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Diversity, Equity, and Inclusion Efforts among Healthcare Providers and Systems in the United States

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Jobe, P. (2023). Diversity, Equity, and Inclusion Efforts among Healthcare Providers and Systems in the United States. *Health, Human Performance and Recreation Undergraduate Honors Theses* Retrieved from <https://scholarworks.uark.edu/hhpruht/112>

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**Diversity, Equity, and Inclusion Efforts among Healthcare Providers
and Systems in the United States**

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Abstract

The purpose of this study was to compare patient experiences measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to healthcare provider's diversity, equity, and inclusion efforts. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient survey given upon patient discharge. The results cumulate to score hospitals on patient experiences. In the sample, there were 392 hospital websites that were evaluated for the existence of policies, procedures, or statements related to diversity, equity, and inclusion efforts or stances. Of those, 121 of the hospitals received the lowest possible rating for patient experience (based on the HCAHPS) and the other 271 hospitals received the highest possible rating for patient experience. There was a significant correlation between 5-star hospitals and DEI policies, indicating the importance of DEI policies that may be related to more positive patient experiences. Through comparing hospitals' reported diversity, equity, and inclusion efforts to patient experience, a conversation of diversity, equity, and inclusion policies in hospitals can begin. This comparison can also act as a resource for healthcare providers as they set their diversity, equity, and inclusion policies and goals.

Keywords: patient experiences; diversity, equity, and inclusion; healthcare providers

Introduction

The purpose of this study was to compare patient experience measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey with healthcare provider's diversity, equity, and inclusion efforts. Knowledge of, and understanding of, the existence of health care disparities and inequities has increased with time, however these disparities continue to impact patient outcomes and experiences. The higher burden of disease and the lower life expectancy rates among minority populations compared to white populations has been clearly seen since the first comprehensive federal report on race and health in 1985 (Heckler, 1985). In order to address these disparities, health delivery systems must promote equity and be held accountable to reform (Shavers & Shavers, 2006).

Not only are health outcomes a result of health care disparities, but patient experience has an impact on health outcomes as well. Patient experience when measured as patient satisfaction, like it is in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), has been tied to quality of care (Glickman, 2010). Patient-centered care, which has similarities to culturally competent care in its emphasis on respecting the patient's values and needs, has been shown to contribute to improved health outcomes (Gluyas, 2015).

Efforts to increase diversity, equity, and inclusion within a system can improve respect and lead to patient-centered care. Cultural competency, an aspect of diversity, equity, and inclusion, and patient-centered care intersect one another and work towards improving quality of care. The need for these efforts and policies are clear when ethnic and racial minority groups are receiving lower-quality care compared to white counterparts, even when socioeconomic factors are controlled for (Smedley et al., 2003).

Defining Patient Experience

A standardized definition of what patient experience entails is yet to be established. Various websites and peer reviewed articles focus on different aspects or definitions of patient experience. Examples of different aspects discussed alongside patient experience include the continuum of care, patient-centered care, patient expectations, individualized care, and service experience (Wolf et al., 2014). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is one measure that examines a patient's hospital experience from their perspective. It has been argued that simply using the HCAHPS cannot fully illustrate the depth of patient experience. However, the Institute for Health Care Improvement discusses how prioritizing the care experience with things like "respect, partnership, shared decision-making, well-coordinated transitions, and efficiency," things not explicitly measured by the HCAHPS, that hospitals can expect improvements in their HCAHPS scores (Overview: IHI, n.d.). Also, patient experience measured as patient satisfaction has been tied to quality of care (Glickman, 2010).

Minority Population Health

Health disparities are the result of systematic differences that have negative health impacts on less advantaged groups. When discussed in the United States, racial and ethnic disparities are focused on, but disparities based on socioeconomic status, gender, disability status, and sexual orientation are prevalent as well (Dehlendorf et al., 2010). Furthermore, with health disparities, it is sometimes difficult to differentiate between the disparities that are related to genetics versus those that are not. Also, health care disparities have a relatively small impact compared to other determinants of health, but health care disparities are highly relevant to the healthcare community because health providers have more control of their role related to health care disparities (Dehlendorf et al., 2010).

Cultural Competency Measure in Hospitals

Cultural Competency Assessment Tool for Hospitals (CCATH) is an instrument utilized by hospitals that utilizes the cultural competency frameworks from the U.S. Health and Human Services' Office of Minority Health's national standards for culturally and linguistically appropriate services (CLAS) and NQF's "A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency." The CCATH was piloted in 2006 at a sample of California hospitals (Weech-Maldonado, 2012a). CCATH measures based on 12 composites including leadership and strategic planning, data collection on inpatient population, data collection on service area, performance management systems and quality improvement, human resources practices, diversity training, community representation, availability of interpreter services, interpreter services policies, quality of interpreter services, translation of written materials, and clinical cultural competency practices.

Prior to the current study, efforts to evaluate the effect of having culturally competent policies in hospitals and healthcare environments have been made. For example, a study comparing HCAHPS scores with CCATH scores found that California hospitals with higher scores for cultural competency also have higher scores for doctor communication, hospital rating, and hospital recommendation (Weech-Maldonado, 2012b). This study also found that improved cultural competency had a particular benefit for minority patients, which reveals the potential that cultural competency has for reducing racial or ethnic disparities (Weech-Maldonado, 2012b).

Importance of Diversity, Equity, and Inclusion Policies in Hospitals

Policies centered on diversity, equity, and inclusion are a way to address healthcare barriers for diverse populations. When cultural differences are not properly addressed within the

healthcare field, this can mean a reduced quality of care (Nelson, 2002). By working to make culturally competent adjustments, quality can be improved (Betancourt, 2002). Diverse cultural experiences can impact how health information is received by the patient, understood, and then acted on (Anderson et al., 2003). This example of how cultural experiences impact communication of health information shows how DEI efforts can work to improve an aspect of the healthcare experience. With many of the HCAHPS Composite Measures being focused on communication, a connection between DEI policies that relate to interacting with diverse populations and patient experience could be drawn. DEI policies are only becoming a more urgent issue with the increasingly diverse population, so the issue of addressing cultural differences is also becoming more urgent.

Current Study

The current study examined patient experience measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey compared to healthcare provider's diversity, equity, and inclusion (DEI) efforts in order to understand if DEI is an important indicator for better healthcare providers. The objective of the study was to examine if there is a correlation between having diversity, equity, and inclusion efforts in place at a healthcare provider (based on webpages) and better experience that patients indicate via the HCAHPS, and to discover if high patient scores are related to a presence of diversity, equity, and inclusion efforts.

Method

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

For the purpose of this research, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) assesses patient experience at hospitals. According to the

Centers for Medicare and Medicaid Services (CMS), the HCAHPS assessment is a national, standardized, and publicly reported survey of patient experience that was developed by the CMS and the Agency for Healthcare Research and Quality (AHRQ). The HCAHPS is a 29-question survey given to discharged patients to accumulate data on patient experience. Discharged patients receive the survey between 48 hours and six weeks after release by either mail, telephone, mail with telephone follow-up, or active interactive voice recognition (IVR). The survey is offered in English, Spanish, Chinese, Russian, Vietnamese, Portuguese, and German languages. At least 100 completed surveys must be completed over a given four-quarter period for a hospital to receive Star Ratings. The hospitals must also be eligible for public reporting of HCAHPS measures. The survey examines communication, responsiveness of staff the patient interacted with, cleanliness of the hospital, quietness of the hospital, discharge process, and overall rating of the hospital. Surveys are given at random to adult patients.

The Centers for Medicare and Medicaid Services breaks the 10 topic-specific HCAHPS measures into 3 categories: HCAHPS Composite Measures, HCAHPS Individual Items, and HCAHPS Global Items. The HCAHPS Composite Measures include *Communication with Nurses*, *Communication with Doctors*, *Responsiveness of Hospital Staff*, *Communication about Medicines*, *Discharge Information*, and *Care Transition*. The HCAHPS Individual Items include *Cleanliness of Hospital Environment* and *Quietness of Hospital Environment*. The HCAHPS Global Items include *Hospital Rating* and *Recommend the Hospital*. Responses to the individual survey items are adjusted to a linear score through a five-step process of linear scoring, adjusting, rescaling, averaging across quarters, and rounding to provide the 0-100 linear-scaled score. Whole stars are assigned to each HCAHPS measure.

For the HCAHPS summary star rating, the CMS explains that this rating comes from an average of 8 different star ratings. The star ratings from each of the six HCAHPS Composite Measures, a single star rating for the HCAHPS individual items, and a single star rating from the HCAHPS Global Items are combined into a simple average. This average creates the HCAHPS summary star rating. The five-star rating system was established by the Centers for Medicare and Medicaid Services (CMS) for their Care Compare Web site. The star rating system was designed to simplify healthcare quality for consumers or patients. The HCHPS Star Ratings are updated by the CMS quarterly. The HCAHPS scores for these national healthcare providers are public archival data, thus IRB was deemed unnecessary for this project.

Sample

For the 2021 HCAHPS data collected across the United States, there were 121 hospitals that were given a 1-star patient survey star rating, the lowest rating available, and 271 hospitals with a 5-star out of 5-stars rating, the highest rating available. Each hospital was investigated by the primary researcher for the existence of diversity, equity, and inclusion efforts or policies stated in mission statements, policy statements, or hospital guidelines available through their individual public websites. Then, two hospitals were reviewed that had more extensive diversity, equity, and inclusion efforts or policies, to be discussed as examples of exemplary DEI efforts.

When examining the hospitals' websites for diversity, equity, or inclusion efforts or policies, multiple approaches were deemed necessary to locate information. If a search bar was available, keywords would be entered in including diversity, equity, inclusion, belonging, and equality. If the search bar was not available, or did not yield results, categorical tabs would be reviewed. If the information was present, it was typically found under a specific diversity and inclusion related tab or was under the mission or vision tab. It is important to note that almost

every hospital had a different website layout, so there was not a uniform approach to searching for diversity, equity, and inclusion efforts and policies.

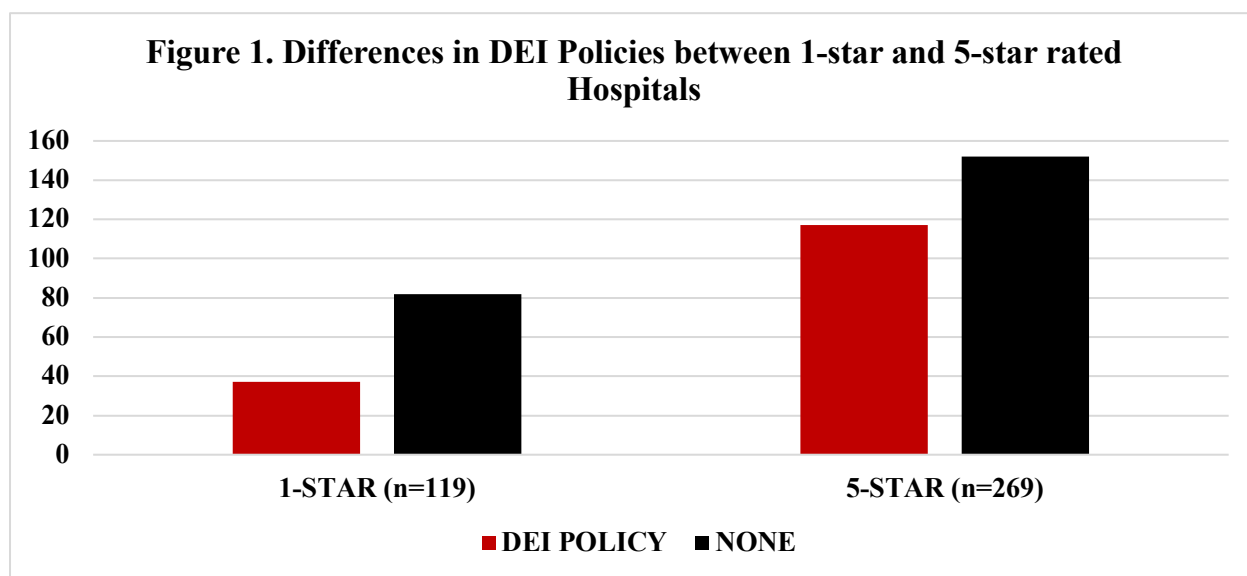
For a hospital to be marked as having a diversity, equity, or inclusion effort or policy, they had to meet one of the following criteria: (1) have a page dedicated to either diversity, equity, inclusion, cultural competency, or belonging; (2) have a statement about values related to diversity, equity, inclusion, cultural competency, or belonging; (3) have specifically outlined policies, procedures, or efforts related to diversity, equity, inclusion, cultural competency, or belonging; and (4) have a staff position within their organization dedicated to diversity, equity, inclusion, cultural competency, or belonging. Policies, procedures, efforts, or statements that only went as far as promoting “respect,” were not marked for having a diversity, equity, and inclusion statement.

It should be noted that the process used in the current study to evaluate the hospital DEI efforts or policies is not a complete and thorough way to collect information on hospital DEI efforts. This method was utilized to reflect the information that the average patient or potential patient may be able to gather themselves through information the hospital provides on their public website. This is similar to the HCAHPS being a public tool to help patients choose their provider.

Results

There were 121 hospitals that were given a 1-star patient survey star rating, the lowest rating available, and 271 hospitals with a 5-star out of 5-stars rating, the highest rating available. Out of the 121 hospitals with a 1-star rating, 37 of those hospitals included a DEI policy on their webpage, 82 hospitals did not have a DEI policy, and 2 hospitals did not have an available website. Out of the 271 hospitals with a 5-star rating, 117 of those hospitals had DEI policies,

152 did not have a DEI policy, and 2 hospitals did not have an available website. Group differences between the two types of ratings (1 vs. 5) using ANOVA (SPSS 25.0) was tested and there were significant differences in having a DEI policy ($F(1,386) = 5.45, p = .05$) between hospitals with a 1-star rating and hospitals with a 5-star rating (refer to Figure 1). Thus, the objective of this study was supported in finding a significant difference between 5-star vs. 1-star hospitals and having the presence of DEI policies, indicating the importance of DEI policies that may be related to more positive patient experiences.



Qualitative Results

The quantitative data helped with understanding the broad perspective of DEI policies and the relationship with patient experiences, but there were wide variations between what the diversity, equity, and inclusion policies or efforts were. Due to the method of quantifying the existence of DEI policies based on having an effort or policy stated in the mission statement, policy statement, or hospital guideline available through their public website with broad requirements for the definitions of efforts or policies, the strength of DEI effort or policy varied heavily between the sampled hospitals. For example, Lake Health Beachwood Medical Center in

Beachwood, Ohio simply had “belonging” listed within their values statement, stating “*Belonging: we value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive*” (About LakeHealth, 2022). With both the words “belonging” and “inclusive” within the values statement, Lake Health was determined as having a DEI policy. This represents a lower strength of DEI policy when compared with the likes of Saint Joseph Hospital and Baylor Scott & White Health hospitals. These did not simply hit the checkpoint of having diversity, equity, and inclusion ideas, but had tangible plans.

Qualitative Results: Saint Joseph Hospital

Within the 5-star rated hospitals, Saint Joseph Hospital in Denver, Colorado was a strong example for diversity, equity, and inclusion goals and policies. Saint Joseph Hospital’s DEI initiatives were directed toward their residency students. There were 5 main focuses of their DEI efforts: Social Justice Work Group, data driven approach to increasing the diversity of the residency program, Spanish language training curriculum, curriculum on health equity, social justice, climate change and its effects on health, and partnerships focused on patient advocacy.

Focus 1. The Social Justice Work Group includes both resident physicians, attending physicians, and members outside their own residency program including clinic associates. However, information on intentions or actions of the Social Justice Work Group were not stated.

Focus 2. St Joseph Hospital expresses the intent behind increasing the diversity of their residency program centers on addressing implicit bias in healthcare. Increasing diversity includes the diversity of attending physicians, resident physicians, and associates. St Joseph Hospital states that they are actively monitoring their progress through the data, but more details on the monitoring methods were not available.

Focus 3. Due to St Joseph Hospital's community hosting a large Spanish-speaking population, the hospital has introduced a Spanish language improvement project. The project includes monthly 90-minute multilevel Medical Spanish classes, a three-day course for interns prior to orientation, optional immersion opportunities in Guatemala or Costa Rica that residents can request funding for, and opportunities for practice in the outpatient and inpatient settings.

Focus 4. Topics of curriculum include anti-racism in medicine, anti-sexism in medicine, care for the LGBTQ+ community, immigrant care, public and global health, and climate change and its effects on health. Furthermore, implicit bias training is utilized for resident and faculty physicians.

Focus 5. Currently, the listed partnerships of St Joseph Hospital residency program are the Colorado Academy of Family Physicians in their Doc of the Day Program, the Colorado Academy of Family Physicians and the Colorado Association of Family Medicine Residencies, the Patient and Family Advisory Council, the Urban Peak Youth Shelter Clinic, Career Coach Mentoring at Manual High School, Metro Caring, Senior Support Services, and Laradon Hall. Furthermore, the hospital has listed future partnerships that they are exploring to increase advocacy for hospital and clinic associates, local neighborhood support, immigrant rights, and others.

Qualitative Results: Baylor Scott & White Health Hospitals

Baylor Scott & White Health system's Diversity, Equity, and Inclusion Report for their hospitals in Texas, is an in-depth breakdown of statistics, focus areas, and initiatives for the health system's hospitals. The report outlines numerous aspects of current DEI efforts and future steps. The report highlights their DEI leadership positions and committees, their DEI specific mission and commitment statements, current diversity statistics, and more.

Focus 1. Baylor Scott & White Health currently has a position of Chief Diversity, Equity, and Inclusion Officer. This position works in their Office of Diversity, Equity, and Inclusion to strengthen current diversity and to better serve patients that are apart of underrepresented ethnic or racial populations. Furthermore, the system has 12 DEI related committees with examples including the DEI Steering Committee, the Culture of Inclusion task force, and the Closing Gaps of Care task force.

Focus 2. The DEI commitment statement is included in the report but is then taken a step forward as the report explains the DEI focus areas that were established with listening sessions. The focus areas include fostering an inclusive workforce where empowerment, acceptance, and respect are emphasized and to identify gaps in care and provide guidance to close them.

Focus 3. The report continues with a breakdown of current employee diversity statistics, new hire diversity statistics, and staff and leadership diversity statistics. Included statistics looked at percentages of females, minorities, people with disabilities, and veteran status. In sum, these were 2 examples of hospitals with a strong presence of DEI within their public webpages for patients to view.

Discussion

The current study found that the hospitals with diversity, equity, and inclusion efforts or policies stated publicly on their websites were more likely to receive a higher HCAHPS rating than those that do not have stated DEI efforts or policies. Many inferences could be drawn from this empirical finding including that the types of hospitals that prioritize diversity, equity, and inclusion have functions that are related towards better patient experience as measured by the HCAHPS. However, combined with the knowledge that healthcare providers have more control of their actions that contribute to healthcare disparities, policies and efforts that work toward

educating on DEI topics and how to interact with diverse populations likely do help patient experience (Dehlendorf et al., 2010). Similar to the study comparing CCATH scores with HCAHPS scores of hospitals in California where a correlation between cultural competency scores and patient experience scores were found, the current study shows a similar result between having DEI policies and having a higher patient experience score (5-star rating). Similar to Gluyas (2015), our study found that culturally competent care (measured as DEI policies) contribute to improved patient outcomes (Gluyas, 2015).

The primary strength of the current study is the quantity of hospitals reviewed for diversity, equity, and inclusion efforts and policies with 392 hospitals reviewed. Furthermore, the study reflects the patient or consumer's perspective when selecting their healthcare provider. All information utilized in the study is publicly available which reflects the initial intention of the HCAHPS scores being available to healthcare consumers. The current study adds to previous research because it ties DEI efforts to patient experience and quality of care through the HCAHPS survey (Glickman, 2010). Healthcare providers working to improve patient experience can prioritize diversity, equity, and inclusion efforts or policies.

Limitations

The current study could be expanded on by reviewing the diversity, equity, and inclusion policies and efforts of healthcare providers and systems to see the impact of specific policies and efforts. Additionally, the policies and efforts could be measured and compared against HCAHPS scores as the current study does not account for variations in strengths between efforts and policies. Also, only 1-star rated, and 5-star rated HCAHPS hospitals were evaluated, so other ratings could be included. And finally, it should be noted that 269 hospitals with a 5-star rating also had *more* hospitals without DEI policies (152 vs. 117); ultimately future research should

examine additional methods to measure DEI and how it relates to patient care and satisfaction. For example, the current study was limited primarily by the publicly available information about DEI provided by the healthcare providers and systems on their websites. It would be safe to assume that not every website is fully updated or fully encompassing diversity, equity, and inclusion efforts in place at every health system. Furthermore, DEI policies and efforts were measured broadly and were not measured based on strength of the policy or effort.

In summary, hospitals that engage in diversity, equity, and inclusion efforts may be more likely to have better patient experiences. And good patient experience is associated with lower medical malpractice risk (Levinson et al., 1997), greater employee satisfaction (Rave et al., 2003), and a major predictor of patient loyalty (Safran et al., 2001), which are all fundamentally important for hospital management.

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