

# **Driving Leader-Led Organizational Health**



## Senior Healthcare Executives: Optimizing Personal, Organizational & Community Health

Original Research | April 2018

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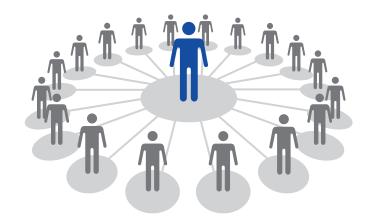
#### **Abstract**

This paper identifies themes in executives' self-care practices, their beliefs about how their self-care practices influence their staff and patients' practices, and its impact on the organization. On a scale from 1 (lowest) to 10 (highest), leaders' mean self-care rating was 7.1. Leaders' with high self-care ratings were likely to be from an organization with a high profit margin, while leaders with low ratings were likely to be either in their role for less than a year or from an organization with a lower profit margin. We also identified the return on investment (ROI) of self-care when we found that participants from the least profitable health systems consistently described being stuck in the sick model of care while participants from the most profitable health systems described a shift to population health and an organizational orientation to wellness and self-care. Optimizing leaders' health is crucial to shift from a sick to a well model of care. There is a trickle-down effect from leaders to staff to communities. It is essential for healthcare organizations to invest in the well-being of senior executives, especially those who are newly promoted.

## **What Executives Believe**

84%

Believe Their Practices Impact Employees



**50%** 

Believe Their Practices Impact Patients

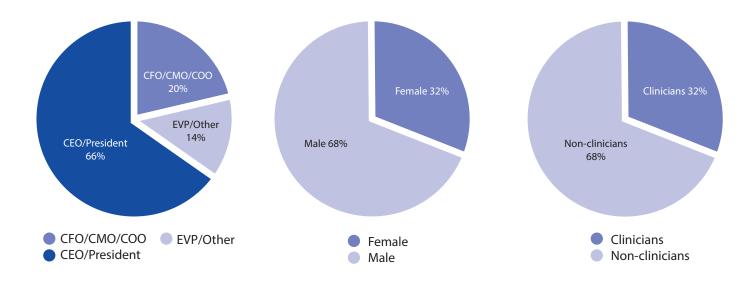
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### Introduction

As the primary component of our research, we interviewed 37 senior healthcare executives in 36 hospitals and healthcare systems throughout 14 different states. We were able to validate prior research findings which indicated a trickle-down effect of executives' practices on their staff and patients.

We selected the participants using a convenience sample and gathered data from the 37 executives who agreed to participate. We used an 11-question interview about the executive's wellness and self-care practices. We spoke on the phone at length, allowing us to fully understand the executives' beliefs, opinions, and philosophy of self-care. Because the study was designed as an action research project, we invited participants to view, comment on, and edit their interview transcripts. This final report is a culmination of researcher and participant input and feedback. We plan to continue this leader-driven research throughout future iterations.

# **About the Participants**

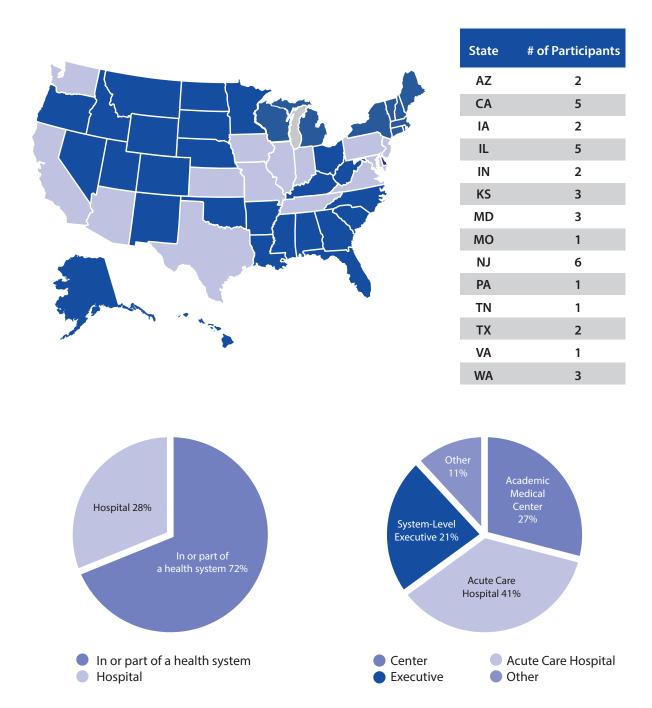


The research showed varying levels of executive stress. One executive stated that his job was going to "kill him." Another executive stated: "By setting a positive example, I am helping to fight against the historic culture that says you earn credibility by burning the candle at both ends. That behavior has been given respect in the past, but it is not healthy in the long term."

These two statements indicate that an unhealthy culture can exist within health organizations. Imagine a healthcare organization where the executives consistently practice self-care and encourage their staff to do the same. Imagine the impact on staff and patients that would result from this trickle-down effect.

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## **About Participants' Organizations**

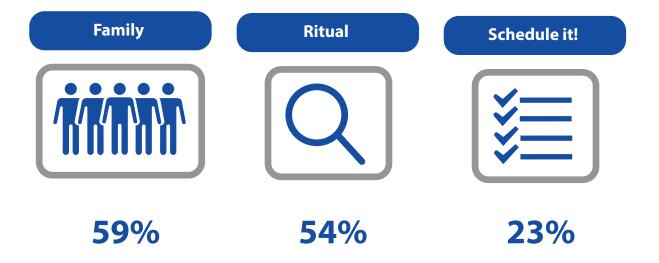


# **Executives Who Lead by Example**

Balance between work and personal areas of one's life is important, as well as the physical, mental, emotional, spiritual, and community aspects of health. Executives agreed that they function better when they take care of themselves and that an integrated approach to total health is needed. Environment and community are major factors in self-care practices. As a result, the health system can play a crucial role in the degree to which community members engage in healthy practices. Most executives know how to care for themselves when it comes to balancing life and work. Why is it, then, that some executives do not practice self-care?

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## What Facilitates Self-Care?



The participants support their staff practicing self-care and many encourage staff to unplug during vacations, as well as letting them manage their schedule to allow time during the day to attend self-care classes. Several participants noted that staff with self-care practices have good habits. These habits included time management, eating healthy particularly at meetings, and sharing their wellness practices with others. However, some of the leaders' staffs are clinicians who are knowledgeable about self-care, but do not practice it. One interviewee noted: "there are some staff, sad to say, that in spite of all that nurses know about how the human body works, are not more conscious about self-care practices – things like being active, eating well, and not smoking. In many cases, these are in response to stresses, and it shows they have not learned proper coping mechanisms".

When discussing the wellness practices of their staff, 54% of the interviewees stated that their hospital promotes employee wellness and workplace wellness programs. 30% of interviewees explained that their hospitals had a wellness facility, program, or activity on campus.

Examples of these offerings included yoga classes, meditation classes, gym centers, smoking cessation classes, nutrition counseling, wellness team or department, weight watchers program, and being mindful around meals provided at meetings and in the cafeteria. This, along with the anecdotal evidence outlined above, indicates that the majority of executives and staff are not utilizing the wellness programs offered in the workplace. These indications suggest the need for a different approach

#### The ROI of Self-care

Fiscal year 2016 financial results of the participants' healthcare systems ranged from -0.1% to +5.5% from the American Hospital Directory (ahd.com). We then analyzed responses from organizations on either end of the spectrum to uncover common themes.

It is possible that a shift in focus on self-care and preventative care can provide higher profits for hospitals. However, we must acknowledge that hospitals and their leaders do not control their geography or demographics. The challenge then becomes one of making a shift in spite of these limitations. Furthermore, impact should continue to be assessed using measures weighted by each organization's socio-economic advantages or disadvantages.

4

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Executive participants from the three least profitable hospitals are in rural farming communities. Although they are working to move away from a sick model of care, the barriers are great. The participant from the hospital with the lowest margins described his patients: "Unfortunately, I do feel that we see more and more patients that have not cared for themselves in food and exercise choices – carrying extra weight. These individuals are battling diabetes and other comorbidities due to their lifestyle choices."

Another participant from a hospital with low profit margins described the patients and community: "I think there is a lot of smoking and drinking in the region. I do not think self-care is practiced. We offer smoking cessation classes and nutrition consulting, weight loss programs, not physician-based.....it's not a widespread turnout."

Conversely, the leader from the hospital with the highest profit margin explained that there is a shift in patient care: "Today, the focus is on population health in the doctor's offices and primary care." The leader from another profitable system explains that "The life work balance here was attractive to me. People take time off from work, have athletic types of hobbies . . . This is the healthiest community I have ever worked in . . . the community is very self-care oriented."

#### The ROI of Self-care



### **Conclusion**

**Lower Profits** 

Wellness and self-care are prominent forces in healthcare. A deliberate emphasis on these concepts will impact how patients are treated, the culture of the organization, and even transitioning from a sick to a preventative model of wellness. From this limited yet impactful qualitative analysis, it appears that there has been a shift in the healthcare industry that affects employees, patients, healthcare organizations, and communities. Leaders are a crucial part of this shift and directly influence the path and success that wellness and self-care practices will have in an organization and its surrounding communities.

A comprehensive integrative model of self-care and wellness, one that addresses all sources of health, is invaluable in laying the foundation for a healthy, positive, and productive work environment and promoting preventative care for patients. Educating patients on self-care and wellness is imperative to their health. This education extends into the community and is a key factor in driving the health of populations. Ultimately, self-care needs to serve as the foundation to sustain both individual and organizational health for every healthcare system. Based on our sample, the root of this foundation for self-care and wellness appears to rest with senior healthcare executives who model their own self-care for others to emulate.

### Leaders on Self-care

You can't manage the health of others if you don't practice it yourself. It's like a mechanic having a ratty car. ~ CEO, AMC

In order for us to take care of the community, we have to be healthy ourselves. My philosophy is take care of yourself to take care of others. ~ COO, Health System

We all think we need to take care of others first, but throughout my history, I realize that I have to take care of myself first. ~ CEO, Hospital

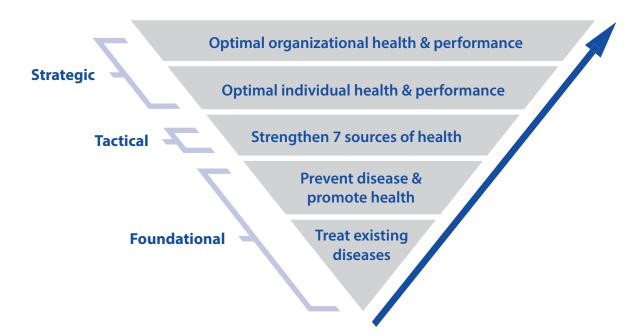
Until I take care of myself, it's impossible to take care of the team I lead. ~ COO, Health System

#### Recommendations

Hospitals and healthcare systems must prioritize treating patients' existing disease. However, systems with optimal organizational health operate a parallel leader-led path. This parallel track begins with leaders and their teams strengthening each of their 7 sources of health: Life purpose, mind, body, emotions, creativity, community, and environment. These sources of health need to be strengthened as a community and on an individual level. Organizational health is indicated by engagement across the organization. This can be achieved when leadership, mid-level management, employees, patients, and stakeholders strengthen their 7 sources of health.

A sustainable organizational health solution includes behavior change expertise, solutions that are evidence-informed and customized to each individual, made affordable through technology, and exhibit ongoing measures of impact and outcomes. A sustainable model will also leverage the impact and ROI of community-based group trainings. While these trainings may begin within the traditional walls of the healthcare system, they will quickly encompass the geographic communities for which the health system is responsible and for which healthcare leaders serve as important role models.

# The Trickle-down Model of Self-care for Organizational Health



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