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Contents

Introduction .......................................................... 4
   The Need for Common Terminology
   Goal of This Paper
Defining Perceptual Feedback .................................. 5
   Examples of Perceptual Feedback
Arriving at Our Definition: Breaking Down Perceptual Feedback’s Constituent Parts .............................. 7
   Defining Perceptual Feedback
   Defining Feedback
   When Perceptual Feedback is Provided
How Collecting Perceptual Feedback Can Support Organizational Learning ............................. 11
   Using Feedback to Inform Learning
Breaking Down the Types of Perspectives that Comprise Client-Based Perceptual Feedback .................. 14
   Community or Individual Needs
   Service Experience and Quality
   Relationship with Service Provider
   Satisfaction and Fulfillment
   Preliminary Outcomes
A Brief Review of Techniques for Gathering Perceptual Feedback ............................................. 21
Conclusion .......................................................... 23
Introduction

Over the past decade, more philanthropic and nonprofit organizations have begun to systematically listen to the people they’re trying to help.¹ Specifically, they’ve begun integrating these voices into their ongoing design, implementation and assessment processes. A supporting infrastructure is also emerging to guide organizations as they experiment with using perceptual feedback to inform decisions.

This infrastructure includes organizations like Fund for Shared Insight, a funder collaborative that encourages the incorporation of feedback from clients (or those we seek to help) into the daily practices of nonprofit and philanthropic organizations. It also includes groups like Feedback Labs, which acts as a convener, connector and hub to accelerate the culture and practice of listening. Many Feedback Labs members provide technologies that make it easier to gather meaningful perceptual data.

The value of listening to one’s clients is clear. Not only does it allow an organization to connect more authentically to those it seeks to help and benefit from the wisdom and experiences they have, but more importantly, it can shift the power dynamic between providers and clients to be more balanced and equitable. This is particularly important in a field where the views of those most directly impacted by services often get overlooked in organizational decision-making and planning.

The Need for Common Terminology

As the practice of systematically listening to constituents becomes more widespread and practitioners’ discourse becomes more diversified, there is a growing need for clarity and shared understanding about terminology. Multiple sources have confirmed this need for greater clarity. In a 2013 landscape review of the constituent feedback field, Laura Jump notes:

“The one clear message from the literature is that the terminology used in this field is not standardized, which leads to confusion of purpose, ideas, and hence conclusions. There has been a proliferation of terms and acronyms over the past 5-10 years. Each of these terms describes something slightly different, yet there is no order or framework through which their relations to one another can be traced.”²

¹ People use a variety of terms to describe the people we seek to help – i.e. “beneficiaries,” “clients,” or the “ultimate intended constituents” of nonprofit and philanthropic efforts. For the purpose of this paper, we will primarily use the phrase “clients” or “constituents.” We will refer to the field at large as the constituent feedback field.

More recently, Feedback Labs published a paper, *Is Feedback Smart?*, which reviewed the literature concerning the relationship between systematic collection of constituent or client feedback and organizational outcomes. In gathering reactions from the field on its publication, a basic question that emerged was: “What is perceptual feedback, exactly?”

There is a need for those working in this space to reach basic clarity on terms and ideas that are being used without consistency, and sometimes even at cross-purposes. Without clarity, communications efforts are hindered and, perhaps more importantly, the transfer of knowledge becomes imprecise—all of which has the potential to slow the progress and advancement of individual and collective efforts to listen and respond to those we ultimately seek to help.

**Goals of This Paper**

What this paper seeks to do is to precisely define one of the major terms used in the field—perceptual feedback. Perceptual feedback is a term that is used regularly by Fund for Shared Insight, along with other organizations, but it has not been clearly defined until now.

In particular, in this paper, we address:

- What perceptual feedback is, and how it differs from feedback generally
- The various types of perspectives that comprise perceptual feedback and how they can be effectively solicited
- How the collection of perceptual feedback can support organizational learning.

**Defining Perceptual Feedback**

Simply put, we posit that perceptual feedback refers to the perspectives, feelings, and opinions individuals have about their experiences with an organization, product or service that are used to inform and improve the practice and decision-making of that organization.

Furthermore, we believe that perceptual feedback is necessarily subjective, because it communicates people’s lived experiences from their point of view. In this way, perceptual feedback captures sentiments of both the head and the heart—what they did, whether

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3 See [http://fblabs.org](http://fblabs.org) for interactive discussion and reactions to *Is Feedback Smart?*
an interaction met their personal standards, and how that interaction made them feel (e.g., supported, respected, or even delighted). Perceptual feedback also sheds light on the overall relationship between a client and an organization, which is different from the sum of individual unique interactions.

Examples of Perceptual Feedback

**Second Harvest Food Bank** wanted to better understand what kind of experience its clients were having. More than 60% of the individuals using the services of the food bank come through referrals from friends, neighbors or family members. A positive experience is as important to Second Harvest Food Bank as delivering food. In order to significantly improve the customer experience, the food bank started implementing a structured feedback loop process. Through Listen for Good, a grant-making initiative of Fund for Shared Insight, the food bank administered a survey to clients in which clients rated, among other things:

- How likely they are to recommend Second Harvest to a friend or family member;
- Their service experience, including whether they feel treated with respect by staff;
- The quality of the food they receive;
- How long they believe the food from the food bank will support their household.

All of the aforementioned survey questions elicit different types of perceptual feedback. Through open-ended survey feedback, the food bank gained complementary insights about how they could make clients’ service experience more positive—for instance, using appointment times when there are long wait times and training volunteers to be more customer-centric in their approach. The quantitative and qualitative perceptual feedback gathered is helping the food bank to evolve its definition of success to focus on clients’ service experience, and not just the quantity of food distributed.

Over a period of four years, the nonprofit organization, **CDA Collaborative Learning Projects (CDA)** organized listening exercises in 20 countries to gather the perspectives, experiences and recommendations of approximately 6,000 people affected by international aid efforts. Over 400 staff from more than 130 international and local aid organizations participated in the two-week listening exercises. Listening teams held conversations with people across broad cross sections of their societies: local leaders and community members, government officials and civil society activists, teachers and students, farmers and business people, men and women, young and old, privileged and marginalized. After listening exercises were completed, CDA facilitated feedback workshops with practitioners, policy makers and academics to reflect on the implications of the feedback gathered. Their findings were summarized in the book, *Time to Listen: Hearing People On the Receiving End of International Aid.*
Arriving at Our Definition: Breaking Down Perceptual Feedback’s Constituent Parts

Now that we’ve laid out our working definition of perceptual feedback, let’s take a look at how we arrived here. First, we looked at perceptual feedback’s constituent parts: Perceptual + Feedback. Both terms are more complex than they might first appear and worthy of deeper analysis.

Defining Perception

The Merriam Webster dictionary defines perception in a few different ways:

• “The way you think about or understand someone or something
• The way you notice or understand something using one of your senses
• The ability to understand or notice something easily.”

From the foundational word of ‘perception’, ‘perceptual’ is thus defined as:

• “Of, relating to, or involving perception, especially in relation to immediate sensory experience.”

While the definitions above are helpful, in our view, one of the major distinctions in defining perceptions is their source—i.e., where does the data come from? Here, we align with Feedback Labs, which describes perceptual data as something “subjective in nature—i.e. speaking to a person’s opinions, values, and feelings.” While this distinction around subjectivity may be implicit in the definitions shown above, we believe it’s important when defining perceptions to be explicit that:

**Perceptions** can only be gathered from individuals and result from a complex interplay of individuals’ expectations, history, state of being, and actual experiences. They are subjective by definition, and are a source of data that can’t be gathered except by asking someone.

Contrast this with:

**Objective data**, which comes from things like records or documents that can be externally verified and tend to be more quantitative than qualitative.

For example, a perceptual inquiry will ask people explicitly how healthy they *feel*, whereas an objective inquiry will focus on calculating their body mass index or checking their vital statistics.

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6 The author would particularly like to thank Megan Campbell and Sarah Hennessey for their contributions to this definition.
ARRIVING AT OUR DEFINITION

Similarly, a perceptual inquiry will ask people whether they feel more financially secure after participating in a financial literacy program versus an objective assessment which could check how much money they have saved over a given time period. A perceptual assessment checks on people’s well-being from their point of view, whereas an objective assessment will seek to assess such externally verifiable things as their employment situation, health status, or income (as potential examples) to make a determination about their well-being.

Defining Feedback

In some respects, defining feedback is more challenging than defining perception. It is easy to think of feedback as analogous to “input,” but this misses the element of required interaction that distinguishes feedback from other forms of self-reported information. At its most basic level, “feedback exists between two parts or groups when each affects the other.”

In the physical sciences, feedback is defined as when:

“Outputs of a system are routed back to it as inputs as part of a chain or system that forms a circuit or loop”7

Management theory says:

“Feedback is information about the gap between an actual level (i.e. what is experienced) and some kind of reference level (i.e. what should be) which is used to alter the gap in some way.”8

While these definitions are technical in their language, they help give color to what we mean by feedback. The management theory definition in particular emphasizes something critical—that, for the data collection effort to be credibly termed feedback, there must be a clear intent to use the data to inform decision-making. “Information about a gap by itself is not feedback. Information can only be called feedback if and when the information is used to alter the gap.” Author Arkalgud Ramaprasad terms this the “purposive character of feedback.”9

Indeed, there is an inherent learning and action goal in gathering feedback that distinguishes it from mere information. Another way to think about this is that feedback is a subcomponent of information, and feedback itself is a catalyzing agent for organizational learning and change processes. See Figure 1.

Further adding to the challenges in defining feedback is recognizing that feedback can manifest in multiple forms. A lot of feedback – in fact, the bulk of what we as people and providers respond to – is not perceptual. Rather,

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9 Ibid.
it comes to light through constituents’ actions and behaviors.

To distinguish behavioral versus perceptual feedback, noted economist Albert Hirschman developed a framework establishing “exit” and “voice” as the two dominant ways in which individuals can provide feedback about an offering. Exit is feedback that comes in the form of client behavior—when people stop coming to a program or purchasing a product. As one interviewee for this paper noted, “dropping out of a program is a form of feedback; so is my decision not to get the next title in my Netflix queue.” However, feedback can also come in a more self-conscious form in which clients express their dissatisfaction through written or verbal means such as surveys, focus groups, or interviews. This latter feedback is perceptual feedback, and has become the focus of the constituent voice field.

Moreover, it is worth noting that behavioral and perceptual feedback can be both positive and negative. The matrix below highlights examples of feedback across these domains.

As one reviews these, the potential unreliability of behavioral feedback must come into question, which in turn reinforces the value of perceptual

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11. Feedback Labs focuses on feedback that is: a) voiced directly from constituents; b) subjective or perceptual in nature; c) collected at any stage of a program; and d) deliberately collected or procured. See: [http://fblabs.org/](http://fblabs.org/)
feedback as a way of validating (or challenging) assumptions. For example, one may assume that client attendance dropping off (i.e. negative behavioral feedback) is the result of dissatisfaction with a given program. However, it could also result from clients experiencing additional barriers or hardships that make it hard for them to continue in the program. Getting clarity on what is driving client changes in attendance is only something that will be revealed through perceptual inquiry about people’s actions and behaviors.

### When Perceptual Feedback Is Provided

In the social sector, perceptual feedback can be gathered from constituents or clients at three primary stages:

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Perceptual</th>
</tr>
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</table>
| Positive   | • Client lauds organization on survey questions  
  • Client praises case manager in focus group |
| Negative   | • Client complaint left on organizational voicemail  
  • Client cites areas for organizational improvement in focus group |

#### Before program participation:
When designing a program or initiative, incorporating client perspectives can help identify clients’ needs, preferences, interests and constraints.

#### During program participation:
Gathering, analyzing, and responding to perceptual feedback can help an organization make more rapid improvements in its services and offerings.

#### After program participation:
Understanding client experience as part of a rigorous inquiry helps determine whether a program is working and why or why not.12

While we have included input that is provided before program participation into our framework here, we want to take a minute to distinguish

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it because some of the information provided before program participation is feedback but not all of it. Much of it, including that developed with an eye to human-centered design, is valuable input but not feedback.

With input that is provided before an initiative begins, no gap exists between clients’ actual experience and what they were expecting or believe they’ve been promised because clients have yet to experience the program – which makes it feel differentiated to us. Moreover, prospective input often comes from the broader population of eligible or potential constituents rather than actual clients. For input provided before a program to be considered feedback, it has to be treated by the system, especially the receiving organization, as input that needs to be responded to and the perspectives should also come from a population that is heavily overlapping or fully representative of clients.

For all of these reasons, we believe that some input provided before a program is implemented should be considered feedback but not all of it, and its blanket inclusion in definitions of feedback to date have contributed to some of the field’s ongoing confusion around terminology. As a field of practitioners and funders, we will benefit going forward from being much more specific in describing the type of feedback (behavioral or perceptual) that we are procuring, as well as the specific time period that we are referring to (before, during, or after program engagement), if we want to successfully reduce confusion around the meaning of “perceptual feedback.”

How Perceptual Feedback Can Support Organizational Learning

Many different types of organizations—including nonprofit providers, governments, funders, and evaluators—can collect perceptual feedback and incorporate it into their assessment activities. Indeed, constituent feedback can be an input into multiple systems that support organizational learning – whether that be ongoing monitoring of program activities and/or evaluations of program effectiveness. As Fay Twersky of Fund for Shared Insight describes, “constituent feedback, monitoring and evaluation are all related, much like ‘cousins,’ but there is value in thinking about them in discrete ways.” The approach for instituting high-quality feedback loops, with clients in particular, is distinct from evaluation and monitoring activities in terms of its goals and principles; however, it yields information that is complementary and which can inform ongoing monitoring and evaluation efforts. Constituent feedback efforts also leverage many of the same tools such as interviews, focus
groups, and surveys that are used in monitoring and evaluation efforts.

What makes a feedback exercise distinct in our opinion is the explicit focus on the following three goals:

• Bringing forward the perspectives and opinions of those least heard to share what is working and not working from their perspective;

• Redistributing power between constituents and providers;

• Making organizational learning and change the overarching objective underlying the data collection effort.

As David Bonbright, Elizabeth Christopherson and Fadel Ndiame describe in a recent issue of Alliance magazine, “when we say [constituent] ‘feedback’ we think of a systematic process of listening and responding to an organization’s constituents that goes beyond accountability in ways that are transformative for organization and constituents.” Indeed, the act of asking for feedback is an acknowledgement that the organizational provider does not have all the answers and that constituents have some specialized knowledge and perspectives that will help inform the delivery and ideally the impact of services being offered. In this way, soliciting feedback can fundamentally alter the power balance between providers and clients.

Perceptual feedback exercises, when done in a thoughtful, high-quality manner, explicitly make a service provider responsible for not just interpreting data, but for responding to it. This is extremely important. Practitioners often gather data from clients on which the organization does not act. A key element of a high-quality perceptual feedback loop is that the data are reviewed and acted upon. Those collecting perceptual feedback also have a responsibility to share with constituents the results of the feedback and the organization’s proposed response. See Figure 2. Sharing data back and explaining what you’re doing in response can reduce cynicism that constituents have about whether their input is taken seriously. The process builds trust and can lay the foundation for even more candid and higher quality feedback over time. This is particularly important in many provider-client relationships given the inherent power imbalance between those receiving services and those offering them.


14 Some organizations take the practice of gathering perceptual feedback even further and use it as a component in a broader co-creation effort with constituents, with the view that constituents are often best equipped to develop their own solutions. We consider these efforts broader than perceptual feedback and outside the scope of this paper.
Using Feedback to Inform Learning

**Center for Employment Opportunities (CEO)** is a nonprofit that helps formerly incarcerated men and women access employment. Two years ago, CEO began gathering feedback from its clients about how prepared they felt to begin work, how supported they felt by staff, and whether they would recommend the organization to a friend who needed similar services.

Through surveys, CEO routinely solicits its clients' ideas and opinions about what it could do better as an organization. As a result of this perceptual feedback, CEO has made key changes to its program, including expanding communication tools with clients, increasing the accessibility of job coaches, and changing the hours at which classes are held. To this last point, programming always started at CEO at seven in the morning; clients asked for a later start time given the inconsistency of the subway.
system at early hours and the fact that the 7 am start time required many of them to leave their homes prior to their parole officer’s designated time or seek special permission if they were staying in a shelter. When discussed internally about why programming started at seven, no one had a good answer: it was just what they had always done – partly in an effort to have clients demonstrate their commitment to getting a job. Now, CEO starts programming at eight in the morning daily. CEO credits many of its recent programmatic and implementation improvements to survey feedback and the regular focus groups it holds with clients. CEO has begun to use focus groups as sounding boards for both ongoing work as well as specific programmatic changes the organization is contemplating.

YouthTruth® is a national student survey created and led by the Center for Effective Philanthropy that gathers comparative perceptual feedback from students about what is working and not working in their schools. YouthTruth is administered by schools and districts nationwide, and includes feedback from nearly a half million students. When Scott High School students took the YouthTruth survey, the school ranked near the bottom percentile across the entire survey. For the question “Do your teachers care about you?”, the school rated in the bottom 1% in the nation. This was very difficult feedback for the school to receive, but it reflected what its students were feeling. The data gave the school’s principal, Dr. Sapp, what he needed to embark on real change. Dr. Sapp shared the data with the teachers and students and since the survey, the school has focused on culture change for deeper classroom engagement and interventions for kids who might fail. Administrators have monthly student groups to get feedback and bring students into faculty meetings to talk about improvements. As a result of student feedback, Scott High School is changing the culture and also reducing its student failure rate – from a high of 24% down to 5%.

Breaking Down the Types of Perspectives That Comprise Client-Based Perceptual Feedback

There is a broad range of perceptual feedback that can be gathered from clients before, during and after participation. What we present below is hopefully a useful starting point for parsing out the different types of perceptual data. We call it a taxonomy, but it can be thought of as the
various “buckets” or “categories” of perceptual feedback that can be elicited from clients or constituents. What distinguishes each category is: a) the uniqueness of the information or content being procured and b) the distinguishable state of mind of the constituents when responding to the inquiry – i.e. are they providing an analytical/cognitive assessment or an emotional assessment about their experience.

<table>
<thead>
<tr>
<th>Types of Perceptual Feedback</th>
<th>Focus of Inquiry...</th>
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| Community or individual needs (Before, During) | • Outstanding client needs  
• Client barriers to accessing certain services or offerings  
• The relative importance of a proposed service or offering to a client  
• How clients ideally want to receive a proposed service or offering |
| Service experience & quality (During) | • Perceptions of what happened, such as what services clients received and what interactions they had  
• Cognitive assessment from clients of how service delivery went, including whether it was high-quality and met their needs |
| Relationship with service provider (During) | • Quality of interactions, including whether provider was responsive, fair, and respectful  
• May include overall assessment of service provider’s perceived impact |
| Satisfaction & fulfillment (During) | • Affective assessment by clients about how service made them feel  
• Includes client satisfaction and questions about likelihood to recommend services to another individual |
| Preliminary outcomes (After) | • Clients’ self-report of mindset, attitudes, and behaviors that organization aims to instill through intervention  
• Clients’ forecast of their likely future behavior as a result of service experience |

The following section details what comprises each “category” of perceptual feedback and outlines sample questions for each type of perceptual feedback. How an organization should allocate questions across categories depends squarely on its goals, context, and what it is seeking to learn. See Appendix A for additional examples of perceptual feedback questions by category.
**Community or Individual Needs**

This category focuses on asking individuals directly about the barriers they face to access services, the outcomes they want, and how they think services will help them reach those outcomes. In addition to questions like “What is the main reason that you ended up living on the street?” or “How difficult is it for you to get to and from XX organization because of transportation?” or “What additional services could X organization provide?”, it can include a priori perspectives about how constituents would like services to be delivered. Too often initiatives are designed with presumptions made by funders or aid providers about what people need and how they want it received. Perceptual feedback assessing community or individual needs seeks to test those assumptions and find out directly from individuals what barriers they’re facing and how they would ideally like to receive services.

For example, one Fund for Shared Insight grantee, Regional Food Bank of Oklahoma, operates eight Food & Resource Centers in central and western Oklahoma, with four more in the works. Through its participation in the Listen for Good initiative, the food bank was able to probe what additional services clients were most interested in receiving on site. The food bank learned that clients were overwhelmingly seeking dental care support—which was a total surprise. The food bank assumed they would hear requests for food related services such as nutrition or food preparation. But, it was clear that clients want to use the sites as a locus for procuring additional services.

**Service Experience and Quality**

There are two types of inquiries that come under this category. First are *service experience questions*, which capture directly how someone interacted with an organization and what he or she did. Next are *service quality questions* which go a little further and elicit an assessment from the respondent *from his or her point of view*, judging the degree to which he (or she) was able to access elements that the respondent or the organizations believe (or research has shown) are important for a high quality experience.

Some service experience questions (but not all) can be verified with objective data. For example, a hospital survey may ask a patient, “How often were your room and bathroom kept clean?” Similarly, in education, a survey could ask someone how frequently she participated in class. Responses to these questions are perceptual in nature because they are influenced by the individual’s experiences and expectations. If a patient under-reports the number of times his room was cleaned, it could suggest that he was not impressed by the level of cleanliness overall. If a student over-reports the number of times she participates in class, it could signal she finds participation daunting and that individual contributions feel especially burdensome to her. Nurses’ logs or class records can verify or challenge individual perceptions. An example of a non-verifiable service experience question...
would be, “How hospitable was the office environment?”

The value of collecting service experience data is multi-fold. Not only does it provide insights into how people perceive their experiences, but it can also be used in analysis to probe where overall perceptions may vary based on perceived participation rates and service utilization.

Service quality questions incorporate a cognitive assessment by the respondent judging whether a service addressed their needs. Questions in this category include, “To what extent did this organization meet your needs?” or “During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?” These questions seek to elicit an analytic (or cognitive) response from the client about whether the service met his own internal expectations. In answering the questions, the client implicitly considers his experience, his own self-conceived “bar” about what high quality service should look like, and any relative gap, to the extent it exists.

A second layer of service quality questions focus on the degree to which individuals access elements that an organization believes or knows from research constitute a high quality experience. For example, the YouthTruth survey asks students, among other questions, “In your school this year, is there at least one adult who would help you with a personal problem?” and “To what extent do you agree with the following statement: The work I do for my classes makes me really think.” Research has demonstrated that having access to a caring adult and engaging content are prerequisites for students’ academic achievement—thus, the survey solicits early perceptual feedback about indicators that we know lead to high quality student experiences and better academic outcomes.

Relationship with Service Provider

Questions that focus on the relationship with a service provider are similar in their objective to those that focus on service quality. However, their specific aim is to gather feedback about the quality of the relationship between the provider and constituent overall, such as the degree to which providers demonstrate trust, respect, fairness, and responsiveness in their interactions. Sample questions may include, “How frequently do staff at X organization treat you with dignity and respect?” or “I have confidence in the skills of [...]” or “Overall, how fairly did [...] treat you?”

The essential rationale for asking these is that relationships matter. “Precisely how they matter varies according to the nature of the intervention” but asking about the quality of relationships with a service provider is not only the smart thing to do but for sure, the right thing.¹⁵

Satisfaction and Fulfillment

Questions that fall under this category all ascertain how a constituent feels emotionally about a programmatic experience or interaction.

We seek to know through these questions whether someone felt fulfilled and remarkably supported as a result of an organization’s programming. Questions in this category include perceptions of client or constituent satisfaction as well as loyalty metrics such as the Net Promoter System (NPS), which asks how likely someone is to recommend an organization to a friend or family member.16

These questions get at perceptions that are distinct from other types of constituent experience and merit their own interpretation and analysis. As Sherri LaVela and Andrew Gallan describe in their analysis of patient experience (as a representative constituent group): “Patient satisfaction is a predominantly affective judgment formed by the patient alone (influenced by both internal and external factors). It is one (perhaps interim) end-state of an individual’s assessment of goal attainment. It is not the same as perceived quality; perceived quality is predominantly a cognitive assessment of what happened and how it happened, while satisfaction is how it made the patient feel.”17

We find this distinction to be extremely helpful in understanding why satisfaction questions alone or service experience questions alone are insufficient for creating actionable feedback loops. Both are necessary if you want to capture the full, lived experience of a client.

Within this category, there has been a gradual shift in the types of questions that are employed by organizations. Customer satisfaction questions have been found to be too generic and non-generative of actionable data, which has made them less popular over the past 10 years.

Rather, many companies and organizations now use questions, such as likelihood to recommend – the basis for NPS—under the argument that NPS allows providers to better isolate remarkable constituent experiences, both positive and negative.

As Bain & Company’s Fred Reichheld (who created the Net Promoter System) describes, the goals of NPS are a) to identify those clients who had an experience that was so good that it delights them and makes them want to share it with their friends and colleagues, and b) to ensure that this feedback gets to the right parties so they can learn from it and replicate the experience with other clients. In addition, NPS seeks to identify detractors, those who had a sub-optimal experience, and to understand what drove their negative perception, so that the organization can respond and turn them into promoters.

In the end, it is about identifying what has truly delighted a client and why, or what has detracted from their experience and why, to motivate the employees in a service organization to do better.

16 The Net Promoter System question was developed in the private sector as a way to understand habits and preferences of consumers. It applies a specific calculation to the question “How likely are you to recommend ...” in which respondents are separated into three categories: promoters (those who rate 9-10), detractors (those who rate 0-6), and passives (those who rate 7-8). An NPS score is the percentage of promoters less the percentage of detractors.

This is something that a five-point satisfaction scale can’t do; a five-point satisfaction question may help identify problems but it won’t help isolate outliers.  

Preliminary Outcomes

This final category of perceptual feedback contains questions that focus on self-perceived outcomes—i.e. clients’ perspectives on how their internal mindset, outlook and perspectives about themselves have evolved as a result of participation in a program or service. Questions in this category, for example, may ask youth if they feel more positive about their future as a result of participating in a college readiness program, or whether they feel a sense of belonging in their community. A provider of a workforce development program could ask a participant whether he feels better off and that his quality of life has improved as a result of his engagement with a vocational program.

As these kinds of questions are often used by organizations to demonstrate the effectiveness of their programs, their relative value is not without debate. And, within the evaluation community, there are multiple perspectives about the utility and/or sufficiency of gathering perceptual measures of outcomes. Many contend that self-reported data focused on outcomes are subject to enormous bias and are not a reliable indicator.

Others would argue that there is merit to asking these kinds of questions if you:

a) Know from research that certain attitudes or mindsets have predictive validity for longer term behavioral outcome measures, or

b) Don’t know whether the questions have predictive value and want to test them.

Finally, some would say that there is inherent value in asking these kinds of questions because we should want to know how clients feel and assess whether we’ve increased their sense of well-being, irrespective of the questions’ instrumental value.

While acknowledging some of the muddiness of the argument about the instrumental value of perceptual feedback, we would say that the appropriateness of asking these kinds of questions depends on the implementing organization’s goals. If you’re seeking to better understand your model, it can be extremely helpful to ask constituents about their experience and whether it lines up with assumptions you’ve made about how they evolve internally as a result of participation in your direct services. However, if you’re seeking to demonstrate impact, we would argue that perceptual feedback focused on outcomes is a helpful, yet incomplete approach.

What we have not done in this paper is to detail any of the interrelationships between the different categories of perceptual feedback—i.e. whether and how they are all connected. Our belief is that the various types of perceptual feedback are highly interrelated and generally act as feedback loops on each other. If we had

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18 Some of these ideas were discussed on a September 1, 2016 conference call with Fred Reichheld.
to establish a general relationship among them, it would be that: positive service experiences and interactions will lead to positive feelings. Positive feelings lead to increased persistence or engagement in a program by a client, which, in turn, likely results in better outcomes, both perceptual and behavioral. However, the relationship between client perceptions and their outcomes is an area of separate inquiry, which extends beyond the scope of this paper.\textsuperscript{19}

### Lessons From the Medical Field

As we advance a common definition of perceptual feedback, we can draw many lessons from the arguably more advanced literature base surrounding the concept of patient experience within the medical field. Patient experience represents a corollary to the constituent experience that we seek to assess through perceptual feedback.

Like the constituent voice field, inconsistent terminology has challenged the patient experience field. As noted by researchers in the inaugural issue of the *Patient Experience Journal*, "several challenges exist when measuring patient experience because there are multiple cross-cutting terms (e.g. satisfaction, engagement, perceptions and preferences) that make conceptual distinction and therefore measurement difficult."\textsuperscript{20}

Indeed, in 2014, a leading academic article identified more than 18 active definitions of the term patient experience. The definition that seems to be getting the most consensus is one advanced by the Beryl Institute: "the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care."\textsuperscript{21}

Multiple tools seek to measure organizations’ effectiveness at maximizing the patient experience. Most well known is the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey which provides comparative ratings of hospitals across nine key measures ranging from physician and nurse communications to pain control to the cleanliness of the hospital environment. A hospital’s HCAHPS score is calculated based on patient perceptual responses to 21 survey items assessing their care experience. While some argue that HCAHPS provides an incomplete picture of patient experience, more than 3.1 million surveys have been completed as of mid-2015.

\textsuperscript{19} See Feedback Labs’ *Is Feedback Smart?* for additional discussion of this issue. Also, see Fund for Shared Insight research grant portfolio: http://www.fundforsharedinsight.org/grants/awarded-grants/#research
Recent research has sought to examine the relationship between patient perceptions and clinical outcomes — i.e., do hospitals that rate higher on HCAHPS also produce better health outcomes? One pivotal study found that higher hospital-level HCAHPS scores were independently associated with lower hospital inpatient mortality rates. Moreover, the study found that select perceptions of patients’ communications with doctors and nurses, their pain management, and the overall responsiveness of staff were drivers of a positive patient experience. Factors such as room décor, meals and tests showed no relationship with patient experience, suggesting that “increasing patient overall satisfaction is less about making patients happy and more about increasing the quality of care and the interactions between the patients and staff, particularly the nurses and the physician.”

It may be helpful to continue to monitor the health field’s experience with defining, measuring, and analyzing patient experience as it is at a more advanced stage of development and discourse than the constituent feedback field generally.

21 Ibid.

A Brief Review of Techniques for Gathering Perceptual Feedback

An organization can gather perceptual feedback from those they seek to help using a number of data collection techniques, such as focus groups, interviews, or surveys that are administered via computers, phones, paper, or tablets. The feedback or information they get can be quantitative (i.e., numeric) or qualitative, reflecting stories and sentiments. In determining the optimal data collection approach to pursue, an organization should consider, among other things:

- The overall level of perceived trust between the provider organization and its constituents
- The sensitivity of the questions being asked
• The complexity of the questions the organization wants to understand
• The logistical challenges associated with gathering data (for both the organization and the constituent)
• How the organization hopes to use the data to inform its work.

Below is a table highlighting some of the pros and cons of three of the most common data collection approaches for gathering perceptual feedback—particularly during or after an initiative. This is not meant to be an exhaustive review of methods but rather provide some initial direction about how to gather perceptual feedback. There is a broad literature regarding the technical aspects for gathering feedback; we only briefly scratch the surface here.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Pros</th>
<th>Cons</th>
</tr>
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| One-on-One Interviews | • Direct qualitative feedback  
• More culturally appropriate in some settings  
• Overcomes literacy challenges  
• Potential to probe issues through immediate follow-up | • Non-representative without a very large sample size  
• May feel invasive in some settings |
| Focus Groups     | • Direct qualitative feedback  
• Community-oriented: participants build on each others’ input  
• Potential to probe issues through immediate follow-up | • Less representative without a very large sample size  
• "Social desirability bias" may limit respondent candor |
| Surveys          | • More representative and rigorous  
• Can leverage validated instruments  
• Promotes candor through anonymity  
• Potential for comparative data/benchmarking (externally or longitudinally) | • Writing good questions is challenging  
• May be perceived to be an “assessment”  
• Qualitative feedback can be challenging and time-consuming to interpret  
• Survey fatigue |

There are clear tradeoffs between these various approaches, and they can often be used together in a complementary manner. For example, while interviews and focus groups, when done well, can provide powerful critical feedback and be highly generative in terms of building community
In this paper, we have sought to bring clarity to perceptual feedback—a term that is frequently used but not always consistently defined. We argue that perceptual feedback includes a diverse range of perspectives, sentiments, and feelings from those who participate in nonprofit programs and interventions. When captured well, perceptual feedback has the potential to inform how an organization learns and to shift the relationship between provider and client in fundamental and powerful ways. It elevates the role of clients and validates the fact that they hold a unique viewpoint about how service provision is going that no else can provide.

Conversely, surveys are a more passive method of engagement, yet support much broader feedback collection. In addition, surveys provide much greater anonymity, which can lead to significantly greater levels of candor across a more representative sample, particularly when an organization is asking about sensitive topics. Results from surveys can also be benchmarked, which is extremely useful for helping to interpret perceptual feedback. Indeed, a key element of a high quality feedback loop is one in which results are benchmarked to provide context.

Conclusion

In this paper, we have sought to bring clarity to perceptual feedback—a term that is frequently used but not always consistently defined. We argue that perceptual feedback includes a diverse range of perspectives, sentiments, and feelings from those who participate in nonprofit programs and interventions. When captured well, perceptual feedback has the potential to inform how an organization learns and to shift the relationship between provider and client in fundamental and powerful ways. It elevates the role of clients and validates the fact that they hold a unique viewpoint about how service provision is going that no else can provide.

As shown in this paper, there are a variety of technical approaches and tools for gathering perceptual feedback. However, to be considered feedback, we harken back to the purposeful nature of the data collected. To be considered feedback, information must have a purposive character and inform decision-making of a provider organization. We have seen the power that perceptual data can have in challenging assumptions, bringing forward client voice, and helping to improve service provision. When implemented well, perceptual feedback practices and systems can generate powerful complementary performance data and tangible insights that can dramatically improve service delivery and guide organizational focus.

At the same time, we recognize that what comprises perceptual feedback is nuanced and our definition and arguments will benefit from continued discussion and inquiry. We look forward to continuing to debate the distinguishing characteristics of perceptual feedback and hope that having a more precise definition of perceptual feedback—as advanced here—will lead to improved dialogue, greater clarity and impact over time.
APPENDIX A

This Appendix provides additional sample perceptual feedback questions by category.

Community or Individual Needs

- What additional services could $x$ organization offer that are not available through $x$ public assistance program?
- How important are the services provided by $x$ organization to you and others in your area?
- How important is this issue to you?

Service Experience and Quality

- Overall, how well has $x$ organization met your needs?
- We keep busy and learn something in this class every day.
- During this hospital stay, how often was your pain well controlled?
- During this hospital stay, how often were your room and bathroom kept clean?
- My teacher gives me assignments that help me better understand the material.
- Is there an adult at this school who you can go to with a personal problem?
- How safe do you feel at $x$ organization’s site?
- I believe $organization x$ is going to help me find a job.
- I feel like I am part of the community at $x$ organization

Relationship with Service Provider

- How often do staff at $x$ organization treat you with respect?
- How comfortable do you feel approaching $x$ organization if a problem arises?
- During this hospital stay, how often did the nurses listen to you?
- I feel respected by my job coach.

Satisfaction and Fulfillment

- How satisfied are you with the job training services $x$ organization provides?
- How likely would you be to seek $x$ services from $x$ organization, if offered?
- How likely are you to recommend $x$ organization to a friend or family member?

Preliminary Outcomes

- I enjoy coming to school most of the time.
- I take pride in my school work.
- After completing $x$ program, I feel confident in my ability to seek employment.
- After completing $x$ program, I care about my performance in school and how it affects my future.
- I am more connected to the community and community resources thanks to $x$ organization.
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
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