

Research on Strategies for Improving Patient Experience in Health Service Management

Ziqin Ai

Haojing College of Shaanxi University of Science&Technology, Xi'an, Shaanxi, 710119, China

Abstract: With the advancement of global healthcare reform and the shift of medical service concepts, patient experience has become a core indicator of health service quality and regional medical development. Under value-based healthcare, enhancing patient experience is essential for people-oriented services and high-quality medical development. Using literature review, case analysis and logical deduction, this study clarifies the connotation and dimensions of patient experience, analyzes its global dilemmas including unreasonable service processes, inadequate information technology application, uneven medical team quality, imperfect systems and low patient participation, resulting in long waiting time, poor doctor-patient communication and insufficient humanistic care. It proposes multi-dimensional strategies: optimizing service processes, developing smart healthcare, upgrading medical staff professionalism and humanistic quality, improving supporting systems and establishing patient participation mechanisms. Verified by domestic and foreign medical institution cases, this research provides theoretical and practical references for elevating patient experience and boosting high-quality healthcare development.

Keywords: Health Service Management; Patient Experience; Service Optimization; Smart Healthcare; Doctor-Patient Communication.

1. Introduction

Driven by demographic shifts, technological innovation and evolving patient expectations, global healthcare has shifted from "disease treatment" to "health management", with patient experience becoming a key evaluation standard. Patient experience reflects patients' perceptions throughout the medical process and is crucial for healthcare reform. In the U.S., CMS incorporates patient experience into VBP, and HCAHPS is the gold standard for hospital evaluation. In China, the 2023-2025 theme activity aims to improve patient experience, but problems like unreasonable service processes and insufficient IT application still exist. Exploring improvement strategies has become an urgent task. Theoretically, this study enriches the research system of patient experience, clarifies its internal mechanism with health service management, and fills gaps in theoretical construction. Practically, it identifies key influencing factors and proposes operable strategies, helping optimize services, reduce doctor-patient conflicts, improve clinical outcomes and reduce costs. It also provides references for policymakers to formulate health policies. Foreign research started early, with a mature system. AHRQ optimized HCAHPS, and scholars studied evaluation tools and interventions, noting the value of patient engagement and economic benefits of related interventions. Domestic research developed rapidly but has deficiencies, such as insufficient theoretical construction, single research methods, and less targeted improvement strategies[1]. This study focuses on specific research contents, including defining the connotation and core dimensions of patient experience, analyzing its current status and key influencing factors, proposing multi-dimensional improvement strategies, verifying these strategies through case analysis, and putting forward future prospects for patient experience improvement; it adopts three research methods, namely Literature Review (based on 120 literatures from databases such as PubMed and CNKI), Case Analysis (taking typical institutions like Mayo Clinic, NHS and Peking Union

Medical College Hospital as cases), and Logical Deduction to ensure the rationality of the proposed strategies. Meanwhile, this study has three main innovations, it constructs a comprehensive theoretical framework of patient experience, proposes targeted multi-dimensional improvement strategies, and verifies the effectiveness of these strategies through case analysis; it also has certain limitations, such as insufficient large-scale empirical research due to data constraints, untested adaptability of the strategies to different types of healthcare institutions, and lack of long-term tracking and verification of the strategies' effects[2].

2. Theoretical Basis and Core Connotation of Patient Experience in Health Service Management

2.1. Theoretical Basis

2.1.1. Patient-Centered Care Theory

Patient-centered care theory is the core theoretical basis of patient experience research, which was first proposed by the American scholar Enid Balint in the 1950s and has been continuously developed and improved in the practice of healthcare. This theory holds that the core of medical services is patients, and all medical service activities should take patients' needs, interests, and feelings as the starting point and goal. Patient-centered care is not only a service concept but also a systematic service model, which requires healthcare institutions to respect patients' autonomy, right to know, and right to participate, pay attention to patients' physical and psychological needs, and provide personalized and humanistic medical services[3].

The core idea of patient-centered care theory is consistent with the connotation of patient experience, which provides important theoretical guidance for improving patient experience. In the practice of health service management, implementing patient-centered care requires healthcare institutions to optimize the service process, simplify the service links, and reduce the burden on patients; strengthen

doctor-patient communication, ensure that doctors and nurses communicate with patients in a patient and respectful manner, and fully understand patients' needs and concerns; improve humanistic care, pay attention to patients' emotional changes, and provide psychological support and comfort for patients; and establish a personalized service model, according to the individual characteristics and needs of patients, formulate targeted diagnosis and treatment plans and service schemes, ensuring that patients can receive respectful, convenient, and high-quality medical services throughout the service process[4].

In recent years, patient-centered care has been widely promoted in global healthcare institutions. For example, the Mayo Clinic in the United States takes patient-centered care as its core service concept, establishes a "patient-first" service culture, optimizes the full-cycle service process, and provides personalized medical services for patients, which has won wide recognition from patients and has become a model of global patient experience management. A large number of studies have shown that implementing patient-centered care can effectively improve patient satisfaction, enhance patient trust in medical institutions, and reduce doctor-patient conflicts, thereby improving the overall patient experience[5].

2.1.2. Service Quality Management Theory

Service quality management theory is an important theoretical basis for improving patient experience, which originated from the field of business management and was gradually applied to the field of health service management in the 1980s. This theory holds that service quality is the core of an organization's survival and development, and the improvement of service quality can enhance customer satisfaction and loyalty, and promote the sustainable development of the organization. In the field of health service management, service quality refers to the degree to which medical services meet patients' needs and expectations, including the professionalism, convenience, comfort, and humanistic care of services[6].

Patient experience is the direct reflection of service quality in health service management. Patients' perception and evaluation of service quality throughout the service process constitute their overall experience. Therefore, improving service quality is the key to improving patient experience. Service quality management theory requires healthcare institutions to establish a complete service quality management system, including service quality standards, monitoring mechanisms, evaluation systems, and improvement measures. Specifically, healthcare institutions should formulate clear service quality standards for each service link, such as appointment registration, consultation, inspection, diagnosis, treatment, and discharge; strengthen the monitoring of service quality, timely find and solve problems in the service process; establish a scientific service quality evaluation system, take patient feedback as an important evaluation indicator, and regularly evaluate the service quality; and continuously optimize service processes and improve service levels according to the evaluation results[7].

In the practice of health service management, many healthcare institutions have applied service quality management theory to improve patient experience. For example, some hospitals have established a service quality management department, responsible for formulating service quality standards, monitoring service processes, and handling patient complaints, which has effectively improved service

quality and patient experience. A study by Tiago S Jesus et al. (2023) found that improving service quality through standardized management can not only enhance patient experience but also bring positive economic benefits to healthcare institutions, such as reducing medical disputes and improving the utilization rate of medical resources[8].

2.1.3. Information Management Theory

With the rapid development of information technology, information management theory has been widely applied in the field of health service management, providing important technical support for improving patient experience. This theory holds that information is an important resource of an organization, and effective information management can improve work efficiency, reduce costs, and enhance service quality. In the research of patient experience, information management theory mainly focuses on the application of information technology in optimizing service processes, improving service efficiency, and enhancing patient participation.

The core of information management theory in health service management is to realize the informatization, digitization, and intelligence of medical services through the construction of information systems, such as smart healthcare systems, electronic health records (EHRs), and telemedicine systems. For example, through the construction of smart healthcare systems, healthcare institutions can realize the informatization of service processes such as appointment registration, inspection and diagnosis, online payment, and discharge follow-up, which can improve service efficiency, reduce the burden on patients, and enhance patient experience. Electronic health records (EHRs) can realize the sharing of patient information between different departments and medical institutions, avoid repeated inspections and treatment, and improve the continuity and consistency of medical services. Telemedicine systems can break the geographical restrictions, enable patients in remote areas to access high-quality medical services, and improve the accessibility of medical services[9].

In recent years, the application of information technology in health service management has become more and more extensive. For example, in the United States, the adoption of EHRs has become universal in hospitals, and many hospitals have launched mobile medical apps, allowing patients to make appointments, pay fees, and query inspection results online, which has greatly improved the convenience of medical services. In China, the construction of smart healthcare has been included in the national healthcare reform plan, and many hospitals have promoted the application of smart appointment, smart consultation, and smart ward systems, which has effectively improved service efficiency and patient experience. However, there are still some problems in the application of information technology, such as insufficient application depth, uneven application level, and poor information sharing, which need to be solved in the process of improving patient experience[10].

2.2. Core Connotation of Patient Experience

Patient experience refers to the comprehensive perception and feeling formed by patients in the whole process of receiving health services, including the perception of service processes, service quality, doctor-patient communication, humanistic care, and other aspects. It is a subjective evaluation of patients on health services, which is affected by patients' individual characteristics (such as age, gender,

education level, and health status), service expectations, and service experiences. Unlike patient satisfaction, which focuses on the evaluation of a single service link or service result, patient experience is a holistic evaluation of the entire service process, covering the pre-diagnosis, diagnosis, treatment, and post-diagnosis stages, and involves both objective service factors and subjective emotional factors[11].

Based on the theoretical basis of patient experience and the actual situation of health service management, the core connotation of patient experience can be summarized into the following four aspects.

First, accessibility of services. It refers to the convenience of patients in accessing health services, including the convenience of appointment registration, the proximity of medical institutions, the shortness of waiting time, and the accessibility of medical resources. Accessibility is the basic premise of patient experience. If patients cannot access health services conveniently, it will directly affect their experience and satisfaction. For example, if patients need to queue up for a long time to register or make an appointment, or if medical institutions are located in remote areas and difficult to reach, their experience will be significantly reduced. In addition, the accessibility of medical resources, such as the availability of expert resources and medical equipment, also affects patients' experience.

Second, professionalism of services. It refers to the professional level of medical staff in providing health services, including the accuracy of diagnosis, the effectiveness of treatment, the standardization of operation, and the professionalism of advice. Professionalism is the core of patient experience. Patients' trust in medical institutions and medical staff mainly comes from the professionalism of services. If medical staff have insufficient professional knowledge and skills, leading to inaccurate diagnosis or unreasonable treatment plans, it will not only affect the treatment effect but also reduce patients' trust and satisfaction. On the contrary, a high level of professionalism can enhance patients' sense of security and trust, and improve their overall experience[12].

Third, humanistic care. It refers to the care and respect given by medical staff to patients in the service process, including the care for patients' physical and psychological needs, the patience in answering patients' questions, and the respect for patients' personality and privacy. Humanistic care is an important part of patient experience, which can enhance patients' sense of security and trust, and alleviate their anxiety and fear. In the medical service process, patients are often in a state of physical discomfort and psychological anxiety, and the humanistic care of medical staff can make patients feel cared for and respected, thereby improving their emotional experience. For example, medical staff who take the initiative to communicate with patients, listen to their concerns, and provide psychological support can effectively improve patients' experience[13].

Fourth, doctor-patient communication. It refers to the effective communication between medical staff and patients in the service process, including the explanation of medical conditions, the introduction of treatment plans, and the feedback of treatment effects. Good doctor-patient communication can reduce the information asymmetry between doctors and patients, alleviate patients' anxiety, and improve patient experience. In the communication process, medical staff should use simple and easy-to-understand language to explain medical knowledge and treatment plans

to patients, fully listen to patients' opinions and suggestions, and timely feedback the treatment effect to patients. If there is a lack of effective communication between doctors and patients, patients may not understand the treatment plan, have doubts about the treatment effect, and even have conflicts with medical staff, which will affect their experience[14].

2.3. Core Dimensions of Patient Experience in Health Service Management

Based on the core connotation of patient experience and the actual situation of health service management, this study divides the core dimensions of patient experience into five aspects: pre-diagnosis experience, diagnosis and treatment experience, post-diagnosis experience, environmental experience, and emotional experience. These five dimensions cover the entire process of patients receiving health services, and each dimension has its own key indicators, which together constitute the comprehensive evaluation system of patient experience.

2.3.1. Pre-diagnosis Experience

Pre-diagnosis experience refers to the patient's perception and feeling in the process of preparing for medical treatment, including appointment registration, pre-examination preparation, guidance and consultation, and waiting for pre-examination. It is the first link of patient experience and lays the foundation for the subsequent diagnosis and treatment process. The key indicators of pre-diagnosis experience include the convenience of appointment registration, the clarity of pre-examination guidance, the professionalism of consultation services, and the shortness of waiting time for pre-examination.

The convenience of appointment registration is an important indicator of pre-diagnosis experience. Patients hope to be able to make appointments easily through multiple channels, such as online, telephone, and on-site, and the appointment process should be simple and convenient. If the appointment channel is single, the operation is cumbersome, or the number of expert appointments is insufficient, patients will feel inconvenient and their experience will be affected. The clarity of pre-examination guidance refers to whether medical staff can clearly inform patients of the pre-examination items, precautions, and procedures, which can help patients prepare for pre-examination and reduce their anxiety. The professionalism of consultation services refers to the professional level of medical staff in providing consultation services, such as answering patients' questions patiently and accurately, and providing reasonable suggestions for medical treatment. The shortness of waiting time for pre-examination is also an important indicator. Long waiting time will make patients feel anxious and impatient, affecting their pre-diagnosis experience[15].

A good pre-diagnosis experience can reduce patients' anxiety and tension, make them more relaxed and cooperative in the subsequent diagnosis and treatment process, and lay a good foundation for improving the overall patient experience. For example, some hospitals have optimized the appointment registration system, opened multiple appointment channels, and shortened the waiting time for pre-examination, which has effectively improved patients' pre-diagnosis experience.

2.3.2. Diagnosis and Treatment Experience

Diagnosis and treatment experience refers to the patient's perception and feeling in the process of diagnosis and treatment, including the professionalism of doctors' diagnosis,

the rationality of treatment plans, the standardization of medical operations, and the effectiveness of treatment. It is the core of patient experience, which directly affects patients' satisfaction and trust in medical institutions. The key indicators of diagnosis and treatment experience include the accuracy of diagnosis, the clarity of treatment plan explanation, the standardization of operation, and the effectiveness of treatment.

The accuracy of diagnosis is the most important indicator of diagnosis and treatment experience. Patients come to medical institutions to seek accurate diagnosis and effective treatment, and if the diagnosis is inaccurate, it will not only affect the treatment effect but also cause unnecessary physical and mental pain to patients. The clarity of treatment plan explanation refers to whether doctors can clearly explain the treatment plan, treatment goals, possible risks, and precautions to patients, which can help patients understand the treatment process and make informed decisions. The standardization of operation refers to whether medical staff strictly follow the medical operation specifications in the diagnosis and treatment process, which is related to the safety and effectiveness of treatment. The effectiveness of treatment refers to whether the treatment can achieve the expected effect, improve the patient's health status, and reduce the patient's pain[16].

Diagnosis and treatment experience is directly related to the core needs of patients, and improving diagnosis and treatment experience is the key to improving the overall patient experience. For example, doctors who are professional, patient, and careful in the diagnosis and treatment process, and who can communicate effectively with patients, can significantly improve patients' diagnosis and treatment experience. In addition, the rationality of treatment plans and the effectiveness of treatment also play an important role in improving patients' diagnosis and treatment experience.

2.3.3. Post-diagnosis Experience

Post-diagnosis experience refers to the patient's perception and feeling after the diagnosis and treatment, including discharge guidance, follow-up service, medication guidance, and rehabilitation management. It is an important part of patient experience, which is related to the patient's recovery effect and long-term health status. The key indicators of post-diagnosis experience include the comprehensiveness of discharge guidance, the timeliness of follow-up service, the clarity of medication guidance, and the professionalism of rehabilitation management.

The comprehensiveness of discharge guidance refers to whether medical staff can clearly inform patients of the discharge precautions, medication methods, diet taboos, and follow-up time, which can help patients recover better after discharge. The timeliness of follow-up service refers to whether medical institutions can conduct timely follow-up of patients after discharge, understand their recovery status, and provide timely guidance and treatment. The clarity of medication guidance refers to whether medical staff can clearly explain the medication dosage, medication time, possible side effects, and precautions to patients, which can ensure the safety and effectiveness of medication. The professionalism of rehabilitation management refers to whether medical institutions can provide professional rehabilitation guidance and services for patients who need rehabilitation, helping them recover their physical functions as soon as possible[17].

A good post-diagnosis experience can help patients recover

better, enhance their sense of gain and satisfaction, and improve their trust in medical institutions. For example, some hospitals have established a perfect follow-up service system, regularly follow up patients after discharge, and provide personalized rehabilitation guidance, which has effectively improved patients' post-diagnosis experience.

2.3.4. Environmental Experience

Environmental experience refers to the patient's perception and feeling of the environment of the medical institution, including the cleanliness of the environment, the comfort of the waiting area, the rationality of the layout, and the convenience of the facilities. It is an important part of patient experience, which can affect patients' comfort and emotional state. The key indicators of environmental experience include the cleanliness of the medical institution, the comfort of the waiting area, the clarity of the sign system, and the completeness of the convenient facilities.

The cleanliness of the medical institution is the basic requirement of environmental experience. A clean and hygienic environment can reduce the risk of cross-infection and make patients feel comfortable and safe. The comfort of the waiting area refers to the comfort of the seats, the ventilation, the lighting, and the noise level of the waiting area. A comfortable waiting area can alleviate patients' anxiety and impatience during waiting. The clarity of the sign system refers to whether the signs in the medical institution are clear and easy to understand, which can help patients find the corresponding departments and service windows quickly, reducing the trouble of running back and forth. The completeness of the convenient facilities refers to whether the medical institution is equipped with convenient facilities such as wheelchairs, drinking fountains, and public toilets, which can provide convenience for patients, especially the elderly, the disabled, and other special groups[18].

A good environmental experience can improve patients' comfort and reduce their anxiety, thereby improving their overall experience. For example, some hospitals have optimized the environment of the medical institution, improved the cleanliness of the environment, added comfortable seats in the waiting area, and improved the sign system, which has effectively improved patients' environmental experience.

2.3.5. Emotional Experience

Emotional experience refers to the emotional changes and feelings of patients in the whole process of receiving health services, including the sense of security, trust, respect, and care. It is a subjective emotional experience of patients, which is affected by various factors such as service quality, doctor-patient communication, and environmental conditions. The key indicators of emotional experience include the sense of security in the service process, the trust in medical staff, the respect for patients' personality and privacy, and the care for patients' emotions.

The sense of security in the service process refers to whether patients feel safe in the process of receiving medical services, including the safety of medical operations and the protection of personal and property safety. The trust in medical staff refers to whether patients trust the professional level and service attitude of medical staff, which is an important basis for building a harmonious doctor-patient relationship. The respect for patients' personality and privacy refers to whether medical staff respect patients' personality, habits, and privacy, and do not disclose patients' personal information and medical records without permission. The

care for patients' emotions refers to whether medical staff pay attention to patients' emotional changes, and provide psychological support and comfort for patients when they are anxious, fear, or depressed[19].

Emotional experience is an important part of patient experience, which can affect patients' treatment compliance and recovery effect. A positive emotional experience can make patients more cooperative in the treatment process, improve their treatment compliance, and promote their recovery. On the contrary, a negative emotional experience can make patients feel dissatisfied and even resist treatment, affecting the treatment effect. Therefore, improving patients' emotional experience is an important part of improving the overall patient experience.

3. Current Status and Existing Problems of Patient Experience in Health Service Management

3.1. Current Status of Patient Experience in Health Service Management

With the continuous promotion of global healthcare reform and the increasing attention to patient experience, the patient experience in global health service management has been significantly improved in recent years. In developed countries such as the United States, the United Kingdom, and Germany, healthcare institutions have established a relatively complete patient experience management system, and have achieved remarkable results in optimizing service processes, improving service quality, and strengthening humanistic care. These countries have taken patient experience as an important indicator to measure the quality of health service management, and have formulated a series of policies and measures to promote the improvement of patient experience.

In the United States, the Mayo Clinic is a typical representative of improving patient experience. The clinic takes patient experience as the core of service management, adheres to the concept of patient-centered care, and optimizes the full-cycle service process. It has established a "patient navigator" system, which assigns a dedicated navigator to each patient to help them complete the entire process of medical treatment, including appointment registration, pre-examination, diagnosis and treatment, and discharge follow-up. At the same time, the clinic strengthens the training of medical staff's humanistic literacy, requires medical staff to communicate with patients in a patient and respectful manner, and pay attention to patients' emotional needs. In addition, the clinic also invests heavily in the construction of smart healthcare, realizes online appointment, online consultation, and online report inquiry, which has greatly improved service efficiency and patient experience. The Mayo Clinic has won wide recognition from patients around the world, and its patient satisfaction rate has remained above 95% for a long time.

The National Health Service (NHS) in the United Kingdom has established a scientific and perfect patient experience evaluation system, which takes patient feedback as an important basis for improving service quality and allocating medical resources. The NHS regularly conducts patient experience surveys, collects patients' opinions and suggestions, and formulates targeted improvement measures according to the survey results. For example, in response to patients' complaints about long waiting times, the NHS has

optimized the service process, increased the number of medical staff, and promoted the application of information technology to shorten waiting times. In addition, the NHS also strengthens the training of medical staff's humanistic care, improves doctor-patient communication, and reduces doctor-patient conflicts. Through these measures, the patient satisfaction rate of the NHS has been continuously improved, and the patient experience has been significantly enhanced.

In China, with the launch of the "Theme Activity on Improving Medical Experience and Enhancing Patient Experience (2023-2025)", various healthcare institutions have actively taken measures to optimize service processes, improve service quality, and enhance patient experience. Many hospitals have promoted the construction of smart healthcare, realized online appointment registration, online payment, online report inquiry, and other services, which has improved service efficiency and reduced the burden on patients. For example, Peking Union Medical College Hospital has launched a mobile medical app, which allows patients to make appointments, pay fees, query inspection results, and consult doctors online, and has optimized the internal service process, simplified the service links, and shortened the waiting time. At the same time, hospitals in China have also strengthened the training of medical staff's humanistic care, carried out activities such as "humanistic care training" and "doctor-patient communication skills training", and improved the service attitude and communication skills of medical staff, which has reduced doctor-patient conflicts and improved patient satisfaction[20].

However, compared with developed countries, there is still a certain gap in patient experience in China's health service management, and there are still many problems that need to be solved. In addition, in some developing countries, due to the backwardness of the healthcare system, insufficient medical resources, and low level of information technology, the patient experience is even worse, and patients face problems such as difficult access to medical services, poor service quality, and long waiting times.

From the global perspective, the current patient experience in health service management shows the following characteristics: first, the attention to patient experience is increasing, and patient experience has become an important indicator to measure the quality of health service management. Governments and healthcare institutions in various countries have paid more and more attention to patient experience, and have formulated a series of policies and measures to promote its improvement. Second, the application of information technology in improving patient experience is becoming more and more extensive, and smart healthcare has become an important trend in the development of health service management. The application of technologies such as artificial intelligence, big data, and telemedicine has effectively improved service efficiency and patient experience. Third, the humanistic care of medical services is gradually strengthened, and the personalized and humanized service model is gradually popularized. Healthcare institutions are paying more and more attention to patients' emotional needs and humanistic care, and are trying to provide personalized medical services for patients. Fourth, the participation of patients in health service management is gradually increased, and the co-construction and sharing of health services is gradually formed. Patients are no longer passive recipients of medical services, but active participants in health service management, and their opinions and

suggestions are more and more valued by healthcare institutions.

3.2. Existing Problems of Patient Experience in Health Service Management

3.2.1. Unreasonable Service Process, Leading to Poor Service Accessibility

At present, the service process of many healthcare institutions around the world is still unreasonable, which leads to poor service accessibility and affects patient experience. This problem is particularly prominent in developing countries, but it also exists to a certain extent in developed countries. On the one hand, the appointment registration system is not perfect. Some healthcare institutions have a single appointment channel, which only provides on-site appointment or telephone appointment, and does not open online appointment channels, which is inconvenient for patients to make appointments. In addition, some appointment systems have cumbersome operation procedures, and patients need to go through multiple steps to complete the appointment, which increases the burden on patients. Moreover, the distribution of appointment numbers is seriously uneven, with a small number of expert appointments and a large number of general practitioner appointments, which leads to patients being difficult to make an appointment for expert numbers, and even needing to queue up for a long time to register on site.

On the other hand, the internal service process of medical institutions is cumbersome. Patients need to go through multiple links such as registration, consultation, inspection, diagnosis, treatment, and payment, and each link needs to queue up, which leads to long waiting times and heavy burdens on patients. For example, in some hospitals, patients need to go to the registration office to register first, then go to the doctor's office to consult, then go to the inspection department to do inspection, then go to the laboratory to get the inspection report, and finally go back to the doctor's office to get the diagnosis result and treatment plan. This process takes a lot of time and energy of patients, especially for the elderly and the disabled, who face great inconvenience. In addition, the connection between different departments of medical institutions is not smooth, and there is a lack of effective information sharing and coordination mechanisms. Patients often need to run back and forth between different departments to handle relevant procedures, which further reduces the accessibility of services.

For example, a survey conducted by the World Health Organization (WHO) in 2024 showed that in 60% of developing countries, patients need to queue up for more than 2 hours to register, and in 40% of countries, patients need to go through more than 5 links to complete a single medical treatment. In some developed countries, although the appointment registration system is relatively perfect, there are still problems such as long waiting times for expert appointments and cumbersome internal service processes. For example, in some hospitals in the United States, the waiting time for expert appointments can be as long as 1-2 months, which seriously affects patients' experience.

3.2.2. Insufficient Application of Information Technology, Affecting Service Efficiency

Although information technology has been widely applied in the field of health service management, there are still problems such as insufficient application depth and uneven application level, which affect service efficiency and patient

experience. This problem is more prominent in primary medical institutions and developing countries. On the one hand, the construction of smart healthcare systems is not perfect. Some healthcare institutions have built smart healthcare systems, but the functions of the systems are not perfect, and there are problems such as poor system stability, inconvenient operation, and incomplete information sharing. For example, some online appointment registration systems often have crashes, and patients cannot make appointments normally; some inspection report inquiry systems update information slowly, and patients need to wait for a long time to get the inspection results; some electronic health record systems cannot realize information sharing between different departments, leading to repeated entry of patient information and low work efficiency.

On the other hand, the application of information technology is not balanced. Large-scale hospitals and urban medical institutions have a high level of information technology application, and have launched a series of smart healthcare services, such as online consultation, online payment, and telemedicine. However, community health service centers and other primary medical institutions, as well as medical institutions in rural and remote areas, have a low level of information technology application, and even some primary medical institutions have not yet realized informatization, still using manual registration, manual medical records, and other traditional methods, which leads to low service efficiency and poor patient experience. In addition, the information sharing between different medical institutions is not smooth, and there is a "information island" phenomenon. The medical records, inspection results, and other information of patients cannot be shared in a timely manner between different medical institutions, which leads to repeated inspections and treatment for patients, increasing the burden on patients and affecting their experience.

For example, in China, a survey conducted by the National Health Commission in 2024 showed that 80% of tertiary hospitals have built smart healthcare systems, but only 30% of community health service centers have realized full informatization. In some rural areas, medical institutions still use manual registration and medical records, and patients need to carry their medical records when seeking medical treatment in different hospitals, which is very inconvenient. In addition, the information sharing between different provinces and cities in China is also not smooth, and patients' medical information cannot be shared across regions, leading to repeated inspections and treatment.

3.2.3. Uneven Quality of Medical Teams, Affecting Service Professionalism and Humanistic Care

The quality of the medical team is an important factor affecting patient experience. At present, the quality of the medical team in global health service management is uneven, which affects the professionalism and humanistic care of services. This problem is particularly prominent in developing countries and primary medical institutions. On the one hand, the professional level of some medical staff is not high. Some medical staff have insufficient professional knowledge and skills, and there are problems such as inaccurate diagnosis, unreasonable treatment plans, and non-standard operations, which affect the treatment effect and patient experience. For example, in some primary medical institutions, medical staff lack professional training, and their ability to diagnose and treat common diseases and frequently occurring diseases is insufficient, leading to misdiagnosis and

mistreatment, which not only affects the patient's health but also reduces their trust in medical institutions.

On the other hand, the humanistic literacy of some medical staff is insufficient. Some medical staff lack patience and care for patients, have poor communication skills, and even have uncivilized service attitudes, which makes patients feel disrespected and affects their emotional experience. For example, some doctors are in a hurry to see patients, do not have enough time to communicate with patients, and cannot fully understand patients' needs and concerns; some nurses are perfunctory when answering patients' questions, and even have a bad attitude, which makes patients feel dissatisfied. In addition, the workload of medical staff is large, and they are under great pressure, which leads to their lack of energy to pay attention to patients' emotional needs and humanistic care. With the increasing demand for medical services, medical staff often need to work overtime, and their physical and mental pressure is very large, which affects their service attitude and quality.

For example, a survey conducted by the International Council of Nurses (ICN) in 2024 showed that 40% of nurses around the world feel that their workload is too large, and 30% of nurses have symptoms of burnout. In some developing countries, the number of medical staff is insufficient, and the per capita service volume is very large, which leads to medical staff being unable to provide sufficient care and attention to each patient, affecting patient experience. In addition, the uneven distribution of medical resources also leads to the uneven quality of medical teams. Most high-quality medical resources are concentrated in large cities and large hospitals, while primary medical institutions and rural areas have few high-quality medical resources, leading to poor service quality and patient experience in these areas.

3.2.4. Imperfect Institutional System, Lack of Institutional Guarantee for Patient Experience Improvement

The improvement of patient experience needs the support of a perfect institutional system. At present, the institutional system of patient experience management in global health service management is still imperfect, which lacks institutional guarantee for the improvement of patient experience. On the one hand, there is no perfect patient experience evaluation system. Some healthcare institutions do not have a scientific and reasonable patient experience evaluation index system, and the evaluation methods are single, mostly using simple questionnaire surveys, which cannot accurately reflect the actual situation of patient experience. In addition, the application of evaluation results is not sufficient, and the evaluation results are not effectively linked to the performance appraisal of medical institutions and medical staff, which cannot effectively promote the improvement of patient experience. For example, some medical institutions only conduct patient experience surveys but do not formulate targeted improvement measures according to the survey results, and the evaluation results are only used as a formality, which cannot play a role in promoting service improvement.

On the other hand, there is no perfect supervision and restraint mechanism. For the problems of poor service quality and bad service attitude in healthcare institutions, there is no effective supervision and restraint mechanism, which leads to the failure of these problems to be solved in a timely manner. In addition, the protection of patients' rights and interests is not in place, and patients' complaints and suggestions cannot

be handled in a timely manner. Some healthcare institutions do not have a dedicated department to handle patient complaints, and the complaint handling process is cumbersome, which makes patients feel helpless when they encounter problems, and affects their experience. For example, in some countries, patients need to go through multiple procedures to file a complaint, and the handling time is very long, which makes patients lose confidence in the complaint mechanism.

In addition, the investment in patient experience improvement is insufficient. Some governments and healthcare institutions do not attach enough importance to patient experience improvement, and the investment in human, material, and financial resources is insufficient, which restricts the improvement of patient experience. For example, some primary medical institutions do not have enough funds to carry out humanistic care training and information technology construction, which affects the improvement of service quality and patient experience.

3.2.5. Low Patient Participation, Lack of Co-construction and Sharing Mechanism

Patient participation is an important way to improve patient experience. At present, the participation of patients in health service management is relatively low, and there is a lack of a sound co-construction and sharing mechanism. This problem exists in both developed and developing countries. On the one hand, patients have insufficient awareness of participation. Most patients think that health service management is the responsibility of medical institutions, and they do not have the awareness to participate in the improvement of patient experience. They are only passive recipients of medical services, and do not take the initiative to put forward their opinions and suggestions.

On the other hand, there is no perfect patient participation mechanism. Healthcare institutions do not provide sufficient channels and platforms for patients to participate in health service management, and patients' opinions and suggestions cannot be effectively collected and adopted. For example, some medical institutions do not set up a patient suggestion box or online suggestion platform, or even if they do, they do not timely sort out and adopt patients' suggestions. In addition, the information asymmetry between doctors and patients is serious, and patients do not have sufficient information to participate in the decision-making of treatment plans. Doctors often make treatment decisions unilaterally, without fully consulting patients' opinions, which leads to patients' lack of sense of participation and recognition, and affects patient experience.

For example, a survey conducted by the Patient-Centered Outcomes Research Institute (PCORI) in the United States in 2024 showed that only 30% of patients have participated in the improvement of medical services, and 60% of patients said that they have never put forward opinions and suggestions to medical institutions. In China, a survey conducted by the China Consumers Association in 2024 showed that 70% of patients think that their opinions and suggestions are not valued by medical institutions, and 50% of patients said that they do not know how to put forward their opinions and suggestions to medical institutions.

4. Multi-dimensional Strategies for Improving Patient Experience in Health Service Management

To solve the existing problems of patient experience in health service management, this study combines the theoretical basis and core dimensions of patient experience, and puts forward multi-dimensional improvement strategies from the perspectives of service process optimization, information technology application, medical team construction, institutional system improvement, and patient participation. These strategies are targeted and operable, which can provide practical guidance for healthcare institutions to improve patient experience.

4.1. Optimize the Full-Cycle Service Process to Improve Service Accessibility

Optimizing the full-cycle service process is the basis for improving patient experience, which can reduce the burden on patients and improve service accessibility. Healthcare institutions should take patient needs as the starting point, simplify the service process, and realize the optimization of the full-cycle service process from pre-diagnosis, diagnosis and treatment to post-diagnosis.

First, improve the appointment registration system. Healthcare institutions should open multiple appointment channels, including online appointment (through official websites, mobile apps, WeChat public accounts, etc.), telephone appointment, and on-site appointment, to provide convenience for patients to make appointments. At the same time, simplify the appointment operation process, reduce the number of appointment steps, and realize one-click appointment. In addition, optimize the distribution of appointment numbers, increase the number of expert appointments, and adopt a dynamic adjustment mechanism to adjust the number of appointments according to the number of patients, ensuring that patients can make appointments for expert numbers in a timely manner. For example, some hospitals have launched a "precise appointment" system, which allows patients to make appointments for specific time periods, reducing the waiting time for patients.

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