

Safety at the Center: A Model that Accelerates Learning

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Abstract

In designing a leadership development program to help leaders change the culture of a major medical center, we accelerated learning by introducing practices that created a safe place to learn. We practiced "choice-based change" by paying careful attention to the hidden drivers of change, choice and control. On 360-degree pre- and post-tests we found significant positive change on 89 of 94 items and culture scores improved significantly. Bottom line profitability increased significantly as well.

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Healthcare is a complex, fast-changing industry. The University of Maryland Medical Center has 6,600 employees and a total of 669 licensed beds, 265 of them intensive care beds. Over 1,000 attending physicians work there. Together they serve over 300,000 patients a year, including those referred for the most serious, complicated problems. Critical partnerships are required between care providers with vastly different kinds of training. Physicians, vital partners in the care process, are not employed by the hospital. Technologies change at a rapid rate. As a result, care providers are continually required to learn new protocols and develop new routines. Administrators juggle priorities to find funds for capital costs. Margins are small and competition is fierce.

In the late 1990's the medical center had a difficult time financially. Using the Denison culture survey (Denison & Neale, 1999), the medical center leadership determined that the organizational culture was having a negative impact on financial performance. The CEO,

senior vice presidents, and vice presidents learned that they needed to change the culture to increase their profitability and achieve their goals. The low scores on the Denison survey and a subsequent 360-degree leadership survey indicated that directors needed new skills to effectively lead through change. Our plan was to design a change leadership program to help directors lead during turbulent times.

Developing whole leaders

Learning is critical for leaders, especially those in complex, fast-moving industries, such as healthcare. But the kind of learning necessary to develop strong leaders is the kind that requires introspection, a notion that is counterintuitive in fast-paced organizations. As the OD consultants who developed the change leadership program, we observed that participants had more insights and were willing to explore topics in more depth when activities are structured in a way that reduced the likelihood of participants' experiencing unwanted exposure. As a result of this observation, we developed practices and processes that helped participants increase their sense of control in the group setting. We found that the more we respected their privacy, the more openly participants explored on a personal and group level. We paid such careful attention to developing a climate of safety that we began to call it a science of safety.

This paper describes the use of processes that increase a sense of safety among participants in a learning setting. It provides an overview of each step in the process of preparing leaders to learn, from getting ready, inviting participation, inquiring, managing participation, and providing a theoretical base for increasing internal awareness. This approach led to positive business outcomes in many areas of the business.

What we discovered about the importance of safety surprised us. We learned that the level of openness and creative exploration increased when we adhered to practices that protected individuals' right to choose their level of engagement and exposure. We used the data that emerged from the group as the training program progressed to understand what was needed next, and used emergent design strategies, designing as the data was revealed to us, to meet directors' needs.

Our goal was to help leaders develop the skills and relationships they needed to make the culture stronger and healthier. Medical center directors were selected for the program because of the high level of influence they have over hospital operations. We planned to provide them feedback on their performance in creating a healthy culture, invite them to carry out a change project to improve the culture, and offer skill development sessions to build skills to carry out their projects using a new leadership style. Our goal was to do this in a way that allowed them to form new relationships with other participants across departmental boundaries, and to use these relationships to support their learning.

Participants received formal, data-based feedback from the Denison Culture Survey (Denison & Neale, 1999), the 360-degree Denison Leadership Development Survey (Denison & Neale, 1999), and the Leadership Practices Inventory (Kouzes & Posner, 2003). They received informal feedback through the experiential exercises, dialogues, and fishbowl activities. We chose these methodologies because they invite spontaneous, personal interactions -- different from the hospital's norm of focusing on highly disciplined protocols. Exposure to new theories helped them look at their work, issues, relationships, and themselves in new ways. Finally, the program gave directors a chance to have more authentic conversations with senior leaders.

Through the seven-day program, which was scheduled over a 14-month period, directors learned about topics that would help them improve the culture, including transformational change, leadership and management, authentic communication, high performance teams, diversity and strategic decision-making, and coaching. Each participant completed a change project designed to improve the culture, using exercises they learned along the way. Consistent with Block's (1987) findings, we developed exercises on relationship building to help them figure out how to gain allies for their project and how to work with opponents. Both strategies are key to influencing others and managing

political processes inherent in organizational change work.

The role of control

We observed that the more people felt in control, the more willing they were to take risks. As consultants, we had to manage our own need for control in order to allow participants to have more. At breaks and after each session the consultants talked about our assumptions, reactions and fears. "I'm afraid that if I give the group the freedom to make a decision about how we proceed, I will lose control," one consultant said. "You could ask for input before you make the decision," another said. "In that way, you keep the control you need, but you get the data you need as well." We supported each other in our growing awareness of our own needs and how we managed them. We laughed at ourselves and invited our own internal rule-makers to relax. Paying attention to who had control at each moment, and giving it to participants whenever we could, became an important part of the process.

Listening for the underlying message

At the medical center, speed had become a virtue in itself. They convened 'stat dialogues,' and referred to two-hour meetings as 'retreats.' It seemed that they were trying to go too fast. We experimented with the idea that instead of going faster, what was needed was to slow down. To that end, we asked for moments of silence to give people time to get centered. When the discussion seemed to be off-track, rambling or disjointed, we asked, "Could we have a moment of silence now?" We found that this allowed them get more in touch with what they had to offer, so they could offer it in a more succinct way; or to get more in touch with what they needed, so they could ask for it more clearly. As a result, people began to speak more directly, and this gave them greater influence in the room. The noise level dropped, and the quality of conversation improved.

We also used guided imagery to help them get in touch with themselves at a deeper level. We invited them to participate if they wanted to, and to wait quietly if they did not. Our guided imagery began by asking participants to close their eyes, imagine entering a building, going down some steps, and entering a room where a wise person was waiting for them. Once they found that person, they could ask what they most wanted to know about their use of power in their work, and they could receive the answer. At the end,

after they opened their eyes, participants were asked to make some notes on what they noticed. Many reported that they gained valuable insights by tapping a hidden part of themselves.

Building a new kind of relationship with senior leaders

The low scores on the empowerment scale of the culture survey showed us that leaders needed to learn a new level of empowerment to move to the next level of effectiveness. Because differences in status can influence how people respond to one another in relationships, we helped senior leaders and directors prepare separately, then brought them together to name and work through their concerns. VPs asked Directors why they had low empowerment scores on the culture survey. "You make plans without consulting us. The plans don't make sense, but we have to implement them anyway." Telling the truth directly, and having their viewpoints respected by senior leaders seemed to give directors a sense of confidence that they could speak more openly to senior leaders without reprisal. Evaluations showed that both directors and senior leaders appreciated that their conversations had a greater level of authenticity.

Building safety through process: Getting ready

Every session started with check-in, a time for people to catch up with themselves and increase awareness of their own inner process. In a sentence or two, each person told the group what was on his or her mind. It might have been a rough commute, a daughter's illness, or an interest in or aversion to the morning's topic. After the check-in process they looked more comfortable, seemed less distracted, laughed more easily with each other, explored vulnerable issues more openly, and had more energy for learning.

Building safety through process: Invitation and intention

Instead of ground rules, we offered invitations at the beginning of each meeting. This was inspired by Peter Block's (1987) discussion of the difference between mandate and consent. He suggests that leaders who mandate, or require certain behaviors of others, achieve less than leaders who ask for consent, or ask in a way that gives followers the right to say yes or no. He found that only when people truly have the right to say no, can they say yes wholeheartedly. We invited people to speak from the heart, say what they think and feel, and get what they need. They could partici-

pate when they wanted to, and withdraw when they wanted to. One person volunteered to describe an issue he had, while another person practiced the skill of active listening. After a few brief moments he started to look uncomfortable and called off the exercise. "That's all I need for now," he told us. No one challenged his decision; we supported it. This modeled for everyone in the room that they could set their own boundaries for the level of risk they wanted to take. As a result, we were able to increase the depth of intervention without increasing resistance.

Building safety through the use of theory

We developed a curriculum highlighting theory that emphasized the importance of self-awareness for leadership effectiveness. Self-awareness is a primary foundation for leadership development, yet we develop habits that limit the feedback that might be counter to the way we think of ourselves (Seashore & Weinberg, 1992). To help participants increase their ability to take in feedback, without becoming confused or shutting down, we introduced several theories and experiential exercises. For example, introjection (Herman, 1977) is based on Gestalt theory that suggests that sometimes people swallow others' beliefs rather than identifying their own. Participants were asked to identify things they believe they should do to please another, and explore the implications if they don't. Emotional intelligence (Goleman, 1995) was used as a framework for understanding the importance of awareness of self and others, and the ability to manage self and influence others. It provided a clear structure for understanding the relationship between intrapersonal and interpersonal work. We introduced feedback as a primary way that people adapt, grow and achieve with others (Seashore, Whitfield-Seashore, & Weinberg, 1992), and structured time for people to practice giving and receiving feedback. Bushe (2001) noted that leaders can develop styles of fusion or disconnection in their work relationships. Fusion is when a leader is too connected, as though there is not a clear boundary between themselves and others. Disconnection, on the other hand, is when a leader is too separate, as though rigid boundaries separate them from others. Between these two extremes is a state of differentiation, where leaders are aware of their own thoughts, feelings and needs, as well as those of others; and are able to pay attention to both without being driven by anxiety to fusion or disconnection. We invited people to notice where they were on the continuum of fusion to disconnection, and working with others, identify things they could do to develop a healthier pattern.

Conclusions

Seventy-four directors successfully completed the program. Their change projects, designed to improve the culture, made an impact in every corner of the medical center, as demonstrated by the results of their change projects. For example, they reduced operating room supply costs, improved infection control, and increased referrals to palliative care. Directors and VPs alike cited the program as one of the achievements that made them proudest. In addition, a 360-degree survey of all participants before and after the program showed that bosses, peers and subordinates saw significant change in participants on 89 of 94 items. In the next culture survey of all employees, scores increased on 11 out of 12 traits. The following year, net income increased over 150%, from \$15 million to \$40 million, the greatest increase since the medical center was founded.

In conclusion, the best practice we identified was that of creating a safe environment for learning. We developed practices and processes that gave directors choice about how much exposure they would experience in the group setting, and found that the more control we gave, the more risk they took for learning.

Appreciation

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Author's Reflection

I direct the Human Resource Development (HRD) department, which provides training and OD, with a focus on culture change and leadership development. HRD reports to the Senior Vice President of Human Resources, who reports to the President and CEO.

OD work is a disruptive technology, designed to support change. By definition the task is to find a way to change the norms of the group. My leading-edge challenge was to find a workable balance between showing respect for the current culture and helping leaders dismantle it so they could move to a new, more preferred state. One fear was that if I challenged their current consciousness too forcefully, they would shut down, and push me away. I learned over time that it was a dynamic process which required give and take each day. Even program sponsors sometimes felt reluctant to take the necessary risks for the desired change. When I showed respect and understanding for their current ways, leaders were more open to moving into new territory. In the end, I found that paying attention to my own fear, anxiety, anger and guilt, and making room for them, was helpful to me. Reminding myself that these feelings are a natural part of this terrain also helped. And, finally, remembering not to blame others for my discomfort helped as well.

I believe the most useful approach for internal or external consultants is to develop a practice of increasing their capacity for anxiety and, paradoxically, using practices such as meditation, appreciative inquiry, and systemic constellation work, to help reduce anxiety about the uncertainty of change. This often leads to the discovery that they are innately connected to the whole, regardless of the mood of a given group or individual on a given day.

Author's Bio

Elizabeth Hostetler, Ph.D., University of Maryland Medical System, facilitates culture change and develops leaders for turbulent times. Working from a systems perspective, she facilitates organizational constellations to look at hidden dynamics in systems. She can be reached at bhostetler@umm.edu.