

Sample Report



Date: December 4, 2002
To: Mainroad Hospital
From: Irv Rubin
Subject: Organisation Culture Assessment Results

Key Premise

The successful implementation of the modernisation of Mainroad Hospital boils down to the *quality* and *consistency* of the day-to-day behaviors exhibited by each and every member of the organisation, beginning with the example set by those at the top. In the absence of this quality and consistency, Core Competencies such as Interpersonal Effectiveness, Organizational Stewardship, Customer Service, Flexibility/Adaptability, and Creative Thinking (to name just a few examples) will not be realised. In the absence of this quality and consistency, like Visionary Leadership, Patient-Focused Excellence, Organisational and Personal Learning, and Valuing Staff and Partners (again, to name just a few examples) will not be met.

Behaviour, therefore, marks the path to any and every bottom line. The Organisational Excellence Survey [O.E.S.] is designed to provide a clear picture of the Mainroad Hospital's own assessment of its behavioral strengths **Currently** and those that **Should Be** developed if it is to achieve excellence.

Overview

Seventy-three persons completed the Organisational Excellence Survey [O.E.S.] Of these Seventy-three people, twenty-three identified themselves as members of the management group and the remaining fifty as practitioner leaders. We can very safely assume that this sample is, therefore, very representative of the managerial and leadership backbone of Mainroad Hospital. Since culture "trickles down" throughout the entire organisation from Senior Management levels and meeting rooms, the O.E.S Profile Summaries, which follow, will yield a clear picture of the culture of caring patients can be expected to be receiving in treatment rooms.

There is a wealth of useful data to study with respect to your O.E.S. Profiles. And it must be absorbed slowly overtime. Otherwise there is a danger of getting lost in all of the numbers too quickly. What follows, therefore, is a brief snapshot as a context for the detailed study and dialogue that will be needed.

Data Analysis Format: Two Indices

Each of the 48 behaviours that comprise the O.E.S. is rated on a six-point scale (from 0 = Irrelevant to 5 = Critical) from two perspectives: (1) their importance **Currently** and (2) their **Should Be** importance in the future. Three categories in each perspective

Sample Report



are created including: **Low** = the percentage of respondents who rated a behavior as a 0, 1, or 2; **Medium** = the percentage who rated a behaviour as a 3; and **High** = the percentage who rated a behaviour as a 4 or 5. Should Be scores can be viewed, therefore, as a self-defined objective, as the height of the bar you are striving to clear.

Consequently, an index has been created called a **Delta (Δ)** = the percentage that rated a specific behaviour as *High Should Be* minus the comparable percentage that rated the same behaviour as *High Currently*.

For example, you are in very high agreement—**92%**—that it is Very Important or Critical (scores of 4 and 5) that you **Should Be** “Clearly explaining the basis for your decisions” in order to achieve organisational excellence. Only **14%** of you feel that behavior is **Currently** receiving a comparable High level of importance. Therefore, the **Delta (Δ)** for that behavior is **78%**

A second important index is what I call a **Wide Polarity** behavior. A **Wide Polarity** behaviour is one that has the following qualities. There is a High level of agreement that the behaviour is **Currently** seen as **Low** importance and the same behaviour has a relatively High **Delta**.

For example, **59%** of you feel that “Apologising for your mistakes.” is **Currently** receiving **Low** importance while, at the same time, this same behaviour has a **Delta** of **73%**.

Mainroad Hospital Deltas (Δ): Management Group

The following are vital points to note about the gaps, the **Deltas (Δ)**, in how Mainroad Hospital’s most senior leadership — those whose own behaviour is intended to set the example others will follow — see the organisation’s culture *Currently* versus how it *Should Be*.

- Fully **twenty one (21)** of the **forty eight (48)** Deltas (Δ) among the senior-most group in Mainroad Hospital are **70%** or higher.
- Eight (**8**) are **80%** or higher.
- By contrast, only ten (**10**) had a Delta (Δ) lower than **50%**.
- Nine (**9**) behaviours reflected clear Wide Polarities [items # 33, 41, 42, 19, 43, 4, 36, 30, 24] the most extreme of which was item # 24, “Show our genuine desire to find out how someone feels.”

This later point raises a question of fundamental concern. If **70%** of Mainroad Hospital’s senior leaders agree that *Currently*, in their day-to-day interactions, “Showing a genuine desire to find out how someone feels.” is seen as of **Low Importance**, and that same behaviour reflects a **Delta (Δ)** of **74%**, what can we surmise about patients feeling that “someone has a genuine desire to find out how they feel?”

Sample Report



The Eight Highest Deltas (Δ)

The specific behaviours that reflected Deltas (Δ) of 80% or more are listed below. Numbers in ()'s to the right reflect the Delta (Δ) for the behavior.

10.	Tell one another clearly what we want from one another.	(83%)
26.	State our needs and expectations reasonably.	(83%)
3.	Express our appreciation when someone does something well.	(83%)
19.	Tell people what we like about what they are doing.	(91%)
43.	Apologise for our mistakes.	(87%)
4.	Describe possibilities in ways that encourage us to share their enthusiasm and commitment.	(83%)
45.	Remain patient and receptive when we disagree with them or challenge their point of view.	(83%)
30.	Ask questions like, "How can I help?", "How can I support you?"	(87%)

Zooming In

Five (5) of the eight highest Deltas (Δ) fall into only two (2) of the eight style groupings: Prescribe and Appreciate. These data are telling us that among those who must lead by example, there is a marked need for:

- Considerably more directness (Prescribe items # 10 & 26).
- A dramatic increase in positive Appreciation (Appreciate items # 3 & 19), in contrast to the constructive criticism aspect of Appreciate which (items # 11 & 27), in many cases [invisible in grouped data] was felt to be stressed MORE than was useful — many felt it Should Be of LESSER importance than it was Currently!
- And, a heavy dose of humility. (Appreciate item # 43.)

Rising to the challenge of exhibiting these behaviours will demand that Mainroad Hospital take dramatic and immediate steps to eliminate a pervasive sense of fear. **Over ninety (90) percent** of the seventy-three respondents agreed that "Focusing on 'What can we learn from this mistake?', not on 'Who is to blame?'" was of **High Importance** to the organisation's future. However, **only twelve (12) percent** felt it was Currently being afforded that same level of High Importance yielding a Delta (Δ) of **81%**,

A Point of Comparison.

Finally, as a point of comparison, the **Deltas (Δ)** on these eight (8) behaviors at Mainroad Hospital are fully an average of **fifteen (15) percentage points higher** than the comparable indices at one very similar sister hospital.

Mainroad Hospital Deltas (Δ): Leader Practitioners

(similar to the report above; excluded from this sample)

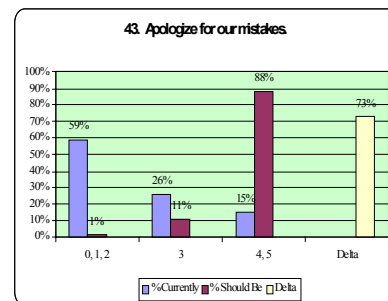
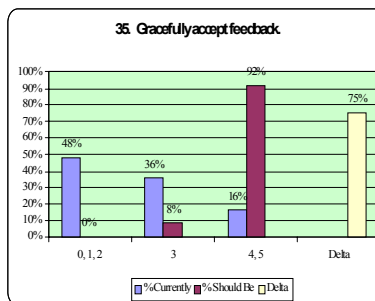
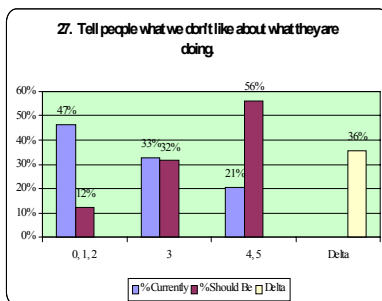
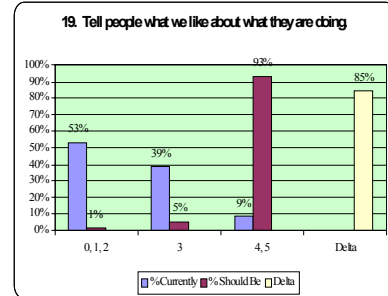
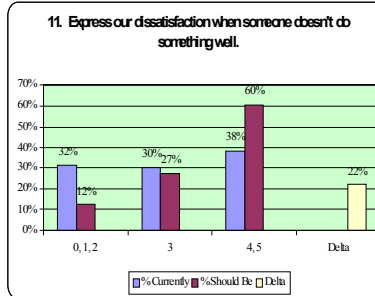
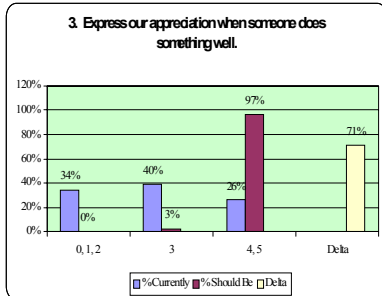
Sample Report



Samples of the 48 graphs supplied with the report

Organisational Excellence Survey

COMPANY/ORGANISATION Push Behavior Appreciate



© Copyright 2001, Temenos®, Inc., Hawaii, USA. All rights reserved.