

What's Love Got to Do With It?



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Health care is acutely aware that issues such as disengagement, burnout, and turnover are curbing the ability to deliver results in safety, quality, and patient experience. The purpose of this article is to showcase 1 health system's relational strategy to meet these challenges based on the Quadruple Aim and founded on cultural transformation theory, which is focused on relationships and designed through the lens of love.

Dr. Martin Luther King Jr. defined love as “understanding, redeeming goodwill for all men, an overflowing love that seeks nothing in return.”¹ The concept of love may seem foreign in an industry focused on survival in a changing landscape. But love—an understanding and redeeming goodwill—may be the exact thing that health care needs to transform itself to better engage team members and serve patients. Love might be the “secret sauce” that engages team members to care for each other, and in turn, show compassion to patients and families. The conceptual framework of cultural transformation theory guided the design of a strategy to transform a health system—a health system stressed with all that plagues health care today: disengagement, burnout, turnover, declining reimbursement, challenges in safety and quality, plus the reality that all results must be achieved with limited resources and in a rural, impoverished region.

On any given day at Vidant Health, a 1,708-bed rural academic health system in eastern North Carolina, there is an average of 1,964 patients seen in a variety of settings, including 668 patients seen in emergency departments and 90 patients having outpatient surgery. There may be 16 births, 50 deaths,

1 event of harm, and 3 grievances from patients and families who have concerns regarding their care. And on any given day, there are 4,214 registered nurses working with others on the health care teams experiencing millions of interactions and communication touchpoints between each other, patients, families, and visitors. These interactive moments, and how they are structured, in total make up the health care culture at Vidant Health.

In the article “From the Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider,”² the authors share the belief that “health care is a relationship between those who provide care and those who seek care, a relationship that can only thrive if it is symbiotic, benefiting both parties.” Vidant Health believes other health care outcomes will improve if relationships between patients and team members and relationships among team members themselves improve. This landmark article was one of the publications that informed the Vidant Health strategy.

So, where to start? The health system decided to invest in a new role that could view culture with a new lens and would lead through the challenges of culture transformation. An executive position for a chief experience officer (CXO) was created. The purpose of this position was to introduce a role that understood health care and could address the system experiences, engagement, and culture. The position was filled by a registered nurse with a doctor of nursing practice in health innovation and leadership who strongly believed in a holistic approach to culture, just as professional nursing believes in holistic care for patients.

TRANSFORMATION BEGINS WITH DATA

The CXO began by engaging the organization in a discovery of the current culture. In partnership with chief nurse executives, the chief quality officer, and the chief human resources officer, the health system began connecting the quality outcomes, safety outcomes, turnover trends, team engagement, and patient experience results to the relationships and the interactions that were happening every day. Nurse exit

KEY POINTS

- **Health care culture is an intricate series of relationships; therefore, culture transformation happens with changes in relationships.**
- **Team engagement improvements contribute to other health care outcomes, and improvements in engagement positively impact safety, patient experience, and nurse retention.**
- **Leadership is a key element of culture transformation, and leadership development is most effective when it is aligned with a health system's strategy.**

interview comments were studied to examine the relationship between the manager and the nurse, to understand whether it might be a cause for nurses leaving or to question whether the experiences of the nurses was affecting the experiences of the patients. Patient experience at the unit level was compared with the team engagement data to see whether if when one improved or declined, did the other result move as well. Results of the Agency for Healthcare Research and Quality (AHRQ) Culture of Safety survey were reviewed to learn whether a punitive response to errors was a concern for team members in quality reporting, and whether interprofessional teamwork was highly rated. Every executive poured over the comments that accompanied the most recent team engagement survey to learn where relationships were thought to be cliquish, top down, and without trust, empathy, or love, and where they were compassionate and collaborative.

A pattern emerged around relationships and other outcomes. Where team engagement was lower, outcomes in patient experience, safety, and nurse retention were also lower. These patterns helped identify the connection between relationships and results.

This holistic view of data and connection to outcomes needed an actionable definition of culture based on how relationships within a culture might be structured. The perfect definition was found in cultural transformation theory³⁻⁷ where culture is defined as how relationships are structured on a continuum. At one end of the continuum are domination or power-over relationships in which relationships are structured as fear-based and hierarchical. At the other end of the continuum are partnership or power-with relationships in which relationships are trust-based, equalitarian, and built around flexible hierarchies of actualization and mentorship.^{3,5-7} This definition helped solidify the connection between culture and relationships formed within that culture based on how those relationships were structured, be they more power-over or more power-with. The theory itself came to be translated within the health system as an understanding of what anchored power-with relationships.

Power-with relationships have a key ingredient—love—just as Dr. Martin Luther King Jr. defined love: “understanding, redeeming goodwill for all men.”¹ The organization responded with great positivity to the concept of love and loving, and leaders and team members began associating love with relationships that have empathy, trust and demonstrate goodwill, and believed that these capacities would shape a power-with culture and support the ability to actualize results.

THE STRATEGY UNFOLDS

The health system strategy is grounded on the conviction that ‘how we experience each other in health care is how our patients will experience us’ and, therefore, the organization. If team members are loving

to each other, they will be loving to patients and families. This thinking un-siloes the activities and interventions around patient experience and team engagement, seeing them as 1 concept. This strategy was coined “the Big Experience” or “Big E” strategy, in which all experiences within the health system matter, and team member engagement is acknowledged as the foundational driver for all other outcomes.

A new strategy demands new ways of execution. It was agreed that all design for the Big E experience work would be done internally with input from team members and patients; this transformation was to be inclusive of everyone’s ideas and inspirations. The choice was made not to use consultants or packaged trainings, but instead to use the health care team as experts. Designing internally allows for using the lens of love to assure that all offerings and education have an emotional connection to relationships, culture, and strategy.

The vestiges of customer service training were abandoned, as the execution of these tactics for some team members were associated with power-over actions by their leaders. The organization embraced the difference between service and hospitality, acknowledging that service has a technical delivery and is a checklist of things to do to someone rather than having a relationship with someone. Customer service, by its definition is standardized, meaning that everyone will be treated the same. By contrast, hospitality is focused on how actions make people feel and is customized and personalized. Customization and personalization are associated with inclusion and loving relationships. Different demographics, different patients and team members, unique locations, educations, leadership styles, and organizational values make each interaction unique. Choosing hospitality versus customer service means that checklists or logs are no longer used to validate tactics such as rounding nor are scripted conversations a part of team member education, choosing instead to focus on the structure of the relationship and how the interactions makes people feel. Oddly, many people in health care have been trained in customer service versus hospitality when, in fact, health care should be designed with hospitality in mind. After all, the word *hospital* is the foundation of the word *hospitality*!

Offerings related to Big E are designed to be attended by attraction, which means that the offerings are not made mandatory. This challenges educators and designers to ensure that development and learning is interesting enough and well-designed enough that team members are attracted to attend them.

LEADERSHIP DEVELOPMENT

Based on data from the engagement survey it was acknowledged that leadership was key to shifting to a relationship-based power-with loving culture. Initial review of leadership development offerings revealed a hodgepodge of adopted tactics and flavor-of-the-month

education offerings, which were not connected to the new Big E strategy. Leadership is too important to the execution of the Big E strategy; there had to be a shift in how leaders led for the strategy to be successful.

Leadership development was redesigned in a personalized and customized framework, with a program that spans the continuum from leading self to leading systems. Leadership development offerings are now interactive and immersive, using peer teaching–learning, journaling, and improvisation, as well as self-reflection and discovery. The focus is placed on capacities versus competencies. Capacities focus on how we are versus what we do, and support leaders to build and sustain loving relationships with self, team members, patients, families, and communities. Capacities acknowledge that all leaders have the capacity to grow and lead, versus a competency that might be more of a check-the-box activity rather than a focus on relationships and how leaders make their teams feel. Examples of capacities that anchor leadership development are empathy, mindfulness, mutual respect, trust, optimism, and vulnerability.

In addition to a new leadership framework, a holistic voyage to excellence was designed and launched to support the leaders and teams who engagement survey results identified as least engaged in the organization. This voyage takes leaders and their teams together through a supportive, year-long interactive curriculum. The inclusion of many team members and physicians in the design of this holistic voyage makes these offerings meaningful, attractive, and filled with love.

It is the belief that leadership style and how leaders lead can shift hearts and minds, and that behaviors will naturally follow. This assumption challenged the organization to offer sessions that were not training, but rather venues to allow leaders and team members to reflect on issues important to the culture. Small group–facilitated sessions were designed that were called salons. Salons are 55-minute offerings that are immersive, interactive, and facilitated—not taught. The term *salon* comes from a recycled word used during the Renaissance period to denote a gathering of intellectuals to discuss important topics. This term is used for offerings that provide a platform for leaders and team members to explore concepts important to power-with relationships.

The first salon opened a discussion about empathy and how important empathy is to relationships and combating burnout, and connected empathy to the values of compassion, teamwork, and the lens of love. Gratitude salons and equity and inclusion salons have also been launched, and both topics were chosen to support shifting hearts and minds to a more power-with culture. Salons, like other offerings, are offered through attraction only; they cannot be mandated for attendance. This small change of offering salons through attraction created a buzz and to this day all

salons at Vidant Health are full as soon as they are posted for attendance!

SO WHAT?

While the work continues to actualize the Big E strategy, we have much to celebrate. Results indicate that love really does make a difference in culture transformation. There have been 13,219 seats filled by leaders and team members who have participated in our Big E offerings. To date, 247 executives, vice presidents, and directors are participating in leadership development cohorts. A session was launched to help leaders support, inspire, and connect with team members in 2-way conversations, which has been attended by 565 leaders seeking better ways to connect with their teams.

System-wide team engagement has been improving steadily and consistently for the last 4 reporting cycles, and in the most recent survey, it was noted that not only was clinical and nonclinical team member engagement improving, but all levels of leadership, from supervisor to executive, showed statistically significant improvements in engagement. Manager effectiveness shows improvement with problematic ratings of managers decreasing and managers rated as excellent increasing. Physician engagement has also improved in the last 4 reporting cycles, and burnout is rated at below the national average.

There is increased reporting of near misses, almost doubling these reports in the last few years, and improvements have been seen in the 2 AHRQ questions regarding nonpunitive response to error, which ask whether team members feels like their mistakes will be held against them, and whether when an event is reported it feels like the person is being written up. The AHRQ question, which highlights a power-over versus a power-with nonpunitive approach to safety reporting, is the single most improved question in the last reporting period of the AHRQ survey.

Patient experiences continue to trend upward as team engagement improves, with most of the health system's hospitals showing strong improvement in several composites on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for the current reporting period. In 2 additional questions added to the HCAHPS survey, 85% of inpatients across the system answered “yes” that a nurse leader has rounded on them, and 90% of inpatients answered “yes” that a care team member checked on them frequently during their inpatient stay. Nurses are key to improving the patient experiences as well as other outcomes, and their engagement is important for retention; current turnover for nurses at Vidant Health is 9.48%, far below the national average.

Often in organizations, engagement surveys show that recognition and appreciation are key drivers to engagement. At Vidant Health, in the last 12 months, appreciation has increased through the electronic

appreciation portal from 16,685 appreciations sent to 38,319. For a health system of 14,000 team members and providers, that is a lot of love and recognition being shared!

And finally, in a special question asked on the team engagement survey, 70% of team members agreed or strongly agreed that together, we are creating an environment where they all can thrive.

CONCLUSION

For Vidant Health, creating and executing on an internally designed, unique, and holistic Big E strategy that is focused on culture and the relationships formed within that culture is resulting in improvements in engagement as well as safety behaviors, turnover, and adherence to patient-focused behaviors such as nurse leader rounding and purposeful hourly rounding on patients in the absence of logs or other validation measures. For Vidant Health, love had everything to do with what the culture needed to not just survive but thrive in the challenges of the current health care environment.

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