Employee Engagement: Key to the Exceptional Patient Experience

By Dorothy Sisneros, MS, MBA, Partner; Language of Caring

Want to spark a great discussion? Discuss these questions at your next leadership meeting:

- Is it possible for an employee to be satisfied with their job, but disengaged?
- Is it possible for an employee to be engaged in their job, but dissatisfied?

The Dissatisfaction-Engagement Continuum

While I believe there’s a continuum between dissatisfaction and engagement, I see the progression as follows:

- **Disaffection is the lowest level:** Employees feel disconnected and unhappy. I worry about the impact of these people on patients, families and coworkers. Their hearts are not at all in their jobs. Their focus is on “Elsewhere!”

- **Better than Disaffection is Satisfaction:** Satisfied employees like the work because it meets their basic needs. Satisfied employees typically have a stake in keeping their jobs, but that’s all. They decide rationally to stay in their jobs, perhaps due to pay, benefits, hours, flexibility, work-life balance, location, length of commute. Their job responsibilities don’t energize them and it’s doubtful that the quality of their work is any more than “good enough.” Their focus is on “Me.”
• **Better than Satisfaction is Motivation:** At this level, employees feel that their work is not only meaningful, but also, they have enough autonomy to find their work absorbing, and they do invest some of themselves in it. Their focus is on “The Work Itself.”

• **The top and most desirable level is the level of Engagement:** Engaged employees identify with the organization and feel an emotional commitment that drives them to apply discretionary effort on the organization’s behalf. Their focus is on “We!”

### The Level of Engagement in Healthcare

A giant study by Gallup in 2012 showed that globally, 30% of employees are engaged. In healthcare, the percentage is higher. A 2013 study by Towers Watson concluded that 44% of the hospital workforce is fully engaged. That means 56% are not. And this 56% feel at least somewhat disconnected from their organization, its goals and priorities and at least somewhat lacking in the support they need to do their jobs well. Also, the more engaged employees are less likely to look for employment elsewhere. In fact, only 17% of those highly engaged healthcare employees, compared to 43% of the disengaged employees pursue other employment. With shortages, especially in clinical jobs, this is significant.

**We can’t afford so many disengaged employees.** Employees make or break the patient experience. Turnover is very costly. And the challenges we face in healthcare are so enormous that we need to mobilize every bit of talent, energy and commitment possible—as indicated by discretionary effort, as we possibly can.

### Outcomes of Higher Levels of Employee Engagement

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<td>Improved relationships with management</td>
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*Peltier, Dahl and Mulhern, The Relationship between Employee Satisfaction and Hospital Patient Experiences; Forum for People Performance Management and Measurement; 2009*
How to Foster Engagement in Eleven Steps

1) **Start with you.** Are you keeping your job because you’re doing it “well enough to get by?” If so, know that your organization needs more from you than that, and so does your team. If you don’t feel committed, you are unable to nurture others and create and sustain a healthy and inspiring work culture. Start with soul-searching. What would it take for you to commit? Get advice from your supervisor and your peers. If you have settled for circumstances that you don’t like, have courageous conversations to see if you can influence these. If not, have the courage to look elsewhere for a more gratifying job.

2) **Don’t wait for the annual survey to tell you how you’re doing on fostering engagement.** What you don’t know WILL hurt you. Talk to your employees. Ask such questions as:
   - How are you feeling about your work?
   - How are you feeling about our team?
   - How are you feeling about the organization?
   - What would you like to learn?
   - How would you like to contribute?
   - What ideas do you have that could improve our team’s effectiveness?
   - If a friend or neighbor were to ask you about our organization, what would you say?

3) **Treat frequent, open communication with your team as an utter necessity, not as a nice-to-do if you have time.** How can we expect our teams to feel committed and to engage if we don’t make them insiders who know how, what and why the organization and their team are doing what they’re doing? Employees, especially people from the Millennial generation, want to know why they should engage with your organization. Why should they work for you? Why should they care? Every leader, every supervisor needs to tell people this every day. Engaged employees don’t have tunnel vision. They connect with the whole and see the big picture.

4) **Communicate your expectations and make these clear and unambiguous.** Don’t assume employees know what you want from them and the team. Take the courageous step and have employees share what they expect of you as a leader, too.

5) **Remove barriers and provide the resources people need to serve their customers and each other.** Otherwise, your expectations are not reasonable.

6) **Build an inclusive team.** And speaking of generations, you are a member of one generation and probably most comfortable with that one. However, as leader, you need to engage employees from EVERY generation, creating an inclusive team without a destructive pecking order based on age and length of service.
7) **Focus on people’s strengths.** You know how important it is to set high (not minimal) standards, communicate high expectations unambiguously, and then coach people to meet and exceed those expectations. But how? By focusing on and building people’s strengths, not giving undue attention to their weaknesses.

3) **Devote substantial time and attention to your high performers.** Many high performers become disengaged and seek other jobs because their supervisor cancels meeting after meeting with them or focuses attention on the poor performers. Take pains to provide access and engage with your high performers or you will certainly convert them to “disaffected.”

9) **Provide access to training, information and opportunity.** These engage and also sustain engagement. Everyone wins! Take a Talent Management approach and work with your Human Resources partners to include your team in any talent mapping activity.

10) **Engage your employees in decisions....** about their work, your team’s mission and organizational advancement.

11) **Care about and help your employees improve their health and well-being.** People interpret your care about their health and well-being as a sign that you care about them as individuals. And you and they know that their health and well-being outside of work dramatically affects their energy, motivation and engagement at work. Show your concern when an employee has lost work-life balance. Help them address this and provide resources as needed.

**Engagement**

The payoffs are enormous: Happier, more productive employees who expend discretionary effort on their jobs and your mission, patients and families served by caring people who take pains to ease their anxiety and make their caring felt... and as a result... better patient outcomes and better business results. We need engaged employees who are also happy and satisfied.

**NOTE:** [Click here for these 11 Leadership Essentials built into a self-assessment](http://languageofcaring.com)--for use in a leaders’ meeting activity.
Healthgrades, a leading online resource for comprehensive information about physicians and hospitals, released the new report, “Patient Experience 2014: Identifying What Matters Most.” This report explores the importance of patient experience in the overall quality of care. The report cites the 447 hospitals that achieved the 2014 Healthgrades Outstanding Patient Experience Award. These hospitals scored among the top 15% of hospitals nationally, based on HCAHPS results for visits occurring between April 2012 – March 2013.

When compared to hospitals performing in the bottom 15% for patient experience, Healthgrades Outstanding Patient Experience Award™ recipients performed as follows:

- 38% more patients rated the hospital overall as 9 or 10
- 42% more patients reported that they would definitely recommend the hospital to their family or friends

“Said Evan Marks, EVP, Strategy and Informatics, Healthgrades. “Our analysis shows that the personal impact of caregiving – like responsiveness to needs, communication and pain control – is what is most important to patients.”

According to the Healthgrades, patients are more likely to recommend an organization to friends and family if they had positive experiences in a) nurse communication, b) pain control, c) receiving discharge instructions, d) receiving help quickly and e) having staff explain medications.

**Staff Meeting Activity:**

**Take the temperature on employee engagement**

1. Have people pair up and interview each other using these questions:
   - *How are you feeling about your work?*
   - *How are you feeling about our team?*
   - *How are you feeling about the organization?*
   - *What’s one thing that would help you feel more engaged?*
2. Afterward, ask people to share their “one thing.”
3. With the team, identify possible actions you could take to make these “one things” happen.
More from Wendy on “The Honey-Sweetheart Phenomenon”

A couple of months ago, the Soapbox article caused quite a stir (See “But I meant well! ...How the gap between intent and impact affects the patient experience”) I received a LOAD of responses, especially to what I called the “Honey-Sweetheart Phenomenon.” About half said, “Yes! We must stop calling patients by these so-called endearing terms.” The other half expressed outrage, claiming that I had oversimplified a complex issue, and that when they used these endearments, the people on the receiving end received this warmly and felt cared about and special.

I’m sure that’s often true. My point is, that it is often not true, and my question is, “Is using these so-called endearing terms worth the risk that SOME people might be offended? I feel so strongly about this that I want to try again to convert disbelievers.

To one of the people who expressed outrage, I wrote this:

“I am admittedly a stickler, perhaps because my mother at age 96 hates, hates, hates to be called dear or honey by healthcare providers, even her primary care doctor whom she has known for years. But setting aside my feelings about this, I’ll try to be rational. Here goes: Using so-called endearments is a RISK-- unless one of these two conditions is present:

1) You ask permission ahead of time, or if an endearment slipped out, ask, “Oops, do you mind if I refer to you as dear?”
2) You have a relationship and feel certain that THIS SPECIFIC person will like it.

Here’s an analogy that I hope will make my attempts at rationality successful. Let’s say you have a disease (I SURE HOPE NOT!). And there are two drugs that cure this disease: Drug A and Drug B. Both drugs cure the disease. However, Drug B MIGHT have negative side effects, while Drug A does not. Which drug would you choose? Drug A, of course.

Regarding endearments, since there is a substantial percentage of people who mind these endearments very much, using them means you are taking a big risk that the person before you will perceive you as disrespectful. Just as choosing Drug A which MIGHT have negative side effects is high-risk behavior compared to the alternative, so is using endearments instead of someone’s name high-risk behavior, since it too MIGHT have negative side effects. As I see it, why take the risk, when you can connect well in so many other ways?
What’s tough for me about this is that some people are so warm and so well-intended that it is very, very hard to accept that anyone in their right mind might be put off by their endearments. As a person who has run more than 100 focus groups with patients and families, I have come to accept that there are many, many people who not only mind, but are deeply offended. And, the most offended tend to be older people who believe young people are taking liberties and being condescending or disrespectful.

Read Emma Eliot’s compelling article--
“My Name Is Mrs. Simon”
from the Ladies Home Journal.

Are you convinced now? Please let me know!
wleebov@languageofcaring.com

An Oldie, But Goodie for Nurses Week:
Celebrating Nurse Caring
This article includes 5 powerful ideas for recognizing and appreciating nurses.
Making Your Case: The Return on Investment (ROI) for Improving the Patient Experience

Enhancing the patient experience is a high payback strategy. Your organization will reduce its financial risk and increase its upside revenue potential. The fact is: The size of the investment required to implement an effective patient experience strategy is much smaller than the price you pay for NOT implementing one! In this webinar, Ron Evens, CEO of Language of Caring, will:

• Arm you with tools to explain how the patient experience is more than just “soft stuff
• Share the startling facts about the multiple payoffs of enhancing the patient experience
• Help you make your case for leadership support and resources so you’re more likely to get a YES!

TUESDAY, MAY 27, 2014
1–2 PM (EDT)

WHO SHOULD ATTEND?
• Patient Experience Champions, CNOs/ CNEs, COOs, Nursing Leaders, Directors of Service Excellence, Directors of Quality Management, Directors of Risk Management

WEBINAR FACULTY
Presented by Ron Evens, Language of Caring’s Chief Executive Officer. He brings to our team a dynamic combination of business savvy and deep healthcare experience. He has held challenging leadership positions in healthcare, including positions with Kindred, St. John’s Mercy Medical Center, and Central Iowa Health System. Ron has a Masters in Health Administration from the Washington University School of Medicine and an M.B.A. and B.S. in Business Administration from Washington University in St. Louis.

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“COACH ME TO A 5!”: HOW TO FOSTER A FEEDBACK-RICH CULTURE FOR CONTINUOUS IMPROVEMENT

Jill Golde, M.A. and Janice Ganann, M.Ed., ACC
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- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

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Achieving an unparalleled patient experience and a culture of caring through exceptional communication.

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Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions about the quality patient experience. AND please send us an INVITE so we can connect. Thank you!

Jill Golde, MA, Dorothy Sisneros, MS, MBA and Wendy Leebov, EdD—partners at Language of Caring.