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Intervention and counseling

AN IDM DEVELOPMENT STUDY

INTERVENTION & CONSULTING

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Introduction:

Although Management consulting has been in practice for a long time in Africa, there is still lack of management consulting skills among faculty members of Management training institutes. Where the capability is available, there is under utilization of such consultants by Industries, government departments, non-government organizations, private and parastatal organizations for various reasons. As a result, African Management consultants tend to work for foreign consulting firms which seem to be utilized by our governments, private and parastatal organizations much more. Some of the reasons for failure to use African consultants are:-

(i) African governments and Industries in general prefer foreign consultants to their own fellow men.

(ii) Lack of confidence in African consultants by their fellow men and perhaps the saying that 'one can never be a prophet in one's own country', holds true here.

(iii) Lack of appreciation of consulting services by organizations both public, private and parastatal including non governmental organizations by our people in Africa. More problems will be referred to later in the script.

The fore going introductory statements therefore reveal the great need for African Management Institutions in particular to develop consulting capabilities in all their faculty members. The writer however has no doubt that the module on Intervention and consulting will cover the various aspects of consulting. This paper is an attempt to high light some of the problems encountered in consulting by African consultants both male and female. The paper will also present case studies to show the successes and failures of african intervention and consulting, and suggest ways and means of reinforcing the behaviours that lead to success and eliminate those that lead to failures.

There are perhaps as many definitions of management consulting as there are management consultants, hence the writer would define management consulting as understood by her. One definition that appeals to the writer is that by Association of Consulting management Engineers, incorporated; New York, which states:-

"Management consulting is the professional service performed by specially trained and experienced persons in helping managers identify and solve managerial and operating problems of the various institutions of our society; recommending practical solutions to these problems; and helping to implement them when necessary. This professional service focuses on improving the managerial, operating, and economic performance of these insitutions".

Another definition which is similar to that of association of consulting management Engineers is that by Greiner and Metzger (1983) which reads,

"Management consulting is an advisory service contracted for and provided to organizations by specially trained and qualified persons who assist, in an objective and independent manner, the client organization to identify management problems, analyze such problems, recommend solutions to these problems, and help, when requested, in the implimentation of solutions"

Having defined management consulting, perhaps before deliving into case studies one could briefly outline the phases of management consulting and common methods of intervention. The first phase in management consulting is usually that of first contact by client and the prospective consultant. The organization may realize that they have a problem which they would like to solve but may prefer to have the problem verified by an external agent who they think will be objective and has the knowledge and experience in solving management problem e.g. there may be a very low morale in the organization. The client organization may know of some management consulting firms which have good reputation and may therefore approach one of the organizations.

The consultant of the preferred firm will then be written to so as to come and have the initial contact with the organization, during which he/she will be briefed on the organizations perceived problems. If the consultant feels his firm may offer the organization some help, further discussions ensue.

The second phase then starts when a contract is entered into and a relationship between the consultant and the client organization begins.

Included in the contract will be the following :

(a) Terms of reference
(b) Length of time for the consultancy
(c) Fees to be paid, etc.

The third phase will then be that of problem indentification by the consultant. The fourth phase is that of planning, where the consultant sets objectives of what he/she will be doing and with whom and how.

Following the planning phase is implementation of the plans made, where the consultant actually carries out the consultancy i.e. finding out what the actual problems are, giving recommendations regarding solutions and soon. The final phase is that of contract completion which should have some continuity and support component with the organization. The continued relationship between the client organization and the consultant firm will depend on the success of the consultancy. It is however essential that continued relationship results so that consultants of the organization are not under-employed.

There are various methods of selling services by consulting firms or organisations. The commonest one being that of client approaching a counsulting firm to help it solve its problems. However consulting firms usually advertize their services and also have personal contact with prospective client organisations. Depending on the nature of the problems to be identified and solved methods such as study with recommendations, skills development, tailor-made training and others may be used. However since types of interventions will be fully covered during the seminar, the writer will not go further in describing the various methods. The case studies presented will however indicate which methods were used.

Problems Encountered by African Consulting/Management Training Institutes in Consulting in Africa:

The writer will however confine herself to Southern Africa and specially to countries served by the Institute i.e. Botswana, Lesotho and Swaziland. Although the management training institutes in these countries mainly run, management courses in various disciplines, they also do management consulting. The institutes also face the major problems encountered by private local management consulting firms, viz,

(i) Competition from foreign firms which unfortunately are favoured more by our African organizations including government departments.

(ii) African organizations still do not fully utilize management consultants to help them run their organizations effectively. The result is under utilization of management consultants in these countries.

(iii) Those organizations which however value management consultants, services, have doubts about their own fellowmen capabilities and therefore do not use local consultants unless they are employed by foreign firms.

(iv) Because of competition among management consulting firms, there is no professional exchange of information which would make management consulting services more effective as such firms would avoid mistakes made by others.

(v) Lack of resources, both human and financial. The local firms do not have specialized consultants and yet many organization do not need general consultants. The foregoing list is not exhaustive of the problems encountered by management consultants but does give a good idea of what the African Management Consulting firms are going through.

Gender Issues in Consulting

There are fairly few consulting firms in the three countries and most of them have more male consultants than females, in fact femaies are mainly found in the training institutions where they are also a minority. The same problem faced by women in all organizations as far as leadership is concerned, is also prevalent in consulting organisations, and perhaps even worse as generally local consultants are not readily accepted by our client organizations. One finds that the few consultancies done in the firms and training Institutions are usually given to male consultants. When client organizations call on institutions for consultancy services they automatically expect to meet a man and when a woman consultant appears one can actually see the doubt in the faces of the prospective clients. Sometimes clients even withdraw their request for services and try other firms where they will have a male consultant. Of course the client organizations are subtle about this and do give an excuse or merely say we will call again and then go for good. The reason is of course that females are not regarded as leaders in the african cultures and client organizations do not believe that if they have male leaders and do have problems, which they do not have solutions for, how then can a woman have effective solutions for their organizations.

The consulting firms and training institutions also perpetuate this mentality by usually preferring to hire more male consultants than females, and where there are female consultants, they are given second preference over their male counterparts in doing consultancies, unless the females are the only ones with the type of qualifications required for the consultancy.

The female consultants too do contribute to this non-acceptance by client organizations in that they also tend to lie low and do not accept the challenges when offered opportunities. Some of them actually refuse to do consultancies because they feel men would be better at it than women. Doing consultancies sometimes means having to go away from one's family for sometime, and some female consultants turn down consultancy offers because they have to be away from their families, or sometimes it is their husbands who do not allow them to go away from home. The few females who do take up consultancy work are usually either single, widowed, or divorced, and are usually the bread winners in their homes.

What lessons are to be learnt from the statements made regarding women and local consultants in general? There are many.

(i) African governments and other client organizations, must change their attitudes towards local consultants and must accept their credibility.

(ii) Those consulting firms with female consultants must regard the female consultants as equally competent as their male counterparts and should give them equal opportunities in undertaking consultancies.

(iv) Female consultants must shed the inferiority complexes they have and be aggrassive in doing their work, and their families must also give them time to go out and do consultancies like their male counterparts.

(v) Finally but not least management training institutes and local consulting firms must employ more women consultants.

Two (2) case studies are attached to this Paper.

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HEALING ARTS HOSPITAL

Background Information

Healing arts Hospital,situated in the mountains on the South East of Fictitia, is a mission hospital founded twenty years ago. The hospital has a capacity of thirty nine beds. There are thirty-five people working there who include one Medical Doctor, four registered nurses, six trained nurse assistants and four untrained nurse aids, and twenty-four ancillary workers.

Management Structure

For ninenteen years the hospital was managed by a white missinary doctor, his wife who worked as a clerk and a white matron. The trio ran the hospital completely without preparing any of local staff for leadership positions in the future. After ninenteen years both Matron and the Doctor retired and a young white missionary doctor took over the management of the hospital. His wife is a registered nurse who works part time in the hsopital. The new doctor only worked for three months with the old missionary doctor after which he was left alone.

Hospital Departments

The hospital has five wards viz (i) combined male medical - surgical ward.

(ii) Paediatrict Ward

(iii) Combined femalemedical - surgical ward

(iv) Isolation Ward and (v) Maternity Ward.

Support Departments

Pharmacy
Laboratory
Primary Health Care Unit including a Nutrition unit.
Kitchen Laundry and maintenance

The new medical doctor ran the hsopital for six months and realized that there were many problems mainly management ones as the staff had always been so dependenton the matron and the doctor that they could not do anything unless they were asked to. The doctor then approached our institute as a management training without knowing exactly what aspect of management his staff needed.

So arranagements were made to go the hospital and do a training needs analysis.

Methods used to do the training Needs Analysis

(i) Interview

This was the main method used and it was unstructured type of questions asked. The investigator interviewed various cadres in the hospital e.g. nurses, both trained and untrained, kitchen staff, laundry, maintenance etc. Questions focused on their responsibilities at work, who they reported to,and generally how they found their work in their various departments.

(ii) Observations

The investigator also observed the employees at work especially the nurses whom the doctor had singled out as having very poor work performance. The investigator read their reports, looked at the charts and watched them do some nursing procedures e.g. performing deliveries, giving medications etc.

Results of the Study

The results revealed that not all the problems could be remedied by training.

Nursing Staff

There was a clear indication that the major problem for this cadre was lack of leadership. The former Matron had never given any of the local nurses a chance to act as a leader nor did she have an assistant for all the ninenteen years. She was the sole leader and made the staff to be too dependent on her for their work. The staff had to be told what to do and how to do it all the time. As a result there was a very high staff turnover among registered nurses who apparently felt they were not given a chance to be creative. Of the four registered nurses, the longest serving one had been there for a year, the shortest serving one being two weeks. One of them was actually leaving the hospital in a week's time.

The problem had been exacerbated by failure to appoint a new matron after the missionary one had left. Apparently the former matron had requested the new doctor to take one of the oldest serving nurse assistant to act as Matron for sometime and if she proved good to appoint her as Matron. The nurse assistant was rejected by other nursing staff especially the registered nurses who felt she had not had enough training to be able to lead other nurses. The nurse too felt the position was not suitable for her and had no clue as to how to supervise other nurses, as she had never worked as a supervisor before. She therefore expected the doctor to act as Matron and assign nurses to wards and allocate tasks to them.

The result was that nursing duties were poorly done, reports not completed,and generally the level of nursing went down as shown by the deteriorating conditions of patients in the hospital . Secondly there were no job descriptions for all cadres of nurses. There were no nurses assigned as supervisors of wards nor as working in various wards for specified periods. Every morning after prayers the doctor had to allocate nurses to the different wards and none of them made supervisor of others. So all reported to the doctor. If any of the nurses tried to rectify the other on what was seen to have been done poorly, there

was resentment as nobody had been put in a supervisory position. So in general nursing standard, had gone very low and the doctor did not know how to solve the problems hence he thought training in management would help.

Ancillary Staff

Unlike the nursing staff, ancillary staff were better organized since they tended to follow what the former matron used to ask them to do even though nobody was made a supervisor. The kitchen staff followed the old meal time and menu and reported to the doctor when supplies finished. The Laundary and maintenance departments also followed the old schedules made by the former Matron.

Records department had problems as there was a new person who had no training in records management and was being taught by the doctor to complete the discharged patients records and also do pay sheets, etc. The impression the investigator got was that the new employee's level of understanding and ability were too low for the job hence she was not catching things fast enough. The doctor ended up overworked as he had to do overall administration, clinical work and keeping records which he did at night if he was not called at night at the hospital. He was on call every night and was literally called at least three times every night and still had to work during the day.

Recommendations

The study reveled generally tha the hospital was managed by one person and consequently the management was poor as he could not be everywhere all the time. The investigator therefore recommended decentralization of power and some specific inservice training for the nurses. The recommendation were as follows:-

1. That a matron who should be an double qualified nurse with management, training/experience be employed immediately.

2. That in the interim period, one of the registered nurses be appointed as acting matron and all the staff notified.

3. That the incumbent allocate nurses to specific wards over a period not exceeding a month and appoint one trained nurse or trained nurse assistant to be a supervisor in each ward.

4. That all ancillary department have one person appointed as supervisor and the staff notified.

5. That a second medical doctor be recruited to help the present doctor.

6. That the doctor take at least one day off a week until there is a second doctor, when the doctors can have at least 2 days off a week.

7. That a record clerk be recruited.

8. That a health care administrator/administrative assistant

be recruited to help the doctor in the running of the non-medical and non-nursing activities.

Specific Training Needs for Nurses

A special one week training session for the trained nurses was recommended on the following areas:-

(i) Introduction to management with emphasis on supervision
(ii) Nursing report writing
(iii) Writing up of Nursing Care plans
(iv) Legal aspects of Nursing
(v) Specific topics on personnel Management such as:-

(a) Management of conflict
(b) Introducing and Managing change

Conclusion

The recommendations made after study at Healing Arts Hospital were presented verbally and a written report to the medical Superintendent of the hospital for forwarding to the Board of Directors for the Hospital. The training that was developed was actually given to the nursing staff. Seven months later the investigator did an informal evaluation through talking to the superintendent. The investigator was pleased to learn that the recommendations were accepted by the board and in fact the second doctor was due to arrive some two months back. More importantly the investigator was thrilled to learn of the improvements in nursing management after the training was done and some of the interim measures recommended implemented. Already two of the registered nurses havebeen presented for further training in Management for next year. And last but not lease the Medical Superintendent looked and felt better.

CASE NO. 2

Utilization of Health Care Administrators in Health Care facilities in three African Development Countries.

Health Care Administrators, (middle level) are a new cadre in health care settings. The objective of introducing the cadre in the three countries was to relieve doctors in administration and nurse administrators of the non-medical and non nursing duties, so that they can supervise medical and nursing personnel more effectively and thus improve health care.

The three governments then approached the management training institute where the cadre is trained to do a study/survey to find out if there were positive changes in health care where trained health care administrators are employed. The Institute then hired the services of an external consultant to do the task. This was a way of ensuring objectivity. The study was done over a six months period.

The tools used were as follows:-

a) Questionnaire
b) Task Analysis
c) Work Sampling - Observation
d) Diary

All these contained questions and information related to management tasks performed by medical superintendent (Medical Administrator) nurse administrator/Matron and health care administrator/executive officer/administrative assistant.

The four instrument were used to verify what the subjects said they did, and were observed to do. So the questionnaire form and task analysis form were filled by the subjects in the presence of the investigator, while the diary was left behind to be filled on daily basis for a period of a week. The work sampling forms were filled by the investigator over a work shift (8 hours) through observing the subject and recording what they were doing, and where they were doing it every two minutes.

Results of the Study

The number of subjects in all were one hundred and fifty (150) seventy of whom had been trained at the Institute in either health care administration or nursing administration. The sample used was good in that it had an experimental group (trained personnel) and a control group, (untrained group). They however were doing the same jobs i.e. either working as matrons or health care administrators.

The study showed that where there were trained health care administrators and trained Matrons, the health care given was of a better quality than where there were no trained administrators, both nurse and health care administrators. The study revealed that where the two administrators were trained, the Matron and the Medical Suprentendent relinquished non medical and non-nursing activities such as Management of Supplies (food and other equipment), vehicle control and maintenance, personnel work e.g. processing of leave, salaries etc, which tasks used to be done by the medical superintendent and nurse administrator.

On the other hand where the Matron and health Care Administrator were not trained in Management there was resistance to let the health care administrator do those tasks. The result was nurse managers did very little of nursing care and the Medical Superintendent did half of clinical work he had to do, as they spent lots and lots of time in the offices, doing personnel work or out in the health facility premises taking care of vehicles and giving out food rations for the day,to kitchen staff and others.

Recommendations of the Study

Although in general the study showed that patient care improved where there were trained personnel, there were a few differences in the three countries. For example one of the countries after training health care administrators did not place them in institutions where health care was given. The health care administrators in this case were demoralized and were very unproductive. So the recommendations made specifically addressed the use of the health care administrators in each country.

In the countries where the subjects were misplaced and under-employed, the recommendation was that:

a) That the trained personnel especially health care administrators the employed in health care settings and given the responsibility they deserved.

b) That a career structure for them be developed and suggestions were given as to how the career structure could look like.

Generally where the health care administrators were well utilized, the recommendation was that all health care settings should have a trained health care administrators. A proper career structure for those already working was highly recommended and suggestions of the structure made.

That ideally all Nurse Managers and Medical Superintendents should be trained in management. Many of the Nurse Administrators got the positions without prior preparation for the post, and the same applied to the doctors. And indeed 50% of the Medical Superintendents had stated that they would prefer to train in management first before doing managerial work, as all of them had not been recruited for management work but were then expected to be managers and clinicians at the same time.

Most of the Medical Superintendents studied expressed their lack of interest in the Management work and preferred clinical work where they felt competent.

Evaluation of the Study

The study was not formaly evaluated but the Training Institute as an interested party found out whether the recommendations for the study were implemented. And the writer is pleased to state that yes, the recommendations were implemented. The country that was least utilizing the health care administrator is now utilizing them and since the study was done, five years ago, that country has trained about twenty-five (25) more health care administrators and they developed a career structure for them, which is also implemented.

The third country which had a few but highly trained, health care administrators, at degree level who were then all working in the Ministry, has trained about ten more health care administrators at middle level and are posted in various health care settings such as hospitals and clinics. Some of the health care administrators who were trained at the Institute have now had further training abroad up to degree levels. More nurse managers too have been trained and more than half the health care facilities have matrons who are trained in Management. Unfortunately only the Medical Superintendents are still untrained in Management and most of them being expatriates keep changing. However a few of the local doctors have had post-graduate training which has management component and hopefully when they become superintendents they will have been prepared for the positions.

The writer feels that this intervention has been successful and one may attribute its success to the continued client organization and consultant organization relationship. The Institute in a number of cases has offered sponsorships through donor agencies to about a third of the participants trained in the last five (5) years. And again the success of the consultancy was due to continued commitment of the client organizations to give effective patient care services and since this study had shown that where trained personnel were working, indeed the quality of patient care had improved.