continuity

Figure 1. Picker dimensions of care.