Community ThinkTank

CARNEGIE MELLON

Healthcare:

The Dilemma of Teamwork, Time, and Turnover

A report on Rival Hypotheses, Options, and Outcomes from the CARNEGIE MELLON COMMUNITY THINK TANK

This Think Tank series explores the decisions in long term healthcare facing healthcare workers, administrators, and the community concerned with

- meeting the need for compassionate caregivers
- working changes in the culture of work and healthcare
- developing a new paraprofessional workforce
- heeding the call for professionalism, recognition, and respect

The Center for University Outreach
Carnegie Mellon University

Intercultural Problem Solving for Performance
in WorkPlaces and WorkLives

The Carnegie Mellon Community Think Tank

Creates an intercultural dialogue among problem solvers—from Pittsburgh's urban community, from business, regional development, social services, and education.

And seeks workable solutions to problems of workplace performance, workforce development, and worklife success for urban employees.

The Think Tank's structured, solution-oriented process:

♦ Opens an intercultural dialogue in which employees, line managers, and administrators, human resource developers, educators, and trainers, researchers and community workers meet as collaborators.

♦ Structures this talk into a problem-solving search for diverse perspectives, rival hypotheses, *and* collaborative solutions.

♦ Draws out untapped levels of expertise in the urban community and low-wage workers to build more comprehensive intercultural understandings of problems and to construct community-tested options for action.

♦ Builds a scaffold for Local Action Think Tanks in individual workplaces.

Please visit our web site to see the Findings *of other Think Tanks and to explore a guide to developing your own dialogues as educators, human resource developers, or community groups.* www.cmu.edu/outreach/thinktank/

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THE RECOGNITION AND RESPECT EPISODES

Why We Initiated A Think Tank

The crisis in long term health care—and the acute shortage of qualified caregivers — has been shaped by broad social policies and economic forces in workforce development and healthcare. But it is also a community problem, played out in care centers around this region. And in this context, we know that retention is linked to respect, performance often mirrors the culture of work, and the problems of a minimum wage work life become the problems of the workforce.

We believed that local, workable options for responding to these problems—to the dilemmas of *teamwork, time and turnover*—could be constructed.

But creating more options for action would require the following:
- an intercultural dialogue that draws on the expertise of all stake holders;
- and a problem-solving dialogue focused on a collaborative search for solutions.

The People at the Table

In this series of the Carnegie Mellon Community Think Tank you will hear from the following voices:

♦ Front line caregivers—Certified Nursing Aides, Unit Clerks, Agency staff, and trainees;

♦ LPNs, RNs, Charge Nurses, and Directors of Nursing;

♦ Administrators, human resource developers, business managers, union leaders, and care center directors;

♦ Urban community groups, teachers, researchers and workforce developers;

♦ Reports and conferences organized by regional groups, foundations, academic institutes, and government agencies and offices; and

♦ The published conclusions of national and state organizations including PA Intra-Governmental Council on Long Term Care, the PA Economy League, SWPPA, Iowa Caregivers, and the Direct Care Alliance (see the Resources list on page 41).
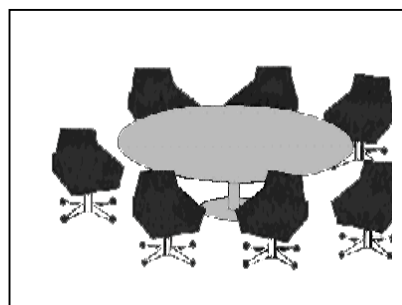
How We Generated these Findings

The Think Tank process begins with intercultural and cross-level problem finding. We use "critical incident" interviews, published work, and "story-behind-the-story" dialogues to 1) identify the key issues, 2) script prototypical problem scenarios around them, and 3) collect strong rival hypotheses about what is *really* happening and why in these familiar situations. We then compile these diverse readings of the problem into a Decision Point Briefing Book organized around key decision points. We are especially indebted to the Lemington Center and Grane Healthcare staff in the development of this Briefing Book.

Think Tank participants use the Briefing Book to focus dialogue on a series of problematic Decision Points—to explore interpretations, consider outcomes, and develop a collaboratively constructed toolkit of workable options.

The insights in these Findings come from both "expert" sessions (drawing on people across the city) and "local action" sessions (working on change within individual organizations).

We are grateful to the many people who have lent their wisdom and experience, their passion for healthcare, and their respect for frontline workers to this call for community-grounded, action-oriented understanding.

> ### *Decision Point Briefing Book for Healthcare: The Dilemma of Teamwork, Time & Turnover*
>
> **The Training Episodes**
>
> **Decision Point 1.**   **Short-Staffed, Again**
>
> **Decision Point 2.**   **Orientation**
>
> **Decision Point 3.**   **Training & Mentoring**
>
> **The Recognition and Respect Episodes**
>
> **Decision Point 4.**   **Conflicting Expectations**
>
> **Decision Point 5.**   **Signs of Respect**
>
> **Decision Point 6.**   **Forms of Recognition**

What Can You Do?

♦   We encourage you to use and share the insights of this intercultural dialogue in your own work—in healthcare, education, human resource development, and community action. This document and supporting materials are available on the Outreach web site at www.cmu.edu/outreach/thinktank/.

♦   Consider initiating a Local Action Think Tank in your community or worksite. Build on the findings from this book, helping managers and staff use this collaborative problem-solving process to translate options into site-specific actions. Contact the Community Think Tank team if we could be of help.

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HIGHLIGHTS FROM THE FINDINGS
Some Issues and Options Under Discussion

From The Training Episodes

Short-Staffed, Again

Managers are asking: Where does the solution lie? In hiring, staff support, or retention? *(see page 3)*

Orientation

Experienced staff challenge each other: how do we actually teach "professionalism"? *(see pages 10, 17)*

♦ Option: A "Goal-Setting" meeting at shift changes lets us deal with short-staffed shifts—collaboratively—and models professional problem-solving for new hires. (Developed by a Local Action Think Tank team.) *(see page 11)*

Training & Mentoring

Who is really responsible for training? Managers and staff see it differently. *(see page 13)*

The dialogue makes it clear: it actually takes a *network* of mentors to meet different needs. *(see pages 20, 24)*

♦ Option: Investing in paraprofessional development helps our staff develop "thinking tools" for workplace problem-solving and worklife decision making. *(see page 18)*

♦ Option: Innovative management strategies can build a site-specific training and development plan and can use a "staff-owned" assessment as a tool for change. *(see page 22)*

From The Recognition and Respect Episodes

Conflicting Expectations

Can the Care Center affect how staff and families relate to each other? *(see page 27)*

Signs of Respect

♦ Option: For front line workers, respect can be expressed by the *level* of communication. *(see page30)*

Forms of Recognition

Pennsylvania's Frontline Workers report concluded: "Retention problems, while also influenced by wages, are more closely tied to worker attitudes, the treatment workers receive, job and career opportunities, and the nature of the job within the institutional context of the provider organization."

♦ Option: An innovative strategy for awarding recognition, developed by a Think Tank staff team, rewards personal *and* group problem solving (and reversed some managerial assumptions). *(see page 35)*