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## Delivering Ideal Employee Experiences

by Marjorie D. Weiss, PhD, Steve Tyink, and Curt Kubiak

Employee-centric strategies have moved from employee satisfaction and brand awareness to employee "affinity" or "attachment." In today's marketplace, occupational health nurses understand that differentiation (i.e., the perception of uniqueness) is the direct result of superior employee interactions, which lead to better employee care, enduring employee relationships, loyal employees, and satisfied employers. What drives employees to occupational health nurse attachment? The answer is a passion for rising above the competition to create ideal employee experiences.

In today's business climate, occupational health nurses frequently struggle to gain recognition from their employers, other health care providers, and potential clients. Occupational health nurses can compete more effectively for budget allocations and recognition within their organizations if they understand that differentiation is closely linked to providing ideal employee experiences. Differentiation is a process of distinguishing the uniqueness of a service or experience from others, thus allowing it to be perceived as more attractive and connected by end users. This allows for an emotional bond between the end user and the organization providing the service or experience. Differen-

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tiation requires exemplary employee-centric care from occupational health nurses that separates occupational health nurses from other health care providers. The occupational health nurse brand is then recognizable as integral to the business success of the organization when tied to ideal employee experiences.

Ideal employee experiences involve the promise and delivery of care that exceeds the expectations of the worker, anchored in experience-based design solutions. Experience-based design captures and understands customers' and care providers' experiences, not simply their view of the process (e.g., the speed and efficiency at which they travel and navigate through a system). It deliberately draws out the subjective outcomes: personal feelings experienced by customers and caregivers at crucial intersections in the care pathway. This methodology eliminates the variability within the system and allows for an "ideal experience." Employee-centric care can be delivered only in a culture that places workers at the core of all business decisions. Ideal employee experiences

result in quality care, faster return to work (RTW), enduring occupational health nurse-employee relationships, and increased recognition of the value of occupational health nursing services to the organization. The purpose of this article is to discuss how occupational health nurses can build their brand and ensure recognition within their organization via the consistent delivery of ideal employee experiences.

### IDEAL EMPLOYEE EXPERIENCES AND BRANDING

By definition, a brand is a name, term, design, symbol, or other feature that identifies one seller's goods or services as distinct from those of other sellers. A brand may identify one item, a family of items, or all items of that seller. Branding is a combination of the message sent by the seller and the client's perceptions and expectations of the product or service (Kapferer, 2008). Linking ideal employee experiences to the occupational health nurse brand creates a competitive advantage.

Brand awareness and attachment are enhanced when clients are given a compelling reason to return for more services. In health care organizations, the points of interaction between clients and staff are termed *touch points*. Research has shown that touch points are not enough to create attachment. To simply touch a client creates either satisfaction or a forgettable experience (Yim, Tse, & Chan, 2008). Occupational health

nurses need to convert these points of contact into opportunities for attachment. *Attach points* identify the essential moments at which individuals connect with the organizational (occupational health nurse) brand experience. Attachment is characterized by loyalty, a willingness to return for services, and endorsement of the ideal client experience. At every connection with the brand (e.g., in person or via website, telephone, or marketing materials), occupational health nurses offer the opportunity for employees to attach to a nurse.

Employee attachment develops at three levels: the individual provider (occupational health nurse), the worksite or delivery site, and the organization. Employee experience is driven by what happens at the point of contact among the employee, the occupational health nurse, and the company. If the ideal employee experience is the differentiating point, then the people, place, and culture of the business must align with the brand. The critical factor in delivering ideal employee experiences is building a supportive culture within the organization. Everyone associated with the occupational health nursing practice must consistently "live the brand" at every transaction point. In most cases, this requires pushing the boundaries of personal and professional growth.

Health care delivery must change. Innovations in care delivery must be relevant and valued by employees. The occupational health nurse and all personnel connected with occupational health services must be willing to proactively design each employee experience in detail so that the emotional link between the worker and the provider is established and both are accountable to the standards set for each employee-centric transaction. Clear expectations and marketing strategies for worker-centric employee attachment are communicated at each level of the organization. For example, the occupational health nurse, the care delivery site, and the organization must all agree on the format, timing, and communication protocols surrounding timely RTW

communication. Once the expectations are clarified and standardized, this component of care can be marketed to employers.

Customer-centric organizations have developed enduring relationships and improved quality by developing a well-defined, differentiated service promise, clear marketing messages, and consistent service delivery, resulting in profitability. Customer centricity is a strategic, dynamic process customized for each individual to enhance company or practice growth and profitability. This process delivers an emotional connection to the brand that is valued by the worker. The interaction between the worker and the service delivery moves from a typical nurse-worker transaction to an emotional connection with the occupational health nurse brand. Customer-centric companies recognize that competitive differentiation is the direct result of superior customer interactions, resulting in increased sales, increased referrals, and enduring customer relationships.

The occupational health nurse must not only provide high-quality care, but also manage staff behavior and create a supportive environment and reasonable expectations of the practice. Employees evaluate care quality based on interactions with the occupational health nurse and practice staff and their assessment of the physical environment and ease of accessing services and receiving reports. For ideal employee experiences, the delivery of services is tailored to meet the individual employee's expectations and no part of the process is left to chance. The goal of health care delivery is to provide a service experience that promotes optimal functioning throughout the healing process.

To effectively evaluate the delivery of ideal employee experiences and brand awareness, measurements must be taken at several levels:

1. Brand awareness—Does the employee know the Occupational Health Service exists?
2. Satisfaction—Are staff providing services and products that satisfy employees' and employers' needs, wants, desires, and expectations?

3. Attachment—How supportive of the occupational health nurse and the services are employees and employers?

### HOW CAN OCCUPATIONAL HEALTH NURSES CREATE IDEAL EMPLOYEE EXPERIENCES?

#### Step 1: Commit to the Creation of an Employee-Centric Culture

Is the organization willing to design each employee experience in detail and hold staff accountable to the standards set for each worker-centric transaction, thus transforming the interaction at an attach point? The Sidebar contains questions to determine if a practice is employee centric.

Care delivery must change based on the unique culture of the occupational health nursing practice. Only radical change is visible. Innovations in care delivery must be relevant and valued by customers. The culture of the occupational health nurse's practice must be employee centric, consistently delivering on the promise of the ideal employee experience. The case study presented later in this article demonstrates how physicians and occupational health nurses used a consultant-led process to transform traditional clinic services into new innovative care pathways, transforming case management services through new assessment and training tools and a training process that clearly communicated the expectations and metrics required to assess client attachment. Ultimately, the service redesign provided an ideal opportunity to enhance the occupational health nurse brand.

#### Step 2: Connect Employees and Employers to Employee-Centric Care

First, determine impression areas, components of service that create impressions (e.g., registration, call-backs, or scheduling). Map all possible attach points and determine the expected outcomes from each transaction. Attach points should be illustrated and outlined (e.g., a chart map). Doing so will extract experi-

**Questions to Determine Whether a Practice Is Employee Centric**

- What are the employees' perceptions? Do they view occupational health nursing services as value-added (i.e., trustworthy, credible, and responsive)?
- How is the practice managed? Are the procedures, processes, policies, and problem-resolution methods consistent with an employee-centric philosophy?
- How are employee interactions valued? Are ideal employee experiences embraced by the practice as the most important value?
- What is the marketing message? Does it match employees' needs?
- What metrics are used to assess employee-centric outcomes?

ence-based design opportunities for the innovation team (i.e., staff members representing all parts of the organization involved in service delivery). Each experience is designed in detail with nothing left to chance. This approach ensures that every transaction is an attachment point that impacts the relationship. Staff at all levels should be included in this process to delineate not only the outcomes workers will expect, but also the behaviors, skills, and environmental changes that may be needed to support the development of an attachment point versus a usual transaction point. Staff also need to formalize the workers' expectations through documentation, training, and ongoing performance evaluation. This process may be as detailed as developing scripts for receptionists, or establishing dress and behavior standards. To move from a point of satisfaction to one of attachment requires removing confusing variability from the interaction. For example, all providers are required to use the same electronic RTW form. Just as evidence-based and codified client care protocols have become the norm, the process of care must be codified to deliver consistent, predictable worker-centric care. Through a well-designed experience, worker outcomes can be defined, understood, and, ultimately, felt by the employee.

Mapping attach points leads to an analysis of the physical work environment. Health care research has

demonstrated that supportive physical work environments, along with high autonomy, low work pressure, and supervisor support, positively impact job satisfaction and reduce burnout among nurses (Constable & Russell, 1986; Mroczek, Mikitarian, Vieira, & Rotarius, 2005). This finding may apply to other workplaces, too. Work environment redesign should be linked to organizational changes (Guenther & Vittori, 2008). A well-designed environment alone is unlikely to achieve the desired outcome without a supportive work culture and appropriate technology (Joseph, 2006). The experience-based design process seriously challenges the status quo. The occupational health nurse must identify core systemic and facility design factors that lead to failures, errors, and waste and then develop solutions that address these problems within an altered culture through work models. For example, the development of ConnectED (Connect Employee Data) web-based software stemmed from the recognition of the need for all stakeholders to have consistent access to updated information to optimize care delivery.

The occupational health nurse brand should be recognized and managed as an instrument for growth and profitability. Occupational health nurses need to communicate this differentiation based on meaningful attributes or attach points. Branding is a long-term strategy that can be internalized as a driving value in health

care. Brand equity, financial value of the brand, is built on consistent delivery of a unique promise for the ideal employee experience. An occupational health nursing practice offering ideal employee experiences orchestrates the delivery of services to meet each employee's expectations and also uses relationship building to influence employee attachment at all levels. The value system of occupational health nursing practices must focus unwavering attention on the ideal employee experience. Successful occupational health nurses help employers understand that the occupational health nurse brand requires an employee-centric culture to drive business decisions at all transaction points: the individual health care provider, the case manager, and office staff at all worksites. All stakeholders must embrace the promise of an exceptional customer experience and hold themselves accountable for behaviors that support employee-centric care.

**Step 3: Captivate—Monitor and Measure Attachment (Differentiate)**

The occupational health nurse can use tools and resources to monitor and measure employer and employee attachment to the practice. Occupational health nurses should benchmark with other innovative companies that measure attachment. Consistently communicating to employees the practice's commitment to employee-centric care is another task for the occupational health nurse. The successful implementation of ideal employee experiences is directly related to a team-based approach that connects the development of the ideal employee experience with building design and construction. Occupational health nurses should seek leaders within their organizations who support the employee-centric care model and the role that occupational health nurses play in delivering ideal employee experiences.

**CASE STUDY**

The Orthopedic and Sports Institute (OSI) of the Fox Valley was built

in 2006 as the premier musculoskeletal center in Appleton, Wisconsin. The service venue included orthopedic surgeons, physical therapy, orthotics, ambulatory surgery, and nurse case management in one location. In 2008, OSI initiated the process of assessing customer attachment and benchmarking best practices related to work-injury care. An analysis of customer feedback, including clients, providers, and case managers, demonstrated low attachment (little loyalty) and gaps in communication among the key stakeholders, as well as a lack of appreciation for the value that occupational health nurses could bring to the practice. The following project goals were developed:

- Redesign existing processes, using evidence-based design strategies, to eliminate unnecessary steps, remove redundancy, and maintain only value-added processes.
- Establish the customer liaison/workers' compensation coordinator as the key "owner" of the entire process to replace traditional case management services.
- Develop and benchmark performance for standardized RTW protocols and time lines.
- Establish the cost-benefit ratio for providing occupational health nurse care not directly linked to corporate requirements.
- Re-engineer the care delivery process to expedite client care across multiple locations.
- Initiate use of the ConnectED web-based software system to provide online process tracking similar to other industries (i.e., banking or package delivery).
- Optimize worksite services for customers to enhance prevention efforts.

OSI's innovation team took steps to move the process of change forward. The team examined current research and trend data, searching for innovative ways to provide more efficient care. They sought best practices for client care by investigating how physicians, occupational health nurses, and other providers delivered ideal client experiences. The team reviewed past satisfaction survey data to gain a perspective of their brand

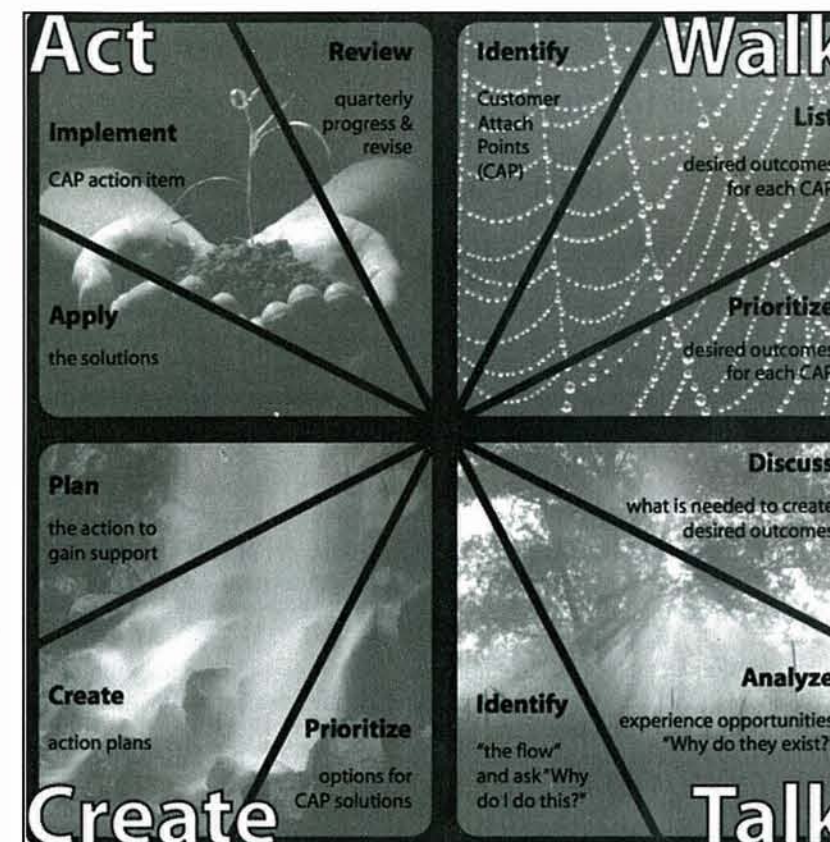


Figure. The ideal client experience tools in a four-phase model focused on creating client attachment points (CAP).

identity in the marketplace. The team used ATTACH 21 research and benchmarking to evaluate customer attachment levels. ATTACH21 is proprietary software that was developed by a consultant hired by OSI to identify unique attach points for the organization. After analyzing the information, the team compared the actual process of caring for an injured worker with what the ideal process should be. This analysis demonstrated that the following were critical components of ideal client experiences:

- Service offering—client-centered, comprehensive, multidisciplinary continuum of care including diagnosis, treatment, and rehabilitation.
- Service providers—interdisciplinary, including complementary, evidence-based, high-quality, compassionate care that is measured and reported.
- Service portal—widened referral base including case managers, employers, primary care providers, chiropractors, and self-referrals.

- Service communication—innovative, comprehensive communication platform for all stakeholders including rapid access to online information for providers.
- Staffing—occupational health nurses with defined roles and personal accountability for connections (communication), case management, and message consistency among health care providers.
- On-site causation diagnosis, workplace evaluations, and integrated physical therapy.
- Commitment to RTW and limited duty philosophy.

Next, OSI appointed an innovation team including occupational health nurses, physicians, and surgery and diagnostics staff. This team established a plan that outlined strategic imperatives, including developing communication tools, creating a "script" for team members, establishing desirable outcomes, and setting a time line for design integration, with the ultimate vision of establishing a

IN SUMMARY

**Delivering Ideal Employee Experiences**

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- 1 Occupational health nurses can compete more effectively for budget allocations and recognition if they understand how to differentiate their brand. Differentiation comes from delivering exemplary employee-centric care through ideal employee experiences.
- 2 Ideal employee experiences involve the promise and delivery of care that exceeds the expectations of the employee, anchored in experience-based design solutions.
- 3 Customer centricity is a strategy that customizes service delivery, which delivers an emotional connection to the occupational health nurse brand. Linking the ideal employee experience to the occupational health nurse brand creates a competitive advantage.
- 4 To enhance their brand, occupational health nurses need to embrace and support a culture that endorses and the metrics that measure employee-centric care.

brand identity for OSI as the leader in worker-centric musculoskeletal care.

The following action plan was put in place, using the steps of the model discussed above.

**Phase 1: Listening**

A visioning session for group leaders and decision makers to fully embrace the concept of "client attachment" was the launching point for the yearlong process. These sessions facilitated discussions that determined the future direction of the practice. User teams, staff directly involved in client-care processes, were established to redesign work areas consistent with the ongoing development of ideal client experiences. Customer attachment points (i.e., welcoming, registration, appointment setting, in-office visits, medication refills, and RTW paperwork) were identified.

**Phase 2: Learning**

The innovation team was developed from a cross-section of employees and physicians. All facets of the practice were represented as this group delved into modeling and understanding each client attachment

point. The innovation team identified the expected outcome for each attachment point; how should the client perceive the experience? The team compared present processes with the ideal client experience to determine where the gaps in service were occurring. Gap analysis determined that lack of consistent communication among all parties involved in the care process was a major obstacle to delivering quality care. The team identified process improvements and refinements. Client care scripts, facility design, and process improvement activities were subsequently addressed.

**Phase 3: Leading**

The group discovered true operating standards to foster client attachment and grow brand equity related to consistent delivery of ideal client experiences and were coordinated by occupational health nurse case managers. The team recommended the redesign of some OSI facility components to better host comprehensive musculoskeletal care, ancillary services, and therapy services. Secure technology resources included computerized workers' compensa-

tion communication tools. The ideal client experience tools, shown in the four-phase model (Figure), focused on creating client attachment points.

One of the major process change innovations was improving communication among all stakeholders: injured workers, case managers, insurers, employers, occupational health nurses, and health care providers. A computerized format for sharing information among the stakeholders was developed. This program provided a platform for improved communication and gave all stakeholders access to information needed to coordinate care. Occupational health nurses were involved in the development, pilot testing, and, ultimately, integration of the ConnectED tools into practice. Stakeholders now access the database through password-protected portals. Occupational health nurses provide timely, proactive services by using the program's tracking and communication capabilities. Computerized RTW forms aid in standardization as intake staff collect and record the correct company information only once. Providers complete the RTW form accurately and completely at each visit. After-visit calls to the employer further enhance occupational health nurse services, thereby strengthening the occupational health nurse brand.

**Phase 4: Leveraging**

Standardizing work-injury care requires commitment to a common goal by all stakeholders, including workers, providers, employers, and occupational health nurses. One of the keys to successfully creating ideal client experiences and keeping the promise lies in the continued use and development of ConnectED. A second key ingredient is the continued assessment of client attachment and the involvement of all stakeholders, including external customers (e.g., company representatives or insurers), in continual process improvements. The competitive advantage goes to occupational health nurses who understand that differentiation is the direct result of providing ideal client experiences. This case study

shows that ideal client experiences are linked to improvements in care and communication processes, leading to better worker care, enduring worker-provider relationships, and increased profitability. The group introduced the newly implemented computerized communication and the redesigned facility to the community in June 2008. For 2008, workers' compensation revenue increased 36%, clinic wait times decreased 55%, and provider access improved by 3 days (i.e., from 7 to 4 days).

**SUMMARY**

Linking ideal employee experiences to the occupational health nurse brand creates a competitive advantage. Service is invisible and is consumed within a cultural context that includes the physical (sights, sounds, and environmental cues), informational (way-finding signs, paperwork, and staff scripts—directions, questions, and instructions), and behavioral (actions, activities, and process of care) spheres of influence. Client contact with these

spheres of influence evokes emotions (feelings, thoughts, unconscious responses to external cues, and internal scripting). Forgettable or unsatisfactory care experiences occur in the absence of effective physical, behavioral, or informational clues. Occupational health nurses can build employee-centric cultures to sustain ideal employee experiences by using experience-based design methodologies to develop each employee experience in detail. Occupational health nurses can develop standardized work flows and training, and can recognize, reward, and hold team mates accountable at every attachment point. They can communicate differentiation based on fulfilling the promise of care consistently with each encounter. Occupational health nurses can be passionate team members who support a culture that endorses and the metrics that measure employee-centric care. Ideal employee experiences mean better employee care outcomes, attached employees, and enduring employee-nurse relation-

ships. They also lead to increased occupational health nurse brand awareness, increased employee loyalty, and improved brand equity that now yield increased client volume and profitability.

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**CE Answers  
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**Integrated Absence Management and the Family and Medical Leave Act**

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| 2. D | 7. B  |
| 3. D | 8. D  |
| 4. A | 9. C  |
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