FUTURE of NURSING 2020-2030



#To(are|struman

Elevating The Human Experience In Healthcare: Well-being as a path to positive outcomes

Jason A. Wolf, PhD, CPXP President, The Beryl Institute @jasonawolf | @berylinstitute jason.wolf@theberylinstitute.org August 7, 2019





care

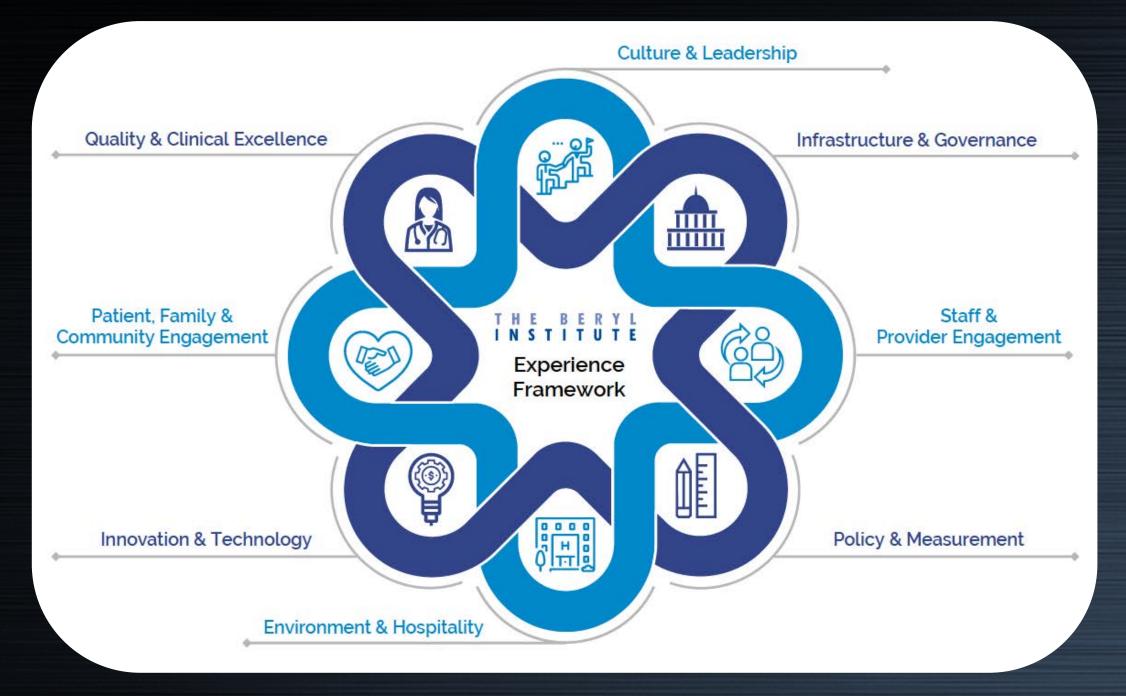
(noun): 1. suffering of mind

2. painstaking or watchful attention

(verb): 1. to feel interest or concern

Human beings caring for human beings.





Changing healthcare by ensuring an unwavering commitment to the HUMAN EXPERIENCE

...but what must we do to elevate the human experience?

CONSUMER PERSPECTIVES ON PATIENT EXPERIENCE 2018

JASON A. WOLF, PH.D., CPXP, PRESIDENT



THE BERYL INSTITUTE

http://bit.ly/PtExpConsumerStudy

Research Partner



6 of 10

believe the patient experience is extremely important



3 of 10

very important

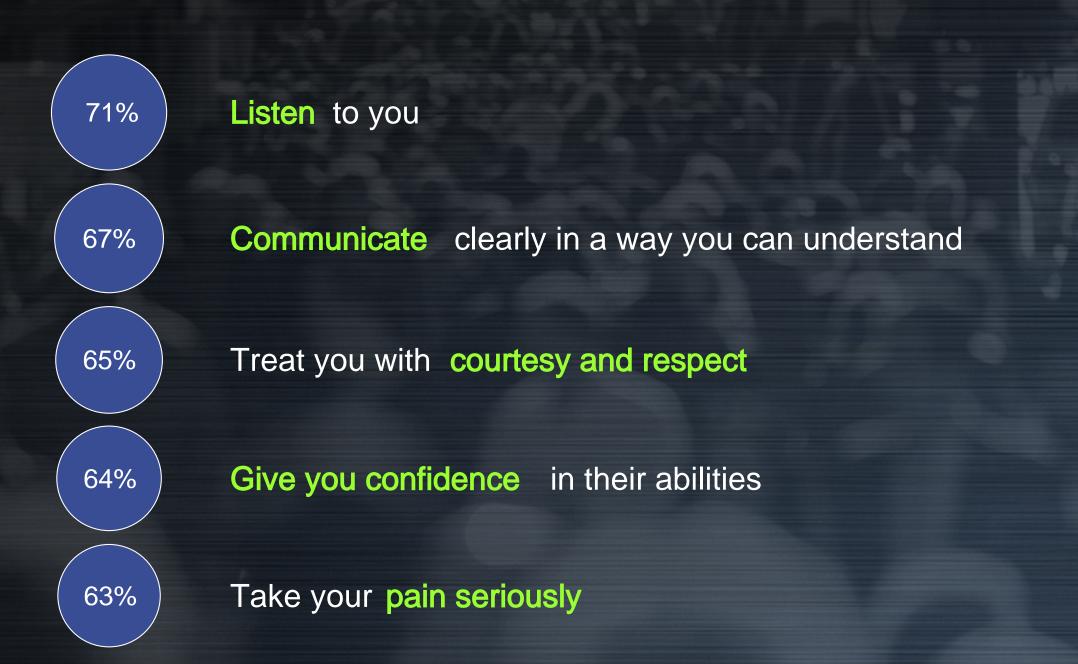
About My Health

About How You Treat Me About Being a Customer

My health and wellbeing are important to me 78%

I want/ deserve to be treated with respect 68%

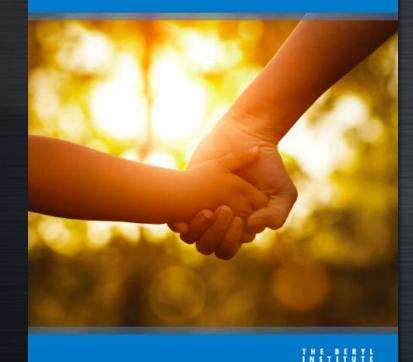
Will influence how I make healthcare decisions 51%





TO CARE IS HUMAN:

The Factors Influencing Human Experience in Healthcare Today JASON A WOLF, PH.D. CPXP, PRESIDENT, THE BERYL INSTITUTE



http://bit.ly/ToCareisHuman2018

With the support of



Two main study groups:

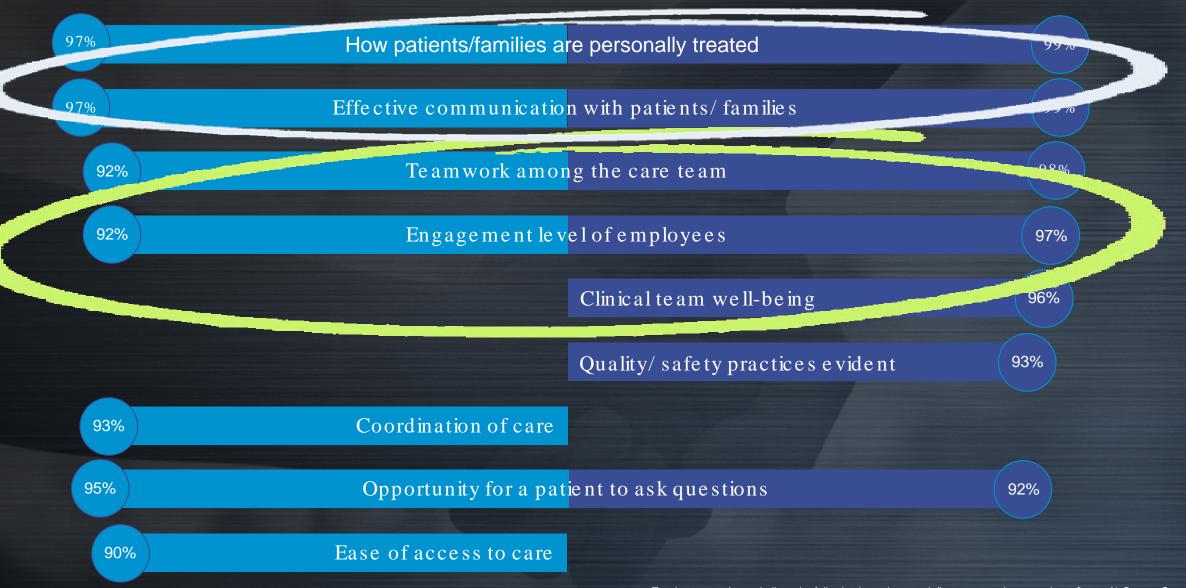
General Patient Experience Community (n = 1478)

19 countries represented (84% US / 16% non-US)

High Performing Units/ Departments (n = 294) US only, identified by performance on the HCAHPS Survey overall rating question

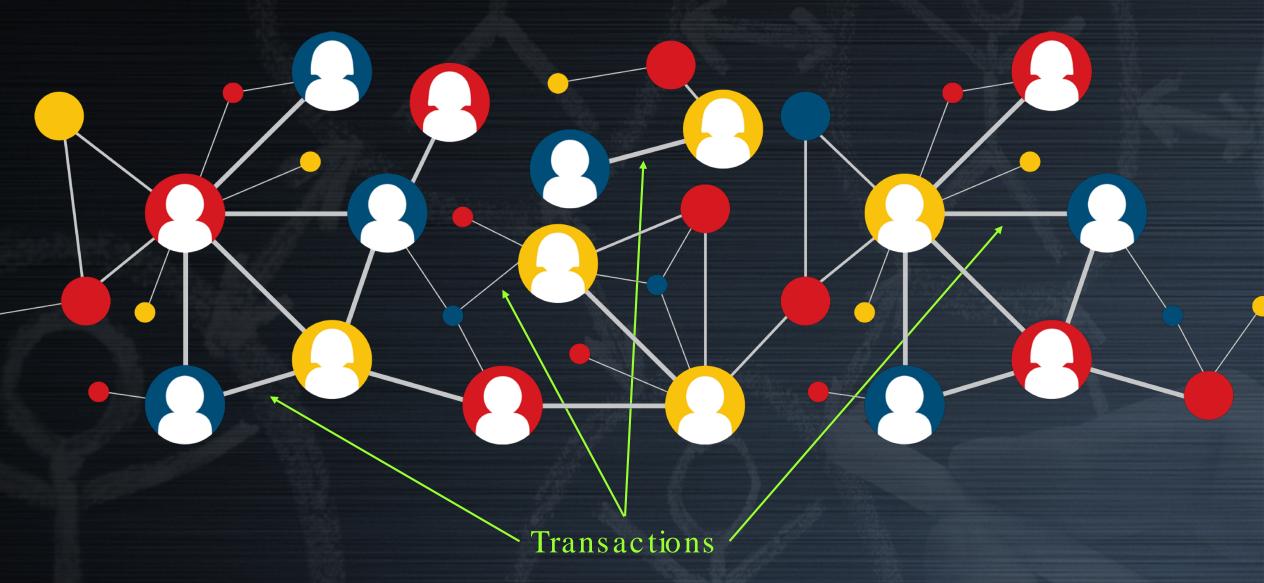


High Performers



Transactional Re la tional Re la tional Re la tional Re la tional Re la tiona l www.theberylinstitute.org

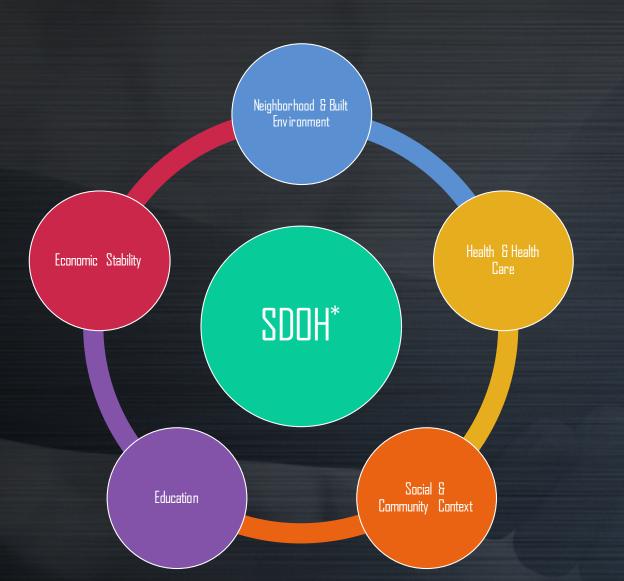
Relational





Changing healthcare by ensuring an unwavering commitment to the HUMAN EXPERIENCE

HUMAN EXPERIENCE



Access

Equity

Affordability

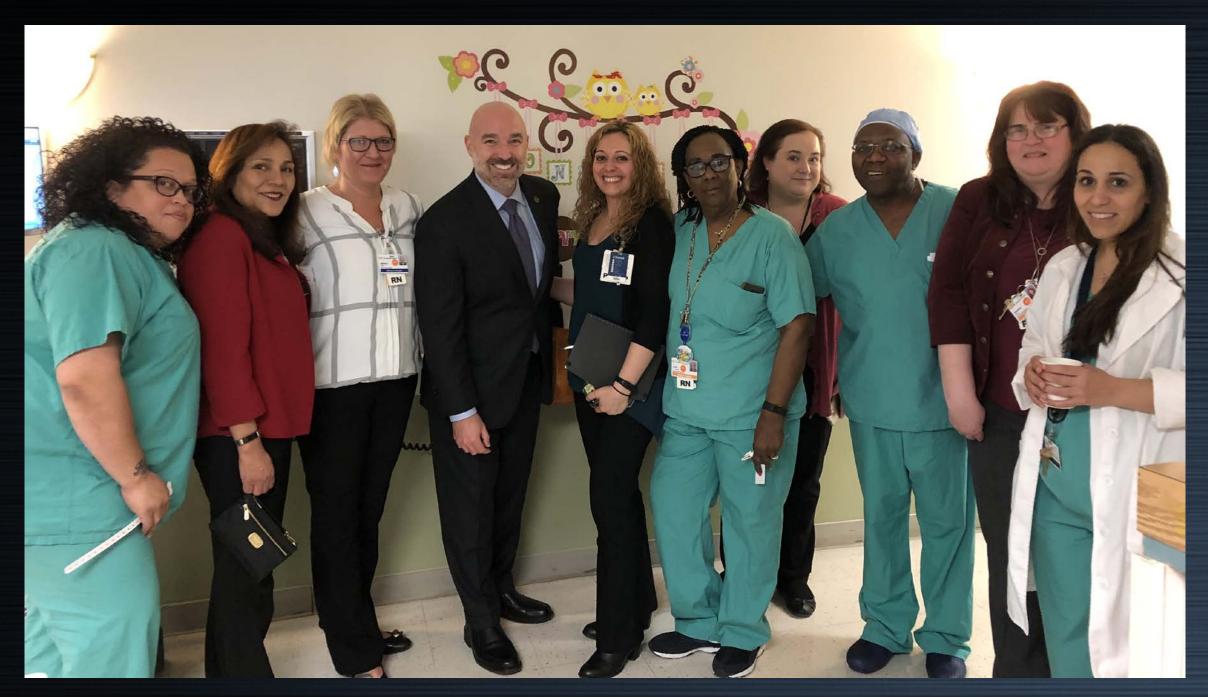
Health (vs. Illness)

HUMAN EXPERIENCE

High tech to high touch

(Applying technology) is not just something organizations should do, but rather...it needs to be translated both in how it will help those delivering care realize efficiencies, while those receiving care see and experience the benefits.

Health IT is not simply a process improvement tool; it is a means to elevate the human interactions at the heart of healthcare.

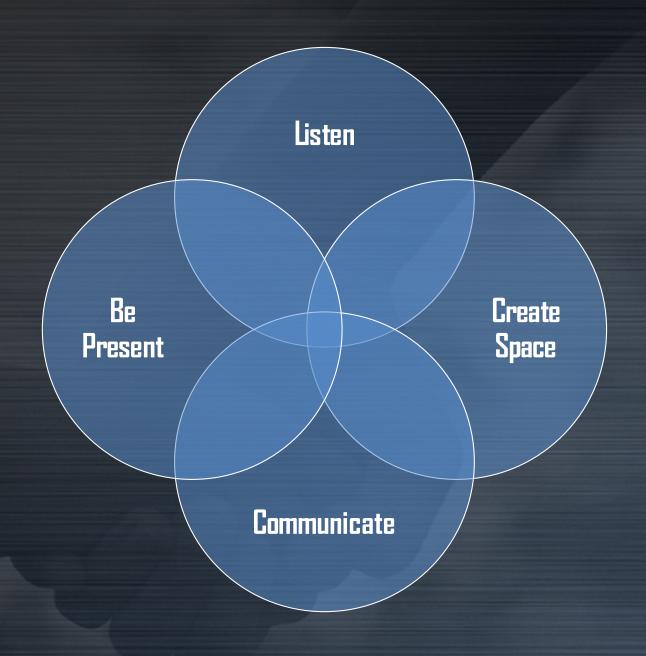


If we do not ensure people 'feel'human,

how can we ensure they can 'be'human?



A Framework for Elevating Human Experience



Opportunities for Action

Educate healthcare leadership and support policies that encourage and build positive work environments where teamwork can flourish

→ Drives quality outcomes, ensures safe practice

Create processes and guidance to ensure nurses can focus on the human experience they look to provide, i.e., BOTH clinical and personal interaction. That is the space where they will reconnect to purpose.

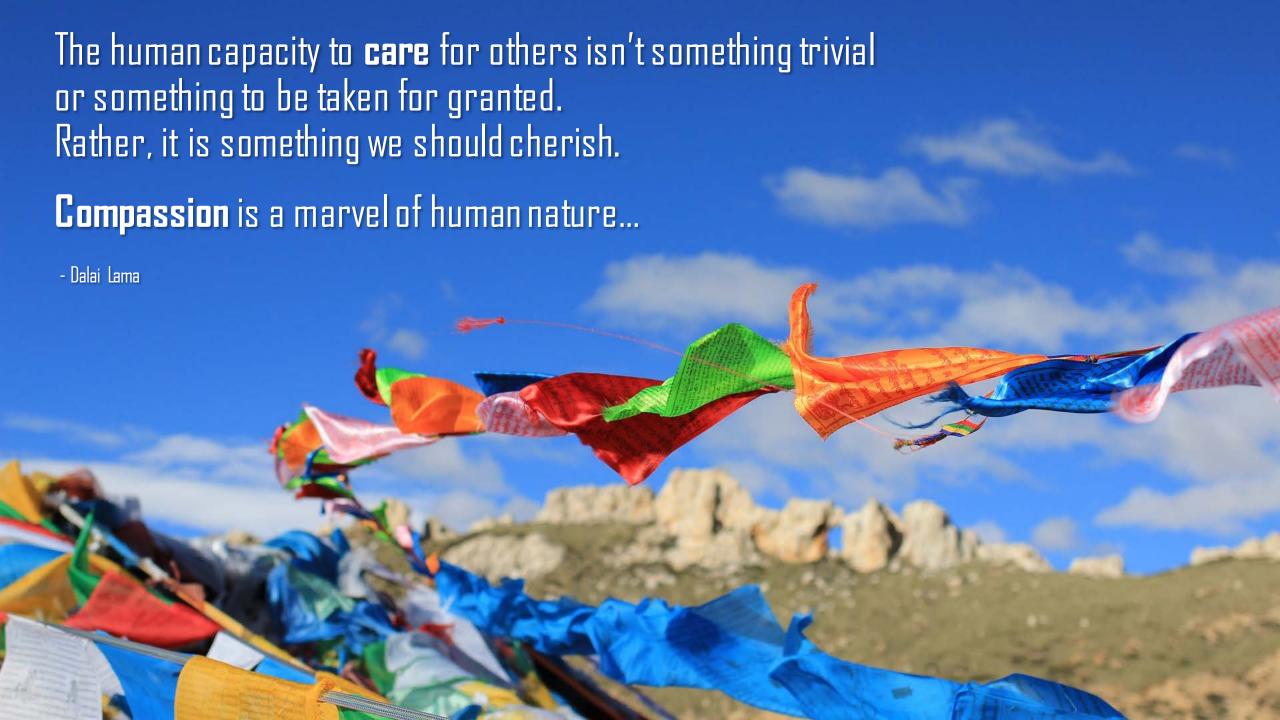
→ Fosters well-being and reduces impact of burnout

Build development program(s) to foster new perspectives for nurse leadership beyond operations to broader systemic awareness

> Expands capacity of system to address health of individuals and communities versus only treating illness

If we want systemic solutions, we must take systemic action. We cannot simply treat the symptoms, we must address the cause.





Human beings caring for human beings.

Supporting Readings

- Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. *Patient Experience Journal.* 2014;1(1):7–19.
- Wolf JA. Consumer Perspectives on Patient Experience 2018. The Beryl Institute; 2018.
 Download code: Nursing2030
- Niederhauser, V. & Wolf, J. (2018). Patient Experience. A Call to Action for Nurse Leadership. Nurs Admin Q, Vol. 42, No. 3, pp 211-216.
- Wolf JA. To Care is Human: The factors influencing human experience in healthcare today. The Beryl Institute; 2018.
 Download code: Nursing2030
- Wolf JA. The Role of Nurse Executives in Patient Experience. The Beryl Institute; 2019.
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- Wolf, J. A. (2019). Nurse Leadership and the Human Experience: A Framework for Elevating Care and Caring. Nurse Leader, 17(4), 347-351.

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