To deliver effective nursing care, it is essential that empathy and understanding of the experience of the client occur.

The experience of the nurse and that of the client differ for the same event. Taking a person’s blood pressure and having a blood pressure taken are two different experiences.

The nurse is likely focused on correctly aligning the cuff marker and making sure that they are listening carefully to accurately identify the systolic blood pressure. However, the client may be thinking, “I hope that nothing is wrong”, “I hate having my blood pressure taken as the cuff hurts my arm”, and “that nurse has cold hands.”

If you are a nurse that has had to be a ‘patient’ before, then the experience could be dramatically different again.

This experience may involve a response such as, “I trust healthcare, so I am well looked after and I don’t need to worry.” Or, the experience could be negative, as the person may consider, “Oh no, my blood pressure is high, that isn’t good. What if something is wrong?”

Similarly, the person who is a nurse receiving care may feel extra concerned if they note that the healthcare staff are not being as safe or professional as the person feels they should be.
For example, **how would you feel** if the nurse taking care of you did not perform correct hand hygiene practices before touching you, or your equipment? Or what if they didn’t introduce themselves to you before attempting to deliver care to you?

How would you, or another person, feel if you observed the healthcare staff **delivering amazing care** to you, a family member, a friend, or another person?

Imagine a time when you were so proud of the healthcare team and their care delivery. Perhaps it was the way that a person was able to calmly and effectively reminisce with a person who had dementia, and you saw the person engage meaningfully and happily for the first time that day. Or, perhaps you were proud of yourself, after a client and their family members smiled and thanked you for following up on a concern that they had.
Evidently, there is a vast and ever-changing array of experiences occurring within the healthcare setting. It can be hypothesised that the person’s interpretation of specific events will dictate whether they feel the ‘experience’ was a positive one or a negative one.

What Does the Literature Show Regarding Patient Experiences in Healthcare?

Price et al. (2014) explain that:

‘Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization.’

Interestingly, a prospective study found that some factors related to patient experiences of healthcare had an effect on their self-management (Kenning et al. 2015).

For example, ‘hassles’ in healthcare were client experiences that affected ‘self-monitoring and insight’ (Kenning et al. 2015). It was also shown that ‘illness perceptions’ regarding ‘consequences of individual conditions’ could influence self-management (Kenning et al. 2015).

This suggests that health professionals need to be aware that the way they present ‘illness’ and ‘consequences of conditions’ to clients has the potential to affect the client’s experience and their self-management activities.
Additionally, healthcare staff may need to consider how difficult the healthcare experience has been for the client, in order to understand if their ‘self-monitoring and insight’ may be affected.

Egerod et al. (2015) completed a ‘meta-synthesis of Nordic studies’ that suggested intensive care contexts can be linked to negative client experiences, such as ‘suffering’.

It was proposed that ‘life-threatening illness’ leads to clients having to choose between ‘life or death’ and that ‘caring nurses and family members’ are therefore necessary to support the person’s ‘transition to life’ (Egerod et al., 2015). Thereby, it appears that without considerate or empathetic staff and family members, the patient experience may decline.

Olding et al. (2015) expressed that there is an increased ‘call’ for the inclusion of family members, but there remains a gap in the literature on this topic. Olding et al. (2015) highlight that more research is needed in regards to the socio-cultural factors related to ‘patient and family involvement’ in intensive care or critical care environments.

Despite Price et al. (2014) highlighting that the collection of client data is important to understand client experiences of healthcare, the analysis by Coulter, Locock, Ziebland and Calabrese (2014) reinforces that health facilities must not only collect data but actually use the data for quality improvement plans to improve client care and experiences.

Fortenberry and McGoldrick (2015) propose that effective internal marketing in health settings could lead to improvements in client experiences and workplace
culture, which again would lead back to potential improvements in client experiences of healthcare.

**Ideas to Improve Client Healthcare Experiences:**

- Use client data (e.g. surveys, verbal feedback) about client experiences for quality improvement of the patient experience.
- Try to facilitate accessible, affordable, smooth (hassle-free) health service processes.
- Be professional and ethical – adhere to organisational/workplace policies, procedures and protocols as well as the standards of the regulatory body.
- Market the services available so that clients understand what care they may have access to.
- Adhere to best practice guidelines.
- Facilitate safe and effective care.
- Always practice person-centred, empathetic and emotionally intelligent nursing care that is inclusive of the client and (if desired) their carers and/or family members.

Show References

**References**

- Coulter, A, Locock, L, Ziebland, S & Calabrese, J 2014, ‘Collecting data on patient experience is not enough: they must be used to improve care’, *British Medical Journal*, vol. 348, viewed 18 June

