

MEASURING CLIENT EXPERIENCE OF CARE

A STRATEGIC EVIDENCE RAPID REVIEW



EXECUTIVE SUMMARY

Background: Global progress toward universal health coverage will require expanding access to high quality essential health services. A key component of quality of health services is client experience, which encompasses the consumer perspective of receiving care. Although globally prioritized as an evaluation criterium for health systems and programs, no unified or regularly implemented approach has emerged for measuring client experience of care. To better capture the delivery of consumer-powered healthcare, PSI has committed to understanding and measuring client experience of care. The goal of this review was to determine how client experience has been measured in the research literature. We conducted a rapid review of the research literature to identify studies measuring client experience of care in low- and middle-income countries (LMICs) across four health areas: primary care, malaria, HIV, and sexual and reproductive health (SRH).

Key findings: Publications with client experience of care measures were identified across three health areas: primary care (n = 35), HIV (n = 10), and SRH (n = 52); no studies measured client experience of care for malaria services. Overall, we identified no unified approach to measuring client experience of care across health areas. Within health areas, measures were rarely used consistently across studies. Many measures were not practical for routine monitoring or lacked evidence of validity.

Conclusion: This review indicates a clear need to develop, validate, and deploy a measurement approach for client experience that can be used across health areas and delivery channels in LMICs. The development and validation of client experience measures that can be used more broadly across programs will be critical to monitoring and improving quality of care as we deepen our understanding of consumer-powered healthcare and make progress toward universal health coverage.

BACKGROUND

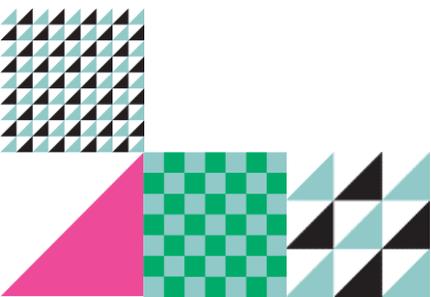
Universal health coverage and access to high quality essential health services have been globally prioritized through the Sustainable Development Goals.¹ A key component of quality of health services is client experience, a construct that encompasses the consumer or patient perspective of receiving care. Focusing on the client experience—including aspects such as autonomy, dignity, and respect in the process of receiving care—advances a rights-based approach as the global community works toward universal health coverage. A focus on client experience is critical for improving the quality of health services and achieving optimal health outcomes.

Valid and consistently applied measures are a necessary precursor to generating evidence for approaches to improve client experience and for monitoring client experience within existing programs. In a conceptual framework for high-quality health systems, *The Lancet Global Health* Commission on High Quality Health Systems in the SDG Era identified client experience as part of the processes of care that feed into quality impacts, including confidence in the health system, better health, and economic benefit.² An adapted framework developed by Larson and colleagues for person-centered measures of health system quality and responsiveness identifies three domains of client experience of care—effective communication, respect and dignity, and emotional support—that influence health outcomes, satisfaction with care, and confidence in the health system.³ These frameworks, both published in 2019, build on decades of conceptual and empirical work on quality of care, including seminal works by Donabedian on ambulatory care⁴ and by Bruce on family planning services.⁵

Despite this long history of scholarly activity on quality of care, consensus has not emerged for a single definition of client experience.⁶ Satisfaction with care is more widely understood and examined in the literature, although definitions and measures also vary.⁷ As a subjective measure, satisfaction relates to the objective experience of care, but is also shaped by expectations about care and a constellation of individual characteristics and past experiences.² Another related construct that has been more clearly defined is patient-centered care,⁸ which captures aspects of care that may result in positive patient experiences, but does not encompass the full range of possible experiences. While several of these related constructs have been more clearly defined, the lack of consensus around a definition of client experience is among the factors that have hindered the development of a standardized measure of client experience. The Lancet Commission identified a persistent need for consistent, validated measures of health system quality, including client experience, and articulated a role for global development partners in developing and testing such measures.²

Patient-centered care is “respectful of and responsive to individual patient preferences, needs, and values and [ensures] that patient values guide all clinical decisions.”⁸

In 2020, PSI launched a global strategy for 2021-2023: Scaling Consumer Powered Healthcare. Consumer-powered healthcare is PSI’s strategic approach to universal health coverage that prioritizes consumer voices and choices to improve quality and ensure sustainable health behaviors and outcomes. To better capture the delivery of consumer-powered healthcare, PSI has committed to measuring client experience of care in its programming. An optimal client experience measure would meet several key



criteria, such as demonstrated validity across health areas, delivery channels, and country contexts; inclusion of domains relevant to consumers; and ease of use for data collection in program settings. PSI has also committed to understanding how to measure client experience of care more broadly through a Strategic Evidence Agenda, which articulates priorities for research and evidence generation across the organization. Among these priorities is a desire to better understand how specific dimensions of client experiences of care are understood and valued by consumers themselves.

The goal of this review was to determine how client experience has been measured in the research literature within the context of consumer-powered healthcare. We conducted a rapid review of the literature to:

- 1) Document the existing evidence base regarding the measurement of client experience of care in the areas of primary health care, malaria, HIV, and sexual and reproductive health (SRH) service provision
- 2) Identify limitations of existing measures as they apply to low- and middle-income countries (LMICs)
- 3) Identify evidence needs in the adoption or adaptation of existing measures

METHODS

We searched for studies measuring client experience of care in LMICs in four health areas: primary care, malaria, HIV, and SRH. Searches were conducted in April, 2021, using variations on search terms for client experience and each health area with an LMIC filter.⁹ The client experience search terms included “experience of care,” “care experience,” “patient experience,” “user experience,” “client experience,” and “consumer experience.” Search terms were adapted as appropriate to three databases: PubMed, Web of Science, and Global Index Medicus, which includes scientific literature produced in LMICs.

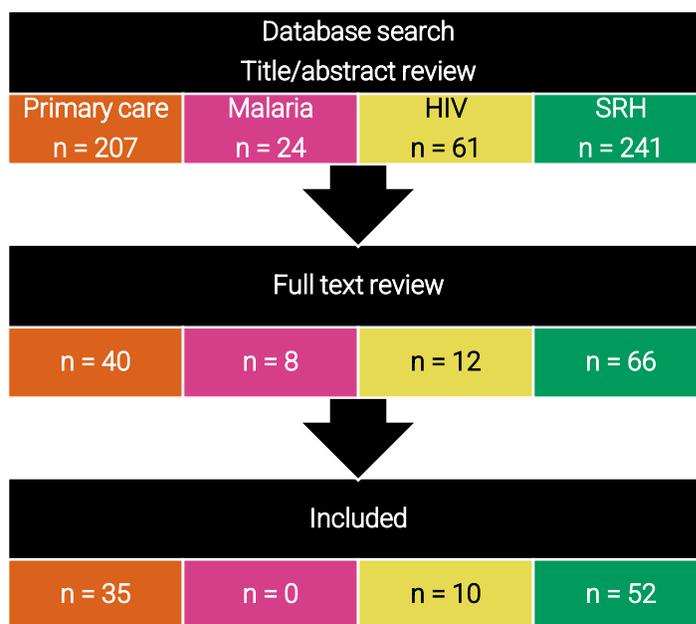
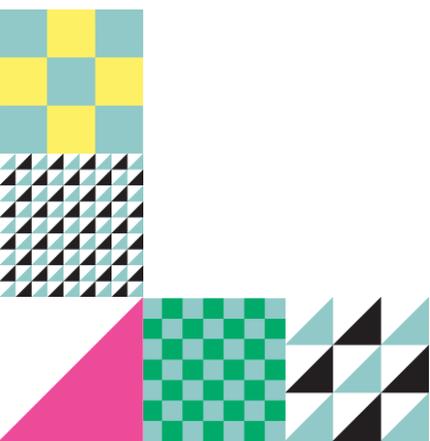


FIGURE 1. FLOW CHART FOR DATABASE SEARCH, REVIEW, AND INCLUSION

Results from each database were deduplicated and a title/abstract review was conducted to identify potentially relevant articles for full text review (Figure 1). During the full text review, additional articles were excluded if found not to be relevant, and additional titles from references



lists were included if relevant. Peer-reviewed journal articles were included if they presented original analyses of primary or secondary quantitative data that measured client experience—as conceptualized by the study authors—in the context of healthcare services, including those delivered outside of a healthcare facility through self-care, telehealth, or other channels. Articles were excluded if they were (1) conducted in a high-income country; (2) focused on client experience outside of the context of healthcare services; (3) reported data only from the healthcare provider perspective; or (4) not available in English or French. No time limit was set for the publication date of included studies.

Illustrative citations are provided below in the results section. A full list of studies identified in the rapid review is available as an online appendix.

RESULTS

We identified a total of 97 publications with client experience of care measures across three health areas: primary care (n = 35), HIV (n = 10) and SRH (n = 52). No studies were identified that measured client experience of care for malaria services. All but two studies, both digital interventions,^{10, 11} assessed client experience in the context of clinical care. One study addressed a self-care intervention, with client experience measured only in the context of the initial clinical delivery of the intervention.¹² Publication dates ranged from 1995 to 2021, with the volume of publications increasing rapidly in the last four years (Figure 2). The extent of client experience research spanned geographic regions, with most studies conducted in Asia and Africa (Figure 3).

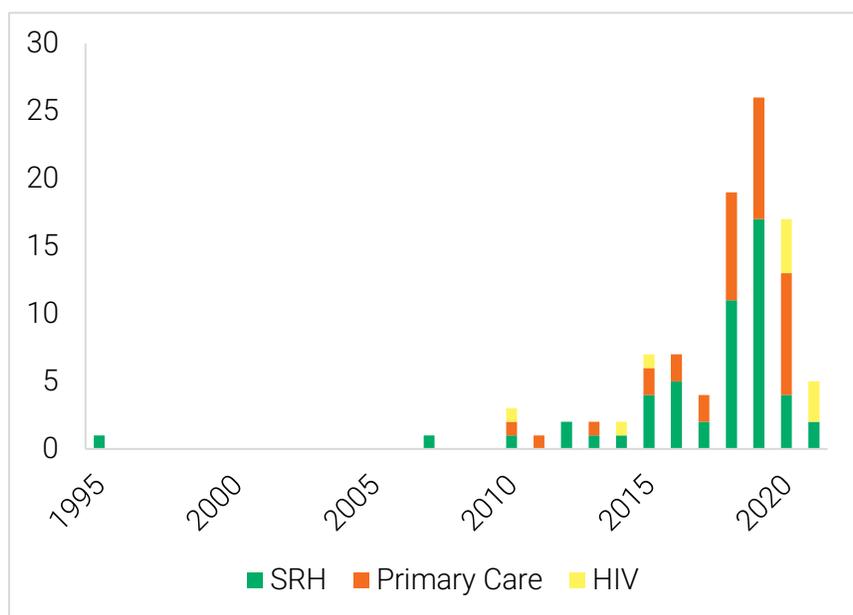
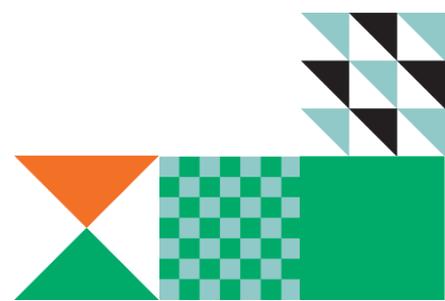


FIGURE 2. STUDIES BY PUBLICATION DATE AND HEALTH AREA



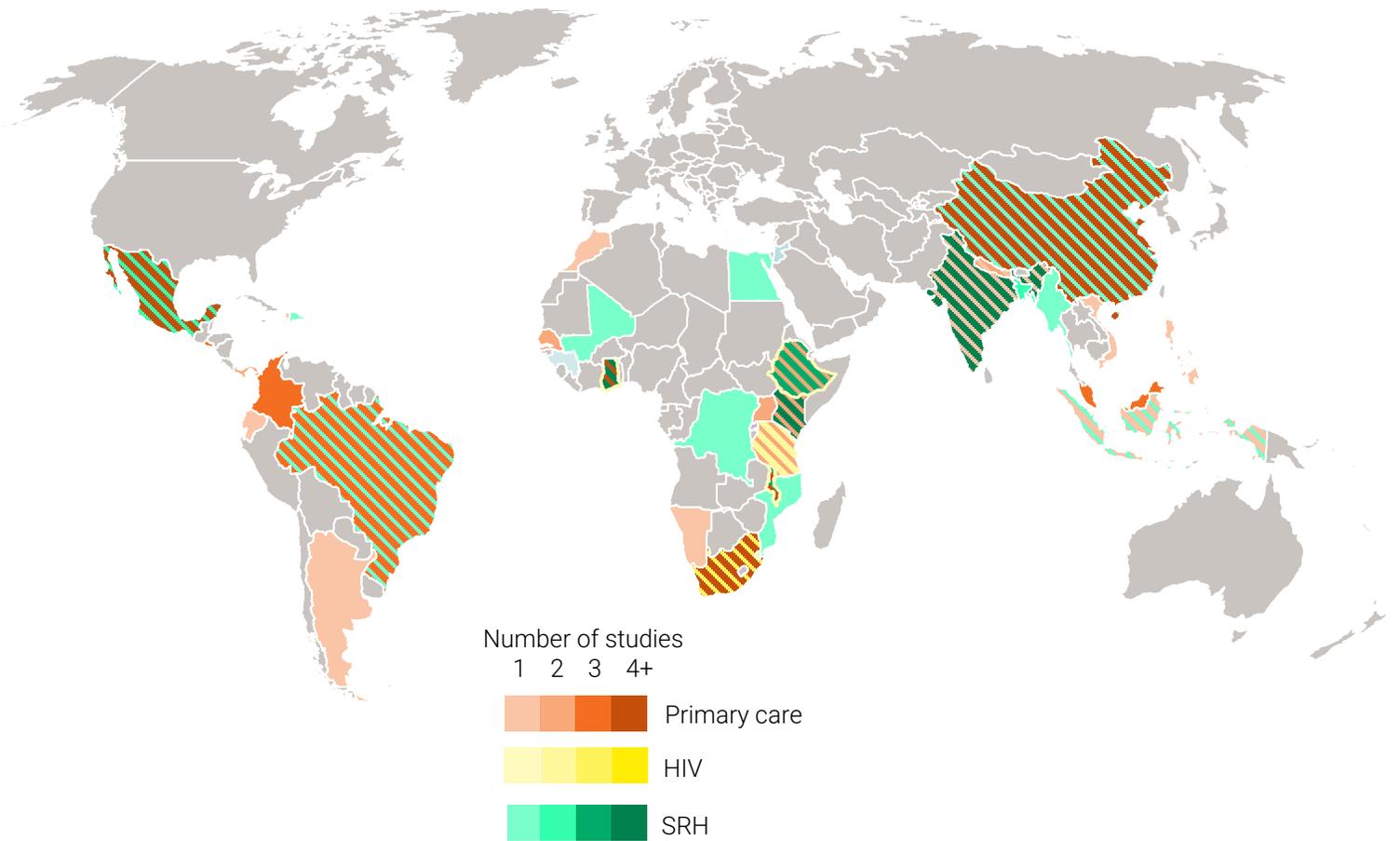


FIGURE 3. STUDIES BY COUNTRY AND HEALTH AREA

PRIMARY CARE

Publication dates for primary care studies ranged from 2010 to 2020, with 18 of 35 studies published in 2019 and 2020. Studies were conducted in Africa (n = 16), Asia (n = 15), and Latin America and the Caribbean (LAC) (n = 5) and included four multi-country studies. The Primary Care Assessment Tool (PCAT), which was developed and validated starting in the 1990s by the Johns Hopkins Primary Care Policy Center,¹³ emerged in this review as a measure frequently used across studies (n = 12) in countries including South Africa,¹⁴ Malawi,¹⁵ China,¹⁶ and Vietnam (Table 1).¹⁷ Another key

measure was an adaptation of the World Health Survey responsiveness module¹⁸ from Ariadne Labs in partnership with PMA2020, a platform for rapid performance and monitoring data collection across multiple countries.¹⁹ Several measures drew on concepts related to patient-centered care. Studies with primary care measures of patient experience addressed a wide range of domains, with many including measures related to communication (n = 25), choice of provider (n = 16), and dignity and respect (n = 6).

TABLE 1. SELECTED PRIMARY CARE CLIENT EXPERIENCE MEASURES

MEASURE	SURVEY ADMINISTRATION	DOMAINS	NUMBER OF ITEMS	SAMPLE ITEMS
Primary Care Assessment Tool (PCAT) ¹³ —Johns Hopkins Primary Care Policy Center	Interviewer-administered clinic-based survey	First contact (access and utilization), continuity of care, coordination, available services, services provided, family centeredness, community orientation, cultural competence	Varies (e.g., Vietnam: 70 items; Malawi: 29 items)	Do you think the staff at this health center understands what you say or ask? (1 = definitely not to 4 = definitely) Does this health center know you very well as a person? (1 = definitely not to 4 = definitely)
World Health Survey Responsiveness Module ^{18, 20} — adapted by Ariadne labs in partnership with PMA2020 (originally developed by the World Health Organization)	Interviewer-administered household survey	Dignity, autonomy, choice of provider, confidentiality, quality of basic amenities, communication, prompt attention	7	How would you rate the level of respect the provider showed you? (1 = poor to 5 = excellent) How would you rate your experience of being involved in making decisions for your treatment? (1 = poor to 5 = excellent)

HIV

For measurement in HIV services, study publication dates ranged from 2010 to 2021, with 7 of 10 studies published in 2020 and 2021. All studies were conducted in sub-Saharan Africa—three in South Africa, two each in Tanzania and Eswatini, and one each in Ethiopia, Malawi, and Ghana. Seven studies measured client experience in the context of general HIV care and treatment and one in the context of the prevention of mother-to-child transmission. The two remaining studies described client experience with HIV testing, one in the context of the integration of HIV testing with non-communicable disease screening²¹ and one in the context of an HIV self-testing mobile app.¹⁰ Theoretical framings of client experience varied

across those studies that included a theory or conceptual framework (n = 5). Two studies^{22, 23} drew on health system responsiveness from WHO’s framework for assessing health system performance²⁴ and one study²⁵ drew on a framework from WHO’s report on *Quality of Care in the Provision of Sexual and Reproductive Health Services*.²⁶ Although none of the identified publications were validation studies, one indicated that all measures had been previously validated.²⁷ Domains frequently addressed in studies of HIV client experience measures included communication (n = 8), confidentiality (n = 5), dignity and respect (n = 3), and autonomy (n = 3).



SEXUAL AND REPRODUCTIVE HEALTH

Publication dates for SRH ranged from 1995 to 2021, with the highest number of publications in 2019 (n = 17). Studies were conducted in Africa (n = 27), Asia (n = 24), and LAC (n = 6), with India (n = 14) and Kenya (n = 10) contributing the most studies. SRH services that were examined included labor and delivery care (n = 23), contraception (n = 13), prenatal care (n = 7), abortion (n = 2), and obstetric fistula (n = 1). Five studies addressed multiple SRH services. Among studies on contraceptive services, most focused on general counseling or service provision (n = 7), with the rest addressing a specific contraceptive method. This health area included numerous measure development and validation studies, but only a few measures were used across multiple studies or across multiple countries. Measures

presented in validation studies included the person-centered maternity care scale (India, Kenya, and Ghana),²⁸ the person-centered family planning care scale (India and Kenya),²⁹ the person-centered abortion care scale (Kenya),³⁰ the quality of contraceptive counseling scale (Mexico),³¹ the interpersonal quality of family planning scale (India),³² and the respectful maternity care scale (Ethiopia).³³ The person-centered maternity care scale and related family planning and abortion scales were adapted and validated for multiple SRH services and for use in India, Kenya, and Ghana (Table 2).²⁸⁻³⁰ Another measure used across multiple countries was the client satisfaction module from Service Provision Assessment (SPA) survey exit interviews.³⁴ SPA surveys are a standardized health facility

TABLE 2. SELECTED SEXUAL AND REPRODUCTIVE HEALTH CLIENT EXPERIENCE MEASURES

MEASURE	SURVEY ADMINISTRATION	DOMAINS	NUMBER OF ITEMS	SAMPLE ITEMS
Person-Centered Maternity Care ²⁸⁻³⁰ —UCSF/UCLA	Interviewer-administered survey of participants identified from health facility records and interviewed in health facilities or in their homes	Dignity and respect, communication and autonomy, supportive care	Full: 30 (some variation by setting) Short: 13	Did the doctors, nurses, or other staff at the facility treat you with respect? (1 = never to 5 = all of the time) When you were speaking to the doctors, nurses or other staff at the facility, did you feel other people not involved in your care could hear what you were discussing? (1 = never to 5 = all of the time)
SPA Client Satisfaction Module ³⁵ —The DHS Program	Interviewer-administered client exit interviews	Affordability, communication, privacy, availability of medications, facilities, overall satisfaction	19	Were any of these problems for you today (1 = major problem, 2 = minor problem, 3 = no problem): <ul style="list-style-type: none"> Amount of explanation you received about the problem or treatment Privacy from having others see the examination

assessment that have been conducted by the Demographic and Health Surveys (DHS) Program in 18 countries.³⁵ Frameworks used by SRH studies included the Bruce framework,⁵ Jain and Hardee's updates to the Bruce framework,³⁶ Bowser and Hill's framework for disrespect and abuse in childbirth,³⁷ Kruk's and Larson's frameworks for health system quality,^{2, 3} and others. Studies with SRH measures spanned client experience domains with multiple studies incorporating elements of communication (n = 27), dignity and respect (n = 20), autonomy and choice (n = 16), affordability (n = 6), ease of use (n = 5), and others.

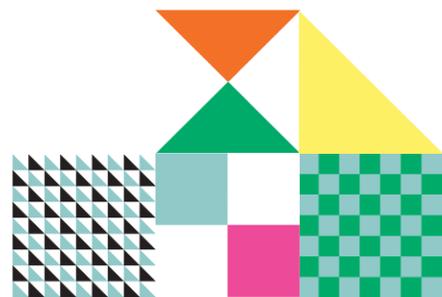
CONCLUSION

Overall, we identified no unified approach to measuring client experience of care across health areas. Within health areas, measures were rarely used consistently across research groups. Many measures were not practical for routine monitoring or lacked evidence of validity. Conceptualization of client experience of care varied across studies, but several domains appeared repeatedly, including communication, dignity and respect, choice of provider, and ease of use. In operationalizing client experience, researchers included both objective and subjective measures, often interpreting satisfaction as an expression of experience.

Measure development and validation for client experience appears to be most advanced in SRH and least advanced in malaria. Much of the work in the SRH space is grounded in a long history of quality-of-care research and conceptualization. Accordingly, numerous measure development and validation studies have been published in the past several years across maternity care, contraceptive services, abortion care, and other

SRH services, but few of these validated measures have yet been used widely across settings. At the other end of the spectrum, we were unable to identify any research literature in this search on measurement of client experience of care in the context of malaria services. Although malaria research has included related quality of care domains, such as satisfaction with care,³⁸ additional work is needed in the direct measurement of client experience.

Although some aspects of certain measures held promise, a variety of limitations prevent of us from recommending any one measure for wide application across health areas or across channels of service delivery. Several measures, such as the Primary Care Assessment Tool¹³ and the person-centered maternity care scale,²⁸ were validated across different countries and in multiple languages—a necessary step for meaningful measurement across global programs—but other characteristics limit their broader application. Some validated measures that have been widely used for research are not practical for routine program monitoring. For example, several versions of the Primary Care Assessment Tool include 70 items or more.¹⁷ More streamlined measures, such as the Net Promoter Score,³⁹ lack clear evidence of validity for broad applications. Measurement in service delivery channels other than clinical care was particularly limited. Although digital and self-care are rapidly growing channels for healthcare delivery, we found only two measures of client experience for digital interventions^{10, 11} and one measure related to self-care.¹² Aside from the two studies of digital interventions, all other measures assessed client experience in the context of clinical care.



Because we conducted a rapid review rather than a comprehensive systematic review, some studies measuring client experience were likely missed, particularly those using other terminology to describe client experience. Furthermore, we focused on only four health areas—primary care, malaria, HIV, and sexual and reproductive health. Measurement of client experience outside of these health areas, including care for non-communicable disease outside of primary care, was not captured in the review.

Despite these limitations, this review indicates a clear need to develop, validate, and deploy a measurement framework for client experience

that can be used across health areas and delivery channels in LMIC settings. None of the measures identified in this review met all of our key criteria for a client experience measure—validity across health areas, delivery channels, and country contexts; inclusion of domains relevant to consumers; and ease of use for data collection in program settings. The development and validation of client experience measures that can be used more broadly across programs will be critical to monitoring and improving quality of care as we deepen our understanding of consumer-powered healthcare and make progress toward universal health coverage.

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ABOUT PSI

Founded over 50 years ago, Population Services International (PSI) is a global nonprofit that makes it easier for people to live healthy lives and plan the families they desire. PSI brings innovation to scale through presence in over 40 countries and a vast network of global, regional, national, and provincial partners. With an unwavering commitment to the healthcare consumer, PSI designs effective and sustainable solutions to the world's biggest healthcare challenges.

STRATEGIC EVIDENCE AGENDA

PSI developed a framework of questions to build the evidence around consumer-powered healthcare. This brief address the Strategic Evidence Agenda topic of client experience.

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For more information, please contact Susannah Gibbs at sgibbs@psi.org.

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