

# Study Questions for The Florence Prescription

These questions will help you think about how the lessons of *The Florence Prescription* can apply in your hospital, and in your own life. Contemplating your answers, and discussing them with groups within the hospital, will help you make the most of the book.

**How does your organization do on the eight essential characteristics of a culture of ownership?** How would you rate your hospital on the eight essential characteristics of a culture of ownership that were outlined by Carol Jean Hawtrey in this story: Commitment, Engagement, Passion, Initiative, Stewardship, Belonging, Fellowship, and Pride? How about your own behavior and that of your immediate coworkers? What do you think Carol Jean would say to your hospital CEO if she were to consult with your organization?

**How high are your silo walls and how can you bring them down?** Carol Jean told MMC board member Wendy Harper that her next book was going to be about creating a greater spirit of community within hospitals by bringing down the silo walls that separate departments – and that separate people from each other. One of her key recommendations to CEO John Myerson was that managers spend less time in their offices and more time out speaking with people. Dale Prokopchuk told leadership retreat participants that his group worked on the characteristic of Fellowship, and recommended fostering a support group culture as a way of lowering silo walls. What actions could bring down the silo walls and create a greater spirit of community in your organization?

**Are you who you say you are?** Just as a fish is oblivious to the water in which it swims or a bird never notices the air under its wings, we can become so used to our workplace environments that we don't even notice how negative and toxic they would appear to an outside

observer. We might use words such as *caring*, *nurturing*, *compassionate* and *empowering* to describe what we think of the cultural climate we think we are cultivating, but based upon objective observations of our actual behaviors, the proverbial Man from Mars might instead use words like *critical*, *self-pitying*, and *disempowered*.

**What is the emotional climate of your hospital?** The environment of our hospitals is more than just the physical space in which we work. It's also the emotional climate we create. While the physical environment is important for making a good first impression, the emotional climate is more likely to influence patient perceptions of clinical quality and human compassion, and more likely to determine loyalty and longevity of good people. How would you describe the emotional climate of your organization? In what ways could it be enhanced?

**How are your attitudes affecting your patients?** Emotions, both positive and negative, are contagious. For most patients, hospitals are already a frightening place to be. If the organizational culture is characterized by negative attitudes (as reflected in the prevalence of criticizing, complaining, and rumor-mongering), we can actually be contributing to iatrogenic anxiety and depression on the part of our patients. Do you really provide patients with a healing environment? What can you do in your hospital to create a shared vision of being a healing environment that is free of toxic (and contagious) emotional negativity? If everyone in your hospital were to stop criticizing, complaining, and gossiping, how much more time would there be for direct patient care and all of the other things that people complain they never have time for? And if people were to take that commitment home with them, how much more pleasant and nurturing with their home lives be?

**Does your hospital allow mud to be spattered on people's souls?** When Sarah Rutledge listened to two other nurses gossiping (actually, spreading lies) about a third nurse, she said she felt like her soul had been spattered with mud. Hospitals are notorious for their rumor mills, but as Lori Palatnik and Bob Burg point out in their book *Gossip: Ten Pathways to Eliminate It from Your Life and Transform Your Soul*, this

practice harms everyone involved (especially, the authors say, passive listeners), and it contributes to a more negative and toxic cultural climate within the organization. What actions can your hospital leadership take to promote a more free flow of accurate information so as to more quickly counter rumors? What changes can all staff make to foster a culture that is intolerant of this unethical behavior?

**Do we empower caregivers to empower patients?** A fundamental quality of patient-centered care is empowering patients to be active participants in their healing, and not just passive recipients of our care. But before caregivers can help patients feel empowered, they must feel that they themselves are empowered to do so. If the people within your organization would hold themselves accountable for living the seven promises of *The Self-Empowerment Pledge* that Carol Jean presented to the nursing leadership retreat at Memorial Medical Center, how much more empowered would they feel? How much more effective would they be at empowering patients? What actions can you take to disseminate and promote this pledge?

**Do we empower or do we apprehend?** “Proceed until apprehended.” That’s how Carol Jean described the Nightingale philosophy of putting patients first. How would that philosophy fit into the culture of your hospital? Would a nurse in your hospital find the time (or rather, make the time) to sing to a little boy who at that moment needed a song more than he needed pills? Or would she be “apprehended” by a manager more concerned about meeting budget targets than meeting patient needs? In their book *Built to Last*, Jim Collins and Jerry Porras wrote that great companies replace “the tyranny of OR” with “the genius of AND.” What actions can we take to move from the tyranny of productivity OR patient caring to the genius of productivity AND patient caring?

**Who answers patient call lights?** When no one answered Timmy’s call light, Florence Nightingale said, “We must do better than this.” The fact is that anyone can see a patient’s call light on and walk into the room. They might be able to take care of the problem if it’s something

as simple as refilling a water pitcher, but at the very least they can reassure the patient that their nurse will be coming, and in the process help to take a bit of pressure off the nurse. What more can you do to foster a culture in which everyone feels empowered to “answer patient call lights” – or take any other actions that help you serve patients, support each other, and best utilize resources in your hospital?