Clueing In Customers

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Nobody likes going to the hospital. The experience is at best unnerving, often frightening, and, for most of us, a potent symbol of mortality. What’s more, it’s very hard for the average patient to judge the quality of the “product” on the basis of direct evidence. You can’t try it, you can’t return it if you don’t like it, and you need an advanced degree to understand it – yet it’s vitally important. And so, when we’re considering a doctor or a medical facility, most of us unconsciously turn detective, looking for evidence of competence, caring, and integrity – processing what we can see and understand to decipher what we cannot.

The Mayo Clinic doesn’t leave the nature of that evidence to chance. By carefully managing a set of visual and experiential clues, Mayo tells a consistent and compelling story about its service to customers: At Mayo Clinic, the patient comes first. From the way it hires and trains employees, to the way it designs its facilities, to the way it approaches care, Mayo offers patients and their families concrete and convincing evidence of its strengths and values. The result? Exceptionally positive word of mouth and abiding customer loyalty, which have allowed Mayo Clinic to build what is arguably the most powerful brand in health care – with very little advertising – in an industry where few institutions have any brand recognition beyond their local markets.

It’s called “evidence management”: an organized, explicit approach to presenting customers with coherent, honest evidence of your abilities. Evidence management is a lot like advertising, except that it turns a company into a living, breathing advertisement for itself. Other organizations manage evidence well, too: Ritz Carlton, for example, very effectively communicates outstanding personal service: Employees at all levels
take note of customer preferences and are empowered to solve problems on the spot, continually tailoring the experience to each person. Mayo Clinic does not have all the answers; health care is a highly inventive industry, and many institutions could serve as fine examples to business. However, during our extensive study of the Mayo organization over a five-month period, we saw evidence-management practices that rival or surpass anything we've seen in the corporate sector, practices that are applicable outside of health care. As part of our research design, we interviewed approximately 3,000 Mayo employees and patients, observed hundreds of doctor-patient visits at two of Mayo's three major campuses (Scottsdale, Arizona, and Rochester, Minnesota; the third is in Jacksonville, Florida), and stayed in the hospitals overnight as patients. In almost every experience and interaction, in subtle and not-so-subtle ways, we got the message that at Mayo Clinic, the patient comes first.

Many businesses sell products that are intangible or technically complex—financial and legal services, software, and auto repair are just a few—and their customers naturally look for clues that can help explain what they don't understand or see. In fact, in just about any organization, the clues emitted by people and things (humanics and mechanics, respectively, as introduced to the management literature by Lewis Carbone and Stephan Haackel) tell a story to customers or potential customers. The question for managers is whether the clues tell the intended story. Mayo Clinic's effectiveness at designing and managing evidence offers a lesson other service organizations would do well to heed: Understand the story you want to tell, and then make sure your people and your facilities provide evidence of that story to customers, day in and day out.
Clues in People

When we interviewed Mayo patients, we were struck by how consistently they described their care as being organized around their needs rather than the doctors' schedules, the hospital's processes, or any other factor related to Mayo's internal operations. The actions of Mayo staff members, according to what we were told, clearly signal the patient-first focus. Here are representative remarks:

"My doctor calls me at home to check on how I am doing. She wants to work with what is best for my schedule."

"When I had a colonoscopy, my doctor waited to tell me personally that I had a polyp because he remembered that my husband died from small bowel cancer, and he knew that I would be worried I may have the same thing."

"My oncologist is...the kindest man I have ever met. He related some of his personal life to me. I was more than my problem to him. He related to me as a person."

Such glowing praise isn't limited just to the doctors and nurses. One patient, for example, was "amazed" at how well the people at the registration desk handle requests: "People who come up to the desk are nervous, or angry, or abusive. These ladies at the registration desk just keep their cool. I wish they could train the customer service reps in department stores."

It's no accident that employees communicate a strong, consistent message to patients. Mayo explicitly and systematically hires people who genuinely embrace the organization's values. The clinic emphasizes the importance of those values through training and ongoing reinforcement in the workplace, a practice that began in the very early part of the twentieth century, when Drs. William and Charles Mayo started the organization. Indeed, William Mayo's credo—"The best interest of the patient is the only interest to be considered"—guides hiring decisions to this day.

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It's difficult to get a job at Mayo Clinic because of intellect or technical skill alone. Demonstrated task competence is essential, of course, but the hiring managers are also trained in behavioral interview techniques, and they are expected to use them to elicit an applicant's values. A candidate may be asked, for instance, to discuss a time when he set a developmental goal for himself and how he met that goal, or to describe the proudest moment in his career or even the moment he found most frustrating. Interviewers avoid discussing hypothetical situations that allow candidates to figure out the "right" answer and instead probe for specific details that reflect true experiences and perspectives. For example, a candidate who identifies making a difference in a patient's life as his or her proudest moment may be more attuned to Mayo's values than one who mentions achieving a career milestone.

The people who make the cut — indeed, the people who are drawn to Mayo in the first place — are those who take pride in having the freedom to put patients first. We heard many doctors and nurses say that they appreciate being allowed to practice medicine as they feel it should be practiced. Those feelings of pride and the alignment of employees' attitudes with Mayo's values contribute to lower staff turnover across the board. Annual turnover among hospital nurses is only 4% at Mayo versus 20% for the industry as a whole — patient's health may be compromised no matter how excellent the medical care received. Storytelling figures heavily in these programs, with the emphasis on how employees have used Mayo values to make difficult decisions on patients' behalf.

Storytelling continues in the workplace because, once people are away from the classroom, the idea of putting the patient first can seem distant and sometimes even unrealistic, given the stress and unpredictability of day-to-day work. Consider, for instance, one story featured at several orientation sessions and widely disseminated throughout the organization. A critically ill patient was admitted to the Scottsdale hospital shortly before her daughter was to be married, and she was unlikely to live to see the wedding. The bride told the hospital chaplain how much she wanted her mother to participate in the ceremony, and he conveyed this to the critical care manager. Within hours, the hospital atrium was transformed for the wedding service, complete with flowers, balloons, and confetti. Staff members provided a cake, and nurses arranged the patient's hair and makeup, dressed her, and wheeled her bed to the atrium. A volunteer played the piano and the chaplain performed the service. On every floor, hospital staff and visiting family and friends ringed the atrium balconies, "like angels from above," to
quote the bride. The wedding scene provided not only evidence of caring to the patient and her family but also a strong reminder to the staff that the patient's needs come first. They got the message: We heard the story again and again in our interviews with employees.

Another story was initially told at a leadership development program for rising Mayo administrators. In one session, Mayo staff members shared experiences that showed how the service philosophy affects care. An emergency room physician told of a patient who walked into the ER with severe shortness of breath. When told she had a bacterial infection requiring immediate surgery, the woman expressed concern about her sick dog, which was in her illegally parked truck. The attending nurse assured her that he would move the truck and take care of the dog, but when he walked outside, what he saw was not a pickup but a semi, which he wasn’t licensed to drive. He was about to have it towed— for $700— when he stopped to consider ways he might save the patient the expense. In the end, the nurse took it upon himself to obtain permission to park the truck at a nearby shopping center for a few days and find a fellow nurse—a former trucker—to drive the truck there. He took the dog to a veterinarian and then cared for it in his own home while the patient recovered. When asked what prompted him to do this, the nurse replied, “At Mayo Clinic, the patient's needs come first.”

Various events celebrating exceptional service on behalf of patients further reinforce employees' commitments. The Rochester campus hosts an annual Heritage Week, celebrating the clinic's history and values and reinforcing their relevance to Mayo's work today through historical presentations and displays, lectures, ecumenical and liturgical services, concerts, and social events. Employees, retirees, volunteers, patients, visitors, and members of the community are invited. Mayo Rochester also recognizes exceptional service with its quarterly campuswide Karis Award (Karis is Greek for caring). All staff members are eligible and can be nominated by a coworker, patient, or family member; the identity of the nominator is not disclosed, which removes political considerations from the process. One 1999 winner, a world-renowned colorectal surgeon with numerous scientific recognitions, told his tablemates at the award luncheon that he cherished the Karis more than any other award he'd received, calling it “the only award I have for just being a really good doctor.”

**Clues in Collaboration**

In 1910, William Mayo said: “In order that the sick may have the benefit of advancing knowledge, union of forces is necessary... It has become necessary to develop medicine as a cooperative science.” Dr. Mayo's vision profoundly influenced the organization's approach to care. Patients experience the Mayo Clinic as a team of experts who are focused on patients' needs above all else. They perceive an integrated, coordinated response to their medical conditions and, often, to related psychological, social, spiritual, and financial needs. Elsewhere, doctors may be reluctant to admit to gaps in their knowledge. Not so at Mayo. Mayo Clinic assembles the expertise and resources needed to solve the patient's problem. If a Mayo doctor can't answer a question and needs to bring someone else onto a team, she freely admits it to the patient. The doctors meet with one another and with the patient—visible evidence that they are collaborating to solve the patient's problem rather than passing it from one doctor to another. One patient we interviewed expressed a common sentiment when he said, “I have a lot of problems, and I like that I can go to Mayo and be seen by a team of specialists who work together to see the big picture.” Collaboration is particularly

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**The Research**

Mayo Clinic has three major campuses (Rochester, Minnesota; Scottsdale, Arizona; and Jacksonville, Florida); primary care clinics in more than 60 communities; 21 owned or managed hospitals; more than 2,800 staff physicians; medical technology, medical publishing, laboratory, and health care benefits-administration businesses; and revenue in excess of $4 billion. It serves more than 500,000 individual patients annually.

For this article, we conducted the largest service study ever done at Mayo Clinic. During a five-month period, we interviewed approximately 1,000 Mayo patients, physicians, nurses, allied health staff, and managers at the original Rochester campus and the Scottsdale campus. We also collected data as participant observers, checking into the hospitals as patients, observing surgeries in the operating room, and more than 250 doctor-patient interactions in the examination room, making hospital rounds, and flying on the Mayo One emergency rescue helicopter service. We formally studied service delivery in 14 medical specialties selected to provide a cross-section of the practice: cardiac surgery, cardiology, dermatology, emergency medicine, endocrinology, family medicine, gastroenterology, medical and radiation oncology, neurology, orthopedic surgery, preventive medicine, thoracic surgery, transplant surgery, and urology. Mayo Clinic gave us complete access to study its service culture and processes, and our study was approved by the Mayo Clinic Institutional Review Board.
important because the institution’s reputation has become so well known that patients often come in looking for a miracle. Many have consulted several other doctors and now look to Mayo the last resort, so the physicians there regularly see patients with complex problems and high expectations, a situation that puts the doctors under extra pressure to make the right diagnoses and treatment decisions and not miss often subtle medical distinctions.

Mayo Clinic encourages this type of collaboration through various organizational incentives. All physicians are salaried, so they don't lose income by referring patients to colleagues, and the organization explicitly shuns the star system, downplaying individual accomplishments in favor of organizational achievements. In the words of one cardiovascular surgeon, "By not having our economics tied to our cases, we are free to do what comes naturally...to help one another." Doctors who are focused on maximizing their incomes or who want to be the star of the show don't work for Mayo Clinic. A surgeon specializing in the liver explained, "The kind of people who are attracted to work for Mayo Clinic have a value system that places the care of those in need over personal issues such as salary, prestige, and power. There is little room for turf battles. It is never a problem to add a new case on to the workload of the day. It's simply the best thing to do for the patient."

Mayo also supports teamwork with its use of technology. Staff members partner via a combination of face-to-face and remote collaboration using a sophisticated internal paging, telephone, and videoconferencing system that connects people quickly and easily. Remote teamwork through voice or virtual interaction is just as common as in-person teamwork at hallway or bedside consults. One physician told us, "I never feel I am in a room by myself, even when I am." Recently, for example, a Mayo ENT specialist in Scottsdale called together 20 doctors from all three campuses to discuss a difficult case—a patient with skin cancer at risk for metastasis and, owing to the necessary surgery, nerve injury and disfigurement. The team, assembled in a day, met by videoconference for an hour and a half and reached a consensus for a course of treatment, including specific recommendations on how aggressively to sample the patient's lymph nodes and how best to reconstruct the surgical wound.

Mayo's electronic medical record (EMR) improves the clinic's ability to present a seamless, collaborative organization and manage the evidence that patients see. The EMR provides an up-to-date narrative of the patient's symptoms, diagnoses, test results, treatment plans, procedures, and other related data, connecting in- and outpatient information and communicating across disciplines in outpatient practices. This connection is critical to patient-first decisions in ways that patients don't necessarily see. One emergency room physician said he had prevented her from intubating a patient who had asked not to be resuscitated, for instance, and others told of the importance of the EMR in managing patient medications to avoid allergic reactions or dangerous drug interactions. But patients notice and appreciate the single source of information as well, as we heard time and again in our research. One patient told us: "On my last visit, the doctor pulled up all my test scores from the past five years on a computer and showed me the trends,
and we discussed what to do. I thought that was excellent.” In short, patients
told us in numerous interviews that Mayo’s team service gave them a sense
that the organization was coordinating its resources to provide the best possible
are, with the patients’ needs foremost

**Clues in Tangibles**

In health care, the visual clues about an
institution’s core values and the quality
of care are particularly difficult to separ-
ate from the actual service because
people spend significant time in the fa-

dility—some stay for days or even weeks.
The physical environment is also con-

ected to medical outcomes: The po-

etential of design to promote healing

through stress reduction has been doc-
umented in dozens of studies. For these
reasons, more medical institutions are

making an effort to create open, wel-

coming spaces with soft, natural light.

Mayo Clinic goes further with its design

philosophy, which is perhaps as well


toned and articulated as that of any

major service provider in America, and

rats strict attention to how every detail

affects the patient’s experience.

From public spaces to exam rooms to

aboratories, Mayo facilities have been
designed explicitly to relieve stress, offer

a place of refuge, create positive dis-

tractions, convey caring and respect,
symbolize competence, minimize the

impression of crowding, facilitate way-

finding, and accommodate families. In

the words of the architect who designed

Mayo Rochester’s new 20-story Gonda

Building: “I would like the patients to

feel a little better before they see their
doctors.” A well-designed physical envi-

ronment has a positive impact on em-

ployees as well, reducing physical and

eotional stress—which is of value not

only to employees but also to patients

because visible employee stress sends

negative signals. In our interviews, pa-


tients commented on the lack of appar-

tant stress; one said, “It did not seem like

a doctor’s office when we went to Mayo.

There was no tension.”

The Gonda Building has spectacular

wide-open spaces, a marble stairwell
and floor, glasswork sculpture suspended above, and a multistory wall of windows looking onto a garden. The building’s soaring lobby houses a cancer education center because, as one administrator put it, “the more visible the center, the more you remove the stigma of having cancer.” The lobby of Mayo Clinic Hospital in Scottsdale is also visually stunning, with its atrium, indoor waterfall, stone work, and wall of windows overlooking a mountain range.

Mayo doesn’t limit its facilities’ clue management to public spaces. After all, the scary stuff in a medical facility happens elsewhere—in the catheterization lab, in diagnostic imaging, in the hospital room. At Mayo hospitals, staff members write the names of attending doctors and nurses on a white board in every patient’s room, which helps stressed-out patients and families keep track of multiple caregivers and serves as a visible clue that there’s a real person they can talk with about any concerns. In-hospital showers, microwave ovens, and chairs that convert to beds are available for family members because, as one staff member explained, “People don’t come to the hospital alone.” The pediatric section of the emergency department of Mayo’s St. Mary’s Hospital in Rochester transformed artwork by local schoolchildren into a colorful array of wall and ceiling tiles. The resuscitation equipment in pediatric examination rooms is hidden behind a large picture (which slides out of the way when the equipment is needed). While the hospital was under construction at the Scottsdale campus, officials arranged to have an automobile lifted into the building so physical rehabilitation patients would be able to practice getting in and out of a car in the privacy of the hospital.

Environmental clues in the outpatient setting are orchestrated just as carefully. Mayo Clinic buildings include quiet, darkened private areas where patients can rest between appointments. Public spaces are purposely made softer with natural light, color, artwork, piano music, and the sights and sounds of fountains. In examination rooms, the physician’s desk is adjacent to a sofa large enough for the patient and family members, a design that removes the desk as a barrier between doctors and their patients.

Mayo also understands that the way employees present themselves sends a signal to patients. Patients don’t encounter doctors in casual attire or white coats. Instead, the more than 2,800 staff physicians wear business attire, unless they are in surgical scrubs, to convey professionalism and expertise. It’s a dress code that some outside Mayo have called “pretentious,” yet we’d argue that it’s no more pretentious than, say, the dress code for airline pilots. Airline passengers don’t want to see their pilot in a polo shirt, and patients feel the same way about doctors. In effect, Mayo Clinic doctors—just like service workers in many other industries—work in a uniform; it’s a visible clue that communicates respect to patients and their families.

Such attention to visual clues extends to the most minute detail. Mayo Rochester employee Mary Ann Morris, the administrator of General Service and the Office of Patient Affairs, often tells a story about her early days with the organization. She was working in a laboratory—a job that required her to wear a white uniform and white shoes—and after a hectic morning getting her two small children to school, she arrived at work to find her supervisor staring at her shoes. The supervisor had noticed that the laces were dirty where they threaded through the eyelets of Morris’s shoes and asked Morris to clean them. Offended, Morris said that she worked in a laboratory, not with patients, so why should it matter? Her boss replied that Morris had contact with patients in ways she didn’t recognize, going out on the street wearing her Mayo name tag, for instance, or passing patients and their families as she walked through the halls—and that she couldn’t represent Mayo Clinic with dirty shoelaces. “Though I was initially offended, I realized over time [that] everything I do, down to my shoelaces, represents my commitment to our patients and visitors,” Morris told us. “Twenty-eight years later I still use the dirty shoelace story to set the standard for the service level I aspire to for myself and my coworkers.”

A dirty shoelace might seem pretty minor, given the important work of caring for the ill. But a shoelace is something a customer can see, whereas medical expertise and technical ability are not. It’s a piece of evidence, a small but integral part of the story Mayo tells to its customers. We aren’t arguing that “patients first” is the only story a medical institution might choose to tell patients. A hospital might instead choose to signal, “We hire the smartest doctors,” and manage the evidence with prominent displays of academic credentials and awards, a lecture series, and heavy publicity about new research. What Mayo Clinic has done better than just about any organization we can think of, however, is clearly identify a simple, consistent message and then manage the evidence— the buildings, the approach to care, even the shoelaces—to support that message, day in and day out.

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