

## THE BERYLINSTITUTE

The Beryl Institute is a global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

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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### A COMMITMENT TO LISTEN AND ACT

Welcome to the 14th release of The Beryl Institute – Ipsos PX Pulse as we continue to follow the trends on consumers' perspectives of healthcare. This release continues a deeper dive into some of the foundational ideas we have been exploring since the launch of PX Pulse in early 2020.

Beyond continuing to track core trends, this issue explores some critical ideas related to the relational nature of healthcare itself. On the pages that follow, we explore where people have the greatest trust in healthcare and what impacts that trust. We also explore preferences around patient-provider relationships as well as ways in which people prefer to provide feedback to healthcare organizations and their perceptions of the value of providing feedback.

This release also wraps up our fourth year of publishing PX Pulse and our efforts to explore what is most important to consumers in their healthcare experience. As we have tracked the core trends on people's perspectives on quality of care and their perceptions of experience over these 14 issues, we also see the trends solidifying. People's perceptions of the quality of care they have received being good or very good have hovered in the low to mid 40% range, while their view on their overall care experience has held in the low to mid 60% range. Of interest here is that these trends have not moved broadly in any direction, neither improving nor declining. It does suggest we still have opportunities in the US healthcare system to improve both the perception of quality and what it contributes to the overall healthcare experience.

With that, in the months ahead we are also looking at reducing the number of PX Pulse issues from 4 to 2 a year, maintaining our deeper and broader explorations, such as found in this issue, while continuing our trend lines on the core questions we have asked since day 1. We believe PX Pulse has provided a window into people's healthcare experience in a way no other survey or inquiry has done. It gets to the essence of why people engage in healthcare—to care for their health and wellbeing—and it continues to touch on what matters to people as reinforced in this issue. People want a relationship in healthcare. They want to be seen as human beings with needs, who are heard and respected. They want to provide input and want that input to matter.

We have much work to do to ensure we build a healthcare system that is equitable, accessible and responsive to all. We remain grateful to you who work every day to tackle these very challenging issues. We are truly thankful for the voices of the US healthcare consumers who share their truths every time we ask. Together, if we ask, listen, learn and act, great things await our healthcare system. It is truly up to all of us to continue to do something about it...from this data to the actions that matter.



### **METHODOLOGY**

This research was conducted using online surveys fielded through the Ipsos KnowledgePanel,® 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, 1024 completed surveys were obtained in the United States through the KnowledgePanel for this quarter's release. The survey was fielded from August 29 - September 6, 2023 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 experience of important aspects of patient experience as well as issues around out-of-pocket expenses and access to care.

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

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

### **CORE QUESTIONS**

#### **Quality and overall experience of care remain consistent.**

General trends related to quality and overall experience of care hold steady (Figures 1 and 2). That said, "very good" and "good" ratings of the overall care experience have dropped slightly in this report to the lowest point in the last two years (Figure 2). While the slight decreases seen in ratings of both quality and experience are not major changes, the downward trend in people's ratings of quality and overall experience is something we should continue to watch.

Figure 1. Quality of Healthcare in America (% "Very Good" + "Good")

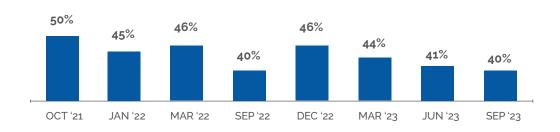
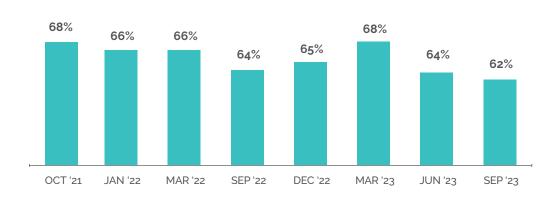


Figure 2. Overall Care Experience in the Past 12 Months (% "Very Good" + "Good")



#### **Cost-related issues remain most important to consumers.**

Affordable insurance options, out-of-pocket costs and insurance premiums continue to hold the greatest importance to people (Figures 3 and 4). Access to quality hospitals/treatments remains in the top three issues with cost of hospital care now joining the top three issues selected (tied for 3rd). This release of PX Pulse is the first time cost of hospital care appeared in the top three and, in fact, cost of hospital care showed the largest quarter-to-quarter increase of any item on this question over the last year. The importance of this item beyond traditional responses about insurance and out-of-pocket costs may be an interesting trend to follow.

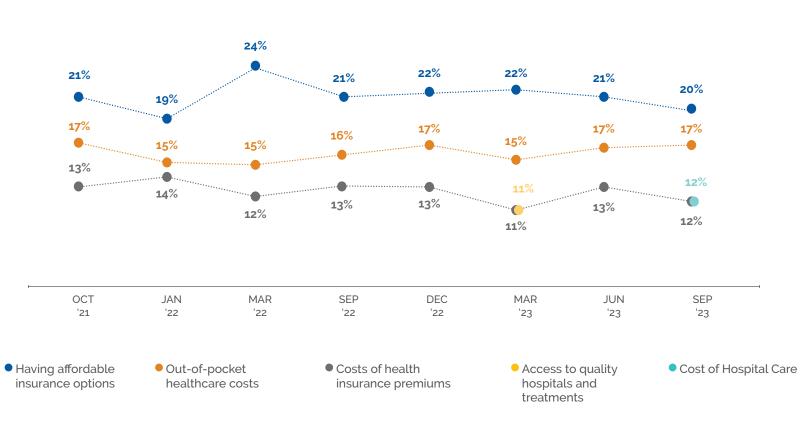
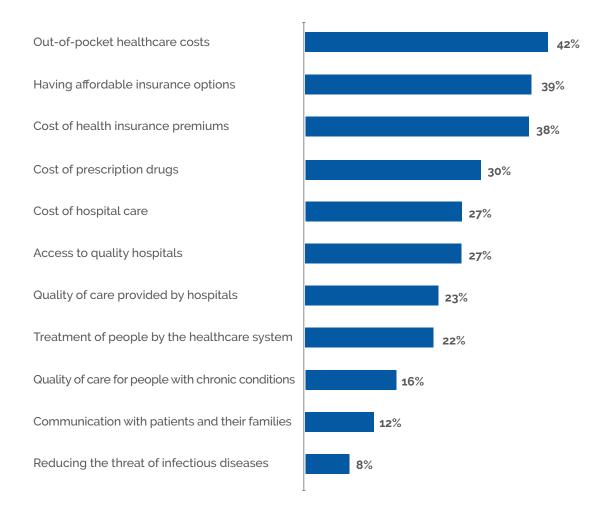


Figure 3. Which healthcare issue is most important to you?

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



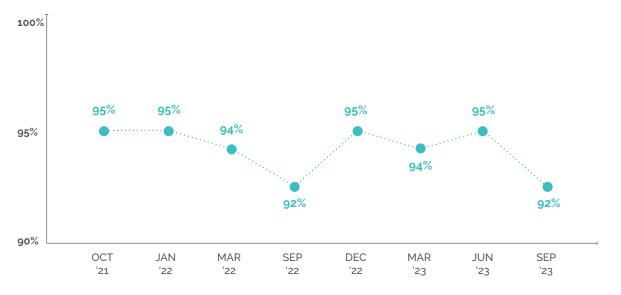


# Importance of experience shows slight dip while the ranking of items on why having a good experience is important remains unchanged.

Having a good experience continues to be important to people, but it did experience a decline in this report similar to the same period last year (Figure 5). It will be interesting to watch this trend to see if we see a rebound similar to quarter one of 2023 in the next inquiry.

The reasons why patient experience is important continue to focus on human needs, and the top items remain consistent. The importance of health and well-being, physical needs being taken seriously, experience contributing to positive outcomes and being treated with respect remain the top items (Figures 6 and 7).

Figure 5. Overall, how important is it that you have a good experience as a patient? (% "Extremely important" or "Very important")

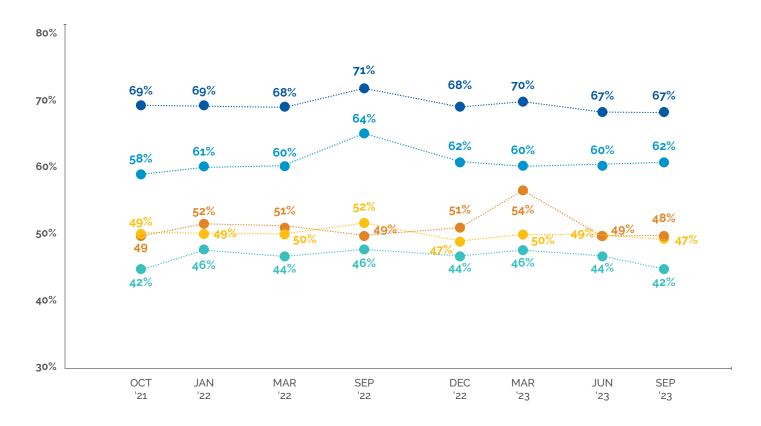


### Figure 6. Why is having a good patient experience important to you?

- 67% My health and wellbeing are important to me
- 62% I want to know my physical needs are being taken seriously
- 48% Good patient experience contributes to my healing/good healthcare outcomes
- 47% I want/deserve to be treated with respect
- 42% I want to be addressed as a person, not as a symptom, diagnosis or disease
- 37% It will influence how I make healthcare decisions in the future
- 36% I spend my money on this
- 34% My time matters
- 19% I see myself as a customer



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



- My health and wellbeing are important to me
- I want to know my physical needs are being taken seriously
- I want/deserve to be treated with respect
- Good patient experience contributes to my healing/good healthcare outcomes
- I want to be addressed as a person, not as a symptom, diagnosis or disease



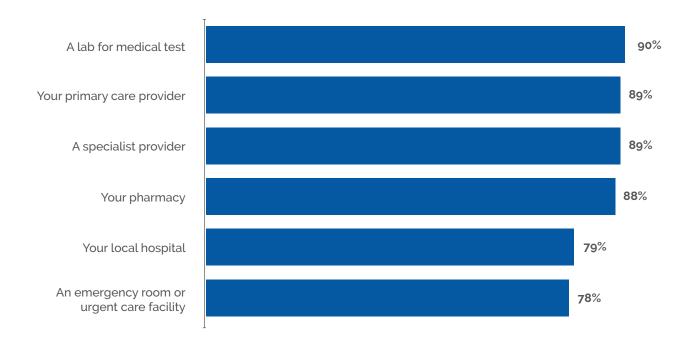
### **EXPLORING TRUST**

People reflect higher levels of trust in healthcare settings where they are more likely to know or have chosen the providers than in hospitals or emergency/urgent care settings.

In this release of PX Pulse, we continue to explore the core ideas around trust and the drivers of trust in healthcare experience. In looking at where people have the greatest trust, they report trust in labs, primary care providers and specialists, as well as the pharmacy. Trust is lower in local hospital, emergency room and urgent care settings (Figure 8). Higher levels of trust may be due to the more relational nature of the interactions people have in those settings. We explore provider relationships later in this release.

Figure 8. At this time, to what extent do you trust the following healthcare services?

(% To a large extent \* To some extent)





# Trust is most impacted by the sense that healthcare systems act in their own self-interest first, followed by how people feel treated in their healthcare encounters.

These reasons highlight the importance of ensuring care is human-centered and relational in nature. The link between people feeling treated well and the perceived intentions of healthcare organizations to act in their own self-interest first comes down to a commitment to ensuring a patient feels listened to, communicated with effectively, and treated with respect (Figure 9).

Figure 9. From the following list, which issue has the greatest impact on your trust in healthcare?

29%	Feeling as though the healthcare system acts out of self-interest rather than mine as a patient	7%	Stories (mine or others) of poor quality or unsafe care
21%	How I have been personally treated in healthcare encounters	5%	COVID-19/pandemic related issues
11%	Wait time associated with medical appointments or procedures	4%	Challenges in accessing key resources for my healthcare needs
10%	Poor communication from doctors and healthcare staff	2%	Staff turnover
9%	Difficultly getting needed appointments	2%	Stories on social media or in the news



### **IMPORTANCE OF PROVIDER RELATIONSHIPS**

# People place greater importance on the relationship they have with their provider than on getting care when they need it.

In conjunction with the findings on trust being higher in settings where they are more likely to have a previous relationship or develop a relationship with a provider, people revealed that relationships truly matter to them in their healthcare experience. Seventy-five percent (75%) of respondents say that it is "extremely important" or "very important" for them to see the same provider at every appointment (Figure 10). Additionally, 55% prefer having a long-term relationship with a provider over receiving care when they need it regardless of who it is from (Figure 11). These initial findings show a preference toward care experiences grounded in relationships rather than more transactional, immediate care. The fact that people seek more relational experiences reinforces the importance of ensuring efforts are taken to build relationships in every encounter. This finding underlines the importance of taking appropriate time with patients and effectively communicating, both essential to excellence in the patient experience.

Figure 10. Overall, how important is it to have the same care provider at each appointment?

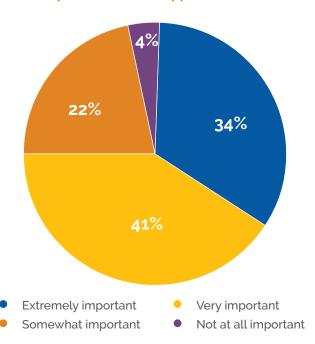
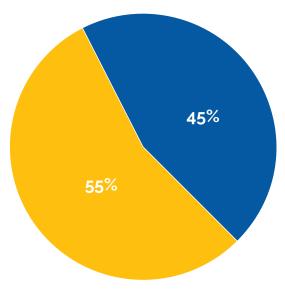


Figure 11. Which of the following is more important to you?



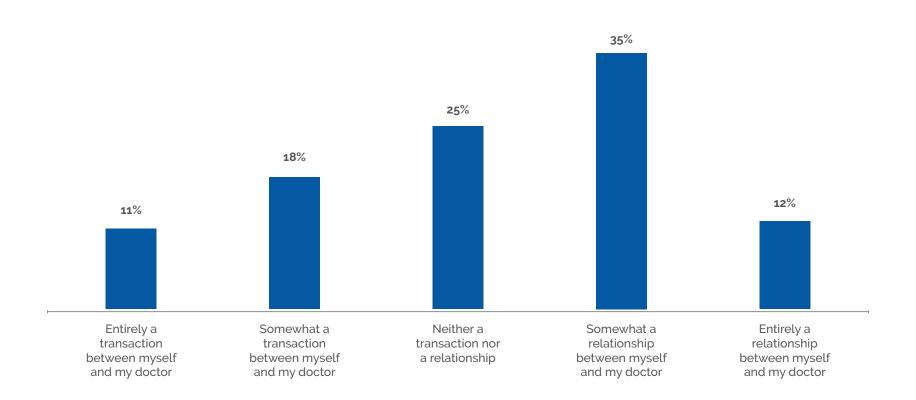
- Receiving care when you need it from any provider or a care team
- A long-term relationship with a specific provider



#### More people see the interaction with their doctor as a relationship versus a transaction.

When considering the spectrum of interactions with providers, 47% view the interactions as either somewhat or entirely a relationship, which may be expected based on the level of importance placed on seeing the same provider as noted above. At the same time, 29% see their care encounters as transactional to some extent, while 25% see it as neither (Figure 12). This finding could reveal an interesting distinction and opportunity. As we see above, care settings where people are more likely to have a relationship with their provider(s) foster higher trust, and most people seek relationships in their care experience. Yet, their reflection on the experience they have tends to be more neutral or transactional. This contrast suggests an opportunity for healthcare organizations to work towards creating more relational-based care experiences, a fundamental idea in ensuring the best in patient experience.

Figure 12. To what extent do you think of your interaction with your doctor as a transaction versus a relationship?





### PROVIDING FEEDBACK ON HEALTHCARE EXPERIENCE

How and what we measure in healthcare to gauge people's perceptions of their experience continues to evolve. We are now seeing societal survey fatigue and a resulting decline in response rates on experience surveys. With this impact on the survey process, we sought to understand how the US consumer wants to provide feedback to healthcare organizations, in what ways, and how they believe their feedback is used.

Ninety-five percent of people want to provide feedback within a week of their care experience, while a majority (52%) want to do so either immediately or within 24 hours.

People report wanting to provide feedback as soon as they can after a care encounter (Figure 13).

After your appointment, befor leaving
Within 24 hours of your appointment
Within a week of your appointment
More than a week after your appointment

Figure 13. If you were to be asked about your experience, when would be your preferred time to give feedback?

#### A majority (51%) of people want to provide feedback on their healthcare experience via online survey while almost a third want to provide feedback directly to their care team.

People are looking for more interactive and immediate ways to provide feedback on their experiences. Of interest, the traditional modes of data collection in healthcare - via mail survey or phone call - are only preferred by 10% of combined (Figure 14).

Figure 14. What way do you MOST prefer to provide feedback?

51%

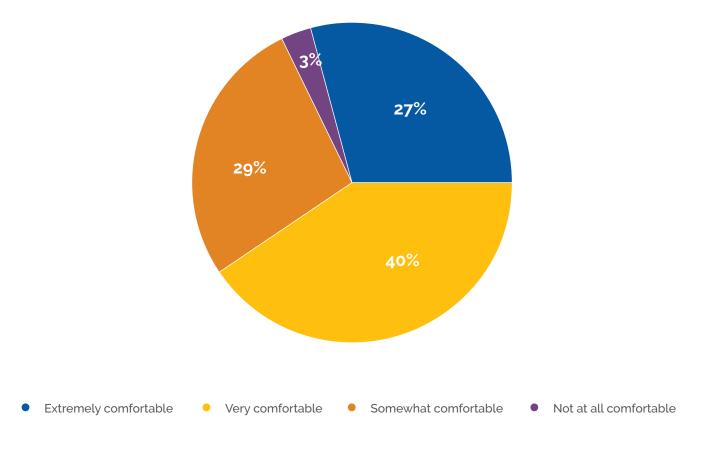
30% 8% 6% 3% An online survey Directly to your A mail survey A phone survey Social media or Contacting your healthcare team provider's office online reviews or customer support



# Over two-thirds of people are very or extremely comfortable in providing feedback to their healthcare provider (Figure 15).

This data supports both the immediacy through which people want to provide feedback and their stated comfort to provide feedback directly to their care team noted above.

Figure 15. How comfortable are you providing feedback to your healthcare provider?





# Factors impacting the willingness to provide feedback are led by the ability to make improvements, followed by concerns that feedback will not be heard.

When people were asked what factors impact their willingness to provide feedback, the most highly rated items were "the desire for my provider to make improvements" and "feeling like my feedback will not be heard" (Figure 16). These top two items and the two that follow, "the relationship I have with my provider" and "the concern that my feedback will negatively impact my care," reflect reasons why people would openly provide feedback and why they might hesitate in their willingness to do so." These factors reinforce the value of the relationship, not only in the encounter but also in the ability to gather data in order to make improvements. On the other hand, factors that could be deemed impediments to providing feedback included "feeling like my feedback would not be heard" or "the concern that feedback might negatively impact care." These factors are real concerns for people who are fearful to speak up and provide open feedback or who simply do not believe their voice matters. The fact that these potential deterrents to feedback are high in the list of factors that impact willingness to provide feedback reveals an opportunity for healthcare organizations to reinforce relationships, the value of feedback, and the safe and appreciative way in which it is received and acted on.

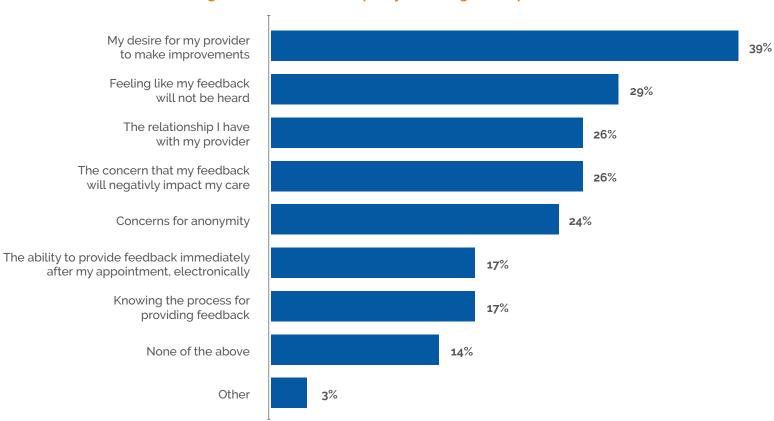


Figure 16. What factors impact your willingness to provide feedback?

# A majority of people report that they have provided feedback (56%), while almost the same percentage (57%) report feeling that providing feedback was only somewhat or not at all worthwhile (Figures 17 and 18).

People want to and do provide feedback, but they are not clear if there is ultimately value in doing so.

Figure 17. Have you provided feedback about a care experience to one of your providers?

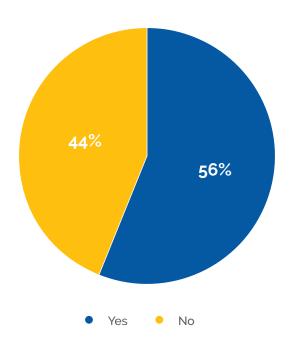
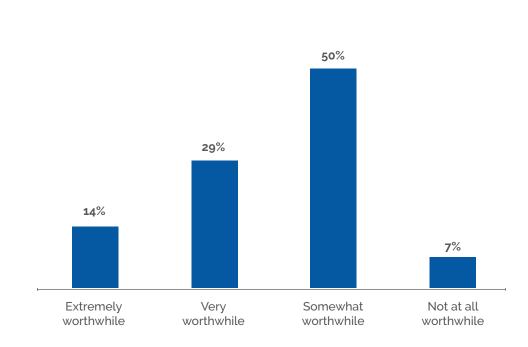


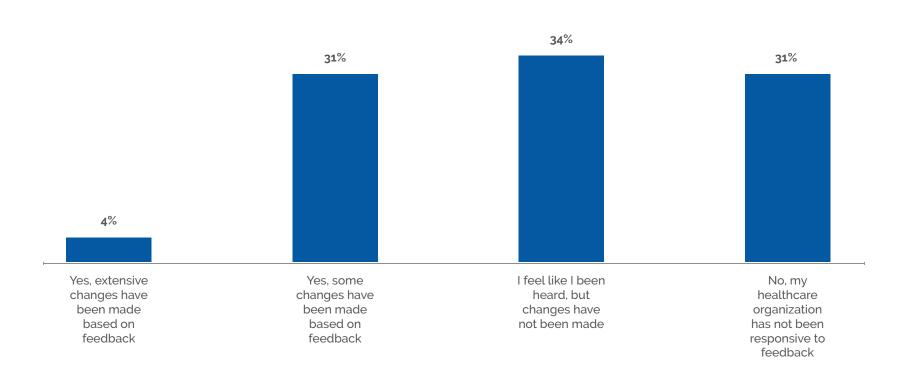
Figure 18. How worthwhile is providing your feedback on your care experience?



#### Almost two-thirds of people believe their feedback has not led to any changes.

While about a third of people (35%) feel like at least some changes have been made due to feedback they have provided, another third (34%) felt heard but did not believe any actions were taken based on what they shared. Another 31% simply believe healthcare organizations have not been responsive to their feedback at all (Figure 19). This data may reflect people's reduced willingness to provide feedback on surveys. Yet at the same time, most people still do report providing feedback as noted above. This finding reinforces that healthcare organizations have a significant opportunity to be more transparent not only what they hear, but also in the actions taken as a result of what they hear.

Figure 19. Have you noticed changes made as a result of feedback you have provided?





## People want to be asked about how they were treated, timeliness of care (i.e., wait time), and if their concerns and needs were addressed.

People reinforced the findings shared above, sharing that they want to be asked about how they were treated and cared for (Figure 20). This finding links back to people's preference for having a strong patient-provider relationship rather than a transactional experience. People express a desire to talk about how their needs were met, which reinforces the foundational ideas at the heart of what people seek in healthcare that is seen consistently in our research – to be listened to, to be communicated to clearly in ways they can understand, and to be treated with respect. These aspects of care are all things we should expect in an environment where human beings are caring for human beings.

Figure 20. When being asked about your care experience, what parts of your care do you want to be asked about?



"Enough time to interact and discuss my issues with the doctor; my waiting time should be reasonable (i.e. not having an appointment at 3.00 pm and being attended until 4.00 pm"

"How I was treated, how my experience was, how was wait time, is there any help I need moving forward?"

"I want to be asked if my concerns were addressed, what they could've improved upon, and if there was anything I needed more information or explanation on that wasn't clear during my visit."

"If I felt heard and respected by my provider, if they made accurate and helpful suggestions/diagnoses/treatment."

"The time the doctor spent with me, if the doctor was familiar with my medical history and were the results of my experience beneficial."

"Timeliness of care, communication, attitude of provider"



### **KEY TAKEAWAYS**

In this release of PX Pulse, we continue to see steady trends and gather new insights. A summary of key takeaways includes:

- Core results remained consistent from the previous quarter.
  - At the same time, quality and overall experience saw the lowest scores in the last two years.
- Trust in labs, primary and specialty providers as well as the pharmacy is much greater than people's trust in local hospitals, emergency rooms and urgent care facilities.
  - Trust and/or lack of trust is driven by people's perceptions that healthcare organizations act out of their own interest first or by how people were personally treated during their healthcare experience.
- People prefer having a long-term relationship with a single provider more than receiving care when they need it from whichever provider has availability.
  - While we often assume people are seeking care for convenience (and in certain moments this may be true), relationships seem to be more important to the US healthcare consumer.
- People are comfortable providing feedback about their care and prefer to provide feedback in less than a week post-appointment.
  - A majority would prefer to provide feedback within 24 hours of a care experience and to do so via an online survey.
- While people do take the time to provide feedback, with over 50% saying they have done so, 57% of people report that providing feedback was either somewhat or not worthwhile, as many did not see a change in response to their feedback.
  - More so, almost two-thirds of people do not believe changes have been made as a result of the feedback they provided, with over 31% saying they felt the healthcare organization was unresponsive to feedback.
- When asking people what they want to be asked about regarding their care experience, they pointed to items related to timing (i.e., wait times), how they are treated and whether their concerns and needs are being addressed.



Overall, this release of PX Pulse brings some very critical points to light at the heart of the experience conversation. We still have work to do in building trust in healthcare, and this work is grounded in how well we treat people and work to ensure people feel we care about them. This finding is further reinforced by the responses showing the priority people placed on relationships versus expedience in their healthcare encounters. Lastly, we see that people want to offer their perspectives on their care, yet they often feel their words fall on deaf ears.

The thread revealed in this inquiry cuts to the very heart of the human experience in healthcare – that in healthcare we are human beings caring for human beings. We share the need for connection and contribution, for relationship and acknowledgment, for communication and respect. These are not simply ideals; they are the fundamental building blocks of an effective and positive experience. Without directly asking what kind of experience people want, they told us through their responses to the survey. They want an experience grounded in a relationship, where they are treated with dignity and respect, and where their input is not only sought but also acted on.

These are not heavy lifts, and many probably believe they are doing these things well now. While it is clear many make the effort to provide human-centered care a priority in their various organizations, the voices of the US consumer are telling us we still have work to do. We should not be discouraged by what we find here, but inspired by the reaffirmation of what we know to be essential to experience excellence. This data ensures we can help others realize the importance of these issues to those we have the privilege to serve in healthcare every day.



T H E B E R Y L I N S T I T U T E

