Understanding the Patients’ Perspective of Emotional Support to Significantly Improve Overall Patient Satisfaction

Keith Adamson, Jatinder Bains, Lydia Pantea, Jessica Tyrhwitt, George Tolomiczenko and Terry Mitchell

Abstract
This article presents the results of a research study that laid out important considerations for organizations to improve their patient satisfaction scores. It addresses a dimension of patient satisfaction that appears to garner little attention in healthcare contexts: emotional support. Though the literature strongly suggests that emotional support is correlated to overall patient satisfaction, few organizations have systematically attempted to understand the elements of outstanding emotional support. Research at a community teaching hospital in Ontario has shed light on the essential components of emotional support. In this article, a typology of emotional support is offered. With a better understanding of the components of emotional support, organizations may be able to undertake actions that could potentially improve patient satisfaction scores and, in turn, the overall quality of patient care.

Patient Satisfaction: An Industry Focus, but What Have We Learned?

Patient satisfaction is defined as the appraisal, by an individual, of the extent to which the care provided has met that individual’s expectations and preferences (Brennan 1995). The dictionary definition is “the degree to which the individual regards the healthcare service or product or the manner in which it is delivered by the provider as useful, effective, or beneficial” (Biology Online 2005). The patient’s perspective on what constitutes high-quality care is increasingly recognized as an essential aspect of quality assessment and improvement efforts (Institute for Healthcare Improvement 2001). Many national and provincial ministries of health have been attempting to develop patient satisfaction surveys that include indicators of responsiveness to patient needs.

The Picker Institute developed and extensively tested a survey instrument, during the early 1990s, that has been routinely used as a quality measurement tool within many hospitals in Canada. This self-completion survey has helped hospitals obtain detailed reports of patients’ experiences with specific dimensions of care. Dimensions covered in the questionnaire include respect for patients; coordination of care; information, communication and education around illness; physical comfort; emotional support (relieving fears and anxieties); and involvement of family and friends. According to the Institute of Medicine (2001) and Agency for Healthcare Research and Quality (2007), hospitals need to pay as much attention to patient satisfaction as they do to the clinical aspects of care to improve overall patient quality of care.

Healthcare organizations may find their efforts to improve patient satisfaction scores useless, unless they make a concerted effort to focus on the dimension of emotional support. Increasingly, much of the healthcare literature and healthcare experts alike are now compelling organizations to start paying more attention to this dimension (Graber 2009). When reviewing scores of the patient experience of care in Ontario and British Columbia, it was found that emotional support generally ranked as the most important in the emergency department environment and second most important, after access, in the in-patient environment (Murray 2011, January). This dimension of care may hold the key and be the critical factor to influence overall patient satisfaction (NRC Picker 2007). Despite the considerable attention that healthcare organizations have devoted to the measurement of patient satisfaction in the domain of emotional support, there is often confusion about how to systematically use these data to improve an organization’s performance (Burroughs et al. 2000). As a result, many hospitals are struggling to understand the nature of emotional support for patients and the strategies necessary to support clinicians in learning how to provide it.
Emotional Support: The Key to Improved Patient Satisfaction

The most recent research indicates that hospitals get average to high marks for attention to physical comfort but that they could do better in providing adequate emotional support to patients (Benko 2003). The Hospital Report Research Collaborative (Ontario Hospital Association 2005) has suggested that most hospitals in Ontario are struggling with providing adequate patient emotional support. Problems around this issue may not be restricted to local or national hospitals; they may also pose a challenge for hospitals and health centres worldwide. A study on patients’ experiences with emotional support within hospitals in five countries reported that many patients felt that they received inadequate emotional support, stating that it was difficult to discuss anxieties and concerns with healthcare providers (Coulter and Cleary 2001).

In fact, it has been strongly suggested that quality improvement professionals pay particular attention to the emotional support dimension of patient care. Improved performance from within this area can correspondingly lead to the greatest increase in overall patient satisfaction (Gesell and Wolosin 2004). This may in turn lead to speedier recoveries from illness (Nicassio and Smity 1995; Willson and McNamara 1982; Zhang et al. 2008). Others have suggested that emotional support is one of the strongest determinants of whether patients have a high level of satisfaction during their hospital stay (Gesell and Wolosin 2004; Jenkinson et al. 2002). Furthermore, researchers at NRC Picker validated that emotional support is the dimension most strongly correlated to the patient’s overall experience of care (NRC Picker, Research Department, personal communication, July 2006). In light of this information, hospitals should be refocusing their energies toward further exploring and developing technologies to respond to and understand the emotional needs of their patients.

The Missing Piece of the Emotional Support Puzzle

Understanding that emotional support scores are inextricably linked to high patient satisfaction means that the next logical step for hospitals is to try to understand what really constitutes emotional support. Though healthcare providers may intuitively believe that they understand how to provide emotional support to their patients, this belief may be based more on theoretical knowledge and constructs than on patient-driven needs and subjective experiences. Essen and Sjoden (2003) have suggested that perceptions about caring from caregiver and patient perspectives may disagree with each other. In this study, the researchers found that for indicators of caring, patients seemed to rank technical competence higher than did nurses, who ranked affective behaviours (touching, listening etc.) as more important. Congruent perceptions of emotional needs must be attained if emotional support is to be an achievable goal for healthcare workers and organizations. As such, further inquiries into the nature of emotional support for patients may be required, as well as the development of a framework for emotional support interventions within healthcare settings.

Greater Understanding of Patients’ Perspective Allows for Greater Hospital Response

Traditionally, the quality of healthcare has been monitored using primarily quantitative measures; “this vision has been tempered with the realisation that the issue of ‘quality’ is more complicated and nebulous than this model of management implies, especially in the case of complex health systems and services” (Pope et al. 2002: 148). Qualitative research then becomes another tool of understanding the patient experience of care in order to make meaningful quality improvements. The more we understand emotional support from the patient perspective, the more hospitals can respond to patients’ emotional needs.

A research project was supported at a large community teaching hospital in Toronto, Ontario, by its administration in order to enhance its performance in providing emotional support. This endeavour was consistent with the mission and values of the hospital, which speak to treating each patient with dignity and compassion. We felt that attending to the dimension of emotional support would yield a major positive improvement in overall patient satisfaction at the hospital. In particular, it would be important to understand the nature of emotional support in the general medicine in-patient areas of the health centre, where the organization wanted to focus its efforts. We felt it was crucial to understand emotional support from the patients’ perspective. In other words, in the eyes of the patients, what are healthcare provider behaviours that convey emotional support?

A qualitative, descriptive approach was used to investigate the perceptions of emotional support received by patients during their hospital stay. The investigation used a grounded theory approach, which is one that is derived from data systematically gathered and analyzed through the research process. As such, we wanted to ask patients questions in relation to their experiences of emotional support at the hospital and to allow theory to emerge from the data.

Twenty-five patients were recruited to participate in this study. Semi-structured interviews were conducted with patients, as key informants, before they were discharged from hospital. The interview was designed to last approximately 40–60 minutes. Patients were encouraged to share their thoughts about the emotional care they received during their in-patient hospital stay. Transcripts were analyzed for common themes and patterns.
**What We Learned about the Nature of Emotional Support**

Through thematic analysis, it was learned that emotional support within the context of healthcare is the ability of caregivers to provide communication, whether verbal or behavioural, in a manner that facilitates the psycho-social adaptation of an individual to his or her illness and the surrounding environment. The following eight themes emerged from the data: empathy, informative communication, being present and available, inspiration and hope, personalization, supportive gestures, humour and environmental familiarity. Patients perceived clinicians as giving them emotional support through the use of these strategies. Below are examples of the themes that were raised.

**Empathy**
Care delivery is often focused on the *what* and not the *how*. Patients reported that the way in which care was delivered was vital for making the experience satisfying. This is evidenced in the following example, where a patient describes a positive experience of care: “She is so caring when she bathes me, changes the bed, makes me feel comfortable in the bed and brings my medication, and I actually feel pampered.” This type of empathy results in patients feeling secure and reassured.

**Informative Communication**
When care was highly satisfying, patients had participated in conversations related to their treatment. Patients reported needing two-way conversations through which they could learn about treatments, outcomes and expectations. This study found that informative communication about treatment plans, diagnosis, procedures and prognosis helped reduce patient anxiety and worries. Most of the time, these tasks were performed by a doctor, even though, once the patient learned about the illness, there was supportive counselling provided by other caregivers on the team. Our participants’ experiences told us that there are three levels of patient-physician informative communication. Each level requires more skill and physician-patient engagement than the previous one. The first level involves simply patients receiving information. The second level includes patients asking questions. Ultimately, our findings suggested that patients want to have conversations about their care. This is the main characteristic of the third level.

Just receiving one-way communication was not highly satisfactory but was considered better than no communication: “You know, a patient, someone like myself, for so long, when I would tell him something [silence] … I know he’s a doctor, but he needs to listen to me too.”

**Being Present and Available**
The theme of being present and available refers to patients knowing, through responsive behaviours, that somebody is present. In our study, this left patients with the impression that they were never alone, were safe and there was a sense of connection between caregivers and patients at all times. Presence also entails an aspect of time: the time spent with the patient, the time spent away from the patient and the time that passes after a clinician promises to get back to the patient. When caregivers communicated a structured itinerary to their patients, they used what our research team calls structured presence technique, which gives patients a sense of being attended to by caregivers at all times, even when the caregivers are not physically present: “When they say they’ll be back, they do come. They don’t make you just sit there and wait.”

**Inspiration and Hope**
Participants viewed inspiration as their caregivers having a positive influence on their minds and uplifting their spirits. They considered hope very similar, in the sense that they expected their caregivers to provide them with an outlook that was positive and to convey that events would turn out for the best: “I never knew anybody who had [this condition]; I didn’t know a thing about it. And then you get in the hospital, and the nurses are, like, ‘Oh we see this all the time.’”

**Personalization**
Personalization refers to getting care that is individualized and that meets each patient’s unique needs. Some patients talked about situations where they felt more “like human beings” than just patients. They spoke about interacting with staff or caregivers on a level that was more about one human being helping another, rather than a trained skilled clinician helping a “sick,” helpless patient. Personalization involves the patients seeing their caregivers step out of their formal role as helpers to become friends and allies: “It’s important to have interaction as humans!”

**Supportive Gestures**
Three tenths of the participants spoke about gestures that conveyed caring and emotional support. Supportive gestures are acts that are performed by caregivers with the intention of conveying empathy, openness and support to patients:

- Physical touch: “When I’m in pain, they come and pet my head or hold my hand … so it’s really good. You know, sometimes it is really hard when your family is not here.”
- Eye contact: “They draw the curtain behind them and, you know, focus by eye contact.”
- Smile: “They’re just excellent; that’s it. Always a smile on their face, always a smile. They’re all wonderful, you know. It makes me feel good.”
- Staff sitting down/proximity: “Sometimes, when something’s happened to you, you’d feel comfortably if you had someone
to, maybe, come around and sit and have a talk with you, and so forth. You would feel a little bit comfortable.”

Humour
Humour in the caregiver-patient interaction was appreciated by over three tenths of the participants. For some, humour was a therapeutic tool. It healed their anxieties and turned them away from the grief and worries generated by their illness: “There was a time after being in so much pain that I felt as though I'd lost myself; I'd lost my sense of humour. One of the nurses was funny and made me laugh, joked around with me and helped me feel more like myself.”

Ambient Environment
The ambient environment involves the mood generated from the interactions among people within a given setting. A good ambient environment is usually referred to by patients as a “friendly environment.” Patients may also use phrases such as, “everyone is so polite,” and “everyone is so nice.” These comments refer to care professionals who may or may not be directly involved in a patient’s care but with whom the patient may have frequent contact while in the hospital: “And some of them kind of, I don’t know, I keep getting all of these different therapists. I can’t keep them straight. I don’t know who they are or what they are.” This statement stresses the importance of patients knowing the names of not only their care providers but any health workers who come into their rooms, invading their personal space on a daily basis. All who enter a patient’s personal space should introduce themselves by name and state the purpose for their visit.

**Given that illness** imposes an emotional burden on patients that is often as difficult as the physical one, patients need to be guaranteed a minimum level of emotional support.

Discussion
This study identified eight dimensions that were important for patients in their perception of emotional support. As such, based on the key subcomponents raised within each theme, a general hierarchy of emotional support emerged from this study. The findings highlighted that patients received varying degrees of emotional support from healthcare workers. Given that illness imposes an emotional burden on patients that is often as difficult as the physical one, patients need to be guaranteed a minimum level of emotional support, regardless of the nature of their diagnosis. This means that all patients should receive a standard level of emotional support. As such, it is important to identify a hierarchy of skills, from “standard” skills to those that represent “advanced” emotional support skills. Table 1 provides a detailed description of the key actions necessary to respond to patients’ emotional needs at different levels.

Changing Patient Satisfaction Scores: Taking Emotional Support Seriously
Our research emphasizes the need for every hospital to start addressing the area of emotional support and thus create a concerted effort to improve a very important aspect of quality care. Most organizations have to this point understood the dimension of emotional support to be concerned only with addressing patients’ anxieties and fears (the definition found in the Patient Experience of Care survey [NRC Picker n.d.]). This is because there is an impression that only the items under the dimension of emotional support are needed in order to respond to the emotional needs of patients. However, emotional support elements can be found within other dimensions of the Picker survey as well. The Picker emotional support dimension score for acute care in Ontario has five items: confidence/trust in nurses; nurses discussed anxieties/fears; ease of finding someone to talk to; confidence/trust in doctors; and, doctor discussed anxieties/fears.

As such, some of the important elements of emotional support as highlighted in this article may also be covered in the questionnaire in another dimension (e.g., “being present and available” is also captured in the access dimension). This means that items that measure emotional support may not be found only within the emotional support dimension of this patient satisfaction tool. As a result, the manner in which the items are categorized potentially leaves organizations and clinicians alike with a fragmented understanding of the concept of emotional support itself. Furthermore, it may also lead organizations and clinicians to believe that those elements that are not under the dimension of emotional support are not required to provide emotional support. Our research has presented a much more consolidated, detailed and focused definition of the efforts involved in addressing this dimension, from the patient’s perspective.

One could always revisit whether Picker has the right questions for understanding the emotional support dimension; nonetheless, the questions as they exist now do elicit an answer about what’s important. As such, if emotional support is important for healthcare organizations, action plans need to be drawn. Efforts to improve patient satisfaction have been described as “high effort, high reward” scenarios in the recent For Patients Sake (Dagnone 2009) report commissioned by the Saskatchewan government. This means that organizations will need to make fervent resource commitments to initiate improvements in emotional support provision, recognizing
### TABLE 1. Key actions related to the different levels of emotional support

<table>
<thead>
<tr>
<th>Theme</th>
<th>Standard Level of Emotional Support</th>
<th>Intermediate Level of Emotional Support</th>
<th>Advanced Level of Emotional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambient environment</td>
<td>Introduce yourself. Show manners and politeness to create a friendly environment. Introduce patients to their roommates.</td>
<td>Empathy Provide care in a manner that conveys warmth, gentleness, kindness, concern and caring.</td>
<td>Compassion Share the patients’ burden and anxieties. Provide opportunities for patients to feel accompanied in their struggles (sit with patients).</td>
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<td>Physical environment</td>
<td>Ensure clean floors, clean room and clean linen.</td>
<td>Information sharing Give information, with the addition of time for patients to ask questions regarding their care.</td>
<td>Information exchange Engage in conversations with patients regarding their care information, questions and feelings about the treatment, diagnosis and prognosis for their condition. Conversations should include: • active listening, • addressing patients’ emotional and social needs, • providing suggestions and ideas and • directly answering questions.</td>
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<tr>
<td>Sympathy</td>
<td>Use verbal/non-verbal expression of sorrow.</td>
<td>Reactive/proactive response Check-in often with patients.</td>
<td>Proactive response Anticipate the patient’s physical/emotional needs. Have an intuitive sense of the patient’s needs; the patient should have the sense that you are present (use structured presence technique).</td>
</tr>
<tr>
<td>Ask patients about their needs.</td>
<td>Provide information to patient regarding treatment plan, diagnosis and future expectations.</td>
<td>Comforting messages Talk patients through their challenges.</td>
<td>Nurturing spirituality Encourage patients to re-establish a connection with their higher power or spirituality.</td>
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<tr>
<td>Reactive response</td>
<td>Patient requests to speak with a caregiver; respond appropriately.</td>
<td>Encouragement and reassurance Use statements that help the patients realize that they will improve and get better.</td>
<td>Making the patient feel special Do little things that are unique to the patient (“the little things add up”). Act like a friend and ally.</td>
</tr>
<tr>
<td>Normalizing</td>
<td>Demonstrate that you are familiar with the illness and competent to treat it: “We are aware of this disease and have seen this before.”</td>
<td>Recognizing the whole person Recognize that patients have a “life story.” Treat patients holistically. Have conversations with patients that are not related to the illness (“How are the kids?”).</td>
<td>Supportive gestures Sit down with the patient. Maintain a comfortable distance with the patient. Use physical touch (hold hands, pet the patient’s head).</td>
</tr>
<tr>
<td>Supportive gestures</td>
<td>Maintain eye contact; smile.</td>
<td>Understanding the social situation of each patient Consider the patients’ social circumstances in treatment plans. Make appropriate referrals for further emotional support and concerns.</td>
<td></td>
</tr>
<tr>
<td>Humour</td>
<td>Use jokes to establish a connection and positive feelings with the patient. Use jokes as a therapeutic tool to reduce anxiety and worry.</td>
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that benefits in the long run by far outweigh the sacrifice. Here are four lessons stemming from the research that may need to be considered when attempting to address emotional support within healthcare organizations: recognize that patient surveying is a two-step process; patient affairs departments of hospitals need to drive home the message of customer service training; recognize that providing emotional support may not be as “work” intensive as conventional thinking would support; and make emotional support a key component of the hospital’s strategic plan.

Lesson One: Recognize That Patient Surveying Is a Two-Step Process
The surveying process begins with the creation of a general survey, a high-level look at topics to decide what is important. Once these are understood, then a more detailed analysis, either quantitatively or qualitatively, should follow in order to comprehend the most important areas. This second step is needed to create the details for improvement planning, and it may require a longer or more focused survey, questionnaire or interview. This can be determined on a project-by-project basis, just as it would be for other dimensions such as pain, access, communication or discharge processes.

Lesson Two: Patient Affairs Departments of Hospitals Need to Drive Home the Message of Customer Service Training
Organizations need to commit to training their staff about emotional support. This will benefit healthcare organizations, their staff and their patients. For example, in January 2010, hospitals were required to implement customer service training to meet new legislated requirements of the Accessibility for Ontarians with Disabilities Act – specifically outlined in the customer service standard. At that time, organizations may have wanted to consider including an emotional support component in the overall training initiative. The understanding and use of patient emotional support by staff would help organizations to understand and comply with required changes such as the new legislation. Ideas such as respect and dignity, which are imbedded in the act, are themes found in delivering effective emotional support.

Lesson Three: Recognize That Providing Emotional Support May Not Be as “Work” Intensive as Conventional Thinking Would Support
The more efficient our care becomes, the more dissatisfied our patients become (Brown 2009, November). Patients may interpret that staff simply do not have the time to attend to any aspect other than their physical manifestations. Our research suggests that emotional support interventions do not have to be onerous or psychotherapeutically intensive. Emotional support can be conveyed through the simplest of gestures and communications. A strong example of this in our study occurred when patients derived support from staff who gave them an expectation of how the day would unfold, while they were providing patient care. Other interventions, such as introducing yourself or using a gentle touch, that provide emotional support without a significant amount of time added to “usual” care may be advantageous (Patterson et al. 1997). However, we need to encourage our caregivers to work to provide emotional support, even if the time investment may be perceived as a loss leader.

Lesson Four: Make Emotional Support a Key Component of the Hospital’s Strategic Plan
Patients cannot be satisfied if they are not emotionally supported, as well as having their physical care needs attended to. Based on anecdotal evidence, if we were to review any hospital’s strategic plan, we may not find any quality initiative directly related to emotional support. At a minimum, knowing that patient satisfaction and better clinical outcomes are linked (Alazri and Neal 2003; Hurwitz et al. 2005; Stewart et al. 2000) should prompt healthcare organizations to include efforts to improve emotional support on their path to improving overall quality of care. Increasingly, standardizing quality within healthcare organizations is becoming a preoccupation with local, provincial and federal governments. For example, in Ontario, the Excellent Care for All Act promotes putting “patients first by improving the quality and value of the patient experience through the application of evidence-based health care” (Ontario Ministry of Health and Long-Term Care 2010). Hospitals are required by virtue of the act, to conduct patient surveys to assess satisfaction with services. Considering that improved performance from within the area of emotional support can correspondingly lead to the greatest increases in overall patient satisfaction (Gesell and Wolosin 2004), hospitals may want to focus on the patient experience of emotional support. This will mean more than asking patients about whether they have any anxieties or fears.

Organizations need to spell out their plans to address the effort needed to improve patient satisfaction scores. Without a systematic approach to addressing gaps in the dimension of emotional support, patient satisfaction scores run the risk of remaining stagnant. At a minimum, with emotional support on an organization’s performance metric tool, the organization is demonstrating that it is committed to improving this overlooked but critical aspect of the patient experience of care (Luther 1996).

“Put simply, care cannot be high quality unless the patient is satisfied” (Vuori 1987: 107).
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