SYMPOSIUM

People Management Requires the Emphasis on Behavior Which gives Personal Satisfaction
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CONTENT

Functioning-oriented rehabilitation: focus on 'successful' behavior and a challenging environment.

Liesbeth Baas [1]

Psychosocial rehabilitation
The past ten years different visions and methods of psychosocial rehabilitation have been developed in different countries. They all have the same goal: improving the quality of life of people dependant of long term care. In my country, the Netherlands we are generally inspired by three Anglo – Saxon rehabilitation movements, consisting of the American rehabilitation tradition, represented by Liberman (1988) and Farkas and Anthony (1989) and the British tradition, represented by Bennett and Shepherd (1989). The focus of these movements is on: symptom reduction, training of coping skills, social skills, cognitive therapy and the creation of adjusted environments. They are working on the social well being of the client. Here quality of life is seen by the eyes of the outside world: the client has to function effectively in all environments, residential, educational and social. And of course it is important as well for the client himself as from a social point of view, that he suffers as little as possible from his complaints and disorders and that he functions as good as possible, that his remaining capacities are being used well. But this does not necessarily mean that the client is functioning to his *personal* satisfaction, that he is feeling well, worthwhile. This does not necessarily mean that the client has a good quality of life, seen through his own eyes!

The functioning-oriented rehabilitation approach
This quality of life, the personal satisfaction a client feels, is the most important aim of the functioning-oriented rehabilitation (Andreoli, 1993). This is a novel development in psychosocial rehabilitation in my country, based on the constructional behavioral analysis of Beata Bakker (1987). In this approach improving the quality of life starts from the quality already present in a client's life. It starts with the successful

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behavior of the client, not successful from a social point of view, but successful because it gives the client personal satisfaction.

Of course, the potential for this successful behavior repertoire is often strongly reduced in a client's life. Our clients often have lost the ability to live their lives in a way that they get personal satisfaction out of it. They have lost the ability to safeguard their own well-being. In this approach however, a basic assumption is that every individual has some potential of being in control of and influencing his well-being. Everyone learns during his life to do things that make him feel good and to leave off things which will make him feel bad. During this learning process we are dependant on the possibilities in our environment and on what physical and mental possibilities and limitations we have. We all need certain leads in the environment, stimuli upon which we can react in a way that gives us a good and safe feeling about ourselves. Clients with psychiatric disorders often are not feeling well and can be totally absorbed by their problematic functioning. By this their natural alertness to their environment and the ability to look for essential leads has gone. And this is where the functioning-oriented rehabilitation method starts: with the reanimation of the client's alertness for his environment. We don't have to wait, in order to start with this, till all symptoms are under control. There are always possibilities to safeguard your well being, even if you're not well, physically or mentally. I'll first like to show you how this rehabilitation approach works out in a residential setting.

The 'rich' environment of a residential setting.
In a residential setting we are reanimating the alertness of our clients by creating a 'rich' environment, that is to say an environment with a variety of potential leads for functioning and then guide the client in his searching trip to possibilities that fit him at that moment. We do that by giving the client the opportunity and possibilities to pick things up and let them fall again, so he can discover by himself, can experience what he needs to feel well at that time. So, one client started enthusiastic with a computer-course. Everything seemed to go well, but she mentioned, hesitatingly, after a few times that she wanted to stop. She couldn't bear all that dancing characters. Notice that a rich environment is not the same as a kind of attraction park, where you can do what you like by approaching, responding to your favorite attractions. A rich environment is also an environment where

a client can escape from unattractive situations or prevent the occurrence of for him unattractive situations. By bringing everyday life into the living room clients are invited to come alive again. Caretakers start easy accessible activities on self-care, housekeeping or leisure activities. They can cook and try to get clients involved by asking them to stir the soup or which recipe they like most. Clients can do their own laundry, alone or with help. They can visit the library, maybe a client appears to be interested in a certain subject, and so on.

Sometimes a 'rich' environment is created by a coincidence: Maggie, a nurse, had broken her right wrist. She is right handed, so she was rather handicapped. Maggie is a person who likes to do things by herself, but when she tried to clear the table she almost let fall the plates. To her surprise Jim, a very apathetic man, took the plates from her and kept on clearing the table. Later on Maggie asked Julia to make coffee, which she normally never does. Julia made the coffee; she even poured it out for Maggie and herself. When Mrs. A. saw how clumsy Maggie was folding up the laundry she started to help her. They all helped Maggie through the day, asked or unasked. We learned from this not to do too many things ourselves, but to do our work in a way that makes an appeal to our residents, for example by being apparently busy ourselves or by being helpless.

Caretakers are fully free to do things they consider as appropriate at the time and which links up with their own interests or their own manners. Their activities are guided by a regular test to the global goal: does this client function to his own satisfaction, is he feeling well? The client isn't supposed to learn to do things by him self or to become more independent, he just has to learn which of his doings contribute to his well-being. And this goes automatically; he doesn't have to think about it. This approach has proven its value in several residential settings in the Netherlands. Clients are more involved in activities, both in a passive and in an active way, and when they are they seem to be in a better emotional condition. Involvement and well-being are apparently linked. By this we reanimate the natural process of safeguarding one's well-being with clients in a residential setting.

Outreaching programs
I would like to describe also how we use this approach in outreaching programs, where we can't directly influence the environment. I will give you an example of how we care for a client by bringing him in contact with potential leads for functioning because the client himself is not able to explore his potencies.

Tom is a young man who suffers from schizophrenia. He is chronic psychotic and has a great need of being on his own. He suffers most from negative symptoms; he has difficulty of coming into action. His house is a mess, but he can't allow someone to help him. The case manager is visiting him twice a week. Tom knows that in order to feel better he has to go outside sometime and they're discussing several possibilities. Should he like to work in a garden or rather in a garage? (Two places where clients can get work experience). Or would he rather go to the Day Activities Center, where he can draw, which he likes very much. He needs some pressure and support to come into action. Therefore the case manager decides to bring him at the various places, so he can see which place suits him the best. They're visiting the different places and after that Tom decides he wants to work in the garage. They agree he'll go there two days a week.

The first half year the case manager takes him to the garage and Tom travels back by himself. After that Tom travels alone. The case manager is then visiting him once at home and once at the garage. Tom says this motivates him to get up in the morning in order to go to the garage. Of course when he is not feeling well he misses now and then, but he always takes up the thread again.

A few years later it is becoming too busy at the garage, there are too many people working at the same time, Tom doesn't feel comfortable anymore. From that time he just comes one day a week at the garage, when there are not working so many man. It doesn't take long before Tom stays away altogether. He doesn't open the door when his case manager comes to visit him. Next time, when she comes unexpectedly, he admits he was afraid that she should force him to go to the garage.

We are often inclined to stick to a solution, when we have found one. However we ourselves also don't follow the same track forever. Tom expected his case manager wouldn't let him stop with this work. But it doesn't matter to her *what* he is doing or *where*, as long as he

functions to his own satisfaction. So the case manager will look with Tom for other activities, in order to find him something to do, which makes him feel well. For the focus of the functioning oriented rehabilitation is not to get and keep a successful job or result, but to get and keep a life that is worth living.

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A behavioristic model for people management: everything under control?

Paul Andreoli [2]

Models for management in the business community are usually of a pure conceptual nature: the complex reality is simplified by the introduction of a set of concepts, placed in a plausible connection. These concepts and their supposed connection are rarely if ever experimentally tested. Most of these conceptual models have a short life, depending on how attractive they are as a source of inspiration in everyday practice of people management. Their popularity is merely based on how successful these ideas are commercialized. A skilful application of sound and *proven* ideas on the longer term is not fashionable in professional management thinking. Chasing the latest fads frequently turns out to chasing will-o'-the wisps.

Behaviorism, seen as the philosophy underlying behavior analysis, holds to the proposition that a natural science of behavior is possible: this means that conceptualizing is based on experimental testing.

The use of concepts based on behavioral analysis in people management is the central theme in this presentation. The lay public associates behaviorism with the control of the social environment over the individual by reinforcement and punishment. And that is not a very popular theme in post-modern thinking about management. But external control is not the only subject matter in the relation between behavior and the environment. Conditioning also concerns the development of unique and individual specific patterns of behavior, which promote the individual physical and emotional well-being. Due to experiences in the past, every human being learns which environment-behavior relations improve the quality of his life. This is a continuing process in which new experiences may influence a person's individual behavioral repertoire. Quality of life is emotionally expressed in feeling yourself worthwhile as a person, in feeling good about your self and in experiencing personal satisfaction.

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So if concepts based on experimental behavior analysis reveal how people safeguard their well-being and if there is experimental evidence that people are more capable in responding to societal demands from an emotional state of feeling well, it should be worthwhile to investigate how these behavioristic concepts can help in creating a working environment in which relevant professional output is connected with personal satisfaction!

We have already seen that individually conditioned environmental aspects are related to individual-specific behavior patterns. So the clue is that we have to arrange the working environment in a way that there is behavioral room for reacting on aspects, which promote personal satisfaction. This can be done in several ways.

One way is to provide room for self-regulation if the production processes allow. This implicates room for reacting on personal cues for promoting successful behavior (i.e. behavior that promotes emotional well-being). Production processes where this type of arrangements is possible do not need to go according to strict protocols: there is room for alternatives and for arranging things together.

Another way is to arrange the production process so that the demanded productive behaviors are connected with aspects that benefit the person involved. For this type of arrangements the manager needs to know which cues for successful behavior each individual employee needs. If he knows this, he can arrange tasks in a way that they fit the successful behavior repertoires of the employees under concern. If for example the manager of a blood sample laboratory knows that one of his employees needs to fulfil clear orders in order to promote his personal well-being, it is likely that he will arrange tasks for this employee in preparing the facilities for blood investigation. While for another employee who needs to be helpful to others in order to safeguard his well-being, he will give this employee a role at the reception desk. For the employee who needs to find creative solutions for his personal well-being, planning the weekly schedule could be a task that fits his successful behavior repertoire.

I like to leave now these more or less theoretical considerations and give you some examples of how the above-explained notions have effectuated a behavioristic management style in my professional

career as a manager of a healthcare institution and as a consultant. In all the examples you will find two elements as underlying principle:

- Enabling self-regulation in order to optimize opportunities in the working environment to react on cues for individual successful behavior
- Arranging the working environment and tasks so that there are cues for individual successful behavior available to react on.

Professional self-management and responsibility

Due to the fact that in long-term care situations the quality of care is not measured by specific quantitative output-variables and professional actions are not prescribed by detailed protocols there is a lot of room for choices between alternative approaches. Which of these alternatives is the best is hard to say, because most of the care-targets are of a general nature concerning the physical and emotional well-being of the clients under concern. So testing your professional actions according to specified quantitative output-variables is hardly possible, but this does not mean that every professional can do what he likes. Professional actions can be tested according to more general societal standards like respectful treatment, avoidance of harmful situations or to standards concerning the mission statement of the institution for instance: demand-led care promoting emotional well-being of the clients under concern *and* personal satisfaction of the acting professional. This can be done by concrete reflections like:

- Was I sensitive to client-cues about his needs and his emotional state?
- Was the client in a good or better state during or after my actions?
- Did I feel well and comfortable during my actions?

This self-testing has to take place mostly afterwards on a regular base, not on a structural base. In case of professional dilemma's testing of this kind can be helpful before you come into action: in that case you can test with the same kind of questions as above the supposed outcome of possible alternatives. An appeal on self-direction implicates an appeal on taking professional responsibility by self-testing your professional actions under concern. Stimulating these attitudes means creating room for choices that fits successful behavior of the professional and room for decision-making independent of managerial directing or approval.

Coaching and directing

Closely related to the above-mentioned subject is a behavioristic coaching style of the supervisory staff. Current coaching focuses mainly on professional failures or professional impotence. This often leads to well-meant advices and instructions with the risk that the employee is not able to execute them or with the risk that the focus on the prescribed behavior interferes with the alertness to cues for individual successful behavior.

Behavioristic coaching focuses on successful behavior. This can be done by inviting the employee during a coaching session:

- To reflect on recent successful behavior by self-testing.
- To look at other comparable situations in case of professional failure or impotence. Situations in which he was able to act successfully (for example a situation in which a client is uncooperative you can ask: "can you get into your mind situations where you were successful in getting this client into cooperation?")
- To avoid bringing up less successful behavior the employee is not aware of, while the behavior under concern is not harmful for the client or others. The reason for this is that bringing up this behavior makes the employee uncertain and brings him in an uncomfortable emotional state, because he is confronted with unexpected failure and furthermore he doesn't have an alternative behavior at hand.
- To direct and instruct the employee only in cases where a certain approach is absolutely necessary.

Conflict management

Traditionally conflict management focuses on the analysis of problems and thinking up solutions, mostly collectively with all the parties involved in the conflict. At best resulting in a temporary clearing up of the situation where after the conflict very often kicks up again. An example of this was a conflict between the medical staff and the physical therapists about final responsibility and competence. A conflict manager was designated by general management and after several roundtable meetings it was decided that a manifest should be produced with all the ins and outs about medical final responsibility

and professional competence of physical therapists. Finally all participants agreed with a detailed manuscript. But … that did not prevent the recurrence of new problems. A behavioristic approach in this situation leads to a strategy focusing on successful behavior. Because the physical therapists initially raise the matter they were invited for a meeting. After they related their story, they were invited to scan recent interactions with the medical staff in where common decisions worked out satisfactorily. They brought up a lot of recent examples of successful decision-making. Next they were asked to look back at a recent conflict and invited to stand still in that concrete situation by what could be done or leave undone in order to obtain a more successful outcome. Mostly they found a more satisfying alternative, but if they didn't, the consultant refrained from advises or suggestions. This approach led very quickly to a long lasting clearing up of the personal working atmosphere. Notice that the medical staff wasn't involved at all in this approach!

Sometimes conflicts are protracted affairs with long lasting machinations in which successful interactions hardly occur. This was the case in a profound conflict between a general manager and the works council. In this situation the behavioristic consultant involved agreed with both parties to supervise the next meetings in order to create situations in which the participants can experience alternative, more successful ways of interaction. Afterwards they were invited to stand still to these successful moments by reflections like:
- Could you make your point at that moment?
- Did you feel comfortable at that moment?
- Are you satisfied with the outcome of the subjects under discussion at that moment?

Gradually the consultant diminished his interventions during the meetings, but continued to stand still at successful moments during the evaluations afterwards. By this the focus removed from conflicts to a developing style of successful negotiation between both parties.

Management of absenteeism
Keep in touch is the new catchword in downsizing absenteeism. The supervisory staff is trained to contact on a regular base the employee who is absent through illness. After a "how are you" it is promoted to question like: When do you think you will be recovered completely?

Or: If you are partly recovered, maybe you can do some of your tasks? Or: if there are aspects concerning the working atmosphere we have to talk about! Again we see an approach, which focuses on problems or a one-side approach, which focuses mainly on the interests of the employer. Behavioristic coaching in case of absenteeism assumes that an employee, who gets little or no chance to do things to come to his promise and to experience personal satisfaction is vulnerable to develop physical or psychic symptoms. So behavioristic coaching exclusively focuses on restoring successful behavior not only in the working situation but also in the private area Coaching of this kind is based on the ideas of the Dutch behavior analyst Beata Bakker-de Pree. The employee may feel that restoring successful behavior is the primary interest of both: employer and employee. The restoring of productivity is next and may oblige a reintegration plan in where the employee can discover or rediscover which aspects of his (eventually new) job can be done with personal satisfaction.

Staff-training philosophy

Most of the staff-training programs in organizations are based on organizational interests. Even in case of personal career planning the organizational interest is primarily on employability branding. There is nothing wrong with that, but from a behavioristic point of view the focus is one-sided. If it is true that someone's personal repertoire of successful behavior is continuously developing it is worthwhile to give room to a personal training-program exclusively defined by the employee? For this purpose an organization recently made a personal budget for individual training available for each employee with the only condition that the employee had to spend it to a training-program or supervision with some relation to his personal professional career. This condition was marginally tested not by the human resource manager but by an independent staff-training project committee. For a lot of outsiders it was surprising how responsible and well-considered employees made their choices. Staff felt relieved because employees no longer felt themselves dependant of the appreciation of their plans by the supervisory staff.

As you can see from these examples: there is plenty of room for self-management of emotional well-being and indeed, may be not

everything, but there is a lot under control …. of stimuli regulating individual-specific behavior!

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Discussion

Beata J. Bakker – de Pree, discussant [3]

People management is a matter of common interest. Not only because of its popularity nowadays, but also for the fact that it is applicable to so many different social settings. People management is needed wherever it comes to getting people to fulfil certain social requirements. It is practised by parents, teachers, policemen, coaches, bosses and all other executive authorities we may come across in the course of our life. It is done by rules, laws, instruction, training, etcetera, involving punishment, rewards and coercion. People management aims at shaping people into worthy members of the community to which they belong. It's meant for progress of civilization and, presumably, to the benefit of all participants.

However, Liesbeth Baas and Paul Andreoli showed us a different approach to people management. They indicated that people management could improve by including an active interest in people's *personal concerns*. By that they pointed to 'personal satisfaction' as the core business of people management.

Liesbeth Baas stated that living up to social standards may qualify one's social status, but it does not secure one's feelings on being a worthy person. She explained how to enhance the occurrence of personal satisfaction with severely disordered people in a residential setting and its outpatients facilities. She demonstrated that getting their engagement in possibly satisfying actions, begins with supplying a rich environment, including chances for trying *and* leaving, without consequences. Such chances are seldom available in the common world!

However, Paul Andreoli made it clear that in average circumstances free choice is no prerequisite for giving a fair chance to personal satisfaction. Furthermore, he explained how paying attention to different human qualities such as 'competence' and 'personal satisfaction' can be organized.

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Both presenters stressed the importance of an *actively inviting* environment. Why didn't they talk about a positively reinforcing environment? They are both behaviorists, so they should know about that. They even did not mention the value of explicit appraisal in keeping people happy at work and everywhere else, for that matter.

There is no doubt about the impact of a reinforcing environment. However, we need to be aware of the fact that a reinforcing environment reinforces only behavior that suits the demands of the environment. Whether it suits *you* is up to *you*!

That is why a reinforcing environment is of utmost importance to the development of skills, but *inappropriate* for doing anything about people's satisfaction. Presumably, because one's satisfying behavior is shaped by natural reinforcers. Such shaping happens unobtrusively to both the environment and the person concerned. Eventually, it's to the behaving person to experience whether his or her behavior yields satisfaction or not.

So, when you want to do something about people's satisfaction, you need an environment which invites people to get into action. When Liesbeth Baas described the particulars of a rich environment, she also mentioned the need of assisting attendance to support a client's search for satisfying activities. Such *unconditional support* gives the rich environment the appearance of a 'standing invitation'. Replacing contrived reinforcement by support for people's own choice is perhaps a radical change. However, when it comes to facilitating personal satisfaction, it certainly is a change for the better.

Apparently, this new approach to people management puts a lot of trust in people. May be that is true, but Liesbeth Baas and Paul Andreoli did not give the slightest hint at that. Instead, they were very clear in telling us how they count on principles of conditioning.
When Paul Andreoli explained his approach to some well-known issues of people management in work-settings, he illustrated the practical implications of giving priority to personal satisfaction. However, what a people manager should accomplish at such issues, goes beyond the domain of personal satisfaction. That is because usually, the work-environment does not only provide for 'things-to-do', but expects their workers to be *productive* in the first place. So, there is on one side the *personal need* of satisfaction and on the other side the *environmental need* of productivity. When we take a look at

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the actual interventions Paul Andreoli described to us, it becomes clear that his approach aims at fusing personal satisfaction and productivity. That is done by mutual adjustment of aims and claims and joining forces of contrived and natural reinforcement.