Нейромаркетинг для продаж - Эффективные техники управления

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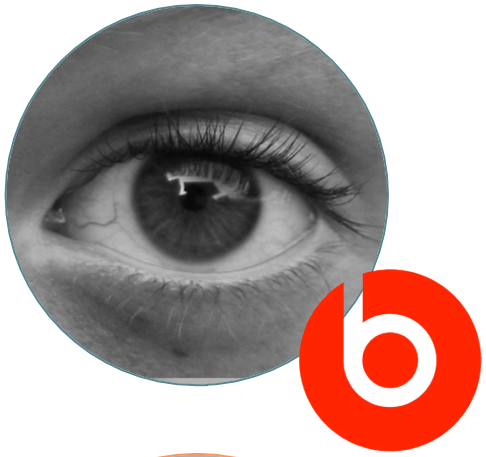

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МАТЕРИАЛЫ И ФАКТУРА

ФОРМЫ И ЭЛЕМЕНТЫ

РАСПОЛОЖЕНИЕ И АЛГОРИТМ

ПРОСТОТА И ОПТИМАЛЬНОСТЬ

ЮЗАБИЛИТИ И ЭРГОНОМИЧНОСТЬ

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ОБЯЗАТЕЛЬСТВА, ПОСТОЯНСТВО, КОНГРУЕНТНОСТЬ, ЦЕЛОСТНОСТЬ, УПРАВЛЕНИЕ НЕ ТОЛЬКО ФИГУРОЙ, НО И ФОНОМ

УНИКАЛЬНОСТЬ

СИЛА ВОЗДЕЙСТВИЯ И ИДЕНТИФИКАЦИЯ

СЕРИАЛЬНОСТЬ И НОВИЗНА

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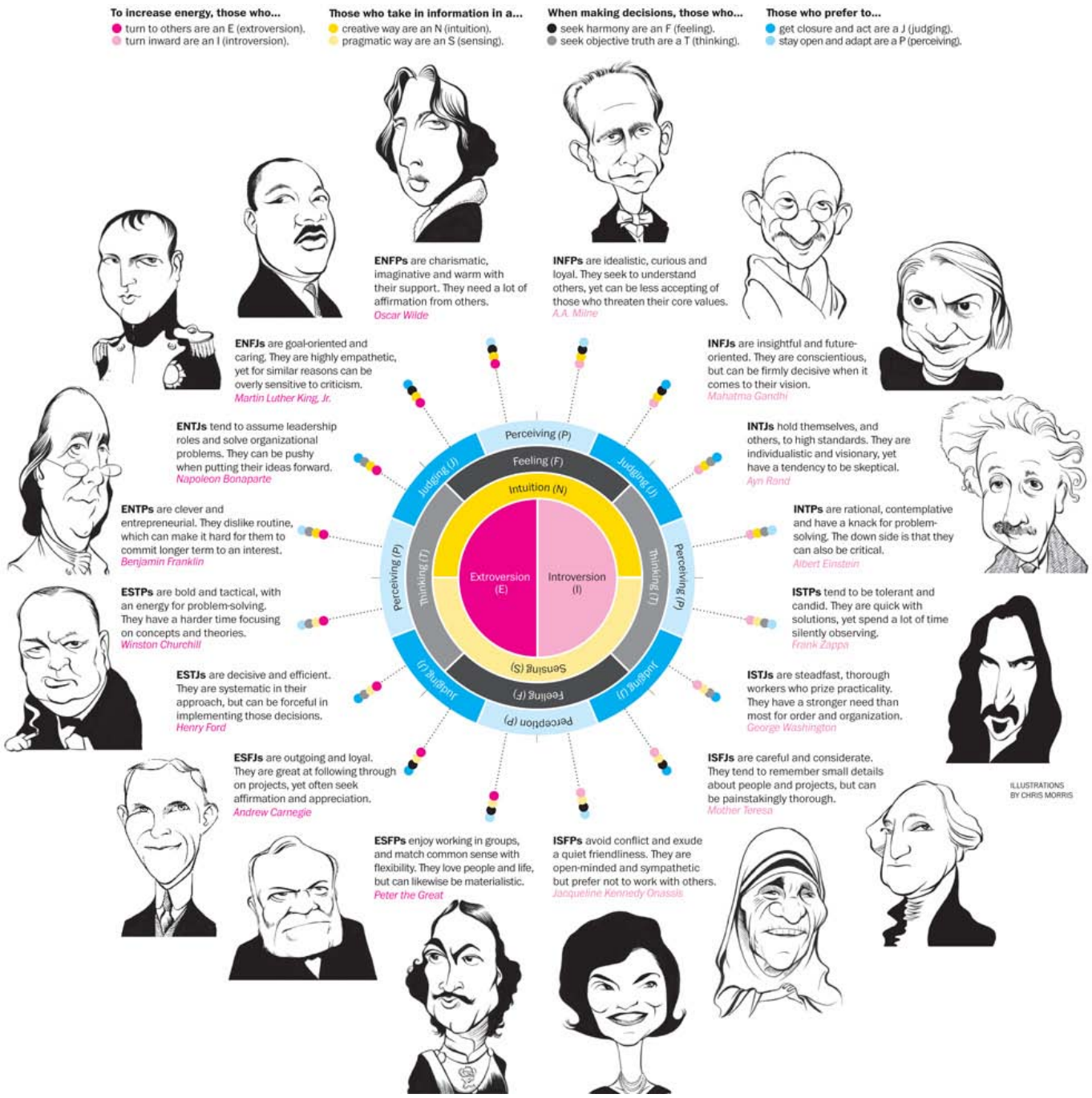

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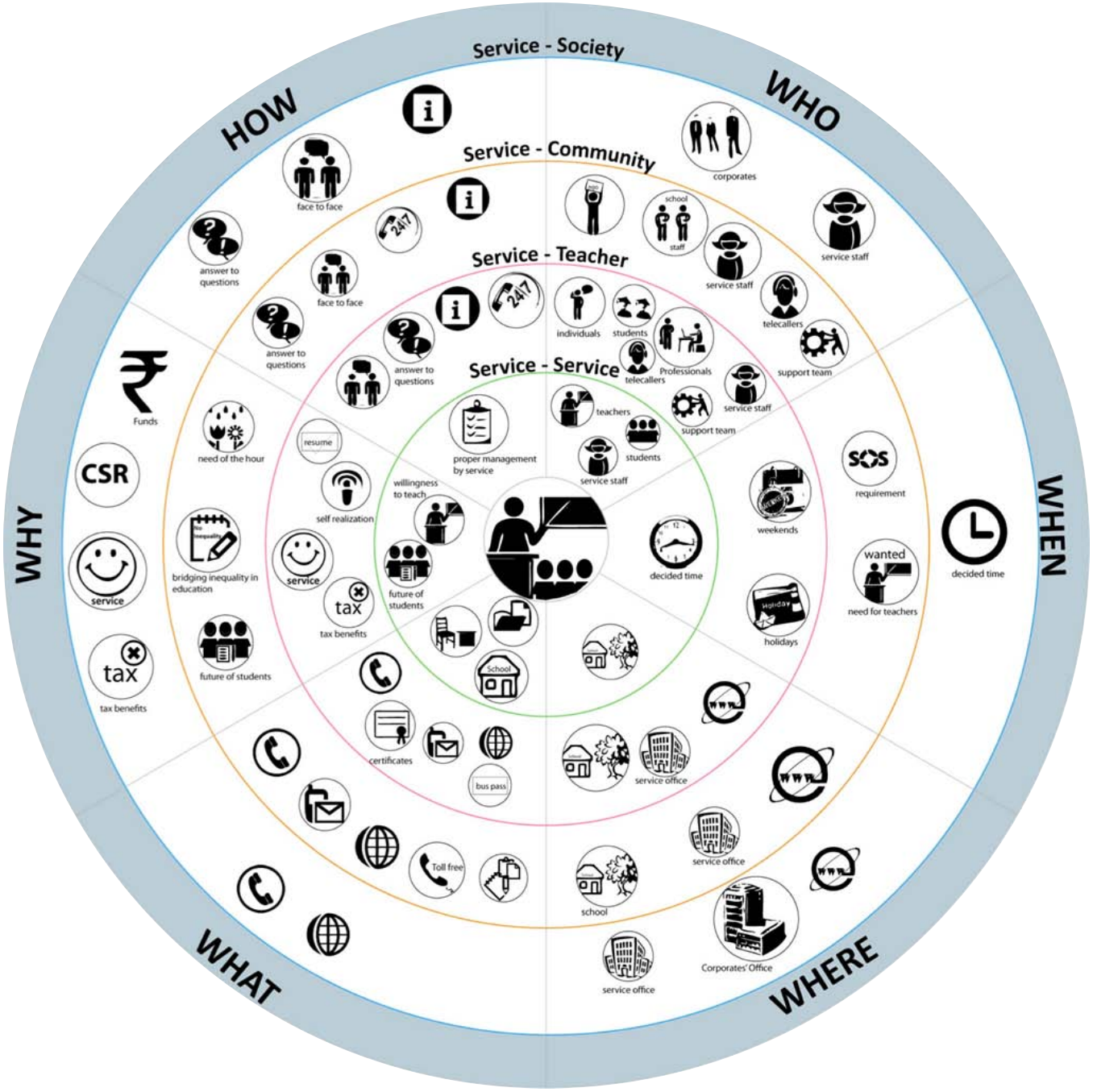

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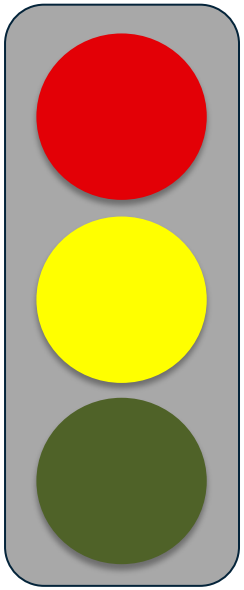

КРАСНЫЙ

ЖЕЛТЫЙ

ЗЕЛЕНЫЙ

ДУРНОЙ

СЛАДКИЙ

ГНИЛОЙ

ОСТРЫЙ

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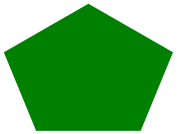
ВЕСЕЛЫЙ

ТЕПЛЫЙ



ПУСТОЙ

ПУШИСТЫЙ

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5 SENSE MARKETING & BRANDING

программируя лояльность подсознания

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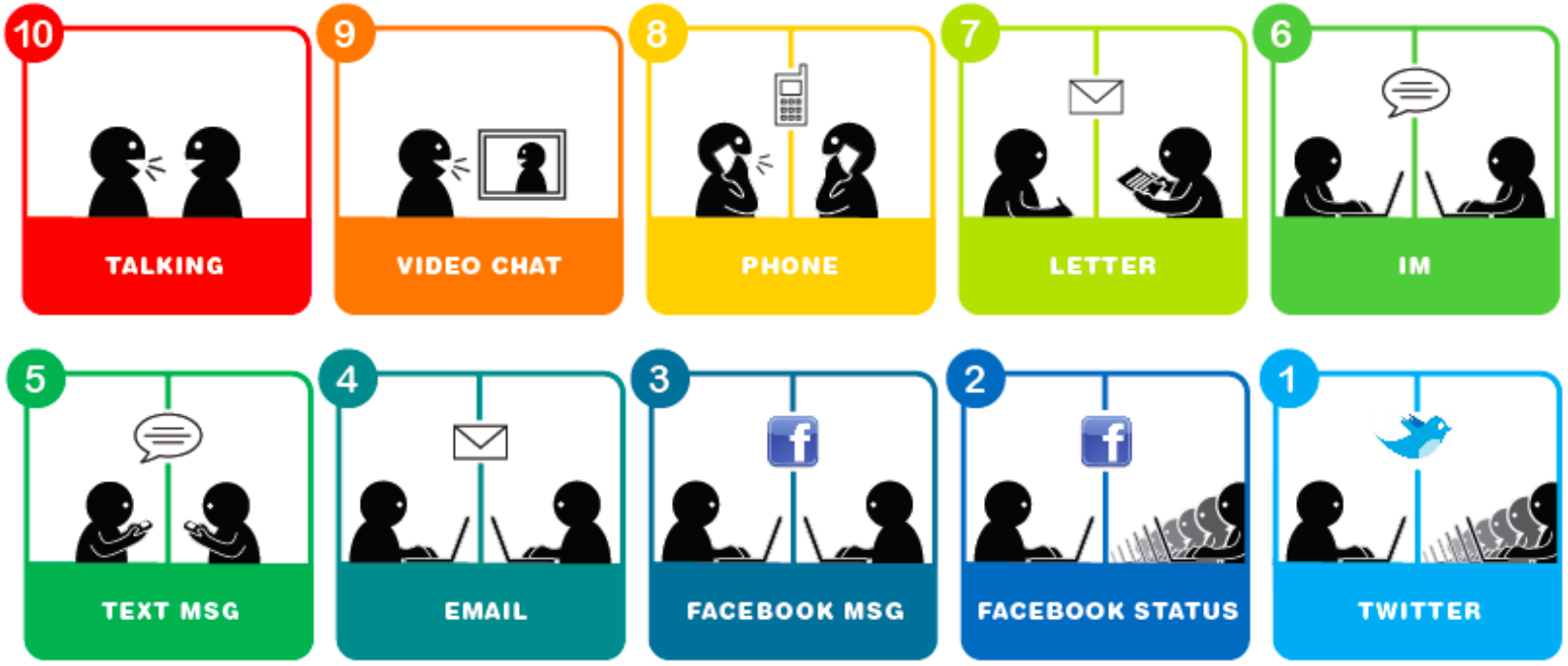
10 LEVELS OF INTIMACY IN TODAY'S COMMUNICATION



1. Represent your Customer's perspective. The map shows the patient's perspective as he or she travels through the journey.

2. Use Research. In-Depth Interviews or Ethnographies are used to understand the journey. Survey results (online or phone) are used to determine satisfaction, importance and Customer Effort scores.

4. Include Customer goals. Customer goals are included for each phase. Specific insights are added whenever segments vary in how they go about each phase.

5. Focus on emotions. The heart of this journey is the emotional perceptions. This chart uses a –100 to +100 chart to show the level of emotional response as he or she goes through the journey. Effort is also used to gauge how the customer is feeling about the experience. These vary by segment.

7. Include moments of truth. At SMS, we use the term moments of truth to refer to touch points with high impact on the rest of the process. In this case, the biggest Moment of Truth involves the scheduling process—if the doctor is not available within two weeks, patient retention is threatened.

6. Represent touch points. Touch points are included as a table, and called out at each point in the journey. This journey is more focused on emotions than is the purchase journey, unlike the purchase journey map which highlights specific touch points.

Optional 3. Include Customers and Non-Customers. Not relevant for a Customer Experience Perception Map, unless benchmarking against competitors.

Optional 4. Use your other Voice of the Customer components. If the client uses NPS, we will include this in the segment overview and other relevant areas. We also include relevant learnings from specific VOC studies.

9. Include time. Different segments spend varying amounts of time in the shopping process. These durations are specific to the Young Families segment.

Optional 1. Break the experience into phases. Here, the purchase experience is broken into four logical phases. Specific phases vary by experience.

3. Represent Customer segments. This shows the Seniors Segment, a critical offering for this provider. Separate maps are used for each segment. One large Touch Point map may be used to contrast different segments' journeys.

Physical Appointment (no blood work) Journey Map

Phase	Schedule Appointment	Check-In	Physical	Checkout
	Goal: No more than 2 weeks	Goal: 10 minutes	Goal: 30 minutes	Goal: 3 minutes
Goal	The patient calls in to schedule an appointment. The Senior segment strongly prefers to talk to a representative in person. This also includes the appointment information, such as the need to fast before an appointment.	The Check-In and Waiting Room typically have small impacts on Seniors' satisfaction, unless there is a substantial delay.	Most Seniors have had enough physicals that they know what to expect. Waiting is the biggest issue for most.	The patient is released with any instructions, and schedules any future appointments.
Patient Emotional Response	Customer Experience Perceptions Map (Patient Satisfaction +100 / 0 / -100)			
Touch Points used in this phase	Phone system Scheduler Reminder information	Waiting Room Kids Area Check-In Desk Check-In Staff	Appointment Room Nurse Doctor	Scheduler
Information sought in this phase	Date Requirements (e.g., fasting) for physical Paper is the most effective format for the Seniors segment	Length of wait. Accurate information about the estimated wait time helps reduce the impact of long waiting time.	Patients quickly lose patience when left unattended. Delaying the nurse's routine for 5 minutes can actually help satisfaction, since it spreads out the waiting time.	Paper is critical for Seniors. Directly calling the patient's pharmacy also helps the patient follow the prescribed regimen.
Level of Effort (Customer Effort Score)	About the Same Effort as Expected **3.1**	Far More Effort than I Expected **4.6**	Slightly Less Effort than I Expected **3.7**	Slightly Less Effort **2.3**

Customer Experience Perceptions Map annotations:
- The automated call reminds the senior of the need to schedule an appointment. While many prefer a personal call, they prefer the automated call over email or other methods.
- The mailed reminder, with information needed for the visit, is very well-received, particularly since information was added about what will be tested in the appointment.
- (When doctor is available within two weeks)
- The patient calls in for an appointment. Many are annoyed with the automated system, particularly that appointments are the third option on the list. This annoyance becomes far greater if nobody is available to schedule the appointment.
- The patient speaks with a scheduler, which has a strong impact on his or her feeling about the clinic. The emotional response varies significantly depending on the availability of their doctor. If no time is available within two weeks, this becomes a negative moment of truth.
- The check-in process can become a moment of truth, tainting the rest of the experience. If the wait is long or the waiting room is noisy, the experience spirals downward.
- A short wait for the doctor is a neutral experience. Regular check-ins to set expectations help, unless inaccurate information is given.
- Ten minutes is the magic number. If the patient waits longer than that, dissatisfaction begins.
- Satisfaction drops significantly when waiting for more than 15 minutes.
- Once the process spirals downward, the physician is unlikely to be able to turn it back to a positive experience.
- The physical itself is largely positive. Seniors know what to expect, and are typically happy with the results, so long as they do not feel the doctor is rushed. Most patients are satisfied with the amount of physician time they receive.
- The checkout process is quick and easy, so long as a scheduler is available if a follow-up appointment is needed and follow-up information is available in printed form.

Legend: Touch point (Area of interaction) | Moment of Truth (Critical Interaction)

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Seniors Segment

The **Seniors Segment** is made up of 65+ year-olds. Many are retired, so have time to schedule check-ups during the day. The majority prefer to schedule their visits over the phone, talking to a scheduler in person. They will wait until their "regular" doctor is available, even when sick.

While this is changing, older seniors do not typically utilize their health records online, preferring to keep paper copies.

Flexible scheduling — Specific time needs
Uses multiple services — Narrow range of services
Face-to-Face — Technology-Enabled

"When I call my doctor, I watch how quickly they answer the phone, how knowledgeable, professional and friendly the people were. If I see they weren't really interested in me and take the time to see that I'm satisfied, then I'd call another doctor."

"I love my doctor! He always takes the time to ask how I am doing, and gives me my paperwork before I leave, so I can keep them in my file. My other doctor was in such a rush that I hardly got to see him."

sms Satisfaction Management Systems
Strategic Research, Actionable Results

8. Measure your brand promise. This provider's brand promise involves keeping the patient informed. Specific commentary describes the impacts of and performance towards that goal.

10. Ditch the PowerPoint. We print on tabloid (or larger) paper, but do not use a dedicated software tool. We also laminate the results and include them as client takeaways.

Optional 2. Bring in Customer Verbatims. Verbatims make the experience come to life for our clients. On simpler maps we may sprinkle them into the central map.

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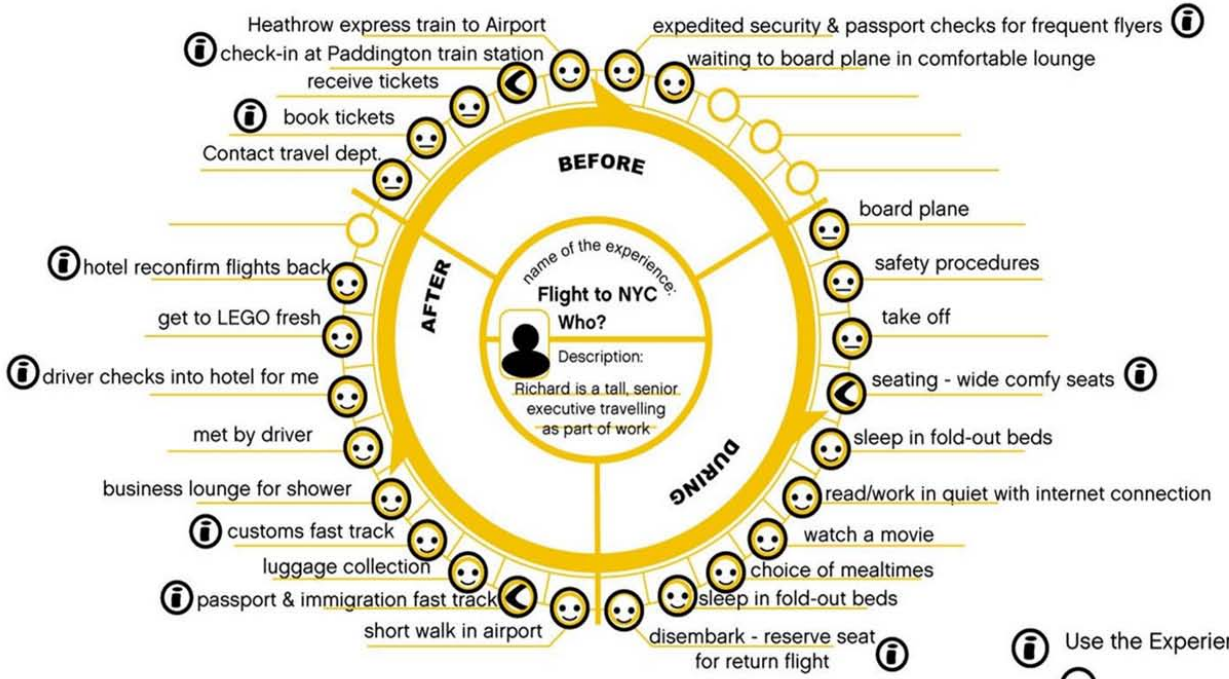
Designing the Experience - Example WOW



Use the Experience Icons:

- How can this be a positive experience?
- Make or break moment - what can we do to make sure consumers come back time and time again
- Where do we need data to help deliver the experience?

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Forer effect / Barnum effect

The tendency to give high accuracy ratings to descriptions of their personality that supposedly are tailored specifically for them, but are in fact vague and general enough to apply to a wide range of people. For example, horoscopes.

Ingroup bias

The tendency for people to give preferential treatment to others they perceive to be members of their own groups.

Self-fulfilling prophecy

The tendency to engage in behaviors that elicit results which will (consciously or not) confirm existing attitudes.

Halo effect

The tendency for a person's positive or negative traits to "spill over" from one area of their personality to another in others' perceptions of them (see also physical attractiveness stereotype).

Ultimate attribution error

Similar to the fundamental attribution error, in this error a person is likely to make an internal attribution to an entire group instead of the individuals within the group.

False consensus effect

The tendency for people to overestimate the degree to which others agree with them.

Self-serving bias / Behavioral confirmation effect

The tendency to claim more responsibility for successes than failures. It may also manifest itself as a tendency for people to evaluate ambiguous information in a way beneficial to their interests (see also group-serving bias).

Notational bias

A form of cultural bias in which the notational conventions of recording data biases the appearance of that data toward (or away from) the system upon which the notational schema is based.

Egocentric bias

Occurs when people claim more responsibility for themselves for the results of a joint action than an outside observer would.

Just-world phenomenon

The tendency for people to believe that the world is just and therefore people "get what they deserve."

System justification effect / Status Quo Bias

The tendency to defend and bolster the status quo. Existing social, economic, and political arrangements tend to be preferred, and alternatives disparaged sometimes even at the expense of individual and collective self-interest. (See also status quo bias.)

Dunning-Kruger / Superiority Bias

Overestimating one's desirable qualities, and underestimating undesirable qualities, relative to other people. Also known as Superiority bias (also known as "Lake Wobegon effect", "better-than-average effect", "superiority bias", or Dunning-Kruger effect).

Illusion of asymmetric insight

People perceive their knowledge of their peers to surpass their peers' knowledge of them.

Herd instinct

Common tendency to adopt the opinions and follow the behaviors of the majority to feel safer and to avoid conflict.

Illusion of transparency

People overestimate others' ability to know them, and they also overestimate their ability to know others.

Fundamental attribution error / Actor-observer bias

The tendency for people to over-emphasize personality-based explanations for behaviors observed in others while under-emphasizing the role and power of situational influences on the same behavior (see also actor-observer bias, group attribution error, positivity effect, and negativity effect).

Projection bias

The tendency to unconsciously assume that others share the same or similar thoughts, beliefs, values, or positions.

Outgroup homogeneity bias

Individuals see members of their own group as being relatively more varied than members of other groups.

Trait ascription bias

The tendency for people to view themselves as relatively variable in terms of personality, behavior and mood while viewing others as much more predictable.

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