



Inspiring Healthcare Leaders
Accelerating Change

Shifting Thinking and Behavior Model

Southern Illinois Healthcare leaders have learned that establishing agreed-upon behavioral expectations enables teams to perform at the top of their capability.

By: Kerri Burchill, PhD and John Toussaint, MD

September 2020

createvalue.org

Creating a System to Reinforce Important Behaviors

The Shingo model of organizational excellence is predicated on principles which reinforce behaviors. Hard wiring those behaviors is a challenge. At Southern Illinois Healthcare (SIH) leaders have developed a model that managers have used across many departments to develop behavior alignment of the team and hold each other responsible for improvement of team dynamics

SIH is a three-hospital healthcare system that has been on a journey of organizational excellence for a decade. They have learned that establishing agreed-upon behavior expectations can enable teams to perform at the top of their capability. SIH has developed a system for establishing specific behaviors of a team-based culture. Leaders and managers follow a four step process which includes : 1) defining the group's identity, which is done through developing agreed-upon values, behaviors and beliefs; 2) actively listening; 3) practicing humble inquiry with open-ended questions; and, 4) developing a call to action to take responsibility for one's own behavior. This process empowers employees to address behavioral barriers, reducing frustration, resulting in increasingly positive behavior change.

Step 1: Defining the Group's Identity

The first step of this model is for the group to develop its identity, which is done through developing an agreed-upon set of values, behaviors and beliefs. This can be done in brief huddles deconstructing the organization's behavioral standards. Staff are encouraged to express how they feel about the standards. The process includes documentation of what staff say on flip charts and review with the whole team to build consensus around a few standards. Another way to get staff input is a formal meeting either virtually using the chat feature, or in person. Staff writer on post-it notes the values, behaviors and beliefs they want to experience at work. Again, the notes are left up on the wall publicly accessible for several days, so that others can add comments. The manager must reinforce and review the themes with the team to build consensus. Managers can also post a large chart paper in a common area and ask staff to add comments. This allows all team members to contribute and see the other's suggestions. Finally, managers can use a facilitated session with all staff to solicit their input.

People don't naturally function as a cohesive team, so this step is important to provide a shared understanding of behavioral expectations which begins to define the group's identity. The shared group identity is foundational in helping team members navigate challenge and change, as well as hold each other accountable. It is unrealistic to expect an employee to change their thinking and behavior unless the expectations are clear. The leader's role is important here. They manage group identity by embedding themselves as a member of the team and modeling the expected behaviors. (Haslam 2011).

Shared accountability emerges as teams agree on expectations. For example, a food service department manager asked a facilitator to help build group identity. The discussions began by asking the staff what values, behaviors and beliefs would make an ideal work team. The team first identified “drama” as their most significant dissatisfier at work. Some examples of drama included team members comparing how much harder they were working than their “lazy” co-worker, complaining about last minute cancellation of food orders, or sharply pointing out the mistakes of others within or outside their department, but then not offering to help.

The facilitator created a sense of shared accountability when she asked the team, “How are you going to call each other out when a co-worker has drama?” The staff expressed some fear that calling each other out may be perceived as finger pointing, or lead to an argument with their colleagues, though they were persistent that the drama needed to be addressed. As a compromise the facilitator asked if there was a word or gesture that could be used to cue a co-worker. The team agreed that they would say “back up” to each other as a universal cue that there was some drama that needed to stop (fig.1).

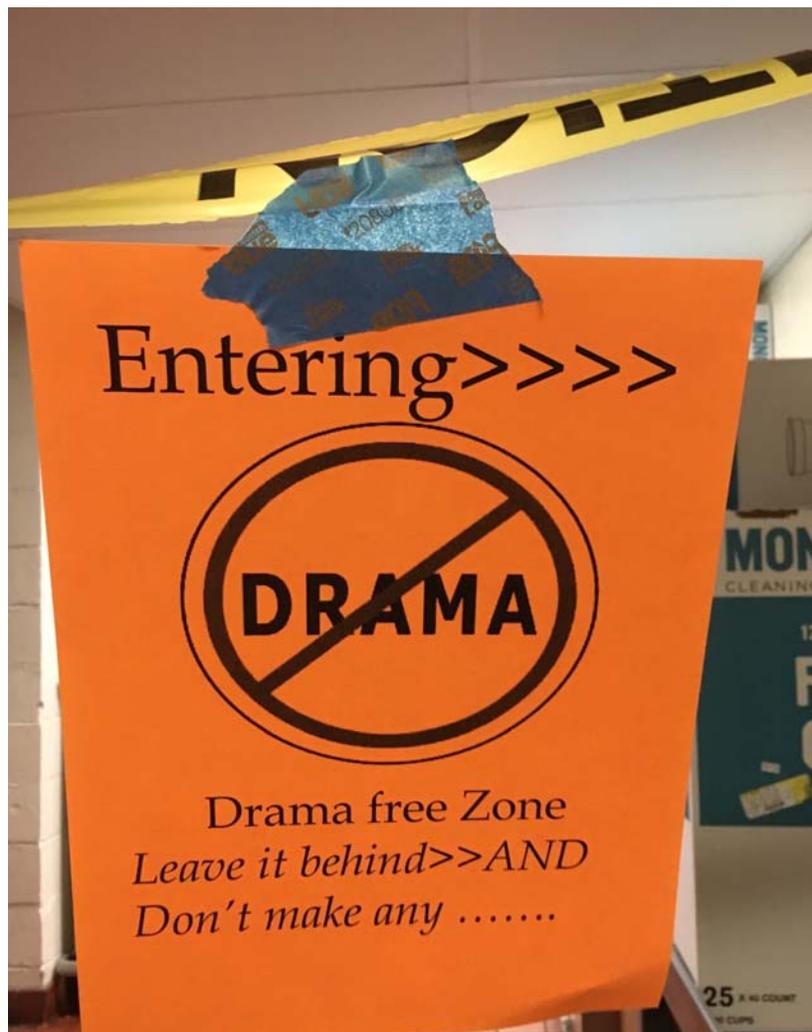


Figure 1: Employee developed sign that reinforces behavioral expectations

Two weeks after the discussion, the facilitator returned to the foods department and asked for evidence of how the team was living their agreed-upon values, behaviors and beliefs. The team shared that they had not used the “back up” cue with each other but had applied it to themselves. For example, one team member smiled when she reflected, “Remember when I was complaining about the dirt left on the pans after they were washed? I stopped myself and said, ‘Ignore me. I’ve got to back up.’” The team giggled as they teased her for being grumpy. A different member of the team shared another story where there was a backlog of trays for delivery and someone was standing nearby, not helping. When the person delivering the trays asked for help, the person standing around sighed, ignored the request and started to walk away, then redirected their behavior saying, “Sorry. I had to back-up right then.” The two employees then delivered trays together.

The foods services manager shared that the work of maintaining their group identity needs continual attention. He finds value in using the team’s agreed-upon values, behaviors and beliefs (Fig. 2) when he reviews the Press Ganey results or introduces new processes. To help crystallize the team’s identity, he developed a three-page document titled after one of SIH’s engagement survey questions, “I understand what I need to do to be successful in my job.” This document underscores the values, behaviors and beliefs of top performers in the foods department with statements such as: “The top performers understand that when we use our cell phone phones, no matter how short the text, it is not what we are here for . . .” Or “See where there are three staff waiting for a cart to be filled, they will go to the P&P room to do a few pans, put dishes up, or stock, even if it is not their job.” This manager shared that this document is especially helpful when onboarding new staff.

- This list of Values, behaviors and actions from the food service step 1 facilitation
- Know each other’s jobs and scope
 - Do your job
 - Express appreciation
 - Offer to helpful
 - Friendships
 - Laughing
 - Have my back
 - Self Awareness
 - Trust that it will be done if they say it will be done
 - Trust that they will be
- Principles/Values:
1. Working together results in greater productivity
 2. Give a hand when help is needed
 3. Share the workload,take over for a co-worker when they need help
 4. Empower and support
 5. Handoff team work initiative

Figure 2: Values, beliefs, and behavior document generated by food service staff at SIH

SIH has learned that invariably, the values, behaviors and beliefs align tightly with the organization's behavior standards. Therefore, the most powerful strategy in developing the group identity is to highlight the alignment between the group's agreed-upon values, behaviors and beliefs with the organization's behavior standards. The group's agreement on values, behaviors and beliefs creates positive peer-pressure for individuals on the team to align behavior with that group identity. When employees have behavioral fallouts, active listening is a powerful skill in understanding what might be triggering those unwanted behaviors.

Step 2: Active Listening

Maintaining a positive team dynamic requires active listening. This is one of the most powerful and difficult soft skills for leaders to master. Active listening conveys that the speaker understands and cares about the listener's thoughts and feelings. (Werger et al., 2014) There are three components: repeating, paraphrasing, and reflecting (Lumen, n.d.). Repeating is when the listener parrots verbatim from the speaker. Paraphrasing happens when the listener uses similar words and expressions to confirm that (s)he understands what is shared. Reflecting occurs when listener captures the message in his/her own words and perspective. By repeating, paraphrasing and reflecting, the listener hears his/her own words and perspective, which can cause reflection and develop a deeper awareness the story that has developed around the story shared. With awareness comes greater opportunity for root cause analysis.

In one recent study, only 52.5% of middle managers attained the medium score on an active listening assessment (Kubota, 2004, as referenced by Jahromi et al.). Additional research suggests that experienced managers in hospital settings were weaker in active listening skills compared to novice managers (Jahromi et al., 2016). Leaders identify that the sheer pace and magnitude of the work gets in the way of actively listening.

Active listening traditionally occurs in one-on-one conversations, though SIH's research underscores the power of active listening experiences in groups. An example of how group active listening shifted thinking and behavior occurred in the patient financial services department. A few months into Covid-19, the supervisor identified that her staff were increasingly criticizing each other's work, complaining about having to complete tasks outside of their pre-Covid-19 roles, and when asked to complete a task, responded curtly. The supervisor recognized that the team needed to revisit the values, behaviors and beliefs forming its group identity and asked someone from the organizational development team to facilitate a discussion.

The organizational development facilitator engaged the entire team, including the leader, in four active listening exercises. Combined, the activities lasted 30 minutes. In the first activity, each team member anonymously wrote down on post-it notes three "pebbles in their shoes" related to their experiences during Covid-19. Their comments ranged from the difficulty of breathing with a mask on, to the resentment around furloughed staff making more money than those at work, to missing the connection with colleagues and friends. Leading the group in active listening, the facilitator read the verbatim post-it notes, asking the group to elaborate on the ideas shared.

In the second activity, the facilitator paraphrased by clumping similar comments together into themes. With the themes along the x-axis and a ranking scale of one to five on the y-axis, the facilitator asked each team member to put a sticky circle on the graph indicating the degree to which the theme was causing stress. This graph created a visual through which employees could actively listen to each other's stress levels. Active listening helped manage the team's stress levels and interestingly, there has been no turnover at a time when many organizations are reporting high levels of turnover.

For this team facilitating an active listening session helped articulate root causes of some stressors, which included not knowing when things will return to normal, and fears about job security. In addition to active listening, asking open-ended questions furthers the pursuit of identifying the root cause of an issue.

Step 3: Open-Ended Questions

Asking open-ended questions is pivotal in helping individuals reassess their perspectives (Berger, 2014) and shift their thinking and behavior. For many managers and leaders asking questions and keeping humble curiosity are missing ingredients in conversations, in part because a traditional view of leadership suggests that good leaders have the answers (Schein 2013). Asking genuinely curious questions is inherently challenging for leaders who may have an answer in mind and are under pressure to quickly address issues and tackle the next task.

The type of open-ended question can enrich or reduce a conversation. The word *why*, for example, can often create defensiveness, suggesting blame and that something was done incorrectly. However, questions beginning with *what if* help the staff envision new possibilities. Questions beginning with *how* challenge assumptions (Berger, 2014). The following three examples outline the power of open-ended questions in both a group and individual settings.

The first example is in a busy outpatient clinic where the manager used open-ended questions to deepen the group identity. The clinic could not close its doors for a staff meeting, so the manager pulled ideas from the front-line staff by writing questions on large flip charts left up in the break room for a week. The question first asked, "How can we live up to the SIH Commitment to Care [SIH's behavior standards]?" (Fig. 3) Over the space of a week, staff contributed answers like, "Call it out; positive affirmation; and, be united and strong."

SIH Commitment to Care

The commitments below are the behaviors expected from all SIH employees, as part of their overall work performance, in order to deliver excellence. These behaviors align with the SIH mission, vision and values that **are the foundation of our organization, guiding us to create a culture united by our Commitment to Care.**

01. Commitment to Deliver Positive Patient and Colleague Experiences

We are committed to providing the highest quality of service and utmost care because everyone deserves to be treated with respect and compassion.

- » I will be considerate and listen carefully to everyone.
- » I will use common courtesy and act with compassion to acknowledge the discomfort (anxiety, fear, stress, uncertainty, pain) of others.
- » I will withhold judgment and display sensitivity and respect for others' cultures or traditions, including race, nationality, appearance, beliefs, gender, age, disability, sexual orientation, religion, education or socioeconomic status.

02. Commitment to Support a Collaborative, Inclusive Community

We believe **that leadership is within each of us and that each person may work in a different way; therefore, open and honest communication with each other is critical to our success.** We value the dignity and unique strengths of each person.

- » **I will respect everyone regardless of job title, expertise, level of education or certification and/or any other differences that may exist between us.**
- » I will accept responsibility for establishing and maintaining healthy interpersonal relationships with everyone. I will talk to a co-worker promptly if I am having an issue with them and work toward a respectful resolution.

03. Commitment to Build Trust

It is our responsibility to earn the trust of our patients, guests, co-workers, and community.

- » I will speak positively and use discretion when discussing my work in public.
- » I will keep my commitments and be honest in all interactions.
- » **I will practice integrity and maintain confidentiality as outlined by our policy and procedures.**

04. Commitment to Embrace my Personal Responsibility

We recognize a sense of ownership toward our job and accept responsibility for our work performance. Our culture recognizes success through collaboration and individual accountability.

- » I will speak up as appropriate when I see room for improvement in our processes, behaviors or approach **without placing blame or fearing retribution and seek to offer possible solutions to problems.**
- » I will take the time to keep up with communications from SIH and apply this information to my work.
- » I will do my part to ensure a safe environment free of physical and emotional harm.
- » I will adhere to organizational and departmental policies.
- » **I will strive to do every job right the first time.**
- » I will work with my team to ensure that our priorities and tasks are aligned with the organization's goals and that these jobs are completed in a timely manner.

SIH is a mission-driven organization which strives to create a strong culture of compassionate care, safety and quality that embodies our core values:

Mission

We are dedicated to improving the health and well-being of all of the people in the communities we serve.

Vision

Creating a healthy Southern Illinois made stronger by acts of caring that transform lives

Values

Respect	Stewardship
Integrity	Quality
Compassion	Accountability
Collaboration	



Figure 3: SIH's Behavior Standards

After a week, the manager probed deeper by asking, on the same flip chart, “How can we be better? How can you be better?” The staff’s responded, “not hearing truth; passing judgement; don’t be consumed by negative; and, ask questions.” After several weeks passed, the leader summarized the team’s responses verbally in a team huddle.

In this example, the staff’s responses clarified what the team expected of each other and created a shared accountability. The impact of this work is evidenced by statistically significant employee engagement gains, which, compared to the previous year, improved in every category, with an average of 0.38 on a six-point scale, approximately 2.5 times greater than that of SIH’s average score.

The second example comes from a manager who observed that a scheduler’s engagement had decreased. She was interacting less with her colleagues and responding in short answers unlike her usual self. The manager asked her, “something is going on. What is it?” The scheduler referenced her frustration scheduling a group of physicians. From her standpoint, she was doing everything she could to support the physicians, yet they still complained and asked her to shuffle and re-arrange various Operating Room times, which caused additional work for the scheduler. The manager probed more, asking, “What happens when you book it like that? What is their frustration?” Through the manager’s incorporation of open-ended questions, the employee was able identify a gap, which was that she did not have enough information from the physicians to be successful. In the absence of adequate information, the scheduler had assumed some of the physician’s preferences. When the manager asked, “What can you do?” the scheduler brainstormed, then determined to round regularly with the physicians. Rounding provided opportunity for the scheduler to gather and share more information. In a matter of weeks, the scheduler was re-engaging in conversations with her colleagues and told the manager she was feeling less frustrated at work.

The third example is an in-patient unit where a patient care technician (PCT) felt that the nurses were not sharing information, which created a situation where PCT was unable to locate urgently needed supplies. The PCT complained about the nurses’ behavior to the assistant manager. Rather than taking on this miscommunication and resolving the issue for the PCT, the assistant manager used open-ended questions to help the PCT identify the root cause of her frustration, and asked, “What are your needs? What have you brought up to the nurses? What information did you put in the system?” These open-ended questions created a space for the PCT to reflect and to see where her actions contributed to the process breakdown. The assistant manager’s use of open-ended questions proved valuable when, the next day, the PCT proudly approached the assistant manager to highlight how she had initiated more communication with the nurses to confirm their supply needs. With that information, the PCT took the initiative to re-organize the supply closet. In fact, the PCT was so pleased with her change in behavior that she insisted that the assistant manager physically go to the closet to see the improvements.

Sometimes asking open-ended questions doesn’t get results at which point leaders must call the employee to action. This final step can be applied to group or individual situations.

Step 4: Call to Action

The call to action step has the power to shift employees' mindsets from one of victim and blame mindset to that of empowerment. For example, the facilitator leading the patient financial services team called the team to action asking, "What can you do to reduce the frustrations you're feeling because of Covid-19?" The team suggested actions such as, "don't watch the news; be mindful; suck it up; and, take a break." The facilitator captured these actions on small post-it notes. The next step was to differentiate the actions into three buckets: actions within their control, within their influence, or out of their control. As a final wrap-up, the facilitator asked members of the team to make a personal commitment towards reducing their frustration. One employee said that they are going to breathe more, another shyly admitted that the Flintstones TV show was their escape, and a third shared that they were going to request a vacation day. No matter how big or small, the point is that the employee feels empowered to act and acts. Managers must follow up on those actions to assure that the root cause of frustration or stress is improving.

Lessons From COVID-19

SIH has been working with this model for several years. Here are the lessons learned:

1. If you are thinking it, say it. If you are leading a discussion and no one says anything, you may think to yourself, "This is not going very well. They aren't saying anything!" Say those thoughts in your head aloud. If you are thinking it, the audience is feeling it.
2. Everyone is feeling something. While it may be uncomfortable to talk about feelings and reactions to the chaos introduced because of COVID-19, get comfortable talking about feelings. Once the feelings are identified, we can develop plans to better address those emotions.
3. Play catchball, a back and forth dialogue meant to create deep understanding between people. At a time with so much change, one cannot over communicate. Rely on the catchball process to confirm a shared understanding.
4. Acknowledge the elephant in the room. COVID-19 has created an environment where we have all had to make quick decisions and develop new processes. This chaotic environment is ripe for creating resentment and misperceptions. If you can help groups name the elephant in the room, then the group can determine how to address the elephant.
5. Offer generosity and grace. It is a messy time and we will be messy. Be generous. Keep a space for grace.
6. It's about process not people. Human nature quickly places blame. Focus on breakdowns in process, not people.
7. Facilitation . . . or not? If the team dynamics are difficult and messy, a facilitator from outside the department may be more effective at helping the group identify the root causes of issues.

Summary

This model requires that leaders let go of control, create a group identity, create moments for reflection by engaging the employee or team through active listening, probing deeply with open-ended questions, and holding employees to act and live the team established behaviors.

We believe building a system that includes the four steps we have outlined can improve team dynamics and deliver better outcomes for patients. Who else to do this now than us? In the words of the Hopi Nation, “We are the ones we have been waiting for.”

Appendix

Tips to facilitating group identity conversations.

1. Keep the conversation future focused. Teams will invariably discuss what is not working. Actively listen to these concerns and pivot the conversation to what the team wants the future state to look like. In other words, focus on what we want to see working.
2. Create anonymity by asking the team to write characteristics of ideal teams on post-it notes, then cluster the post-it notes by themes. These themes then become talking points
3. If you use small post-it notes to generate ideas, give each employee the same number of small post-it notes with the expectation that everyone must write something on each post-it notes. Opting out is not an option.
4. For every characteristic the team wants, ask at least three open-ended questions to probe deeper. For example, “How would that show up? What does that look like? So, if we want teams that [insert characteristic], what would we do?”
5. Use sounds like/ looks like/ feels like as a tool to crystallize the expectations.
6. Seeing and hearing the conversation helps teams process these abstract thoughts. Visually track the group’s conversation on chart paper or projected notes from a computer.
7. If you have several shifts, leave the visual materials used to track the conversation up and allow other shifts to contribute.
8. Summarize the conversation and share the summary with the entire team.
9. Create accountability by developing behaviors/actions on how team members will address each other if behaviors outside of what the group has agreed are encountered.
10. Be generous. There will be times when people are not behaving in ways that are appropriate. This activity shifts culture, which takes time.
11. If buy-in is difficult, ask the group what would happen if the team exhibited more of a given behavior

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Shifting Thinking and Behavior Model Contacts

To learn more about the shifting thinking and behavior model and the continuous improvement process underway at Southern Illinois Health (SIH), please contact the following individuals:

Kerri Burchill

Organizational Development Director
Southern Illinois Healthcare
kerri.burchill@sih.net

Paul Pejsa

Director
Catalysis
ppejsa@createvalue.org

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