

# Qualifications and Skills Required for Patient Experience Positions

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## Abstract

The need to provide patient-centered care has been recognized by major players in the health-care field. As such, attention has been placed on patients' experience of the health care they receive, and health-care organizations have been investing in patient experience initiatives and staffing to implement those initiatives. Given this, the objective for this study was to investigate the qualifications and skills US health-care organizations seek for patient experience positions through a content analysis of job postings. Results show that patient experience positions are largely found in health systems and hospitals. These positions include coordinators, directors, managers, specialists, and advisors. Five key skills were identified: collaborating with stakeholders; coordinating, planning, and executing service excellence programs; handling complaints and grievances; educating and training leadership and frontline employees; and providing excellent customer service. The skills vary depending on the position. The overall goal for patient experience positions is to ensure a complete and positive patient experience. As these patient experience positions are relatively new, requirements will likely evolve over time as organizations adapt patient experience strategies.

## Keywords

patient experience job qualifications, patient experience job skills, content analysis

## Introduction

There are 6 health-care quality aims (1). One of these aims is patient-centeredness, which places increased focus on patients' personal experience with the care they receive. Standardized surveys such as the Consumer Assessment of Healthcare Providers and Systems measure the care received based on the patients' perspective, thus helping better understand patients' experiences. Survey results, which are publicly reported through a variety of programs, may be tied to incentives in value-based programs (2) and also provide guidance to an organization's efforts to improve care and the patient's experience of it (3,4).

In fact, studies have shown a correlation between positive patient experience and a number of health care–related outcomes, including improved health-care quality, greater patient safety, better health outcomes, adherence to prevention and treatment services, greater employee satisfaction, lower utilization of resources, lower readmission rates, higher physician engagement, and the establishment of a more collaborative culture (4-7). Other studies have identified 4 key drivers of patient experience: excellent communication, wait times, staff empathy, and access to care (8,9) with communication between medical staff and patients being the most impactful (9).

Health-care organizations have continued to increase their investment in patient experience, with many hospital executives and boards placing a high priority on patient experience (7). As shown in one report, many organizations are now fully committed to developing teams focused on patient experience (10). Notably, 70% of the health-care organizations surveyed have established a senior leader responsible for patient experience (10). In short, the efforts of many organizations to improve patient experience have now been well-established and are showing positive results (10).

Improving patient experience requires a structured approach to systematically address work processes and patient interactions. Ultimately, this structured approach can facilitate achieving overall practice and system transformation (11). Of note, formal training is generally recommended

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for interpreting and using patient experience data to inform changes to practice as well as to then measure the impact of those changes (12). Thus, effective use of patient experience data is an important strategy for improving patient experience.

However, with this increased investment in patient experience as noted earlier, no research has been conducted to date on the optimal qualifications and skills to fill these patient experience positions. To that end, the purpose of this current study was to identify those qualifications and skills based on patient experience job postings. This study was guided by the following research questions:

- What are the patient experience positions for which US health-care organizations are hiring?
- What job qualifications and skills are US health-care organizations seeking for these patient experience positions?
- How do qualifications and skills vary based on specific types of patient experience positions?

The results of this study may benefit health-care organizations in the areas of human resource and strategic planning, and they may equally benefit health-care professionals in assessing their own skills and potential areas of skill development in relation to patient experience position requirements. Additionally, these results will help inform professional associations and educational institutions that are developing courses and trainings geared toward growing skills for patient experience positions.

## Method

The research questions were addressed through a content analysis of patient experience job postings that contain the qualifications and skills that employers desire in relation to a specific position. Content analysis of job announcements has been used in a variety of professions to evaluate job advertisements (13,14) as well as in health care (15,16). Content analysis consists of the 3 phases: preparation, organization, and reporting (17). Figure 1 outlines the steps followed for the content analysis process in this study which were adapted from previous research (17-19).

### Preparation Phase

The preparation phase includes defining the data collection method, sampling strategy, and unit of analysis (17,18). Active job postings for US patient experience positions on Indeed.com, a job posting aggregator, were collected from July through October 2018. Job postings were copied into separate documents and saved with the job title and organization in the filename.

The convenience sample consisted of job postings for health-care organizations such as health systems, hospitals, and physician practices. Inclusion criteria for the sample was having “patient experience” in the job posting job title. Job

postings were captured daily, and duplicate job postings eliminated. All active job postings that met the criteria were used in the analysis. After 4 months of capturing job postings, few if any new types of positions were identified, signaling data saturation had been reached (20). A total of 280 job postings were identified during the specified time period. The unit of analysis was an individual job posting. The collected job postings were reviewed to become familiar with the sample as a whole and various job posting components.

### Organization Phase

The organization phase used an inductive approach. The inductive content analysis process includes open coding, categorization, and abstraction (17,21,22). Open coding was completed by highlighting key parts of the job posting document during the initial review, inserting comments via word-processing software, and identifying meaning units or codes for portions of the text. Descriptive headings and associated categories were then generated and recorded in a spreadsheet. Job postings were reviewed again to abstract basic information such as job title, degree requirements, certification requirements, and years of experience and also categorized as to job focus (eg, clinical and management), hiring organization type, and job title category.

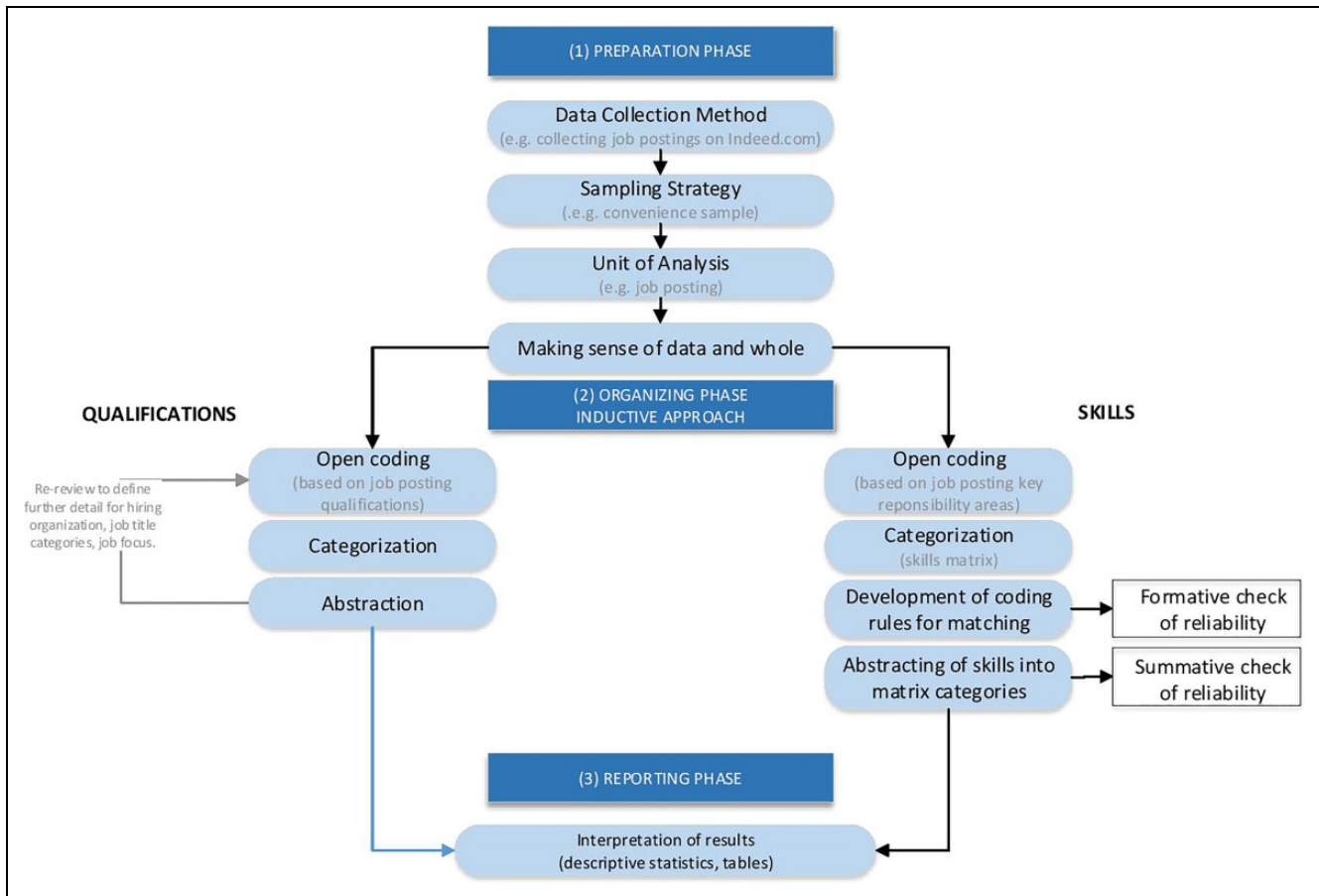
Additionally, a skills matrix was developed based on a review of job posting key responsibilities areas. Coding rules consisted of identifying key terms that matched in the job posting and skills matrix and then reviewing the related description in the job posting to ensure the context was appropriate. For example, this job posting text “ensure a consistent positive experience for all patients, employees and visitors” was matched to this skill in the matrix “Create a complete and positive service experience.” An initial coding was completed for each job posting to ensure skills were holistically captured. Recoding of job skills was conducted again approximately 90 days after initial coding, and any discrepancies were noted and reanalyzed.

### Reporting Phase

Descriptive statistics were generated for the overall sample as well as for the skills matrix. All data for each category were included in the frequency counts representing 100% of the sample. Frequency counts for top job title categories were also generated to allow for more detailed analysis.

### Trustworthiness

To establish trustworthiness, the content analysis process must be described in sufficient detail to provide a thorough understanding of the strengths and limitations of the study (17). The concepts of credibility, reliability, dependability, and conformability describe various aspects of trustworthiness (18,21,23). These trustworthiness factors were addressed in this study in the following ways. Credibility



**Figure 1.** Content analysis process.

was demonstrated through the following: (1) the unit of analysis, a job posting, was the most suitable, given the research focus; (2) data analysis was conducted on specific items that addressed the research questions regarding patient experience position qualifications and skills; and (3) the categories selected reflected the research topic and sufficiently covered the data. Tables and a figure provided a direct link between the results of the study and the data, thus providing an audit trail (24) and addressing reliability. Data were collected during a specific time period to ensure consistency and to address dependability. Finally, a code–recode strategy was used to help address intrarater reliability (25,26) and conformability.

## Results

Descriptive statistics for the overall sample are shown in Table 1. The sample included job postings primarily from health systems and hospitals. Most positions were listed as being in a patient experience department (88%). A smaller number of positions (7.5%) were in a department combining patient experience and another function (eg, Nursing Quality, Magnet Program, or Member Experience). A bachelor's degree was most often required (45%). Specific degree areas

included business or health care–related field. Approximately 39% of the positions were responsible for managing staff. Clinical positions (eg, registered nurse required) represented a small portion (3.6%) of the sample. The top states based on the number of job postings were California, Texas, Florida, Illinois, and New York. A small number of positions preferred certifications in patient experience, Lean, or Six Sigma.

The patient experience positions had a range of job titles. Top job title categories included coordinators, directors, managers, specialists, and advisors (ie, a combination of advisors, coaches, and consultant positions). Profiles for these 5 categories are shown in Figure 2. Coordinators were primarily found at hospitals (51%), required a high school degree (42%), and 1 to 2 years of experience (39%). Directors were usually found at health systems (64%), as larger organizations may require more leadership and have larger teams to manage. A bachelor's degree was most often required (53%), but some positions required a master's degree (29%). Director positions usually required 5 to 7 years of experience (50%). Managers were also primarily found at health systems (45%), required a bachelor's degree (67%), and 5 to 7 years of experience (33%). Specialists were more frequently found at health systems (42%) and

**Table I.** Sample Descriptive Statistics (N = 280).

	Frequency	%
Hiring organization type		
Health system	129	46.1%
Hospital	108	38.6%
Insurance company	3	1.1%
Integrated delivery system	7	2.5%
Physician practice	9	3.2%
Post-acute care	7	2.5%
Recruiter	3	1.1%
Vendor	5	1.8%
Other	9	3.2%
Total	280	100.0%
Department		
Patient experience	246	87.9%
Combined function	21	7.5%
Other	13	4.6%
Total	280	100.0%
Degree required		
High school	63	22.5%
Associate	9	3.2%
Bachelors	126	45.0%
Masters	29	10.4%
Not specified	53	18.9%
Total	280	100.0%
Job title category		
Advisor	12	4.3%
Analyst	2	0.7%
Coach	6	2.1%
Concierge	18	6.4%
Consultant	12	4.3%
Coordinator	67	23.9%
Director	56	20.0%
Educator	3	1.1%
Liaison	8	2.9%
Manager	42	15.0%
Officer	4	1.4%
Program/project manager	8	2.9%
Specialist	31	11.1%
Vice president	11	3.9%
Total	280	100.0%
Years of experience		
1-2 years	49	17.5%
3-4 years	74	26.4%
5-7 years	73	26.1%
8-10 years	20	7.1%
11-15 years	1	0.4%
Not listed	63	22.5%
Total	280	100.0%
Manager		
Yes	109	38.9%
No	171	61.1%
Total	280	100.0%
Clinical		
Yes	10	3.6%
No	270	96.4%
Total	280	100.0%
States		
California	35	12.5%
Texas	27	9.6%

(continued)

**Table I.** (continued)

	Frequency	%
Florida	25	8.9%
Illinois	17	6.1%
New York	17	6.1%
Other states	159	56.8%
Total	280	100.0%
Certifications preferred		
Coaching	3	1.1%
Lean	9	3.2%
Patient experience professional	14	5.0%
Project management	2	0.7%
Six Sigma	9	3.2%
Other	4	1.4%
None	239	85.4%
Total	280	100.0%

required a bachelor's degree (42%); however, experience was not usually specified (39%). Advisors primarily were found at health systems (53%), required a bachelor's degree (83%), and 3 to 7 years of experience (60%).

The top 30 skills that were identified in the job postings overall and for the top 5 job title categories are shown in Table 2. The top 5 skills identified overall with examples from matching job posting text were as follows:

1. Skill: Collaborate with stakeholders.

“Works collaboratively across the organization to identify, develop and implement key initiatives and programs while supporting the organization.”

“Will collaborate with internal stakeholders to ensure organizational strategies are aligned and encourage them to provide exceptional experiences.”

2. Skill: Coordinating, planning, and executing service excellence programs.

“Coordinates, plans, and executes system-wide service excellence and patient relation programs.”

“Develops and leads approach to service excellence in all care delivery locations with the goal of improving patient satisfaction, loyalty, and overall engagement.”

3. Skill: Educate and train facility leadership and front-line employees.

“Collaborates with team members to plan and implement system workshops/events that support learning and performance optimization.”

“Conduct engaging training techniques to influence behavior change: Role play, simulations, scenario design, and so on.”

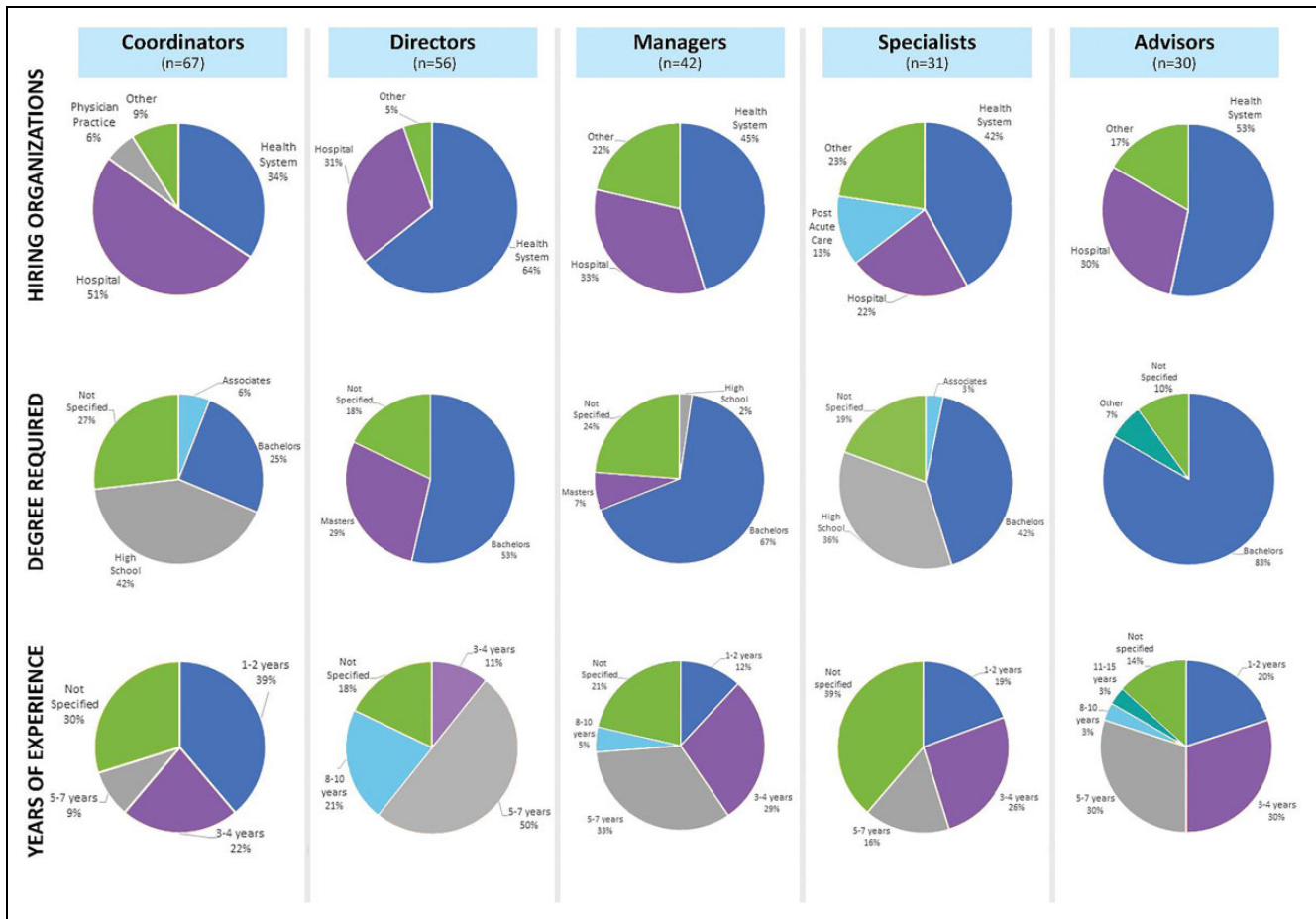


Figure 2. Top five job title category profiles.

4. Skill: Handle complaints and grievances.

“Handles a portfolio of complex complaints and grievances.”

“Determines the complaint or grievance status of the patient feedback; coordinates timely review, response, and resolution of patient concerns.”

5. Skill: Provide excellent customer service.

“Provide superior customer service to internal/external customers to ensure an exceptional customer experience.”

“Promotes and demonstrates excellent customer service.”

Top skill areas varied by job title category. For example, top skills for coordinators were providing excellent customer service and handling complaints and grievances. On the other hand, directors fill a key leadership role and thus were more focused on collaborating with stakeholders, designing and executing a patient experience strategy, leading patient experience initiatives, and applying best practices. More skills were found in director positions overall, given the broader scope of these positions. Manager positions tended to focus on educating, training, coaching, and coordinating. For specialists, adapt communication for different

stakeholders and ability to balance multiple priorities or multitask were more frequently listed relative to other positions and skills. Advisors were focused on collaborating, educating, training, coaching, and mentoring.

Discussion

This was the first study to analyze the qualifications and skills required for patient experience positions based on job postings from US health-care organizations. As we have seen, health systems and hospitals are hiring for a range of patient experience positions, with a focus on collaboration with stakeholders and coordination of service excellence efforts. Providing excellent customer service, including handling complaints and grievances, is a key part of this work. In essence, the overall goal for these patient experience roles is to create a complete and positive service experience. Within this context, skills such as problem solving, conflict resolution, adapting communication, and coaching are central to the work. Patient experience has been prioritized by many health-care organizations, with a number of organizations investing in executive leadership roles (eg, patient experience vice president and patient experience officer).

**Table 2.** Top 30 Patient Experience Job Skills.

Skills	All Job Postings, N = 280	%	Coordinators, n = 67	Directors, n = 56	Managers, n = 42	Specialists, n = 31	Advisors, n = 30
Collaborate with stakeholders	166	6.8%	23	43	29	15	22
Coordinating, planning, and executing service excellence programs	130	5.3%	26	38	19	11	15
Educate and train facility leadership and frontline employees	110	4.5%	19	23	23	12	17
Handle complaints and grievances	93	3.8%	28	9	12	16	4
Provide excellent customer service	86	3.5%	31	0	0	10	3
Coach and mentor	84	3.4%	10	22	13	5	16
Create a complete and positive service experience	78	3.2%	16	16	13	9	2
Design and execute a patient experience strategy	77	3.2%	2	30	16	2	0
Lead patient experience initiatives, committees, work groups	75	3.1%	3	33	13	5	8
Adapt communication for different stakeholders	72	3.0%	18	14	7	14	9
Problem solving	72	3.0%	11	11	12	11	7
Apply best practices	71	2.9%	8	25	9	8	7
Ability to balance multiple priorities or multitask	62	2.5%	15	7	9	13	8
Build strong relationships at all levels in an organization	62	2.5%	14	17	11	7	8
Create reports	60	2.5%	16	9	9	10	7
Implement cultural change	56	2.3%	7	19	8	4	4
Perform service recovery	52	2.1%	17	0	7	5	2
Analyze outcomes and identifies opportunities for improvement	47	1.9%	9	10	7	4	8
Analyze and display statistical data	45	1.8%	5	12	8	6	6
Experience working with regulatory agencies, such as TJC and CMS	43	1.8%	3	20	6	1	5
Ability to teach, lead, and motivate others	40	1.6%	3	12	11	1	7
Apply process improvement methods	40	1.6%	4	10	9	6	7
Lead teams	40	1.6%	5	12	9	4	6
Track patient experience outcomes such as CAHPS scores, quality indicators	40	1.6%	9	14	7	2	4
Manage projects	37	1.5%	5	7	9	3	8
Identify data trends and themes	33	1.4%	6	8	7	6	3
Present analysis findings	33	1.4%	6	11	3	2	5
Manage department, budgets, goals, and objectives	31	1.3%	0	13	10	0	1
Patient advocacy	31	1.3%	7	7	4	3	5
Use data and feedback to facilitate action plans	31	1.3%	4	10	5	4	3
Other skills	540	22.2%	86	148	80	63	73
Total	2437	100.0%	416	610	385	262	280

Abbreviation: CAHPS, Consumer Assessment of Healthcare Providers and Systems; TJC, The Joint Commission; CMS, Centers for Medicare & Medicaid Services.

The results show that patient experience positions tend to be program oriented—that is, planning, organizing, and executing targeted efforts to improve patient experience. Program management skills, such as managing projects and planning and executing strategy, were prioritized for many patient experience positions. In addition, many of these positions also had a cross-functional emphasis, with other required skills indicated, including relationship building at all levels of the organization and adapting communication for different stakeholders. In fact, juggling multiple priorities appears to be inherent in the work, as indicated by many job postings, including the need to be

able to deal with rapidly changing priorities, handling multiple projects simultaneously, and multitasking to meet deadlines.

Further, many patient experience positions require the individual to be able to understand and analyze data, often within the context of identifying trends and themes, tracking outcomes, and presenting findings to stakeholders as well as identifying opportunities for improvement. Notably, data analysis and feedback can also be used to facilitate action plans. This finding supports previous research that highlighted the importance of formal training in analysis and interpretation of patient experience data (12).

Other top skill areas include the ability to promote continuous improvement, including motivating staff to constantly seek to improve patient experience; the ability to educate and train employees including those in leadership positions; and finally, the ability to adapt organizational culture to support these goals. The importance of continuous quality improvement and culture change with regard to patient-centered care has been recognized in previous research (1,27) and continues to be a priority for health-care organizations today (28).

Patient experience positions have a strong operational focus. For example, coordinators play a key role in the day-to-day execution of tasks that support service excellence, and these coordinators must address any issue that arises during the execution of these tasks. Specialists positions, in contrast, tend to have unique domain expertise in one particular area of patient experience work—for example, handling complaints and grievances or process improvement. Finally, managers support operational work through efforts to educate, coach, and mentor their teams.

Patient experience work also requires having a good understanding of the organization, including leadership and staff, as well as the work itself. For this reason, some roles may be better filled by growing expertise within the organization through training and education. To that end, industry associations, institutes, and consultants are providing workshops, conferences, and forums for collaboration. Consulting expertise can also help identify patient experience strategies and initiatives, and a number of organizations are investing in advisors, coaches, and consultants. In short, in addition to being able to prioritize the top skills and domain expertise required, organizations must also be able to determine what skills may be developed internally or through education and what skills will require bringing in personnel from outside the organization.

### Limitations

This study had 4 limitations. First, the job posting sample provided only one snapshot in time; job requirements can change over time based on organizational needs, thus limiting transferability. Second, content analysis coding is subject to bias and interpretation. To address this limitation, coding was validated multiple times. Third, because a convenience sample was used, the results are not generalizable. Finally, analysis depended on the content of job postings, and some postings were missing key content areas (eg, required education and years of experience) which may have impacted dependability.

### Conclusion

Hospitals and other health-care organizations are making significant investments in and placing a high priority on patient experience. However, as patient experience positions and their role in health-care organizations are relatively new,

it is likely that the skills and qualifications required for these positions will evolve over time as organizations adapt patient experience strategies to meet their unique needs. Further, organizations will need to determine what skills may be developed internally or through education and what skills will require bringing in personnel from outside of the organization. Given the importance of patient experience roles in achieving patient-centered care, organizations will want to continually assess the work that is done not only to improve care, but also the patient's experience of that care.


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