

The Patient Experience Post

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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

Good Read: *The Science of Pep Talks*

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As Baird Group works with clients to transform culture and improve the patient experience, a vital element we address is communication. When we assess cultures in healthcare settings, we often find that leadership messaging is working against – rather than towards – greater understanding and an empathic focus on patient experience.

In the July/August 2017 Harvard Business Review, author Daniel McGinn describes “The Science of Pep Talks”. The science of pep talks? Who knew!

In the article, McGinn shares research findings from Jacqueline and Milton Mayfield of Texas A&M International University. This research duo has studied “Motivating Language Theory” (MLT) for decades, and has uncovered some key lessons for leaders, regardless of industry.

According to their research, effective motivational communication has three parts – Direction Giving, Expressions of Empathy, and Meaning Making. “Direction Giving” describes what’s expected and examples of how to do it; “Expressions of Empathy” demonstrates a leader’s understanding of what it may take for the listener to achieve the desired outcome; and “Meaning Making” connects individual work to the larger organizational need and purpose. McGinn goes on to describe that while each element is essential, the message balance across these three parts may vary based on the audience, its background and the situation. Overall, the article is a good read for bringing an evidence-based perspective to strong leader communications practices.

With that as background, I’d like to share some “Pep Talk (or Leadership Communication) Fails” that we’ve witnessed in the field, in contrast to the three-part formula for success noted above:

-An EVP that consistently puts customer service on the leadership meeting agenda (a great practice), but only uses that time to discuss patient satisfaction survey scores with a focus on where the organization is failing. (No direction-giving, empathy or meaning-making to be seen.)

-A CEO that expresses a new philosophy of putting patient’s needs first, but then allows parking closest to the hospital’s entrance to be reserved for the physicians and office staff who occupy an adjoining medical office building.

-And then there is this “Pep Talk” which a patient experience professional (PXP) relayed to one of our Baird Group consultants –

CEO: Our HCAHPS scores are terrible. I hired you to improve them.

PXP: I know that, sir. I’ve made several suggestions on things we might change, but those suggestions haven’t gone anywhere.

CEO: Whose fault is that? It's your job to figure out how to get those ideas off the table and into action.

PXP: Yes, sir. Can I get your support when dealing with other members of the leadership team who are blocking my ability to do that?

CEO: Support? What do you need my support for? Just tell them I told you to do it.

The above examples highlight the need for leaders to consider . . . am I using motivational language? Am I truly giving direction, being empathetic to barriers, and connecting staff to meaning? It's time to focus a spotlight on leadership communication to make it more effective, supportive and inspiring. "The Science of Pep Talks" is a good place to start.

To learn more about the [Baird Model for Service Excellence](#), employee engagement or leadership development workshops, or to sign up for her FREE newsletter, write to info@baird-group.com.