Open-book leadership has not been the foundation of health care leadership. With the threat of mega lawsuits, fear of “losing my license,” and a hierarchical finger-pointing culture that traditionally drilled down to the one root-cause analysis of mistakes and assigned blame, health care organizations are poorly prepared for the patient-driven movement that is demanding openness from their health care providers. Patients want to be recognized and respected as the directors of their own health care. Health care organizations owe this transparency to the public. To make informed buying decisions, consumers can easily access the Internet for information on safety and efficiency of cars and appliances. But they cannot access information about the safety record or the nurse-sensitive outcomes of the unit to which their parent has been admitted. It must become usual, rather than unusual, that all professional nurses on a given unit know their outcome measures, how those compare to others in the system and nationally, and what improvements are possible and in place to improve patient care.

When patients ask questions about outcomes, what do we tell them? Organization policies vary widely from disclosure to nondisclosure. However, the pent-up demand of patients to be full and respected partners of the health care experience is forcing health care organizations to solve this lack of transparency. When patients can get more information about the performance of a car or appliance than an impending surgery, they see the institution as lacking in openness and trust.

**Concealment vs. Transparency**

It’s probably fair to say that the concept of concealment is alive and well in health care. Concealment is at the heart of an organization’s dysfunctional relationship with their staff, patients, and families. It is impossible to create trust without transparency.

Donald Berwick (2004), the CEO of the Institute for Health Care Improvement, challenges health care leaders to “become transparent” (p. 254) and to provide information on the performance and characteristics of the care system. He also challenges us to share knowledge and let information flow freely, and to regard the patient as the ultimate source of con-

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**Executive Summary**

- Health care organizations are poorly prepared for the patient-driven movement that is demanding information on outcomes and respect for the patients’ right to be partners in managing their own care.
- Concealment is at the heart of an organization’s dysfunctional relationship with their staff, patients, and families.
- Transparency, openness, relationships, and partnerships will become the operating frameworks of health care.

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control. Secrecy paralyzes learning and we cannot improve performance without full disclosure that is open to learning and improving (Berwick, 2004).

The Open Enterprise

Tapscott and Ticoll (2003) use the concept of “open enterprise” to describe an organization that is actively transparent, but also carefully manages critical competitive information. In this model, the organization builds the loyalty of knowledge workers through openness and sees these people as investors of intellectual capital. Transparency enables the creation of trust for internal audiences and external customers (Tapscott & Ticoll, 2003). “Corporations should undress for success” (p. 77) and that “knowledge liberation is about making the unknown known to both executives and employees” (p. 101). Health care leaders must respond in a positive and proactive way to the pressures to create transparency within their organizations.

Transparency with Patients and Their Families

Perhaps the greatest opportunity health care leaders have to significantly transform health care is through the concept of transparency with their patients. Patients should be able to journey through the health care system with full knowledge of their medical condition, the rankings of the health care facility, the staffing mix, and other salient information that research has shown will affect their care. And when something goes wrong, patients should have the right to full disclosure of the problem and how it will be managed, so those who follow will not have the same experience. The journey should be transparent.

Patients and their families are the best sources of truth for health care professionals. In a transparent organization, health care professionals believe that patients and their families are extraordinarily knowledgeable about their disease process and concomitant care. We must commit to listening to what patients say to us, and view patients and their families as our teachers. In turn, we must commit to providing information to these people in a timely and effective manner so they can manage their disease as independently as possible. This includes authorization to read their own medical records, and to be fully involved in all processes of their health care.

Does this sound unreasonable? Remember, medical information is the property of patients, not the health care organization nor health care professionals.

The Transparent Leader versus the Opaque Leader

Health care leaders can rank themselves on a theoretical scale from transparent to opaque in the way that they lead and manage others. Transparent leaders are willing to share as much as possible, to enter into extensive dialogue to explain issues/decisions, and to have honest dialogue about information that is within the bounds of ability to disclose. Transparent leaders truly enjoy the dialogue, and look forward to learning more by openly engaging in easy or difficult conversations about a variety of topics. By contrast, the opaque leader is uncomfortable sharing any information, and doesn’t want to be bothered with “unnecessary” dialogue. Organizations usually have guidelines for what can and cannot be disclosed. But these guidelines are widely interpreted by health care leaders. Opaque leaders will be much more conservative and less disclosing than the organization dictates. Transparent leaders will be eager to disclose and talk about everything within the guidelines.

So what are the differences between these two leaders? It could be maturity as a leader. Some people start out as a mama/papa manager with the view that “I know best for my people. They are too immature to know what they need.” But to be successful, one must evolve into a more democratic model where ownership of the idea, unit, organization is shared, and all staff are full and respected participating members of the health care team. Opaque leaders are oriented toward compliance as they interact with their patients versus transparent leaders who use a learning model to mentor the patient and the family to be in charge of their own care. The opaque leader will not be successful when transparency, openness, relationships, and partnerships become the operating frameworks of health care.

Health care organizations have much to do to become more transparent, and therefore more trusted. A model of partnership must be adopted with staff and patients. Only when we are transparent, can we learn. Great models exist. The Dana Farber Cancer Institute made a commitment to be transparent with their patients, as well as with the world, when they told the story of a chemotherapy error. We must challenge each other to follow in that model and be even better!

Summary

The impersonal approach to health care leadership is over. Specialization, hierarchies, and impersonal decisions have led the public to distrust health care organizations. The charges of unnecessary cardiac surgery and abuses led the public to question our integrity. Annison and Wilford (1998) note that the character of a person and the character of an organization lead one to trust or distrust. They note that openness is one of the most important characteristics upon which we judge the character of a person or an organization. As the operating framework of partnerships and transparency becomes one that our staff and patients expect, our ability to handle openness will be an important way in which we are judged.

REFERENCES