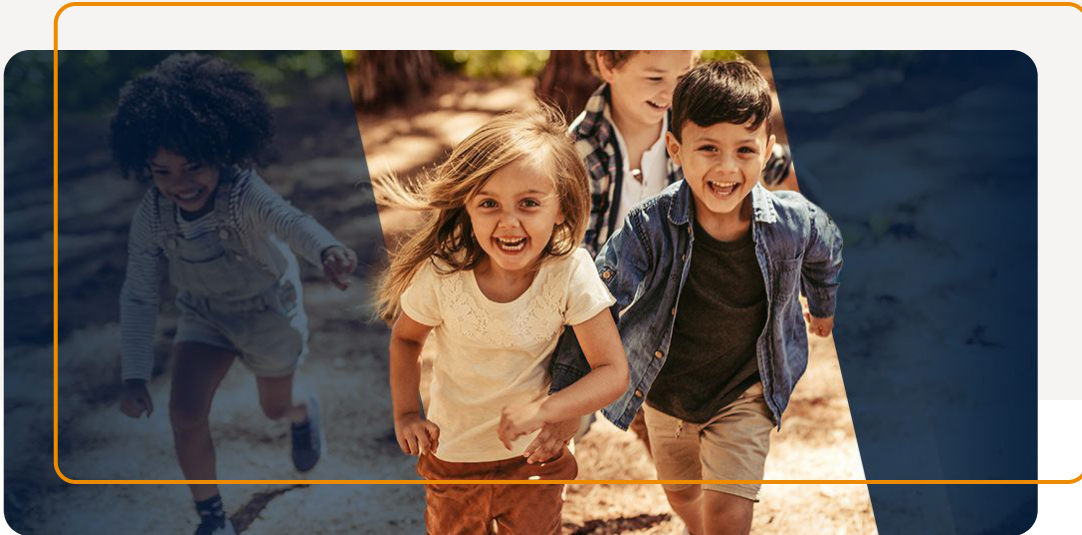


The Power of 'Doing' Human Understanding



Executive Summary

Our [August 2022 nSight on Patient Perceptions of Human Understanding](#) illustrates that people who feel they were treated as unique view the experience and delivery of care as markedly better. In preparing the nSight for November 2022, we set out to investigate drivers of brand perception in the market along with drivers of experience perception following clinical encounters. [The Human Understanding Metric \(HU^{me}\)](#) – Did everyone treat your child as a unique person? – proved to be a powerful factor in both the market and the clinical setting. So how should health organizations approach Human Understanding? Our analysis highlights five key points:

1. In our national Market Insights study, healthcare consumers who report that everyone treated them as a unique person during the most recent healthcare experience at their top-of-mind hospital are 295% more likely to rate that organization's overall image/reputation as 'excellent'.
2. Data from our Experience Feedback surveys, most gathered within 48 hours of a clinical encounter, demonstrate that the extent to which people feel everyone treated them as unique is the #1 driver of Likelihood-to-Recommend and, thus, Net Promotor Score (NPS).
3. Participants in a series of Focus Groups conducted by the NRC Health Human Understanding Institute discussed behavioral signs of Human Understanding – what being treated as unique means in the real world – and their views can be summarized as **Connect with me**, **Listen to me**, and **Partner with me**.

4. There are tangible ways for health organizations and care teams to reinforce a commitment to connecting, listening, and partnering, all of which benefit patients and their families as well as the people on the front-line of care.
5. A focus on Human Understanding in clinical settings creates better care experiences for everyone involved and, in turn, drives likelihood-to-recommend. Patients and families carry that perception of Human Understanding into the marketplace, which lifts the brand.

Human Understanding in the real world:

Understanding and addressing what matters to each patient as a unique person.



Building Strong Brands through Experience

Building a strong brand, especially a healthcare brand, can be incredibly difficult to do. Most hospitals and health systems have marketing teams dedicated to defining and differentiating their brand in the minds of consumers. When it comes to delivering on the brand promise, every individual experience – whether direct or indirect – can change brand associations in a positive or negative direction. Is the website compelling and easy to navigate? Is access more of a chore than it should be? Is the facility clean? What is the demeanor of the staff? Do patients get great care and do patients and parents feel like they got great care? Do the bills make sense? How does the overall experience measure up to everything a person knows, sees, and hears about that brand? It's clear that the stakes are high in healthcare.

To assess the primary drivers of brand perception, we analyzed data from Market Insights, the largest online healthcare-consumer perception study in the U.S., which measures the opinions, behaviors, and characteristics of more than 300,000 people annually. Controlling for demographic variables and focusing on people who had an experience at their top-of-mind hospital or health system within the 12 months prior to their response, we found that people who felt they were treated as unique are 295% more likely to rate an organization's overall image/reputation as 'excellent'. In the statistical parlance of odds-ratios, the odds of a healthcare organization receiving an 'excellent' brand rating are more than 9 times higher when healthcare consumers report that everyone treated them as unique.



People who felt they were treated as unique are **295% more likely** to rate an organization's overall image/reputation as 'excellent'.

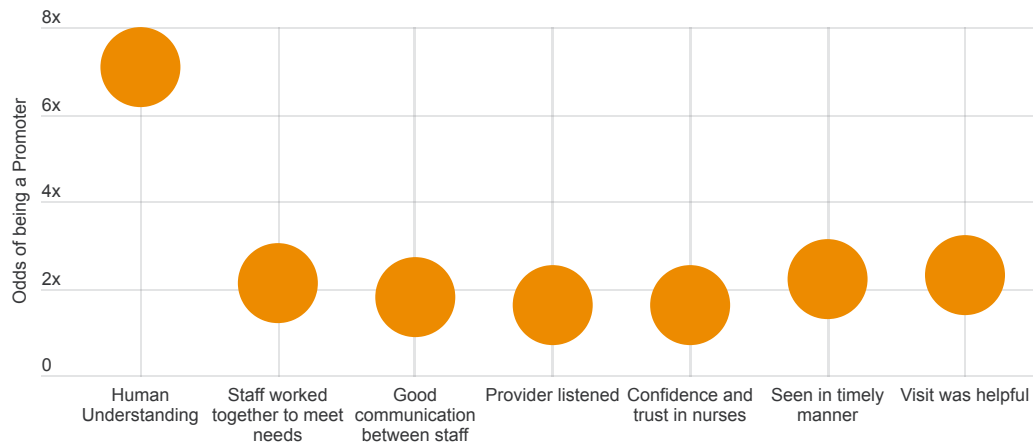
NPS – a metric derived from Likelihood-to-Recommend ratings – is another measure of brand strength, one used across industries. 'Promoters' are defined as people who express that they are extremely likely to recommend a brand. As reported in our August 2022 nSight, Market Insights data shows that the odds of being a Promoter are 12 times higher when patients report that everyone treated them as unique. Taken together, the brand perception and NPS results clearly highlight the importance of Human Understanding when it comes to building and maintaining brand strength.

Enhancing Experience with Human Understanding

The question at the heart of this nSight: What can healthcare providers do within the context of care to impact NPS and, consequently, improve brand perception? To answer this question, we analyzed the primary drivers of NPS by taking deep dives into the NRC Health Experience Feedback data collected soon after clinical encounters at a major pediatric health system. We focused on the medical practice setting within the system; the sample size was 42,774.

A logistic regression model that included all measures on the organization's Experience Feedback survey yielded a striking finding: Human Understanding is the #1 driver of NPS. Even when controlling for demographic factors and other items on the survey, the odds of being a Promoter were 7.1 times higher if respondents reported that everyone treated their child as a unique person. In percentage terms, patients were 52% more likely to be a Promoter if they felt that everyone treated them as unique.

Human Understanding is the #1 Driver of NPS

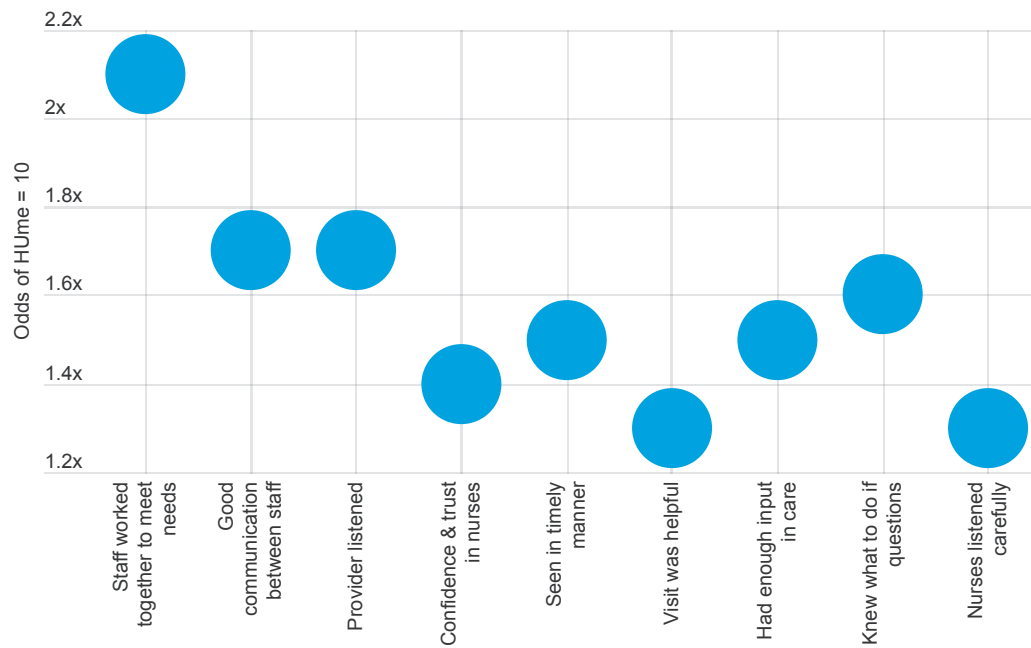


Other measures that had a strong relationship with NPS across organizations were Provider listened, Got enough information about treatment and, in the three organizations that included the item, Knew medical history.

Given the importance of Human Understanding as a predictor of NPS, we ran another set of logistic regression models to take a close look at what was driving the HU^{me} and found that these same vectors had a significant relationship with Human Understanding, especially feeling that staff worked together to meet needs, that there was good communication between staff, and that the provider listened. In addition, while not significantly related to NPS, 'had enough input and say in care', 'knew what do to if there were questions', and 'nurses listened carefully' emerged as predictors of HU^{me} scores. It is important to note that our focus on 'everyone' treating the patient as a unique person is well placed: Staff working together was the most powerful predictor of Human Understanding in this analysis.

Predictors of reporting that 'Yes, everyone did' on the HU^{me}

Did everyone treat your child as a unique person?



"Dr. [Name] is one of the most amazing communicators I have interacted with...Her questions to my child were incredibly perceptive and helped me to learn even more than I would have just from her incredibly informative talk with us. I am so, so appreciative of the time she spent with us and the care she showed for my child as a unique person."



"Dr. [Name] is the best listener and provider for all of our kids. She knows them as unique individuals, and has an amazing memory for factors that impact their life and health. She always works collaboratively with our family to strategize when needed, and provides us with relevant, easily understandable education. It's always a treat when we can get on her schedule."

Beyond the Models: Behavioral Signs of Human Understanding

While demonstrating the power of Human Understanding is vital, the call to action has to be more tangible than an admonition to Do Human Understanding. People on the front-line need to know what Human Understanding looks like in everyday practice. Our statistical analyses are only part of the story. When developing the HU^{me}, the Human Understanding Institute at NRC Health conducted a series of Focus Groups to learn how people think about the concept. One of the discussion prompts was, "What does Human Understanding look like in the real world?". The responses shape three interrelated categories:

CONNECT WITH ME

- Recognize me as ME
- Use the name I want to be called
- Know me when I come in
- Recall prior visits
- Go beyond the medical issue at hand
- Take an interest in me
- Take an interest in my family
- Be aware of me as a whole person
- See the big picture of my life
- Make me feel like you understand me
- Follow up on something I've said about my personal life

LISTEN TO ME

- Listen, and act on what you hear
- Listen
- Make eye contact
- Pay attention
- Never interrupt
- Be fully present

PARTNER WITH ME

- Tailor care and communication to me
- Focus on the patient point-of-view
- Focus on where I am (health/life)
- Take my concerns seriously
- Treat me as an equal
- Get to the root of my problem/concern
- Admit if you don't know something
- Be patient with me
- Nudge me to be responsible for my care
- Write things down for me
- Speak in terms I understand
- Protect my dignity
- Be accessible to me
- Follow up
- Call me with results and explanations

Making Human Understanding Doable

The behavioral signs of Human Understanding are meant to convey a sense of how patients think about Human Understanding; it is not a checklist delineating another 32 tasks that must be accomplished. But there is tremendous value in the simplicity of demonstrating Human Understanding through connection, listening, and partnership. Here are a few reliable ways to do this:

Connection is about seeing patients as people...and showing it. Perhaps the simplest aspect is to use the name that each patient prefers and pronounce it correctly. It is also valuable to make a personal connection by taking a little time to go beyond the medical issue at hand. A study led by Dr. Gregory Makoul, Chief Transformation Officer at NRC Health, is instructive: In initial encounters (i.e., doctors and patients had never seen each other before), a brief personal connection about a topic such as work, school, or family resulted in patients rating that doctor as knowing them significantly better. Average time: 29 seconds.¹ It's important to note that personal connections should not be limited to the initial encounter, as they help build rapport and relationships over time.

Listening is more than hearing. Orienting oneself toward the patient and making eye contact while showing interest by leaning forward and reflecting back or otherwise responding to what is said (without interrupting) are all markers of active listening. When care-team members are busy – and they are almost always extremely busy – being fully present can be hard, but encounters benefit when the focus is on the patient and any companions in the room.

Partnership is based on the notion of a meeting between experts. More specifically, clinicians are experts on clinical care and patients are experts on their lives, most of which happen outside of the care setting. There are many ways to show partnership – ranging from checking understanding to engaging in shared decision-making to following up after an encounter – but one of the most straightforward is to encourage questions in the course of conversation. Of course, encouraging questions means more than asking, “Do you have any questions?” or “What questions do you have?” while wrapping up the encounter and walking out of the room; it requires demonstrating an openness to hear and address those questions.

Empathy is a line of continuity running through connection, listening, and partnership, but it may seem unrealistic to convey empathy on a regular basis. One productive way to think about empathy in the real world emerged from a study by Dr. Makoul and his colleague Dr. Carma Bylund, who found that when it comes to empathy, patients are primarily looking for *acknowledgement* that they expressed an emotion, progress, or challenge; *pursuit* in the sense of being open to hearing more about it; and *confirmation* that it is legitimate to have a feeling about it.² When construed in these practical terms, conveying empathy may seem less daunting. In fact, acknowledgement, pursuit, and/or confirmation was the response to 85% of the empathic opportunities studied by Makoul and Bylund.

Bottom Line

Whether at the market level or the individual level, Human Understanding matters. Our analyses show that Human Understanding is a direct pathway to an excellent brand perception and an outstanding perception of the care experience. Indeed, because a great healthcare brand and a great experience go hand-in-hand, NRC Health’s Human Understanding Program is geared toward helping organizations measure market perception as well as track and improve the care experience. We also see Human Understanding as the key to health equity: Treating patients as individuals by making the effort to connect, listen, partner, and convey empathy as appropriate is the foundation for developing relationships that promote better health and more equitable healthcare.



“Just wanted to say: Love this. Love.”

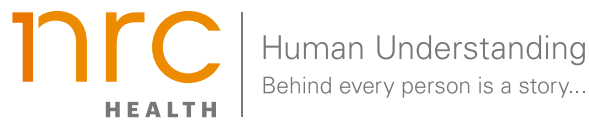
-- Primary Care Provider, regarding the Human Understanding approach

Of course, Human Understanding is important on both sides of the stethoscope. To a large extent, addressing burnout requires reconnecting care teams with deeply meaningful aspects of their work – treating patients as unique people can be fuel for the soul of busy clinicians. With this very much in mind, our tools help care teams understand the context of patients' lives and health so they can do better without taking longer. The short-list of recommendations outlined above balances the goal of showing Human Understanding and the very real pressures of contemporary healthcare delivery. Moreover, the triad of **Connect with me**, **Listen to me**, and **Partner with me** also applies to people working on the front-line of healthcare, all of whom deserve to be recognized and treated as professionals who are also human.

References

1. Makoul G, Strauss A. Building therapeutic relationships during patient visits. *Journal of General Internal Medicine*. 2003;18(Supplement 1); 275.
2. Bylund CL, Makoul G. Examining empathy in medical encounters: An observational study using the Empathic Communication Coding System. *Health Communication*. 2005;18:123-140.

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