Seven Lessons in Partnership: How a Hospital and a Happiness Organization Teamed to Decrease Practitioner Burnout, Increase Practitioner Well-Being and Improve Patient Satisfaction

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SEVEN LESSONS IN PARTNERSHIP: HOW A HOSPITAL AND A HAPPINESS ORGANIZATION TEAMED TO DECREASE PRACTITIONER BURNOUT, INCREASE PRACTITIONER WELL-BEING, AND IMPROVE PATIENT SATISFACTION

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Abstract
Nancy O’Brien and Linda Saggau, co-founders of Experience Happiness, LLC., and co-developers of The Happiness Practice™ (THP), share key discoveries derived from the partnership between Hennepin County Medical Center (HCMC) and Experience Happiness (EH) which focused on using THP as an intervention to increase Emergency Department and Urgent Care practitioner well-being and happiness in order to reduce the signs and symptoms of burnout and improve patient experience and satisfaction. This article includes a case study demonstrating the efficacy of the 6-month THP intervention, as well as an overview of THP and seven valuable partnership lessons to encourage and guide successful partnerships in healthcare and other systems.

Keywords: happiness, well-being, burnout, patient experience

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The emerging interdisciplinary field of Partnership Studies affirms that shifting from a Domination System to a Partnership System is both beneficial and vital in order to better address our unprecedented personal, social, economic, and environmental challenges (Eisler, R. & Potter, T. 2014). Innovative strides are frequently made when people join forces in unexpected new ways with the goal of co-creating new solutions and shared value; sharing insights from successful partnerships has the power to inspire individuals, organizations, and communities to partner for positive change. In that spirit, we share the partnership journey of Hennepin County Medical Center (HCMC) and Experience Happiness LLC (both located in Minneapolis, Minnesota)
U.S.A.). This partnership was built with the mutual intent of increasing Emergency Department and Urgent Care practitioner well-being and happiness in order to reduce the signs and symptoms of burnout and improve patient experience and satisfaction.

HCMC is Minnesota’s premier Level 1 Adult Trauma Center and Level 1 Pediatric Trauma Center with many nationally recognized programs and specialties, a recognized system of primary care clinics and retail clinics located throughout Hennepin County, and an essential teaching hospital for doctors who go on to practice throughout the state and the world. HCMC is also a safety net hospital providing care for low income and vulnerable populations as well as the uninsured. The values of HCMC are: Patient & Family Centered, Excellence, Teamwork, Respect, Integrity, and Compassion.

Experience Happiness (EH) is a woman-owned Minnesota company whose mission is to help individuals and organizations thrive through the cultivation and measurement of authentic happiness. Eight years of research, development, and work with hundreds of people led to the creation of our core offering: The Happiness Practice™ (THP™). THP empowers and equips leaders to proactively cultivate individual and organizational happiness while measuring Return On Happiness™ (ROH™) using meaningful metrics tailored to participants and the organization. THP helps people discover and develop greater authentic happiness, which can be defined as, “the innate ability to locate and amplify personal serenity and excitement about life regardless of outside forces” (O’Brien & Saggau, 2014). Authentic happiness improves individual and collective sustainability, resiliency, and innovation, and builds competitive advantage for organizations.

THE HAPPINESS PRACTICE - TRANSFORMATIVE AND SUSTAINABLE LIFE PRACTICE

The Happiness Practice comprises the 5 Principles of Happiness™ (5PH) and the Return On Happiness™ (ROH) measurement system. Our research shows that the more
one practices THP, the more a compassionate, caring, and collaborative way of being emerges; this transformation naturally propels a shift from the Domination System to the Partnership System. Happy people are both loving and lovable and are more capable of embracing the totally of their human experience. Happy people are also more likely to experience well-being on all levels (*emotional, mental, physical and spiritual*), and their happiness enables new possibilities to emerge, individually and collectively. As Riane Eilser observes in *The Power of Partnership*:

> Health and happiness are a question of balance, and this is exactly what the partnerships model leads to. By respecting all aspects of our being, we express our full range of needs and possibilities. We become aware that what we label body, mind, and spirit are interconnected parts of a multifaceted, miraculous whole we are healthier, wiser, and happier and have more energy to be co-creators of our personal and collective lives.

(Eisler, 2002, p.24)

**THE HAPPINESS PRACTICE = 5 PRINCIPLES OF HAPPINESS + RETURN ON HAPPINESS**

**The 5 principles of happiness**

1. **Be Conscious** - Be simultaneously aware of what you are *DOING* and how you are *FEELING*, so your head and heart can work TOGETHER.

2. **Honor Feelings** - Take time to locate how you feel (both positive and negative), and use those feelings to inform conscious decisions as well as constructive and caring communications with self and others.

3. **Release Control to Be Empowered** - Release any illusion that you can control the beliefs and behaviors of others, so that you can step out of frustration and anger and into EMPOWERMENT. This enables you to reclaim personal energy and empower yourself and others.

4. **Co-Create What Works Now** - Instead of defending “right vs. wrong,” ask a more compelling question, “What works now?” This enlightening question helps to disengage defensiveness and allows you and others to enter into collaboration, new possibilities, and better solutions.
5. Learn Life Lessons - Discomfort is part of life. Recurring emotional discomfort is often an invitation to locate and release personal beliefs that no longer serve us, and replace them with new beliefs that do. Changing at the level of your beliefs will automatically change your thoughts, feelings, and behaviors.

Return on happiness

ROH is a comprehensive measurement system designed to ensure customized qualitative and quantitative metrics that are meaningful to individuals, cohorts, teams, departments, and organizations. A five-minute monthly online anonymous survey supports tracking and measurement of the following:

1. Reaction to and satisfaction with The Happiness Practice experience (THP experience is tailored to fit within an organization’s culture and routines).
2. Individual Happiness and the byproducts of practicing THP:
   - **Happiness** - the innate ability to locate and amplify serenity and excitement about your life, regardless of outside forces.
   - **Resiliency** - the ability to fearlessly stretch into new territory and bounce back from setbacks.
   - **Innovation** - the ability to generate excitement and energy necessary to create new solutions.
   - **Sustainability** - the ability to freely give and receive in order to thrive individually and collectively.
3. Shifts in aspects essential to the team thriving such as: collaboration, teamwork, stress, productivity, burnout, errors, quality, etc.
4. Shifts in individual and team beliefs and behaviors.
5. How happiness affects qualitative and quantitative business results.

HCMC AND EH PARTNERSHIP

While the case study results and insights included in this article are both positive and encouraging, how HCMC and EH decided to build and manage the partnership is equally important and can provide encouragement and guidance for many burgeoning partnership efforts in healthcare and other systems.
From the beginning, HCMC and EH identified that burnout was at an all-time high among Emergency Department and Urgent Care staff, and we aligned on the premise that practitioners cannot take great care of patients if they do not first take care of themselves, as Paul Spiegelman and Britt Berrett called attention to in their book *Patients Come Second* (Spiegelman & Berrett, 2013). HCMC and EH agreed to implement and test *The Happiness Practice™* (THP) - an approach out of the realm of many traditional wellness programs - as we believed it had significant potential to create desirable and measurable transformation at organizational, leadership, practitioner, and patient levels within HCMC (See Figure 1).

**Figure 1: Transformative Outcomes of The Happiness Practice**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Complexity</td>
<td>Simplicity</td>
</tr>
<tr>
<td>Leadership</td>
<td>Build Engagement</td>
<td>Champion happiness</td>
</tr>
<tr>
<td></td>
<td>Manage tasks</td>
<td>Ensure consistent outcomes</td>
</tr>
<tr>
<td>Practitioners</td>
<td>Stressed-out and burned-out</td>
<td>Happy</td>
</tr>
<tr>
<td></td>
<td>Uninspired to care for self</td>
<td>Inspired to care for self</td>
</tr>
<tr>
<td>Patients</td>
<td>Cared for</td>
<td>Cared about</td>
</tr>
</tbody>
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Our partnership team identified that offering THP would help HCMC leadership tangibly champion happiness and self-care by empowering and equipping people with a practice and tools to create greater inside-out, authentic happiness in *all areas of their lives*, not just work.

Importantly, we did not want THP to feel like a burden or yet another task for practitioners, but rather like a gift they deserved. To help promote understanding of this among participants, we created internal communications that emphasized the holistic purpose and intent of THP, deep appreciation of practitioners and their daily challenges, and our desire to co-create a shared experience with them. Adoption of
an experimental mindset and willingness to start small in an area of the HCMC system with demonstrated need was also encouraged in order to allow the ‘micro informing the macro.’ “We wanted to try something different, something that wasn’t about scripting or standard work as a possible panacea for low staff morale and patient satisfaction scores,” said Sheila Delaney Moroney, Patient Experience Officer at HCMC (personal communication, February 23, 2016).

What THP brought to our team was a new way of looking at themselves, at their teammates, and at their work. It provides a new language and a very powerful, structured way to do the hard work that is necessary to re-discover the internal motivators and sense of purpose that brought us to healthcare in the first place. (personal communication, February 23, 2016)

At the heart of the HCMC and EH partnership was the shared desire to experiment with an innovative solution that had the potential to provide inspiration, permission, practice and tools for greater practitioner self-care.

Incredibly, within 6 months of introducing THP to professionals within HCMC’s Emergency Department (ED) and Urgent Care (UC), the signs and symptoms of burnout reduced by 40% and Patient Satisfaction scores increased by 5.1 points (Press Ganey, Emergency Department Mean Score) during and immediately after the THP pilot (indicating that happy practitioners actually do make for happier patients. “THP has not only changed the way I show up in the world, but it has changed the way I approach my work,” said Sara Rose, Manager of ED and UC at HCMC (personal communication, February 27, 2016). “I am able to focus less on controlling situations and more on my thoughtful and healthy response to them. The 5PH are tools I can use in any situation - at home or work.” Kathy Wilde, RN, MA, CENP, Chief Nursing Officer and Vice President, Patient Care Services at HCMC, and executive sponsor of THP states:

Supporting the well-being of our staff is an important value at Hennepin County Medical Center. Our partnership with Experience Happiness offered a unique way to put this value into action and reduce staff burnout and stress while improving the patient experience in our Emergency Department and Urgent
Care. It has been incredible to see our staff learn The Happiness Practice and with intention, gradually build more positive and partnering relationships both in their professional and personal lives. This experience was so positive that other staff in the organization has been "pulling" for the same support. We are excited with the positive results and see the benefits of reigniting this spirit of caring for our staff and leaders. (personal communication, February 24, 2016)

By sharing the story of the HCMC/EH partnership we hope to inspire you and others to build new, meaningful partnerships. Remember that in any partnership, it is not necessary (nor is it possible) to accomplish everything all at once; what is important, however, is to step into experiments - together.

We invite you not to be intimidated by partnerships and to remain open to (and seek out) new people, ideas, and ways of doing things in order to seize opportunities to create shared value that would otherwise be impossible to attain without one another. Partnerships can lead to new insights, methodologies and know-how that have the potential to drive sea change; but much of the initial shared value lies in incremental innovation, which deserves celebration. No matter your ideas or goals, the important thing is to jump in and start, because nothing changes if nothing changes. As Mother Teresa wisely observed, “I can do things you can’t, you can do things I can’t; together we can do great things.” (Maxwell, 2010)

SEVEN PARTNERSHIP LESSONS FROM HCMC AND EH

1. Align on the problem or challenge. (HCMC/EH: Burnout)
2. Agree on what shared value looks like and how to measure it. (HCMC/EH: Reduce practitioner burnout, increase practitioner well-being and happiness while improving patient satisfaction - use Return On Happiness™ (ROH) to measure results)
3. Align on the desired shift. (HCMC/EH: Champion Happiness versus Build Engagement)
4. Pinpoint the approach to create the desired shift. (HCMC/EH: Provide a “life-practice” versus a “work-program”)

5. Determine the scope of the shared experiment. (HCMC/ED: Start small within the ED/UC, place value on incremental improvements, let the micro inform the macro)

6. Communicate constructively between partners and to constituents the partnership serves. (HCMC/EH: Learn about one another’s communication needs and styles, listen to understand, communicate with clarity, compassion and the desire progress forward)

7. Celebrate achievements of all kinds. (HCMC/ED: Celebrate achievement of both small and big accomplishments in order to propel to ultimate goals)

CASE STUDY: THE HAPPINESS PRACTICE™ AT HCMC

“Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion of values, dignity, spirit and will - an erosion of the human soul.”
(Schaufeli, 2007, p. 217)

The burnout crisis in healthcare

In order to properly function and thrive, our society relies heavily on a healthy healthcare system. As healthcare leaders know, the system is now taxed in unprecedented ways, including pressures of new delivery models, payment and funding changes, federal and state regulations, and workforce issues.

"There has never been a time with such an unsettled future; it is difficult to know where we will be in another year," writes Steven Valentine, President of the Camden Group in Hospitals & Health Networks Daily (Valentine, 2012, paragraph 5). These mounting industry changes and pressures are contributing to a disturbing and increasing trend - alarming rates of burnout among healthcare professionals of all kinds - resulting in a well-being crisis among a population who relies on well-being in order to provide excellent patient care, safety and satisfaction.
According to Dr. Tate Shanafelt, (2015) Program Director of the Physician Well-Being Program at Mayo Clinic:

Extensive evidence published over the past decade illustrates that burnout not only is a problem for the individual physician and his or her family, but also has profound effects on quality of care. When you consider the rates of burnout that you observed and that we are seeing nationally, I think it indicates that burnout among physicians and nurses is one of the most prevalent and insidious problems undermining the quality of the US healthcare delivery system. (paragraph 4)

The following statistics underscore the burnout issue:

**Healthcare Overall:** 60% of healthcare workers felt burned out on their jobs. Of workers who often feel burned out, 67% plan to look for a new job this year. (CareerBuilder’s Healthcare, April 30, 2013)

**Physicians:** 46% of US physicians experience burnout, up by 6% from 2013. When using validated, full-length, gold standard tools, the rates of burnout in primary care, family medicine, and emergency medicine were well above 50%. (Medscape, 2015)

**Nurses:** 49% of RNs under the age of 30, and 40% of RNs over the age of 30 experienced high levels of burnout. (Grove, August 2006)

**Residents:** 70% of residents meet criteria for burnout. General surgery (89%), radiology (85%), surgical subspecialties (82%), anesthesiology (81%), and internal medicine (79%) had the highest rates of burnout, whereas pediatrics (53%), family medicine (50%), and pathology (46%) had the lowest. (Holmes, May 2015)

**Leadership (not exclusively healthcare):** 96% of senior leaders reported feeling burnt out to some degree, with one-third describing their burnout as extreme. (Harvard Medical School, 2013)

Experts warn that the mental health of doctors is reaching the point of crisis – and the consequences of their unhappiness go far beyond their personal lives. Studies have linked burnout to an increase in unprofessional behavior and lower patient satisfaction. When patients are under the care of physicians with
reduced empathy - which often comes with burnout - they have worse outcomes and adhere less to their doctor’s orders. It even takes people longer to recover when their doctor is down. (Oaklander, 2015)

The opportunity
Catalyzing meaningful change that will allow the healthcare system to work better and the people in it to thrive will require innovative solutions as well as strategic application and implementation of those solutions. Savvy healthcare leaders understand that simply maintaining the status quo is not a viable road forward.
HCMC realized the opportunity to ‘crack the code’ between practitioner burnout and patient satisfaction. HCMC leadership embraced this by successfully piloting The Happiness Practice™ (THP™) within its Emergency Department and Urgent Care.

The Happiness Practice™ - An innovative solution to measurably mitigate burnout in healthcare
The Happiness Practice is a well-being solution that helps people and organizations within the healthcare industry measurably thrive. Quantitative and qualitative evidence shows that when THP is taught to and practiced by healthcare professionals, desirable factors beneficial to them and the organizations in which they work increase, while undesirable factors decrease.

In 2015, HCMC engaged Experience Happiness to implement THP among some of its incredibly skilled and dedicated ED and UC staff members. The ED and UC team worked with Experience Happiness to customize their Return on Happiness™ (ROH™) metrics. In doing so, provider burnout was identified as a key factor to reduce, as burnout was not only creating undesirable provider emotional states and behaviors, but also adversely impacting patient experience, satisfaction, safety, and outcomes.
Within 6 months of introducing THP to professionals in HCMC’s ED and UC, burnout was reduced by 40%. Happiness increased an average of 12.6%. Key factors vital to patient experience and business performance (sustainability, innovation and resilience) increased by 14.4%, 13.8% and 14.8% respectively. Overall, patient
satisfaction scores for the ED also increased 5.1 points (from 80.5 to 85.6) during and after the pilot period.

FIVE FREQUENTLY ASKED QUESTIONS AT HCMC ABOUT TP

1. What is all this fuss about happiness? I don’t get it.
Turn on the news and it’s easy to see that we’re in the midst of a worldwide well-being crisis. Thousands of global studies have proven that authentic happiness is fundamental to and an enabler of well-being on all levels - physical, emotional, mental and spiritual. The World Happiness Report 2013 (Helliwell, Layard, & Sachs, 2013) reviewed over 1500 studies and validated the many benefits of authentic happiness.

Key Findings from the World Happiness Report 2013 (Helliwell, Layard, & Sachs, 2013)

- **Health & Longevity:** Happiness is linked to healthier eating, reduced likelihood of smoking, and improved exercise and weight.
- **Income, Productivity, & Organizational Behavior:** Happiness among employees tends to predict organization-level productivity and performance.
- **Individual and Social Behavior:** Happiness increases interest in social activities, leading to more and higher quality interactions. The happiness/social interaction link is found across different cultures and can lead to the transmission of happiness across social networks.

An exhaustive 2012 study entitled, Happiness & Health: Hand in Hand (Stieber, 2012), cited:

As governments start to embrace the notion of happiness indices (ex: Gross National Happiness) - recognizing that quantifying a society’s happiness may be as important as measuring its economic growth - we’re seeing official recognition of the linkages between health and happiness. In turn, this is helping to connect
health and happiness in consumers’ minds and create a sense that happiness can be assessed in much the same way as health. (p.7)

2. What is the link between happiness and health?
Kerfoot’s (2015) draws on the work of Hanson and Mendius (2009) when she writes;
Many researchers are writing about the neurophysiology of happiness and how organizations can positively impact a person’s happiness by creating cultures in which burnout, fear, and other emotions that negatively affect the neurophysiology of the person and interfere with his or her sense of subjective well-being. (Science of happiness section)
The idea that mental and physical health are linked isn’t new, but during the last decade, researchers have built an increasingly solid case to prove that happiness leads to better health.

Key Findings Linking Happiness to Health (Stieber, 2012)
• Researchers at University College, London, have found that happiness improves the functioning of key biological processes. Since then, other researchers have been studying precisely which psychosocial factors boost health.
• Research has shown that people who are optimistic are up to 50% less likely to suffer a heart attack or a stroke; conversely, negative mental states such as depression, anger, anxiety, and hostility can adversely affect cardiovascular health.
• Recently, Harvard School of Public Health researchers concluded that optimism and positivity can protect against cardiovascular disease, based on a review of more than 200 studies. They also found that people with a stronger sense of well-being engaged in healthier behaviors. (p.5)

3. How do you know THP works?
Eight years of research contributed to the development of THP and its ROH measurement system that provides qualitative and quantitative measurements allowing individuals, teams, and the organization to evaluate the effectiveness of THP
in meaningful ways. During the THP pilot period (March - September 2015), an HCMC Patient and Patient Advisory Council member stated in an April 2015 meeting, “I experienced the difference in the ED - I used to dread going to the ED and was very vocal about it. When I needed to take my daughter there a month ago it was a different experience. This happiness practice is working. Keep it up.”

An HCMC ED and UC Nurse Supervisor shared in an ROH survey: “We were good at teaming before The Happiness Practice - but now we really have each other’s backs.”

4. What is the neuroscience behind happiness?

Davidson and Schuyler, in the *World Happiness Report 2015* (2015), provide an excellent overview of the neuroscience findings. Here is an excerpt of the summary:

This review emphasized four novel constituents of well-being and their underlying neural basis: 1. Sustained positive emotion; 2. Recovery from negative emotion; 3. Empathy, altruism and pro-social behavior; and 4. Mind-wandering, mindfulness and “affective stickiness” or emotion-captured attention. Well-being has been found to be elevated when individuals are better able to sustain positive emotion; recover more quickly from negative experiences; engage in empathic and altruistic acts; and express high levels of mindfulness. In each case, a growing body of evidence points towards the importance of these four constituents to well-being. (p.101)

5. How much time does THP take?

Fortunately, learning THP does not require a lot of time. Over the course of six months, participants learn about each happiness principle in one-hour learning sessions. Their practice is encouraged and supported by receiving tips and reflections to remind them to practice the principle “on deck” as often as they can (at work, home, and play - even in traffic). One-hour “Happy Chats” are hosted on a monthly basis as well. These informal gatherings of cohort members generate 5 results at once: 1) people process their learning; 2) people support others in their practice;
3) the group naturally begins to problem-solve; 4) individual development and professional development occurs; and 5) teamwork, trust and collaboration are enhanced.

THP is best practiced with others. In doing so, people find that that they are more alike than different. Riane Eisler illuminates this idea in *The Power of Partnership*:

> We have been endowed by nature with an amazing brain, an enormous capacity for love, a remarkable creativity, and a unique ability to learn, change, grow and plan ahead. We were not born with the unhealthy habits we carry. We had to learn them. So we can unlearn them, and help others do the same.
> (Eisler, 2002, p. 23)

THP is not a work program that represents yet another thing to do. Rather, THP is a life-long practice designed to develop authentic happiness. By practicing THP, people start to consciously and consistently nurture their most important relationship: the one they have with themselves; Like a stone dropped into a pool of water, happiness creates a ripple effect on all other relationships and interactions. The more individuals practice THP, the better they feel and the more their human potential is optimized, making them able to do more with less: less time, less energy, less stress, less guilt, etc.

**HAPPINESS HEALS**

As people engage in, learn, and practice *The Happiness Practice* (typically over a six-month period of time) they naturally begin to cultivate a new, more optimized way of being that in turn, leads to a new, more optimized way of doing. This process of personal transformation aligns with Riane Eisler’s partnership principles as she describes in *The Power of Partnership*: “Once we become aware of what we carry unconsciously, we can change. Change involves two things: awareness and action. As we become more aware of what is really behind our problems, we can begin changing what we do and how we do it” (Eisler, 2002, p.21)
To propel these two unique aspects, THP is intentionally designed, first, to equip people with insights and tools to become more conscious and, second, to put that expanded consciousness into action in caring, compassionate, and collaborative ways. Over time, practicing THP helps us organically step into our authentic, loving nature and heal relative to ourselves, others, and the world.

References


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Nancy O’Brien, B.S. Business Administration and Linda Saggau, B.A. Journalism, are the Co-Founders of Experience Happiness, LLC. The mission of Experience Happiness is to help people and organizations thrive by cultivating authentic happiness. Eight years of research, development, and teaching helped them understand that once happiness is redefined and understood as an ‘inside-out’ endeavor, it can then be learned, practiced, and measured.

Nancy and Linda have over 30 years of combined experience in the areas of branding, employee and customer experience, and business strategy in the categories of retail, finance, technology, hospitality, healthcare, and consumer packaged goods. Together, they apply that experience to the design, implementation, and measurement of *The Happiness Practice*, which help people thrive, cultivate competitive advantage for organizations, and ultimately make the world a better place.

Throughout their years of consulting, Nancy and Linda realized that often initiatives to improve the customer experience would become stuck or even grind to a halt because employees were stressed out, burned out, and overwhelmed. Today, Nancy and Linda integrate their experience strategy expertise while delivering *The Happiness Practice™* (THP), which measurably improves both the employee and customer experience, resulting in increased employee engagement and customer loyalty.

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