



Leaving Core Values to Chance

You've probably all been in those top team workshops where you work through your mission and values statements and come away thinking the world is now a better place. Then you get back to the day job, and somehow the reality you encounter doesn't match up to the previous day's ambitions. But that's okay, because yesterday's wise facilitator told you it would be like this and that's why they helped you design a strategy to get you from where you are today to where you want to be. The Values strategy work got assigned to the HR Director of course because it's touchy-feely stuff.

I used to think the values of an organisation flowed from the purpose of the enterprise or from an individual's professional vocation. Take hospitals for example. When I was a Hospitals Chief Executive in the UK I assumed that anyone in the "caring" and "healing" professions would share a core value of Compassion. So Compassion never figured as a Board level value for the top team to "manage". It was (or should have been) part of the professional vocation.

Now I don't think that way. Let me explain.

I recently had the misfortune of being admitted to a hospital in London as an emergency for 24 hours. At the end of that brief period I felt as though I had been cared for in three different hospitals. Here's why.

I was taken initially to A&E where I was assessed and stabilised. The Staff Nurse looking after me showed personal concern for me. She didn't spend vast amounts of time with me, but whenever she walked past my bed she looked my way and mouthed the words "are you okay?" Whenever she attended me she would lean forward and look me in the eye. I could feel her compassion. I realised after a couple of hours that she was the team leader, not just my "named nurse". I was transferred out of A&E a little later to the Clinical Decision Unit. Slightly to my surprise, but also to my pleasure the same Staff Nurse continued to supervise my care. I felt I was in **good** hands and I was re-assured.

The night staff came on duty several hours later. The Staff Nurse in charge of the shift was very personable and humorous; she introduced herself to every patient on the ward, but she was also very forthright. When she walked past my bed she would look my way so I knew I was being supervised. Later however she had a stand-up row with the patient in the next bed to me who wanted to discharge himself and she could be heard by everyone saying "well walk out then and if you drop dead with a heart attack you've only got yourself to blame". A Nursing Assistant came over and spoke with the patient a bit later when the Staff Nurse had left the ward on a break. She listened to him and empathised with his situation. She showed compassion and understanding. I felt I was in **competent** hands with the Staff Nurse, but wondered why the Nursing Assistant had to wait until the Staff Nurse was off the ward to show my fellow-patient some compassion.

The Staff Nurse leading the morning shift came on to the ward sounding like a Sergeant Major. She probably thought that's how old-fashioned Matrons would behave. Soon after the shift change a newly admitted patient was being sick in the bed next to me. No-one came to her. After 2 or 3 minutes another patient went to alert the Staff Nurse. Her response was "it's okay. It's the drugs she has taken". She barely glanced the patient's way, but just drew the curtains around her bed. None of the other staff went near the patient. The only trace of compassion was from other patients. I now felt I was in **business-like** hands. I couldn't wait to be discharged. I was so thankful I had not been admitted on this shift.

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24 hours in one hospital. Three shifts. Three different team leaders. Three different experiences as a patient. I went from feeling I was in good hands to feeling I was in competent hands, to feeling I was just the number of a bed they needed for another patient. Why?

The difference was in the leadership of each shift. For all I knew they were all equally competent and skilled. But they were not equally compassionate. And it was only under the leadership of the compassionate Staff Nurse that the other nurses felt able to exercise their compassion with the patients.

I know which hospital I preferred.

It may be easy to pick on public services like hospitals to illustrate the point, but my guess is that most enterprise leaders, especially in vocationally-based work, take it as read that staff share certain core values of the enterprise.

The challenge to leaders is this; can you afford to leave the core values of your enterprise to chance?

If not, what can you do about it?

We have a view on that in Tricordant. The story I have told about compassion is just one of three perspectives from a short paper, "**Can Compassion be left to Chance?**" which you can access on www.tricordant.com in the Newsletters, Case Studies and Papers section. The other perspectives besides Leadership that my colleague Directors explore are Systems and Strategy. We believe you can design core values into your enterprise in both your strategy and your systems work. It isn't just a job for the HR Director. It's a job for all your leadership. It's not just a personal quality in individual people. It should be a systemic quality in enterprises.

Sadly I would break our 5 minute-rule if I reproduced all the paper here, but it would only take you another 5 to read the whole thing. Promise.

We also want to start a dialogue because we know we don't have all the answers. We would love to hear from those of you who have it cracked; those who want to add something and those who just don't agree with what we say.

We would also exhort you to dust off the flip-charts from the Mission & Values workshop and have a fresh look at the Values bit of the strategy. HR Directors, take heart, the cavalry is on the way!

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