

Managing Cultural Transformation Training Healthcare Leaders to Communicate Organizational Change

Ronald C. Fetzer

Summary

Cultural and change transformation are a part of organizational life. Hospitals, as healthcare service organizations, do have some unique challenges to consider when change and culture transformation is integrated with continuous, nonstop care of their patients. This case study shares how one small city hospital progressed through a cultural transformation as it prepared to move into a large campus-based facility and extend its services to a much greater geographic service area. The management of this complex process was uniquely coordinated through specialized training, which was intended to prepare a select group of employees to serve as caretakers for managing, supporting, and monitoring this transformation initiative.

There is little doubt that change has become a hallmark of the modern organization. Whether it is around the introduction of new technologies, the processes by which services are delivered, or the manner in which staff are recruited, trained, and appraised, the dominant construct is that of change (Smith, 2004).

For the purposes of this article, Schein's (1992) classic definition of organizational culture serves well. Namely, culture is a pattern of basic assumptions, invented, discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration that has worked well enough to be considered valid, and, therefore, can be taught to new members as the correct way to perceive, think, and feel in relation to those problems.

Few organizations deliberately observe and study their cultures, let alone make any effort to review or examine them for fit or comfort. Fewer organizations spend

time determining how their employees are identifying with their organization's culture. When employees are not happy with the culture, a negative climate grows, which then affects other organizational processes. Shockley-Zalabak (2006) suggests reaction to organizational culture is quite obvious within the communication climate of an organization. However, any deliberate effort to scan and verify such a climate is the responsibility of the organization's leadership.

Change, another essential organizational process, is an ongoing concern in every organization, regardless of culture status. The common linkage between change and culture is people or, within the context of organizations, employees. Employees are part of the culture as well as shapers of the culture. Employees are affected by change, and they also bring about change, whether it is deliberately managed, or unconsciously evolving.

Cultural Transformation

An important question for HRM professionals as well as for the senior management of most organizations is, *How can an organization manage its own cultural transformation?* Given the volatile competition of a global economy, mergers and acquisitions are routine events in most organizations. Restructuring operations and implementing new program initiatives are very common occurrences in most organizations today. Cultural transformation is a complex process that most organizations must be prepared to address.

It is the purpose of this article to examine a culture transformation by way of a case study based on a health services organization. The organization examined is a Midwest hospital preparing for the biggest cultural transformation in its eighty-eight-year history. The obvious major change is the management of moving to a new state-of-the-art healthcare facility. The other more subtle change is the cultural evolution from a small city hospital to that of a regional healthcare facility serving a seven-county geographic area with a significantly larger population. This relocation from the center of this city surrounded by residential housing to a much larger campus-based complex with a series of buildings located adjacent to the country's largest north-south interstate roadway system will be a dramatic change for the community and the 1,200 full-time employees who work at this hospital.

Organization development experts for some time now have discussed methods for managing such cultural transformation. All agree that the leadership of organizations must give a great deal of attention, time, and resources to effectively and efficiently implement such complex cultural change. Heresy, Blanchard, and Johnson (2001) suggest that change begins with knowledge and information, moving on to attitudes, and finally focusing on individual and small group behaviors.

As this cultural transformation process evolves, the implementation of this change becomes more difficult and consumes more time and attention. Organizations, such as hospitals, do not have the option to temporarily stop services to execute such a large-scale change. This certainly explains why comprehensive organizational change is so challenging, expensive to implement, and often emotionally demanding on all of the employees involved in such a transformation. Obviously, organizational leaders want to do it right, since any unnecessary or failed change initiatives are a costly proposition, with many potentially negative consequences for organizations and their employees.

Communication climate, the reaction to an organization's culture or change initiatives, is one way to examine the evolutionary process of a cultural transformation or some deliberately executed change process by an organization's leadership (Shockley-Zalabak, 2006). Communication climate, when examined carefully, is able to provide valuable insight into the organization's development, management of its employees, the effectiveness of its recruitment, the impact of new employee orientation, the efficiency of its performance management and training efforts, and last, but vitally important, the success of its employee retention.

Scale of Change







Change in organizations can run the full gamut, from a simple re-engineering of a process to a complex action plan involving major use of resources, time, and work effort. Change is also viewed as part of the organization's strategy that would have some level of influence on its cultural transformation. Organizational change is often a complex process. It can occur in very fundamental increments, but it can also be a very dynamic and broad sweeping movement of multiple, complex, organization-wide actions that can occur in a very short period of time.

Table 1 displays this scale of organizational change in relationship to time, effort, cost, and use of human resources. For these reasons, organizational leaders give careful consideration before implementing any type of significant change that will impact the organization's culture.

Communication

Clearly, organizational communication is an inherent part of any culture change. All employees practice it as they engage with one another in job and task-specific messages using a variety of information channels (Jandt, 1995). These channels are designed for and supported by a specific organizational structure of employee feedback systems to monitor the various communication activities and functions. Jandt (1995)

Table 1. Scale of Organizational Change and Culture in Relationship to Resources Utilization

Cost	Scale of Organizational Change
<p data-bbox="280 359 673 422">Greatest Utilization of Time, Labor, Effort, Money, and Human Resources</p>  <p data-bbox="272 1241 682 1304">Least Utilization of Time, Labor, Effort, Money, and Human Resources</p>	<p data-bbox="922 359 1175 422">Cultural Transformation (complex change)</p>  <p data-bbox="911 558 1187 590">Strategic Business Change</p>  <p data-bbox="915 726 1182 758">Mergers and Acquisitions</p>  <p data-bbox="922 894 1175 926">New Program Initiatives</p>  <p data-bbox="883 1062 1214 1094">Restructuring a Job Description</p>  <p data-bbox="829 1230 1268 1293">Re-Engineering a Work Function Protocol (simple change)</p>

concludes that the use of communication skills does call attention to both change and culture, making employees aware of the presence and influence of both within the context of their own immediate organizational environment.

Charles Conrad and Marshall Poole (2005) suggest organizational communication is about choice-making on the part of employees by using available information to make sense of situations they encounter at work, and then deciding how to react to this information. Use of any communication strategy within the organization does influence both culture and change.

A Case Study in Action: MiddleAmerica Regional Hospital

Background

MiddleAmerica Regional Hospital is a 310-bed healthcare facility with approximately 1,200 full-time employees. It was established in 1917 as a twenty-eight-bed hospital to serve a small local community. Over the next eighty years, it continued to grow, both in number of beds and in specialties and services offered. It eventually expanded to cover all of its property and became land-locked on all sides by residential housing.

In 1995, the MiddleAmerica Board of Directors began discussing the possibility of building a new facility in order to accommodate its many services and to better serve a regional population over a seven-county area. Fortunately for MiddleAmerica Hospital, one of the major north-south federal interstate highway systems was located within the middle of this newly defined service area. To facilitate this new regional strategic initiative, it was decided to build a new campus-style facility near a major exit on this interstate roadway system. At this point, MiddleAmerica Hospital recognized it had to be completely committed to relocation and to serving a larger regional area. This relocation, to take place in eight years' time, would require a major cultural transformation.

As relocation plans progressed, it became apparent to MiddleAmerica Hospital senior management that they needed to consider the dramatic change their employees were about to face. They decided to create a Leadership Team to manage this transformation and assist in developing plans to facilitate this complex and long-term change.

This impact on the hospital's organizational culture would be dramatic and would require careful short- and long-term attention. Unlike many service organizations, hospitals operate twenty-four hours a day and seven days a week. With no down time or opportunity to temporarily stop healthcare services, most hospitals must implement major change and manage their cultural transformation while maintaining all of their established healthcare services when also serving a larger geographic area.

One of MiddleAmerica Hospital's senior management concerns was addressing the employees' reactions and response to this enormous change transformation. During early planning sessions, senior management considered several important questions. How will employees respond to this cultural evolution and simultaneously maintain a high quality of healthcare services? What can be done to prepare employees to work through such a change transformation? Who will monitor and facilitate the day-to-day employee questions and reactions to this cultural evolution and change transformation in which they are working?

Such people-based challenges are traditionally the responsibility of HR departments in most organizations. This situation for MiddleAmerica hospital was no exception.

After weeks of brainstorming discussions, HR recognized it needed to develop and implement a carefully planned training program to prepare employees for this massive cultural transformation.

The hospital's strategy included conducting employee surveys throughout the organization, selective focus groups, and some type of public forum to address employee concerns.

Mission, Vision, and Values

Equally aware of these concerns, MiddleAmerica Hospital's senior management began to reexamine its organizational mission, vision, and values, which they considered the foundation pillars of the hospital. After serious review and rethinking, the mission, vision, and values were revised and communicated formally throughout the organization, as displayed in Table 2.

Table 2. MiddleAmerica Hospital's Revised Mission, Vision, and Values

Mission	Our mission is to serve and help people, improving the status of their health and the quality of their lives.
Vision	Our vision is to be the premier integrated healthcare delivery system in the region.
Values	<ul style="list-style-type: none"> • QUALITY—demonstrated by exceeding our guests' expectations; • RESPECT—visible by treating others in a manner that honors their dignity and self-worth; • SERVICE—promptly responding to needs and requests of our guests; • TEAMWORK—supporting the needs of other employees and willingly act as a resource person to one another as the need arises.

The hospital's campaign to communicate and gain acceptance of the new mission, vision, and values was carried out with internal resources. HR decided that the hospital's Education and Training Services would be responsible for developing and implementing a carefully planned training curriculum based on information from employee surveys and dialogue groups. The feedback from these sources would be used to determine some of the course content.

Training Focus: Leadership and Communication

Since employee surveys and focus group dialogue data confirmed a need for very visible leadership and a high level of communication skills, it appeared most reasonable to make both the content themes of the training. Furthermore, it was determined that the newly created Leadership Team would be the immediate focus for developing this new training program. Given the size of the organization, nearly 1,200 employees, the

125 members on the Leadership Team—made up of all director-level employees, department and program managers, and special services managers—would be most capable of serving a caretaker type role to support and monitor this move into new facilities.

The new charge given to the Leadership Team was to monitor, support, implement, and do ongoing evaluation of this transformation process through the use of open, frequent, and honest employee communication. This task to lead this new initiative was in addition to their already busy workloads. More importantly, for the Leadership Team, this new assignment would require an increased use of higher-level communication and leadership competencies to implement this new initiative.

Introducing the Change

One strategic tactic, an open letter from the CEO to all employees, provided a visible symbol signaling the initial kick-off of the hospital's cultural transformation. This letter to all employees discussed the importance of professional behavior for gaining commitment for service excellence, to encourage appreciation for diversity, and, last, to promote strong support for building a positive workplace climate within the hospital.

Another strategic tactic introduced in this employee letter from the CEO was the introduction of a new Code of Conduct for all employees. The intent behind this Code of Conduct was to gain employee commitment and support for MiddleAmerica's newly revised vision, mission, and values. Table 3 displays MiddleAmerica Hospital's Revised Code of Conduct.

Beyond support of the hospital's new mission, vision, and values, all employees, including physicians, contract workers, volunteers, and visiting students, were encouraged to use specific behaviors in the workplace. Senior management believed it was important to develop some understanding of this change process with all employees. And furthermore, this understanding of the change process about to take place might prevent distractions that could disrupt the hospital's commitment to service excellence. Senior management recognized the important use of quality communication by all employees if they were to successfully participate in the cultural transformation while continuing to do their existing jobs by providing quality healthcare to all of their patients.

As a part of this new initiative, the CEO's letter made a deliberate effort to point out how the vast majority of employees were currently providing service excellence. Senior management believed it was important to acknowledge employee history, which documented how conscientious, caring, and dedicated employees were in the past when attending to their patients' needs.

At this point, MiddleAmerica Hospital's new vision of becoming a premier provider of regional health-related services was being introduced into the present culture. This communication campaign was a deliberate effort to acknowledge that MiddleAmerica

Table 3. MiddleAmerica's Revised Code of Conduct

MiddleAmerica Code of Conduct Commitment
1. As a healthcare employee, I support this Human Relations Code of Conduct and will apply these behaviors with integrity, consistent with the vision, mission, and values of MiddleAmerica Hospital.
2. I support the Code of Conduct, ongoing training, and internal reporting structures to ensure commitment to these behaviors demonstrated throughout our organization.
3. I believe the application of these behaviors will achieve greater acceptance and better understanding among all persons and advance a culture of peace.
4. I will give and receive feedback willingly in a respectful manner.
5. I understand that ongoing feedback, as well as my performance appraisal, will in part be based on the Code of Conduct and that failure to comply may result in disciplinary action up to and including termination.
6. I will support and comply with all departmental policies and procedures, and all federal and state regulations.
Employee Signature: _____
Department: _____ Date: _____

Hospital was transitioning from a traditional city hospital to one of a regional health-care facility to be housed in a new campus-based facility serving a much larger geographic seven-county area.

To further engender employee commitment and support, a set of Human Relation Principles and Values for MiddleAmerica Hospital were also introduced, along with the new Code of Conduct. These Human Relations Principles and Values were to serve as additional guidance and support for all employees to strive for an even higher level of service excellence (Table 4).

Just as the Human Relations Principles were intended to support the mission, vision, and values of MiddleAmerica Hospital, some essential employee communication behaviors were created to address concerns expressed in the employee survey and dialogue groups (see Table 5). These fundamental communication behaviors were a direct effort to positively influence the communication climate and the organizational culture in the hospital. These posted communication behaviors established a baseline of essential communication skills, which were intended to support the Leadership Team in carrying out their newly assigned role.

As caretakers of this cultural transformation and transition into the new facility, Leadership Team members would need additional competencies, skills, and management processes. They needed to be capable of coaching, mentoring, role modeling, and monitoring their employees. They also needed to be able to train, communicate with, and lead their employees through this organizational change process.

Table 4. Human Relations Principles and Values

Human Relations Principles for MiddleAmerica Hospital
<ul style="list-style-type: none"> • Express our commitment to service excellence and supportive workplace relationship behaviors to everyone, including team members, patients, families, visitors, and our service area residents • Provide ongoing feedback and appropriate performance improvement for these behaviors consistently across all levels of the hospital and all people, regardless of their race, culture, ethnicity, religion, gender, age, disabilities, geographic location, team member department, or position • Participate in ongoing training and development to improve team members' human relations skills and capacities • Promote the application of these Code of Conduct behaviors to those with whom we do business • Provide information that demonstrates publicly our commitment to the Code of Conduct behaviors and be seamless in our implementation of these behaviors • Code of Conduct behaviors are essential to creating a healing environment

Table 5. Essential Employee Communication at MiddleAmerica Hospital

<ul style="list-style-type: none"> • Listen actively to differing points of view by participating in dialogue, yet deferring personal judgments by offering creative or possible alternative solutions • Speak supportively about organizational changes and decisions once questions have been raised and addressed and personal input has been encouraged and shared • Assist in the professional/personal growth of others by giving direct and timely feedback and, when possible, offering coaching and supportive behavior to others • Routinely offer to assist others without prompting whenever work is to be completed • Speak courteously and respectfully to everyone, including patients and guests, by using "please" and "thank you" in all conversations when it is appropriate • Speak supportively about the hospital, medical staff, team members, and the community • Acknowledge and respect cultural and lifestyle differences related to emotional, spiritual, and physical health by avoiding negative body language or verbal abuse to anyone at any time and in any place while at work
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The same reasoning that validated the need for specialized training for the newly created Leadership Team also applied to all employees, who would also need to develop their communication skills in order to participate successfully in this organizational transformation. The challenge for senior management was how to address these training needs for the Leadership Team, and at the same time also address the communication training needs for all of its employees. In short, the question senior management needed to consider was: Is it possible to train the Leadership Team in such a way that they would be able to train, support, and coach their direct reports in order to meet all workplace communication needs?

Instituting Cultural Transformation

Schein (1992) proposes eight essential steps that managers must accomplish if cultural transformation is to occur within an organization. These eight steps provide support and justification for specific course content when designing training curriculum that could address unique needs such as MiddleAmerica Hospital was about to face (see Table 6).

Warren Bennis (1997), a leadership expert, identifies four leadership competencies used by managers to convey and support the organization's vision, goals, values, and basic assumptions. Like Schein, Bennis also believes a solid framework must be established for the transmission and integration of an organization's culture. Using Bennis' four competencies and the results of its own survey, MiddleAmerica Hospital identified leadership competencies essential for managers to have for their role in communicating and monitoring an organization's cultural development or some unique type of change transformation initiative (see Table 7).

MiddleAmerica Hospital's senior management realized their strategy to improve the communication skills of all their employees as part of their cultural transformation and relocation to the new facility would require a carefully guided effort of continuous monitoring. The challenge was to design some type of training program for the Leadership Team that would enhance their existing competencies, offer hands-on skill development, and provide them with a toolkit of techniques, processes, and activities to draw on when needed in the relocated and newly constructed workplace.

Table 6. Process for Instituting Cultural Change

Step	Process Description	Necessary Manager Competency Areas
1	Create a compelling positive vision	Persuasive speaking; leadership
2	Coach and provide frequent feedback	Instructional & interpersonal communication; use of listening and feedback techniques
3	Act as a positive role model	Environmental scanning; workplace analysis
4	Provide opportunity for formal training	Training; creation/use of job tools in the workplace
5	Create within employees a sense of control over their own learning process	Employee empowerment; use of employee contracts for learning and mentoring
6	Create cross-departmental and interdepartmental work groups	Use of project teams and formal work groups to solve problems, make decisions, peer mentor
7	Provide support groups	Listening; feedback; communication processing in the workplace
8	Align the organization's reward and discipline systems with new ways of thinking and working	Performance management; feedback; corrective action planning; employee contracting

Based on Schein (1992)

Table 7: Essential Leadership Competencies

Leader Competency	Purpose
1. Management of Attention	Create a compelling vision that moves the employees beyond their present vision to a new vision.
2. Management of Meaning	Communicate the meaning of the vision to all employees.
3. Management of Trust	Demonstrate reliability and constancy by keeping their word and always letting the staff know where they stand.
4. Management of Self	Develop the habit for making collective decisions, requesting input from all of the staff.

Based on Bennis (1997)

Specific communication skills identified in the employee survey and dialogue group results included active and reflective listening, giving constructive feedback, resolving workplace conflict, methods to solve workplace problems, specific techniques for supporting group decision making, methods for sharing technical information, and tips for using interpersonal and small group communication behaviors at staff meetings.

In addition to identifying skill needs, several interesting employee concerns were expressed on these surveys. These concerns centered on how information about the new facility would be shared with all employees, physicians, and support staff. Others wanted more direct employee involvement in planning the move into the new facility. Related communication issues expressed concern about employees receiving continuous and timely communication at staff meetings, while other comments requested opportunities to share information within and among departments regarding planning updates as the move to the new facility drew near.

Hospital administrators were aware that there was a great deal of interest and concern on the part of employees based on the survey feedback. Both the excitement and the fears associated with such a cultural change were abundantly evident. The hospital administration began planning strategies for addressing employee concerns. It was apparent that some carefully planned HRD initiatives were needed to support employees if they were to successfully transition into the new facility. The same is true if the hospital was to successfully manage its transformation to provide expanded healthcare services for a much larger regional service area once in its new location.

MiddleAmerica Hospital decided to proceed by approving a custom-designed communication and leadership training program for all members on its designated Leadership Team. Based on this strategic analysis and planning, the hospital's HR department decided to contract a consultant to develop and deliver a series of training courses under the program title of *Service Leadership: Managing Communication Competencies* (SLMCC) (see the Appendix).

The main strategic goal for this new program was to provide a series of courses for the MiddleAmerica Hospital's Leadership Team that would prepare and support it to guide their employees through this cultural transformation process. It was ambitious, but necessary, if the hospital was to achieve its strategic goal to prepare all employees for their transition into the new hospital facility and also maintain delivery of quality healthcare services throughout this process.

Furthermore, this training would need to address long-term leadership so that, once relocated into the new facility, the Leadership Team could continue to support and monitor employee delivery of quality healthcare services. Both Leadership Team members and their employees need to be prepared to address both unexpected as well as planned change. All employees must be prepared to work with the many expected changes employees face working in a new facility. They must be prepared to address the unexpected changes, and there will be many with the hospital servicing a larger geographic region with a more diverse population.

Curriculum Design for Service Leadership: Modeling Communication Competencies (SLMCC)

In an effort to establish a preliminary foundation for this cultural transformation, the Service Leadership: Modeling Communication Competencies (SLMCC) training program was designed to include four specific courses. A set of program goals were developed for guiding this HRD-based leadership training curriculum. These overarching program goals are displayed in Table 8.

Many challenges needed specific attention if this organization-wide HRD initiative was to succeed. It was acknowledged from the start that Leadership Team members

Table 8. Service Leadership: Modeling Communication Competencies

SLMCC Program Goals Are to . . .

- ASSESS Personal Communication Competencies at Program Start-Up;
 - DESIGN and IMPLEMENT Individual and Team Development Plan for Program Use;
 - PROVIDE Specific Individual and Small Group Skill-Building Activities for Leaders;
 - ACHIEVE Specific Short- and Long-Term Leadership Communication Objectives;
 - TRACK Communication Performance Improvement in Class and Back on the Job;
 - IMPROVE Facilitation of Team-Based Communication Competencies;
 - DEVELOP Positive Leader Communication Behaviors for Specific Use on the Job;
 - VALIDATE Improved Communication Performance When Functioning as a Leader; and
 - ESTABLISH a Foundation for Continuous Transfer of Service Leadership Communication Competence Throughout MiddleAmerica Regional Hospital.
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participating in this program already had many routine and specially added meetings to attend in anticipation for the actual move into the new facility. These leaders also had multiple work responsibilities as leaders, which involved them in special inter-departmental meetings and activities, while simultaneously managing large numbers of employees during their routine day-to-day tasks associated within their specialized healthcare service areas.

In addition to all of these planning concerns, MiddleAmerica Hospital was scheduled for one of its every-three-year on-site accreditation visits by the Joint Commission of Accredited Hospital Organization (JCAHO). This accreditation is a complex and time-consuming process involving all members of the Leadership Team. Furthermore, this huge organization-wide process was scheduled to take place during part of the mandated Leadership Training program delivery schedule. This accreditation process was also to be led by the hospital's Leadership Team.

To accommodate the routinely busy schedules of Leadership Team members, each SLMCC course was scheduled for five different delivery dates designed to span a period of two months. Within this training schedule, some calendar dates for course delivery were rescheduled from the originally published program delivery schedule because Leadership Team members were involved with other unanticipated mandated hospital activities. Scheduling each course for five different delivery dates did afford leaders some flexibility to schedule themselves into each of the four mandated courses based on their personal work schedule needs. Training registration, although hectic at times, was designed to accommodate such last-minute attendance and participation adjustments.

The total program of courses as described in the Appendix was finally scheduled for delivery over an eighteen-month calendar period. Beyond scheduling flexibility, this training delivery process was also designed so Leadership Team members would have a period of time between courses to experiment with their new learning content and have opportunity for skill practice with the transfer of this new learning into their work environment. It was very important to avoid information overload, given the enormity of the change transformation that was taking place throughout the hospital.

It was important for leaders to experiment with the various communication and leadership skills, techniques, and processes. They also needed to be able to engage in peer leader dialogues about how they were using this new learning.

It was determined that the best way to ensure time for this leader-to-leader dialogue was to design a specific activity into each course for this purpose. This leader activity was titled, "Leader Reflections" and was designed as multiple small group discussions that focused on what worked and what did not work as they applied this new learning. When leaders identified that a specific skill, technique, or process did not work well, then they were challenged to analyze why it did not work and brainstormed with peers for suggestions to modify these applications so they would work more efficiently or effectively in the future.

This "Leader Reflection" activity encouraged leaders to talk about their own transfer of learning challenges they faced practicing these new skills. It was also the intent of this activity to provide some opportunity for sharing best practices, to hear success stories from other leaders, and to learn how their peers modified some communication and leadership procedures and techniques to accommodate unique circumstances in their individual departments.

As they participated in this "Leader Reflection" activity with fellow leaders, they shared how their Leadership Team efforts had a positive influence on the cultural transformation of the organization. As leaders prepared their employees for the transition to the new facility, they began to recognize how the hospital's cultural transformation was evolving. Leaders could also get a sense of their influence on employees to perform their job responsibilities in anticipation of the move into the new facility servicing a much larger geographic region within a more diverse customer base.

As displayed in the Appendix, the four specific courses that make up the SLMCC program serve specific needs. Each course had five or six performance objectives and five or six content modules that were specifically sequenced for delivery within the total program calendar. Each course session was limited to twenty-five leader participants. This permitted the instructor to use multiple groups/teams consisting of five or six members in all of the course sessions.

In addition to content delivery and team activities, there were numerous experiential exercises, self-assessment activities, and personal inventory instruments, which were utilized in all of the training sessions. All participants in the leadership training program placed heavy emphasis on the use of self-directed learning contracts throughout the program delivery.

Beyond learning how to communicate and lead in one-on-one and small group situations, participants took time to reflect about their own personal communication and leadership styles. They learned how they could modify their styles to accommodate a wide variety of workplace situations that may require them to use styles and techniques other than what they personally prefer and usually used in the past.

Leader participants not only learned how to use self-initiated learning and mentor contracts, they were also trained on how to engage their employees in the use of self-initiated learning and mentor contracting. Leaders learned how to use job aids and design job tools that could be used by their employees to perform more effectively and efficiently on the job. They learned how job tools could help with learning new procedures and processes, but more importantly how they, as leaders, could use such tools to address workplace change while also improving employee performance.

In summary, the SLMCC program as displayed in the Appendix gave Leadership Team members the skills and competencies to guide and support the cultural transformation facing MiddleAmerica Hospital.

Cultural Transformation: The Strategy in Action

At this point in the program, all of the courses have been delivered to members of the Leadership Team. Written evaluations have been collected at the conclusion of each course session as well as during these "Leadership Reflection" activities. This data was used to improve each successive course, offering allowing some content changes and delivery improvements based on feedback and needs of the program participants.

This collection of ongoing feedback was very helpful for the trainer because it allowed for fine-tuning the development of each successive course. This approach allowed for aligning various delivery strategies during successive course sessions to accommodate leader needs that surfaced in the transfer-of-learning periods between successive course offerings.

Leaders appeared to be keenly aware of how change and cultural transformation were affecting MiddleAmerica Hospital and its employees. Leaders routinely shared such awareness during the Leadership Team training sessions. To the extent that individual employees also shared some of their new learning with one another while doing their jobs, new skill information and behaviors were shared throughout most departments, and sometimes new learning was shared between employees in different departments. This informal communication of new learning had a continuing positive impact on organizational culture and change by preparing for both before the physical move to the new facility.

At this point, the actual move into the new facility is still one year out. What remains to be seen is the level of impact this program will have on the cultural transformation of the total organization's ability to maintain high-quality healthcare services once completely moved into the new facility.

When looking at implementation of major cultural transformation initiatives, organization development experts caution that some resistance is bound to surface due to new change. By its very nature, change generates a variety of negative factors that need constant attention by leaders.

Some employees will worry about possibly losing their jobs because positions may be cut. And the simple fear of uncertainty when placed in a new environment is worrisome to most employees. Misunderstandings will still occur during such a complex change while it is in process. And at times, even with all of this advanced planning and training, there will be some social disruptions in the workplace between employees.

Moving from an old to a totally new facility will bring about some temporary and possibly some permanent inconveniences to many employees. Organizational incompatibility is often present due to the workflow operations that are influenced by unanticipated changes experienced while doing routine procedures in a new facility. This may cause some employees to feel a lack of support or commitment from

their immediate supervisors, and possibly even feel a lack of concern from the organization's senior management. Open communication and constructive use of feedback must become routine.

And last, there is change that often becomes necessary from external influences outside of the organization. With MiddleAmerica Hospital's move to a new location while also reaching out to a much larger geographic area, there will be some changes that employees may want to reject because of feeling "unnecessary influence" coming from outside of their organization. Moving from a city hospital to a regional status involving a much larger geographic area is bound to encourage the questioning of some new policies, procedures, or work protocols. MiddleAmerica Hospital's Leadership Team must be prepared to address this wide variety of employee reactions to this complex cultural transformation.

What MiddleAmerica Hospital has most successfully achieved to date is the effort to start early in the planning and managing of this organization-wide cultural transformation. By promoting and paying attention to cultural awareness and focusing on the improvement of communication skills as a foundation for this transformation, the hospital administration is creating a strong and constructive communication climate to support this strategic initiative far into its future. And it is this careful planning and total employee involvement that will bring about a successful and far-reaching cultural transformation for the leadership, all employees, old and new patients, and the larger community this hospital will be serving.

Cultural Transformation: Reviewing MiddleAmerica Hospital's Strategy

For senior management of MiddleAmerica Hospital, planning their transformation strategy around a specifically created Leadership Team of carefully selected employees has worked well. By training them as the leaders of the organization's transformation, they not only learned how to communicate effectively and efficiently, but they learned how to communicate interpersonally on the job as designated leaders. They learned how to use small group facilitation techniques for the many additional staff and employee meetings that would be necessary to successfully implement such a massive transformation. Senior management recognized, acknowledged, and prepared selected members of the Leadership Team by training them how to develop leadership skills in all of their employees as a major part of the strategy to manage this complex cultural transformation. There are recognized leadership experts and published literature, some directly addressing the health services industry, that suggests that MiddleAmerica Hospital's leaders followed a successful strategy in the early planning and execution of their cultural transformation.

Frances Hesselbein, a leadership and organizational culture expert, suggests culture does not change because we desire it to be so. Culture changes when the organization

is transformed; the culture reflects the realities of people working together every day (Hesselbein, 1999). This certainly was the situation for MiddleAmerica Hospital.

Shapiro and Jay (2003), when studying hospitals, have tried to identify what constitutes a highly reliable organization (HRO). They suggest reliable hospitals embrace a preoccupation with failure avoidance by being sensitive to daily operations. Such HRO hospitals make every effort to involve all of their employees in any type of cultural change. These employees must be capable of leadership and teamwork while maintaining a commitment to resilience when involved in such massive cultural transformation.

These same experts also stress the importance of employees being able to use meta-cognitive skills. These include problem solving on the job, learning at the point of need, routinely communicating effectively and efficiently, and finally, the capacity to make decisions while at the same time performing their jobs. Such meta-cognitive skills must be formally taught to employees in carefully planned education sessions. Finally, when such training is supported with effective leadership techniques, these hospitals become HROs capable of offering quality healthcare services.

This MiddleAmerica Hospital strategy is supported by a study conducted by L. Mallak and others (2003). The intent was to prove that leadership has a direct influence on culture and quality processes when a deliberately created environment is designed to support healthcare performance. This research study focused on the influence of the design and operations of a new hospital facility based on the performance of its employees in that new facility. Their results suggest that a carefully planned cultural transformation does positively influence employee job satisfaction, patient satisfaction, patient healthcare results, and executive leadership performance. All of these factors are an important part of the mission, vision, key principles, and values associated with MiddleAmerica Hospital's cultural transformation strategy.

Additional results from the same Mallak study (2003) suggest an organizational culture that focuses on its internal processes and employees, not external influences such as local competition and market share, reflects stronger cultural values that support quality service. The Mallak study also suggests that higher employee job satisfaction leads to higher patient satisfaction within a healthcare organization. The implications suggest that, when there is a strong focus on monitoring the culture, it means better performance of the delivery healthcare services by hospital employees.

The results in the Mallak study (2003) underline the importance of hospitals taking time to examine their culture as well as to create a deliberate strategy to shape it. This research, conducted as a post-analysis of a hospital moving into a new facility, stresses the importance of aligning the culture with employees, patients, and business operations. It also notes the importance of considering the organizational culture early in the design phase, and stresses that it is equally important to continue close monitoring of the culture after the move when working in the new environment and attempting to maintain top-quality healthcare services.

Both the Shapiro and Jay (2003) and Mallak (2003) studies conclude that a strong healthcare culture offers compelling benefits to the organization as a whole. The written and unwritten rules and employee assumptions of a hospital culture must be continually reviewed and discussed. It is important for senior management to build support systems, such as specialized training for its leadership, to reinforce the positive aspects of a culture. Attention to a well-designed work environment is only one piece of this complex puzzle. Employee attitudes and behaviors are really what embody the values of a culture and have the most influence on the cultural evolution process.

The National Center for Healthcare Leadership (NCHL, 2004) is a professional association dedicated to the development of healthcare leaders to guide hospitals toward the delivery of quality healthcare services. This organization promotes the three sets of competencies it believes healthcare service leaders routinely need to use. These three categories include *Transformation*, *People*, and *Execution* competencies.

Transformation competencies include such skills as analytical thinking, community orientation, financial skills, innovative thinking, and strategic planning. The *People* competencies include management, interpersonal understanding, relationship building, self-confidence and self-development, employee development, and team leadership. And the last competency area, *Execution*, includes such things as change leadership, collaboration, day-to-day communication, organizational awareness, and performance management.

This set of published NCHL guidelines provides a skill-based model for designing the content of the MiddleAmerica Leadership Team's training program. Professional association resources such as NCHL are very helpful, saving both time and cost for HRD professionals who design customized training for their employees.

In summary, the experts do make a strong case for long-term strategic planning and implementation of cultural transformation in healthcare service organizations. Workplace communication, leadership development, and change management play inherent roles for a large cultural transformation to be successful.

Epilogue: Cultural Transformation in Process

From the start-up of the initial strategy development, to the creation and selection of a specifically identified Leadership Team, to the customized training design and program implementation activity, MiddleAmerica Hospital's cultural transformation is one year out from the actual move into its new facility.

The mission to deliver high-quality healthcare services to the community is successfully working, even with the many added planning meetings, frequent visits to the new facility, the added demands for preparing detailed planning for the actual move,

and, most importantly, the daily demand for all employees to respond to current micro changes while preparing for future macro change once in their new facility.

Even though this transformation is clearly in mid-process for MiddleAmerica Hospital, the prognosis is that the remaining phases of the massive change should proceed successfully if the strategy continues with the same attention to routine daily communication between members of the Leadership Team and all employees.

For example, senior management is attempting to practice what it is requiring of its appointed Leadership Team. Continuous closed-circuit cameras broadcast around the clock from the construction site to TV monitors throughout the old hospital so that all employees, patients, and visitors can see the actual day-to-day progress at their new facility. Beyond the continuous update of construction progress, the excitement and positive anticipation of this huge change is a constant reminder of the hospital's transformation in progress.

If the hospital's senior management, by way of its Leadership Team, continues to monitor its culture as this transformation proceeds, it will be in alignment with the National Center for Healthcare Leadership directive for delivering quality healthcare services. In short, if MiddleAmerica Hospital continues to promote and train the three sets of critical competency categories—Transformation, Execution, and People Development—as an inherent part of its cultural transformation, the future direction of the cultural transformation looks most promising for this hospital.

References

- Anderson, L.M., Scrimshaw, S.C., Fullilove, M.T., Fielding, J.F., & Normand, J.C. (2003). Culturally competent healthcare systems: A systemic review. *American Journal of Preventive Medicine*, 24(3S), 68–79.
- Bennis, W. (1997). *Why leaders can't lead: The unconscious conspiracy continues*. San Francisco, CA: Jossey-Bass.
- Conrad, C., & Poole, M.S. (2005). *Strategic organizational communication in a global economy*. New York: Harcourt College Publishers.
- Hersey, P., Blanchard, K., & Johnson, D. (2001). *Management of organizational behavior* (8th ed.). Upper Saddle River, NJ: Prentice Hall.
- Hesselbein, F. (1999, Spring). The key to cultural transformation. *Leader to Leader*, 12, 6–7.
- Jandt, F. (1995). *Intercultural communication*. Thousand Oaks, CA: Sage.
- Lyth, D.M., Olson, S.D., Ulshafer, S.M., & Sardone, F.J. (2003). Culture, the built environment and healthcare organizational performance. *Managing Service Quality*, 13(1), 27–38.
- National Center for Healthcare Leadership. (2004). Healthcare Leadership Competency Model Software, version 2.0.
- Schein, E. (1992). *Organizational culture and leadership* (2nd ed.). San Francisco, CA: Jossey-Bass.

- Schockley-Zalabak (2006). *Organizational communication: Knowledge, sensitivity, skills, and values* (5th ed.). Boston, MA: Allyn and Bacon.
- Shapiro, M.J., & Jay, G.D. (2003). High reliability organizational change or hospitals: Translating tenets for medical professionals. *Quality Safety Health Care, 12*, 238–239.
- Smith, D. (2004). Performing as designed but not as intended: Managing cultural change in healthcare. *Clinician in Management, 12*, 45–48. Radcliff Medical Press.

Ronald C. Fetzer is retired emeritus faculty in the communication department at Wright State University, in Dayton, Ohio. He is currently a visiting professor at the department of communication at Miami University, in Oxford, Ohio. He has operated an HRD consulting practice for over twenty-eight years, working with clients throughout the United States and internationally. His research and publications focus on communication, culture, and change in organizational environments.

Appendix: Service Leadership: Managing Communication Competencies (SLMCC)

Program Curriculum Outline

I. SLMCC Program Goals

ASSESS Personal Communication Competencies at Program Start-Up;

DESIGN and IMPLEMENT Individual and Team Development Plans for Program Use;

PROVIDE Specific Individual and Small Group Skill-Building Activities for Leaders;

ACHIEVE Specific Short- and Long-Term Leadership Communication Objectives;

TRACK Communication Performance Improvement in Class and Back on the Job;

IMPROVE Facilitation of Team-Based Communication Competencies;

DEVELOP Positive Leader Communication Behaviors for Specific Use on the Job;

VALIDATE Improved Communication Performance When Functioning as a Leader; and

ESTABLISH a Foundation for Continuous Transfer of Service Leadership Communication Competence Throughout MiddleAmerica Regional Hospital's New Facility.

II. Individual SLMCC Course Descriptions

SLMCC-100: Managing Communication Routinely on the Job as a Leader

This four-hour course assesses current skill ability, assets, and deficiencies so Leadership Team members are prepared to create self-directed personal development plans that will improve both verbal and written communication on the job, when used in either a face-to-face or electronic context. All participants complete a Communication Inventory Profile and are trained on how to create and implement Self-Directed Communication Improvement Action Plans as a part of their routine leadership responsibility. The focus is to examine how their Leadership Communication responsibility

will evolve as the hospital faces a cultural transformation relocating into a new facility within a different environment that encompasses a significant larger regional service area.

This foundation course also previews the entire SLMCC program.

Objectives

- ASSESS individual communication style and skills by using a Communication Inventory Profile;
- GENERATE a self-directed Communication Improvement Plan of Action;
- DEVELOP verbal communication style when interacting with others on the job;
- IMPROVE verbal communication leadership skills and techniques when supervising others;
- TRACK selective communication activity at work to influence a cultural transformation.
- DEVELOP a leadership style that conveys confidence, support, trust, and communication competency.

Course Modules

1. Program Orientation
2. Communication Style Inventory and Personal Profile
3. Communication Leadership Models for Influencing Cultural Transformation
4. Verbal Communication and Active Listening for Leaders in a Changing Workplace
5. Personal Development of Communication Skills at Work
6. Continuous Communication Skill Building for Leaders in the Workplace:
 - a. Face-to-Face Generational Communication Challenges
 - b. Electronic Communication Challenges
7. Role Modeling Professional Communication Behavior

SLMCC-200: Communicating Interpersonally on the Job as a Leader

This four-hour course assesses listening using the Listener Preference Profile, so Leadership Team members are prepared to listen actively and reflectively on the job while also being adept at giving and receiving feedback. Focus is placed on improving and maintaining the communication workplace climate through the removal of listening barriers. Leaders learn how to identify and interpret contextual listening levels and types while practicing how to manage employee feedback situations through the use of supportive language and proven best practices employed by successful leaders. The focus is to manage the communication environment and climate when routinely speaking and listening with employees on the job. By applying active listening techniques while engaging in proactive feedback, leaders learn and practice techniques that are designed to build trust and positive social behaviors in the workplace.

Objectives

- INCREASE use of reflective listening when communicating on the job;
- DISCOVER specific techniques for giving and receiving feedback with employees;
- DEVELOP techniques for assessing the communication climate and style when engaged with employees;
- ENHANCE ability to use socialization techniques for building workplace relationships based on trust;
- EXPERIMENT with various methods to reduce communication ambiguity on the job through active listening; and
- GENERATE and IMPLEMENT self-directed learning contracts to improve listening and feedback as a leader.

Course Modules

1. Reflective Listening for Leaders
2. Giving and Receiving Constructive Feedback to Transform Communication Climate
3. Techniques for Accessing Employee Communication and Workplace Communication Climate
4. Building Workplace Relationship on the Job for Long-Term Cultural Transformation

5. Improving Employee Socialization Effectiveness as a Future Leader
6. Identifying and Reducing Communication Ambiguity in the Workplace

SLMCC-300: Facilitating Small Group Communication as a Leader

This four-hour course prepares leaders to effectively use small group communication skills and employee-based work team techniques within the context of healthcare services. Best leader practices are discussed and experimented with when planning, implementing, and assessing group or team meetings. Focus is given to Group Management Techniques (GMTs) and strategies for managing conflict in both problem-solving and decision-making meetings. Leaders are trained in how to use a series of job tools designed for designing, executing, and post-assessing within the context group or team meetings. These include meeting planner tools, facilitation techniques, and individual and group or team assessment inventories for monitoring and developing small group communication behavior for both routine employee work groups and formalized employee teams to support the organization's ongoing cultural transformation while preparing for its relocation.

Objectives

- PRACTICE facilitating small group communication dynamics as needed in a transforming workplace;
- IMPROVE the use of problem-solving technique for leading group or team meetings;
- DEVELOP an appreciation for use of diversity-based decision-making procedures during cultural transformation;
- INCREASE leader ability to mediate conflict for improving workplace group/team communication and climate;
- GENERATE group or team productivity using outcome-based leader techniques and tools; and
- CREATE and IMPLEMENT self-directed learning contracts to practice, assess, monitor, and validate the use of effective small group communication with employee groups and teams.

Course Modules

1. Facilitating Small Group Communication as a Cultural Transformation Leader

2. Leading Effective Problem Solving Based on Small Group Communication Techniques
3. Supporting Efficient Decision Making Based on Small Group Communication Techniques
4. Managing Group or Team Conflict Using Various Leadership Strategies and Techniques
5. Planning for Outcome-Based Small Group Meeting Effectiveness Using Pre, In-Meeting, and Post Tools
6. Tracking Positive Group/Team Communication Behavior to Ensure a Positive Workplace Climate and Generate Improved Employee Performance in the Workplace

SLMCC-400: Managing Communication to Develop Employees as Leaders

The focus of this eight-hour course, delivered in a leader retreat environment, is to assess current skill ability, assets, and deficiencies to prepare leaders for continued use of self-directed learning contracts for their own personal development as well as the development of their employees. The instructional part of this course explains the value of job tools and offers simple design techniques and implementation tactics of job tools to improve employee communication and productivity in the workplace.

Leaders learn about and practice using eight types of job tools that are specifically designed to support and improve employee communication in the workplace. Leaders, working in teams, generate realistic job tools for a specific health care service function they can take back to the workplace for immediate use.

Using presentation feedback activities, the newly created tools are refined by each team for post-session entering into an online Job Tool Bank, which is made available to all hospital leaders and employees. These tools, beyond supporting efficient workplace communication, will also document various healthcare functions to ensure consistent quality and delivery. These tools are also intended to support the organization's ongoing cultural transformation as it relocates into new facilities and as it prepares to serve a much larger customer service area.

The retreat portion of the programs concludes with an activity to consider types of job tools for possible job functions that would benefit customers, employees, and the organization as it faces the relocation to its new facility for services in a larger community service area.

Objectives

- ATTAIN techniques to guide employees with self-directed communication contracting processes;
- ENHANCE mentoring ability to support employee communication improvement on the job;
- EXPERIENCE role-modeling techniques to demonstrate communication competency at work;
- DEVELOP unique online Communication Job Tools Bank for use by employees;
- GENERATE and ASSESS a unique job tool designed for specific work process determined necessary for some service delivery functions; and
- EVALUATE leader communication competency development using post program assessment tool procedures.

Course Modules

1. Leading Others with Self-Directed Communication Competency Process
2. Mentoring Communication Competency with Employees in a Transformational Culture
3. Role Modeling Communication Competence While Leading Employees at Work
4. Selecting and Designing Communication Job Tools to Support Specific Job Functions
5. Implementing Communication Job Tools and Supports for Long-Term Culture Impact
6. Program Debriefing: Assessing Longer-Term Personal Communication Competence
7. Cultural Transformation of Communication Competency in a Healthcare Work Environment