

SECTION 4

CULTURE TO EMPOWER WORKERS

TOPICS

What is Organizational Culture?

The Central Role of Health Workers in Achieving the Mission

Assessing and Motivating Workforce Engagement and Morale

Meaningful Contributions by the Governing Body

Avoiding Micromanagement

Health workers—from physicians to community health workers and administrative staff—are essential to achieve gains in health status for people in countries with low-resourced health systems. This section explores how governing bodies can best engage with and inspire health workers to work toward the mission of their organizations and health systems.

THE CHALLENGE

With careful planning, you and the governing body of a large, faith-based maternity hospital in Bangladesh have arranged for members of the governing body to meet with staff and tour the hospital inpatient wards and a network of small community prenatal care centers. What are the advantages and disadvantages of such board member engagement? What strategies should you implement to minimize the negatives and maximize the positives of such involvement?

WHAT IS ORGANIZATIONAL CULTURE?

Every health sector governing body has an unwritten set of rules that defines how people in the organization behave. These shared rules—combined with the shared values, assumptions, and beliefs of organizational members—make up the **organizational culture** of

an organization. The following **seven characteristics** determine each organization's unique culture.¹

1. **Innovation** (risk orientation): This characteristic reflects the degree to which the culture encourages innovation and risk-taking.
2. **Attention to detail** (precision orientation): Accuracy in the workplace is important to companies with a culture that places a high value on this characteristic.
3. **Emphasis on outcome** (achievement orientation): This characteristic is stressed in cultures that focus on results, but not on how the results are achieved.
4. **Emphasis on people** (fairness orientation): This characteristic reflects the degree to which the culture values fair treatment of the people in the organization.
5. **Teamwork** (collaboration orientation): This characteristic relates to the importance that the culture places on work being done in teams.
6. **Aggressiveness** (competitive orientation): Aggressiveness is measured by the importance a culture places on outperforming the competition.
7. **Stability** (rule orientation): A company that encourages a steady and predictable course of action when making decisions places a high value on the stability characteristic.

How members of an organization perceive the value placed on each of these characteristics determines the unique culture of an organization. This culture acts as a set of unwritten rules that provide guidelines for how people in the organization are expected to make decisions and perform their tasks.

In health system governing bodies, a chairperson can help set the tone and culture for decision-making approaches. This can be done by describing during member orientation, and in subtle ways, in each meeting, how to address these questions.

- In our work to help accomplish the mission of this organization, we are serious about letting our actions demonstrate the value we place on our goals, which are (for example, the Nairobi Hospital states):

Mission

To offer patients the best care, using advanced technology in an atmosphere of trust, safety, and comfort.

Vision

To be the leading healthcare institution in the region providing world-class treatment and services.

1. John McLaughlin, "What Is Organizational Culture?: Definition and Characteristics," in Business 107: Organizational Behavior [online course]. Available at: <http://study.com/academy/lesson/what-is-organizational-culture-definition-characteristics.html>.

Values

Dedication: We are dedicated to offering patients and their families efficient service and great value for their money.

Empathy: We are devoted to providing a warm, friendly, and caring environment in which patients can recover.

Inspiration: We are an organization that inspires our staff to achieve the extraordinary and develop the best careers.

Quality: We pursue superior performance and quality in all we do, to build and preserve the Hospital's clinical, organizational, and financial strength.

Partnership: We recognize the value of strong internal and external partnerships to accomplish our goals.

- In our meetings, we value the ideas and experiences of each member of the governing body and work hard to provide all an opportunity to share their ideas in all of our decision-making processes.
- We try to maintain a “blame free zone” in our board work; we praise in public and counsel or criticize in private.
- We strive to base all of our decisions on the best interests of the people we exist to serve.
- We see ourselves as trustees of assets and resources owned by others, so we seek to be good stewards of these other people's resources.
- We operate and make decisions in the most ethical, honest, and transparent manner possible in all of our dealings with managers, health workers, vendors, media, government officials, and beneficiaries.

THE CENTRAL ROLE OF HEALTH WORKERS IN ACHIEVING THE MISSION

We understand that our governing work is to enable the good work of those who deliver services in our organization and community. There is no health care without health workers.²

Because health workers are central to accomplishing our mission, we have an obligation to make decisions that encourage and support our paid and volunteer health workers and facilitate the performance of their roles and responsibilities. Good governing bodies forge and nurture a culture within the organization that creates the conditions in which health workers can excel in their service to our beneficiaries. Actions by governing bodies to create positive and productive workplaces include meeting the principles for safety advocated by the World Health Organization (WHO).³

2. Global Health Workforce Alliance and World Health Organization, *A Universal Truth: No Health without a Workforce: Third Global Forum on Human Resources for Health Report* (Geneva: WHO, Nov. 2013). Available at: <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>
3. *Health Workers: Health Worker Occupational Health: Introduction* (Geneva: WHO, 2015). Available at: http://www.who.int/occupational_health/topics/hcworkers/en/

There is a wide range of reasons why health workers leave their jobs; financial reasons are often not the only (or the main) reasons. Factors are also likely to be interrelated, and their influence on health providers depends on the political, socioeconomic, and cultural environment.

The WHO sees these as factors to be discussed and addressed by effective governing bodies:

- personal and lifestyle-related factors, including living circumstances;
- work-related factors, related to preparation for work during pre-service education;
- health system-related factors, such as human resources policy and planning;
- job satisfaction, influenced by health facility factors, such as financial considerations, working conditions, management capacity and styles, opportunity for professional advancement, and safety at work.

Good governing bodies do not do the work of managers regarding employment practices, compensation, job assignments, and working conditions. However, at least once per year, the governing body should ask for and receive an in-depth presentation by managers about factors such as:

- satisfaction and morale of the workforce;
- comparative compensation of similar workers in similar communities;
- opinions of health workers about the quality of care and services to beneficiaries;
- opinions of workers about the ethical behavior and standards of their fellow workers, managers, and the governing body;
- progress on prior action plans to continuously improve working conditions for health workers.

Health workers, however, have an obligation to perform to the best of their abilities to promote the health and well-being of the people they exist to serve. Health workers are usually well motivated to work hard to continuously improve the quality of their services to beneficiaries. Actions to support this passion can be found in a [WHO discussion paper by Woodward](#).⁴ Health workers can also be expected to deliver good value for money, as outlined by the [WHO studies of good worker performance and productivity](#).⁵

4. Christel A. Woodward, "Strategies for Assisting Health Workers to Modify and Improve Skills: Developing Quality Health Care: A Process of Change: Improving Provider Skills" (Geneva: WHO, 2000). Issues in Health Services Delivery Discussion Paper No. 1. Available at: http://www.who.int/hrh/documents/en/improve_skills.pdf

5. Marjolein Dieleman and Jan Willem Harnmeijer, *Improving Health Worker Performance: In Search of Promising Practices* (Geneva: WHO, 2006). Available at: http://www.who.int/hrh/resources/improving_hw_performance.pdf

GENDER

Because so many of our beneficiaries and health workers are women, our governing work must also be very open to and supportive of modern gender equity policies and procedures.⁶

Wise governing bodies need several women members, and they work hard to create meaningful opportunities for women health workers and managers to excel in their work. High priority should be placed on these three actions:

1. Ask that all who provide information on the organization's plans, budgets, and services report results by gender. This transparency helps avoid inappropriate differences, biases, or discriminatory practices, which should be discussed, resolved, and avoided.
2. Make sure that presentations to the governing body and its sub-groups have a balance between men and women leaders reporting on the status of your organization's service quality, costs, utilization, and user satisfaction.
3. Support equitable sharing of recognition and rewards for good performance by workers among men and women.

WORK CLIMATE

Have a conversation at least twice a year with your managers and a small group of workers to gauge how the workplace situation is changing and improving; and suggest ways you can be more supportive, such as:

- advocating for more pay for the organization from governmental and non-governmental sources;
- advocating for more investment in continuing education for workers;
- offering ideas to management about how workers in other service industries (e.g., schools, hotels, banks, restaurants, and rural cooperatives) are encouraged and supported to excel in their work.

What are two to three other ways that you believe the governing body can help management create positive conditions for excellent health worker performance and satisfaction?

6. For example, see Women and Gender Equity Knowledge Network, *Unequal, Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why It Exists and How We Can Change It* (Geneva: WHO, 2007). Available at: http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

ASSESSING AND MOTIVATING WORKFORCE ENGAGEMENT AND MORALE

The governing body needs to ask managers to report at least annually about how health workers view their working condition, compensation, safety, and access to medicines, and the tools and supplies they need to do their work.

Rely on periodic surveys, focus groups, or structured interviews by objective and fair consultants or volunteers to reach out to workers to engage them in planning, program evaluation, and assessments of the conditions in which they are expected to work. You should also understand their views about their degree of satisfaction with varied issues such as:

- the clarity of their job descriptions and the performance expectations of their managers and supervisors;
- their safety from sexual harassment, violence, and injuries while at, going to, or leaving work;
- opportunities for advancement;
- opportunities to earn a living wage;
- opportunities for performance-based recognition and awards.

While competitive incentive compensation or merit pay is very difficult to secure in public-sector employment in most low-income countries, a study of over 30 public sector managers from 20 countries at a health-sector leadership program in Cambridge, England, suggested the following ideas to recognize and reward good work by health staff (see [Section 28](#) for the complete list of ideas):⁷

- Have a senior manager or supervisor deliver a personal “thank you for a job well done” to staff in front of their peers.
- Have managers and the governing body host a dinner or party hosted for teams or departments that have excelled in meeting their service targets in the past quarter.
- Provide access to special continuing education in the capital city for high-performing teams or service leaders.
- Send a thank-you note signed by the manager and a governing body member to the family of the worker.
- Recognize exemplary workers or teams by displaying a picture and note on bulletin boards in the facility and a billboard in the community.

What other actions could your governing body take to show your sincere and continuing support for employees' work?

7. James Rice, Ph.D., International Health Leadership Program, Judge School of Business, University of Cambridge, England. 2006.

MEANINGFUL CONTRIBUTIONS BY THE GOVERNING BODY

There are many ways that governing bodies can help support positive conditions for good performance by health workers. Some can be enacted by the group, and some by individuals in the governance body who have unique skills or access to unique resources. However, the group should make a point of discussing opportunities to support good health worker performance at least once per year.

High-performing governing bodies can consider these five actions to improve their contributions to excellent health worker performance:

1. Ask that managers and health workers develop for your review and adoption an updated set of principles that support health worker success and pride. Oakwood Healthcare has developed an effective example of a code of conduct that you can adapt to your own environment.⁸
2. Establish discussions and a policy that encourage the organization to develop and nurture a “culture of accountability.”⁹
3. Management can invite members of the governing body with unique experiences and knowledge to volunteer to plan and conduct training programs on various topics for workers. (They should never pay fees to members of the governing body.) Topics can include patient safety, clinical process improvement, customer service excellence and satisfaction, budgeting; marketing and communications, media relations, and team and trust building.
4. Support the design and development of a “culture of celebration,” as defined in [Section 28](#).
5. Work with management to organize periodic focus group discussions with frontline workers and managers about how the organization is performing and how all could pull together (*harambee* in Swahili).

AVOIDING MICROMANAGEMENT

In your enthusiasm to help create good working conditions for health workers, be careful not to stumble into the challenging arena of micromanagement. One of the most common characteristics of low-performing governing bodies is trying to second-guess or run over or around managers either because you think you can do their jobs better or you believe they are not doing their work well enough.

8. Oakwood Healthcare, “Code of Conduct” (Dearborn, MI: Oakwood Healthcare, 2013). Available at: <https://www.oakwood.org/upload/docs/Code-of-Conduct.pdf>

9. See, for example, Joshua O’Hagan and David Persaud, “Creating a culture of accountability in health care,” *The Health Care Manager*, 2009; 28: pp. 124-33. Available at: <http://www.nursingcenter.com/lnc/static?pageid=935642#sthash.V6nPRru8.dpuf>

“That’s micromanagement!” When trustee A says that to trustee B, trustee A is reminding B to stick to the governing body’s policy role and stay out of administration. But B says, “No, it’s not.” Now what?

How do you determine the appropriate role for trustees of health sector governing bodies? The line between policy and micromanagement is not always clear. It can depend on board and institutional culture and protocols, communication style, intent, and how the intent is expressed.

What is clear is that micromanagement is not a good thing. Governing bodies of health services organizations hire a managing director or chief executive officer to lead the organization. Micromanagement impedes the ability of CEOs to do their work most effectively. As one trustee said, “We are paying a CEO to do the work, so why should we do it instead?”

Micromanagement sends a message of distrust, undermines the authority of the CEO, and ignores the organizational structure, decision-making systems, and procedures. Micromanagement also violates the governing body’s fiduciary responsibility to ensure that the time and resources of the organization are well spent. When a trustee directs staff to do something or requests information that requires a significant amount of time, the individual trustee has determined how time and resources are used, which may not be in the best interests of the entire institution. Given that health service organizations have limited funds and personnel, priorities for time and resources must be set by the governing body and leadership working together.

Most members of a health system governing body prefer to be engaged in complex problems of substantial importance, not the day-to-day trivia of service delivery. However, three factors can lead to micromanagement and should be avoided.

1. Boards are structured to micromanage when they consist of committees that mirror the administrative organizational chart.
2. Trustees are encouraged to micromanage when they are asked to review details of plans, policies, and projects.
3. Trustees are relegated to micromanagement when the organization’s managers do not share the responsibility for the organization’s mission, values, culture, and performance planning agenda.

Preventing micromanagement means engaging the governing body in discussions that identify the questions to be asked about the institution’s future and capitalize on the wisdom and values of trustees. CEOs can foster “macro-governance” by involving governing bodies sooner and more deeply in defining the questions on issues essential to the vitality of the organization.

Wise governing bodies can consider these three actions to minimize the threats of micromanagement. (For more ideas, refer to [Appendix 4.1.](#))

1. The chairperson and CEO need a partnership of mutual trust and respect. This enables candid discussions about the lines between good governing body work and the work of management. These two partners should meet at least once per month to explore areas of confusion about the needs of the governing body for information for good decision-making and to clarify what is the governing body's role in policy-making and strategic direction setting, and what is management's set of responsibilities.
2. In the initial orientation program, and in subsequent self-assessment programs, members of management and the governing body should encourage discussions about their comfort levels with the balance of their roles in decision-making for the benefit of the organization's mission, plans, and performance.
3. All parties should work in a climate of "no surprises." Use common sense to keep each other informed about questions, concerns, and ideas for service and organizational performance improvements. It can also be helpful to review the ideas in [Appendix 4.2](#) on trust building.

APPENDIX 4.I

Scenarios: Is the Trustee Micro-Managing?

LIGHTS OUT

While walking to an evening board meeting, Trustee A notices that some outside lights have burned out. She picks up her cell phone and calls the evening manager to let him know.

If this is a one-time occurrence, many would say it's not micromanagement and that the trustee is simply being helpful. The trustee likely does not intend to direct staff work. However, it fits the definition of micromanagement in that an individual trustee has called a staff member other than the CEO and essentially told him or her what to do. A better alternative is for the trustee to talk with the CEO (or established designee) when she gets to the board meeting.

CONSENT AGENDA

The board meeting always includes a consent agenda that covers personnel hiring and routine contract and purchase approvals. Trustee B regularly removes the items on contracts and purchasing from the agenda, so that he can review the process for each item to ensure the staff did enough to get the best price.

Individual trustees have the right to remove items from the consent agenda and should do so if they need to discuss the item. However, the consent agenda is designed to quickly deal with routine and required approvals so that time can be spent on discussion of strategic health care issues. Trustee B's actions take up a great deal of time and reflect a lack of trust in administrative decisions, and therefore are micromanagement. The board should address the reasons behind his actions. Is it a lack of clear policies and procedures on contracts and spending, or a lack of support for the policies? Do the procedures adequately ensure that purchasing processes are legal, fair, and that there are adequate checkpoints? Are the dollar amounts that determine whether a purchase or contract requires board approval set at the right levels? Does Trustee B have a reason to distrust administration? Is he attempting to show that he is performing his fiduciary role?

Possible solutions include revisiting the policies and auditing the procedures to assure Trustee B that the purchasing and contracting are fair, prudent, legal, and contain adequate checks, and that the administration can be trusted. Other trustees may talk with Trustee B about how his activities are interfering with board time for other discussions. They may help find other ways to exhibit their responsibility for fiduciary oversight.

PLANNING COMMITTEE MEMBER

Trustee C is a member of the health organization's planning committee. The chair of the committee, out of respect for the board member, always makes sure to seek her opinion on the proposed revisions to the center's goals. The board member reports to the board each month on committee activities.

Including trustees on health sector organization planning committees provides a trustee perspective and link to the board. The intentions are good, but the practice may be a step on the slippery slope.

Trustees, by virtue of their positions, may have much authority and power. In this situation, the individual trustee's opinions may have too much influence and are thereby "micromanaging" the planning process. She should refrain from such active participation on the committee and have more trust for the committee chairperson.

MONITORING PATIENT QUALITY SUCCESS

Trustee E wants to know what the error rate in medications is and what kind of support is provided to ensure that patients receive the right medicine. He doesn't want to bother the CEO, so he calls a senior nurse to find out that information. The nurse calls the manager of health statistics, who then begins preparing the report.

While it is laudable that Trustee E is interested in medicine errors and services, his request to the nurse has the effect of directing staff time and is therefore micromanagement. Trustee E should contact the CEO, who can provide both background information and knows the implications of the request for staff time. If the CEO judges that the request would take substantial time, he or she can refer the request to the board as a whole for approval. The CEO also can ensure all trustees receive the same information.

RESPONDING TO COMMUNITY COMPLAINTS

A young person's parent, who happens to be on the health center's advisory board, calls Trustee F to complain about her daughter not getting into the nursing program. The trustee calls the CEO to find out why and asks the CEO to call the parent.

It is not micromanaging to ask the CEO to respond to questions from community members.

At the next board meeting, Trustee F asks for a report on how students are admitted into the nursing program. After the meeting she tells a newspaper reporter that she is conducting an investigation into the admission process.

It is not micromanaging to ask for reports on a health program's processes at board meetings; however, as stated earlier, expecting reports without considering the ramifications involved can lead to problems. Trustee F crossed the line into micromanagement when she announced an investigation to a reporter. She is now operating independently and is not participating effectively as part of the governing body as a whole.

CUTTING PROGRAMS

After hearing a staff report at a board meeting about proposed program cuts at community outreach centers in the district due to budget constraints, the board expresses concern that the patients and enrollment in the outreach areas will be disproportionately affected. The board asks the CEO to find a way to keep the health centers operating fully.

The board has acted as a whole to direct the CEO to revisit budget cutbacks. Whether or not the health system provides service throughout the district and who the organization serves are policy issues and appropriately the role of the board.

APPENDIX 4.2

Establishing & Sustaining a Culture of Trust & Transparency

Participants in Leadership Conferences by The Governance Institute identified a series of practical insights that USA governing body boards, physicians, and managers can collaborate on to establish and nurture a culture of trust.¹

Trust must be earned, and is very much related to the recognition that trust comes from open communications, respect for balanced roles and responsibilities that are clearly understood, and transparency among stakeholders so that the leadership knows where they are and where they are going to serve the community, beneficiaries, and patients. This culture is expected to provide a foundation upon which and within which health services programs and organizations are more likely to build enhanced performance.

How are you striving in your organization to adapt and apply these type of trust-building and transparency strategies for enhanced community service and financial vitality?

The ideas are shared here, in random order, for you to use in your local planning and self-assessment activities for “Continuous Governance Effectiveness” (CGE).

1. Never lie and always follow through on your commitments and promises.
2. Let common courtesy and common sense prevail more often in our relationships.
3. Forge, celebrate, and remind members about a shared vision for the project or organization.
4. Take a risk and compromise on one aspect of a challenge or one issue. Trust evolves from earned risk taking that proves to be a success.
5. Be well informed by the CEO about plans and progress, but don't try to do the CEO's job.
6. Take a health worker to lunch and really listen to their dreams and pains and frustrations, and see how we might cooperative to fix some of the issues or jointly pursue some opportunities.
7. Personalize our capabilities, and what we hope to contribute to the betterment of the organization or community.
8. Thank the health workers (and board members) more often and more publicly. Praise in public, punish or mentor in private.
9. If something is not working, don't hide from it, talk about it, assess it and refine it before it festers into weak and bad relationships, hence poor trust levels.
10. Establish and continuously refine opportunities for social interactions designed to learn more about each person as an individual, a real person with life and interests outside the hospital or health system.

1. James Rice, Ph.D. President, The Governance Institute, San Diego, USA. 2001.

11. Seek to have us like each other, but at least respect our intent and motivations. Give all the benefit of the doubt.
12. Be willing to admit mistakes and move on. Try to avoid reliving ancient errors and misjudgments. Get on with it and get over it.
13. Treat each other as if we were our most loved/respected granddaughter or grandmother.
14. Meet to explore how to wrestle with common threats and opportunities. Set goals together that we can own and struggle to achieve together, then celebrate our wins widely and enthusiastically.
15. Have quarterly meetings about substantive issues among the “Troika” of physicians, administrative and board leaders.
16. Conduct carefully-planned strategic visioning and business planning sessions in relaxed retreat settings. Provide ground rules of how we will meet, talk, exchange insights and explore new collaborations.
17. Develop a formal plan on board and leadership education each Spring and Fall that helps us study best practices of trust building in other organizations. Use real live case studies in our education efforts.
18. Find opportunities to allow all players to “walk a day in my shoes” in meetings, in role playing, in study tours to other benchmarking facilities, or to educational conferences. Have board members visit clinics and physicians meet board members in their reality.
19. All three groups need to listen to folks from the community about community needs and how they need and expect them/us to be collaborative.
20. Encourage all players to participate and be serious about “modern listening” skills and attitudes. We all need to be more effective at listening sincerely to what others say, and to be sensitive about what they need from their relationship with the hospital or health program.
21. Build time in several meetings per year for each group to talk about their needs, plans, and performance.
22. Have as many face-to-face discussions and communications as possible throughout the year.
23. People earn trust by doing what they say, and saying what they mean and are willing to follow through or follow up on for the benefit of the organization and or the community.
24. Meet often in small groups of 2-3 to really talk openly and honestly about issues and options. Big groups are more challenging settings to establish behaviors that nurture trust and good communications.
25. The probability of great trust increases if there is great communication—open, honest, and friendly communication about families, about the community, and about the organization’s plans and performance.

26. Make sure our work together is based on “No surprises” and “No blind-siding” and “No second guessing” after we meet and agree on a path forward.
27. All parties should be clear about their expectations from relationships and projects.
28. Share information and data openly—the good and bad and uncomfortable—as long as it matters to better patient care and community service.
29. We all need to ground our pursuit of trust on an attitude of openness and the “Golden Rule.”
30. Try to first create and nurture a culture of “No Blame” as we struggle to try new ideas and initiatives. We need to feel we can go to or come to others with questions or challenges.
31. Board needs to show they care about patients and the community, not just the economics and finance.
32. The more we can jointly pursue patient-centered quality and safety, the more we can increase the chances for finding common ground for building trust.
33. Invite physicians into board decision-making processes so we can work together on real issues of importance to the hospital and to our community.
34. None of us wants to waste time. We all desire to apply our talents in ways that help our neighbors. We need to talk more about these shared dreams and desires and that in more times than we realize we have similar goals, just differing ways to get there.
35. Rekindle the “Joint Conference Committee” between board and medical staff for joint planning and performance assessments.
36. Invite doctors to be guests of and presenters at board meetings and committee events.
37. Rotate board members not just through regular medical staff meetings, but through real life surgeries.
38. Train and mentor board and committee chairpersons to be more effective at inviting other views into the conversation/process, and as effective facilitators of open and honest dialogue.
39. Be kinder and more thoughtful to each other.
40. Other ideas you have that can work better than these.

How would your governing body prioritize the ten most important actions from this list?