Hospitality and Service: Leading Real Change

EXECUTIVE SUMMARY

▶ A patient's decision to recommend a health care organization and the patient's loyalty scores are largely determined by the interaction patients and their families have with the nurses.

▶ Hospitality is how the delivery of that product makes the person feel and is a dialogue that requires the server to be "on the guest's side" throughout the experience.

▶ The challenge for health care is to help our patients and their families transcend the usual routine care of our health care world and to experience an emotional connection that provides that sense of affiliation and emotional kinship with the organization and the staff.

▶ Moving from the service mindset in health care to the hospitality mindset that engages people positively and emotionally is what healing is all about.

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THE HALLMARK OF EXCELLENCE in nursing care from the perspective of the patient and his/her family is that, in addition to safe, efficient, and high-quality care, they believe nurses were sincerely concerned about them as people and treated them as family members. So much of the patient's experience is dependent on that interaction between the nurse, patient, and family. The decision to recommend the organization and the patient's loyalty scores are largely determined by the interaction patients and their families have with the nurses. This is a heavy burden for an already stressed nursing workforce.

There is abundant information and research on the how-to of the nurse patient relationship and multiple suggested interventions. There is also other information and "best practice" available from organizations outside of health care that can provide us an opportunity to learn something new. We can look at the hospitality industry for ideas. Granted, our primary mission in health care is to prevent illness and to deliver excellence in patient outcomes. When we do that, we often don't get the patient loyalty that we expect. Our patients and their families give us very good service ratings, they don't have anything negative to say on their patient sat-

isfaction surveys, but they report that they will not recommend us to others. We scratch our heads and wonder why, when we have done so much work to provide safe care, hot meals, family waiting rooms, and patient-centered philosophies, that our patient loyalty scores don't jump through the roof? What can we learn from other industries? One place to start is the hospitality industry. The very existence of this industry depends not only on the ability to deliver high-quality care, but also customer loyalty that will create positive recommendations and repeat visits.

Service, Hospitality, and Soul

We have all dined at a very good restaurant, but we decided not to return because there wasn't a magnetism to draw us back. The restaurant may have good service, outstanding food, and superb ambiance. But we just don't go back. We choose to return to a restaurant that just gave us a different feeling. But what is that feeling all about? Is that what our patients and families experience?

Meyer (2006) writes of his lifetime in the restaurant business and creating a level of hospitality that speaks to the customer's soul. From his perspective, if the server goes through the motions in a perfunctory or self-absorbed manner, this service without soul is quickly forgotten. He draws a strong distinction between service and hospitality. Meyer (2006) defines service as the technical delivery of the product done in a monologue; we decide what needs to be done and then set our own standards for the service. Hospitality by contrast is how the delivery of that product makes the person feel and is a dialogue that requires the server to be "on the guest's side" throughout the experience. The server must listen intently to determine how to best serve that person. In Meyer's (2006) view, it takes great service but also great hospitality to rise to the top of the hospitality industry. He also believes that a sense of "ownership" is what brings you back to a restaurant. Ownership is engendered by a sense of affiliation, of being accepted and appreciated, which then creates the experience of feeling important and loved.

Charlie Trotter is a famous restaurateur in Chicago, and his methods of achieving this success are chronicled by Lawler (2001). In addition to the principles outlined by Meyer (2006), Trotter emphasized his work with the staff. For example, he believes that using role playing and feedback, and shadowing with a senior mentor, are more useful than service manuals. Another principle is how to get all of the people in the restaurant cooperating with the staff who are serving the guests in a manner that is seamless, synergistic, and supportive of the front-line staff. Just as Charlie Trotter helps his employees to use the Golden Rule when interacting with guests, he also role models that rule as he interacts

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with employees. Meyer (2006) uses the rule of 51-49 when hiring. He looks for people with skills divided as follows: 51% emotional hospitality skills and 49% technical excellence. Optimistic warmth is the first of his five characteristics of emotional hospitality, followed by an insatiable curiosity to learn, a strong work ethic, empathy, and self-awareness and integrity. He looks for people who radiate warmth and happiness and then, like Trotter, believes in supporting his staff in the model of Servant Leadership.

The author of *If Disney Ran Your Hospital* (2004), Fred Lee, proposes that the perceptions people have of an event are more important than reality, and these perceptions can be managed. He also notes that loyalty is more important than service. Loyalty produces high recommendations for the hospital and assurance that patients and their families will return when necessary. Disney is in the business of creating memorable moments and beautiful recollections for their customers regardless of the reason that brought them to Disney. The Disney approach starts with the employees and urges high levels of communication, care, and empathetic concern for the staff. This approach is concerned about more than just service because Disney knows that people don't go home and talk about the service. Disney is about meeting the emotional needs of the family and building positive, mountaintop memories that will last a lifetime by focusing on the staff and their interaction with the customer.

The emotional experience for patients transcends the traditional service model. It includes the entire experience of the patient, which if done well, is the glue that guarantees patients and their families will come back and will highly recommend the health care organization. The challenge for health care is to help our patients and their families transcend the usual routine care of our health care world and to experience an emotional connection that provides that sense of affiliation and emotional kinship with the organization and the staff.

There are many parallels between these concepts and health care. If we set the standards for service separate and apart from our patients and our families, we will design our process and facilities in a monologue that doesn't address their needs. Patients will not feel that we are "in their corner" as Meyer (2006) relates and will sense that we are designing their care around our needs and not theirs. Our challenge is to see the experience through the patient's eyes and to consciously adopt the patient's perspective as we plan care around her/his needs and wants.

In health care, we have models such as the Planetree philosophy as described by Frampton, Gilpin, and Charmel (2003), and the Picker/Commonwealth Program (Gerteis, Edgman-Levitan, Daley, & Delbanco, 2002) that are teaching us the "emotional hospitality" side of patient care. The Planetree philosophy believes that the experience of illness can be a transformational event in one's life and a time of great personal growth. The program is centered on human beings caring for and serving others. It includes serving each other as well as patients. The Picker/Commonwealth approach

was determined after interviewing 6,000 patients about their experiences with the health care system. From their perspective, we must consciously adopt the patient's perspective in everything we do, including care process, buildings, and healing environments. If we don't connect with patients and create this transformation and a consequent sense of loyalty or ownership, patients will not perceive that we provided the best care to them. We should be in the business of creating transformation and creating a treasure chest of beautiful memories, and a high sense of loyalty. So what can a leader do to create a hospitality culture in health care?

Influencing Service, Hospitality, and Soul in Health Care

Transforming health care cultures from the technical delivery of a service culture to the hospitality culture, which Meyer (2006) describes as the emotionally connected interaction with patients in which they feel we are on their side, can be difficult. The service culture is all about scripting what people say and do, but the hospitality culture is soul-based connectedness designed around the needs of patients and their families. Meyer (2006) notes that the biggest mistake a manager can make is the failure to set high standards and to hold employees accountable for these standards because it denies the person the opportunity to learn and to excel. Meyer (2006) uses the concept of constant, gentle pressure to achieve the goal of excellence for all of his people. In his mind, the leader needs to be centered clearly on identifying, and never wavering from, the core work. The staff will adopt that core set of beliefs and high standards. His message to us is not to cede those core beliefs about what excellence and high standards look like to anyone. If you truly believe that work must be organized around the patient's desires, then the leader must listen and craft processes around what will please and delight the patient.

Summary: The How-To of Transformation

Patterson, Grenny, Maxfield, McMillan and Switzler (2008) studied high-powered influencers and described the influence process and strategies, and listed six sources of influence to make change inevitable. These authors declare that people will change their behavior if they first believe it will be worth it and, second, if they can do what is required. The next step is to search for a few vital behaviors that will create a high impact when modified and then study the positive deviants who already are displaying the changes that are desired. The Web site Influencerbook.com includes worksheets to prepare for influencer projects, self-assessment worksheets, video interviews, blogs, and other tools for support in the journey to becoming an influencer. Operating in silos does not work. Influencers need a community of influencers that energize and accelerate the change process (Patterson et al., 2008).

As we look at the work of the Meyer, Trotter, and Disney as cited from the hospitality industry, and the

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work of Planetree and the Picker/Commonwealth pro-
grams, the outcomes were achieved because specific
people were the powerful influencers who drove the
transformation from the technical service to the soul-
touching hospitality and emotionally connected rela-
tionships that created the loyalty and affiliation on the
part of the employees and customers/patients. Moving
from the service mindset in health care to the hospital-
ity mindset that engages people positively and emotion-
ally is what healing is all about. Using the steps and
tools of influence as outlined by Patterson et al. (2008)
provides a dynamic outline for leaders to transition
from the service culture to the hospitality/experience
culture.$

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