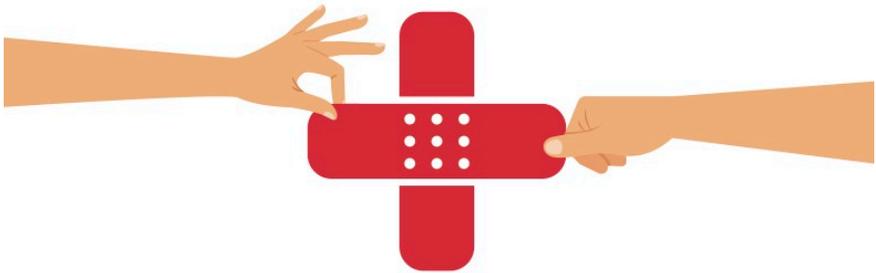


SALVATION: *the* BUNGSU STORY



How Lean and Kanban saved a small hospital in Indonesia.
Twice. And can help you reshape work in your company.

MARCUS HAMMARBERG

With a foreword by L. David Marquet, author of *Turn the Ship Around!*

SALVATION: *the* BUNGSU STORY

MARCUS HAMMARBERG

· OIKOSOFY
SERIES

The Bungsu Story

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Publisher: Oikosofy Series, www.oikosofyseries.com

Layout and art by Muuks Creative, www.muuks.com

*To Elin, Albert, Arvid, and Gustav -
the Hammarberg adventure squad!*

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FOREWORD

Books that tell a story about people overcoming adversity and creating something great inspire me. This is one of those books.

In it, you will learn firsthand how Marcus Hammarberg, serving as a coach to the Salvation Army run Bungsu hospital in Indonesia, worked to turn that hospital around by empowering the team and creating a workplace where everyone felt valued, respected, and could contribute. Marcus exerted what he calls the “gentle hand” in meetings and in one-on-one situations, offering tools, suggesting improvements, and all the while encouraging the team.

The story starts in a hospital with no roof during the monsoons, with no operating permit, with only an average of 10 patients a day, leaving most of its 55 beds vacant, and with salary payments to many of the staff in arrears. Debris from the collapsed and incomplete roof covered the floors and mold had formed throughout. As expected, the staff was demoralized and un-empowered.

You will meet Ibu Butet, ‘merely’ a part-time physiotherapist and part-time receptionist who steps forward at the beginning of the process not only with a critical suggestion, but by her example demonstrating that initiative, thinking, and good ideas come from every level of the staff. Her example is a tipping point, inviting others into the process.

You will meet Ibu Elsy, the overwhelmed staff, administrative and facility manager for the Bungsu hospital. Ibu Elsy had the information about the problems and processes and what needed to be done, but not the authority to make necessary decisions.

She spent all her time running around getting permission to do her job.

When that changed, and leadership pushed the authority to where the information naturally resided, she became a source of multiple improvement suggestions. While this freed up time for the leadership team to discuss issues bigger than equipment maintenance, the big benefit is releasing the passion and intellect of Ibu Elsy, allowing her to make a better contribution and feel better about her work.

And you will meet Dr. Lillian, the Director of Bungsu Hospital, who, despite many cultural barriers, stepped into a new role as a leader and fundamentally changed the organization for the better. Dr. Lillian had to act in many situations contrary to her cultural programming and did so, showing courage and compassion all the while.

Books that tell a story about how a transformation happened give me the tools to act on my inspiration. This is also one of those books.

You will hear about many of the tools modern management coaches have learned to employ in action here: modeling the desired behavior, impact mapping, inviting people to take control, pushing authority to information, identifying and removing constraints, taking small steps, limiting work in process, making the work visible, inviting the team to come up with solutions, creating transparency, building small cross-functional teams, embracing a systems approach, utilizing the not-list, and eliminating fear. You will not only hear about these tools but see exactly how Marcus and the Bungsu team deployed, tried, and modified these tools. The strength here is not about reinforcing an academic learning of the tools, but about seeing how these tools were used in the unlikeliest of places.

Overcoming what should have been insurmountable obstacles, the staff prevailed even after the first sparks of initiative were criticized! “Please do not question the process” was the oft repeated phrase. In the end, the hospital became profitable, grew, became accredited, and served thousands of patients.

Some might look at stories like this as one-offs, perhaps the lucky combination of some unique set of circumstances. These rationalizations are used as justifications for why we are not doing better trusting our people and building healthy workplaces.

Well, I don't think we have an excuse any more.

L. David Marquet
author of Turn the Ship Around!

INTRODUCTION

This book is not based on a true story - it is a true story. Everything happened in the order and as I've written it down. I sometimes had to stop and check if it had really happened as I remember it, because some events were so amazing or bewildering. But this all happened. With the help of extensive journal notes, I'm confident that I got most of it right.

My goal is that you will be inspired by the events and how we worked together to overcome insurmountable obstacles. If we made such a great change in such a short time - you can too! Whatever your challenges are!

This is a story about how we applied many principles, practices, and ideas that I've picked up in Lean, Agile and thanks to the Kanban community. This story is set in a very different environment to my usual assignments. Managing a hospital at the edge of crumbling and in Indonesia, not my usual and familiar western country. In order to apply these practices in another setting, I had to look beyond what is normally done and think, deeply, about the underlying principles. This thought me a lot about what these practices actually mean and made me much more secure in applying them in other settings. I hope this journey will do the same to you.

My hope is that you, dear reader, is that this story and its different environment will help you gain that same realization and understanding. In that way, you too can feel more confident in using these principles in your context and come up with practices that support your process.

I have also written extensively about how we did things; how we created visualizations, how we ran our meetings and how

we laid out our strategy etc. This is why the story sometimes is broken up a bit to clarify my thinking. Most of those realizations happened after the fact, but I've taken the liberty to short circuit my, often cumbersome, thought-process for you and deliver the whole process in a more condensed format.

This is on purpose to give you some tools and practices that you can pick up and start using tomorrow to get a quick start.

PART I

THE DISASTER

A HOSPITAL DISASTER

The early Indonesian morning greets me with clear skies and a damp but not yet hot temperature. I walk briskly the short distance from our house to the Bungsu hospital, of the Salvation Army. The hospital has had quite a few management challenges that I have helped out with, the last couple of months. I now feel confident we have a good grip on handling these problems. Yesterday evening I returned from a week of vacation and when I left things were shaping up around these issues. I'm particularly interested in the roof renovation project that should be done by now. I feel confident that this will be a great day.

Those hopes shatters with a single step into the Bungsu lobby. "Something is seriously wrong here", is my first thought to the sight before me. I'm greeted by the welcoming arms of the foul stench of mould and a vista of water dripping from the ceiling into buckets overflowing. I start to wander around the hospital while I try to make sense of what I have just seen. At the first glance, I see 10 buckets, big stains of black mould in the ceiling, water running down the walls - as well as a few patients waiting in the lobby.

I rush outside to look at the structure of the hospital to see in horror that the roof renovation is not finished. Instead of looking at a roof I am staring at scaffolding and there is zero construction of a new roof taking place. The old roof was taken off before I left



A hospital in need - without roof

for vacation, two weeks ago. I know that the last two weeks that have had intense rain. All that rain has now hit the bare second floor of the Bungsu hospital.



My family and I are in Indonesia to work for the Salvation Army. In particular, my wife Elin and I are working for newly started Salvation Army Health Foundation. The Salvation Army in Indonesia has a proud and rich history of running hospitals and clinics across the vast country. The foundation will now govern the 6 hospitals and 17 clinics on assignment by the Salvation Army.

My role, at the Salvation Army Health foundation, is to support the management teams in all the hospitals and the clinics to help them establish strategic plans and to start executing these

plans. The Foundation hopes that this will help the hospitals to implement their strategic goals faster. I'm also heading the executive team of the foundation consisting of 4-5 subject experts that acts like a consultancy to the hospitals and clinics.

Rumah Sakit Bungsu is one of these hospitals, and I have spent more time in this hospital than the other hospitals in the foundation. In part since it's just a few hundred meters from our home, in the city of Bandung¹.

There's another reason I've spent time in the Bungsu, that is not of the same practical nature. While the other hospitals and clinics have run smoothly, the Bungsu has needed the foundation's attention for quite some time, due to some operational and financial problems. Problems that, until a few minutes ago, was of highest priority and needed the foundation's immediate attention.

With the current view in front of me, that list of problems is not at all as urgent as the missing-roof-problem I'm witnessing, as in slow-motion.



As I stumble inside the hospital again, those problems now fade to the back of my head. I desperately try to figure out what is going on. The renovation of the roof looks as if I had left it two weeks prior, my gut is anxiously churning. Before my vacation, we agreed with the hospital staff that the roof was to be fixed, urgently. I am totally and utterly confused. Many questions start to surface in my head: Why isn't the roof ready yet? And how have they handled the torrential rains that have been falling in this region during the last couple of weeks? Is the hospital

¹ I, for one, did not know anything about Bandung before I left for Indonesia.

It's the capital of West Java, a big city of 8 million people but still just the fourth largest city in Indonesia. The Salvation Army headquarters of Indonesia is located in Bandung.



Water running down the wall in our pharmacy



The second floor after the disaster and without a roof

still operational? Where is the director and how is the situation addressed?

I start inspecting the damage; my eyes immediately become fixated on the ceiling. I can see big wet stains with black mold covering large areas and a stream of water flowing down the walls. There are buckets absolutely everywhere; I stop counting after I reach twenty in the first couple of rooms.

Right outside the labor ward is a big tarp suspended from the ceiling, collecting the water and guiding it down into a big barrel. It is already half-full, and the water shows no sign of drying up anytime soon.

I continue down the winding corridors with my focus fixed on the ceiling and try to evaluate the extent of the overall damage within the building.

Behind every door, I am greeted with further damage. The x-ray machine is covered with plastic bags, and the staff has moved all the medicine cupboards towards the center of the pharmacy rooms to protect the valuable medicine within.

A realization falls upon me; the second floor! I start walking, slowly, towards the makeshift door used to access the construction site on the second floor. I try to greet staff as I meet them, but they shamefully avert their eyes and walk past me, or maybe they are just busy.



With my first step on the deserted and destroyed second level the scope and sight of the situation becomes too much for me. This is, quite simple, not a hospital anymore. Without really noticing, I fall on my knees. The sight hits me like a fist in the gut.

What should look like the second floor of the hospital looks more like the aftermath of a devastating flood. There is debris everywhere and substantial pools of water on the floor. Nothing of these ruins indicates that this is a working hospital. Tears begin to run down my cheeks joining the puddles on the hospital floor.

I see open sky where the roof should be, and more heavy rain is predicted for later. I walk through the empty corridors and hollow wards in horror. There's no sign that the Bungsu hospital staff has been here and I realize I must be the first person to truly see the second floor in this state.

I suddenly come to the realization, there is a possibility that no one else in the Bungsu hospital knows the extent of this problem. I see construction workers climbing up scaffolds outside, but no one seems to be working on roof assembly. More than half of it is just not there. All of this is taking place where the wards are meant to be; the uncovered area represents two-thirds of what should be rooms filled with patients.

I hastily document the damage as well as I can, using my smartphone². As I thumb notes onto the screen, a voice whispers in the back of my mind:

The Bungsu hospital is dead! There's no way we can salvage it.



The water damage isn't by any means our only problem, as previously stated. The Bungsu has actually been in enormous trouble for quite some time now. For example having failed to

2 Which is the reason for the sub-par, low-resolution of most of the photos in the book, which as you can imagine during the incident was not my main concern.

renew its *operational permit*. It is currently operating merely because the Health Department of the Indonesian government has given it a temporary permit under one condition. The Bungsu must fully follow the written Standard Operating Procedures (SOP) for all roles in the hospital. If it fails to do so, it's in danger not get a renewal of the permit. Potentially leading to having to close the hospital. To make matters worse, the hospital staff is not well informed about the Standard Operating Procedures.

Additionally, the Bungsu hospital is constantly *losing money* simply because we do not have enough patients. The current occupancy rate is an average of ten patients per day. However, the total number of beds in the hospital is fifty-five. This means that the Bed Occupancy Rate (BOR³) is about ten to thirty percent. For most hospitals, seventy is considered an desired level of occupancy, but we have no conceivable idea how to achieve this level of occupancy. We only know that it's needed since we are losing money at the current levels. The extent of the loss is not known either at this point. Only that it's probably very bad.

Due to our financial status, the hospital has been having difficulties paying salaries for quite some time. They *haven't paid salaries* on time, the *bills for operating expenses or doctors' fees* and have resorted to borrowing and delaying payments. I found out that the HR staff have sometimes been paying the salaries out of their own pockets.

Due to these difficulties, the *morale among the staff is on an all-time low*. This is totally understandable because the hospital has faced unfathomable challenges for a long time. Adding to the low morale is the fact that we serve so few patients that most people have very little work to do.

My team, from the Salvation Army Health Foundation, have initially been called in to help Bungsu to regain the operational permit quicker; we see this as the biggest risk to the hospital's future. In fact, the problems are so incredibly severe that I am secretly asked to evaluate the

3 Bed Occupancy Rate – the percentage of available beds in a hospital, used on average per day.

inventory of the hospital and present it to potential buyers. As if all this wasn't enough, now we have a gaping hole in our ceiling.



Diligently, I begin to document the extent of damage and recompose myself. I hurry back to the ground floor because I need to talk to someone immediately. I am left wondering just what has happened and how in the world are we going to fix this?

I zoom through the hospital bumping into the director of the hospital, Dr. Lillian, on my way. Dr. Lillian is a young doctor that has been the director of the Bungsu for a few years. She appears exhausted but not particularly upset. I also spot Major Laua, the Salvation Army Officer of the hospital. I frantically run up to them to speak, but surprisingly enough, they don't seem to be worried about the water damage.

Their reactions confirm my biggest fear, which is - no one in the hospital has a clue of what is happening to this building. I notice there are a few patients around. This frightens me to a shiver, because I genuinely worry about the building collapsing on top of them. Is it safe to treat patients here or should we close the hospital due to these impending safety issues?


**This frightens me
to a shiver, because
I genuinely worry
about the building
collapsing on top
of them.**



I feverishly explain the situation to Dr. Lilian and Major Laua, stumbling through my sentences in an awkward hybrid of English, Indonesian and Swedish. I point to the roof, with the water dripping down the walls, and together we inspect several rooms, which reek of mold.

Now they are terrified, neither of them has even been on the second floor. I request that both of them go up there and assess

the situation for themselves. While they head up the stairs, I think of my team, at the Salvation Army Health foundation, who I need to talk to immediately. We need to take action. Our office is uphill; I run to it in the hot and humid weather.



I reach my office soaked in sweat. Under my panting, I describe the situation to my team. They are appalled at the revelation, and we hold an emergency meeting in which we decide to inform the leaders of the Salvation Army in Indonesia. We inform them of the situation and what emergency action we aim to take.

Slowly, as we start to address this in some way, I begin to calm down. We need some forethought. Despite the emergency, I don't want to rush into any hasty decisions. In my experience, they never improve the situation. In fact, things rarely get out of hand if you take time to stop to think. A great piece of advice from an old mentor of mine, Lars Littorin, suddenly springs to mind:

"If we have a lot of things to do, we know exactly what to do. First make a list of the things we need to do and then do the most important thing first."

That advice, while seemingly simplistic always calms me down, and again just proving its magic not just for me but also for my team. My team and I decide to prioritize the safety of patients and staff, as our top priority. Also, something which is not as immediate but is interlinked with this issue is that we need to start making money again. We come up with a short-term action plan of the things we need to do urgently. I'm given the "Clean up the second floor"-task and hurry back to the hospital.

At this point, nothing has been done to clear up the water soaked debris scattered all over the second floor. It prevents the water from evaporating, which in turn causes mold, leaking to the first floor and in turn damaging the walls. After a quick lunch

on the go, I head to the second floor to start the cleaning, still in my Salvation Army uniform. “No time to change,” I think, as I grab one of the few shovels on site.



The wards should be full of patients but due to the dampened debris scattered about it is empty, traversing this terrain would be difficult even for someone in peak condition. Instinctively I begin to dig, to try to uncover the floor. Soon I am accompanied by one of the hospital’s janitors. He doesn’t speak a word of English so we simply nod to each other and together in focused silence we clear the room. I manage to find buckets too, but we only have one shovel and ten buckets at our disposal.

After much work filling buckets, we are then struck with the issue of finding a way to empty them. The janitor and I are very aware of safety issues and decide to lower the buckets down to the parking lot, carefully, using a rope. Soon after, another worker joins the effort, finally after two hours of work we begin to see a meager glimpse of the floor.

I realize that it will take too long if we continue to work like this. There has to be some other way. It’s been truly a rough day, and on top of the exhaustion, I can feel the anxiety and stress welling up inside of me. This hospital is a lost cause, it is dead, I think in despair as I head downstairs and find my teammates in the middle of a dialogue with regard to the hospital’s management and the other pressing issue, the security of patients and staff.

We are in dire need of help upstairs; more hands, more shovels, and more buckets are needed in order to speed things up. That said, I’m aware that the answer is not always in numbers.⁴

4 The old quote “9 women don’t bear a child in 1 month.” from *The Mythical Man Month* by Fred Brooks springs into my mind as an illustration of the problem at hand.



Two hours of work and the floor peeks out for the first time

We don't have tools and room for hundreds of people to clear up the space, so we need to think of a different solution.

Dinauli, from my team, realizes there's a Salvation Army boys' home near the hospital. She suggests that we ask the older boys for help, and soon there are fifteen youngsters cleaning up the second floor. We continue on into the work, but we only have the bare requirements of equipment. We therefore decide to create three digging teams and a "lower-buckets-out-through-the-window"-team. Lo and behold, this division of labor works perfectly and work is flowing smoothly.

As I walk around, cheering the teams on, I notice to my astonishment how people begin to be innovative and develop different ways of working. Some teams begin to drag sheets full of debris, and other people fetch water for their teammates.

Being a keen advocate for lean management, I reflect over the fact that due to the constraint in lack of shovels, everyone resorts to creating small innovations to help the work flow faster. If people were fully busy shoveling and carrying, there would be no room for innovation in the cleaning process.



Much later, when the tropical night starts to fall, an officer from the Salvation Army headquarters arrives on the scene and confronts me: "Why are *you* digging here, Marcus? Why do you feel the need to do this? This is not your fault."

I am aware that the situation isn't my fault and my job, coming to Indonesia was actually to help all hospitals in the Health Foundation to establish strategic plans. A managers role far from the shovel, I have in my hand now. However, this particular hospital is in crisis, and I want to do something to solve the situation and hope my enthusiasm will inspire others to do the same. If I do not take action now, there is no reason for my original position anyway.



**I leave the
hospital with a
sliver of hope in
my mind!**



It's now rapidly getting darker and suddenly one of the workers steps on a nail. Luckily, we are in a hospital. This incident is a good reminder of the safety issues. My team and I rightfully defined it as one of our main priorities, so we decide to call the work off for the rest of the day.

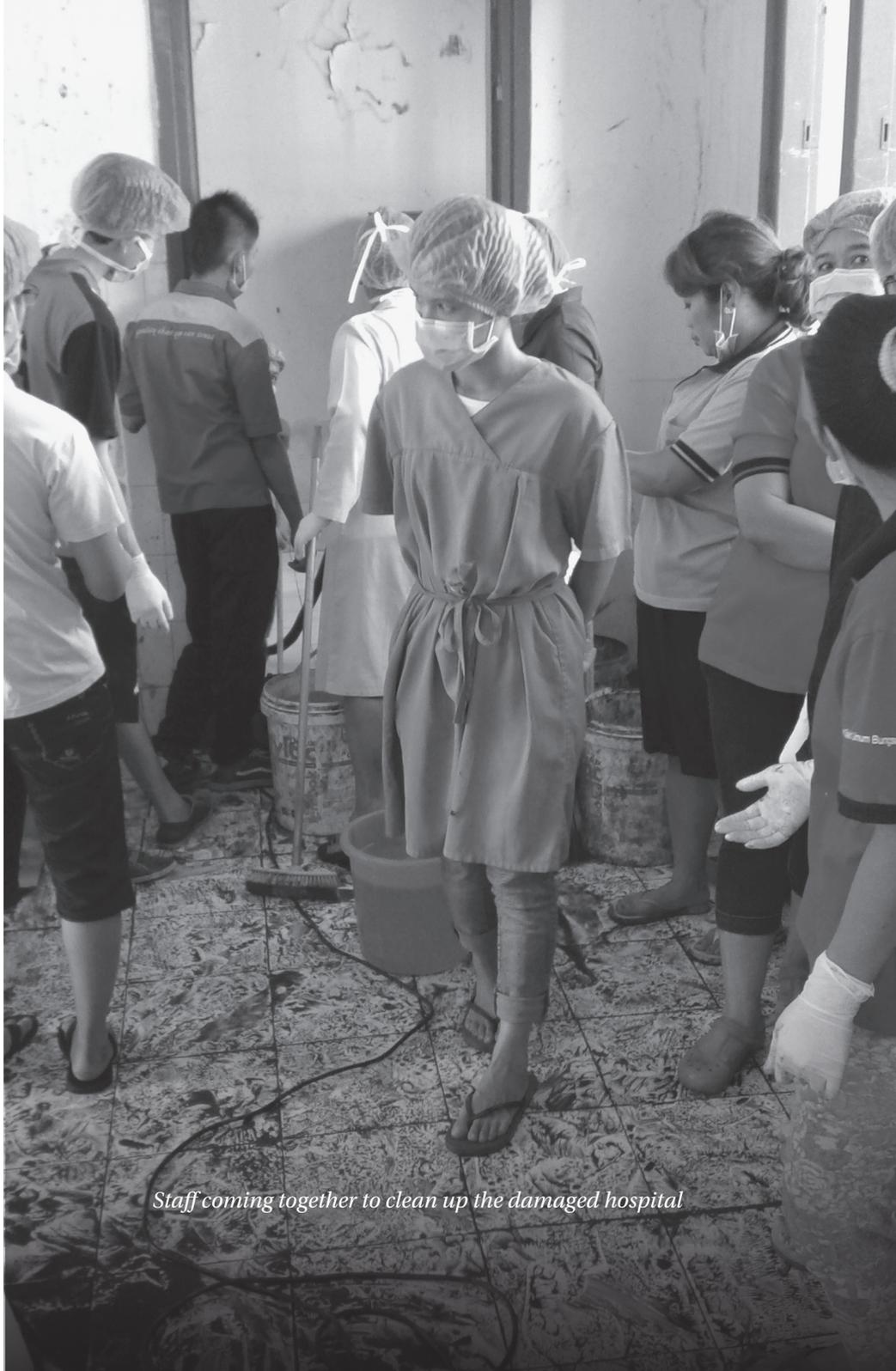
In true Indonesian style, a plentiful meal is waiting for us as we come down from the second floor. We end the day with a prayer. Before we leave, Dr. Lillian, the hospital director, informs me that all the off-duty hospital staff has been called in to help with the cleaning tomorrow. This is great news, and I leave the hospital with a sliver of hope in my mind!



As I am about to head home, at the exit, I meet Commissioner Michael Parker, an Englishman. He is the leader of the Salvation Army⁵ in Indonesia and the highest-ranking officer in the country. The Bungsu hospital is owned and operated by the Health Foundation of the Salvation Army in Indonesia, who are also my employer.

The Commissioner looks troubled coming to the hospital, and even more so when I show him around. His presence at the hospital indicates that there's a real concern for the current state of affairs.

5 The Salvation Army has always used military titles and terminology; the Salvation Army, the pastors are called officers and congregations are called corps. The Commissioner is the highest-ranking officer in a territory and the leader. The leader of the Salvation Army world-wide is called the General.



Staff coming together to clean up the damaged hospital

I hold nothing back and explain our situation and current plans. Commissioner Mike is particularly concerned about patients and staff safety. Transparency has always been very important to me, telling someone how things really are instead of sugarcoating it always pays off. The conversation with Commissioner Mike is no exception; he appreciates the information - even though most of it is bad news.

After our conversation, the Commissioner thanks me for my efforts to solve the crisis, but I see he is genuinely shaken and very concerned. He shares my worries; we are both left wondering, will this hospital be able to survive this?

Although the day has been exhausting, it ended a bit more hopeful than it started. I head straight to bed and fall asleep praying for a miracle.



I wake up the next morning aching and stiff. My body is not used to physical labor. I return to the hospital. It has been raining again overnight, and as I enter the building, the moldy stench hits me in full force. The staff are using mouth covers as they go about their daily routine, which adds to the eerie feel of drama in the situation.

I cover my nose and go to the second floor. Up there I am greeted with sixty people already at work. People have turned up in force and are already working hard.

My first task of the day is to get more shovels and buckets; people are picking up sharp and very dirty debris with their bare hands, which is definitely not safe. I also notice that our initial solution of lowering down buckets to the street doesn't work anymore, the station has become a bottleneck. The poor man lowering the buckets is overburdened with work. This slow process leaves others standing around and waiting with nothing to do.



Our bucket-lowering station in action



I observe the progress of work for a while. Fresh from a good night's sleep, I start to think of the *Theory of Constraints*⁶ and its five focusing steps. I wonder if there is any way to make the work more efficient.

The first step of Theory of Constraints is to assess what is limiting flow of value and *identify that constraint*. As I look around, it is very easy to see what is holding things back. There's only one person lowering the buckets down whilst dozens of buckets are already lined up, and thus people are forced to wait idly.

The second step is to establish if there is a way to *exploit the constraint*. The answer to that question is clear in our situation.

6 Beautifully described by Eliah Goldratt in *The Goal*



Cleaning up and creating a pile outside

There are people taking turns to lower the buckets trying to make it as fast and efficient as possible. So, with that in mind, I move on to the next step. Could there be a way to *subordinate other work around the bottleneck*? Looking around, I can't see how.

But maybe we could *elevate the constraint*, making the debris shifting more efficient? We do need to get rid of the debris but don't necessarily have to lower it. We also have the option of setting up a new station, but that would take a long time, potentially eating into our overall progress.

As I get to the final step and return to my initial question, I suddenly have an idea. The debris could be safely thrown out if we could ensure it wouldn't spread and there would be someone guarding the parking area in which it would land. I am immediately reminded of the hospital's catering service rice bags and fetch them from the kitchen. Moments later, we are packing the debris into rice bags and are throwing them out of the windows. The new system works brilliantly! Debris is literally flying out of the Bungsu, which is a liberating sight.

By midday, people are naturally organizing themselves into groups in each room, and almost everyone is working. As the work continues, a further three "throw-debris-down-on-the-parking-lot" stations are created. I also witness a lot of unexpected process improvement and self-organizing: the buckets are only used in the room with the bucket-lowering station and not being carried far, for example. All these improvements make the work flow faster. Things are really moving on now.



Come lunchtime, we can now see the floor in most rooms, and there's an enormous pile of debris outside. But something besides the space has changed: people have gone from gloomy to happy. They are laughing, I hear singing from every room and in true Indonesian style, constantly taking a lot of selfies. As strange as



But something besides the space has changed: people have gone from gloomy to happy. They are laughing, I hear singing from every room and in true Indonesian style, constantly taking a lot of selfies.



When I hear her words, I begin to think that we can get out of this situation. The staff's enthusiasm and joy in this moment of crisis are completely contagious. For the first time since my return after my vacation, I feel inspired, and suddenly the air is full of hope.



The day ends too quickly for my liking, and people start to head home. We close down the digging operation for the day. We now only have some parts of the rooms left to clean. This day has filled us with hope. At the same time, we realize that there's still a lot of work to be done, and nobody knows precisely how damaged the building is.

it may seem to me, people actually seem to enjoy themselves whilst clearing up the disaster area.

People's good mood puzzled me greatly at first because I still feel very stressed out and anxious about the overall situation. I walk up to the director's secretary who is covered head to toe in dirt. She has a big smile on her face. I ask her:

"Ibu Elly - how can you be happy now? This is a disaster!"

She gives me a strange look and smiles back at me:

"We have to be happy. It's all we have left. Besides - being sad is bad for morale!"



The second floor gets hit by the heavy monsoon

My biggest concern is that the roof is still far from being finished. Not even a third of the second floor is without a cover as we head home for the evening.

On the following day, my worst fears come true: heavy tropical rain hits us again. As I enter the hospital, there is a huge pool of water on the floor of the upstairs, rushing down the stairs and seeping through the walls. We can quickly see the difference with the cleared rooms and those that still have debris on the floor. In the rooms where there is still debris, the water is lingering and causing further damage.

Our ordeal is still far from over. We need the roof completed soon, or the hospital will sustain irreparable damage. We have done plenty already, but not enough.

As I run around trying to deal with this emergency, I come to think about the other big challenges for us that has not yet been addressed; we still need the operational permit, we still need to pay our bills, and we definitely still need to start making money. Quickly.

The disaster of the second floor will be fixed soon enough, but the hospital is still suffering. As I pace around the Bungsu, my gloomy thoughts have now changed into thoughts of determination and grit:

Let's get to work and save this hospital!

THE AFTERMATH

Thanks to the hospital staff's heroic efforts, we manage to clean up the second floor. The emergency is over. My team and I are delighted that, at the very least, the debris is cleared out. We've managed to sort out the crisis. However, I am well aware that there are still a multitude of problems we need to tackle.

Shortly after the clear-up operation, a strange thing happens. We are called to a meeting with the Salvation Army hospital coordinator - an Indonesian Salvation Army officer at the time. Prior to the meeting, we receive a phone call and are given indications that we will not be praised for our efforts in the Bungsu.

Our hunch turns out to be correct. None of us is expecting to be praised as a hero or congratulated for their huge efforts. That said, we do not expect what happens next either. For a good forty minutes, we are scolded by the coordinator. We are told that we were out of order and that we shouldn't have worked at the hospital without authorization. At the end of the scolding masquerading as a meeting, we are ordered to put our work on hold.

I'm in shock of the unfair treatment we receive. I am also sad to see my Indonesian teammates begging for forgiveness and agreeing with the order without hesitation. I take majority of the responsibility since I am the one who initiated everything.



We had committed faux pas by making the hospital coordinator look incompetent; like she was not in control of the situation.



Nonetheless, I do a lousy job at apologizing because, in my heart of hearts, I believe that we did the right thing. Deep down inside, I retain my pride; I know we actually did a great job.

In hindsight, being more familiar with the Indonesian culture, by taking proactive measures, we had committed faux pas by making the hospital coordinator look incompetent; like she was not in control of the situation.

During the meeting, it becomes apparent that we need the hospital coordinator's explicit approval for everything. Much to our dismay, we discover that, there are individuals, within the hospital's management, who are against our presence, and who have made complaints about us clearing the hospital without authorization. All this is very confusing to my team, and we feel deeply demotivated by the scolding we get for our efforts.

We have no choice but to back off. We leave the meeting with heavy hearts. We stop to realize that, we have become mere bystanders.



Although we are sad and surprised by this treatment, I note that it is the same management style I've seen many times in Indonesia. It can best be summed up with the phrase, 'please do not question the process.' This exact phrase was sent to me in a few emails while working in Indonesia.

This is a very natural response. It is what Fredric Laloux calls, 'Comformist-Amber' type of organizations. In this type of organizations, compliance is paramount in getting operations

to function. The thinking is done at the top, and the subordinates merely act upon the decisions made by the higher individuals in the hierarchy. The premise in these organizations is that, if people at the bottom start making decisions independently and without authorization from their superiors, the entire organization becomes destabilized.

Fredric Laloux further compares Amber organizations to an army. Imagine an old-time battlefield where armies meeting head-on and where soldiers begin to make their own decisions independently. The phrase ‘the system is breaking down’ is an apt way to describe such a situation. Indeed, some armies in the past have used so-called ‘Barrier Troops’ to ensure that the front line actually moved forward as intended and didn’t flee from the horror in front of them.

Individual initiatives are rarely appreciated in rigidly structured organizations because they potentially lead to a complete loss of control by management, i.e., chaos. This lack of individual action has not hindered Conformist-Amber organizations from reaching surprising levels of efficiency. Armies and public-school systems are great examples of successful Conformist-Amber organizations.

These organizations have a significantly weak point, however. They cannot handle the unexpected very well. They are built to operate according to a carefully structured plan, and any deviations from this plan are frowned upon. Conformist-Amber organizations try to react to surprises by writing more policies and rules, which enable them to handle similar situations in the future.



In this type of organizations, compliance is paramount in getting operations to function. The thinking is done at the top, and the subordinates merely act upon the decisions made.



The focus of these organizations is primarily on following procedure and not on an outcome. It's all about following the rules and not using one's own initiative. Therefore, when my team reported that the second floor had been cleared, the management was scared, aghast even. They were not accustomed to the lower ranks taking quick action without explicitly being told to do so. Whilst our initial reaction was to start working immediately after the water damage was discovered, they went on to call an extra meeting a week after the incident was well over.

The Conformist-Amber paradigm is very prevalent in our hospital, the Salvation Army in Indonesia, and even in some organizations in the west where we are supposedly more open to individual initiatives.



Much to our surprise, even after our initial clean-up work, very little is done to begin the renovation process. We do however notice that the roof work recommences. A few days later, the second floor is finally covered with a roof again. At the very least, there will not be any more floods.

The rooms on the second floor are still very dirty, the walls are damaged, and the whole floor is either missing or full of vital yet broken hospital equipment. It turns out that, the interior renovation wasn't part of the roof-builders' contract, so we have to delegate the task. It's ironic to know that, all the extra work and cost, is created by how badly the job was carried out in the first place.

We also learn that two separate contractors were hired to renovate the roof; one to take it off and another to rebuild it. Of course, in hindsight, this was a recipe for disaster. Sadly, the reason for this strange way of assigning the contracts was a case of making money under the table; a selfish action that nearly brought the whole hospital crashing down.



*A hospital ward after being cleared up.
Hardly fitting to treat patients in.*



The Bungsu is still heavily marred by financial problems that either the staff is unaware of or just doesn't care about. This apathy really puzzles me. I keep asking people why they aren't scared of losing their jobs or upset about not getting paid. I get two different answers. According to some people, the hospital has been in a bad state for a while. Nothing has changed this time around, they think, and so there's no reason to panic. The other answer is that, most of the staff members seem to be completely oblivious of the consequences, even though they are aware of the recent flood.



They ask for our advice but we refrain from saying much out of fear of being reported to our superiors.



Although we are officially suspended, my team's office is nearby, so we bump into the hospital staff ever so often. It's inevitable in the life we lead. For instance, most of the staff members attend the same church as Elin and I. They ask for our advice but we refrain from saying much out of fear of being reported to our superiors.

My team's hands are now tied, but we try to be as helpful as possible without working outside the normal chain of command.

This is another phenomenon I have witnessed before in many western organizations. It is as if two parallel realities exist inside ineffective organizations. The official organization on paper and the unofficial one; filled with frustrated but well intended people, who are trying to find a way to do their job well. If the rules don't allow them to work effectively, they find a way of working around the rules. The problem in this situation is that, people who bend the rules cannot make changes that improve the system. Organizations that truly want to improve their standards should view problems as golden opportunities for improvements. Nevertheless, problems are considered as something bad in many

Conformist-Amber organizations. They are seen as a nuisance or something to be ashamed of.

My team requests for authorization to be present at the Bungsu. We keep pushing, and finally, after an arduous amount of time, we receive a letter with all the necessary stamps and signatures⁷.



With authorization from the officials, my team from the Salvation Army Hospital foundation and I decide to organize a meeting with the hospital's management the next day. Prior to that, we have a short brainstorming session internally in our office, with the hopes of getting quicker results with a simple plan.

The following morning, I walk to the hospital to attend the Bidston⁸. Everyone that is on duty today is present, about 80 people in the room. I am not often nervous about speaking to a crowd, but today my throat is dry, my heart is racing, and my hands sweating. Most people in this room are unaware of the bad news I am about to tell them. Although the situation is dire, I



Organizations that truly want to improve their standards should view problems as golden opportunities for improvements. Nevertheless, problems are considered as something bad in many Conformist-Amber organizations. They are seen as a nuisance or something to be ashamed of.



7 To a westerner, this might sound silly, but it is extremely important in Indonesia. A document without stamps is not valid and is ignored. I see it happen many times during my stay in Indonesia.

8 Bidston is Indonesian for Morning Prayer, a practice that most Christian organizations in Indonesia conduct every weekday morning.

don't want to discourage the hospital staff, so I start the meeting with words of hope and encouragement:

Friends, we have many problems, but I wouldn't be here if I didn't think we can solve them.

I have come to use that phrase often during my time at the Bungsu. In the strict hierarchical organizations in Indonesia, with very little room for questioning of decisions and even less authority for the lower employees, most people are used to being yelled at. That's how you "get them to do what you want here," I'm told. I have heard the 'carrot and the stick'⁹ idiom being suggested more times than I care to remember. It is always used as a serious suggestion for getting results quicker. However, many modern organizations frown at the 'carrot and the stick' practice because it has been proven over and over again that it fails to produce better results¹⁰.



**I'm here to help
because I believe
we can make it
happen together.**



This is precisely the reason why I choose my words carefully; the staff expect me to be angry or to yell at them and talk about some kind of punishment for poor results. By starting my speech with "I'm here to help because I believe we can make it happen together," I have tried to display a kinder approach than what they are used to.

I hope that by being gentle, I might get more people on my side so that we can overcome the enormous challenges that lie ahead *together*. By including myself and using the 'we' and 'us'

9 The 'carrots and the stick' is a metaphor on giving strong incentives (bonus, increased salary) to get better results or a punishment (e.g. a salary cut) for not reaching set goals. Just like giving a donkey carrots for good work and hitting the poor animal with a stick for bad behavior.

10 One of the most viewed TED-talks of all time by Dan Pink explains in great detail why the carrot-and-stick approach cannot lead to better results.

terms, I dedicate myself to helping them and I'm hoping they will respond with dedication back.

I promise the staff that I will be committed to the enormous task ahead of us and ask the people to do the same in return. At the end of the meeting, we seem to have set up a new tone and renewed the team spirit a little bit.

During my stay in Indonesia, I have witnessed many times my assumptions of being kind, transparent and inclusive yielding results. A gentle approach introduces a new type of management culture, which makes everyone work together. More people are actively involved regardless of their role, title or rank.

We can now get to the bottom of the Bungsu hospital problems together. This time, with the proper authority and the Salvation Army Health Foundation supporting us. We end the Bidston with a feeling of cooperation and determination to try and get out of the mess for real.



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