

# The Beryl Institute - Ipsos PX Pulse Consumer Perspectives on Patient Experience in the U.S.

MARCH 2022



# THE BERYL INSTITUTE

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*We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve*

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# INTRODUCTION

As we start the third year of The Beryl Institute - Ipsos PX Pulse, we see trends holding and opportunities revealed. In this release, we continue to inquire on the core questions on experience and issues of importance for U.S. healthcare consumers, while also tracking the perspectives and impact of COVID-19 as the pandemic carried into the early days of 2022.

We also have the opportunity in this release to dig deeper into the issues facing healthcare today and especially three issues at the heart of many of the discussions taking place across the experience community: 1) what is impacting healthcare decision-making; 2) how people are impacted by the changes in visitation policy that many healthcare organizations implemented during the pandemic; and 3) the issues of incivility being reported in healthcare settings across the continuum of care.

As we work to settle into what this next phase will be for healthcare and acknowledge the greater global struggles we are currently facing as a world, the very findings revealed here touch at the heart of our humanity and what drives us each day. The thoughts shared from this representative sample of the U.S. population reflect some of the very opportunities we are now confronted with in a new world for healthcare, including questions such as:

- How do we best engage patients, their care partners and visitors in new and positive ways, and what should those processes and policies look like?
- How will we support the real issues that drive how people make choices in healthcare and understand the challenges they face in the U.S. healthcare system, such as access to care and costs?
- How will we rebuild work and care environments in our healthcare organizations that support compassion, communication and connection

and address the issues of mental health and wellbeing that have been taxed in ways we could not have imagined?

Key to the purpose of PX Pulse is to ask the questions, listen to the population and turn insights into action. The data shared here provides a means for reflection and discussion in every healthcare organization about how we will tackle the issues of the day but also anticipate what comes next and what it will take to get there. When we take a moment to ask the perspectives of those the healthcare system seeks to serve in providing safe outcomes in caring and comfortable environments, fostered by caring and supportive teams, we know we are informing ourselves for a better tomorrow.

We are excited to start year three of our journey in understanding what really matters to the U.S. healthcare consumer and in what ways it matters to them. We look forward to your thoughts and comments but, more so, anticipate the actions we hope this work inspires. We remain grateful and humbled by those willing to share their voices so that we can all grow stronger together.

# METHODOLOGY

This research was conducted using online surveys fielded through the Ipsos KnowledgePanel,<sup>®</sup> one of the only probability-based online panels that is representative of the U.S. population. The KnowledgePanel was chosen to provide one of the highest levels of accuracy and representativeness available on the web, allowing for the accurate measurement of consumer experiences, opinions and behaviors in the United States.

In total, 1,011 completed surveys were obtained in the United States through the KnowledgePanel for this quarter's release. The survey was fielded from January 29 – February 7, 2022 to a sample group of people that were randomly selected to be representative of the U.S. population in terms of Census estimates of gender, age, race, ethnicity, education, income

and region. The survey was fielded in English-only. Findings presented in this report were weighted to correct for any over- or under-representation in the distribution of completed surveys across these demographic categories, as well as to account for the aforementioned over-sampling.

Since the launch of PX Pulse in early 2020, we have presented findings in a pattern of shorter core inquiries and deeper-dive sets of questions in alternating quarters. This quarter, we expanded our inquiry beyond the core questions with a follow-up inquiry on the impact of COVID-19 on consumer perspective as well as an exploration of perspectives on healthcare decision-making, visitation policies and civility in healthcare today.

## The core questions we have asked since the launch of PX Pulse include:

- 1** Thinking about the healthcare system in America as a whole, how would you rate the quality of healthcare in this country?
- 2** From the following list, which healthcare issue is most important to you?
- 3** Thinking about how you have experienced healthcare in the past year, how would you rate your overall experience?
- 4** How important is it that you have a good patient experience?
- 5** Why is having a good patient experience important to you?

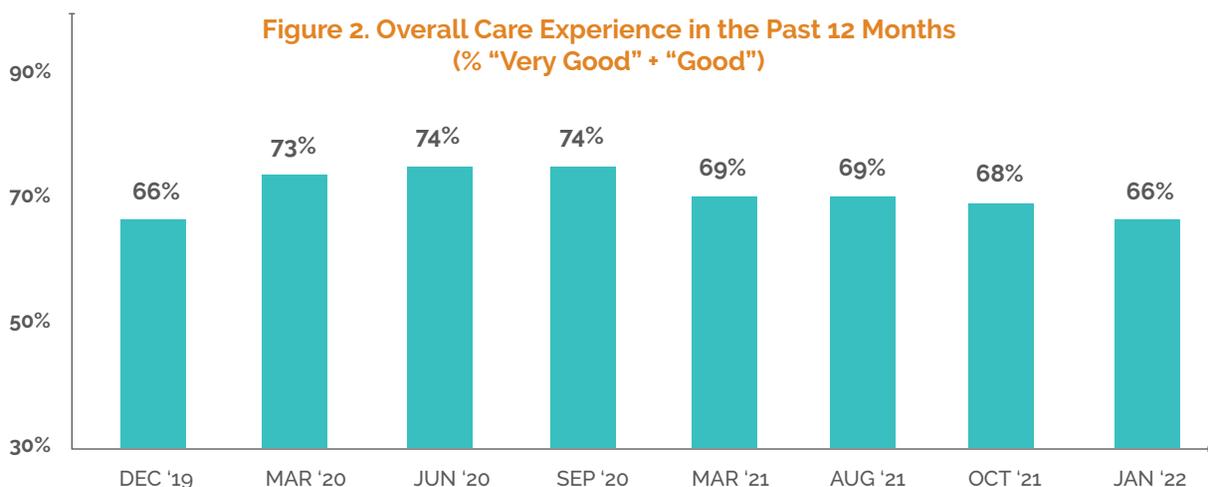
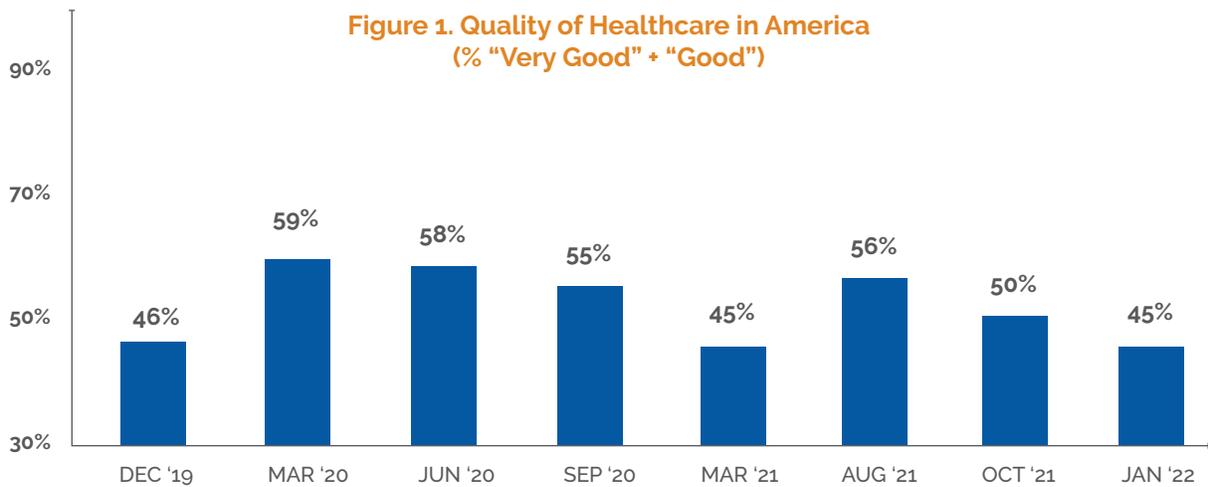
# CORE TRENDS

We continue to trend the core questions in our inquiry, now over a two-year window, and have seen some interesting and subtle movements in perspectives of the U.S. consumer.

## PERSPECTIVES ON EXPERIENCE REMAIN RELATIVELY STABLE WHILE VIEWS ON QUALITY SEE A GREATER DECLINE

While the percentage of people rating care experience as "Very Good" and "Good" remains about the same, it has seen a continued decline from its highs in mid 2020 and has returned to the level first reported just prior to the pandemic. It will be interesting to watch and see if this is a level-setting to pre-pandemic views or a trend to be watched from a broader healthcare perspective in our future releases of PX Pulse.

In tandem with this result, we see the view on quality of healthcare hit their low point over the last two years, with just 45% of respondents rating quality of healthcare as "Very Good" and "Good," down 11 percentage points since last summer (Figure 1). An interesting pattern is also emerging and should be watched as we continue to ask this question. We have now seen higher scores in mid-year inquiries versus those perspectives captured earlier in the year. We also find ourselves back at pre-pandemic numbers on this rating (Figure 2) and will need to watch the trends in our future releases as well.



## AFFORDABILITY AND COSTS CONTINUE TO BE THE MOST IMPORTANT HEALTHCARE ISSUES TO CONSUMERS

The top three issues for U.S. healthcare consumers remained the same during the life of PX Pulse as 1) having affordable healthcare insurance, 2) out-of-pocket healthcare costs, and 3) cost of health insurance. Of note is how these items are starting to cluster closer together with affordable insurance options falling to its lowest "most important" rating (19%) (Figure 3). While out-of-pocket costs remained relatively flat in the last year, we again see a rise in the importance of premiums (Figure 4). This too reveals the potential for an interesting pattern, where we find the three high points of cost of premiums falling at or near the start of the calendar year in our inquiries. This will also be a trend to watch, one that reveals the priorities of healthcare consumers on these core questions may have a potential flow, somewhat like tides, depending on the time of year.

Figure 3. Which healthcare issue is most important to you?

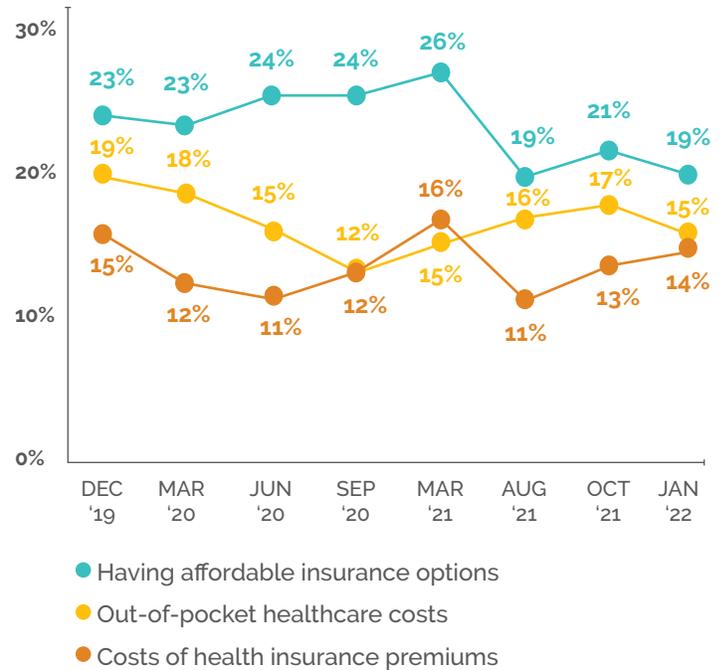
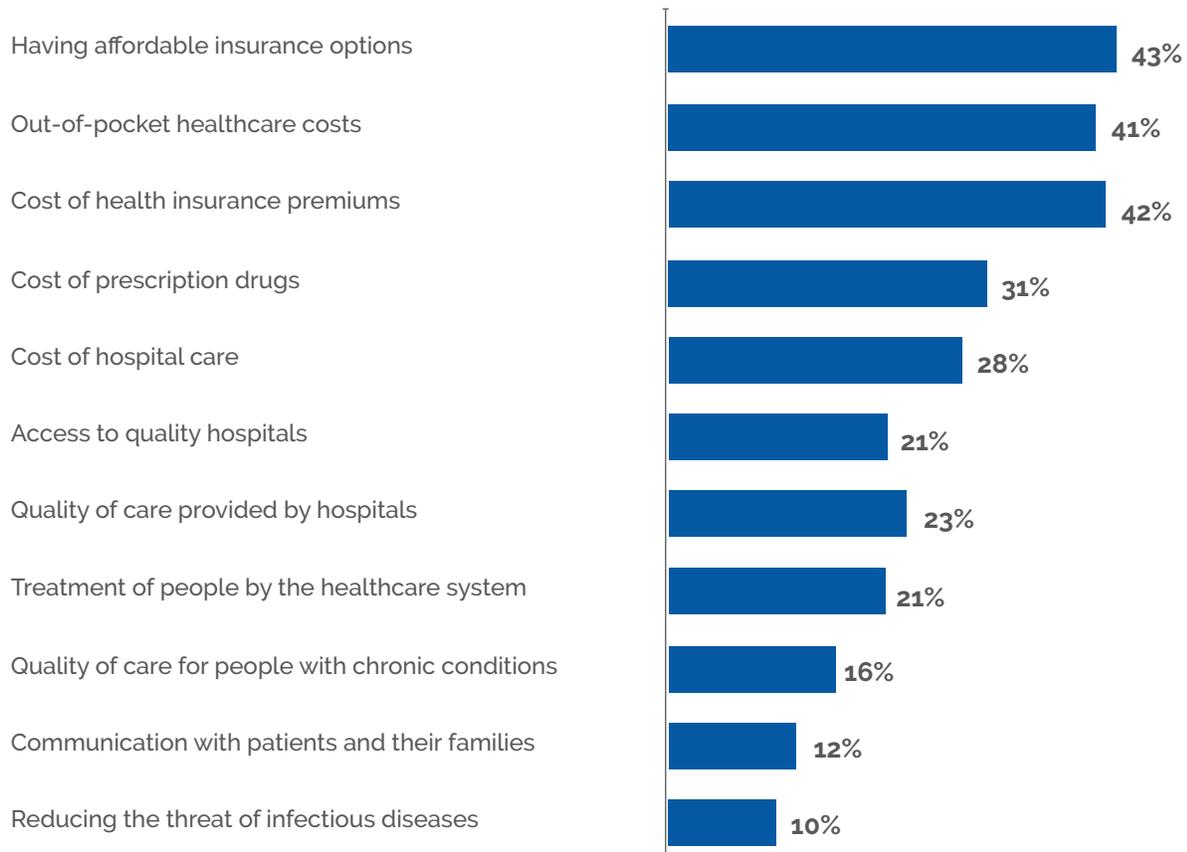
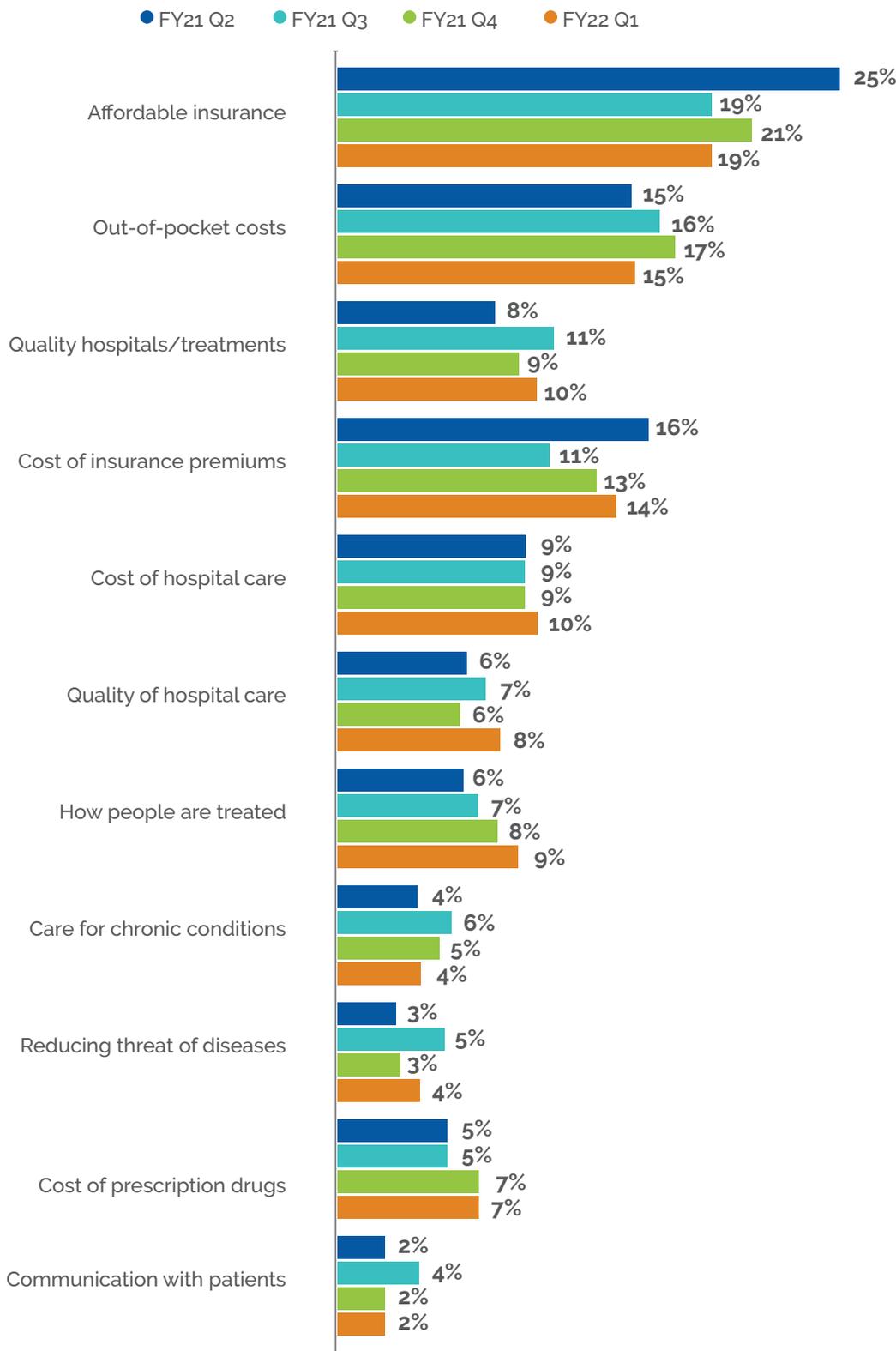


Figure 4. Which healthcare issues are most important to you? (Top 3)



Under this top line data is the subtle increase in perspective on how people are treated. Of all the options presented, the importance of how people are treated is the only item to consistently increase in importance in the last year (Figure 5). This raises an interesting opportunity to see how consumers look at the human experience they have when engaged in care as they navigate affordability and cost in the future.

**Figure 5. Which healthcare issue is most important to you? (% selected)**

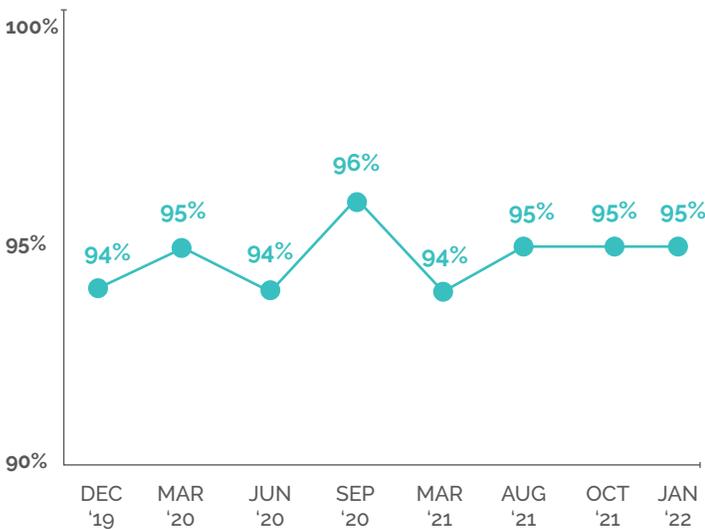


## IMPORTANCE OF EXPERIENCE HOLDS STEADY AS DO THE PRIMARY REASONS WHY

U.S. consumers continue to reflect that having a good experience is “extremely important” or “very important,” with 95% holding this perspective since mid-2021 and a shift of just plus or minus one percentage point over the lifetime of this question (Figure 6). The consistency of this response in the face of some of the more subtle fluctuations seen on other core questions reflects the true lasting importance and consistent significance of the experience people have in healthcare.

Similarly, the top reasons for why experience is important (Figure 7) has held steady for people but with some interesting shifts. While the order of the top five items remains the same and “my health and wellbeing are important” remains on top, we see upticks of 3 to 4 percentage points in a few of these items. “I want to know my physical needs are being taken seriously” and “Good patient experience contributes to my healing/good healthcare outcomes,” as well as “I want to be addressed as a person, not as a symptom, diagnosis, or disease” all climbed back to previous highs (Figure 8).

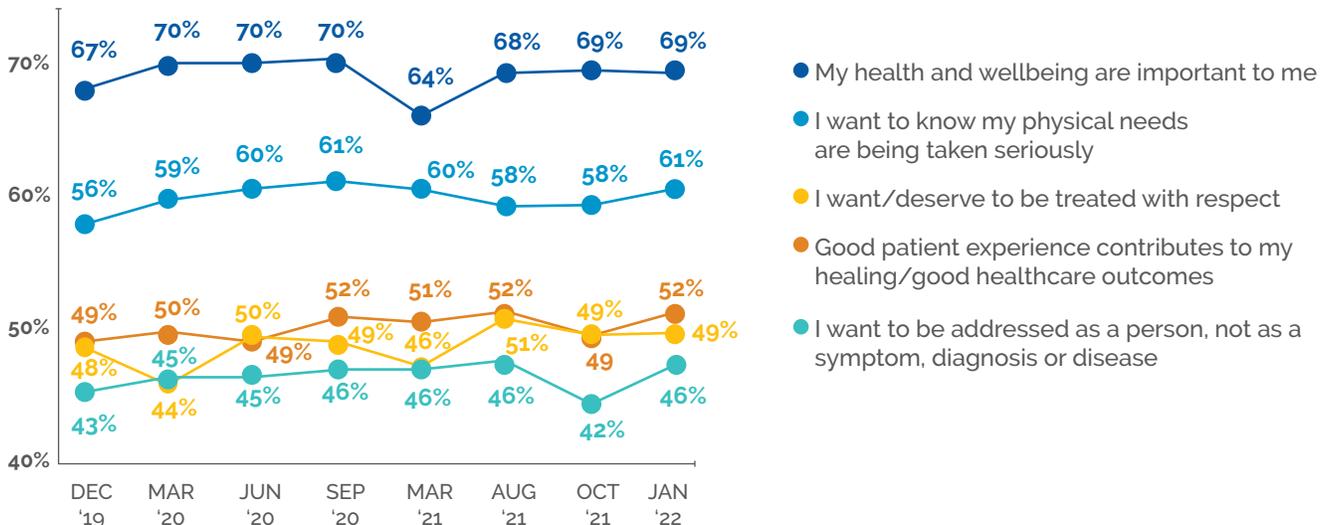
**Figure 6. Overall, how important is it that you have a good experience as a patient?**  
(% “Extremely important” or “Very important”)



**Figure 7. Why is having a good patient experience important to you?**

- 69%** My health and wellbeing are important to me
- 61%** I want to know my physical needs are being taken seriously
- 52%** Good patient experience contributes to my healing/good healthcare outcomes
- 51%** I want/deserve to be treated with respect
- 46%** I want to be addressed as a person, not as a symptom, diagnosis or disease
- 35%** It will influence how I make healthcare decisions in the future
- 37%** I spend my money on this
- 31%** My time matters
- 22%** I see myself as a customer

**Figure 8. Why is having a good patient experience important to you?**



# TRACKING THE IMPACT OF COVID

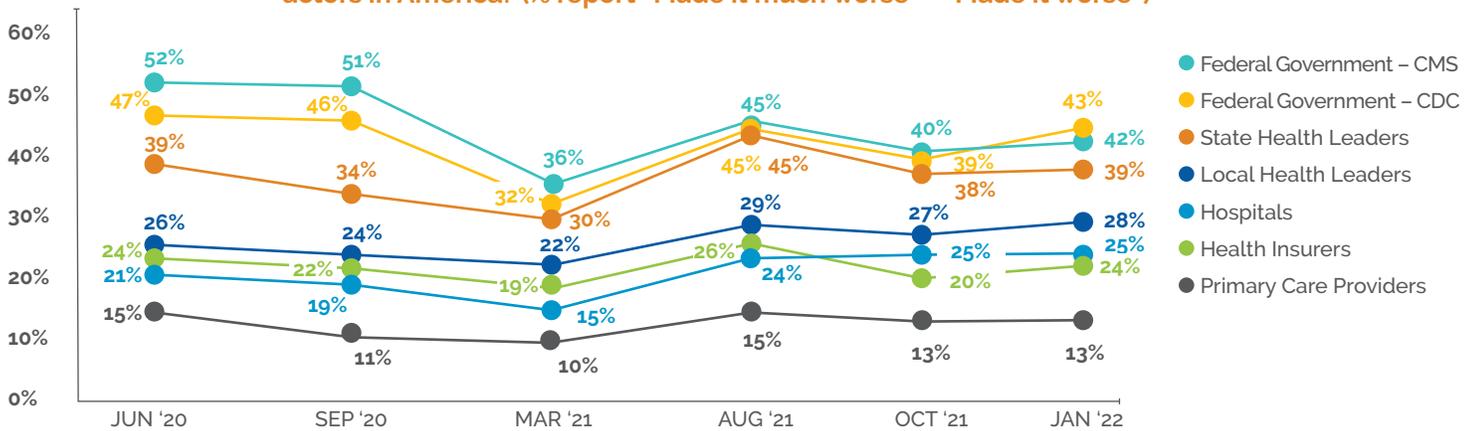
As the pandemic carried into the early part of 2022, we continue to explore the impact of COVID-19 on some key indicators. The key areas we examined remain the perceptions people have of health agencies and organizations and the comfort with which people are engaging in healthcare overall.

## NEGATIVE PERCEPTIONS CLIMB IN ALL BUT HOSPITALS AND PRIMARY CARE PROVIDERS

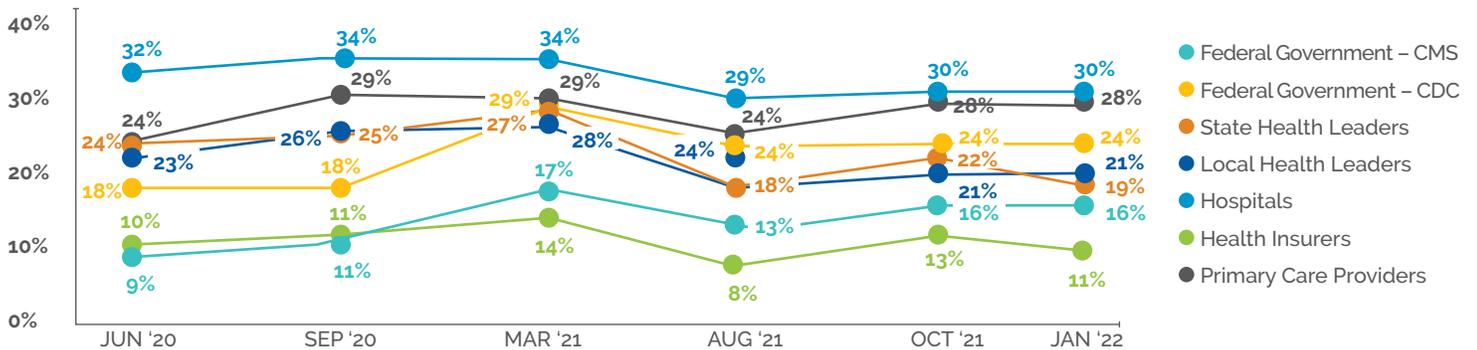
In response to whether COVID-19 has made consumer perspectives of healthcare actors worse or much worse, most segments had slight increases, while hospitals and primary care providers remained steady.

Of note were two significant climbs in comparison. Both the Center for Disease Control (CDC) and Health Insurers saw a four-point increase in negative perception since October 2021 (Figure 9). On the flip side, most positive perspectives across all actors remained unchanged, with a slight decline for Health Insurers and a more significant drop in comparison for State Health Leaders of three points (Figure 10).

**Figure 9. How has COVID-19 changed your perspective of the following healthcare actors in America? (% report "Made it much worse" + "Made it worse")**



**Figure 10. How has COVID-19 changed your perspective of the following healthcare actors in America? (% report "Made it much better" + "Made it better")**



## COMFORT IN SEEKING EMERGENCY/ URGENT CARE AND HOSPITAL-BASED CARE SAW LARGE DROPS

From our last release, a significant change was seen in consumers' comfort with emergency and urgent care, dropping from 32% feeling "extremely comfortable" to just 9% (Figure 11). Much of this could have been based on the rapid rise and uncertainty of the quickly

spreadly Omicron variant. Similarly, local hospitals have seen a decline of over 10 points in people feeling "extremely comfortable" as well. It is possible for the very same reason noted above. At the same time, comfort in seeking care in primary care settings continues to rise and took a big leap in "extremely comfortable" from 16 to 27 percent. This reinforces the idea that people are beginning to seek care and are looking for more personal and safer ways in which to engage as they reenter the healthcare market.

**Figure 11. At this time, how comfortable are you seeking healthcare services from the following?**



# CURRENT ENVIRONMENT OF HEALTHCARE

As part of this release, we explored some of the critical issues driving and being driven by the pandemic through which we have lived, the decisions it has impacted and the socio-environmental impacts it has had. We start first in looking at healthcare decision-making.

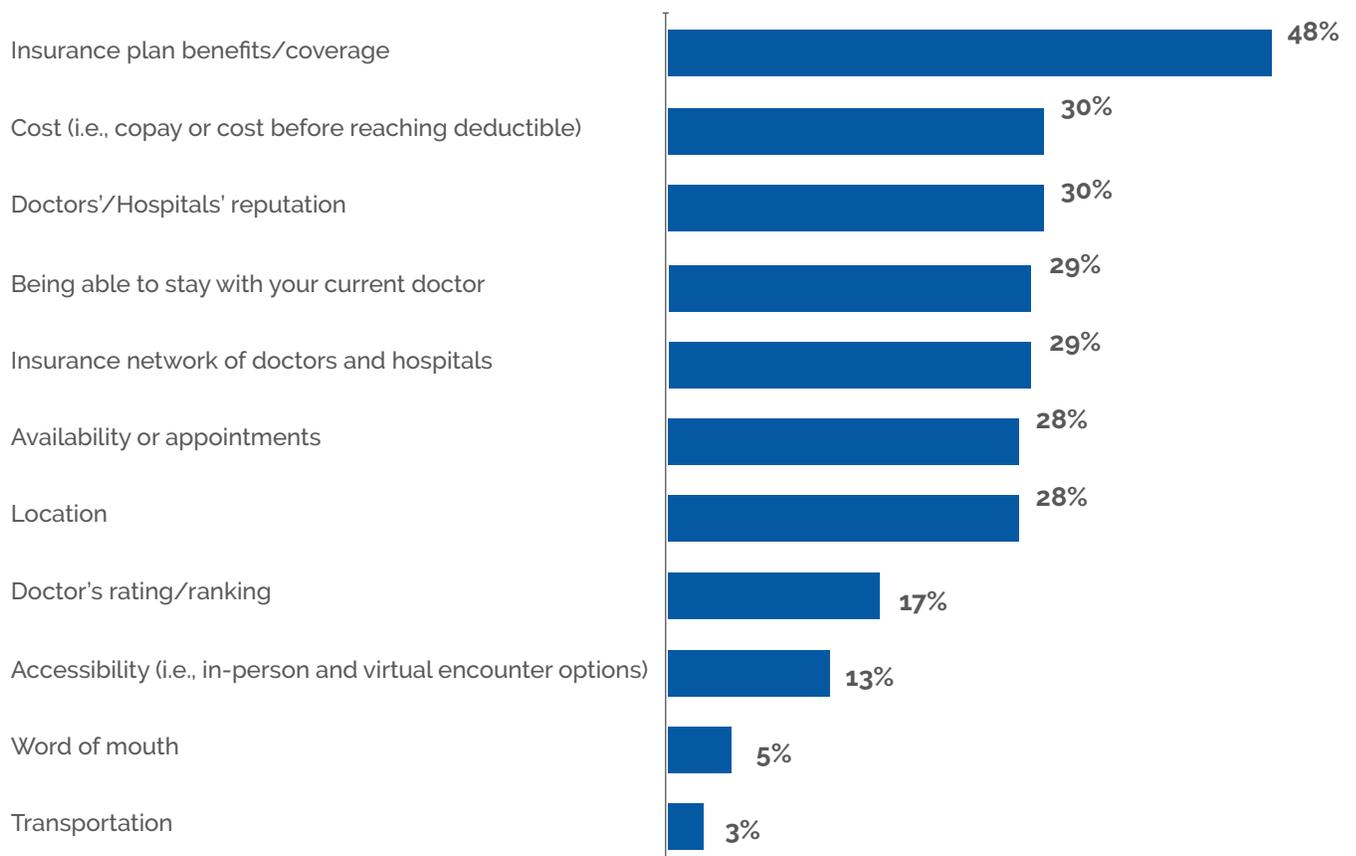
## PERSPECTIVES ON HEALTHCARE DECISION-MAKING

### BENEFITS AND INSURANCE COVERAGE BIGGEST DRIVER OF DECISION-MAKING IN WHERE TO RECEIVE CARE

In asking consumers about what is most important when making healthcare decisions, almost half identified their benefits and insurance coverage as

primary (Figure 12). This reinforces the importance of insurance coverage as people seek access to quality care. A cluster of responses follow in which just under a third of respondents identified as important three groups of responses – one focused on costs of care (costs and insurance network), one on reputation and loyalty to current doctor and one on convenience (availability and location). These additional factors – cost, connection and convenience – are all critical areas in which healthcare organizations must continue to focus their efforts.

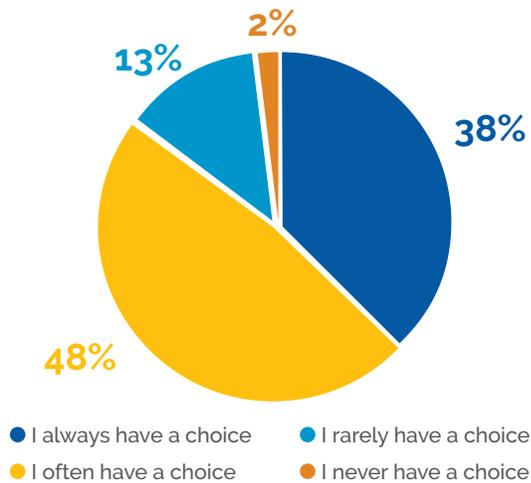
**Figure 12. What is most important to you when making decisions about where you receive your healthcare? (Top 3)**



## CONSUMERS BELIEVE THEY HAVE A CHOICE IN HEALTHCARE TODAY, BUT RESTRICTIONS SUCH AS INSURANCE, LOCATION, COST AND ACCESS REMAIN

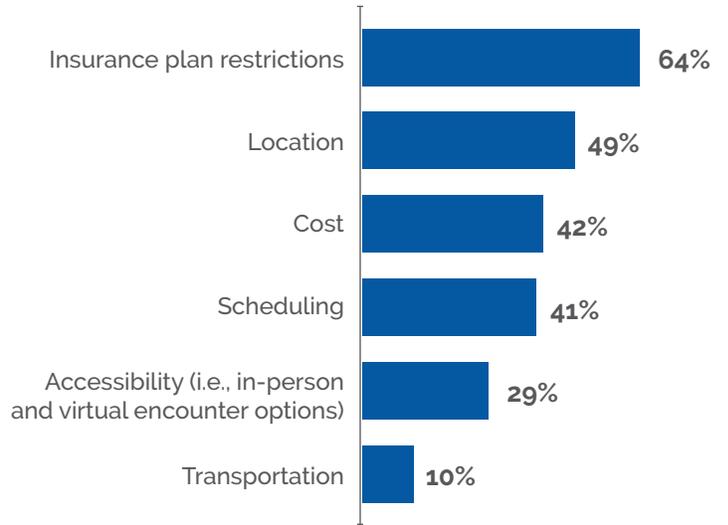
Over 86% of consumers believe they “Often” and “Always” have a choice when deciding where to receive care, with almost four in ten feeling they

Figure 13. To what extent do you feel you have a choice when deciding where you receive care?



always have a choice (Figure 13). The biggest impacts on choice for consumers line up with the factors driving decision-making noted above, namely restrictions based on insurance plans, locations, cost and scheduling availability (Figure 14). These common factors are all opportunities for healthcare provider organizations to consider in building plans to attract and retain patients as they care for the communities they serve.

Figure 14. What reasons impact the extent to which you feel you have a choice when deciding where you receive care?



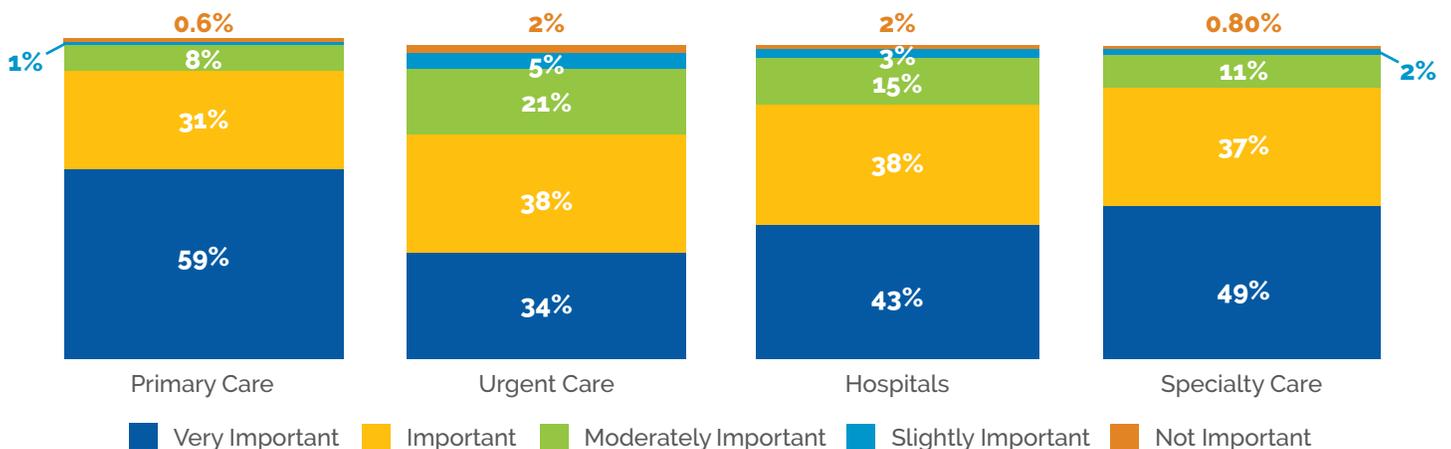
## PRIMARY CARE IS THE SETTING CONSUMERS SEE HAVING A CHOICE ABOUT CARE PROVIDERS AS MOST IMPORTANT

Choice is seen as important in all settings explored (Figure 15), with over 70% saying having a choice was “important” or “very important” in primary care, urgent care, hospital care and specialty care. Primary

care stood out as the segment seeing choice as the greatest of importance with almost 60% suggesting choice was “very important” there. This reinforces the powerful and personal nature of healthcare itself and the opportunities we have to ensure access to and positive connection with primary care providers.

The bottom line on choice is people feel they have it and will make it; they understand where their restrictions are and will make choices to work around those restrictions to get access to the care they seek and need.

Figure 15. How important is having a choice about care providers to you in each of the following healthcare settings?



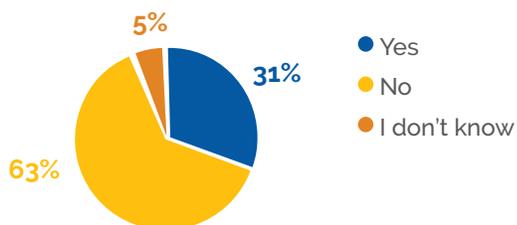
# PERSPECTIVES ON VISITATION & VISITATION POLICIES

## LESS THAN A THIRD OF U.S. HEALTHCARE CONSUMERS REPORTED FACING VISITATION RESTRICTIONS IN THE LAST YEAR

For all the stories we have heard and decisions made in healthcare, it was of great interest to note that only 31% of respondents in our inquiry reported experiencing visitation restrictions in the last year (Figure 16). The type of restrictions seemed on par with what we know healthcare organizations put in place as policy in the last year, from limiting visitation to fully restricting visitation, noted by almost half of our respondents who identified what visitation restrictions they experienced (Figure 17).

For the purposes of this study, we used a simple definition of “care partners” for our respondents, sharing that care partners “are active members of your care team, who typically know your medical history and may participate in care discussions, where visitors are friends or family members that do not actively participate in your care.” Over a third of respondents said that care partners were “always” able to be present, while another 38% reported they were “often” able to be present (Figure 18). Of interest here in asking what accommodations were made to allow care partners who could not be present to participate, 31% said “I don’t know,” while another 29% reported “none” (Figure 19). While the impact of visitation restrictions has had clear impact, the experience of these restrictions and the efforts to resolve them seem less present than anticipated in asking these questions.

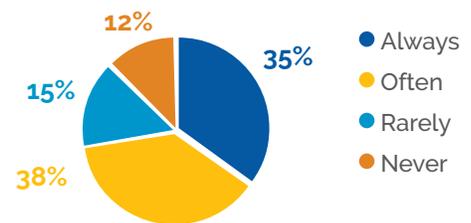
**Figure 16. Have you faced restricted visitation in a healthcare setting in the last 12 months?**



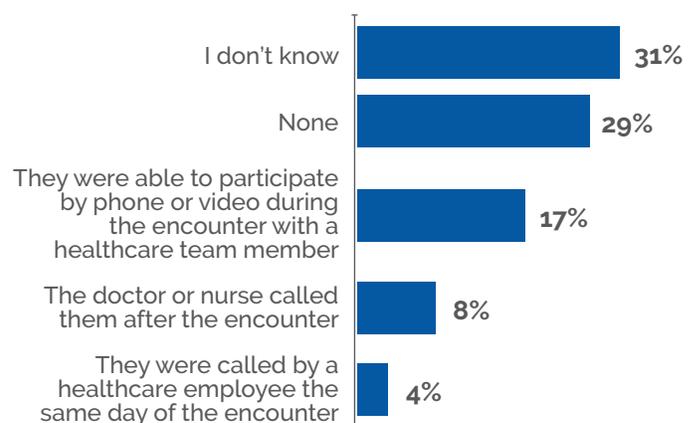
**Figure 17. Which of the following visitation restrictions were in place?**



**Figure 18. How often was your care partner able to be present when you wanted them there?**



**Figure 19. When your care partner could not be present when you wanted them there, what accommodations were made to allow them to participate in your care?**



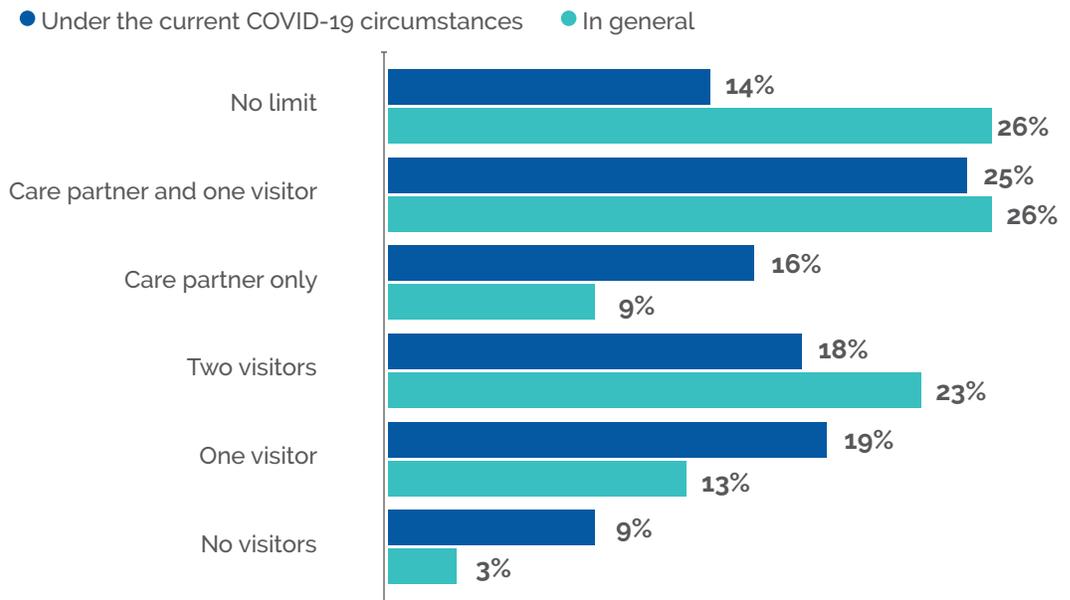
## PEOPLE BELIEVE THAT SOME LEVEL OF VISITATION AND CARE PARTNER PRESENCE SHOULD BE ALLOWED, EVEN DURING COVID-19, BUT SUPPORT LOWER VISITATION DURING THE PANDEMIC

Respondents split their top response on having “no-limit” or having a “care partner and 1 visitor” both at 26% under normal circumstances (Figure 20). But during the COVID-19 pandemic “no limit” was substantially lower, down to 14%, while “care partner and 1 visitor” held relatively steady. Of note is that consumers reflected their support for greater restrictions during COVID, reporting a higher percentage of “care partner only,” “one visitor” and “no visitors” under the current COVID circumstances than in general. While in general

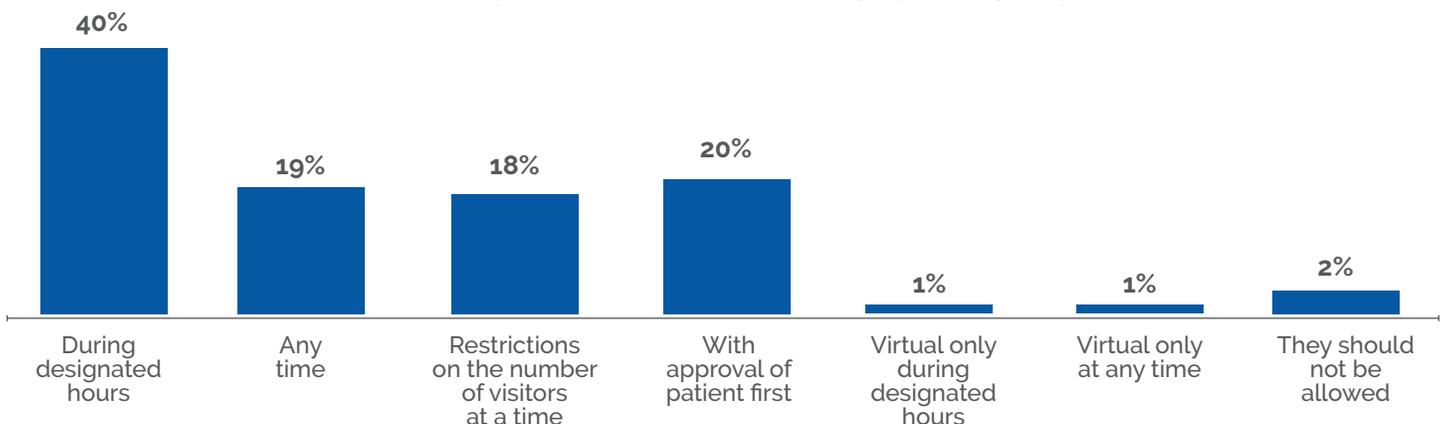
“no-limit” (26%), “care partner and 1 visitor” (26%) and “2 visitors” (23%) topped the list, COVID times saw “care partner and 1 visitor” (25%), “1 visitor” (19%) and “2 visitors” (18%) led people’s perceptions on what should be allowed. The open nature of what visitation can and should be is a clear and present opportunity for healthcare organizations as we move through the pandemic to a new existence for healthcare.

Of interest in this conversation was that in asking the ideal timing for visitors and care partners in healthcare settings (especially hospitals), 40%, the largest segment by far, responded “during designated hours.” A few responses hovered around 20%, being “any time,” “restrict number of visitors” and “with approval of patient first” (Figure 21). These insights offer an interesting perspective of how consumers still seem to defer to a long-standing practice of which they too are accustomed and perhaps even more comfortable with.

**Figure 20. Who should be allowed to visit in healthcare settings, primarily hospitals?**



**Figure 21. Of the following options, what is the ideal timing and process for visitors or care partners in healthcare settings, primarily hospitals?**



## CARE PARTNERS ARE SEEN AS VERY IMPORTANT TO HAVE DURING A HEALTHCARE ENCOUNTER

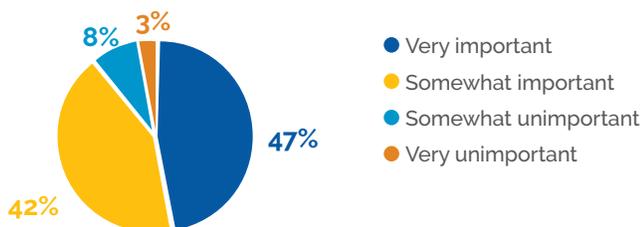
Forty-seven percent of respondents reported having a care partner with you is "very important" with another 42% suggesting it is "somewhat important" (Figure 22). This need to have an advocate and partner-in-care was clear and evident in why people feel care partners are important to have with you. The top response to that question was "Help with communication and explaining your healthcare needs" (26%) (Figure 23). It is evident that people see a critical and defined role for care partners in their clinical care encounters. The list follows with 16% saying the reason is "Emotional support," followed by "Help with making decisions" at 15%, "Help taking notes and remembering your care plan" at 13% and "Advocating for your needs" at 12%.

Of interest to this point is that a significant majority of respondents believe a patient should have "Complete control" (33%) or "Some control" (57%) in specifying the type of visits and visitors they receive.

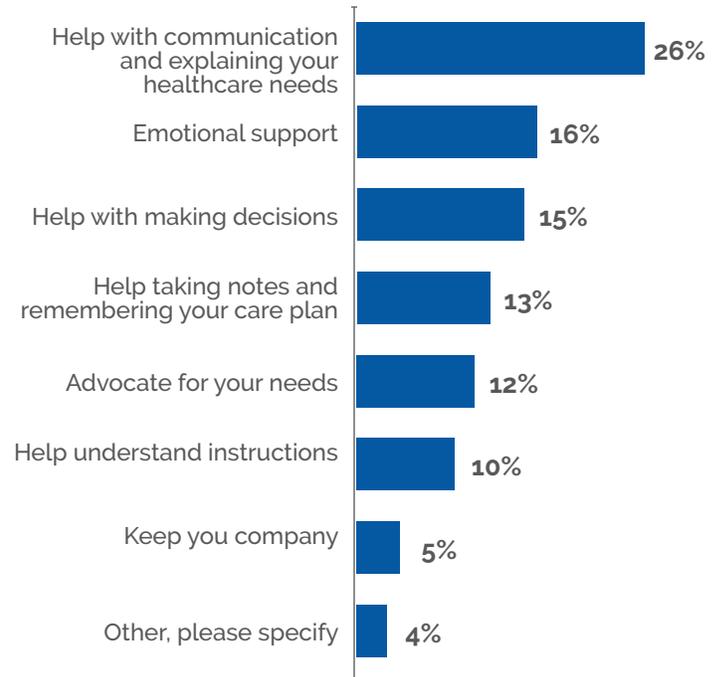
As for care partners, we also provided respondents with a simple definition of visitors as "friends or family members that do not actively participate in your care." To this end, we asked the most important reason for having visitors during a care encounter, and the answer significantly changed (Figure 24). Fifty percent (50%) of all respondents said the most important reason for visitors was "Emotional support," followed by "Keep you company" at 16%. In contrast, "Advocating for your needs," "Help understanding instructions" and "Help with communication and explaining your healthcare needs" were the lowest selected items at just 6%.

These responses reflect both the understanding of and importance in calling out care partners and helping healthcare consumers understand and engage them in their care. This clear distinction seen in the role care partners play versus those seen as visitors has great significance in our efforts to ensure the greatest in quality care and the best possible healthcare experience overall.

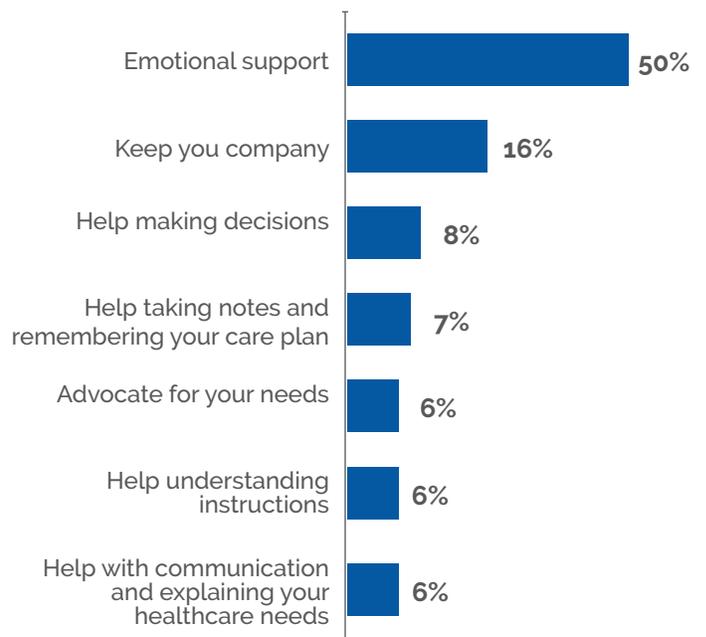
**Figure 22. How important do you believe it is to have a care partner with you during a healthcare encounter?**



**Figure 23. What is the most important reason for you to have a care partner with you during a care encounter?**



**Figure 24. What is the most important reason for you to have a visitor with you during a care encounter?**



# PERSPECTIVES ON INCIVILITY

As we explored how consumers make their healthcare decisions, how visitation policies have had an impact as well as what people feel they need in care partner support, we also believed it was important to understand the stress in the healthcare environment from a consumer perspective and their thoughts on the rising tide of incivility being reported across healthcare settings.

## A MAJORITY OF U.S. CONSUMERS AGREE THAT INCIVILITY IN HEALTHCARE IS AN ISSUE TODAY, WHILE MOST REPORT NEVER EXPERIENCING IT THEMSELVES

This is an intriguing tension, as 53% of U.S. consumers agree and 14% strongly agree (over two-thirds) that incivility is an issue in healthcare today (Figure 25). At the same time, respondents say they "Never" experienced incivility from "Other patients/visitors" (60%) or "Healthcare staff" (66%) (Figure 26). Of note in these conflicting numbers is that a sense of incivility exists, and it seems to be experienced more coming from other patients/visitors than from healthcare staff directly.

Figure 25. To what extent do you agree that incivility in healthcare is an issue today?

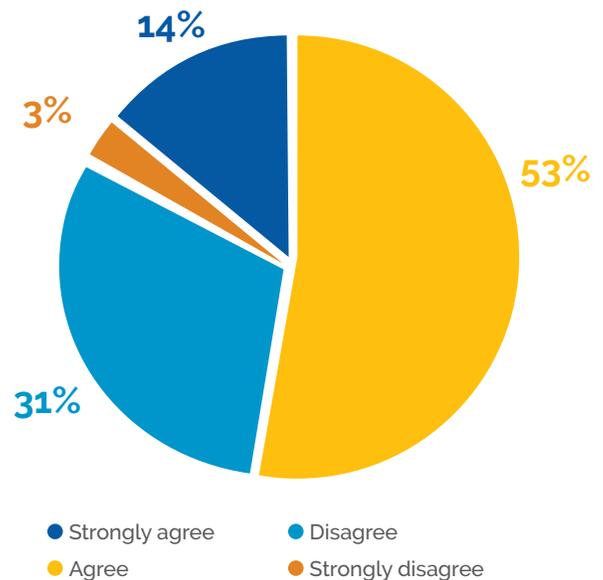
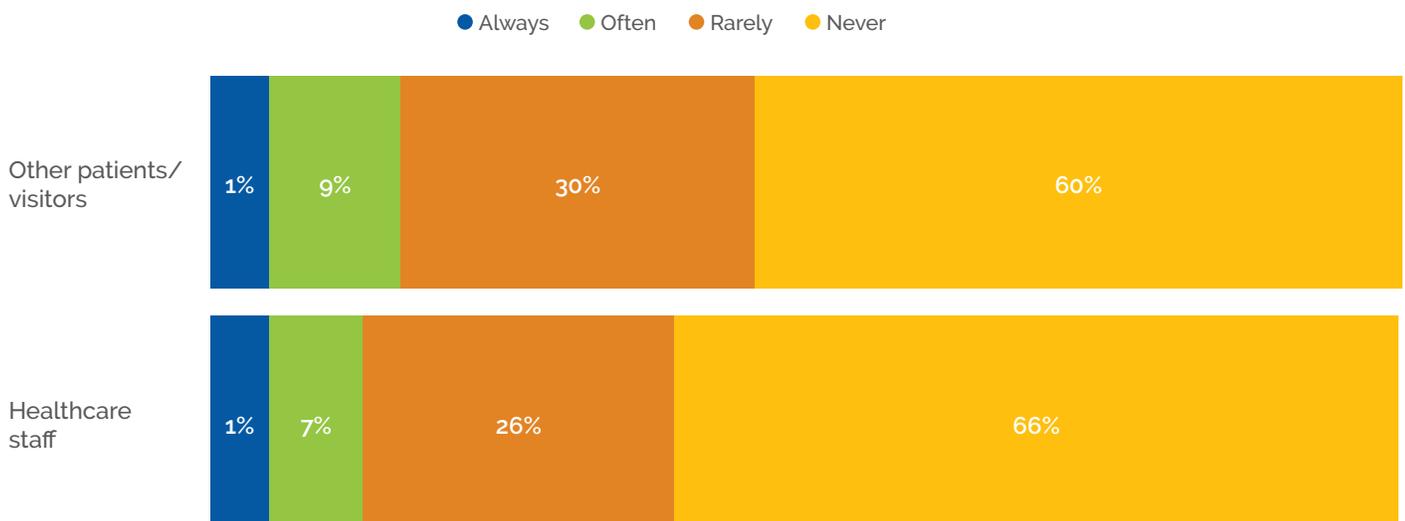


Figure 26. In the last year, how often have you experienced incivility from the following during your healthcare visits?



## AS PEOPLE SEE INCIVILITY AS AN ISSUE, THEY REPORT IT HAS NOT CHANGED FROM PREVIOUS HEALTHCARE ENCOUNTERS

Most individuals feel the level of incivility they recently experienced is about the same as previous encounters (64%) (Figure 27). Of note is that 20% report it is lower compared to 16% reporting higher. To consider here is how consumers have experienced incivility and how they define it. The greatest number of respondents

offered "Ignoring" as the type of incivility they primarily witnessed, with over 20% responding "Always" or "Often," followed by "Yelling" with 10% responding to those categories (Figure 28). While this inquiry is designed to only capture the voices of U.S. consumers, it is interesting to reflect on the potential disconnect to what a majority of U.S. consumers are seeing and experiencing versus what we are hearing from clinical and administrative leaders in healthcare about incivility and harmful behaviors and actions. This study does not provide clear insight into how to rectify these viewpoints.

Figure 27. Compared to previous healthcare encounters, what is the level of incivility you witnessed recently?

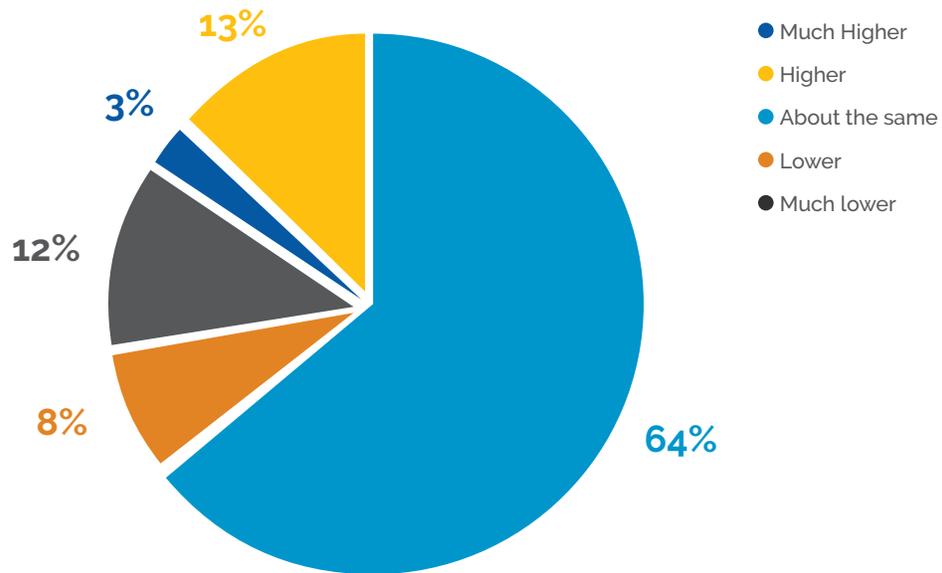
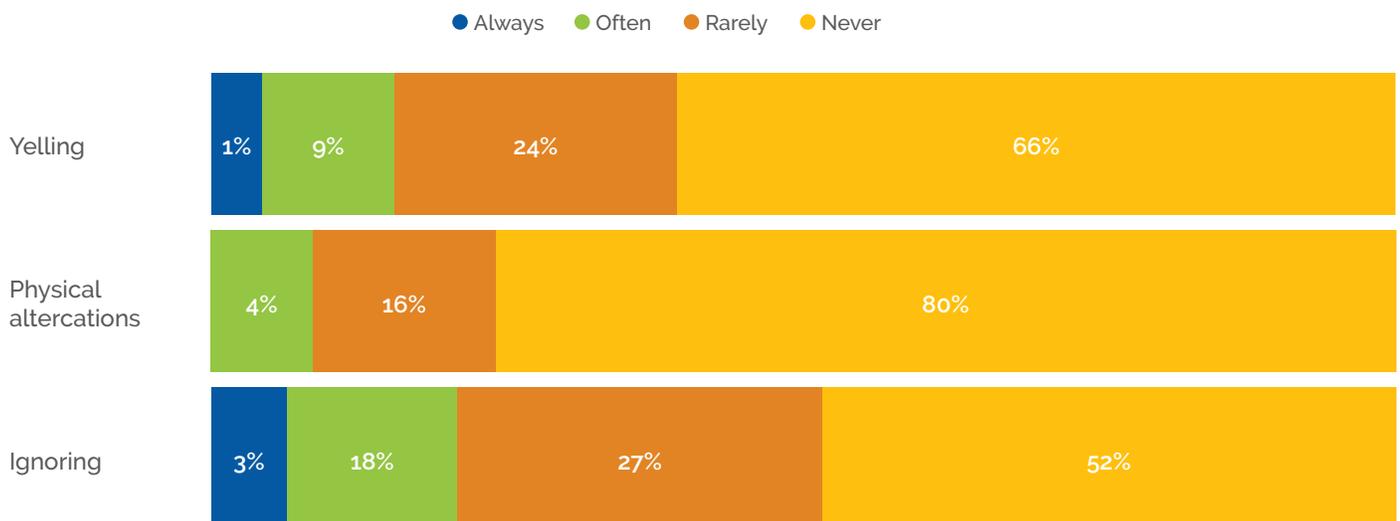


Figure 28. In the last year, how often have you witnessed the following types of incivility to healthcare workers during your healthcare visits?



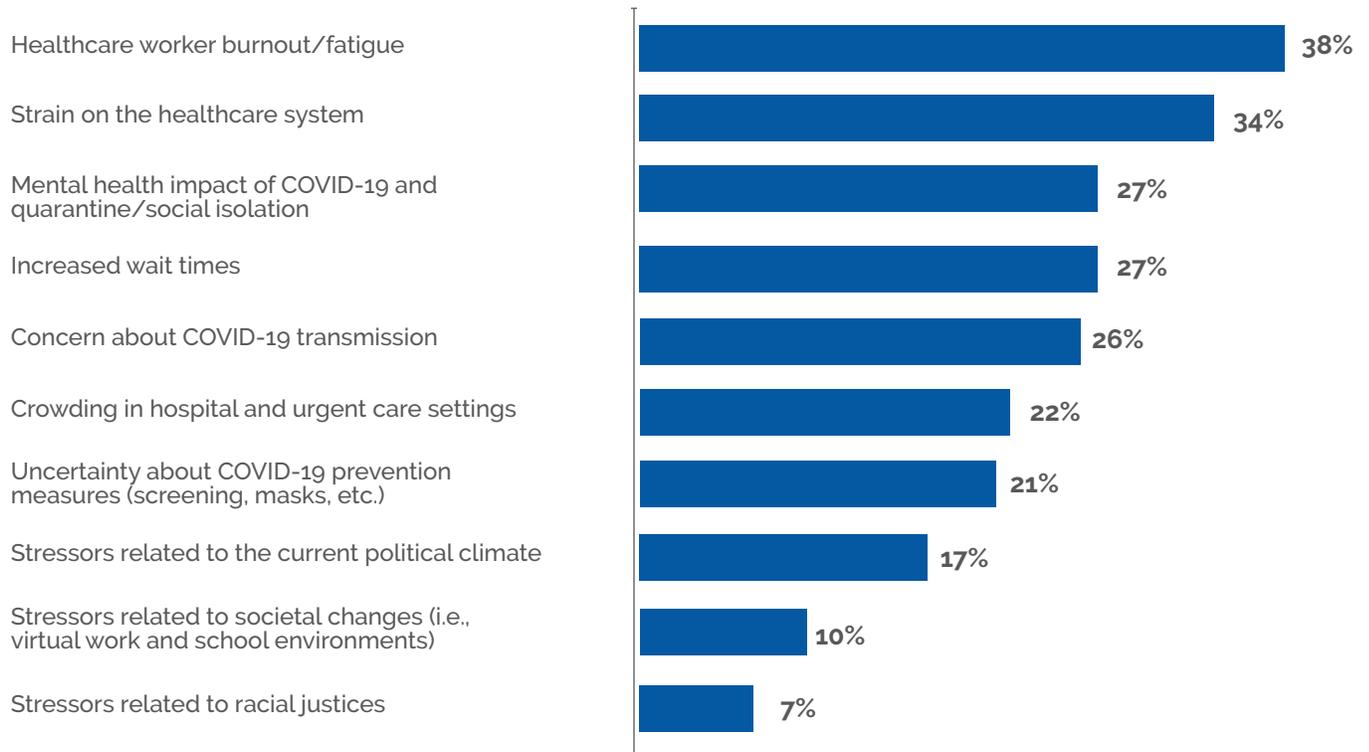
## HEALTHCARE WORKER BURNOUT AND FATIGUE AND STRAIN ON THE HEALTHCARE SYSTEM SEEN AS THE GREATEST CAUSES OF INCIVILITY WITNESSED

While consumers may be reporting incivility in smaller numbers than healthcare providers, the acknowledgement on the systemic strains being experienced in healthcare today is telling. U.S. consumers identified "Healthcare worker burnout/fatigue" (38%) and "Strain on the healthcare system" (34%) as the top two causes of incivility today (Figure 29). This is followed by a series of COVID-19-related causes including the mental health impact of the pandemic and increased wait times, both at 27%, and concerns about COVID-19 transmission at 26%. These consumer responses reflect a clear awareness of the challenges facing healthcare today as well as the resulting impact.

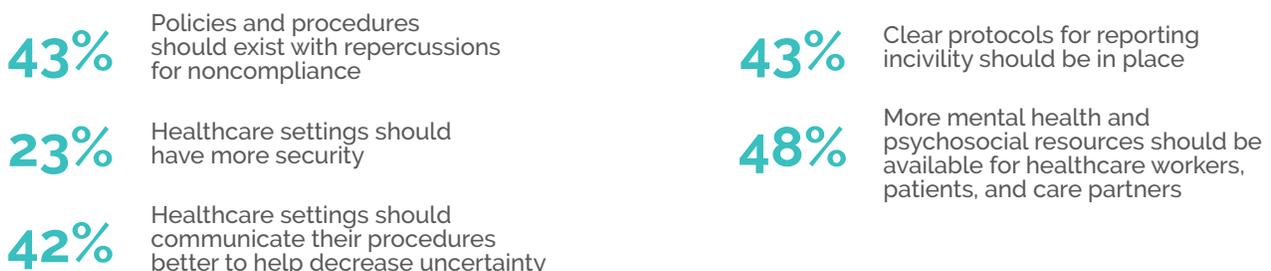
From the pressures placed on healthcare staff to work in high-risk environments, staff and equipment shortages, real and measurable compassion fatigue and the mental health impact of stress, consumers also sense the struggles of the healthcare system overall.

In fact, U.S. consumers seem attuned to how we address these issues as well. In asking what should be done to address incivility, the top response at 48% was "More mental health and psychosocial resources... for healthcare workers, patients and care partners" (Figure 30). Consumers also see the need for a greater commitment to civility in healthcare including policies for action as well as clear repercussions for non-compliance. While not asked directly in this study, the data show U.S. consumers are aware of the strains on the healthcare system, and they have a sense of compassion and understanding for what the healthcare workforce is facing today. What will be interesting to watch is how healthcare organizations take this opportunity to engage the community to create a stronger healthcare system

**Figure 29. What do you believe are the causes of incivility you have witnessed in your healthcare encounters?**



**Figure 30. What should be done to address incivility in healthcare?**



# HEADLINES AND SUMMARY

In this release of PX Pulse as we start 2022, we continue to feel the weight of the pandemic lifting ever so slightly as the realities of what is happening in the world weighs heavily on all of us as global citizens. And while we may not all be able to impact every issue around us, this release of PX Pulse provides us with tangible insights about what we can do now to improve and support the healthcare experience for millions.

This issue reveals consistent trends and exposes new opportunities as healthcare organizations plot their course forward in the year ahead. Key headlines from this release include:

- Perspectives on experience remain relatively stable while views on quality see a greater decline.
- Affordability and costs continue to be the most important healthcare issues to consumers.
- The importance of experience holds steady.
- Comfort in seeking emergency/urgent care and hospital-based care saw large drops.
- Benefits and insurance coverage are the biggest drivers of decision-making in where to receive care.
- Consumers believe they have a choice in healthcare today, but insurance, location, cost and access remain restrictive.
- Primary care is the setting where consumers see choice as most important.
- Less than a third of U.S. healthcare consumers reported facing visitation restrictions in the last year.
- People believe that some level of visitation and care partner presence should be allowed.

- Care partners are seen as very important to have during a healthcare encounter.
- A majority of U.S. consumers agree that incivility in healthcare is an issue today.
- Healthcare worker burnout and fatigue and strain on the healthcare system are seen as the greatest causes of incivility.

This data helps us to both reflect on and understand our current reality as well as begin to find ways to move forward. That is the opportunity we now have: to understand how these past few years have shaped and informed us all and to understand how that has shifted the perspectives and expectations of healthcare overall.

The intention here, as with every release of PX Pulse, is that the findings we share not only inform you, but also spark insights and inspire action. There is power in acting on the voices of those healthcare serves each day, in understanding from a perspective beyond our own and then working to make things just a little bit better every day (or more, if you are feeling ambitious).

We hope you find that catalyst for action here and look forward to all we will continue to discover together.

THE BERYL  
INSTITUTE

