



CASE STUDY

A top hospital system and one of the largest not-for-profit health systems in the U.S.

CASE STUDY: DEVELOPING LEADERS WHO FOSTER HIGH PERFORMANCE AND INSPIRE BIG, BOLD CHANGE

How a Leading Healthcare Institution Has Developed the Transformational Leadership to Thrive in a Challenging Environment



OBJECTIVE:

To build the necessary leadership skills to drive transformative change, inspire innovative thinking and continually improve patient outcomes and care.

“The leader’s behavior inspires the team’s commitment to excellence and innovative thinking and encourages personal growth for the individual team members.” – VP of Pathology and Laboratory Services

With 10,000 employees, this 1,100-bed hospital system is one of the largest not-for-profit teaching health systems in the country. While already ranked among the elite of America’s hospitals, landing on such lists as U.S. News and World Report’s “America’s Best Hospitals” and Thomson Reuters “100 Top Hospitals,” the institution recently embarked on a journey of “transformational change” to reach new levels of clinical and workplace excellence.

This commitment to transformation, as opposed to gradual, small changes, has been deliberate and significant. With the healthcare industry in a constant and rapid state of change and mounting pressures affecting health systems around the country, the institution knew it could not continually reach new goals by taking slow, incremental steps. It realized that breakthrough results in a challenging environment require radical thinking and dramatic change. To get there, it would have to harness the best thinking, the most productive collaborations and the active engagement of every employee. And it would have to start with the people on the front line of the transformation: its leaders.

“The leader’s behavior inspires the team’s commitment to excellence and innovative thinking and encourages personal growth for the individual team members,” says the VP of Pathology and Laboratory Services.

Leaders would have to pave the way for transformation through their own motiva-

tion and behavior, as well as by drawing on heightened interpersonal skills to be able to listen effectively, promote collaboration, develop high-performance teams and inspire big, bold change. The institution understood that patients and employees would both directly benefit from this approach.

From this perspective, the institution's System Learning Department (SLD) worked to determine the competencies, tools and programs that would facilitate transformation at the leadership level and, ultimately, throughout the system.



CHALLENGE:

Communication breakdowns and the cascading effects of leading in a high-stress environment combined with a lack of relevant, easy-to-apply learning tools and opportunities.

Through assessments of the existing leadership development program offerings and review of patient satisfaction surveys, the SLD was able to identify several inter-related gaps in the formalized development and growth of its leaders.

Patient satisfaction surveys revealed that communication was a key opportunity area leaders could improve upon with the right knowledge and skills. Effective communication is vital not just in direct interactions with patients, but in ensuring team members interact with each other in the most productive way to reach better decisions and better outcomes. In the high-stress environment of a large health system, successful communication can lead to more efficient, focused teams and minimize the distractions and misunderstandings that can potentially affect the quality of care delivered.

However, the existing development offerings weren't sufficient to equip leaders with the necessary background and competencies they would need to address this critical issue. Research has shown that individuals can enhance their communication, productivity, problem-solving, creativity and other interpersonal development by understanding their own and others' thinking preferences. This knowledge, grounded in self-awareness, can help people become more effective leaders, educators and team members. Yet very few personal development and self-awareness programs were being offered to leaders on an ongoing basis.

Additionally, while a personal assessment instrument was available to anyone who requested it, participation was low, and feedback suggested that many struggled with understanding, retaining and applying its concepts. Furthermore, there was no instrument available as part of the new leader orientation process to help new leaders learn how to integrate their own personal thinking preferences with those of their new team members.

These findings indicated a need for:

- A validated, research-backed assessment instrument that would provide the baseline of knowledge about an individual's thinking preferences
- A model and approach that would be easy to understand, remember and apply
- A method and common language to help leaders integrate their thinking preferences with team members' for more effective communication
- An approach that demonstrated how thinking preferences impact communication, productivity and teamwork, and as a result, patient satisfaction



SOLUTION:

A thinking-based leadership development approach and framework for facilitating transformation and improving communication, engagement patient satisfaction and creativity.

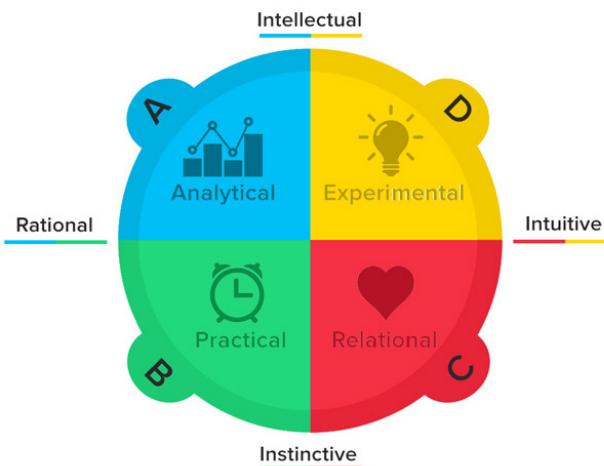
“The leaders appreciate the insights the HBDI® gives them into relationships and the practical ways the Whole Brain® Model helps them communicate more effectively.” – VP of System Learning

The department identified Herrmann International’s Whole Brain® approach, which includes the Herrmann Brain Dominance Instrument® (HBDI®), as a possible solution to address these needs.

The HBDI® is the assessment at the core of Herrmann International’s Whole Brain® Thinking approach, which is based on decades of research on the brain and thinking. Of particular interest to the institution, the HBDI® is a strongly validated assessment tool; it has been researched and studied for more than 30 years, and all of the validation studies have been positive, considered by experts to be a rarity in this field.

The Whole Brain® Model, which was developed by Ned Herrmann, a physicist who headed Management Education at General Electric before founding Herrmann International, reveal four distinct thinking preferences: analytical, organized, strategic and interpersonal.

Herrmann’s research showed that everyone is capable of flexing to less-preferred thinking styles and learning the necessary skills to diagnose and adapt to the thinking preferences of others. He found that presenting information in a way that recognizes, respects and is compatible with different preferences is critical to effectively communicating with and meeting the needs and expectations of those one interacts with in the work environment. The model’s basis both in solid research and in practical use indicated it could appeal to the institution’s leaders on a scientific as well as an application level.



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To evaluate the approach, a pilot Whole Brain® Thinking program was conducted with the senior management team and System Leadership Committee. With the busy

schedules of everyone in a hospital environment, there was some initial resistance to spending time on the program, but the pilot quickly alleviated concerns. Seeing the HBDI® data and experiencing the pilot session immediately demonstrated the value of the Whole Brain® Model and how better thinking could be leveraged to increase leadership effectiveness.

Following this pilot, 350 leaders completed the HBDI® and learned about their thinking preferences and the application of Whole Brain® Thinking at their leadership planning meeting in December of 2007. A post-meeting survey of participants revealed that a large majority of the leaders strongly recommended sharing the program with all leaders throughout the system to enhance not just communication but interpersonal understanding, creativity and team effectiveness.

“As leaders, it is our responsibility to create an atmosphere that encourages colleagues to participate in our transformation by listening to and learning from all members of the patient care team,” the Associate CMO and Executive Director of one of the institution’s campuses says.

As a result, in 2008 the institution introduced a “Transforming Leadership” strategy with a foundation in Whole Brain® Thinking, designed to give current and future leaders the skills to drive and inspire learning and transformation. Whole Brain® Thinking principles would serve as the framework to continue the leadership education process on self-awareness, communication, engagement, patient satisfaction and creativity.

Whole Brain® Thinking as a Framework for Transformation

The resources cover all areas of leadership responsibility through the lens of Whole Brain® Thinking, from job design to performance management conversations to project management and coaching.

Under the umbrella of its overarching talent management strategy, the SLD moved forward with implementing the HBDI®/Whole Brain® Thinking solution throughout the ranks of the organization’s leaders, using Herrmann International’s four-stage model of transformation as a planning tool.

In keeping with its philosophy of pursuing dramatic change and breakthrough results, the institution applied an accelerated example of the transformation model:

Stage 1 – Foundation: Between February and April of 2008, the HBDI® assessment and one-hour overview was delivered to 601 managers and supervisors, comprising all leaders who had not participated in the December leadership meeting.

Stage 2 – Application: SLD team members consulted with department leaders to create customized programs aimed at meeting the individual learning needs of each participating department. From these discussions, the team developed educational sessions drawing on Whole Brain® Thinking concepts to enhance team engagement, communication, effectiveness and creativity throughout the institution.

In total, 40 customized Whole Brain® Thinking team sessions, including physician retreats, were conducted between March and July of 2008. In these sessions participants learned how to leverage their preferred modes of thinking at both the individual and team level.

As the VP of System Learning notes, “I would start sessions by saying ‘I know you’re going to wonder why I’m talking about the brain,’ but as soon as they see their HBDI® data, they start to see the value. They appreciate the insights it gives them into

relationships and the practical ways the Whole Brain® Model helps them communicate more effectively.”

She adds that the departmental workshops and retreats have been very beneficial for managers at all levels, including physicians. “They have achieved a greater understanding about how colleagues process information. This will improve working relationships, camaraderie and collaboration.”

Stage 3 – Adoption: A Creativity and Innovation Forum was held in February, 2008 to explore how Whole Brain® Thinking could be used to promote system-wide creativity and innovation. In addition, an educational program aimed at strengthening communication and relationships between “blue/green” (representative of many physician profiles) and “red/yellow” (representative of many nurse profiles) thinkers was conducted in April, 2008.



This program was useful in offering insights and approaches for bridging the communication gap that often exists between physicians and nurses. Whole Brain® Thinking demonstrated how team members can leverage differences in thinking preferences and actually use them to the team’s advantage. It also underscored the fact that no one is strictly a “type;” everyone has the ability to flex beyond their comfort zones and think in different ways.

The HBDI® and Whole Brain® Thinking have been incorporated into the Emergency and Internal Medicine resident training programs as well. Facilitated by physician program directors, these programs give residents the necessary context and motivation as well as the tools to optimize their communication with nurses, patients, staff members and others.

Stage 4 – Transformation: To ensure the ongoing application of the Whole Brain® model as a tool for transformational change, the institution found a number ways to embed the language and approach of Whole Brain® Thinking into the culture.

Among them, the SLD is providing a variety of resources via the organization’s online Leadership Knowledge Center. These on-demand resources not only help to keep Whole Brain® Thinking front-of-mind for the leaders, they fulfill an identified need for ongoing leadership development and support. The resources cover all areas of leadership responsibility through the lens of Whole Brain® Thinking, from job design to performance management conversations to project management and coaching.

RESULTS:

Enhanced understanding of thinking preferences, resulting in improved communication, working relationships, creativity and patient satisfaction.

“Whole Brain Thinking® has helped us improve communication because now we understand how each other needs to receive information. This knowledge helps us to rearrange how we communicate to be more effective.” – Director of Respiratory Care

In all, 951 leaders—including nurse leaders, physicians and other professionals—participated in Whole Brain® Thinking programs during Q2-Q4 of FY2008. Many more employees participated in the program as well at the request of department leaders who wanted to extend the educational opportunity to others beyond their leadership team. Physician leaders have also embraced the use of the HBDI® at their annual retreats to promote improved nurse-physician collaboration.

Based on the results of a customer satisfaction survey, 78% of the leaders responding indicated that they would be able to use the information and skills they learned in the program back on the job. In overall feedback about the program, participants say they have gained an enhanced understanding of their own and others’ thinking preferences, which has resulted in improved communication, working relationships and creativity within their teams.

With improvements in patient satisfaction levels a constant priority, the institution is finding that Whole Brain® Thinking provides the necessary framework to help people communicate more effectively to better meet the needs of patients. According to the Director of Respiratory Care, “Whole Brain Thinking® has helped us improve communication because now we understand how each other needs to receive information. This knowledge helps us to rearrange how we communicate to be more effective.”

In the ever-changing and highly stressful environment of a 1,100-bed hospital system, it has also proved invaluable in keeping stress and pressure from interfering with patient safety and outcomes. “The Whole Brain® Thinking program has helped me better understand how I think under stress versus how I normally think,” says the Director of Cancer Care Management, noting that these new insights have already been put to good use in their department.

As a tool for furthering system-wide transformational change, the impact is being felt even in unexpected places, as people find the applications go broader than just interpersonal communication and self-awareness.

“Whole Brain® Thinking has allowed us to fine tune processes we use as a group when conducting everyday business or when approaching new projects,” the Director of Respiratory Care says.

It is also playing a role in the mentoring process, a critical component of development in a healthcare environment. “Nurse managers require both ‘red’ and ‘green’ qualities,” says the VP of System Learning. “Nursing teams are now encouraging their strong ‘green thinkers’ to mentor those who wish to develop those skills.”

This new knowledge of thinking styles is also changing the way the institution approaches team development, self-assessment and identification of individual strengths and opportunities.

The framework of Whole Brain® Thinking now permeates the system and has become integrated into New Leader Orientation Programs, regular employee communi-

-cations and the everyday language of staff members. Regular workshops are provided to departments on an ongoing basis, and physician leaders continue to use Whole Brain® Thinking in strategic retreats to promote collaboration among colleagues.

Physician leaders are also exploring opportunities to incorporate the HBDI® into residency training throughout the system. The program director for Internal Medicine sees great potential for its use in medical education by helping residents learn how to interact more effectively with patients, staff, nurses and others.

To continue the transformation and maintain momentum, the SLD regularly adds new resources via the online Leadership Knowledge Center, and there are plans to hold additional “blue/green” and “red/yellow” meetings in the future to optimize communication effectiveness between these distinct thinking preferences.

At the highest levels of leadership, the institution’s President and CEO remains dedicated to this ongoing transformation. “I am committed,” he says, “to continuing to reinvent the way we think, building upon our efforts and challenges to reach even further.”

For an institution committed to accelerating change to reach breakthrough results, Whole Brain® Thinking has become the foundation for transforming leadership, and it continues to push the organization to leading-edge excellence—for the people it employs as well as for the patients and communities it serves.

UNLEASH THINKING POTENTIAL

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