

What's Going on at Your Hospital?

*"The single biggest problem in communication is
The illusion that it has taken place."*

George Bernard Shaw



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INSTITUTE *for* HEALTH *and* HUMAN POTENTIAL



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In US hospitals today, one in 20 patients receives the wrong medication. Three and a half million patients become infected while being treated in hospital. Half get infected because someone simply didn't *wash their hands*. If that doesn't upset you then this statistic surely will; 84% of health care personnel in these settings have witnessed coworkers taking short cuts that could be dangerous to patients, yet *fewer than 10%* of physicians or nurses directly confront their colleagues about their concerns.

Here is an example of incompetence that goes unreported. A group of eight anesthesiologists agree a peer is dangerously incompetent, but they don't confront him. Instead, they go to great efforts to schedule surgeries for the sickest babies at times when he is not on duty. This problem has persisted for over five yearsii.

What's going on?

Do health care personnel not care about the quality of care you receive?

Of course they do. Many of the doctors, nurses and other health care providers have gone into their respective professions to give great care and make a big difference for you and all who enter the sacred halls of a hospital or health care setting. So what is stopping them from speaking up? In this white paper, we will examine why people make the choice to *play small* (which we define as the aversion to take risks, have the difficult conversations or believe in oneself); in this case, by not dealing with underperformers. We will give you some tools to manage your emotions so that you can play big and step in to do what's difficult more often.

Why Do We Play Small?

At the heart of why people *play small* is the space between their intention and their impact. Most health care workers have an intention to do the right thing and provide great care, and many do. Unfortunately, for a large number,

their impact can be something quite different. Something happens between intention and impact. That 'something' is the black box (our brain) where we make decisions and where a clash is going on between something we call our *small self* and our *big self*.

Small Self & Big Self

The *small self* is that voice of doubt we often hear in our heads when we face challenging situations. It is a particularly strong voice when we feel that we are being evaluated. It might be the voice of some (past) authority in our life. As Kimberly Dozier said after returning to her job as a CBS correspondent, 25 operations and 363 days after being injured in Baghdad; "You know that ticker you've got running in your head going, 'Got to please Mom, got to please the boss, got to—' You've got all these judges out there. [Due to the injury and past year] I have a freedom I never had before in terms of saying, 'You know what? I don't care. Because I know what's important.'"iii

Left unchecked, however, *small self* not only distracts, but paralyzes us.

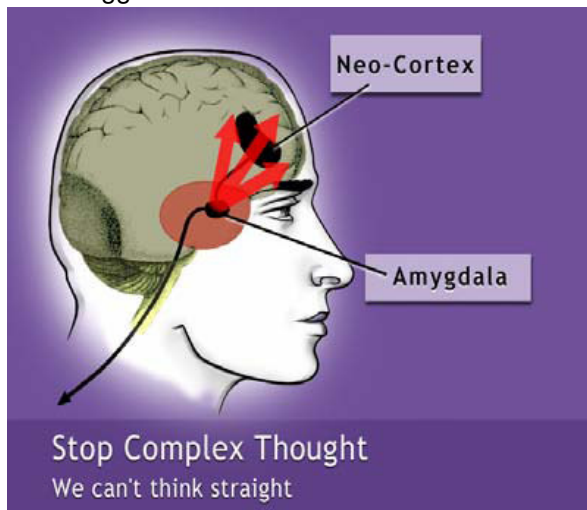
Our *small self* focuses on what is negative (usually about ourself) and causes us to procrastinate or do nothing at all. It is driven by a scarcity mentality and can sabotage our best intention to do the right thing. At the end of the day, our *small self* eats away at our confidence and can incapacitate us.

Big self, in contrast, is the voice in our heads that believes in ourselves and is not afraid to risk and try new things because it loves a challenge. It is that voice in us that knows we can set a goal and meet it. It sees 'what's possible' in most situations and looks for reasons why something *can* work as opposed to why it cannot.

Each part vies for control over decision making. The part of the brain where the *small self* resides is called the amygdala.iv (The *big self*, by contrast, is located in the left pre-frontal lobe of



the neo-cortex). The amygdala is a part of the older brain that codes for fear and doubt. When we face situations where there is a difficult relationship to manage (someone we know taking a short cut) or great change in our environment (rumored cuts in the department), it is the amygdala—Greek translation meaning almond, which is as it appears on dissection—that triggers the *small self* to sound the alarm



In this case, the *small self* in the amygdala focuses on the threat that might harm us, such as the ramifications of stepping in and dealing with someone not doing their job properly. "What if it doesn't go well?" "Who am I to tell a doctor what to do?" "What if they *accuse me* of being incompetent?" "Maybe I didn't see it the way I think I saw it." "Nobody will want to work with me after this." "Work is going pretty well for me – why take the chance of ostracizing my peers?" This is the voice of *small self* that can absolutely paralyze us.

The Trigger of Our *Small Self*

The feeling that we may lose the respect of our peers or that we might be embarrassed is one of the most potent triggers to our *small self* in the amygdala. For instance, we have found in our studies of leaders and individuals that 46% don't take risks and engage in difficult conversations (*play big*) because they are *afraid to make a mistake or embarrass themselves*. They are afraid to take a risk because it may backfire on them.

In another study we found that over 60% of leaders agreed or strongly agreed that, "an important goal for me is to not look bad as a leader."^{vi}

Has this white paper helped you understand why health care professionals—and the rest of us—have such trouble stepping in and confronting short cuts and incompetence in the workplace? The people who look after you, or your loved one, in the next hospital you visit, desperately want to *play big* and do the right thing. They want to challenge others who take short cuts and sabotage great care. They want to execute on their best intention. In fact, 71% agreed or strongly agreed that they wished they *played big* more often. But clearly they are having trouble and becoming more and more frustrated every day.

What to do?

Health care personnel are crying out for help. They want and need the skills to help them deal with the struggle that exists between their intention and their impact in order to do the right thing. Of course, health care professionals do not require more IQ to execute on their intention. This is a group of highly trained and intelligent people who know exactly what it is they need to do. What they need help with is:

1. Managing the difficult emotions that arise as they attempt to do the right thing that is putting them at risk; and,
2. A game plan (the skills) to have the difficult conversation.

In our Advanced Emotional Intelligence program, *The Three Conversations of Leadership*, we teach individuals both the tools to manage tension in their amygdala (the *small self*) when they are on the threshold of making the choice to *play big* (to have the difficult conversation), and a game plan to have the conversation. Managing the tension and having the difficult conversation skillfully is not only one of the significant differentiators of top 10% performance, but leaves people pleased and proud that they actually did it. This pride becomes contagious and



can transform a workplace. This is the power of *playing big*. As Martin Luther King, Jr. said: “*Our lives begin to end the day we become silent about things that matter.*”

In the next white paper we will talk about how to step in, play big, and have these tough conversations.

Dr. JP Pawliw-Fry

- i American Association of Critical-Care Nurses, Vital Smarts, *Silence Kills White Paper 2005*
- ii Ibid
- iii The New York Times May 24, 2007
- iv Ledioux, J. The Emotional Brain
- v *What Stops Leaders from Playing Big?* IHHP survey data, 2007
- vi IHHP Study 186a, 2007
- vii *The Desire to Play Big* IHHP survey data, 2007

ABOUT IHHP – WHAT WE DO

The Institute for Health and Human Potential is a research and learning organization that uses [Emotional Intelligence](#) to leverage performance and leadership. We do this based on a blended learning approach which includes [keynotes](#), [selection and development tools](#), [training programs](#), [coaching](#) and [e-learning](#) to create lasting behavior change. Our expertise is sought by Fortune 500 companies, the world’s top business schools, professional athletes and Olympic medalists.

[Businesses around the world](#) look to IHHP and our programs on Emotional Intelligence to help them with a wide variety of issues: providing greater leadership and management skills, improving teamwork and individual relationships, retaining key employees and fostering an environment of greater motivation and inspiration. Our customers also find our [emotional intelligence programs](#) bring them greater fulfillment and a stronger sense of purpose and meaning to their lives.

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