

Client Experience: A Concept Analysis

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Abstract:

Aim: To present a concept analysis of client experience.

Background: Experience is a ubiquitous concept in the literature. However, no operational definition of client experience seems to be clearly established even though a literature review demonstrates multiple uses of the concept. Thus, a concept analysis is required to clarify the concept of client experience, identify its theoretical bases and examine how the client experience could affect nursing practice.

Design: Walker and Avant's method of concept analysis.

Data Sources: The databases consulted to perform the literature review of

Concept of client experience were: CINAHL, Ovid Medline, PsycINFO, Eric and EMB Reviews. Articles were included when the keywords client and experience were present in the title or abstract in articles published between 2000–2015, available electronically or in paper at the libraries.

Review Method: This concept analysis was performed using the 8-step method Proposed by Walker and Avant.

Results: Identification of the attributes, antecedents and consequences of

Client experience led to an operational definition of the concept of Client experience as a complex concept that usually results from continuous involvement in an event in the hospital and Attitude, skill demonstrated by nurses form bases for the formation of client experience.

Conclusion: This concept analysis has shown that, client experience has a great influence on the therapeutic nurse-patient relationship and nursing practice. How to quantify, client experience is another major challenges, but this concept analysis has been able to hypothesis how client experience can be measured.

Keywords: concept analysis, nursing, Exposure, practice, knowledge, period of time and reflection.

I. INTRODUCTION

Concept analysis is a systematic exploration of a concept that determines what a concept is and what a concept is not (Walker & Avant, 2005).

It is often described as a label, expressed as a word or phrase, which summarizes the essence of a phenomenon (Fawcett, 2012). A concept may be relatively abstract or concrete. In nursing, a growing body of literature has emerged that is used by researchers to synthesize and understand the knowledge called concept analysis (Fawcett, 2012; Rodgers & Knafl, 2000; Walker & Avant, 2011). A concept analysis is always carried out with a major objective. Newly created concepts assist in identifying previously unrecognized or

poorly understood events. Furthermore, concept analysis aimed at giving precise theoretical as well as operational definitions for use of a concept in theory and research (Walker & Avant, 2011)

In this paper, Walker and Avant (2011) concept analysis framework is used to examine and clarify the phenomenon of experience. Walker and Avant's method is an appropriate guide to decipher the meaning of client experience in nursing within a hospital setting. Walker and Avant (2005) identified eight-step process of concept analysis: selecting the concept for analysis, determining the aim of analysis, identifying all uses of the concept determining the defining attributes, constructing a model case, constructing additional cases, identifying the antecedents and consequences of the concept,

and defining the empirical referents for the concept. Walker and Avant's framework is the most frequently used method for concept analysis in recent nursing literature (Walker & Avant, 2011).

Walker and Avant (2011) asserted that concept selection should reflect a topic or area of interest. Experience is a common topic of conversation among nurses, patients and other members of health team and prompted the interest in exploring this concept further.

II. CONCEPT OF EXPERIENCE

'Experience, I believe, has no . . . inner duplicity; and the separation of it into consciousness and content comes, not by way of subtraction, but by way of addition.'

William James, 1904a

'The word "experience" is the most deceitful in philosophy.'

Alfred North Whitehead, 1927

'To reach reality one has first to reject experience.'

CLAUDE LÉVI-STRAUSS, 1955

Experience from an individual perspective is a complex interaction between body, sensory input, and neurological processing—a relationship with the world as humans encounter, interprets, and shape messages. (Smith, 2004)

Karen (2008) opined that experience is a multi-layered phenomenon; individuals make sense of experience through cultural, cognitive, subconscious, and personal interpretive layers, by negotiating norms and dominant values, attending to immediate human relationships, and through an individual's context within larger societal and historical positioning. Stephen (1991) viewed experience as a concept that involves the exposure of people to situations and the development of new skills and knowledge as a result of this exposure. Experience is one of the most widely discussed and studied constructs in disciplines such as psychology, human resource management, organizational management, economics, and health care. Experience has remained a key concept throughout much of the history of the discipline, it has, until relatively recently, remained largely unexamined in critical literature (Jason, 2014). Moreover, few analyses examined the concept of experience in relation to health care.

Consequently, this concept analysis focuses on health care, with a particular interest on client experience in a hospital setting. The definition and operational properties of the construct remain largely elusive. This lack of conceptual clarity seems rather surprising given that these theoretical perspectives often look to client experience not only as a central area of investigation, but also as the ground upon which all later speculation, description, and explanation are erected for better nursing practices in various hospitals.

CLIENT EXPERIENCE

This is a complex concept that usually results from continuous involvement in an event in the hospital, continues participation on such activities will increase the proficiency or relatively permanent changes in feelings. The philosophy of client is highly based on the accumulation of both present and past experience in the ward. (Farlex, 2012). Experience will affect your world view about any issues in life, e.g. services you rendered and services receive from other people. A patient or client who had negative experience from their previous encounter with nurses or other health personnel in time past, may find it difficult to trust them in future encounters, in other way round, clients or patient who enjoyed good interpersonal relationship in time past will be more receptive or more adherence to information or order of a nurse or other health personnel. The concept of experience is popular among different scholar in different field but looking at experience from the perspective of the client is not popular. For this purpose, this paper will focus on concept of client experience and its impact on nursing care practice in a hospital setting.

AIM OF ANALYSIS

The objective of this paper is to define client experience from different perspectives, examine how the client experience could affect nursing practice, and finally, the outcome of the work could be used for research questions, hypothesis and development of theory (Walker & Avant, 2005).

USES OF THE CONCEPT

According to Merriam Webster Dictionary (2015) sees experience as a skill or knowledge that results from over time participation or observation of an event in the hospital, which means, is the resultant effect of what the patient saw or do in the ward. The Collins English Dictionary (2003) defines experience as the sum total of inner being that gives the quality in a person. The Oxford Dictionary (2010) sees Experience as the knowledge gained through participation in the event.

In business, Roos (2015) opined that a unique way of maintaining a sustainable growth in business is by creating a good environment for customer experience. According to Schmitt (2013) recognition and appreciation of customer's experience will promote seller-buyer relationship and provides the stability required to gain the confidence of the customer.

In nursing, client experience is the concept involving the exposure of client to event or situations in the hospital for over a period of time and the development of their knowledge of new feelings that results from the exposure. (Stephen, 1991). An analysis of some of the literature available at present shows that the term client experience is used in the following ways

USAGE 1

The exposure of client to activities that occur in the hospital as the member of health team carried out their responsibilities might result into acquiring of feelings and knowledge call experience. A patient who witnessed or

experienced a scenario where by a nurse wrongly administered I.V drug into the sciatic nerve that lead to amputation of such patient's leg. This experience can result into some behavioural changes like anxiety or outright rejection of I.V drugs.

USAGE 2

The time spent in the hospital or in the ward, determines the level of skill and knowledge (experience) the individual will display. Patient, who had been in the ward for a very long time, must have seen many procedures and activities carried out by different nurses and other health practitioners, to the extent that they can easily identify wrong practices. Development of this ability is a function of time spends in the hospital.

USAGE 3

The amount of experience gained by client is usually through undergoing a series of activities that occur in the hospital over a period of time. There are some procedures in the hospital, that one step determine the other step. For example, checking of blood pressure: the level of blood pressure will determine may be the patient will need anti hypertensive drug or not. The patient experience most of these series of activities, occurring in their treatment over time and developed their personal skill (experience). Based on their experience, the patient can demand or reject certain procedures from a nurse.

III. DEFINING ATTRIBUTES OF CLIENT EXPERIENCE

Attributes are characteristics that frequently appear in the literature and help define the concept of interest. Defining the attributes is considered by Walker and Avant (2011) to be the heart of concept analysis. According to the results from the literature review on client experience, and contextual definitions of client experience, five attributes are most significant to client experience in a hospital setting: Exposure, practice, knowledge, period of time and reflection. (Stephen, 1999).

EXPOSURE

Exposure is an act of subjecting client to an action or an influence in the hospital that result into changes in their world view. If you place patient in an environment that causes them to experience something new, you have succeeded in exposing them. (Stephen, 1991)

PRACTICE

This is the ways used in a nursing profession to carry out nursing procedures; a set of code of ethics is taken as standard. Practice can also be viewed as duties that need to be rehearsed over and over again, for the purpose of learning. The patient can easily derived knowledge or experience by direct observation of nurses as they carried out these practices on them or other patient in the ward.

KNOWLEDGE

Knowledge can be viewed as the skills acquired through experience or education; which result in behavioural changes in the patient, which is considered to be an inherent part of what the client experienced.

PERIOD OF TIME

This is a length of time that takes a client in the hospital or ward to develop a knowledge or world view about something, this take a series of event and time to be completed. The patient that stayed longer in the ward, we develop more experience about the practice in the ward than an individual that just came for some minutes visit.

REFLECTION

This is a critical thinking or mental process that occurs about what the client is exposing to before he or she finally form their experiences. Reflection allows the client to analyze their experiences, and have a change of view if need be.

CONSTRUCTION OF MODEL CASES

The model cases will contain all the identifying attributes for client experience:

"Madam charity 's baby was seriously sick some years ago, she rushed her to a private hospital, where the nurse in charge mistakenly gave the baby an injection on the sciatic nerve which eventually lead to paralysis of the baby right leg. Ten years later, madam charity was rush to teaching hospital for asthmatic attack, after review, the physician prescribed Aminophylin, I.V injection (a bronchio-dilator). An attempt was made by the nurse to administer the drug, but madam charity bluntly refuses medication".

This model case contains all five attributes of client experience: Exposure, period of time, reflection, practice and knowledge. In this case, the criterion of exposure to an event is met by the injection given to her baby and this takes place over a period of ten years ago (the second criterion) which had given her a long period to reflect (third criterion) on the wrong practice by a nurse (forth criterion) which lead to his final world view/ knowledge about injection (fifth criterion)

IV. IDENTIFY ADDITIONAL CASES

BORDERLINE CASE

The borderline cases do not contain all the five identified attributes of client experience:

"Nurse Olumide was assigned to health educate patients in chest ward, on behavioural modification associated with prevention of lung cancer. After, the lecture, the nurse asked them to signify if they are ready to stop smoking but none of patients show interest"

This borderline case contains three of the five components of client experience: exposure, reflection and knowledge. However, the case lack 'period of time' and reflection.

Experience that will lead to change in philosophy is not going to be sudden. That is, it will require series of health educations for a period of time, which will also allow the client to reflect on the new ideas before decision can be made.

RELATED CASE

These are cases that look like concept being studied but all the identifying attributes are not present (Walker & Avant, 2011).

“Madam Betty was rush to the hospital for asthmatic attack, after review, the physician prescribed Aminophyllin, I.V injection (a bronchio-dilator). But, Madam Betty bluntly refused the injection on the bases that, God showed her a revelation that the nurse is a witch.”

The above cases do not show all the identifying attributes of client experience. However, this scenario could be related to variables associated with client experience but not all the identifying attributes are present in the case.

CONTRARY CASE

Walker and Avant (2011) opined that contrary case is the act or scenario that shows clearly what the concept is not.

“Nurse Mary has been working in medical ward for the past ten years, as the nurse in charge of the running of this particular ward, Mary have developed a better ways of solving problems or issues associated with the day-to-day running of medical ward.”

Clearly, this is a contrary case: Mary’s skills and knowledge development as a result of experience is not an example of client experience.

V. IDENTIFY ANTECEDENTS AND CONSEQUENCES

Antecedents, these are events or incidents that happen prior to the occurrence of a concept (Walker & Avant, 2011). The reviewed literature had shown two major antecedents which are exposure and events or activities. Both have been implicated for client experience to occur. This is in agreement with Devesh (2012) which stated that, experience is the sum total of skill or knowledge accumulated from direct exposure or participation in an event. This means that, for client experience to occur, such patient must have been exposed to an event in the hospital.

Consequently, the events that result from the occurrence of a concept or what the concept can cause is referred to as the outcomes. (Walker & Avant, 2011). Most literatures have shown that there is relationship between client experience and supportive roles or cooperation of patient with nurses during nursing practice or nursing care. For example, when hypertensive patient had an experience on how nurses use checking of vital signs (blood pressure) to prevent hypertensive crisis, especially before serving their medication. Subsequently, any time the nurse demand to check vital signs; the patient will gladly cooperate with the nurse. This is in line with Jason (2014) who believed that, to ensure quality health care and cooperation from the patient, the members of health team must make a deliberate effort in creating positive patient

experience. This means that the patient will only value what nurses are doing in the ward if only we can practice quality care that can be scientifically proven to be right at every standard. Through that, the patient will develop confidence on nursing practice, and cooperate whenever the care is being carried out.

VI. DEFINE EMPIRICAL REFERENTS

This is a concrete, behavioural changes that shows that concept of client experience has occurred. Before a client can gain experience, he or she has to be exposed to situations in the ward, especially, during client encounter with the nurses when carrying out nursing procedures. Therefore, for client experience to occur, these procedures and encounter must take place for a period of time. The most important outcome of experience is the knowledge or learning obtained as a result of exposure which can be measured or concretized by applying the three domains of learning, which are affective domain, cognitive domain and psycho-motor domain (Maslach & Jackson, 1981). A patient that gained knowledge or relatively permanent change in feelings towards nursing procedure or nurses, following an event through a period of time would indicate experience and can be observable or displayed through the different domain of learning. (Rodgers & Knafel, 2000).

VII. IMPLICATIONS FOR NURSING PRACTICE

Based, on the reviewed literatures the followings assumptions and implications for nursing practice can be suggested:

- ✓ Attitude and skill demonstrated by nurses form bases for the formation of client experience. This implies that for patient to develop positive experience:
 - The nurse must developed emotional intelligent. That is, developed the ability to make the patient feel good as well as possible
 - He / she must be skilful in carrying out the nursing procedure. Malpractice will result into negative client experience.
- ✓ Experience is dynamic, but it takes time for a change to be effected. Therefore, the nurse must not be expecting immediate change from their patient, but give enough time for them to digest the new experience before it can become part of their normal routine.

VIII. CONCLUSION

Client Experience as a concept is virgin lands that rarely being explored effectively; many scholars have looked at experience from nurse’s perspective but not from the patient view. This concept analysis has shown that, client experience has a great influence on the therapeutic nurse-patient relationship and nursing care. How to quantify, client experience is another major challenges, but this concept

analysis has been able to hypothesis how client experience can be measured (Walker & Avant, 2011).

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