

By Richard H. Axelrod and Hugh B. Macleod

Engaging the Staff

Pick up any nursing journal and you will read article after article about the global skill scarcity. The province of British Columbia only has to look southward to see the size of the challenge. The states of Washington, Oregon, and California are reporting nursing vacancy rates in the range of 16 to 21 percent. In most health care organizations, overtime is the norm, and tired, overworked staff are frustrated and angry about the quality of their work life.

A long-term solution might be to interest more people in the nursing profession. This is certainly a viable option, but it also takes time and will not produce immediate relief. A second, more direct option is to improve the quality of work life for nursing professionals. The health care industry cannot afford to attract new people to nursing only to have them quit out of frustration.

What does it take to create the kind of work environment where people want to stay? In looking at the best

companies to work for, the following factors jump out: these organizations have a commitment from senior leaders, they have engaged employees, and they have aligned and supportive work practices.

In the best organizations, leaders believe that people matter. Not only do they believe this, they behave in a way that is consistent with this belief. This builds trust between employees and the organization's leaders. The leaders help employees understand the dangers and opportunities facing the or-

It's a different approach to the worldwide nursing shortage: treat nurses well, and they'll stay on the job.

ganization, and they listen to them in order to understand the internal issues that hinder superior health care. Then they work together to improve the organization.

People stay in an organization like this because they have an intense desire to be members of the organization. They consistently speak positively about the organization. And most important, they put forth the extra effort that contributes to the organization's success.

Motivation

Two dynamics are at play here. One is the quality of the day-to-day work experience. The second is how employees are involved in changes that affect them.

Studies conducted by J. Richard Hackman of the Harvard Business School identified the following three factors as critical to the quality of the work experience:

- Meaningfulness of the work (the importance of what I do)
- Autonomy (my responsibility for the outcomes)
- Feedback from the job (how well I am doing)

When all these factors are present, there is high internal work motivation, job satisfaction, and work effective-

ness. In nursing, meaningfulness is inherent in the work. But autonomy and feedback are often lacking. And of the three factors, Hackman's studies showed, autonomy and feedback are more important than the perceived meaningfulness of the work.

Experience tells us that few people leave the nursing profession because they no longer want to help or care for people. But many leave when they are frustrated by a lack of autonomy that prevents them from doing their job effectively and when they don't get adequate feedback that tells them how they are performing.

A second factor in determining attitudes about an organization is what happens during periods of crisis and change. This is especially true today when health care organizations are dealing with restricted financial resources and the need to maintain the organization's long-term viability.

When it comes to organizational change, often a small group of employees and leaders get together and plan changes for the rest of the organization. The few are designing for the many. Despite the best intentions of the group planning the changes, most people in the organization are left on the outside looking in and wondering what "they" are going to do to us. This lack of involvement and information has brought more than one change process to its knees. And when people do not feel able to influence changes affecting them, they either leave in place (by putting forth less effort) or they leave the organization.

Inclusion

It is often said that an organization's people are its most valuable asset. We find the "people as an asset" concept within the frame of value statements that include words such as *respect*, *trust*, *diversity*, and *openness*. Far too often, this is merely wallpaper within a frame, with no commitment to alter the organizational mind-set.

To make the "people as an asset" metaphor a reality, we must be inclusive. We must engage people's faculties

of reflection, feedback, and decision making. We must also achieve sterling performance under conditions of extreme fiscal restraint and increasing service demand. These are not mutually exclusive.

We must deal with many factors we cannot control, such as political agendas and their impacts on policy and funding. At any moment these factors can surge into an issue that demands immediate response when high involvement is impossible—when a rough decision must be made with high-profile accountability on the basis of a few facts. However, even in crisis situations we must fight the normal tendency to pull inward; we need to maintain open communication links and decision-making processes.

These are the critical tasks for leaders in these situations:

Create opportunities for people to understand the dangers and opportunities facing the organization. This means bringing doctors, nurses, and staff members together to discuss their history and current circumstances as they create the future. The emphasis is on dialogue and discussion, not long-winded presentations by senior executives.

Foster broad participation that quickly identifies problems and solutions. At a conference involving hundreds of hospital staff, we asked one person to be a patient. We then followed that patient through the system, and the conference participants quickly identified the needless bureaucracy that occurred during the patient's stay. This led to changes in policy and procedure that both saved money and improved the patient experience.

Spark innovative and creative thinking and solutions by encouraging different points of view. At a session to redesign a health care system, we asked groups to design a hospital based on a single criterion. One group of people designed the hospital as if cost were the only issue, another as if patient care were the only issue, and a third group as if employee morale were the only issue. We then asked them to design the hospital based on all the criteria. This resulted

in a new organizational framework with multidisciplinary care teams that combine the functions of quality, case management, and clinical outcomes into one streamlined service.

Encourage collaboration throughout the organization, ensuring that people are connected not only to each other but to the issues as well. At a medical insurance company, when more than 60 doctors, attorneys, physicians, programmers, claims supervisors, and examiners came together to examine barriers to effective claims processing, they discussed not only workflow issues but why they came to the organization and why they continue to stay. They looked at the issues from the perspectives of each of these groups. This led to new levels of cooperation as people stopped seeing each other as protagonists but rather as people who all want to provide quality health care. By the end of the first year they had reduced claims processing time by 75 percent.

Ensure implementation—with accountability—by letting people know they have the freedom to carry out the agreed-upon plan. Recently a supply-chain improvement project at Detroit Edison brought together union officials, customers, suppliers, and employees from all levels. They were able to identify more than 20 projects that produced savings in the millions. The key to success was that the organization did not impede progress by overlaying the process with needless bureaucracy; rather, the leaders made sure that people had the time and resources to complete the work.

Engagement

Every organization has unique issues and circumstances, so leaders cannot mindlessly perform these critical tasks. They need to apply a proven set of engagement principles:

- Widening the circle of involvement
- Connecting people to each other
- Creating communities for action
- Embracing democracy

Together, these principles, along with the previously described leadership

Making Informed Training Choices

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tasks, comprise a platform upon which any change process can be built. For example, they have been used to create new visions for organizations, improve customer-supplier relationships, support the design and implementation of new software systems, facilitate mergers and alliances, and redesign organizations and processes. In "The Rules of Engagement" (*Healthcare Business*, January/February 2001), we described how these principles were used to bring about dramatic change at the Inova Health System in Washington, D.C., and at Kahuku Hospital in Oahu, Hawaii. Let's briefly review them.

Widening the circle of involvement. This means going beyond the dozens that are typically involved in a change process to involving hundreds, even thousands, of employees. In practical terms, widening the circle of involvement means expanding who gets to participate in a change process in two critical ways. The first is by including new and different voices. The second is by expanding the number of people involved in order to create a critical mass for change so that the few no longer decide for the many.

Connecting people to each other. In a world that puts a premium on getting things done, how can we increase connection? Unfortunately, most organizations attempt to connect people only to the task at hand and rely heavily on inspirational talks and slide presentations by the leaders, minimizing the importance of dialogue. But connection occurs primarily through conversation. This means that we must build into our meeting and conference agendas time for people to connect with each other and to the task.

Creating communities for action. We create community when we create the future together. Employing this principle means involving people in developing new plans and procedures from the very beginning. It is the opposite of having a small group develop strategies, plans, and processes—then trying to sell them to the rest of the organization.

Embracing democracy. Democracy is about voice. When we widen the circle

The surge of interest in educational outcomes has brought focus to the three factors that influence performance: ability, motivation, and environment (see M. Cheren, "CME as Coaching, CME Director as Coach," *Journal of Continuing Education in the Health Professions*, 19[4]: 250-51). Health care organizations can use various educational formats to address the ability factors. The range of learning options has greatly expanded

in the past ten years, making it more difficult to select the best formats for the health care workforce. Limitations on educational budgets require that training options be carefully examined and matched to the learning objectives of individuals. Health care leaders may not be the ones who make final decisions about educational formats, but leaders should certainly demand that a systematic planning process be used in selecting training strategies. With all the new and exciting training options available today, the enthusiasm of training directors may need to be tempered by the questions of a knowledgeable CEO. New technologies are making workforce training more efficient than

of involvement, we increase voice because we have different voices in the room. But voice is more than just expressing your opinion or having your opinion prevail. Voice is about creating an environment in which people feel that they are heard and understood.

Embracing democracy involves dealing with four issues: equity and fairness, maximum information sharing, open decision making, and freedom and autonomy. When change processes have these characteristics and people feel that their voices count, thinking shifts from *you and I to we*.

When these four principles are applied, the leaders' role shifts from solving problems to identifying direction and the conditions for effective solutions. The challenge is to demonstrate leadership in a way that achieves healthy, creative, optimal tension between the two poles of engagement and direction. When engagement occurs without direction, groups flounder because both the purpose and



traditional classroom-style education. Computer-assisted and Web-based learning tools offer the organization cost-efficient ways of delivering high-quality education to a wide range of employees. To help employees integrate learning with practice, technology-assisted training should be supplemented with small group discussions and mentoring programs.

Leaders play a key role in the other two factors that affect educational outcomes—motivation and environment. A clearly articulated vision that creates the motivational climate necessary for continuous learning is more important than which training tools are selected. Knowledge is health care's most important resource. Organizations that fail to nurture this resource will find it increasingly difficult to recruit and retain employees, and the quality of patient care will eventually decline.

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boundaries are unclear. And when direction occurs without engagement, the resulting superficial consensus saps energy and blocks creativity. Commitment suffers, ultimately leading to mistrust, energy depletion, and inconsistent decision making.

Mind-sets

In the new engagement approach, old dogs must learn new tricks. Engagement requires many of those implementing the "people as an asset" strategy to emphasize—and even develop—completely new skills in collaboration. They must tolerate far greater levels of ambiguity while taking greater personal responsibility to get the job done. To strengthen the people relationship we must stress four mind-sets involving information, relationship building, identity, and finding the gifts people bring to the workplace.

Information mind-set. With this mind-set, the nature and role of information changes from being restricted and used for power to being openly shared. In-

formation is available to everyone like the air that we breathe.

Relationship mind-set. Relationships flourish when barriers are removed. People are able—even compelled—to bump into each other and create and circulate new information. As new patterns of interdependence grow, trust begins to increase due to the recognition that listening skills, with a willingness to be influenced, are critical. A deep appreciation for the fullness of the system's diversity begins to grow.

Identity mind-set. The quest for identity—the sense of who we are and how we fit into the entire system and its goals—is a critical factor. Symptoms of frustration due to a loss of identity include concern with roles and relationships. Leaders with an identity mind-set want people to learn that such frustration can be healthy—an impetus to defining personal responsibility.

However, traumatic frustration with

the loss of historically valued sense of organizational identity may result in an obsessive concern with role definition. This is driven by the need to establish control over others, presented as a desire for “improved trust,” which is actually a defense against a fear of betrayal and loss of influence.

Untapped gifts mind-set. People bring many untapped gifts to an organization. These include not only the components of ourselves, staffs, and systems that we deny or have learned to diminish but also all our undiscovered talents and potential and the energy to make them manifest.

As people begin to see themselves in the larger picture and feel good about it, work becomes more meaningful. Creative energies are released, fueling the transformation process. People across the system begin to realize that the more they do with others productively, the more their influence grows.

Their motivation is to earn the praise and respect of their peers, rather than to demand power and control in all its hostile overt and covert manifestations.

Applying the engagement principles with the previously described mind-sets is crucial to thriving in the current health care crisis. People stay in organizations where they experience meaningful work, know their voice counts, and are substantively engaged in the critical issues. Not surprisingly, these organizations are also best equipped to effectively navigate in an increasingly turbulent environment. ■

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