



2023

Building on a decade of hope: Why we must champion the human experience

Jason A. Wolf

The Beryl Institute / Patient Experience Journal

Follow this and additional works at: <https://pxjournal.org/journal>



Part of the [Arts and Humanities Commons](#), [Business Commons](#), [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Wolf JA. Building on a decade of hope: Why we must champion the human experience. *Patient Experience Journal*. 2023; 10(1):1-3. doi: 10.35680/2372-0247.1820.

This Editorial is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Building on a decade of hope: Why we must champion the human experience

Jason A. Wolf, PhD, CPXP, *The Beryl Institute/Patient Experience Journal*, jason@pxjournal.org

Abstract

The pages of PXJ have served a primary purpose, to expand the evidence on patient experience and push the boundaries of innovation in this critical work. But through this commitment, PXJ has seen much more happen. The contributions of our thousands of authors, reviewers and editors have also fostered an environment of connection. PXJ has emerged as something more than just a journal. It has become a place for conversation. It has served as a conduit for expanding excellence in practice. It has fostered new thinking. And it has broadened our global community. There is something very special found on these pages. It is a shared sense of purpose and of possibility. And it is even more critical as our focus is ensuring excellence in the human experience in healthcare. For this reason, we thrive on the ability to share and learn, apply and evolve, act and improve. We do so with strategic focus, intentional listening, respect for differences and a commitment to agility. This carrying forth of hope and all that lies ahead is not something that just happens in the natural order of things; it takes intention and commitment, vulnerability and openness, and clarity and focus. It also takes the strength to stand up in the face of what some may say is unimportant, intangible or simply impossible. It takes champions of human experience to build on a decade of hope.

Keywords

Human experience, community, evidence, strategy, agility, diversity, listening, patient experience, staff experience community experience, hope

Welcome to the 10th Volume of Patient Experience Journal (PXJ). In the 9 years since we published the first issue of PXJ in April 2014, we have seen something incredible.

The pages of PXJ have served a primary purpose, to expand the evidence on patient experience and push the boundaries of innovation in this critical work. But through this commitment, PXJ has seen much more happen. The contributions of our thousands of authors, reviewers and editors have also fostered an environment of connection.

PXJ has emerged as something more than just a journal. It has become a place for conversation. It has served as a conduit for expanding excellence in practice. It has fostered new thinking. And it has broadened our global community.

In the last year, PXJ surpassed one million article downloads. Its readers can be found in over 220 countries and territories around the world. The 480 articles published, through this newest issue, reflect a tapestry of ideas and voices that help frame a globally connected commitment to the human experience in healthcare. There is something very special found on these pages. It is a shared sense of purpose and of possibility.

It was that feeling of possibility that I carried with me as I left The Beryl Institute's Elevate PX 2023 just a few weeks ago. It is a sense of hope. One of buckets being filled, buckets that will feed the seedlings of ideas that represent the possibilities of all that we can and must accomplish in healthcare. That is what is tangible, now, in this very moment.

In my editorial to close Volume 9 – *Navigating the "Perfect Storm": Leading with a commitment to human experience*¹ – I acknowledged that we were in delicate times. We still are. Economic pressures on healthcare systems globally are palpable, their impact real. But we cannot let these pressures impede progress.

As I closed my editorial I shared:

I know we will navigate this perfect storm, no matter how difficult it may now seem. I have seen and heard that possibility in the faces, voices and actions of our community. I can feel them in the commitments expressed by healthcare organizations around the world. And for that I am hopeful and grateful. We may still feel the toss and churn of all that has been thrown at us in healthcare. But I know we are forever going to be stronger as we walk forward to a future we create together.¹

This feeling continues to swell and is reflected on the faces of so many I was grateful to interact with at Elevate PX.

But it was not only in the potential euphoria of a moment where this hope has flourished. It has been rooted in conversation after conversation I have had the opportunity to be a part of. For while we acknowledge challenges, we see and seek possibility.

It is shared in the spirits of all who have helped evolve our field of practice to one grounded in evidence and rigor. It is felt in the breadth of all experience truly encompasses. It is reflected in the integrated nature of all it takes to truly ensure experience excellence.

It is this possibility and hope that I hear in people's voices, I see in their faces, and I read it in their words on these very pages. We, as a community of scholars, of practitioners, of champions have not relented in the face of what might distract us. Long before the pandemic took hold, we were working tirelessly to elevate the experience conversation to one that held a rightful place at the strategic heart of healthcare.²

Through the pandemic, we found a commitment to experience essential to our success,³ dare I say our survival. Our humanity was laid bare, it was raw and tender, and we were forced to face issues that for far too long were nice conversations but not necessarily priority actions.

Yet through all of that, we continued to build on a decade of hope. One that even when we were at our wits end, inspired us to take one step further.

It is that warm flicker of hope that we must now kindle and grow. It is a commitment we must make to one another and to our fellow human beings. It is the essence of human experience.

This is not just a statement of ideals, there are tangible things we can and must do if we are to strengthen our flame and champion human experience. I offer a few considerations we can all put into action.

1. **Human experience must be central to every strategic planning conversation in healthcare.** We cannot build successful organizations that will thrive in today's environment unless we consider the integrated nature of the patient, staff and community experiences we create. In doing so, we also must help others see the strategic integration of these ideas in all we do.
2. **Intentional and active listening is a fundamental skill we must strive to put in place** both to understand what matters to those we serve in healthcare and to learn from and engage those who show up to serve others every day. Listening, and the resulting actions we take, shows respect, provides

space for compassion, builds stronger bonds and leads us to thoughtful action and better outcomes.

3. **Respect for difference is a fundamental value for every effort in healthcare.** If we do not honor and actively engage the diversity of people and perspectives that comprise our communities, we pull farther away in each breath from healthcare's purpose. You can never fully provide the best in experience in inequitable environments of care. Disparities will not dissipate on their own; they call for us to roll up our sleeves and do the hard work of dismantling systems, processes and policies that perpetrate these issues.
4. **A commitment to agility can never be underestimated or overused.** In environments that still rely on "the way we've done things" and yes, even long-standing evidence, we need to be both willing to ask "why" and push to innovate and strive for new evidence to push us further. Flexibility only means you return to where you once were. Agility allows us to rapidly reconfigure in a moment's notice with a commitment to moving forward in new, vibrant and active ways.

These types of actions are found on the pages that follow. They too have been found on the pages that have come before. They can be found in the community chats and resources that so many around the world have contributed to in our broader community at The Beryl Institute.

As I called for the arrival of the experience era in November of 2016,⁴ I outlined eight core actions I believed could guide us forward. At the heart of this, and an idea so many continue to feed back to me in multiple languages around the world, is the intentional effort to "*share wildly and steal willingly.*"

While some have preferred the word "borrow" to "steal," to me this softening of intention avoids the very dynamic tension we need in place to prevail. Borrowing, by definition, requires giving back. But if we are to ensure consistent improvement, we must be ok saying someone does it better than us. We too must be willing to be humble enough to ask, can we do what you are doing, can we "steal" that idea. This may to some seem to be a semantics game, but the social-cultural realities of acknowledging "someone may do it better" and being willing to admit that, is a critical step in our shared improvement. It is also a powerful step to our commitment of collaboration and shared learning.

In the same vein, the ability to give away the expertise you create versus "keeping it to yourself" is all that a commitment to human experience should be built on. In fact, it is the foundational commitment of the *Declaration*

for *Human Experience* I allude to above.⁵ It calls on us to commit to:

Collaborate through shared learning within and between organizations, systems and the broader healthcare continuum to forge a bold new path to a more human-centered, equitable and effective healthcare system.

There are no secrets in a community of practice like ours. One that is committed to improvement for human beings who care for human beings. It is even more critical in the circle of people we reflect, as our focus is ensuring excellence in the human experience in healthcare. For this reason, we thrive on the ability to share and learn, apply and evolve, act and improve. That is what we must do to build on this decade of hope.

This issue reflects that very commitment with articles that focus on the fundamentals, such as listening,⁶ patient engagement^{7,8} and interprofessional collaboration,⁹ to innovations such as telehealth¹⁰ and digital engagement,¹¹ to governance issues^{12,13} on engaging board structures as contributors to experience excellence.

More so what this issue reflects, what the start of our 10th volume represents, is the potential of what happens when a committed group of people come together in purpose and possibility. Barriers seem smaller, doors easier to open, problems more manageable and opportunities abundant.

This carrying forth of hope and all that lies ahead is not something that just happens in the natural order of things; it takes intention and commitment, vulnerability and openness, and clarity and focus. It also takes the strength to stand up in the face of what some may say is unimportant, intangible or simply impossible.

I know if you read this far, you are not one of those people. You are a champion of possibility. You are a harbinger of hope. And to do so means we must stand strong with and for each other.

One of my favorite poets has always been Shel Silverstein. It has been exciting to see my boys take to his words as well as they have grown. Often, I find what he shares relevant to our movement. These words he wrote seem relevant to this moment:

*Listen to MUSTN'TS, child,
Listen to the DON'TS.
Listen to the SHOULDN'TS
The IMPOSSIBLES, the WON'TS
Listen to the NEVER HAVES
Then listen close to me –
Anything can happen, child,
ANYTHING can be.¹⁴*

Yes, even in the face of all that buffets us, we must build on this decade of hope, we must stand as champions for human experience and we must step forward in knowing, anything can happen, anything can be.

References

1. Wolf JA. Navigating the “Perfect Storm”: Leading with a commitment to human experience. *Patient Experience Journal*. 2022; 9(3):1-3.
2. Wolf JA. Patient Experience: The New Heart of Healthcare Leadership. *Front Health Serv Manage*. 2017;33(3):3-16.
3. Wolf JA. *The State of Patient Experience 2021: Transforming the Human Experience*. The Beryl Institute; 2021.
4. Wolf JA. The experience era is upon us. *Patient Experience Journal*. 2016; 3(2):1-4.
5. A Declaration for Human Experience. <https://transformhx.org>. Accessed April 20, 2023
6. Kishton R, Patel H, Saini D, Millstein J, Levy A. Listening as medicine: A thematic analysis. *Patient Experience Journal*. 2023;10(1):64-71.
7. Rehder K, Haney S, Freeman J, West A. Strengthening patient-family engagement amidst a pandemic: Lessons learned and paths forward. *Patient Experience Journal*. 2023;10(1):124-130.
8. Zaheer R, Morassaei S, Hitzig AL, Legere L, Torrie MJ, Di Prospero L. A roadmap to engaging patients in research: The experience of a large academic research hospital in Canada. *Patient Experience Journal*. 2023;10(1):155-163
9. White-Williams C, Shirey M, Eagleson R, et al. Patient experience in an interprofessional collaborative practice for underserved patients with heart failure. *Patient Experience Journal*. 2023;10(1):83-92.
10. Silvera G, Blanchard E, Natarajan V, et al. Draws and windfalls: Comparing patient experiences in inpatient telehealth and non-telehealth acute care units. *Patient Experience Journal*. 2023;10(1):131-140.
11. Sridhar S, Huner AM, McCrory B. Digital patient engagement at a perioperative surgical home implemented community hospital. *Patient Experience Journal*. 2023;10(1):141-154.
12. Stanier J, Purtell R, Thomas D, Murray W. Part of the team: Effecting change and sharing power in healthcare settings. *Patient Experience Journal*. 2023;10(1):164-172.
13. Richards D, Strain K, Hawthornthwaite L, Jordan I, Fancott C. Storytelling at board meetings: A case study of co-developing recommendations. *Patient Experience Journal*. 2023;10(1):173-180.
14. Silverstein S. Listen to the Mustn'ts. In: *Where the Sidewalk Ends: The Poems and Drawings of Shel Silverstein*. New York, NY: HarperCollins Publishers; 2014:27.