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Community: The true driver of excellence in human experience

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Abstract

The idea that we are a community first, a community of people from a breadth of backgrounds and experiences, from all corners of our world, has been the foundation on which our work has been built, our efforts motivated, our research driven and our hope inspired. It is a tapestry of possibility, grounded in evidence and brought to life in practice that has made the journey to our 9th volume so enriching. A community is fostered in realizations of people who want to be part of something together – an idea, a hope, a purpose or possibility – and that in coming together they can create something greater than they could have alone. That is the essence of community of which I speak. That is the community we have built together. It is when we recognize that community is not just an incubator of ideas, but an engine for action, that significant things can happen. I often share the quote from Coretta Scott King who said, “The greatness of a community is most accurately measured by the compassionate actions of its members.” I would add that the pieces that follow and all we learn from one another represent those very compassionate actions; they are the seams that bind our community, a community that through those actions is the true driver of human experience.

Keywords

Community, human experience, experience measurement, COVID-19, patient experience, equity, employee experience

A context for community

Eight years ago, as we opened Volume 1, Issue 1 of Patient Experience Journal (PXJ), I shared, “*This publication in so many ways epitomizes all that is right and good about the patient experience movement itself. That being: no one individual or organization owns this conversation or can claim to have every answer, but rather it is a true effort of a community of voices from research to practice, from caregivers to patients and family members, across the care continuum and into the reaches of resources provided and concepts yet unknown.*”¹

That idea that we are a community first, a community of people from a breadth of backgrounds and experiences, from all corners of our world, has been the foundation on which our work has been built, our efforts motivated, our research driven and our hope inspired. It is a tapestry of possibility, grounded in evidence and brought to life in practice that has made the journey to our 9th volume so enriching.

As we move closer in the months ahead to our 1 millionth article download, with readers in over 220 countries and territories from more than 20,000 institutions, the work presented on our pages has reflected a cross section of ideas all grounded on the idea that our work in healthcare is encompassing of all that human experience brings to bear. That we must be relentless in our pursuit of equity, unforgiving in our care for our workforce and unwavering in our commitment to understand and act for all who healthcare serves.

These ideas all happen in the context that we are still traversing a global pandemic that has changed how we live and interact forever. We are living in a world now stoked by unnecessary war and the displacement of millions. We are faced with societal cross winds seemingly fearful of our differences and unwilling to acknowledge or celebrate their gifts. But with these uncertainties, I find we still have one common ground on which we can and must build – that is community itself.

The 2008 book, *Community: The Structure of Belonging*, by Peter Block was an inspirational lens for me as we began to frame what The Beryl Institute community could become. Block speaks to community not from its definitional base, but from the experience it creates. As he states, “Community is about the experience of belonging.”² The key word here “belonging” takes on two essential meanings, the first to be a part of something and the second to be an owner and co-creator of it.

A community is fostered in the realizations of people who want to be part of something together – an idea, a hope, a purpose or possibility – and that in coming together they can create something greater than they could have alone. That is the essence of community of which I speak. That is the community we have built together.

It is when we recognize that community is not just an incubator of ideas, but an engine for action, that significant things can happen. This community is just such an

example. Over eight years through PXJ, and 12 via The Beryl Institute, we have collectively inspired with new insights, shown vulnerability in lessons learned, and expanded evidence and innovation. Community has been both our container and catalyst, and it has shaped the very ideas on which the experience movement now thrives.

Community as a driver of experience

In Volume 8 of PXJ, I shared the new *Declaration for Human Experience* introduced by The Beryl Institute.^{3,4} The declaration and its commitment to transforming the human experience is grounded in the idea I often share, that in healthcare we are, first and foremost, human beings caring for human beings. It also affirms that a conversation on experience in healthcare must be focused on the experience of not just patients, family members and care partners, but the healthcare workforce and the communities healthcare organizations serve.

This integrated construct represents not one viewpoint, but the woven perspectives of members from across the experience community. It is a product of community itself. It is reflective of a journey of experience, of lessons learned, of the very belonging Block spoke to – that we are a part of something that together we create and own.

That is what has been found on the pages of PXJ as well. A commitment to evidence, to thoughtful research and insightful cases, to heartfelt narratives and innovative commentaries all shaped by an intention to move us forward, for communities are not static; they are alive. As a wise friend, Rick Evans, SVP and Chief Experience Officer at NewYork-Presbyterian shared at Elevate PX this year, “Community is our sense of oxygen.”

This sense of oxygen grounds us in a commitment to one another, to the humanity in our midst. I believe in our commitment to one another around the idea of what experience can and should be, that we have collectively expanded what experience has become. From where our conversations started, moving from satisfaction – how people react to their expectations of a moment – to experience – all that is understood, perceived and remembered about an encounter one human being to another, we soon saw that experience must have a greater context.

In doing so as a community, we came to reinforce in our words and actions that:

1. **Experience happens in relationships**, not just in simple transactions. These are relationships with people, processes or even technology that engage us.

2. **Experience is contextual**, no one encounter exists with the influence of all that surrounds it and all that impacts the parties involved.
3. **Experience for others is grounded in the experiences of those who deliver them**, i.e., good experiences for patients and families in healthcare only happen on the fuel of good workforce and team experiences.
4. **Experience is integrated and encompassing** of all that an organization does to influence human interaction.
5. **Experience is deliciously messy and complex**, and it is worth every effort to ensure the best for others.
6. **Experience is a never-ending journey**. It requires relentless commitment, sustained focus and an understanding that in the ongoing efforts to support experience success, we must find ways in which we support one another, recharge, renew and reframe.

And we must add one final point:

7. **Experience is driven by community itself**. It is a commitment of community that inspired the evolution of experience, and it is the support of communities across the global healthcare ecosystem that sustains and elevates it.

That is what led our community to push the conversation forward relentlessly, with new contributions on the pages of PXJ, with the continued expansion and broadening of our community itself across the continuum and around the world with a global declaration that we must commit to transform the human experience in healthcare (and I dare say beyond).

The start of Volume 9

This idea of coming together, of belonging, of community is a thread through our most recent issue of PXJ, which includes 27 articles from around the world. We open Volume 9 with a pair of powerful commentaries that push at the very issues challenging measurement in healthcare today.

From a look at “measuring what matters” that acknowledges historic measurement methods while proposing new considerations for action from the voices of over 30 Chief Experience Officers across the U.S.⁵ to the deep review from Australia on how the use of PROMS (Patient Reported Outcomes Measures) and PREMS (Patient Reported Experience Measures) still has “a ways to go,”⁶ we see from the start the very idea that community can and will push us forward.

Measurement is a significant theme throughout the issue, especially looking at new ways to engage patient, family and care partner voices⁷⁻⁹ and understanding how we can use these measures to help impact the quality component of overall experience.^{10,11} We also see an increase in reflections and research on the impact of the COVID-19 pandemic on mental health and trauma^{12,13} as well as comparative studies on how we looked at experience before, through and after the height of the pandemic.^{14,15}

The case studies presented in Volume 9, Issue 1 also reflect the expanding boundaries of where experience matters today and reinforces the broad reach and opportunities in our growing community. From a look at innovative uses of technology,¹⁶ to a visionary transformation in what hospital food can be,¹⁷ to new modes of care delivery such as “hospital at home,”¹⁸ our authors reinforce the power of community voice in co-creating where experience will go.

The scope and breadth of this issue represents a powerful snapshot of both the reflective moment in which we find ourselves and the dynamic tensions we are experiencing that will and must push us forward. You will find your thirst for innovation quenched and your appetite for grounded evidence well fed.

What lies ahead

The phrase – “what lies ahead” – alone takes on a powerful play on words. As a question, it represents the inquisitive nature of our community to ask what comes next and to offer questions and explorations that we can discover together. As an affirmative statement, it reflects a stake in the ground for all we are willing to declare, build and share with intention. It is perhaps this delicate balance that may be the most inspirational opportunity in community overall.

In our willingness to question without fear and be questioned without pride, and our strength to declare with intention and a sense of vulnerability and risk, we push ourselves forward. No, we propel ourselves forward. That does not happen alone; it happens in the network of interactions a community creates, at the synapses of relationship of both care and tension, of love and even despair. These are all catalyzing opportunities where we are stronger together, supported and bolstered by one another for all we know is possible.

The reason we stand here today asking and declaring what lies ahead is because of the community we have built together. The words on these pages represent it, the ideas shared reflect it and the lessons learned, ideas inspired and actions taken as a result reinforce all that is possible. That may be all we need to know.

I often share the quote from Coretta Scott King who said, “The greatness of a community is most accurately measured by the compassionate actions of its members.” I would add that the pieces that follow and all we learn from one another represent those very compassionate actions. They are the seams that bind our community together, a community that through those actions is the true driver of excellence in human experience.

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