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Instituto Experiencia Paciente

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Although patient experience projects have grown in hospitals and regional health services, there is very little systematic measurement of their real impact.

Internal evaluations are rare due to factors such as pressure on healthcare services, a lack of tradition of evaluation in this area, and the absence of established methodological benchmarks.

This survey, with an estimated reliability of 90% and a margin of error of ±10%, achieves a high level of internal consistency (Cronbach's alpha = 0.92), which supports the robustness of the results collected from 51 professionals directly involved in patient experience projects with IEXP implemented in their centres.

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- Patient experience projects not only improve perceptions of care, but also show perceived impacts on health, efficiency and redesign, with levels above 60%.

- These results are higher than those typically found in the international literature, where only a minority of studies exceed the 50% threshold.

- Statistical correlations indicate that clinical impacts do not occur in isolation, but are linked to operational and organisational improvements (r = 0.64).

EXECUTIVE SUMMARY

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- This pattern suggests that projects can act as levers for systemic transformation, with tangible benefits beyond satisfaction.
- In fact, qualitative *verbatim* observations frequently indicate that these projects involve a high degree of organisational transformation.
- The consistency of the responses reinforces the reliability of the data set and positions this type of intervention as a viable way to transform clinical practice without major structural investments.

TECHNICAL DATA

TECHNICAL DATA

Universe: 151 healthcare professionals from hospitals and regional services in Spain who participated in IEXP projects.

Sample: 51 complete responses.

Response rate: 33.8%.

Sample error margin: ±11.9% (95% confidence level).

Internal reliability of the questionnaire: high (Cronbach's α= r 0.91), indicating very strong consistency between items.

Statistical analysis: Spearman correlations (ρ) to explore non-parametric relationships between ordinal variables.

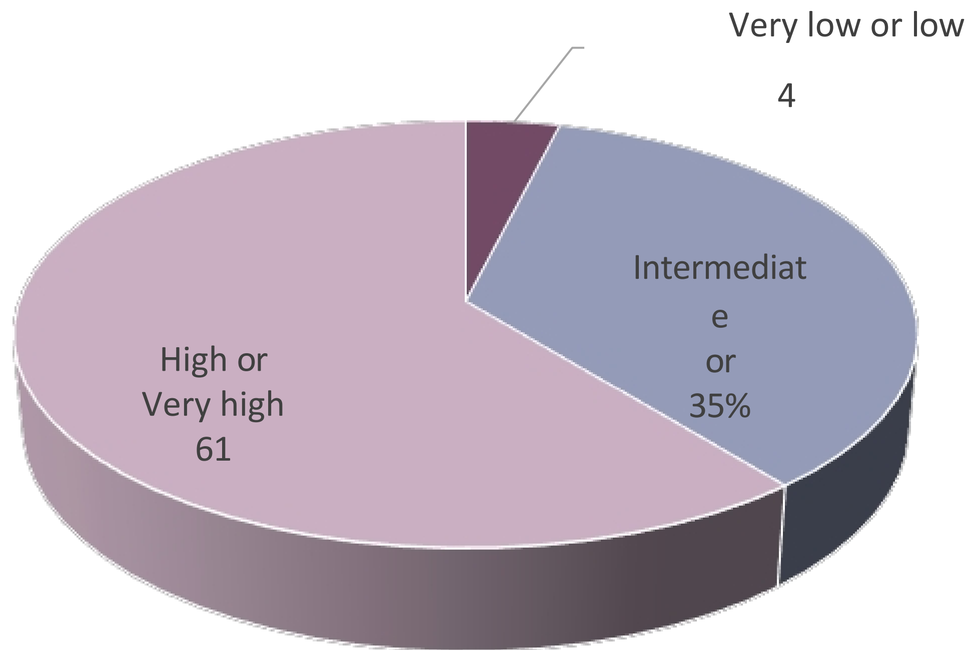
Open question: an open question was asked about the degree of implementation of projects to collect qualitative testimonials.

Note: To facilitate strategic reading, the five original categories have been grouped into three levels (*very low and low*, *intermediate* and *high, and very high*), without altering the direction of the responses or their interpretability.

RESULTS

RESULTS

1. IEXP projects have contributed to improving health outcomes. For example, by improving patient adherence to or follow-up of treatment.



60.8% of respondents believe that IEXP projects have had a high or very high impact on improving health outcomes, such as treatment adherence or follow-up.

This finding is particularly relevant, as it directly links patient experience-focused interventions with measurable clinical outcomes.

The available evidence supports this connection: recent studies confirm that patient engagement strategies can improve indicators such as adherence, functional recovery and quality of life (Almuhanna et al., 2022; Katz et al., 2020). In addition, there is a significant relationship between professional commitment, perceived quality and clinical outcomes (Wee & Lai, 2021; Cong-Lem et al., 2025).

RESULTS

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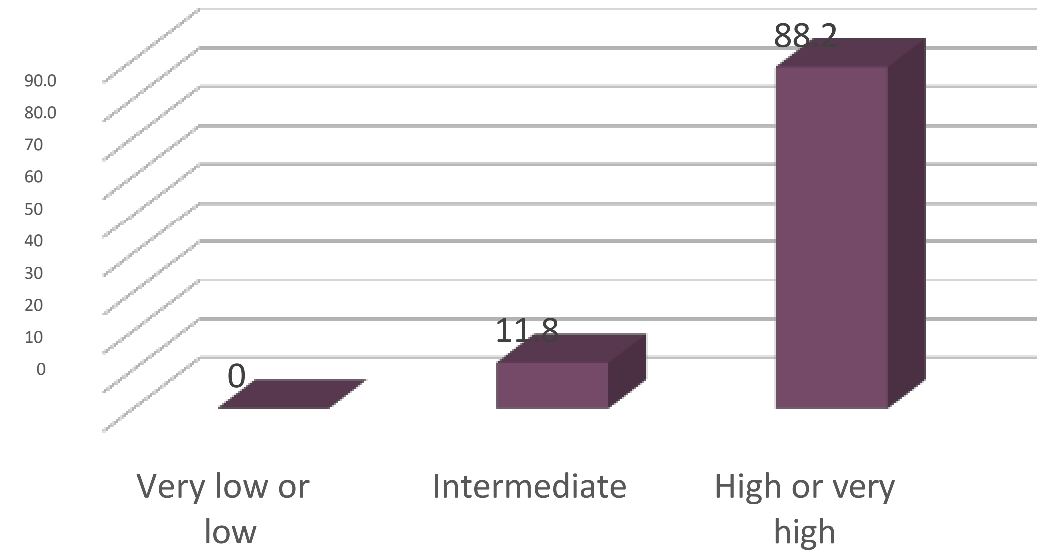
2. These projects have helped to identify non-clinical factors (emotional, social, informational, etc.) that influence patient outcomes.

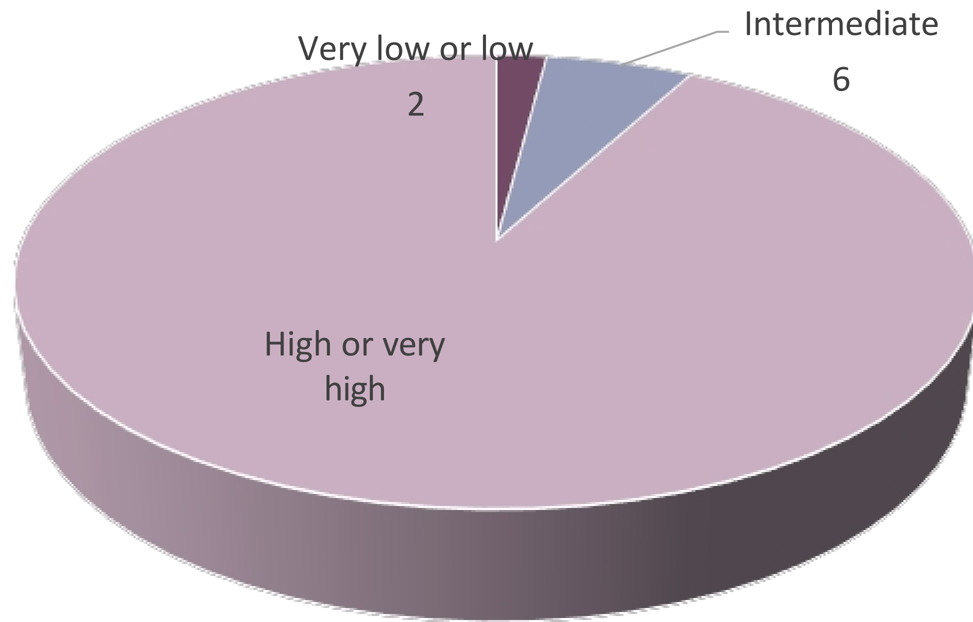
88.2% of respondents believe that the projects have contributed significantly to identifying non-clinical factors—such as emotional, social, or informational aspects—that influence patient outcomes. This result suggests that patient experience-based interventions allow for the capture of dimensions that are typically underreported in conventional clinical information systems.

The literature indicates that these non-clinical factors can have a direct influence on health outcomes, quality of care and functional recovery (Farias et al., 2021; Parker et al., 2020). Their systematic identification allows for the development of strategies that are better tailored to the patient's life context and, consequently, improves the overall effectiveness of the care process.



RESULTS

3. The participatory methodology has made it possible to identify barriers or critical points in the care process that were not previously identified.



92.1% of respondents indicate that the participatory methodology used in the projects allowed for the identification of barriers or critical points in the care process that had not been detected previously.

This diagnostic capacity suggests that the structured inclusion of patient participation can complement traditional quality and safety assessment systems.
Several studies have pointed out that approaches such as experience-based co-design allow for the development of more contextualised interventions and the detection of latent failures in healthcare processes (Raynor et al., 2021).

In addition, participatory research has been proposed as a way to broaden the clinical evidence paradigm by integrating knowledge generated in real-world contexts (Brocklehurst et al., 2020).

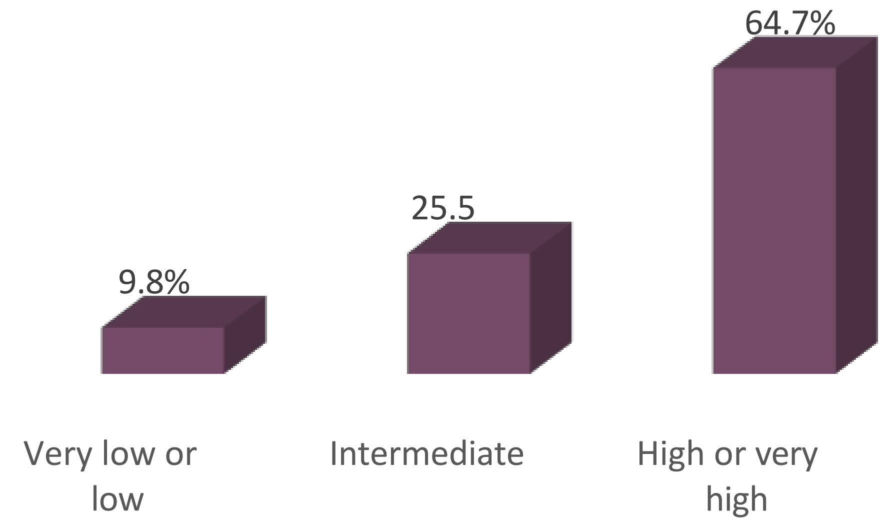
RESULTS

4. The proposals arising from the projects have generated real or anticipated changes in healthcare circuits.

64.7% of respondents indicate that the proposals arising from the projects have led to real or planned changes in healthcare pathways. This operational transformation based on initiatives

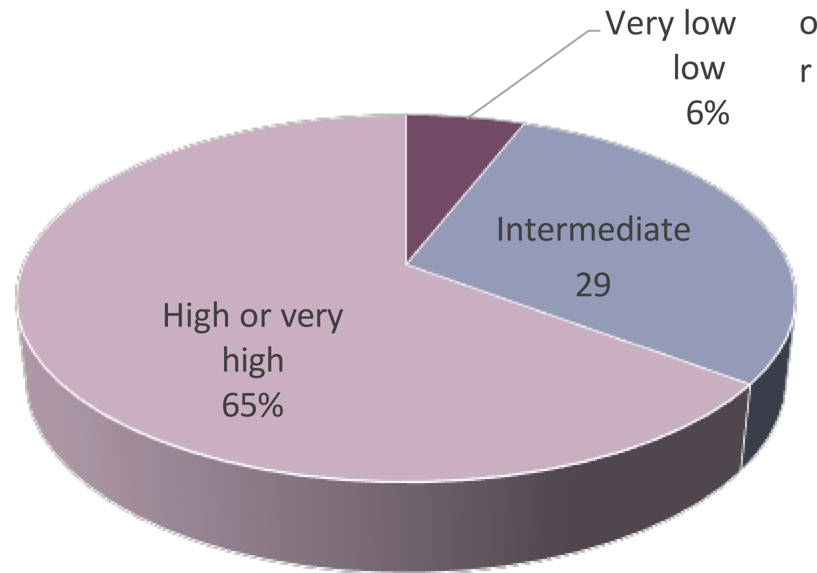
focused on the patient experience has been documented in the literature as an effective way to improve healthcare quality and safety (Struhar et al., 2025; O'Connor et al., 2016).

However, 25.5% identify an intermediate impact, and 9.8% identify a perceive it as low. These figures cannot be interpreted solely as a lack of effectiveness, but must be contextualised within the structural limitations of the healthcare system, such as high pressure on healthcare services or a shortage of resources, which affect the ability to implement changes, especially in complex hospital settings (Dawson et al., 2020).



RESULTS

5. The initiatives developed have opened up opportunities for improvement, for example, to reduce frequent visits or inefficient use of resources.



64.7% of respondents believe that the initiatives developed in the projects have opened up opportunities for efficiency improvements, such as reducing frequency or inappropriate use of resources. This perception reinforces the hypothesis that integrating patient experience into the design and evaluation of services is not only a matter of ethics or quality, but also a way to optimise care processes.

Recent literature argues that patient-centred strategies can act as levers for organisational efficiency, facilitating the detection of inefficiencies, reducing times and making better use of healthcare capacities (Alsaihati et al., 2024; Seid et al., 2015). In particular, co-production approaches have demonstrated their ability to align clinical resources with actual patient needs, improving both the experience and performance of the system.

The 29.4% of intermediate responses and 5.9% of low ratings reflect the real difficulties of translating this potential into structural changes, especially in contexts of high care pressure or without flexible structures for continuous improvement.

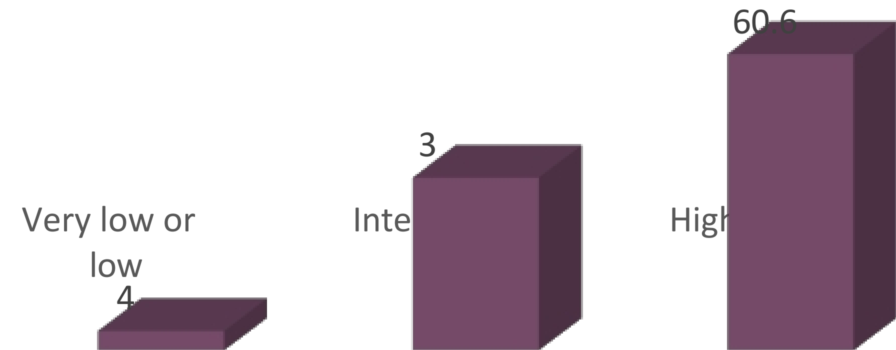
RESULTS

6. These initiatives have improved coordination between services, care levels and professionals.

60.6% of respondents perceive that the projects have contributed to improving coordination between services, care levels or professionals. This finding is particularly relevant in a context where poorly managed transitions are a frequent source of errors, duplication and loss of quality.

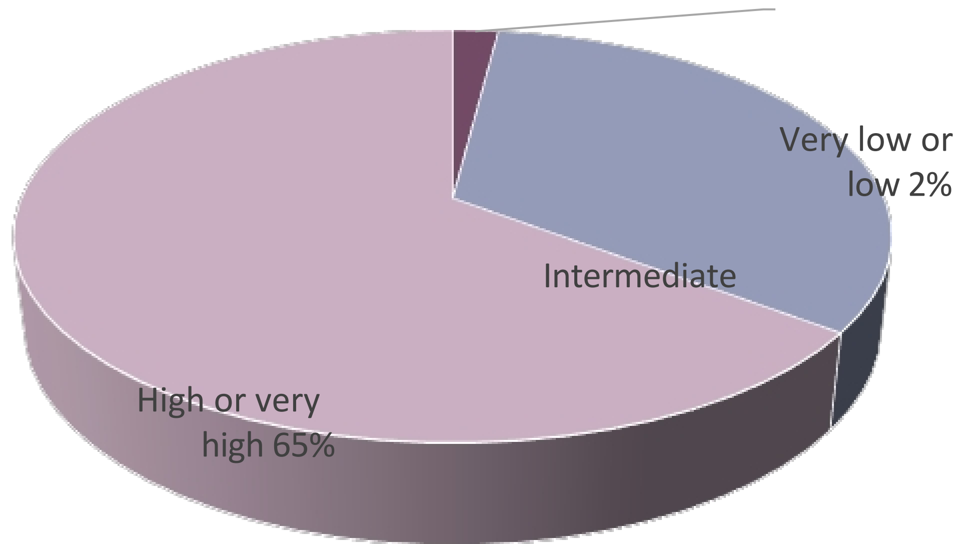
Recent studies have shown that integrating patient experience into the redesign of care processes makes it possible to identify gaps in continuity of care and propose solutions tailored to the user's actual journey (Brown & George, 2023; Jesus et al., 2024). The patient's voice provides visibility into fragmentation that is not always detected by structural or administrative indicators (Geleijn et al., 2024).

The 35.4% of intermediate responses and 4% of low ratings indicate that the effects of improved coordination are not uniform. The literature suggests that the ability to translate experiential information into effective changes depends on organisational readiness, alignment between care levels, and the existence of formalised collaboration structures (Burns & George, 2023).



RESULTS

7. The projects have led to improvements in patients' perceived quality of life.



64.7% of respondents consider that the projects have contributed to improving patients' perceived quality of life. This result points to a possible relationship between interventions focused on the patient experience and subjective dimensions of well-being, such as perception of control, life satisfaction or adaptation to the disease.

Although the literature has extensively explored clinical outcomes and healthcare quality in relation to patient experience (Farias et al., 2021), the specific effects on perceived quality of life have not been documented with the same robustness. There are studies that address this link indirectly, for example, in oral health (Graziani & Tsakos, 2020) or in the analysis of life satisfaction in relation to healthcare services (Arboleda, 2023), but more specific studies are needed to establish a robust causal connection.

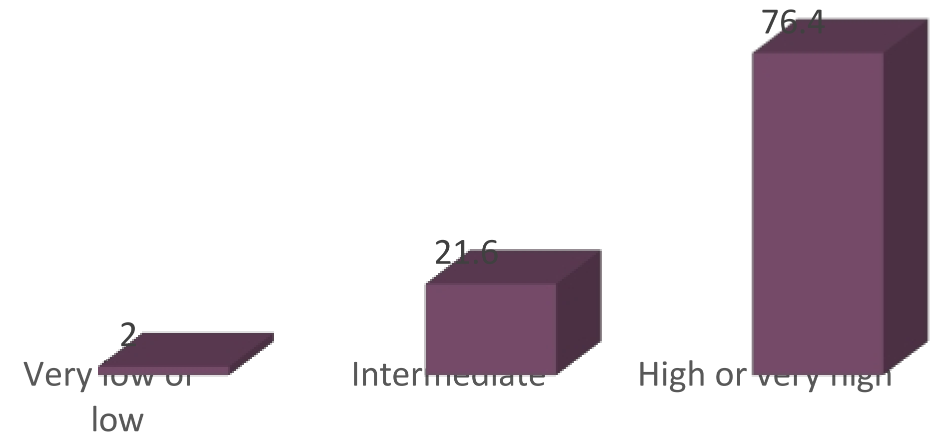
RESULTS

8. They have strengthened the professional-patient relationship

76.4% of respondents believe that the projects have strengthened the relationship between professionals and patients. This result, one of the highest in the survey, indicates that patient experience initiatives not only generate useful information or organisational changes, but also have a direct impact on the relational dimension of clinical practice.

The literature confirms that the quality of professional-patient interaction is a key determinant of the healthcare experience, and that interventions focused on communication, active listening and mutual participation can improve trust, satisfaction and perceptions of quality (Sharkiya, 2023; Klyueva et al., 2025). Furthermore, it has been observed that professionals with lower patient experience scores can improve significantly through strategies focused on relational resources (Chou et al., 2024).

21.6% of intermediate responses suggest that this positive impact is not automatic and may depend on the context, professional communication style and organisational readiness to sustain more horizontal care relationships.



VERBATIM

VERBATIM

"Thanks to this methodology, we have identified key moments in the care pathway and implemented specific improvements, particularly in communication and empathy. The patient experience has become a transformative force for strengthening internal coordination and moving towards a person-centred culture."

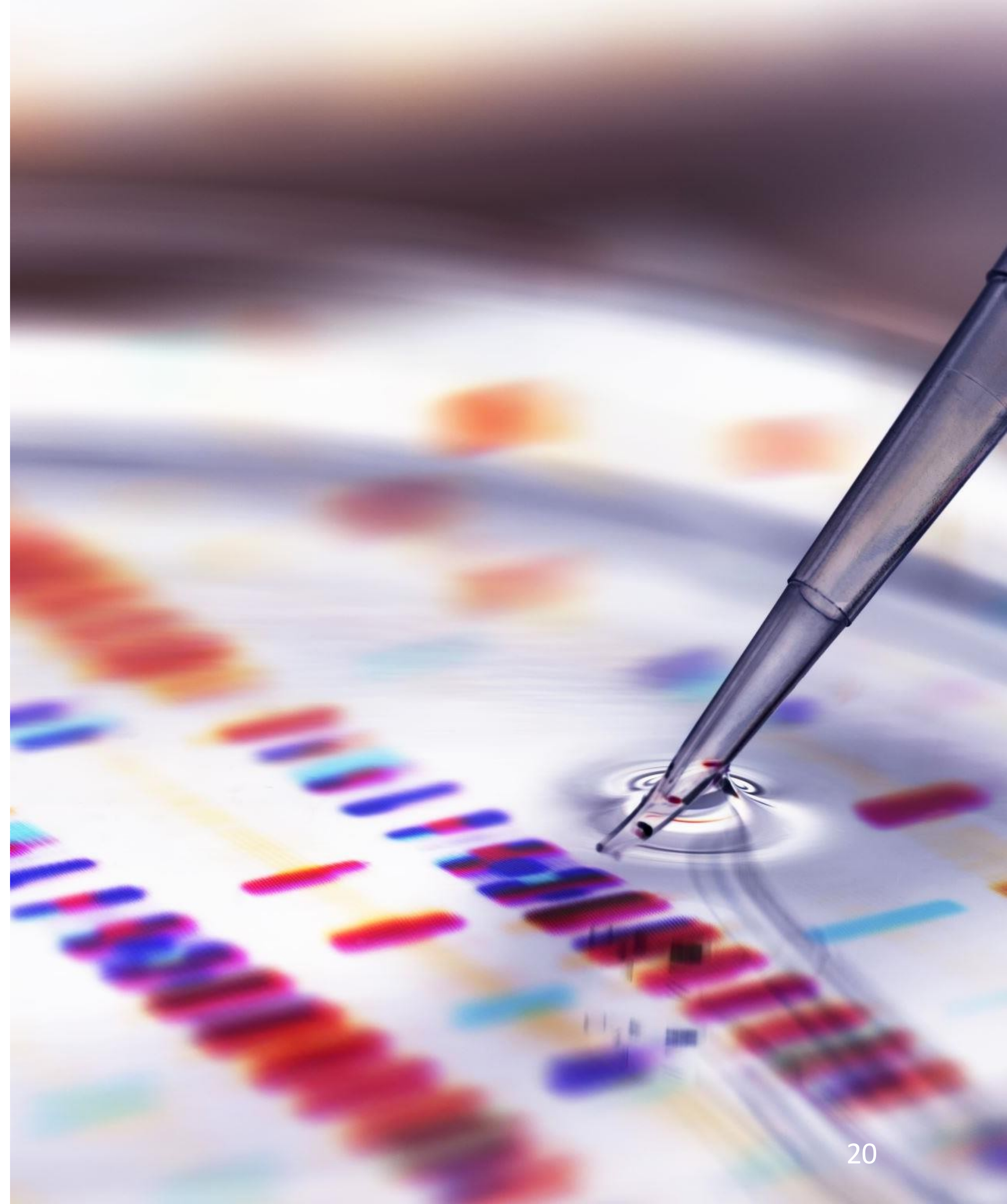
"Working with IEXP has enabled us to transform circuits, improve coordination between care levels and activate key resources such as psychological support and case management nursing for complex pathologies."

"Thanks to this methodology, we have identified key moments in the care pathway and implemented specific improvements, particularly in communication and empathy. The patient experience has become a transformative force for strengthening internal coordination and moving towards a person-centred culture."

"The experience has been enriching and has opened our eyes to many areas for improvement. Although we have not yet been able to implement all the changes identified—due to structural limitations and the workload—the project has raised awareness and provided us with a clear roadmap for moving forward as quickly as possible."

Working to implement Patients First as a process has been a major organisational transformation: we have improved circuits, strengthened internal coordination and made decisions that are more aligned with real needs. Little by little, this way of thinking is becoming part of the centre's culture.

DATA ANALYSIS



ANALYSIS

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Distribution by response levels

	Very low or low	Intermediate	High or very high
1. Impact on health outcomes	3.9	35	60.8
2. Detection of non-clinical factors	0	11.	8
3. Detection of care barriers	2	5.	92.
4. Changes in care pathways	9	25.5	64.7
5. Opportunities for efficiency improvements	5.	29.4	64.7
6. Improved coordination	4.	35.4	60.6
7. Improved perceived quality of life	2	33.	64.
8. Strengthening of professional-patient relationship	2.	2	76

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Distribution by response levels

- In the survey, the dimensions relating to health outcomes and efficiency show high or very high perceived impact percentages of 60.8% and 64.7%, respectively.
- These values are **above the threshold commonly reported in the** literature, especially in studies using observational or pre-post designs.
- Recent systematic reviews (Struhar et al., 2025; Jesus et al., 2025) indicate that improvements in clinical outcomes derived from patient experience-based interventions are possible, but less frequent and less consistent than effects on satisfaction or relational bonding.
- Similarly, interventions aimed at organisational efficiency show recognised potential , although their effectiveness varies depending on the context, duration and degree of structural implementation (Mavondo et al., 2020; Raynor et al., 2021).
- In this context, the survey results reflect a perception of impact that is higher than the reported average, suggesting a particularly favourable reception of the projects analysed or an effective adaptation of the methodological approach used.
- However, it is recommended that these values be interpreted bearing in mind that the literature highlights the need for enabling conditions (time, leadership, structures for change) to consolidate sustainable effects in these dimensions.

ANALYSIS

Distribution by response levels

Dimension evaluated	Survey: % high/very high	Evidence in the literature (2020–2025)	Technical assessment
Professional–patient relationship	76	Interventions focused on communication, bonding and co-design show consistent improvements in trust and satisfaction.	This coincides with the most robust effects documented.
Health outcomes (adherence)	60.8	Some studies show improvements in adherence and functional recovery; effects on clinical outcomes are less consistent.	Slightly above usual; within accepted range.
Redesign of services/circuits	64.7	Structured co-design can facilitate the adaptation of services. Quantitative data on impact >60% are scarce.	High result, consistent with well-implemented participatory interventions.
Care efficiency	64.7	Improvements in efficiency appear in specific contexts; quantified evidence quantified evidence is limited.	High margin of the range observed; suggests a positive perception that is not .
Perceived quality of life	64.7%	Limited direct quantification; generally addressed in a qualitative or indirect manner.	Indicator poorly documented in the literature; noteworthy result but interpreted with caution.
Care coordination	60.6	The literature supports improvements in continuity and transition, especially in hospital discharge programmes or fragmented processes.	Value consistent with what has been described; within expected patterns.
Detection of barriers and non-clinical factors	88.2–92.1	High consistency with the diagnostic capabilities described in participatory and observational methodologies structured methodologies.	High consensus; result fully consistent with available evidence.

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Distribution by response levels

	Very low or low	Intermediate	High or very high	Net consensus (%)
3. Barriers to care	2.0	5.9	92.	8
2. Non-clinical factors	0	11.	88.2	76.
8. Professional-patient relationship	2	21.6	76.4	52
4. Changes in circuits	9.8	25.5	64.7	29.4
5. Efficiency	5.9	29.4	64.7	29.4
7. Perceived quality of life	2	33.	64.7	29
1. Health outcomes	3.9	35.3	60.8	21.
6. Coordination	4.0	35.4	60.6	21.2

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Distribution by response levels

1. **High consensus on non-clinical factors and healthcare barriers**
   The most consistent ratings were given to care barriers (92.1%) and non-clinical factors (88.2%), reflecting a shared perception of the projects' ability to act on environmental factors that affect access and equity.

2. **Professional-patient relationship rated highly and with greater variability**
   76.4% of high responses suggest general recognition of improvements in the care link, although with greater dispersion than in other dimensions.

3. **Less consensus on efficiency and organisational redesign**
   Intermediate and low responses exceed 35%, with only 29.4% net consensus, pointing to less consistent operational impacts, possibly linked to implementation or monitoring difficulties.

Professionals consistently perceive that these projects improve key factors in the healthcare environment, while the effects on efficiency and organisational redesign are more variable and depend on the implementation context.

ANALYSIS

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Summary by type of impact

	Average	Estimated dispersion
Severe impacts (health+ r efficiency)	2.	0.5
Soft impacts (+ -emotional relationship+ context)	2.7	0

Summary by type of impact

1. **Average rating**

   Soft impacts are rated slightly higher (2.75) than hard impacts (2.58).

2. **Dispersion**

   There is greater agreement on soft impacts (deviation 0.36) than on hard impacts (0.52).

3. **Presence of structural impact**

   Hard impacts exceed the midpoint, indicating that they are also perceived as tools for clinical and operational improvement.

The projects are associated with perceived improvements in health and efficiency, with more than 60% of high ratings. Although contextual effects show greater consensus, structural impacts are robust and consistent with available evidence (Jesus et al., 2025; Struhar et al., 2025).

Summary by type of impact

Dimension assessed	% High/Very high	Net consensus
Health outcomes	62.7	+47.1
Care efficiency	60.8	+29.4

ANALYSIS

Summary by type of impact

Perceived clinical impacts
62.7% rate the impact on health outcomes as high or very high. This suggests effects beyond the relational, in line with the findings of Farias et al. (2021), who link experience and quality of care, albeit with variability.

Partial recognition of efficiency
Efficiency achieved a 60.8% high rating, but with less net consensus (+29.4%), in line with Alsaihati et al. (2024), who point to dependence on context and integration with organisational processes.

Higher than average intensity reported
Thadaney et al. (2020) indicate that clinical or efficiency improvements do not usually exceed 60% positive responses. In comparison, the data here show higher levels of perceived impact.

These projects are associated with clinical and operational improvements perceived by professionals, with levels higher than those usually found in similar studies. In addition, there are also benefits in terms of the care relationship, although with greater variability.

VERBATIM ANALYSIS

QUALITATIVE ANALYSIS OF OPEN TESTIMONIES

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- Forty-eight verbatim responses collected in the field as part of the survey were analysed, provided by professionals from hospitals and regional health services who participated in projects focused on patient experience.
- The analysis was carried out using inductive thematic coding, identifying common patterns of meaning and emerging categories, without prior filtering or segmentation by professional profile.
- The aim was to detect spontaneous perceptions of the impact, usefulness or limitations of the projects from a direct professional perspective.
- The collection of testimonies offers a rich and nuanced window into the internal experience of the projects, beyond the structured responses of the questionnaire.

QUALITATIVE ANALYSIS OF OPEN TESTIMONIES

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Key conclusion	Associated thematic code	No. of mentions	Verbatim example
Organisational change and changes in care pathways	Care pathways and processes	9	AP-AH circuits and communication have been improved
Awareness and change in professional outlook	Professional culture and empathy	7	Team awareness has been key
Patient participation still in its early stages	Patient involvement	5	We have created a focus group of patients
Advances in tools and measurement	PREM tools and methodologies	6	We are beginning to measure the experience
Structural limitations to implementation	Structural difficulties	6	The current structure does not yet allow for changes to be implemented

QUALITATIVE ANALYSIS OF OPEN TESTIMONIES

Organisational transformation and real impact on processes:
A significant number of testimonials describe tangible changes in care pathways, interdisciplinary communication or new professional roles (advanced practice nursing, case managers, etc.).

Professional awareness and patient-centred culture:
Many verbatim comments refer to an evolution in the professional outlook, with greater sensitivity towards the patient experience and a greater willingness to integrate their voice into daily clinical practice.

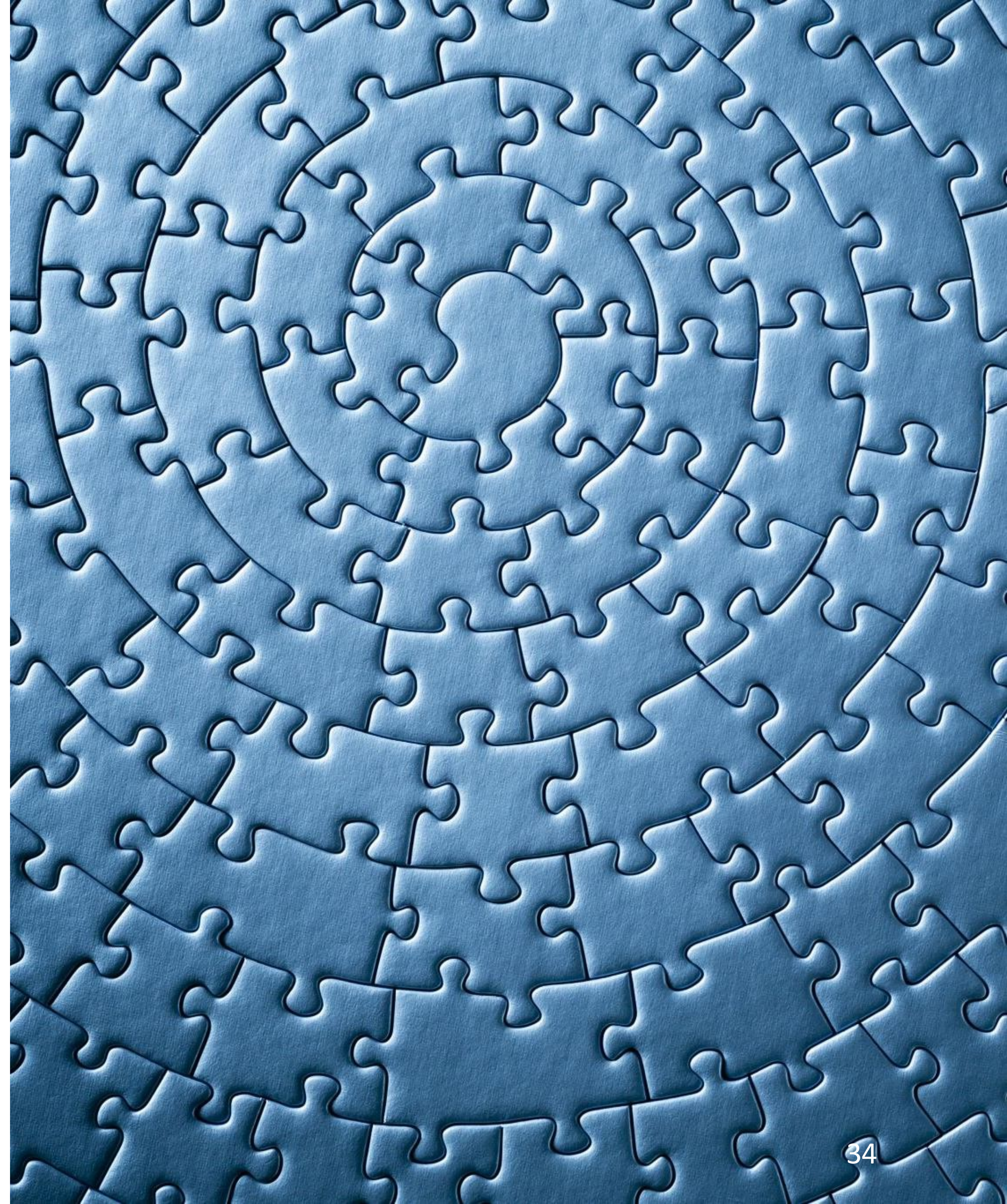
Difficulties in full implementation:

Structural or cultural obstacles arise that prevent all the opportunities identified from being realised. Some centres have initiated changes but recognise organisational limitations that slow down their implementation.

Tools and methodologies as levers for change:
The introduction of experience maps, PREM scales, participatory sessions or ideation dynamics are mentioned as elements that facilitate internal change.

Patient participation still in its infancy:
Although steps have been taken (focus groups, contact emails, validation of materials), the verbatim quotes show that structured co-creation with patients is at an early stage in most centres.

CORRELATIONS



CORRELATIONS

Exploratory analysis
Spearman's correlation coefficient was applied to estimate associations between the different dimensions of perceived impact (ordinal scale from 1 to 5). The sample size (n=51) allows consistent patterns to be detected, although these cannot be generalised. Correlations equal to or greater than 0.50 are considered relevant.

CORRELATIONS

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Question 1	Question 2	Correlation
7. The projects have led to improvements in the perceived quality of life of patients.	8. They have strengthened the professional-patient relationship or the overall patient satisfaction with the care received.	0.75
8. They have strengthened the professional-patient relationship or the patient's overall satisfaction with the care received.	7. The projects have led to improvements in patients' perceived quality of life. of patients.	0.75
6. They have improved coordination between services, levels of care or professionals.	8. They have strengthened the professional-patient relationship or overall patient satisfaction with the care received.	0.65
8. They have strengthened the professional-patient relationship or the patient's overall satisfaction of the patient with the care received.	6. They have improved coordination between services, care levels or professional care.	0.65
4. The proposals arising from the projects have generated real or expected changes in care pathways.	6. Coordination between services, care levels care or professional levels.	0.64
6. Coordination between services, care levels or professionals has improved.	4. The proposals arising from the projects have generated actual or planned changes in care pathways.	0.64
1. IEXP projects have contributed to improving health outcomes, for example by improving patient adherence to or follow-up of treatment.	6. They have improved coordination between services, care levels and professionals.	0.64
6. They have improved coordination between services, care levels or professionals.	1. IEXP projects have contributed to improving health outcomes, for example by improving patient adherence to or follow-up of treatment.	0.64
5. The initiatives developed have opened up opportunities for improvement, for example, by reducing frequent visits or inefficient use of resources. for example, to reduce frequent visits or inefficient use of resources.	6. They have improved coordination between services, levels care or professional levels.	0.63

CORRELATIONS

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1. **The greater the perceived impact on health, the greater the perception of organisational efficiency**
   → Professionals who detect clinical improvements also tend to see improvements in circuits and internal processes (ρ= 0.68).
2. **The impact on efficiency is closely linked to the perception of organisational redesign**
   → This suggests that efficiency is not perceived in isolation, but rather when there is a visible transformation visible transformation in healthcare operations (ρ= 0.74).
3. **Projects with the greatest impact on clinical outcomes also receive better overall ratings**
   → The clinical dimension acts as an anchor of legitimacy and conditions the overall evaluation of the project (ρ= 0.72).
4. **Relational improvements (professional–patient) do not always translate into efficiency or clinical impact**
   → They are perceived as complementary benefits, but not necessarily transformative (ρ with efficiency= 0.38; with clinical impact= 0.41).
5. **The perception of impact on care barriers correlates moderately with efficiency and redesign**
   → Detecting obstacles in patient access or navigation is associated with a broader operational perspective broader operational perspective (ρ efficiency= 0.62; redesign= 0.60).

CONCLUSIONS

CONCLUSIONS

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Hospitals and Regional Health Services

- Patient experience projects generate clinical and efficiency impacts that are perceived as solid and consistent, with more than 60% positive ratings, well above what is reported in international reviews (usually between 30% and 50%).

- If these results are validated in larger cohorts, they could constitute an effective way to improve adherence, coordination and rational use of resources, without requiring major structural investments.

- The impact on efficiency and organisational redesign is closely correlated with clinical outcomes (r= 0.64), suggesting that health benefits do not emerge in isolation but are linked to real operational changes.

CONCLUSIONS

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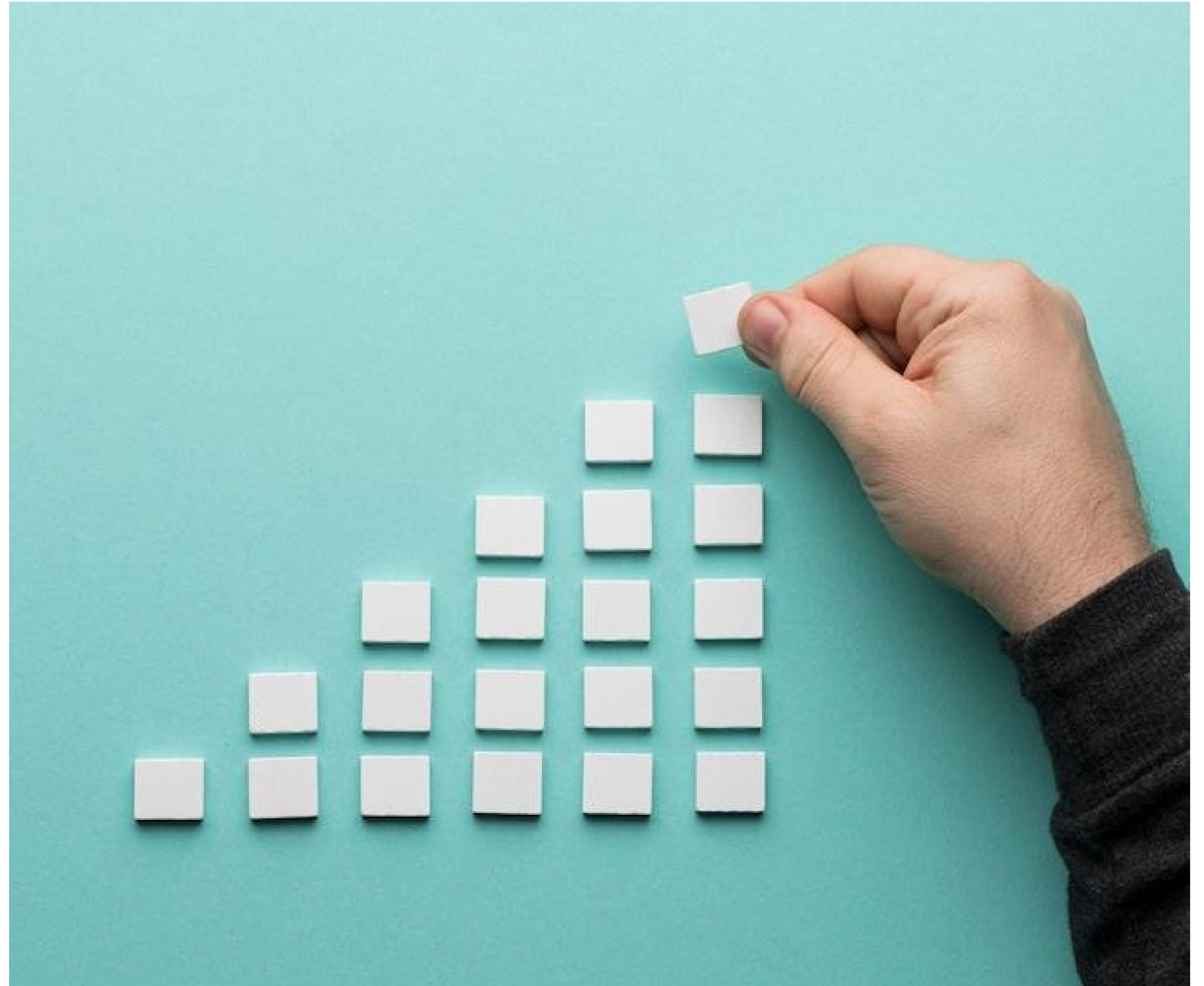
Hospitals and Regional Health Services

- The data seem to indicate that, in contexts of high healthcare pressure, not all projects achieve this level of impact, which reinforces the importance of rigorous implementation adapted to the clinical environment.
- The qualitative testimonies collected in the open-ended question show that, when projects are implemented with continuity, they generate real organisational transformations, especially in coordination between services, clinical communication and the active participation of teams.
- The quantitative results consistently exceed the figures reported in the scientific literature, where improvements attributable to patient experience interventions rarely exceed a 50% positive effect on health or efficiency.

STRATEGIC KEYS



STRATEGIC KEYS

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Market Access

Value beyond the product
60.8% perceive clinical improvements and 64.7% perceive improvements in efficiency. Correlations ($\rho = 0.68–0.74$) confirm that the impact is not isolated, but structural.

Access and financing
Improved adherence and coordination support access decisions by demonstrating perceived effectiveness in real-world settings.

Alignment with system priorities
Projects address challenges such as sustainability, efficient use of resources (64.7%) and coordination (60.6%), without requiring additional investment.

Strategic relationships with institutions
High professional acceptance (76.4%) and cultural evolution expressed in testimonials reinforce the institutional legitimacy of the approach.

STRATEGIC KEYS

Market Access

Support for clinical implementation
64.7% report real or expected changes in processes, activated through low-cost tools with organisational impact.

Perception as a partner in the system
The methodology has been useful and well received, projecting those who promote it as credible operational allies rather than promotional agents.

Differentiation from competitors
The data allows added value to be built—efficiency, redesign, professional legitimacy—in environments with low clinical differentiation.

Innovation

Operational redesign activated from real experience
64.7% of professionals confirm real or planned changes in care pathways, driven by direct observation of the patient journey.

Detection of invisible barriers through participatory methodology
92.1% identified critical points not detected by traditional systems. The patient experience served as an early warning system for inefficient processes.

Structured incorporation of the patient's voice
The projects have enabled emotional, social and informational factors (88.2%) to be integrated into the redesign, improving the suitability of the proposed solutions.

Agile adoption without the need for disruptive technology
The tools used (maps, scales, participatory dynamics) have generated results without requiring technological infrastructure or complex changes.

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Innovation

Improved coordination and continuity of care
60.6% detected improvements in coordination between levels and services. Testimonials reinforce this effect as one of the most highly valued internally.

Integration with AI and RWD for hospital management and data collection
The data generated is structured for analysis using artificial intelligence and incorporated as real-world data into operational feedback cycles.

Professional validation and positive cultural impact
76.4% highlight the improvement in the professional-patient relationship. Qualitative verbatim evidence shows an organisational transformation perceived and sustained by the teams themselves.

Scalability with low cost and high acceptance
The interventions have proven to be replicable, viable and consistent with the operational context of the centres, facilitating their expansion without resistance or technological dependence.

Medical Affairs

Evidence of perceived clinical impact
60.8% of professionals identify health improvements associated with these projects. Correlations with efficiency (ρ= 0.68) and organisational redesign (ρ= 0.74) reinforce their relevance as an intervention with a systemic effect.

High potential for generating structured real-world data
The methodology used (PREM, maps, barriers) produces validated qualitative and quantitative data that can be integrated into complementary scientific evidence plans.

Application of AI for analysis and longitudinal monitoring
The data collected is processed using artificial intelligence to identify patterns, anticipate risks and improve clinical and organisational decision-making in real time.

Added value in adherence, quality of life and healthcare connection
Improvements have been reported in adherence and follow-up, perceived quality of life (64.7%) and professional-patient relationships (76.4%), which are key aspects in chronic or emotionally demanding diseases.

Professional legitimacy and alignment with actual clinical practice
Qualitative testimonials show that these interventions are not only accepted but also perceived as integrated into everyday clinical practice, without causing friction or requiring complex training.

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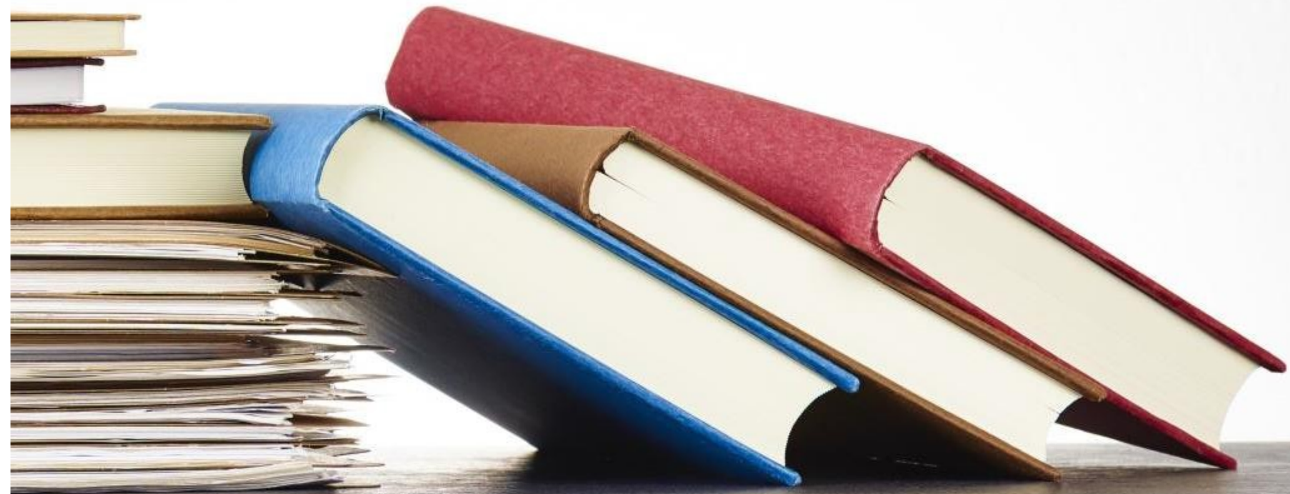

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