

Empathic patient research in Covid-19 times

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Since March last year we have been reliant on digital research formats and this more than ever requires a particular, and above all, empathetic approach to patients. Being unable to meet the participants in person, it is essential to foster a relationship of trust that enables open and honest discussion on an equal footing. There is a common misconception that empathetic patient research is not possible when carried out virtually, but we disagree. In our opinion, virtual market research can be conducted with even more empathy than studio research carried out in an impersonal studio setting.

01 ESTABLISHING A PERSONAL CONNECTION WITH PATIENTS

In order to create an atmosphere of trust in which personal thoughts and feelings can be shared, we ask all participants to turn on their cameras so that we can pick up on nonverbal signals and feelings and react to them accordingly.

Our virtual glimpse into their living room or bedroom allows us to learn personal details about the patient and their daily life that would otherwise not be apparent. This also requires us as market researchers to step out of our role as neutral observers and allow others a view into our own private environment. In this setting, the patients are no longer just the 'respondents' and market researchers are no longer just observers. We form a true relationship by opening up our homes to each other. This level of exchanges allows for a much more personal exchange and therefore offers us deeper insights into the patients' daily struggles and worries.

02 ADAPTING SET UPS TO PATIENTS

In a virtual setting it is particularly important that engaging formats are used. It is essential we show the participants our appreciation and make them feel they are being taken seriously and listened to. In interactive formats such as co-creation workshops, when representatives of the pharmaceutical company are also present, a real feeling of teamwork is created: we find ourselves working together to find useful and patient-centred solutions.

Patients often come to interviews or workshops with strong feelings and a lot to say. For that reason, it's important to allow for the appropriate space for this, in the form of creative warm-up exercises so that everyone has their say and can talk a little about their medical history and report on their current well-being.

In addition, we always have to take into account what patients are able to accomplish in a certain period of time and what they can be expected to do as part of a project. Therefore, we make sure we allow enough time

for individual exercises, that we provide the appropriate duration for sessions as well as an appropriate number of breaks for each patient group.

Patients' needs are often subconscious and cannot be articulated straight away without the right questions being asked. It is up to us as market researchers to bring patients' needs subconscious wishes to the surface, because this is exactly where many valuable gems are hidden. Even in stressful workshop or interview situations in which the clock is ticking, we always try to see things through the patients' eyes and understand their arguments by seeing things from their point of view. Only if we manage to empathise with the patient's inner world and feel what they feel can we develop solutions that are tailored to specific patient needs.

To ensure this, we always adapt the selected digital formats and methods to the questions being asked and to the patient's circumstances.

03 DISMANTLING TECHNICAL BARRIERS

Last but not least, a prerequisite for considerably handling patients in a purely virtual setting is the smooth functioning of technology. Without this, patients can find themselves unsettled from the beginning of a workshop or interview and it can be difficult to foster a communicative atmosphere.

Our recruiters therefore inform participants beforehand of the digital requirements of the sessions and provide them with the necessary instructions to avoid problems. In order to avoid any anxiety, we also offer a short technical check at the beginning of each virtual meeting, with our IT team available to sort out any problems. An additional advantage of this technical check is that we can chat with the patient a little, which helps us break the ice. Participants can contact our team at any time in the event of difficulties during the session so that nobody is left behind.

CONCLUSIONS:

We are convinced that digital patient research is not only just as easy to implement as research carried out in person but, if implemented correctly, can be even more considerate of patient needs than a formal studio situation. Participating in virtual discussions from home gives the patient security and thus facilitates discussions about serious illnesses or intimate subjects. The barriers in the traditional dynamic of observer and participant are broken down in the virtual scenario and we find ourselves able to have an open and empathic conversation with the patient in their own living room.

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