

EAT THAT COOKIE!



Make
**Workplace
Positivity**
Pay Off...
For Individuals,
Teams and
Organizations

LIZ JAZWIEC

Praise for *Eat That Cookie!*

Healthcare, as a vocation, holds the promise of almost unparalleled job satisfaction. Unfortunately, the daily life of the healthcare worker also brings a unique combination of physical, emotional, and interpersonal challenges—long hours, sometimes difficult patients, uncooperative coworkers, stressful decisions—often leading to a negative and cynical work environment. We see the results in the form of poor patient service and high staff turnover.

For the past decade, Liz Jazwiec has committed her life to improving workplace culture, and her impact has been significant. In her new book, *Eat That Cookie!*, Liz takes aim at the negative mindset directly, offering a wealth of insight on the topic: how to recognize it, how to address it, and what to do when the inevitable “pushback” occurs. Applying her characteristic blend of humor and directness, Liz makes a strong case for personal accountability and provides practical strategies for aligning staff in a positive way.

A “must-read” for healthcare managers at all levels, this book is long overdue.

—William J. Hejna, Senior Principal-Health Innovation, Noblis, Inc.,
Chicago, IL

Is there anyone in healthcare who tells it straighter than Liz Jazwiec?

In *Eat That Cookie!*, she pulls no punches, tells it like it is, and doesn't accept any excuses. In it, she tells her story of transformation from a slave to the negative to a believer in the positive with such honesty that you can't help but relate to it. She is proof to us all that with the right amount of determination and tenacity we can all change for the better, adapt to new expectations, and achieve breakthrough results.

Liz stands out as one of those unique individuals who can tell a story so that you'll never forget it and its all-important lessons. And with a sense of humor

that is second to none, she does that on every page of *Eat That Cookie!* With this book, Liz helps those of us in healthcare remember the core values that drew us to serve others and urges us to celebrate that choice every day.

I'm so excited that Liz has finally put her stories and philosophy to paper. This book should be on the reading list of everyone in healthcare. It shows just how proud we should all be of what we do! Read it and keep it close by—you never know when you will need Liz's great humor and even better guidance to help you through a tough day!

—Becky Anthony, Iowa Hospital Association

Liz Jazwiec knows nurses. She knows their work, she knows their frustrations, and she knows how deeply they care about their patients. In *Eat That Cookie!*, by telling her stories, with a humor that every nurse can relate to (because, let's face it, we've all been there!), she helps nurses see that their work extends far beyond their clinical expertise. Liz reminds us that nurses can reduce patient anxiety, establish patient confidence, and provide care that makes them feel truly cared for and totally satisfied with the patient experience.

In *Eat That Cookie!*, Liz also brilliantly uses her gift of humor to tell her own story about how she moved from a place of negativity to a place of ownership and positivity. (She's a natural storyteller who could have had an amazing career as a stand-up comedienne if she hadn't become a nurse!) She reminds us all what an important role we play in assuring an optimum experience for our patients. If you want to improve the quality of care your patients receive, read this book. Its lessons are invaluable for anyone in healthcare!

—Ruth Walton, RN, MS, Regional Chief Nurse Executive, Vanguard Health Systems

The following pages are excerpts from
the book titled

EAT THAT COOKIE!

Make **Workplace Positivity** Pay Off...
For Individuals, Teams and Organizations

by Liz Jazwiec, RN

It is provided as a sample of the book's content in
order to give the reader a sense of what the actual
book is like.

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Foreword

When I listen to Liz speak, my first thought is, *I hope they're listening*. Then it quickly moves to, *She is talking about me*. Liz has the uncanny ability to combine her unique use of humor, stories, and analogies with passion and experience to help all who listen be more effective in our jobs and be better human beings. Now with *Eat That Cookie!* even more people can be touched directly and indirectly.

I am not sure of the exact date that I met Liz. I know it was in 1993 when I started working at Holy Cross Hospital (HCH) in Chicago as senior vice president and Liz was the director of the Emergency Department (ED). Early on in my tenure at HCH, I was assigned by the CEO, Mark Clement, to improve patient satisfaction. Not knowing much about how to do this, I quickly went to my usual game plan of studying the situation, diagnosing the issues, and creating a work plan. After all, it could not be that tough. I was wrong. Today, I know that to create a great patient experience means getting everyone on the same page doing the same things always. Not an easy task. Ignorance is bliss at times, so we got to work.

I am sure Liz shook her head yes to the plan. I know now she then went back to work with the attitude, *Here we go again, another talking head, another buzzword, another program. Why can't they leave us alone so we can get our work done?* As the work progressed, most of the leaders implemented steps in their areas and made steady gains in patient satisfaction—except in the Emergency Department and a few inpatient units.

Mark and I sat down and reviewed the progress and the decision was made to remove the leaders who had not made expected progress from their leadership roles. There were four leaders on the list to be let go. As we worked through the name of replacements for those leaving, a challenge came up. We just did not have anyone to replace Liz at that time. I argued that we should still let Liz go. Mark (who was right) said, "Let's give her 90 more days." Knowing I was on the losing side on that call, I did get Mark to agree that we could put Don Dean in her office. Don was our leader in outpatient services. He was getting great results, and I felt that this way when Liz failed, Don could step right in.

I found out I had misjudged Liz and the ED staff. Liz had survival skills and her staff loved her. When Liz told the staff that if things did not improve in 90 days she was gone, the staff rallied behind Liz, and results improved. Being skeptical, I would often ask Don about Liz. Being in her office, he kept telling me she was doing the right things and results would come. I had to be patient. Don was right; results did come. In this book you will read about that journey, what was learned, and much more.

Now move ahead to June of 1996. After three-and-a-half years at Holy Cross, I was leaving to be the administrator of Baptist Hospital, Inc., in Pensacola, Florida. I had come full circle in my relationship with Liz. The person I felt I could not live with, I now felt I could not live without.

Well, I have not had to live without Liz. I hired Liz as a consultant to help work with leaders and staff at Baptist and today Liz is a key part of Studer Group.* I am blessed to have Liz in my life since 1993. Those who have heard Liz will agree on the positive impact she has on the lives of so many people.

I trust you will agree after reading *Eat That Cookie!* It is more than a bite but a whole meal on feeding our passion and soul in this journey to make ourselves and our organizations better.

Quint Studer



I learned the importance of creating positive workplaces the hard way. During the first 18 years of my career, I had an extremely negative attitude. Over time, something happened to me that changed my outlook, my attitude, my life. When I was forced into a customer service initiative at the hospital where I used to work, I learned how to walk away from negativity and what I call “victim-thinking.” Because of the role that service initiative played in shaping my personal behavior, you will read a lot about service in this book. For me, excellent service and positive workplaces are intertwined, and I believe as you read you will also recognize the connection between the two.

Let me set the stage. I was working as the director of the ED of Holy Cross Hospital, an inner-city hospital on the South Side of Chicago. It sits right next to Marquette Park, a three-square-mile urban park that has some of its own permanent residents...know what I mean? We were one of the back-up providers of choice for the Cook County Jail, and though we were not the designated trauma center in the area, we were a “beep-beep drop center.”

I can hear some of you thinking now: *What’s a “beep-beep drop center”?* (I can also imagine others nodding knowingly.) Basically, we were serving an area of

Chicago that had a lot of gang activity. And as you all know, gang members are in high-risk occupations. They often find themselves shot or stabbed, but they don't like to call 911—mostly because it tends to attract the attention of the police.

Anyway, gangs have come up with their own little triage system. When one of their colleagues is suddenly injured, they throw the person into the car, drive to the closest hospital, pull up onto the apron of the ED entrance, throw the body out onto the concrete, honk the horn a couple times so the staff knows there has been a fresh delivery, and then they speed away. See? Beep-beep drop.

The bottom line? We were in a rough part of town. And our clientele weren't always Chicago's most upstanding of citizens.

When I started at Holy Cross in 1991, it was an organization with problems. It was deeply troubled financially. And its reputation in the community wasn't the best. In fact, many people had taken to referring to the hospital by some less than favorable nicknames.

And perhaps the most telling evidence of the hospital's troubles was that back in 1991, 95 percent of the people who worked at Holy Cross would not go there for their own healthcare. That's right. Ninety-five percent of the people who worked there would say when they got sick, "What are you thinking? I'm not going to Holy Cross!" Our employees had lost faith in their own organization. That's really bad, isn't it?

Holy Cross is sponsored by a small group of Lithuanian nuns. I'm not making that up. The Sisters of St. Casimir. Yep, St. Casimir. I have to tell you that I was born and raised Catholic, and I never once heard of that saint. In fact, at first I thought they were saying the Sisters of St. *Cashmere*. I thought to myself, *Ooh, we're going to wear really nice uniforms in this hospital. Beats the Daughters of Charity. The Sisters of St. Cashmere: a whole group of nuns devoted to good wool...* Got to love a good nun pun!

In 1992, the Good Sisters decided it was time to bring in new executives. They brought in Mark Clement to be our new CEO. Mark had a strong

service sense, and not too long after he arrived, he hired a man by the name of Quint Studer.

Quint was there to provide us with some much needed help in the area of customer service. We needed someone to help us refocus. And we needed it badly. How badly? In October of 1993, we were in the 14th percentile of hospitals in terms of patient satisfaction as scored on a national survey tool. Now, as you all know, that's not good. However, we had spent the first five years we were surveying our patients in the 5th percentile. Five years in the 5th percentile! When our score went up to the 14th percentile, some of us were actually ready to write on our résumés: *Tripled patient satisfaction scores.*

The administrative team got together and tried to decide what the goals for the hospital should be. They said maybe we should shoot for the 50th percentile. But then Quint challenged them and said, "Can we really be a provider of choice with only average service?" So the decision was handed down. The goal was for us to end our fiscal year, which was in June, in the 75th percentile. In other words, we had nine months to go from the 14th to the 75th percentile. (Yikes!)

We tried to hire some consultants to help us, but no one would take the job. They told us what we were trying to do was impossible. They said, "You're going to demoralize your staff. You've set a goal that's too high."

But Quint was unfazed. He didn't listen to those "experts." Instead he started our service challenge by forming eight customer service teams. We named them—wait for it—"Customer Service Commandos." They were different from anything any of us had ever seen before. First of all, we didn't spend the first month arguing about the name. Normally, there would have been objections like: *Should we really call ourselves the Commandos? Isn't that a negative term?* Or, *Is it right to use military terms to decide what we do in healthcare? Blah, blah, blah.* Taking a month to decide on a committee name just wasn't in Quint's M.O.

The other thing that was different about the Commandos was that we had to meet every week, and every week we had to have a result. A result a week for eight teams—that's a lightning pace in healthcare, isn't it? A result a week! Needless to say, it was a horrible time at our hospital. After all, you know how

much we like change in healthcare. I'd walk into a room and everything would be turned around. "What happened?" I would ask. And the staff would say, "Commandos." To which I always responded with a sneer and an eye roll.

So, a lot was changing and it was happening fast. Eight things a week, 32 things a month, 100 things a quarter, and half of them failed. Oh, we're afraid of that in healthcare, aren't we? We hate when things fail. Well, we half hate it. The other half kind of enjoys getting to tell people, "Told you so. Told you that change would never work in our department!" But even with half of the initiatives failing, implementing 50 of them a quarter was faster than our organization had ever moved before.

People have since asked me, "What was your strategic plan?" And I always say, "Well, apparently, our strategic plan was to run around like chickens with their heads cut off." We were faced with an ultimate goal that seemed impossible, to go from the 14th percentile to the 75th percentile in nine months. How long does it take an organization to write a strategic plan, anyway? Nine months? Ten months? Two years? We didn't have a plan because we didn't have time for one. We were just doing whatever we could do. Novel idea, huh?

And as it turned out, we didn't hit our goal in nine months. We reached it in *six*. By March of 1994, we were in the 75th percentile, and we finished that year in the 94th percentile. Yes, we moved from the 14th percentile to the 94th percentile in only nine months. That's quite an impressive jump. We won recognition and awards. March of 1994 was a remarkably happy time at the hospital. We reached a goal that healthcare industry "experts" had told us would be impossible, and we did it three months ahead of schedule. And I've got to tell you, despite all those dire predictions, the staff was anything but demoralized. Most people had never been more proud of the work they were doing.

Okay, full disclosure: It was a happy time at the hospital...except for in the ER. Want to take a guess where our scores were? It was a single digit. Eight! We were in the 8th percentile, and I was so twisted at that time I was actually proud of it. I would walk around the hospital bragging that we were the only department actually working! I'd say, "Well now, that finally proves one thing. Apparently, we are the only department working. Everybody else has time to

do all this customer service, nicey-nicey fluff stuff. Meanwhile, we're down here saving lives, stamping out disease."

Then, Quint called me into his office. He said, "Liz, we want to make your exit from the organization as graceful as possible. So, unless there is a dramatic change in service, we're going to transition you out over the next 90 days." Two days later he moved the director of Ambulatory Care and the hospital's golden boy, Don Dean, into my office. He was the hospital's superstar. You know the type. Perfect in every way. Happy, happy, happy...ALL THE TIME!

Don Dean and I are great friends now. But let me tell you, it was a tough first year...for him. Now, in some hospitals, Ambulatory Care and ED go together, don't they? Don was the director of Ambulatory Care and they moved him in. Now in case you didn't catch my wording earlier, they didn't just move him into the same suite as me. They moved him into *my office*. When your replacement moves into your office, it's a sign, and not a good one.

So I went to my ED staff and I said, "You guys, we have to focus on patient satisfaction." Day 90 came and went. On Day 85 I gave them a pep talk, "Come on, you guys! Customer satisfaction, that's where it's at." (As you can imagine, this had a huge impact.) Day 80 came and went. And somewhere around day 75, I finally confessed to them. I said, "You guys, if we don't fix patient satisfaction by June 1st, I'm fired." And fortunately for me, they liked me. Otherwise, they might have said, "*Oh, really, Liz? That would be a shame. We surely would hate to see that happen. Yeah, that'd be a real shame.*"

So then the ED staff, being the sweethearts that they were, took on this attitude, like, "Oh, you want to see service, do you? Want to see service? Oh, we'll give you service." They began a customer service strategy that I call "simpering"—basically using a tone with patients that falls somewhere between sweet and sarcastic. I'd walk into the treatment area and people with fake smiles on their faces would be saying things like, "Oh no, we don't mind doing that for you. After all, that's why we're here. We're here to serve you."

The first time I heard this I thought, *Well, that's that. I'm fired for sure.*

But we learned something in the ED during those 90 days. You know what it was? People will respond to insincere kindness!

And we learned something else too. Up until this point, we in the ED had been convinced we had the most difficult clientele in the country, the most demanding families, the most obnoxious patients. Our specialty seemed to be people who were unappreciative, people who were difficult to take care of. But when we started to treat them differently something happened. They started treating *us* differently, and I learned something as a leader. I gradually started to understand how important it is for us to have pride and respect for everything we do in our day-to-day work lives in healthcare.

2

Declare Victim-Thinking DOA

Without a doubt one of the biggest challenges healthcare workers face today is victim-thinking. Once you start practicing this “deadly sin,” it can be a very difficult habit to break. It poisons you. Worse, it renders you incapable of being successful.

Once again, I speak from experience. You see, I am an ex-smoker *and* an ex-victim.

I am not one of those judgmental reformed smokers. You know the kind. Despite the fact they themselves used to smoke more than a pack a day, they now condemn everyone else who does it. In fact, I still miss smoking. I liked it, and when people ask, *Don't you feel better?* the answer is actually *no!* In fact, when I quit 13 years ago, I told myself that I was just taking a break. If I am lucky enough to live to be 80, I am going to start smoking again...and maybe not just cigarettes!

I am a much less tolerant ex-victim than I am an ex-smoker. In fact, now that I've squashed my own victim-thinking, I am relentless. I hate it when I hear people say they can't do something, or that their organization is different, or

that they've tried something and it doesn't work...blah, blah, blah. I especially worry when I hear words like that coming out of the mouths of leaders.

One of the best lessons Quint Studer ever taught me was that you can't take your team further than you have taken yourself. And if you repeatedly give in to victim-thinking, you will be stopped dead in your tracks.

Victim-thinking is dangerous because those who give in to it come up with just one reason why they can't be successful or why they won't reach this or that goal, and then they give up. Good leaders don't let that happen on their watch.

A good coach doesn't go into a locker room at halftime with a team that is getting the stuffing kicked out of them and say, "Those other guys are huge. Don't worry about getting the ball. Don't worry about scoring any points. Let's just pray we all make it back to the bus without anybody getting hurt!"

A good coach would go into that locker room and say, "Wow, we are really up against a good team today, but I know I have the right people with me in this locker room today. Let's get out there, and go get 'em!" Sure, his team might not win. But at least when the final buzzer has sounded they'll know they tried their best. They'll know their coach believes in them.

Unfortunately, in the healthcare world, I hear leaders saying things very similar to the former coaching example all the time. They tell their busy staff, "I know it's busy. Hang in there! Just do whatever you have to do to make it through the day!"

Of course, these leaders are only making a difficult situation worse. They might think that they are being sympathetic or helpful, but they're not. They're just reinforcing victim-thinking and allowing their staff to be less than they can be. (Hey, wonder why the Army doesn't use "Be less than you can be" as their slogan?) To be a good leader, you must create a positive work environment by eliminating the victim mentality in yourself and your team.

Facing the Truth

One time, when I was working at Holy Cross, I was asked to speak at our hospital's department head meeting. The ED had gotten into the 90th percentile and I was going to present our success story.

As I was preparing for the presentation, I remembered something else that I had learned from Quint: Good leaders take responsibility for their team's failures, but they attribute successes to the team as a whole. So I asked two of my staff members to be a part of my presentation. It was supposed to be a short presentation, only about 10 minutes long. My plan was that I would open and close the presentation, and I would have the two staff members do the main part.

Quint came to visit me about 5:00 p.m. the evening before my presentation. He asked me if I was prepared, and I told him that I was. I told him that I had asked two members of my staff to join me and that we were all set.

Then he asked, "Don't you think you ought to tell the group what really happened?"

"I am," I said. "We are going to tell the whole story."

"Don't you think you need to tell the audience exactly what barriers existed?" he pressed.

"We *are*," I insisted. "We are prepared to discuss all the things we did."

And finally, he got right down to the point. "Don't you think the group deserves to know that YOU were the biggest problem? And that until you changed as a leader, the team was never going to move forward?" he asked.

I just looked at him. When Quint suggests something, it is like The Godfather suggesting something. It isn't really a suggestion so much as it is a command.

He left my office, and I was ticked! I called my friend Mark Albarian in California. He always gives me great advice, and he had been advising me throughout all my struggles at the hospital.

“You are not going to believe what they want me to do now!” I whined. “It is not bad enough that I have been jumping through hoops for the last nine months! Now they want me to stand up in front of my colleagues and friends and say, ‘My name is Liz, and I am a LOUSY leader.’”

I expected Mark to be outraged, but he wasn’t. “Oh, Liz,” he said. “You’ve come this far. Just do it. Don’t fight unnecessary battles.”

So, I begrudgingly agreed. After I spoke with Mark, I told my team members they could stay home the next day. I was going to go it alone on the presentation.

I got up that day in front of all my friends and coworkers and started my story. I told them that as a leader I could not take my team further than I had taken myself and that somewhere along the way I had gotten stuck. I said that I had to change before my team began to see success...blah, blah, blah. As I presented, I looked at the audience. Some people had their jaws open, eyes staring in disbelief; others had tears in their eyes. I imagine those people were probably thinking, *They finally got to Liz!*

In retrospect, that presentation was the start of my speaking career. Giving up my victim-thinking had truly opened new doors for me. I was no longer going to stand in the way of my own success or that of my department.

The Life of the Victim

Some of the hallmarks of victim-thinking are denial, blame, and rationalization. I was a classic case. I tapped into all of those traits when I was coming up with reasons why our customer service scores weren’t better. We used a mailed survey to measure our responses, and I had a whole boatload of reasons why our outcomes weren’t better. I used just about every tool in the victim thinker’s bag to explain our bad results.

First, I denied that we were really all that bad. Sure, we were in the 8th percentile, I reasoned, but our score is a 78. And 78 is not really failing. It is more like a solid “C.”

Then when denial didn’t work, I tried blame. When you work in an ED, blame is a great tool to use because you can point the finger at a different department every week. It was never my ED’s fault. It was security, admitting, the doctors, the lab. Or maybe it was housekeeping. Perhaps they are in cahoots with some of the nursing units and are hiding clean beds so we can’t get anyone admitted from the ED.

Eventually, though, blame started to wear thin. Then I would pull out the big gun, RATIONALIZATION.

I loved rationalization. I was the queen of rationalization. I mean, c’mon, my name is in the middle of the word. Rational**LIZ**ation. I was an absolute pro at rationalizing why our scores were so bad.

I would start with what I felt was the most obvious reason for the bad scores. “We actually do a great job at customer service,” I would say. “Our patients just don’t realize it.” I guess I was talking about that “stealth” service—you know, the kind that’s so specialized only an expert can detect it.

Next, I rationalized it must be the survey tool. We weren’t getting a big enough response rate because there were too many questions on the survey. I was certain that the questions were asked in the wrong order and that there was a clear bias against the nursing staff.

When that didn’t work, I pointed the finger at the patients. It was very clear to me. We were working in a tough neighborhood! We were taking care of homeless people! We were bathing them, feeding them, clothing them, and then sending them back out on the streets! *Of course* they weren’t happy! And what about the criminals? We were taking care of people who were handcuffed to their stretchers. Oh, and the drug seekers! They’d come looking for drugs and then we wouldn’t give them any. These people weren’t likely to give us a high score!

Can you guess what was wrong with all those rationalizations?

It took me six months to figure out that homeless people didn't have mailboxes!

Six months to realize that there wasn't anyone walking around Cook County Jail asking the inmates to fill out the survey. And six months to discover that our drug seekers didn't always give us the correct contact information. I mean, why would they? "Hey, you want to find me? This is where I can be tracked down when you want to bring someone in for trying to illegally obtain prescription drugs."

Those patients I was pointing the finger at were not the ones filling out our patient satisfaction surveys. Maybe you got it right away, but, me, I am not that smart.

At the time, though, I didn't want to think about any of that. The first reason I could come up with to justify our lack of success was good enough for me, no matter what it was. And *that* is the most dangerous thing about victim-thinking.

You don't have to have a good reason for your failure, or even one that makes sense, as long as you and your staff are willing to believe it. And once you believe it, you are dead in the water.

Stop Being the Victim

To create a positive work environment, we have to eliminate victim-thinking. We have to. And once it's gone the outcome will be remarkable. Denial is replaced with results, blame with gratitude, and rationalization with success.

Trust me, once you and your team know what success feels like, you will never want to go back to victim-thinking again.

One of the best gifts Quint gave me was teaching me how to stop thinking like a victim. He taught me that by example. He never let me or my staff give in to victimhood. And as a result, Holy Cross Hospital—despite all of those reasons I gave that should have kept us from being successful—began receiving awards honoring its great service.

Eliminating victim-thinking from your mindset and the mindsets of those you lead is the best gift you can give to yourself and the people you work with. Once you do, people start to feel like winners. And in healthcare, as hard as we work, everyone deserves to feel like a winner. We deserve to be successful. And there is nothing that promotes a positive work environment more than ongoing success.

ABOUT THE AUTHOR



A nationally renowned speaker, strategist, and consultant, Liz Jazwiec consistently ranks amongst the best of the best amongst other speakers. The president and founder of Liz, Inc., she has shared her passion for leadership, engagement, and service with audiences across the country.

She's also been an Emergency Department director, executive search professional, organizational development leader, and vice president of patient care. Her work at Holy Cross Hospital is one of the reasons that the organization was recognized for its award-winning patient satisfaction.

Today she uses all her experience and expertise to inspire organizations committed to building a culture where excellence is driven by strong leaders and engaged employees.

Audiences describe Liz's presentations as uplifting, motivational, and fun. They also clearly respect her practical and experience-based style. You're sure to enjoy her creative and viable suggestions for addressing some of the difficult issues facing organizations today.

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IS IT POSSIBLE TO CREATE A POSITIVE WORKFORCE IN NEGATIVE TIMES?

Yes, it is. And considering the very real, bottom-line results a positive culture creates, it's a pretty darn good idea. But first you have to get real: About the problems you face. About how tough a job in healthcare really is. About the negative things you and your staff members do—c'mon, admit it!—to make it even tougher.

In this book, speaker, strategist, and consultant Liz Jazwiec, RN, gets real about all that and more. In her darkly humorous, ever-so-slightly sarcastic style—after all, she was an ER nurse—she explains how positive workplaces translate to better patient service, improved efficiencies, and lower employee turnover. Readers will learn:

- Why hokeyness—in the form of giant smiley face cookies and no-negativity days—actually works
- How to decree and enforce “mandatory fun” so that it's really, well, *fun*
- Guidelines for doing celebrations the right way
- How not to succumb to “process paralysis”
- Why victim thinking is so destructive and how to eliminate it from the organization
- How to stop judging shoe-heel smashers, pants unzippers, and other irritating patients

Funny, inspiring, and relatable, *Eat That Cookie!* is packed with realistic, down-to-earth tactics leaders can use right now to infuse positivity into their culture. Put them into practice and you'll be amazed by the rapid improvements you see in your organization—in terms of energy, focus, productivity, and, yes, happiness.



Liz Jazwiec is a nationally renowned speaker, strategist, and consultant who has shared her passion for leadership, engagement, and service with audiences across the country.

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