



Goodworks: Making Sense of Life in a Public Hospital

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Amang Rodriguez, a public hospital in the Philippines, presented HCD, training and consulting company, with a perceived relationship issue between senior doctors (consultants) and residents. Although AR initially requested a typical “teambuilding” session, HCD suggested an approach incorporating techniques from Cognitive Edge. With the help of Cognitive Edge associate Vivienne Read data collection and a workshop were conducted and resulted in recognition of structural as well relationship issues; sorting challenges into those they could address and those they could not; and generating and implementing solutions to those over which they had control.

Many times, at the least in the Philippines, both organizations and facilitators begin with the assumption that the problem is known. In this particular instance, the client felt that the problem lay in the personal relationships between consultants and residents. By stepping back, the client and HCD were able together to examine the data and allow the people in the situation itself to identify the patterns and issues that arose from the data.

The data was generated through the use of narrative or story telling. In this case, HCD chose to conduct facilitated interviews audio taping one/one interviews with a large percentage of the staff. This data then became the fodder for the workshop in which the staff itself identified patterns and issues. For HCD, the advantage of this method was the absence of filtering or interpretation from the facilitators.

The methods from Cognitive Edge appear to support the identification of ideas or patterns that are not obvious (emergent data). This emergent data is recognized and we believe “owned” by the participants as a result of the Cognitive Edge methods. In this case, HCD used both the “live” methods in which the participants themselves identified the emergent

data and the application of the Sensemaker software tool which enables facilitators or clients to mine data for patterns and relationships.

Background

Amang Rodriguez is a public hospital in the Metro Manila area supporting rural and urban poor with a bed capacity of about 150. Its physicians are committed to providing the best health care services possible under their resource limitations. The administrators are likewise concerned about the working conditions and personal satisfaction of the medical staff. Like many public hospitals in the Philippines it is undermanned and under resourced. Human Capital Development was provided with generous support from Vivienne Read, Crosstech Pty Ltd, in the form of facilitation leadership and project guidance and from Cognitive Edge in the form of access to methodology and the use of the Sensemaker software. (APPENDIX ONE: The Players)

Objectives

The objectives were to facilitate a process through which the Dept. of Obstetrics and Gynecology residents and consultants could determine the probable causes and inherent problems observed by the Department Chairman and Training Officer; surface and identify related issues and concerns covering these problems; generate possible resolutions to the problems elicited; and generate possible actions to timely and effectively address issues or problems.

These objectives were determined by HCD and Ms. Vivienne Read based on the information and observation from the “conversational” interviews and the initial meeting with the Department Chairman and Training Head.

Scope & Limitations

The coverage of the project study was limited to the OB-GYN section of ARMC. The department consisted of 10 consultants, 11 residents, and 1 administrative. For the study, 68% of the department staff participated (15 personnel composed of 3 consultants, 11 residents and 1 administrative staff were used as the sample population). The Chairperson and the Training Officer of the department are included in the count of the consultants. Emphasis was given to residents since they occupy 73% of the population. At ARMC, the study does not include hospital administration, nurses and security, sanitation and laboratory personnel.

Process & Methodology

The Chairperson and the Training Officer of the ARMC OB-GYN department approached HCD for assistance regarding issues they perceived affecting their department. The issue with utmost concern was the working relationship between staff. According to the Chairperson and Training Officer, a gap appeared to exist between consultants and residents and, as a result, job performance was suffering. They initially planned on holding a bonding workshop² or “teambuilding” session that would focus on issues regarding relationships within the department.

After hearing the department’s situation and concerns, the HCD facilitator offered to gather more information and conducted “conversational” interviews with 8 residents and 4 consultants(out of 22 residents and consultants in the department).During an internal meeting, HCD concluded that a teambuilding session would not be the best approach. HCD contacted Ms. Vivienne Read of Crosstech, Ltd who is a complexity consultant. Ms. Read agreed to participate in the project and suggested the use of Pre-hypothesis questions³ to gather data. HCD and Ms. Read crafted the pre-hypothesis questions as follows:

1. For Residents:

You are attending your med school alumni reunion and are talking to the top new grads, what stories would you tell them to make them take their residency in Amang Rodriguez Hospital, and what stories would you tell them if you want to discourage them from taking their residency in Amang Rodriguez Hospital?

2. For Consultants:

You are attending a medical convention and ran into a classmate of yours from med school that you have been looking for to invite to your team in Amang Rodriguez, what stories would you tell that person that would encourage them to join Amang Rodriguez Hospital, and what stories would you tell them that may not make them join?

3. For Everyone: (regarding experiences with patients)

You are talking to a patient who gave birth in Amang Rodriguez that was about to check out. What stories do you think she would say if she had a good experience and what stories would she say if she had a bad one?

¹Residents are the house staff of a hospital who are in their residency or post graduate stage in medical training leading to eligibility for board certification in a primary care or referral specialty.

²Many companies in the Philippines view “teambuilding” as an activity in which employees do some social bonding by going out of town to do entertaining “teambuilding” games “Teambuilding” is usually employed as a quick fix to reduce social tension in a group.

The use of Pre-hypothesis questions in the “confidential” interviews proved quite useful and powerful. The participants openly participated in the process which produced quite an amount of data. The data came in the form of stories, some on similar content/message and there were pockets of stories with different content.

The Interview Process

11 residents and 7 consultants were interviewed using the 3 pre-hypothesis questions to draw out their stories. The stories were audio recorded and later transcribed. The staff were interviewed one at a time; the facilitator explained the process of the interview and its purpose. To provide a secure and engaging environment, the interviews were held in private (one on one) with an agreement of confidentiality between the facilitator and staff member being interviewed.

The audio files were then sent for transcription. The names of the interviewees were omitted from their stories. The stories were printed out and each story was assigned a number in preparation for the department workshop. (Details of the interview scripting are found in APPENDIX TWO: Details of the Interview Process.)

The Workshop

The department workshop was a 7 hour session where the residents and consultants worked on the stories transcribed from the interviews. The staff went through dialogues and group discussions where they arranged issues according to content and message, organized issues according to significance, how hard and easy they were to solve and generated actions to resolve them. Ms. Read and Louie Angsico co-facilitated the workshop for 11 residents and 3 consultants.

The purpose of the workshop was to hold a session away from the hospital where the staff would be able to focus and work with each other in a safe and non-threatening environment.

The structure of leadership in AR is hierarchical. Residents report to and are under the direct supervision of consultants. The consultants are in charge of training and rating residents. It was assumed that this relationship might make it difficult for the residents to share their perspectives openly. The confidential interviews and anonymity of the transcribed stories played a big part in the encouragement of the resident’s participation and openness in sharing their ideas in the workshop.

³(Reference; Pre-Hypothesis Research www.cognitive-edge.com)

The step-by-step process

In preparation for the workshop, the facilitators reviewed the transcribed stories (from now on called “stories”), made them anonymous, and printed them so that they could be used in the workshop itself.

The workshop started with a speech from the department chairman who welcomed the department staff and the introduced the facilitators. The objectives of the workshop and the schedule of the program were laid out by Ms. Read. After the introductions and context setting, Vivienne randomly divided the department staff into 3 groups which she instructed to read the stories (transcribed data) which had been posted on the wall earlier.

After reading the stories, the groups labeled the stories by using 3 geometric figures. Each geometric figure represented one of the following labels: inspiring, neutral and depressing. The purpose of this step was simply to engage the department staff to read and understand the stories.

Having the staff read in groups then instructing them to label the stories with geometric shapes was a useful technique. This assured that the stories were actually read and it engaged the staff in the process.

When the stories were labeled, the three groups were instructed to work on clustering the stories together according to similarity of content. The clusters of stories were then labeled by each group with names/themes appropriate to their content. Then the names/themes were clustered according to similarity in content or message.

The process of sorting the stories into clusters and assigning them names simplified and narrowed the amount of data the staff had to contend with. The act of sorting and assigning names encouraged deeper discussion and thought into the stories and clusters. The power of the process was that all the sorting and naming came from the participants. The facilitators guided the process, observed and kept track of time.

Vivienne then introduced 4 categories:

1. *Not an issue/problem.*
2. *Solvable- An issue that can be resolved by the department within the department and its staff*
3. *Problematic- issues that are outside the department's resources to resolve. May need outside help for solution.*
4. *Impossible- issues that seemed irresolvable*

The department staff was then instructed to look at the names/themes and move them to the category they deemed appropriate. There was no limit given for how many times a name/theme could be moved. Any person could move the names/themes.

This part of the process was productive since it helped the staff voice out and discuss positions on the issues. It helped them figure out the possible impact and implications of each issue.

After moving the names/themes into the categories, the staff was randomly divided into 4 groups and each group was assigned a category. The 4 groups were instructed to pick the names/themes they would like to work on within their assigned category. The groups were instructed to generate as many possible courses of action to resolve the issues as they could. As the 4 groups picked and listed what they wanted to work on, they were given the option of transferring names/themes to other categories if they thought they did not belong in the category under consideration.

The staff was rotated through all the categories randomly in pairs. The purpose was to mix the people (point of views, ideas) working on the names/themes chosen. The actions generated by the groups were then ranked according to their practicality and which course of action was the best to start with.

After completing the list of actions to be taken, the 4 groups presented their work to each other. The presentations included a question and answer portion and time for comments and suggestions.

Towards the end of the workshop, the participants had a good picture of what issues the department faced due to the process of sorting and categorizing. Mixing people during the solution generation and ranking ideas according to possibility of execution and practicality gave the staff different avenues to approach the departments many issues. Seeing the issues categorized with the lists of possible action to take gave the participants a feeling of hope. They said the process helped them see what they faced in a clearer way.

After the presentations, the Chairman collected all the issues in the 4 categories with the list of possible actions to address them. She announced to the department staff that together they would work on doing what had been suggested. (APPENDIX THREE: Suggested Actions)

Conclusion

In the initial data gathering phase for the OB-GYN department (interview/s and interaction), the overall feeling was of a heavy and overwhelming set of problems. The initial conversations with the team painted a picture of complex and inter-related issues. Although traditional teambuilding might have relieved the momentary relationship tensions, we did not feel that it would help the group in identifying underlying and emergent issues at the appropriate level of depth. Our experience applying the techniques from complexity science was gratifying and shifted the atmosphere in the group to one of realistic hope.

The process allowed participants to reflect on their own data (stories), uncover patterns and problems, determine what problems fell within their scope of control, and create pragmatic action plans. The participants achieved everything by themselves with very little facilitator intervention (with the exception of time limits and moving people through the process). The work of the facilitator in this process is the careful crafting of the pre-hypothesis questions, the set-up and structure of the workshop and the careful management of flow during the session so that participants are exposed to all the data and points of view in the group.

The process allows people in an organization to surface and share information with each other in a safe environment. Everyone can participate and share their views using the group's own narrative. Used in conjunction with other tools and system, an organization can get a deeper and clearer picture of its strengths and weaknesses.

When HCD revisited the doctors, they reported that the workshop was a big help to their department. Many issues the department faced became easier to understand and map out. The discussion of issues by the participants increased communication amongst residents and consultants. Many issues were solved on the spot and the staff came out with action plans to tackle the other issues.

After 3 months we interviewed some of the staff again. They said many of the issues were still the same but there is action being undertaken to resolve them. We saw evidence of creative approaches to fund raising. The communication between residents and consultants is more open and they have been holding bonding sessions. They say there are new problems but they are easier to accept and handle after the workshop. They said they thought they were hopeless and now they feel they have a hold on things and are more hopeful.

APPENDIX ONE:

The Players

'Amang' Rodriguez Medical Center

The 'Amang' Rodriguez Medical Center (**ARMC**) began its operations on May 15, 1966 and started with an authorized bed capacity for 25 patients. On November 24, 1996 it changed to its present name and has since officially increased its bed capacity by 500% to 150 patients. Evolving from a dispensing clinic into a medical center, it has expanded its scope of responsibility by performing medical research and providing training to health practicing medical personnel, in addition, to providing expanded health treatment and medical services to the public. As a public hospital, it caters to both urban and rural poor patients representing a large portion of a total projected population of approximately 2.6 million which covers in part the cities of Marikina, Antipolo and Pasig as well as the municipalities of Cainta, San Mateo and Rodriguez in Rizal.

Cognitive Edge

Cognitive Edge is focused on rejuvenating management practices to better equip organizations addressing intractable problems or seizing new opportunities in uncertain and complex situations. Where traditional approaches have failed to deliver success, Cognitive Edge techniques enable the emergence of fresh and insightful solutions seen from multiple perspectives.

Cognitive Edge solutions, comprised of [open source methods](#), original research and the Cognitive Edge SenseMaker™ Software Suite, are delivered through the Cognitive Edge Network. The [Cognitive Edge Network](#) is a widely dispersed, cohesive Network of experienced professionals in private and public sector organizations from diverse disciplines with deep-rooted experience in both business and science. It includes academics and practitioners, in house and commercial consultants. Membership of the Network is attained through participation in an [Accreditation](#) program. (www.cognitive-edge.com)

Vivienne Read

Based in Sydney, Australia, Vivienne has been and is currently involved in organizational transformation and renewal processes. She is a practitioner and trainer for Cognitive Edge complexity and Sensemaking tools (www.cognitivedge.com). She brings with her three decades of experience in the consulting business working with various organizations in the public and private sectors. For the past five years, she has been applying Cognitive Edge tools and processes in areas such as climate, strategy, project planning, policy development and organisational change.

Vivienne is also a Director of Crosstech Pty Ltd. Crosstech which is part of a network of consultants in Asia Pacific who share operating values, learning, and work in different combinations to provide the most appropriate expertise to clients. Crosstech is based in Sydney and has been operating over 20 years. Her work in consulting encompasses industries as diverse as manufacturing, mining, the waterfront, water and electricity authorities, hospitality and service, community organizations and all levels of government in Australia and South East Asia.

Human Capital Development

Human Capital Development (HCD) Asia Pacific is a company based in Asia with associates in Singapore, Tokyo, Los Angeles and Manila. HCD constantly seeks to improve standards of quality and innovation in the areas of people business and development processes, team building, coaching and leadership, emotional and social intelligence, innovation and critical thinking. An organization focused on developing the human skills required to make business work.

APPENDIX TWO:

Details of the Interview process

- The HCD facilitator introduced himself.
Ex. Hello my name is Louie... How are you today? ...Good to meet you.....
- The HCD facilitator then explained the purpose of the interview.

Ex. I am here to gather data which will be used for the coming department workshop. I will be asking you 2 questions. I will record your answers with this microphone that is connected to my computer. The recording of your interview will then be transcribed without your name and the transcription will be used for the department workshop. This interview is confidential. What you tell me stays between us. Ok?

- When the interviewee signified that he/she was ready for the interview to start, the HCD facilitator announced the activation of the audio recording software and asked the pre-hypothesis questions.

Ex. Are you ready? Ok. I will turn on the recording device. Here is question number one.

- At the end of the interview the HCD facilitator asked if the interviewee had anything else to add and share, and if not, the HCD facilitator thanked the person and said goodbye.

Ex. Ok...Would like to add anything more?Great...
Thank you for your participation....Good bye and have a great day...

APPENDIX THREE

Suggested Actions

The following is a list of issues the OB-GYN staff made of what the department they faces in Amang Rodriguez Hospital.

Solutions for the simple Concerns

- Additional Manpower
 - more residents
 - Lobby with APMC to provide post graduate interns
 - Identify medical schools who can give clerks

- Regular lectures from the experts
- More frequent opportunities for socialization amongst the staff
 - Outing
 - Team building
 - Retreat
 - Open to other suggested activities

Solutions to complex concerns

- Legal Matters
 - Full support from the administration (e.g. financial)
 - Hospital must have and provide its own lawyer
- Red Tape
 - Shorten waiting time for patients
 - Systematic billing procedure
 - Preliminary billing a day prior to discharge
- “Palakasan” System (a form of cronyism)
 - Strict compliance with AR rules
 - Designate definite time and person to check on referrals from the hospital employees and higher ups

Peace and Order Problem in the Hospital (No Actions Listed)

- Manpower
 - Indifference
 - Arrogant staff
 - No maximum tolerance
 - Not well compensated
 - Poor bidding process
 - Lack of Training
 - No proper orientation
 - Poor supervision
 - Poor job description
 - Poor principles
- Environment
 - Overcrowding
 - Small area
 - Inadequate budget
 - Prone to accidents
 - Small parking lot
 - Mixed parking

- Client's lack of Education
- Machines
 - Non functioning/lack of security cameras
 - low priority
 - No maintenance
- Method
 - No budget (cut by 1.7 M)
 - Lack of security guards
 - No proper entrance/exit

Problem on Lack of Resources (No actions listed)

- Environment
 - Culture of corruption of government
- Method and Materials
 - Reinstated budget cut by 1.7 M
 - Late payment by poor clients
 - Government Red tape
- Machines
 - No budget
 - Low government support
 - Corruption
- Manpower
 - Brain drain (nurses and residents)
 - No salary for residents

The following are the actions generated and chosen by the department staff to address the issues on lack of resources.

Solutions: Generate funds

- Raffles- department head
- GTI- residents
- Solicitations- drug reps/politicians/NGO's/Philanthropists
- Dispensing meds/supplies- needs vault/ new office door lock
- Investments- high-interest earning/returns investments

