

# Human Understanding: The Foundation for Transforming Healthcare

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**T**he need to humanize care has never been more apparent. The COVID-19 pandemic

put patients in hospital beds, scared and separated from their loved ones. It also redefined outpatient care as virtual visits gained a stronger foothold, a positive yet stressful development. Leaders and people working on the front lines of care are exhausted and exasperated: In a recent survey of people working in hospitals, medical offices, outpatient clinics, nursing homes, assisted care facilities, and home healthcare settings, more than half of respondents reported feeling burnt out.<sup>1</sup> It's clear that many health organizations are struggling to meet the very human needs of people they serve and employ.

But the imperative to humanize care is not new. Healthcare has become a series of transactions—a problem that predates COVID and negatively affects all involved, whether they are seeking or delivering care. Even potentially promising initiatives (e.g., digital front door) risk speeding up transactions at the expense of human and humane relationships. The missing link is understanding—and addressing—what matters to each person at the n=1 level, quite literally personalizing care by treating each patient as a unique person.

This gap is evident in standard approaches to evaluating care. Experience measurement, born of good intention to drive improvement, gradually grew to define experience as a set of retroactive perspectives with limited impact. There is little value in focusing more attention on measures and scores than on the actual experience of people seeking and providing care. Once people become a box to check, a spreadsheet entry to aggregate, a workflow to accelerate, or a record to close, their humanity is subjugated to the bureaucracy of healthcare.



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## A Call to Human Understanding

The mechanical, transactional stance toward an innately human journey is hurting patients and draining care teams. Boards and senior leaders can change the trajectory by issuing a call to human understanding in

everyday practice:

- A fresh, proactive approach that clearly shifts the focus from transactions to relationships.
- An approach that recognizes the humanity of all involved and acknowledges that most of life happens outside the care setting.
- A commitment to designing care around real-life needs. A realization that every person has a story, and that those stories must be heard.

Focusing on relationships means seeing patients as humans, not cases, problems, or diseases and, in parallel, remembering that the people who work on behalf of patients are human too. It means starting with *what matters to you* instead of *what's the matter with you*.<sup>2</sup> It's realizing that clinical care accounts for only 20 percent of health outcomes,<sup>3</sup> so we must broaden our sights, look beyond our walls, and meet people where they are. Relationships are predicated on listening and engagement, which combats the disconnected feeling that accompanies transactions. In short, we should be treating patients as unique people, recognizing that they may be part of a cohort, community, or population but never losing sight of them at the n=1 level. A great physician may have seen 1,000 patients with a certain diagnosis, but never forgets that every one of those people experiences the illness through their own lens. The organizing framework is deceptively simple: patients are people and people are different.

## Key Board Takeaways

When it comes to humanizing care, the missing link is understanding—and addressing—what matters to each person at the n=1 level, personalizing care by treating each patient as a unique person. The board should consider and work with management to address the following questions:

- Do our marketing materials highlight human-centered care?
- Is our organization putting those words into action in everyday practice?
- Does everyone at our organization treat each patient as a unique person?

Embracing the call to human understanding elevates the experience and delivery of care for patients as well as care teams.

## Measuring What Matters

Shifting the perspective to focus on relationships requires a different kind of measurement. At NRC Health, we combined scientific rigor and real-world experience to develop a measure that directly gauges the extent to which health organizations are meeting the needs of those they serve. A series of focus groups with diverse participants as well as two national surveys, each with more than 23,000 participants, and a set of pilot tests across a wide range of health systems generated a one-item measure of human understanding: *Did everyone treat you as a unique person?*

We view this measure as a means to humanizing care, not an end in and of itself. In other words, the score focuses attention on what should be happening. And the goal should be that human understanding is happening 100 percent of the time. The decision to reference “everyone” in the item is a direct result of views expressed within the focus groups as well as the national surveys. The vast majority of people expect that everyone, not just the care team, should treat them as a unique person. While care teams can do this by incorporating patient goals, needs, preferences, and abilities into care, everyone—whether clinicians, support staff, or executives—can do this by looking at patients when greeting them and paying attention to what they say. These seemingly

1 Ashley Kirzinger, et al., “KFF/The Washington Post Frontline Health Care Workers Survey,” April 6, 2021.

2 Michael J. Barry and Susan Edgman-Levitan, “Shared Decision Making—Pinnacle of Patient-Centered Care,” *NEJM*, March 2012.

3 “County Health Rankings Model,” 2021. (Available at [www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model](http://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model).)

mundane behaviors make a huge difference. It's not too much to ask and, of course, leaders should do the same for people working in their organizations.

I have done a few polls during recent presentations—including Leadership Conferences hosted by The Governance Institute—to get a sense of how leaders think their organizations are doing when it comes to human understanding. The poll question is a straightforward modification of the human understanding measure, simply asking: *Does everyone at your organization treat each patient as a unique person?* The response options are “no,” “somewhat,” “mostly,” and “definitely.” In responding to the poll, CEOs and board members highlighted considerable room for improvement. In fact, the highest “definitely” score in any of the polls was 6 percent, and at least some of the people who gave that response were from the same organization. Even if patients report that it happens more often, and I expect they will, the opportunity to position human understanding as the north star is huge.

### **Bottom Line**

Hospitals and health systems prioritize human-centered care in mission statements, billboards, and Web sites. Achieving human understanding requires putting the words into action in everyday practice. If everyone treats patients as unique people, both the

experience and delivery of care are likely to be elevated for patients as well as those providing and supporting their care. Moreover, human understanding may well be the rate-limiting step for health equity: treating patients as individuals, rather than types or groups, is the key to transcending transactions, conveying respect, meeting needs, and developing relationships that promote better health and more equitable healthcare. Embracing the call to

human understanding puts health organizations on the path to reinvigorate the care we want to provide and, when needed, receive.

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