An overview of relational coordination
Adapted from “New Directions for Relational Coordination Theory”
by Jody Hoffer Gittell

Published in “Oxford Handbook of Positive Organizational Scholarship,”

Dimensions of relational coordination
Relational coordination theory makes visible the social processes, the human interactions, that
underly the technical process of coordinating complex work. It describes the management of
interdependence not only between tasks but also between the people who perform those tasks.

Relational coordination theory starts by conceptualizing the coordination of work as taking
place through a network of relationships among participants in a work process. The theory
specifies three attributes of relationships that support the highest levels of coordination and
performance:

- **shared goals** that transcend participants’ specific functional goals
- **shared knowledge** that enables participants to see how their specific tasks interrelate with
  the whole process, and
- **mutual respect** that enables participants to overcome the status barriers that might
  otherwise prevent them from seeing and taking account of the work of others.

These three relational dimensions reinforce and are reinforced by specific dimensions of
communication that support coordination and high performance, namely **frequency**,
**timeliness**, **accuracy** and, when problems arise, a focus on **problem-solving** rather than
blaming.

Knowledge of each participant’s contribution to the overall work process enables everyone to
communicate in a timely way across functions, grounded in an understanding of who needs to
know what, why, and with what degree of urgency. Shared knowledge also enables participants
to communicate with each other with greater accuracy, based on an understanding of how their
own tasks relate to the tasks of others functions.

Shared goals increase participants’ motivation to engage in high quality communication and
predispose them towards problem-solving rather than blaming when things go wrong. Mutual
respect increases the likelihood that participants will be receptive to communication from their
colleagues irrespective of their relative status, thus increasing the opportunity for shared
knowledge and problem solving. This mutual reinforcement between relationship and
communication forms the basis for coordinated collective action.

The relational dimensions of relational coordination are not personal relationships of “liking” or
“not liking” but rather are task-based relationship ties. They are conceptualized as ties between
work roles rather than personal ties between discrete individuals who inhabit those work roles.
Approach

A relational approach to coordination is more effective than more mechanistic approaches, enabling participants to achieve better results for customers while engaging in less wasteful and more productive utilization of resources. How? In contrast to the traditional bureaucratic form of coordination that is carried out primarily by managers at the top of functional silos, relational coordination is carried out via direct contact among workers at the front-line, through networks that cut across functional boundaries at the point of contact with the customer.

Relational coordination improves performance of a work process by improving the work relationships between people (shared goals, shared knowledge, mutual respect) who perform different functions in that work process, leading to higher quality communication. Task interdependencies are therefore managed more directly, in a more seamless way, with fewer redundancies, lapses, errors and delays.

Relational forms of coordination are particularly useful for achieving desired performance outcomes under conditions of reciprocal interdependence, task and input uncertainty and time constraints. When tasks are reciprocally interdependent the actions of each participant affect and are affected by the actions of others. It takes a high degree of relational coordination for participants to be able to mutually adjust their actions in response to each other’s actions and outcomes.

When task and/or input uncertainty is high, relational coordination becomes even more important, enabling participants to adjust their activities with each other “on the fly” as new information emerges in the course of carrying out the work. Finally, as time constraints increase, as in high velocity environments, relational coordination is essential for enabling participants’ rapid real-time adjustments in response to each other and to newly emergent information without wasting additional time to refer problems upwards for resolution.

Organizational structures

Relational forms of coordination are fundamentally shaped by organizational structures. In organizations with traditional bureaucratic structures that tend to reinforce functional silos, relational networks exhibit strong ties within functions and weak ties between functions, resulting in fragmentation and poor handoffs among participants at the front-line of production or service delivery.

In contrast, organizations with structures that foster relational coordination build cohesiveness and broader contextual awareness (participants’ awareness of how their work fits into and influences the larger whole). Such structures include the selection of participants based on their capacity for cross-functional teamwork, measurement and reward systems based on team performance across functions, venues for proactive cross-functional conflict resolution, work protocols that span functional boundaries, and job designs that feature flexible boundaries between areas of functional specialization and boundary spanning roles to support the development of networks across functional boundaries. These cross-cutting structures represent a redesign of traditional bureaucratic structures, and together they constitute a relational work system that strengthens cross-functional networks of relational coordination without sacrificing the benefits of the division of labor.

Relational coordination theory calls for the redesign rather than the replacement of formal structures, specifically redesigning these structures to reinforce and strengthen relational
processes across functional boundaries where they tend to be weak. In so doing, relational coordination theory contributes to the development of high performance work systems that strengthen the ability of employees to manage their own handoffs and work interfaces. Such systems are distinct from but complementary to other high performance work systems that reinforce employee commitment to the organization or that build individual employee knowledge and skills.

**Outcomes**

Though relational coordination theory is at a relatively early stage of development, it is already backed by a considerable body of research-based evidence. Findings thus far support the empiric coherence of the concept of relational coordination and the internal and external validity of the Relational Coordination Survey. Moreover, research findings thus far suggest that the strength of relational coordination ties among participants in a work process predicts an array of strategically important outcomes including quality, efficiency, customer satisfaction and workforce resilience and well-being. In healthcare studies specifically, relational coordination scores are significantly correlated with increased quality; shorter length of stay; improved patient satisfaction, staff satisfaction, and staff resilience; and improved clinical outcomes (e.g. pain and functional status 6 weeks after knee and hip replacement).

**Relational coordination and outcomes: Review of the evidence**

<table>
<thead>
<tr>
<th>Quality Outcomes</th>
<th>Efficiency Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased patient satisfaction with care&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Reduced turnaround time&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Increased patient intent to recommend&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Increased employee productivity&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Increased postoperative pain/functioning&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Reduced length of hospital stay&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved quality of life for long-term care residents&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Reduced total cost of hospital care&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved patient psychological well-being&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Reduced costs of chronic care&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduced family complaints&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Reduced costs of product development&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduced medication errors&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>Reduced hospital acquired infections&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Improved family preparation for caregiving&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduced patient fall-related injuries&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Improved family engagement in evaluation, enrollment, retention&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved quality of care for asthma patients&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Increased patient trust and confidence in the care provider team&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved quality outcomes for heart failure patients&lt;sup&gt;7&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Improved quality of chronic illness care&lt;sup&gt;8,9&lt;/sup&gt;</td>
<td>Worker Outcomes</td>
</tr>
<tr>
<td>Increased integrated care delivery&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Increased job satisfaction&lt;sup&gt;4,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Strengthened community linkages&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Increased career satisfaction&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Strengthened self-management support&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Increased professional efficacy&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Strengthened decision support&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Reduced burnout/emotional exhaustion&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved product development quality&lt;sup&gt;10&lt;/sup&gt;</td>
<td>Increased work engagement&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Improved on-time performance&lt;sup&gt;10,11&lt;/sup&gt;</td>
<td>Increased proactive work behaviors&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduced baggage mishandling errors&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Increased psychological safety&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Reduced customer complaints&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Increased learning from failures&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Increased internal audit effectiveness&lt;sup&gt;12&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Improved internal audit risk management</td>
<td>Increased reciprocal learning</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>More timely implementation of audit recommendations</td>
<td>Increased professional satisfaction with care delivered by community health nurses</td>
</tr>
<tr>
<td></td>
<td>Increased equity of team member contribution</td>
</tr>
<tr>
<td></td>
<td>Increased collaborative knowledge creation</td>
</tr>
</tbody>
</table>

Additional perspectives on relational coordination

"Touchy Feely? Get Over It!" by Anthony Suchman
"When Teammates Don’t Connect: Learning to Manage Interdependence" by Anthony Suchman
"Reflections on the RCRC Research Colloquium" by Jody Hoffer Gittell


© 2013 Jody Hoffer Gittell and Anthony L. Suchman