

The Enduring Culture of Mayo Clinic

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Preference for Mayo Clinic as the source of care for serious illness was nearly 3 times greater than the second-leading academic medical center in an internally commissioned 2012 national survey of US households conducted by an external, independent research firm. With more than 4100 physicians and scientists on staff, more than 61,000 employees overall, medical practices in 77 communities, 23 hospitals, \$8.8 billion in gross revenue,¹ and the highest brand preference among academic medical centers, Mayo Clinic has come a long way since its beginning. In 1863, Dr William Worrall Mayo came to Rochester, Minnesota, as a medical examiner for Civil War draftees. Following the war, he established a private practice in Rochester. His two sons, William J. and Charles H., went to medical school in the 1880s and then joined the family medical practice. The brothers were skilled, active surgeons who performed a wide range of procedures. Early adopters of antiseptic and aseptic surgical techniques that kept infection rates low, the brothers also benefited from the development of reliable and safe anesthesia that extended the operating time for complex procedures.²

Word of the brothers' surgical success spread, and growing numbers of patients from other states and eventually other countries came to the "Mayos' clinic" for surgery. The brothers began hiring other doctors with specialized knowledge and, in so doing, invented the integrated multispecialty group practice model that by 1914 came to be known as "Mayo Clinic."

For roughly the first half of the Clinic's 150-year history, the family nurtured the culture and controlled its governance. Dr William Worrall Mayo ceded the family business to his sons in 1889,² who, in turn, led the practice for the next 50 years. The brothers both died in 1939.

Our purpose in this Commentary is to address one question: How did a family medical practice in a small midwestern town not only survive for 150 years but become a world-renowned medical institution? One hundred fifty years offers ample opportunity for someone

in a leadership position to come along and undercut the Clinic's mission, mangle its traditions, and reduce the institution to mediocrity, if not destroy it altogether. Thus far, this has not happened. Why?

Forthcoming articles in the *Proceedings* celebrate some of Mayo Clinic's most important medical breakthroughs. In this Commentary, we celebrate a different kind of innovation: the creation of an enduring culture of patient-centeredness and medical teamwork and the design of a sustaining leadership and governance structure.

Although Mayo Clinic is unique, it is far from perfect. Its model of care does not always work as intended; it struggles with many of the same challenges facing other health systems, from the need to reduce costs of services to the need to improve access to them. Yet, Mayo Clinic's story of what not to change to continue to function effectively in a turbulent health care environment merits exploration.

The Needs of the Patient Come First

Mayo Clinic's sustained success derives primarily from its steadfast commitment to its primary value: "The needs of the patient come first." An organization's core values are the foundational principles or ideals that it cherishes, which, in turn, directly influence behavior in the organization, ie, the organization's culture.

"The needs of the patient come first" reflects a deeply embedded principle at Mayo Clinic. Dr William J. Mayo articulated this foundational concept in his commencement address to Rush Medical College in 1910:

The best interest of the patient is the only interest to be considered, and 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.^{3(p554)}

Mayo Clinic is defined by its patient centrality. Long before "patient-centered health care" became a familiar phrase in the medical

lexicon, the concept informed the essence of Mayo Clinic; it was and is the basis from which springs virtually all else that is Mayo. Although not all Mayo employees embrace the patient-first value, our research suggests that the vast majority do, many of whom were attracted to the Clinic because of this primary value.⁴

The pervasive force of this core value tends to simplify decision making. When a staff committee or governing board lacks consensus on a tough issue, someone is likely to ask, "What is best for the patient?" That question will usually refocus the discussion and lead to a decision. Dr Robert Waller, who retired as president and CEO of Mayo Clinic in 1999, recounts his conversation with a cardiologist whose patient needed a pacemaker implanted. Option A was a Medicare-approved model that required a more involved procedure and a longer hospital stay than option B, a newer model not yet Medicare approved or reimbursable. The cardiologist asked for Dr Waller's opinion. Dr Waller recalled, "This was a no-brainer—use the pacemaker that is best for the patient."^{4(p38)}

This value also guides tens of thousands of Mayo Clinic employees who create countless patient experiences each day. A specialist sees an unscheduled patient late Friday afternoon so that the patient can return home rather than wait until Monday. A desk attendant moves from her desk to comfort a weeping, distressed patient processing bad medical news. Staff quickly plan a wedding ceremony to be held in the hospital lobby so that a critically ill patient can see her daughter get married.⁵ The patient-first value gives all employees the cultural permission to address patient needs as they arise, even if the service is not in their job description.

Team-Based Medicine

Medical teamwork—the pooling of talent—is integral to how Mayo Clinic serves the needs of its patients. It is the complementary "implementation" value that Dr William J. Mayo refers to in citing the necessity of "union of forces." Mayo Clinic patients, many of whom present for care with complex illnesses, not only get a doctor but also the best of the entire organization because the culture dictates intra-organizational consultation and teamwork. Medical teams form as needed to pool their knowledge in service of patients who require

the expertise of multiple medical specialties. The effective execution of team medicine, we believe, is Mayo Clinic's principal competitive advantage. Clinicians continually teach one another by contributing their assessments and treatment notes to the patient's communal medical record that all members of the care team use. In a "medical department store" staffed with first-rate clinicians, including a full spectrum of specialists, Mayo's integrated (clinic and hospital) electronic medical record functions, in effect, as an electronic medical textbook. Physicians have told us in interviews: "I am a better doctor here."

Clinicians personally conferring on a case is a common sight at Mayo Clinic. Whether on the telephone to one another, huddled in front of a computer looking at test results, or participating in a multicampus teleconference, clinicians join forces to serve patients. It is the Mayo way.

The Mayo culture is one of "boundarylessness," a term popularized at General Electric Corp.⁶ Boundarylessness is the cultural encouragement to cross conventional organizational boundaries to seek help from those whose expertise is needed; boundarylessness opens up the organization, removing walls to enable talent and knowledge to converge where needed.⁷

Finding the Right Teammates. A teamwork culture depends on hiring staff who will make good teammates. Research shows that high-performance service organizations practice deliberate hiring,⁷ and this is the case at Mayo Clinic. The Clinic hires for values and talent, not just for talent, and takes its time filling positions to increase the likelihood of selecting employees who hold values that align with those of the organization, who will want to make a career at the Clinic, and who will be successful. New hires typically must pass muster on multiple interview occasions with multiple people, including an interview panel whose members ask "behavioral" questions designed to reveal a candidate's personal values, eg, "What would you do if you observed another staff member treat a patient rudely?"

More than 60% of the Clinic's physician staff had previous training in Mayo's medical school or postgraduate residency/fellowship programs before being hired at Mayo. Trainees

recruited to join the staff will have demonstrated both the personal values and the talent that the Clinic seeks. Many Mayo-trained clinicians choose not to seek employment at the Clinic, preferring to practice medicine in a different cultural environment. The invisible “self-selection” hiring process at Mayo is instrumental in its uncommonly low employee turnover rates for health care institutions. For example, 2012 turnover for Mayo physicians and research scientists on the Mayo Clinic campuses in Rochester; Jacksonville, Florida; and Scottsdale/Phoenix, Arizona, was approximately 2.2%; for direct patient care nurses it was approximately 4.5%. (These numbers, which include retirements, deaths, and voluntary terminations, compare favorably with 6.1% for physicians/scientists and 9.1% for patient care nurses in a proprietary aggregated database of employees in major US health care systems.) Mayo’s hiring approach is “career” rather than “job.” It makes a significant upfront investment in carefully selecting and developing new staff based on an assumption that most will be long-term employees.

The Power of Intrinsic Motivation. All Mayo staff are paid on a straight salary basis. Not using incentive pay is a rarity in modern organizations. Surgeons’ remuneration is unaffected whether they perform 4 or 0 surgeries on a given day. Mayo physicians make no financial sacrifice when they devote time to consult on a colleague’s case. Neither do they lose income when they refer a patient to a colleague whose expertise better matches the patient’s needs.

The Clinic relies on hiring staff with high intrinsic motivation. It pays competitively with market trends but does not incent staff to work harder. High performance comes from internal motives supplemented by the palpable presence of a teamwork culture that encourages all team members to do their part. Motivation also comes from the transparency of the medical record. Mayo physicians are keenly aware that their clinical inputs to a patient’s medical record will be read by the others on the patient’s medical team. As one Mayo physician shared with us: “It is peer pressure. It is the fishbowl effect. I want to do things right because everyone I respect and trust is going to be able to see what quality of doctor I am.”

The culture of Mayo Clinic creates high expectations of all employees. The words of a young receptionist explain: “When patients come to me, I don’t want to be the one who lets down the Mayo Clinic name.” For all employees, this high expectation translates into a cultural expectation that individuals will perform at the cutting edge of their disciplines.

Shared Governance. One of the Mayo brothers’ most important contributions to the enduring success of the Clinic was creating the administrative complement to the clinical teamwork model. Until the early 1920s, the brothers’ decisions guided the Clinic’s development. Family rule, however, was unsustainable, and the brothers, with the help of their first administrative partner, Harry Harwick, created the Board of Governors to spread decision making to a group of 7 Mayo physicians and Harwick. Thus, the brothers signaled that they were relinquishing their dominant control of Clinic administrative affairs, although as Harwick notes in his memoirs, it took time for the change to gain credibility.⁸ When the brothers retired in 1932, governance as a “cooperative science” was embedded in the culture, and the leadership transition was reportedly uneventful.⁸ To this day, Mayo Clinic is guided by a Board of Governors headed by a physician CEO.

Mayo’s physician-led shared-leadership model puts physicians and administrators on the same team, unusual in health care organizations. From the top of the organization down into the specific clinical departments and divisions, all physician chairs have an assigned administrative partner who handles day-to-day operational management duties. The physician chairs manage the clinical practice, research activities, physician education programs, and career development of the medical staff. The Clinic adheres to mandatory rotations for physician and administrative leadership positions to allow others to gain leadership experience and to generate fresh ideas.

The Clinic’s shared governance model extends to an elaborate array of committees, typically chaired by a physician. In addition to institution- or campus-wide committees, departments and divisions also have internal committees. The committee structure generates broad employee involvement in decisions,

encourages predecision consensus, and offers career developmental experiences to committee members. It also brings different points of view to the issue at hand, provides a means for understanding the impact of proposed activities on different parts of the organization, and reinforces a culture of collaboration. Mayo's deeply embedded decision-by-committee culture also slows decision making and diverts thousands of skilled labor hours each year from the direct delivery of medical services. However, committee governance is the Mayo way, and this is unlikely to change in the foreseeable future.

Another cultural contribution of the Mayo brothers was to recognize the team rather than the individual. The brothers were among the most celebrated surgeons of their day. Between them, they accepted several hundred major honors, including 37 honorary doctoral degrees, according to Mayo Clinic Archives. But each brother had the humility to recognize that his achievements actually belonged to the brothers serving as a team or to Mayo Clinic, ie, the team of colleagues helping them, and they eagerly reaffirmed this fact to anyone who would listen. Most significantly, their humility led them to understand that the physicians they had hired to help in the clinic were developing medical expertise that they, as surgeons, did not possess.

The Mayo brothers' yin-yang of humility and pride has become an enduring feature in Mayo Clinic's culture. Physicians and the allied health staff take pride in being Mayo Clinic employees and in their medical, scientific, educational, and administrative achievements. But Mayo staff are humbled by the reality that they walk in the hallways among colleagues whom others consider to be giants. Mayo Clinic does not celebrate its stars, for in the Mayo culture they shine only as part of a constellation.⁴

The Legacy of Generosity

In 1919, after a year of intense study, the Mayo brothers gave their ownership of Mayo

Clinic, including its facilities and securities, to a not-for-profit entity called the Mayo Properties Association. In contributing most of their personal wealth through this transaction, their goals were to provide for an organization that could outlive them and that would promote medical education and research in addition to providing patient care. The agreement document stipulated that net revenues from clinical operations must be used to benefit patients and the community and not be used to provide excessive incomes to the medical staff.⁸ For years before the 1919 agreement, the brothers had been donating half of their incomes to the medical practice.⁹ Infused throughout the story of Mayo Clinic's sustained success is the elixir of generosity—clinician to patient, clinician to clinician, founders to the future. Leaving for future generations a legacy of generosity is perhaps the Mayo brothers' greatest contribution to the medical institution that bears their name and to the larger medical community.

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