



Skills for CHC Chairs

Unit 4: Working with Health Service
people

HOW TO
USE THIS
UNIT

You will need:

* pen and paper

You should set aside about an hour to work through this unit. [If it takes you more or less than that, it doesn't matter, as long as you feel you've given enough thought to the ideas].

Much of the unit, like the role of the Chair, is about complex situations, which do not have simple yes/no answers. Reflecting on these situations, and deciding how you would behave, is the most important part of the learning.

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1. The working relationship
2. Negotiation skills
3. Assertiveness for CHC Chairs

1. The working relationship

SCENARIO

The states of Ruritania and Transmarina have been hostile to each other for many years. They have a long history of border wars, the last of which ended twenty years ago. In the past two hundred years, Ruritania has twice occupied southern Transmarina. In the mid-nineteenth century, Transmarinan spies assassinated the king of Ruritania. The last twenty years have passed in mutual non-recognition and trade boycotts. Now the two presidents are to meet officially for the first time, in an attempt to reach a more constructive co-existence.

Ruritania still has double the military power of Transmarina, and is rich in minerals. It is suffering economically, however, because it has no access to the sea. A railway line through Transmarina would open up international trade.

The Transmarinan economy is in better shape, largely because of tourism on the coast. Expenditure on armed forces has become a major political issue. A high proportion of the GNP goes on defence. However, their history with Ruritania makes reducing expenditure difficult.

Both presidents face elections in the next three years.

How would you advise each of them to prepare for the conference? [Concentrate on their thinking, rather than practicalities].

NOTE

your advice to either or both presidents

NOW
GO OVER

your answers, and decide which of them apply to you as Chair, when you're negotiating with Health Service managers. [If your ideas were specific to the scenario, think how you can adapt them to your situation].

HERE
ARE

some of the points we thought were important for you, as well as for the two presidents:

1. Be clear about what you really want, and how much it's worth to you.
2. Be aware of any difference between your personal interest, and that of your 'constituents'.
3. Get inside the other person's thinking. What do they want? What are the constraints on them?
4. Think how what you want could also benefit them.
5. Work at building a relationship. Find common ground.
6. Don't go over history again.
7. Don't feel under pressure to resolve everything in one meeting. Be prepared to adjourn if you or they need space.
8. Keep your cool.
9. Don't think of your side as either the victim, or the natural winner. Be clear what power you do have, and what its limits are.

You may have more.

Our two presidents have had no time to build up a relationship before the conference. You are more fortunate: not all your meetings with DHA and Trust personnel will be crucial, high-level negotiations. It's important to attend informal occasions: tree-plantings, Christmas parties and so on. You can use these to find out more about the other person's non-work concerns, and interests you may have in common. If you build up a relationship of mutual respect, this will form a basis for even difficult negotiations.

Respect, real and counterfeit

CHECK

how you respond. If there's a difference between your first reaction, and how you think you should respond, mark both.

A local health centre produces a leaflet about the practice, emphasising their 'friendly and accepting atmosphere.' You know the CHC has dealt with two complaints about the practice nurse recently: both people found her rude and intolerant.

Do you think:

- a) the hypocrites; we'll nail them for this _____
- b) well, they can't help it if one person steps out of line _____
- c) these people are so cynical, they're just after the fees. The poor patient hasn't got a chance _____
- d) if they're at least aiming to be friendly and accepting, we can use that to make the point _____
- e) it's just another example of the pressures on health service staff in this climate _____

IF YOU
TICKED:

- a) Energy's fine; but the confrontational approach risks setting up more conflict
- b) You're being too understanding. Any organisation or has to take responsibility for the actions of its
- e) staff, regardless of the pressures
- c) You're attributing too much power to them [and probably too much cynicism].
- d) You've got the balance about right

Whether you're on the giving or receiving end, respect involves:

seeing people as adults,
responsible for their own actions

not assuming conspiracies or
conscious deceit unless you've
got real evidence

understanding the pressures
people are under, without
letting that excuse bad
practice

not attributing more power to
people than they have

seeing people as ordinary
human beings, who try hard
and sometimes make mistakes

acknowledging differences of
perspective and values as
normal and valid

treating people with courtesy,
and expecting them to do the
same

In the next section, we look at what this means when you are negotiating.

2. Negotiating skills

CASE
STUDY
part 1

Ellsdale CHC is in the middle of an unpleasant dispute with St Elizabeth's Hospital Trust. The Trust has put forward plans for renovating the main building, which dates from 1898. They

say they have done a survey of users, and based their plans on these views.

At the CHC meeting, members welcomed the principle, but expressed a number of reservations about the detail. In particular, they felt that the building still wouldn't be truly accessible for people with disabilities.

The Chair, Mike Darby, had a meeting yesterday with the Trust's Chief Executive. It was disastrous. The Chief Executive kept repeating that the Trust was committed to access, and that the plans reflected the views of the whole community. Mike eventually lost his temper and said several things he later regretted. The meeting ended with the Chief Executive talking about the amount of money they'd spent on the consultation. Mike spent the evening alternately furious, and blaming himself for letting the CHC down.

THINK

how Mike can get rescue the situation both immediately and at the next meeting

Immediately:

Mike needs to defuse the situation quickly, and get back the initiative. He could write and say that he was disappointed, and that the meeting was difficult for both of them; and spell out what he wants long-term.

The next meeting:

Bear in mind your ideas about this as you work through the rest of this section.

However we want presidents to behave, many of us have an unsubtle approach to our own negotiations. We see a struggle for power, a process with a winner and a loser. Negotiation is reduced to shouting loudest or longest; or undignified horse-trading.

This section is based on an alternative concept, called Principled Negotiation.

I: Separate the people from the problem

Some thoughts going through Mike's mind:

he's just a stupid overpaid
bureaucrat

he's not interested in patients, it's
all just pretence

he's laughing at the idea of
the poor pathetic CHC trying
to change things

This is the paranoid approach to conflict, and it doesn't help. Mike has no idea what the Chief Executive really thinks. He may have spent his life championing the oppressed, or he may be a cynical time-server, or [more likely] something in between. It's all speculation.

Mike doesn't have any reason to trust everything the Chief Executive says; nor the opposite. What he does know is that most people respond better when treated with respect and intelligence.

II: Forget bargaining positions:
concentrate on what you and they
really want

A position is a fixed statement: 'Full access now.' It may be right morally, but it gives you no room for discussion. The Chief Executive's position - 'We have consulted' - is equally fixed.

Interests go deeper: they are what each of you really wants. They include not only a solution to the immediate problem, but a whole range of associated needs: acknowledgment, status, self-respect and so on.

CASE
STUDY
part 2

Work out:
i: what you think Mike and the CHC
want [Mike may have some personal
needs here too]
ii: what the Chief Executive might
want

CHC:

Mike:

Chief Executive

NOW
COMPARE

your ideas with ours

CHC:

- * specific improvements to access: eg better lifts, auditory directions
- * a good ongoing relationship with the Trust
- * to feel they're supporting people with disabilities
- * to be seen to be fighting for users
- * to feel they have 'teeth'

Mike:

- * to influence the Trust
- * to prove he's an effective Chair
- * confidence
- * self-respect
- * respect, from members, CHC staff and the Chief Executive

Chief Executive:

- * to get on with the work
- * a reasonable relationship with the CHC
- * to balance the budget
- * to be seen to be responsive to users' need
- * to prove that Trusts are a good thing

... and so on

III: Find options you can both gain from

Once you have identified your interests and theirs, you can look for solutions that have a chance of meeting both.

CASE
STUDY
part 3

Come up with possible solutions, that don't compromise the CHC, but that meet the Chief Executive's needs too. Give yourself time to 'brainstorm' this question. Include everything, however wild it seems.

WHEN
YOU'VE
FINISHED

check each idea against the 'interests' lists on pages 9 & 10. Rule out any that seem likely to fail on these criteria.

There aren't any right answers here, only options that are worth trying. Some approaches:

- * go for some changes now, others phased over the next few years
- * have a well-publicised, jointly sponsored disability audit, and an agreement about implementing the findings
- * get an independent body to make recommendations

IV: Insist on objective criteria

If Mike and the Chief Executive do agree that there should be access for people with disabilities, they'll still have failed if they don't specify what that means.

SOME POSSIBLE CRITERIA

- * all lifts to have braille controls and auditory information within three years
- * x number of adapted lavatories per floor/ward/number of patients
- * two designated wheelchairs spaces in every clinic, waiting and visiting area

3. Assertiveness for CHC Chairs

Assertiveness is the attitude, to oneself and others, that goes with principled negotiation. It is about being neither aggressive nor docile; being clear about your rights and the other person's.

For new Chairs, and particularly people who haven't had to negotiate at this level before, some assertiveness skills can be helpful

AN
EXAMPLE

Leila Hassan appears on a live TV debate, with the Chair of the DHA. At one point he says: 'But of course with such an attractive opponent..' Should she:

- i: slap his face?
ii: smile, fume and say nothing?
iii: glower and withdraw from the debate?
or iv:
[Decide what you think would be an appropriate assertive response]

This is what makes a statement assertive, as opposed to aggressive or passive:

- * say how you feel; don't label the person
[eg I find that offensive, rather than You're sexist]
- * be firm, but don't lose your cool
- * don't try to score points, or get revenge
- * don't be defensive, or give elaborate explanations

NOW
SEE

whether your suggestion for Leila meets these criteria

SOME
POSSIBLE
RESPONSES:

- * I hope I'm judged on my competence
- * I would prefer it if we kept to the subject
or simply:
- * I find that offensive

LOOK
BACK

at the case study on page 7, and
consider how Mike might have responded
assertively in the first meeting.

Your suggestions:

NOW
COMPARE

them with ours

* I appreciate that you've consulted a lot of people. I'm simply saying that these points also need considering

* I know the Trust wants to respond to the community as a whole. People with disabilities may be in a minority, but they are also part of the community

* I understand that there are financial constraints. Can we look at our suggestions first, and then at the financial implications?

Negotiations with health authorities and Trusts are often complex, and can feel very difficult. You may find it useful to talk through some negotiations with another Chair, either beforehand, for practice, or afterwards, to identify what worked and what you want to improve.