

29

Appearance Equals Reality: A View From Below

by

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Jerald Sanchez was considered an excellent employee and commanded great respect among his co-workers who worked the “graveyard” shift in the psychiatric unit of Riverdale Medical Center (RMC). Sanchez’s background had prepared him for the assignments he was tasked with performing at RMC — that is, insofar as he had grown up in an environment that embraced diversity — economic, ethnic, racial, and social. He also was broadly educated in the social sciences, completing courses in human behavior and clinical psychology at the local university, and he had the “genius” of being able to see problems and discern their root causes quickly and accurately. Many of his colleagues marveled at his seemingly innate ability to observe difficult situations involving the delivery of patient health care service and then act with clarity and a single-mindedness to ensure that those in his charge were afforded a safe and nurturing milieu in which their treatment would be based.

Josephine Hill was a long-time nurse administrator at RMC and had a high regard for Sanchez personally and professionally. Overall, Hill was respected for being a competent, experienced, and caring nurse administrator and had developed a good rapport with the several teams she supervised. When she faced dilemmas, which came up more frequently than she would have liked, Sanchez was always summoned because he had the uncanny ability based on his many years of experience dealing with psychiatric patients, to calmly deal with crisis or traumatic situations with caring concern, resolve, and sensitivity. Simultaneously, Sanchez was able to ensure, for example, that the recognized protocol for restraining patients was carefully adhered to and that the patient and staff suffered no injuries. To accomplish this delicate balancing act took unusual skill and individual maturity and Sanchez had measured up to Hill’s idealized standard over and over. Hill knew she could count on Sanchez and felt secure and comfortable when he was on duty. Often, when Hill came on duty, she would ask the charge nurse if Sanchez was on duty, and if he was she would ask for his station and unit assignment.

Unlike the other times that Hill made her rounds to the various units, this time, when she visited Sanchez’s unit, she discerned that his personal affect was out of the ordinary. Although, Hill had become fully versed with the many reasons that some staff had opted for the night-shift over the day-shift, she was troubled by the personal expression of malaise and uneasiness that shrouded Sanchez’s otherwise pleasant, exuberant demeanor. Hill knew full-well that some staff members chose to work on the night-shift since it removed them from the “day-

time” administrators and those who routinely played “office-politics” and “hospital.” Also, Hill knew that some staff liked working on the “night-shift” since it paid a differential wage; gave them a fixed schedule; and enabled them to devote some of their shift to study or leisure reading while the patients slept. Shift assignment, whether by choice or rotation, had its troubling consequences and Hill recognized that the “night-shift” had become, for whatever underlying reasons, a rather tight-knit, cohesive, and compatible work team. Hill would often say to her peer administrators that her “night-shift” worked with a unity of purpose and that interpersonal problems that develop are positively resolved with dispatch and harmony.

When Hill asked Sanchez what was going on, he replied with an unusual level of candor, “No one seems to care around this place anymore! The needs of the staff and the patients have become secondary to the interests of management which is caught up with saving face and preserving their own selfish status in the organization. You’re new, Ms. Hill. I’ve been here for many years and I’ve seen managers come and go. I will be here long after this administrative group has filled out their *resumes* and moved on to larger playing fields. For them, a year or so in a position is considered a long-term career commitment.” Hill smiled in response to Sanchez’s expression and was surprised to learn of the depth of his attitude toward RMC.

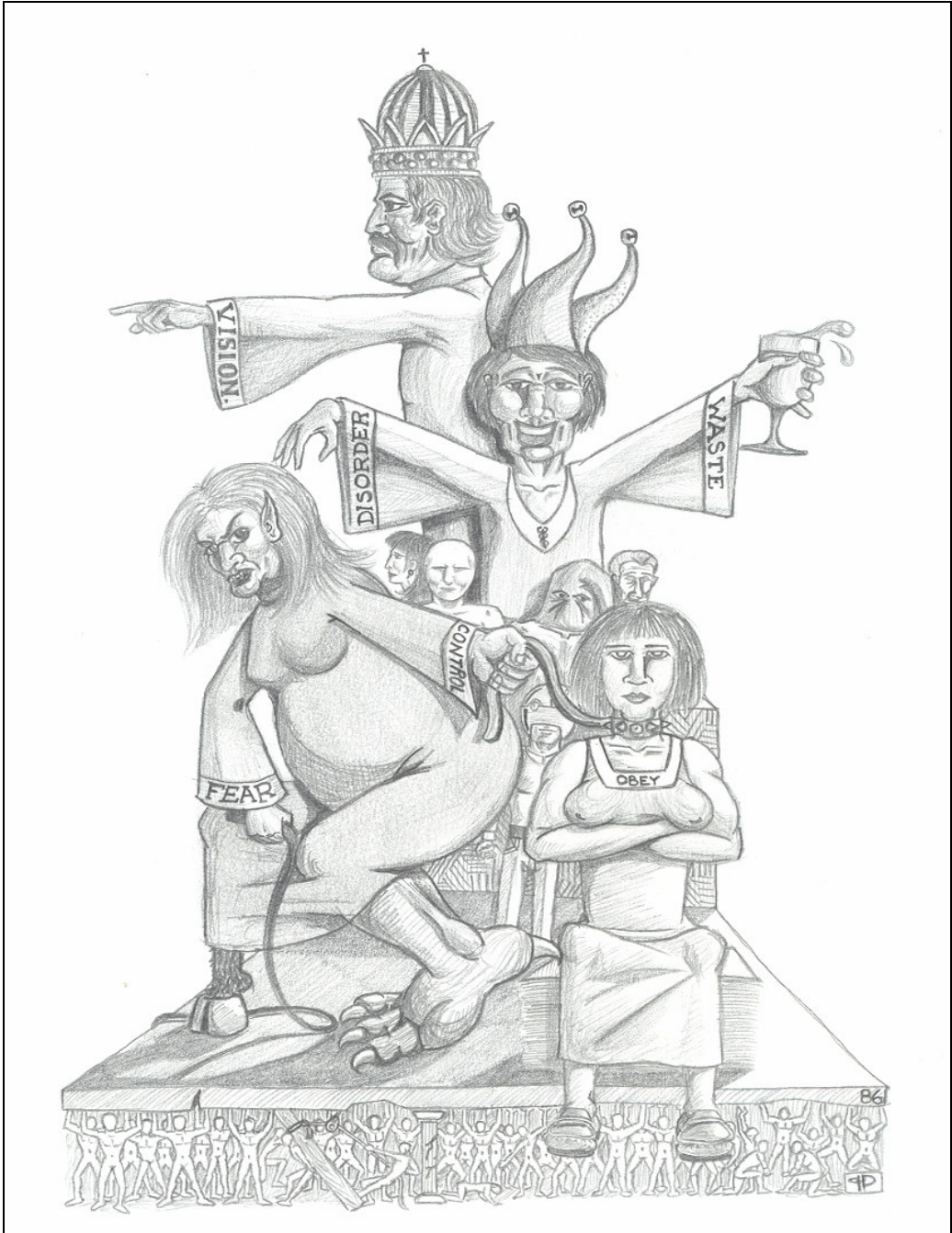
Hill knew that Sanchez was extraordinarily bright, intellectually and academically. She thought this would be a good time to have Sanchez show his “innermost emotions” by utilizing his artistic capabilities and talents. Hill completed the daily report that was routinely required and returned to Sanchez and asked him if he would take the time, later on during the shift, and “paint” a picture of what the organization looked like from his position. If nothing else, Hill knew that if Sanchez would draw a “picture” of the organization and its dynamics, that it would serve as a good point at which to further their discussion later on during the quiet early morning hours. Hill had seen some of his drawings before and had watched him in his spare moments draw cartoon-like caricatures and “doodles.” She was always impressed with the meaning that his drawings communicated.

Sanchez looked up from his paper work and charting and asked if Hill was serious about her suggestion that he give a pictorial rendition of the hospital. Hill assured him that she was serious and that she would like to see how the organization looked and felt from Sanchez’s point of reference.

Later that night, Hill returned to the unit and was surprised to find that Sanchez had drawn, as displayed in **Exhibit 1**, a rather detailed picture that epitomized RMC. Interestingly, Sanchez portrayed the management staff with words and symbols that were highly emotive, if not volatile in terms of vision, disorder, fear, waste, obedience, and control. Accordingly, management is positioned in a hierarchical structure in which it could oversee subordinate or “worker bees” as they referenced their “underlings.” Sanchez, however, labeled his

associates as “team members.” The drawing had an unusual amount of clarity and detail and Hill was astonished by what she found.

Exhibit 1. Sanchez's Portrayal of Riverdale Medical Center



Questions and Instructions:

1. In examining the drawing that Sanchez provided, what do you see that pertains to the organizational structure, dynamics, and behavior at RMC? Please be precise.
2. Do you believe that Sanchez's perception is clouded by the "night-shift" assignment, or are the "issues" presented in the drawing indicative of a general climate that might be manifesting itself at RMC? Explain.
3. Thinking now about the organization in which you work, would it look similarly or differently from the one envisioned by Sanchez? If so, in what way? Please be specific as possible.
4. You are now asked to draw a picture or prepare a collage based on magazine and newspaper clippings, pictures, and clip-art that in "your own eyes" is representative of your own organization. Your "pictorial" essay should be photocopied and distributed for your colleagues to see and analyze. What characteristics, if any, do you want the reader to observe in your portrayal? Are there other organizational traits that you would like to have displayed, but you lack the ability to visualize and present them? If so, what are they, and why are they important to your organizational perception? Please elaborate.

Timeline of Events:

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Mental Joggers:

Additional Notes and Observations:

Personal Reflections (topics or concerns that you want to address in other case analyses):

Case 29: Appearance Equals Reality: A View From Below

Name:

Case Log and Administrative Journal Entry

This case analysis and learning assessment is printed on perforated pages and may be removed from the book for evaluation purposes.

Case Analysis:

Major case concepts and theories identified:

What is the relevance of the concepts, theories, ideas, and techniques presented in the case to that of public management?

Facts — what do we know *for sure* about the case? Please list.

Who is involved in the case? (people, departments, agencies, units, etc.) Were the problems of an “intra/interagency” nature? Be specific.

Are there any rules, laws, regulations, or SOPs identified in the case study that might limit decision-making? If so, what are they?

Are there any clues presented in the case as to the major actor's interests, needs, motivations, and personalities? If so, please list them.

Learning Assessment:

What do the administrative theories presented in this case mean to you as an administrator?

How can this learning be put to use outside the classroom? Are there any problems you envision during the implementation phase?

Several possible courses of action were identified during the class discussion. Which action was considered to be *most practical* by the group? Which was deemed *most feasible*? Based on your personal experience, did the group reach a conclusion that was desirable, feasible, and practical? Please explain why or why not.

Did the group reach a decision that would solve the problem on a short-term or long-term basis? Please explain.

What could you have done to receive more learning value from this case?