



2022

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Recommended Citation

Wolf JA. Human experience is not a line item. *Patient Experience Journal*. 2022; 9(2):1-3. doi: 10.35680/2372-0247.1746.

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Cover Page Footnote

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Human experience is not a line item

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Abstract

Our humanity is fundamentally defined in context with others, in our relationships that reinforce or bend who we are, in the interactions through which we wither or grow. It is these interactions that rest squarely at the heart of the healthcare experience. For over a decade, we have defined experience in The Beryl Institute community as *the sum of all interactions, shaped by an organization's culture that influence patient perceptions across the continuum of care*. The power of the simple, yet significant nature of these words reinforces the idea that experience happens primarily at the touch point between people. These experiences, ultimately, are framed by the kinds of organizations we build, cultures we foster, behaviors and choices we encourage and expect. The humanity we build into our healthcare system is the basis for every experience one has. The conduit for these experiences is the healthcare workforce itself. The context for experience happens in the communities that healthcare serves. These ideas are not simply an idealized state but also have tangible and measurable impacts on healthcare itself. This special issue helps us to see some of the implications and actions of the healthcare workforce experience on our capacity to deliver the best in care overall. Experience is not a line item - for an investment in experience efforts creates a culture shift that has direct bearing on the quality outcomes realized, the patient and family loyalty sought, the community reputation desired and the vibrant workforce that healthcare leaders strive to ensure every day.

Keywords

Human experience, patient experience, workforce experience, quality, safety, communication, loyalty, reputation, turnover, leadership

*My humanity is bound up in yours,
for we can only be human together.*

This quote from Bishop Desmond Tutu reinforces a central idea I consistently share about healthcare, that we are, first and foremost, human beings caring for human beings.

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For over a decade, we have defined experience in The Beryl Institute community as *the sum of all interactions, shaped by an organization's culture that influence patient perceptions across the continuum of care*.¹ The power of the simple, yet significant nature of these words reinforces the idea that experience happens primarily at the touch point between people.

These experiences, ultimately, are framed by the kinds of organizations we build, cultures we foster, behaviors and choices we encourage and expect. The humanity we build into our healthcare system is the basis for every experience one has. The conduit for these experiences is the

healthcare workforce itself. The context for experience happens in the communities that healthcare serves.²

The *Declaration for Human Experience*³ calls for a recognition of this idea that there is an integrated nature to the human experience in healthcare. It calls on us to recognize patient experience at its core but also acknowledge the experience of the healthcare workforce and the communities in which healthcare systems operate globally. They are all intertwined in the totality of the healthcare experience.

As the declaration states³:

By elevating and transforming the human experience in healthcare, we can create a more effective, responsive and equitable healthcare system that results in better experiences and outcomes for patients of all backgrounds, a more supportive, energizing and collaborative environment for healthcare professionals and healthier communities that break down barriers to care.

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actions of the healthcare workforce experience on our capacity to deliver the best in care overall.

In this issue, we see powerful narratives on processes to care for our workforce⁴ and rehumanize our experience in healthcare.⁵ We are exposed to research that explores the rules of engagement between patients and providers⁶ and how human experience can be impacted by new models of communication.⁷ We explore modern drivers of the employee experience⁸ and how new modes of delivery such as virtual care have us looking for new ways of managing experience.⁹ We uncover practices around teamwork¹⁰ and about how we can care for the caregiver¹¹ that help us look at the practical implications of a commitment to caring for our workforce.

As found on the pages that follow, a commitment to experience is not and has never been solely about how satisfied people are, whether receiving care or working in healthcare every day. What has been essential to experience success is realizing what people – as humans in healthcare – are ultimately seeking.

First, people are looking for the appropriate level of care and positive health outcomes. They are seeking care with an interest in their health and wellbeing. But just as important is that as people, they are communicated to in ways they can understand and are listened to with respect.¹² This latter point being something the healthcare workforce seeks as well.

The link of quality of care with quality of relationships shared here is key. It is the basis for ensuring a healthy and vibrant workforce as well. Healthcare teams in organizations seen as excelling in experience also note that after these critical aspects of effectively communicating with patients, families and care partners, caring for healthcare teams' wellbeing and the teamwork found in care teams are also crucial to ensuring the best in experience.¹³ It is safe then to infer that organizations lacking these factors put themselves at considerable risk.

Healthcare organizations strive to be their best, to meet patient and community needs, to achieve top clinical outcomes, to foster strong reputations and build solid community loyalty. These ends are realized through the experiences they provide – not just for those they care for, but for the workforce who shows up every day to do the work of healthcare. This integrated reality is not about simply good survey scores or even goodwill; it has hard and significant implications for healthcare organizations in how they grow and thrive.

Whether in national or public systems where healthcare organizations strive to be good stewards of the resources they are asked to provide their citizens, or in insurance-driven systems where there is a level of consumer choice

and the need to attract patients driven by recognition and/or loyalty, or in some combination of both, it is time that we recognize the true impact of the experience provided.

. Experience is a driver of consumer loyalty. Sixty-one percent (61%) of consumers in our recent research identified the experience they had as significant to the choices they would make in healthcare.⁴ In addition, healthcare organizations' commitment to stronger and more engaging cultures tend to retain their workforce at higher rates as well. This has been particularly challenging considering the pandemic which exposed greater strains on the healthcare workforce due to the increased volume of care, personal safety issues and more.

Burnout in the healthcare workforce, present well before the pandemic, was only catalyzed by the circumstances of the last few years. The cost of turnover on organizations is substantial, ranging into the millions of dollars. One study found that for every percent increase in nurse turnover, it can cost an average hospital almost \$300,000 (USD) a year.¹⁴ In addition, this churn in the healthcare workforce has implications on other key factors as well, including quality of nursing care, physical and mental health of nursing staff, and relationships among nursing staff members.¹⁵

It is clear that as we address the issue of workforce wellbeing shared in this special issue and understand the implications of the human experience we provide we must conclude one thing – *human experience is not a line item.*

Experience is not a strategic pillar, separate from finances or people, quality or growth. Rather, it is the strategic foundation on which those items find sure footing. More specifically, an investment in patient experience for organizations is not simply funding a cost center. It must not be treated as such. Yes, understanding the need to be good financial stewards in healthcare is essential to ensure sustainable organizations are committed to providing quality care, but that is what an investment in a commitment to experience ultimately does.

Experience is not a line item - for an investment in experience efforts creates a culture shift that has direct bearing on the quality outcomes realized, the patient and family loyalty sought, the community reputation desired and the vibrant workforce that healthcare leaders strive to ensure every day.

A commitment to experience must not be seen as just a line item, because it is not a singular issue. It is not simply a survey score or rating; it is truly *the sum of all interactions* and more. It captures the very essence of what a healthcare organization seeks to be – a respected, quality care provider, chosen by and respected in their communities, a

place people choose and are proud to call their place of work. These ideas cannot and must not be separated in our drive to provide the best in healthcare around the world.

Especially in times such as we find ourselves today, where resources are strained, it may seem easy to see experience efforts as a cost to cut, but this is driven by a narrow focus and done at great risk. The vibrancy of our healthcare organizations themselves, the patients and family members cared for, the communities served and the healthcare workforce that binds this work together all deserve more.

Our humanity is bound up together and now more than ever is an imperative investment in caring for all who serve in and are served by healthcare. That is how we can and will remain forever human - together.

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