



Organization Development in Public Health:

The Problem of Morale

By Ron Chapman © 2019

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Over and over again the issue of poor or declining morale arises across the public health workforce. Over and over again consultants such as me are used for interviews, focus groups and analysis. Over and over again there are long reports that too often produce little action. Not surprisingly, public health professionals become increasingly skeptical, and likewise not surprisingly, morale declines further still. Leaders become discouraged.

Unfortunately, despite their many talents, the typical public health leader has little background in leadership, or organization development. Frequently they outsource the problem to the human resources department, which is likely overwhelmed with

bureaucratic demands. Building the culture for the benefit of satisfied workers and their ability to be productive is left by the wayside.

Where then to begin?

The typical public health worker came to the field highly motivated to do meaningful work that produces significant public benefit. While discouragement may have sapped motivation, the heart of public health is alive and well in many. How do we restore that?

Let's go to the basics. In his book, [*The Three Signs of a Miserable Job*](#), Patrick Lencioni proposes that the source of high morale and satisfaction can be seen through a simplistic frame. In short, people need to know they matter and that their work matters. Furthermore, they need obvious indications that both the first two are true. In my experience in public health, that perspective is even more pronounced.

Now look at recent findings about what matters to staff and how it contrasts with the perspective of their supervisors.

What Is Important to Workers in Contrast to Supervisor Views

Workers	Supervisors		
2	10	a.	Feeling "in" on most things
1	8	b.	Full appreciation of work done
5	1	c.	Good wages
9	4	d.	Good working conditions
6	5	e.	Interesting work
4	2	f.	Job security
8	6	g.	Personal loyalty to workers
7	3	h.	Promotion and growth in organization
3	9	i.	Sympathetic help on personal problems
10	7	j.	Tactful discipline

Source: Engaging People in the Workplace. Copyright Patricia Clason, LLC.

As we can see, the top three items from a staff perspective involve relational variables. Interestingly, those same items are assumed to be least important by supervisors. This disconnect is significant and real, as well as problematic. Feeling valued and connected will require the investment of time and attention from supervisors, and the typical operational leader rarely feels they have sufficient time.

This challenge is further compounded when we look at engagement, another variable requiring investment of time and attention by supervisors. In a [novel study with the Centers for Disease Control and Prevention in China](#), engagement proved to be the best strategy for preventing burnout. Think of burnout as the inverse of what we seek.

Two of the most important areas for leadership involve the development of people, and the development of an ecology that supports them and their work. In his master work, [The Advantage: Why Organization Health Trumps Everything Else In Business](#), Lencioni shows that when leaders nurture an environment in which talented people can thrive and produce, results are much increased. To simplify, in order to produce great fruit, don't focus on the fruit, instead devote your attention to the conditions that ensure the fruit.

Now let's be honest. At this stage, the most common response from public health leaders is angst. They care about this issue, and the people, and the work, yet they feel terribly ill equipped to address it.

So let's start small. Practically speaking, it's the only place to start when time and resources are invariably short. The good news is the principles of quality improvement teach us that the secret lies in steady, continuous improvements developed over time. So we start wherever we are able with strategies that are practical and achievable.

Following are a few places to begin, but first, let's tackle the issue of employee engagement pragmatically. Nothing ensures cultural improvements more than having staff actively involved in the improvement. While leaders can lead, without followers leadership fails. The environment won't improve because leaders seek improvement, but because staff engage in it and ensure it. Leaders sanction and staff produce. The result is a powerful tonic for the workplace environment.

There is a seemingly endless supply of resources available for self-directed work teams, quality circles, staff workgroups, and the like. Pick a design that suits your culture well, then invest in an organization improvement professional to get the design right. Getting the approach well-conceived is the single most important variable in effective staff-led initiatives.

Then determine how to get started. If you have an employee climate survey, or organizational assessment, or employee satisfaction metrics, they create an initial portrait. Additional approaches to obtaining data or information can be useful. Regardless of the sources or findings, the most important best practice is to not get caught in analysis, but to move to action in order to begin to gain positive effects.

In the current, larger climate for organizations, one of the most beneficial improvements involves meetings and meeting effectiveness. [A very large study reported in the New York Times told the tale using meta-data](#). In short, the single greatest predictor of employee satisfaction is whether meetings support or prevent the good use of their time. Given the value public health professionals place on the benefits their work produces, improving their experience with meetings provides very large benefits. A useful resource is [Death by Meeting](#), another book from Lencioni.

Yet another great opportunity for workplace improvement has two thrusts— goal-setting and prioritization, and delegation that leads to autonomy.

The truth about public health professionals is that they tend to be highly effective at delivering when their priorities and goals are clearly defined. Yet too often, any sense of prioritization is muddled, an inevitable consequence of many competing demands, constituencies, activities and interests.

Peter Drucker, the father of modern organization development, once said in effect that smart, talented people won't ever choose poorly, but will fail to choose from too many options. The result is a diffusion of effort which results in underperformance. That reality thwarts the drive of public health people to produce meaningful results.

So a second, highly beneficial strategy for boosting morale is to institute a simple but effective approach for setting goals and priorities. Once again, there are countless options in the marketplace. Choose one that suits the culture, then apply it consistently.

Coincident with the second strategy is a third: effective delegation. Remember, the typical public health professional has a demonstrated capacity to produce. Many if not most prefer to be fairly autonomous. Delegation that creates clarity is the tool that makes that possible. In contrast to the marketplace solution mentioned before for goal-setting, I have defaulted to a simple, practice-based tool shown as an attachment. Adapt as needed.

In conclusion, the secret to highly-motivated public health workplaces is in tapping the pre-existing staff capacity to perform and produce. And to do so using a staff driven, continuous quality improvement model.

Regardless of where you start, the magic begins by beginning.

A Framework for Delegation (Bounded Autonomy)
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As a general rule, most staff in public health are effective and performance-oriented. They have achieved in education and career because they are largely goal-focused. Therefore, barring a competency issue, if provided adequate guidance and autonomy to act, most will be moderately to highly successful with performance.

While the more common language is “delegation”, a better description would be “bounded autonomy”. By this we mean that a reasonably capable and competent staff member in public health should be able to work with a great deal of freedom as long as they are provided adequate guidance, or “bounding.”

Here is a simple framework for how to practice effective delegation, which has embedded within it the principles of goal-setting.

1. Describe and communicate effective, clear expectations, which can include objective and subjective aspects.
2. Always ask for a confirmation, which should ensure that the staff has clearly understood the expectations. If there is any lack of clarity, return to the first step. Continue until both parties feel like the expectations are clear enough to ensure success.

Note: The book/framework, [Crucial Accountability](#), can be a valuable resource.

3. Set a clear deadline for delivery or completion.
4. Agree on appropriate process or task completion milestones by which to monitor.
5. Determine the monitoring process, for example weekly one-on-one meetings, meetings of the team, unplanned check-ins, etc.
6. The secret to monitoring is in “reporting by exception”, i.e. as long as activities are on track there is no reporting other than a reassurance. This then targets problems or anticipated deviations for discussion and resolution.

*Note: Project management skills are highly effective in such processes.
Ensure that staff are adequately trained to project manage.*

7. Use the standard of “zero missed deliverables” and “zero surprises” as the performance metric. Any deviation indicates a need to strengthen the delegation mechanism. Use this as a positive, problem-solving technique, rather than a punitive measure.

Over time, the ability to self-manage and project future challenges should steadily grow.