Behavioral Anchors: Building a Medical Center on Solid Foundations

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"If you build castles in the air, your work need not be lost…now put the foundations under them."
--David Thoreau

Construction of new facilities in the healthcare environment is an ongoing, almost daily, occurrence. The desire to build wisely is evidenced at the Anne Arundel Medical Center which has attracted visits of healthcare executives from all over the country who want to view, analyze, and experience the beauty, utility and interdependencies of the buildings and facilities that constitute "the AAMC campus." In fact, the building process at Anne Arundel has become a model of excellence that has been academically studied, architecturally showcased, and personally presented at association meetings and select hospitals throughout the healthcare arena.

And yet, the experiential, benchmarking, and comparative efforts too often focus on the technical, architectural, engineering, concrete aspects of the hospital, while too often overlooking and/or giving short shrift to the more intangible dynamics of the construction process. Surely one must investigate the engineering, financial, and tangible factors in building a hospital; however, if one wants to pluck the soul of building a hospital, one must drill down to the behavioral foundations, scope out the personal and interpersonal infrastructures, and conceptualize the leadership designs that, in unison, constitute the base on which the concrete pillars must be anchored.

In essence, this article will attempt to center on the essential communication and behavioral skills that are needed if a building project is to be ultimately successful. To that end, we articulate the following set of five critical behavioral axioms that can help to ensure that a building project moves smoothly and professionally to a successful completion.

The Behavioral Anchors

"Change is not a rational procedure; it is an emotional, political, and power process."
--David S. Greisler

1. <u>Identify Leverage Points Early in the Process</u>

In every building project budget constraints, space constraints, and time constraints are evident. Effectively managed, these constraints can be used to

one's advantage by creating a sense of urgency that forces various stakeholders to envision a common, unifying goal and to work interdependently to attain it. Put another way, nobody wants not to have a voice, and an effective leader must proactively ensure that the concept of working together is instilled into the ultimate solution.

Intuitively, the leader must make certain that stakeholders (internal and external) are focusing on the future and not just rehashing the same "old mousetrap." The key is to eliminate the concept of winners and losers. For example, at AAMC, the leader (and the members of his project team) brought the cardiologists, radiologists and vascular groups together in the development of mutually inclusive labs, common spaces, and the sharing of clinical personnel thereby consolidating large potential space allocations and subsequent costs into one area. This undertaking helped solidify an active, unified physicians group in the critical initial stages of the building project.

At the very beginning of the construction process, a clear understanding by the leadership of "where people are coming from," must be established so that both the design and the development stages can be brought under the synthesizing umbrella of patient care, clinical excellence, individual safety, community responsibility, and collaborative linkages. The ultimate success of the final product is dependent on finding and managing the important leverage points early in the process.

2. Master Process Skills in Order to Ensure Interactive Process Flows

Meaningful results require skill sets in facilitation, mediation, and negotiation in order to help make individuals and groups sophisticatedly interdependent with their eyes on agreed-upon outcomes and not on the parochial interests manifested in fragmented process dynamics. The effort must be to help people see something new in the end product. Effective project mediators go between or across the various groups' experiences, enabling them to see something in a new, mutually beneficial way. In short, process skills make sense out of diverse interests by putting them into a communal, holistic perspective.

Being able to get what's right for the hospital becomes more important than who's right. The art of mediation, facilitation, and negotiation is to skillfully present options, make conflict creative, and help to construct the common ground for cooperation. Trust, integrity, and genuine relationships drive a process model culminating in a consensual win-win outcome.

3. Orchestrate a Participatory Context

Remember, it's not going to be the same everyplace; There is "no one best way" to build a hospital.

However, there are some basic participatory principles that are important. First, if the project leader wants to achieve a contextually sound facility, he/she must figure out who are the bellwether stakeholders in each stage of the building process to ensure that they are in attendance and

available to receive and send messages of importance to each other at the appropriate times.

Being intuitive (per the Myers Briggs Inventory) comes into play in the participatory dynamic so that one can do some conceptual, design, and theoretical experimenting during the discussion sessions. The project leader must assemble an audience (or audiences) where he/she has the ability to bring together common, strategic goals that perhaps have not been clearly articulated or critically differentiated from the past. Leadership facilitation and team-building skills are incredibly important in galvanizing high-quality participation of key individuals, interests, and institutions. In addition, all the key players on the leader's project team must utilize these skills with commitment and expertise.

Since rumors can become realities, the project leader must fashion a successful construction design, communication interactions based on trust, and a meaningful participatory process to undergird the informal "gossip" factors that arise in the extended process. It gives the project leader an opportunity to revisit the vision, mission, and corporate values of the institution and dynamically restructure on a "now time" basis his/her strategies and priorities.

Even if the hospital has not been known for its inclusiveness in the past, this process, based on openness and integrity becomes a wonderful opportunity to symbolically and operationally communicate that a new way of doing business is occurring, and that it's starting right now by talking and listening to each other. The clients, the clinicians, the stakeholders, and the community must believe that the project leader wants and needs their respective input. They all want to be listened to and by understanding where these folks are coming from, the leader "sets the tempo, but does not write the music."

4. Make Certain That Structure Follows Function

Initial discussions of the construction project must emphasize substance first and structures second. Put another way, once the appropriate individuals and representatives are at the table, clinical, quality, and safety priorities must be clearly delineated if a successful end result (i.e. structure) is going to be the denouement. Beware of architects and any other consultants who arrive with preconceived ideas, potential prejudices, and preferred designs which too often may become the driving forces for a building project. Literally and figuratively architects must have their hands tied in the early stages to ensure that form follows function. Under no circumstances can the "tail wag the dog."

In the healthcare arena, mission must blend with margin, but in the building process, mission in terms of core values, corporate culture, guiding principles, patient care, clinical excellence, and overall safety must always trump the margin factors of financial, engineering, technical, and structural concerns. Certainly, there are meaningful principles of functionality that are built into modern architecture, but it is the project leader's intuitive, comprehensive,

and overarching responsibility to both look around at current demographic data, cultural trends, and contextual realities and, at the same time, look forward to where the healthcare world is going, to make certain that such things as spiritual spaces, water features, use of light, garden areas (etc.) are embedded in conceptual foresight and not just in business-as-usual hindsight.

Truly, the only task worthy of a hospital construction project is to build towards the future for the generations X and Y (and even Z and beyond) in terms of privacy, safety, holistic health, security, participation, and patients' rights. Building a hospital/medical center can be very much like mixing oil with water; it is easy to describe the intended structural requirements; less easy to produce quality care. Therefore, the task must not be started until the dynamics of clinical excellence and patient care functionally drive the concretization of the tangible structures. A hospital must not just enter the future, it must create its own future…build it right, and the patients will come.

5. Excel in the Ability to Manage Perceptions

Perceptions are real. They color what one sees; what one believes; and how one believes. They can generate or solve problems. In effect, they are a critical component to the philosophical design and operational stages of the construction project. So powerful are perceptions that many psychologists believe that "perception is reality." Or as stated in the professional organizational development literature…"where one stands depends on where one sits." Furthermore, the universality of perceptions have even cross-cultural credibility as evidenced in the Russian proverb…"everyone looks at the world from the belltower of his own village." Consequently, it becomes a practical necessity to manage stakeholder perceptions during all phases of the building process…internally and externally…from conception to completion…from the Board of Directors to the individuals in the trenches.

Perceptions come in two forms: experiential and intellectual. Experiential perception is kinesthetic in origin – we develop these perceptions through our senses of sight, sound, touch, smell, and taste. Our proverbial sixth sense – knowing about something – defines the realm of intellectual perception.

One must remember that everything that is communicated about the building process must be grounded in the ultimate measurable (quantifiable) realities of location, product, and price. The experiential perception of stakeholders must be one of great value. One cannot sustain false perceptions (at least not for long), nor should one attempt to communicate them. In the healthcare arena, doing so would be unethical. There must always be a positive reinforcing interaction among perception management, quality, and cost – especially in the minds of both internal and external constituents.

Intellectual perception is more elusive. Every audience has its own perceptual framework. At the most fundamental level, science tells us that the process of bringing about perceptual change has both rational and emotional components and is as dependent on cues and symbols as it is on actual content. If we want to change the minds of certain stakeholders, there are facts we must give them: specific attributes of the final product; arguments for or against a point

of view; results of a study or focus group. However, since people process and store information, receiving it in a complex web of beliefs, emotions, experiences, and contexts, it doesn't really matter what we say if we have not considered how it will be received.

The project leader as communicator and perception manager must always consider both the rational content of his/her messages and their perceived meaning. Always ask: what is the listener actually hearing given who they are; what do they care about; and how do they feel about the context and the message sender? And never forget that emotion has as much to do with behavior as does reason.

Science and practice say that reason persuades but emotion motivates. Hence, the project leader must be constantly in the business of motivating others toward a common goal, an agreed-upon vision, and a clear strategic direction. Through intuition, behavior, and persuasion the whole process must culminate in ownership of the process, product, and future. By the use of basic communications techniques to actively listen to internal and external participants to understand their perceptual lens, one can manage perceptions so as to refocus reality and target relevant messages based on the power of positive purpose that will have an emotional appeal to each stakeholder, and thus bring about the desired behaviors and results.

Conclusion

"Strategy is not a lengthy, rigid action plan, but rather the evolution of a central idea through continually changing circumstances."
--Jack Welch

Hopefully, for those leaders who are currently in the throes of a hospital construction project and, additionally, those who are contemplating the building of a hospital or medical center, or any major expansion, we would like to share the following behavioral, strategic, process, leadership, personal, and interpersonal lessons that we learned while researching and writing this article:

* To move forward, one must not only look ahead, one must look around
* What's right becomes more important than who's right
* Many times the critical issue is getting old ideas out, not new ones in; in essence, one must use imagination more than memory
* To achieve best practices in a building project, one must cross, intertwine, and redefine boundaries
* Prepare for generations X & Y (and even Z and beyond)…understand and plan for the upcoming changes in value sets, demographics, needs, and desires
* Behavioral style is never an excuse for lack of substance
* Too often the greatest barrier to a successful building effort is a misalignment of intent with behavior
* Never confuse rigidity with rigor; the new rigor is flexibility in relation to contextual realties
* Always build interdependencies and ownership through communication skills, perception management capabilities, participation competencies, and leadership.

* The preservation of core values, core purposes, and philosophical commitments serves as the most important foundation for any building effort in the healthcare arena.
* Trust is not a feeling, trust is a behavior.
* As a leader, who you are is as important as what you know.

Certainly there are other behavioral dimensions that must be addressed such as political tradeoffs, coalition building, personal styles, negotiation competencies, and bottom line dynamics. And yet, the aforementioned axioms are, from our perspectives, the undergirdings to the other tangible and intangible factors in the overall construction effort. If one masters the interdependent behavioral axioms developed in this article, as well as using some of the lessons learned, the ultimate outcome to the external world will be a hospital/medical center that offers services that are “second to none.”

At the same time, not only must the leadership determine and drive the overall strategic thrust toward this eternally-oriented outcome; more fundamentally, internally, they must make certain that they nurture, encourage, and welcome their organizationally significant colleagues to be actively and symbolically engaged in a collaborative, interactive experience that culminates in a structural outcome that everyone is proud to see, to own, and to inhabit.

“If we knew it all, it would not be creation, but dictation.”
--Gertrude Stein

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