

# Training as a Solution

PARTICIPATING IN AND DELIVERING TRAINING SESSIONS HAS HELPED ME TO ADDRESS CLIENT PROBLEMS AND CREATE FUTURE OPPORTUNITIES FOR MY BUSINESS.

By Sabrina Nichelle Scott

**N**ow is an exciting time for anthropologists to use training as a solution to enter business, health care, and other industries. Business owners, management at all levels, and employees are just a few stakeholders who are searching for solutions to multifaceted problems during the ongoing COVID-19 pandemic. Depending on the issue, training can increase knowledge and skills to address local, national, and global human challenges.

In thinking about my professional development opportunities in business and health care sectors, my roles as a trainee and a trainer have enabled me to acquire new skills and knowledge, strengthen existing skills, and take advantage of networking opportunities. Throughout my career, training has provided solutions to client problems and opened access to potential internal and external client partners, fueling my path to starting my own business as founder and owner of Fullest Potential Consulting, Inc.

While working on my undergraduate degree in anthropology, my graduate program in business administration, and my doctoral program in cultural anthropology, I actively sought out employment that included a formal training component. These were paid internships and full-time employment opportunities that required

on-the-job training. I gained vital income that was necessary for my subsistence as a student. Also, I saw it as a practical way to gain experience to highlight on my resume and demonstrate the triangulation of my knowledge, skills, and work experiences to qualify me for well-paying employment opportunities.

For example, when I was a doctoral student, I was hired by the public health department in a Southern city to be the community specialist and later the process evaluator for a Centers for Disease Control and Prevention (CDC)-funded national demonstration project to prevent teen pregnancy. Both positions required that I routinely attend technical assistance training workshops that lasted for two or three days. I also participated in group conference calls with the CDC and specialist organizations that were tasked with providing additional technical support in community mobilization, community engagement, and evaluation. The CDC used training as a solution to ensure that grant awardees were equipped with the knowledge of theoretical frameworks in these three areas. Attendees were equipped with capacity-building skills required to address the multifaceted issue of teen pregnancy prevention.

The CDC Technical Assistance Training Workshops gave me the opportunity to contextualize theoretical frameworks that I had learned in anthropology courses such as Ethnicity and Health and Economic Anthropology. With the birth of a local coalition that was formed to address adolescent pregnancy prevention, and with the permission of the principal investigator, I was able to document and use a portion of the research for my doctoral research. The CDC training workshops provided

opportunities for me to network and observe formal and informal decision-making practices while being “in the field at home.” Through these trainings, I was able to tap into a community of evaluators throughout the country and learn similarities and differences in evaluating community coalitions.

After I matriculated from the doctoral program, I obtained a position for an innovation consultancy that required me to train, research, and sell research and training services. Since training was one-third of my job responsibility, I formally trained staff and clients in ethnography. In this position, I used training as a solution to serve several purposes: First, ethnographic training provided staff and clients the skills and tools to capture data quickly in respondents’ homes in domestic and international settings. Second, it helped clients to empathize with the challenges faced by clients addressing issues such as heart disease or allergies. Third, it served as a mechanism for clients to advocate for addressing customer needs that were business opportunities within their companies and organizations.

Prior to starting my consultancy, I became a credentialed trainer of proprietary electronic medical records (EMR) software in clinical documentation for nurses, therapists, and clergy working in the largest municipal health care system in the United States. I also tested training exercises in home health (clinical and billing) applications of the EMR software. Improving classroom and end user experiences as a credentialed trainer gave me access to internal clients with two hospitals and the home health agency for my former employer. Being a trainer helped me to learn more about some of the challenges faced by formal caregivers in health care.

One challenge faced by formal caregivers in health care is taking time for their own self-care. The demands of their jobs left little time to engage in personal activities outside of work. Many consistently reported the desire to sleep if

given any spare time. The added stress of learning an EMR software coupled with pressured work environments prompted hospital administrators to offer self-care training to all hospital staff as a solution to alleviate stress and prevent burnout. I found the in-class training to be helpful by giving simple tips that I immediately put into practice in my daily work routines to reduce my own work-related stress. For example, when I was not in the classroom, I walked laps in the long hallways during my morning break and during my late afternoon lunch break.

Through my consultancy, I learned that taking time for self-care was particularly challenging for family caregivers (infor-

mal caregivers) who also worked outside the home, provided extensive care as the primary caregiver, and took care of loved ones with conditions such as dementia or Parkinson’s disease. As a family caregiver, I attended more than several Caring for the Caregiver conferences in person and virtually. I noticed that 80 percent of the content was geared to learning about conditions and illnesses that the elderly face. Interestingly, only about 20 percent of the workshops in these conferences actually focused on self-care for family caregivers.

Seeing an opportunity to fulfill a need, I decided to create a tool that would be



used as a care plan for family caregivers. In mid-2020, I had 10 in-depth interviews with former and current family caregivers exploring several topics, including self-care. As a result of these interviews, a proprietary training tool was created to help clients in one-on-one training sessions to customize their self-care. The customized care plan helps family caregivers identify and achieve goals during and after their caregiving experiences. This helps to reduce stress, burnout, and feelings of isolation that some family caregivers experience when they solely focus on the care recipient.

Another training I provide to family caregivers is “train the trainer” for family caregivers who employ caregivers to assist them in home care of their loved ones. Sometimes hired caregivers are not trained properly, or they assume that former experiences from their former clients are applicable to their current client. Training areas covered range from factors to consider in caregiver recruitment that are loved-one centered to empowering family caregivers in retaining hired caregivers through defining, managing, and maintaining boundaries and expectations of hired home caregivers. Caregiver-loved one-family fit is particularly important when the loved one has challenging needs. Some salient points that I have trained family caregivers to consider when finding a hired caregiver include culture and language, medical and physical needs, ethnic and regional cooking preferences, and location of the loved one.

Health belief systems coupled with internal client occupational hierarchies and employee ethnic preferences are varied in both home care and home health fields, and can cause conflict in how health care is delivered to clients. I have provided many one-on-one trainings to home health aides and caregiver companions to follow the implementation of the doctor’s care plan for the loved one and also attend to the wishes of the family. One health belief model that is difficult to debunk is that once a loved one or a client reaches a “certain age” they should be denied access to

resources that would extend and improve the quality of their life. This is an area of difficulty in selling training as a solution for formal and informal caregivers.

Prior to the COVID-19 pandemic, I used my unique education and experiences in understanding cultural and workplace differences to help skilled care facilities address need areas, including caregiver retention. After completing an analysis for one skilled facility, the marketing director gladly received and implemented some recommendations. Years later, the website for this upscale facility in a Southern community now boasts about their success in retaining employees.


In our COVID-19 pandemic environment, my business focus is to help home care and home health agencies reduce employee (particularly caregivers) turnover by providing customized research-driven consulting and training solutions. The demand for home care and home health has increased, however, agencies cannot grow due to challenges in caregiver recruitment and caregiver retention. By examining company documents, interviewing key respondents of current and former employees, and comparing the findings against industry data, I am able to work with agencies to provide customized training to foster retention strategies of valuable employees.

As a business owner, training is essential in building organizational capabilities, and it is a successful strategy in giving my consultancy access to potential clients in health care (for example, owners of home care agencies, nursing training companies, medical device manufacturers). When I participate in training programs for entrepreneurs and small business owners, I am able to begin and build business relationships. It is an effective way for me to meet decision makers whether in person or virtually, learn about various businesses, and discover the challenges that they are facing. It provides me with opportunities to learn how my consultancy can help them.

Many anthropologists are teachers. Anthropologists are well placed to become

trainers because as subject-matter experts we have an attention to detail and we are able to view situations from a holistic perspective. We can add value as trainers either as employees or employers because we understand that context is important. We know how to listen. We know how to observe. We know how to analyze what is understood or not understood by those we instruct so that we can improve their learning experiences.

I have shared only a few examples of how training as a solution and training as a vehicle to gain access to clients are recurring themes in my professional life as an anthropologist. I encourage all anthropologists regardless of where they are in their professional lifecycle to consider how these two themes apply to their current work and their potential work. For young professionals, identify and pursue employment opportunities that include on-the-job training that will expand and complement your current skill set. For mid-career and senior professionals, delivering training is an effective way to encounter and engage with various industries and all types of institutions whether private, nonprofit or governmental.

Training is a huge industry that will continue to grow as we seek to acquire wisdom, knowledge, and skills to help us adapt to our changing world. We need to continue to adjust to modified work environments, evolved systems such as health care, and other aspects of life during and after the pandemic. Many people are at a new level of awareness about racial, economic, social, and health disparities in the United States and abroad. Now is just the time for anthropologists to use training to help us address some of today’s most pressing problems. 

**Sabrina Nichelle Scott** is the founder and owner of Fullest Potential Consulting, Inc. She enjoys working with caregivers including family caregivers in home care settings. Visit Fullest Potential Consulting, Inc.’s website and her LinkedIn profile to learn more about her consultancy and professional experiences.