MODULE 2

HOW TO MANAGE YOUR HEALTH STAFF

MODULE 2: How to Manage Your Health Staff

As the factory's Manager for Health, you are central to improving the work of the health staff and promoting good practices.

You do not need to be a medical expert or doctor. You just need to **use good management techniques** with your nurses and health staff.

The guidance below addresses how to interact with and support the people who run your clinic and health activities.

This module support its companion tool, **Module 3: "How to Manage Your Health Clinic,"** which addresses the procedures and practices your health staff should use in the factory clinic.

There are main areas for managing your health staff:

1. **Supportive Supervision.** This is about helping your health staff succeed in their roles in the factory.

   You will find below **5 suggested practices** and **1 tool** for implementing supportive supervision.

2. **Responsibility & Accountability**. These are about ensuring the health staff know their responsibilities and the factory's expectations – and you assess their performance based on defined roles.

   You will find below **5 steps** for better accountability and **4 tools**.

3. **Proactivity & Problem Solving.** These are about creating a culture among your nurses and health staff that is active in promoting good health, rather than passive.

   You will find **3 suggested practices** and **1 tool** for increasing proactivity by your health staff.

You can adapt the suggestions and tools below to **any size health staff** – from a single nurse assistant to 10 or more doctors, nurses, and assistants.

1. SUPPORTIVE SUPERVISON

When you provide Supportive Supervision, you focus on helping each nurse individually and the health staff as a whole improve over time and do their work better.

You do want to hold each staff member accountable for their jobs. But Supportive Supervision means you help staff fix the things they are not doing well and work together to *continue* to improve all their tasks.

It is easy to be a police officer and point to what is wrong or who is at fault. That's *not* supportive supervision. Instead, your role is to help your health staff succeed. Your role includes:

- Acting as a **teacher or mentor**
- Giving staff the **tools, training, or resources** they need to do their jobs
- Building **team work** and open **communication**
- **Assessing performance** based on clear expectations and information (data) to monitor performance Encouraging new ideas, problem solving and skills-building

As a supportive manager, you should consider these **five good practices**:

- **Hold regular working meetings with the health staff.** *See Module 7: How to run effective working meetings*. It is best to

meet once **every week** or two, but no less than once a month.

These meetings help build the sense of teamwork, build skills, and reinforce expectations. *You cannot build teamwork if you see the health staff every two-three months.*

- **Make time to watch and listen.** You should visit the clinic and health stations *informally* at least every few days. Just stop by for 5 or 10 minutes. See how things are going; talk with the nurses about the day; and watch staff activities. Join the nurses sometimes for part of their "walkabouts" or educational sessions in the factory, if they do these.

  REMEMBER: You cannot listen to or read personal health information. But you can see whether nurses are filling in registries, filing records, being friendly to patients etc.

  The point of these visits is **not** to police your health staff. Rather, you want to get a sense of what is happening and to build communication. You may find you learn more from short informal visits and discussions, than in formal meetings.

- **Learn about your health staff.** You should find out what your nurses like to do – the experience, skills and interests they already have. You will likely discover hidden talents in your nurses. And then you can build on these talents– such as an ability to analyze data or interest in teaching or solving problems.

  You won't discover these talents and skills unless you spend time with them.

- **Build the skills of your health staff.** If you want your nurses to take on new responsibilities and improve, you need

help them gain the skills they need for success. If nurses are struggling with a task, you need to give them help.

You can do this in several, cost effective, ways:

- **Have health (non-health) staff train each other on areas of expertise**. A nurse who knows how to lead a participatory meeting on health topics can train the other health staff. An employee in the business department who knows how to use computers and data management programs can train the nurse on these skills.

- **Bring in an external expert to assess the skills** of your health staff and give them training on needed clinical, management or educational skills.

- **Give your health staff paid "training" time** to spend a few days at an external health clinic to learn new skills.

MANAGER CHECKLIST

See **Tool 4**, Sample Manager Checklist below.

The Checklist gives you a template for the kinds of areas and issues you should be overseeing.

It will help guide your observations during informal visits and questions during formal meetings with the health staff.

You should adjust the Checklist according the goals you set, the factory's health indicators and short- and long-term plans.

You should take advantage of trainings offered by NGOs or public health agencies that are either free or very low cost. Whenever nurses have received a training, they should be expected to train some of

their peers at the factory on what they have learned.

- **Celebrate successes and good work.** You should praise the health staff for their work. Use both formal and informal ways to recognize their successes – as individuals and as a group.

  You can recognize their good work through certificates, public announcements, nurse of the month notices, acknowledgments at various meetings by factory managers and workers – or other ideas. Continuous improve takes effort – it needs continuous encouragement.

2. RESPONSIBILITY AND ACCOUNTABILITY

You need to communicate the expectations and goals you have for your nurses and health staff. And you need hold everyone – management and health staff – accountable for meeting expectations.

You cannot hold anyone accountable for their work if the job responsibilities are not clearly defined. Nurses need to know what they are expected to do as much as production workers.

These **five steps** will enable you to define responsibilities and ensure accountability.

- **Create an Annual Health Plan**. See *Module 1: How to Plan.* The planning process will help you define the factory's health goals, identify key performance indicators, and determine the roles that your health staff needs to play.

- **Create Job Descriptions**. Each nurse and member of the health staff should have a job description. You should consider job descriptions as a communication tool. It also helps you provide supportive supervision.

Job descriptions should be detailed, but do not have to be long and complicated. Use **Tool 5** *(Sample Job Responsibilities)* and **Tool 6** *(Sample Job Descriptions)* as a template for creating your own. Many factories have one basic job description for all the nurses. That is okay if you have only one or two nurses, but not for a larger health staff.

> ### NURSE JOB DESCRIPTIONS
>
> What goes into a job description? You should include:
>
> - □ Relevant factory goals and indicators from your health planning, the Scorecard self-assessment, and other activities.
>
> - □ Basic clinical practices expected to be followed – such as hygiene, confidentiality, patient screening, and records management.
>
> - □ Specific areas of management responsibility, such as worker health education; medical records and medical supply management; and supervisory roles.
>
> - □ Personal development goals for new job skills and clinical knowledge.

If you have a **health staff of three or more** nurses, you should have **different job descriptions** for each. Parts of the job description will be similar. But you should tailor each description to the specific roles and skills of each nurse.

You should treat job descriptions as a living document. You need to **revise the job descriptions** each year with your health staff.

- **Create a formal organization chart for the health staff.** If you have more than two nurses, it is valuable to divide roles and

responsibilities – and assign these according to their skills, experience and interests. See **Tool 7** – *Sample Organizational Chart*.

You can create an organizational chart that will give a **visual representation** of the reporting hierarchy and responsibilities. An organization charts gives you several advantages:

-   **Public Awareness**. It lets everyone know in the clinic and in the factory the roles and responsibilities of each member of the health staff. It is common for no one to be responsible when everyone is assumed to be responsible.

-   **Clarity**. It puts in place the lines of authority you want as a manager. In some factories, the oldest or longest-serving nurse assumes the role and authority of Senior Nurse. But you might not want the oldest nurse in that role. You will want to assign responsibility based on skills and performance, not longevity.

-   **Best use of talent**. It enables you to think about which nurse is best qualified for the roles you need filled. For example, you may assign a nurse with advanced clinical skills as the Senior Nurse so that he or she can supervise the clinical activities of the other nurses. If you have a nurse with strong communication and leadership skills, you may assign that person responsibility for health promotion and outreach activities.

-   **Promotional incentives**. It gives junior nurses a path for promotion through the acquisition of new skills and performance.

Your goal – over time – is to put more and *more responsibility for ensuring good clinical practices and managing the health staff in the hands of the senior nurses*.

-   **Hold annual performance reviews.** You and your human resources staff should meet with each nurse at the end of the year and discuss the performance with each one. You should base this review on indicators from the annual plan and the job description.

    See **Tool 8** *(Sample Job Performance Questionnaire)* to guide your discussion with the nurses. You should see the discussion with the nurse as part of supportive supervision. If a nurse's performance is excellent, you should highlight the good work.

    But you will also discuss areas for further improvement, possible new responsibilities, and the nurse's goals for the year.

    If a nurse's performance is not good, *your goal is to understand what factors led to poor performance and what the nurse needs in order to do better.* And the new job description will define further her improvement goals.

-   **Reward excellent performance**. You should reward good performance rather than punish bad performance. There are three ways to reward the nurses and health staff who have done great work:

    -   **Give them a (larger) annual bonus.** If your line workers receive annual bonuses, then your health staff should also. In that case, you should provide an extra bonus to the nurses that were outstanding – based on key performance indicators. Or have targeted bonuses for the new idea that solved a problem or improved the clinic.

    -   **Give top performers a pay raise**. Raises give more permanent

recognition. They can also avoid issues you may have among the staff over differing sizes for annual bonuses.

- **Promote the nurse to a more senior position** in the clinic hierarchy. Promotions typically include higher pay. But most people also want the non-monetary recognition of performance and new status that promotion gives them.

When a nurse does not want to change – and resists suggestions for improvement – this is a sign that he or she is not a good fit for your factory.

3. PROACTIVITY & PROBLEM SOLVING

Your goal – through supportive supervision and accountability practices – is to create a proactive culture and attitude for your health staff and clinic. See *Factory Story* below.

It is too common for factory nurses to remain in the clinic and sit behind a desk waiting for workers to come to them. They wait for others to come to them – they are "reactive." And when they are not busy, they do very little other work.

Your first task is to change your health staff culture from reactive to proactive.

Most nurses find their work more enjoyable when they are active and given more responsibility.

Here are **three ways** you can develop a proactive health staff:

- **Have nurses "walk about" the factory floor and common areas.** Encourage them to leave their stations and meet with workers and managers throughout the day.

There is no better way for them to get to know supervisors and workers than to regularly visit with them. **Walk-abouts** can be formal (with a planned health promotional message) or informal.

PROACTIVE NURSES AND HEALTH STAFF

You do not need to be a medical expert to see whether your health staff is proactive. They are nurses who:

- Want to be active in promoting worker health;
- Seek out ways to help workers and ensure goals are achieved;
- Take responsibility for not just their jobs but also for the performance of their peers; and
- Care about improving their own skills and the services in the clinic

Your informal visits to the factory clinic will quickly tell you whether your staff culture is **proactive.**

Informal walk-abouts enable nurses to give simple health and safety reminders, such as:

- Wear protective clothing
- Drink enough water
- Take restroom breaks
- Cover mouths when coughing
- Wash hands and care for general and menstrual hygiene

Walk-abouts also allow workers to ask the nurses health questions they might not take the time to go to the infirmary to ask.

Nurses and other health staff who are visible and approachable **create trust in the health staff**.

- **Give nurses clear authority to take action.** Define those areas where nurses have authority *to act on their own without permission*. You should communicate this to the nurses as well as the line supervisors and senior management.

  Too often, nurses feel they need to get management approval for even simple tasks, such as creating educational materials or walking around the production lines. You need to define their areas of authority – and hold them to it.

  And you need to let them know you expect them to perform their responsibilities without waiting for permission.

  In particular, you should give them full authority to do problem-solving and propose solutions or improvements.

- **Build individual and staff "Problem-Solving" skills.** Problem-solving is one of the most valuable – and proactive – skills for your health staff.

  See **Tool 9** – *the Problem Solving Process and the 5 Whys Technique* and Case Study.

  Problem-solving is not just about "problems." It is about a continuous focus on improving what you do. This may include:

- Changing an existing process to work more effectively or efficiently.
- Finding a solution to an ongoing challenges in the clinic or the factory.
- Addressing health needs that have not been recognized before.
- Trying out ('testing') several ways of solving a problem to see what works best.
- Responding to an immediate health crisis.

If one "solution" does not work, you try something different. That is part of the process.

You will need to help nurses and the health staff to learn how to do "problem-solving." It is a skill that needs support. You will also need give them the authority to raise issues and offer solutions.

Many nurses fear that factory managers do not want to hear their ideas or learn about problems. You need to formally encourage problem solving. You also need to be involved because not all suggested solutions work.

FACTORY STORY
A Proactive or Reactive Health Staff?

A factory clinic had implemented a new system for managing supplies of contraceptives. This system solved a regular problem for the clinic: the nurses were too often ordering supplies after they had already run out.

In the past, they did not have a method for monitoring supplies and knowing when to order.

Under the new system, the nurses used an inventory management form (see Tools 15 & 16 in Module 3) that told them the number of contraceptives in stock at the end of each week. When the stock fell below a certain number, the process was:

- The Senior Nurse informed her supervising factory VP of the need to place an order.
- The VP then placed the order – so that the new supplies arrived before a stock out.

This worked well until one month when the factory had a rush order and the Supervising VP was under much pressure.

The nurse informed the VP of the need to order. But when the new supplies did not arrive the next week, the Senior Nurse said nothing. Another week passed by without new supplies. Now the clinic was contraception.

Neither the Senior Nurse nor the others said anything. Two more weeks passed before the Senior VP learned of the stock-out.

Did the Senior Nurse fulfill her responsibility? Yes and no. Yes, she did inform the Senior VP of the need to order. But, NO, she did not take responsibility for ensuring that the clinic had adequate supplies.

She was not proactive. Her proactive responsibility was to make sure the new supply management system was working.

If someone else does not do their job, a reactive nurse says, "It's not my problem" or "It's their job." A proactive nurse looks out for everyone – and the patients – and, in this case, makes sure the busy Senior VP is aware of the request: "I want to remind you to order the supplies."

This failure had real world consequences. A woman worker informed the factory she became pregnant because she could not get birth control pills that month at the clinic.

TOOL 4: SAMPLE MANAGER CHECKLIST

CLINIC SAFETY/HYGIENE
- □ Staff use standard precautions
- □ Staff use correct hand hygiene procedures
- □ Hazardous materials in separate disposal (waste in closed bag/needles in sharps container)
- □ Equipment sterilized after each use; patient furniture sterilized between patients/daily
- □ Infirmary and workstations are cleaned at the end of each day

CLINICAL PRACTICES
- □ Patient privacy and confidentiality is maintained
- □ Basic screening done (probing questions on health)
- □ Vital signs performed (blood pressure, respiration, temperature and pulse) and recorded (in registry or separate patient record) – for doctor's appointment, infirmary visits
- □ Referrals are made to quality public or private providers

INVENTORY – Supply Management System is working
- □ First Aid Kits are fully stocked
- □ Expired medication removed
- □ Health products (e.g. sanitary napkins, condoms) are in stock
- □ Medications (e.g. antacids, pain relievers) are in stock

DOCUMENTATION & RECORDS MANAGEMENT
- □ Registration form is filled out completely for each patient visit to infirmary
- □ Medical records, reports/lab results filed in order in cabinet
- □ Patient information put in drawer/filing cabinet and in locked space each day
- □ Patient histories taken by the Doctor for appointments or illness
- □ Health data analyzed and put in visual form (charts) for reporting
- □ Monthly health reports completed
- □ Presentation for OSH committee or other committee prepared

PATIENT CASE MANAGEMENT
- □ Patient flow managed for infirmary or doctor's visits
- □ Case Management form or follow-up list for patients maintained
- □ Follow-up implemented for patients (e.g. high risk illnesses, injured workers, pregnant women/new mothers)

CLINIC MANAGEMENT PROCESSES
- □ Nurse's staff meetings held (weekly or bi-weekly)
- □ Schedule for health staff prepared (e.g. attendance during overtime or weekend operations, rotation of duties, formal walk-abouts)
- □ Infirmary protocols/practices reviewed (monthly or quarterly)
- □ Annual plan reviewed (monthly or quarterly)

EDUCATION/OUTREACH
- □ Health information materials are made available to patients & workers
- □ Nurses have developed a schedule/plan of health promotion activities (weekly or monthly)
- □ Nurses have reviewed health issues observed in patients for further health education
- □ Planned health promotion activities completed

TOOL 5: SAMPLE LIST OF NURSES JOB RESPONSIBLITES

Below is a list of job responsibilities that can be used to develop a Job Description for each nurse. In many cases, multiple nurses will have similar responsibilities (such as for good clinical practices or records management); in others, one nurse may have primary responsibility.

ADMINISTRATIVE

- Maintains supply management systems and ensures timely restocking
- Maintains records and reviews patient registry and other forms for completion and accuracy
- Organizes and re-files medical records of patients visiting the doctors on a weekly basis
- Ensures proper disposal of hazardous waste, maintenance of clinic cleanliness and the supply of hygiene products
- Updates activity plan/calendar each week/month
- Produces meeting notes/agenda produced
- Maintains case management follow-up
- Aggregates health and other clinic activity data into database or form and produces monthly reports
- Participates actively in health staff and management meetings

SUPERVISORY

- Has oversight of [name of nurses/titles] for activities or roles
- Gives performance reviews of staff
- Provide training and education to nurses for skills development and continuous improvement
- Ensures good clinical practices and standard operating procedures are followed by staff
- Ensures nurse preparation for staff, management and other meetings
- Heads data analysis, problem-solving and action steps with health staff
- Report to management of all significant matters relating to the health staff and clinic, including urgent health issues
- Leads the annual planning and review process
- Ensures the timely and accurate collection of all data that is supposed to be aggregated and analyzed.

CLINICAL/TECHNICAL

- Handles patient intake, screening, and preparation
- Consistently follows up with patient after care (eg. injured workers, pregnant workers, sick workers)
- Fills in registry, health history, case management or other forms consistency and completely

- Provides accurate referral information and support to patients.
- Prepares patient for doctors' visits and assists doctor
- Practice proper hygiene between patients
- Provides counseling to workers on sensitive health matters (family planning, reproductive health, menstrual hygiene, sexually transmitted diseases etc.)
- Maintains confidentiality of all patient health information and ensure private of all communications with the patient
- Employs universal precautions and uses personal protective equipment
- Removes all medicines or products that are expired

EDUCATIONAL/PREVENTION

- Oversees the health outreach and education activities plan of the health team (including setting goals, identify worker health needs, and building the capacity of the team to use participatory education methods, and provides support to the lead nurse in management of health services
- Creates, updates and reviews a health education plan each month
- Researches information needed for monthly activities
- Arranges dates and timing logistics for each session
- Ensures the supply of new resources, educational handouts and other materials necessary for activities and display
- Includes other nurses in the health education activities preparation and facilitation, and coordinates internal training needed for nurses
- Ensures nurses use participatory education techniques in their health promotion and outreach to workers
- Ensures educational materials are posted at all nurses stations and common areas
- Monitors and give feedback to nurses on their health education skills
- Collects and maintains data on health education activities (number of activities, number of participants, topics discussed)

TOOL 6: SAMPLE NURSE JOB DESCRIPTIONS

Title	[eg. Head Nurse, Deputy Nurse, Assistant Nurse, Hall Nurse etc.)
Department	**Health/Clinic**
Reports to	**Senior Manager (eg. Human Resources, Compliance etc.)**

Job Summary

The [Title of Nurse/Name] will provide health care services and education to the employees during factory operating hours. [Name's] primary role includes:

- [eg. Management of records, educational outreach etc.)
-
-

Essential Job Requirements (**This is a list of key behaviors, practice expected off all staff.**)

As a member of the health staff, [Title/Name] is expected to:
- Maintain patient confidentiality of all patient health information
- Treat patients with respect and provide friendly, quality service
- Carry out all clinic policies relating to (eg. hygiene, cleanliness, case management etc.)

Primary Job Responsibilities

The [Nurse Title] is primarily responsible for:

1.
   -
   -
   -

2.
   -
   -
   -

3.
   -
   -
   -

4.
   -
   -
   -

5. **Other Expected Activities:**

- Skills/knowledge improvement goals
    a.
    b.
    c.

-

☐ I have read and understood the job description and what is expected of me by accepting the position.
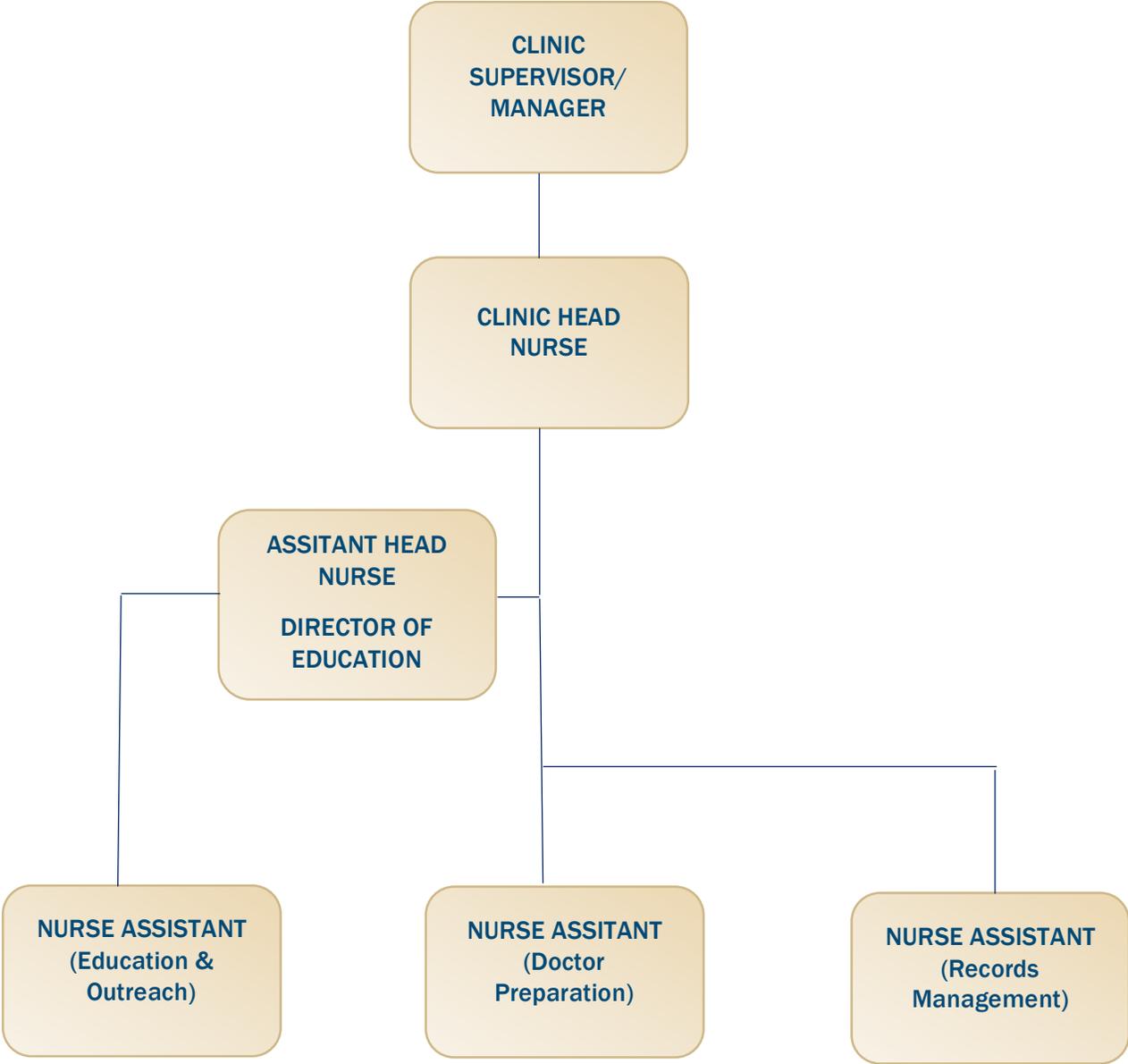

Employee Signature   **Printed Name**   **Date**

Supervisor Signature   **Printed Name**
Date

TOOL 7: SAMPLE ORGANIZATIONAL CHART FOR A FIVE (5) PERSON NURSE CLINIC

CLINIC SUPERVISOR/ MANAGER

CLINIC HEAD NURSE

ASSITANT HEAD NURSE

DIRECTOR OF EDUCATION

NURSE ASSISTANT (Education & Outreach)

NURSE ASSITANT (Doctor Preparation)

NURSE ASSISTANT (Records Management)

TOOL 8: SAMPLE PERFORMANCE APPRASISAL QUESTIONAIRE

Employee:	Review Period:
Reviewed by (Supervisor):	Date of Review:
Reviewed by (Management):	Hire Date:

1. **What are your major accomplishment from the activities you worked on this year? (Goals achieved, good work performed, new activities developed, skills developed)**

   Nurse:

   Manager response:

2. **What are two areas in your work or performance you would like to improve?**

   Nurse:

   Manager response:

3. **What needs to be improved in the health clinic or by the health staff that should be in the Annual Plan?**

   Nurse:

   Manager response:

4. **How can management help you and the health clinic improve the areas that you think need improvement or attention?**

   Nurse:

   Manager response:

5. **What would you like to do to improve your knowledge or skills in the new year?**

   Nurse:

   Manager response:

6. **What job responsibilities would you like to take on or change in the new year?**

   Nurse:

   Manager response:

TOOL 9: THE PROBLEM-SOLVING PROCESS & THE FIVE (5) WHYS TECHNIQUE

The process for problem-solving follows a simple set of steps. But it takes practice and open communication to do the steps well. **The Five Whys Technique** is a way to improve your brainstorming efforts.

The Problem-Solving Process:

1. **Identify a problem or an area for improvement.** Some problems may arise suddenly and everyone knows it needs to be solved. But others may be long-standing issues that no one has thought to fix or improve.

    As a group, you and the health staff should identify immediate problems and problems or issues that you have seen from health information (see Tool on Data Analysis), observations in the factory or clinic and experience.

2. **Assign someone in the group to write down all the ideas and suggestions** – preferably on a flip chart, black board or white board. Some should also take notes of the discussion.

3. **Brainstorm all the possible reasons for or causes of the problem.** The rule for brainstorming is that all ideas are welcome. No ideas should be criticized or dismissed. The point is to explore all possibilities.

    There is usually more than one possible explanation for why something is happening.

4. **Brainstorm solutions that address the root causes** of the problem. List as many possible solutions or responses. Do not stop just because everything thinks they have found the answer. If people have listed 5 solutions...challenge the group to come up with another 5 or 10 or more, not matter how unlikely.

> ### TIPS FOR BRAIN-STORMING
> - **Try to come up with as many ideas as you can** – for the root causes of the problem and possible solutions.
>
>   Research shows that the more ideas you list, the more likely that you will find a great idea. Large numbers improve your results.
>
> - **Do not allow staff to criticize or dismiss ideas** during brainstorming. You also need to stop non-verbal criticism – grunts, snorts, eye-rolling, unfriendly laughter.
>
> - **Do not expect the first solution you try to work.** That's okay. Brainstorm the reasons it did not work. Either fix it, or try a different solution.

5. **Reach a group agreement on how to address the root cause.** Only after brainstorming, you start to assess the ideas and suggestions. You should explore the pros and cons of all the suggestions before deciding on the final solutions.

6. **Determine the specific actions you will take to address the problems.** If there are more than one reasonable solution, you can test out a solution and see what happens. You should start with the solution that is easiest to implement and in the least time – if you all think it is one of the best choices.

7. **Assign responsibilities and a timetable for action.** Write down the tasks that need to be done, which staff are responsible for each tasks, what resources or support is needs, and clear timetable for action with deadlines. Someone should be in charge of monitoring progress.

The Five WHYs Technique:

The Five WHYs Technique was developed by **the Toyota Corporation** in the 1950s to solve simple and moderately difficult production problems.

It is now used in health care and many other fields as a way to understand fully a problem so you can come up with the best solutions.

There can often be more than one solution. You can use the Five Whys for trouble-shooting, making improvements, or problem-solving.

You use the Five Whys as a way to help groups **get to the root of the problem** and not be tricked by what they think is the "most obvious" cause or answer.

A very common error for many people new to problem-solving is to stop at their first good answer or idea.

There are usually several possible reasons for why something is happening. And there can be many solutions or good responses. So the health team and managers should learn to explore all possibilities.

The Five Whys is simple: Keep asking "WHY?" Or "Why is that?" Do this at least five times.

This repetition forces people to get to the bottom of an issue and **be open to other possible explanations.**

When people give a reason, ask "Why is that" about the reason given. Here's an example from the Toyota website:

> **Question1: "Why did the robot stop?"**
> **Answer 1: The circuit has overloaded, causing a fuse to blow.**
>
> **Q2: "Why is the circuit overloaded?"**
> **A2: There was insufficient lubrication on the bearings, so they locked up.**
>
> **Q3: "Why was there insufficient lubrication on the bearings?"**
> **A3: The oil pump on the robot is not circulating sufficient oil.**
>
> **Q4: "Why is the pump not circulating sufficient oil?"**
> **A4: The pump intake is clogged with metal shavings.**
>
> **Q5: "Why is the intake clogged with metal shavings?"**
> **A5: Because there is no filter on the pump.**

If you stopped at the 1st why, you might think the problem was the circuit; after the 2nd why, the problem is lubrication... but actually the problem is the lack of a filter. **See the Case Study** *for a real-life example of problem-solving by a nurses using the Five Whys.*

Case Study: Problem-Solving in a Factory Health Clinic

A factory hired a doctor to see workers on a part-time basis. Every few days, the doctor would visit the factory clinic in the morning to care for patients. Some days the waiting area would be jam packed with workers to see the doctor.

This pleased nobody. Managers complained that the doctor took workers away from production line. Worker complained they lost wages during the wait. Nurse did not like the crowded clinic, which also made for less privacy and comfort.

The Human Resources manager and the nurses decided to solve the problem. Through problem-solving discussions, they realized that they need to find a way to manage the flow of workers into the clinic. The solution would have to involve the line supervisors in the factory.

After brainstorming some ideas, they developed a system where workers would sign up for a doctor's visit the day before. Only two patients were allowed in the waiting room while the doctor was seeing a patient.

When a new patient went in to see the doctor, the nurse would call the next worker's line supervisor to have him or her come to the clinic. The system worked very well – and everyone was happy with it.

PART II – Six Months Later

A bad virus, spread by mosquitos, hit the area. Workers were staying home sick. The clinic waiting room was suddenly crowded with patients despite the system of managed appointments.

The health staff realized the problem but was still more reactive than proactive. Management worked with the health staff to brain-storm solutions using the Five Whys:

> **Facilitator: Why are there so many patients?**
> **Nurse answer: "Because of the epidemic. There's nothing we can do about it."**

> **Facilitator: Why is the flu epidemic causing the crowding in the waiting room?**
> **Nurse answer: Because patients are coming to the clinic without appointments.**

> **Facilitator: Why are they coming without appointments?**
> **Nurse answer: Because they are not coming from their line on the production floor to the clinic**

> **Facilitator: Why aren't workers coming from the production floor?**
> **Nurse answer: Because many are coming to the factory not for work but only to go to the clinic.**

> **Facilitator: Why are they coming straight to the clinic?**
> **Nurse answer: Because they are sick and need care. They do not know where else to go or prefer the clinic to the public hospital.**

It is common for people to think that when something happens beyond their control – like an epidemic – there is nothing they can do. They cannot stop an epidemic. But there are things the health staff and workers can do.

At this point, the nurses and factory were able to determine what actions to take based on a better understanding of the root causes of the problem.

The patient management system had depended on workers to be at their work stations. The nurses and management put in place a new system during the crisis that used managed patient flow as workers came in the factory gate.

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Evidence

The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and a University Research Network.

Meridian Group International, Inc.

Meridian Group International, Inc. is a woman-owned, small business that works with the private and public sectors to create innovative programs and partnerships that benefit both business and society. As an Evidence Project partner, Meridian combines implementation science with its extensive experience implementing workplace health programs and promoting better policies and practices.