The great management philosopher Peter Drucker coined the saying that culture eats strategy for lunch, and that is truer today than it’s ever been. But because culture is shaped by the attitudes, behaviors, and habits of the people who work within an organization, culture does not change unless and until people change. And people will not make and sustain positive changes of attitude and behavior unless they perceive a personal benefit to making those changes.

For years, we’ve seen headlines about the “health care crisis” related to cost, access, safety, and quality. Many of these problems are largely, or completely, beyond the direct control of an individual hospital or even a large health care system. But there is another health care crisis. This one is on the inside, and it is within our power to manage. This “crisis within” is reflected in the frequency with which terms such as bullying, lateral violence, incivility, passive-aggressiveness, disengagement, and other forms of toxic emotional negativity (TEN) show up in the health care literature. It is a leadership imperative to create a workplace environment in which such practices are not tolerated.

In this article, we assess the costs of this inner crisis, explain why fostering a stronger culture of ownership within health care organizations is the solution, and share practical ideas for doing so. We describe a hospital initiative in which these actions resulted in positive culture change, enhanced employee engagement, and higher patient satisfaction. The article concludes with recommendations for leaders.

**THE HEALTH CARE CRISIS WITHIN**

Gallup and other organizations that study employee engagement consistently find that, on average, only about 25% of employees are engaged, whereas 60% are not engaged and 15% are aggressively disengaged. There is obviously a huge variation between organizations, even within the same industry. The experience of being an employee or a customer of Costco versus Walmart, Southwest Airlines versus United Airlines, or Zappos versus Payless Shoes could not be any more different, even though these companies recruit the same types of people to sell the same products to the same customer base. The difference is culture and the respective level of employee engagement or disengagement.

Unfortunately, despite the importance of the healing mission of health care organizations as opposed to, say, selling shoes, the problem of disengagement and TEN might be even greater in health care than in other industries. This is visibly reflected in negative attitudes and counterproductive behaviors. One of the questions included in the Values Coach Culture Assessment Survey reads:

Our people reflect positive attitudes, treat others with respect, and refrain from complaining, gossiping, or pointing fingers.
We compiled recent survey results from 15 different hospitals and health care professional associations totaling more than 6000 responses (including more than 1500 participants in a webinar Tye conducted for the American Nurses Association Leadership Institute). Nearly 60% of respondents disagreed with or were unsure about that statement, and only 5.6% strongly agreed (Figure 1).²

If a substantial majority of the people who work in organizations devoted to health and healing “strongly agreed” that their workplaces were characterized by positive attitudes, respectful behavior, and an absence of TEN, there would be a renaissance of productivity, innovation, and fellowship in health care, and health care organizations would much more effectively deal with challenges imposed by the external environment.

THE COST OF TOXIC EMOTIONAL NEGATIVITY

In The Coming Jobs War, Gallup chief executive officer Jim Clifton estimates the cost to the U.S. economy of employee disengagement to be 500 billion dollars per year.³ Because health care accounts for nearly 20% of gross domestic product, a straight extrapolation suggests that employee disengagement costs health care organizations close to 100 billion dollars per year. This equates to approximately $8,500 per employee per year. Values Coach Culture surveys at individual organizations indicate that the cost of TEN and disengagement ranges from hundreds of thousands of dollars for a small critical access hospital to tens of millions of dollars for a large medical center and hundreds of millions of dollars for a large health care system.

The negative impact goes well beyond just the financial cost. It also registers in lowered patient satisfaction, employee disengagement, greater difficulty recruiting and retaining the best people, diminished image and reputation within the community, and increased risk of serious medical errors. In her New York Times magazine article “No Time to Be Nice at Work,”⁴ Georgetown University professor Christine Porath wrote that “people working in an environment characterized by incivility miss information that is right in front of them. They are no longer able to process it as well or as efficiently as they would otherwise.” She cites a survey of more than 4500 health care professionals in which “71 percent tied disruptive behavior, such as abusive, condescending or insulting personal conduct, to medical errors, and 27 percent tied such behavior to patient deaths.”⁴

In a poll of 800 managers and employees in 17 industries, Porath and Peterson⁵ reported that after exposure to incivility, a substantial proportion of employees intentionally decreased time and effort spent at work, had reduced commitment to their organizations and to providing great service to customers, and 12% reported having left their jobs due to uncivil treatment.

The most pernicious reflection of TEN is bullying and lateral violence, the prevalence of which is reflected in book titles such as Ending Nurse-to-Nurse Hostility,⁶ Toxic Nursing,⁷ When Nurses Hurt Nurses,⁸ and “Do No Harm”.⁹ Applications to Nurses Too! A literature review by us revealed 115 articles with the word “bullying” in the title over the past 4 years—and that was just in the nursing literature. In the 2012 American Nurse Today article “Break the Bullying Cycle,” Terri Townsend (citing original research from the University of Cincinnati) wrote: “Roughly 60 percent of new RNs quit their first job within 6 months of being bullied, and one in three new graduate nurses considers quitting nursing altogether because of abusive or humiliating encounters.”¹⁰ (The research from the University of Cincinnati that Townsend references, but does not cite, is from “Novice Nurse Productivity Following Workplace Bullying” by Berry et al. in Journal of Nursing Scholarship, Volume 44, Issue 1, pages 80–87, March 2012.) The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence¹¹ states:

Incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. All of these are an affront to the dignity of the coworker and violate professional standards of respect. Such actions may also include name-calling, using a condescending tone, and expressing public criticism. The negative impact of incivility can be significant and far-reaching and can affect not only the targets themselves, but also bystanders, peers, stakeholders, and organizations. If left unaddressed, it may progress in some cases to threatening situations or violence.

At the organizational level, TEN is reflected in chronic complaining, gossip and rumor-mongering, passive-aggressive resistance to change, cynicism and pessimism, bullying, and lateral violence. TEN exacts an enormous toll on employee morale, patient satisfaction, productivity, and virtually every other operating parameter. It is a leading contributor to stress and burnout, compassion fatigue, and costly unwanted turnover.

At the personal level, TEN is reflected in negative self-talk, poor self-image, anxiety and depression, and a fear-based perspective on life. In a 2010 Harvard Business Review article, Dr. Edward Hallowell¹² stated that workplace disengagement is a leading cause of depression and failure to achieve personal and professional goals.

AN OFTEN ABDICATED MANAGEMENT DUTY

There is an unfortunate level of learned helplessness on the part of health care leaders when it comes to dealing with the
problem of TEN. One often hears comments like “that’s just the way he/she is” in reference to bullying or toxically negative individuals, and “you can’t change human nature” when it comes to eradicating TEN from the workplace. Quite to the contrary, TEN is not human nature, it is a choice one makes to inflict their bad attitude upon coworkers. “One toxically negative person can drag down the morale and the productivity of an entire work unit. It is a core leadership responsibility to create a workplace where toxic emotional negativity is not tolerated.”13

One of the best predictors of a successful culture change initiative is enthusiastic engagement of the leadership team. This includes having the courage to raise the bar on expectations for positive attitudes and behaviors, constructively confronting those who refuse to meet those expectations, and having the determination and stamina to plow through resistance. When this happens people appreciate how wonderful it is to work in a place that is free from TEN, and they become more intolerant of transgressors. Over time, just as no smoking policies are now enforced by cultural expectations and not policing actions, “Pickle-Free Zones” begin to be enforced by the people who benefit from them (the whimsical reference to pickles comes from the fact that, at least metaphorically, chronic complainers look like they’ve been sucking on a dill pickle) (Figure 2).

THE CULTURE OF OWNERSHIP INITIATIVE AT MIDLAND MEMORIAL HOSPITAL

Midland Memorial Hospital (MMH) in Midland, Texas, has always had a positive culture and benefitted from what locals call “West Texas Friendly.” Much has been done over the years to create a more collegial and positive workplace environment. Hospital employees and some of the medical staff have been given a common language for patient safety using the TeamSTEPPS® program. MMH has been recognized by the American Nurses Credentialing Center as a 2-time Pathway to Excellence® hospital, and dozens of MMH nurses have been honored as DAISY Award winners. Despite all this, cultural challenges had resulted in unacceptably low patient satisfaction scores.

Beginning in 2010, MMH started planning for a new state-of-the-art patient tower. The hospital’s leadership assumed that these beautiful new facilities would naturally increase patient satisfaction. The tower opened in December 2012, but patient satisfaction scores continued to decline well into 2013 with some of the lowest patient satisfaction scores ever recorded at the hospital.

A patient experience leadership council was formed and a service excellence plan created. Initial training on behavior expectations resulted in a modest improvement in patient satisfaction, but also made it clear that more intensive work was required on the Invisible Architecture™ of core values, organizational culture, and workplace attitude.

At the beginning of 2014, the Values Coach Culture Assessment Survey was administered to MMH employees. Sixty-five percent of respondents disagreed or were unsure on the question “Our people reflect positive attitudes, treat others with respect, and do not complain, gossip, or point fingers” and less than 5% strongly agreed with that statement. In response to the question asking people to estimate the number of paid hours per employee wasted on TEN, 65% thought it was at least 4 hours per week, and 25% thought it was 8 or more hours per week. From this, it was calculated that MMH was spending more than $14 million per year paying employees to complain, gossip, and point fingers instead of doing the work they were being paid to do. The Culture of Ownership Initiative began with every employee receiving the book The Florence Prescription: From Accountability to Ownership.13 All were invited to sign a Certificate of Commitment to be emotionally positive, self-empowered, and fully engaged (Figure 3). Following are some of the actions taken to promote these 3 qualities.

Emotionally Positive

Just as the first step to creating a healthy workplace is a ban on smoking, so, too, the first step to creating a healthier and more positive culture is to reduce tolerance for TEN. The process at MMH was kick-started with The Pickle Challenge for Charity. Employees were challenged to take The Pickle Pledge (Figure 4) and to raise $1000 in quarters in a 1-week period by “fining” themselves and each other for engaging in complaining or other acts of TEN at least 4000 times during that week, with proceeds to be donated to the Catastrophic Employee Assistance Fund. In the lead-up to Challenge Week, a variety of activities—including a

![Figure 2. The Home Health Care Department of Kalispell Regional Healthcare is a Pickle-Free Zone](image)
pickle jar decorating contest—generated enthusiasm and helped staff be more attentive to TEN. The challenge was met, and with a match from Values Coach, nearly $3000 was donated to the fund. More important, the Pickle Pledge has become part of the MMH cultural DNA, and many employees have reported taking it home and sharing it with their families.

**Self-Empowered**

Taking a line from *The Florence Prescription*, MMH has adopted the mantra “Proceed Until Apprehended” to encourage people to think and act like owners. More important, the Self-Empowerment Pledge (Figure 5) is being woven into the culture. Each day at the daily leadership huddle, one member is asked to lead the group in reciting that day’s promise. This practice is repeated in departments and nursing units throughout the organization. Almost every employee has received a set of pledge wristbands (1 for each of the 7 promises), and they are being given away in the volunteer gift shop in return for a donation of any size to the patient experience leadership council. One of us (Dent) wrote a story that is included in *Chicken Soup for the Soul: Inspiration for Nurses* about an employee who used the pledge to overcome a drug addiction—one of many such stories of people who have changed their lives with a commitment to self-empowerment.

**Fully Engaged**

Culture does not change unless and until people change, but as Marshall Goldsmith writes in *What Got You Here Won’t Get You There*, people will not make sustained changes in attitude or behavior unless those changes are based upon their own personal values. In late 2014, 41 MMH staff—including housekeepers, nurses, clerical staff, managers, and even chief of the medical staff—became certified Values Coach trainers. In early 2015, this group started teaching 2-day classes on the Twelve Core Action Values™, a course on values-based life and leadership skills, for all MMH employees (Figure 6).

**RESULTS TO DATE**

Six months into the Culture of Ownership Initiative, a follow-up Culture Assessment Survey was conducted. Slightly more than 60% of respondents reported that their workplace was more positive as a result of the changes implemented, and nearly 90% reported that they themselves were more positive. The cultural productivity benefit was calculated to be more than $7 million per year. This represents thousands of hours of employee time that have been redirected from TEN to working with patients, better communication, and personal development. In a survey conducted 18 months after the initiative was begun, 87% of managers agreed or strongly agreed that MMH has a more positive and productive culture, and 94% said that the initiative has helped them both personally and professionally. In a survey conducted after the first several rounds of training on the Twelve Core Action Values course, more than 80% of graduates said they would recommend the course to others; 1 in 10 said that for them personally it was a “life-changing” experience.

As a direct result, patient satisfaction has increased by nearly 20%, having gone from record low levels at the beginning of 2014 to record high levels at the end of the year. The National Database of Nursing Quality Indicators® (NDNQI®) nursing satisfaction surveys and value-based purchasing quality indicators also show a significant improvement with better than 10% improvements in most areas over the previous survey. Three years ago, the MMH emergency department ranked in the bottom 10% of hospitals in the country for patient satisfaction; today, the emergency department is in the top 10%. Employees, medical staff members, board members, community residents, accreditation surveyors, and even competitors have commented on the palpable enhancement in the Midland Health culture.

**SUSTAINING MOMENTUM**

As of this writing, the Culture of Ownership Initiative at MMH has entered its third year. A number of things have been implemented to ensure that this is a lasting investment in the organization and its people, and not just another “program of the month.” Employees, medical staff, and board members have all been given the book *Pioneer Spirit, Caring Heart, Healing Mission*, a book written specifically to describe the values and
vision of MMH and the attitude and behavior expectations created thereby, and all new employees complete the 2-day course on the Twelve Core Action Values. In addition, MMH is now reaching out to the larger community—including city government, businesses, churches, and the school system—to plan “the year of values” in 2017 as part of the effort to make Midland the healthiest community in Texas.

RECOMMENDATIONS FOR LEADERS

Take off the rose-colored glasses: Most health care leaders take justifiable pride in their organizations, but also tend to underestimate the level of employee disengagement and prevalence of TEN. Conducting a Culture Assessment Survey or equivalent can give a more realistic appraisal of how employees view their workplace culture. Research by the University of Iowa Department of Health Management and Policy shows that the higher on the organization chart one’s position is, the more likely they will be to view their culture through rose-colored glasses.16 An unpublished follow-up study shows a strong correlation between cultural clarity at every level of the organization and higher patient satisfaction and quality indicators (J. Tye communicating with T. Vaughn, personal communication).

Remember the WIIFM factor: The late Zig Ziglar often said that everyone listens to the same radio station: WIIFM, or “What’s In It For Me?”17 Any culture change initiative should first and foremost focus on the personal benefits of participating. The success at MMH didn’t come about because people cared about HCAHPS scores nearly so much as it did because they realized the personal benefits of a more positive workplace environment.

Ask for a visible commitment: Having people wear pledge wristbands, recite the daily promises, and sign and post the Certificate of Commitment for the Florence Challenge helps people hold themselves and each other accountable for their attitudes.

Keep it lighthearted: Activities like the Pickle Challenge can stimulate a positive competitive spirit; in hospitals across the country, we’ve seen pickle jar decorating contests, pickle costume contests, pickle parties featuring pickle-related foods, and other lighthearted ventures. Asking someone to put a quarter in a pickle jar is a soft-touch way of raising expectations for more positive attitudes, and civil and respectful behaviors. In the emergency department of Banner Casa Grande Medical Center in Phoenix, staff have been calling each other out on TEN, but in a very gentle way. When one staff member says to another “You’re being a 10,” an outside observer might take that to be a compliment, but the person receiving the “compliment” knows they are being told to check their attitude for TEN.

Keep it visible: The old adage “out of sight out of mind” also works in reverse—keeping commitments visible increases the likelihood that those commitments will be kept. The first thing anyone sees when entering the human resources department at Midland Health—whether they are coming in for a job interview or coming down to file a grievance—is a giant graphic of the Pickle Pledge and the 7 promises of the Self-Empowerment Pledge. At Grinnell Regional Medical Center in Grinnell, Iowa, patients coming to the accounts payable department are greeted by “Penelope Pickle” in a clear message that the staff are there to help them find solutions, not just listen to complaints.

Lead the change: At MMH, the management team starts every daily leadership huddle by reciting that day’s promise from the Self-Empowerment Pledge, and executives wear wristbands for that day’s promise. In our experience, one of the biggest excuses people use for not engaging in a culture change initiative is that they don’t see top leadership walking the talk. Fortunately, that is an easy problem to solve with a few highly visible, symbolic activities such as these.

Establish manager expectations: Senior leadership needs to make it clear that middle managers must take ownership for the success of any culture change initiative. This includes first and foremost changing their own attitudes and behaviors where necessary, and not tolerating TEN on the part of the people for whom they are responsible.

Maintain momentum: It is absolutely predictable that any culture initiative, after an initial burst of enthusiasm, will run into
resistance. This is where leadership is most severely tested. There will be a temptation to back off, to move on to other priorities. But backsliding will only contribute to the assertion of the cynics that this was just one more “program of the month.” It is essential that the leadership team stay focused on defining and reinforcing the desired attitudes and behaviors until they have become part of the organization’s cultural DNA—and then reach out to the broader community to foster a more positive overall culture. This might well be the most important lesson of the MMH experience: using the steps outlined above gives people clearly defined actions to help them stay focused on fostering a more positive culture of ownership.

CONCLUSION: THE TRIPLE WIN

Fostering a stronger culture of ownership is a triple win. Patients win by being cared for in a more positive emotional environment, with more attention from caregivers and fewer errors in care delivery. Staff win by not being emotionally polluted with TEN during their work shift, and being able to go home to their families without taking workplace TEN home with them. And the organization wins with measurably enhanced productivity, patient satisfaction, and employee engagement.

References
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