



# Briefing

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**H** *Health Progress* began exploring organizational culture in a special issue in March. Articles in that issue focused on how leaders in the Catholic health ministry can facilitate change. In this issue we continue to examine cultural change.

Speaking to healthcare leaders, Emily Friedman recently pointed out that change is inevitable, but you don't have to like it. I think she pinpointed a challenge for leaders—to help people like change, at least as much as possible. The leader must create an organizational culture that enables people to become comfortable with change and even flourish in the midst of uncertainty and ambiguity. Articles in this issue give some helpful ideas.

For example, anticipating problems is key in smoothing transitions. When the Sisters of St. Joseph of Tipton, IN, transferred two hospitals to the Daughters of Charity National Health System—East Central, staff experienced inevitable culture shock. Careful planning, however, helped to minimize the shock (see p. 32). The story on p. 26 of a sponsorship “swap” describes the employee concerns that surface in any cultural change.

In his article on p. 22, Thomas Lawry's real-life examples help us understand the leadership skills required in today's environment. On p. 34, Marcia Wilkof and James T. Ziegenfuss demonstrate how to use a cultural audit to modify organizational characteristics.

How an organization handles performance evaluation and compensation speaks volumes about its culture. As it reengineers work systems to increase efficiency and improve quality, does the organization also look at whether its performance management systems further those goals? Does the organization emphasize teamwork as a way to use every employee's talents and accomplish more with fewer people while it continues to reward individual accomplishment and encourage competition?

Surprisingly, organizations often fail to delve into this critical area, probably because it is one of the most sensitive and complex. We have turned up a couple of organizations—St. Mary's Hospital Medical Center, Green Bay, WI, and the SSM Health Care System, St. Louis—that tackled this

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problem (see pp. 39 and 43). Both organizations had worked to establish continuous quality improvement principles in their cultures, and these principles are now reflected in the performance systems they created.

Neither organization would suggest it has answered all the questions; every company has its own unique culture with its special problems. We need to hear from many organizations to get a comprehensive picture of possible approaches. If, like the organizations in this issue, your institution has bravely taken steps—even small ones—to revamp its performance management process or change its culture in other ways, please contact me. With change happening so rapidly and in so many forms, *Health Progress* will continue to explore the effective strategies leaders need as they adapt their cultures to reach organizational goals.



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