Indian Health Retention *Brief*

Volume 2 Issue 2

The Right Stuff

The IHS Office of Public Health Support (OPHS) presents the second Retention Brief in our series designed to address the challenge of retaining professional and clinical staff. These case studies detail retention strategies within Indian health facilities and communities. We encourage you to review these cases and to discuss with the leadership team (CEO, administration, clinical directors, other leaders, etc.) how you can implement these strategies if you are faced with similar challenges.

In this issue: Determining whether a clinician is the right match for the position, facility and community is key. Using ***best practice*** leadership, ***communication*** and ***participatory management*** skills, a clinical director working within a small Indian health community hospital recognizes that some clinicians are better suited for different working environments.

Words to Lead By

Good to Great: Why Some Companies Make the Leap...and Others Don't
Jim Collins. HarperCollins, 2005.

Good to Great and the Social Sectors: A Monograph to Accompany Good to Great
Jim Collins. HarperCollins, 2005.

Built to Last: Successful Habits of Visionary Companies
Jim Collins and Jerry I. Porras. HarperCollins, 2004.

Rural Communities: Legacy and Change
Cornelia Butler Flora and Jan L. Flora, Westview Press, 2012.

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801 Thompson Ave., TMP Suite 450A | Rockville, MD 20852 | Phone: (301) 443-4242

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Case Study

Clinical Director, MD | Small Community Hospital in a Mid-Sized Community Setting

Background: When a small community hospital hired a new physician to replace its CEO, it found that despite a perfect match on paper, the replacement wasn't the right fit for the facility, staff and scheduling needs. In time, the hospital's clinical director found another, more suitable position for the physician elsewhere, leaving the staff briefly shorthanded, but providing the recent hire with a more appropriate schedule and working environment.

Challenge: Although the new physician had the necessary credentials to fulfill the role, repeated scheduling conflicts made it obvious that she wasn't willing to commit to the hours necessary to carry out the job. During her first year, when she began indicating scheduling conflicts (particularly around evenings and weekends), the clinical director tried to work with her to ensure the practice wouldn't lose a good doctor. He hoped to offer her incentives to satisfy her needs and encourage her career advancement, but her workplace concerns continued.

Solution: The clinical director discovered that another local outpatient facility would soon be seeking a family physician for its service unit. Surmising that the employee would find it a better fit for her, he suggested she consider taking the position. She was very grateful for his suggestion and took it upon herself to learn more about the opportunity.

Lessons Learned: The clinical director ultimately realized that an employee was only an asset if he or she was in fact the right one for the job. He learned that in the long run, it would be easier, more cost effective and productive to suggest an alternative position for the physician, giving him time to search for the right candidate for the job, someone who would commit to serving the community and enjoy a long-lasting career within the hospital.

Best Practices in Action

The most effective **leadership** happens when you, as an executive manager, fully understand the organization, seek employee input regularly and are able to clearly define your goals and strategies for the facility's long-term success.

By soliciting staff input and participation, a successful administrator is better able to make decisions that will benefit the entire organization. **Communicating** concerns, expectations and setting goals is a process best shared when the entire staff is involved.

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