



ACCELERATED HEALTHCARE TRANSFORMATION  
**ACCELERATING A CULTURE OF “SERVANTHOOD”**

AUTHOR: DR. DAVID GALLOWAY



**GALLOWAY**  
experience • results • value

## What is the one thing that would change the game at your hospital or system?

To answer that questions, thoughtful leaders often review the issues that keep them up at night, but many end up in a wistful hopefulness that they could promote a spirit of servanthood within their organization. Sometimes, it is couched in the terms of improved customer service, sometimes it is presented in the desire to form collaborative teams that share a magical synergy. Sometimes it is a desire for an improvement in attitude of the associates and a significant improvement of employee engagement. Underneath these desires exists a recognition of something missing in the current culture and a desire to see a new spirit of connection.

We have seen this wish translated into action has occurred mostly around the establishment of “servanthood”. This core value can define the way in which persons treat patients with more respect and dignity, as well as one another. Nurses, doctors, clinical personnel, and administrators move from a more utilitarian attitude to a style that communicates worth and value. Such a significant shift in attitude affects customer service scores, employee satisfaction scores and physician alignment. So servant leadership is not just a simple “feel good” platitude, but a powerful cultural intervention in the life of a hospital. It connects the work to be done each day to a higher purpose and meaning.

This kind of servant organization seems desirable at face value. And yet, the examples of vibrant and healthy cultures of servant leadership are rare. Why? The drive of urgency in the hospital is a frequent excuse, that there is simply not enough time to focus on such cultural initiatives and maintenance. These “soft” initiatives are deferred as other, more pressing, practical solutions are chased.

Others note the lack of what Ken Blanchard has called “strategic leadership” in the ranks of healthcare leaders. While the leaders we have worked with over the years have shown competence in operational leadership, we have noted a significant lack of experience and skill in providing the vision and communication that is required to drive a cultural initiative.

- Is it possible to overcome the distracting busyness of the day-to-day hospital work in order to promote the establishment of a servant culture?
- Is it possible to expand the leadership capacity of persons positioned to set the direction of an organization?

We believe there is a predictable process by which this transformation can be undertaken. We offer an outline of this process at the end of this article but let’s begin by defining what we mean by servant leadership.

The servant leader focuses primarily on the well-being of others and the health of the organization. The best image of this concept was given to me years ago when the usual pyramid organization chart, with the CEO perched on the top, was flipped upside-down. The visual effect was profound to me, as the leader was now seen as supporting the work of the organization rather than thinking of the organization serving him/her. It is a seismic attitudinal shift where the leader

### DEFINITION

“The servant-leader is servant first...It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions.....The leader-first and the servant-first are two extreme types. Between them there are shadings and blends that are part of the infinite variety of human nature.”

Robert Greenleaf

STAFF

LEADERSHIP  
TEAM

CEO

undergoes a Copernican revolution in mindset as he/she no longer operates out of the image of everyone else revolving around him/her.

The main obstacle to servant leadership is the persistence of self-interest overwhelming an intent to serve. Vigilance must be constant to check this tendency, and is best served by an honest leadership team who will raise this concern. The servant leader understands the reality of the interconnectedness of the system, therefore making his/her job to support and develop the associates as the work to make the organization successful. But even with that realization, the threat of falling back into self-interest must remain in constant scrutiny by the leader and the team.

This servant leadership mindset begins at the top and sets the temperature for the rest of the culture. But to be effective, the entire organization must adopt and commit to this attitude. The spirit of servanthood must be sponsored and cascaded down through the organization, from the C suite to the night nurse. This is truly transformational when this becomes the blood of the organic organization and becomes the reason for being. Not mere formularies, or scripts to be doggedly repeated. Rather, a core value of service, a heart that will provide direction as to how one treats one's patients as well as one's associates. Service serves as the North Star. When adopted and operationalized, this is not a "flavor of the month" but an alchemical transformation that changes the way one gets the job done.

## **DRIVING VALUES OF SERVANTHOOD**

This core value of servanthood begins with the leader's self-awareness, particularly in the clarification of motive. Is there a true desire to be a servant, both as an individual sponsoring leader and as an organization? How am I willing to model servanthood to my group, by engaging them by listening and valuing them? To what extent am I willing to submit myself to correction as we walk this journey toward a servant culture? Servant leader know that they must walk their talk.

One of the most exciting meetings I attended took place on a nursing unit, a labor and delivery floor, where the nurse and doctors wrestled with the concept of servanthood. Reviewing carefully the actual process of delivering care to the patient resulted in a precise description of how one acts as a servant, specifically in a variety of scenarios. The exercise literally transformed the feel of the unit and engaged the staff in some exceptional ways.

Servant leaders have the capacity and power to transform their units, change their departments and revolutionize the way care gets delivered -- if they are truly committed to the hard work of cultural transformation. How you will define culture, how you will communicate servanthood in your group, will vary from place to place given the specifics of your setting. However, there are some process pieces that might be helpful as you seek to make this happen.

### **Initiate a Culture of Servanthood**

To begin the process of transforming the culture into a servanthood involves a number of steps:

1. Become familiar with the concept of servant leadership so that you can converse easily. Engage your close colleagues explaining why such a cultural shift is needed and will bring benefit to the organization. Relate the universal principles behind servanthood to the particularity of your setting.
2. Write a narrative that describes the current situation, including a history of other successful changes that were made in the past. Create a vision statement for what you are attempting to bring into

reality, utilizing persuasion in making a winsome case for the wisdom in adopting a servant culture. Emphasize the benefits that will come.

3. Offer a series educational presentations to your senior leadership team in which you communicate your unreserved commitment to see this transformation through to the end. Allow for open dialogue to assure that your team is fully onboard.
4. Construct an architecture that will cascade the main vision down through the organization so that each associate will hear a “pitch” to gain their commitment to the change. Be specific as to how this chain of communication is going to happen, with clear time limits for completion as well as ways to monitor its progress.
5. Expect resistance. It goes with change, even positive change such as living into a more humane way of treating one another. Counter-intuitively, surface the resistance rather than allowing it to go subterranean, perhaps in small group or unit dialogue. Don’t be blind-sided by associates that can sabotage these initiatives. Draw them out by inviting critique.
6. Construct and publish a document of what servant leadership looks like in each position. What does it mean to the chief of surgery? The transport personnel? The bedside nurse? The more specific, the better. When possible, make these behaviors and goals visible, with frequent opportunities to monitor and review. Find ways to connect metrics to the behavior without it becoming mechanistic.
7. Commit to casting and re-casting the vision through a variety of mediums. This is a process and will require continued energy and time expenditure to make it happen successfully. Be honest with yourself as to your willingness to go the extra mile. How committed are you to this change? How important is this to you and the people you serve? What will you lose if you fail? Form a group of trusted others that will ask you hard questions as well as offer support. Celebrate the successes that you observe.

After reading these seven steps, you are probably feeling overwhelmed by the demand of such an initiative. And you are smart to take a long moment to consider the realities that you are facing currently. The urgency and demands of hospitals make such a decision to promote a culture of servanthood problematic. However, the attention that you pay to your culture and the establishing of a pervasive attitude of servanthood will pay big rewards. In connecting the work of the day with a winsome and compelling goal that overarches the daily grind, one has the capacity to transform the life of the hospital and achieve a more positive engagement of all your associates. The paradox remains: By serving others, you find yourself served.

## MEET OUR EXPERT



**Dr. David Galloway** is a Senior Director with Galloway’s Advisory Team. While Galloway comes to the world out of a multi-dimensional experience of organizational development work, the core of his energy has been focused on the process of transformation. Beginning as a psychotherapist working with individuals, couples and families, he expanded his focus on transformation to organizations and civic groups. Applying systems theory to large organizations, Dr. Galloway has pioneered thinking in the area of leadership and change.

### Additional Reading:

A quick review of the literature will reveal grouping of similar values as Greenleaf’s.

- **Self-awareness** in leaders. This capacity have some perspective and awareness of self is the hallmark of what has come to be known as emotional intelligence. Being aware of how one is interacting with peers and patients, how certain feelings and emotions are triggered give you a leg up in terms of not reacting and allows you to be more mindful of in your response.
- **Willingness to listen.** There are all kind of techniques that have emerged to assist leaders in learning to listen, with the underlying promissory note is that you will gain important information about your organization if you invest in that time. The method of appreciative inquiry has delivered some impressive results to leaders who have employed this simple method to improve collaboration, focus positive energy within a unit, and embrace improvement opportunities. This whole style of engagement embodies a servant mindset and changes the equation of how work can get done within the hospital. Installing this as a tactic in a hospital is a smart way to begin a cultural shift to servanthood.

A work by Edgar Schein, entitled ***Humble Inquiry: The Gentle Art of Asking Instead of Telling***, has grabbed my imagination as to how leadership can be exercised within the hospital setting. Schein flips the pyramid and implores leaders to spend most of their time asking probing questions, asking for the responses of others rather than pontificating, sharing war stories from past experiences, or chatting people up. The whole notion of “rounding” is popular in most hospitals I visit these days, but the spirit of the interaction can become anything but connective. As I have coached CEOs, COOs, and CNOs, I have been able to shadow them in their rounds. Some are merely checking off a commitment on a list, a duty to be performed. Some use it as an opportunity to broadcast initiatives and pet projects. The smart executive speaks less and listens more.

- **Humility.** It is an attitude sometimes difficult for folks who feel like leadership is all about control, of appearing they know the score. A humble person can be confident in his/her ability in certain areas, but is also clear that he/she needs others to augment those skills. Being explicit about what each team member brings to the table conveys this humility and recognizes the value of others.