

CREATING HEALING ORGANIZATIONS

| Sita Ananth, MHA |

When Greg Carlson became CEO of a newly merged hospital, he was faced with a dilemma. How was he going to blend two cultures while maintaining morale and avoiding layoffs? Surely a daunting task. Carlson (whose doctoral thesis examined mortality rates for hospital-employed versus contract cardiac surgeons—the conclusion was in favor of employee model), decided to create a “culture design team,” bringing together a cross-departmental group of formal and informal leaders to determine the values they would like to see in their leaders and colleagues. What was powerful about this process was that it was not top-down, but a collaborative effort that was endorsed by the board of directors and all levels of the organization.

Carlson says his greatest learning through the process was that there was no such thing as a right or wrong culture. Each organization has to decide what they value—whether it be teamwork, innovation, service, financial success—and clearly communicate those values to all, utilize them in evaluating staff and programs to ensure congruence with those values, hire according to those values, and reward behaviors that reflect those values.

At the Samueli Institute, when we talk about a healing organization, we mean the culture of the organization—one that values and sustains the attitudes and behaviors that facilitate recovery, repair, and wholeness. A healing culture expresses itself through the mission and the vision of the organization and rewards behaviors that enhance healing. Trust, communication, compassion, service, and a commitment to active learning are the core components of organizational change needed to create a healing culture. But above all, leaders must themselves model the type of characteristics they would like to see in their culture.

Tom Atchison, EdD, who consults with healthcare organizations on managing change, teambuilding, and leadership de-

velopment and specializes in “toxic environments,” says the way to maximize the return on your human capital (assuming they have the motivation, capacity, and capability for the job) is to create greater autonomy of work for all employees including clinicians; reduce excessive bureaucracy; recognize and celebrate employees; and respect employees by their engagement and contributions. Employee satisfaction in healthcare is only at 51%, leaving plenty of room for improvement.

In talking with Atchison and others, several common themes on changing hospital culture emerge—themes that align closely with the Samueli Institute’s optimal healing environment framework and the “creating healing organizations” domain. Self-care, technology as an enabler, autonomy and control over work life, and building trust and respect through engagement and teamwork stand out as being of key importance.

Many healthcare executives neglect their own health, often saying they are too busy for healthy self-care behaviors. This not only fails to model what the system is trying to deliver but also deprives them of the opportunity of learning in a personal way the challenges faced by their staff and patients in the attitudinal and behavioral changes being asked of them. In a very real sense, self-care is a key component of both the leader’s own behavior and the organization attempting to create a healing culture. At St. Luke’s Health System in Idaho, a comprehensive wellness program that was offered to all 7,800 employees served as the centerpiece of the organization’s commitment to caring for the caregivers and other staff. Not only did it provide a return to the organization’s bottom line through reduced utilization, but it has helped maintain their consistently low turnover rates.

Hospitals are also responding by introducing technology to dramatically reduce paperwork, offering more flexible hours, reducing caseloads, paying for advanced training, and giving employees more au-

thority. Inova Fairfax recently introduced a state-of-the-art data system—consisting of video monitors and other equipment that track the vital signs of intensive care patients—to reduce the amount of time nurses spend filling out paperwork.¹ Kaiser Permanente is going all digital with imaging to reduce staff exposure to harsh chemicals and heavy metals.

Lack of control over one’s work is well known to be a key determinant of employee satisfaction. A 2007 national survey of physicians has found that a lack of control of their work hours and schedule often leads to burnout, whereas many other difficult issues that physicians face do not seem to diminish their career satisfaction.² Nurses at Children’s Mercy Hospitals and Clinics in Kansas City, Missouri, for instance, set their own schedule and have a say in what type of equipment should be purchased and whether patient-staff ratios need to be adjusted.

Research by Press Ganey shows a clear relationship between employee satisfaction, patient satisfaction, and quality of care as an interactive, reinforcing relationship. Not only do satisfied employees deliver better care—which results in better outcomes and higher patient satisfaction—but working for an organization that values patients and delivers quality drives employee satisfaction, retention, and loyalty. This is basic common sense, says Maureen O’Keeffe, system vice president of human resources at St. Luke’s Health System in Boise, Idaho. She has consistently found that units with the highest employee satisfaction scores tend to have the highest patient satisfaction, best clinical outcomes, and are on budget.

Building trust and staff engagement was also a key goal for St. Luke’s. An example O’Keeffe offers is the annual employee survey they have conducted for the last five years. Early on, response rates were only at 30%. Further investigation revealed that staff were wary of participating, fearing lack of privacy for their responses or lack of confidence that management would act

upon their recommendations. When management demonstrated through action that employee suggestions and comments were being addressed and the survey data was being guarded, response rates to the survey soared to over 90%, and employee engagement is now at its highest.

By the end of Carlson's culture design process and merger, only one of his 77 vice presidents and directors had left and no layoffs were made. Eighteen months after he took over as CEO, all five quality indicators they had established to determine the strength of their culture had risen from

3% to almost 90%—a true testament to the power of creating a healing organization. In fact, in 10 years as CEO he never had a single layoff; turnover rates were half the national average; and the financial performance of the hospital was the highest in the state (in fact they were so profitable they reduced their rates). As Atchison wisely advocates, focus on the intangibles and you will see tangible results.

REFERENCES

1. Hayes V. Dion. What nurses want. *Washington Post*. September 13, 2008, D01.
2. Keeton K, Fenner DE, Johnson TRB, Hayward RA. Predictors of physician career satisfaction, work-life balance, and burnout. *Obstet Gynecol*. 2007;109:949–955.

Sita Ananth, MHA, is director of Knowledge Services for Optimal Healing Environments for the Samuelli Institute. Before joining the Institute, she was program director of complementary and alternative medicine for Health Forum, where she was responsible for designing and developing the CAM initiatives for members of the American Hospital Association.