Healthcare organizations are challenged to shape a culture where the patient is at its center, with a sharp focus on patient safety. Michelangelo, arguably history’s most gifted sculptor, described his gift this way: “I saw the angel in the marble and carved until I set him free.” Similarly, to shape vibrant cultures, healthcare leaders must chip away at the irrelevant and define for nurses, doctors, and staff members those behaviors most highly correlated to successful patient care and safety.

HealthStream interviewed Bryan Warren, the Director of Healthcare Solutions at Select International, to get his insight on how behavioral assessments can help organizations build a patient-centered and patient safety-focused culture. Warren says that such a culture is dependent on the identification of relevant behaviors. He also asserts the hiring system at every level of the organization must target those competencies in candidates.

“I think the norm in healthcare has been an overemphasis on clinical and technical skills. Hospital leaders are now recognizing behavioral competencies are important, but that doesn’t mean they necessarily know what to do with them,” Warren observes. “We have worked with enough organizations to be able to provide a general idea of the essential behavioral competencies and how to hire and train for those.”
The Same Every Time: No Shortcuts

Patient safety requires the consistent execution of policies and procedures, following the rules every time. In other words, no shortcuts. This consistency requires a higher level of consciousness, attention to detail, and locus of control—the belief you have control over a situation. Because nurses and physicians have earned the status of highly trained professionals, they exercise something called exception thinking. As a result, healthcare providers sometimes use shortcuts. Why? Simply stated, shortcuts have been allowed! Other industries, such as manufacturing, do not permit these exceptions or any deviation from procedures.

Warren offers this explanation: “We have a safety team that works in the energy sector and manufacturing. When they’re in the physical plant, escorted by the client, and they walk up steps without putting their hands on the handrail, they’re immediately corrected. We’ve seen organizations where just stepping out of a truck for a moment, requires putting on the hard hat—every time.”

Leaders recognize their organizations must seek a two-pronged type of culture, both patient-centered and safety-focused. On one hand, shaping a patient-centered culture requires targeting people who have a high degree of emotional intelligence. On the other hand, a culture of patient safety requires individuals who demonstrate consistent adherence to policy and procedure.

Emotional Intelligence

Emotional intelligence is the ability to recognize, understand, and manage one’s emotions while also recognizing and influencing the emotions of others. Historically, this has been vaguely defined in healthcare organizations. Can a hiring manager successfully discern the candidate who “cares?”

The hiring system must be methodical, based upon well-defined behavioral competencies, such as service orientation, adaptability, and a desire to collaborate. Although empathy and compassion are important, Warren explains, “Emotional intelligence is more predictive of success. Without emotional intelligence, a person may feel compassion, but does not know how to use that compassion effectively and appropriately.”

Warren offers the example of a nurse who scores high in empathy, but low in social awareness, and is not picking up on the patient’s needs. “That’s a nurse who can start to change his or her behavior based on this knowledge. She may not be naturally inclined to walk over to the patient and inquire whether they really understand the instructions she just gave them, but she can be shown how to change her behavior to create a better patient experience,” he explains.

By contrast, there’s a culture of professional autonomy in healthcare. “We trust physicians and nurses to make sound decisions, so the culture has always been one of a culture of expertise, not a culture driven by adherence to policies and procedures,” Warren explains. “Now, because we have proved adherence to policy is in the best interest of safety, hospitals are getting it.” As a result, hospitals are starting to use checklists.

Occasionally hospitals do not see the immediate benefit of checklists. “We worked with a hospital where they’d seen great results from establishing behavioral competencies, but when they implemented an OR checklist, they didn’t see a positive impact,” Warren commented. “They failed to address the human element. They restarted the project, but unlike the first rollout, they met with the teams and communicated what they were trying to accomplish. Once the team owned the process and the purpose, the checklist was highly successful in making patients safer.” It was important to address the cultural piece first, rather than simply implementing the process.
Molding a Talent Strategy

Hospitals routinely develop strategies for revenue growth, quality, and technical innovation in their annual business plans. A talent strategy should also rise to the level of a major strategic initiative with a long-term investment of resources and people.

Warren tells the story of Children’s Hospital of Pittsburgh. “They built a big beautiful new hospital, one of the top 10 facilities in the UPMC system, but they brought their old culture, and they recognized that. To their credit, the senior leadership team defined a new culture and built certain initiatives into their five-year strategic plan,” he says.

Warren believes their resulting success came from defining a hiring strategy built around specific behavioral attributes. They improved patient satisfaction scores and built a more engaged workforce. “The entire UPMC system has now adopted the selection processes and tools we put in place at Children’s Hospital,” he adds.

To properly mold a talent strategy, senior leaders must first do the work to define the types of people they need, “telling HR to identify and target behaviors, building a selection system that facilitates bringing those people into the organization,” explains Warren. Today, HR owns talent strategy development and now has a seat at the healthcare strategy table.

Must-haves for a successful talent strategy include:

1. Clearly defined behavioral competencies
2. A hiring management system
3. Tools, processes, and courses that build on behavioral competencies
4. A strategy execution team

One outcome of such a talent strategy is the expansion of the hiring pool. Hospitals have long looked to hire people with healthcare experience. “We have a client who would not consider a candidate to work in dietary unless they had healthcare experience. We taught them it was a better approach to define very specific behavioral competencies that predicted success on the job and build a hiring system around those behaviors,” Warren states. They like to tell the story of “Dan the Baker.”

Dan applied for a job with the health system in dietary because he felt he had a higher calling. He was very service-oriented, and he wanted to work with people. The hospital would not have interviewed Dan before they developed their talent strategy, but he scored well throughout the selection process, went through the interview, was hired, and was an outstanding employee. He loved helping patients so much, he pursued his nursing degree, and now he’s an outstanding nurse.

“We taught them it was a better approach to define very specific behavioral competencies that predicted success on the job and build a hiring system around those behaviors”

Warren views this as a great example of focusing on human nature, behavioral traits, and competencies instead of basing hiring decisions on gut instincts and traditional criteria that may have been used in the past.
The Art of Behavioral Skills, the Science of Technical Skills

Warren maintains that poor performance in healthcare is rarely related to technical skills. Organizations that struggle take a different approach. “They plug in some tools, do some training, put some processes in place, and hope for the best. It goes back to the idea of culture. Suppose they bring someone on board who is a sound clinician, a great clinician, but who does not possess a high level of emotional intelligence. We can’t allow a person to struggle in their interactions with patients and colleagues without acting. We’ve made too big an investment in that person,” he explains. Organizations that do it well take a holistic approach with individuals, asking how they can help the individual understand the desired attributes and help them develop those skills.

“Organizations that are successful encourage critical thinking about who is brought into the organization, and once a person is onboard, work with him to develop the requisite behavioral skills. Not just because it’s good for the individual, but because it’s good for the organization,” concludes Warren. “A great culture values talent.”

“A Great Culture Values Talent.”

To hear Bryan Warren’s full discussion, link to his podcast at http://www.healthstream.com/landing-pages/second-opinions-podcast. Warren is the director of healthcare solutions at Select International, a company specializing in the development of employee selection tools designed to help organizations build a strong workforce. As an attorney, Warren represented physicians and healthcare organizations in a variety of regulatory and employment law matters. He has also served as vice president and corporate counsel for a leading hospital management consulting firm. He now works with Select International’s consulting team to develop effective solutions focused on the physician hiring and development process.