The New Staffer

Larchmont Clinic, a well-established facility with 85 inpatient beds, a vibrant and busy outpatient clinical wing, and a regionally respected pediatric rehabilitation service also had a busy clinical laboratory. The place was such a "plum" employer that staff seldom left before retirement and this was particularly true in the lab for the last 25 years.

Last month four senior staff in the lab announced their plans to retire within a month. In frenzy you, the Asst. V.P. for Personnel advertised for clinical lab technicians and you found that there was a large pool of young, well trained technicians waiting for the opportunity. You interviewed ten potential applicants and then hired three, beginning two weeks prior to the effective retirement dates of the personnel who were leaving.

During the transition period of two weeks you were confronted by a major issue. The staff in the lab, the 18 staff who had been employed at Larchmont for 10 years or more, especially, was very upset. It seems that the initial salary levels for the three new workers were at, or above, the highest salary of the most senior staff in the lab. You argued to the staff representative that "salary compression" required meeting the market rate or you would not be able to attract the highly qualified people who were selected.
The staff members remain upset, wondering if it is better to stay in a "plum" setting, or to leave to take advantage of a marketplace that more highly values their talents than it did ten to twenty years ago. You have a major objective of keeping the place stable, high quality, and you really want the reputation of Larchmont to be sustained.

What should you do next? Respond with all of the elements of the Case Study guidelines.

Trouble in the Parking Lot

Oakdale Community Hospital, just south of Petosky, Michigan, is one of the "old school" community hospitals that have managed to remain independent of formal association with other hospitals while maintaining a sufficient patient base to be solvent and offer high quality medical care for the populations in close proximity to the facility. The hospital's 95 beds, generally med-surgical beds, are over 80% occupied from September through May each year and over 90% occupied with the arrival of "snow birds" who are retirees that return to their Michigan summers in June and flee to the southern states on Labor Day.

Thelma Jones-Ramirez is the first woman COO in Oakdale's history. She has been the COO for three years and has a good relationship with the CEO and the Board. Thelma is also the first Latina woman to hold any higher level executive position in the county and has become something of a poster child for issues of inclusiveness and especially women's roles in professional life throughout northern Michigan. Governor Granholm has appointed Thelma to an advisory committee for labor issues in northern Michigan based on Thelma's community reputation and the recommendation of the CEO Dr. James Atkins.

The problem that Thelma is dealing with at present is the parking lot. Although it may not seem to be an issue that could excite anyone, it seems that the Oakdale parking lot has begun to draw fire from many power players in the community. At issue is the planned expansion of the parking lot to the south side of the facility. Immediately to the south side of Oakdale is a 300 acre field that has not been developed. On the other side of the field is the local elementary school – middle school complex where 350 students are busy at their studies and play from Labor Day through the second week of June.

Oakdale's emergency room, also on the south side of the main building, is reached by a drive that enters the Oakdale campus from the west. Thelma has long been concerned that fast moving vehicles entering the main gate need to swing around the facility to get to the emergency room's entrance. She wants to cut a new drive and access from M-65, the main road passing in front of Oakdale and the public school property, to ease the entry for emergency vehicles and to avoid mixing routine parking lot activity with emergency vehicles and private cars rushing their loved ones to the emergency room.

Unfortunately the undeveloped field that separates Oakdale from the public school grounds has become a free ranging activity and play center for the school children. This has, in fact, been such a traditional "school yard" that the teachers and parents have set up a nature study area, a hockey rink during the winter months, two softball diamonds, and an exercise walk for adults. Although undeveloped and actually owned by a man who lives in Detroit, the property has been de facto annexed by the schools.

In addition, the parents have argued that high speed emergency vehicles would pose a danger to school children, distract and frighten school children, and would damage the school's learning environment. Some of the parents, who are also employees of the hospital, have started a "Don't Send Our Yard to ER" campaign and have issued yard

signs and other elements of a campaign to halt Thelma's plans for the new road and parking lot.

What should Thelma do? How should she organize a response to the community's opposition to her plans? Is it possible to create a "win – win" outcome from this conflict?

Heslip Management and Donna Green

Donna Green is an accounting manager in the Heslip & Heslip Management Oversight Group. H. & H. helps small community hospitals with their financial affairs, billing, accounts receivable, and also helps with personnel work by sustaining efforts at recruiting and advertisement of job openings. Donna has focused on the accounting of job search efforts for the last three years, and, as such, she has access to very large amounts of privileged information. Her information largess includes information about salary packages associated with several jobs listed every month.

It came to your attention, being the personnel manager of a small hospital client of H. & H., that you rarely get four-year degreed applicants who did not first complete a spotty academic career in community colleges. You wonder what is going on after talking with a colleague at the Big Bad Ass Hospital on the "other side" of town who tells you that Donna always sends him graduates at the top of their class from highly ranked universities.

What issues are you concerned about regarding Donna Green's apparent actions? What is your obligation as a member of the management team?
What do you recommend for the benefit of the whole organization?

HLAD 311

Pickled Paul

Paul Plavert is 38 years old and holds the MHSA degree from a prestigious graduate program and has been the director of ambulatory services at Wellspring Community Hospital since 2001. Although well educated, Paul was never very secure in positions of authority in the hospital; this is where he did his internships for graduate school and he has literally never held a health care job except in this facility. Paul considers himself to be lucky because the hospital is small, rural, and in a very stable community. In addition, Paul is married to the former Miss Wellspring 1987 (Sally Lou Gitting) who is also the daughter of the recently retired CEO of Wellspring Community Hospital. Whenever Paul didn't understand something, or remember someone's name, he would turn to his wife who always knew what was going on and who everybody was. Now that Paul is beginning to work with a new CEO he has been insecure and his work has failed.

This week Paul met with the CFO of the facility and was told that there was "some concern" about Paul's recent work performance. Specifically, Paul's frequent tardy, absent, or early departures from meetings and on-site assignments have been cause for concern. Paul chalks up the problems as "being very tired." and leaves meeting with his hands driven deeply into his pockets.....he forgets his address book and scheduler and when a colleague runs after him, Paul cannot be found.

In his absence the CFO's committee continues to meet for two hours. What should this investigatory/disciplinary committee discuss? What should be done? What do you think Paul is doing while absent or "missing?"

Martha Grant

Martha Grant is the V.P. for Operations of Lakeside Convalescence and Rehabilitation in Newton Falls, Indiana. The facility is a 230 bed operation that has 130 Skilled Care beds, 50 Physical Medicine Rehabilitation beds, and 50 Pediatric Rehabilitation beds, with a nationally-recognized reputation for pediatric closed-head and spinal injuries. The facility is a 501-C Not-for-profit class institution that enjoys substantial charitable, community, and research-based grant support from private and government sources. Because of the high level of support from non-clinical reimbursement bases, the facility is able to offer 20% of its total care service load on a no-cost basis to the patient; this makes Lakeside a major contributor of charitable care for poor and financially limited families and individuals. Over 60% of all pediatric services are offered at no cost to the patients' families.

Given the successful nature of Lakeside's environment, one would wonder why Martha Grant would ever have a problem regarding personnel. There are many, however, and most of them are directly or indirectly associated with the high levels of expertise and clinical expectations of the clinical staff. Just because the facility is "well heeled" and enjoys a high level of financial independence, the clinical staff seems to be unwilling to recognize the need to be prudent and frugal regarding routine spending on supplies, disposables, etc. Martha has seen a troubling increase in "unnecessary supply losses" that has now begun to become a problem that could even challenge the facility's ability to offer charitable services.

Yesterday Martha sent out a memo to clinical staff supervisors, who are mostly M.S., or Ph.D. nurses and physicians, that there needs to be close controls exercised on supplies, photocopy, telephone and especially printer paper and inks which seem to be sent into a "vacuum" as soon as such supplies "hit the floor". Now, this morning ten clinical supervisors have sent Martha a memo, an angry one, challenging her "right to interfere with the proper and "excellent" treatment and management of the patients." The computer printer ink, particularly, was singled-out as offensive because, "...our patients were printing holiday cards that they designed themselves...surely Lakeside managers don't view this rehabilitative effort as "waste"."

What appears to be going on is some form of power struggle. Or, is it something else? Who has the right to advocate for the patients? Is patient advocacy being used as a rationalization for supply use and waste? Analyze the case using all the elements of Case Study 101 guidelines.

HLAD 311 Case Analyses

1. The Bellagio Dreams Guest House

In one of the 'swankier' neighborhoods of Las Vegas is a 220 bed assisted living facility joined to a 180 bed long-term care complex with 100 basic beds and 80 skilled care beds. The facility accepts no Nevada-based Medicaid, however Medicare is welcome. The Bellagio Dreams was established by the corporate partners of the Bellagio Casino in Las Vegas to care for employees, family members and their personal and health care needs as they age. Currently the assisted living facility is 90% occupied, at no cost to "Bellagio Family Members". Others are charged $110 per day. The long-term care facility's basic beds charge $100 with a substantial subsidy by the Corporation. The skilled care services are fully compensated by Medicare and surplus revenue is directed to the basic beds. Of course the Bellagio Corporation sees this enterprise as a tax benefit as well as a legitimate community service.

John MacEnoth has been the CEO of the project since it was established in 1999. All services "hit the ground running" on the very first day and the COO, a woman named Shanghi Sweets, had hired a full staff and were ready, in his words to 'rock and roll'. Although the Board was impressed with the on-time start, it was also concerned that John and Shanghi seemed to always be together...even in the shopping malls on weekends. The general consensus on the board was that "If it ain't broke, don't fix it." and so, the concerns of some members of the Board were set aside.

Like all health care and social support facilities, Bellagio Dreams got 'into its groove' and became nearly institutionalized within the community in a short time. Girl scouts and boy scouts arranged to earn their merit badges in the facility. UNLV students from several disciplines began to earn community service credits at Bellagio Dreams. In fact, both Mr. MacEnoth and Ms. Sweets became adjunct faculty members at UNLV and hosted internships in Social Work, Nursing and Health Services Management.

Now, however, since about December 2006, there seems to be a serious staffing problem and whenever there is a meeting only John or Shanghi will attend. They both seem to be distracted and began blaming the other person for 'things undone.' You, a member of the Board suspect that there has been a long standing romantic relationship between your two top administrators and now that they have apparently separated or terminated their affair, the work of Bellagio Dreams seems to be taking a back seat to whatever is going on.

In addition, the personnel seem to be taking sides. Nursing, clerical and clinical support staff seem to think that John jilted Shanghi for one of his interns, or maybe the adult daughter of one of the patients. The executive team, however, stands by John and there is a rumor that Shanghi rejected his offer of a permanent relationship and has been rude, or even cruel, to John's children from a previous relationship when these teenagers spend time with him over holidays or weekends. It is also noteworthy that an e-mail of substantially explicit and erotic tone was sent to the entire facility, probably by mistake, that appeared to expose John (the exact reference was "Big John") in some form of online affair, or indiscrete use of the company's computers. John

claims that this message was not addressed to him any more than it was to everyone else on the staff who received it at the same time.

What do you, as a Board, do now? What are the objectives of your actions? Attend to all of the items of the case study analysis.

2. Sylvia Grimes and the Dusty Road

The CorrectCare Optical Center near Warsaw, Indiana has developed an admirable reputation for efficiency and high quality care. The for-profit group has three optometrists who maintain personal contact with their patients, a retail vision correction store that uses one or two-year old models of name brand glasses and frames to reduce the cost to the customers, and two ophthalmologists to provide medical services for cataracts and other conditions requiring medical intervention. The organization has a good relationship with South Bend, Indiana research and medical facilities and has been able to attract the participation of interns, residents, and other students from Notre Dame and regional universities. CorrectCare has a total service population of 17,000 to whom services have been given, or are in some form of continuing care. Sylvia Grimes has been the COO for five years and is responsible for day-to-day operations, licensing compliance, staffing, and she oversees the finances.

Dupree County, in which Warsaw is located, is an agricultural place; that is part of the problem. The farmers have had bad corn, sweet corn, wheat and other crops for three years in a row and most of the "steady" families have lost all or most of their routine optical care insurance. Staff members are insisting on pay raises to compensate for inflation and the costs of commuting to work, and then, there is the Road Commission. The Road Commission turns out to be Sylvia's worst problem.

Three years ago Dupree County was awarded a $15,000,000 grant to upgrade the county road system, of which over 75% are still just hard-packed dirt. In dry weather these roads generate enormous clouds of dust that is a particular problem for several staff members as well as many patients who experience chronic irritation that makes other optical services impossible. The staff, including the physicians, are convinced that the dust is hurting CorrectCare by delaying services and discouraging people from taking care of legitimate optical needs because the dust is blamed. This is not a situation that Sylvia is keen on dealing with. She has had little or no prior experience with governmental agencies and she is well aware that the Dupree County has spent the entire road development grant, with only about 80% of the job being completed. Needless to say, the roads around CorrectCare are just as dusty today as they were five years ago.

Sylvia does not feel competent to deal with the Road Commission. She also knows that many smaller problems would be "solved" if she were to be let go and a less expensive (or competent) person took her place. So, Sylvia fears loosing her job if she declines to take on the Road Commission. She wants someone else to take on this task; after all her "job" is the facility itself...not the external environment.

You are a member of the Warsaw Rotary Club in which Sylvia is also a member and after your usual Tuesday lunch meeting, Sylvia asks if she can buy you a cup of coffee to seek your advise. What advise to you offer? What metaphoric truths might apply to this from your own life? What theories apply? You are also a member of the advisory team that has given management and policy advice to CorrectCare for several years; in this capacity you need to make specific recommendations to the business, being aware of community impact and implications. Apply all nine items of the case study analysis scheme.

3. The Neighborhood Clinic and Honest Harriet

Harriet Duffey decided when she was an undergraduate Sociology student at Oakland University that she needed to go home to Pontiac and do something significant for the folks that lived in the community where she grew up. She was a dedicated young woman but now that she has been trying hard to get "something going" she is tired of the frustration of city government, county oversight, neighborhood change, petty crime, and a sense that it is all going nowhere because every step forward seems to be followed by two steps backward. Harriet is depressed and sad that the clinic that was established cannot keep physicians, nurses, or even clerical staff and she spends all of her time fund raising or staff recruiting. She, literally, has not been able to step foot into her own office for eight days because of obligations and meetings for fund raising or recruitment of nursing staff. Earlier this year she had an opportunity to complete her master's degree at U.M. Flint in Public Administration; but she dropped out of the semester because she was missing classes due to issues at the Clinic.

Harriet Duffey, however, is also known to be very honest...almost to a fault. Last year a pharmaceutical representative stopped by and offered her a five-day package tour that was associated with a conference by the pharmaceutical industry; the trip would be paid for by the "rep's" employer, a large drug distribution firm in Chicago. Harriet knew that part of the trip was going to be trying to sell her on the discounted rates offered by this organization as well as the high probability of being "recruited hard", herself, to leave Pontiac. She was aware that the company was recruiting for one of several parallel, substantial, positions. This Chicago company would be asking her to become a representative trying to get advantageous business arrangements from inner city medical clinics. Harriet turned down the trip fearing that she would be tempted to abandon her personal goal to help Pontiac and to leave her values behind.

Now, a year later, the same company is back, scheduled to visit the clinic next week. Harriet is vulnerable, because she has little, economically, to show for her hard work and she needs to work very hard just to keep the clinic from disappearing. Harriet also knows that she promised her board last month that she would "never leave without providing the smooth transition to a new manager"; there are no future managers are on the horizon. Harriet feels obligated to her community and doesn't think that some of the people would get adequate medical care if she were not on the job.

What are the organizational issues that Harriet needs to deal with? What really is Harriet's obligation to the community? The clinic is a non-profit with a community board; is Harriet carrying the burden of the board on herself? What metaphorical truths might apply and what tool box advantages might she have from her experience in Pontiac. Would Harriet be abandoning Pontiac? Is she really obligated to stay where she is? What would you advise? Apply all nine items of the case study analysis scheme.

4. Attack Dogs and Sacrificial Lambs in the Department of Government and Community Relations (DGCR)

Zoey Allison is the kind of person who lives and breathes her job. Even on her designer license plates she demonstrates to the world that she is DeptHeadWuMn. You spent three months seeing the plates before you translated it to English. The Department of Government and Community Relations is a high pressure position that requires that nuances of state and county government actions, from financing through the Medicaid Office to changes in streets or zoning codes at the local level be properly interpreted and then transmitted to appropriate staff. The Department Head of this department needs to go to receptions at local country clubs, travel to national or state level meetings, deal with the media for small or large successes or failures, protect the public image of the institution and also manage a staff of eight people who have separate, and carefully-assigned portfolios of responsibility. For instance Ken and Allan are the "state government guys", Alex and Linda deal with city and county matters. William, one of the younger staff members, has a degree in interior design and graphic art, as well as a master's degree in Liberal Arts from Oakland University. William is responsible for making sure that Zoey is "on top if it" regarding social events at the areas country clubs, economic luncheon forums, Rotary Club or Kiwanis meetings, or even regular appearances on local cable TV. It is William who keeps in contact with radio and television producers and the local newspaper to give Zoey opportunities to make the facility look good. William, however, has earned the nickname of "Cruise Director Bill" because he routinely exceeds his travel, meal, and other cost allowances. Susan is the newest member of the Department's staff. Her duties are to provide technical backup to Ken, Allan, Alex and Linda and much of her work is conducted on the computer. There are many days during the average month when Susan is the only senior level staff member, with all others being clerical or secretarial staff. This is ok with Susan, however she feels that her work is rarely recognized and that the other staff tend to treat her as on of the "office girls". While her work is often what ends up on websites, included in publications or the basis for testimony or technical reports, those "deliveries" tend to be made by other staff. Susan's name is rarely mentioned at such public events or as an author of reports; it is hospital policy for official positions or reports to be attributed to the institution, the department, but not to individual authors. Susan doesn't talk about it much, but she is frustrated and feels that she is at a "glass ceiling".

Zoey, however, has other agenda that make Susan's work even less obvious. Zoey is shrewd and understands that Susan is probably the brightest member of the staff. Susan has better training and a better understanding of the purpose of the Department, in an holistic sense, than any of the other staff. Susan often sends information that she discovers to staff "FYI" that improves their performance at the state, local and community levels. Zoey is threatened by this "brainy geek" and has made it clear that Susan is not "gonna get my job". Susan has never expressed interest in being the Department Head.

You are members of the Board of Directors and you have been getting feedback that the DGCR is doing a great job, especially in the last nine months. You ask for personnel records to find out what has changed during the last nine months and you are now confused. It seems that seven, eight and nine months ago there were letters and performance appraisals for Susan that, in your terms were "off the charts". Unsolicited notes from community members remarked about the

hospitals "new sensitivity" to community organizations, and even to specific neighborhoods and stakeholders. Similar comments were made about technical reports that were presented at the licensing hearing in the state capital seven months ago. But while these external and positive notes were commonplace, they suddenly were not found anywhere in Susan's personnel file for the last six months. In fact you find that the last four months subjective appraisal of Susan's work was classified as "Inadequate attention to the job" by the Department Head, Zoey. This morning you have received an e-mail from the president of the Rotary Club that she overheard a comment after lunch on Tuesday in which Zoey was commenting that she had a "snotty little slave girl that turned out the good stuff." How do you proceed in this situation?

Use all nine items of the case assessment scheme.

5. Jessie Bodnezie's Promotion Plans

Jessie is the Lakeside County Health Department Director. He has had this job for seven years, owns a house just down the street from the office, and has raised his family here since he was married five years ago. He and his wife are active community boosters and both are involved in school, church, girl scouts, and other activities. They have no thoughts of ever leaving the community. It just seems unlikely that they could find a better situation.

The problem in Lakeside County, however, is a 12.5% unemployment, the influx of large numbers of Mexican and Central American farm workers who seem to be permanent residents, and the lack of economic growth prospects for the area. Jessie does not speak Spanish, yet he realizes that over 20% of the patients in the community clinic use Spanish as their principal language and the nature of the County is rapidly changing. Jessie is worried that the small manufacturing, recreation, and agricultural mix of the place is changing and is becoming a post-agricultural, non-manufacturing location that relies on tourism as the only viable economic foundation. Jessie decides to launch a community promotion effort, by the health department, to celebrate the strengths of his home community. Unfortunately Jessie has no budget for this effort and uses his own online and computer skills to create spot advertisements that the local cable TV provider has agreed to air as a public service announcement. With little external review or oversight beyond his wife and secretary, Jessie launched his "Celebrate Lakeside - a Healthy Place to Live" campaign two months ago. Local Cable services have played ten of his 60 second spot ads a total of 125 times; now the community, and nearby counties and cities have begun to respond; it hasn't been pretty.

In his own mind Jessie considered over-stating the strengths of the community and neglecting to check his facts as a matter of artistic license. In one ad that has drawn criticism from a large city about one hour away, the Hip Hop community is represented as "everything that is wrong with this picture is nothing you'll ever see in Lakeside"...the ad was taken to represent a racist and elitist view of the world. Others were offended that the "Hip Hop" actors were all black or Hispanic and held in contrast to white tourists on Lakeside's beautiful beach front. Many of the other ads were used as evidence that Jessie is racist and zenophobic. He has been asked to resign by two members of the County Board of Directors and the County Executive, but he countered that the County never gave him the support he needed and he was exploited by the Board while just trying to do his job. The Chair of the Board asked, in a newspaper letter, what a public relations campaign had to do with protecting the public health. The community was in an uproar.

You are the Deputy Director of this health department. You are aware of significant staff loyalty to Jessie and a genuine level of affection for his family. If you want to reduce the conflict in this case, with minimal damage to the Department or to the community, what should you do? What can you do, from within the boundaries of the Department, that would be most beneficial to all involved?

Use all nine items in the case assessment scheme.

6. If there is a possibility of contentiousness or malcontent, I'll find it!

Bees seem to be attracted to flowers and dogs seem to find a friendly hand; some people seem to bring the mess out of even a placid work environment. Maybe they can't help it.

You are the Assistant Director for Operations of Twin Lakes Extended Care, Inc., a 220-bed skilled care nursing home that is associated with two major tertiary referral teaching hospital systems. You are responsible for the plant department, housekeeping, and the food service. Laundry services and other auxiliary services are contracted out and you have responsibility for oversight of these contracts. You have a good, but distant, working relationship with the Human Resource Director, who reports to the CEO. You have argued that the organizational chart could benefit from some reorganization, but your suggestions have never had traction with the other management staff.

When Betty first entered the field as a housekeeper in the Twin Lakes Extended Care facility, she managed in a matter of days to have a confrontation with a co-worker, who she accused of putting an unwanted and "sexually-implied" hand on her knee during lunch. She filed a sexual harassment claim at the end of her first week on the job. Then two weeks later Betty asked for a private meeting with you and she complained that other housekeepers were stealing things from patient rooms; when you asked her to be more specific she said, "I just know it. I see them walk out all the time with bulging pockets." Staff have also complained to you that Betty shows no interest in them, their issues, their lives, or their interests, but she takes up the lunch hours and breaks talking (bragging) about her life and her family. She also was accused of complaining about "those lazy people" to patients and families, in reference to other housekeeping staff. When you suggested that Betty take her issues directly to the H.R. Director, she shrugs her shoulders and says that she is more comfortable with you.

When Lucy, the most senior member of the housekeeping staff, slipped and broke her hip last month, Betty told you, in private, that it was probably because even after many warnings, two of the other staff mopped floors and left them too wet. "No wonder somebody fell and got hurt." Now, every time you see Betty you expect her to say something negative, usually about someone else. You are worried about the effect that she has on other staff.

As your concerns grow you also notice other things with Betty. She normally eats her meals at her desk and rarely joins others either in the dinning area or in one of many local "eateries" near the facility on Main Street. Each member of the housekeeping staff has a private work space where they can change clothes, store personal belongings and have moments of quiet; there is even a small desk and phone for personal (local calls only) use. This was hailed ten years ago as a "breakthrough benefit" for non-professional staff by the State Human Resource Association. Betty has filled her working space with so many personal items, political and social justice posters, slogans, or religious quotations that there is no space for her to even set a cup of coffee. Other housekeeping staff are avoiding this part of the building because they claim that Betty is proselytizing

Another problem that you have begun to recognize is that Betty can't help herself when there is an opportunity to express a comment of disapproval. She seems to have appointed herself to be

the morality police in the facility and she comments about "too much skin" showing with jeans that are "just cut too low". Other exposed body regions or parts get similar comments and she cannot enter the building without making some sort of comment to patient's family members or staff who are smoking. Her comments tend to be similar to; "I guess I'll have to hold my breath while I go into the place where I work." Or, "I guess the cancer doctors will stay busy." If a patient's family member has body piercing, pastel hair, 'erotically cut' clothing, or either a body that seems to be "way too thin" or "such a burden being so big", Betty can't keep her thoughts to herself.

Betty does her work well, however, and patients or their families often comment that her rooms are clean, neat, and never showing evidence of incontinence or spilled food, as is often true in such facilities. Betty is always smiling, even when she is expressing a pointed and negative comment, and her impact on the workplace is not easy to understand.

Today you have decided that you must figure out what to do about Betty. Three of her co-workers have been waiting at your door since they arrived at 7:30 this morning. They have "had it with that BI - --!" Apparently Betty found them having drinks down the street from the facility last night while she was going off the PM shift. Her comment, that was loud enough for most of the patrons to hear, was, "I guess if you drink enough you don't realize what lazy kind of work you do." The three staff have threatened to resign.

Ok, so what do you do? How do you deal with this complicated, but not uncommon problem? Your first responsibility is to the organization; Betty does her job well, but these issues of her behavior and personality seem to be eroding the work climate. You are also concerned about boundary issues because Betty's complaints, as well as the complaints of other housekeeping staff, have never been formally placed in the H.R. Department, except the one complaint about sexual harassment. You need to deal with this before it gets worse. Use all nine items from the case analysis scheme.

7. What do you mean? How can you give the promotion to her?

When Jim Mobrey first entered the Human Resources department suite he made quite an impact. Jim played linebacker in the conference championship game at the local university five years ago and made himself a community super star by intercepting three passes in the final game of the season and taking two of them "all the way" for touchdowns. He has had his photograph in the newspapers and even got an interview by Larry King Live, "back in the day." Since his graduation he went on to pursue a masters degree in H.R. and took an internship at a hospital in Cincinnati where, although he was offered a nice position, he never felt comfortable. Race relations were tense in Cincinnati after police killed three people with evidence that there was excessive force during a routing traffic encounter. So, Jim applied for the Assistant Systems slot in the H.R. department and was looking forward to just living his life quietly.

Jim and Shannon Rice were offered parallel positions at the same time. Shannon just graduated from University of Alabama - Birmingham and was written up by the *Birmingham Gazette* as the "bright star" in Alabama's health care system's future. Shannon packed her bags and moved to Michigan the next day when her boyfriend, who had been living in Indianapolis, Indiana, decided to take a job in Ann Arbor. Shannon's position was that she took what she came to Alabama for and it was "time to go". Also, the health care insurance that she was offered at UAB failed to cover much of the Type I diabetes costs that her three year old required and she considered her child to be her first obligation. Shannon was called for an interview just three days after hand-carrying her resume and the application forms to the H.R. Department. She had not even unpacked her U-Haul Truck when she got a call on her cell phone that she was go be interviewed. She had not begun to make childcare arrangements when she was told she had the job and would start in four days.

With a previously all-white H.R. department, a staff size of 22, and a mission of increasing minority recruitment and retention at the hospital, you figure that two successful, bright, and accomplished young African Americans would give your mission a jump start; who knows, you might get few approving nods from your V.P. and finally get out of sitting in the H.R. "dungeon" where you have spent the last eight years.

Jim and Shannon got right to work and soon were each organizing recruitment fairs, intercepting problems of minority staff, recommending staff relocations within the hospital to reduce the probabilities of loosing minority personnel, and you were "looking good." Jim, however, walked into your office this morning to announce that the Big Money Health Financing Conglomerate, in Detroit, had made him an offer he would be crazy to decline and he would be able to move into a house down the street from where he was raised and be more available to his aging parents. So, you sit down with Shannon and let her know that no additional personnel could be brought in for at least six months and you needed her to carry some of Jim's workload; including the supervision and organization of the four staff members who had been assigned to Jim.

Less than a week later, three of Jim's previous staff are waiting in your office as you arrive in the morning. They claim that Shannon doesn't respect them and "just gives us crappy assignments."

You try to calm them down by assuring them that Shannon's other staff have had a positive experience with her since she arrived and you were sure that 'it will all settle down.' One staff member said, "If Shannon wasn't here then Jim wouldn't have left." And you were left wondering what such a comment could have meant. You had started the month looking at recruitment and retention statistics that were certain to finally get you the respect and promotion that you considered yourself to have earned. You have been patient and persistent. You have never complained to your V.P.

This morning, four weeks after Jim left so suddenly and the staff have been entering into a civil war that has pitted "Jim's people" against "Shannon's people", your V.P. has requested that you attend a meeting tomorrow afternoon. In the attachment to the memo you are notified that Shannon has been under consideration for an Assistant V.P. position in the Strategic Planning Division and you will probably need to post a personnel request for a replacement. You didn't notice this position when it was posted last month. It is not clear that you can get back the position that Jim left vacant. You feel your disappointment turn to anger and then you feel alternatively depressed or full of rage. How can this young woman get such an opportunity when you have been "sticking you thumb into the hole in the dam" for years? You feel unrecognized, marginalized and used. You still have a mess in your Department and now you see your two young super stars both gone, leaving you with an unhappy staff and essentially "right where I was two years ago."

How are you going to approach the meeting? What issues of the last several months should you raise? What successes should you credit to Jim or Shannon, or should you claim that the Department's success has been due to your management? Why do you think the V.P. has looked beyond you to give Shannon this career opportunity?

If you were at the V.P. level, how would you consider stabilization of the H.R. Department? What assumptions do you need to make about this H.R. manager, Jim and Shannon if you are going to be wise about personnel distribution? Is it always fair to leave seasoned people in positions where they can produce stability while also "taking" staff away from them?

Apply all nine items in the Case Analysis scheme.