

Diagnosing the System

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Describing the challenge

I work for a non-profit in the Lansing area. More specifically, I work with youth in a residential home at a family therapist. The home where the youth reside (and where I work) is separate from the building where the administration (i.e. directors of the different programs) has their offices housed. The youth home is in a different part of the city because the home was donated to the agency from a private person. As well, the agency wanted the youth home to be in a location where youth would feel comfortable and where they would likely be able to assist more youth (i.e. if the home is in a place where most of the clientele resides then we are more likely to be able to help them as they are more likely to be aware of the resource). The administration has always been separate from the staff that works directly with the youth and their families. However, there are certain staff members (i.e. clinical staff) that work with the administration and have weekly meetings as a group. These meetings take place at the administrative office. In addition to this meeting, there is a staff meeting that takes place weekly and is done at the youth home. The administrative staff only attends the staff meetings when they are discussing something technical (i.e. change in wages, benefits, etc.) but staff meetings are generally attended by the clinical staff and direct care staff (i.e. those who work with and manage the youth in the home daily).

It is understandable that the administrative staff are housed in a separate building due to the limited amount of space that the house where the youth reside provides. However, due to the minimal interaction that the administrative staff have with the youth,

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the weekly meetings would be a good opportunity for them to connect with the youth. As well, most of the staff who are sitting in the administrative staff (i.e. the clinical staff) meeting are housed in the youth home so having the meetings at the youth home would be more functional for the staff who work in the youth home rather than those who work in the administrative office. In addition, maybe one of the administrative directors, more specifically the clinical director or the residential director could work in the youth home rather than the administrative office as this will allow for a connection between the administration, youth and direct care staff.

The challenge that I have seen with the agency is the disconnection between the administrative staff and the direct care staff. Because many of the direct care staff members are not invited to the weekly administrative staff meetings, they are only made abreast of things that are going on as it relates to the agency when the clinical staff inform them of these things during the weekly staff meetings.

Describe the Leader

The leader or the director of the entire agency is a male lawyer. Most of the staff that work in the agency, both direct care and administrative, are female. As well, most of the youth who reside in the home and participate in the program are female. The director is good at making decisions and being decisive. Though people may not always agree with the decisions that he makes, he does make them and will not waver regarding the final decision. The director could be better at interacting with others. He tends to rely on the other program directors rather than talking to the entire team (including all the support staff, direct care workers, etc.). While this helps him to make informed decisions, his decisions are not completely informed because he is not conversing with the staff who

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work directly with the youth. This is an important adjustment for him to make because the direct care workers and the youth are the ones who are directly affected by the decisions that he makes.

As well, though the director is good at making decisions sometimes that is all it appears that he is focusing on, the decision. I think there are times where he tends to overlook the details that help make the decision (i.e. how the decision will influence the youth, how the decision will alter the role of the staff that work directly with the youth, etc.). I think the leader sees himself as a person who is able to quickly make decisions so action can take place. However, as I previously mentioned he will take into account the opinion of the other administrative staff (i.e. program directors) but he tends to overlook checking in to see how other staff think regarding the decision that needs to be made. How the leader may see himself is similar to how others view him but the aforementioned component of making a globally informed decision by involving the entire staff tends to be an oversight of his.

This profile of the agency leader interacts with the challenge in a manner in which the leader perpetuates the disconnection between administration and direct care staff. Because the director of the agency is not interacting often with staff other than directors, it demonstrates the division between administration and staff.

Describe the Organizational Context and Environment

The agency's structural arrangement looks like the following in terms of the staffing: administration including the agency director and program directors, clinical staff including clinicians and case planners and direct care staff including those who work directly with the youth. There are two weekly staff meetings: one for administrative staff

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that includes the clinical staff and one for staff including the direct care and clinical staff. Neither of the staff meetings offers the opportunity for creative thoughts as they are structured by agendas developed by the administrative staff. However, the general staff meeting is an opportunity to discuss the programming plans for each youth and activities for the entire youth home. There is really no opportunity to discuss mistakes made on the behalf of a staff member. Instead, when a staff member has done something wrong a decision is put into place of how the entire staff should proceed and the staff member who made the error is only talked to privately if the mistake was egregious. This type of structural arrangement reinforces the problem that we are having regarding the division between staff and administration.

The cultural norms of the agency demonstrate the disunion of the staff from the moment people sign on to become a member of staff at the agency. When a new staff member signs on they complete all their paperwork at the administrative office and then based on whether they are considered an administrative staff member or a direct care staff member, they are assigned to a staff member within one of those groups to help show them the agency, introduce them to other staff and train them. This means that people who are direct care staff never really meet or work with the administrative staff (with the caveat of the clinical staff who have the opportunity of partaking in the weekly administrative meetings). This first day of being a new employee with the agency sets the precedent of what can be expected regarding the two different groups within the agency.

Since there is a clear line drawn in the sand between the administrative and direct care staff, the leaders of the agency may react with resistance if change were proposed. This

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would be so because this has simply been the way that the agency has always done things. The administrative staff is separate from the direct care staff and receives their information regarding the ongoings of the youth home via the clinical staff. While the clinical staff is considered a form of direct care staff workers, they have a finite amount of time that they can and do work with the youth and families (i.e. due to schedules, number of clients, etc.). Whereas the direct care staff work with the youth for hours at a time (i.e. during their entire 8-12 hour shift) so often they tend to be more informed on their behavior and the issues/concerns that are taking place in the home. Because this group shares their insight with the clinical staff, the clinical staff can then have a skewed view of the youth based on their shared and limited experiences with them.

Analyzing and Describing Defaults

The challenge of having administrative staff and direct staff separate is that there tends to be a lot of “speaking the unspeakable” occurring when administrative staff are present at general staff meetings. Since many of the direct care staff are unfamiliar with the administrative staff when they meet them for the first time or see them every few months, they have a negative affect towards them. Thus, leading them to play out the archetype number three: speaking the unspeakable. The direct care staff tend to be reserved in sharing their opinions when the administrative staff are present and this is likely in part because there was never any rapport, relationship or trust built amongst the two groups. So the direct care staff tend to be very aware of this issue of a disconnection between the two groups but the administrative staff appear to be unaware of this matter. So I think this demonstrates a larger issue of the administration not seeing the purpose or need of their being a relationship between the two groups. This furthers the issue because the direct

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care staff appear to feel powerless in developing any changes. It is perceived by both groups that the administrative staff have the final say in making any changes though most of the changes that occur directly impact the direct care staff's workplace, schedules or programs.

This leads the direct care staff with the aforementioned archetype of feeling voiceless during meetings and on issues that tend to influence them. The staff tend to be quiet and do not share opinions publicly but once probed by other staff members (i.e. fellow direct care staff or clinical staff) then the direct care staff will discuss their feelings and opinions on the matters. This interaction or lack of interaction with the leaders of the agency further demonstrate that the leaders have a shortage of motivation, proper modeling and consideration as it pertains to their staff. The direct care staff tend to describe the leaders, more specifically the agency director, has a staunch decision maker who can be inflexible and inconsiderate when it comes to thinking about how decisions will impact the staff and the youth who reside in the home. Staff tend to see him more as a manager who wants to check all of the boxes that are needed to meet federal funding guidelines but who overlooks the importance of nurturing staff who in turn nurture the youth.

I think this disengagement on behalf of the administration and on behalf of the direct care staff is furthering the schism between the two parties. The administration appears to not see any issues with the groups being separate and believe the relationship with the clinical staff is sufficient in touching base with the direct care staff. The direct care staff believe that they are powerless and as a result of that do not think that their voice matters when it comes to weighing in on things that influence them or the overall

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agency. So I believe that since both parties are resistant in different ways neither party is helping to move the agency in the direction needed to help it run effectively and efficiently.

Developing an Alternative Interpretation

I think one alternative interpretation of the challenge could be that the administrative staff and the direct care staff are working separately in a manner to focus on their given tasks. With the administrative staff being housed in another building it allows them to focus on writing grants and rally private investors to help to continue to fund the agency. As well, having a separate office allows the administrative staff to focus on addressing the issues that are occurring behind the scenes that ultimately influence the direct care staff but can be managed by the administrative staff (e.g. hiring of new staff). So by keeping things separate, there is a sort of order that is maintained as well.

The technical element of this re-interpreted challenge is that the administrative staff and direct care staff will remain in separate buildings, have separate staff meetings and rarely interact with one another. Whereas the adaptive element would be that the agency would be able to function better as a unit through the separate but equal subcultures (i.e. administrative versus direct care) that help keep the agency effectively running.

In order to act out this challenge of maintaining the separate but equal groups, a direct care staff member should be allowed to sit in on the administrative staff meetings in order to provide a voice for that group. As mentioned, clinical staff are a part of direct care staff but due to their longstanding relationship with the administration and weekly meetings with them, many of the one-to-one direct care workers do not see them as a part

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of their group. So by allowing the direct care workers to have a liaison sit in the administrative meetings they may feel more connected to the other group. As well, they will be able to provide some insight into their roles when decisions are being made. This will allow the sources of authority to include both administrative staff members, direct care staff and clinical staff. As well, this will allow the direct care staff to view clinical staff in the meetings to learn of how they may or may not be advocates for the direct care staff as a whole. Thus, demonstrating how this one change could influence an outcome of the direct care workers viewing their clinical colleagues in a more favorable light. In addition, it could help alter the authority scale by aiding the direct care workers in having some say in the decisions that are being made in the agency.

As previously mentioned, leadership would be a shared role between the administrative staff and direct care. By having a direct care staff member attend administrative meetings, the director is still the primary leader but now the direct care worker who is attending the administrative meetings is not taking on a leadership role. By having this interpretation, the forms of followership would be the direct care workers who are trusting their liaison to attend the administrative meetings and advocate on their behalf. This is a large role that the liaison would be taking on as they would be playing the role of both a leader and a follower (i.e. they are following the director but leading their group of direct care workers).

The culture within this interpretation would be under the guise of group norms as many companies follow this standard. The standard where there is a general staff meeting for most employees and another staff meeting for administrative or the leadership team. While this sort of cultural setup could cause dissonance between the two groups, it could

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also create order within an infrastructure. I think in this interpretation, if the administration could give the understanding that this organization is set up in this manner for a systemic reason than it would help others to not take their lack of attendance in the administrative meetings so personal.

Within this interpretation, the main discomfort may come from the addition of a new party in the administrative meeting. The liaison would be entering a new space and taking on a new role, as well the administrative staff would be bringing a new person with a different perspective of things into the meetings.

Overall, I believe that this issue could be addressed by looking at the challenge in either perspective. I think that the current structure of the agency could allow for either interpretation but I think the re-interpreted version of the challenge would allow for the least conflict but may take longer for the change to occur.