

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

The NGO “Healthy Families” Improves Its Work Climate

Scenario

“HEALTHY FAMILIES,” a nongovernmental organization (NGO), faces a difficult challenge: fulfilling its service delivery mission while the national economy is in crisis and donor funding is decreasing. Over the past year, the NGO’s senior management committee has focused on improving the financial sustainability of Healthy Families by cutting costs at the central office and increasing revenues at its 15 clinics. The committee is meeting today to review the NGO’s cost recovery results. Overall, cost recovery has increased. Almost all clinics have reduced their costs, and so has the central office to some extent, though it could do better. The clinics have also generated more revenue by increasing service provision and pharmacy sales. During this same time, Couple Years of Protection (CYP) in the client population has increased.

“Impressive results,” said Mrs. Gutierrez, Director of Outreach Services, “but I am concerned about what is happening with our community-based health promoters. They have long been an important part of our staff and are well known and respected in the community. Many of them were unhappy at a recent staff meeting. Some are leaving their posts, and our outreach in poor rural and urban areas is decreasing.”

“I have raised this issue before: How can we possibly serve those in need and at the same time become more financially self-sustaining?” declared Dr. Gomez, Director of Clinical Services, folding his arms over his chest.

“It is not a question of one or the other,” responded Mr. Rodriguez, Director of Finance, heatedly. “We need to do both!”

“We all agree that both goals are important,” quickly interjected Mr. Campos, the Executive Director. “Clearly, exploring this issue will be a focus of our upcoming strategic planning process. In the meantime, I am concerned about this situation among our health promoters. What does it mean that some of them are discontented and others are leaving? Are other staff discontented also? How can we look into this?”

“We could have some health promoters and others participate in our strategic planning exercise,” suggested a committee member.

“I think we should do something more immediate,” said Mrs. Salazar, Human Resources Manager. “What about carrying out a work climate assessment at our clinics and perhaps here at the central office as well? We have been making change after change in the organization. How are people doing in the midst of all this change? From what I have read and observed, if the climate in the work group is not good, morale plummets and productivity goes down. Maybe people think we are more interested in the bottom line than we are in them. Let’s find out.”

The committee asked Mrs. Salazar and her staff to conduct a work climate assessment at several clinics. The results showed a substantial difference between actual performance and importance in the areas of recognition, resources, and expectations. The senior management committee asked department heads and all clinic directors to discuss the assessment findings with a cross-section of their staff and identify ways to improve work climate without abandoning their service and financial goals.

Each clinic was asked to submit a summary of the discussion and suggestions, which the committee plans to use to develop an action plan to improve work climate.

Managers and staff at Santa Cruz clinic are meeting to discuss the assessment findings. “We are frustrated by the new service goals,” said Mrs. Garcia, a health promoter. “Before, we did our job and got our pay, which was never very much. We gave talks, encouraged people to come to the clinic for services, and felt respected for our work. Now, instead of getting the raise we deserve, we have to ‘earn’ a bonus by meeting cost recovery and service delivery goals. This is hard to achieve in poor neighborhoods, where fewer people come to our outreach activities and even fewer can take the time to come to the clinic for services.”

“So it sounds as if you spend less time in the poorer neighborhoods now and that this bothers you,” said Dr. Hernandez, the clinic’s director of clinical services. Several promoters nodded.

“Now when people come to the clinic for services after meeting with us, our referrals are not acknowledged,” said another promoter, angrily. “Maybe it helps the nurses reach their own goals if they say these clients came in on their own. We feel that no one cares about us any more.”

“Feeling unrecognized and unappreciated is a problem for us, too,” said Miss Malaga, a clinic nurse, frowning. “The clinic has not replaced nurses who have retired. Those who remain have been told to see more people each day. Our clients feel rushed, and we worry that we aren’t providing quality services.” She paused. “Maybe to save time I have stopped asking people how they heard about us or who referred them.”

“Before, we promoters used to have weekly meetings when we would talk about our difficulties working in our communities and help solve each other’s problems,” said Mrs. Loyola, a promoter. “Now we only meet once a month. Not all of us have a chance to speak. Before, these meetings made me feel good about my work. Now they make me feel discouraged.”

“All of you are important to this clinic, this organization, and our clients,” said Dr. Hernandez. “We want you to feel good about your work. What can we do to improve our work climate?”

“This meeting is making me feel better already,” said Mrs. Garcia. “I didn’t realize the pressure that the nurses are under.”

“Why don’t we add a question about referrals to the registration form?” asked Miss Hernandez. “Then I won’t have to take time to ask about referrals while I am providing services.”

“What about revising our goals for referrals from poorer communities?” suggested Mrs. Loyola. “Or perhaps we need to find better ways to attract poor clients—perhaps change our clinic hours or provide vouchers for our prenatal services. If we promoters feel we can achieve our goals for these communities, then we will be motivated to lead outreach activities there again. Also, please let’s meet every other week instead of once a month.”

“I am very pleased that you have shared your concerns and ideas,” said Dr. Hernandez. “I will summarize our conversation for the senior management committee. It seems clear that doing this type of assessment and implementing improvement activities can help us improve our work climate and, ultimately, improve services for our clients—something we all strive for. Thank you for your participation today.”

Discussion Questions

1. How would you describe the main problem related to work group climate in the NGO Healthy Families? Referring to the issue, which problems discussed in the scenario relate to clarity, support, or challenge?
2. What is contributing to the negative work climate felt by the health promoters? What actions are suggested to improve the work climate in Santa Cruz clinic?
3. Referring to the issue of *The Manager* and your own experience, what other suggestions would you make to improve the work climate in Healthy Families, given the circumstances described in the case scenario?

QUESTION 1 How would you describe the main problem related to work climate in the NGO Healthy Families? Referring to the issue, which problems discussed in the scenario relate to clarity, support, or challenge?

The main problem related to work climate in Healthy Families appears to center around changes in the working conditions and perceptions of health promoters. The promoters feel that no one in the organization cares about them. They feel their work is not respected. They feel angry and frustrated by low pay and lack of recognition. In order to reach their service delivery goals, they have abandoned poorer neighborhoods and focused on better off neighborhoods. Nurses have not been recording the health promoters' referrals. Perhaps as a cost savings measure, the promoters have been meeting with their supervisors once a month instead of once a week. This change has reduced their opportunities to discuss work difficulties with their colleagues and has made them feel discouraged about their work.

Problems related to clarity include:

- **Expectations.** Nurses want to provide quality services but are now expected to serve more clients each day. They are not certain which goal is more important to the organization: providing quality services or meeting cost recovery goals.
- **Purpose.** Serving clients from poorer communities appears to be a longstanding goal of Healthy Families. The health promoters, who are in direct contact with these communities, feel they must abandon the poorer communities in order to reach their service delivery goals. They feel conflicted about this change. It makes them feel discontented in their work.

Problems related to support include:

- **Recognition.** Due to the pressure to spend less time with patients, nurses have not recorded referrals from health promoters.

Problems related to challenge include:

- **Accommodating to changing circumstances.** It appears that the nurses and health promoters have accommodated to the new circumstances, for example, nurses are spending less time with patients and health promoters are doing less work in poor communities. At the same time, they do not feel good about making these adjustments and there is a sense of ineffectiveness, which has a negative impact on their sense of pride and also their level of commitment to shared goals. Overall, it appears there was a lack of support and clarity regarding new service and financial sustainability goals.

QUESTION 2 What is contributing to the negative work climate felt by the health promoters? What actions are suggested to improve the work climate in Santa Cruz clinic?

Policies and circumstances that are contributing to the negative work group climate in Healthy Families include the:

- reductions in staff as clinics do not replace nurses who retire
- failure of the bonus system to take into account special circumstances, such as the need to lower goals in poor urban and rural areas
- failure by nurses to track referrals by health promoters
- reduction in the frequency of health promoters meetings.

The actions suggested in the scenario to improve the work climate at Santa Cruz clinic include:

- conducting work climate assessments and discussion meetings
- holding health promoter meetings more frequently
- adding a question about referrals to the registration form
- revising the service delivery goals for referrals from poorer communities
- making management adjustments, such as changing clinic hours to better accommodate clients from poorer neighborhoods or providing vouchers for prenatal services

In addition, a senior management committee member suggested involving health promoters in the strategic planning process.

QUESTION 3 Referring to the issue of *The Manager* and your own experience, what other suggestions would you make to improve the work group climate in Healthy Families given the circumstances described in the case scenario?

Three important actions to improve the work climate for the health promoters would be to:

- do more capacity building/skill building of the promoters, so they feel stimulated and fully understand the issues of financial sustainability as well as service provision in the NGO;
- explore the barriers that inhibit or prevent poor people from attending outreach activities or coming to the clinic for services, and develop strategies to overcome the identified challenges;
- conduct training and performance improvement of the promoters' supervisors.

When the NGO explores barriers that prevent poor people from accessing services, the health promoters will need to be involved in efforts to assess client needs. What type of data is the organization gathering at the community level now? What type of information would be useful in guiding efforts to reach out to poor communities, improve quality of care, and reduce unmet needs for maternal and child health services? Involving the promoters in new data-gathering and decision-making efforts may increase their job satisfaction and skills. It might also lead to improved access and use of the NGO's services by its clients.

In addition, it might be helpful to:

- encourage the promoters by having the executive director, board members, elected officials, or other leaders conduct field visits to poor neighborhoods with the promoters;
- conduct work climate assessments on a periodic basis. This would help to track changes in work group climate over time and the impact (or lack of impact) of actions taken. It would also demonstrate the organization's interest in a positive work group climate;
- involve health promoters, nurses, and others in developing solutions to address work group climate challenges.

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