

Importance of Measuring Perceptions of Patient Experience by Healthcare Providers' Perspectives Comments on Complications of Bariatric Surgery and Nursing Care



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Dear Editor,

I would like to express my appreciation for the thorough review of research (1) in revising the complications of bariatric surgery and its impact on patients' health. This impressive review opened the gate for additional concerns regarding the perceptions of healthcare providers towards patient experience before the bariatric surgery. Patient perceptions towards benefits and risks of surgery based on the patients' understanding of the information from their healthcare providers' support for the surgeon's decisions and how that could happen or be explained to the patient. In other words, what about the challenging decisions patients face before surgery and their expectations for a suitable quality of life after performing it, which is the patient's experience in two pre- and post-operation stages? Patient and family education plays a significant role (2); however, the overall experience from both sides (the patient and his healthcare providers) needs additional exploration with the light of their healthcare providers.

The perceptions of healthcare providers towards patients experience recognised as a critical dimension of healthcare quality and a key driver of clinical outcomes (3, 4). Healthcare providers' perspectives on patient experience measurement deserve special attention, as these insights can directly influence care delivery, patient satisfaction, and system performance. I write to highlight the importance of assessing patient experience from this perspective (how healthcare providers perceive the patient's experience for bariatric surgery and weighing the benefits and risks ratio for the patients in per operative stage) and propose further emphasis on integrating these insights into healthcare improvement strategies and as an example of bariatric surgery. On one hand, the optimal result of achieving satisfied patients and healthcare providers is appreciated; however, as the review indicates, this is not the case. What could happen if healthcare providers perceive the patient experience as unwelcoming? Then, the expected benefits from the surgery will dissipate, eventually leading to the cessation of this practice, as has happened to several procedures in the past. Are we heading down this path in a few years, potentially providing more support to various techniques than to surgical interventions? This letter aims to provide concerns and encourage researchers in this path as even the studies still recording increase in the overall trends of such surgeries with different techniques and methodologies (5) the percentages of these increase significantly reduced lately (6) which could be associated with the perceptions of healthcare providers on the change in quality of life after surgery.

The challenges in quantifying the patient experience perceptions vary from perspective to perspective or from the scope of others (3, 7, 8). For instance, the discussion in the review addresses venous thromboembolism, which can reach 17%, or dumping syndrome that can affect up to 50% of certain groups of patients post-operatively (1) in refers to the complexities and difficulties patients face to satisfy suitable living conditions with such changes (9). All these questions make it essential to explore this issue further from the perspective of the patients' experience from both patients and healthcare providers.

Incorporating the healthcare provider's perspective when assessing patient experience is equally important (10). Providers play a pivotal role in shaping the care environment and influencing patient outcomes, making their insights invaluable for enhancing patient experiences for such procedures. On the other hand, they also get feedback from the patients, either verbally or physically, when they observe the difficulties patients may face from postoperative complications, which put them in the situation of second victims (11).

What is the patient experience?

Patient experience, as defined by the Agency for Healthcare Research and Quality (AHRQ), encompasses a broad range of interactions patients have with the healthcare system, including with doctors, nurses, and other staff, as well as within healthcare facilities (12). Studies have shown positive associations between patient experiences and treatment adherence, improved health outcomes, and enhanced patient safety (13). For healthcare providers, understanding and addressing these experiences is integral to delivering patient-centred care and meeting professional standards of excellence. However, there is a need to improve the ability to measure the patient's experience from the providers' perspectives.

From a provider's perspective, patient experience measurement offers additional importance. First, it provides actionable feedback to improve clinical workflows and patient interactions. Second, it fosters a culture of accountability and empathy within the care teams. Finally, it aligns institutional priorities with patient-centred goals, promoting sustainable and equitable healthcare practices (14).

Understanding the factors that affect patient satisfaction and engagement is critical for healthcare providers. Clinicians' daily experiences directly impact the quality of care delivered and the relationships they cultivate with patients. Therefore, incorporating provider feedback into patient experience



measures can lead to more holistic and effective quality improvement strategies.

Key Important issues in the measurements

Communication and Patient Engagement: Providers often serve as the primary communicators with patients, and their ability to effectively engage with patients is crucial for successful outcomes. Studies have shown that strong communication between providers and patients improves patient understanding, adherence to treatment plans, and overall satisfaction (15). Understanding the challenges that providers face in maintaining clear and empathetic communication, particularly in high-stress or time-constrained settings, is essential for measuring the patient experience. For instance, the per-operation communication between providers and patients, to which extent the providers perceived the engagement of patients for the educational session provided.

Well-being and Burnout of healthcare team: The well-being of healthcare providers is closely linked to the quality of patient care. When providers experience burnout or job dissatisfaction, it can directly affect how health care staff deliver the required information for patients, leading to errors and decreased attention to patient needs (16). By measuring provider burnout and job satisfaction, healthcare organisations can better understand how the workforce morale influences the patient experience and take steps to mitigate these issues. Therefore, could explore the healthcare team conditions from well-being perspectives with the expectations for patients' complications postoperatively.

System Efficiency and Workflow: Providers are often in the best position to identify inefficiencies in the healthcare system, such as delays, administrative burdens, and workflow obstacles (17). These inefficiencies can negatively impact the patient experience by increasing wait times, reducing the time available for patient interactions, or compromising the quality of care. Gathering provider insights on operational challenges can help identify and address these barriers, ultimately improving the patient experience (18).

Safety Culture and Patient Care: A strong safety culture within healthcare institutions promotes patient well-being and fosters trust. Providers who feel supported in reporting safety concerns and are involved in decision-making related to patient care tend to deliver higher-quality care, which is reflected in better patient experiences (19). Incorporating provider views on safety culture can provide actionable data for improving care environments and enhancing patient outcomes.

CONCLUSION

Efforts to enhance patient experience for post-bariatric surgery and required care should consider the challenges that providers face, such as time constraints and the emotional demands of care delivery. All these factors required additional measurements for consideration. Addressing these barriers through targeted training, streamlined feedback systems, and supportive policies can empower providers to prioritise patient experience without compromising clinical efficiency.

We urge researchers and policymakers to deepen their engagement with providers to co-design measurement tools that are practical, reliable, and sensitive to such patient populations to overcome such complications. Such tools should facilitate data collection and the real-time application of insights to improve care delivery. At the end, this letter aims to highlight these points and provide questions that may be answered in the future. We in the region of west Asia are looking for the Turkish healthcare system as an outstanding example in surgeries and complicated invasive procedures that also provide the solutions for such challenging complications.

Thank you for the opportunity to share these perspectives. I hope this discussion will encourage further exploration of the provider's role in patient experience measurement from the provider's viewpoint for bariatric surgery.

Sincerely,



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