MAKING SENSE OF ORGANIZATIONAL CULTURE *through* Human-centered Design *and* Visual Sensemaking

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> We approach design as
> a verb, a purposeful course
> of thinking and action.
>
> —Youngbok Hong

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ABSTRACT

This research demonstrates how Human-centered Design and Visual Sensemaking methods can be used to understand and improve the culture of an organization. Specifically, this study focuses on the culture of sixteen emergency departments in the Indiana University Health hospital network. The primary data utilized in this research were open ended survey responses from four-hundred and thirty-six IU Health emergency department team members. This analysis is largely centered on how well the existing emergency department culture aligns with the newly defined IU Health organizational values; *Excellence*, *Purpose*, *Team*, and *Compassion*.

This paper will begin with a brief introduction and description of the research activities which were conducted. Next, the key findings will be presented in three parts: *Areas of Alignment*, *Areas of Misalignment*, and *Opportunities for Better Alignment*. Finally, this paper will conclude with a brief discussion on future research and the role of design in organizational change efforts.

CONTENTS

INTRODUCTION

1. Organizational Culture + Design
2. Indiana University Health
3. Thesis Questions + Sub Questions
4. Assumptions and Limitations

1. ORGANIZATIONAL CULTURE AND DESIGN

The concept of organizational culture first emerged in the 20th Century within the field of Organizational Theory. By the 1980's, the concept was popularized and the term "culture" was used freely by managers in the corporate world to discuss their work environments (Schein, 1988). Today, it is understood that healthy organizational culture has a positive impact on both employees' commitment to and performance in their organizations. Further, it has been found that employee commitment and performance is positively correlated with the overall performance of the organization (Nikpour, 2017).

As this concept has continued to expand, a lot of attention has been given to the topic of organizational values, a key tenet of culture. Within a culture, shared values provide a clear set of ground rules and guiding principles for decision-making, actions, and community. In a values-driven work culture, employees find alignment between their personal values and the organization's values creating a unified and motivated workforce (SHRM, 2018). Given this understanding, it has become standard practice for modern organizations to espouse a set of specific values by which they intend to operate. However, it has also become clear across many organizations that the action of articulating values does not directly lead to widespread adoption of them. In fact, there is often a great deal of misalignment between the espoused values of an organization and the actual practices and accepted norms of an organization. In other words, it is not always easy for organizations to put into practice what they preach.

The aim of this research is to demonstrate how Visual Sensemaking methods, coupled with a Human-centered Design approach, can be used to address challenges within an organizational culture—and more specifically, to address the misalignments often found between the espoused values and the existing or true culture of an organization. To accomplish this goal, this research will examine the culture of seventeen emergency departments across the State of Indiana, which are a part of the Indiana University Health organization.

2. INDIANA UNIVERSITY HEALTH

Indiana University Health (IUH) is a non-profit healthcare system located in the State of Indiana. The system was formed in 1997 when three hospitals located in the city of Indianapolis merged under one brand. Today, IU Health consists of seventeen hospitals in fourteen cities across the state and over 34,000 employees. Each year the system has over 114,000 patient admissions, making it the largest healthcare system in the State of Indiana ("About Our System - IU Health," 2021).

In 2018, IU Health took great care to redefine their organizational values with the intention of building a values-based culture that would improve the employee experience and in turn, the patient experience. In this process IUH identified four core cultural values:

EXCELLENCE: *we do our best at all times and in new ways*

PURPOSE: *we work to do good in the lives of all others*

TEAM: *we count on and care for each other*

COMPASSION: *we treat all people with respect, empathy, and kindness*

However, in the years following the implementation of these new values, many of IUH's emergency departments (EDs) system-wide experienced low employee engagement scores, high rates of employee turnover, and low patient satisfaction scores. These disappointing scores indicate that there is a misalignment between the newly defined values and the reality of the emergency departments.This project was initiated to explore this apparent misalignment. The specific research questions which guided this research will be discussed in the following section.

3. THESIS QUESTIONS + SUBQUESTIONS

The primary research question is aimed toward this broader challenge of taking a unique approach to understand and improve the culture of an organization.

Primary Question

How might human-centered design and visual sensemaking methods be used to understand and improve the culture of an organization?

To accomplish this more strategic objective, this research was divided into three more specific objectives or sub-questions.

Sub-Questions

How might human-centered design and visual sensemaking methods be used to analyze the areas of value alignment within an organization?

How might human-centered design and visual sensemaking methods be used to analyze the areas of value misalignment within an organization?

How might human-centered design and visual sensemaking methods be used to identify opportunities for creating better value alignment within an organization?

How might human-centered design and visual sensemaking methods be used to understand and improve the culture of an organization?

How might human-centered design and visual sensemaking methods be used to...

1
analyze the areas of value **alignment** within an organization?

2
analyze the areas of value **misalignment** within an organization?

3
identify **opportunities** for creating better value alignment within an organization?

4. ASSUMPTIONS AND LIMITATIONS

Perspective

A human-centered approach to problem solving should take into account not only the end user but all relevant "actors" within the problem space. Because the scope of this project is limited, this research focuses primarily on the team member perspective. While the team member perspective is extremely valuable in this study, consideration of other actors such as patients, patient families, visitors, executive leadership, etc. would allow for a more holistic and human-centered cultural analysis. In that regard, the findings from this research should be understood as encompassing the distinct perspective of team members. Further research would be necessary to expand this perspective beyond the team member's experience.

Data Collection Methods

Additionally, in the most ideal circumstances, a broader range of data collection methods would be utilized. While many team members were prolific in their survey responses, the one-sided nature of surveys presents a limitation. A survey is quite useful for breadth and volume in data collection but because it does not provide the opportunity for follow up questions, the depth of data collection is often constrained.

Further, the opportunity for onsite observation was restricted in the early stages of this research due to the COVID-19 Pandemic. A more extensive observational data collection period would allow for more contextualization and insight.

The Unfixed Nature of Culture

Lastly, it should be noted that when exploring the topic of culture, one must recognize the evolving, ever-changing nature. While culture is often slow and difficult to change, it is nonetheless a living, unfixed entity. It is necessary to understand that this research can only capture a particular moment in time and cannot account for the evolution that continues to take place every day in the IU Health emergency department. However, this research does demonstrate potential activities that could be conducted on a more consistent basis in the future. A more regular cultural analysis process would allow for a more nuanced and holistic understanding of the culture as it is shaped over time.

DESIGN METHODOLOGY

1. Approach
2. Data Collection
3. Data Analysis

1. APPROACH

Human-Centered Design

As described in the Introduction, this research relies on two fundamental elements: A *Human-centered Design approach* and *Visual Sensemaking methods*. Human-centered Design (HCD) is a problem-solving approach that leverages the perspective of the people actually embedded within a given problem space. Historically, HCD has often been discussed in the context of product or service design, with the human of focus being the end-user. However, when applying HCD in an organizational context, the consideration should go beyond just the end-user, but should include all relevant stakeholders. When practicing HCD, organizations take the time to understand the unique needs of the humans within their organization, reframing organizational activities based on those needs (Augsten, et al., 2018) HCD provides a more democratic approach to organizational problem-solving, recognizing the value of the embedded actors in the problem space, rather than imposing changes or inappropriate solutions upon organizational actors from the top down based on a narrow perspective (Eneberg, 2013).

This may seem like an obvious or widely accepted approach to problem solving in the modern day, but HCD approaches have not truly been adopted in many organizations, including healthcare systems. There has been a significant shift and prioritization of patient experience or the patient journey among healthcare leaders (Wolf, et al., 2014). However, this shift toward more human-centered healthcare services has often come up short. Oftentimes the effort for more human-centered problem solving has not included the non-patient humans embedded within these systems—namely, the employees. Because patient experience does not exist in a vacuum, to truly create positive, human-centered change there must be a more intentional consideration of not only patient actors but the many non-patient actors within healthcare systems.

Making employees or patients feel that their opinions are valued is a noble effort in and of itself, but the ultimate intent of taking a human-centered approach is not to make stakeholders feel good. Truly human-centered organizations understand that the voices of the actors within their systems have insights that an executive or high-level leader could not possibly arrive at on their own. A human-centered organization does not survey its employees just to check a box or provide some kind of satisfaction to its team members. Rather, an organization striving for HCD views the voices of their employees as invaluable data to be taken seriously and acted upon.

Human-centered Design can be and has been applied in a number of different manners and contexts. While this research will not provide a comprehensive roadmap for how to humanize healthcare organizations, it does aim to demonstrate one pathway for how IU Health can include team members' voices in the process of understanding challenges within the organization. This study specifically took a human-centered approach by understanding the culture through the voices of the team members actually embedded in the IU Health emergency departments.

Visual Sensemaking

Visual Sensemaking was the primary analysis method used in this research. To understand Visual Sensemaking, it is important to first discuss the concept of *Sensemaking*. Karl Weick, the individual who first introduced this term in his 1995 paper, *Sensemaking in Organizations*, described the act of sensemaking as structuring the unknown in order to act in it (Ancona, 2012). More recently, Maitlis and Christiansen (2014) define sensemaking as a process whereby people work to understand problems which are novel, ambiguous, confusing, or violative of expectations in some way. They state that when leaders in an organization encounter something that goes against their expectations, they seek clarity by interpreting cues from the environment and building a plausible account of what has taken place.

Clearly, individuals have been thinking about and writing about sensemaking in organizational contexts for at least a few decades. And sensemaking as a process or activity has undoubtedly been taking place by organizational leaders since the birth of organizations. Therefore the claim being made in this research is not that sensemaking is not taking place in organizations today. Rather, the core claim of this research is that designers have a unique approach to this activity—Visual Sensemaking and Human-Centered Design—which is able to meet the increasingly complex organizational problems of the day.

Visual Sensemaking is the act of making sense of complexity through the use of interpretation, modeling, mapping, frameworks and schema. Humantific (2019) describes Visual Sensemaking as taking place through a number of techniques including; thinking in systems, looking for ways to organize pieces, visualizing relationships and connections, finding and revealing underlying structures, highlighting important facts, deconstructing and reconstructing parts into pieces, and rearranging elements. At its core, Visual Sensemaking is about making information which is intangible tangible through various forms of externalization, interpretation, and modeling.

While Visual Sensemaking alone is a valuable method for analysis and synthesis, it is the coupling of this method with a Human-centered Design approach that makes this research unique and effective. Traditional sensemaking practices have often relied heavily on narrative. This often manifests as managers having discussions amongst themselves and gradually compromising into a shared meaning or perception of a given situation (Maitlis & Christiansen, 2014). The key distinction to understand between these more traditional sensemaking practices and the sensemaking practices utilized by human-centered designers, is the ability of designers to make explicit what has largely been an implicit activity (Kolko, 2010) and the eagerness of designers to embrace the complex, messy perspectives of stakeholders at all levels.

As Jon Kolko (2010) described in his paper S*ensemaking and Framing: A Theoretical Reflection on Perspective in Design Synthesis*,

designers have long been engaging in this process of "making sense," through what is often termed *Design Synthesis*. Over the past several decades, in step with the increasing complexity of modern society and industry, design problems have expanded from the realm of discrete artifacts to include more intangible products, services, and systems. Today, even when a designer's project calls for a discrete object, the designer must understand that it is situated within a complex physical, psychological, social, cultural, technological, and economic context (Arnett, 2019). As this shift has taken place, designers have had to expand their skill sets and processes in a number of ways.

While designing a discrete object is not simple per se, one can easily picture what the process of designing something like a chair might entail. Perhaps there would be loose sketching, some iterative modeling and testing, and then final crafting. But when thinking about the design of largely intangible services or experiences, it is much more difficult to imagine what these design activities might look like. In that regard, designers have had to develop processes and methods for making sense of largely intangible design challenges. They have also had to consider how they can make these intangible activities communicative to others to account for the increasing complexity and the growing number of stakeholders often involved in a given problem space. In this time, designers have risen to the occasion and developed processes and methods which bring structure to both problem-defining and problem-solving, even in these complex, intangible situations involving many stakeholders. One of the key methods that designers have used to do this is *Visual Sensemaking*.

When considering this research one can see that the unique approach is achieved in two ways: The human-centered approach includes the complex, ill-defined perspectives of the emergency department team members as valuable data to be taken seriously. And Visual Sensemaking methods provide a series of techniques for how to bring order and meaning to this messy data in order to act upon it.

Thematic Analysis

Thematic Analysis was used as a precursor or base for the Visual Sensemaking process which will be discussed in greater detail in this chapter. Thematic Analysis involves systematically identifying patterns and insights from a data set. This method is often used to make sense of and extract meaning from a set of qualitative data (Braun & Clarke, 2012). In that sense, the aim of this research was not to test or prove a hypothesis or theory. The goal of this study was to make sense of the complex, ill-defined cultural problems that exist in the IU Health emergency departments based on the team member perspective.

Within this unique approach, this research can be thought about in two distinct phases: Data Collection and Data Analysis. A more detailed account of the data collection and data analysis activities will be provided in the following pages.

2. DATA COLLECTION

Initial Site Visit

The Data Collection phase began with an Initial Site Visit. Approximately ten hours of observation were conducted at two selected IUH emergency departments; IU Health Ball Memorial Hospital and IU Health Tipton Hospital. These locations were selected based on their contrast in size, with Ball Memorial being one of the largest hospitals in the system and Tipton, one of the smallest. Due to the COVID-19 pandemic this immersive, in-person research had to be limited. However, this short period of immersion provided an important layer of context to shape the researchers' understanding of the IU Health Emergency Departments at the outset of this study. The table on the following page (Fig. 2) provides a summary of the kind of contextual information that was collected at these site visits. Beyond this high-level structural information, further data points including work flow, touchpoints, interactions, actions, and environmental factors were observed and noted during these research activities.

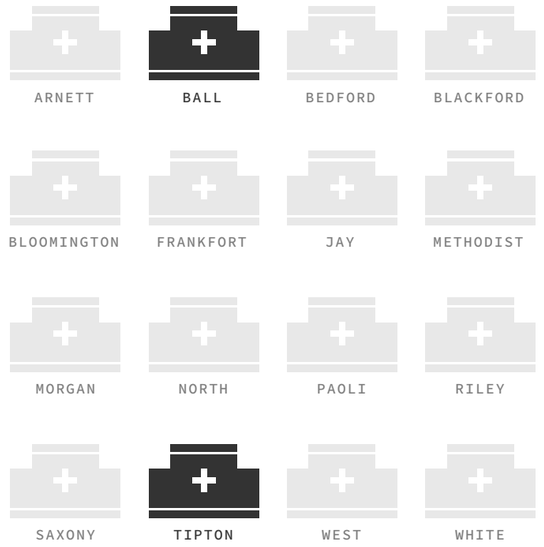


FIG 1: Visual of the Emergency Department Site Visit sampling strategy

Sample Data Collected at the Initial Site Visits

	[IUH TIPTON ED]			[IUH BALL MEMORIAL ED]			
Units	REGISTRATION UNIT	MAIN PATIENT UNIT		REGISTRATION UNIT	BEHAVIORAL HEALTH UNIT	MAIN PATIENT UNIT	TRAUMA UNIT
Primary Function / Activities	This is the area where patients check in to the emergency department if they enter from the street. This area is behind a large set of double doors and when it is time for the patient to be brought in, they call in to the ED and buzz the doors open so a nurse can help the patient in to a room.	Because this hospital is quite small, all rooms are essentially in one unit. There is one larger room where there is more space for medical personnel which can be used for more serious emergencies or if the patient requires a lot of staff to be moved.		This is the area where patients check in to the emergency department if they enter from the street. They check-in at the registration window where they give their information and medical complaints. When they are called they have their vitals taken and they are sent to the triage rooms or to another unit if necessary.	This unit is for patients who arrive at the ED with either suicidal or homicidal ideation. They are classified as either a threat to themselves or others. They are monitored and evaluated by psychiatric / medical team members and either released or placed into another form of in-patient or out-patient care depending on their situations.	This is the largest unit that comprises all of the standard patient rooms as well as the “upright” patient rooms (for patients who do not require a bed).	This is a small unit for patients suffering from injuries consistent with the criteria for trauma. Unit is located next to ambulance bay as these patients often arrive via EMS.
People / Roles	Supplies Person, ED Managers, Security Guards, Supplies Managers, Volunteers						
	Registration Person	2 MDs 1 ED Manager 2 RNs 1 EMT 1 Technician 1 Receptionist 1 HS Student Observer		Registration Person Security Guard RN Technician Provider	RN Peer Recovery Coaches Patient Safety Companions Psychiatrist Social Worker Providers	Providers Scribes RNs Shift Coordinators Social Worker RN Case Manager Patient Safety Companions Technicians Financial Navigator Nursing Students EMS Nurse Practitioners	RNs Providers EMS

FIG 2: Sample of observation data collected at the initial site visits

Survey of Team Members

The primary data collection activity was a survey of all IU Health Emergency Department team members across the network. This survey was conducted as part of normal IU Health year-end research. Approximately four-hundred and thirty-six IU Health ED team members participated in this survey. The specific question that was used in this research was open-ended, simply asking team members to describe the organizational culture at IU Health. The answers given to this question created a robust cache of qualitative data. These survey responses, the voices of team members in the IU Health emergency departments, were the core data utilized in this analysis.

18	83	14	5
ARNETT	BALL	BEDFORD	BLACKFORD
71	12	11	79
BLOOMINGTON	FRANKFORT	JAY	METHODIST
14	11	11	40
MORGAN	NORTH	PAOLI	RILEY
12	5	38	12
SAXONY	TIPTON	WEST	WHITE

FIG 3: Number of participants at each of the 16 ED sites.

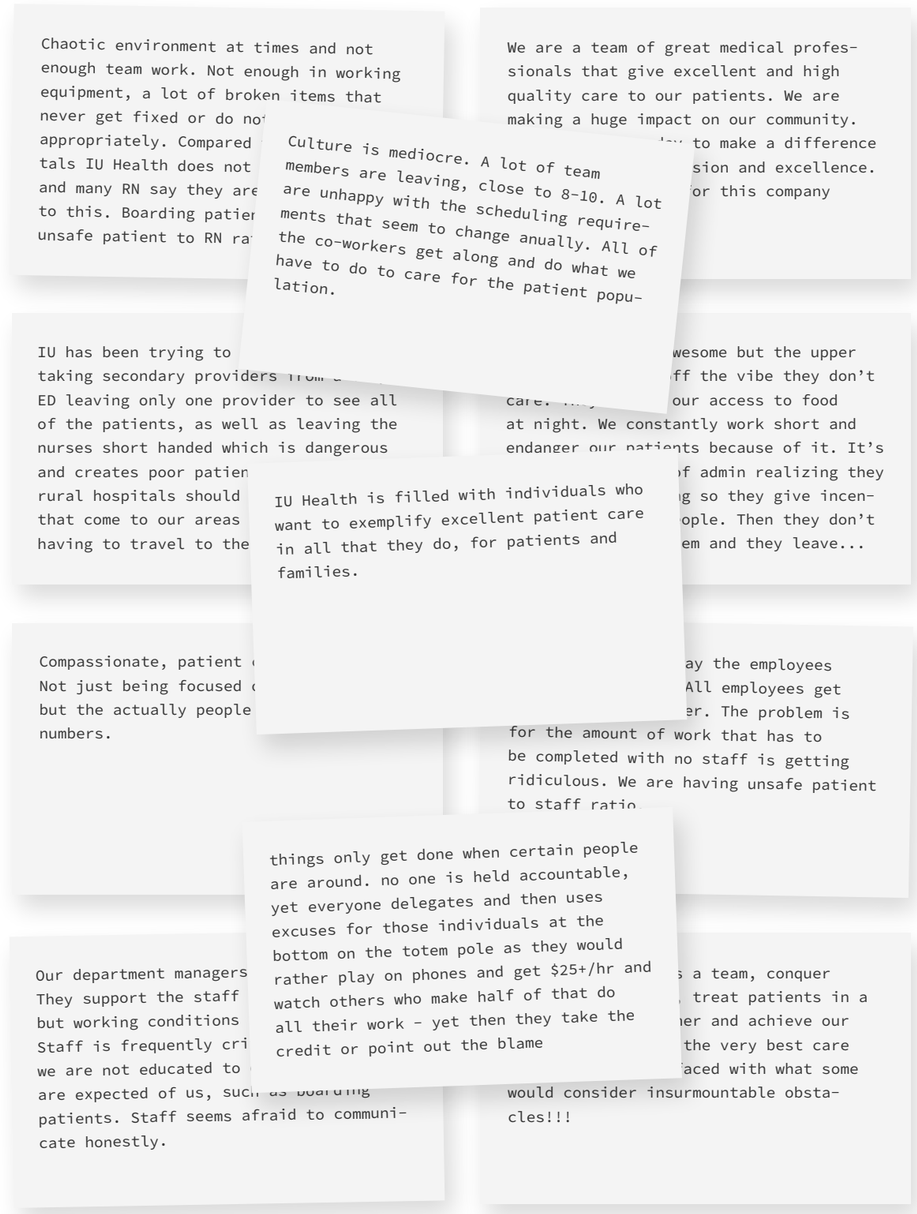


FIG 4: Example survey responses from team member survey data set

3. DATA ANALYSIS

Framework for Analysis

A literature review was conducted on the topics of Organizational Culture and Organizational Sensemaking. Through this review, Edgar Schein's model, *The Three Layers of Organizational Culture*, was identified. Schein, the father of organizational culture, describes an organizational culture as being composed of three distinct layers: *artifacts*, *espoused values*, and *underlying assumptions* (Schein, 1985). This three layer model became the key framework used in the emergency department cultural analysis.

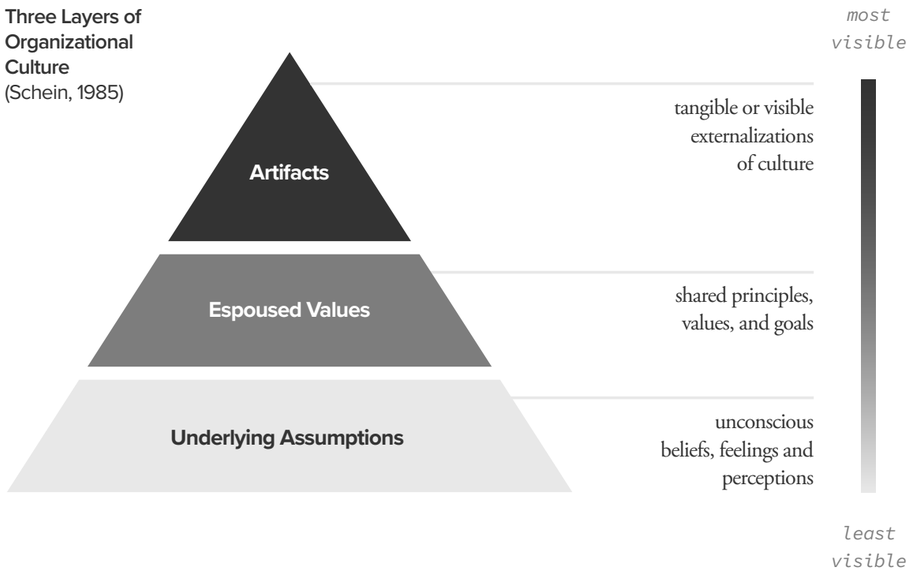


FIG 5: The Three Layers of Culture developed by Edgar Schein

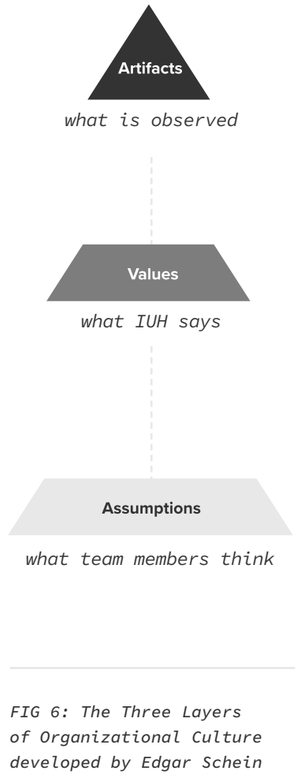


FIG 6: The Three Layers of Organizational Culture developed by Edgar Schein

The first layer, artifacts, are the most visible level of an organization's culture. Artifacts may be the space individuals work in, the language they use, the way they dress, the overt behavior of individuals in the organization, the policies and procedures that take place during the work day, etc. In simple terms, this layer can be thought of as *what is observed*.

The second layer, espoused values, are the shared principles and ideals of the organization. This layer is essentially what the organization aims to achieve or the cultural principles it sets for itself. IU Health's newly defined organizational values represent this middle layer of the culture or the shared values that the organization intends to operate upon. This layer is *what IUH says* or *what IUH intends*.

The third layer, underlying assumptions, is the deepest layer of the culture. The underlying assumptions are the unconscious beliefs that individuals and teams have about the organization. This layer is not easy to uncover because the underlying assumptions are totally intangible and invisible, dealing with the abstract thoughts, feelings, and perceptions of the people within the culture. This layer is all about what *team members think or feel*.

In his body of work, Schein described a recommended path for analyzing an organizational culture with this three layer framework. While some elements of his methodology carry into this research, this study does not intend to follow the pathway as originally prescribed. Rather, this research intends to use Schein's Layers as an underlying framework for making sense of the IU Health team members' descriptions of the organizational culture. The next section will describe in greater detail how this framework was applied to the team member survey responses through Visual Sensemaking.

Visual Sensemaking

To analyze the IU Health survey responses, a four step process of visual sensemaking was undertaken. The actual data visualizations have been abstracted to demonstrate what this process looked like from a high-level view. These visualizations will continue over the next pages.

STEP 1

First, the survey data from each of the sixteen emergency departments was compiled into one raw data set (Fig. 7).

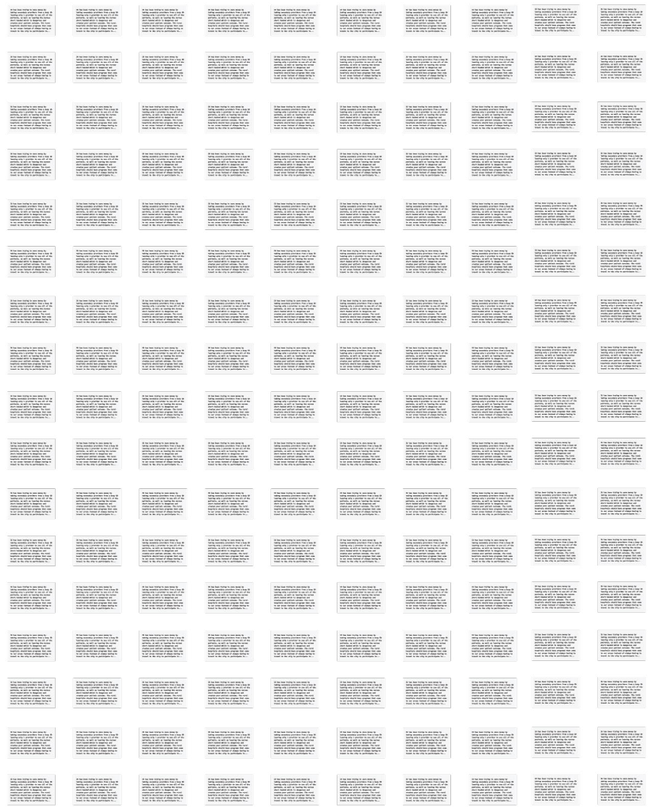


FIG 7: The first step in the Visual Sensemaking process

STEP 2

Once the survey responses were compiled, the responses were clustered into twenty-eight themes based on similarity or commonality (Fig. 8). Each of these themes either presented an alignment or a misalignment with one or more of the IU Health core values. Some of the survey responses were quite extensive and included comments that supported multiple themes. In these cases, the survey responses were duplicated and included under both themes.

FIG 8: The second step in the Visual Sensemaking process

STEP 3

Next, the twenty-eight themes became subthemes as they were further clustered, forming the seven key findings (Fig. 9). In other words, the themes among the themes were identified. Of the seven key findings, there were three that suggested alignment with the IUH values and four that suggested misalignment.

FIG 9: The third step in the Visual Sensemaking process

STEP 4

The last major step in this visual sensemaking process was the application of Schein's framework onto the data. The survey responses within each of the twenty-eight subthemes was analyzed and organized to fit within Schein's Three Layer of Organizational Culture (Fig. 10). So *artifacts*, *espoused values*, and *assumptions* were identified within the survey responses and sorted into the layered, triangular model accordingly.

FIG 10: The fourth step in the Visual Sensemaking process

This chapter demonstrated what the visual sensemaking process looked like conceptually. Visual sensemaking allowed for the survey reponses to be analyzed on multiple levels through externalization, interpretation, and modeling.

In the next chapter, the seven key findings, twenty-eight sub-themes, and the many artifacts, values, and underlying assumptions which were identified will be discussed in greater detail. The Findings chapter will go beyond the conceptual and will present the specific *alignments*, *misalignments*, and *opportunities for better alignment* which emerged within the sense-making process.

FIG 11: Abstracted recap of the Visual Sensemaking process

FINDINGS

1. Areas of Alignment
2. Areas of Misalignment
3. Opportunities for Better Alignment

Through the visual sensemaking process, seven key findings were identified. The first three findings represent Areas of Alignment between the existing culture and the espoused values. The second set of findings represent the key Areas of Misalignment which were identified in the survey analysis.

Areas of Alignment

1. Team members feel they and their coworkers are passionate and committed to patients
2. Team members count on and care for their fellow team members
3. Team members have a lot of respect for and trust in the IU Health brand

Areas of Misalignment

1. Team members are often burnt out and overwhelmed due to inadequate support
2. Team members feel that many individuals within IUH are wrongly motivated
3. Team members do not feel valued by IU Health
4. Team members do not feel their voices are heard by IU Health

Figure 12 provides an overview of how the Findings Chapter is structured. This chapter will begin with the Areas of Alignment followed by the Areas of Misalignment. Finally, this chapter will conclude with the Opportunities for Better Alignment, explored through four key team member relationships.

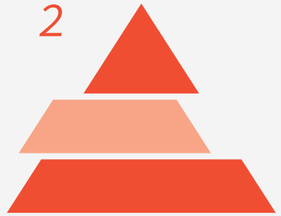
At the outset of this chapter, it is important to note that the IU Health organizational culture is not a simple subject of analysis. The nature of any organizational culture is complex and multi-faceted. In that sense, these findings will not simply state which of the four values have been widely adopted and which have not. Rather, the intent of this chapter is to discuss the nuanced ways in which the identified artifacts and assumptions are in some instances well-aligned and in some instances misaligned with the new values.

1

AREAS OF ALIGNMENT
p.42

1. Team members feel they and their coworkers are passionate and committed to patients
2. Team members count on and care for their fellow team members
3. Team members have a lot of respect for and trust in the IU Health brand

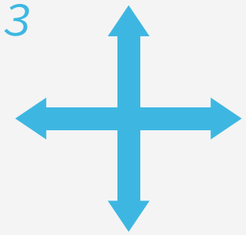
2



AREAS OF MISALIGNMENT
p.72

1. Team members are often burnt out and overwhelmed due to inadequate support
2. Team members feel that many individuals within IUH are wrongly motivated
3. Team members do not feel valued by IU Health
4. Team members do not feel their voices are heard by IU Health

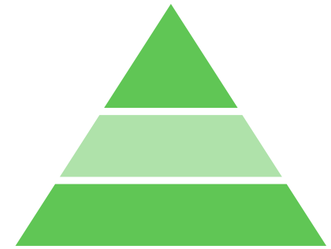
3



OPPORTUNITIES FOR BETTER ALIGNMENT p.120

1. Team Members' Relationship to Patients
2. Team Members' Relationship to Fellow Team Members
3. Team Members' Relationship to Other Depts.
4. Team Members' Relationship to IUH / Higher Management

1 AREAS OF ALIGNMENT



CONTENTS

Figure 13 provides a Code Map of the Areas of Alignment which were identified in the survey analysis. This map provides a ten-thousand foot view of the key findings and the subthemes that emerged. This mapping is specifically useful for understanding which of the espoused values were found to be in alignment in each instance. A more detailed discussion on each key finding and each subtheme will begin in the following pages.

1 **Team members feel they and their coworkers are passionate and committed to patients**

1.1 Dedication
1.2 Patient-Centeredness
1.3 Compassionate Care

2 **Team members count on and care for their fellow team members**

2.1 Teamwork / Collaboration
2.2 Reliable Coworkers
2.3 Family Atmosphere
2.4 Caring Coworkers

3 **Team members have a lot of respect for and trust in the IU Health brand**

3.1 Quality Care
3.2 Progressive / Innovative
3.3 Education / Growth Opportunities

ALIGNMENT CODE MAP

✓ indicates alignment with value

KEY FINDINGS *areas of alignment*	EXCELLENCE	PURPOSE	TEAM	COMPASSION
1	✓	✓		✓
SUBTHEMES *how alignment is demonstrated*	**1.1** Dedication	**1.2** Patient-Centeredness		**1.3** Compassionate Care
2			✓	
			2.1 Teamwork / Collaboration **2.2** Reliable Coworkers **2.3** Family Atmosphere **2.4** Caring Coworkers	
3	✓			
	3.1 Quality Care **3.2** Progressive / Innovative **3.3** Education / Growth Opportunities			

FIG 13: Code Map of the Areas of Alignment.

1 AREA OF ALIGNMENT

Team members feel that they and their coworkers are passionate and committed to patients

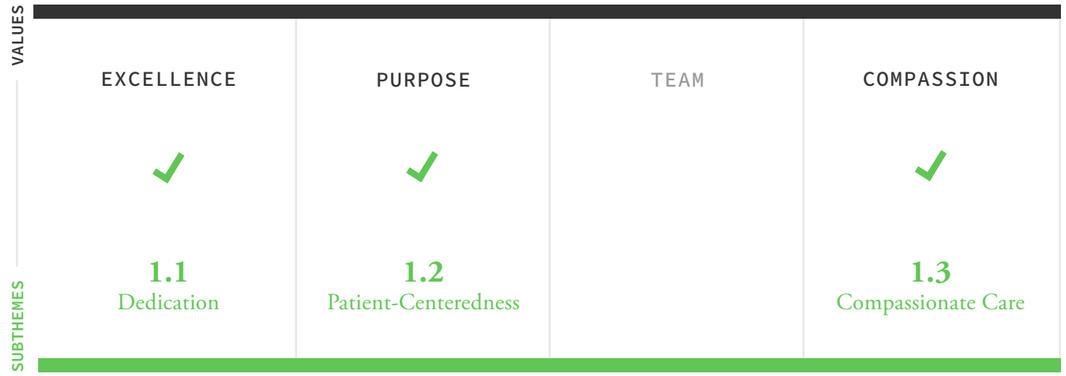


FIG 14: Key Finding 1 subtheme summary

The first area of alignment that was identified, *team members feel that they and their coworkers are passionate and committed to patients*, demonstrates alignment with the **Excellence**, **Purpose**, and **Compassion** values.

In the survey responses, team members often described themselves and their fellow team members as hardworking and dedicated. They repeatedly emphasized the importance of the patient and the fulfillment that caring for patients gives them. Within the survey data **Dedication**, **Compassionate Care**, and **Patient-Centeredness** emerged as subthemes to describe team members' relationships to patients. The following pages will examine each of these subthemes.

1.1 Dedication

Out of the four-hundred and thirty-six total survey responses, there were forty-three that referenced team members' **Dedication** and commitment to their work. Many of these responses discussed the hard work that team members do day after day. They go beyond what is expected of them, often without recognition, because they are truly committed to doing the very best that they can. This dedication and commitment indicates a strong alignment between team members and the Excellence value: *we do our best at all times and in new ways.*

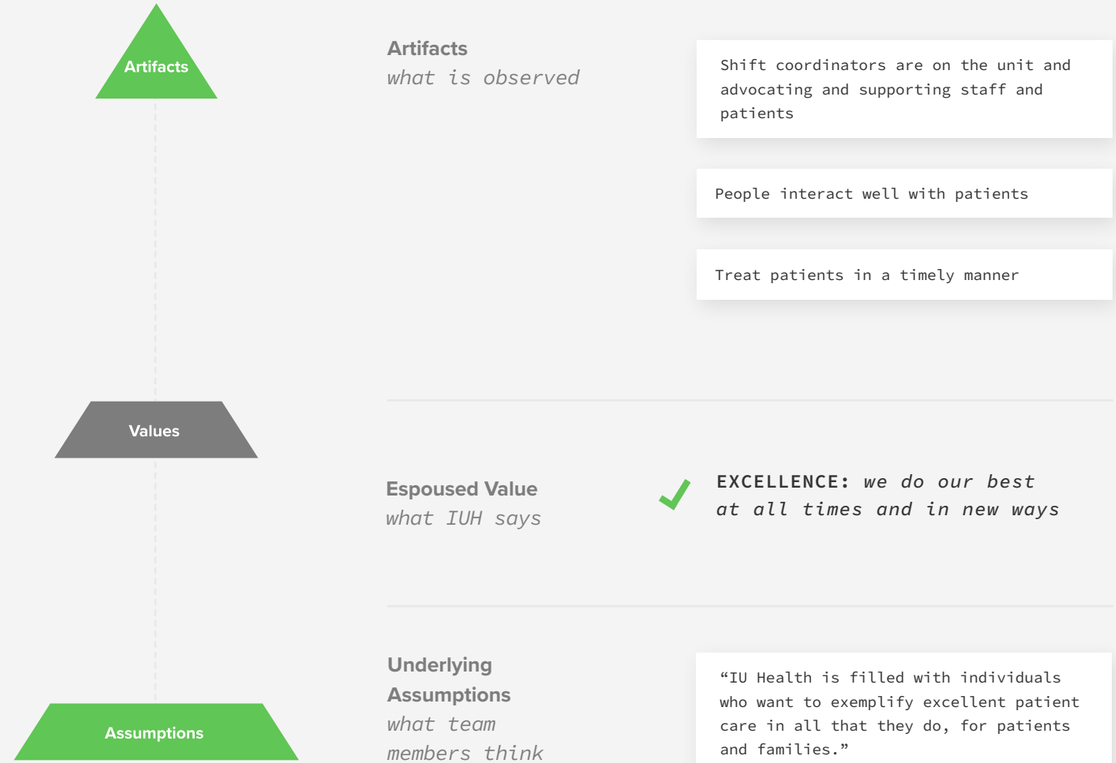


FIG 15: Sample survey data from 1.1 Dedication subtheme.

1.2 Patient-centeredness

Patient-centeredness was also strongly emphasized throughout the survey responses. There were thirty-two responses that spoke of placing the patient first or a dedication to the patient. One specific response stated, "...not just focusing on the numbers but the people driving the numbers." Many team members truly care about the patients and keep them at the center of all that they do. These responses indicate a strong alignment with the Purpose value: *we work to do good in the lives of all others.*

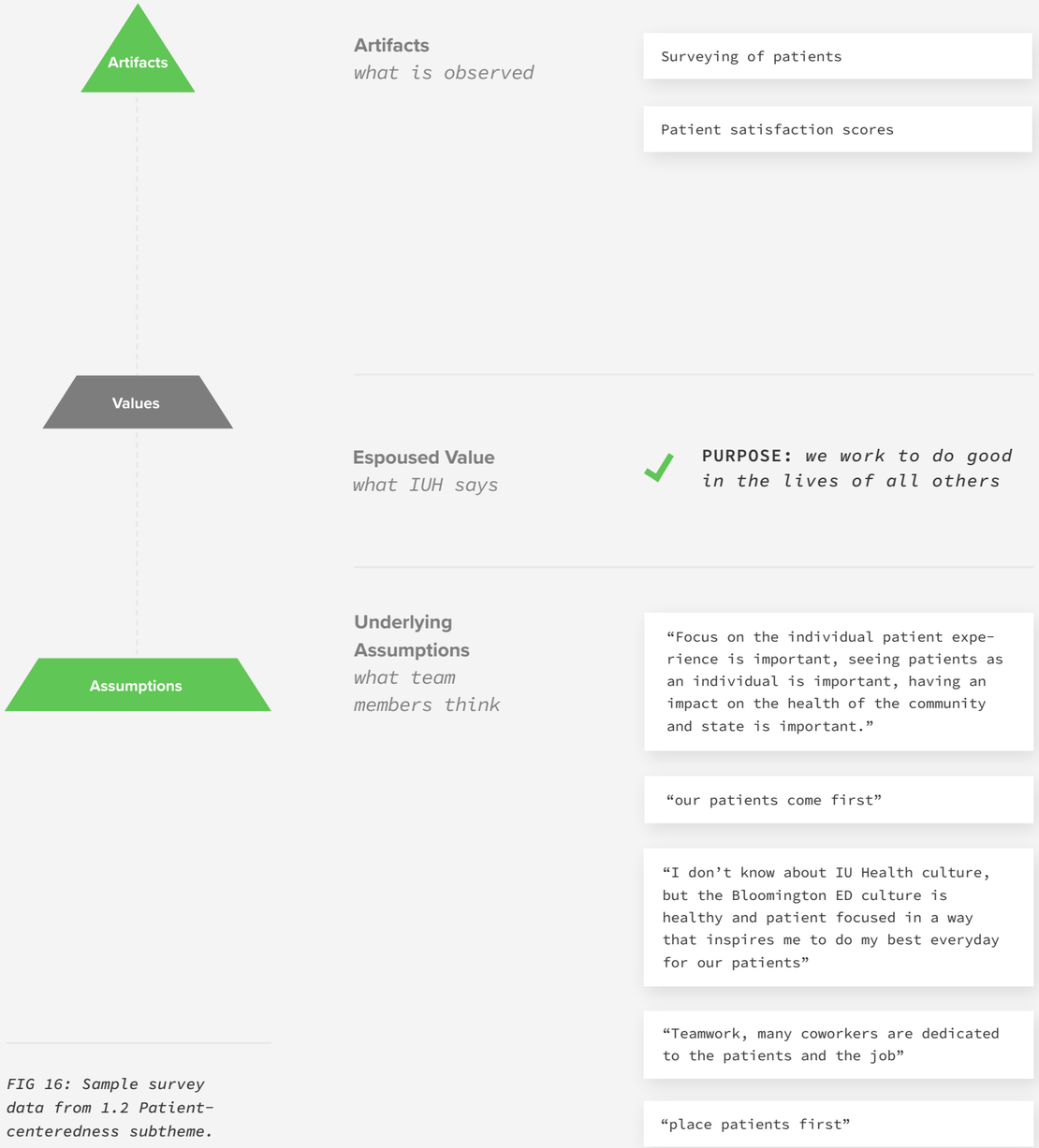


FIG 16: Sample survey data from 1.2 Patient-centeredness subtheme.

1.3 Compassionate Care

Lastly, the term **Compassionate Care** was directly stated or implied at least twenty-nine times in the team member survey data. Some of the other words used in these descriptions were, “kindness,” “care,” “respect,” “inclusive,” and “servant.” Beyond hard work and completion of necessary tasks, many team members demonstrate a higher level of passion and commitment to the IU Health values by showing true compassion and care to patients and their families. These responses clearly indicate a strong alignment with the Compassion value: *we treat all people with respect, empathy, and kindness.*

This area of alignment around passion and commitment speaks to team members’ positive relationship to patients and their families. Given that the survey responses were submitted by team members, it would be easy to assume that they are painting themselves in an overly positive light. However, it is important to note that the survey participants were asked about the overall culture, not their personal philosophy or how they view themselves as workers. Moreover, in the one-hundred and four responses labeled within Compassionate Care, very few respondents used personal pronouns such as “I” in their answers. Overwhelmingly the responses spoke of the passion and commitment exemplified by their co-workers or the team as a whole.

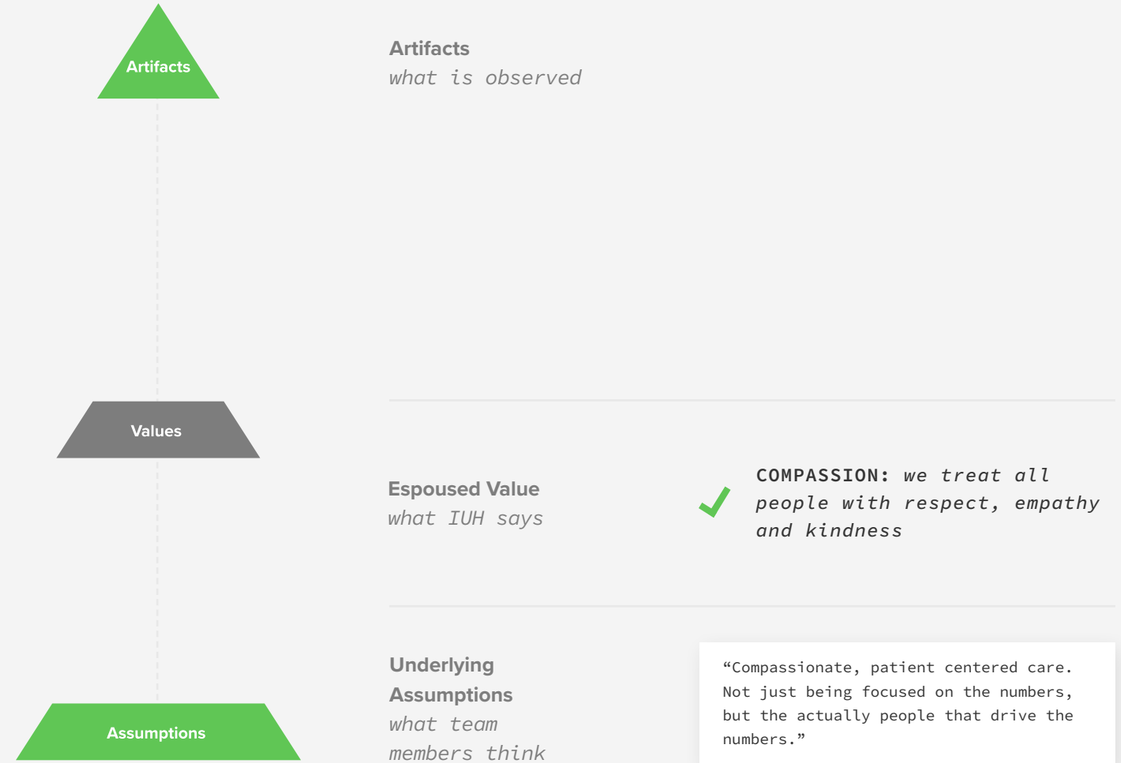


FIG 17: Sample survey data from 1.3 Compassionate Care subtheme.

2 AREA OF ALIGNMENT

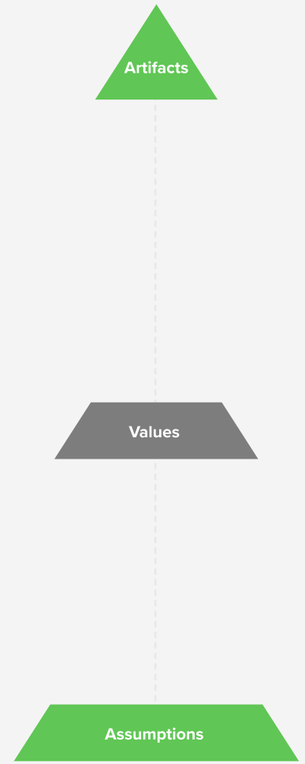
Team members feel they count on and care for their fellow team members

FIG 18: Key Finding 2 subtheme summary

This next key alignment shifts from the relationship between team members and patients to the relationship between team members and their co-workers. The finding, *team members feel they count on and care for their fellow team members*, is clearly in strong alignment with the Team value. The subtheme discussions in the following pages with provide more specific data to demonstrate the alignment with the Team value.

2.1 Teamwork / Collaboration

The high number of responses that described the culture with the words “team” and “teamwork” indicates that **Teamwork and Collaboration** is valued and widely shared among the emergency department team members. One of the common ways that organizational psychologists discuss cultural values is through the concepts of Strong Cultures and Weak Cultures. In a Strong Culture, the individuals within the organization operate on widely shared and understood values and beliefs (Maseko, 2017). If employees in this type of culture were asked to describe their organizational culture in a word, one would expect to hear many of the same or similar responses. Alternatively, according to Maseko (2017), in a Weak Culture, there are not widely shared values and beliefs among individuals in the organization. There is a stronger reliance on individual values and norms. If one were to ask the same question to this group of people, one would expect to receive a wide range of answers. Clearly, the Team value is strong and widely shared in the IU Health Emergency Departments given the one-hundred and fourteen positive references to teamwork in the survey data.



Artifacts
what is observed

- People interact well within the workplace and outside the workplace.
- Coworkers check in on each other
- Coworkers help each other when they need something

Espoused Value
what IUH says

- ✓ **TEAM:** *we count on and care for each other*

Underlying Assumptions
what team members think

- “Teamwork within our department”
- “IU Health equals team work”
- “Motivated and team oriented employees”
- “Teamwork is present.”
- “the best teamwork”
- “teamwork makes the dream work”
- “survival by teamwork”

FIG 19: Sample survey data from 2.1 Teamwork / Collaboration subtheme.

2.2 Reliable Coworkers

The Team value penned by IU Health consists of two core facets; *team members count on one another* and *team members care for one another*. The survey data revealed that team members are effectively demonstrating both facets; relying on one another to accomplish their work and caring for one another in a more personal way that builds a culture of camaraderie. The references to **Reliable Coworkers** help us to understand how team members fulfill the first part of the Team value: *we count on each other*. Many responses indicated that while the work is often difficult, they can rely on the individuals that work alongside them. They depend on one another and pull together when they are faced with challenges.

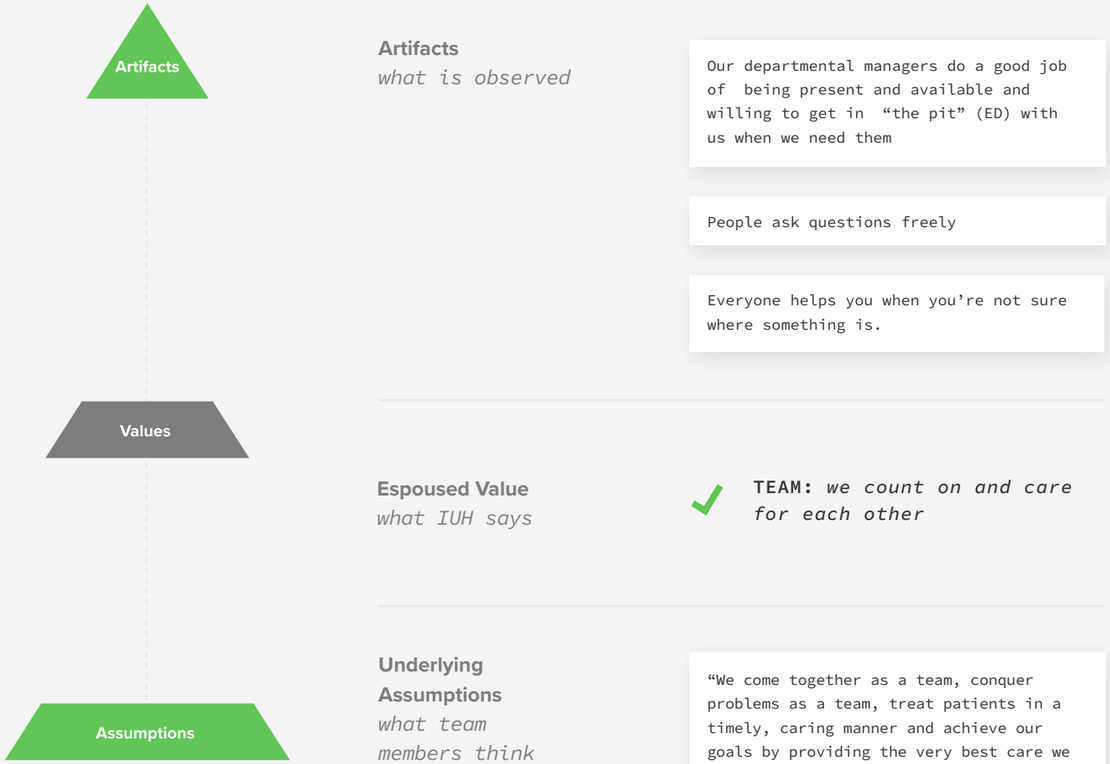


FIG 20: Sample survey data from 2.2 Reliable Coworkers subtheme.

2.3 Family Atmosphere

The second facet of the Team value, *team members care for each other*, emerged in a substantial way within the survey responses as well. Beyond the professional reliance on one another, many team members described feeling a strong bond with their co-workers. Twenty-three respondents described their relationship with their fellow team members as that of a family or described the emergency department as having a **Family Atmosphere.**

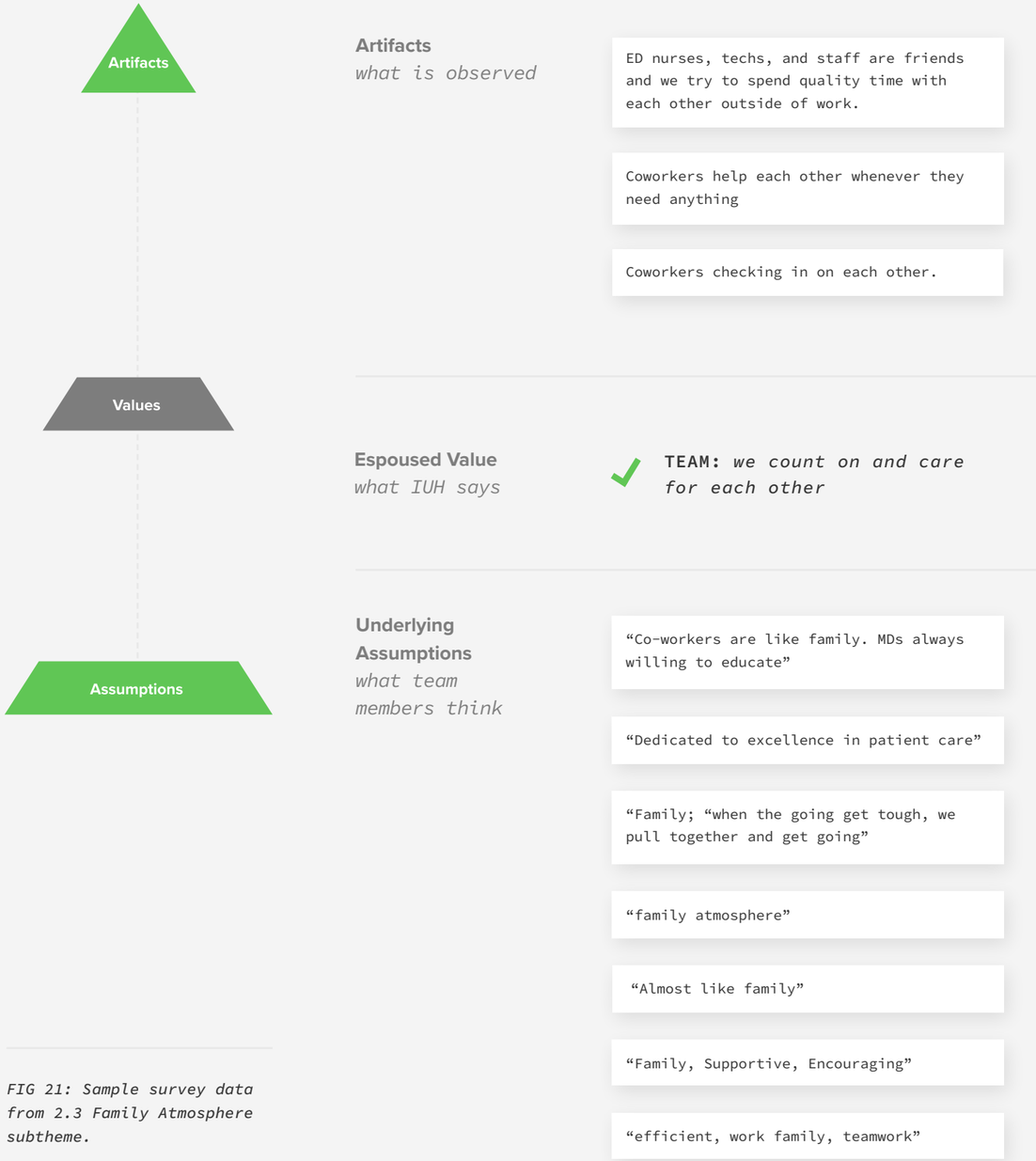


FIG 21: Sample survey data from 2.3 Family Atmosphere subtheme.

2.4 Caring Coworkers

Many of the team members cited **Caring Coworkers**, describing the emotional support and encouragement that they receive from their fellow team members. Beyond just counting on them for completion of daily tasks, team members rely on one another for support through difficult situations and tragedies that can arise in the ED setting.

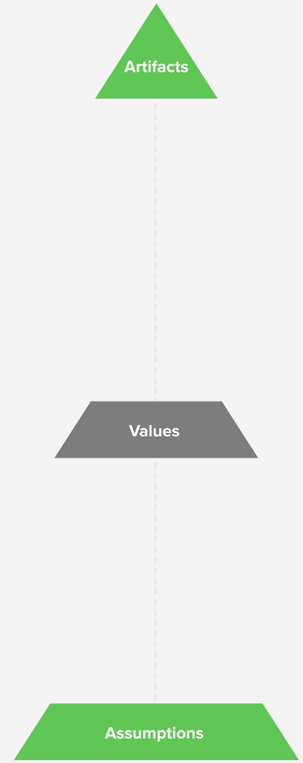


FIG 22: Sample survey data from 2.4 Caring Coworkers subtheme.

3 AREA OF ALIGNMENT

Team members have a lot of respect for and trust in the IU Health brand

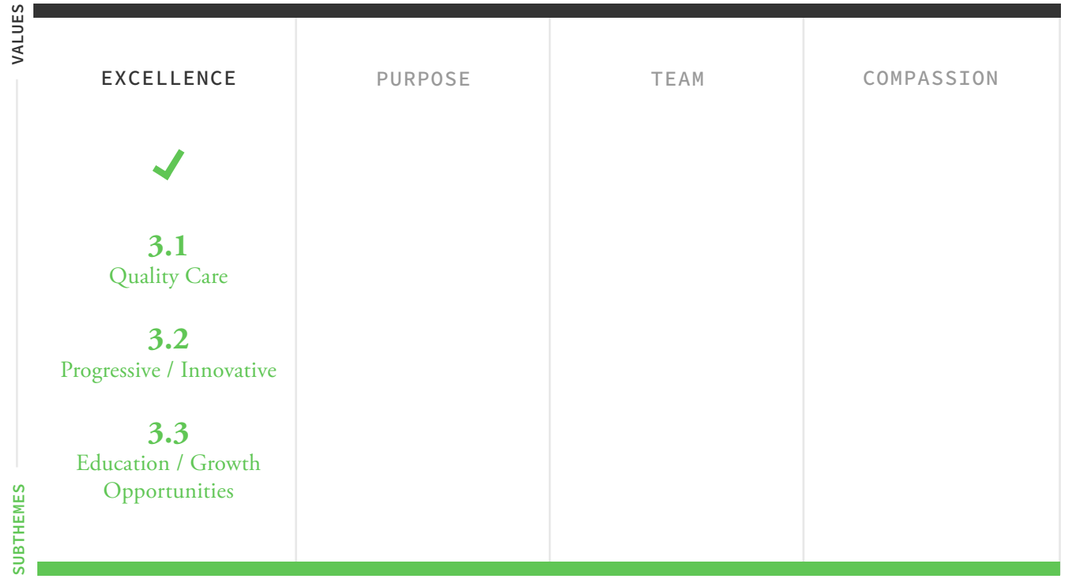


FIG 23: Key Finding 3 subtheme summary

The final area of alignment focuses on the more abstract relationship team members have to the organization at large. Given the size of the IU Health organization, one might assume that team members are more concerned with their immediate departmental culture rather than the organization at large. However, a great number of team members directed their survey responses toward the IU Health organization as a whole rather than the culture of their local department. This final area of alignment is that *team members have a lot of respect for and trust in the IU Health brand.*

3.1 Quality Care

When referencing the organization, team members expressed the fact that IU Health provides **Quality Care**. Some of the more specific words and phrases that were used beyond "quality care" were "accurate," "knowledgeable," and "dedicated to excellence." These responses are well-aligned with the first part of the Excellence value: *we do our best at all times*. Team members believe in the IU Health brand and feel that they are a part of a strong, quality health institution.

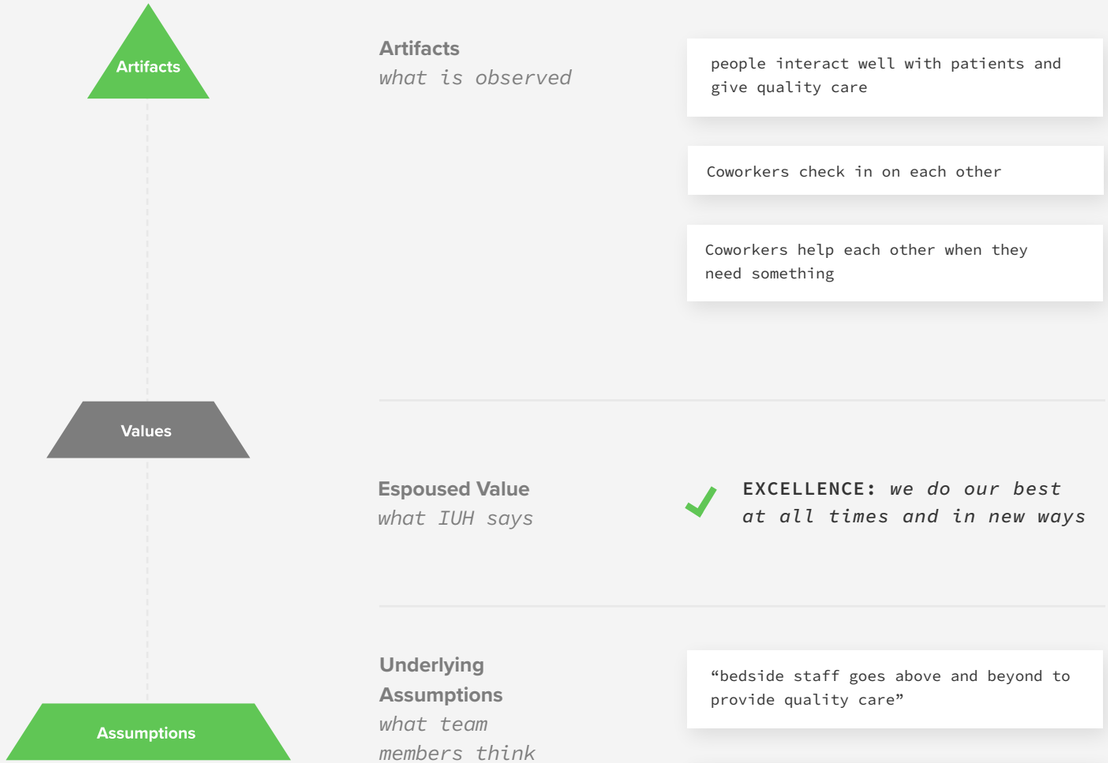


FIG 24: Sample survey data from 3.1 Quality Care subtheme.

3.2 Progressive / Innovative

The second part of the Excellence value, *we do our best in new ways*, was evident in many survey responses as well. These team members expressed that IU Health is a **Progressive and Innovative** system that is continually striving to move forward in excellence. Many of these team members' responses expressed pride in the organization. They feel as though IU Health is on the cutting edge; conducting research and driving progress in the medical industry.

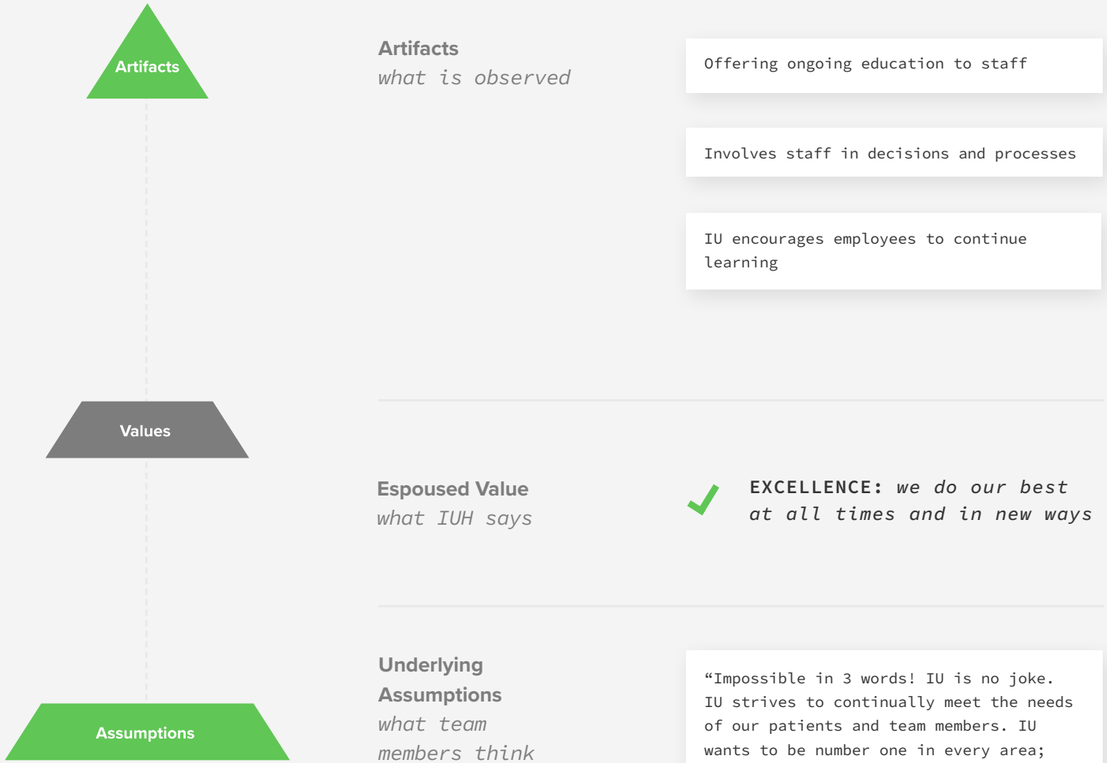


FIG 25: Sample survey data from 3.2 Progressive / Innovative subtheme.

3.3 Growth / Education Opportunities

One specific way that the team members spoke to the excellence of the organization was the opportunities they are given for **Education and Growth**. The organization's positioning within the university provides the foundation for this perception and is borne out through the tangible and intangible opportunities that team members are given for Continuing Education and Career Development.

While this section has thus far discussed the areas of strong alignment with all of the organizational values, the remaining portion of the Findings Chapter will demonstrate where those alignments begin to break down or where the limitations may be found. The following section will follow the same discussion format as the previous, this time looking at the Areas of Misalignment.

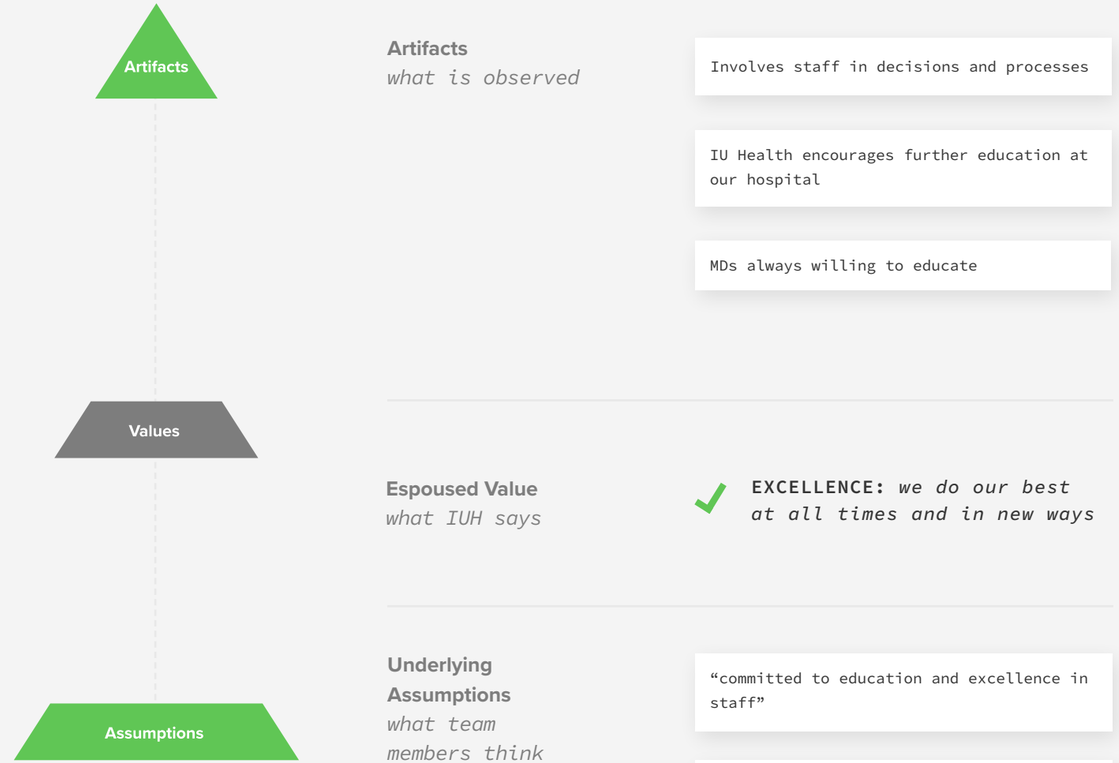
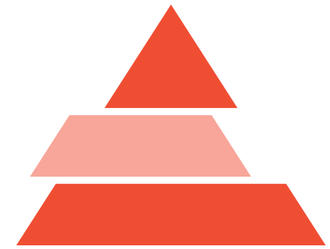


FIG 24: Sample survey data from 3.3 Education / Growth Opportunities subtheme.

2 AREAS OF MISALIGNMENT



CONTENTS

Once again, the Code Map to the right provides an overview of the key findings, subthemes, and espoused values. This time, however, the values that are indicated represent an Area of Misalignment. A more specified discussion about these key findings and subthemes will begin in the following pages.

1 **Team members are often burnt out and overwhelmed due to inadequate support**

1.1 Inadequate Staffing
1.2 Corner Cutting
1.3 Lack of Supplies / Equipment
1.4 Lack of Employee Retention
1.5 Inexperienced Team Members

2 **Team members feel that many individuals within IUH are wrongly motivated**

2.1 Profit-Centeredness
2.2 Corporate / Impersonal
2.3 Outsized Focus on metrics
2.4 Lack of Maturity
2.5 Lack of Accountability
2.6 Inter-Departmental Tensions

3 **Team members do not feel valued by IU Health**

3.1 Lack of Concern for Employees
3.2 Lack of Safety
3.3 Underpaid Employees

4 **Team members do not feel their voices are heard by IU Health**

4.1 Known Problems Persist
4.2 Slow to Change / Bureaucracy
4.3 Ineffective Feedback Loops
4.4 Distant Leadership

MISALIGNMENT CODE MAP

✕ indicates misalignment with value

KEY FINDINGS *areas of alignment*	EXCELLENCE	PURPOSE	TEAM	COMPASSION
1	✕		✕	
SUBTHEMES *how alignment is demonstrated*	**1.1** Inadequate Staffing **1.2** Corner Cutting **1.3** Lack of Supplies / Equipment		**1.4** Lack of Employee Retention **1.5** Inexperienced Team Members	
2		✕	✕	
		2.1 Profit-Centeredness **2.2** Corporate / Impersonal **2.3** Outsized Focus on Metrics	**2.4** Lack of Maturity **2.5** Lack of Accountability **2.6** Inter-Departmental Tensions	
3			✕	✕
			3.1 Lack of Concern for Employees **3.2** Lack of Safety	**3.3** Underpaid Employees
4	✕		✕	
	4.1 Known Problems Persist **4.2** Slow to Change / Bureaucracy		**4.3** Ineffective Feedback Loops **4.4** Distant Leadership	

FIG 25: Code Map of the Areas of Misalignment.

1 AREA OF MISALIGNMENT

Team members are often burnt out and overwhelmed due to inadequate support

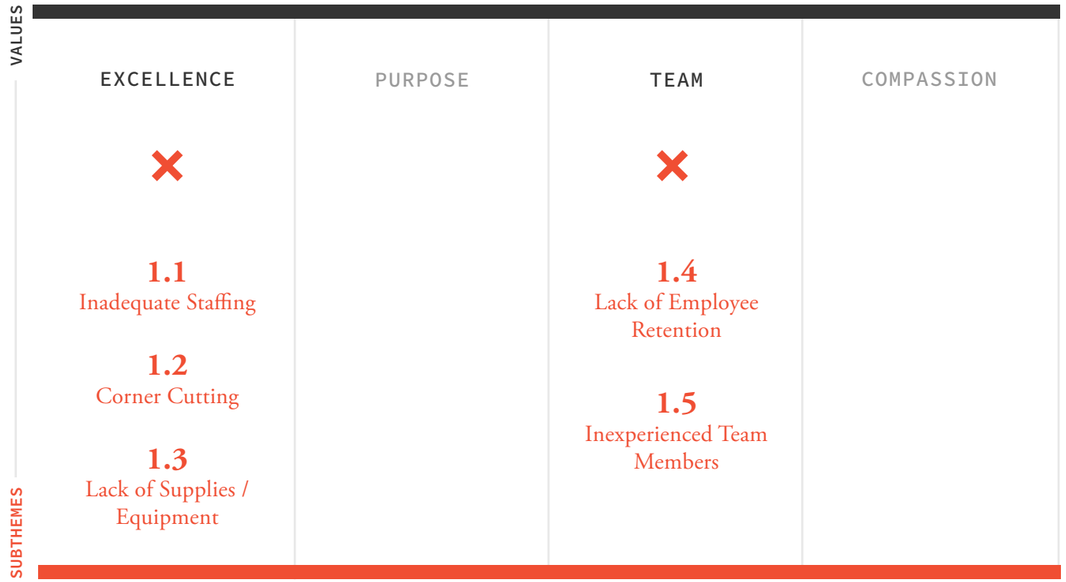
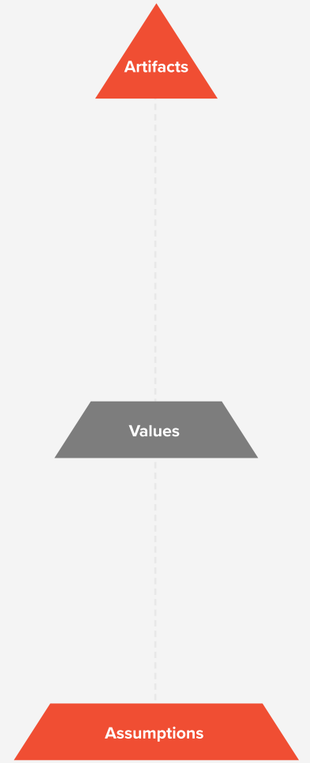


FIG 26: Key Finding 1 subtheme summary

One of the most clear themes throughout the survey data was the fact that *team members are often burnt out and overwhelmed due to inadequate support and resources*. The first three subthemes; **Inadequate Staffing**, **Corner Cutting**, and **Lack of Supplies / Equipment** demonstrate misalignment with the Excellence value: *we do our best at all times and in new ways.* The second two subthemes; **Lack of Employee Retention** and **Inexperienced Team Members** demonstrate areas of misalignment with the Team value: *we count on and care for each other*. The following pages discuss some of the more specific subthemes and causing factors in this sense of overwhelm reported by many team members.

1.1 Inadequate Staffing

Inadequate Staffing was referenced at least fifty-three times in the team member surveys. Repeatedly team members emphasized their belief that they are understaffed. Many of these survey responses indicated that team members feel that this puts both themselves and the patients at risk. Whether understaffing has truly risen to unsafe levels obviously cannot be determined on the basis of a team member survey. However, the sense of understaffing that team members' are experiencing is very real and widespread and has contributed to a continual feeling of overwhelm and burnout among many in the emergency departments.



Artifacts
what is observed

- Pharmacy also causes delays in verifying and sending medications
- Closing cafeteria at night
- Working short staffed
- Strict parking regulations

Espoused Value
what IUH says

- ✕ **EXCELLENCE:** *we do our best at all times and in new ways*

Underlying Assumptions
what team members think

- "not enough staff / rooms to get done what needs done"
- "1. Under-staffed 2. Over-worked 3. Under-paid"
- "We work short and no one cares"
- "We constantly work short and endanger our patients because of it. It's a continual cycle of admin realizing they need to do something so they give incentives to get new people. Then they don't pay attention to them and they leave within a year."
- "We are frequently understaffed and feel that we are overwhelmed."

FIG 27: Sample survey data from 1.1 Inadequate Staffing subtheme.

1.2 Corner Cutting

Another theme that emerged within this topic of employee overwhelm was **Corning Cutting**. The thirty references to corner cutting have to do with the low standards that team members feel are often accepted in the IUH emergency departments which can create a sense of chaos. Many of them made statements about having to "work with what they have" or "do more with less." Many team members described the environment as chaotic, haphazard, sporadic, and rushed. This lack of stability also contributes to the overall feelings of exhaustion and overwhelm that team members described.

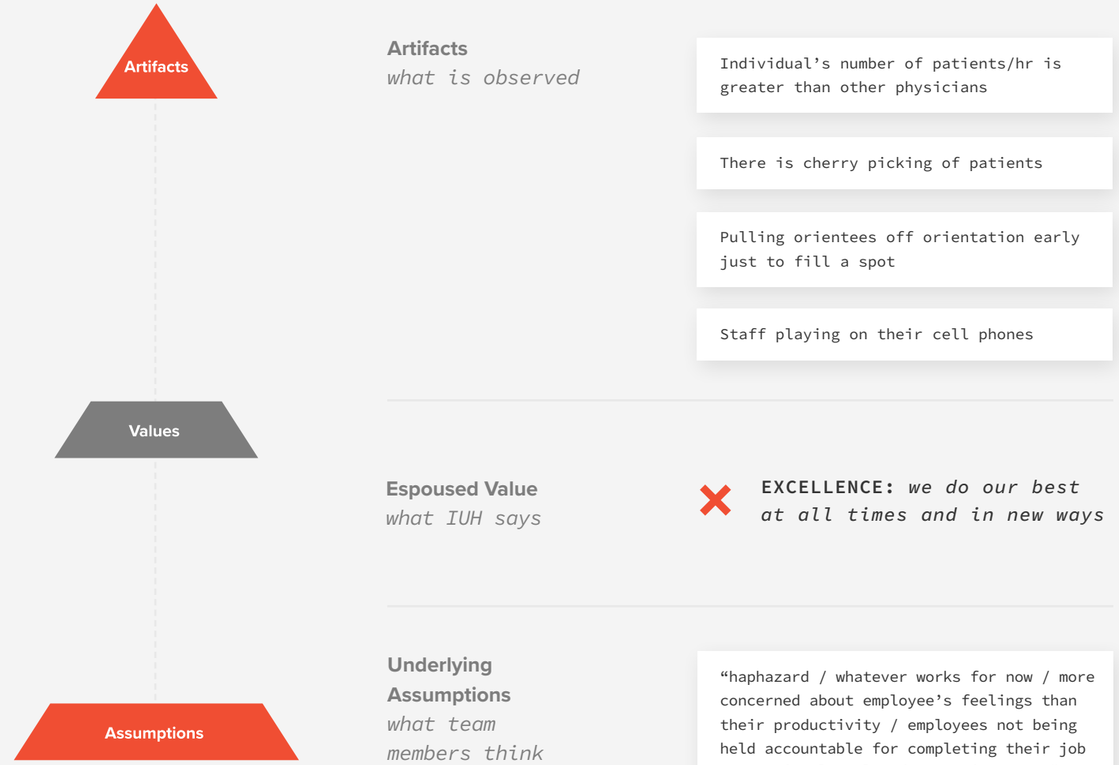
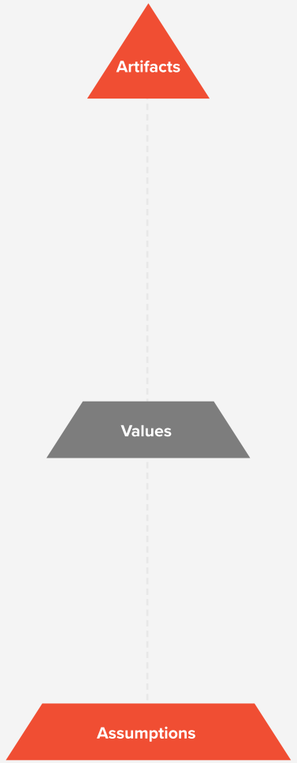


FIG 28: Sample survey data from 1.2 Corner Cutting subtheme.

1.3 Lack of Supplies / Equipment

There were nine references to **Lack of Supplies / Equipment.** Most of these responses were referring to not having enough equipment or frequently broken equipment. One team member stated that much of their equipment is broken more than 50 percent of the time, forcing them to spend extra time searching for functioning equipment. Team members felt that this lack of supplies and working equipment made their jobs more difficult, wasted their time and energy, and impacted their ability to care for patients.



Artifacts
what is observed

- Supplies such as IV pumps and channels one tubes for sending lab specimens always in short supply
- A lot of equipment is broken >50% of the time
- Need new ultrasounds badly
- Boarding admitted patients in the ER

Espoused Value
what IUH says

- **EXCELLENCE:** *we do our best at all times and in new ways*

Underlying Assumptions
what team members think

- “Boarding admitted patients in the ER is unsafe. Why are we building a smaller hospital when we have too few beds?”
- “Employees do not have the tools / equipment needed to efficiently take care of patients.”
- “We feel that we are consistently under-staffed and short on the supplies we need all in the name of saving money so that the higher ups in the organization can get paid more.”
- “A lot of equipment is broken >50% of the time; therefore, we have to spend quite a bit of time searching for functional equipment.”

FIG 29: Sample survey data from 1.3 Lack of Supplies / Equipment subtheme.

1.4 Lack of Employee Retention

Inadequate staffing is closely connected to the theme **Lack of Employee Retention**. There were twenty-one references to frequent employee turnover or a lack of employee retention. Employee retention is a very pervasive problem in the healthcare industry nationwide. In the context of employee burnout and overwhelm, Lack of Employee Retention is both a problem and a causing factor for other problems. The lack of retention present at IU can lead to frequent understaffing in the emergency departments. The understaffing in turn causes dissatisfaction, overwhelm, and burnout in employees, often causing more employees to separate from the organization, and further compounding the issue. In that sense, employee retention is a cyclical problem that has lead to many additional problems.

FIG 30: Sample survey data from 1.4 Lack of Employee Retention subtheme.

1.5 Inexperienced Team Members

The perception about **Inexperienced Team Members** is also connected to the previous two staffing issues because the high turnover rate leads to a constant influx of new employees. Oftentimes, these employees are inexperienced and are unable to provide the support that an experienced team member could provide. This high occurrence of inexperienced team members puts additional pressure on the already overburdened veteran team members. These continual staffing issues demonstrate a misalignment with the Team value, *we count on and care for each other* as employees do not feel that they can truly count on the inexperienced team members they are often flooded with.

While each of these five themes has its own unique factors, there is a common thread that runs through all of them. Each of these themes speak to a lack of resources or a lack of support in the emergency department and the negative effect this can have on employees. As discussed in the Areas of Alignment section, the survey data indicate that the IU Health team members are truly passionate and dedicated to patients. While having motivated and passionate employees is beneficial in many ways for an organization, there are potential risks that come with it. When workers are very passionate about their work, there is a high potential for them to become overburdened because when workers are intrinsically motivated by their jobs, they may be asked to do difficult work without extra compensation or without tangible rewards (Kim, et al., 2020).

If the emergency department teams are consistently understaffed or lacking supplies and equipment, team members often have no choice but to take on excessive work. And we find in the survey data that when team members become overburdened, they often feel that they are unable to deliver the best care possible to their patients. Because many team members care deeply about their patients, a consistent feeling of "not being able to do enough" can have a very damaging effect on their overall morale.

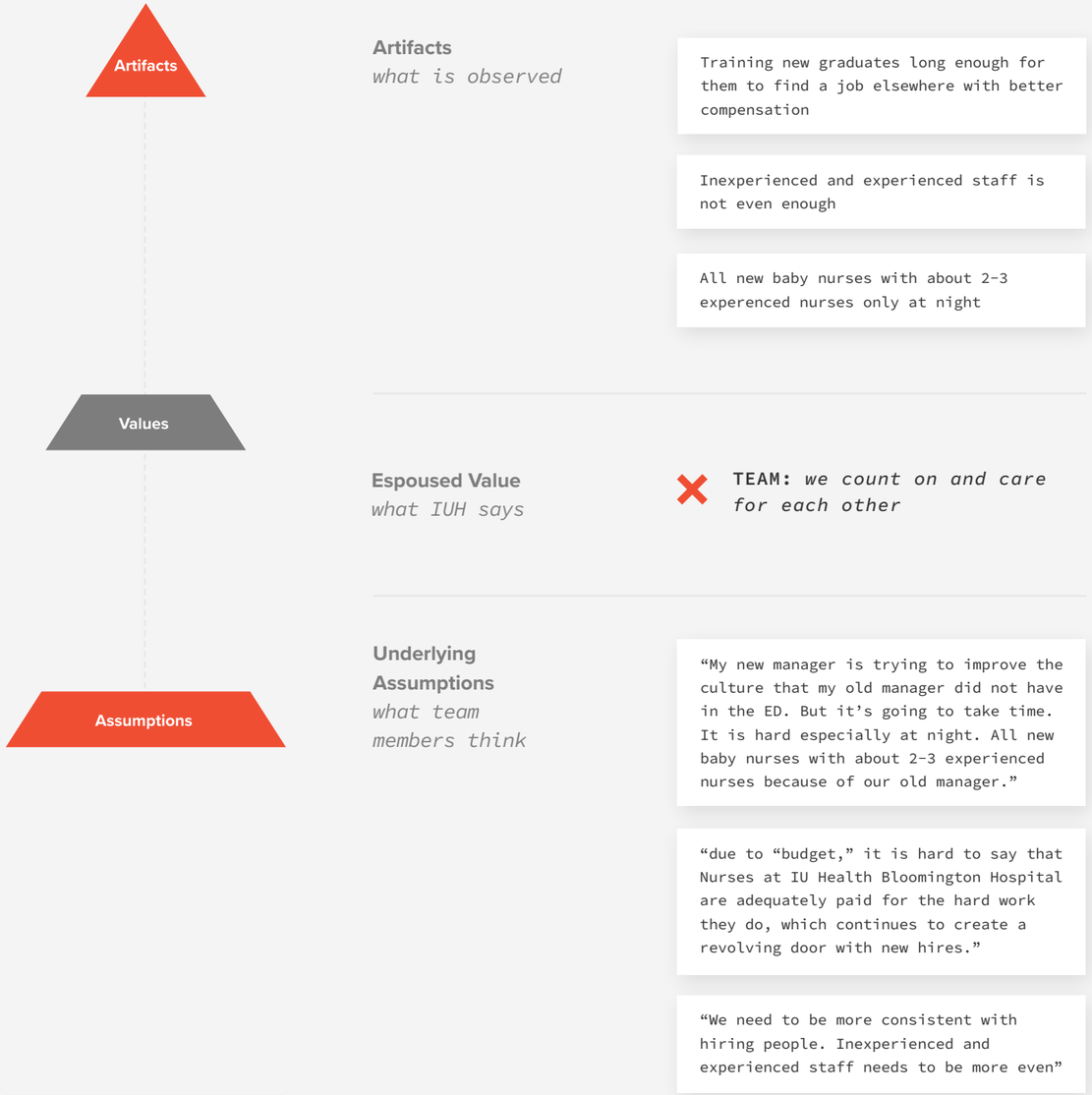


FIG 31: Sample survey data from 1.5 Inexperienced Team Members subtheme.

2 AREA OF MISALIGNMENT

Team members feel that many individuals in the organization are wrongly motivated

FIG 32: Key Finding 2 subtheme summary

The next assumption, *team members feel that many individuals in the organization are wrongly motivated*, deals with both problematic coworkers as well as some negative perceptions about upper-level management more broadly.

The first three subthemes, **Profit-centeredness**, **Corporate / Impersonal**, and **Outsized Focus on Metrics**, were directed more toward the organization at large or the individuals at the upper management level, rather than individual team members. Some of these responses made very bold claims about the intentions of the upper management, indicating misalignments with the Purpose value; *we work to do good in the lives of all others*. It is important to note once again that these themes reflect team members' assumptions and perceptions. While their assumptions should be taken seriously and carefully examined, it would be unfair to present these claims about management's intentions as the unfettered truth. The goal of this discussion is not to point fingers at the IU Health leadership or give unnecessary attention to every employee grievance. Rather, the goal is to understand and carefully consider the factors that lead to these assumptions with the ultimate goal of creating better alignment with the IU values.

2.1 Profit-centeredness

The theme of **Profit-centeredness** was found in around thirty survey responses. The primary message from these responses was that employees view the organization as overly concerned with financial gain. Many team members discussed the perception that profit was the main consideration for many decisions and that oftentimes the motto was “care as cheap as possible.” Most troubling, many employees feel that the organization is ultimately more concerned with the financial gain than caring for employees or patients.

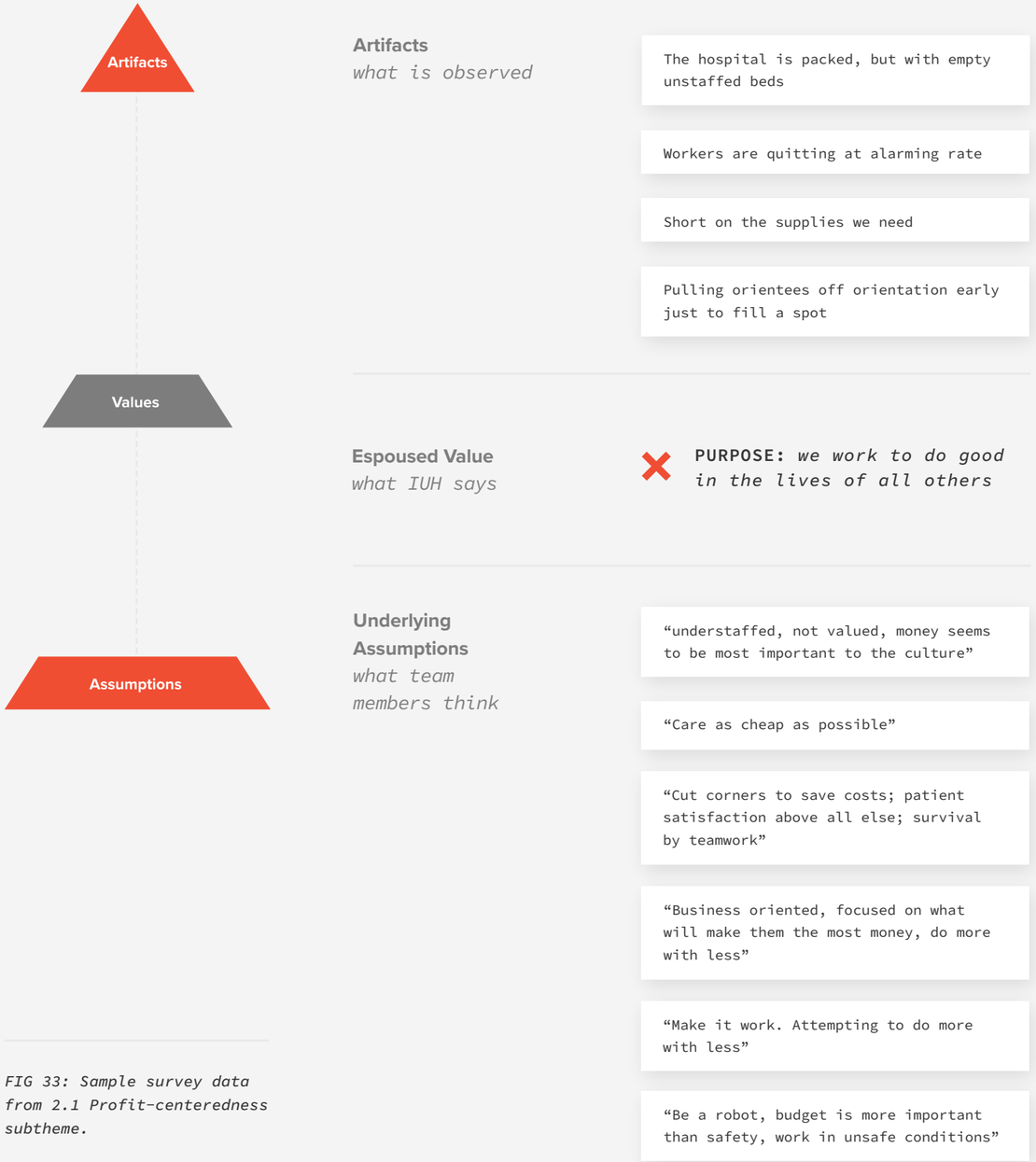


FIG 33: Sample survey data from 2.1 Profit-centeredness subtheme.

2.2 Corporate / Impersonal

Closely related to this is the **Corporate / Impersonal** theme. These responses described a perceived disconnect between the priorities of the organizational leadership and the departmental staff. The team members get the sense that the executive leadership is concerned with "what's best for the company" without proper consideration of the individuals on the front lines of patient care. For some of the more veteran team members, their perception may be painted by the changes that have taken place over the course of the past decade, as IU Health has expanded into a more robust network. As the organization has grown, employees have increasingly felt more distant from the upper management. Ultimately, this theme demonstrates the negative assumptions many team members have about the intentions of IU Health as a corporation; the feeling that the "on the ground" employees are the only ones who truly care about patients anymore.

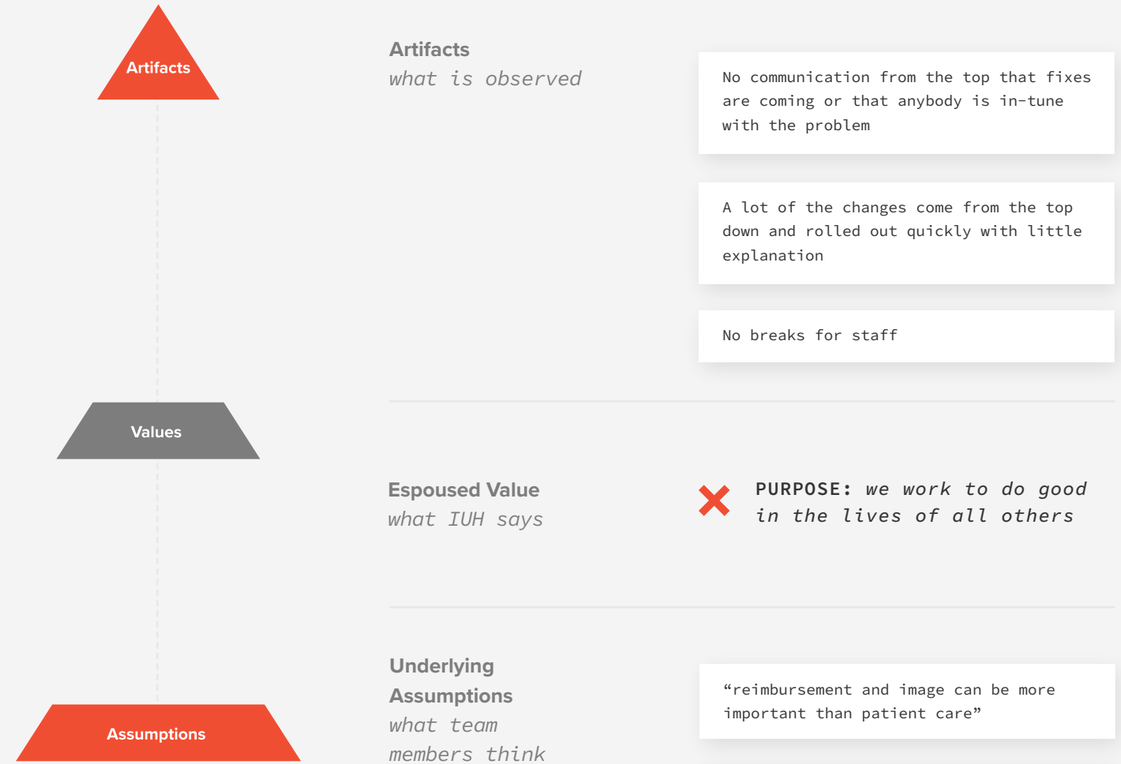


FIG 34: Sample survey data from 2.2 Corporate / Impersonal subtheme.

2.3 Outsized Focus on Metrics

Lastly, the theme of **Outsized Focus on Metrics** was referenced about seventeen times in the survey data. This belief expressed by team members is very common in the modern healthcare industry. While measurement is undoubtedly necessary for controlling the quality of care provided, many employees feel that this focus on metrics overshadows other important aspects of care. Additionally, team members feel that some of the measurements are not necessarily correlated with good patient outcomes. For instance, many team members expressed their frustration with the heavy emphasis on Patient Satisfaction Scores. They feel as though they are constantly being evaluated based on patient satisfaction which they do not consider an accurate indicator of successful treatment. Finally, some team members expressed that the constant focus on metrics and data entry actually takes them away from their patients, leading to worse care.

The next three subthemes, **Lack of Maturity**, **Lack of Accountability**, and **Inter-departmental Tension,** shift to team members' perceptions toward fellow team members. Before discussing these three negative perceptions, it should be noted that team members overwhelmingly had positive relationships with their coworkers as discussed in the Areas of Alignment section. However, the survey data indicated that there are instances of wrongly motivated employees joining the organization, creating issues for their more dedicated coworkers.

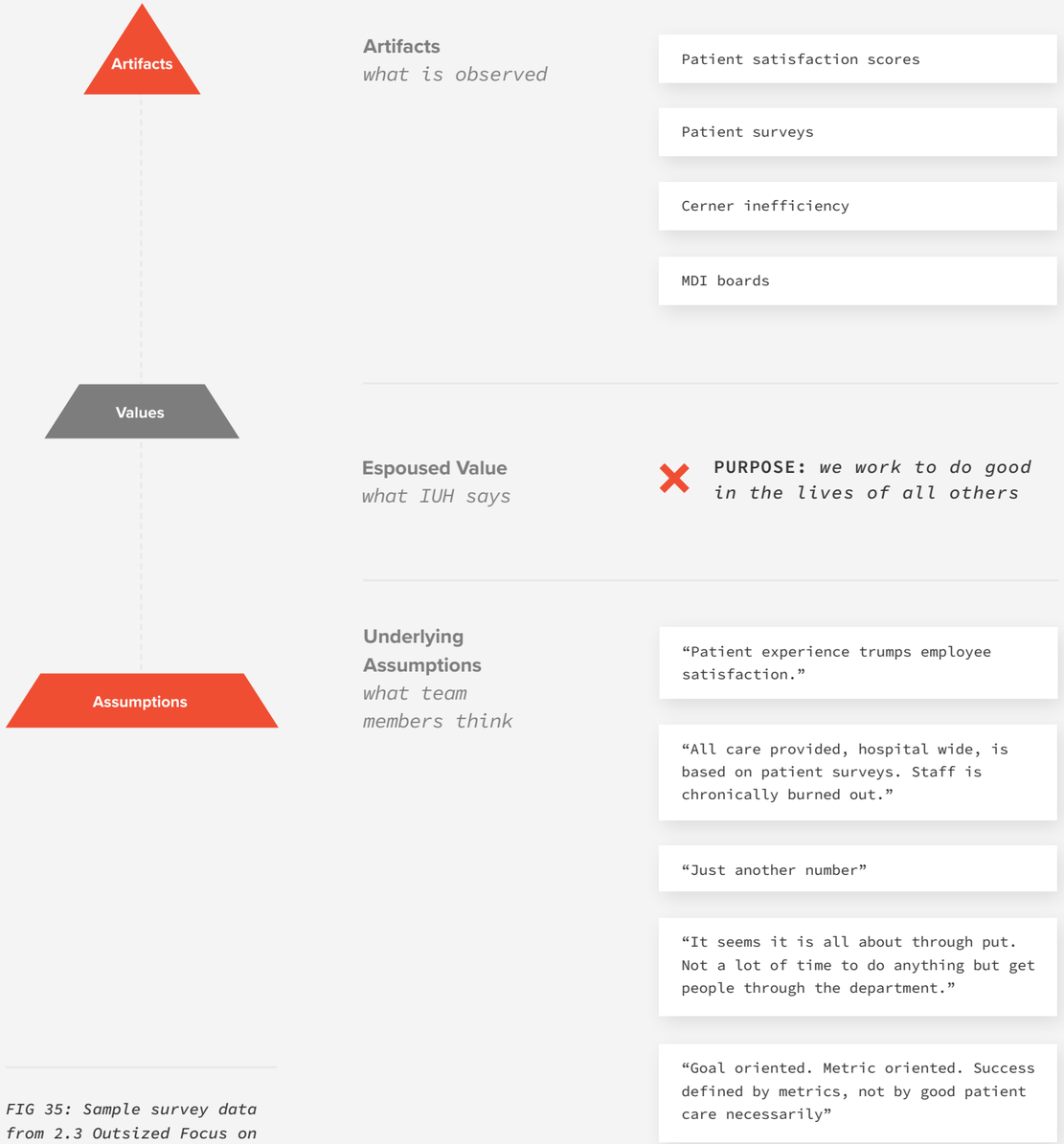


FIG 35: Sample survey data from 2.3 Outsized Focus on Metrics subtheme.

2.4 Lack of Maturity

The survey responses which discuss a **Lack of Maturity** mostly centered around team members' interpersonal problems. There were a number of responses indicating that some team members formed cliques or factions within the department. Some team members felt that even managers contributed to this division by favoring certain team members. The phrases that were used; "much like high school," "reminds me of middle school," and "clique-ish"; seem to indicate that the lack of teamwork described has more to do with team members not getting along personally, not with a failure of team members to accomplish their work together. In that regard, the main conflict seems to be with the second part of the Team value; *we care for each other.*

FIG 36: Sample survey data from 2.4 Lack of Maturity subtheme.

2.5 Lack of Accountability

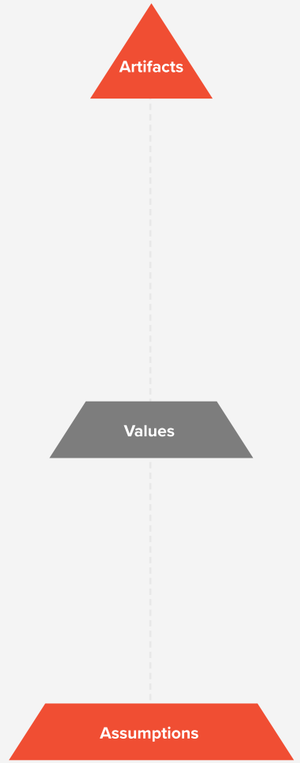
The **Lack of Accountability** described in the survey data also dealt with team members' frustrations toward their lateral workers and departmental managers. In this instance, the misalignment was with the first part of the Team value; *we count on each other*. Team members felt that some of their coworkers were not performing their work to a satisfactory level and were not being held accountable for it. One response stated that, "staff are more concerned about playing on their phones than they are about taking care of patients." Given the strong dedication and commitment that many team members have toward caring for patients, this type of behavior from coworkers could be very frustrating. Additionally, if the team members failing to demonstrate professionalism and dedication to the job are doing so with no consequences or redirection, this could send a very negative message to the dedicated, hardworking team members.

FIG 37: Sample survey data from 2.5 Lack of Accountability subtheme.

2.6 Inter-departmental Tensions

While there were not an extremely high number of references to **Inter-departmental Tension**, the pattern was quite clear; team members feel a consistent tension between departments. Team members felt that when it came to working with other departments, employees seemed to forget that every department should be working toward a common goal. They sensed that the emergency department was often siloed from and not treated well by other departments. These responses did not lead to the conclusion that other departments were apathetic toward patients or not performing their duties well. Rather, the responses indicated a lack of cohesion and respect between departments, a misalignment with the Team value.

All of the behaviors, thoughts, and circumstances discussed in each of the past six themes contributes to the overall perception that some team members and the upper management as a whole are motivated by the wrong things. Once again, it would be impossible to define the internal motivations of other team members or the motivations of organizational leadership. However, this information is very important for understanding the perceptions that team members have about some coworkers and about the organization more broadly and the specific factors that contribute to those beliefs.



Artifacts
what is observed

- Team members outside of the unit will ignore you
- Some of the leadership leave and go get lunch while those of us who work the floor go without lunch
- Senior leadership will ignore you

Espoused Value
what IUH says

- ✗ **TEAM:** *we count on and care for each other*

Underlying Assumptions
what team members think

- "It appears that the chosen few make the decision. The culture seems to be very cliquey. I do not feel that all the departments are a cohesive group."
- "Poor communication at times between teams, sometimes forgetting we are all on the same team no matter which departments we are in"
- "I do not feel all floors get along and ER is not treated well"
- "Teamwork within our department, Punitive culture outside our department"
- "I think the culture in general is this shiny facade that we put forward to the public, but in reality, if you scratch the surface there is a lot of drama among staff, lateral harassment between departments..."

FIG 38: Sample survey data from 2.6 Interdepartmental Tensions subtheme.

3 AREA OF MISALIGNMENT

Team members do not feel valued by IU Health

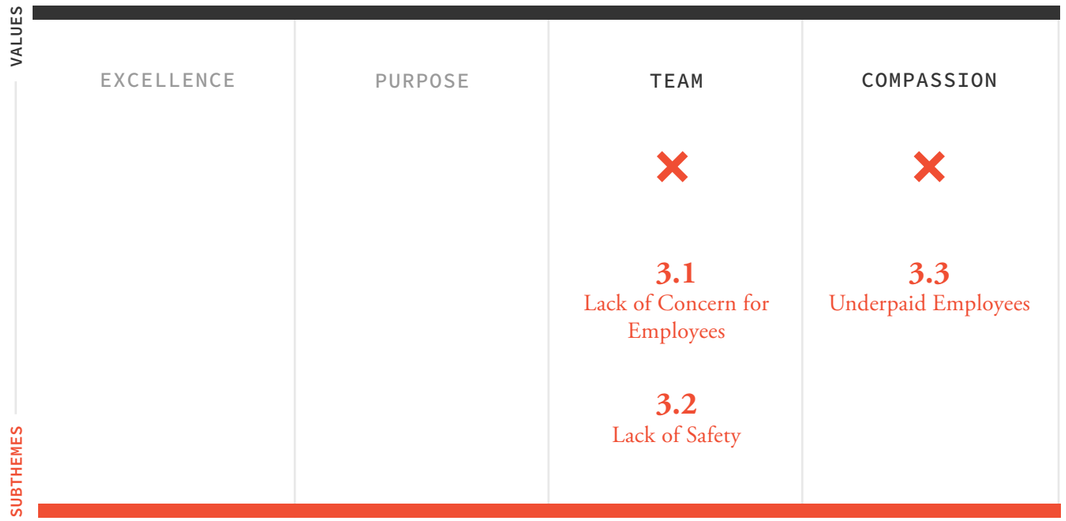
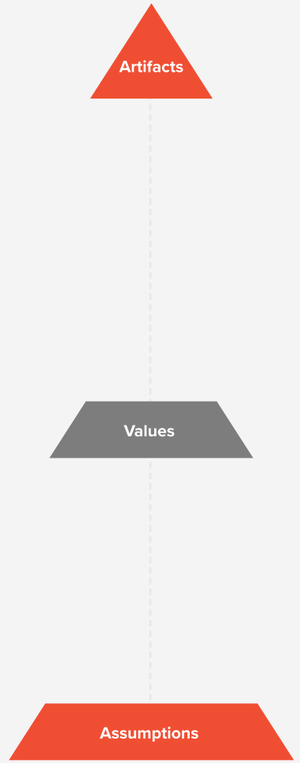


FIG 39: Key Finding 3 subtheme summary

The next assumption, *team members do not feel valued by IU Health*, will discuss team member's perceptions of the organization at large, and more specifically, the leadership of the organization. The three themes that will be discussed in this section specifically demonstrate misalignment with the Team and Compassion values.

3.1 Lack of Concern for Employees

The most dominant theme to emerge in this area has to do with the perceived **Lack of Concern for Employees**. There were at least fifty survey responses that emphasized this perception held by team members. Many of these survey entries simply stated that the organization and management do not care about employees. One factor that seemed to contribute to this perceived lack of concern was the sheer size of the organization. Employees feel as though the organization is so large that they are not viewed as individuals, but rather as a number or as a role that could easily be replaced. Some of the team members went a step further by claiming that management does not care about employees or patients. However, many team members stated that the organization is so concerned with patient satisfaction that it has become at the expense of the team members. The remaining two themes that emerged provide a bit more specificity as to why employees have come to feel undervalued by the organization.



Artifacts
what is observed

- Upper management closed access to food at night
- Constantly work short
- Parking in an area not watched per security and cars being broken into
- Senior leadership will ignore you

Espoused Value
what IUH says

- ✗ **TEAM:** *we count on and care for each other*

Underlying Assumptions
what team members think

- “More committed to patient satisfaction than employee satisfaction.”
- “We work short and no one cares”
- “Shady, Bureaucratic, dishonest, concerned only with the money the organization will make. Leadership is quick to call us out but never seems to take any blame for its shortcomings.”
- “very little regard for the employee staffing puts patients at risk work is like being on a gerbil wheel”
- “Not enough value given to the ideas and opinions of individuals actually doing the work”

FIG 40: Sample survey data from 3.1 Lack of Concern for Employees subtheme.

3.2 Lack of Safety

The second theme to come through in this area of employee value or appreciation was **Lack of Safety**. Many believe that they are frequently understaffed, leading to unsafe work conditions. As discussed earlier, whether the staff to patient ratios have ever risen to technically unsafe levels cannot be confirmed through employee opinion surveys. With that said, this perceived lack of safety was a clear theme to emerge and is contributing to this overall sense that employees are not valued by the organization. Both the Lack of Concern and Lack of Safety themes indicate a misalignment with the Team value: *we count on and care for each other*. In this instance, the misalignment with the Team value is not speaking to the relationship between fellow team members. The vast majority of employees feel that the team members they work alongside care for them. However, many employees indicated in the survey data that they do not feel as though higher management cares about them.

FIG 41: Sample survey data from 3.2 Lack of Safety subtheme.

3.3 Underpaid Employees

Finally, the third theme, **Underpaid Employees**, was referenced about twenty times in the survey data. Many of these respondents did not elaborate much further than expressing the belief that they are underpaid. However, some team members did state that they are often asked to take on extra jobs that are not technically within the scope of their duties. Being asked to take on extra jobs or responsibilities can lead to a feeling of unfair compensation. Some team members specifically expressed their belief that IU does not pay its employees competitively compared to other hospitals and that this has contributed to high employee turnover.

Whether IU truly pays less than area hospitals is not a question within the scope of this research, but it is important to note that this is a perception shared by multiple individuals in the emergency departments. This perception indicates a misalignment with the Compassion value; *we treat all people with respect, empathy, and kindness*; as employees do not feel they are being paid respectfully for the work they do.

FIG 42: Sample survey data from 3.3 Underpaid Employees subtheme.

4 AREA OF MISALIGNMENT

Team members do not feel that their voices are heard by IU Health

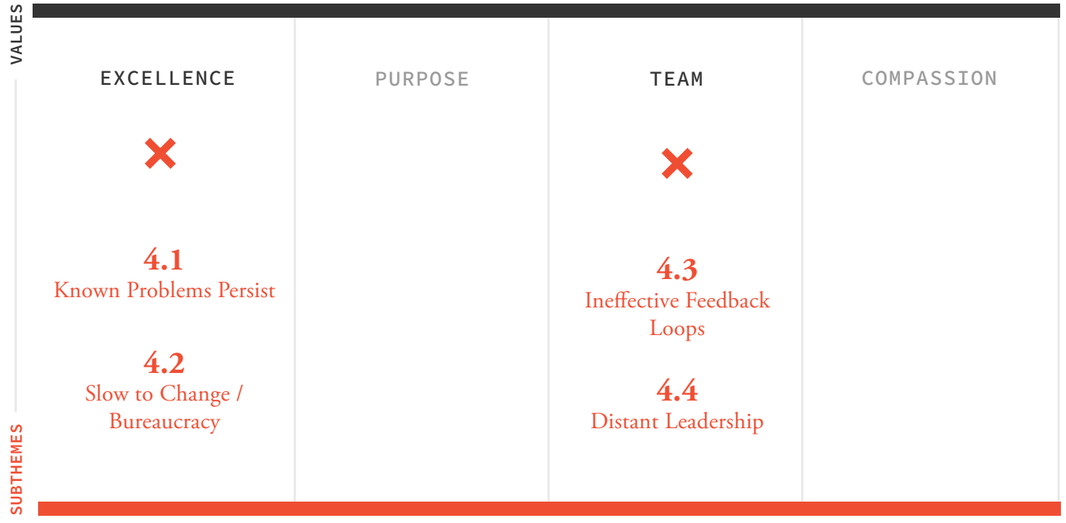


FIG 43: Key Finding 4 subtheme summary

The final area of misalignment is closely connected to the former. The final assumption is that *team members do not feel their voices are heard by the organization*. While this assumption is closely related to employees not feeling valued, it provides a bit more specificity. In that respect, this feeling of not being heard can be thought of as an additional causing factor for the perceived lack of value that employees expressed in the previous section.

The first two subthemes that emerged, **Known Problems Persist** and **Slow to Change / Bureaucracy** demonstrate a misalignment with the Excellence value: *we do our best at all times and in new ways*. Both themes deal with the perception that the organization is not effectively responding to problems raised by emergency department team members. Each theme has a slightly different meaning but both of them are dealing with employees' belief that the organization is not addressing the issues they raise in pursuit of excellence.

4.1 Known Problems Persist

Many team members' survey responses expressed frustration with the ongoing or persistent nature of certain issues in the emergency departments. While the specific issues they cited had some variation, the core message was the same; team members felt that there was a lack of action to address known problems. This theme, **Known Problems Persist**, emerged from around forty survey responses. Some of the responses described the problem as leadership's lack of awareness of key issues. However, some team members expressed the belief that leadership is aware of these issues but is just unwilling to take the issues seriously. They used words such, "always," "consistently," "chronic," "constant," and "systemic" to describe the nature of problems in the emergency department. Specifically, this lack of action indicates a misalignment with the part of the Excellence value which states that the organization *does its best in new ways*.

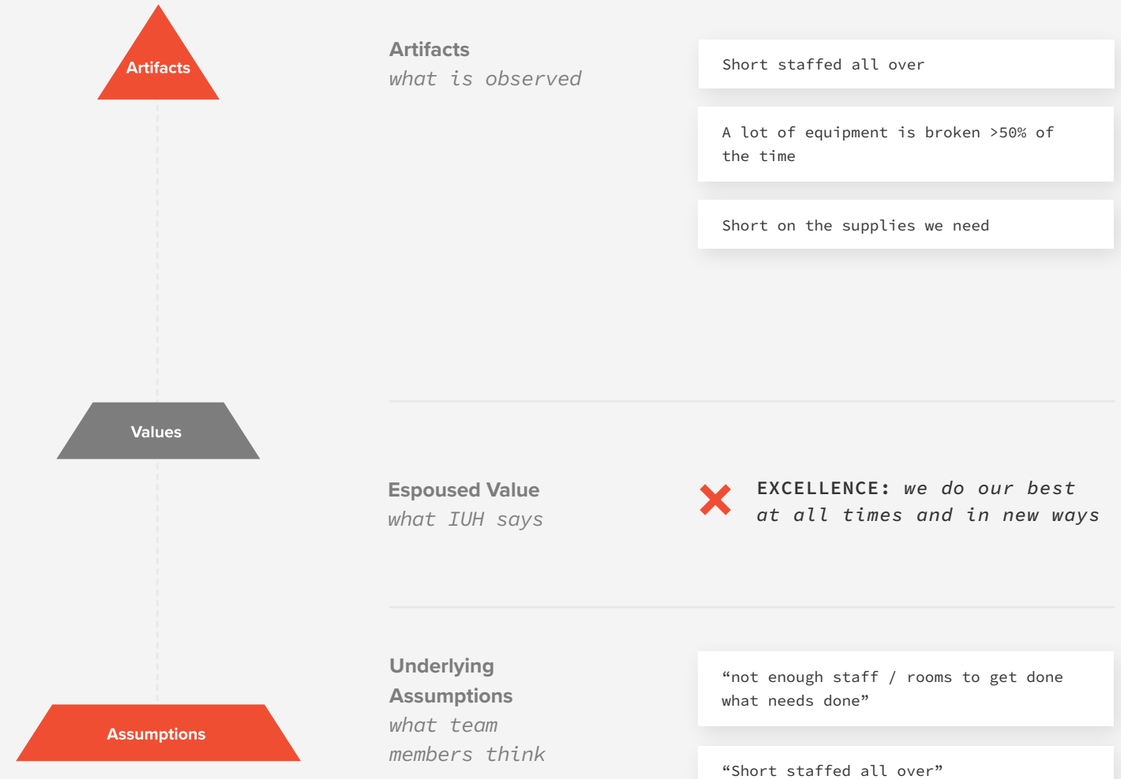


FIG 44: Sample survey data from 4.1 Known Problems Persist subtheme.

4.2 Slow to Change / Bureaucracy

The next theme, **Slow to Change / Bureaucracy** has two components. Both of them deal with the "red tape" that team members feel prevents progress. The processes that team members have to go through to address issues is very tedious and complicated. They feel as though there is not an easy or efficient way for them to raise issues to the organization. The result is either a complete lack of change or extremely slow rate of change. This perception about the process and rate of change also contributes to the feeling that employee voices are not heard.

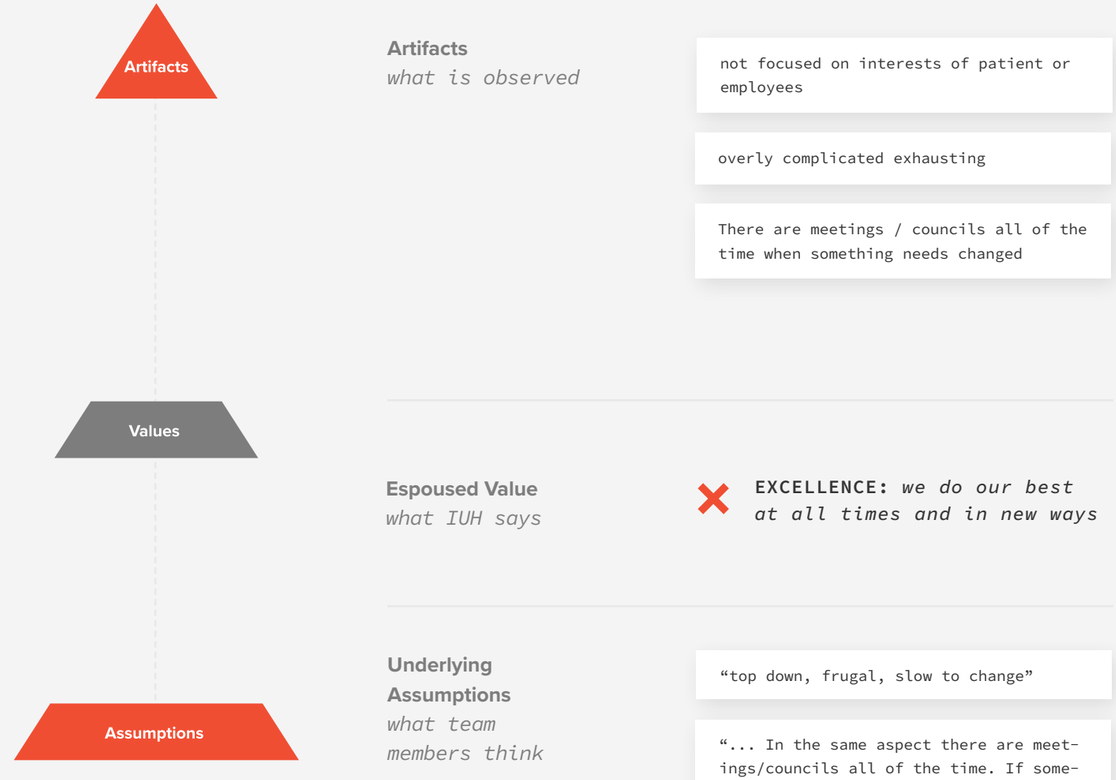


FIG 45: Sample survey data from 4.2 Slow to Change / Bureaucracy subtheme.

4.3 Ineffective Feedback Loops

The final two themes to emerge within this topic were **Ineffective Feedback Loops** and **Distant Leadership**. Both of these themes present a misalignment with the Team value; *we count on and care for each other.*

The theme of **Ineffective Feedback Loops** was referenced approximately thirty-two times throughout the survey data. The key perception being raised in these responses was that employees working on the front lines do not feel that they have a voice with the upper management. They feel as though their concerns are simply brushed under the rug or that they have no mechanism for sharing their feedback at all. In some more extreme responses, employees expressed their belief that the atmosphere within the organization is not one that supports the free exchange of ideas. The existence of this very survey indicates that there are some mechanisms for upper management to collect feedback from employees. However, the perceived lack of response to concerns and the lack of more immediate feedback opportunities likely contribute to this overall sense.

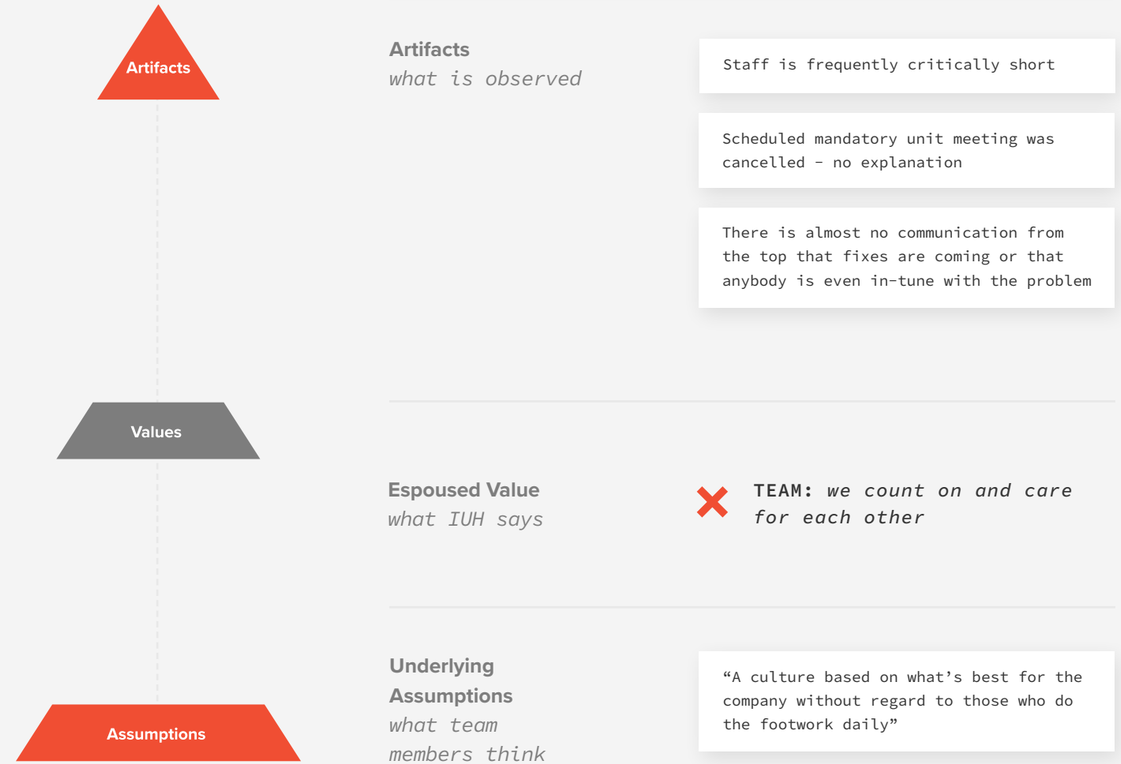


FIG 46: Sample survey data from 4.3 Ineffective Feedback Loops subtheme.

4.4 Distant Leadership

Finally, the theme of **Distant Leadership** was referenced around twenty-one times in the survey responses. This theme emerged from team members' sense of disconnect from the IU Health leadership. Many employees expressed their perception that the upper management does not have respect for frontline medicine. They feel as though the organization is so large that the upper management is unaware of the "on the ground" issues. Some team members feel very closely connected to their fellow team members within the department but expressed a perceived disconnect when it came to upper management. Overall, these beliefs seem to emerge from the sheer size of the organization and the sense of distance between the individuals on the frontlines and the administrators at the higher level of the organization.

The next section will continue discussion on the key areas of alignment and misalignment, this time with a focus on the potential opportunities. The aim of this section is to define the potential opportunities for creating better alignment between the existing culture and the newly defined organizational values.

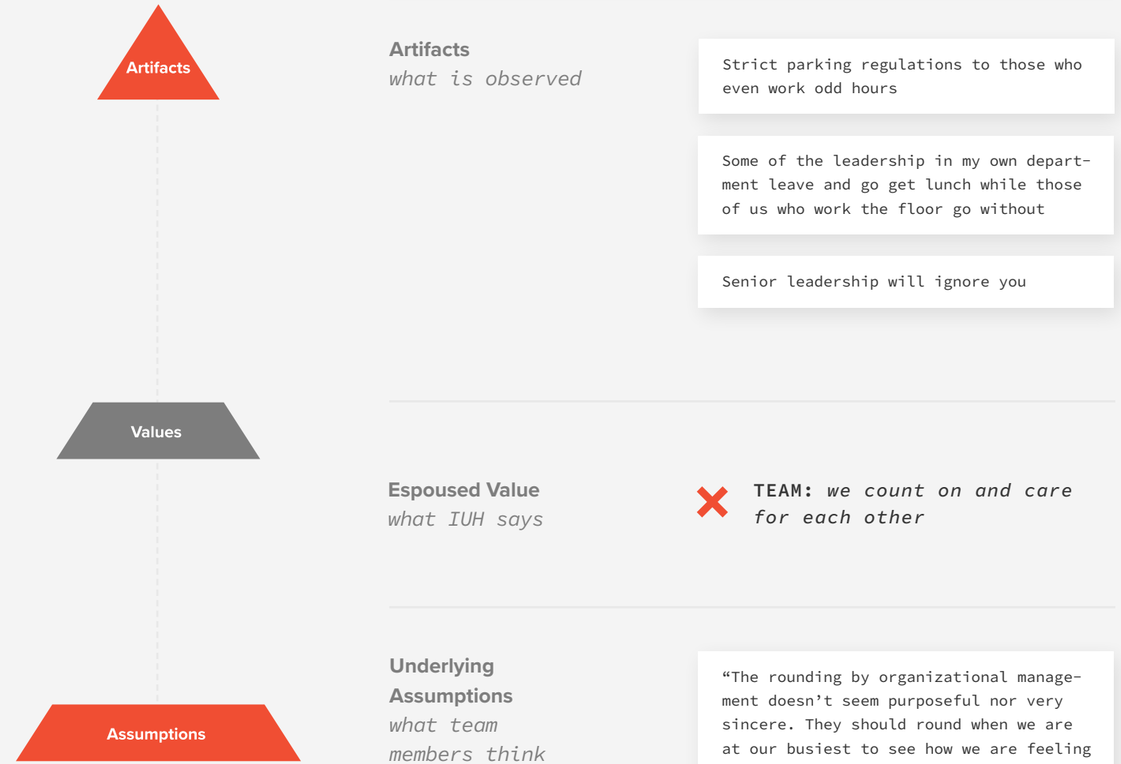
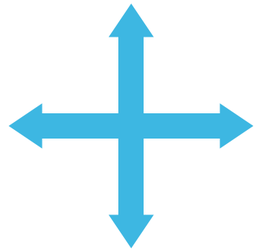


FIG 47: Sample survey data from 4.4 Distant Leadership subtheme.

3 OPPORTUNITIES FOR ALIGNMENT



CONTENTS

As mentioned a number of times throughout the Findings Chapter, the alignments and misalignments identified through the survey data exist along four key relationships: *1. Team Members' Relationship to Patients, 2. Team Members' Relationship to Fellow Team Members*, *3. Team Members' Relationship to Other Departments*, and *4. Team Members' Relationship to the Organization or Higher Management.*

Looking at the dominant findings through the lens of the four key relationships helps to determine the areas within the organizational hierarchy where there is a perceived disconnect with the newly defined organizational values from the team member perspective. Inversely, this framework also helps to identify the areas where the values have been well adopted or where there is apparent alignment. Through this relational lens, it becomes evident that the "higher" team members look on the hierarchical ladder, the more they perceive value misalignment. In other words, team members perceive very little value misalignment when they consider their relationship to patients or their coworkers in their department but as they reflect on their relationship to other departments or to higher management, they can identify many areas of perceived misalignment. This pattern seems to indicate that, broadly, the greatest area of opportunity for the IU Health leadership is in reshaping their relationship to team members or the dominant perceptions team members have about the organization or other departments outside of their own.

This section will re-examine the major themes from the survey data through the lens of the four key relationships, providing a brief discussion of the potential opportunities for creating better value alignment within these specific areas. Given the scope of this project, the discussion of opportunities will not be a detailed implementation strategy. Rather, this section will serve as a starting point for potential areas of intervention for consideration.

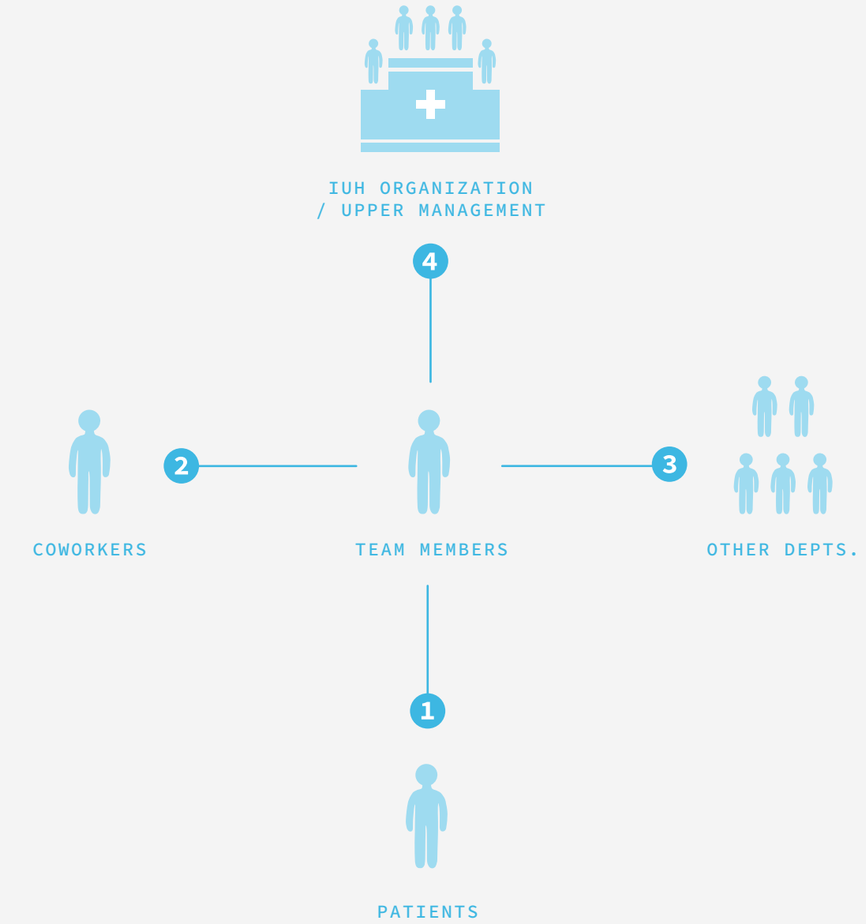


FIG 48: Four key IU Health ED relationships

1 TEAM MEMBERS' RELATIONSHIP TO PATIENTS

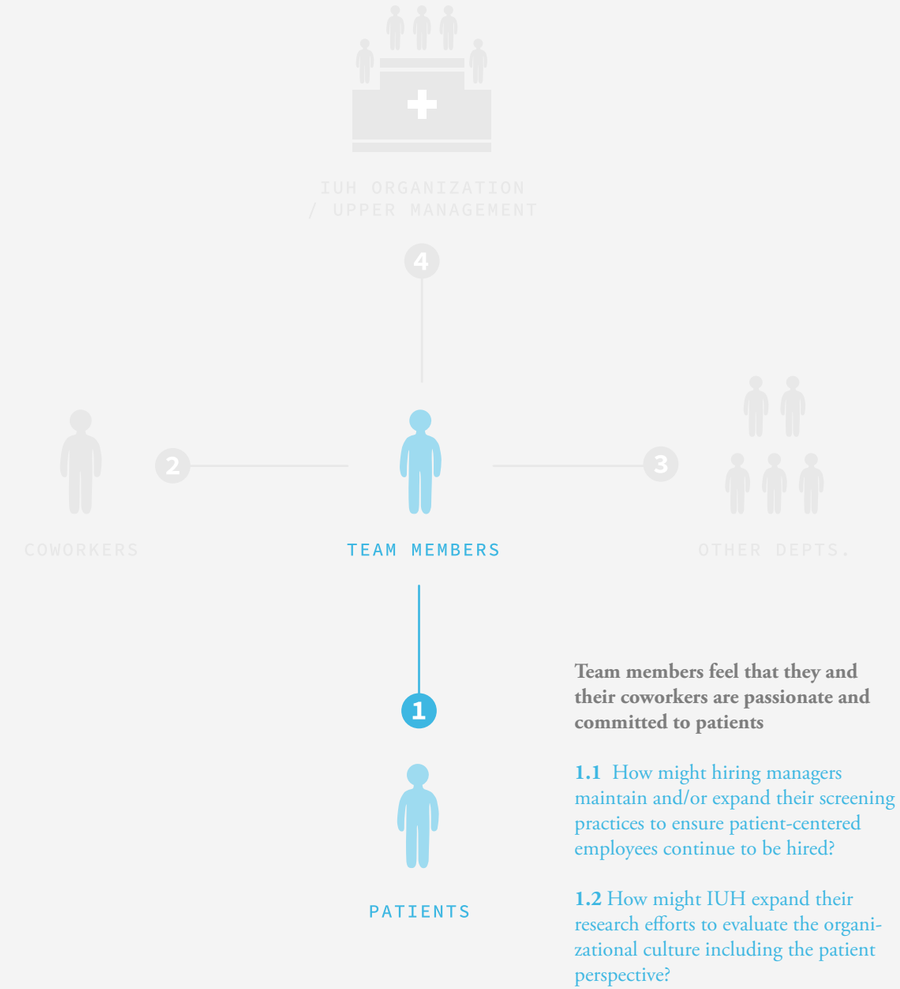
Of the four relationships, team members' relationship to patients was overwhelmingly spoken of in a positive manner. There was no pattern found in the data to indicate a value misalignment when considering the team member to patient relationship. In that sense, it appears as though the relevant values—Excellence, Purpose and Compassion—are on display when it comes to team members' interactions with patients and their families.

Given the fact that the team member to patient relationship was discussed in a dominantly positive light, the primary opportunity appears to be in simply maintaining the current state in this particular instance. It would be beneficial for management to consider the current screening practices in the emergency department hiring process and how these apparently successful practices could be maintained and expanded.

Because this particular survey data is limited to team members' perspective, another potential opportunity would be to identify an additional mechanism for examining the value alignment in team members' interactions with patients from the patient perspective. However, the findings from this research do suggest that, at least from the team member perspective, there is healthy value alignment when it comes to team members and patients. In other words, team members are overwhelmingly displaying excellence, purpose, and compassion in their interactions with patients.

The next relationship lens will move from a vertical relationship between team members and their patients to a more lateral or horizontal relationship between team members and their fellow coworkers.

FIG 49: Team Member to Patient Opportunities



2 TEAM MEMBERS' RELATIONSHIP TO FELLOW TEAM MEMBERS

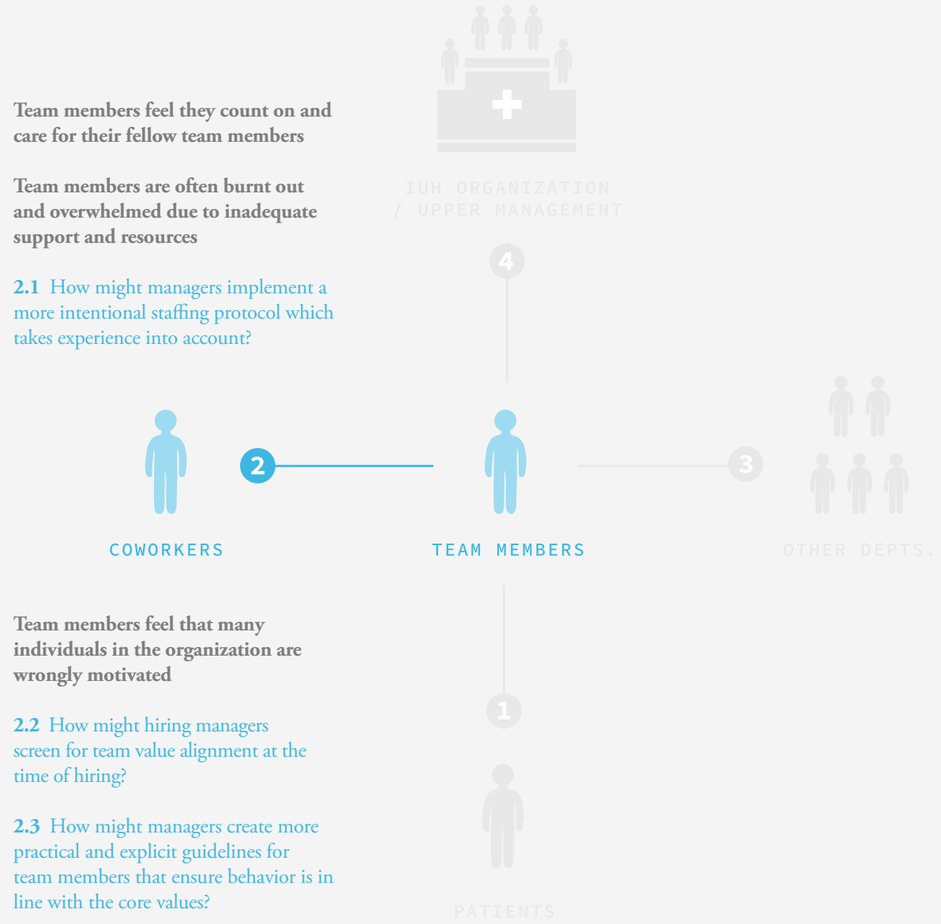
The relationship between team members and coworkers is also predominantly perceived as positive and well aligned with the Team value: *we count on and care for each other*. As discussed earlier in the Findings, team members overwhelmingly indicated that they can rely on their coworkers and that they care for them in a personal way. However, within this relationship area, the data did show a perceived misalignment in a couple of key areas: inexperienced team members create a burden on veteran team members, and some wrongly motivated team members are not demonstrating reliability and teamwork.

Given these perceived misalignments, a few potential areas of opportunity could be considered. First, there could be a more intentional staffing protocol which takes experience into account. The extent to which experience is already considered in current staffing practices is outside of the scope of this research. Perhaps there is already consideration for experience in place but the problem persists due to the issues around employee retention. There will be further discussion around the topic of employee retention later on in this section.

The second opportunity that could be considered is a screening mechanism to ensure employee and organization value alignment at the time of hiring. Because teamwork is such a necessary and core value in the emergency department, hiring managers should certainly be committed to continuously developing more effective strategies to identify candidates' level of alignment with this value.

Lastly, given the fact that inevitably there will be employees who do not practice proper teamwork of their own volition, there is an opportunity for managers to provide a sense of accountability through explicit standards within individual teams. While the organization can provide broad direction, individual managers and leaders can provide more detailed, tactical, and explicit guidance for the employees, demonstrating teamwork in a very practical manner. In an organization as large at IU Health, this type of contextualizing from managers and leaders can be very effective in bringing the values to life at the individual and departmental level.

FIG 50: Team Member to Team Member Opportunities



Team members feel they count on and care for their fellow team members

Team members are often burnt out and overwhelmed due to inadequate support and resources

2.1 How might managers implement a more intentional staffing protocol which takes experience into account?

Team members feel that many individuals in the organization are wrongly motivated

2.2 How might hiring managers screen for team value alignment at the time of hiring?

2.3 How might managers create more practical and explicit guidelines for team members that ensure behavior is in line with the core values?

3 TEAM MEMBERS' RELATIONSHIP TO OTHER DEPARTMENTS

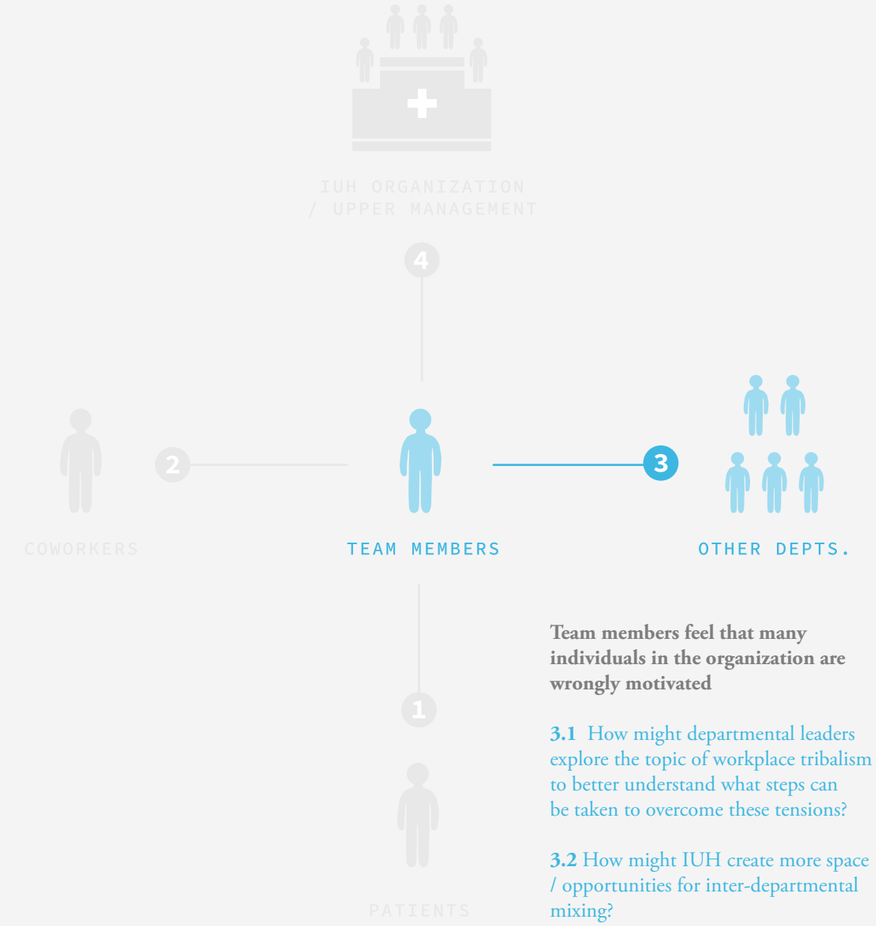
While there was not a vast amount of discussion in the survey data regarding other departments, it was notable that all of the references to relationships or interactions with other departments were in a negative context. In other words, there is a perceived tension between team members that are not from the same department. This misalignment with the Team value appears to stem from the natural tribalism that often occurs between teams in workplaces. The Austin Technology Council provides eight specific reasons for why this phenomenon occurs:

- Limited resources
- Silos of information and responsibilities
- Competitive mindsets
- Poor communication
- Perceived favoritism from higher ups
- Competing needs
- Ego-centric beliefs and behaviors
- Lack of alignment between leaders

("What leaders can do about tribalism," 2021)

While it is not clear whether these common reasons are all relevant to the IU Health inter-departmental tensions, there is a clear opportunity for departmental leaders to explore this topic of tribalism in the workplace to better understand what steps can be taken to overcome these tensions. Although the Team value has been strongly adopted within the IU Emergency Departments, there is still a great opportunity to expand adoption across departments and teams. Many of the positive team member to team member perceptions stem from the amount of time that coworkers spend with each other at work. Given this finding that proximity leads to positive relationships, one specific opportunity to consider is creating more space for inter-departmental mixing. Perhaps creating less harsh divisions between departments could truly contribute to the feeling that everyone is on the same team, working together toward a common goal.

FIG 51: Team Member to Other Departments Opportunities



Team members feel that many individuals in the organization are wrongly motivated

3.1 How might departmental leaders explore the topic of workplace tribalism to better understand what steps can be taken to overcome these tensions?

3.2 How might IUH create more space / opportunities for inter-departmental mixing?

4 TEAM MEMBERS' RELATIONSHIP TO THE ORGANIZATION/UPPER MANAGEMENT

The final relationship to be discussed is the somewhat abstract relationship between team members and the organization at large or the individuals in higher management positions. As mentioned in the opening of the Opportunities section, as we move further up the hierarchical ladder, more perceived misalignments are cited by team members. While there is less specificity in this final relationship, this section will re-examine the challenges with a focus on potential opportunities.

The dominant misalignments within this final relationship take three primary forms. The first area of misalignment centers around employee burnout, in conflict with the Excellence value. Next, there are a number of misalignments pertaining to a perceived lack of value / concern for employees by higher management, in conflict with the Team and Compassion values. And lastly, there is a perception that many in higher management are wrongly motivated, in conflict with the Purpose value.

In considering the challenges around employee burnout or overwhelm, the key opportunities which can be identified center around resource management and department standards. Specifically, in response to the complaints surrounding broken equipment or lack of supplies, departments could explore new strategies for inventory management and equipment maintenance. While these seem somewhat simple, the data clearly showed that these kinds of consistent equipment and supply nuisances contributed greatly to the burnout and frustration team members reported.

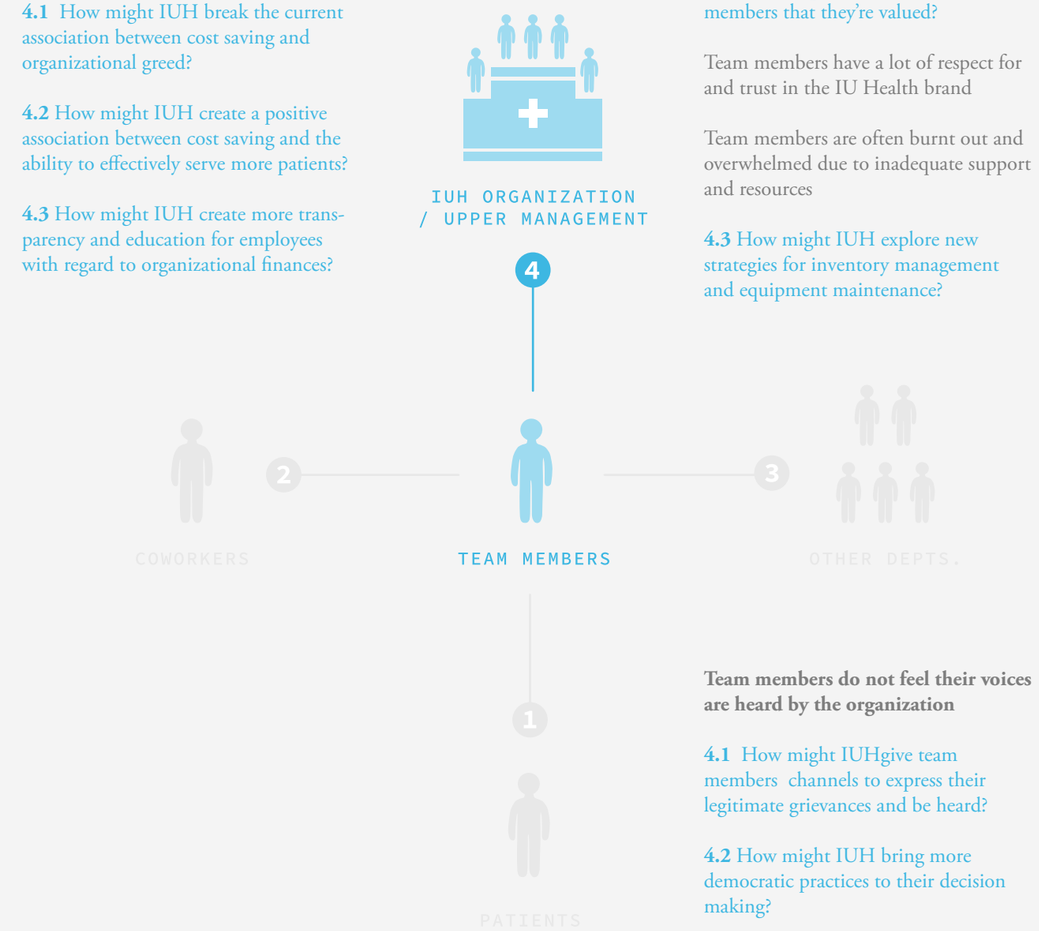


FIG 52: Team Member to IUH Organization Opportunities

Perhaps the most broad area of opportunity is in employee retention and staffing. While employee retention is truly a broad issue that is largely out of scope in this research, the survey responses on this issue do provide some insight as to how this challenge could be addressed. The survey data showed a strong connection between employees feeling undervalued and unheard by the organization and employees making the decision to leave IU Health. In that sense, one can assume that properly addressing these perceptions will ultimately have a positive impact on retention.

When considering the perception that employees do not feel valued or heard by the organization, higher management could explore potential ways of expressing their appreciation for team members. With that said, examining the themes from the survey data, it is clear that employees are not looking for simple lip service or a shallow communication campaign from management. Rather, team members are more interested in feeling like they have channels to express their legitimate grievances and be heard. Employees would appreciate more democratic approaches as opposed to the unilateral decision making that they feel is common practice. Perhaps the opportunity is in more consistent venues for communication not just from higher management to team members but from team members to higher management. This survey and this research demonstrates a great step in this direction. However, if employees are given the opportunity to provide feedback and nothing changes, one has to assume that the feeling of not being heard will only be exasperated. In that regard, there should be a more strategic consideration for employee-organization feedback loops beyond the tactical implementation of surveys.

Finally, closely related to the previous discussion, is the perception that the higher management is wrongly motivated, corporate minded, or simply interested in profit maximization. There seems to be a strong perception that cost saving in the emergency department leads to enrichment of higher management. This connection was cited many times by team members in the survey data. It appears that the greatest area of opportunity here is in reshaping these widely held perceptions surrounding cost saving.

The organization could explore how to break the current association between cost saving and organizational greed and instead create a positive association between cost saving and the ability to effectively serve more patients. Perhaps, one strategy could simply involve greater transparency and education with team members regarding the organization's finances.

CONCLUSION

1. Significance
2. Future Research

1. SIGNIFICANCE

The aim of this research was to demonstrate how Human-centered Design and Visual Sensemaking methods could be used to understand and improve the culture of an organization. Specifically, this study approached this challenge in the context of the Indiana University Health Emergency Departments. Within this context, the research sought to identify areas of alignment, areas of misalignment, and opportunities for better alignment between the existing culture and the newly defined organizational values. Overall, these objectives were achieved. The visual sense-making activities allowed the researcher to make sense of the areas of alignment, areas of misalignment, and potential opportunities *and* to communicate them in a way that they can be acted upon.

This research is significant because of the unique intersection of three things: *Organizational Culture*, *Human-centered Design approach*, and *Visual Sensemaking*.

Organizational Culture

Designers have not always been recognized as having a role in organizational change processes. There has been a slow and steady evolution from designers working solely in the realms of graphic design and industrial design, moving into the space of interaction design, and more recently, having a seat at the table in the design of services, systems, environments, and organizations (Buchanan, 2015). While one could easily find theoretical discussion about the role of designers in organizations in the academic literature, there is still a lack of documentation of instances of practical application of design in real organizational contexts. In that sense, this research provides a meaningful contribution to the current discourse surrounding design and organizational change. This paper provides a level of theoretical discussion when presenting the methodology, but the specific objectives of this research are clearly and intentionally oriented toward a practical, real world context.

Human-centered Design + Visual Sensemaking

In addition to the issues of practical application, much of the existing research and academic writing on the topic of organizational change through design take a broad definition of design. In an academic paper about design in organizations, it wouldn't be surprising to see design defined all the way from strategic decision-making to product development to innovation to cultural reform. This lack of specificity is understandable and even appreciated when considering the transferability of design principles to a wide range of contexts and the varying design traditions. However, this paper offers a very specific design methodology which allows for a greater level of nuance than is often found. While Human-centered Design and Visual Sensemaking is not *the way* designers must approach all challenges in organizational context, this research effectively demonstrates *one way* that design approaches and methods can be used to address challenges in an organizational context.

2. FUTURE RESEARCH

When considering the three specific objectives defined at the outset of this paper; *identifying the areas of alignment*, *identifying the areas of misalignment*, and *identifying opportunities for better alignment*, there are a couple of considerations for strengthening this research. These considerations were already mentioned throughout this paper but will be expounded upon here.

First, while the focus on the team member perspective was important and key to this research, a broadening of the data collection methods to include the perspective of other organizational stakeholders would enrich this cultural analysis. As this research stands, a clear and insightful picture of the team member's experience with regard to organizational culture has been painted. However, further research which includes the patient, family, manager, and leadership perspectives would add important layers to this painting. While each new perspective brings unique challenges and complexity to the sensemaking process, they also bring incredible insight and richness that cannot be discounted. To have a true picture of the emergency department culture, further research which includes the perspective of these stakeholders would be necessary.

Secondly, the COVID-19 Pandemic limited the opportunity for in-person research activities. This limitation caused the core data collection to be drawn almost soley from an organization-wide survey. The "wide net" cast by the surveys was quite useful in identifying major themes and high-level insights. However, looking ahead, the use of these findings as a starting point for deeper, conversational interviews is recommended.

When considering the larger aim of this research, *exploring how design could be used to understand and improve an organizational culture*, future efforts should center on bridging the aforementioned gap between theory and practice. The role of design in organizational change is well discussed from a theoretical perspective. And the presence of designers and design practice is becoming increasingly common in modern organizational change efforts.

In that sense, the key opportunity looking ahead, is for practicing design researchers to identify more formal academic venues for detailed discussion of their work. As concepts such as *Design Thinking* continue to become popularized in the management and innovation discourses, there is a risk of shallow techniques to be confused with more rigorous design research. Therefore, more formal examination and articulation of design activities in organizational contexts will allow for appropriate distinction. The legitimacy of design as a tool for organizational change depends upon this distinction.

APPENDIX

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To design is to devise courses
of action aimed at
changing existing situations
into preferred ones.

—Herbert Simon