Good Is Not Good Enough: The Culture of Low Expectations
And the Leader’s Challenge

EXECUTIVE SUMMARY

- When people believe that what they do is “good enough,” excellence will never occur.
- As the demand for better health care escalates every year, achieving a ranking of very good doesn’t count because it leaves many disenfranchised staff, errors, and dissatisfied patients.
- A leader cannot be successful unless the culture of low expectations is eliminated.
- If there isn’t a sense of caring, serving, and being an exemplar of the change, the leader won’t succeed in moving the culture.
- When there is a sense of ownership and commitment to the mission and to patients, the culture of low expectations cannot exist.

UNFORTUNATELY, PEOPLE become accustomed to working in cultures where low expectations and mediocrity are the norm. They learn to tolerate bad things happening because “it’s always been that way.” Chassin and Becher (2002) tell the story of a woman who was not identified correctly and consequently was subjected to the wrong invasive test. In identifying the problems in the root cause analysis, there were 17 instances of discrete errors which led to this organizational error. The authors described the organization’s “culture of low expectations” in which the participants learned to expect and tolerate a norm of faulty and incomplete information exchange, lack of information about patients, ignoring soft signs that this might be the wrong patient, and interpreting the sequence of events as mundane repetitions of the poor communications had become normalized. The authors created the term “culture of low expectations” to explain this phenomena. Unfortunately, there are many instances in health care when the staff believe that “this is as good as it gets.” They adopt a disinterested and hopeless attitude and operate with mediocrity as standard. When mistakes occur, there is no robust investigation on the part of the leaders and staff to learn how to change processes to prevent another occurrence. Instead, the issue is explained away with excuses which result in the possibility that the error can be repeated many times.

Other authors such as Collins (2001) note that the concept of good is the enemy of great. When people believe that what they do is “good enough,” excellence will never occur. As the demand for better health care escalates every year, achieving a ranking of very good just doesn’t count because it leaves many disenfranchised staff, errors, and dissatisfied patients. Good is not good enough. Studer (2008) notes that successful organizations have employees who feel their job and their organization has a purpose, they do worthwhile work, and they make a difference. These factors ignite a passion within, and create the organizational flywheel that generates the momentum to move the organization from one of low expectations to excellence.

Patient Outcomes and the Culture of Low Expectations

Unfortunately, patients and their families suffer irreparable harm and even death when they are cared for in the culture of low expectations. We know that we have many needless deaths and much needless pain in health care every year. If the airline industry harmed as many people every year as health care, people would be outraged and demand immediate action. However, we continue to hear excuses such as “Our patients are sicker,” “We don’t have the resources to do better,” or “We can’t prevent falls or pressure ulcers because our patients are different.” All of these comments are indicative of cultures of low expectations. When we believe that we are helpless to insure that handwashing happens without fail in every instance, or that we are helpless to move the patient satisfaction scores to the top ten deciles, we express the basic beliefs of the culture of low expectations. Studer (2008) reminds us that what we permit we promote as leaders. Consequently we create the culture that allows many people to be harmed because we have not set the bar high enough to keep patients safe. Patients expect that they will be cared for in a high-performing culture. And we want that for our families when they need the health care system. So how do we move cultures in health care away from the concept of low expectations and tolerance for bad outcomes?

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Breaking the Culture of Low Expectations

Black and Gregersen (2008) discuss three barriers to change the manager must address. The first is the failure to see on the part of the staff and leaders because of the mental maps that blind people. These authors note that we can be blinded by the light of what we are doing and we can’t see other options. A successful leader must break through the powerful mental models that people have that in this case have normalized deviance and low expectations. Everyone in the organization must learn that what they believed was right is now wrong. Black and Gregersen (2008) suggest that the leader must break through the mind mapping that creates the barrier with powerful shock waves that will help staff see the need for change. Patient stories that awaken the empathy and passion within are powerful tools. Creating a culture of transparency of internal and external measures can also be a powerful tool to bring to everyone’s attention that patients are being harmed in this culture of low expectations.

Second, Black and Gregersen (2008) note that when we do see the need to change, there is often the failure to move. It is easier to feel competent about what we are doing now than to feel incompetent doing the new thing that is right. People fail to move because they cannot clearly see where they need to go, do not believe they have the resources to make the move, or that the new right thing will have no value for them. To create movement, these authors recommend making the destination clear, insuring there are the right resources, and also insuring the rewards are targeted at the new right, not the old wrong.

Black and Gregersen (2008) note that the third failure is the failure to finish, which happens when people get tired and lost. Having champions of change in place to reinforce, encourage, and reward provides that sense of instant feedback that is motivating and energizing. Unit-based safety champions or quality champions are a proven, effective method to channel a major change process to the front line. If these barriers are not addressed, the culture of low expectations continues and becomes even more hard-wired in the organization.

Passion: Antidote to the Culture of Low Expectations

A leader can not be successful unless the culture of low expectations is eliminated. The leader cannot fall into the trap of “we’ve always done it this way” and instead must offset that with a drive and passion for superior outcomes. If there isn’t a sense of caring, serving, and being an exemplar of the change, the leader won’t succeed in moving the culture.

Baldoni (2003) defines passion as the conviction that you care. To care, you must feel passionately about the mission, and the purpose of the organization. The leader’s challenge is to help everyone see the connection between the everyday work and how that connects with the mission and the opportunity to do significant work for someone else. In health care, there are many passionate and personalized stories that can ignite that caring spirit within everyone. Stories combined with information about the outcomes and how the work fits into the broader vision will link everyone to the organization’s mission. Studer (2008) differentiates employees as renters or owners. Owners are intimately involved with the process and outcomes of the organization because they truly care. Renters instead see themselves as transient, uncommitted, and always ready to leave with very short notice because they feel no ownership of the values and mission of the organization. In cultures of low expectations, you usually see many renters and very few people who are committed. Consequently there is frequent turnover, and lack of commitment to improvements in the future. The leader’s challenge is to create the culture of magnetism so that all will feel a sense of long-term comment and alignment with the organization, which will lead to a sense of ownership as true stakeholders. When there is a sense of ownership and commitment to the mission and to patients, the culture of low expectations cannot exist.

Summary

There are many examples of health care organizations that have morphed from the culture of low expectation to the culture of excellence. Ethically, to not drive to excellence means that we are settling for knowingly allowing harm to happen on our watch. The leader’s obligation is to create that sonic boom that Black and Gregersen (2008) describe to break up the old mind maps, to create the movement, and to finish the cultural change in spite of change fatigue and other factors that could sabotage the process. Only then can the effective leader sleep well at night knowing that the infrastructure is being created that will provide a culture of excellence and safety for patients and their families. And it is being created on his/her watch.

REFERENCES


SUGGESTED READINGS