Title:
Building a Culture of Ownership in Healthcare: The Invisible Architecture of Ownership, Values, and Attitude

Robert L. Dent, DNP, MBA
*Midland Memorial Hospital, Midland, TX, USA*
Joe Tye, MBA
*Values Coach, Inc., Solon, IA, USA*

Session Title:
Creating a Collaborative Culture

Slot:
B 02: Friday, 17 March 2017: 3:45 PM-4:30 PM

Scheduled Time:
3:45 PM

Keywords:
Culture, Leadership and Values

References:


Abstract Summary:
The invisible architecture is the soul of an organization. Using construction as a metaphor to describe the invisible architecture, the foundation is core values, the superstructure is organizational culture, and the interior finish is workplace attitude. We will discuss the importance of values-based leadership for sustaining a culture of ownership.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Explain why it’s just as important to &quot;blueprint&quot; the Invisible Architecture, our people and culture, as it is to blueprint the physical facilities.</td>
<td>We will recognize the state of affairs in healthcare related to workplace hostility and incivility with a review of the literature and culture surveys. We will apply solid principles for inspiring a shared vision to improve culture.</td>
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<td>Illustrate authentic leadership principles to sustain a culture of ownership.</td>
<td>Illustrate authentic leadership principles to guide nurses and nurse leaders through a disciplined process for creating and implementing a blueprint for a culture of ownership. This is an essential element for recruiting and retaining great people and for earning patient and provider loyalty.</td>
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Abstract Text:

When we design a new physical facility we hire professional architects and engineers to guide us through the process; we go through multiple iterations from schematic design to final construction blueprints; we have committees giving input on wallpaper design and carpet color. We'll lay out a room with masking tape in the parking lot to make sure that there is a good fit between the new design and the processes and equipment for which that space is being designed.

But when it comes to employee engagement, patient satisfaction, effective communication, and even quality and productivity, the visible architecture of the physical structure is less important than what we call Invisible Architecture. Yet most healthcare organizations do not put nearly as much thought and attention into designing their Invisible Architecture as they do the design of their physical facilities. We wouldn’t remodel a patient care floor without a detailed blueprint, but once the remodeling is finished and staff move in, we allow the Invisible Architecture to evolve haphazardly. This is one of the main reasons so many healthcare organizations don’t have a consistent overarching culture but rather are a patchwork of cultures that vary by department, shift, census, staffing levels, manager on duty, and other variables.

Invisible Architecture is the soul of an organization the way bricks and mortar are the body of the organization. In recent years there has been a growing realization that care of the spirit is just as important as, and is essential to, care of the body. In the same way, we should be as deliberate in designing our Invisible Architecture as we are in designing the visible architecture of our buildings.

When a new building goes up it is built in three stages: the foundation is put down, a superstructure is erected upon that foundation, and the interior is finished off. If you have a good designer and a good builder, it’s seamless – you don’t see where the foundation ends and the superstructure begins and there are no structural gaps between the walls and the carpeting.

This presentation will use a construction metaphor to describe Invisible Architecture. In the metaphor (this construct, if you will) the foundation is core values, the superstructure is organizational culture, and the interior finish is workplace attitude. As with physical design, in great organizations the transitions are seamless. If, for example, one of the foundational values of the organization is integrity, there would be a culture that honors confidentiality and a workplace attitude that is intolerant of gossip and rumor-mongering.

The presentation will be in two parts. Part 1 will describe the Invisible Architecture model, illustrated with examples of values statements, culture codes, and attitude expectations (both best and worst) from healthcare and other industries. Part 2 will shift the focus to the importance of values-based authentic leadership for sustaining a culture of ownership.