

# PART I

## INTRODUCTION





# CHAPTER 1

## THIS BOOK AND HOW TO USE IT

### WHY THIS BOOK?

This volume is a collection of case studies intended for use in the training and continuing education of supervisors, managers, and professionals working in health care or preparing for careers in health care. It is intended to serve as a guide for supervisory and management development programs and as a useful resource for a number of other educational activities.

It may also serve as a companion volume to *The Effective Health Care Supervisor* in that it can be used to supplement the cases and other activities provided in that publication.

For the most part, the case studies, which comprise the largest part of the book's contents, were developed from the experiences of managers actively employed in healthcare settings. Numerous questions, problems, frustrations, suggestions, and experiences—both positive and negative—originating with working supervisors and middle managers became the material for the cases and other activities. In many instances real situations were simplified for the purpose of encouraging users of the book to focus on specific problems or practices, but most of the cases are based on one or more actual situations. In all instances, however, the names of people, places, and organizations are fictional.

### USING THIS BOOK

#### Individual Study

This volume can be used for a variety of purposes, including self-study, individual continuing education, and instruction in classroom situations. All of the cases can be considered in their entirety by an individual working alone; one need only select a topic of interest and look up one or more related cases. Also, the cases provide plenty of material for productive discussion by groups.

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Assume, for example, that you face a problem dealing with the management of change and that this problem raises some questions about resistance to change. Look up *change* in either the index, case listing, or both.

You need only select a topic, look up pertinent references, and consider the information at your own pace. You may not immediately locate specific answers; however, by considering the cases related to your topic you will broaden your perspective, and the process of doing so may well provide the thought starter you need to solve your problem. Or perhaps the cases will help to define your problem more clearly, thus assisting you in determining where you should seek a specific solution.

It is recommended that in most instances you refrain from going directly to the case responses. Rather, take some time to think your problem through to one or more potential solutions before accessing someone else's thoughts on the matter. Keep in mind that the response provided for any particular case is not the only one available, and that there may be a number of possible "correct" responses to many of the cases.

As compared with the straightforward textbook approach, this volume furnishes the "problems at the end of the chapter" without providing the chapter. Or, when used in conjunction with a book on the order of *The Effective Health Care Supervisor*, this volume provides extra end-of-chapter problems.

One approach you might want to consider is to first wrestle with a problem of interest and later analyze your solution. Again, assuming your interest is change management, you might look up a single case about change that appears to contain some of the elements in which you are interested. Study the chosen case and develop the best possible solution under the circumstances. Then turn to another source, perhaps a chapter dealing with employee resistance to change, and see how well your solution aligns with theory and principles. If your solution seems to fit—that is, if it seems consistent with theory and principle and a published solution—pat yourself on the back. If it seems as though you went astray of the fundamentals, try another case about change—and another, and another, if necessary—until you can see that the principles of change management are reflected in your solution.

Alternatively, simply use this volume as a topic reference. You will rarely find specific answers, but you will often find in the cases and their responses the seeds of the solution to your problem.

## Small-Group Activity

A particular hospital department manager made it a practice of getting together once each week with four supervisors who reported to him. They met on the same day each week in a quiet conference room and considered, informally, a case study chosen the previous week. This had been the department head's idea, but participation was optional. Each supervisor took the case of the week, analyzed it, and developed a tentative solution expressed in a paragraph or two. Over lunch the group discussed five solutions—the department head participated as well—and developed a single solution agreeable to all five participants. The five managers took turns selecting the problem that would become case for the

following week. More often than not, the cases came from problems encountered in their own departmental units.

This volume can be used in the same fashion, as material for small-group management development activity. The setting could be as simple as someone's office, and the time could perhaps be taken during a meeting of the department's management staff.

Many managers make it a practice to use a portion of each regularly scheduled staff meeting for continuing education purposes. A single case can be ideal material for such an educational session. For a group of people informally pursuing a case each time they get together, this book can stimulate productive discussions for many months.

## **Supervisory or Management Development Classes**

Depending on how supervisory or management development classes are structured, this book may be used as either a primary reference or a supplement to other material. It would be most appropriately used to back up a basic healthcare management text or other instructor-provided material. Cases help bring a topic to life by moving it out of the realm of pure recitation of principles and putting it into a form in which the principles are seen in simulated action. Any topic presented in the classroom setting will be all the livelier for having its principles illustrated by one or two case studies. Use this volume, then, as a source of material to stimulate discussion after lectures or other straightforward informational presentation.

## **ONE MORE TRAINING TOOL**

No single reference is going to provide everything you need for supervisory or management training. Similarly, no single approach to education, including the case-study approach, serves all purposes or fills all needs.

Any educational activity should employ a mix of available resources and materials. Even independent self-study is aided by the use of multiple viewpoints on the same topics and the presentation of the same principles in a variety of forms and guises. In addition to providing a range of perspectives on a topic, presentation variety also helps to sustain interest and involvement. Even a lone supervisor independently pursuing knowledge of, for example, delegation, might consider using:

- A chapter about delegation from a basic book about healthcare management
- Several journal articles about delegation
- Two or three delegation cases from this book
- A video or audio presentation about delegation

Independent study is always beneficial; as in any other educational activity, you get out of it what you put into it—and a truly motivated independent learner can accomplish a great deal. However, a group activity offers the special advantages of

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shared insight, shared opinion, more and broader perspectives, and new ideas that are generated as participants' comments stimulate the thoughts and further comments of others. The dynamics of the situation usually assure that the educational accomplishments of the group are greater than the direct sum of the contributions of its individual members.

In any group training activity, it is important to employ a considerable mix of training approaches and instructional media. We have long accepted lectures supported by information on chalkboards, flipcharts, slides, and transparencies. Although we remember only a small portion of what we simply hear, we are likely to recall a larger portion of what we see, and a still larger portion of what we both see and hear at the same time. Thus, a few simple visual aids to support a lecture increase the listeners' chances of retaining the material.

Likewise, training aids such as videos, audiotapes, exercises, games, and case studies are helpful when used with each other and with other forms of presentation in a healthy balance. However, no single form of instruction can be employed by itself for long periods of time. Who wants to sit through 2 hours of lecture without a single break in pace or manner of presentation? Who can get a great deal out of a class that consists entirely of a 1-hour video? (The problems associated with video or film presentations are pertinent to many who manage in health care. Management training usually takes place during or after working hours on at least normally hectic days, and for many folks the darkened room and prolonged drone of a narrator are invitations to dreamland.)

These days, many high-quality educational programs are available on video, but all such presentations have their limitations. Even the most carefully packaged material raises legitimate questions, but there is no opportunity to discuss anything with a digital video disk.

An intelligent approach to management and supervisory development suggests that a mix of media and methods may be used to best effect in approaching a topic from numerous angles and sustaining interest through variety of presentation. However, given the reality of many training budgets, it may not always be possible to acquire packaged presentations when they are wanted. But it is usually possible to support oral instruction with chalkboards, flipcharts, overhead transparencies, and PowerPoint slides while keeping straight lecture to a tolerable minimum by using group activities such as question-and-answer sessions, learning games, exercises, role plays, and case studies.

The case study method of learning is valuable. It is especially helpful in that it often stimulates further learning. However, it remains just one of the training tools available to be used in combination with others for maximum effect.

## THE CASE STUDY APPROACH: USE AND VALUE

As you work your way through *The Health Care Manager's Casebook*, it will often seem to you that there are few absolute, specific solutions to the cases. In fact, the

frequent presence of numerous implications and a variety of potential solutions is why group effort can be especially productive in working with cases.

It should be stressed that the case responses included in this volume are not the only valid responses that could be offered. In each instance the response is well considered, the product of the thinking of one or more persons who have given the matter serious consideration. However, with case studies of this nature, as with the actual day-to-day problems of management, we are at work in a realm in which few absolute answers are possible.

Many problems may be legitimately solved in different ways, depending on differences in the people involved and organizational policies, philosophies of operation, and the environments in which the situations occur. Most of the cases involve relations among people, and we should all be well aware that any so-called rules for dealing with people are riddled with exceptions.

In some of the cases, certain management fundamentals or basic principles, such as fair and equal treatment of employees, may be self-evident. Also, in some instances, what is “right” or “wrong” may be obvious. However, many supposed solutions to case studies develop along lines such as, “What might happen if I do this?” or, “I’ll take this particular action,” and “If this particular result occurs, I’ll then try this other possible step.” Or simply, “This might work; it seems fair and it makes sense.”

It should be evident to most working managers that there are few fixed solutions to many management problems. Frustrating as it seems, the correct solution to a given problem involving one employee may not be correct if a different employee is involved. If you have a dozen employees in your group, you may find that on any given day there are as many as 12 “right” ways of addressing a particular issue. Conscientious managers strive to be consistent in their application of principles and their treatment of employees as individuals. However, the employees of a department are often anything but consistent in their responses to the manager’s actions.

In management development activities, case studies can help bridge the ever present gap between theory and practice. Recognize, however, that in matters of actual practice a case is but a simulation because it does not involve real people; and in this dimension is found the case-study method’s one significant weakness.

## THE LONE SHORTCOMING

Compare a case study in which you must decide upon the extent of disciplinary action for an employee with a working situation in which you must actually discipline an employee. Compare also your preparation for a theoretical confrontation with an intimidating higher manager with an actual confrontation with a higher-up who comes across as stern and domineering. Or think about developing on paper the manner in which you would approach a critical performance evaluation with actually giving someone a critical face-to-face evaluation.

Chances are that in each of the foregoing comparisons you have few, if any, reservations about the first part: deciding how you might discipline a *hypothetical*

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employee, preparing for a confrontation with the boss that *will not really happen*, or writing a sample critical evaluation that *you will never deliver*. However, actually disciplining an employee, actually facing an intimidating boss, or doing a real-life critical evaluation all have in common a dimension that you can never experience with a case study. It is a dimension you sometimes even feel physically, perhaps in the pit of your stomach or in other physiological ways. This is, of course, a reference to the manager's emotional involvement, that which the manager experiences by having a personal stake in the problem. This shortcoming is common to a great deal of training of various kinds; learning is not the same as doing, and make-believe doing is nowhere near the same as really doing.

The single shortcoming of the case study method is that it lacks the actual emotional involvement that a manager experiences with a real problem. Nevertheless, the case study represents a giant step away from theory and toward matters of practice. A primary purpose of the case method is to encourage the development and exploration of alternatives. The primary benefits of the case study method lie not in the identification of specific answers, but in the development of insights and the simulated application of principles.