Curing Cultural Cancer?

Leaders take control of themselves first. They have to discipline themselves to not kneejerk attack disaffected workers.

By Robert Pater | Jul 01, 2015

Is it possible to cure a severe cultural illness? Perhaps, by applying some principles from cutting-edge oncological research. Recent studies have shown it possible to not only send advanced-stage cancers into remission, but to actually cure these likely-fatal illnesses.

This revolutionary work, successfully performed at such premier institutions as the Mayo Clinic and others, enlists medical jujitsu. It harnesses modified "killer" and other pathogenic (disease-causing) viruses to, in turn, selectively target and then often eliminate cancerous tumors. These pilot tests have shown dramatic results working through modified smallpox, common cold, polio, rabies, and even AIDS viruses. In one study, 90 percent of no-hope, tried-everything-else patients scanned clear of cancer cells anywhere in their bodies after such targeted viral therapy.

Traditional Western medical treatment for cancer seems to default toward surgery, radiation, and chemotherapy (or a combination). The downside is there are parts of the body (e.g., the brain) where it’s not possible to do any of these or else risk doing untold harm to the patient. (As in, "The surgery was successful but the patient died.") In addition to other potentially serious side effects, these two longstanding treatment modalities may not even work with certain cancers and often don’t result in a cure, just buying a little time.

Cultural cancer can be similar. Think of cancer cells as aberrations that may be triggered by a variety of contributors. Sometimes a company can develop "tumors" of individuals or groups that have turned unhealthy, people who actively attack their own employer. According to a recent Gallup poll on engagement, Jim Harter, Chief Scientist, Workplace Management and Well-being, wrote, "...18% (of the workforce) are actively disengaged, and these are people that are working against the organization's objectives." That's about one in five who, like cancer cells, are effectively sabotaging a company's well-being! Of course, these are not evenly distributed among all
organizations. Some companies have much greater or more advanced cultural illnesses than others—and this is no coincidence; there are always some leadership and other reasons why. If leaders suspect they have rampant negativity in their company, it’s time for them to first look at their own actions, rather than point the finger of blame outwards. After all, other companies seem to do well with younger-generation workers, aging ones, and in highly competitive or downsized environments. Bemoaning and blaming cancers doesn’t help the patient/company get well; this merely gives the illness more time to take firmer hold or spread.

Like the real illness, cultural cancers also can metastasize, with discontent spreading through the company’s "lymph system" (e.g., rumor mill and other informal communications.) Experience shows that those who are relatively bitter, cynical, or disaffected may spend a disproportionate amount of time trying to infect/win others over to their point of view.

As in medicine, a common organizational first response to cultural cancers is "surgery," effectively removing/firing/moving away disaffected workers. But this assumes the negativity hasn’t already spread and that the company can discard potentially well-trained and needed resources. Of course, leaders have to be willing and able to identify and let go of those who are not aboard the direction to which they want the cultural train to roll. This, in fact, applies as well to otherwise productive managers who are safety-aversive yet allowed to remain in place even when they’re actually torpedoing the Safety mission. Shortsighted executive leadership can be too quick to discard workers and too slow to detach disaffected managers who affect/infect many others.

Other common treatment approaches are akin to chemotherapy or radiation, creating more restrictive rules and procedures that may ravage negative and healthy company members alike. Even with courses of these expensive and often-disabling protocols, the illness can soon return if its sources aren’t found. Alternately, consider applying the principles of the latest and most promising cancer treatment described above:

- **Identify significant sources of discontent.** Often these are outspoken workers who make no bones about their anger toward and distrust for management.

- **Leaders take control of themselves first.** They have to discipline themselves to not kneejerk attack disaffected workers. First, these employees may have valid feedback to offer about the state of the company’s mixed messages, procedures, and worker relations. But best leaders don’t reflexively shoot the messenger. Rather, they realize that all feedback reflects at least a portion of the company’s reality and those who are verbally upset may bring value to the company apart from their discord. Second, strong leaders remember that other workers are watching how these negative people are treated (who may actually be courageous enough— or past caring about the consequences—to voice what many others may be thinking.)

- **Look to terminate their negativity, rather than just terminating them.** Avoid what typically
doesn’t work: 1. Trying to reason/talk them out of their anger, 2. Attempting to disrespect, shame, or punish them until they turn around, 3. Isolating them (communication will likely still spread.) These approaches are almost guaranteed to worsen the situation.

• Turn and enlist viral agents into positive agents of organizational well-being. More than three decades of worldwide experience has consistently shown that the most effective strategy here is to find ways to place cultural negatives into a position to make a positive difference. A multitude of organizations have realized dramatic successes in Safety by: Selecting and then effectively training some of their most disaffected workers to become peer Safety catalysts. It’s amazing how, by deputizing previously “ill” workers, these can turn around to strengthen first their own, and simultaneously, grassroots safety performance and actions of those around them. Another advantage: This approach turns around pre-existing “problem people” from being anti- to pro-company well-being.

Be aware, that all of the above—medically or culturally—has to be well conceived and executed. With the right approach and skill set, leaders can indeed turn the most virulent cultural pathogens into aligned forces for health and safety.

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About the Author

Robert Pater is Managing Director of Strategic Safety Associates and MoveSMART®. To contact him, email rpater@movesmart.com.
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