

TRANSFORMING RELATIONSHIPS FOR HIGH PERFORMANCE

The Power of Relational Coordination

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RELATIONAL INTERVENTIONS TO CREATE NEW WAYS OF RELATING

Relational interventions discussed here are informed by process consultation, organizational development, and positive psychology.¹ The underlying philosophy is that participants can be proactive in transforming their role relationships with each other, their clients, and their leaders and that the ultimate responsibility for change rests in their hands. In this chapter, I will show how relational interventions and the tools associated with them can be further informed by the principles of relational coordination, as articulated by Tony Suchman:

Interventions informed by relational coordination improve participants' capacity to self-manage their interdependence: to understand their common goal, to understand how their individual work fits into the larger work process, and to carry out their work with a mindfulness of how their actions affect the work of others. This requires reciprocal feedback that is frequent, timely, and respectful, provided continuously throughout the work process. Teams achieve their highest level of performance when they have a discipline of ongoing group reflection on how they are working together, supported by adequate communication skills and a systems view of their work. This enables them to align their efforts and to avoid inadvertently making each other's work harder, thus reducing waste, error and interpersonal friction.²

In this chapter we explore a set of tools for “doing” relational interventions, tools that we have already seen in action in our four cases. Some of these tools are familiar to organizational development experts, and others are relatively novel—relational mapping, the RC survey, methods for feeding back RC results, and games of positive recognition. We will see how all of them are informed by the principles of relational coordination.

CREATING A SAFE SPACE THROUGH HUMBLE INQUIRY

With organizational change, participants experience both survival anxiety and learning anxiety. With survival anxiety, Ed Schein explained, “you begin to recognize the need to change, the need to give up old habits and ways of thinking and the necessity of learning new habits and ways of thinking.”³ With learning anxiety, however, “you also realize that the new behaviors may be difficult to learn and the new beliefs or values that are implied may be difficult to accept.” These new behaviors are particularly difficult to learn when they involve new role relationships—new ways of relating to others—which produces various kinds of identity threat, including fear of loss of power or position, fear of temporary incompetence, fear of being punished for incompetence, fear of loss of personal identity, and fear of loss of group membership. For change to occur, survival anxiety must be greater than learning anxiety. Ideally, this should be achieved by reducing learning anxiety.

To reduce learning anxiety and enable change to occur, such scholars as Chris Argyris, Amy Edmondson, and Ed Schein have identified benefits of creating feelings of psychological safety for participants, also known as safe spaces. The labels for safe spaces differ along with the methodologies for creating them—“cultural islands,” “relational spaces,” and “safe containers”—but they have in common the goal of creating psychological safety to enable learning and change.

The primary difference when creating safe space informed by principles of relational coordination is to highlight mutual interdependence and to create the conditions for mutual respect, minimizing to the extent possible the impact of power differentials. In the four change efforts we observed in Part II, the change agents had their own approaches to creating a safe space in which learning and change could occur. But there were also commonalities. The change agents often (1) paid careful attention to setting up the room prior to a meeting, typically seating participants in a circle; (2) were highly attentive to who was invited and to the expectations for their participation; and (3) sought to establish a mutually respectful environment by role modeling positive relational behaviors. The change agents would invite the group to articulate its own standards of behavior, for example, by asking people to discuss

the question, “What do you need from others in order to be your best self?” first in pairs, and then with another pair, and then with the whole group.

Another common element is the use of humble inquiry by change agents and leaders.⁴ Humble inquiry is basically a technique for expressing vulnerability by asking questions to which one does not already know the answer. By admitting publicly that they are dependent on the expertise of others, leaders can make dependence on the expertise of others seem more acceptable, thus helping to lower status barriers that are based on expertise. Through humble inquiry, leaders say, in effect, that while I may know many things, I can’t possibly know everything in this complex system, so we must therefore depend on one another to get the full picture. CEO Nick Wolter of Billings Clinic was the epitome of the humble leader, demonstrating his willingness to learn from others by asking them questions and listening carefully to their answers.

RELATIONAL ASSESSMENT OF THE CURRENT STATE THROUGH RELATIONAL MAPPING

Other tools used in the cases helped participants assess and reflect on their current relational patterns, giving particular attention to highly interdependent roles. Participants created relational maps were created in order to visualize the current state of relational coordination across interdependent roles. What are these relational maps and how do they work? I have long illustrated relational coordination as a network of communicating and relating around a work process—drawing a small circle for each workgroup involved, then drawing lines to connect the circles. Each circle indicated relational coordination within a workgroup, and the lines indicated relational coordination between each pair of workgroups.

One day, as I prepared to teach executives from the energy sector, I observed the instructor who preceded me teaching lean/six sigma as an improvement methodology. I watched as he introduced value stream mapping to the executives, in effect providing them with a visual tool for diagnosing the sequence and timing of work process tasks in their organization, and to reflect on possible solutions for improving them. It occurred to me that the network map I had been using might provide a useful exercise for these executives. I tried it

that afternoon, while introducing the concept of relational coordination. I was encouraged by the wide range of work processes the executives were able to map, from the financial-planning process to the oil-rig turnaround process to the HR performance-review process. I was even more encouraged by the clarity of the conversations they were able to have with each other regarding the current state reflected in their maps, and about their biggest and most urgent opportunities for improving relational coordination and organizational performance. Figure 11.1 shows an example of relational mapping.

To do relational mapping well, it is important to establish a safe space. I have found it is helpful to remind participants that they are mapping relationships between roles, not particular individuals, that the maps represent a hypothesis about what is going on, and that additional perspectives are needed to create the most accurate picture.⁵ Over the years, this relational mapping exercise has proven to be remarkably flexible across types of organization and work processes. It has also proven to be remarkably flexible across cultures, including in the United States, Canada, Denmark, Sweden, Norway, Australia, Japan, and Thailand. I had expected, for example, that Japanese participants would be hesitant to draw red lines—but I found that they, the youngest ones in particular, were eager to indicate where the coordination breakdowns and lack of alignment were happening.

Carsten Hornstrup carries out relational mapping with clients using facilitated dialogue. According to Hornstrup:

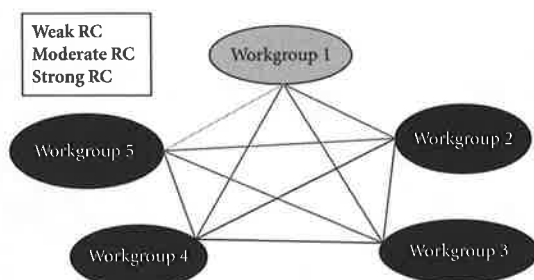
The approach I use is a very focused and very instructive dialogue. What we actually do is we give people the seven questions of RC, and then we just have in front of us a map of the different groups to do the relational mapping exercise. We just ask everyone to look through these questions and based on that, look at each group that's around there, internally and between the groups, assessing whether there is strong relational coordination, medium relational coordination, and low relational coordination. And a quick round, that might be somewhere between six and up to fifteen people. The facilitator interviews one person at a time, giving them the chance to say, "I think as seen from my perspective, as a representative of my functional team, these are the strengths, these are the in-betweens, and these are some of the weaknesses when it comes to relational coordination around this issue."

Two relational maps are shown in Figure 11.2.

Getting started

- ◊ Form a team of 3 to 6 people
- ◊ Identify a work process in need of coordination—e.g., “back surgery”
- ◊ Which workgroups are involved? Consider including the customers...
- ◊ Draw a circle for each workgroup and lines connecting between them
 - Weak RC = red
 - Moderate RC = blue
 - Strong RC = green

Drawing your map



RC = Shared goals, shared knowledge, mutual respect, supported by frequent, timely, accurate, problem-solving communication

Reporting back

- ◊ Where does relational coordination currently work well? Where does it work poorly?
- ◊ How does it impact performance outcomes?
- ◊ What are the causes?
- ◊ What are some potential solutions?
- ◊ Where are your biggest opportunities for change?

FIGURE 11.1 Relational diagnosis using RC mapping

Relational mapping has the capacity to reflect the state of teamwork across all the roles in a work process, including those that tend to be overlooked because of their relative low status; roles that work in different locations or for different organizations; and roles that exist outside work organizations, such as clients and their families, neighbors, and friends. Sometimes the process of relational mapping makes visible workgroups that tend to be overlooked

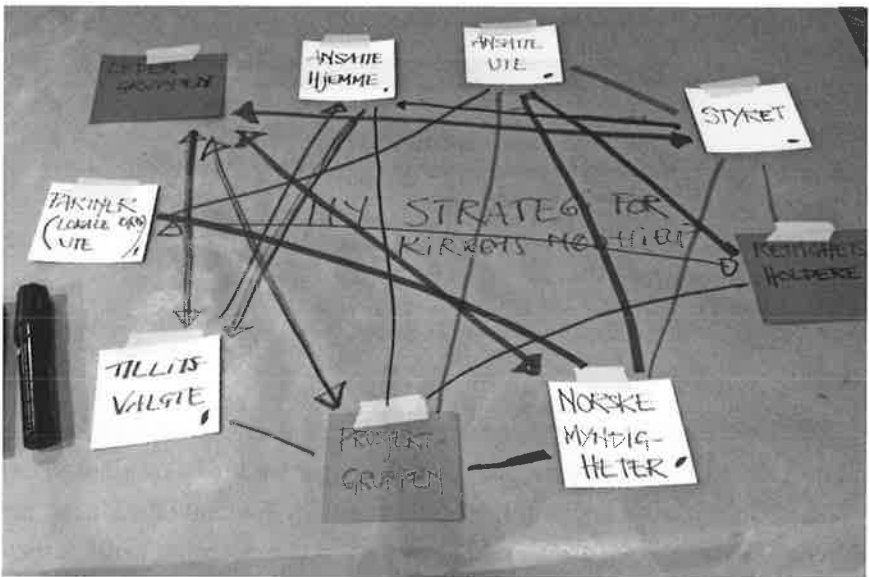


FIGURE 11.2 Relational maps

despite their critical interdependencies with others—like front-desk receptionists or transport workers. Sometimes the process makes visible the interdependencies that exist between well-recognized workgroups that were previously seen as operating independently. When participants report back about their maps, they often note new insights, such as “we realized the aides need to be on this map—they spend more time with the patient than anyone else, and we don’t even think about them.”

RELATIONAL ASSESSMENT USING THE RC SURVEY

Going beyond the impressionistic mapping of relational coordination ties, the relational coordination survey can be used as a next step to engage more participants and allow participants’ private assessments of their own ties with the other roles to be aggregated into a overall map.

But why take this step? Why use a survey? I originally created the relational coordination survey for research purposes to assess the relational coordination of flight departures between different airline sites and to test the association of relational coordination with an array of organizational structures and with performance outcomes of interest to airlines. Measurement is not just a tool for research, however. Measurement is also a tool for change.

Measurement is a common way for participants to assess the current state and to assess their progress over time. Indeed, measurement is considered by many management scholars and practitioners to be an essential component of an improvement process.⁶ As Deming suggested several decades ago in his analysis of industry performance challenges, the *way* we measure and *what* we measure can strongly influence behavior in organizations and should be designed to do so in an intentional way. Deming was particularly attentive to the need to “drive fear out” and “measure the process, not the person” in order to create the potential for improvement rather than finger-pointing and blaming.⁷ The RC survey should therefore be used to measure the quality of communicating and relating across the interdependent roles in a work process, and used for the purpose of learning rather than punishment.

As we saw at Group Health, Varde, Dartmouth, and Billings, the RC survey generates diagnostic information regarding the current state of teamwork, thereby providing feedback and helping to launch conversations that

can produce insight and improvement. Measuring relational coordination has the potential to focus attention on the less visible elements of how work gets done, just as relational mapping does. But the survey can reflect a wider array of voices, in a more protected way, than is possible with relational mapping. In effect, the survey takes qualitative relational processes and asks people to assign numerical values to them, producing quantitative measures that enable rankings, network analyses, and statistical analyses. By doing so, the survey creates the opportunity for new dialogues between participants who are more qualitatively oriented and those who are more quantitatively oriented. In organizations and industries in which many powerful participants are geared to value quantitative results—heads of finance, engineers, physicians, chief operating officers, and so on—this characteristic of the survey can be very useful for creating useful new dialogues.

The relational coordination survey includes just seven questions, shown in Table 11.1. It was recognized in a recent meta-analysis as one of only two teamwork measures in the healthcare context that are both fully validated and “unbounded” in the sense of having the ability to measure teamwork beyond the scope of well-defined teams.⁸ It is able to measure teamwork beyond the scope of well-defined teams because it is a network measure, and because it is geared to measuring teamwork between roles rather than specific individuals. Each of the seven questions is asked about each workgroup involved in the target work process, resulting in a larger number of questions ($7 \times$ number of workgroups = total survey questions). The survey assesses these seven dimensions among each of the work process roles, in both directions, for example assessing perceptions of respect between surgeons and secretaries in both directions. The survey therefore reveals whether the ties are reciprocal (experienced in the same way) or nonreciprocal (experienced in different ways).

Though we call it the relational coordination survey, it is also used in adapted forms to measure relational coproduction and relational leadership.⁹ The workgroups that we ask about in the survey can represent co-worker roles, but they can also represent customers, their families, external suppliers, and leadership.

TABLE 11.1 RC survey questions

<i>RC dimension</i>	<i>Survey question</i>
1. Frequent communication	How <i>frequently</i> do people in each of these groups communicate with you about [focal work process]?
2. Timely communication	How <i>timely</i> is their communication with you about [focal work process]?
3. Accurate communication	How <i>accurate</i> is their communication with you about [focal work process]?
4. Problem-solving communication	When there is a problem in [focal work process], do people in these groups blame others or try to <i>solve the problem</i> ?
5. Shared goals	Do people in these groups <i>share your goals</i> for [focal work process]?
6. Shared knowledge	Do people in these groups <i>know</i> about the work you do with [focal work process]?
7. Mutual respect	Do people in these groups <i>respect</i> the work you do with [focal work process]?

REFLECTING ON SURVEY RESULTS

When participants have finished responding and the survey results are tabulated, change agents have an opportunity to review the results and develop some initial interpretations to guide their next steps. Change agents have different approaches for what they look for to guide their next steps. One common approach is to assess up front the extent to which respect is an issue. Hornstrup explained:

Before I go into choosing the path and what that will open up, I first have a look at two things. One, which of the dimensions of the RC survey seems to be the lowest scoring? Because if it's some of the communication dimensions, that is often relatively simple. You could sort of head off in any direction. But if it's a lack of mutual respect, then I start by looking at who more specifically might have an experience of low respect. And then I start with those specific groups before I enter into working with the whole system.

When I start looking at the numbers like that, what I also have a look at what I call an asymmetrical understanding of relational coordination. In these organizations it seems like the more privileged ones in the hierarchy assess relational coordination higher than the others. Or if there are any leaders in the survey, they often assess relational coordination higher than the staff.

These nonreciprocal ties are common between roles with substantial power or status differences and yet are often invisible to those in the positions of higher power.

RC survey results are displayed graphically, in three different formats (Figure 11.3). First, the seven dimensions of relational coordination are shown using bar charts. Here they are shown aggregated across all the workgroups involved. Change agents often begin by sharing the overall results, asking participants to reflect on strengths and opportunities and how the results compare to their own experiences. The same results can be shown for each individual workgroup, giving participants in that workgroup feedback from all the other workgroups on the quality of their communicating and relating.

The RC index shown in Figure 11.3 is simply an average of the seven dimensions of relational coordination, the same validated index that has been used for research purposes and associated with a wide array of performance outcomes across many industries and many countries, as summarized in Chapter 2.¹⁰ While the evidence suggests that higher relational coordination is associated with higher performance, the low, medium, and high distinctions indicated by the shading are approximate cut-offs based on the distribution of RC scores observed over the years.

More detailed results can be seen in the matrix, which shows each workgroup's ratings of each other workgroup, for all seven dimensions of RC taken

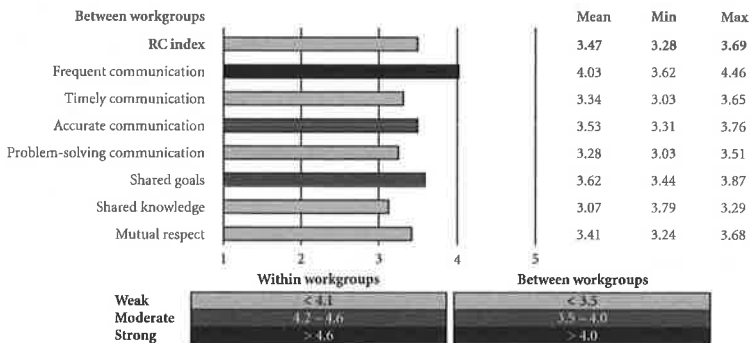


FIGURE 11.3 RC survey results: the seven dimensions

SOURCE: Relational Coordination Analytics, Inc.

TABLE 11.2 RC survey results: matrix

		<i>Ratings of</i>									
		Case managers	Clerical	EHR admins	Lab	LPNs	MDs	RNs	Social workers	Therapists	PAs
<i>Ratings by</i>	Case managers	—	4.00	4.86	4.43	4.00	4.57	4.43	4.29	4.43	4.57
	Clerical	3.43	—	3.00	3.14	3.86	3.71	4.29	4.71	3.14	3.71
	EHR admins	4.00	3.57	—	3.71	4.71	4.00	4.00	3.86	3.71	4.00
	Lab	4.29	4.00	4.57	—	4.43	4.43	4.43	4.00	4.29	4.00
	LPNs	4.00	4.00	4.43	3.86	—	3.71	4.00	4.00	3.86	3.71
	MDs	4.86	3.86	5.00	4.71	4.57	—	4.43	4.86	4.71	4.00
	RNs	4.43	3.14	4.00	4.00	3.57	3.71	—	4.00	4.00	3.71
	Social workers	4.86	4.00	4.71	3.57	3.43	4.71	3.43	—	3.57	4.71
	Therapists	4.00	4.00	4.43	3.86	3.86	3.71	4.00	4.00	—	3.71
	PAs	3.43	3.14	3.00	3.14	3.86	3.71	4.29	4.71	3.14	—

SOURCE: Relational Coordination Analytics, Inc.

NOTE: EHR admin, electronic health record administrator; LPN, licensed practical nurse; MD, medical doctor; PA, physician assistant; RN, registered nurse.

together (Table 11.2). You can also dive deeper and look at the matrix specifically for timely communication, or for shared knowledge, or for mutual respect.

Relational coordination maps (Figure 11.4) are produced, using the data in the matrix, to enable participants to visualize the overall strength of ties both within and between groups. An additional map is available to highlight all nonreciprocal ties between workgroups, which can be eye-opening to see, particularly for those who have a more positive experience of a working relationship than their colleagues in the other role.

FACILITATED DIALOGUE TO FEEDBACK RESULTS

According to practitioners, sharing relational coordination measures with participants is like giving them a mirror to look into, or “like putting the elephant on the table”—it allows them to see what is there and to talk about it together, generating solutions based on their understanding. Sharing the metrics with participants can bring attention to areas of teamwork strength, as

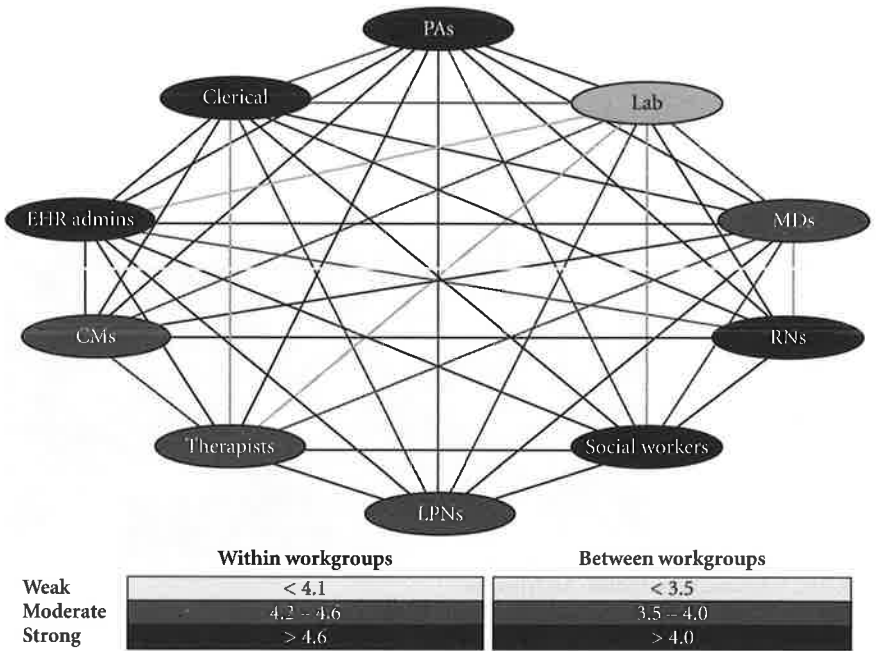


FIGURE 11.4 RC survey results: map

SOURCE: Relational Coordination Analytics, Inc.

NOTE: CM, case manager; EHR admin, electronic health record administrator; LPN, licensed practical nurse; MD, medical doctor; PA, physician assistant; RN, registered nurse.

well as identify areas of opportunity for improvement, such as timelier communication, greater goal alignment, greater knowledge of each other's work, or more respectful interactions—either team-wide or in specific role relationships. Sharing relational coordination measures with participants helps to make important work dynamics visible. One of the early intervention leaders, Claire Kenwood, psychiatric leader from the National Health Service in Scotland, noted, “One benefit of the relational coordination measure is that it provides information about organizational aspects that staff members often feel are overlooked—the perceptions and quality of the relationships between individuals, between groups, and between organizations.”

As Joan Resnick, an organizational effectiveness expert in the Kaiser-Permanente Northwest region, explained, “We’re finding RC to be an efficient diagnostic tool. It helps us to understand the culture of primary care and how

it relates to specialty care. We're feeding back baseline RC survey results to the four medical offices in our region now. People get the seven dimensions, and they're learning quickly." Clearly, the results can be sensitive. Therefore, change agents who have used the RC survey for interventional purposes advise that skilled coaching is needed to help participants to make sense of the measures in a way that fosters productive conversations and maximizes the potential to unfreeze current relationship patterns rather than simply make bad relationships worse. The following advice for change agents who are about to embark on a change process involving interventional uses of the RC survey was drafted in 2011, with input from Ed Schein and Tony Suchman:

While the RC survey is well established as an observational research tool, its use as an intervention is still at relatively early stages of development. It would be easy to underestimate the complexity of this work. Overly simplistic interventions can cause harm. Reviewing RC scores can elicit shame, defensiveness, projection, triangulation, and scapegoating; it can exacerbate conflict and compromise performance. The lower the level of relational coordination (and thus the greater the need for an intervention), the greater the likelihood of a dysfunctional response to the scores.

As elegant and straightforward as the RC survey is as a measure, it is not a magic bullet for improving team performance or organizational culture. It needs to be used as one part of a broader intervention that includes longitudinal individual and team coaching, trustworthy processes for relational learning and accountability, and leadership development to assure consistent parallel process across levels of the team or organization. Such work requires the involvement of skilled coaches/consultants with deep experience in group dynamics, systems work, conflict resolution, and the teaching of emotional self-management. For all these reasons, we urge you not to tread lightly or naively into the realm of interventions. Be prepared to invest the necessary time and resources and be sure you have access to the skills and experience that the work requires.¹¹

As we saw in our cases, change agents often took very different approaches when sharing relational coordination data with participants. Some were cautious, as advised by Schein and Suchman. Concerned about the risk of scapegoating, personalizing, and misinterpreting—for example, failing to recognize the structural causes of low scores—some change agents preferred to share with the whole team only the aggregate team results along the seven

dimensions and to let each workgroup within the team see its own results privately, offering it help interpreting and making sense of them.

Others took another path, sharing even the more fine-grained results with everybody on the team, including the matrices and the network maps showing the strength of relational coordination as rated by each of the workgroups. This greater transparency carries risks, but these may be balanced or offset by the benefits. As Hornstrup noted in Chapter 8, he was more concerned about lack of transparency:

Maybe I'm not a sensitive guy, but this survey is not asking, "Do you love me?"—it's just asking, "Do people respect each other's contribution to how we do our job?" I mean, it's the voices of people, so I would probably turn it the other way around. I think not to use the data rather openly would not be sensitive to the people who answered this survey. And of course, I've had separate discussions with those groups that have really low numbers. But they are not surprised. Because they know. The ones who are going to get the lowest score, they know before they get them. That's often why they're a bit defensive.

Hornstrup was careful to share the data with frontline leaders first, however, before sharing with top leadership or the frontline employees: "That's where I'm very careful. Who to share the data with first. Don't go senior. Don't go to the employees. Instead, go to the people who are pointed at, who are accountable for results, who have all the pressures—the frontline leaders. We need to talk to them first."

Hornstrup was also careful to share the data separately with the workgroups that had less power and who did not seem to have a secure voice, as signaled by their low scores on respect or asymmetric ties: "It seems like sometimes you have to go in there and have the ones who are less privileged in the system, to help them find themselves on their own terms before you bring them into the room with others. Because otherwise, sometimes they're simply silenced there."

Others, for example, Curt Lindberg at Billings, started by sharing the scores on all seven dimensions with the whole team and then shared each workgroup's scores on each dimension separately with that workgroup. These change agents shared the more detailed cross-workgroup ratings in the

matrices and network maps only when the participants were ready to address more sensitive issues, and as a sufficiently safe space opened up to enable that dialogue to happen productively. The bottom line is that flexibility, judgment, and an understanding of the organizational context are key in sharing the assessments with participants. Relational assessments are expected to work best when they are used dialogically rather than prescriptively, not as a report card but rather as a way to open up new conversations.

DETERMINING NEXT STEPS: EMERGENT DESIGN

After interpreting and making sense of their results, the participants are typically put in charge of determining next steps, and given the opportunity to put the feedback fairly quickly into action. Hornstrup shared:

These cross-functional teams can actually meet and use this map afterward to guide their work. Maybe they have wide gaps they can identify and they can say these are the targets, these are some of the initiatives that we need to take, then have status meetings to check on their progress . . . And then we use that also as a way of prioritizing the most obvious areas for improvement, and prioritizing next steps and who will do what.

The idea is that the participants take responsibility for identifying areas for improvement and for creating and implementing plans to achieve improvement. The lead change agents may have ideas, but they do not provide a complete plan for approaching an improvement effort. Lindberg described his approach:

We use emergent design for strengthening relational coordination, given the desire to enhance how people interact. We try to interact with interested volunteers in a manner that displays the RC dimensions and then we use the results of these interactions to determine next steps. To help people build relationships and relate in effective ways that stimulate creativity, we use a variety of tools, such as 1-2-4-all, Appreciative Interviews, Open Space, Fishbowl, et cetera. These tools are called Liberating Structures and they are very much aligned with the principles of RC.¹² They encourage listening; they welcome and respect diverse perspectives; they help people build new relationships; they focus on problem solving; and they feature abundant interaction. As an initial set of plans unfold, there are multiple

opportunities to make sense of what happened, which then informs next steps, and so on.

A key feature of this approach is voluntarism. This means handing the decision to staff, asking whether they want to pursue an improvement effort around something they care about using an RC-informed approach, then relying on volunteers to guide the effort with some nurturing leadership support. The emergent design approach therefore relies heavily on a coach-the-coach model with encouragement and mentoring for the formal frontline leaders or the informal frontline leaders who inevitably emerge.

Voluntarism is also relevant when designing interventions to engage clients in relational coproduction. Interventions like self-management for patients with chronic conditions can fail when the voice of the customer is not considered.

FACILITATED DIALOGUE: CONVERSATIONS OF INTERDEPENDENCE

Conversations of interdependence are one of the simplest and most powerful tools I have seen for conducting relational interventions. We saw them in action at Group Health and the Billings Clinic. Suchman developed this tool to foster shared knowledge among participants in a work process who don't know enough about each other's work to be able to coordinate well. Lack of shared knowledge, for example, makes it difficult to engage in timely communication and can undermine respect for each other's work. According to Suchman:

By learning to have regular conversations about how we are impacting each other's work, we can improve the performance of our team, achieve better results, enjoy our work more. These conversations of interdependence allow people to understand how their work fits into the larger whole and become more mindful of the needs and roles of other team members, and how we affect each other's ability to achieve good outcomes.¹³

A coach simply invites participants who play different roles in an interdependent work process to take turns interviewing each other one on one, using the following questions:

- What are your primary responsibilities?
- What do you find most meaningful about your work?
- What is it about how I do my work that helps you do yours?
- What could I do differently that would help you even more?
- When does our work seem to be well aligned, and when do we seem to be at cross-purposes?

These conversations occur in pairs, often within the context of a meeting or workshop. Participants can be given a homework assignment to carry out additional conversations of interdependence with people in the other workgroups before the next meeting.

PERSPECTIVE TAKING THROUGH IMPROVISATION

Other change agents have used improvisation as a tool to jumpstart new patterns of relational coordination. Carlos Arce, chief learning officer at Billings, explained how improvisation works:

No one is safe from improv. You are brought into the activity, and that's been part of the fun—bringing people in and having them play a role, or even just being in the live audience. The cool thing is that it exposes some dynamics and subtleties that end up leading the change. The context is one of self-discovery, enjoyment, pleasure, and playful interaction that actually lends itself to folks relaxing, dropping their guard, sharing, and exposing things in a way that might be helpful for other people.

In the same spirit, Marjorie Godfrey and her colleagues used improvisation as a tool to break down barriers when they began working with the Dartmouth-Hitchcock surgical units. When the coaches were going through their initial training in relational coordination and microsystems, Godfrey tried an improvisation exercise in which some of the surgeons ended up dancing. Godfrey recalled this as a turning point because it broke some of the stereotypes and rigidities associated with the role of surgeon. Role play was used later by Annette Tietz, one the Dartmouth-Hitchcock coaches, to play out some challenging scenarios among her colleagues in the otolaryngology

department, and to test out new patterns of communicating and relating, informed by the baseline relational coordination data (Chapter 9).

Leslie Owen at Blue Shield California used improvisation in a similar way. She and her colleagues had already measured baseline relational coordination and were a few months into the intervention phase. As she described it:

The group performed a skit where relational coordination was very poor, and it was a comedy routine. And then we talked about improvements and how it relates to the domains, the RC domains, and what we could do in our everyday work to be aware of that and to improve those. And that's about where we are at this point at Blue Shield. Actually Marcus [physician leader and vice president] was in the skit. Bless his heart. He was our certified nursing assistant. It was great. And it was really helpful. I mean we all have seen things go badly, and you know, we've all seen poor relational coordination. But just to see it and then talk about each domain, and what happened, was really valuable.

Owen's colleague Florence Nerby served as creative director. In Nerby's humble opinion, "We should get an Oscar. Seriously though, it was a lot of fun. And being in nursing for decades, I have seen poor relational coordination my whole career, so it's very exciting to see this work.

As a lead change agent at both Billings and Blue Shield California, Lindberg reflected on why improvisation works:

In improv, people get to see the work and roles of others, and even step into the roles of others, developing their shared knowledge: What did you notice? What might you have done differently? What have you seen others do that is particularly effective? Information flows, diverse perspectives are honored, and the impact of good and bad everyday patterns of interaction are observed for participants to evaluate.

Professor Michele Williams has identified through her research the power of perspective taking for enhanced interpersonal understanding and strengthened social bonds. Perspective taking is a skill that can be learned by anyone, she argues.¹⁴ Perhaps improvisation, and role playing more generally, is a way to learn perspective taking in a way that enhances our role relationships.

GAMES OF POSITIVE RECOGNITION: RC BINGO, RC TREE, HIGH FIVES

Positive deviance means looking for individuals or groups who have already figured out innovative solutions and then recognizing, celebrating, and disseminating those solutions, as we learned in earlier chapters. I have seen the growing use of games of positive recognition to foster new patterns of relational coordination. The practice at Southwest called LUV Notes (Chapter 10) was, in effect, a game of positive recognition across different workgroups. Another game of positive recognition was ICU Bingo in the Billings intensive care unit (Chapter 10). Another was the RC Tree created by frontline leaders in the primary care clinics at Group Health (Chapter 7). These games are about building a new culture, where people begin noticing different things, and recognizing them publicly.

APPRECIATIVE INQUIRY: STORYTELLING TO IDENTIFY STRENGTHS

Appreciative inquiry elicits stories about moments of success, looking for the core themes or factors, and then developing a shared vision of what a future could look like if those core factors were present in abundance. In a workshop with Swedish leaders and change agents, for example, participants were invited to tell stories about times they had experienced high levels of relational coordination and then identify some of the underlying factors that made it possible. Four of the seven groups presented stories of “magical moments” or “magical meetings” that turned a negative dynamic into a positive one by bringing the parties into dialogue in ways that had seemed unlikely or even impossible given their previous experience.

COACHING AND ROLE MODELING

The tools shown in this chapter, informed by principles of relational coordination, have one primary purpose—to create new conversations among participants in interdependent roles and enable them to practice new patterns of behaviors in order to achieve high performance outcomes. Change agents and

other leaders play a critical supporting role here, offering their own actions as a way to role model the desired behaviors. Desired behaviors may include treating participants in high- and low-status roles in an equally respectful way, as well as admitting what one does not know and asking others for help. As noted earlier, change agents may engage in humble inquiry, for example, making clear that it is safe to admit not knowing everything and safe to ask others for help.

Role modeling is powerful and can be captured more generally in the principle of parallel process. In his workshop “Improving Work Processes with Relational Coordination,” Tony Suchman begins with the principle of parallel process.¹⁵ He advises participants to carry out all of their work in the spirit of relational coordination in order to role model the principles they are seeking to foster. This simple advice brings to mind Gandhi’s advice to “be the change you wish to see in the world.”

Marjorie Godfrey at Dartmouth has taken the idea of coaching to a new level. Building on her practical and scholarly expertise, she has developed a coach-the-coach model to embed change capacity in organizations by training a group of internal leaders to lead relational and work process interventions, as we saw at Dartmouth-Hitchcock. This approach has the potential to produce more scalable, rapid, and sustainable change. Godfrey points out that an additional benefit is that leaders are supported in learning a new way to lead, “When a leader wants to turn from being a command and control leader who is just responsible and accountable for finances and operations to a leader who is developing, lifting up and helping everyone be the best they can be in a collective way to achieve team goals, this is how they can learn to do it.”¹⁶

Coaching is often a critical component of interventions designed to build relational coproduction with customers. When this personal contact is not considered, otherwise well-designed interventions can fail. According to the project leader of a coaching intervention for patients with chronic conditions:

The most important reason why these self-management interventions failed is that patients wanted to stay in personal contact with the diabetes nurse. More is happening at these consultation hours than just having your checkup. Patients can ask the diabetes nurse questions about anything related to their disease that they are dealing with and share their concerns. Diabetes nurses have the time available

during these checkups for these additional questions and talk about things patients are concerned about. We have a very pleasant and skilled diabetes nurse with whom they feel free to exchange personal information. I think they might want to do the checkups themselves, but don't want to lose the personal contact with the nurse.

Another project leader concurred:

Self-management means that patients have to deal with their condition in a proactive manner. But disease management goes even further than that. Motivational interviewing, for example, provides professionals with techniques to change thinking and behaviors among patients beyond just empowering and coaching them. It is not just a coaching role of asking patients what they need, how you can help them, and letting them decide what's best. It is even more than that: it's about talking about the dilemmas they are experiencing, what they think is important, and changing their thought and behavior patterns in order to really motivate them to work on changing their lives.¹⁷

Anyone can engage in coaching and role modeling simply by being intentional about using their own behavior to create change in others. Coaching and role modeling are therefore powerful tools for frontline leadership. In my early research in the airline industry, there was a phrase I heard from time to time at Southwest Airlines. Workers there occasionally explained to me that part of their job was to "turn people around." In effect, they had been trained to see their jobs as transforming adverse relationships into collaborative relationships through their own actions and by role modeling, reminiscent of the biblical parable in which we are advised, when struck, to turn the other cheek.

As I understand it, this parable is not about playing the role of victim; it is about the power we have to reverse negative cycles—whether long-standing or momentary—by reacting in an unexpected way. By doing so, we invite the other into a new way of being. This is one interpretation of what Billings' staff did, for example, in meetings with their information systems department (Chapter 10). Informed by their own relational coordination work, they modeled a new behavior—problem solving rather than blaming—that invited their IT colleagues to reciprocate, thus transforming the relationship and creating improvements in the information system for the purpose of better patient care.

SUMMING UP

Each of the tools for carrying out relational interventions described in this chapter has a common purpose—to enable participants to create and practice new patterns of communicating and relating across interdependent roles. These tools for relational interventions are informed by the principles of relational coordination. Many of the tools are also informed by positive psychology, which highlights the power of positive framing to overcome the threat-rigidity effect that is associated with purely critical approaches to change, helping to unleash creative energy.¹⁸

Relational interventions by themselves are not likely to be sufficient, however. As Schein pointed out:

The projects that I am familiar with that have really made changes all started with a model that integrated relational coordination kinds of issues with work process redesign, done correctly in a leadership climate and culture ready for change. The bad uses of lean failed precisely because they ignored relational coordination at the beginning. Relational coordination could fall into the same trap.¹⁹

Using the RC survey or any tool as an isolated initiative is precisely what the Relational Model of Organizational Change is intended to avoid. In our live case studies, participants found relational interventions useful precisely because they were *not* used as an isolated initiative but rather were used to help them carry out their improvement work more effectively.

In the next chapter, we will consider tools for carrying out work process interventions. In particular, we will see the relational interventions we explored in this chapter can increase the effectiveness of work process interventions, interventions to redesign and improve the work itself.