

Creating a Positive Culture of Ownership

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The great management philosopher Peter Drucker coined the saying that culture eats strategy for lunch, and that is truer today than it's ever been. But because culture is shaped by the attitudes, behaviors, and habits of the people who work within an organization, culture does not change unless and until people change. And people will not make and sustain positive changes of attitude and behavior unless they perceive a personal benefit to making those changes.



For years, we've seen headlines about the "health care crisis" related to cost, access, safety, and quality. Many of these problems are largely, or completely, beyond the direct control of an individual hospital or even a large health care system. But there is another health care crisis. This one is on the inside, and it is within our power to manage. This "crisis within" is reflected in the frequency with which terms such as *bullying*, *lateral violence*, *incivility*, *passive-aggressiveness*, *disengagement*, and other forms of toxic emotional negativity (TEN) show up in the health care literature. It is a leadership imperative to create a workplace environment in which such practices are not tolerated.

In this article, we assess the costs of this inner crisis, explain why fostering a stronger culture of ownership within health care organizations is the solution, and share practical ideas for doing so. We describe a hospital initiative in which these actions resulted in positive culture change, enhanced employee engagement, and higher patient satisfaction. The article concludes with recommendations for leaders.

THE HEALTH CARE CRISIS WITHIN

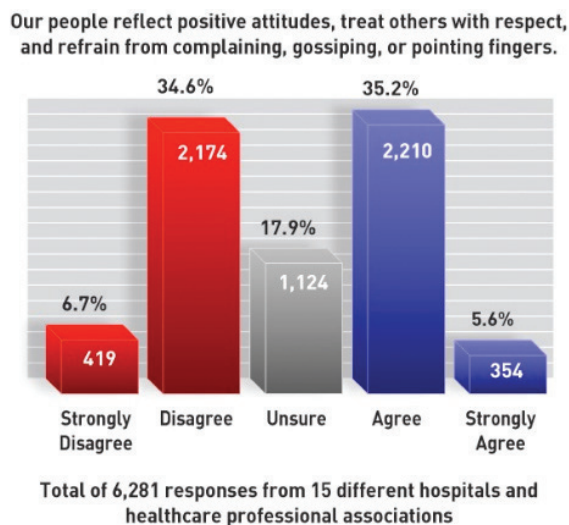
Gallup and other organizations that study employee engagement consistently find that, on average, only about 25% of employees are engaged, whereas 60% are not engaged and 15% are aggressively disengaged.¹ There is obviously a huge variation between organizations, even within the same industry. The experience of being an employee or a customer of Costco versus Walmart, Southwest Airlines versus United Airlines, or Zappos versus Payless Shoes could not be any

more different, even though these companies recruit the same types of people to sell the same products to the same customer base. The difference is culture and the respective level of employee engagement or disengagement.

Unfortunately, despite the importance of the healing mission of health care organizations as opposed to, say, selling shoes, the problem of disengagement and TEN might be even greater in health care than in other industries. This is visibly reflected in negative attitudes and counterproductive behaviors. One of the questions included in the Values Coach Culture Assessment Survey reads:

Our people reflect positive attitudes, treat others with respect, and refrain from complaining, gossiping, or pointing fingers.

Figure 1. Responses to Values Coach Culture Assessment Survey



We compiled recent survey results from 15 different hospitals and health care professional associations totaling more than 6000 responses (including more than 1500 participants in a webinar Tye conducted for the American Nurses Association Leadership Institute). Nearly 60% of respondents disagreed with or were unsure about that statement, and only 5.6% strongly agreed (Figure 1).²

If a substantial majority of the people who work in organizations devoted to health and healing “strongly agreed” that their workplaces were characterized by positive attitudes, respectful behavior, and an absence of TEN, there would be a renaissance of productivity, innovation, and fellowship in health care, and health care organizations would much more effectively deal with challenges imposed by the external environment.

THE COST OF TOXIC EMOTIONAL NEGATIVITY

In *The Coming Jobs War*, Gallup chief executive officer Jim Clifton estimates the cost to the U.S. economy of employee disengagement to be 500 billion dollars per year.³ Because health care accounts for nearly 20% of gross domestic product, a straight extrapolation suggests that employee disengagement costs health care organizations close to 100 billion dollars per year. This equates to approximately \$8,500 per employee per year. Values Coach Culture surveys at individual organizations indicate that the cost of TEN and disengagement ranges from hundreds of thousands of dollars for a small critical access hospital to tens of millions of dollars for a larger medical center and hundreds of millions of dollars for a large health care system.

The negative impact goes well beyond just the financial cost. It also registers in lowered patient satisfaction, employee disengagement, greater difficulty recruiting and retaining the best people, diminished image and reputation within the community, and increased risk of serious medical errors. In her *New York Times* magazine article “No Time to Be Nice at Work,”⁴ Georgetown University professor Christine Porath wrote that “people working in an environment characterized by incivility miss information that is right in front of them. They are no longer able to process it as well or as efficiently

as they would otherwise.” She cites a survey of more than 4500 health care professionals in which “71 percent tied disruptive behavior, such as abusive, condescending or insulting personal conduct, to medical errors, and 27 percent tied such behavior to patient deaths.”⁴

In a poll of 800 managers and employees in 17 industries, Porath and Peterson⁵ reported that after exposure to incivility, a substantial proportion of employees intentionally decreased time and effort spent at work, had reduced commitment to their organizations and to providing great service to customers, and 12% reported having left their jobs due to uncivil treatment.

The most pernicious reflection of TEN is bullying and lateral violence, the prevalence of which is reflected in book titles such as *Ending Nurse-to-Nurse Hostility*,⁶ *Toxic Nursing*,⁷ *When Nurses Hurt Nurses*,⁸ and “Do No Harm” Applies to Nurses Too!.⁹ A literature review by us revealed 115 articles with the word “bullying” in the title over the past 4 years—and that was just in the nursing literature. In the 2012 *American Nurse Today* article “Break the Bullying Cycle,” Terri Townsend (citing original research from the University of Cincinnati) wrote: “Roughly 60 percent of new RNs quit their first job within 6 months of being bullied, and one in three new graduate nurses considers quitting nursing altogether because of abusive or humiliating encounters.”¹⁰ (The research from the University of Cincinnati that Townsend references, but does not cite, is from “Novice Nurse Productivity Following Workplace Bullying” by Berry et al. in *Journal of Nursing Scholarship*, Volume 44, Issue 1, pages 80–87, March 2012.) The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence¹¹ states:

Incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. All of these are an affront to the dignity of the coworker and violate professional standards of respect. Such actions may also include name-calling, using a condescending tone, and expressing public criticism. The negative impact of incivility can be significant and far-reaching and can affect not only the targets themselves, but also bystanders, peers, stakeholders, and organizations. If left unaddressed, it may progress in some cases to threatening situations or violence.

At the organizational level, TEN is reflected in chronic complaining, gossip and rumor-mongering, passive-aggressive resistance to change, cynicism and pessimism, bullying, and lateral violence. TEN exacts an enormous toll on employee morale, patient satisfaction, productivity, and virtually every other operating parameter. It is a leading contributor to stress and burnout, compassion fatigue, and costly unwanted turnover.

At the personal level, TEN is reflected in negative self-talk, poor self-image, anxiety and depression, and a fear-based perspective on life. In a 2010 *Harvard Business Review* article, Dr. Edward Hallowell¹² stated that workplace disengagement is a leading cause of depression and failure to achieve personal and professional goals.

AN OFTEN ABDICATED MANAGEMENT DUTY

There is an unfortunate level of learned helplessness on the part of health care leaders when it comes to dealing with the

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