Topic:
A qualitative survey about a patient's experiences and expectations of meeting healthcare professionals during multiple acute hospitalizations and follow up periods.

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Background and aim:
Interaction between patient and healthcare professionals related to many factors that need qualitative consideration (6). Improving and sustaining the quality of hospital care is an international challenge. Patient experience data can be used to target improvement and research. However, the use of patient experience data has been hindered by confusion over multiple instruments (questionnaires) with unknown psychometric testing and utility.(7) A systematic review study means, findings suggest there is no single best way to collect or use PREM (patient-reported experience measures) data for QI (quality improvement), but they do suggest some key points to consider when planning such an approach. For instance, formal training is recommended, as a lack of expertise in QI and confidence in interpreting patient experience data effectively may continue to be a barrier to a successful shift towards a more patient-centered healthcare service. In the context of QI, more attention is required on how patient experience data will be used to inform changes to practice and, in turn, measure any impact these changes may have on patient experience.(8)

The term patient experience has seen increased use in recent years as healthcare has moved to address a new age of consumerism. It has become central to efforts to define and expand the Institute for Healthcare Improvement’s Triple Aim (9,10). As a result of a study (from 2007), patient experience is divided into two categories: expectations concerning ‘nursing care’, and ‘satisfaction with nursing care’. The findings show that there exist conceptual and philosophic deficiencies in the approaches to patient satisfaction and that there is a need to use standardized instruments to study and assess patient satisfaction in the future.(11)

Abovementioned literature review inspires me to focus on a qualitative survey on interaction between patient and healthcare professional with emphasis on experience and expectation.

This patient medical diagnosis and followup had been published (medical case report). I tried to access the patient and ask her to accept and consent to make a personal interview with her and permission to
participate as an observer in her clinical follow up.

Ambition of my study is Understanding about patient and healthcare personal interaction and relation and analysis via Phenomenological hermeneutic and life world perspective.

Phenomenological hermeneutical approach, ( understanding and expectation of patient during contact with healthcare personnel via interview with a person that have different types of health issues in different levels) can make better understanding of study. Practice approach theory , ( interaction between patient and healthcare personnel during a clinical followup in a allergy clinic )

Timmerman article have been used to analysis about changing patient identity to a chronic patient.(5)

Method:
Interview and field study method. Lifeworld perspective and Phenomenological hermeneutic Analysis approach help during the study of analysis and decoding of qualitative datas .

Interview guide:
The Interview had been planned according to time and place and data recording method and GDPR consideration in a day in fall 2021 in a library private room in copenhagen. Before the interview a questionnaire and interview guide had been prepared.

Observation guide:
The observation takes place in an allergy clinic in a hospital in Copenhagen in a day in fall 2021. Healthcare professional and patient( pseudonym Sara) accepted and had consent about my participation in the follow up session. My observation was without voice recording and I wrote notes on papers during the clinical session.

Method details:

Interview :
Question about approach to patient and health care professional contact and consequence of that can be considered as a question about quality of relation between helpership and needfulness. The interview had been planned with patient to be occured in a library private meeting local in capital region of Denmark in year 2021. We meet in a private room of a library and start to Greeting. Before I turn on for voice recording , Sara ( fictive name for informant)

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ask about anonymity and access to study result.

Body language of Sara indicates that she wants to participate in the interview.

Sara's experience at the first episode of fearing of death in very short time after swelling of her throat was terrible.

"I never feel such a horrible situation that I can not recognise myself, can not talk, can not breath, can not cry, I was nearly dead." Luckily I was in our car and my husband tried to call emergency telephone and fortunately we were near to a big hospital.

Sara had not so much contact with healthcare personal before that acute episode.

"Experience about swinging between die and life but hope to someone can help me anyway."

Her imagination about meeting with a doctor or nurse changed after that acute episode.

Expectation such a planned meet in a clinic to usually symptoms or for child annual checkups or vaccination made such a consideration that healthcare system is like the other workplace. Start working 8 o'clock and finish 16 o'clock such other works. According to life World perspective, understanding about allround 365 days in a year, hospital emergency department function on the one side and meet shift personal that changes at day and night turn on the other side, and besides acquaintance to acute healthcare of intensive care unit made her better orientated to healthcare system specifically when something happens in such an example for herself. (18)

"I was in very bad situation but simultaneously I had a such thinking that, all of different type personal in hospital and ambulance do not know really that I am not sick at all. They are just hysterical persons around me. Sometimes they are aggressive and try to avoid me to sleep. I did not believe that I was so sick that I should hospitalised."

Sara tried to control herself but I can see her crying.

Dialog with a ambulance doctor before hospital and afterwards dialog with a lot of nurses and doctors made a varieties of different level of service mindedness and empathy the one side and carelessness or antipathy on the other side."

"Did you have struggled with your husband? Ask a ambulance personal when I was sick again. I can not understand how someone can translate my situation such a family struggle?"

In the other scene, Sara was very lucky because rapid reaction of a young doctor
out of Sara’s room that can see at Sara try to breath very hard. (but there was no any personal at that time because of her transient short stable situation after some injection in ambulance).

"My communication with that young doctor was just a meaningful eye contact without any word for less than a second.

Sara had 4 times acute hospitalization with ambulance transport. Her diagnose every time was acute allergic reaction quincke edem that means acute swelling in airway. After first time discharge from hospital, she received prescription for antihistamine tablets and Epipen (for acute breathing difficulties).

"I hesitate about should be happy because I have Epipen that save my life or upset because it must be with me anywhere any time rest of my life"

Sara had feeling that be known case in same hospital after 3 times hospitalisation. "I could feel that no one thinks seriously about me afterwards but when I was really sick they be thinkable that Sara should be observed and treated in intensive care instead of discharge and make appointment for non acute followup"

The last discharge from the hospital was special for Sara.

"My mouth started some strange involuntary movement episode, maybe because of high dose of antihistamine medication. I show to nurses and doctor my symptoms and receive acute electroencephalography for rollout epilepsy attack. Luckily movements were not epilepsy but what was that at all?"

Sara was very sad, angry during this part of interview.

"I was nearly spark out of hospital, "You should be thankful that you can breath, we do not know why is reason to such movement. But such a symptoms is not indication for continue hospitalization. Your symptoms is not dangerous."

Sara tried be have more control on herself and said "luckily I found reason of the movements, high dose of antihistamine"

"My understanding of meeting with healthcare personal is op to who is in front of me"

Her experience was an extremely wide range of healthcare such as a rescuer to the other side of range such a busy careless employee.

Field study:
Pt had a planned followup in allergy clinic in capital region of Denmark. In year 2021. According to consent of patient and health
care professionals in allergy clinic, I participated and observed my experience in the followup session and study different aspect of the interview between patient and health care professional.

Empiric object: communication between patient and healthcare personal in a clinic in capital region of Denmark.
Analytical object: how public health service can be more efficient with better interaction with patients.

Access and positioning: acceptance and consent from patients and different healthcare personnel had been asked and respected from start and during study in different steps.

We planned to be with Sara in one of followup meeting in allergy clinic. She was generally satisfied with the following method in clinic. In the consultation room were a doctor and young doctor (observer) and me such as analytical observer and Sara. They had consent and accept for my participation. Whole of atmosphere during consultation was satisfied faces because of no repetition of the acute episode any more after last hospitalization and carefulness of Sara about her minimal allergic symptoms and prevention with antihistamine.

"we do not know what's is the allergen that you have allergic reaction maybe autoimmune situation that can be reason but you should be careful rest of your life"

Sara's body language indicate some frustration about ambiguity about what's happening in her body.

Doctor try to describe more about different types of symptoms and give here a symptom registration form to can assemble various symptom frequency until next followup consultation.

I started my project to find a work field. After considering different places, I found a library in Copenhagen that was suitable for our interview. Next step, the patient that lives near to the library accepted to participate in my project.

Ethics issue: Patient accepted to participate in the interview. Interview is anonymous. The project is qualitative and non interventional analysis about meetings between health care professionals and patients.

Interview qualitative question:

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How does a patient understand her treatment based on her meeting with a healthcare professional, and what are her expectations of future treatment and follow up?

Interview guide:

Qualitative Research QUESTIONS:

How is a patient's understanding of treatment when she has a meeting with healthcare personnel?

Which expectation has the patient about future treatment and followup?

Interview guide: in year 2021

Duration of interview about 1,5 hour. Location in a library private room.

Recording of dialogs between interviewer and patient in a mobile (without sim card, wifi and in flight mode to avoid sharing of voice file that saved).

Introduction: Greeting and presentation about interview
Reasoning and goal: description about consideration to analysis of interview

Information about affect of patient and healthcare personal interaction on future patients life.

Body language: friendly, curious about questions.

Reciprocal Respect: respectful meeting without any critical issues.

Make interview in a neutral location that in convenient to participate.

According to GDPR rules, consent from patient, anonymity and avoiding about saving interview voice file have been considered.

Following questions: How do you feel when you need health care?

Open end questions: What is your imagination about healthcare personals when you meet them?

Specifying questions: How is your understanding about your health situation when your was hospitalized?

Structural questions: what is your viewpoint about the optimal and acceptable healthcare personal act and behavior?

Participant feedback after interview: satisfied. Citat: I feel that something has been asked that I never imaginate to be asked.

Convenient atmosphere and location: during the interview, there was not any disturbing or someone that interrupted our interview.

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Easily understand about interview
Reasoning and goal: informant is high educated person and understands questions well and answers relevant without confabulation.
Feeling after the interview: good but could be better with more questions and informants.
Good advice for better quality: more time for an interview can make a better approach and information to analysis.

Observation guide:
Question, Thema, focus:

Question: communication between patient and healthcare personal.
Thema: observational descriptive study
Focus: dialog between Sara (patient) and Peter (doctor) in followup conversation in allergy clinic.
Location: where is observation, which room?, inclusion criteria to location
Language: what is talking about and what is not inside the conversation.
Objects: which objects used
Actors: who participate
Time: Duration day time 1 hour
Context: how is possibility for participants to participate and dialogs.
The other procedure that happened was cutaneous allergy test for cross reaction of allergens that take about 20 minutes.

Afterwards, Sara should been observed and continue the consultation with Peter.

Observation qualitative focus:
How do patient and doctor communicate about followup of acute life threatening allergic reactions episodes in a clinical consultation in the department of allergy diseases.

Field notes of interview and field observation had been used to my study and voice record of interview had been transcribed and analysed.
Descriptive field note
Methodological field note
Analytical field note

Analysis:

Sara has categorized such a chronic patient after 3 episodes of acute worsening of her disease in a short period, and change identity from a healthy person to chronic patient that need to lifelong follow up and observation.(16)

Diskurs analys should work on complex factors that will affect the object that result in the patient's contemporary situation.
Factors such as acute or ambulant contact, electronic patient journal, prevalence of disease and acquaintance to such disease in society and between healthcare professionals.

Analysis: phenomenological hermanological approach.

Phenomenology is grounded in the self-reflexivity of the subject [3]. The adequate form of cognition, therefore, is based on the phenomenological method that must not remain on the level of mere description, but should advance to the comprehension of the fundamental structure of the contents of experience. The phenomenological method, therefore (according to Wojtyla), serves the philosophical aim of" trans phenomenological cognition," 6 as this method reveals the essential structures of the subjectivity of man [4].

According to actor network theory, experience and expectation are multifactorial issues that many actors play partial or complete roles.

Thematic networks analysis:
Codes:
- Understanding of possibilities for acute treatment
- Understanding of health condition according to new disease consideration
- Understanding of possibilities in long time followup
- Disease followup
- Shocking health problems
- Communication with healthcare personal in acute condition
- Communication with healthcare personal during hospitalization (subacute condition)
- Communication with healthcare personal after disease diagnosis

Black box: how can describe the interaction between such a change in the whole of a person's identity because of a suddenly diagnosed chronic disease and healthcare system.

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followup clinic after discharge

- Expectation of acute health care professional treatment
- Expectation of healthcare professional during followup sessions

Themas:

- Understanding of treatment level and followup possibilities
- Individual health issues
- Communication with healthcare personal in different scenarios
- Patient expectation of healthcare personal in different conditions and situations

Knowing the patient means both knowing the patient's typical pattern of responses and knowing the patient as a person. Knowing the patient is central to skilled clinical judgment, requires involvement, and sets up the possibility for patient advocacy and for learning about patient populations. (17)

Conclusion

Undoubtedly It can be very important to focus interaction between patient and healthcare contact qualities level and productivity.

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Try to be in patient universe and simultaneously have position as a healthcare agent is a well known phenomenon that can be an area with potential to progression and development. Acquaintance about different actors effect on interaction between patient and healthcare professional (according to actor network theory) can be challenging because of different types of contacts, disease, level of health service, etc...

Rethinking health operations management may include an exhaustive list of interventions. Concisely, at the strategic level, policy-makers while understanding the need for shifting towards the patient experience, make sure that operational level management is experience oriented. This would be pursued through a strategic approach to patient experience, reconsidering qualifications for operational management, and benchmarking to identify and share best practices. (12)

According to Adventist Health system study in 2017 suggest some points focus on improve patient experience as A Critical Indicator of Healthcare Performance:

1. Always keep the patient at the center of the discussion. Think of what is best for the patient.
2. We all own the patient experience, and the ultimate owner is the top of the organization. If the CEO conveys the importance of patient experience, others will consider it important.

3. Culture, standard practices, or data alone will not solve the patient experience issue. All must be leveraged and aligned to drive and sustain change.

4. Employee engagement should be the first priority. Use the power of storytelling to connect to the why. Reward and recognize, and build a positive culture related to patient experience.

5. Consistency and high reliability are key. Establish evidence-based standard practices and a consistent method for teaching and validating them.

6. Don’t try to boil the ocean with patient experience strategies. Focus on entrenching the standards carrying the largest impact first.

7. Maintain focus. It is not easy to sustain top performance.

8. Collect, analyze, and apply meaningful data to drive change.

9. Patient experience is extremely important across the continuum of care. Look outside of your four walls with strong focus as well.

10. Understand consumerism, transparency, and the healthcare climate of the future, and map strategies that will ensure success.

(13)

A study indicates Patients’ educational levels and the number of post-delivery adjustments influenced negatively the
expectations about comfort of use and patient satisfaction, respectively.(14)

Besides, a study considers the strengths and potential contributions of participatory visual methods for healthcare quality improvement research. It argues that such approaches may enable us to expand our understanding of ‘patient experience’ and of its potential for generating new knowledge for health systems.(15)

In England, the results of a national survey suggests that specific training with regard to the physical needs and comfort of patients, and how patient experiences can be measured and used to improve services, should be introduced. Future developments should also focus, firstly, on involving a wider range of patients in planning and delivering courses and, secondly, evaluating whether courses impact on the attitudes and behaviors of different professional groups and might therefore contribute to improved patient experiences.(1)

Ethics:
Patient’s anonymity is considered and Sara is a pseudonym.
Deletions of recorded interviews were considered and achieved.
There is no conflict of interest. No any type of economic funding or dependency related to the study.

Oral Consent of patient and health professionals that participated in my field work were received before interview and field observation.

There are no special details of patient data in the article that can make patient identity recognisable via reading the article.

References:

1. Robert, Glenn, et al. "Understanding and improving patient experience: A national survey of training courses provided by higher

2. Consent from patient for participation in Interview and observation in clinical consultation and follow up. Consent for analysis and publication of information from interview and observation anonymously. Possibility for the patient to cancel her consent until article publication.


Appendix:

worksheet about qualitative analysis

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