

## *The Patient Experience Post*

Healthcare's Resource for  
Service Excellence  
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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.

## People Behaving Badly – The Real Cost of Disengagement

by Kristin Baird, RN, BSN, MHA

There's no argument to make for the value of a disengaged employee. In fact, most leaders would likely agree that disengaged workers are costly in many ways—and they're right! And yet, data suggests that most workforces are comprised of a shockingly high percentage of disengaged workers.

[Gallup research](#) indicates that 51 percent of employees are not engaged. Add to that percentage, the number that are *actively* disengaged—17.5 percent. In fact, Gallup says, only 31.5 percent of employees are engaged.

The thing is, you *know* who your disengaged employees are. But what are you doing about it?

Understanding the real bottom-line economic impact of disengagement might help to build a strong case for taking proactive action. Data from [The Advisory Board Company's Employee Engagement Survey](#), demonstrates that for every one-percent increase in employee engagement, an organization's overall hospital HCAHPS rating increases by 0.33 percent, and patients' willingness to recommend increases by 0.25 percent.

### **We Know What Disengagement Looks Like**

During our [Coaching for Engagement and Improved Performance workshop](#) we ask attendees to describe the behaviors and contributions of staff at various levels of engagement including Fully Engaged, Engaged, Somewhat Engaged and Disengaged. They are very clear in describing the negative impact of each category. Typically, attendees describe their disengaged colleagues as:

- Negative about the work and the organization
- Having a “we/they” perspective and a tendency to blame others, especially leadership
- Doing as little as possible
- Gossiping about teammates or bully others
- Stirring up trouble
- Arriving late, leaving early and take longer than acceptable breaks
- Often being the source of patient complaints
- They are the employees that other staff hate working with; colleagues frequently question why leaders allow the disengaged to stay

Your employees know who the disengaged are. You do too. It's time to do something about them and the negative impact they have in your healthcare system—and with your patients.

## The High Costs of Disengagement

When we calculate the financial impact of retaining disengaged individuals, it's not uncommon to see an organization of 500 employees losing millions of dollars in productivity. We recently worked with a client to calculate the bottom line impact of just a 10 percent level of disengagement. This system had an average salary of \$71,000 and 600 employees. They indicated that their disengaged employees were only contributing about 35 percent to the organization. When we did the math, we determined that this organization was experiencing a loss of about \$30,000/employee/year—that's \$1.8 million! Staggering. And sobering.

Not convinced that ignoring the disengaged carries significant costs? Here's another impact that might hit closer to home: leaders who ignore or put off addressing or coaching the poor performers they manage are eroding their own credibility. You cannot talk about the importance of living out your mission, vision and values only to ignore the people who aren't engaged in delivering on them.

You cannot afford to ignore the disengaged among you.

## Addressing the Disengaged

When it comes to coaching for engagement, one size fits one. As we work with clients in our [Coaching for Engagement and Improved Performance workshop](#) we help them calculate the cost of disengagement in their organizations. Then we get to work on coaching to address the issue. How?

- By getting clear on the behaviors that must change
- Preparing coaching discussions to clarify expectations—and consequences
- Understanding the disciplinary process and making sure you are document not only for the disciplinary process, but to provide you with specifics that can be used during coaching

Importantly, you must also be paying attention to your *engaged* and fully engaged employees. These are the folks you need to re-recruit, thank and challenge continually. Unfortunately, this also is the group that gets the least amount of time from leaders who are straddling themselves with disengaged and somewhat engaged staff.

Take an honest look at where you spend your coaching time and energy. If it is all focused on the poor or marginal performers, you may be at increased risk of losing your top performers.



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Nurse, author, and consultant Kristin Baird, "Healthcare's Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader's Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000). The Baird Group provides consulting, mystery shopping, and training services for improving the patient experience. To learn more, please visit <http://baird-group.com> or call 920-563-4684.