

# Bridging the Gaps: An Assessment of Culture in an Integrated System

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*After healthcare organizations merge, how do employees of different work cultures integrate? A study of four Colorado facilities in one delivery system reveals where employees reported similarities, differences, and problems—and the author tells how these issues were addressed.*

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How people work. How decisions are made. Who holds power. Workplace culture defines all of these. It can also define acceptable behavior, how much risk is allowed, how employees are rewarded, and how resources are allocated.

The concept of culture as it relates to organizations first became popular in the early 1980s. Management literature began attributing "excellence" of an organization to certain ways in which its members learned to think, feel, and act. Over the years many management publications have addressed this topic, including *In Search of Excellence* in which Peters and Waterman write:

*Without exception, the dominance and coherence of culture proved to be an essential quality of the excellent companies. Moreover, the stronger the culture and the more it was directed toward the marketplace, the less need was there for policy manuals, organization charts, or detailed procedures and rules. In these companies, people way down the line know what they are supposed to do in most situations because the handful of guiding values is crystal clear.*<sup>1</sup>

But in today's era of integration and mergers, things are not always so clear. Many managers, as well as staff, in healthcare today could likely identify a feeling of culture shock—"the alienation, confusion, etc., that may be experienced by someone encountering new surroundings or different culture."<sup>2</sup> This is particularly true in light of the haste to integrate disparate organizations, in which the challenges of merging different cultures together are frequently ignored. In fact, the failure to effectively bring cultures together is often cited as the key reason a merger fails.

Culture typically reflects an organization's core values. Therefore, if merging organizations share similar core values, a merger should have greater potential for success. However, even when core values seem to be aligned, managers still face the challenge of integrating employees and operations between disparate facilities. Pressure to reduce expenses may induce managers to focus primarily on operational efficiencies before addressing or even understanding the cultural differences among the employees in their areas of responsibility.

## An Assessment of Culture

Centura Health is the largest integrated healthcare delivery system in Colorado. It was created in 1995 through a merging of the missions and resources of the Sisters of Charity Health Services Colorado (part of the Mountain Region of Catholic Health Initiatives, one of the largest nonprofit healthcare organizations in the nation) and the PorterCare Adventist Health Systems. While the two organizations share similar values and missions, managers have had little opportunity to learn about the culture differences between the PorterCare facilities and those within the Sisters of Charity.

In the summer of 1997, Patti Leri, a student in the health information management program at Regis University in Denver, completed a management internship at St. Anthony Hospital. Students in the Regis program receive training throughout their course work in the concepts of critical thinking (see [below](#)). Therefore, this affiliation presented a unique opportunity for a student to design an assessment of culture between the HIM departments at facilities within our system.

To achieve the goal of increasing awareness and understanding of both the differences and similarities in culture within facilities impacted by the Centura Health merger, Leri developed an assessment of the cultures of the HIM departments of four facilities: the two Sisters of Charity hospitals and the two PorterCare hospitals. The four facilities were roughly well matched. PorterCare and St. Anthony Hospital Central are both large, long-established tertiary care facilities based in Denver. Both St. Anthony Hospital North and PorterCare Littleton, smaller, suburban community-based facilities, opened more recently. Interestingly, the two St. Anthony HIM departments were integrated in 1990 when I originally joined the organization, while the two Porter facilities were only recently integrated over the past two years under the single leadership of my counterpart. It was clear that we had much to learn about internal cultural differences and issues as well as the more obvious external ones.

Leri spent the four weeks of her internship on site in the HIM departments at the four facilities. Before the project began, the staff as well as all management were informed about the scope and purpose of the project and encouraged to share openly. All staff were assured that the complete results would be presented at the study's conclusion.

Leri developed separate questionnaires for both managers and staff to be used for conducting face-to-face interviews. It was agreed at the outset that this assessment would not compare nor in any way address how operations were conducted; rather, this analysis was strictly designed to increase the understanding of each culture by looking at the physical environment, relationships, and perceptions within HIM departments.

In total, 64 employees and 11 managers representing all four departments were interviewed in sessions lasting from 15 minutes to 1 1/2 hours in a few cases.

## Questions for Staff Members

1. Is there any significant history that you know of that exemplifies or affects the culture here or that might affect the morale of employees?
2. What makes this department successful?
3. What kind of people work here?
4. How would you go about getting something changed?
5. What job do you perform?
6. What things don't work well?
7. Are you satisfied with your salary, hours, benefits?
8. When you accomplish something, are you acknowledged for it?
9. What happens when people make mistakes?
10. Do you feel safe in your job right now?
11. Is it safe to tell the truth?
12. What do you like most about your job?
13. What is the best way for you to deal with constant change?
14. Do coworkers pitch in and help each other here?
15. Do people get along?
16. Are you comfortable with the work environment (lighting, heat, ventilation, furniture, etc.)?
17. How are meetings conducted?
18. Does management share information?
19. Is it OK to disagree with management?
20. If you wanted to take a class to upgrade your skills, are you encouraged?
21. When management promises something, does it usually happen?
22. If you wanted to try something radically different from the status quo, how open would your manager be to it?

## Questions for Managers

1. How long have you been in management?
2. What are your goals for this year?
3. Do you participate in the budget process?
4. How many employees do you supervise?
5. Can you describe a really good day at work?

6. What is your management philosophy?
7. How do you handle chronic staff problems?
8. What is the best way to handle conflicts between employees?
9. What is your favorite quality in an employee?
10. How do employees interact when involved in team projects?
11. Do you feel pressured to contain costs?
12. Is there good cooperation between hospital departments?
13. How do you acknowledge employees when they perform well?
14. What is the most useful way to deal with constant change?
15. How do you share information with staff?
16. What is the most important objective you can accomplish within the organization?

Leri completed a comprehensive report at the conclusion of the interviews. The report described the physical surroundings within each HIM department and the facility in which it was located. A general description of employees and managers was presented, along with graphs depicting responses to objective questions ([see Figures 1-6](#)). The report concluded with a summary of what Leri felt she learned.

## The Assessment Results

### Employees: Seeking Community

The employees within the HIM departments shared many characteristics (not surprising since the four facilities are all located within a 25-mile radius). The majority were female and white. Most employees said they did not consider themselves risk takers. When asked if they would feel comfortable suggesting a change, most said they had difficulty imagining doing so. This was apparently due to their own reluctance to speak up rather than any fear of repercussion. When asked about change, most expressed resentment--not of change itself, but of how change was presented. Employees stressed the importance of managers keeping them informed and involved as change occurs. A small number of employees seemed capable and willing to act as real change agents, and roughly the same number of employees verbalized total resistance to all change. The overwhelming majority of employees, however, expressed willingness to make decisions and participate in projects if they felt it was safe to fail and that they would be rewarded for taking a risk. How much risk employees perceived within their work environment varied.

When employees were asked what factors made their department successful, they universally agreed that it was "the people I work with." They described coworkers as "caring," "honest," "smart," "hardworking," "committed to getting the job done," and "helpful." It is interesting to note that employees expressed indifference and, on occasion, animosity toward those in other work groups, reflecting a common dilemma that many managers face. This behavior, too, is symptomatic of cultural differences on a smaller scale.

The employee responses to questions regarding what they had given up or lost through the merger differed at each facility. The "non-risk takers," comfortable with what they considered "familiar," described organizational changes that resulted in what they interpreted as losses. For example, PorterCare Littleton Hospital, although part of a larger system prior to the merger, had been quite autonomous. A 105-bed hospital opened in 1989 and led by a team of young, enthusiastic administrators who knew their employees, Littleton embodied the "family" atmosphere of a smaller facility. "Everyone knew everyone; it was like a family. Now most of those people are gone," one employee lamented. Employees are keenly aware of identity and feel a loss when the name of the organization changes on their paycheck. The same loss of family atmosphere was expressed by employees at St. Anthony Hospital North.

These results represent a challenge to managers during times of change. In *Managing Transitions*, William Bridges writes, "Before you can begin something new, you have to end what used to be. Before you can become a different kind of person, you must let go of the old identity. Before you can learn a new way of doing things, you have to unlearn the old way. So beginnings depend on endings. The problem is, people don't like endings."<sup>3</sup> To ignore or to not adequately address what employees perceive as losses sharply increases their resistance to change.

Employees' perceptions of work life varied considerably between the departments of larger and smaller facilities. The staffing complement of the smaller departments necessitates considerable cooperation among employees. In order to maintain work

flow, most of these employees are required to learn and be able to perform a variety of tasks. In larger departments, employees tend to become more specialized and isolated and are frequently less aware and sensitive to the work issues of others. Adapting to change, however, seemed easier for staff in the larger departments, probably due to the more frequent pace of change in those facilities. Employees in the smaller departments often perceived that the larger departments imposed their procedures without regard for different circumstances and needs. Understanding these basic differences and perceptions heightened awareness not only of the cultural issues within the facilities that had already been integrated prior to the merger but also of organizationwide similarities.

Generally speaking, there was little difference in what employees deemed necessary for job satisfaction across all facilities. The most consistent themes were:

- **Autonomy:** Many employees listed this as the reason they liked their job.
- **Convenience:** "I like working here because I live nearby" was a common theme and one for management to remember when considering shifting a work force across sites. Schedule flexibility was also cited as a prime reason for job satisfaction.
- **Interest:** Many employees cited the constant learning opportunities that working in healthcare provides as a factor in their job satisfaction.
- **Pay:** Employees were acutely aware of--and dissatisfied with--pay inconsistencies across the organization for the same positions. This represents a significant challenge for integrated systems addressing highly inconsistent compensation practices.
- **Respect and trust:** Employees were keenly interested in adding value to the organization and looked to managers to provide them with the opportunity to do so.

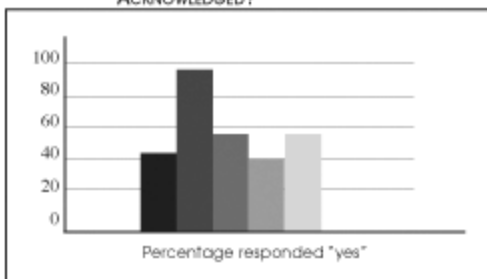
## Managers: Empowerment and Participation

The managers averaged from five to 15 years of experience in management. Span of control across the facilities was similar. In terms of management philosophy, employee empowerment and participatory decision making were consistent themes. "Don't ask employees to do something you wouldn't do yourself" was a common statement. Although the managers verbalized frustrations resulting from staffing problems and lack of resources, dedication to their employees and the success of the organization was unmistakable.

## The Graphs

Figures 1-6 compare percentages of favorable responses to several questions posed to employees. These graphs indicated in which department employees felt safest in their jobs, disagreeing with management, and telling the truth. Graphs also showed where employees were most likely to be acknowledged for accomplishments and where coworkers got along with and helped each other the most. The results demonstrated different strengths and weaknesses in each department—irrespective of size.

FIGURE 1—WHEN YOU ACCOMPLISH SOMETHING, ARE YOU ACKNOWLEDGED?



LEGEND—USE FOR FIGURES 1-6

|   |   |
|---|---|
| <span style="display:inline-block; width:10px; height:10px; background-color:black;"></span>        | =350-bed tertiary/acute care hospital in Denver |
| <span style="display:inline-block; width:10px; height:10px; background-color:darkgray;"></span>     | =105-bed acute care hospital in a Denver suburb |
| <span style="display:inline-block; width:10px; height:10px; background-color:mediumgray;"></span>   | =130-bed acute care hospital in a Denver suburb |
| <span style="display:inline-block; width:10px; height:10px; background-color:lightgray;"></span>    | =336-bed tertiary/acute care hospital in Denver |
| <span style="display:inline-block; width:10px; height:10px; background-color:lightestgray;"></span> | =Average  |

FIGURE 2—DO YOU FEEL SAFE IN YOUR JOB?

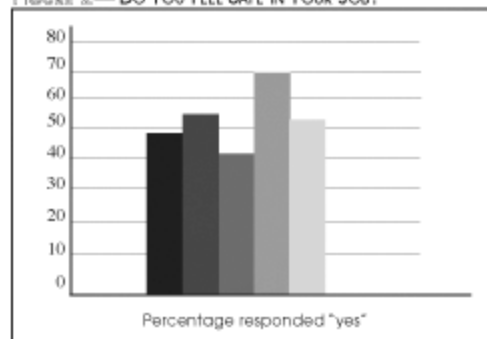


FIGURE 3—IS IT SAFE TO TELL THE TRUTH?

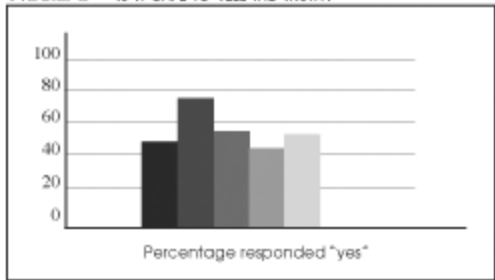


FIGURE 4—ARE YOU SATISFIED WITH SALARY?

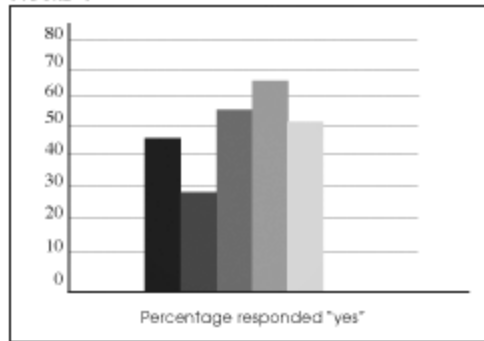


FIGURE 5—ARE YOU SATISFIED WITH THE HOURS?

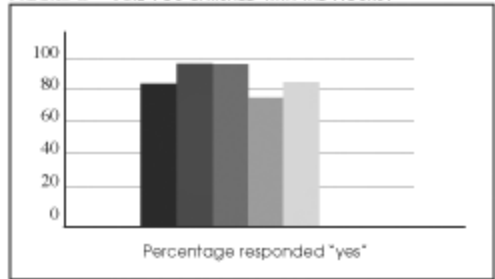
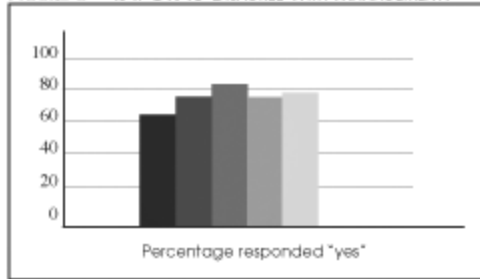


FIGURE 6—IS IT OK TO DISAGREE WITH MANAGEMENT?



## What We Have Learned

As promised, the project results were shared with all managers and staff. Collectively, much was learned by reviewing the results. The most valuable lessons learned were:

- We all had far more in common culturally than had been thought. The lack of information and general ignorance of other work groups and departments created concern, fear, and mistrust. Knowing more about one another reduced these issues, increased trust, and created the opportunity for meaningful dialogue about operations efficiencies. After the project results were shared among the management group, a newsletter was created to distribute information about all of the managers, their experience, and areas of responsibility, as well as information about their staff members. This newsletter was distributed to all employees at all sites to increase awareness of similarities in work and responsibilities. Additionally, because most of the HIM managers from the various sites now work together on numerous organizationwide teams, their increased familiarity has facilitated the development of new working relationships.
- Cultural differences can exist within a single department (across work groups), as well as between facilities. Areas in which cultural understanding could be improved were identified. In particular, the awareness of the differences in work environment and attitudes between large and small facilities will be invaluable as we evaluate consolidation opportunities.
- The entire management group was able to pinpoint where strengths had been demonstrated in key areas such as employee acknowledgment. Discussions about tactics that worked from the employee's perspective proved useful. The key lesson learned was that recognition was not only very important to employees but that the way we had been recognizing accomplishments was not effective. This has led to the development of a survey to determine what types of recognition and incentives employees would prefer. In this way, we can begin to develop more meaningful recognition programs.
- Key factors impacting employee satisfaction were identified. In a very tight job market, where the loss of valuable employees is ill afforded, this information was extremely helpful in ensuring that changes implemented were not detrimental to employee satisfaction. In addition, compensation is now being addressed for our most critical positions, as well as standardization of job titles, job descriptions, and competencies.
- As Leri stated in the report, "It is much easier to get information about the workplace than I had previously thought. If you want to know what the employees are thinking, just ask them."

This is a good lesson for all managers. This project was only a first step in creating cultural understanding while reducing fear and suspicion in the work environment. This increased awareness is critical to our ability to work together in teams to create

an effective health information system for our organization. As cultures continue to evolve and change along with the organization as a whole, our increased knowledge of one another will greatly help us adapt—and ultimately succeed.

## Building Leadership Skills

In keeping with the mission of Regis University, in Denver, CO, the HIM program and allied programs in health services administration management promote excellence and leadership through a dual emphasis on the building of leadership attitudes and skills, as well as a broad grounding in both HIM and healthcare administration. The leadership emphasis focuses on a variety of topics including change management, diversity, conflict resolution, interpersonal communication skills, organizational culture, systems theory, and strategic planning. The cross listing of the three programs also ensures that HIM students maintain a "big-picture," collaborative view of the emerging healthcare delivery system and current issues in the industry.

## Notes

1. Peters, Thomas, and Robert H. Waterman. *In Search of Excellence: Lessons from America's Best-Run Companies*. New York: Warner Books, 1982, p. 75-76.
2. *Webster's New World Dictionary and Thesaurus*. New York: Macmillan, 1996, p. 146.
3. Bridges, William. *Managing Transitions: Making the Most of Change*. Reading, MA: Addison-Wesley, 1991, p. 125.

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