Starting Point

About fifteen years ago, a medium-sized hospital in Germany was struggling for survival. At the time, it was usual to simply wait until patients came forward themselves; business-related considerations were not a priority. Eventually, revenues threatened to no longer cover the costs.

The hospital was subsequently radically restructured. The two previous and somewhat profile-less medical departments were replaced by seven highly specialized clinics in order to ensure a much clearer and more visible position on the market. This radical transformation was enabled by the appointment of new chief physicians with an entrepreneurial mindset: all of them real "movers". They fought hard and the turnaround was achieved.

However, strong internal fighting was also evident! Each clinic aimed to be more successful than the others, and the allocation of resources caused a collision of demands. In part also because of this, the clinics increasingly developed as separate silos – and not as complementary units.

At the beginning of 2011, the two-member executive board contacted us and explained, that it was "no longer possible to speak with" one of the chief physicians in particular.

Process and Results

Phase 1

In view of three meetings which had already been scheduled at the first contact, we initially conducted individual telephone conversations with the three persons concerned. We asked them two questions: "What do you do in the hospital?" and "Why are we having this telephone conversation with each other?"

At the first meeting, we agreed on the ground rules which would need to be observed in order to re-establish a mode of communication as free of disruptions as possible. Following this, the three protagonists described their version of the story, and their view of the problem. This approach on its own brought a certain relief. The attending chief physician evidently saw his inclusion in the discussion as a welcome sign of esteem. Some subjects for the next meetings were recorded.

At the following meeting, the discussions unfortunately appeared to turn in circles. But at the third meeting, real progress was achieved:

- Apologies for past as well as perceived injuries were expressed. Rules for future interaction were developed.
- It was observed that the attending chief physician represented only the tip of the iceberg. Underneath the tip, further serious flaws obviously existed in the working relationship between all chief physicians as well as between the chief physicians and the executive board.

In the end, consensus was reached that the transformation would be discussed and managed collectively in the framework of a deliberate process to be initiated by the executive board (with our assistance). A name for the project was found immediately: “Accompanying Transformation”.

At the subsequent discussion between the executive board and ourselves, it was decided that we would work with the chief physicians to prepare for the customary yearly meeting which was scheduled to take place between the members of executive board and the chief physicians in a few months time.

The first aim was to improve the cooperation amongst the chief physicians.

Phase 2

Following a first "frosty" meeting with all seven chief physicians only for introductory purposes, we contacted them to organise individual consultations (each of about 1–1½ hours’ duration).

During those consultations we explained our role and function. Above all, however, we asked questions:

- What do you do? ("I am merely interested in knowing what you do; that is why I am asking you this question")
- What works well? (Referring in particular to the cooperation in the hospital)
- What does not work so well?*(We intentionally always first ask what works well)*
- Could somewhere something small be changed but have a large effect – and if so, where/what?
- When you come home in the evening:
    - When do you think for example: "Wow! Today the cooperation within the team went really well"?
    - What makes you feel uncomfortable? What gives you a headache?

We also discussed ideas and options how the project "Accompanying Transformation" could be shaped. Each time, we asked the following questions: "Which bad experiences have you previously had with consultants?" and "What do I have to consider in order to ensure that the project works well for you and is successful?"

The "frosty" atmosphere disappeared during these individual consultations, but there still remained a very high level of scepticism (for example: "*I* know a lot about such discussions and how to conduct them and I know that your approach has practically no chance of success"!).

After these individual consultations, we wrote an email to all chief physicians in which we summed up our findings and proposed a future course of action.

The proposal consisted of holding a three-hour long meeting in a nice meeting room. On that occasion, each chief physician would present, or rather suggest, a collaboration project between two or more clinics to his colleagues.

Regarding this meeting we also clarified two expectations:

- Look forwards ("I am not willing to lose myself in the details of your past disagreements!")
- The presented projects of collaboration must be very concrete.

At the beginning of the meeting we suggested defining some rules to ensure the productivity of the meeting. The chief physicians themselves quickly defined one sole rule: "We do not yell at each other".

Then – and to ensure that everyone could express him without interruption - we interviewed each chief physician individually for six minutes in front of his/her colleagues. We asked six questions in each case:

1. What is the project?
2. Why exactly this project?
3. What is the challenge of this project?
4. What will you do with this project in concrete terms?
5. What do you expect your colleagues to do to support this project?
6. Conversely: what do you think these colleagues expect from yourself?

This approach proved valuable.

Several projects of collaboration – which were complementary in several respects – had a promising start on that day. It was decided to continually record the implementation progress in so-called project sheets and in a final step to present the results at the yearly meeting with the executive board.

During the course of the meeting the chief physicians also realised that their lack of communication with each other had led to the increasing marginalisation of their voices in the executive bodies of the hospital. For example, they realised to their horror that they could not even help determine the colours of the flooring during renovations!

In order to rebuild a constructive co-determination power of the chief physicians, we suggested that they let themselves be inspired by our own method of preparing for meetings before their monthly conferences with the executive board. They subsequently decided to regularly gather for a short period of time before such meetings, in order to jointly suggest to the executive board , for example, to put a certain subject on the agenda.

In the following weeks the chief physicians noted that they observed their ground rules, increasingly acted as a group, and cooperated with one another in a more effective and productive way. Feedback we received from members of other professional sectors showed us that this positive development was registered throughout the entire hospital.

The collaboration between the chief physicians and the executive board resulted in a markedly better use of the different internal committees and improved interconnectedness between them. Because of this, both groups are working together in a much more efficient manner and the flow of information is much clearer.

Findings

- It is difficult to gain acceptance in hospitals as an outsider. Obviously, hospitals have had negative experiences with consultants unfamiliar with the worlds of medicine and care. We also initially encountered scepticism and reservations.

  Already during the first individual meetings we started showing that our interest in this world was completely unprejudiced and simply curious. Continually asking genuine and thought-provoking questions helped very much in this respect.

- Alarming for us was the realisation that highly qualified executives could run into such enormous difficulties in communication and interpersonal cooperation – and this in an area where humans clearly are at the heart of the work!

  Our manner of working showed the participants how useful it is to prepare, hold and follow-up discussions in a structured manner. This taught them how to do so themselves!

- Once again, we made the experience that ground rules (e.g..: "Look forwards, not backwards") are very useful. When assuming our role of negotiation managers and under certain circumstances, we should not even negotiate these rules; we should impose and enforce them, provided that it is done for the benefit of the negotiation process.

- A hospital can certainly not function nor survive without its chief physicians!

  We were therefore at first vey surprised by the seven chief physicians' complaint that they could not help making decisions even about trivialities. It was therefore very important for us to support them during the second phase of the project to ensure that they could speak and be heard with one voice– i.e. that they could rebuild their "power of co-determination". At one point we even told them: "Actually, you should establish a

works council of chief physicians"! While this statement was a bit daring, it proved particularly useful: from this moment on the chief physicians realised that it was in their own interest to cooperate with one another in a more effective way!

At the same time, we were aware that the executive board would likely resent our "work council idea"! (We discussed this with the two board members. They recognised that the reestablishment of the chief physicians' "power of co-determination" was actually in their own interest, even if they had to anticipate increased critical feedback. However, this feedback would be well reasoned and agreed upon.)

For more information, please contact:

Sumbiosis LLC
Falkenstrasse 80
CH – 4106 Therwil/Basel

- CH + 41 (0)61 723 0540
- D + 49 (0)6171 961 0267

info@sumbiosis.com

www.sumbiosis.com