

## Talent Wins – It's That Simple: 6 Ways to Ensure You Have the Team to Succeed

By Bryan Warren, Manager, Healthcare Solutions, Select International

All hospital leaders face the same pressures and challenges: reduce costs, standardize practices, risk sharing, consolidation, information technology implementation, physician integration and the need to provide “value” to the healthcare consumer. Why do some hospitals succeed while others fail? There are scores of books on how to adopt the Toyota Production System; no shortage of research on process changes that will eliminate hospital-acquired infections; and plenty of experts who know how to reduce supply chain costs or improve patient satisfaction scores. What differentiates hospitals that accomplish these goals from those that do not?

A sports analogy: In football, there are no mysterious schemes or strategies that can't be examined and understood. More often than not, between two well-coached teams, the one with better blockers, tacklers and players with the talent to execute, will win. Successful hospitals do not have exclusive access to secret software products or strategies. They *do* have more leaders, physicians and staff who can adapt, innovate, work in teams, solve difficult problems, perform and deploy proven strategies and technologies. It really is just this simple.

### The difference between success and failure

Research, data and observation confirm it. Successful organizations have teams that display certain behaviors. Organizations that are able to find, hire, develop and retain people who can perform, succeed. Those that don't, struggle. When programs fail, it is because key individuals fail to demonstrate critical behaviors.

Why does a hospital struggle to eliminate central line infections even though it adopts *identical* protocols proven successful at another hospital? Is it a lack of software or the group's technical skills or knowledge? No. The failure is that people on the team do not have the ability to collaborate, to manage the people involved, to adapt, to innovate, to handle pressure, and to influence others. Same problem, same facts, same situation, but different *people*. The relevant variable is talent.

### Talent as a top priority

Does your organization dedicate sufficient time, energy and resources to building the team? Healthcare, generally, is woefully behind the rest of the world when it comes to using deliberate talent strategies. Think again about our football analogy. Winning teams commit resources to finding and developing talent — all year round. Scouts scour the college ranks. Teams know with great specificity what attributes they are seeking. Strengths are leveraged and weaknesses addressed. Players are put in positions where they have the best chance to succeed. Players that develop stay and progress. Those that don't are replaced. *Nothing* is more important to a winning program than its approach to talent, and it is reflected in its priorities. In many hospitals, human resources is still thought of as an administrative function. It's only recently that some hospitals have given HR a seat at the senior leadership table.

### Talent strategies of successful organizations

**1. Define the behaviors that will drive your culture.** Most hospitals spend a fair amount of energy developing vision and mission statements, and then a list of values. The challenge is in “operationalizing” these values. How do you link every job to these values? How does a physician, a nurse, a manager or a transporter, demonstrate, for instance, teamwork, collaboration, adaptability, caring or integrity?

The culture of your organization is not defined by the values on your website. It is defined by the behaviors of individuals, and the behaviors that are reinforced and displayed in the workforce, as a whole. This requires work one level below defining values — defining specific behaviors that are to be expected — and that leads to the outcomes you desire.

Successful organizations define the specific behaviors at each level of the organization that will lead to, for instance, patient-centered care. A word of caution: As important as this is, it's an endeavor that can very easily become all consuming and grow to be unwieldy. That being said, how can you have a patient-centered culture if you have not defined what patient-centric behaviors you expect from physicians or nurses or senior leaders?

**2. Select better leaders — at all levels.** Successful organizations identify and develop individuals with leadership potential. This is a relatively new concept for hospitals. Traditionally, a physician who is vocal, productive, influential and perhaps academically prolific rises to a leadership position. It's been common to make our best nurse a nurse-manager. This in spite of the fact that success as a clinician not only does not ensure success as a leader, but traditional healthcare training and development often discourage the sort of collaboration, adaptability and servant leadership that is needed today.

Rarely was serious thought given to understanding the behavioral competencies that predict success in a leadership role in the organization. Even less common has been an attempt to objectively evaluate those competencies either for promotion or as the basis of a developmental plan. Fortunately, more hospitals and systems are now committing resources to identifying and developing leaders. They use their performance management program to identify those with leadership potential and use structured leadership development to build their next class of leaders.

Hospitals have been particularly slow to adopt executive level selection strategies used by other industries. The vast majority of medium to large sized companies use some form of structured executive assessment process to select senior leaders. By contrast, even in a time when we are asking more of leaders, many healthcare organizations have ignored succession planning and still make placement decisions based on nothing but intuition.

**3. Increase your odds; use the science of selection.** You know that today's healthcare challenges require a workforce that is patient-focused,

# Healthcare Emotional Intelligence (HEQ) – A Breakthrough in Training and Development

Select International's Patient-Centered Care Training provides participants with their unique personality profile. Using the **Select C.A.R.E. Assessment**, you can examine those behaviors that impact patient centered care and leverage the concept of Healthcare Emotional Intelligence to:

- Ensure culture fit and reduce turnover
- Improve patient satisfaction
- Enhance staff adaptability
- Create custom solutions and training

[www.hiringinhealthcare.com](http://www.hiringinhealthcare.com)

Learn more about this exciting new program and all of our proven selection and developmental tools – bringing the Science of Talent to Healthcare!



adaptable, innovative and compassionate. Some of these traits may be trainable, but most are not. Every day you are hiring or promoting people who either have these traits or don't. Accordingly every one of these decisions has the potential to move you in the right direction, or away from it. Think of the last outstanding manager you hired and the positive impact he or she had on outcomes and department performance. Now think of the last poor hire in a similar position and their negative impact. How will you ensure that more often than not, you choose the former and not the latter?

The research, and more importantly the empirical evidence from other industries, is conclusive. By adding objective measures to the selection process, you significantly increase the odds of making the right decision. Other industries, for decades, have used scientific and structured selection strategies to improve customer satisfaction, productivity, quality and profitability. Leading hospitals are adopting these strategies.

Technical skills are rarely the reason for performance failures. Performance issues turn on behaviors. The traditional approach to sourcing and screening candidates is wholly inadequate at evaluating these behaviors. For example, it's been shown that the traditional candidate interview, be it for a physician, nurse or tech, has no predictive value. Yet we continue the process. Step one is to design and implement a consistent, behaviorally based, structured interview process to glean useful information and ensure you are evaluating patient-centered competencies.

There also now exist easy to use and user-friendly tests and assessments for various healthcare positions. These may serve to eliminate candidates who clearly don't fit your culture, or to differentiate between candidates who look similar on paper. Combined with a well-designed interview program, these assessments add significantly to the predictive nature of your selection system. You will increase the odds that those you bring into the organization have the requisite behavioral skills.

**4. Coordinate all talent functions.** It is not uncommon that there are different sets of competencies and priorities between what should be coordinated and consistent HR functions. Selection, training, performance management and succession planning are handled by different departments that don't necessarily communicate and may even be working from multiple behavioral competency models designed specifically for each department.

Successful hospitals work from a single behavioral competency model, designed for use across all HR functions. In this manner, the behavioral competencies form the foundation for all related functions and for the organizational culture.

**5. Look at the entire organization.** A change in organizational culture doesn't occur because of work at one level of the organization. An example: You may hire front-line nurses who are patient-centered high performers, ready to innovate and adapt. High performers need to be supported, and the single most influential factor in turnover is the relationship

with the direct supervisor. If you neglect, then, to find managers ready to lead them, you will have little impact on the culture and likely lose many of these wonderful new nurses.

Don't overlook the importance of "lower" level positions. While nurses make up 30 percent of your workforce, front-line workers including dietary, environmental services and transporters, make up a significant portion of the people who influence the experience of patients and their families. While these positions are easier to fill and have lower per employee labor costs, high turnover is costly and has a negative impact on patients.

Finally, don't exclude physicians from this thought process. We are expecting more of physicians as partners in crafting patient-centered, high value care models. You need physicians who have the behavioral skills to help the organization succeed. With the growing trend of physician employment by hospitals, we are creating a very unique physician "workforce" that needs to be built, managed and developed with the future in mind.

**6. Enhance the effectiveness of patient satisfaction training; incorporate healthcare EQ.** The current approach to patient satisfaction-based training is to give everyone the same program and hope for the best. This approach is the equivalent of a cardiologist treating every patient who walks into his or her office with the same diet, same exercise prescription and same medication, regardless of the patient's diagnosis.

Just like every patient with a heart condition is different, each staff member brings a different psychological and behavioral make-up to the patient interaction. Each has different strengths and weaknesses. Until each staff member understands these strengths and weaknesses, and develops strategies to improve how they address patient's needs, real change will remain elusive.

There is a renewed interest in healthcare, in emotional intelligence, a concept popular in other industries since the 1990s. Healthcare has been slow to adopt, partially because of a lack of early evidence of its effectiveness, and partially because the traditional construct of EQ does not quite fit the unique nature of healthcare. Recently though, the idea of healthcare-specific EQ is proving more relevant. EQ is a complicated concept to begin with and applying it to the idea of patient-centered care requires an understanding of how EQ in this setting differs from traditional EQ. For instance, empathy (a traditional component of EQ) must be understood within the context of the provider-patient relationship and scoring too high on empathy may be problematic.

More importantly, there is evidence that some components of HEQ can improve with training. Rather than blanket training staff on a checklist of actions that will, hopefully, improve the patient experience, progressive organizations are providing staff with insight into their own behavioral DNA via a measure of HEQ. Just as talent selection strategies are focusing on the behavioral competencies of the individual, patient-satisfaction training can target specific behaviors of each individual staff member. ■



Since its founding in 1993, Select International has been dedicated to developing assessment solutions that help companies identify, select and develop top talent throughout their organization. Select's Healthcare Solutions Group specializes in developing assessment technology to help healthcare organizations improve the return on their most important investment – their people.



## Bringing the Science of Talent to Healthcare

Since its founding in 1993, Select International has been dedicated to developing assessment solutions that help companies identify, select and develop top talent throughout their organization. Select's Healthcare Solutions Group specializes in developing assessment technology to help healthcare organizations improve the return on their most important investment – their people.

- ✓ **Reduce Turnover**
- ✓ **Increase Patient Satisfaction**
- ✓ **Improve Efficiency**
- ✓ **Reduce Legal Risk**
- ✓ **Improve Quality**



[www.hiringinhealthcare.com](http://www.hiringinhealthcare.com)

800-786-8595