

Ombudsman for a Day: A Job Rotation Opportunity at the University Health Network

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A major challenge for every business, regardless of sector, is recruiting and retaining a skilled and effective workforce. The challenge is even greater in healthcare since the need for specialized skills is combined with a need for human sensitivity and caring, often described as “the art and science of healthcare.”

The University Health Network (UHN), composed of the Toronto General Hospital, Toronto Western Hospital and Princess Margaret Hospital, is the largest teaching facility in Canada. UHN has been facing recruitment and retention challenges for several years and is always open to new recruitment and retention strategies. In order to determine what was meaningful to staff, UHN, under the auspices of its Human Resources Department, conducted an employee opinion survey (EOS Appreciative Inquiry Exercise, April 20, 2004).

Staff were asked what they found meaningful and important in the working environment, and they responded by identifying four specific areas: recognition, communication, workload management and learning environment. One area that was identified as a particularly good example of a successful “learning environment” strategy was the opportunity to participate in a job rotation in a department other than their own. In fact, the

only department that had offered such an opportunity was the Patient Relations Department (Office of the Ombudsman), in 2002. UHN staff identified the patient relations job rotation opportunity as being an exemplar of outstanding “best practices.” As a follow-up to the successful rotation opportunity in 2002, the Patient Relations Department reinstated the rotation in 2004–2005 and 2005–2006. This article reviews the findings over this three- to four-year period.

Literature Search

A search of the human resources literature indicates a paucity of information on this subject in North America, although there is growing evidence of secondments and job rotations in the United Kingdom (Critchley 2002). Generally speaking, a secondment or job rotation can achieve many positive outcomes, which include the following:

- Security – a safe way for staff to experience new teams, roles and parts of the same organization
- Enablement – enabling of learning new skills, new roles, new responsibilities and new team and leadership styles
- Career enhancement – offering staff opportunities to practise

or consolidate new skills and therefore gain the necessary experience to move to another position; in this sense, a rotation can be very nurturing

- Networking – an opportunity to expose oneself to new relationships and networking opportunities
- Therapy – offering staff an opportunity to see “outside their box” and thereby appreciate their own work and setting (Critchley 2002)

The Actual Opportunity in the Patient Relations Department (Office of the Ombudsman)

The Patient Relations Department (Office of the Ombudsman) developed a rotation opportunity for all UHN staff in 2002. The goals of the experience were outlined at the onset so that staff would know what to expect. Specifically, the goals were as follows:

- To acquire an in vivo opportunity to practise conflict-resolution skills
- To be sensitized to the perceptions of patients with complaints
- To learn about other departments in the hospital
- To participate in a patient-education opportunity
- To work with a team of individuals who demonstrate the highest order of supportive teamwork

The Logistics of the Rotation

The rotation included a half-hour preparation session with the rotation administrator, which outlined (1) what to expect in the role, (2) a review of the philosophy of the practice in the ombudsman office, (3) an overview of the types of issues and concerns that come to the office and (4) a review of the responses that might be provided to complainants.

Each person participating in the rotation knew that back-up assistance was available at all times, and participants were provided with a script that they could use to extricate themselves from a complaint that they felt was beyond their skill set at the time. The expectation was that all participants would come with a basic skill set in conflict resolution. All participants were employees in some department of the hospital. Although many staff applied to this opportunity, scheduling issues allowed for only 20 participants in 2002, 15 participants in 2004–2005 and 21 participants in 2005–2006. Participants came from various areas of the UHN:

- The hospital foundation
- Allied health (physiotherapy and social work)
- Pharmacy

- Administration (finance, human resources, public affairs and the privacy office)
- Physicians (from dentistry, general surgery, emergency and neurosurgery)
- Radiation therapists
- Nurses (from the operating room, admitting, infectious diseases, orthopedics/rheumatology, emergency, general internal medicine, medical imaging and the post anesthesia care unit)
- Technical support/telecommunications
- Toronto Medical Laboratories (from pathology, hematology and histopathology)
- Physician secretaries
- Medical imaging (from general radiography, magnetic resonance imaging bookings and computed tomography scan, and a clerical supervisor)
- Research
- Transplantation

Participants were asked to partake in pre- and post-participation surveys in order to determine if their expectations and experiences of the rotation were appropriately structured to achieve the originating goals. The same questions were asked at each reinstated rotation opportunity so that the results could be compared.

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The Pre-participation Survey

Participants answered the following questions prior to the rotation:

1. Am I qualified to do this job?
2. Do I know the hospital well enough to handle questions about other areas?
3. How will I deal with complaints emotionally?
4. How will I deal with complaints practically?
5. What are my “top of mind” thoughts or expectations?

The results are presented in Table 1 and Appendix 1.

The Post-participation Survey

Participants answered the following questions at the end of the rotation:

Table 1. Results of the pre-participation survey

Question	Responses		
	2002	2004–2005	2005–2006
Am I qualified to do this job?	60% yes 35% no 5% not sure	93.3% yes 6.7% no	42.9% yes 57.1% no
Do I know the hospital well enough to handle questions about other areas?	60% yes 40% no	66.7% yes 33.3% no	42.9% yes 57.1% no
How will I deal with complaints emotionally?	90% well 10% not well	93.3% well 6.7% not well	90.5% well 9.5% not well
How will I deal with complaints practically?	85% well 10% not well 5% not sure	80% well 20% not well	90.5% well 9.5% not well
What are my “top of mind” thoughts or expectations?	See Appendix 1	See Appendix 1	See Appendix 1

1. Am I qualified to do this job?
2. Do I know the hospital well enough to handle questions about other areas?
3. Did I handle complaints emotionally?
4. Did I deal with complaints practically?
5. Were the following objectives met, exceeded or not met in the patient relations rotation?
 - a. An in vivo opportunity to practise conflict-resolution skills
 - b. An opportunity to be sensitized to the perceptions of patients with complaints
 - c. An opportunity to see the workings of the hospital outside my own scope of practice
 - d. An opportunity to participate in patient education
 - e. An opportunity to work with a team of individuals who demonstrate the highest order of supportive teamwork
6. What could the Patient Relations Department do to make this rotation better for participants?

The results are presented in Table 2 and Appendix 2.

Observations and Discussion

In 2002, when asked whether participants thought that they came to the rotation with a skill set that qualified them to do “the job,” pre- and post-participation responses were consistent at 60%. These results suggest that participants may have self-selected accurately (this was a volunteer opportunity). The participants may have also had a solid skill set beforehand and wanted to find an opportunity to practise these skills via the

rotation. The opportunity appeared successful for many staff.

In 2004–2005, participants were extremely positive about their ability to resolve conflict at the pre-participation phase. This could be attributed to an awareness of the success of the first “go around” via the word of mouth; therefore, the confidence level of these participants was high (93.3%). However, when the same participants were asked after the rotation if they were qualified to this job, only 66.7% still felt that they were qualified (a 26.6% decrease).

In 2005–2006, our participants felt less confident pre-rotation than all the other participants; only 42.9% felt that they were qualified, which is 50.4% decrease from the 2004–2005 participants. However, after the rotation, the participants in 2005–2006 felt more confident about their qualifications to

do this job (66.7% felt that they were qualified).

With respect to question 2, staff were concerned prior to commencing the rotation that they did not know the hospital well enough (only 60% answered yes in 2002, 66.7% in 2004–2005 and 42.9% in 2005–2006). This is a reasonable and understandable fear in any circumstance, but even more so in healthcare where a high degree of specialization and esoteric knowledge base prevail. In the end, participants found that they generally knew the hospital better than they had anticipated. There was a 15% increase in the participants’ yes responses post rotation in 2002, a small decrease of 6.7% in 2004–2005 and a considerable increase in 2005–2006 of 28.5%. It appears that this rotation gave participants confidence about the idea of working in another department, that is, outside their comfort zone. This was a pleasant surprise that reinforced self-esteem and made the staff feel more connected to the rest of the organization.

With respect to the third question, about how participants dealt with complaints emotionally, one often hears from staff that although they like to problem solve, dealing with complaints can be problematic or emotionally difficult. Given that almost all callers to the Patient Relations Office are calling to express a complaint or grievance, one might expect that the emotional toll would be difficult. While rotation participants realized prior to the rotation that there would be an emotional difficulty associated with the rotation, 90% of the participants in 2002 felt confident that they would be able to handle complaints emotionally. In 2004–2005, the participants felt even more confident (93.3%), and in 2005–2006, 90.5% also felt that they would

Table 2. Results of the post-participation survey

Question	Responses		
	2002	2004–2005	2005–2006
Am I qualified to do this job?	60% yes 35% no 5% not sure	66.7% yes 33.3% no	66.7% yes 33.3% no
Do I know the hospital well enough to handle questions about other areas?	75% yes 25% no	60% yes 40% no	71.4% yes 28.6% no
Did I handle complaints emotionally?	60% yes 35% no 5% not sure	53.3% yes 46.7% no	95.2% yes 4.8% no
Did I deal with complaints practically?	90% yes 5% no 5% not sure	53.3% yes 46.7% no	100% yes
Were the following objectives met, exceeded or not met in the patient relations rotation?			
An in vivo opportunity to practise conflict-resolution skills	60% was met 30% was exceeded 5% not met 5% did not answer	73% was met 20.3% was exceeded 6.7% not met	52.4% was met 38.1% was exceeded 9.5% not met
An opportunity to be sensitized to the perceptions of patients with complaints	60% was met 40% was exceeded	40% was met 53.3% was exceeded 6.7% not met	47.6% was met 52.4% was exceeded
An opportunity to see the workings of the hospital outside my own scope of practice	55% was met 45% not met	20% was met 80% was exceeded	38.1% was met 61.9% was exceeded
An opportunity to participate in patient education	55% was met 10% was exceeded 25% not met 10% did not answer	40% was met 46.7% was exceeded 13.3% not met	52.4% was met 38.1% was exceeded 9.5% not met
An opportunity to work with a team of individuals who demonstrate the highest order of supportive teamwork	45% was met 55% was exceeded	20% was met 80% was exceeded	23.8% was met 76.2% was exceeded
What could the Patient Relations Department do to make this rotation better for participants?	See Appendix 2	See Appendix 2	See Appendix 2

be able to manage complaints emotionally. After completing the 2002 rotation, participants realized that this particular job was more taxing emotionally than previously expected. Specifically, post rotation, only 60% of participants felt that they could deal

more details.) We used the feedback we received in 2002 and 2004–2005, which could be the reason why 100% of the participants in 2005–2006 felt so confident that they could deal with complaints practically.

with complaints well emotionally – a 30% decrease. In 2004–2005 there was a 40% decrease. However, in 2005–2006, 95.2% felt that they could still deal well with complaints emotionally, which resulted in a 4.7% increase. This is a rather interesting statistic and could be attributed to the fact that the rotation participants from 2005–2006 probably came from areas where they are accustomed to emotional conversations. Another reason may be the fact that there was more coaching during this latter rotation opportunity because of the feedback we received from the previous two rotations (see Appendix 2), resulting in the participants feeling more confident when dealing with emotionally challenging situations.

With respect to question 4, prior to the job rotation, participants felt relatively confident that they would be able to manage the practical questions that arose (85% in 2002, 80% in 2004–2005 and 90.5% in 2005–2006). After the job rotation, the confidence level of the participants rose to 90% in 2002 and dropped by 26.7% in 2004–2005; in 2005–2006, 100% of the participants felt that they could deal with complaints in a practical manner. Overall, these results indicate that this was another opportunity for affirmation and self-esteem. The 2004–2005 results could be ascribed to the fact that the inquiries and complaints that the participants faced perhaps were not fully addressed during their time at the rotation, or there may not have been enough cases to follow through on. (See Appendix 2 for

Question five asked the participant to consider, "What are my 'top of mind' thoughts or expectations?" prior to participating in the rotation. This prompted interesting qualitative comments, which are detailed in Appendix 1.

Achieving Objectives

One of the important questions regarding job rotation is whether the time, effort and disruption to regular scheduling are worthwhile. It appears that the objectives of the rotation were overwhelmingly met: 90% in 2002, 93.3% in 2004–2005 and 90.5% in 2005–2006 of the respondents indicated that the opportunity to practise conflict-resolution skills met or exceeded their expectations.

Almost all participants (100% in 2002, 93.3% in 2004–2005 and 100% in 2005–2006) felt that this experience met or exceeded their expectations in terms of giving them an opportunity to be sensitized to patient's perceptions.

“There was more coaching during this latter rotation opportunity because of the feedback we received from the previous two rotations, resulting in the participants feeling more confident when dealing with emotionally challenging situations.

Fifty-five per cent of participants in 2002 felt that the opportunity to see a department outside their own scope of practice was met. It is possible that those individuals who did not receive many calls during their rotation were also those individuals who felt that this goal was not achieved. Further refinements to the job rotation structure may be necessary, and participants' suggestions for future improvements are presented in Appendix 2. Following 2002 feedback from our participants, we implemented the suggestions we received. This is demonstrated in the results in 2004–2005 and 2005–2006: 100% of the participants on both occasions felt that the objective of having an opportunity to see the workings of the hospital outside their own scope of practice was met or was exceeded.

Sixty-five per cent of participants in 2002 felt the opportunity to participate in patient education met or exceeded their expectations; however, 25% of participants indicated that their expectations were not met, and the remaining 10% did not answer. This might be an area for future study. Appendix 2 provides participant feedback for implementing this recommendation. We asked this question again in 2004–2005 and in 2005–2006, and there was still a percentage who felt that this was not an opportunity to participate in patient education (13.3% in 2004–2005 and 9.5% in 2005–2006). This may be due to the fact that a patient-education network that is more

literature-based already exists at the hospital and satisfies staff needs. We may have to alter this question at the next rotation opportunity that our department offers.

All participants (100% in each rotation session) felt that the goal of an opportunity to work with a supportive team was met or exceeded. This suggests that the participants noticed the supportive nature of good teamwork in Patient Relations. It was also noted that this department was extremely productive, and the relationship between teamwork, productivity and mutual support might be a future area of study in this department. We are currently working on a presentation that describes how support and teamwork can be effective when dealing with conflicts. We hope to share this presentation across various areas of the hospitals to assist the front-line staff. See Appendix 2 for more feedback, which supports this initiative to provide a larger scale of the patient relations rotation so that more staff can have access to these tools.

Conclusions and Recommendations

The above feedback suggests that a rotation opportunity can achieve and satisfy staff desires vis-à-vis education. Due to the overwhelming success of the rotations, the Patient Relations Department is planning to revamp our rotation opportunity and start providing in-services to various areas of the hospital

in 2006. Surveying tools will also be used to determine whether the in-services are successful and effective. Suggestions made as a result of the previous rotations will be incorporated into our in-services.

Organizations that are considering developing their own job rotation opportunities are encouraged to learn from these reflections. It appears important to identify goals precisely beforehand to make certain that experiential opportunities really do exist. Overall, staff experienced overwhelming satisfaction and success with these job rotations. **HQ**

Reference

Critchley, D. 2002. "Second Sight." *Nursing Management* 9(7).

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Appendix 1. Responses to the question, "What are my 'top of mind' thoughts or expectations?"

2002	2004–2005	2005–2006
To learn more about conflict resolution.	Excellent ways/approach in solving patient complaints. To provide excellent customer service to all my clients in a very professional and less stressful way.	See this as an opportunity for greater exposure, hands on experience and to enhance mediation/ conflict-resolution skills.
How to handle intricate questions and still let others feel heard. Would like to see work of Patient Relations staff.	It will be interesting to experience a different aspect of UHN.	Although I deal with patient complaints daily, I am hoping to get some fresh and helpful ideas for future use.
I expect to learn a lot about patient's feelings and complaints, from a perspective very different then being a practitioner.	I expect that this will be similar to the job I currently do with staff. It will be interesting to get a "feel" for the patient experience since I do not currently work in a clinical centre.	To gain an overview of what the role of "patient relations" entails.
I hope I get to experience much contact with patients and the public and that it will be a rewarding experience.	Training in a new area of the hospital.	Expect patient or family members to call about rude healthcare workers, not being listened to and substandard care. I hope my approach is to listen, note their concerns and talk to patients.
As a new "practice leader," I anticipated being involved in conflicts my staff may have with patients. I would like to know when to contact patient relations and what you do for me. Another goal is to learn some skills of handling conflicts and patients better.	Particular interest in MHA complaints or comments. Taking course in Alternate Dispute Resolution; looking for practical experience as well.	Expect to hear a percentage of angry persons and a much smaller percentage of happy people.
To know about common issues that come up and learn how to deal with these the best way I can and to be able to identify possible issues/ complaints we receive in pharmacy that we can refer here.	I hope to learn to deal with complaints/concerns from a different perspective and thought this would be the perfect opportunity.	My expectation is that I will learn to better direct calls to the appropriate office, clinic or administrator after I spend the morning in Patient Relations.
Although I answered "yes" and "good" above, I am not as confident as it sounds! Will have to practise.	I always thought this would be a place I would like to work.	See how the department works. Get a sense of the diversity of concerns that need to be filed.
To consolidate my understanding about the process of reviewing and responding to patients' concerns.	I hope to understand what I can use from my past experiences here today. Gain further appreciation of "thought" of our patients.	To learn more of interrelations with people.
What am I doing here? Fear (healthy dose).	I expect to learn a lot about UHN. I expect to learn a lot about relating to people who have complaints.	To learn more about the role of patient relations.
It may be difficult to not take sides or feel as though there is a need to defend the hospital. I am interested in the types and volumes of calls received here.	Interested to hear the kinds of issues people bring to Patient Relations. A little anxious about being able to deal with them appropriately.	Apply current techniques and look for ways to improve practice. Determine whether my perceptions of above answers are accurate. Look for feedback and improvement and see this as an opportunity to job shadow.
I believe that it will be very challenging for me to handle concerns that do not have very direct solutions as they are out of our control, for instance, long waiting times due to a temporary move. In these situations, I will try to be a good listener and supportive in order to assure this is only a temporary concern.	To see process involved in dealing with issues and compliments.	To be objective and to not take complaints personally. Be sensitive, sympathetic and non-judgmental. Be neutral, do not take sides. If I do not have the answer say, "I will find out and get back to you."

Appendix 1. Continued

I would like to see how other areas of the hospital work and what nursing views they use.	I expect to feel like a fish out of water. Flow of tasks (getting all the info). Script – sounding okay on phone (so patients don't think I'm a nut!).	To gain overview of "best approach" to handle difficult situations. To be able to be objective and deal with situations professionally.
I am interested in knowing what kind or (things) incidents actually are called in to Patient Relations.	Learn new skills to deal with patient conflicts. "See" problems from the eyes of the patient.	Pointers about resolving complaints. Brief hands-on training of complaint resolution. Know the sources of information dealing with complaint resolution.
Just to see the types of complaints and how realistic their expectations are.	A busy day and to be challenged emotionally.	Get a sense of the variety of complaints, most common scenarios and how to best deal with them.
To learn about patient concerns and experiences at UHN. I personally do not know Toronto General Hospital or Toronto Western Hospital very well.	Learn new skills to deal with patient conflicts. "See" problems from the eyes of the patient.	I would like to see that patients are happier/more content because of the conversations they have with Patient Relations.
That people will be angry, emotional, very talkative (maybe strange).		Most conflicts are a result of miscommunications Preventing conflicts from going to litigation. Increasing community awareness or UHN's role.
Concerned about trying to problem solve instead of listening.		Find out the process of a complaint and see things through Patient Relations eyes.
		I am here to get a greater understanding of how the Patient Relations Department operates.
		To get a better idea of the patient's view and values.

Appendix 2. Responses to the question, "What could the Patient Relations Department do to make this rotation better for participants?"


2002	2004–2005	2005–2006
Just keep offering it!	Arrangements and schedule setting is satisfactory for me. Perhaps this rotation should continue on to give more opportunity to other staff members to be able to participate. My sincere thanks to all the staff for their time.	Feel the scope of practice was sufficiently covered during this time allotted. Vas is a tremendously good communicator and very good with instructions. Rewarding and informative experience.
It was excellent. Perhaps a handout given a day or two before the rotation with catch phrases, things to think about and case examples. I feel as a social worker that I was prepared, but this may help those visiting from other disciplines.	Can't think of anything, perhaps some pre-reading re policy, etc. Great experience!	Nothing, I felt the experience was great. It opened my eyes to what Patient Relations deals with, not only complaints but with helping patients in other ways.
Offer it more often. Thank you for the wonderful opportunity!	I had not enough calls; would have loved more experiences.	Target all PGY1 surgery residents and offer this opportunity for them to practise.
I would highly recommend the rotation to others.	Nothing at this time. I thought it was well organized and enjoyed it. I will definitely recommend it to my fellow co-workers.	Nothing! Thank you.

Appendix 2. Continued


<p>Very good rotation overall. Sufficient coverage. I want physician contact directory for myself.</p>	<p>It would be nice to be able to follow through issues to completion, but I realized there are time limits. Very pleasant experience, thanks. I want to thank you and your whole department for allowing me the opportunity to spend a morning working in Patient Relations. Everyone made me feel very welcome and part of the team. The experience helped me to see how important your group is for the smooth functioning of the hospital. Thanks again for sharing your time and yourselves. You all deserve a gold star.</p>	<p>I think the rotation is great. Perhaps you can save a call or two from the day before in case there are no calls to handle on the day of the rotation.</p>
<p>Make it longer.</p>	<p>Offer another future session, should they wish to participate again. I wanted to thank you and your co-workers for my recent opportunity to assist in the Patient Relations Office. It was a great experience, and I will pass on my observations to my colleagues. It's amazing how far a little "listening" goes.</p>	<p>Probably doing more of this for a greater amount of people can help others understand how patients feel and conflict resolution is achieved to a good degree. This is good for UHN's goals for the future.</p>
<p>I cannot think of anything; I very much enjoyed the opportunity to experience first hand the role of Patient Relations. The experience adds "perspective" to my day-to-day work.</p>	<p>It was an excellent experience; I have no suggestions for improvement!</p>	<p>I thought this was great! I loved it. The team here is one of the best teams I have seen at UHN!</p>
<p>Very good rotation.</p>	<p>Nothing, it was lovely!</p>	<p>Offer this opportunity more so staff can experience other aspects of the hospital. The hands-on experience of the calls was helpful in my line of work and role at UHN.</p>
<p>Nothing, great experience.</p>	<p>I am a bit of "fraidy cat," so I wouldn't have minded "listening in" on a call before taking the reigns. But in the end, it was fine just jumping in.</p>	<p>I feel that I was accepted right away with information forthcoming. This should be a MUST for all employees with direct patient/family contact.</p>
<p>Very satisfying. I have a new appreciation of how well you handle sensitive issues and patients. Thank you!</p>	<p>Flexibility was great. Lots of room to direct my interest/ask questions.</p>	<p>Totally enjoyed it!</p>
<p>Good experience, thank you.</p>	<p>Encourage participants to get involved with calls.</p>	<p>Excellent experience, knowledgeable and friendly staff. Great exposure by handling actual cases/calls.</p>
<p>Thank you so much for your support and orientation today. I appreciate the opportunity to get a better understanding of the Patient Relations Department.</p>		<p>Zero suggestions. It was great!</p>
<p>The rotation was a great and rewarding experience. I would have appreciated it if I could have seen how calls I received were followed up in the next day or so as they were valid concerns, which I could not respond to right away. This would allow us to learn more about patient education. Thanks a lot for the opportunity to be part of your team!</p>		<p>Would like to be given some background readings on job rotations.</p>
<p>I would like to know follow-up interventions on cases initiated today by me.</p>		<p>Offer it for an entire afternoon.</p>

Appendix 2. Continued

<p>Very pleasant experience. Unfortunately, for me this was a "quiet" day. Wonderful staff.</p>		<p>Vas explained the role of the department in a very organized manner. Everything was clear, concise and to the point.</p>
<p>The training was excellent and very helpful. If this is the type of people dealing with patient concerns, UHN should be happy with their representation.</p>		
<p>Not enough calls came in the 2½ hours I was here to make a judgment on the full value of the rotation.</p>		
<p>It was great! I can take over for the director of Patient Relations job anytime she needs a break.</p>		



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