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This article is associated with the Culture & Leadership lens of The Beryl Institute Experience Framework. (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_CultureLeadership

Navigating the “Perfect Storm”: Leading with a commitment to human experience

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Abstract

As was known even prior to the pressures placed on us by the pandemic, what lied just beneath the surface of our work in healthcare was clear. A healthcare workforce feeling overworked and overwhelmed. Communities seeing and feeling the impact of inequities and disparities in care. Patients and care partners working diligently to elevate what matters to them. A tearing at the social fabric that has led to incivility and even mortal violence. And healthcare systems laboring to maintain financial viability in the face of global economic uncertainties. We knew the opportunities then, and we cannot escape them now. This is a perfect storm for healthcare, one that I know weighs on and buffets all who are engaged in and served by the healthcare ecosystem. But amid this turbulent reality, I believe there is hope, a space for optimism and a solid foundation on which we can and must build. It comes in our commitment to the human experience.

Keywords

Human experience, patient experience, healthcare workforce, leadership, communication, expectations, well-being, health policy, expectations

The Declaration for Human Experience¹ opens with clear acknowledgement of our current reality:

Our shared experience over [these past few years] has shifted the foundation of healthcare forever, exposing systemic weaknesses and wounds that can no longer go untreated. Healthcare professionals and organizations never hesitated in responding to the needs of patients and the communities they serve. While the world has been inspired by the level of compassion and care that healthcare professionals have demonstrated time and time again, we know firsthand that this service and sacrifice has come with a heavy price. Our current realities call us to forge a new existence that begins with looking beyond the distinct silos of patient experience, employee engagement or community health to focus on the common thread that binds each of these areas together—the human experience.

As was known even prior to the pressures placed on us by the pandemic, what lied just beneath the surface of our work in healthcare was clear. A healthcare workforce feeling overworked and overwhelmed. Communities seeing and feeling the impact of inequities and disparities in care. Patients and care partners working diligently to elevate what matters to them. A tearing at the social fabric that has led to incivility and even mortal violence. And healthcare systems laboring to maintain financial viability in the face of global economic uncertainties. We knew the opportunities then, and we cannot escape them now.

There are real impacts to these issues as well. In the soon to be released data in *The Beryl Institute - Ipsos PX Pulse*, consumers in the United States believe the quality of care

is at its lowest point since we started tracking this data in late 2019.² It too reveals that trust in the healthcare system overall has declined. The primary reason reported is people believe healthcare organizations are considering their interests first before that of their patients and communities. At the same time, over a third of nurses are considering quitting their jobs this year, with over 40% citing burnout and a high-stress environment as the reason for their desire to leave.³ And the financial winds impacting healthcare are forcing significant strategic decisions to maintain operational viability.

This is a perfect storm for healthcare, one that I know weighs on and buffets all who are engaged in and served by the healthcare ecosystem. But amid this turbulent reality, I believe there is hope, a space for optimism and a solid foundation on which we can and must build. It comes in our commitment to the human experience.

In understanding and appreciating the clear implications for the realities we now face, this is a challenge to address the moment in new strategic ways. It is a tangible and urgent call to action. In my opening editorial in Volume 9, Issue 2, I offered:

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...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.⁴

It is in this work where I believe our opportunities can be found. What is clear is that a commitment to experience also is a significant driver of all the major outcomes we seek from quality clinical results to sustainable financial outcomes. As reflected in the input from healthcare consumers on what matters to them in the latest *PX Pulse* – listen to me, communicate in ways I can understand, provide me with a clear plan of care, take my pain seriously, and treat me with courtesy and respect,² – these same needs exist for those who show up to work in healthcare every day as well.

These are the fundamental building blocks for a future in healthcare that, as the declaration encourages, is driven by collaboration and through shared learning that forges a bold new path to a more human-centered, equitable and effective healthcare system.¹ It calls on us to return to a greater simplicity in our intention and action for all engaged in healthcare – patients and care partners, the healthcare workforce and the communities that healthcare systems have the privilege to serve.

We must also be willing to accept that while we may not be able to stop all the winds of this perfect storm, such as global financial pressures, supply chain issues and workforce challenges, we can take action to navigate them with intention. While I know it feels as if we must do all we can just to survive, we too must be mindful that our actions are not shortsighted in the face of all we seek to achieve. Those organizations in healthcare today that seek the path to what lies over the horizon, versus just to survive the day, will find themselves more effectively moving to a new future for healthcare.

In all we have learned together, I suggest there are some fundamental actions that will ensure we build stronger, more vibrant, financially viable and quality-focused organizations. They include:

Practice the fundamentals of communication

As noted above, patients, family members, care partners and consumers of care consistently reinforce three fundamental ideas: Listen to me, communicate in a way I can understand and treat me with dignity and respect. This calls on us to build clear ways in which our organizations commit to these three fundamental practices. These are essential human actions that don’t require extensive training but do require clear and consistent leadership commitment and expectations.

Seek to understand and address expectations (those we can)

One of the greatest causes of dissatisfaction and upset in our daily interactions as humans in general are unmet expectations. We will likely miss close to 100% of the expectations we do not know. At the same time, we are not required to meet every expectation people come to us with. But I believe we can and must ask what people expect of us as a clear and intentional practice. Once expectations are clear, we can effectively communicate what we can address, what we can do our best to try to address and be open upfront on what we cannot. Our ability to honor and address expectations with honesty and transparency is an active step in opening more productive channels of communication and action and something every healthcare organization can start doing today.

Care for the well-being of the healthcare workforce

This action requires no explanation but does require a clear and unwavering commitment to implementing policies, practices and solutions to the healthcare workforce feels the appreciation they deserve and receives the support they need. There are numerous resources available for this work, including our full Special Issue from August 2022⁴ and via The Beryl Institute’s resource center on this topic.⁵

Engage directly with the communities we serve

The communities in which our healthcare systems operate are not passive users of our services. They are the true champions for community co-produced efforts to ensure health and well-being for all we serve. With a clear intention of healthcare to move from reactive care to proactive prevention and health, this is a foundational element in transforming the human experience. We must work to find ways to move from passive engagement of our communities to engaging them in larger scale co-designs of the future of healthcare in all of the communities we serve.

Advocate for policies that make sense (globally)

The work of healthcare does not happen in a vacuum, and as much as the communities we serve have a voice and impact, we too are impacted by the policies that oftentimes force the hand of healthcare leadership. We have had a long history of advocating (policy-wise) for what helps our healthcare organizations operationally, but we have only started advocating for policies and political decisions that have a focus on the human experience at the heart of healthcare. These policies impact how we measure and why, ensure equity and inclusion, create greater financial support for new models of care delivery such as telehealth, achieve greater support for the workforce and more. We need to expand on what has been started through such efforts as The Beryl Institute’s PX Policy Forum as we

work to elevate issues and advocate for new (or changes in) policies at our local, national and global efforts.

Stand together for what is possible

I add this item with a simple plea. The work to transform the human experience is not something organizations must do alone. As I write this, I am sitting in Barcelona after visiting members of our global experience community and am inspired and better informed by the work they are doing. It will take our willingness to continue our commitment to connect and share, both the good and bad, that will help all of us navigate this storm. The experience movement is not a disparate collection of individual efforts, but an intricate network of ideas, opportunities and possibilities. It will take all of us together in sharing information, practices and process to ultimately achieve all we know is possible.

I believe these actions are the threads that will help us rebind the tapestry of caring and healing, of the humanity at the heart of healthcare, which has been pulled apart these last few years and to which we are all committed. And while they alone won't disperse the storm, they will ensure we navigate it in a way in which we come out stronger.

As I share this, we acknowledge and understand the current hardships facing individuals and organizations across our community. But we also cannot let those hardships be all that drives us. We cannot let the winds take us where they want us to go. We can, and we must, lead in a direction of our choosing.

It is this commitment to action and a contribution to the larger conversation that we continue to see reflected on the pages of *PXJ* itself. In our final issue of 2022 and the close of Volume 9, we release one of our largest issues ever. We continue to hear from the voices of patients and care partners, clinicians and researchers, all committed to elevating the evidence and practice driving the healthcare experience.

This issue shares a series of personal narratives that bring the healthcare experience to life. It has a significant collection of articles on the innovations and technology that will lead our experience efforts into the future. It continues to dig deeper into how we effectively measure experience and continues to explore the implications of the COVID-19 pandemic on all we have and will do in healthcare. The 24 articles that follow paint a clear picture of all we face today and all that we know is possible.

As we close our ninth volume, we reflect on a year where we crossed the milestone of one million article downloads from *PXJ*. We also see the conversation shifting from one of how we get through a pandemic to one of what healthcare can and must be as we move forward. That is

why this call to action is not simply words in an editorial. I hope they will be clear steps we all commit to taking in our commitment to what healthcare can be.

I know we will navigate this perfect storm, no matter how difficult it may now seem. I have seen and heard that possibility in the faces, voices and actions of our community. I have read them on the pages that follow. I can feel them in the commitments expressed by healthcare organizations around the world. And for that I am hopeful and grateful. We may still feel the toss and churn of all that has been thrown at us in healthcare. But I know we are forever going to be stronger as we walk forward to a future we create together.

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