

A person-centered approach to developing your middle managers & achieving workforce stability

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Disclosure

I have no relevant financial relationships to disclose, and I do not intend to discuss off-label investigative use of a drug / device / product.



Objectives



Understand the importance of middle management to the development of a person-centered culture



Learn practical solutions to implement in your organization to engage and support middle managers

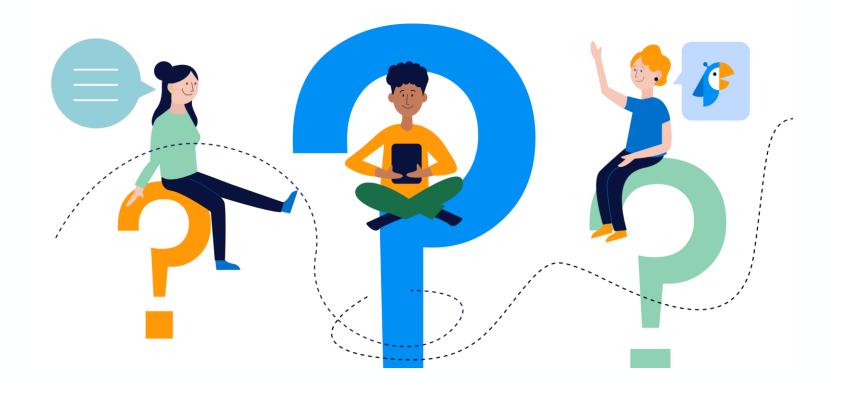


Connect with international best practice examples on middle manager engagement

Reflections & Takeaways

- 5 Things that I learned
- 4 Resources that I am going to explore
- 3 Changes I am going to test
- People at my organization I am going to meet with to share my learning
- Things I am going to be by the end of next week
- Number of times I am going to worry alone because I can stay in touch with...





How well do you think your organization is engaging your middle manager teams?

What is person-centered care?

Planetree's definition of person-centered care

Person Centered Care (PCC) is care focused on...

the needs of individuals...

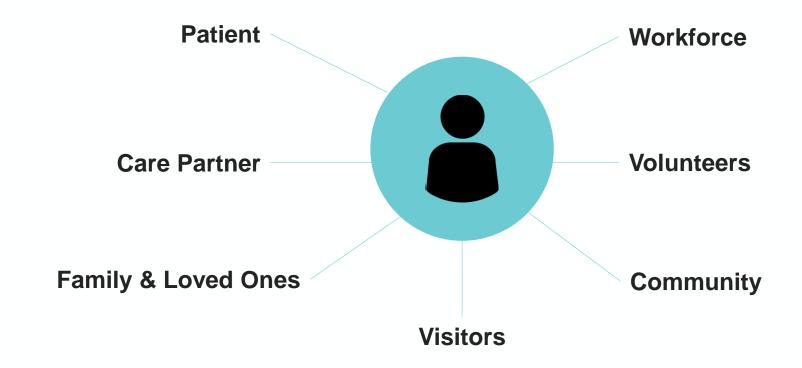
guided by peoples' preferences and values...

and includes supporting structures, policies, and practices...

that create a **culture** of quality, compassion, and partnership across the continuum of care

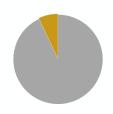
Who is the 'person' in PCC?

A 'person' in healthcare can take various forms and roles





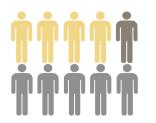
Preferences Matter



Doctors believe 71% of patients with breast cancer rate keeping their breast as top priority. The figure reported by patients is just 7%.



Once patients are informed about the risks of sexual dysfunction after surgery for benign prostate disease, 40% fewer prefer surgery.



Only 41% of elderly Medicare patients believe that their treatment reflected their preference for palliative care over more aggressive interventions.

Lee CN, Hulsman CS, Sepucha K. Ann Plastic Surg2010;64:563-6. Wagner E, et al. Med Care1995;33:765-70 Covinsky KE, et al. J Am Geriatr Soc 2000;48:Suppl:S187-S193.





Leadership is not about being in charge,

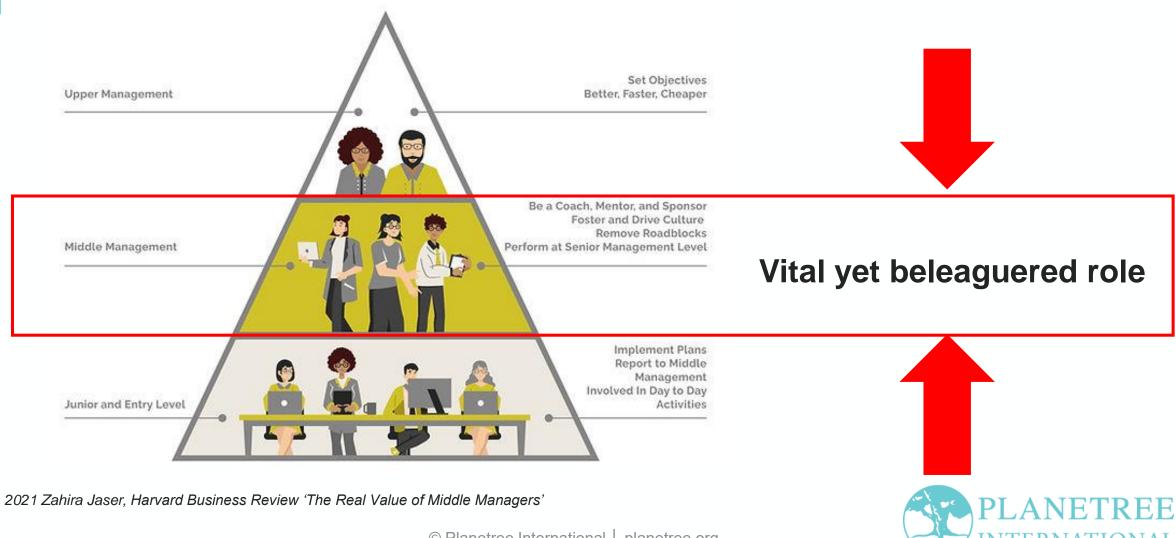
but about taking care of the people in your charge.

Simon Sinek



Role & Challenges

The Middle Manager



Middle Manager Challenges



Pressures from above and below



Tend to be under-developed & under-empowered



Growing pressure to deliver in flatter, faster, and leaner structures



Under-utilized and under-appreciated

2023 Dr Tracy Bower "Middle Managers Have It Bad: 5 Things They Need Most"



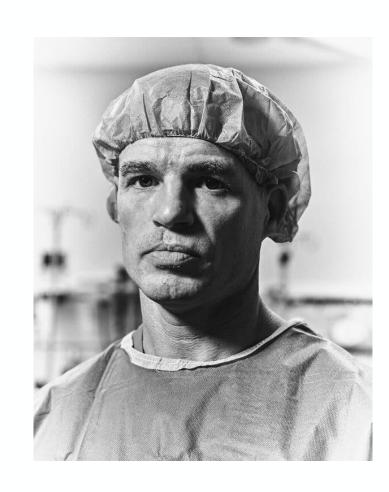
Moral Injury

Military psychiatrists describe this as:

"an emotional wound sustained, when in the course of fulfilling their duties, soldiers witnessed or committed acts that transgressed their core values"

The pandemic only worsened moral injury by highlighting the priority for profits over patient care

Does this apply to middle managers?

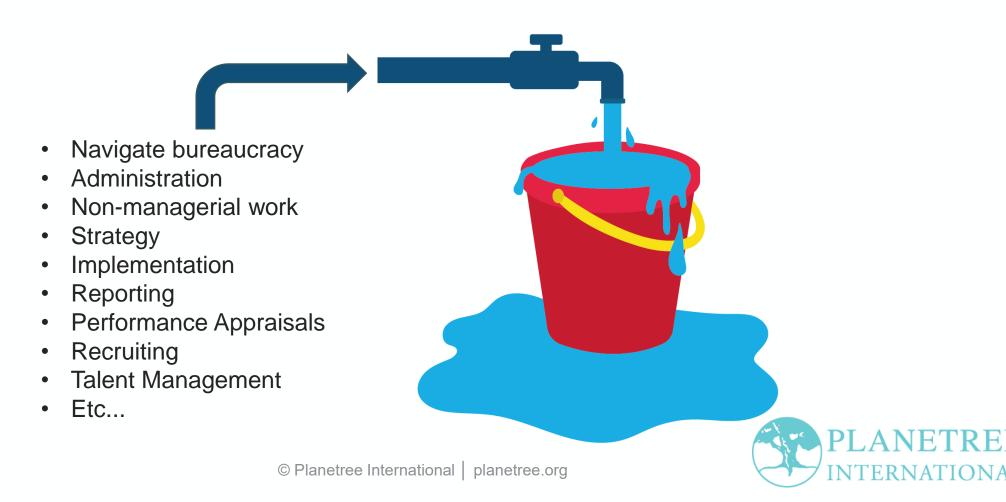






Catch Call Expectations

We may be unintentionally hampering middle managers' ability to perform their roles to the best of their abilities and to organizational expectations



The Connected Leader

4 Types of Connecting Leaders and Practices

Connecting Leader	Practice	Main Risk	Mitigator
Janus	Empathizing with both sides	Burnout and emotional labor	Coaching and psychological support
Broker	Negotiating with both sides to bring them together	Senior colleagues' lack of availability	Embracing a culture of transparency and humility
Conduit	Speaking up for others	Exposing oneself personally to the top	Fostering a culture of psychological safety
Tightrope Walker	Critical thinking and appraising both sides of dilemmas	Cognitive overload, confusion, and being slow to action	Encouraging safe critical-thinking spaces for peer discussions



Setting Up For Success

20%

Surveyed managers strongly agree that their organizations help them be successful people managers

42%

Surveyed managers either disagree or are unsure that their organizations set them up to be successful people managers



The Mismatch of Value Areas

Areas in which managers say they deliver the most value, % of respondents



Areas that managers say their organizations value most, % of respondents¹





Talent Management – A Disconnect?



Employee Satisfaction

Tasks not related to talent management



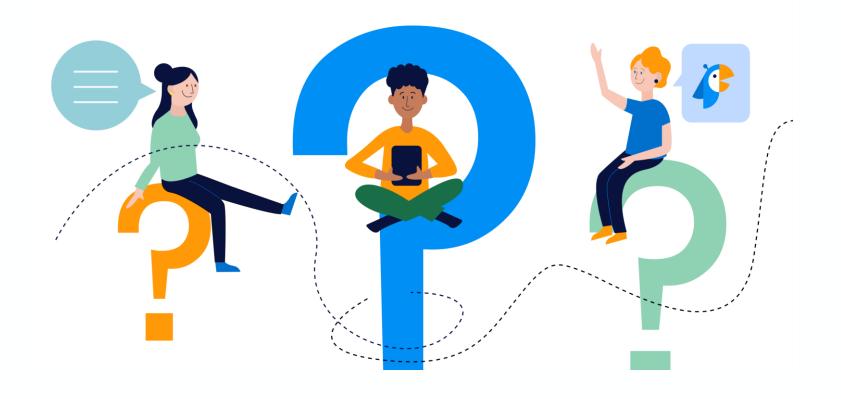
Relationships Build Trust

Combinations of the three elements of trust



When relationships considered, the trust percentiles tend to be highest



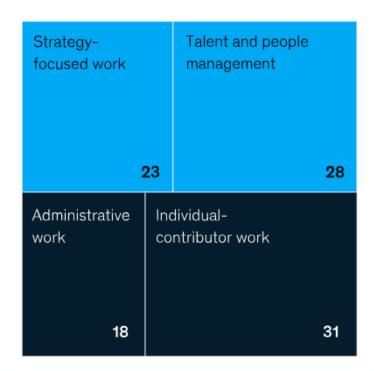


At your organization, where do you think middle managers spend most of their time on average?

Unstick from the menial

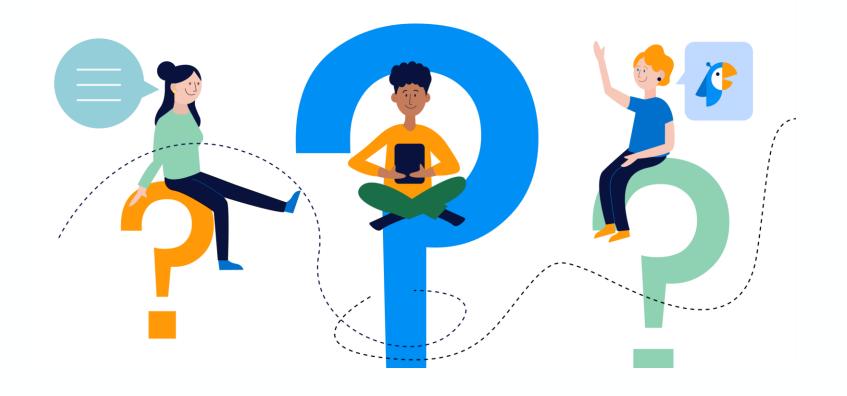
Surveyed middle managers spend nearly half of their working time on nonmanagerial work.

Average share of working time spent in each area, % of respondents



■ Nonmanagerial work





What do you think is the greatest contributing factor to middle managers having a negative experience in their roles?

Source of negative experiences

Organizational bureaucracy 44 Underperforming employee(s) Senior leader(s) with a negative impact on team Departures of valuable employee(s) when organization did not offer what they believed they needed Employee(s) with attitudes that negatively affect team Unsustainable work demands (eg, workload, hours) Unnecessary directive(s) from senior leaders (eg, requests for unnecessary reporting) Insufficient autonomy (eg, decision-making authority) Disagreement with directive(s) from senior leaders Unreasonable directive(s) from senior leaders Personal-life demands that compete with work No circumstances have had a negative effect 2023 McKinsey Review, "Stop wasting your most precious resource: middle managers"

% of respondents indicating circumstances with greatest negative impact



What they need











Value & Empowerment

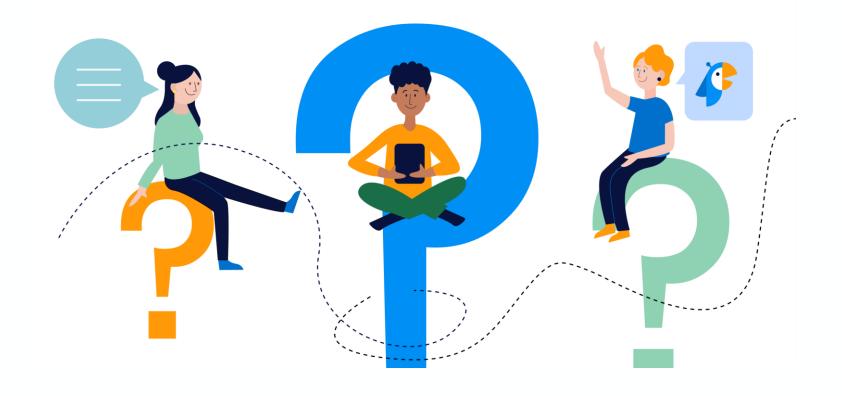
Context & Background

Expectations & Guidance

Support

Resources

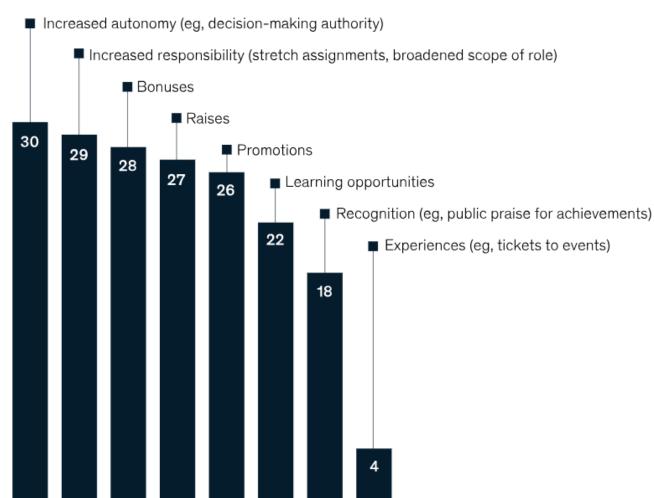


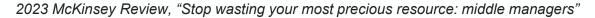


What do you think matters most to middle managers?

Preferred rewards

Ways in which managers would most prefer to be rewarded for their work,¹ % of respondents







Self Determination Theory

Doing something for the purpose of obtaining an external goal

Extrinsic Motivation

Promotions Rewards Recognition



Doing something because it is satisfying and interesting to do

Intrinsic Motivation



Autonomy Competency Relatedness

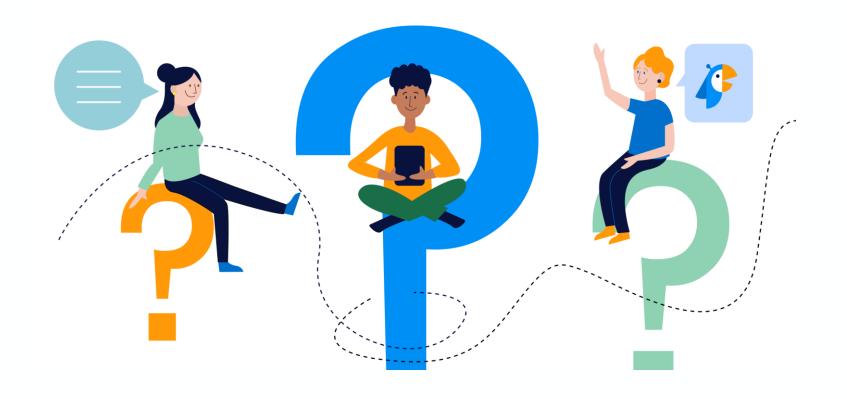




Solutions Toolkit

Your Middle Manager Toolkit

Objective	Toolkit
Focus on 'value-add' work	 Work reallocation Protected time
Remove frustrations	 Remove organizational hurdles Resource redirection
Understand motivation	Personalized incentivesStay Interviews
Build connection / relatedness	Affinity Groups / learning circlesStaff Council
Provide support	 Mentorship / coaching Emotional support & wellbeing Active listening Visible leadership / rounding / 'going to gemba'
Build competence	 Corporate lattice pathway Succession planning & onboarding Constrained improvisation / supported risk taking
Create autonomy	 Co-design / engagement / ownership Subsidiarity Non-hierarchal decision making



In the chat...
What 'tools' are you currently using?
Which ones are most challenging?

From Good to Great - Get a Coach

How do professionals get better at what they do?

Watch from 3:34





Traditional pedagogical view vs ongoing coaching



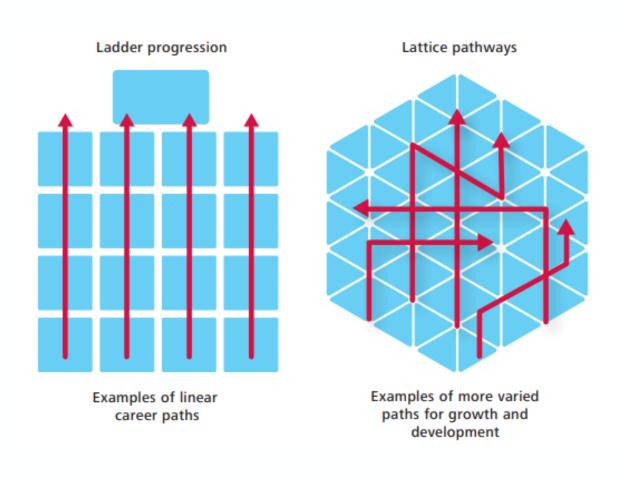
Reconnect To Purpose

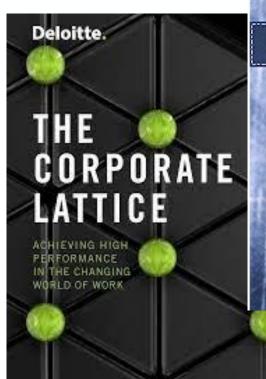


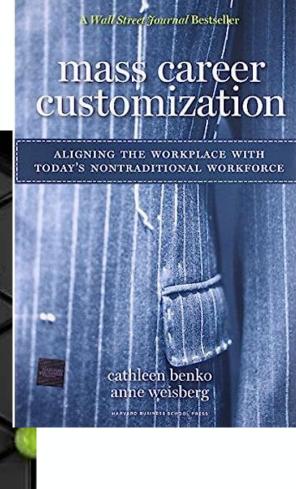
- Why am I doing this?
- Do I have the same reason / desire to be in healthcare?
- How do I reconnect to that purpose and advance it?
- Help new healthcare staff, especially those who joined mid pandemic, integrate and understand how to operate in a non-crisis state



The Pathway To Middle Manager







2011, Issue 8 The Deloitte Review, "The Corporate Lattice: A strategic response to the changing world of work"



Case Study

The Context

Our Challenge

How do we control workforce costs?

How do we reduce overtime charges?

Operational Situation

Manual rostering and time sheets

Retrospective information

Complicated and varied EBAs

Limited linkage between acuity, patient forecasting, and workforce planning



The Solution (or so we thought)

Make it electronic, a system will solve all our problems!



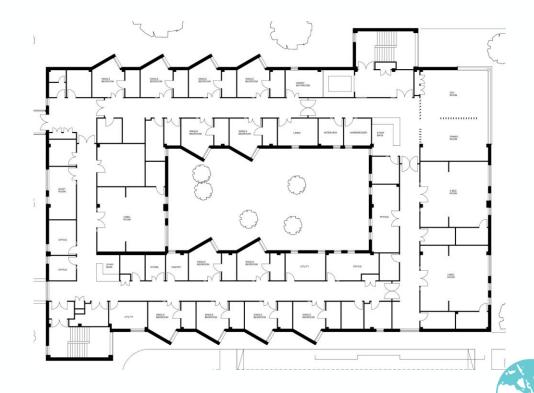


The Business Case

How much time does a nurse actually spend with the patient? How much time is wasted on non-value add activities?



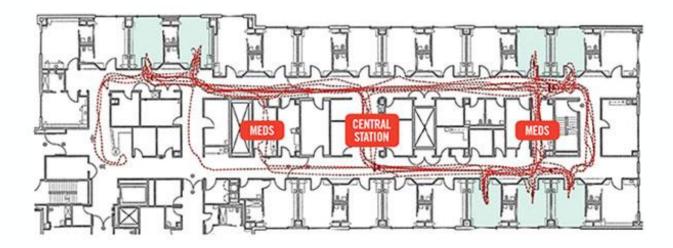




The Current State

Collecting data from multiple sources

- Beacon location and activity tracking
- Nurse and patient focus groups
- Patient surveys



What was time spent on?

- Available Time = 12 hour shift minus 1 hour cumulative breaks = 11 working hours
- Valued Added Time = 4.5 hours or 41% > direct patient care and engagement
- Non Value Added Time = 6.5 hours
 - Finding things equipment, files, consumables
 - Completing administrative paperwork rosters, policies, etc.
 - Walking back and forth nurses station, store room
 - Locating doctors and other people in hospital
 - Looking for documents, forms, policies, etc.



The Solution (co-designed)

Subsidiarity & Participation

- Nurse led solution workshops
- Visible support and freedom from leadership







Ideas generated

- Create mini-nurse stations with frequently used consumables and reference documents located close to assigned patients
- Clear out and reorganise store room
- Mark floor for placement of equipment and eventually implement Wi-Fi tracking
- Redesign workforce mix to match skills to tasks more support staff



The Results

3 months later...

- Available Time = 11 working hours
- Valued Added Time = 8 hours or 73% towards direct patient care and engagement
- Non Value Added Time = 3 hours
 - Reduced amount of movement
 - Reduce time finding things
 - Still difficult to chase VMOs
 - Longer lead time to redesign workforce
- Staff satisfaction increased
- Patient satisfaction increased

1 year later...

- Improvements sustained
- Workforce more engaged in further developing improvements





Connections between patient satisfaction, staff engagement, and quality

Employee engagement describes the level of emotional connection an employee feels for their organization, which influences them to exert greater discretionary effort to their work.*

Effects of Higher Employee Engagement Levels on Employees	Effects of Higher Employee Engagement & Satisfaction on Patients	Effects of Higher Employee Engagement/Satisfaction on Financial Performance	
 Improves employee productivity Improves relationships with management Reduces job stress Increases employee satisfaction Increases retention & turnover 	 Improved care quality Increased patient satisfaction Increased patient loyalty 	 Lower employee recruitment/retention and training costs Higher patient loyalty to organization Possibly lower costs related to the delivery of patient care (because of shorter patient stays) 	

^{*}J. Peletier and J. Dahl, et al. Academia 2009 The Relationship Between Employee Satisfaction and Hospital Patient Experiences

Questions & Discussion







Thank You

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