



Integral Healthcare Management

AN INTRODUCTION

Thomas G. Goddard

Integral Healthcare Management, an application of Integral Theory to the management of healthcare organizations, is a comprehensive and inclusive way of providing healthcare. In this article I explain the “all-quadrant” aspect of Integral Theory in the context of two common healthcare management challenges: operating a hospital in accord with national accreditation standards and complying with modern notions of “patient safety.” The application of Integral Theory to healthcare management will help organizations maintain their focus on exterior forces and influences while acknowledging the oft-overlooked interiors. I conclude that Integral Theory can strike a balance between an individual and collective focus, offer a more humane approach in that it forces a deep examination of quality and performance, and be more cost effective.

What Is Integral Healthcare Management?

We will define “healthcare” (or as the purists might write, “health care”) as that which involves care for the health of people. It can refer to organizations, systems, professions, and a host of other human endeavors. While there are many definitions and uses of the term “management,” in this context it refers to the systems, people, and processes that guide the activities of organizations. Therefore, we can tell from the title of this article that it deals with the systems, people, and processes that guide the activities of organizations involved in caring for the health of people.

The Integral Approach

What about the word “Integral”? What are the implications of calling an approach to healthcare management “Integral”? The short answer to this question is that Integral Healthcare Management is a comprehensive and inclusive way of looking at the task of providing



healthcare. A slightly longer answer notes that this approach utilizes the tenets of a more general Integral Theory as expounded by theorist Ken Wilber.

Integral Theory, as it has unfolded over the last three decades, involves at least five major elements: all-quadrants, all-levels, all-lines, all-states, and all-types, or “AQAL” (pronounced “ah-qwul”) for short. This article will leave the other elements for later essays in order to focus on how the all-quadrant aspect of Integral Theory applies to healthcare management.

The Four Quadrants

The four quadrants are a simple reminder that we can look at any event from four irreducible perspectives: the interior and exterior of both the individual and the collective. Thus, a diagram of the quadrants:

<p>UPPER LEFT Interior-Individual “I”</p>	<p>UPPER RIGHT Exterior-Individual “It”</p>
<p>LOWER LEFT Interior-Collective “We”</p>	<p>LOWER RIGHT Exterior-Collective “Its”</p>

Figure 1. The Four Quadrants

While this may seem abstract at first, remember that the four quadrants are really the four most basic perspectives available to us: “I,” which represents our own interior thoughts, motivations,



feelings, and desires; “We,” which stands for culture, mutual understanding, and intersubjective values; “It,” which signifies empirical truth and an individual’s physical behavior; and “Its,” which represents systems, interobjective processes, and functional fit.

<p>UPPER LEFT Interior-Individual</p> <p>“I”</p> <p>Employee motivation and knowledge Patient motivation and knowledge Provider motivation and knowledge</p>	<p>UPPER RIGHT Exterior-Individual</p> <p>“It”</p> <p>Employee standards Employee behaviors</p>
<p>LOWER LEFT Interior-Collective</p> <p>“We”</p> <p>Corporate culture Shared beliefs and mental models among employees, patients, providers, and other stakeholder</p>	<p>LOWER RIGHT Exterior-Collective</p> <p>“Its”</p> <p>Systems to facilitate such activities as utilization management, claims payment, disease management, billing, records management, etc.</p>

Figure 2. Some Aspects of the Four Quadrants of Healthcare Management

In the following two sections, I will introduce two problematic areas of healthcare management and illustrate how the four quadrants can guide balanced reforms.



The Problem of Hospital Accreditation

In order to receive Medicare reimbursements for treating elderly patients, hospitals in the United States generally must follow certain federal operations requirements. An alternative to much of this federal regulation is accreditation by certain private non-profit organizations, most notably the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). Such JCAHO-accredited facilities need not undergo certain routine inspections by state or federal officials.

Accreditation of healthcare organizations may seem to be merely an exterior event as accreditation standards often govern individuals' behavior in the hospital (a clear example of the Upper-Right quadrant). In addition, accreditation standards also focus on systems—information systems, compensation systems, and management systems—that involve the Lower-Right quadrant.

Yet what is often overlooked in accreditation procedures, and what Integral Theory reminds us, is that accreditation can be seen from the interior as well. For example, hospital employees who must follow the accreditation standards must (1) possess *knowledge* of the requirements of the standards, if not the standards themselves, and (2) be *motivated* to comply with those standards. Yet both cognitive understanding and motivation are, in fact, Upper-Left realities.

Similarly, accreditation requires, in the Lower-Left quadrant, an organizational culture. This culture includes the worldviews, theoretical models, values, and beliefs that employees must share in order to cooperate and follow specified guidelines. As researchers and theorists note, culture plays a vital role in describing and even prescribing behavior within organizations. Differences in organizational cultures may explain why some hospitals have a much easier time in achieving and maintaining accredited status.



<p>UPPER LEFT Interior-Individual “I” Knowledge of accreditation requirements and motivation to comply.</p>	<p>UPPER RIGHT Exterior-Individual “It” Accreditation standards Observable employee behaviors relevant to compliance</p>
<p>LOWER LEFT Interior-Collective “We” Corporate culture for compliance</p>	<p>LOWER RIGHT Exterior-Collective “Its” Information systems Compensation systems Human resources and management systems</p>

Figure 3. The Four Quadrants of Accreditation

The Problem of Patient Safety Initiatives

In response to the first of two reports on patient safety by the Institutes of Medicine (IOM),¹ researchers in the public and private sectors have been working diligently to uncover the mechanisms that influence healthcare workers’ ability and willingness to perform their jobs safely (which, we might note, involves the Upper Left).

Upper-Right and Lower-Right approaches such as technological improvements, training programs, and systems reengineering have already received much consideration. While many of these strategies have had some effect, we know that, based on an Integral approach, they tell only half the story. Some researchers have implicated other important factors.



For instance, given the interactive aspect of individual and situational factors, even well designed efforts to influence the hazard-related beliefs and attitudes of workers may fail if the environment is nonsupportive.²

A supportive or nonsupportive environment, in other words, is an important role a Lower-Left culture plays in the promotion of patient safety. With increasing frequency, researchers are trying to map those features of organizational life that have useful and predictable effects on the attitudes, thoughts, and behaviors of employees in healthcare delivery systems. To put it more colloquially, if it takes a village to raise a child, then it takes a culture to build high quality healthcare delivery.

Unfortunately, the concepts of a “culture for patient safety” and the closely related “climate for patient safety” are virtually unexamined (which is even more reason to adopt an Integral approach). The bulk of research upon which we must rely for our understanding of this issue arises from studies of “culture for worker safety,” many of which have been conducted within the nuclear power and petroleum drilling industries. One definition from that field gives an excellent summary of the importance of a Lower-Left organizational culture:

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management. Organizations with a positive safety culture have communications founded on mutual trust, by shared perceptions of importance of safety, and by confidence in the efficacy of preventive measures.³



<p>UPPER LEFT Interior-Individual “I” Employee willingness to perform jobs safely Employee knowledge of recommended safety practices</p>	<p>UPPER RIGHT Exterior-Individual “It” Training programs Patient safety standards (accreditation, Leapfrog Group, regulation)</p>
<p>LOWER LEFT Interior-Collective “We” Culture for patient safety</p>	<p>LOWER RIGHT Exterior-Collective “Its” Technological improvements, such as hand-held prescription devices</p>

Figure 4. The Four Quadrants of Patient Safety

An Integral Healthcare Management

By using the four quadrants, healthcare managers can continue to attend to exterior forces and influences, but they can do so while also acknowledging the often overlooked interiors. Likewise, organizations that place too heavy an emphasis on interiors (e.g., culture) should remember the importance of exteriors (e.g., competent information systems). The use of an Integral approach would redress such absolutism or unhealthy emphasis.



Similarly, Integral Theory can help strike an appropriate balance between individual focus and collective focus. For example, an organization examining its compensation system may note that it rewards only individual achievement. With the application of Integral Theory, it can redesign its performance evaluation and compensation mechanisms in order to acknowledge team performance or an individual's contribution to the team.

Furthermore, an Integral approach, by thoroughly examining quality and performance, is not only more humane, but it is also more cost effective. As the healthcare sector expands inexorably, it is increasingly clear that we can no longer afford partial solutions and shortcuts. More and more research is showing that an all-quadrant scan is an effective way for healthcare organizations to ensure that they address both quality of care and financial performance completely.

The examples provided in this article are just a few of the broad implications of a more Integral Healthcare Management. For more information on this exciting approach to healthcare management please visit the Integral Healthcare Management Center at www.integralinstitute.org, where you can join many others who are pioneering the Integral approach within healthcare.



Endnotes

¹ Kohn, Corrigan & Donaldson, *To err is human: Building a safer health system*, 1999

² DeJoy, "Theoretical models of health behavior and workplace self-protective behavior," 1996, p. 70

³ Health and Safety Commission, *Organizing for safety: Third report of the human factors study group of ACSNI*, 1993



REFERENCES

DeJoy, David M. (1996). Theoretical models of health behavior and workplace self-protective behavior. *Journal of Safety Research*, 27 (2), 61-72.

Health and Safety Commission (1993). *Organizing for safety: Third report of the human factors study group of ACSNI*. Sudbury, England: HSE Books.

Kohn, Linda T.; Corrigan, Janet M. & Donaldson, Molla S. (Eds.). (2000). *To err is human: Building a safer health system*. Washington, DC: Institute of Medicine.

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Integral Healthcare Management

AN INTERMEDIATE OVERVIEW

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In this application of Integral Theory to the management of healthcare organizations, I outline three core aspects of Integral Theory: “all-quadrants,” “all-levels,” and “all-lines.” Citing examples from common healthcare management activities such as compliance, patient safety, executive recruitment and selection, organizational development, team-building, mergers and acquisitions, and quality management, I suggest the broad applicability of Integral Healthcare Management as a means of improving quality of care, cost-effectiveness, employee and provider satisfaction, regulatory compliance, and patient safety. I then outline some historic obstacles to the application of Integral Theory to healthcare management and suggest strategies to overcome such obstacles.

One Who Is Good with a Hammer...

Too often, those in the business of helping healthcare leaders build better organizations have been, in fact, a part of the problem. Too often, we have relied exclusively on the solutions of our own specialization. “One who is good with a hammer sees everything as a nail.”

Systems analysts may too often assume that organizational problems emerge from poorly designed systems. Motivational trainers may over-diagnose the root of problems as “low self-efficacy” or “external locus of control.” Team-building consultants may focus too much on an organization’s dysfunctional groups. IT specialists are overconfident that a technological fix is what the doctor ordered.

As a result, efforts at improving the performance of healthcare organizations often come up short. An HMO may spend tens or even hundreds of thousands of dollars on a “compliance program” only to get slapped two years later by sizeable regulatory fines or a bank-busting jury verdict. A hospital may try to enhance patient safety by modernizing its communications and information retrieval technology, only to find that its mortality and iatrogenic injury rates



actually rise. Typically, health care organizations' management solutions are not wrong, or even poorly implemented. They are merely *partial*.

In today's turbulent healthcare industry, the crisis of management calls for a more complete, more balanced, more integral management approach, one that would integrate a variety of management solutions in order to provide a sustained benefit over time. To assure that a management solution is indeed Integral, we have found it useful to check it against the clear theoretical framework, propounded by philosopher Ken Wilber, called AQAL or the Integral model. Herein, we will focus on three components of the AQAL model: "all-quadrants" (the most basic perspectives available to us), "all-levels" (the stages of human growth and development), and "all-lines" (the many capacities or intelligences in which those stages unfold).

All-Quadrant Management

All-quadrant management suggests that each aspect of the management agenda should resonate with the interior and exterior aspects of both the individual and the collective. These are the four quadrants (see figure 1).

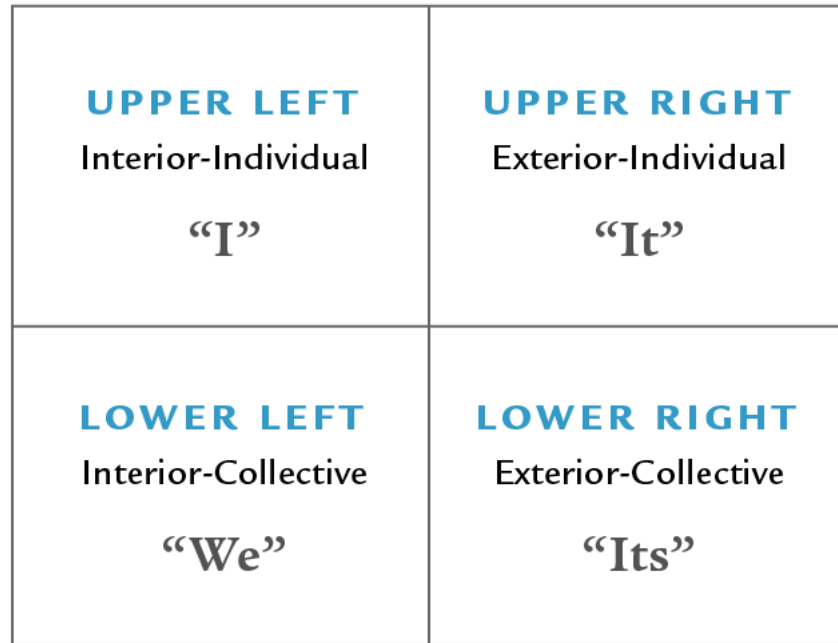


Figure 1. The Four Quadrants

In our experience, every management issue arises from all four, rather than just one or two, of these quadrants. An example may help. A hospital that seeks to improve patient safety might take a purely Lower-Right (exterior-collective) approach by creating the position of Vice President of Patient Safety, forming a Patient Safety Procedures Review Committee, and launching a column in the employee newsletter and webpage offering employees suggestions on how to improve patient safety. While these are all good ideas, they tend to be less than Integral by neglecting the three other quadrants.

The Upper-Right quadrant, for example, would include all the standards established for individual behavior, such as washing hands at specified times throughout the day and double checking that the listener heard the clinical order correctly. An Integral approach would catalogue, at minimum, the individual behaviors that are likely to produce significant improvements in patient safety.



There is also the Upper-Left quadrant, which would add consideration of employees' knowledge of pro-safety behaviors, as well as their motivation to undertake those precautions. Inquiry into this quadrant invariably goes beyond the exterior question of "Did we give the employees the information?" to the interior questions of "Did our employees absorb and understand that information?" and "To what extent are our employees motivated to act on this information?"

Attention to the Lower-Left quadrant would involve a serious exploration of corporate culture and, in the many hospitals where teams are the dominant organizational unit, team-level culture. Rather than assuming that "culture-building" efforts like company retreats and team-training programs are successful, an Integral approach would evaluate them. It would directly examine organizational and team-level culture and identify shared beliefs about patient safety.

Additionally, to take an Integral approach, the hospital would rigorously study how phenomena in one quadrant interact with the other quadrants. For example, if a survey reveals that the hospital staff does not think that their managers care for employee well-being, then the most Integral remedy will involve all four quadrants. In the Upper Left, managers could learn the importance of interpersonal support. In the Upper Right, they could be rewarded (e.g., hired or promoted) for pro-social behaviors. In the Lower Right, new management teams could commit to fostering a Lower-Left culture of support among the hospital's managers.

All-Level Management

There is a profound agreement among psychological researchers that people evolve through levels or stages of development, consciousness, and care. Certainly, few would argue that there is normally something about an adult's view of the world that is deeper or more comprehensive than that of a teen or an infant. We would agree that Gandhi was farther along some spectrum of human development than, say, Pol Pot. Similarly, much of management science examines characteristics of advanced organizations that distinguish them from less advanced organizations.



With the passing centuries and decades, we have developed a more sophisticated understanding of these levels. While there may be dozens or even scores of different theories of human development, it is evident upon closer examination that the similarities among these developmental theories are far more significant than the differences. Wilber has concluded that while “there are dozens of disagreements and hundreds of conflicting details... they all tell a generally similar tale of the growth and development of the mind *as a series of unfolding stages or waves.*”¹

Across the theories, the individual starts at a level focused on basic needs and survival—one which we usually associate with infants—and gradually progress through higher waves of consciousnesses and care. When the present level of development proves inadequate to the individual’s ability to manage his or her environment and life circumstances, then, barring pathology, he or she develops to the next level of awareness. Each level of consciousness transcends and includes the previous.

Robert Kegan’s theory of the “evolving self” is one such theory of human development.² Here is a brief summary of Kegan’s stages:

- *The Incorporative Self* (ending around age 2). At this level, the child does not see herself as separate from her environment and operates largely on reflex. Thus, the self has nothing separate to “have.”
- *The Impulsive Self* (ending between the ages of 5 and 7). The self is constituted of impulses and perceptions, in which the child’s reflexes are embedded. However, there is not yet a “controlling self” to constrain the impulse-based actions of the child. Additionally, the child understands objects only as they are presently constituted.



- *The Imperial Self* (ending between the ages of 12 and 14). The self is comprised of needs and wishes, in which are embedded the child's impulses and impressions. There is, at this stage, not yet a shared subjective or social reality with others. There is, however, an awareness of a private life and a coherent concept of "me." True empathy is not fully developed.
- *The Interpersonal Self*. The self is interpersonal, and mutual with others, and has needs and wishes. This increasingly complex self has different voices and is able to enter into empathic and reciprocal duties. The "Socio-Cultural" has been internalized.
- *The Institutional Self*. This self is self-reflective of roles, norms, and its own self-concept and is capable of introspection and administrates relationships.
- *The Interindividual Self*. The self at this stage is a weaving of multi-personal ideologies. This self has ideology and identity but does not exclusively defend one pole of a dipole debate. This self is fluid, seeing its defenses as a means for the self-discovery of its own complexity of views. This self, capable of an intimacy of which earlier versions were not, is able to seek out information to change behavior and self-evaluate, understanding that the self is a multitudinous and variegated construct.

Research indicates that each of us tends to operate consistently from a "center of gravity" that is rooted in one of these levels. In addition, overall growth and development is sequential, meaning that an individual cannot skip a stage.



Not only do individuals have centers of gravity at a particular level of development, but so do groups such as small teams, organizations, nations, and even entire cultures. While such a group may have people at various levels along the developmental spiral, the group will tend to operate from the dominant worldview of its constituents.

Yet despite the wide agreement that individuals and groups operate at different levels of development, organizations (including healthcare organizations) do not systematically acknowledge the existence of such a developmental hierarchy. Indeed, we find in some organizations a resistance to the application of anything that resembles a “science of hierarchy,” or a reasoned approach to identifying the characteristics of individuals and groups that make them better suited to handling certain management requirements.

A truly Integral approach to management is cognizant of the fact that individuals develop at different rates and, indeed, are at different levels of development from one another. So, for example, a hospital taking an all-level approach might ask what level of development is necessary for a candidate to fulfill the position of department head. Furthermore, the hospital leadership might explore how to assess such development and then use such measures for both selecting candidates and training incumbents.

Similarly, an all-level approach would identify the characteristics of advanced groups and systematically assess existing groups within the organization in order to understand where they fall on the developmental spectrum. That information would be useful in determining whether training and development at the group level would be appropriate, or whether groups need to be reconstituted altogether in order to achieve broader organizational objectives.

Finally, an all-level approach is highly useful in team building. Countless teams are dysfunctional because there is a wide disparity in the developmental levels of their component



members. Integral team building—being conscious of the various levels of development and attuned to the assessment of such development—will foster more coherent and functional teams.

All-Lines Management

All-lines management makes all-levels smart. The levels of development of Kegan’s model represent the stages of only one line or capacity of development: cognitive/meaning-making. Furthermore, research tells us there are at least two dozen different developmental lines, including moral, emotional, creative, kinesthetic, and spiritual lines. Some will be more important to a particular organization, or even to a particular position, than others. For example, an HMO’s chief compliance officer would require strong development in cognitive and moral capacity, while a customer service representative might specialize more in emotional and interpersonal competencies. Thus, an Integral management approach will combine its recognition of different levels of development with its understanding of different lines in individuals and organizations in order to fine-tune its selection, training, and perhaps even compensation approaches.

The Broad Applicability of Integral Healthcare Management

The Integral approach has broad reach for healthcare organizations. The potential applications are as plentiful as the management challenges themselves. Three examples illustrate the broad utility of an Integral perspective:

1. An “Integral compliance” program enables a healthcare organization to implement a comprehensive compliance plan that not only looks good on paper but also makes the organization less likely to be the subject of regulatory penalties and litigation, and more likely to achieve accreditation.



2. Mergers and acquisitions are common to the healthcare landscape, but they are also risky. Because of this, when companies are interested in acquiring or merging with one another, they go through a phase of “due diligence” before the transaction. Here, companies size each other up for potential risk, asset value, corporate compatibility, and so on. Integral approaches to due diligence are more likely to unearth hidden weaknesses that could sabotage a merger or acquisition, often at the cost of millions to the parties involved.
3. Quality Improvement (QI) is an aspect of healthcare management that too often is limited to one or two of the four quadrants. An all-quadrant approach goes beyond the establishment of QI committees and the implementation of formal QI programs—it harnesses the full array of available tools, including web-enabled analysis of performance on quality measures, assessment of individual and organizational motivational factors, audit of compliance with regulatory and accreditation quality standards, and much more.

Integral Theory can improve more than just quality of care and cost-effectiveness; it also offers opportunities to enhance employee and provider satisfaction, regulatory compliance, patient safety, and a host of other domains.

Diverse Skills Required

If Integral Healthcare Management is such a good idea, why is it the exception rather than the rule? First, people have a natural bias to stay within the box of their own individual experience. Combine that bias with the fact that very few people have training or experience relating to all four quadrants, and it becomes easy to see why some management solutions are so often too



narrow to be effective and sustainable. There are simply not that many managers or, for that matter, consultants, who have training and experience in such areas as systems analysis, legal and accreditation issues affecting health care, organizational and team development, individual motivational psychology, web design, and training. Therefore, a healthcare organization interested in implementing an Integral management plan may benefit by assembling a team of Integral practitioners.

An Integral manager, by being aware of quadrants, levels, and lines, will gradually transform his or her life and work into something more whole, and more inclusive, using the Integral map as a touchstone along the zig-zags of his own unique adventure. While such transformations can often be slow and arduous, the results speak for themselves: managers, customers, organizations, and stakeholders will have been given their most comprehensive treatment to date, each palpably enfolded in the embrace of an Integral approach.



Endnotes

¹ Wilber, *A theory of everything: An integral vision for business, politics, science, and spirituality*, 2000, p. 5

² Keagan, *The evolving self: Problems and process in human development*, 1982



REFERENCES

Kegan, Robert (1982). *The evolving self: Problems and process in human development*. Cambridge: Harvard University Press.

Wilber, Ken (2000). *A theory of everything: An integral vision for business, politics, science, and spirituality*. Boston: Shambhala.

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