



RELATIONAL COORDINATION
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Transforming Relationships for High Performance: A Relational Model of Organizational Change

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Challenges in the current economic environment

- ◆ Pressure to deliver better outcomes at lower cost
- ◆ Must learn to do *more with less*
- ◆ Can relational coordination help organizations to achieve this goal?



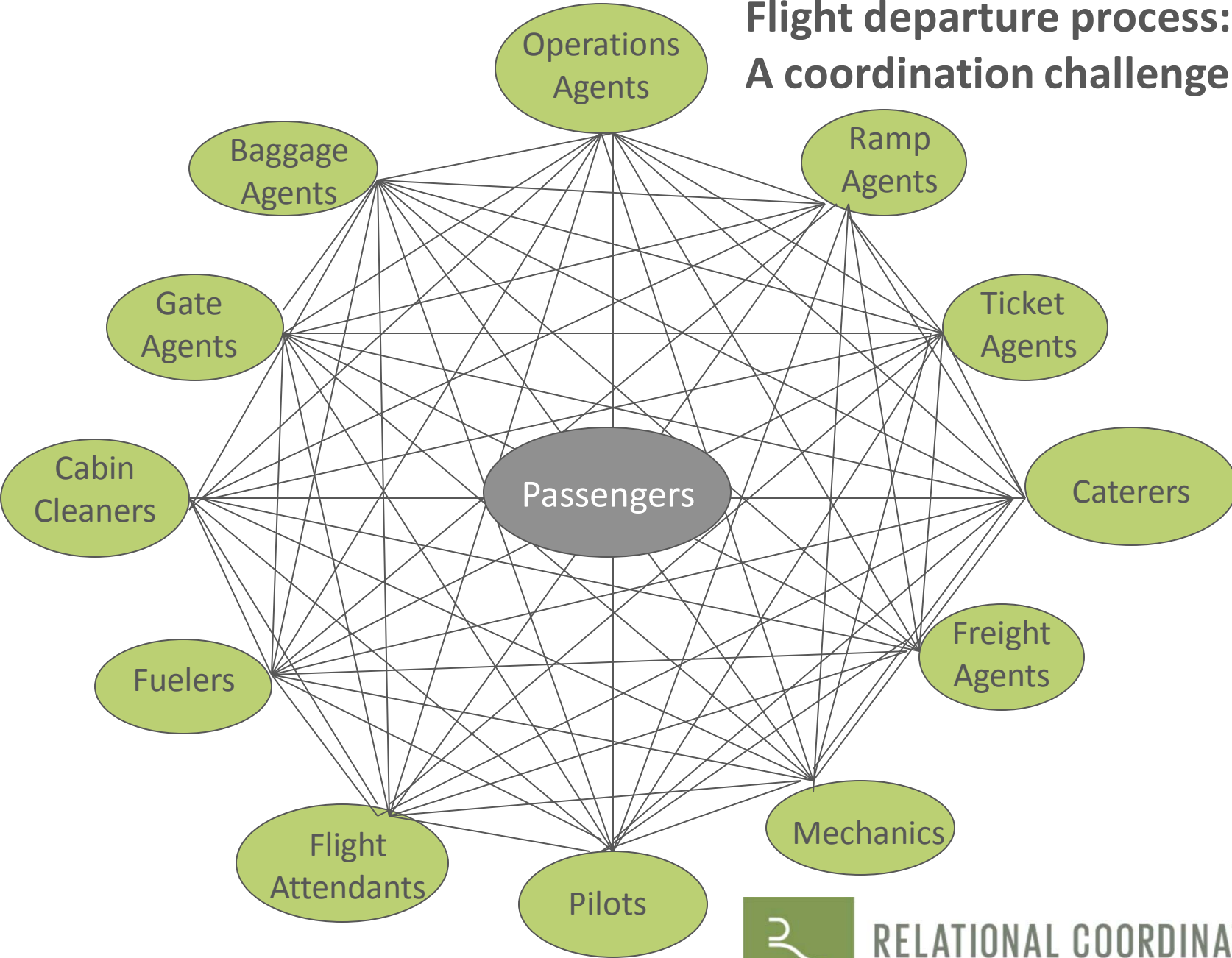
Agenda for today

- Relational coordination
 - What is it?
 - Impact on performance?
 - Why does it work?
 - Structures that support it?
- Relational model of organizational change
- How to measure, map, and improve RC
- Global community of scholars and practitioners
 - Relational Coordination Research Collaborative



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Flight departure process: A coordination challenge



AMR: Frequent and timely communication

“Here you don’t communicate. And sometimes you end up not knowing things...On the gates I can’t tell you the number of times you get the wrong information from operations...The hardest thing at the gate when flights are delayed is to get information.”



SWA: Frequent and timely communication

“Here there’s constant communication between customer service and the ramp. When planes have to be switched and bags must be moved, customer service will advise the ramp directly or through operations...Operations keeps everyone informed. It happens smoothly.”



AMR: Problem solving

“If you ask anyone here, what’s the last thing you think of when there’s a problem, I bet your bottom dollar it’s the customer. And these are guys who work hard everyday. But they’re thinking, how do I stay out of trouble?”



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SWA: Problem solving

“We figure out the cause of the delay. We don’t necessarily chastise, though sometimes that comes into play. It’s a matter of working together. Figuring out what we can learn. Not finger-pointing.”



AMR: Shared goals

“Ninety percent of the ramp employees don’t care what happens. Even if the walls fall down, as long as they get their check.”



SWA: Shared goals

“I’ve never seen so many people work so hard to do one thing. You see people checking their watches to get the on-time departure. People work real hard. Then it’s over and you’re back on time.”



AMR: Shared knowledge

Employees revealed little awareness of the overall process. They typically explained their own set of tasks without reference to the overall process of flight departures.



SWA: Shared knowledge

Employees had relatively clear mental models of the overall process -- an understanding of the links between their own jobs and the jobs of their counterparts in other functions. Rather than just knowing what to do, they knew why, based on shared knowledge of how the process worked.



AMR: Mutual respect

“There are employees working here who think they’re better than other employees. Gate and ticket agents think they’re better than the ramp. The ramp think they’re better than cabin cleaners -- think it’s a sissy, woman’s job. Then the cabin cleaners look down on the building cleaners. The mechanics think the ramp are a bunch of luggage handlers.”



SWA: Mutual respect

“No one takes the job of another person for granted. The skycap is just as critical as the pilot. You can always count on the next guy standing there. No one department is any more important than another.”



Relationships shape the
communication through which
coordination occurs ...



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For better...

Shared goals
Shared knowledge
Mutual respect

Frequent communication
Timely communication
Problem-solving communication



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... Or worse

Functional goals

Specialized
knowledge

Lack of respect

Infrequent
communication

Delayed
communication

“Finger-pointing”



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This process is called

relational coordination

“Communicating and relating
for the purpose of task integration”



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Investigated performance effects of relational coordination

- Nine site study of flight departures over 12 months of operation at Southwest, American, Continental and United
- Measured relational coordination among pilots, flight attendants, gate agents, ticket agents, baggage agents, ramp agents, freight agents, mechanics, cabin cleaners, fuelers, caterers and operations agents
- Measured quality and efficiency performance, adjusting for product differences

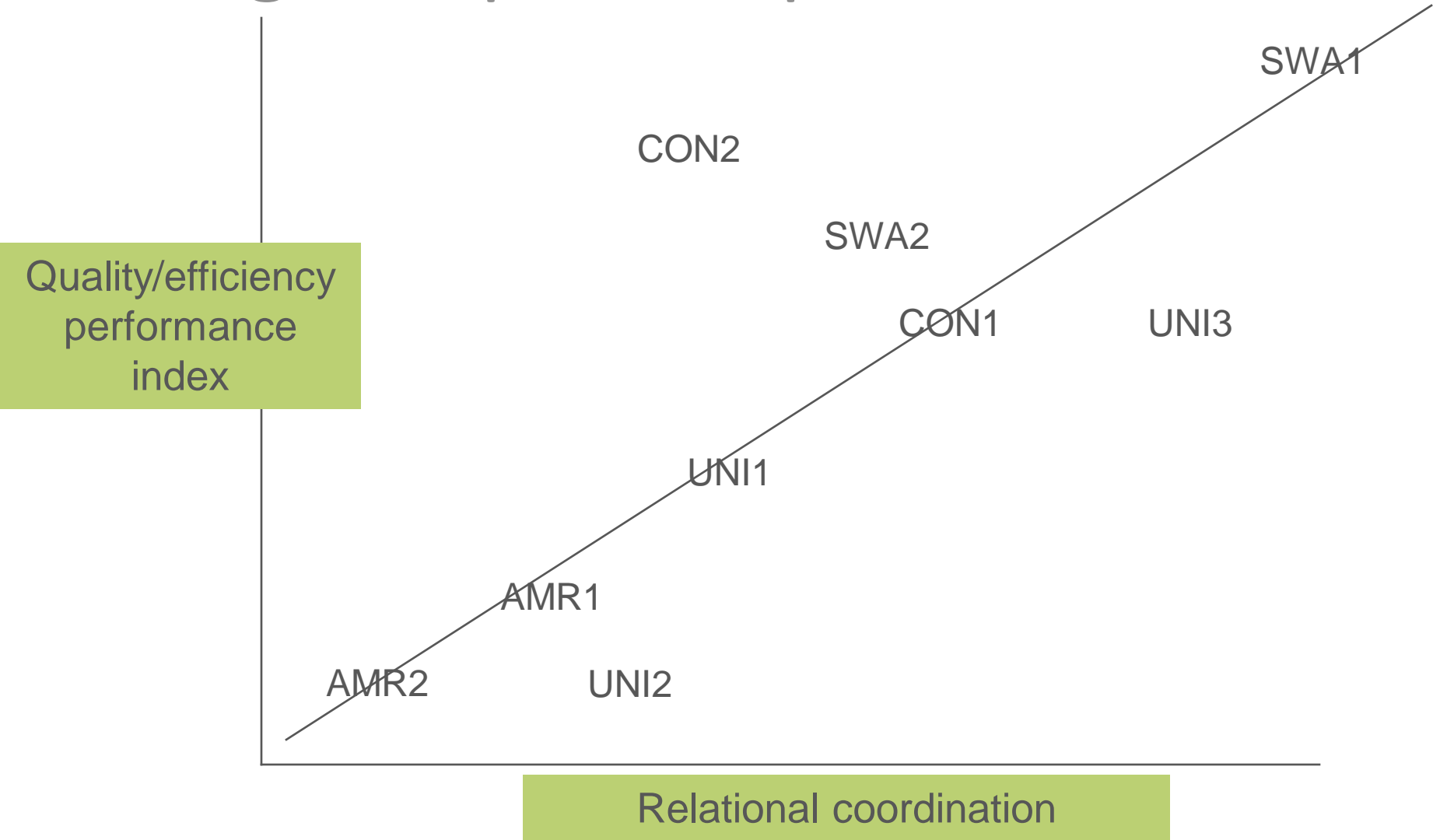


Relational coordination and flight departure performance

	Efficiency		Quality		
	Gate time/ flight	Staff time/ passenger	Customer complaints	Lost bags	Late arrivals
Relational coordination	-.21***	-.42***	-.64***	-.31*	-.50**
Flights/day	-.19****	-.37***	-.30***	.13	-.22+
Flight length, passengers, cargo	.79***	.45***	.13	.12	-.54**
Passenger connections	.12**	.19**	.09	.13	.00
R squared	.94	.81	.69	.19	.20



Relational coordination and flight departure performance

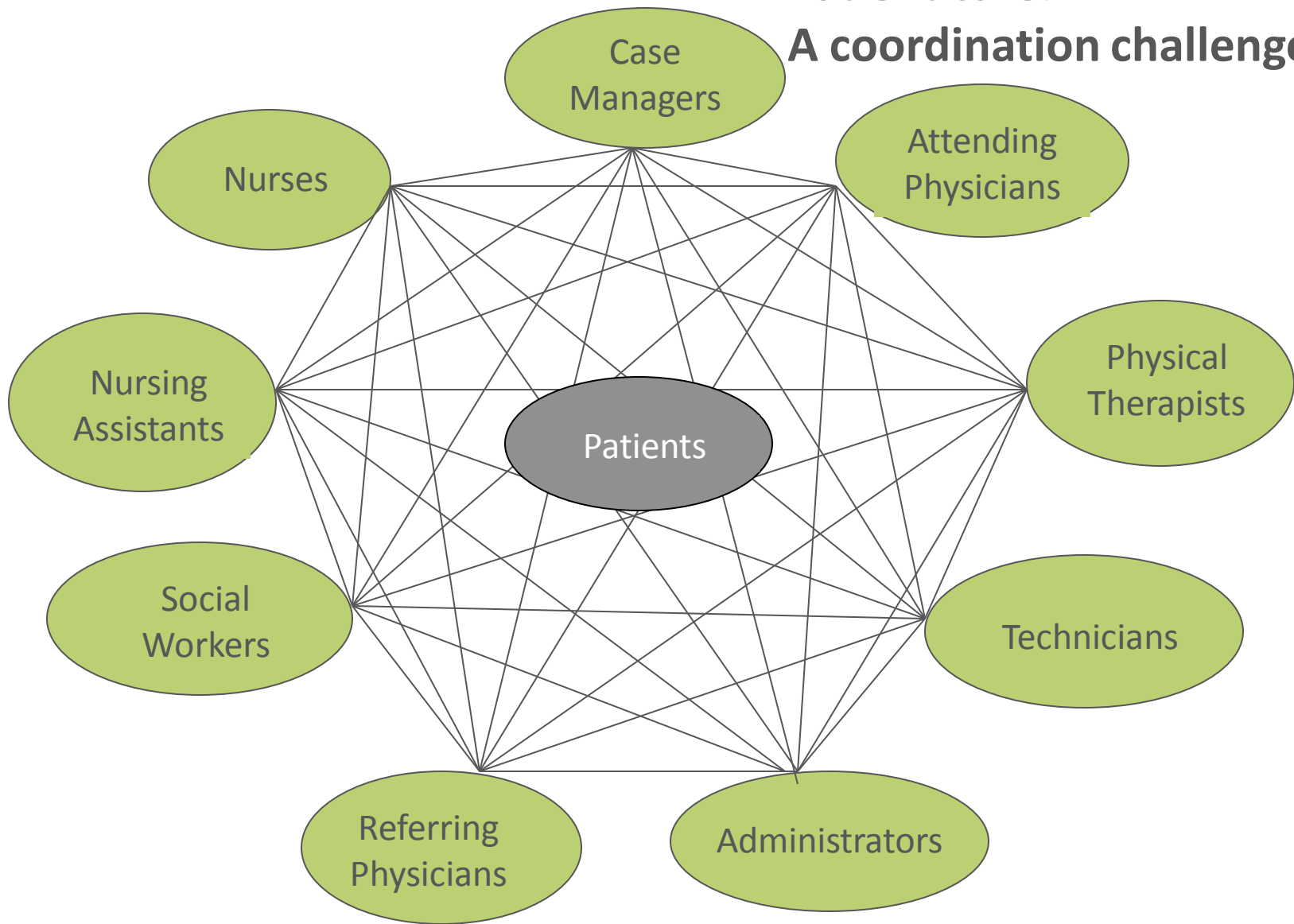


Does relational
coordination matter in
other industries?



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Patient care: A coordination challenge



Institute of Medicine report

“The current system shows too little cooperation and teamwork. Instead, each discipline and type of organization tends to defend its authority at the expense of the total system’s function.” (2003)



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Physicians recognize the problem

“The communication line just wasn’t there. We thought it was, but it wasn’t. We talk to nurses every day but we aren’t really communicating.”



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Nurses observe the same problem

“Miscommunication between the physician and the nurse is common because so many things are happening so quickly. But because patients are in and out so quickly, it’s even more important to communicate well.”



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Same study conducted in hospital setting

- Nine hospital study of 893 surgical patients
- Measured relational coordination among doctors, nurses, physical therapists, social workers and case managers
- Measured quality and efficiency performance, adjusting for patient differences



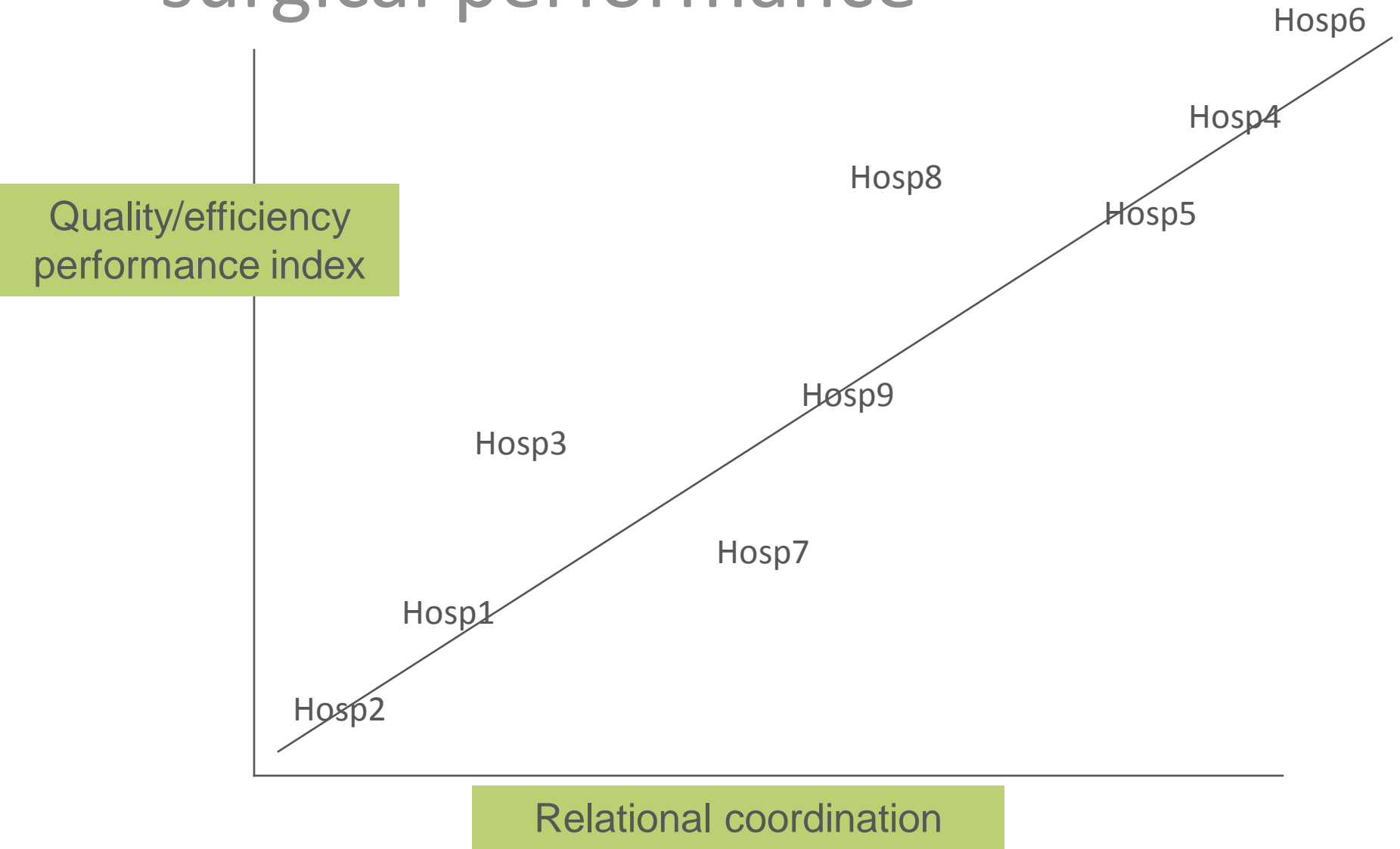
Relational coordination and surgical performance

	Length of stay	Patient satisfaction	Freedom from pain	Mobility
Relational coordination	-.33***	.26***	.08*	.06+
Patient age	.02	.00	.01	.04
Comorbidities	.09*	.07	.01	.04
Pre-op status	.03	.01	.20***	.28***
Surgical volume	.11**	.10*	.06+	.03
R Squared	.82	.63	.50	.22

Observations are patients (n=878) in hospitals (n=9). Model also included gender, marital status, psychological well-being and race. Standardized coefficients are shown.



Relational coordination and surgical performance



Findings extended to other healthcare settings

- Medical care units in Boston suburban hospital
- Medical, surgical and intensive care units in Pennsylvania rural hospitals
- Nursing homes in Massachusetts
- Chronic care in California multi-specialty group
- Chronic care in Netherlands

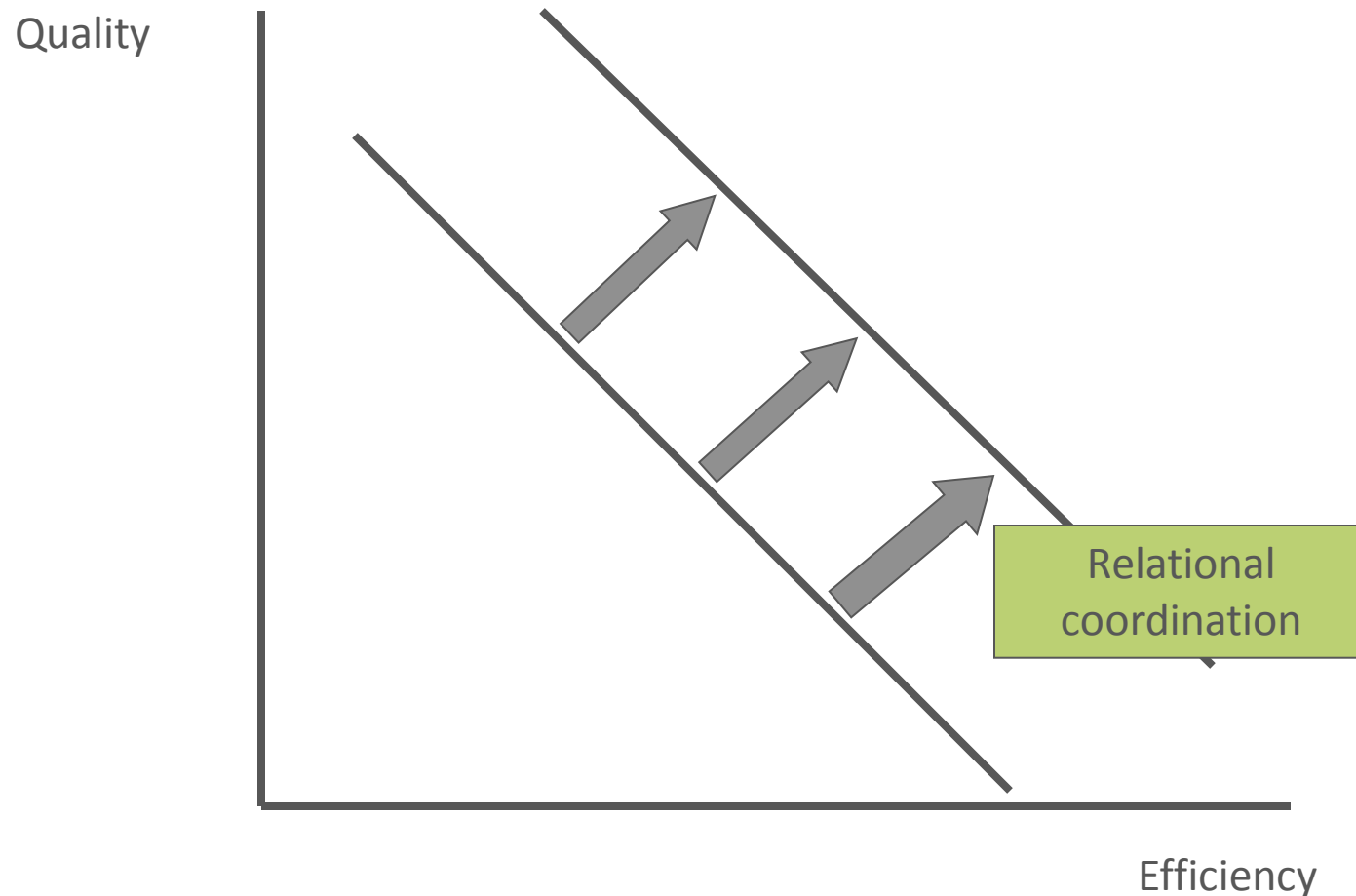


Relational coordination also improves worker outcomes

- Increases job satisfaction
- Increases career satisfaction
- Increases professional efficacy
- Reduces burnout, emotional exhaustion



Fundamental process improvements
push out the quality/efficiency frontier –
to achieve more with less



There are other useful responses to coordination challenges...

- Reengineering
- Total quality management
- “Lean” strategies
- Redesigning work flows



Addressing technical issues is necessary but not sufficient

“We’ve been doing process improvement for several years, and we think we’re on the right track. But we’ve tried a number of tools for process improvement, and they just don’t address the relationship issues that are holding us back.”

-- CMO, Tenet Healthcare Systems



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Why does relational coordination matter?

Relationships of shared goals, shared knowledge and mutual respect provide an *organizational culture* that supports process improvement



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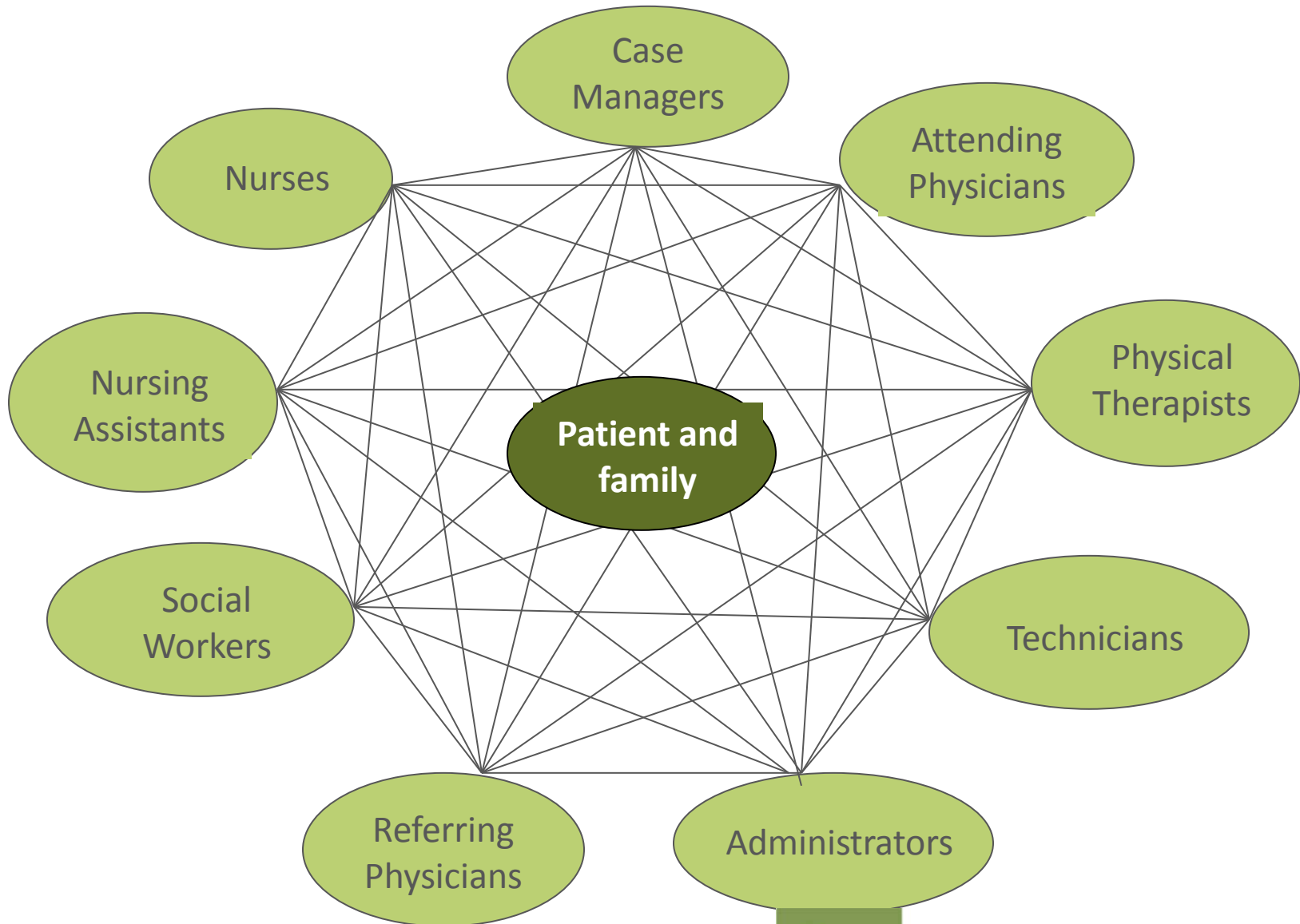
Why does relational coordination matter?

Relationships of shared goals, shared knowledge and mutual respect help workers to connect *around* the patient



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Relational coordination: Connecting around the patient



When does relational coordination matter most?

◆ Task interdependence

- What you do affects my ability to do my job, and vice versa

◆ Uncertainty, unpredictability

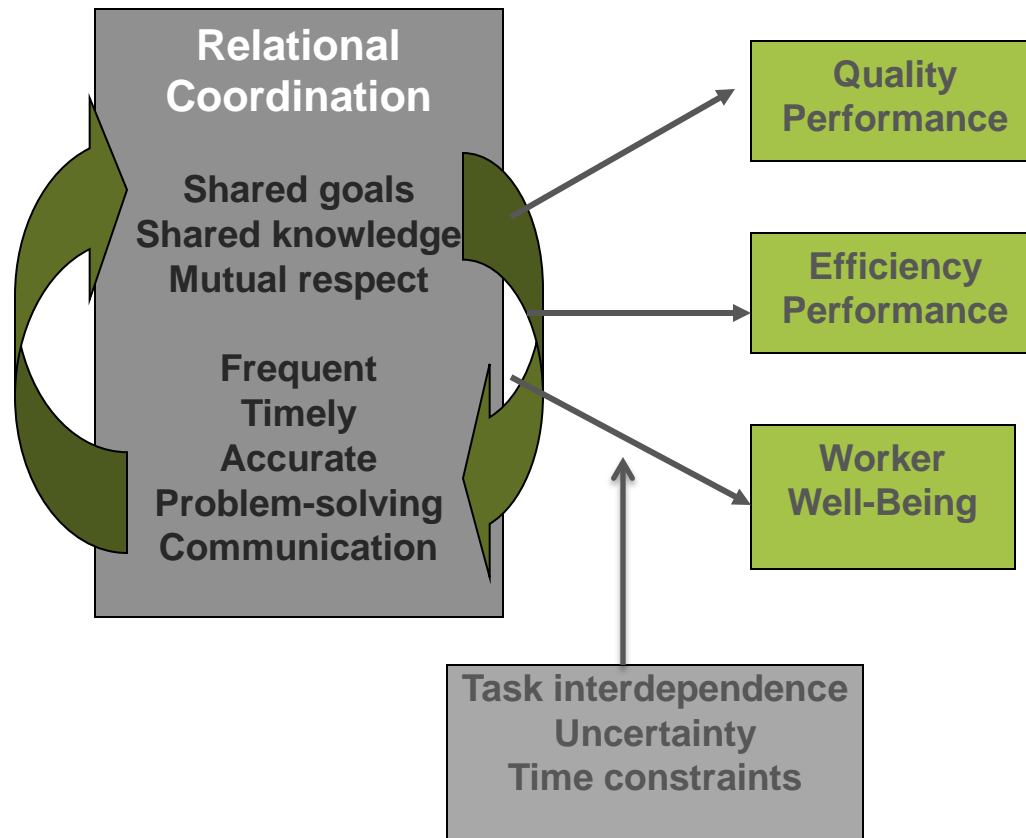
- We can't know everything we need to know

◆ Time constraints

- We can't waste time



Relational coordination and organizational performance

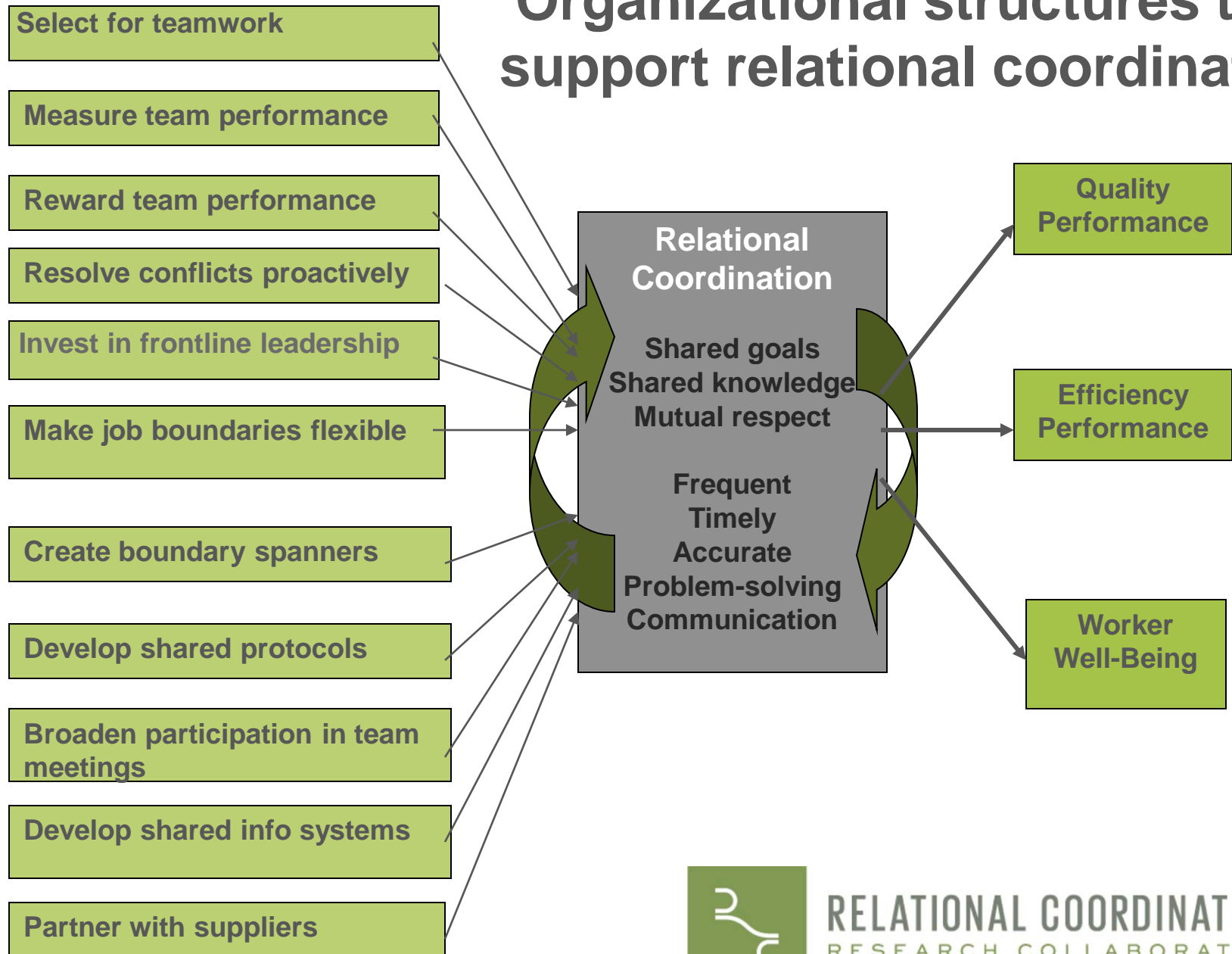


How do organizations
support relational
coordination?



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Organizational structures that support relational coordination



Where we are now

- Full model published in 2009
 - High Performance Healthcare
- Condensed version published in 2010
 - “A Relational Model of How High Performance Work Systems Work,” Organization Science
- Theory expands beyond relational coordination to include relational coproduction and relational leadership in 2012
 - “Embedding Relationships into Roles: The Relational Bureaucratic Form,” Academy of Management Review, forthcoming
- Now what?

Getting from here to there



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Learning to coordinate

- Many organizations are still traditional bureaucracies with workers in their silos
- Structure/process/outcomes model may be an accurate description of the current state, but a naïve model of organizational change
- Patterns of behavior are *deeply embedded* in organizational cultures and professional identities

Changing structures is not enough

(Fletcher, Bailyn, Blake-Beard 2009; Kellogg 2009)

- Change rarely occurs simply by changing organizational structures
- Need to identify and question current assumptions
- Need 'discursive' or 'relational' space for doing this



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Organizational learning (Edmondson 2002)

- Organizational learning is interpersonal and relational
- Psychological safety – the belief that it is safe to express disagreement and be fallible – is a necessary condition for learning
- Psychological safety enables participants to question current assumptions and begin to change



Learning from real interventions

- Canadian obstetrics
- Texas primary care
- Maine Dept. of Health & Human Services



Canadian obstetrics

- Canadian obstetrician and obstetrics nurse discovered through their own work experience that relational approaches between providers and with patients seemed to result in fewer errors, better quality outcomes, less waste, fewer liability claims
- With support from a Canadian insurance association, they formed a consulting practice to teach their methods to obstetrics units throughout the country



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Canadian obstetrics (continued)

- First they help providers to improve their work processes and relational dynamics
- Then they ask for leadership support for new structures to support the new ways of working
- “We didn’t know what to call what we were doing, but after reading organizational theory in the late 1990s, I realized we were doing relational coordination.”

Ken Milne, CEO, Salus Global Consulting



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Canadian obstetrics (continued)

- So far:
 - 300 Canadian hospitals
 - 30 U.S. hospitals
 - achieving reductions in liability claims, and increases in satisfaction and other quality outcomes
- Underway:
 - rolling out the model to other hospital units (surgery, ER, ICU) that have requested intervention



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Texas primary care

- Intervention team from UT Health Science Center in San Antonio worked with 40 rural primary care clinics to improve chronic care for their patients
- Team helped clinics to measure
 - their outcomes
 - their structures for chronic care delivery
 - relational coordination
 - reciprocal learning



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Texas primary care (continued)

- Coaching visits every 2-3 weeks for one year to
 - facilitate meetings
 - support work process improvements
 - support relational improvements
- “We share the data with them and let them decide what they want to do about it. We give advice, like meeting with each other, doing regular huddles to coordinate care – but we are there to help them do what they want to do.”

Raquel Romero, Intervention Team Leader



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Texas primary care (continued)

- Found that relational coordination predicted the adoption of new organizational structures
- Seems that the intervention created higher levels of relational coordination, which allowed participants to adopt new structures for patient care



Maine Dept. of HHS

- Leaders in Maine's Office of Lean Management have been implementing lean principles in government for 6 years
- They respond to requests for training and for assistance with work process improvement



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Maine Dept. of HHS (continued)

- “It is a blame/shame environment [in state government]. During the training we started to see the goal alignment, the shared knowledge and the respect they were developing for each other. We saw it but didn’t know what it was.”
- “We realized that when the lean training works, it’s because they are changing their relationships in really important ways”

Walter Lowell, Director, Office of Lean Management



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Maine Dept. of HHS (continued)

- “We designed a coaching intervention to foster relational coordination, and we called it the soft side of lean.”
- “But people can get really discouraged when they go back to work – some say it was great training but within a couple of months they are back in their old boxes. Nothing has changed to support their new ways of working together.”

Kelly Grenier, Consultant, Office of Lean Management



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Three kinds of interventions may be needed for sustainable change

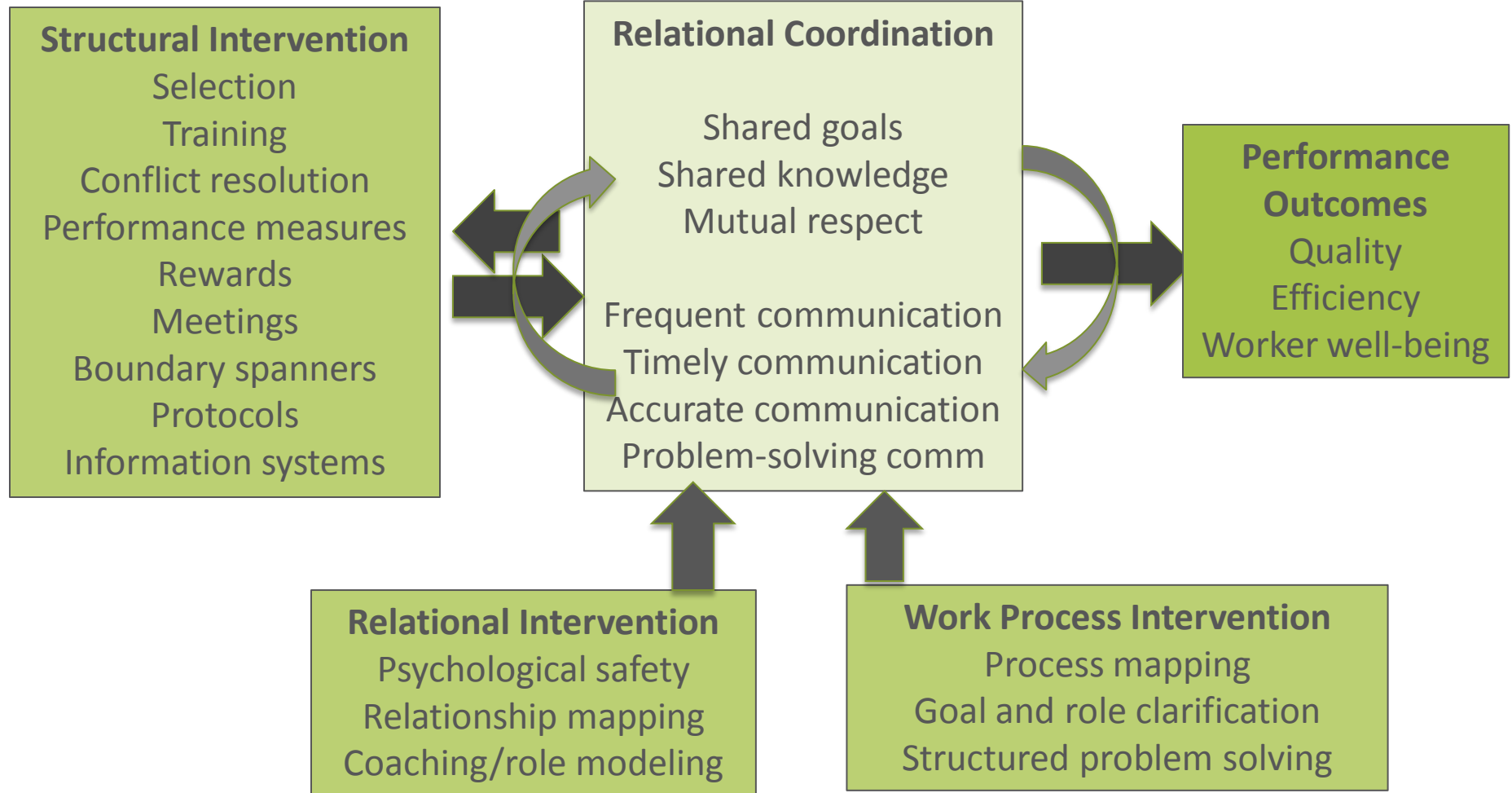
- Relational intervention
- Work process intervention
- Structural intervention



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A Relational Model of Organizational Change



Relational intervention

- Create relationship map, including all roles
- Assess relational coordination
- Create conversations to build
 - shared goals – *what are we trying to accomplish here?*
 - shared knowledge – *how is our work connected?*
 - mutual respect – *how does each role contribute to meeting our goals?*



Relational intervention

- Create a relational space to allow new ways of communicating and relating
- Foster psychological safety for people to speak up
- Foster psychological safety for people to admit they don't know everything
- Coach and role model relational behaviors



Work process intervention

- ◆ Identify and map the work process
- ◆ Identify and clarify all roles in the process
- ◆ Identify key performance outcomes
- ◆ Identify areas for improvement
- ◆ Use process improvement tools (lean, PDSA, TQM) for structured problem solving



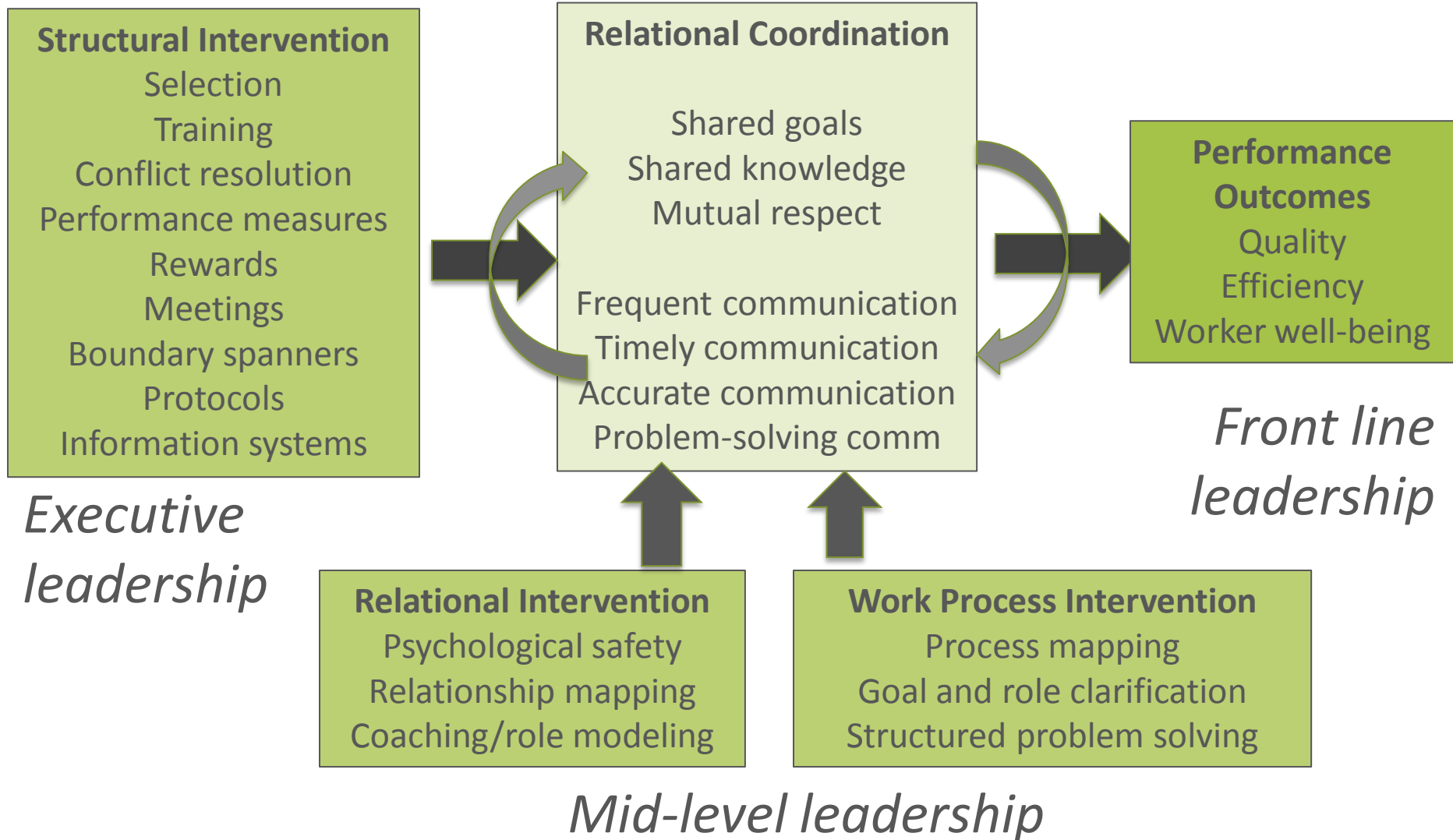
Structural intervention

- ◆ Assess current organizational structures
- ◆ Which ones support relational coordination?
Which ones do not?
- ◆ Which new ones are needed?
- ◆ Develop plan of action to redesign





A Relational Model of Organizational Change



Measuring, mapping and improving relational coordination

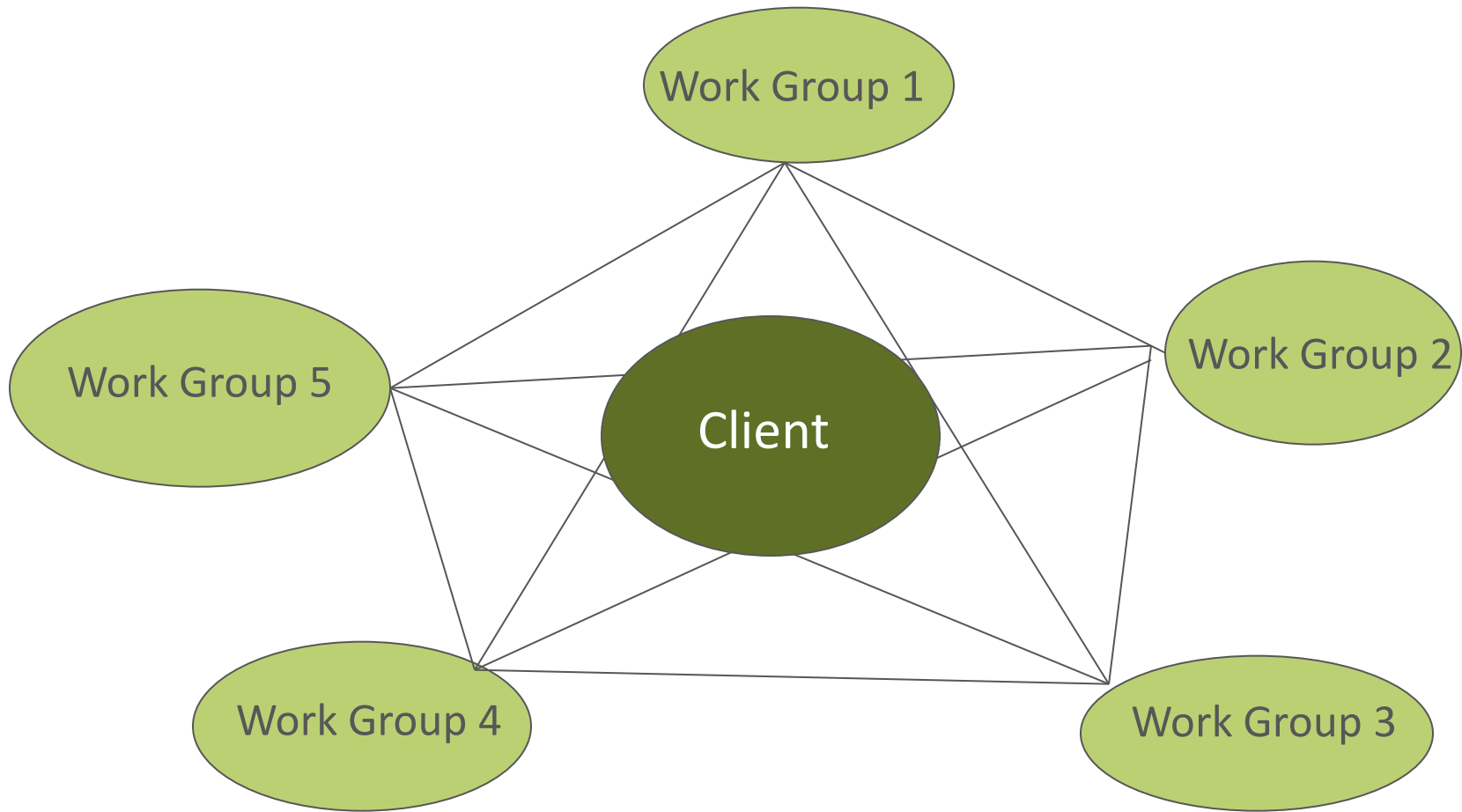


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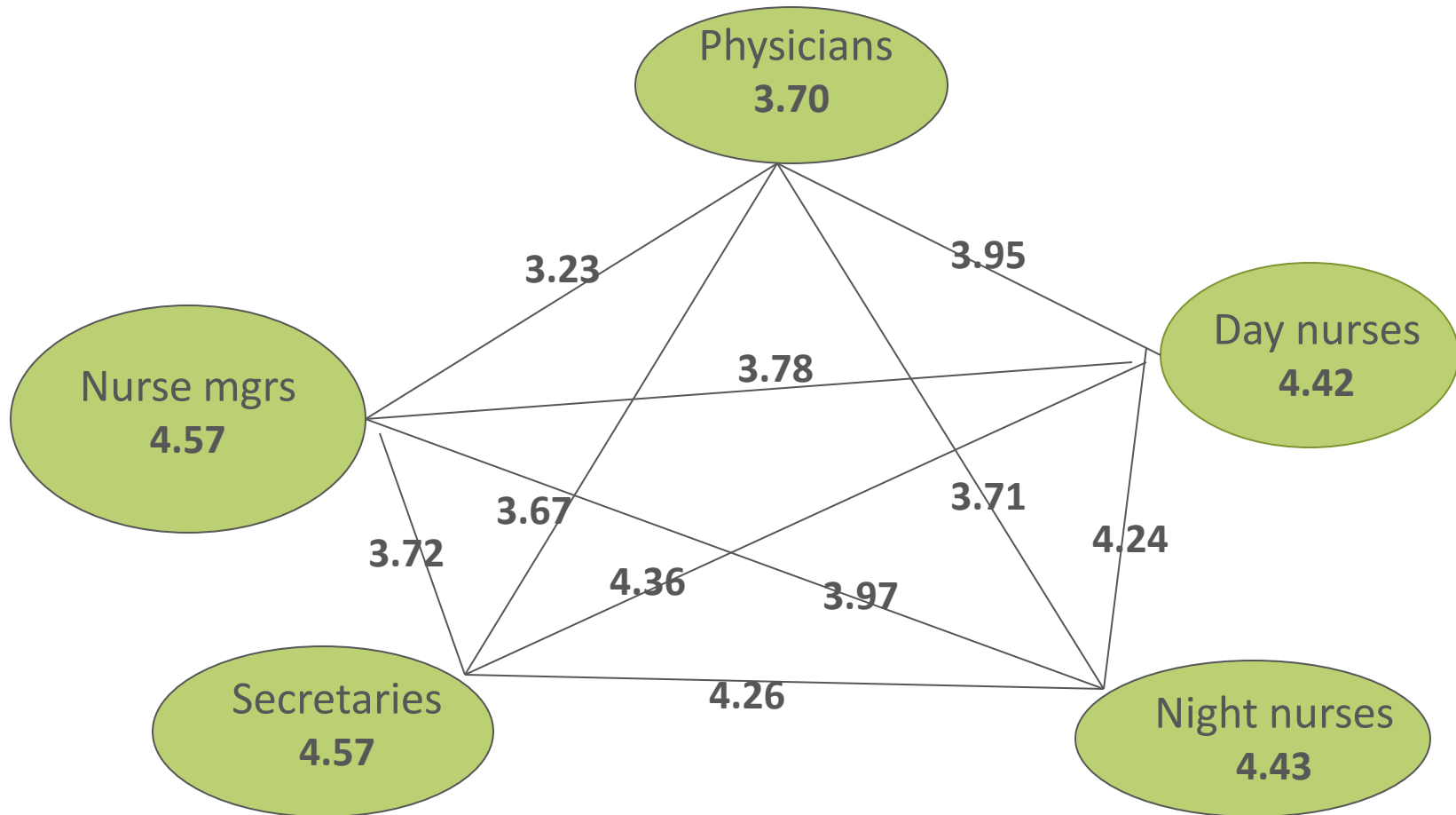
Measuring relational coordination

RC dimensions	Survey questions
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	How much do people in these groups <i>share your goals</i> for [focal work process]?
6. Shared knowledge	How much do people in these groups <i>know</i> about the work you do with [focal work process]?
7. Mutual respect	How much do people in these groups <i>respect</i> the work you do with [focal work process]?

Mapping relational coordination



Mapping relational coordination prior to intervention

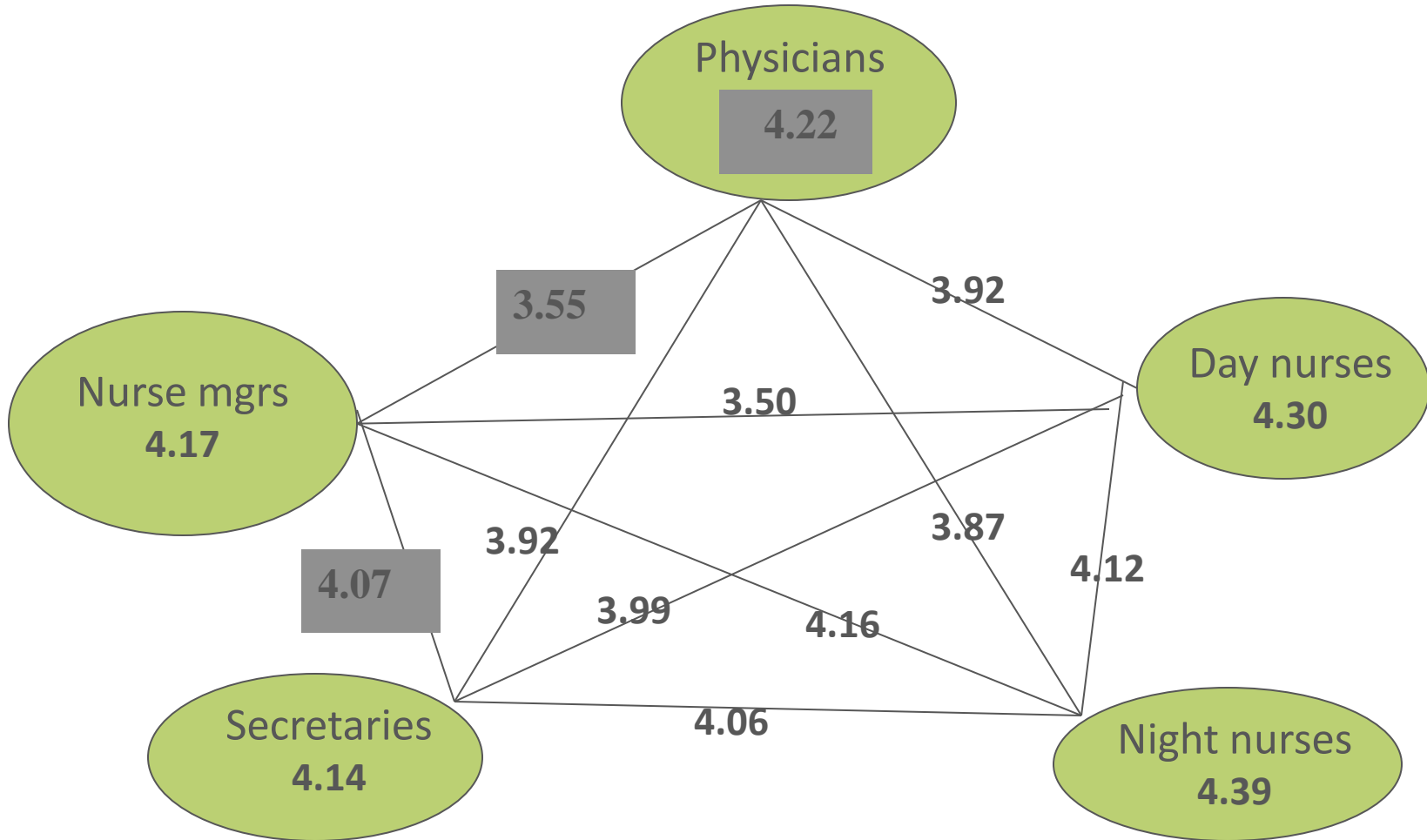


Consultant was asked to help

- Physicians considered to be a “problem”
- Uncivil behaviors among themselves and with other groups
- Consultant focused on physicians, using
 - Appreciative inquiry
 - New physician group leader
 - Coaching and goal-setting
 - Accountability for relational behaviors
 - Weekly meetings to check in, make group decisions



Mapping relational coordination after six month intervention



Shaded numbers indicate significant
positive change



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Partial success

- Relational coordination improved
 - Among physicians
 - Between physicians and nurse managers
 - Between nurse managers and secretaries
- But RC stayed the same or got worse
 - Between other groups
- “Shared knowledge” did not improve for anyone, even physicians
- Lessons we can learn?



Lessons learned

■ Relational intervention

- Build shared goals, shared knowledge, mutual respect across all groups, not just physicians

■ Work process intervention

- Use process improvement to understand interdependencies between tasks

■ Structural intervention

- Develop new supporting structures that connect all groups, not just physicians





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