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**SUMMARY**

To be listened to and acknowledged are two basic human needs—they help us feel connected and valued. Healthcare providers are tasked with listening and acknowledging each person they encounter, so they can help patients have a positive experience.

**Key Words**

Health care; patient experience; design thinking; health improvement

## INTRODUCTION

My grandmother lived to be almost 91. In her last years, she complained mostly of dizziness and she suffered from health problems related to high blood pressure. There were lots of doctor visits, and several hospital stays. While healthcare providers appeared sympathetic, it often seemed little could be done other than change her medication and tell her to go slow and get lots of rest. Sometimes she felt like nobody was really listening.

Annie Brewster, MD, a recent guest on [The Health Design Podcast](#), knows intimately the value of listening to patients. In fact, she founded the nonprofit organization, Health Story Collaborative, to capture and share the healing power of patients' stories. Her remark, "The diagnosis is just the beginning of the story", caught my attention because the care a patient receives at the point of diagnosis and thereafter can make a world of difference—for better or for worse. Patients—like people in general—need to feel they're being listened to and acknowledged.

We're pleased to bring you our first issue of 2020.

In "The Virtual Shelf: A pilot study on self-selected imagery displays and the inpatient experience in a cancer treatment setting", the authors discuss the benefits of personal images displayed on in-room monitors for patients in a bone marrow transplant unit. The researchers explored whether the Virtual Shelf—a digital collection of patient-selected images—could positively impact the patient experience and assessed if it could be a valid tool to improve outcomes for patients, their families, and healthcare providers. They determined the Virtual Shelf might prove beneficial in other extended stay healthcare settings.

"The effect of yoga on maternal stress and anxiety: A systematic review" explores whether yoga can reduce pregnant women's stress and anxiety. Interestingly, this systematic review revealed that reported findings of studies should be interpreted with caution due to paucity and methodological inadequacies. In the

studies evaluated, numerous factors such as subjectively measured outcomes, variable yoga experience of participants, and the type and duration of yoga interventions affected the validity of the results. The author concluded more detailed research is needed before a definitive conclusion can be drawn.

In “Quality Time: Using experience-based co-design to capture emergency department staff experience”, researchers used EBCD to capture staff experience to improve service design. The EBCD process gave staff a “voice,” created “shared” experience, identified priorities for improvement, and fostered collaboration among staff, patients, and carers. EBCD can facilitate service improvement, increase staff engagement, and help staff feel valued and heard.

“Why don’t promising innovations always change healthcare behaviours?” takes a look at why it’s so hard to trigger needed behaviour changes for healthier lifestyles. Using BJ Fogg’s behaviour change model and Lawson and Flocke’s teachable moment concept, the authors assessed 12 simple innovations where the trigger, ability, and motivation could be identified in the study design to determine whether these innovations proved effective for achieving behaviour change. They found that the factors identified in Fogg’s model are important considerations for developing efficient and effective tools for promoting behaviour change.

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