



Understanding challenges to empathy, trust and communication in the HCP-Patient relationship

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Background

The industry need and idea generation behind understanding empathy



BACKGROUND & NEED

Gaining a better understanding of patient groups is incredibly valuable to physicians. With increasingly limited time to meet and speak with patients, being able to anticipate how patient needs might evolve throughout the patient journey can help physicians pre-empt important questions and concerns. This can help bring more empathy back into the HCP-Patient equation and maintain strong relationships in a challenging healthcare system.

OUR APPROACH

We can look to the rich source of social media to untap patient experience and testimonials, which are often more candid, realistic and honest on social platforms. By tapping into patient language and emotion, and discussing our learnings with physicians, we feel this could lead to an impactful dialogue to drive change in the industry.

Utilizing Social Intelligence Analytics (SIA) mines social media (Twitter, Instagram, YouTube and Facebook) as well as various public online forums, to identify and analyse existing data. Using humanised machine learning and qualitative analysis techniques, we create insightful and engaging stories from the data gathered.



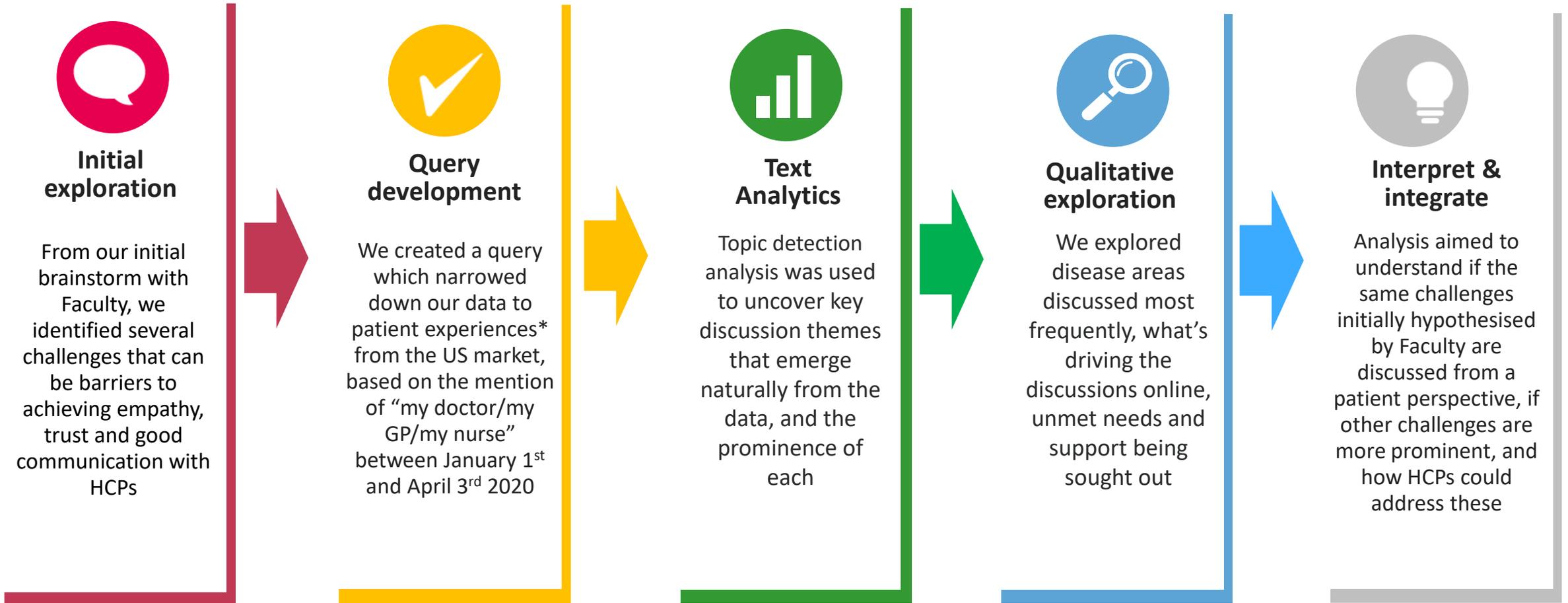
Methodology

The value of Topic Detection Analysis and how we spot the empathy gaps in social media discussions with SIA (social intelligence analytics)



Topic Detection Analysis uncovers natural themes in a dataset

We used a broad data query to see which therapy areas were discussed most



*These experiences are not focussed on a specific patient group, but learnings can help HCPs understand the challenges to establish empathy and trust amongst patients they see less of as well as ones they see regularly.



Language analysis helps us detect key emotions

Our partners at relative insight helped us uncover the most meaningful and emotive patient stories through artificial intelligence and machine learning



Originally designed to detect paedophiles online, Relative Insight is now used to expose the topics other digital audiences talk about, and how they express themselves

How it works

We uploaded our social media dataset into the Relative Insight platform, segmented our data by topics, and used relative metrics to detect words and emotions uniquely associated to each of our topics compared to standard English conversation offline

How is relative difference measured?

It is calculated by dividing the normalised frequency of a particular word, topic, phrase, grammar or emotional element in the primary language set against the normalised frequency of the same element in the comparison language set



Empathy Context

The value of empathy and barriers in today's HCP-Patient relationship



What is empathy?

Understanding patient needs beyond extending compassion and sympathy



Empathy is:

- Being aware of another person's feelings
- Understanding, or trying to understand, another person's perspective

While clinical empathy takes on an intellectual understanding of the emotions of others:

- The Society for General Internal Medicine describes empathy in healthcare as *"the act of correctly acknowledging the emotional state of another without experiencing that state oneself."*

Source: [WEGO Health | Empathy in healthcare](#)



Why is empathy critical for the healthcare industry?



Patients are more likely to be open and disclose information if they trust their HCP, and a better quality of interaction may result in greater patient autonomy and shared decision-making. ¹

[1\) The Pharmaceutical Journal | How to build and maintain trust with patients](#)



Doctors who show empathy have less malpractice complaints and better patient satisfaction (Huntington and Kuhn, 2003). There are areas in the United States where the cost of malpractice insurance can be prohibitive, causing physicians to leave medicine (Huntington and Kuhn, 2003). ²

[2\) Frontiers in Behavioural Neuroscience | Why empathy has a beneficial impact](#)



Physicians' overall well being and emotional stability is often enhanced through mindfulness-based interventions that improve attention, awareness, and communication skills to increase empathy (Krasner et al., 2009). ²

[2\) Frontiers in Behavioural Neuroscience | Why empathy has a beneficial impact](#)



There are barriers to achieving this in the modern world

Our reach Faculty hypothesized three challenges are mainly responsible

Lack of training around emotional intelligence

- HCPs are not always taught essential communication skills, and tend to learn from other colleagues and build these over time
- Lack of formal teaching/training in how to read patients' emotions and guide the conversation for them as an individual

The need to remain objective

- HCPs can feel confusion/conflict over the need to remain objective vs. empathetic
- Emotions are often put to one side when breaking bad news or discussing important information so the HCP can remain calm and composed

Physician burnout

- Moral injuries
- The need for breaks, space, mindfulness to maintain resilience
- High administrative burdens taking away more time with patients



Unfulfilled patients can seek out empathy and additional support via social networks

In our Reach Faculty brainstorm earlier in 2020, it was believed that patients would most frequently share the following frustrations and information needs on social media:

- Hospital or clinic administration frustrations contributing to lengthening the patient journey
- Clinical practice (Doctors seeming rushed or distracted, issues around communication)
- High, or unrealistic, expectations from patients (patients not realising what is in a physician's control and what is not)
- A physician's or clinic's reputation
- Information seeking: patients seeking out other patient stories, confirmation biases, information that can contradict advice from their HCP, or a need for patients to fill in information gaps (questions they feel have gone unanswered by their HCPs)
- The cost of healthcare and negative stories around accessibility and affordability



Social Media Learnings

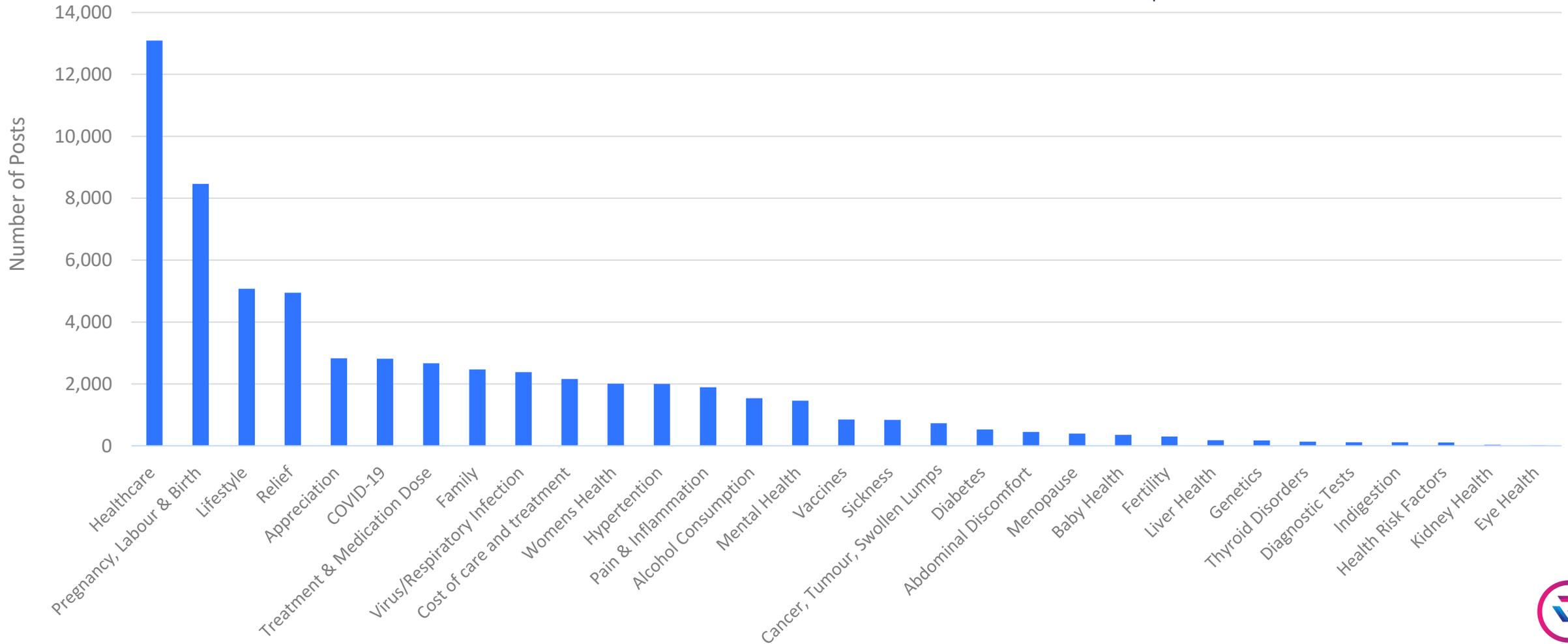
Our results from SIA, topic detection analysis and language analysis



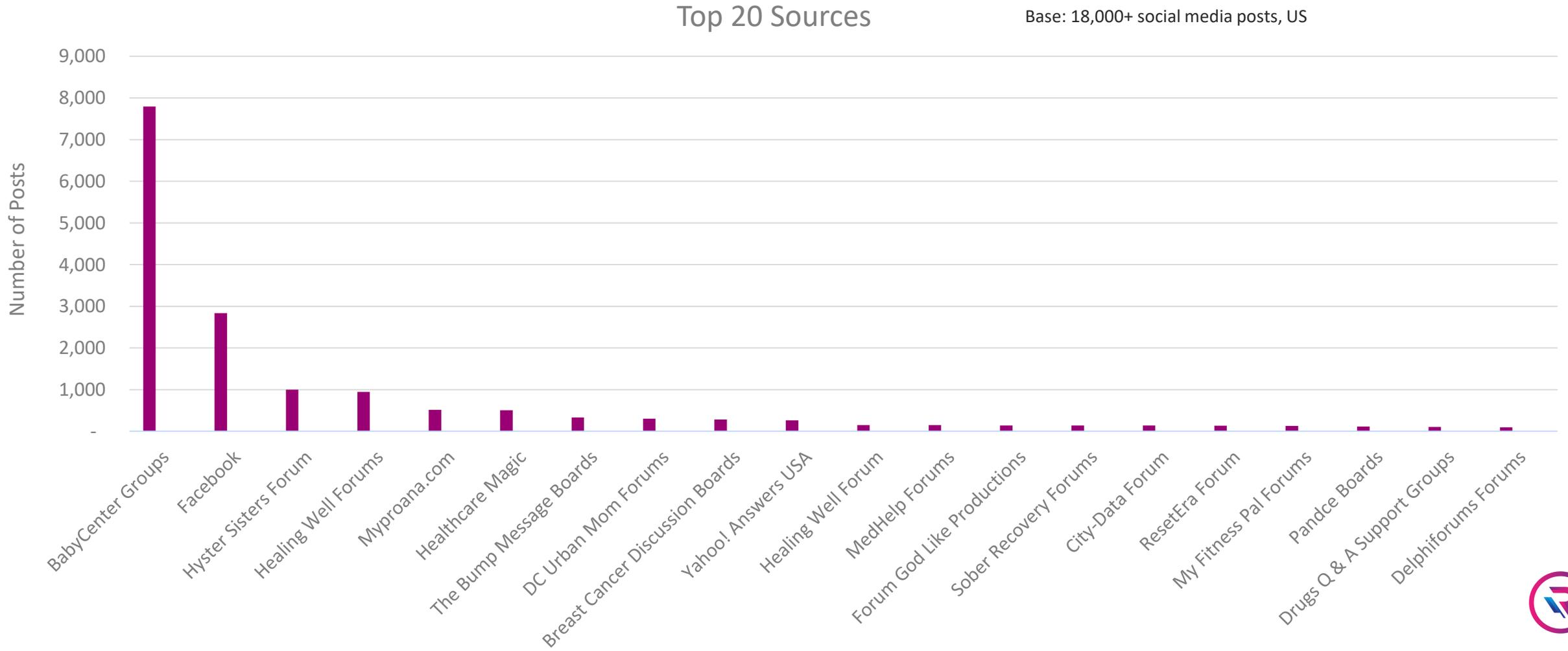
Approximately 30 topics emerged amongst our patient experiences

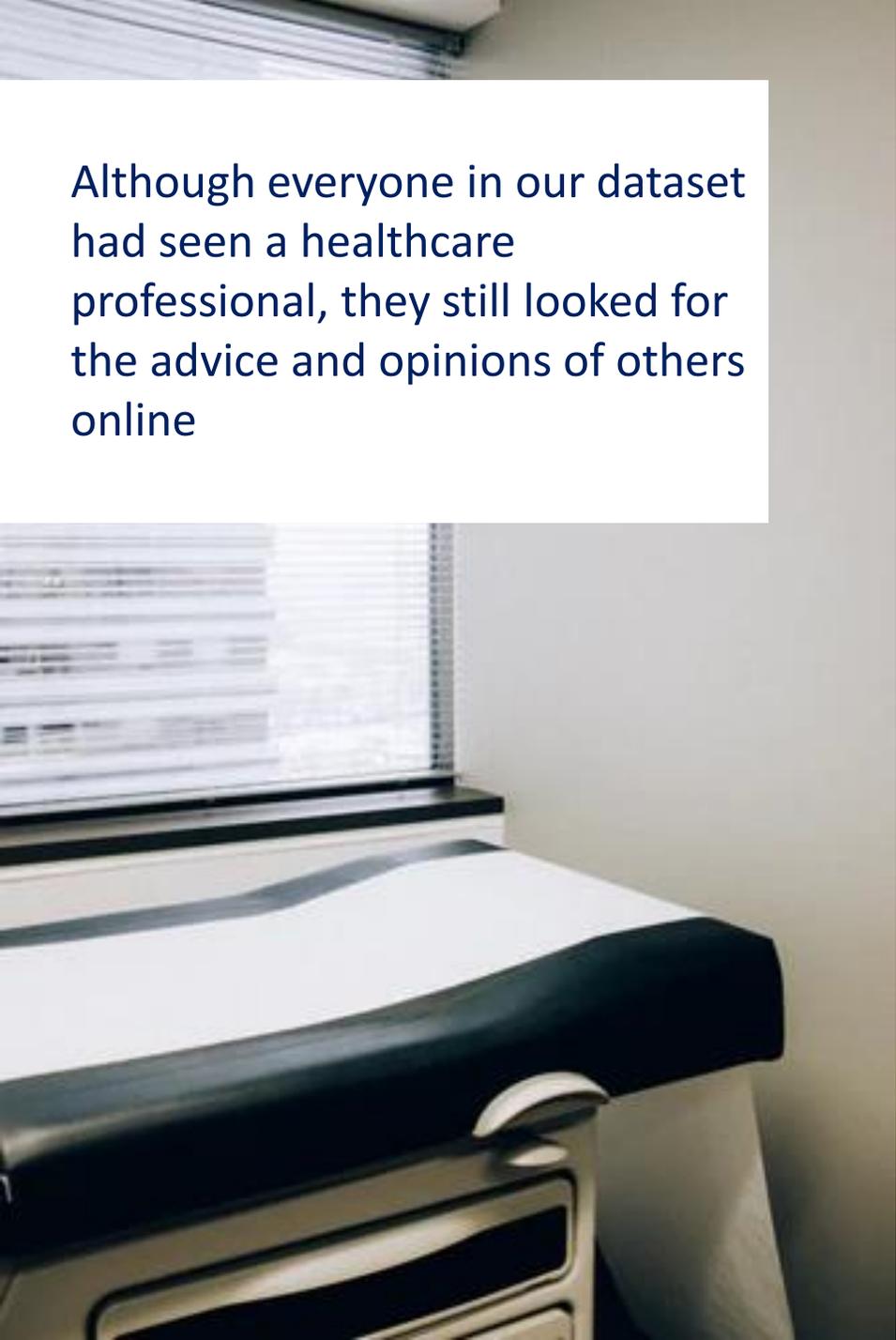
Base: 18,000+ social media posts, US (each post can fall under more than one topic)

*See notes below for access to the full Topic Wheel



And we've analyzed posts from over 400 social media forums and networks





Although everyone in our dataset had seen a healthcare professional, they still looked for the advice and opinions of others online

What's driving these discussions?

1. Fear of the unknown, but hope for the future

The main driving force is uneasiness around uncertainty. While some people seek answers to put their mind at ease, others look for hope/reassurance

2. Always on/open

Unlike the physician's office, social networks are open 24-7. People look for quick answers to relieve their worries

3. Validation

People seek out others who share and validate their concerns or emotions

4. Sharing experiences and recommendations

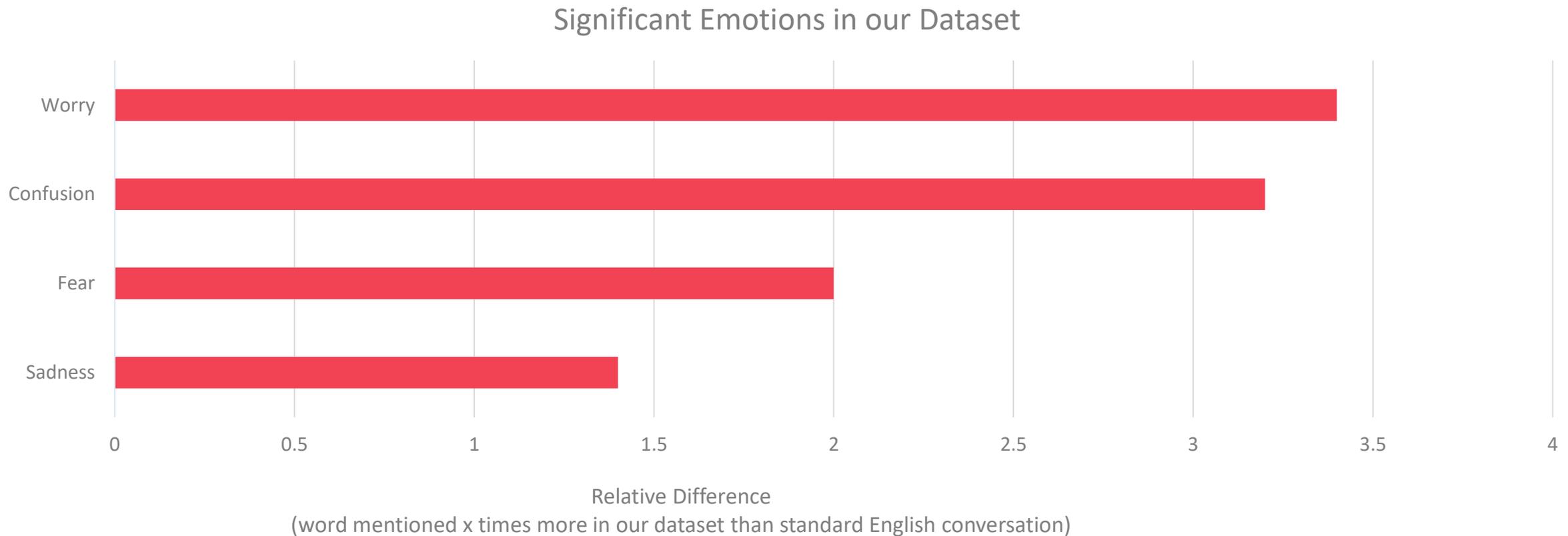
Many solutions are shared for the benefit of others who may have struggled to find relief from the same health challenges. There is a large community of mothers online who share their experiences from pregnancy, labour and birth, for example

5. Gauging group norms

Group thinking and behaviours can be a powerful driving force, especially when checking symptoms to determine what's normal or what needs attention



What are some of the key emotions to address with empathy?



Source: Relative Insight tool





How HCPs might create the empathy gap

1. When patients feel misunderstood

If patients feel their needs and concerns are misinterpreted, misread, or where they feel assumptions are made by HCPs without uncovering the root of the issue

2. When patients don't feel heard

If patients feel they receive standard advice, not tailored to them and their individual needs. Or, where they feel their concerns are brushed off

3. When patients don't feel taken seriously

If patients feel their health and safety is overlooked

4. When HCPs have a negative impact on the patient experience

Where patients feel the HCP contributes to a negative, memorable part of their patient experience that could have been avoided

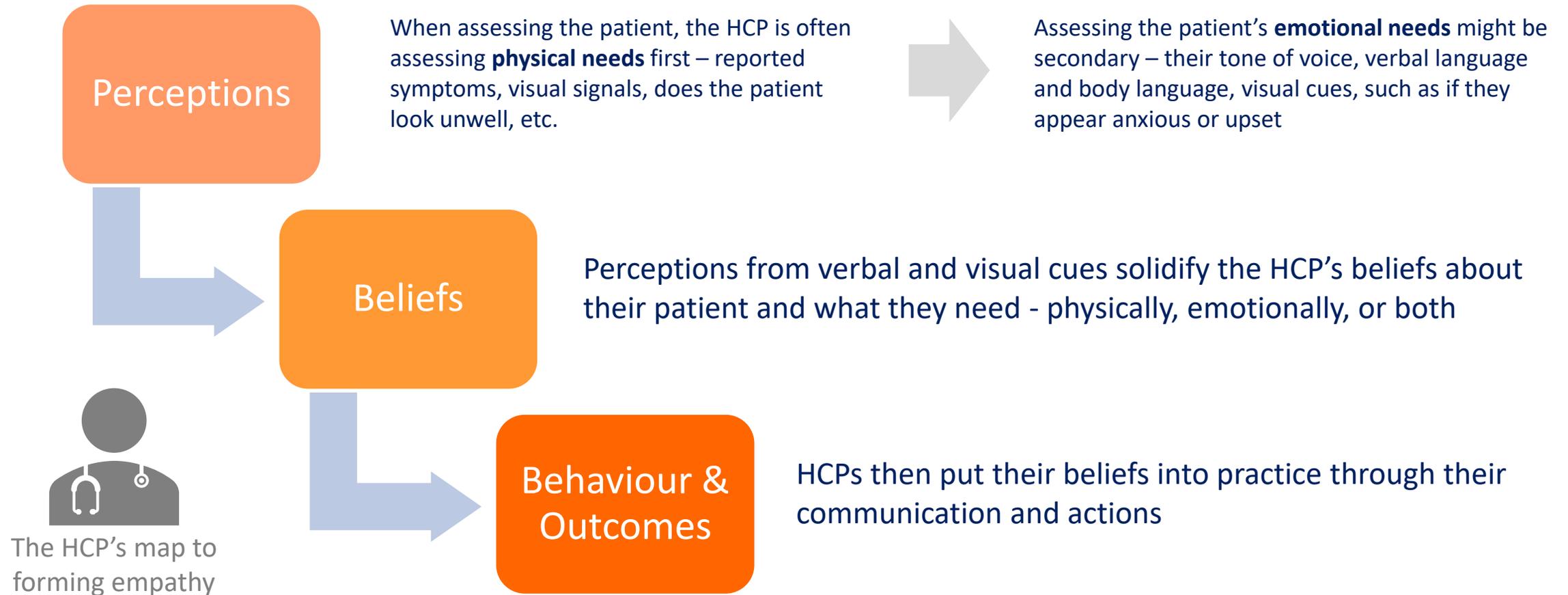
5. When there's a lack of communication

Where patients are left with unanswered questions, or wondering how to manage and monitor their health



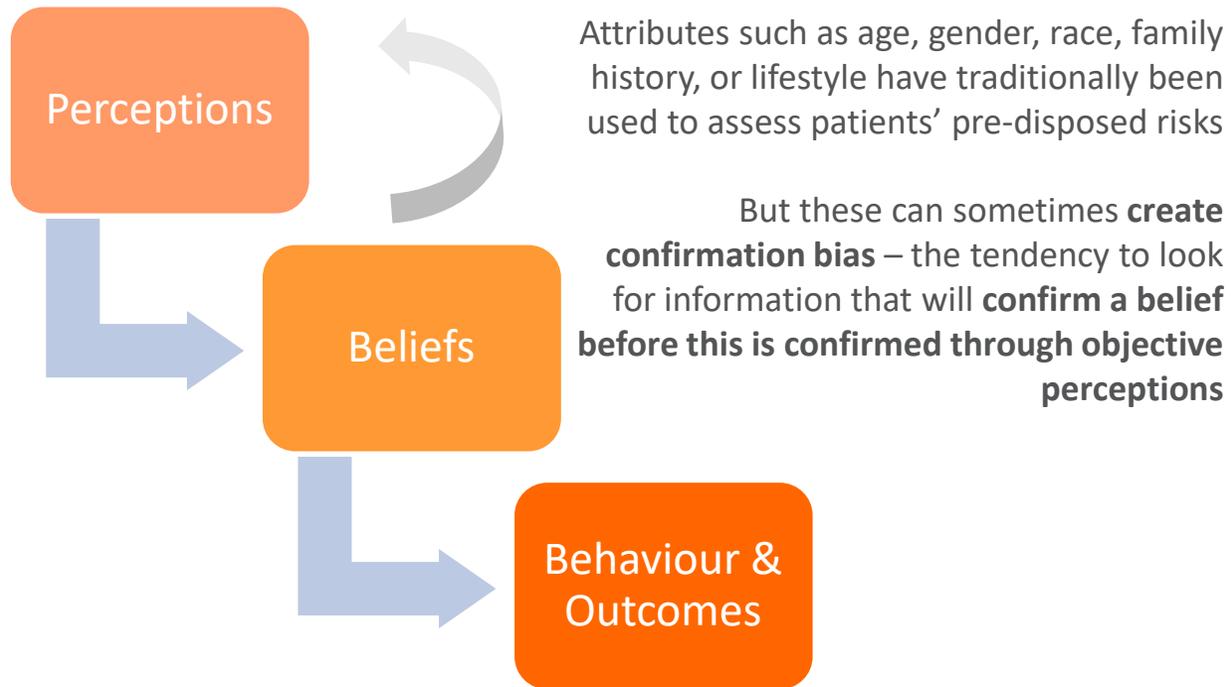
Forming accurate perceptions is key to empathizing

If perceptions of the patient and their emotional needs are not observed accurately, the HCP's behavior can create the empathy gap



Empathy Gap | Feeling misunderstood

Both unconscious and implicit bias can contribute to inaccurate perceptions



Examples:

*"I was on Jardiance for a bit when I ended up in the hospital for the first time. **Doctors assumed** that because I was over 40 I was a type 2 diabetic. Went to my doctor and more tests revealed I was type 1."*

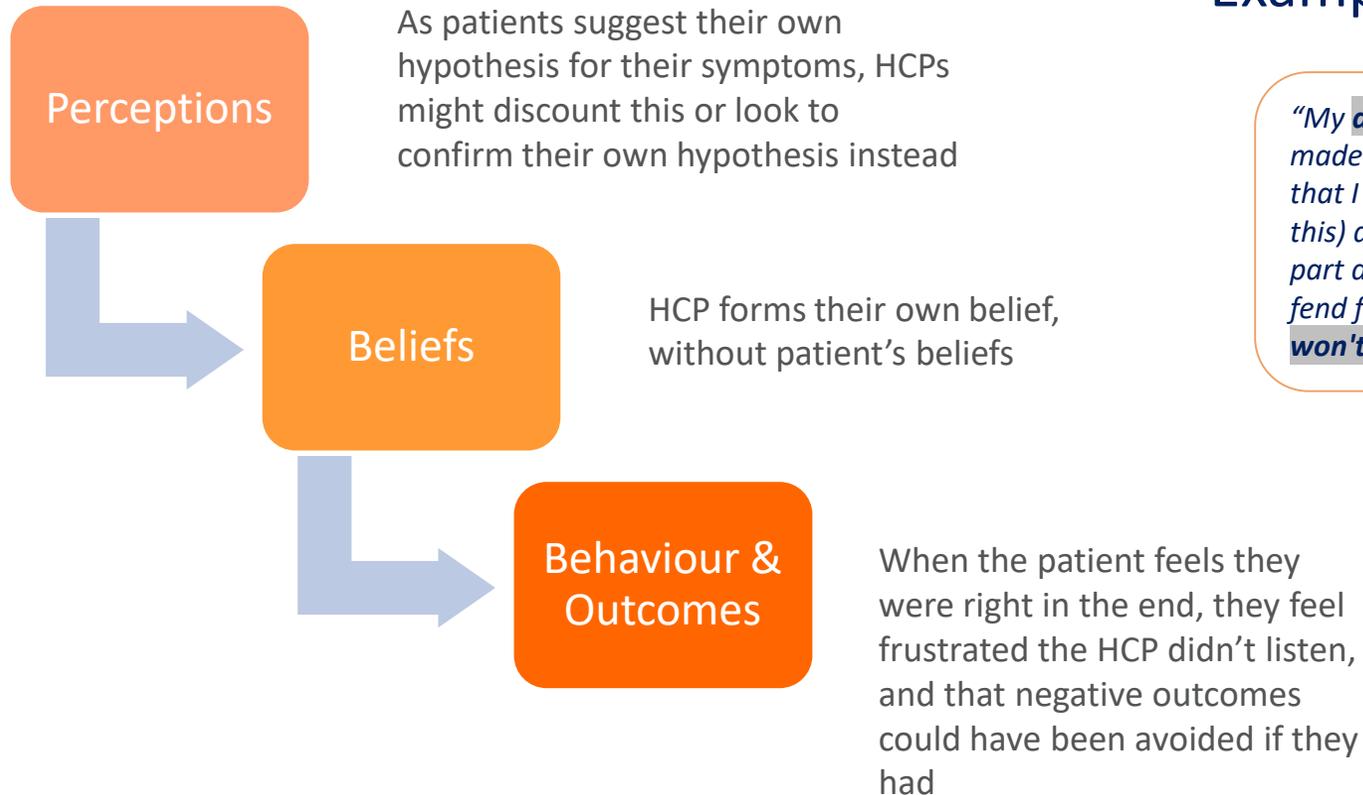
*"I'd be annoyed too if [my doctor] just **assumed** you'd need a C-section due to your moms way of giving birth."*

*"I took the prednisone for what my **doctor believed** was an allergic reaction to being on birth control for a week, turns out it was just hormonal acne that I had never had before so technically I didn't need the pred in the first place."*



Empathy Gap | Not feeling heard

Inaccurate perceptions might also be formed here through cognitive bias or underestimating patients' perceptions of their symptoms



Examples:

"My **doctor refused to believe** Wellbutrin made me gain weight (my only change was that I exercised a bit more to try and avoid this) and that it left me feeling worse. The sad part about that is you're then left out there to fend for yourself because your doctor simply **won't listen.**"

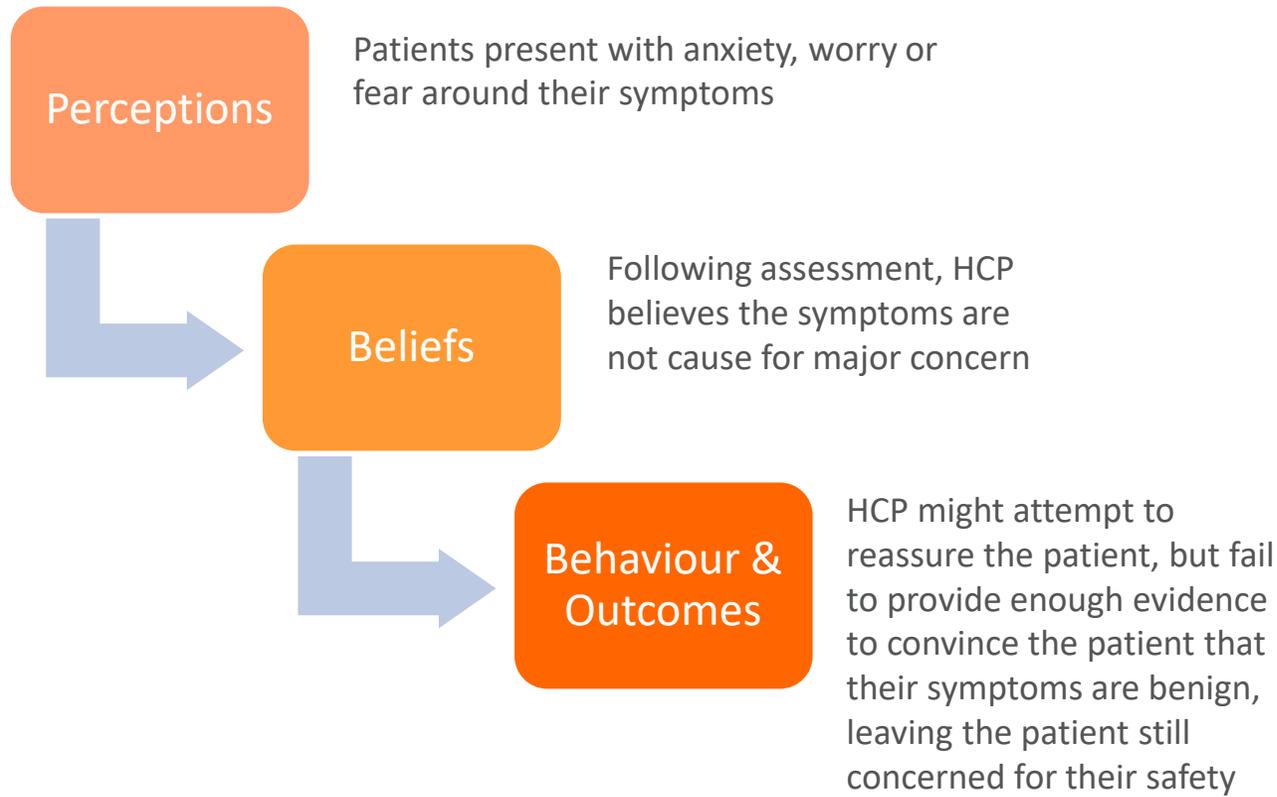
"I started having contractions around 25 weeks and my **doctor wouldn't listen to me** and kept saying they were [Braxton Hicks] and then I ended up having my baby preterm at 32 weeks. I'm now 23 weeks with my second and scared it will happen again."

"I managed to pluck up the **courage** to go and see my doctor, I was very open and told him **how my day is structured around food and weight.** However he made me **feel worthless** and thought I didn't have anorexia"



Empathy Gap | Not feeling taken seriously

Patients can feel lack of empathy when they perceive their problem to be more severe than what the hcp believes



Examples:

*"I want to be absolutely certain and not end up suffering for years and years because **doctors didn't take it seriously enough when something could have been done much earlier.**"*

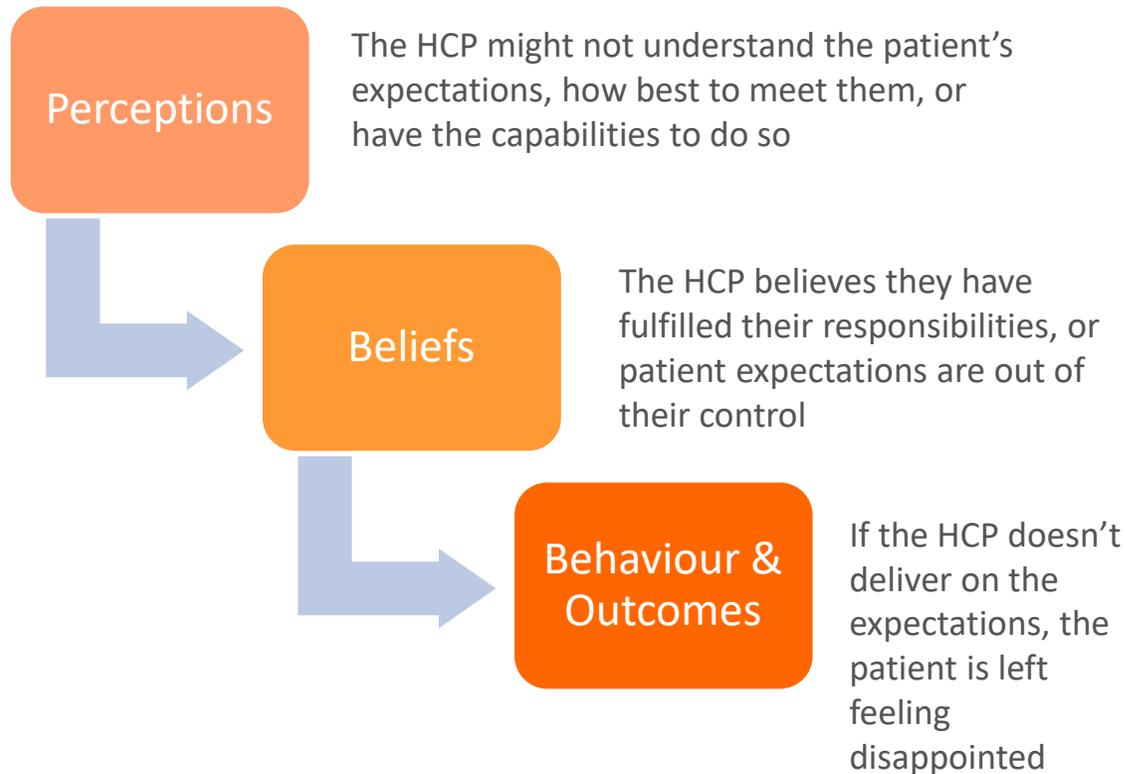
*"They say the public isn't taking [COVID-19] seriously but **neither is the clinic I went to apparently**"*

*"I contacted the health dept and was told to only self quarantine. then called the hospital and explained that I was sick and very short of breath ... to be told to stay home and self quarantine. Then called my doctor who did a telemedicine appt with me who told me to take antibiotics and cough syrup. zero tests offered! **I guess the only way to get tested is to be on my death bed.**"*



Empathy Gap | The patient experience

Like any other customer experience, the patient experience still influences loyalty and recommendations



Examples:

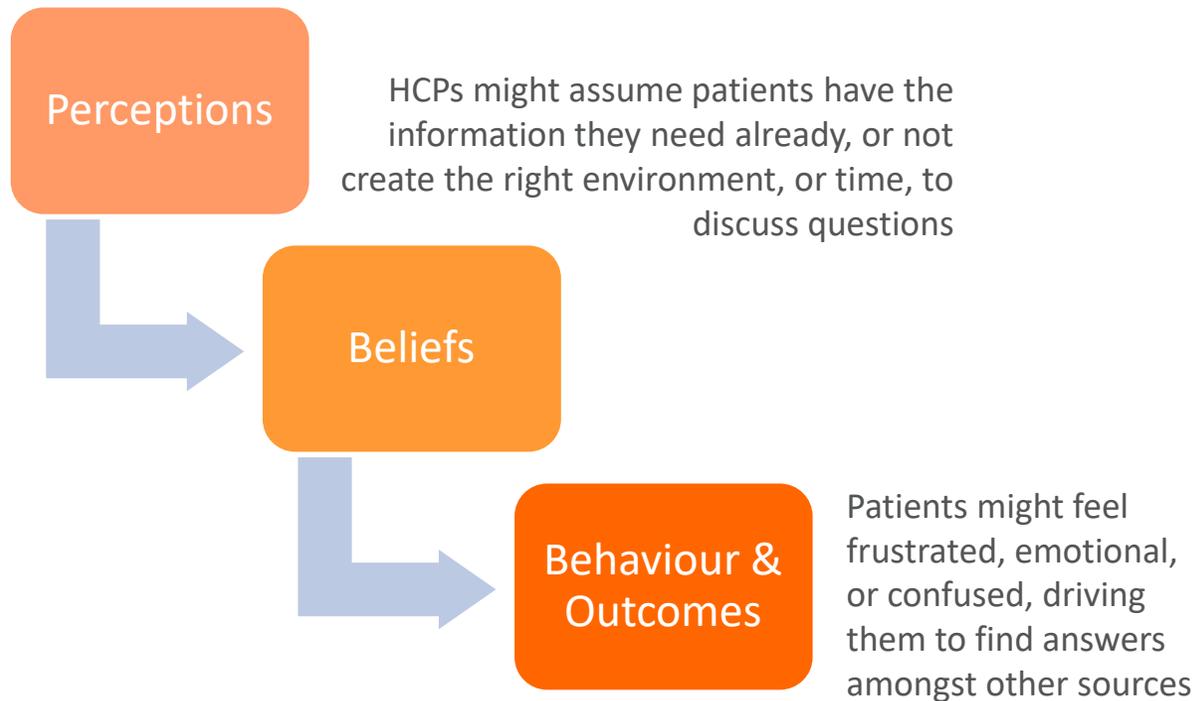
*"I went in for my ultrasound, keep in mind this is my FIRST visit as me being pregnant. After doing the ultrasound & seeing my baby, the doctor confirms I am 7 weeks & 3 days. **But did not even tell me the due date, I had to ask.** When I got to the car, I realized **my doctor never gave me the photos of my ultrasound.** So I hurried back upstairs to ask for them & the nurse (receptionist) stated, the ultrasounds are an in the moment type of thing. You have to ask for them as he's doing them. I immediately became upset. **No one told me the doctor does not automatically print them for you & the doctor never offered them.** It hurt more because this is my first visit & I wanted something to cherish. Should I switch doctors?"*

*"We had [an ultrasound] done at my 11 week appointment, and it was the best, but didn't get to listen long **because of my doctor** so I can not wait!!*



Empathy Gap | Lack in communication

Patients want to feel a part of the care and treatment they receive, otherwise they can become anxious, confused or miss important information



Examples:

*"I felt so much better after meeting my oncologist, my nurse navigator (case manager) and the hospital staff. **I felt like I had real answers** (or next steps as we continued to search for the answers) and real support. It was so much more helpful to have information because it felt like I was a part of what was happening to me, instead of just passively sitting here, confused and unable to find the right info online myself."*

*"This **waiting for answers is beating me down mentally**. I have been anxiously awaiting these results for over 3 weeks now. My life is on hold. I'm tired of this feeling. Even though the virus is here, and our world as we know it has been uprooted, cancer is still an every day reality of upheaval to Bc patients."*

*"My **doctor has been horrible during this pregnancy with communication**. I totally forgot about the tdap vaccine & I **was not reminded** by doc to get it."*



Faculty Feedback

What did physicians have to say about these findings?



There are barriers that remain the most difficult to overcome

We presented our findings to six of the Reach faculty members and discussed the most challenging barriers to creating behavioural change

1. The balance between giving too much and too little information

Physicians often face a dilemma in the earlier stages of a patient journey before running diagnostic tests:

- They can provide the patient with **more detail** on possible reasons for their symptoms, but often prefer not to in case it could cause unnecessary worry
- If they provide **less detail** though, the patient might feel a lack of communication and seek out information on their own which could also cause unnecessary worry

2. The physician environment

- Consultation times continue to become shorter rather than longer as patient volume increases
- Role of support services is key (eg. MacMillan cancer support nurses) to providing additional info physicians might not always have time to cover in consultation

3. Interoperability

- Reliability on electronic medical records and interoperable systems is inconsistent
- Physicians won't always have enough info on the patient ahead of time to help streamline the consultation

4. Medical education around empathy

- Need to change how the patient assessment is done – physicians should also have emotional needs checklist when assessing patients
- Physicians need to better understand empathy vs. objectivity
- The medical community has not always used these terms – “empathy”, “emotional intelligence”





Patients also have a role to play in their own consultations

- Physicians feel they can better meet patient needs when patients come prepared with a list of questions to their consultation, and a clear idea of what they want to get out of it
- But traditional models of healthcare have not put power in the patients hands – beliefs formed over time have often made patients very reliant on the physician to manage their health, rather than the patient feeling they ultimately manage their own health and the physician plays a supporting role
- Ongoing frustrations and inefficiencies in the healthcare system has also disengaged many patients, and motivating them to feel in charge of their patient journey is a challenge





Is social media a positive or negative influence on patients?

- Community support and connection through social networks and online forums can bring a lot of emotional value to patients
- Credibility of information will always remain the challenge
- In an ideal world, patients would encounter more signs and semiotics (eg. The NHS and WHO logo and branding) that help them discern medically and scientifically sound information, from others' personal experiences and information
- Without a single-payer healthcare system in the US, these credible signs and symbols vary, and there is not consistent recognition and awareness



Creating change

Scaling possible solutions through our group of KOLs

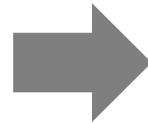


How do we change HCP behaviour?

We can use our Ipsos behavioural science framework to pinpoint interventions that could work

DIAGNOSE

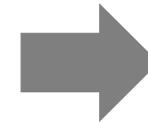
Our SIA analysis on patient experiences has pinpointed several empathy gaps, involving specification of the problem and research to inform understanding



DESIGN

A pivot from understanding the behavior change problem to development of design blueprints for interventions

Our KOL brainstorm will be used to validate our findings and intervention focal points



DELIVER

A smaller number of interventions are identified to take forward for prototype development

Our S3 team will use our blueprint to lead an innovation workshop in October that will take interventions from ideas to development



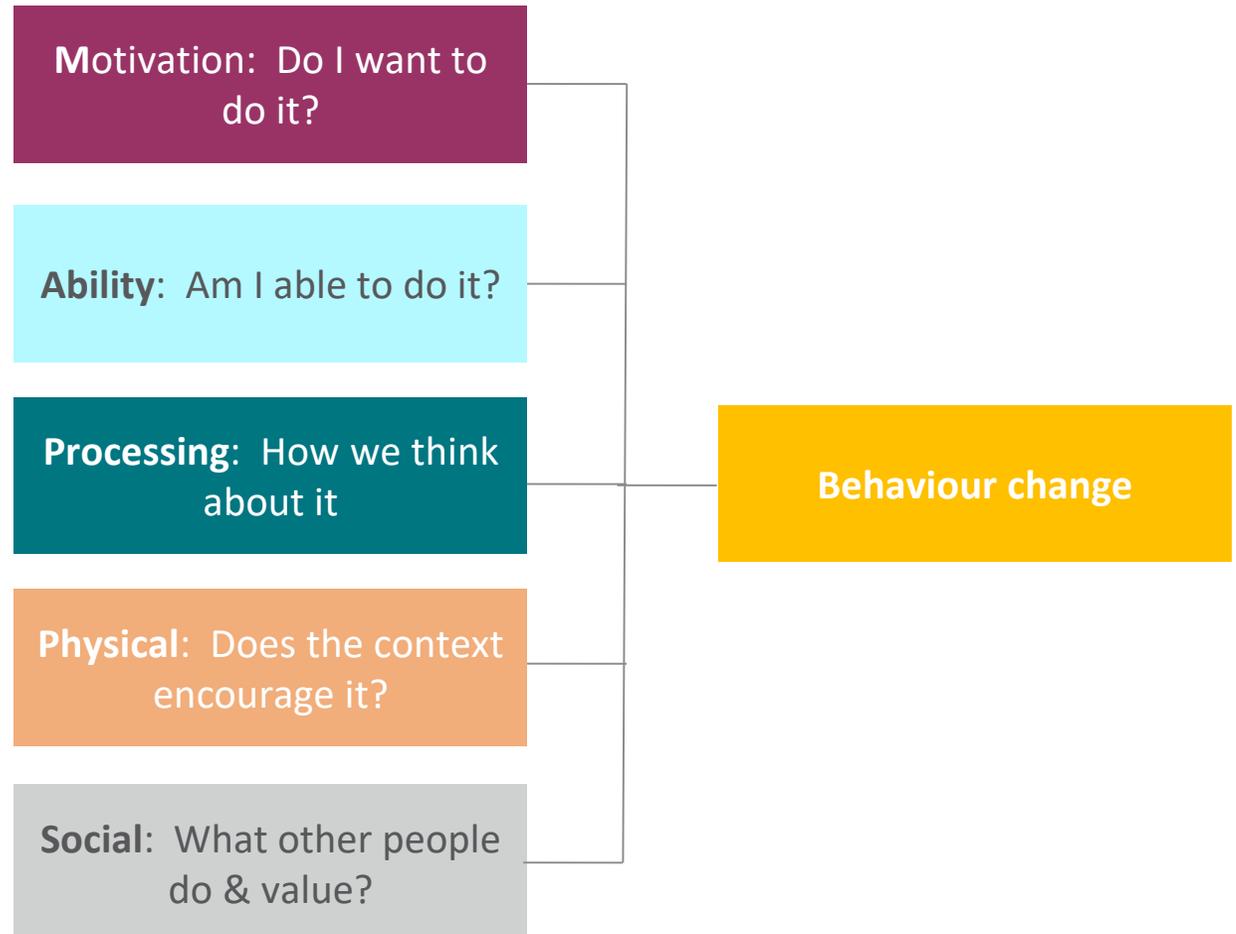
MAPPS can help us understand how to create interventions for the empathy gaps we've identified

FRAMEWORK VALUES

- We are covering critical behavioral dimensions
- There are direct linkages through to interventions for behavior change

FLEXIBILITY

- Used to inform surveys, topic guides
- Analysis framework
- Help with more robust recommendations



Based on our findings and physician feedback, behavioural change could be feasible if solutions are focussed on ability, processing and aligning solutions to the physicians' environment

MAPPS DIMENSION	CATEGORY	KEY QUESTIONS	INTERVENTION FOCUS
MOTIVATION	OUTCOME EXPECTATIONS	Do HCPs believe empathy will lead to better patient outcomes?	CLARIFY / MITIGATE RISK
	EMOTION & INTERNALISATION	Do HCPs want to be empathetic towards patients?	HELP TO MANAGE REACTION AND ENCOURAGE OWNERSHIP
	IDENTITY	Do HCPs believe they are empathetic individuals?	ALIGN BEHAVIOUR & IDENTITY
	SELF-EFFICACY	Do HCPs feel they have the means to be empathetic (time and space to understand patients' emotional needs)	ENCOURAGE SENSE OF MASTERY
ABILITY	CAPABILITY	Do HCPs have the right skills to understand patients' emotional needs (training, support, modelling by other HCPs)	EDUCATION
	ROUTINES	Is understanding patients' emotional needs part of most HCPs' routine assessment during a consultation?	ATTACH TO OTHER ROUTINES
PROCESSING	DECISION FORCES	Do HCPs need to stop and think harder about this, rather than the behaviour being automatic?	MAKE IT EASY
PHYSICAL	ENVIRONMENTAL	Is the environment in which HCPs work set up to assess patients' emotional needs?	ALIGN WITH ENVIRONMENT
SOCIAL	SOCIAL NORMS	Do HCPs typically see other colleagues being empathetic towards patients and understanding their emotional needs?	CLARIFY WHAT OTHERS DO
	CULTURAL VALUES	Do HCPs see empathy as part of the healthcare culture?	ALIGN WITH CULTURAL NORMS



Next steps

Ipsos team will analyse feedback from KOLs on empathy gaps and MAPPS interventions for driving behavioural change

Additional learnings from KOLs and intervention recommendations will be written for S3 Innovation workshop in October

S3, Ipsos and KOLs will assess feasibility vs barriers for each recommended intervention, decide which to proceed with, and what solutions would be needed to facilitate behavioural change



What Strategy3 Does

Drawing from our global network of consultants across four practice areas, we work with clients to

Build • Grow • Compete



Ipsos Strategy3



Corporate/Business Strategy

Determining the right markets in which to play, and how to win

Market Sizing • Go-to-Market Strategy • Distribution/Channel Strategy • Competitive Benchmarking • Due Diligence



Brand Strategy

Developing strategies to help your brand and products stand out

Brand Stretch • Brand Architecture/Portfolio Optimization • Brand Positioning • Brand Purpose • Brand Valuation and Investment ROI



Customer/Consumer Strategy

Understanding and reaching the right customers

Strategic Segmentation • Customer Prioritization • Consumer Journey • Omnichannel Strategy • Value Proposition Development



Innovation Strategy

Planning for and conceptualizing new products and offers

Early Stage Innovation Development • Innovation Scouting • Innovation Strategy and Process Development

Ipsos Strategy3

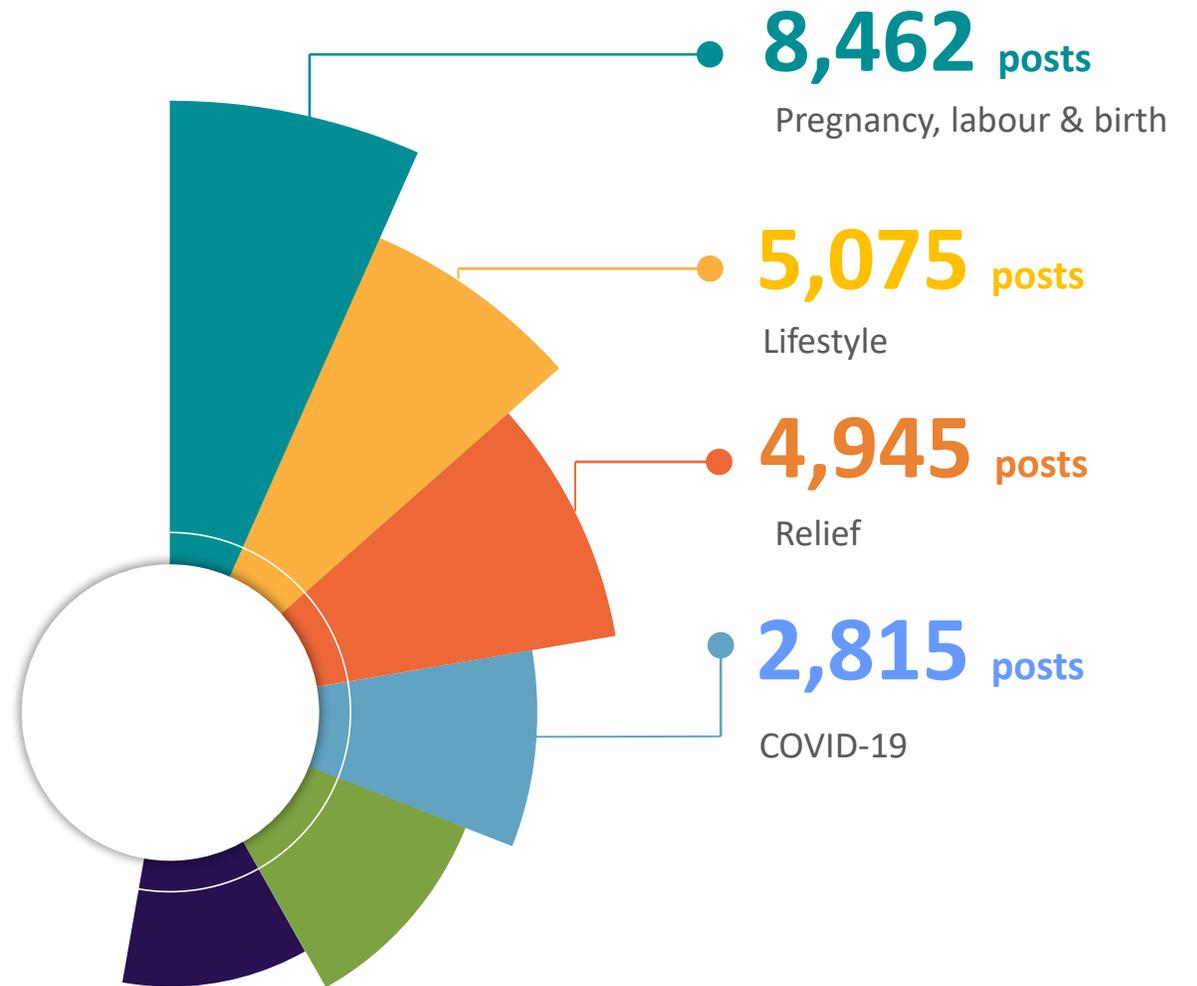
Topic deep dives

We have run detailed analysis on key themes



We have done a deep dive into the top 3 most discussed topics, as well as COVID-19 discussions

Insights from our Lifestyle analysis are included on the following pages, and insights on the remaining topics will be released during the program year



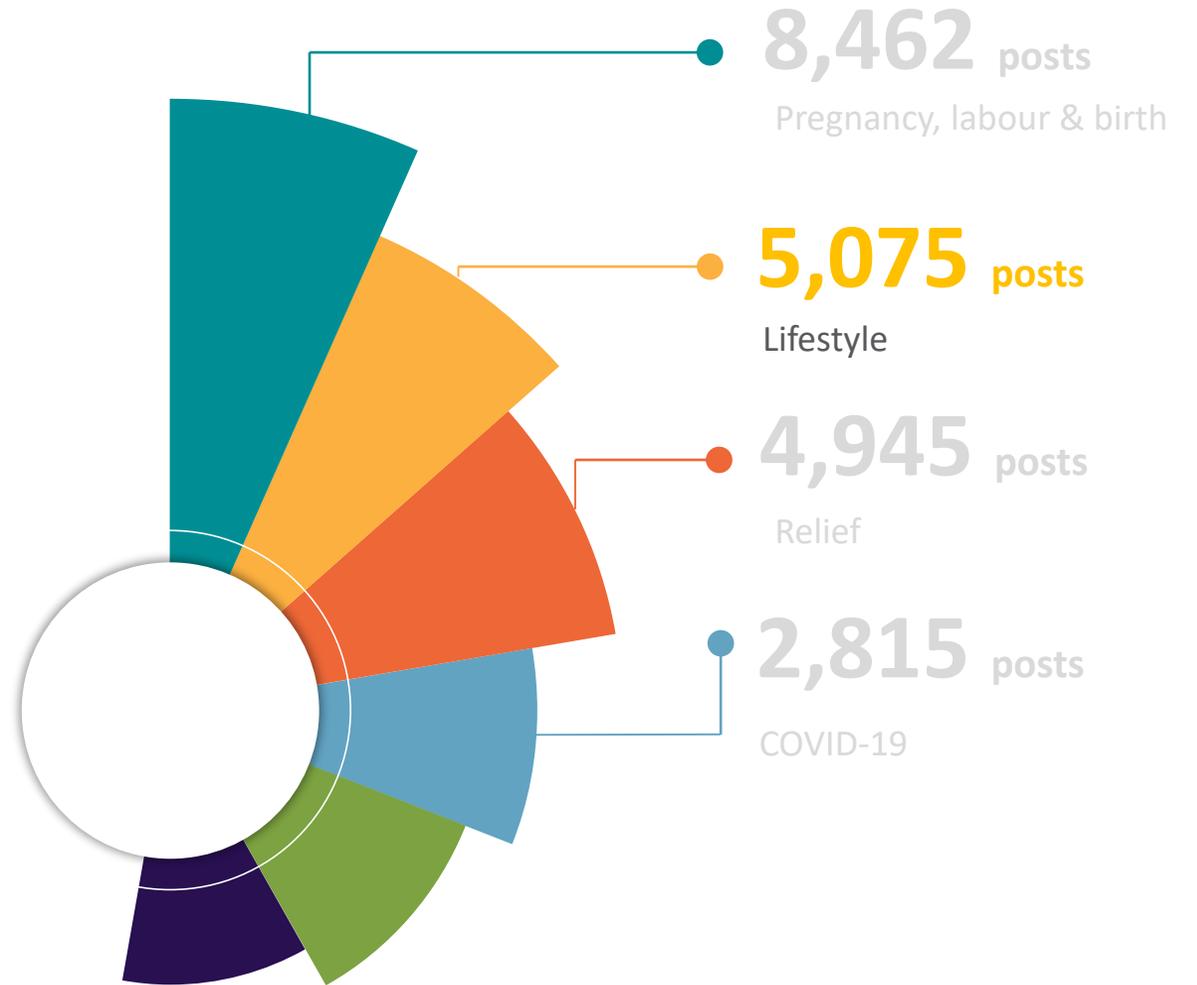
*See notes below for access to the full Topic Wheel

Base: 18,000+ social media posts, US



Lifestyle

A large community online discuss their lifestyle and exchange advice on diet, including what they eat, what they do for exercise and what supplements they take to keep healthy



Base: 18,000+ social media posts, US





“I’ve looked at my nutrition to try and keep an anti-inflammatory diet”

Nutrition and Diet

Searching for the optimal diet generates a lot of online discussion

Why is this driving people online?

1. Diet advice

People are turning to online forums to describe their diet and offer advice on what food choices they feel will help with a healthier lifestyle

2. Weight

People can share a lot of emotion and anxiety around their weight and body consciousness, and seek out others who can understand

3. Supplements

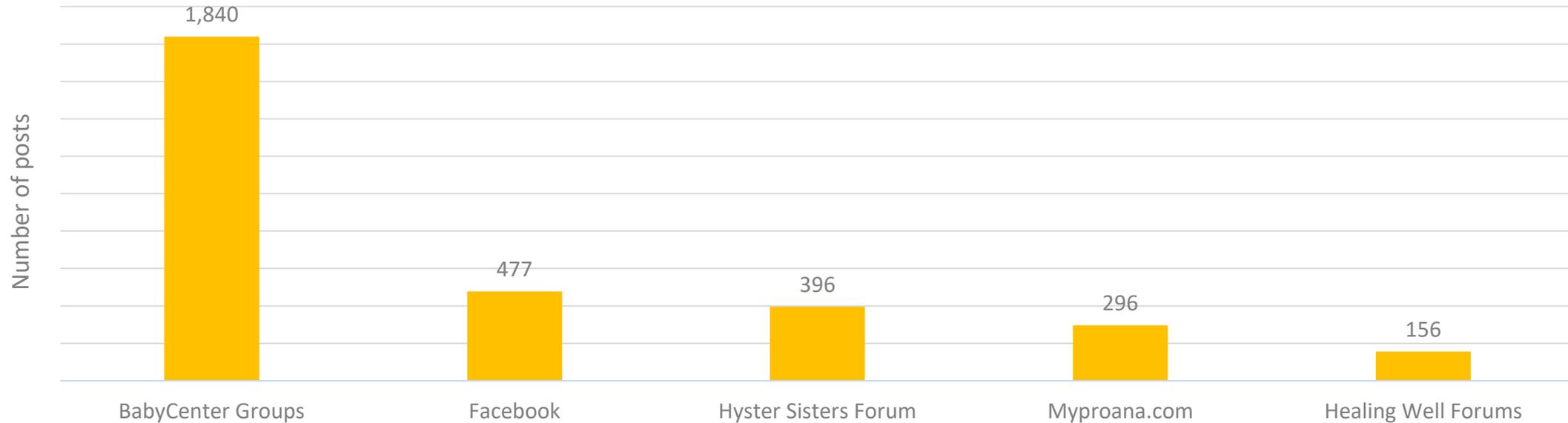
As well as food choices, there is a lot of curiosity around vitamins and food supplements as alternative solutions



Where are these groups connecting online?

Parent and pregnancy groups remain a common source of lifestyle-related discussions, while anorexia forums highlight food and body image anxiety that can exist amongst this group

Top 5 Sources

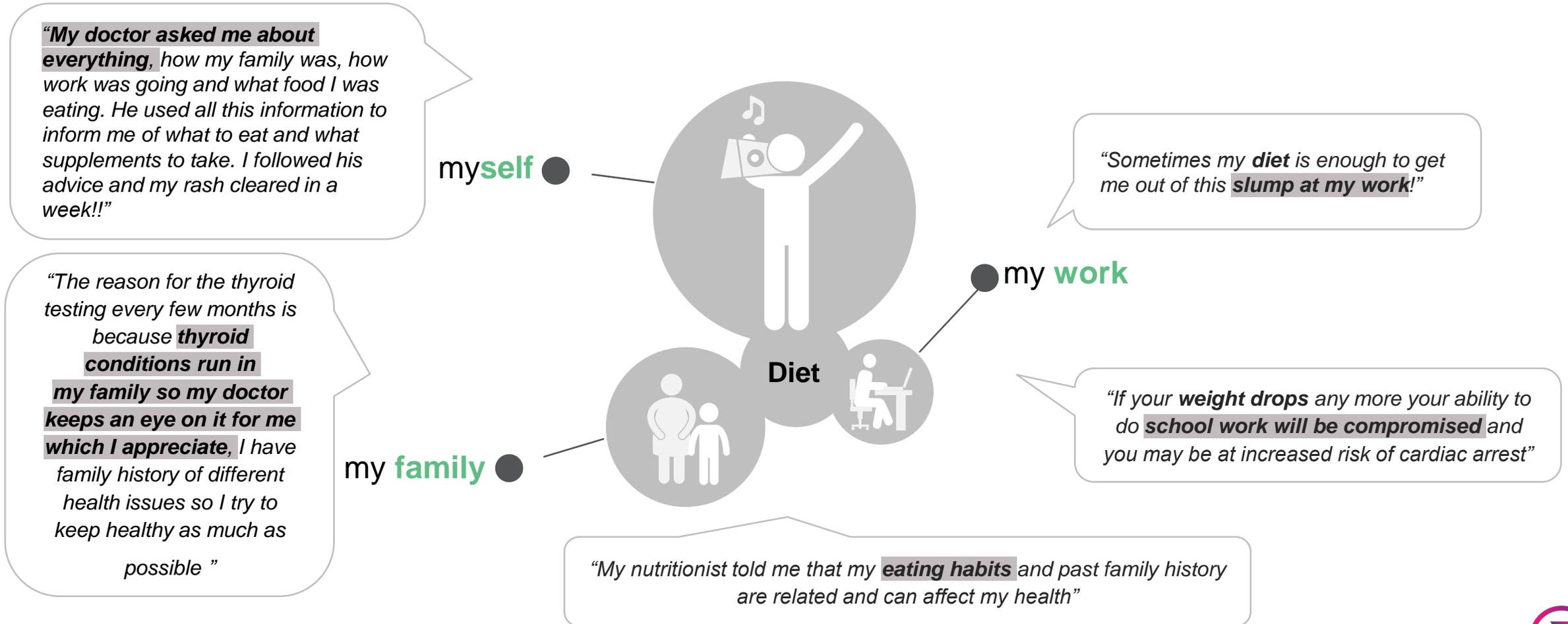


Base: 5,075 social media posts on Lifestyle, US



People acknowledge lifestyle and diet are linked to quality of life

And appreciate when HCPs link this to their health, family and work



But discussions online can cross into medical territory

Nutrition is discussed, sometimes seeking more medical advice from unqualified peers

Advice received from HCPs is also relayed

"I'm now on the edge of Type 2 Diabetes, **should I be doing regular glucose monitoring** to see what foods are causing the issues?"

"**Can anyone recommend some foods or supplements that can help drop liver enzymes quickly?**"

"I have more energy **after taking iron pills**"



"I have GERD and **my doctor told me that I need to watch what I eat and drink** and keep a food journal to see if will flair up"

"My doctor said if I feel nauseous, **it helps to eat something**"

"Just got back from **my doctor** and he told me to eat lots of **veggies, fruits, plenty of water** and no food with preservatives to prevent any further symptoms"



'Dieting' is discussed significantly more online than offline* with both positive and negative mentions

While positive benefits of dieting are shared, adherence can be a challenge

There are positive posts from those who are focussed on improving health outcomes

"My doctor said **doing comprehensive dieting and eating will correct or stabilize your circulation- related issues.**"

"My doctor suggested I start drinking Pediasure and add that to my dieting plan **to get the daily calories I need to stay healthy**"

"Maybe if I had a better **diet, I wouldn't have diabetes**".

"Implementing food sources into your diet is best, my doctor told me that **you can help shorten a cold if you can get a good food supply of vitamin C while dieting**"

But others struggle with the restrictions and wish HCPs could tailor recommendations to their needs

"Some challenges that I have to overcome with my dieting is that **I am not getting enough calories** when eating the food my doctor says"

"I want to get back to a healthy weight but **every time I try dieting, I fail horribly because I feel like I am always hungry** can my doctor help and provide weight loss pills instead?"

"I end up grabbing a unhealthy snack to "fill me up" I feel like my doctor should be aware that both sides of my family have high blood pressure and since I have **tried dieting multiple times in the past**, I need something else"



Weight, eating and appearance can fuel anxiety

And HCPs can perpetuate this if the right support isn't offered

Lifestyle can easily link to

....



...and be tied to strong emotions

*"Hopefully someday I reach a point where the exterior **appearance of my body and anxiety surrounding food** are less important to my lifestyle"*

*"I managed to pluck up the **courage** to go and see my doctor, I was very open and told him **how my day is structured around food and weight**. However he made me **feel worthless** and thought I didn't have anorexia"*

*"I have **major health anxiety** which causes me to watch what I eat as I have **fears** of not being healthy"*

*"Doctors can be so frustrating and left me feeling worse. The sad part about that is **you're then left out there to fend for yourself** because your doctor simply won't listen that I am gaining weight with this medication."*



'Obesity' and 'Anorexia' are mentioned significantly more online than offline

Those who encounter challenges to getting the right support with their weight share their experiences with others in forums



"I had to struggle through some great health problems **based on my obesity diagnoses**, and to be honest that was the worst time in my life. my doctor told me that I should follow a diet because I need to get slim or I will lose my ability to walk"

"I see my **history of anorexia as a blow to my body image**, I have been wondering if my thyroid is messed up but can't afford to see my doctor about it 😞"

"hello, I've had **anorexia nervosa purging subtype for 8 years**. I feel extremely sick and want some medical help but nobody will help me, I just want to cry all the time."



“I was able to control my blood glucose levels with just diet and exercise”



Exercise

People discuss how exercise can affect mental and physical wellbeing

Why is this driving people online?

1. Advocating exercise

People realise that exercise is important in maintaining a healthy lifestyle and encourage others to exercise as well as describing their own exercise routine

2. Sharing improvements to their health

When people exercise for specific reasons e.g. to control their blood sugar levels, fight diseases, and improve mental health, they find pleasure in sharing their achievements with others



People advocate how feasible exercise can be

And share improvements to their health from simple activities such as walking and yoga



“Breathing techniques and yoga definitely help keep me sane”

“I control my Rheumatoid Arthritis by walking and relaxing”

“Blood pressure was high but I found that doing yoga and meditation did help”

“So I did lots of walking when I was depressed, and it helped so much”



Advice shared from HCPs encourages exercise for a number of health conditions

People share reasons for complying and not complying with this advice



Exercise is beneficial for overall health. It is recommended that adults should do at least 150-300 minutes of moderate aerobic activity throughout the week*

*“My doctor encouraged me to lose weight for obesity and **gave me guided exercise stuff, but for some reason I just suck at following what they say**”*

*“I have numbness and weakness in my right leg due to swelling in my sciatic nerve, **my doctor recommended exercise for my leg**”*

*“My doctor advised me to **walk as much as possible to avoid any gas problems**”*

*Source : U.S department of health and human services

Base: 5,075 social media posts on Lifestyle, US



The empathy gaps in lifestyle

Patients need:

- Safe space to speak openly about their emotions and anxiety in relation to emotional issues, such as weight, food and lifestyle choices
- Clear communication on how best to monitor lifestyle and risk factors in a healthy way
- Positive language and encouragement to motivate healthy changes, but this must be optimized to the individual and their needs

HCPs should provide:

- Trust to encourage discussions about anxiety around health and lifestyle
- Support and not shy away from asking questions around lifestyle, nutrition and exercise
- Tailored advice to the individual, getting to truly know and understand their challenges and concerns with emotional issues like eating, weight and health anxiety
- Online resources and group support, geared towards self-improvement rather than perpetuation, to help patients understand they're not alone while receiving encouragement from others who struggle



Thank you.

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