



VIEWING ASCENSION HEALTH FROM A DESIGN THINKING PERSPECTIVE

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Abstract: In this commentary, I discuss how the design thinking concepts of empathy, related worlds, prototyping, ethnography, and story could enhance Ascension Health's organizational design and ultimately its delivery of healthcare services. When organization design integrates a design thinking lens, more meaningful and innovative processes are developed both internally among organizational actors and externally with end users.

Keywords: Design thinking, organization design, healthcare organizations, innovation

Ascension Health presented a reflective case study of the organizational challenges the company faces in the new healthcare environment. The presentation sparked a spirited discussion of a wide range of issues. Since then, I have given thought to how some of the conversations around the Ascension Health situation may have shifted had a *design thinking* lens been applied. As director of the Strategic Design Executive MBA at Philadelphia University, I am steeped in design thinking. I thought about Ascension Health's challenges in terms of ecosystems, as opportunities for emergent leadership, and as platforms for delivering more meaningful services to actual (versus perceived) end users. I temporarily set aside the constraints Ascension Health is facing and put myself in the place of a user of the company's services – as either an employee attempting to deliver on Ascension Health's mission or as a patient at one of its hospitals. I tried to imagine Ascension Health beyond what it is and rather what it could be. In this commentary, I explore the ways that Ascension Health's collaborative design process could be aided by integrating five concepts associated with the design thinking lens.

DESIGN THINKING

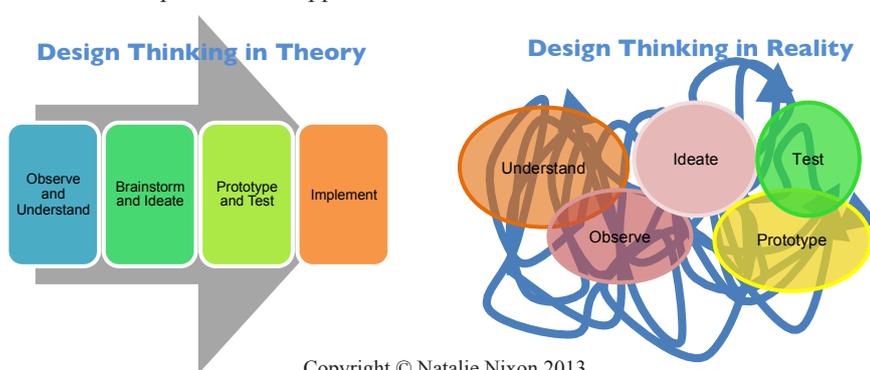
Design thinking is a problem-solving process borrowed from the field of design (Beckman & Barry, 2007; Brown, 2009; Kelley, 2001; Lockwood, 2009; Martin, 2009). It distills the frameworks and tools that designers use to create or improve an object – for example, a garment or furniture – and transfers that process over to the design of services, experiences, and sociotechnical systems such as organizations. When organizations embrace design thinking, their actors develop facility with problem definition, opportunity finding, and navigating uncertainty. Design thinking expands the capacity of who can innovate using the design process:

The process of design is not just for designers, but for anyone whose business it is to create and lead something... anyone whose job it is to imagine something that does not yet exist and then plot the path from imagination to existence (Nelson & Stolterman, 2012).

The tools and methodologies that a design thinking approach emphasizes include user-experience prototyping, qualitative research, observation, improvisation, customer journey mapping, and evaluating mistakes (rather than hiding them). The field of organization design has tended to go the way of other traditional business disciplines, with a focus on

operational efficiency and hypothesis-driven scientific research. This may be part of an effort to be taken seriously in academe and to demonstrate that organization design is a rigorous field producing measurable outcomes. Organizations, however, consist of humans who are unpredictable, fallible, and inconsistent. As such, a human-centered approach such as design thinking helps us to better understand organizational dynamics and to embark on research from a perspective that will aid in the redesign of organizations for innovative outcomes.

Design thinking is an iterative, holistic problem-solving process. The two diagrams below represent design thinking in *theory* – a series of neat, linear steps moving through observing/understanding, brainstorming/ideation, prototyping/testing, and implementation – and design thinking in *practice* – the same steps embedded in structured chaos, much like the messiness of real life. There are five concepts in design thinking which could inform organization design: empathy, related worlds, prototyping, ethnography, and story. I will explore how each of these concepts could be applied to Ascension Health.



Empathy

Designers start with the question, What problem am I solving for the user? In a business context, this user-centered approach might seem a bit radical because rarely do businesses start with an empathetic stance. In the traditional paradigm, a business is beholden to its financial stakeholders to deliver a return on investment. Empathetic leadership, on the other hand, is user-centered and allows for emergent leadership among the staff. Users come from two directions: internally, they are the employees, the organization’s actors; externally, they are the final consumers of the organization’s product or service. A leader who adopts an empathetic stance starts by asking, How do my employees perceive their jobs and roles within the organization? followed by, How can I serve my employees by helping them to do their jobs well? The empathetic leader focuses on the needs of end users by deferring to mid-level and lower-level managers who better understand the context and are closest to those users.

The Ritz-Carlton Hotel Company is an example of a firm that operationalizes empathy and a user-centered approach throughout all levels of the organization. Staff members ranging from maids and doormen to engineers and the front-of-the-house managerial team are empowered to “wow” clients and customize service delivery in ways that have moved Ritz-Carlton beyond a hotel company to being a company that is in the business of delivering memories (Nixon & Rieple, 2010). Thus, as Ascension Health rethinks its organizational model, it might make sense for it to shift away from being in a transactions-based business to being in the relationship business and shaping its core value proposition as such. Developing an empathetic stance would actually be more “brand correct” given Ascension Health’s historical mission to serve the poor and vulnerable. If Ascension Health developed fluid structures that allowed for emergent leadership and rewarded its staff (including both the physicians and the venture capitalists) for exploring and implementing user-centered approaches, then it would begin to cultivate an organization driven by empathy. Such an orientation would foster emergent leadership throughout the organization, where organizational actors are compelled to anticipate the needs of customers and develop creative solutions without fear of reprimand. Organizations which have fluid structures – those that allow for a dynamic of order and randomness – thrive the most in cultivating a culture of empathy (Nixon, 2012).

Related Worlds

Related worlds is having the analytical skill set to connect the dots between seemingly disparate realms. When attempting to innovate an organization's design, it is useful to go beyond the obvious and regular resources for insight and look into industries that might not typically be acknowledged as sources of inspiration. Ask, Where else are there similar user experiences and relationships of the type we are trying to develop? For example, Gawande (2012) has written about what hospitals can learn from the Cheesecake Factory restaurant to innovate their service delivery. His point is that the Cheesecake Factory manages to execute consistent food and service delivery in the midst of a chaotic kitchen environment, paralleling how work is done in hospital emergency rooms.

Similarly, researching examples of relationship-based organizations that successfully serve the needs of the poor might yield some applicable insights for Ascension Health. For example, Warby Parker is an eyewear company that bridges the gap between people and profits. Its social mission is "Buy a pair, give a pair." For every pair of eyeglasses sold, Warby Parker gives away a pair. So while the company views itself as a fashion firm, in 2011 it donated over 100,000 pairs of prescription eyeglasses. Tom's Shoes is another example. On one level, it is a social mission company which happens to sell shoes. This company has galvanized millions of people around the world to buy into health consciousness not just footwear. It leads with comfortable shoes, but ultimately purchases of Tom's shoes mean better access to education and jobs for the communities which crafted and manufactured the shoes. This is because a significant portion of profits goes back to the sourcing communities, thus boosting their local economy and helping them to improve their access to healthcare and education.

Another related worlds exercise would encourage Ascension Health to examine the business model of Zipcar whose value proposition is based less on low-priced rental cars than on a shared platform in which potentially usable cars are underutilized – for most of us, our cars operate below capacity for approximately 80 percent of the day (Gansky, 2011). A series of possibilities arises if Ascension Health were to analyze where in its system there are underutilized resources of physical space, human capital, and social capital, and consider how it might leverage those resources.

Prototyping

A prototype is a conceptual or mocked-up version of what *could* be. It should be imperfect, in rough draft form, and cause people to poke at it and ask questions that the organization would never arrive at by remaining within known confines and constraints. A prototype's purpose is to reveal mistakes, gaps in thinking, and inefficiencies. When a prototype is shown to potential users and they interact with it, all sorts of new insights may result. Typically, we think of prototypes in physical form – rough-hewn versions of potential garments, mobile devices, or buildings. However, services and experiences can also be prototyped. One example is a pop-up shop, where one might not only test a new product but also a new in-store experience or a new hospital service delivery. Another way of prototyping services is through role play. An organization's staff could video record a service scenario and ask potential users to respond to the recording. Another example: If Ascension Health prototyped a new healthcare service delivery by adapting a mobile food truck as a mock-up of a medical office, and drove it through the communities it serves, this could test a new service delivery that would later be implemented. Engaging in such a process might seem quirky at first but ultimately would be hugely symbolic for the way it would require Ascension Health to go to the people it serves. Such a "med-truck" would also be a cheaper way to test responses to new technology that doctors might adopt, or a new user experience of the waiting room, prior to investing millions of dollars in new hires or new market launches.

One of the most important outcomes of developing prototypes is to critically and constructively embrace failure and mistakes. Organizations that develop cultures where learning from mistakes is encouraged are well on their way to becoming organizations where trust is at the core of management. Once again, Ritz-Carlton is an example of a company whose organizational design epitomizes this. There are daily meetings for each department

where a moment in the agenda is reserved for employees to share mistakes and inefficiencies in an attempt to serve customers, thereby sharing their experiences with colleagues and engaging in collaborative problem-solving (Nixon, 2012). Ritz-Carlton has even built a reward system for employees who reveal mistakes and then problem solve around them. Such opportunities to embrace failures and learn from mistakes would be especially important to organizations like Ascension Health which operate in high-reliability environments (Roberts et al., 2005). When an organization accepts a high degree of variability in the execution of an idea, this removes the onus of “making perfection the enemy of good.” Organizational actors at Ascension Health would be motivated to test new approaches and net more creative solutions and insights.

Ethnography

Ethnography, the study and systematic recording of human cultures, is a user-centered research methodology used by anthropologists and organizational researchers to identify latent needs that influence behavior (Denzin & Lincoln, 2005). Ethnographers may use a combination of techniques including direct observation, interviewing, and participant observation. They collect “deep” data and analyze this data using visual mapping techniques. Ethnography is valuable in studying organizational behavior because it goes beyond the data obtained through surveys, focus groups, and other superficial methods to gain insight into latent, unarticulated needs.

Organizations which value deep contextual inquiry develop longer timelines and larger budgets that may be more expensive in the short term but ultimately yield longer-lasting solutions. If Ascension Health were to adopt such approaches it would need to expand its hiring and management practices. For example, SAP, which uses design thinking concepts, has employed anthropologists on staff and is therefore able to stay ahead of competitors by tapping into a very different source of data than what is obtained from quantitative research methods. Ascension Health might consider expanding its organizational capacity by hiring ethnographic researchers who would frame different types of questions and provide alternative data to yield new insights regarding customer service, diversification, or resource allocation.

Story

Design thinking values story because story is a vehicle that connects the organization to the user in a meaningful way. The story mode in the organization gives a new understanding of the organic, spontaneous, and improvisational nature of experiential service design. Storytelling organizations allow for iteration in the firm’s growth and development. Weick and Roberts (1993: 368) have extolled the virtue of organizational members developing storytelling skills because “stories organize know-how, tacit knowledge, nuance, sequence, multiple causation, means-end relations, and consequences into a memorable plot.”

Story helps organizational actors understand how to navigate ambiguous situations and to know which qualities will be necessary in decision making, relationship building, and carrying out an activity (Fleming, 2001). Stories give a sense of Where are we? and Where are we headed? They are recursive in that they help organizations make sense of their own narrative. Boje (2008) has refined explanations of storytelling organizations by distinguishing between a narrative mode and a story mode of sense-making. Narrative is a centering force of order and control, linear in sequence, with one plot changing little over time. Narrative’s challenge is that it does not reflect shifts in the environment or changes caused by innovation. It is static in nature. In contrast, where narrative is centripetal, story is centrifugal, unravelling coherence and asserting differences.

Ascension Health already has a compelling story where links to the Catholic Church reveal its inception as a mission-based organization. Unfortunately, the feedback loop between that mission and regular daily practices is sometimes stretched thin. Story is a tool that could integrate what is currently a fragmented platform at Ascension Health. Getting collective buy-in internally on the organization’s story about being mission-driven and serving the poor and vulnerable gets diluted in the daily grind of meeting financial goals and building new

services and cost centers. Story could help Ascension Health's administrators and physicians to more meaningfully deliver their services. Both internal and external users want to understand, Who were the people who started Ascension Health? Why did they start such an organization? How does this relate to the work I do? For example, creating personas is one way that Ascension Health could develop cues for its organizational actors to reference the core story. Personas also are important for developing distinct customer psychographic hubs. In this way, Ascension Health could better connect the doctors on staff who are currently outsourced and help them to integrate more fully into the organization. In turn, patients would feel more integrated and have a compelling reason to continue using Ascension Health's services. Persona-building is the reason that Chanel, Disney World, Nike, and Proctor & Gamble are able to authenticate their service offerings to their core customers.

CONCLUSION

When holistically adopted by all tiers of an organization, the design thinking process is a helpful lens for organizational development. It is a catalyst for creativity and integrative approaches, and it challenges organizational actors to be self-reflective in ways that cultivate grit and meaningful connections to customers. Essentially, effectual rather than causal reasoning (Brooks, 2012) is developed, in which an improvisational stance exists due to the fluid structures that the organization designs for internal iteration and external execution. The design thinking perspective presents a useful framework that focuses on users and emphasizes prototyping as a means of adapting to a rapidly changing regulatory and market environment. Agility is key for Ascension Health, and the design thinking process is critical to that end.

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