



# Building Belief:

The Five Keys to Lasting  
Cultural Transformation

**By Joseph M. Patrnochak**

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## Chapter 7

### Building Belief: The Five Keys to Lasting Cultural Transformation

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As we mature in our HR careers, our reasons for selecting our next professional opportunity also change. At first, of course, it's about getting your foot in the door, building the necessary experience, and being able to make the rent on your first apartment. Then as you advance, it's about taking on the necessary experience blocks to transition yourself from being a limited generalist to a specialist to a more advanced generalist with line experience, and back and forth until you reach the C-Suite, assuming that's your ambition.

Finally, with every other aspect of your career and financial foundation squared away, significance takes on a more prominent value in your choices. While you always want to work for companies whose mission you believe in, of course, when you have all the other career components in place, you get to really focus on the answer to the question, "What kind of difference can I really make here?" That answer can be either an inspiring question or a troubling one.

When I was being considered for the CHRO role at Cleveland Clinic, I was troubled. Was I the right person for the job with my background in technology and insurance industries? Was this the right next step for me?

But two incidents that occurred during my earliest moments there told me that this was the place where I was meant to be to offer significance that would also be meaningful to me.

On the day I expected to be offered the CHRO position, I still wasn't sure I wanted it. It would require a move to Cleveland from Boston, where my roots and professional network were. While I had just been with Blue Cross Blue Shield of Massachusetts as senior vice president, I had no experience in the direct health care delivery environment. All my previous companies were in the tech industry: Digital Equipment Corporation, Compaq Computer, and Hewlett Packard. What could I possibly offer Cleveland Clinic? And did I even want the opportunity? The prospect of learning an entirely new industry at this point in my career was a big question for me.

I arrived well before my 7:30 appointment with the CEO because I wanted to catch a glimpse of what it would be like coming to work in the morning if I took the job. There's lots of energy at this hour at Cleveland Clinic. People coming in from all over the world. All ages, professions, and ethnic backgrounds. I then decided to settle my mind in the hospital's chapel with a little quiet reflection. My conflicted feelings must have shown on my face, because before long an environmental services worker approached me, gently put his hand on my shoulder, and asked, "Sir, are you okay?" "Yes," I said, "I'm fine," humbly realizing that I probably looked like someone who was wrestling with anxiety because of a loved one who might be a patient.

He left me alone for a while longer. But before he left the room, he returned to me and quietly said, "I just want you to know that you will be in my family's prayers tonight." I nodded my thanks.

I never saw him again.

That moment of humanity solidified my decision to accept the position. This was a place where caring people can find significance in their work, no matter where they are in the org chart. And I wanted to help them do so.

Then a few days before I officially started, I decided to slip into an all-hands meeting where the CEO was making a presentation to the staff. Since I was still officially an outsider, I discreetly chose a seat in the back row. I asked one of the doctors if the seat next to him was available. He said, "Yes! Please! By all means!" I jokingly replied, "Well, it looks like there are no assigned seats here because every other seat in the auditorium is open." He responded, "We should have assigned seats here, because they treat us all like children around here anyway." Data point noted.

At the end of the presentation, the CEO wrapped up by saying, “And now, I’d like to introduce our new CHRO, Joe Patrnczak, who will be joining us in a few days. I see him sitting back there in the back row. Please stand up, Joe, so the team can welcome you.”

After I sat back down, I could feel the doctor’s eyes cutting in my direction. And then he said, “So, did I give you my name?” “No,” I said, fully expecting a more complete self-introduction.

“Good. See you around. Have a nice day.” And with that, he stood up and left.

I never saw him again either.

These two incidents told me the two different stories about the same thing: The essential power of caring at Cleveland Clinic. In the case of the environmental services worker, his daily experience of his job allowed him to safely keep his caring vibrant and close to the surface. While his own job may not be as celebrated as that of the surgeons and other healthcare providers, he knew the significance of his presence there in the chapel to heal and provide comfort. And I felt it!

In the case of the physician, I would say that his caring was just as alive. But somewhere along the line – either suddenly or gradually – there was a breach of faith between himself and the sense of calling from his profession. And it would be my job to restore that faith to the hospital throughout the entire organization. It was my new calling to enliven a culture of caring in an environment already renowned for its world-class excellence – to help build an engaged workforce to build off its clinical excellence; to also develop a great service environment to deliver a great patient experience.

This chapter is about how we at Cleveland Clinic made that happen.

## **“Respected But Not Liked” No Longer Works in Healthcare**

When I first began at Cleveland Clinic, its worldwide reputation for clinical excellence and saving people’s lives was solidly indisputable. Cleveland Clinic has the highest acuity level of any hospital in the United States, which means that the sickest people in the world come there. And 99 percent of them go home. However, it was also commonly, but privately, said, “The patients here are always grateful to be taken care of by us, but they don’t also like us very much.” This gap in the clinic’s connection with the patients and their experience of our caregiving was at direct odds with our global brand for excellence.

The Cleveland Clinic is without question one of the most highly respected health care institutions in the country, if not the world. Patients who turn to this hospital have every reasonable expectation that they are receiving the best possible care available anywhere. Likewise, the physicians and other healthcare providers know that to be associated with Cleveland Clinic is a career-making professional accomplishment.

The Cleveland Clinic’s longstanding reputation for health care and pioneering research dates back to its founding in 1921. And it has been ranked #1 in cardiac care since 1994. For the years 2014-2015, *U.S. News and World Report* ranked the Cleveland Clinic #1 in Cardiology and Heart Surgery; Pulmonology; and Urology. The hospital was ranked #2 in Diabetes and Endocrinology; Gastroenterology and GI Surgery; Nephrology; and Rheumatology. And it came in at #3 for Gynecology and Orthopedics. So naturally it would follow, at least intuitively, that excellence in health-care and the *experience* of caring itself would go hand in hand. For both the patients and Cleveland Clinic employees alike.

But, while the expectations of outcomes might be reasonably positive, the *experience* of being either patient or provider at the Cleveland Clinic did not track with quality of care rankings back in 2008 when I began my own tenure there. Patients and employees alike reported the disconnect between the excellence of care and the actual caring itself that would be expected to go along with it. In March of 2008 the first Federal Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey placed the clinic at just at or below the national average ranking for patient satisfaction for most categories, except the “would recommend” category – which would reasonably speak to the quality of patient outcome that they could always expect to receive from Cleveland Clinic. Likewise, a Gallup, Inc., survey of employee engagement placed the clinic only in the 44th percentile of health care systems in its global database.

Industries such as hospitality and retail that depend on the enduring good-will of their customers for their long-term successes based on repeat business understand full-well the service-profit chain and the great employee experience/client experience correlation. Healthcare has been late to that particular party. Up until the Affordable Care Act, healthcare providers hadn’t had to worry about repeat business. And so, until recently, the service-profit chain hadn’t been high on the field’s list of concerns.

The traditional discipline required in the healthcare setting has elevated the doctors and surgeons above the rest of the hospital community. And, let’s face it, anyone who benefits from the life-saving skills and knowl-

edge of the entire hospital staff is going to feel rather churlish to complain that he or she wasn't coddled like they might if they were at a St. Regis or Ritz-Carlton. If their feelings were hurt or if they were treated abruptly by a surgeon who clearly saw them as merely the isolated body part that was being worked on, who cares in the long run? They're just grateful to be able to look forward to an extended life with their deeply relieved family.

But they still didn't like us very much.

Naturally, most of us want to be liked, at least to some degree. Up until 2008 being liked wasn't an actual financial imperative. But with the introduction of the HCAHPS survey, the extent to which patients were satisfied with their experience while in our care had a direct impact on our financial interests. "Patient Experience of Care" would make up 30 percent of our total score, which would then determine our eligibility for Federal reimbursement. (To illustrate how important patient experience is, actual "Outcome" is only 25 percent.)

It had become imperative to be more than just liked. We needed – and wanted – to extend to our entire community of employees, patients, and neighbors the spirit of authentic caring and deep respect for everyone who engages with us.

So in 2008 we committed to transform Cleveland Clinic into "a great place to work and grow." This was an essential objective to deliver on the Clinic's promise based on its value statements: "Patients first" and "Every life deserves world-class care." That meant not only world-class clinical care but also world-class service. Consumerism and transparency have finally hit healthcare. Patients could be directed by health plans and other services to where both existed. And hospital rankings, such as the one by *U.S. News and World Report*, now included patient experience scores, which naturally impacts reputation.

### **"We Are All Caregivers"**

Anyone who has either given or received customer service training courses knows that it's unrealistic (not to mention unreasonable) to expect high-level customer service to be authentic and sustainable unless the employees feel that same kind of service value proposition extended to them as well. Consequently, we knew that our employee engagement scores and our patient satisfaction reports were interwoven. (For instance, in a study of ninety-four hospitals with more than 130,000 employees, Gallup discovered a correlation between employee engagement and higher HCAHPS scores.) We had to address both simultaneously, in an integrally designed

fashion – starting with our culture. Which was really the only place to start if we wanted the improvements to stick.

We started with the most basic of all foundations – what we called ourselves.

In any traditional hospital setting, a sense of dualism pervades the culture. You have your surgeons, doctors, nurses, nurses' aides, etc. These are the highly trained professionals who are directly responsible for the patients, their care, and their outcomes. Then you have the supporting staff, from the executives in the administrative offices, to the HR department, to the medical transcriptionists, to the guy in the garage who helps visitors park their cars.

In the case of Cleveland Clinic, the dichotomy was even more pronounced. We had two major designations for everyone who worked there. They were referred to as "staff" (the doctors) and "non- staff" (everyone else). This detail – as insignificant as it might appear to be – had to have a negative impact on anyone's sense of commitment to the Clinic's mission. It's hard to come to work every day and feel important if you are a "non" anything. Our institutional language did not support our mission.

As my own experience with the chapel environment services worker shows, each of these roles is a caregiving role. If they're not engaging with patients and their visitors directly, they're providing care for the employees themselves. This understanding came out of my previous industry experience in services businesses, where there is no such thing as a back office or back office person. Everyone needs to see his or her role as important in the value chain of delivering great service. Either you are in front of a customer providing service or you are in support of someone who is. Thus you create a holistic services environment; a culture of service where everyone sees themselves in the full mission of the community.

Highly engaged people who come to work at a hospital don't come to work as *employees*. They come to work as *Caregivers*. That is where their elevated sense of mission and fulfillment lies. So that is where we began the process of transforming our culture into one where everyone can be expected to deliver *care* with the same level of regard, regardless of their title or position in the hospital. Likewise, by bearing the title *Caregiver*, they also carry the constant reminder that caring comes first – no matter whether they are a surgeon, scrub nurse, radiologist, payroll specialist, or groundskeeper.

So, reinforcing our leading message that everyone had a role to create a great patient experience, we designated everyone who worked at the Clinic as a Caregiver. This would be the person at the patient's bedside



delivering food, cleaning the rooms, taking a parking ticket, simply helping someone in the hall way who looks lost, or collecting a payment a couple of weeks after the patient has gone home. Caregiver is a title that reinforced the cultural belief that all work has dignity, and all those who do the work have dignity. By adopting the moniker of Caregiver, we all became an important part of the mission, “Putting patients first and every life deserves world class care.” We changed our institutional language, which then became a lever for cultural change.

### The Cleveland Clinic Experience

So far we’ve established that every Caregiver at Cleveland Clinic plays a critical role in the way everyone experiences their relationship with us. To embed that belief into the culture, in a way more meaningful than a simple slogan, one of our first initiatives was to develop the half-day program, which we named the “Cleveland Clinic Experience,” in which every Caregiver would participate.

We needed to reset our language and service expectations with our current Caregivers before we started onboarding new hires. The session sizes were intentionally small – only 300 to 400 participants at tables of 8 to 10 – and they would be made up of Caregivers from throughout the hospital, all there as equals, regardless of their position in the organization. All 43,000 Caregivers, including the doctors, went through the experience training over a nine-month period. We had over 400 facilitators volunteer to work the sessions. They came from all roles within the system. One was a painter, who facilitated over twenty-five of the sessions. He said that the experience of leading the sessions changed his life. No doubt he changed a lot of people’s lives in return.

### Servant Leadership Culture

Just as they are Caregivers externally to their patients, they are also Caregivers internally to each other. With that in mind, we focused on transforming our conventional command-and-control leadership culture into one that is commonly recognized as *servant leadership*, a concept leveraged for the business culture by Robert K. Greenleaf. According to Greenleaf, the role of a leader is servant first, sharing power, and placing the needs of others and the organization above his or her own. At Cleveland Clinic, we needed a “new teachable point of view” when it came to our leadership culture, if we were going to create a services environment. Servant leadership was the obvious choice.

Referring back to our goal of creating “a great place to work and grow,” we gave all of our more than 3,100 leaders with the training that reinforced each leader’s obligation to nurture their direct reports. Additionally, more than 120 servant leader champions had further training to allow them to perform as servant leader mentors, to support the rest of the leadership levels and to keep the serving leader principles alive and relevant in their respective departments.

### Caregiver Celebrations

Leading employee engagement studies have proven that engagement spikes when individuals feel acknowledged and appreciated by their supervisors. While this would appear to be a self-evident truism to most of us, cultures that have emerged over decades of command-and-control leadership styles (such as the rigidly hierarchical conventional hospital setting) also send the message, “I’ll let you know when I’m unhappy with your performance. If you don’t hear from me, just assume everything is fine.”

Clearly that is an insupportable management style in these times. And by 2010, Cleveland Clinic replaced it with a more proactive and strategic recognition system designed to encourage leaders to acknowledge their high performers often and in relevant ways. We designed our Caregiver Celebrations program specifically to support and reinforce the clinic’s values:

**Quality:** Maintains the highest standards and achieves them by continually measuring and improving outcomes.

**Innovation:** Welcomes change, encouraging invention, and continually seeks better, more efficient ways to achieve goals.

**Teamwork:** Collaborates and shares knowledge to benefit patients and/or fellow caregivers for the advancement of our mission.

**Service:** Strives to exceed patients’ and/or fellow caregivers’ expectations.

**Integrity:** Adheres to high moral principles and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

**Compassion:** Demonstrates a commitment to world-class care by providing a caring, supportive, environment for patients, patients’ families, and fellow caregivers.

The rewards ranged from nonmonetary acknowledgments from managers, peers, and patients to on-the-spot financial acknowledgments (budgeted at \$25 per direct report) to \$250 quarterly awards to \$2,000 annual awards given to fifty Caregivers, all the way to an individual and team award of \$10,000 given by the CEO himself. As special as the annual award

is, of course, the main emphasis of the Caregivers Celebration program has been to make acknowledgments quick, easy to use, and every day.

In 2010, the first year the Caregiver Celebrations program was implemented, an average of 7,515 awards were given per month. By 2013, 19,285 awards were given per month. We tracked by organization how many of these awards were given monthly and were able to correlate higher levels of engagement in those who used the program more frequently.

### **Caring for Our Caregivers' Well-Being**

Caregivers can't help their patients achieve wellness unless they are well themselves. In 2008, the same year we launched the "We're All Caregivers" campaign, we also rolled out a proactive Caregiver wellness strategy. We started the program with free Weight Watchers memberships and a \$100 participation incentive, but eventually transitioned into a program where we offered up to 30 percent savings on their health plan premiums.

By the end of 2012, almost 70 percent of our caregivers lost over 300,000 pounds as a result of our partnerships with Weight Watchers and Curves, as well as other fitness support services. Additionally we were able to track significant reductions in hospital admissions and emergency room visits by Caregivers who were participating in the Chronic Disease Management Program. These programs resulted in annual savings of about \$14 million.

More than half of the Caregivers have participated in our wellness programs. Participation in the chronic disease management program (obesity, asthma, diabetes, hypertension, and hyperlipidemia) specifically increased 825 percent, four times the national average. Wellness initiatives have produced a savings of \$78 million since 2010.

### **Diversity and Inclusion**

While all the Caregiver engagement programs embraced the entire Cleveland Clinic population, we also made a special effort to engage women and minority/special interest groups, such as African-Americans; Hispanics; Pan-Asian; LGBT; military vets returning to civilian life. We founded employee resource groups (ERGs) specifically tasked to provide mentoring and help for these populations to assimilate into the ever-evolving Cleveland Clinic culture.

Where these groups started out as social and support groups, as the years progressed, they matured into being essential to strengthening the connection between their members and the clinic's mission. This has become especially valuable as Cleveland Clinic seeks to reach out into the commu-

nity to support the wellness of these populations.

## **The Five Keys for Sustainable Culture Change**

Fresh starts are always attractive. And you can probably use all ten fingers to tick off what's wrong with your current culture and how you'd like it to change. You want people to be nicer to each other. You want people to be nicer to your clients and customers. You want your clients, customers, and employees to come back tomorrow. You want them to refer their friends.

You definitely want the culture change to endure, with or without you there to serve as its persistent evangelist. You may not have any plans to leave your position, but that doesn't mean that you're there permanently. So whatever you put in place must be able to thrive without you.

Endurance is one consideration. The other is intentional design. Without intentionality and specificity going into the transformation process, you risk your organization simply reverting to its old ways just as naturally as muscle memory. Or you risk having an even worse culture, one that is even more cynical and demoralized because all those glorious promises that were made at the outset turned out to be just another distracting sideshow of good intentions without substance to support them over the long run.

As you are engineering your intentional culture transformation, keep these five essential keys in mind for that sustainable change that you are striving to achieve:

**1. Acknowledge the dissatisfaction.** No real significant change happens without some high-level, pressing degree of dissatisfaction about what the current condition is. Anyone who has tried to lose weight, quit smoking, or start an exercise program, will tell you that true motivation to change must come from a moment of revelation where there's just no getting around the pain anymore. You have to feel it fully in order to really know it. Then you can do something about it. Because you're finally motivated.

**2. Catch the vision and turn it into a cause.** To transform our culture into "a great place to work and grow," we had to extend that vision to all the people who worked at Cleveland Clinic on an equal basis. All caregivers are healers. And our vision and cause was to extend that belief beyond those providing direct medical care. Healing is spiritual, physical, environmental, and emotional. In this way, the payroll accountant managing our caregivers' paychecks is just as much a caregiver as a floor nurse. No matter what they do, they play a role in helping to create a more calming environment for patients and their families.

What is the vision of your organization? And what is the shared cause that would rally all your employees?

**3. Care for your people so they will care for your customers.** You can experience a great deal of improvement in both customer satisfaction and employee experience when you focus your attention on making sure your people feel cared for – not from the very top of the organization – but from their immediate work group, supervisors, even the customers themselves.

Release any command-and-control elements that might remain in your culture. Be sure that engagement is a “local” phenomenon – that the supervisors are equipped with the freedom they need to unleash their employees’ self-direction and initiative.

**4. Hardwire the change into every aspect of your leadership development.**

Servant leadership is all about working with high levels of emotional intelligence to demonstrate that our job as leaders is to serve and support our people and bring out the best in them. In turn, they become better servant leaders themselves – wiser, more caring, healthier, and more effective for the organization over all. Not coincidentally, we found that units with top engagement scores consistently had the best quality and safety scores as well.

**5. Commit yourself to a long journey of transformation.** You want to build a pyramid, not a sandcastle. For such a change to endure the tests of time, you have to take the time necessary to build it solidly. There may not be the rapid returns on your risk and investment that you might be looking for. But when the transformation is built to withstand whatever the future might throw at it, you will be glad that you invested the upfront effort to make this a rock solid change.

Set reasonable, achievable goals at the outset, so your people can meet them at their local, departmental, unit levels. Reinforce your vision in them by demonstrating that the transformation is within reach. Build up their strengths; don’t just focus on their weaknesses. That way you are also building up their trust in you, and their direct reports’ trust in them. You are modeling the coaching, support, and resources to them that you want them to pass on to their own people.

Identify and celebrate best practices leaders. Look for opportunities for them to share their experiences and outcomes with others. Put your CEO out front at every opportunity, repeatedly reinforcing the message of commitment to this transformation as a permanent shift.

## Conclusion

This journey toward a cultural transformation with staying power has really been about one thing: Build belief. Belief that everyone will be treated with caring, as well as the belief that their workplace is a good place to entrust their career, their profession, their peace of mind, and their health.

Building belief – especially from the position where we started – takes time. And so we approached the conversion as a campaign – a campaign that required high-level investment, strategic thinking, and faithfulness during the uncertain initial years.

Over that time, we saw more than mere leaps in our engagement scores. Engaged to non-engaged ratios went from 2.58:1 in 2008 to 10.1:1 in 2013. (According to Gallup it takes a ratio of 4:1 just to reach a neutral point.) Additionally the clinic went from the 44th percentile to the 87th during that period in employee engagement as measured against all other health care systems in their extensive data base. We also experienced an increase in our “grateful patient” contributions – these are voluntary philanthropic funds that are so essential to the sustenance of any hospital.

It’s not enough to do the right thing. You have to do the right thing with persistence, repetition, patience, and consistency. You have to overtly proclaim the new intention, and then honor it. Most organizations have very short time frames with which to activate changes and transform perceptions. But when you are undergoing a radical culture shift such as this one, be prepared to invest years to the cause of transforming people’s perceptions from fear toward trust.

What happened for us at Cleveland Clinic can happen for your organization.

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