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The Foundational Metaphors and Theories of Relationship-Centered Administration

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In this chapter, we will examine the metaphors and theories that form the conceptual foundation of Relationship-Centered Administration. We will be noticing how we look at and think about organizations – what images and concepts focus our attention, shape our thinking and constrain our actions. Far from being merely of academic interest; these theories are of profound practical importance.

As we are about to see, most managerial thinking and action is based on engineering theories and metaphors – “design the parts and get them working right, and the whole will be fine.” This approach carries with it implicit expectations of control, and when control proves elusive (indeed, it is impossible) there is widespread anxiety, blame, defensive behavior and humiliation. These are not the ingredients of a high-performing organization; they are the consequences of an inadequate theory and they are to a large degree avoidable. So our goal in this chapter is find a better way to understand organizations, one that helps us lead and manage differently and to create work environments that bring out more of our best qualities and less of our worst.

The new theory we will explore is founded on principles of complexity – the unpredictable, self-organizing emergence of patterns that occurs throughout nature. Shedding the burdensome yoke of design and control, we will notice how organizations are under perpetual construction in every moment and every conversation, no matter how small or trivial. Serendipitous events matter as much as our intentional actions. Small changes can cascade and multiply to become transformative.

Building up from this foundation of complexity, we will add insights from other theories of human interaction, behavior change and personal meaning so that our perceptions and actions as administrators will be well-matched to the world of human experience rather than to the world of machines. This new theory will show us that creating healthy and well-functioning healthcare organizations begins with each of us – who we are as people and how much of ourselves we are willing to bring to work. It will lead us to be more mindful of how we relate to others and of the patterns we are creating or spreading in our every act. And it will show us that our capacity to be

different and to value the differences of others is the ultimate source of our creativity and resourcefulness.

Noticing theories and metaphors in action

Before we set out to build our new theory, it would be helpful to reflect for a moment on the nature of theories and metaphors and how it is that they exert such a powerful influence on our day-to-day lives. A theory is not a truth; it is a story we make up to account for how and why things happen. It may be formal or informal; expressed in the dense language of scientific prose or the imaginative and ambiguous language of mythology. A theory may be transmitted by means of an oral folk-tradition, a scholarly book or a set of operating instructions. It may be rigorously tested and refined or invented spontaneously as needed. A metaphor is, in essence, a form of cross-referencing that allows us to invoke our theories about one phenomenon to help us make sense of another.

Theories powerfully shape the content of our consciousness – what we perceive, how we interpret those perceptions, and how we act. We focus our attention on whatever the theory tells us is relevant and ignore what isn't. For example, imagine that we're sitting before a hearth enjoying a fire that has now burned low and is in need of rejuvenation. If our theory of fire is "in order to burn, a fire needs wood" we'll pile on lots of wood, and the fire may or may not be restored. But if our theory describes the essential roles of fuel, oxygen and concentrated heat, we'll pay attention not only to the wood, but also to the space between the logs and the proximity of the coals to the new logs we're hoping to ignite. The second theory directs our attention to important observations (air and heat) and potential actions (spread the logs apart, pile up the coals) that we would miss using the first theory; under its guidance we are more likely to successfully rekindle the fire. So, theories matter.

Figure 1 illustrates in more detail the cascading consequences of where we direct our attention. The focus of our attention determines what we can perceive. Our perceptions then constitute the body of data from which we create an interpretation, a story about what's happening around us. That story then shapes our expectations – what we anticipate for the future – which in turn shapes our intentions and actions. Note that every step of this cascade can operate in reverse in a highly self-reinforcing manner. We will return to this point later.

If theories are so limiting, why do we use them? Without theories, we could not function in the world. We would be overwhelmed in each moment by the infinite number of internal and external stimuli that impinge on us and are available for our attention – everything that can be seen, heard, touched, smelled or tasted; every physical and emotional sensation; every memory and thought that could potentially come into awareness. We would be equally overwhelmed and paralyzed in each moment by the infinite set of potential actions we could take. Theories help us to filter our perceptions and to reduce to a manageable number the choices of action to be considered. Theories are also a form of encapsulated experience that can be shared readily, so individuals can benefit from and build upon each other's learning.

Even as our metaphors and theories are enabling, they are also constraining – they can get in our way or limit us. By directing our attention *here*, they are drawing our

attention away from *there*. They are oversimplifications, never complete truths; useful information and options are inevitably filtered out. Metaphors and theories create a circular self-reinforcing and self-propagating dynamic – they continually call attention to evidence that confirms their correctness and conceal evidence that might be disconfirming. Moreover, the downstream consequences in the cascade of attention (such as expectations and behaviors) can work in reverse to affect how attention is focused. For instance, we know from many studies of expectancy bias (the Hawthorne effect) how powerfully expectations shape attention and perception.

Another example may be helpful here.¹ Suppose I am giving a talk and you are in the audience. My theory about giving good talks leads me to notice how the audience is responding so I can make ongoing adjustments in my presentation. Therefore, my attention is drawn to the fact that you are nodding off to sleep intermittently. From that data, I form an interpretation, a theory about you, namely, that you are not interested in my ideas. (Note that there are many interpretations that I could have formed here; if I mistake my interpretation for an observation, I've started to climb a Ladder of Inference²). At the end of my talk, when you ask me a question, the story I've started to tell myself about you leads me to expect that you will be dismissive of what I'm about to say, so I respond in a mildly hostile and arrogant fashion, which elicits like behavior in you. I see this and say, "aha, I knew you were a jerk" and from that moment on I will be extra vigilant for further evidence of your hostility. In fact, I may be so focused on that that I am inattentive to other cues that you are actually very interested in what I'm saying. Now the truth might be that you were sleeping during my talk because your 14-month-old kept you up all night, but you were so interested in the topic that you came to my talk anyway, and felt bad that you couldn't stay awake to hear more of it. Unfortunately, my interpretation of you as indifferent may well set in motion an escalating pattern of mutual hostility. This an important dynamic that we'll return to at length. For now, let's just note how my theory about you focused my attention and shaped my behavior in a way that was self-fulfilling – it created the expected pattern of behavior.

Another important aspect of theories for us to notice is that they tend to operate subliminally. We often forget that they are theories; we forget that we are seeing selectively filtered information and presume that we are simply seeing "reality." So it's important for us pause from time to time to think about how we think, and to pay attention to how we pay attention. Often this will reveal limiting assumptions that we have been making and allow new ways of thinking and acting to emerge. In this spirit, then, let's proceed to examine how we think about organizations.

Modern management theory: An organization is a machine

Modern management theory (starting with Frederick Taylor, and continuing on into systems theory and statistical process control) is grounded in linear cause-and-effect reasoning: if A causes B, then knowing A allows one to predict B, and, better yet, controlling A allows one to control B.³ This kind of thinking, with its accompanying expectations of predictability and control, is conveyed in the popular metaphor of the organization as machine.

A machine is designed with a specific purpose or output in mind. Every part is designed to perform a precisely specified movement with consistency and precision,

without deviation or variation, and to interact with the “input” and with the other parts of the machine to produce exactly the “output” that the designer intends. A machine can be fully specified in a blueprint which is the end-product of a design process. If a machine does not perform as expected, the engineers try to improve its performance by studying its activity and then literally “going back to the drawing board” to come up with a better design.

The machine metaphor leads us to view a healthcare organization as a variety of work processes to be performed on patients by workers, to be carried out precisely and without variation in order to obtain the desired clinical and financial outcomes. The organization’s blueprints include its mission statement, bylaws, organizational chart, budgets, strategic plan, and policy and procedure manuals. When an organization is not performing as desired, the managers typically take themselves to some far off place to study the organization’s performance and then rework its blueprints. There is an implicit expectation that, like engineers, they can step outside the organization, analyze it objectively, and create a new design that will be implemented exactly to specification.

To reiterate, the machine metaphor at the heart of traditional management theory focuses attention on intended outcomes, actual versus desired outputs, and blueprints. It likens the manager to an engineer, and thus fosters expectations of precise control and responsibility. This metaphor can be very useful; it has given rise to methods such as process mapping and statistical process control that can lead to substantial improvements in effectiveness, safety and efficiency in care processes for which standardization is desirable. However, given the enormous amount of individualization and shared decision making needed in the activities of a healthcare organization, standardization is neither desirable nor possible in most circumstances. And unlike machine parts, human beings are not amenable to having their behavior designed and specified by others. Thus the machine metaphor is ill-suited to the majority of management tasks and situations.

Relationship-centered Administration: An organization is a conversation

A very different metaphor lies at the heart of Relationship-centered Administration: the organization as conversation. A conversation is a non-linear interactive process characterized by self-organizing patterns of meaning (eg: themes and ideas) and patterns of relating (eg: power and roles). Its direction and content emerge spontaneously in the course of ongoing back-and-forth interactions between participants. A conversation cannot be designed; its participants can introduce themes and otherwise act with specific intentions in mind, but the results can be neither predicted nor controlled. New themes and patterns of relating continually emerge. These novel patterns may or may not be taken up and carried forward, or they may be transformed into something altogether different.

We can regard an organization as a gigantic complicated conversation involving its staff, patients (and their families), payers, regulators, neighbors, competitors, and anyone else who interacts with or is affected by it. Although intangible, the themes in this conversation are the defining essence of the organization. For an organization to be established in the first place, it must first be a shared conversational theme – an idea about what the organization should be and do – that is held by enough people and with enough conviction as to mobilize coordinated action. And as these conversational themes change, so will the more tangible aspects of an organization: buildings get torn

down; organizational charts are modified; budgets are revised; people are hired, fired, promoted and so forth. The organizational conversation is at the heart of it all.

Within this gigantic conversation, there are, of course, myriad sub-conversations. Some are public: individuals talking with each other in an ongoing stream of interactions. Others are private: the ongoing flow of thought that comprises each individual mind. Themes can spread readily from one conversation to another, rather like the propagation of an epidemic.

Neither metaphor – machine nor conversation – is true; each one is just a perspective, a way of noticing. Each can focus our attention in ways that are helpful in some situations, and limiting in others. Whereas the machine metaphor focuses attention on intention, design, standardization and gaps between actual and desired results, the conversation metaphor focuses attention on here-and-now processes of human interaction – what patterns of meaning and relationship are emerging and how. Unlike the machine metaphor, the conversation metaphor does not create expectations of control. In fact, it normalizes and even values “not knowing,” thus lessening the potential for uncertainty to be a source of anxiety and shame for managers, emotions which all too often spread to others in the organization, impairing performance.

Based on our observations of how the machine and conversation metaphors focus our attention, we can see that the machine metaphor is best-suited for highly standardized processes in which responsiveness and variability are undesirable, and that the conversation metaphor is best-suited for situations that call for creativity, adaptability, good judgment and shared decision-making. We turn now from foundational metaphors to consider several theories that contribute to the practice of relationship-centered administration.

The theory of Complex Responsive Processes: Self-organizing patterns

The theory of Complex Responsive Processes of Relating (CRP) describes the perpetual and simultaneous creating of both self (our individual minds and identities) and society (the constellated patterns of meaning and relating that constitute the various groups to which we belong, across all levels of scale) in the unceasing flow of communicative interaction. We can think of the theory of CRP as a more rigorous and nuanced version of our conversation metaphor. It focuses attention on the capacity of human interaction to spontaneously generate new ideas, new narratives (interpretations of personal and group histories), and new patterns of relating, while at the same time, paradoxically, yielding continuity, order and stability. Both novel and stable patterns self-organize in the here-and-now processes of communicating and relating, all without anyone’s planning, control or direction.⁴

At first glance, this theory may seem abstract and arcane, but self-organizing patterns of meaning and relating are actually very common experiences. For instance, imagine that you are talking with some friends or colleagues, and someone makes a chance remark that sparks a new thought for you, and then someone else takes your new thought even further, and that stimulates a third person to put this fledgling new idea together with another idea, and on it grows to become a major new idea or plan. This new idea represents a self-organizing new pattern of meaning that emerges spontaneously in the course of the back-and-forth interactions of the conversation; it was not the result of anyone’s intentional planning, direction or control. It just happened.

We can see similar processes of self-organization at work when children spontaneously make up a game, or when a social order starts to emerge within a group of people who have never been together before. Patterns of power, leadership, and inclusion-exclusion inevitably and necessarily arise when new groups form, sometimes influenced by people's intentions but not subject to their direction or control.⁵

We've also experienced self-organizing patterns of continuity and stability. Imagine that you are a newcomer in an existing group of people. You probably will pay close attention to how the other people were acting so that you can learn how to fit in.⁶ Before long, you begin to take on those behaviors yourself; you join into the existing pattern of interacting. At some subsequent meeting of that group, another person joins the group and that person now looks to you to see what behavior is expected in order to fit in. As people keep joining and leaving the group over the course of time, the group's composition might change completely with none of the original people still present, and yet the patterns of behavior would persist. Once again, no one directs, plans or controls this process; the carrying forward of a pre-existing pattern of relating from one moment (or one year, or century) to the next is a self-organizing process. This same dynamic can apply to a personal story, an organizational identity, or the identity of a people or culture – beliefs and practices passed down through many generations.

Having seen several examples of self-organizing patterns of meaning and relating, we can now explore the fundamental interactional dynamics at the heart of the theory of Complex Responsive Processes. Ralph Stacey, the author of CRP, noticed that complexity dynamics were implicit in George Herbert Mead's classic formulation of gesture and response.⁷ Mead had astutely observed that the meaning of a gesture – by which he meant a social act, and act directed towards an other – is plastic: its ultimate significance depends upon (and can be considerably modified by) the response it elicits. In his famous example, when a dog bares its teeth and snarls at another dog, it's not at all clear whether that gesture is going to be part of an actual conflict, ritualized conflict or play. The meaning of the gesture is only completed by the response of the other dog. And that response itself is also the next gesture in the sequence of social interaction, the meaning of which will be determined by the response *it* elicits.

This same dynamic of gestures and responses in turn eliciting and completing each other applies to human communication, both verbal and non-verbal. The meanings of participants' gestures in a conversation simultaneously form and are formed by each other. Over the course of many iterations of back-and-forth interaction, patterns begin to develop – not only patterns of meaning (the themes in the conversation) but also patterns of relating (dominance, for example, or the use – or lack – of self-disclosure). We have seen examples above of how these conversational patterns can be self-propagating, with the patterns of one moment calling forth the very same behaviors in the next, and how novel patterns can arise sparked by a small bit of adventitious difference or diversity.

This conversational dynamic of mutual and reciprocal influence taking place in the course of an iterative interaction exhibits the signature characteristics of a non-linear or complex process:

- It is capable of self-organization – order (pattern) emerges without conscious design or intent, made possible by the simultaneous presence of freedom (the non-deterministic nature – the wide latitude of possibility – in each person's next conversational move) and constraint (e.g.: the categorizations and

relational structures embedded in a language, the obligations of social convention).

- It creates and maintains pattern in the here-and-now of ongoing interactive process. If the interacting ceases, if there is no responsive relating, then there is no pattern. There is no “fixed structure” or storage mechanism. The pattern must be continuously reenacted and maintained in either the public conversation between people or the private conversation of individual minds.
- It is capable of amplifying small differences. The response to an unexpected word, a glance, a novel association or a misunderstood meaning can cascade into a whole new, transformative pattern. Without diversity and difference, novel patterns cannot emerge; there would be nothing to seed the change.⁸
- Outcomes are unpredictable and uncontrollable. The potential for infinitesimally small differences that exist at the start of an interactive process –differences beyond our capacity to ever know – to start a cascade of amplification and transformation means that we can never know in advance what the outcome will be.

Pulling all these ideas together, we are now in a position to fully understand the name of the theory – Complex Responsive Processes of Relating: ‘Complex’ refers to complexity dynamics: the self-organizing and unpredictable pattern-making of conversation. ‘Responsive Processes of Relating’ points to ongoing communicative interaction and the mutual influence that participants have on each other, constituting the medium in which self-organization takes place.

Another important aspect of the theory of CRP for us to consider pertains to the concepts of “mind” and “self.” We can conceive of our minds as being private conversations accessible only to ourselves, the self-organizing dynamics of which are identical in every way to those of public conversations that take place between people (discussed above). We constantly gesture and respond to ourselves as we monitor and react to our own thoughts and behaviors and anticipate how others might respond to us. Both novel and stable patterns emerge from the ongoing iterative interaction of our own thinking. Our minds – our capacity for self-reflective thought – are acquired socially, an ‘internalization’ of public conversation, as it were, and we likewise develop a concept of self only by noticing the responses we elicit in others. My identity (a set of themes about who I am and what I’m like) is not something intrinsic or internal to me; rather it is a theme in my conversation with every person with whom I interact (indeed, my identity is quite different with different people; I am literally a different person with each of them). My identity is also a set of themes in my own private conversation, drawing upon the themes of my identity that emerge in the various public conversations in which I participate.

This free flow of themes about my identity between public and private conversations illustrates one last point pertaining to the dissemination of new patterns. A pattern of meaning (an idea) that emerges in a public conversation is simultaneously present in the private conversations of all the participants (although it won’t be identical in each person; its meaning will be nuanced by each individual’s own unique perspective and history). The participants then disperse and join in other public conversations, and introduce this new pattern of meaning into other conversations, where it may or may not

be taken up.⁹ In this way, new patterns of meaning and relating have the opportunity to diffuse across an ever widening circle of conversations.

Whether a newly emerging pattern will propagate and become self-replicating or will die out is unpredictable. There is a principle in complexity science called the Inverse Power Law which holds that the likelihood of a change in pattern varies inversely with the magnitude of the change: small changes (or no change) are more likely than large ones. A physical metaphor for the Inverse Power Law is a sand pile on top of which we are dropping grains of sand one by one. Most grains will stick where they land, or will tumble for a very short distance. Occasionally, a grain will knock a few other grains loose and they will all tumble a short way down the slope. And once in a very great while, that one grain of sand dropped from above will cause an avalanche. This Inverse Power Law is thus a further elaboration of the amplification of small differences, showing us that while the potential for a transformative cascade exists for any small change or disturbance, most disturbances don't propagate at all. And we can never know ahead of time which small differences will make a difference.

The theory of Complex Responsive Process has profound implications for how we think about and participate in organizations. It reminds us that an organization is not a thing, but rather a constellation of patterns in the medium of ongoing human interaction. These are patterns of meaning – the organization's identity: ideas about its purpose, how it gets its work done and what kind of place it is – and patterns of relating – the organization's culture: power relations, the unwritten rules about what kinds of things one does or doesn't say in a staff meeting, who gets to make decisions, who sits in what chair, and so on. Using nouns to describe organizational identity and culture is very misleading; it creates the impression that these are fixed and static entities and fosters the illusion that they can be designed and controlled, like other objects (recall the machine metaphor). If it weren't for the awkwardness of the language, we might be better off using verbs (organizing, relating, producing) rather than nouns (organization, relationship, product) to remind us that organizations are in fact dynamic patterns perpetually under construction in each present moment.

This matter of perpetual ongoing construction offers an important insight into the nature of organizational change work. Since patterns are being formed and maintained in every moment, then every moment holds the potential for change. In fact, there is no other place to look for opportunities to instigate change than in what is happening right here, right now in the present processes of relating. The process of pattern formation is so often unconscious that we seldom recognize how we are contributing to the very patterns that we find problematic. So the work of organizational change is to focus attention (our own and others') on the patterns we are enacting in each moment, helping us to become more mindful of here-and-now relational process and giving us the chance to intentionally try out different ways of participating – deliberately introducing difference and disturbing existing patterns – with the hope that a different and better pattern will take hold. Maybe we try making a personal self-disclosing remark at a leadership meeting, disrupting the pattern of impersonal conversation. Perhaps we take the risk of naming the heretofore unmentionable elephant in the room – someone's habitually rude or disruptive behavior or an unethical policy – in order to end our participation in a collective conspiracy of silent acquiescence. Whatever the new gesture, we are offering a small bit of difference in the hope that someone else might

then join in, forming a slightly larger new pattern that might then spread in a cascade of amplification.

In seeking to intentionally enact new patterns, we need to remain mindful of our inability to predict or control what will happen. Remembering the sand pile metaphor and the small chance that any one disturbance will cascade, we understand that we must be persistent in our efforts to prompt a new pattern, to make repeated “disturbances,” never knowing which one (if any) might cause the avalanche. We try to embody and continually reintroduce the new pattern, or as Gandhi said, to “be the change you wish to see in the world.”¹⁰

The theory of CRP releases us from unrealistic expectations of control, and from the shame and anxiety that we experience when we fail to meet them. And if we are in managerial or leadership positions, it helps us keep from spreading our anxiety to others in organization, which would further compromise organizational performance.¹¹ CRP helps us recognize the virtue in not knowing, and avoid holding so rigidly to our own prefabricated visions of the future that we fail to recognize and make room for even better possibilities that may be emerging spontaneously. CRP refocuses our attention from our blueprints (our hopes for what might be) to what’s actually happening right here and now, and helps us remain open to new unforeseen possibilities. .

It’s important to understand that the theory of Complex Responsive Process does not argue against planning, it just reframes how we think about it. In more traditional management theory, the whole point of planning is to create the best plan and then execute it. From a CRP perspective, the main point of planning is the conversation. If it’s a high quality process, it invites us to share our differences and diversity and gives us ample opportunity to respond (to have our patterns of meaning form and be formed by each other), thus allowing new patterns of meaning to emerge. As we talk, we are exploring and further developing our present ways of thinking about the future, which affect our present actions. New patterns are forming, which can give rise to new actions. We are not so much anticipating or preparing for the future as we are constructing it. All that is taking place in the conversation; the plan itself is but an artifact that will quickly become out of date as the process of pattern making flows on.

It’s also important to point out that, contrary to the impression left by some writing on complexity and organizations, that self-organization is no guarantee of virtue. Self-organizing patterns have as much potential to be destructive as constructive – patterns of dishonesty or abuse are no less susceptible to amplification and self-organization than are virtuous patterns. One possible way to lower the risk that evil patterns might propagate is a systematic process of self-reflection within an organization, articulating values and introducing a pattern of honest conversations about accountability.

We can conclude our consideration of the theory of Complex Responsive Processes of Relating by summarizing how it focuses our attention as leaders, managers and agents of organizational change. It invites us to notice the patterns that are being created, maintained and changed in the here-and-now processes of relating. It draws our attention to the dynamics of self-organization, and to the importance of diversity and serendipity in seeding the development of novel patterns. At the same time, it shows us the importance of responsiveness – not merely listening but being open to having our minds changed. It reminds us to be humble about the limits of our own capacity for

control, inviting us to let go of prefigured images of the future, to be more fully present in the moment, and to be more attuned to what might be spontaneously emerging. We can be mindful of the patterns we are creating and reinforcing through our behavior at meetings, the criteria we use to select members and leaders of the organization, the degree to which we share information and involve others in decision-making, and countless other aspects of organizational life.

Self Determination Theory: Intrinsically motivated behavior change

Self Determination Theory is a theory of intrinsically-motivated behavior change, that is, behavior change that is embraced by an individual and sustained without ongoing external reinforcement or control.¹² In an extensive series of studies of behavior change in the workplace and in schools, Richard Ryan and Edward Deci identified three factors that support intrinsically-motivated behavior change:

- **Competence.** People adopt new behaviors more readily when they feel that they know how to do what is being asked of them, when they feel skilled. Conversely, when people feel incompetent they feel acutely susceptible to humiliation and rejection. They are strongly motivated to avoid this unpleasant experience, which means avoiding new behaviors and situations for which they do not feel adequately prepared.
- **Autonomy support.** People are more amenable to changing their behavior when that change is being fostered in a way that supports their autonomy and respects their ability to determine for themselves how they will behave. The opposite of autonomy support is coercion and manipulation – the use of strong incentives (positive or negative) to influence behavior. These extrinsic motivations can be very effective in changing behavior, but only for as long as the incentives are in place.
- **Relatedness.** People are more likely to make a change in their behavior when they feel personally known and cared for by the advocate(s) of that change, when they feel that someone takes a personal interest in them. Indifference on the part of the change advocate, or bureaucratic approaches that are devoid of human contact altogether, hinder adoption of the new behavior.

Many behavior change initiatives seem to be guided by an implicit theory that calls attention to setting expectations, giving feedback, aligning incentives and managing “resistance.” Self Determination Theory offers a more sophisticated view, calling attention to aspects of behavior change that are not obvious and are often overlooked (like our fire-building model that highlights not only wood, but also air and heat). It is a practical, actionable theory that has been applied successfully in organizational, educational and clinical settings.¹³

Self-Determination Theory resonates strongly with the principles of relationship-centered care and administration, adding both an explanatory theory of and a body of experimental support for relational process, partnership and shared decision-making. It adds the important theme of competence, which was not an element in RCC. It is interesting to note, though, the relational significance of competence as a means to maintain interpersonal connection and avoid anticipated rejection by an imagined other, as discussed above.

Appreciative Inquiry: Discovering and enhancing the root causes of success

We turn next to Appreciative Inquiry, which can be regarded as both a theory and a methodology of organizational change. AI is based on a deceptively simple premise, namely, that people are more motivated to change when they reflect on what they are doing well and how to do more of it than when they are looking at what's not working and how to do less of it. AI is the converse of problem solving; it focuses attention on capacity and competence rather than on deficiency.

As an example, suppose the Chief Operating Officer of a hospital launches an initiative to improve the working relationships between physicians and managers. A common approach would be to identify what's wrong in order to fix it. Talking with a variety of individuals, she is likely to hear both groups try to fix the blame on the other – physicians' arrogance and financial irresponsibility on one hand and the "bean counters'" insensitivity to patients' needs on the other. Such attributions and blame quite predictably evoke defensiveness and thwart constructive conversation. We've all experienced conversations like this; they rarely get anywhere.

AI takes an opposite approach by exploring instances, however infrequent, when physicians and managers worked well together. So the COO might invite a group of physicians and managers to tell each other stories about successful collaborations. Typically, the participants interview each other in pairs (each taking a turn as storyteller and interviewer) and then reflect on their stories to discover the factors that made these successes possible. Perhaps it was having a strong shared vision or goal, or facing an external threat, or making an extra effort to fully understand each other's needs and perspectives. Having discovered in this fashion the success factors in their own stories – the best of what *is* – the group might then envision a future in which these factors are present in abundance, articulating a vivid and compelling description of what *might be*, and begin to plan specific steps to get there – what *will be*.

AI is a richly nuanced approach that we cannot adequately describe here. For our present purposes, we need only notice how AI focuses attention and with what consequences. Recall the cascade of attention that we considered earlier: from attention to perception to interpretation to expectations and behavior. By focusing attention on stories of success, AI sets us up to perceive our own and others' best qualities and to see ourselves as capable, already possessed of the skills and experience we need to make the desired change. These expectations lead us to regard and treat each other as competent people, evoking more competent behavior. In contrast, the self-fulfilling expectations in problem solving are negative, expectations of incompetence and culpability, not qualities we would seek to amplify or propagate.

AI is commonly misunderstood as only talking about the positive, and never talking about the negative, an approach that could only lead to superficial and ineffective conversation. AI doesn't seek to restrict conversation; rather, it begins the conversation at a favorable starting point and approaches change from a different direction. By beginning with success stories and examining the supporting factors and specific action steps, AI addresses the very same behavior changes that would emerge from a problem solving approach, but with an opposite emotional valence – capability rather than blame, and hope grounded in actual experience rather than fear and hopelessness. In the example of physicians and administrators, the conversation about action steps might focus on "strengthening people's ability to understand each other's needs and

perspectives” rather than “not interrupting and arguing anymore.” Both phrases point to exactly the same desired behavior, better listening, but with very different implications for actual behavior change. To see why, let’s return to the theories of organizational change that we’ve just considered.

From the perspective of complex responsive processes, AI introduces into the group’s conversation the themes of capability, hope, and specific success factors, creating an opportunity for these themes to become amplified and to spread. AI also reduces the introduction of themes about deficiency and shame that elicit defensiveness, inhibit responsiveness and the expression of diversity, and thus limit the capacity of the conversation to give rise to creative new patterns.

From the perspective of Self Determination Theory, AI presumes and strengthens the participants’ competence. It respects their autonomy by entrusting to them the responsibility for identifying success factors, articulating a vision for the future, and planning subsequent action steps towards that future. And through the community-weaving dynamics of sharing stories, AI creates a strong relational environment. In contrast, problem solving approaches can easily threaten feelings of competence, reduce perceptions of autonomy and foster antagonism, thus reducing the likelihood of intrinsically motivated behavior change.

Formation Work

The theories we’ve been considering thus far are concerned primarily with patterns of meaning and relating at the level of organizational conversations. In contrast, formation work is very personal; it focuses attention on themes of individual identity and meaning as they influence and are expressed through our work. Who we are and how we show up in each moment has a major effect on the content and process of the organizational conversations in which we participate. This idea is reflected in Parker Palmer’s assertion that “...good teaching cannot be reduced to technique; good teaching comes from the identity and integrity of the teacher”¹⁴ and in the Pew-Fetzer Task Force’s claim that “who practitioners are as persons is most relevant to the quality of care that they give.”¹⁵

Formation is a perspective and an approach that helps people deepen their self-awareness as a means to greater individual well-being and to help them give more to others through their work:

“Formation assumes that every person has access to an inner source of truth, named in various wisdom traditions as soul, spirit or heart—a source of strength and guidance that is the place of truth telling within us where we know the difference between reality and illusion. The work of formation involves creating a quiet, focused, and disciplined space in which the noise within us and around us can subside and we can begin to hear our own inner voice. A personal and communal process, formation invites persons to reclaim their own wholeness and vocational clarity and recognizes the vital relationship between inner work and life-giving outer work.”¹⁶

This connection between the personal and the organizational may seem self-evident, but it is actually a radical challenge to prevailing medical and management cultures, which hold that these two domains should be strictly separated, and to the classical scientific attitude of objectivity and detached observation on which these cultures are based.

Drawing upon methods used by the clergy to deepen and renew their sense of spirituality and personal presence to a transcendent level of experience, Parker Palmer has developed an approach called Teacher Formation that uses poetry, journaling, silent reflection and dialog to help teachers continue along their paths of personal growth and bring more of themselves to their relationships with students. Penny Williamson has adapted this format for clinicians and healthcare leaders.¹⁷

Many other theories, traditions and practices also support and illuminate capacities for personal reflection, self-awareness, authenticity and empathy. For example, Howard Gardner introduced the concept of “emotional intelligence” – the capacity to be aware of and respond to emotions (one’s own and others).¹⁸ Carl Rogers used the phrase “becoming a person” to describe the process of coming to know oneself and learning to act in each moment with greater authenticity.¹⁹ Gestalt therapy, championed by Fritz Perls, pursued a similar goal with different methods – redirecting attention from the spoken word to immediate sensory experience and non-verbal behavior.²⁰

The common theme across all these different perspectives is that the organizational should be personal. There need be no separation, and in fact, separation is harmful.²¹ We risk our own well-being and we limit the potential of our organizations when we withhold our full presence and when we participate in organizational conversations in a way that is at odds with who we are or what we believe. And conversely, our most effective means (actually our only means) for changing organizations is to change the way we ourselves participate. Formation work supports our ongoing growth, and continually opens new possibilities for how we can be present.

The Healthy Healthcare Organization “molecule”

The last perspective that we will consider is an integrative model of successful organizational function that presents communication and relationship skills in a wider context. Through their years of consulting with healthcare organizations to help them become “the best places to work and the best places to receive care,” Bonnie Wesorick and her colleagues at the CPM Resource Center have identified several core success factors which they summarize in the form of a “molecule” (Figure 2).²² We can best appreciate the elements of this molecule by retracing the story of its development.

In the course of her work as an intensive care nurse, Wesorick observed considerable duplication of effort across disciplines. For example, both nurses and respiratory therapists would undertake complete documentation of respirator settings, each in their own separate section of the chart. And what was worse, important clinical observations recorded by one group often went unread by the other. She observed similar duplication and discontinuity in the discharge planning process and elsewhere. So she set out to develop an integrated interdisciplinary charting system that would allow for data to be entered only once and then to be readily accessible to everyone. Staff members from each discipline could thus contribute to and benefit from a single, shared body of information about each patient.

After working for weeks on her own time to develop this new charting system, Wesorick was surprised and dismayed when her colleagues refused to use it. She discovered that each discipline felt a professional obligation to undertake its own

documentation and, more important, lacked confidence in the other disciplines' ability to do the same work ("they don't do it as well as we do"). She thus discovered how completely unfamiliar each discipline was with the other's scope of practice – their training, competencies and clinical privileges. And of course, there were also themes of identity – of both individuals and disciplines – and unspoken fears of being displaced.

To address and resolve these issues of scope of practice and disciplinary identity that stood in the way of effective collaboration would require an extended dialogue across disciplines. But there was no forum for such "horizontal integration." So Wesorick and her colleagues invented one: the Partnership Council. On each inpatient unit, individuals were identified by peer-nomination to be representatives to a council, with participation by all disciplines and job descriptions on the unit (including all clinical disciplines, housekeeping, unit secretaries, and unit managers). Each Council member served as a personal liaison to 4-5 other individuals from the same discipline who were not on the Council. Thus every person on the unit was either a Council member or had a personal representative.

No sooner did the Councils start to meet than another obstacle presented itself: Council members would immediately get stuck in arguments about disciplinary identity and competencies. Wesorick soon discovered that the Councils worked better if they began with initial teambuilding activities, learning dialog skills and developing a sense of common purpose. They were then able to learn about each other and to appreciate (without a sense of threat) each other's unique perspectives and skills. And only then were the Partnership Councils in a position to address and implement new approaches to interdisciplinary documentation, interdisciplinary clinical pathways and order sets, and other new work processes to improve the effectiveness, efficiency and safety of inpatient care. The Partnership Council model has now been replicated at more than 100 hospitals, and in many other kinds of departments and clinical service areas.

All the wisdom that was gathered over the course of the CPM Resource Center's story is summarized in the "healthy healthcare organization" molecule (Figure 2). At the center of the molecule, we see the relationship and dialogue skills, which must be present before any other aspect of the work can proceed. At the top of the molecule, we see "shared purpose" and "scope of practice," the latter being amplified by distinguishing between basic competency in one's own discipline and "integrated competency" – the capacity to join one's own competency together with those of others, the specific skills of teamwork. The lower third of the Healthy Healthcare Organization molecule addresses the infrastructure – both technical and social – that supports effective communication, relationship and teamwork. The technical infrastructure is now evolving from paper to electronic media, enabling unprecedented levels of information sharing and decision support, provided that it is designed with enhanced collaboration in mind, and not merely the automation of existing work processes. The social infrastructure consists of Partnership Councils or other formalized approaches to helping workgroups talk with each other about how they do their work.

At the heart of Wesorick's model are the same principles of relationship and dialogue that are at the core of relationship centered administration. Her model calls attention to additional elements – notably shared purpose, clear role definition and infrastructure – that promote relationship and effective collaboration on interdisciplinary healthcare teams. With further emphasis on the inclusion of patients and families, and

with the integration of the additional theoretical perspectives we have outlined above, the “molecule” model offers a very comprehensive and helpful framework for healthcare administrators.

Summary and implications for organizational change

Let’s now try to pull together all the perspectives we’ve reviewed to see what they tell us about the work of leadership, management and organizational change (see the Table). We began by noticing how theories have the power to direct our attention, revealing some possibilities for action while simultaneously concealing others.

We then examined the idea that an organization is a conversation involving everyone who participates in or is affected by the organization in any capacity. In the ongoing flow of this conversation, patterns of meaning and patterns of relating arise, spread, are maintained, evolve or disappear, all in a self-organizing fashion that is subject to intentional influence, although often in unpredictable ways, but is not subject to control. Themes in the conversation (patterns of meaning) that pertain to the organization itself – e.g.: what it does and how, or what kind of place it is – constitute the organization’s identity. Patterns of relating – e.g.: who has power, how it is exercised and constrained, how people talk with each other – constitute the organization’s culture. Organizational change consists of nothing other than changes in these patterns of meaning and relating. And because these patterns exist only by virtue of their continuous recreation and re-enactment in the here-and-now interactional processes of the organizational conversation, every moment holds the possibility of change.

We considered a number of perspectives that shed light on how patterns change. Self determination theory highlights three factors that help individuals become more receptive to the change in their personal identity that necessarily accompanies organizational change. These factors are: a sense of competence regarding the new behavior; support for the individual’s sense of autonomy in making the change; and a relational context – a sense of being cared-for.

Appreciative Inquiry focuses attention on existing successes and capacities and how to enhance and expand them. It influences the organizational conversation by reinforcing themes of positive personal and organizational identity – skill, knowledge, and virtue. Such favorable changes in identity tend to raise participants’ expectations of the organization and of one another, calling forth behavior consistent with these higher expectations. AI also amplifies relational patterns of storytelling, self-disclosure, thoughtful listening and dialogue, thus supporting a culture of responsiveness, creativity, adaptability and solidarity.

With all the activity and processes of organizational work and organizational change taking place here in the living present (and never anywhere else), the manner in which we are present to others in the organizational conversation has a profound effect on the patterns of relating that arise in each moment. Hence the relevance of Formation work and other approaches to self-awareness and personal authenticity. After we peel away all our fantasies of design and control (as embodied in the machine metaphor), we discover that all we ever really have at our disposal is ourselves. The more we can know ourselves, be aware of what we are experiencing and doing in each moment, and act with

mindfulness and authenticity, the more the diversity and responsiveness we can contribute, enhancing the creative potential of the conversation.

And finally, the healthy healthcare organization molecule reminds us that good communication and relationship process is but one element of successful organizational function. A shared sense of purpose, individual and integrated competence (skill in our own discipline and in working with others) and an infrastructure for collaboration - both technical and social – are also necessary.

We turn at last to the practical implications these perspectives have for how to go about the work of healthcare administration and organizational change. And here we discover that we've already examined them in detail – they are the four principles of Relationship Centered Care that were described in the preceding chapter:

- being personally present and inviting others to do likewise
- speaking your truths, and listening to understand the truths of others
- valuing (or harnessing) difference and diversity, and
- letting go of control and trusting the process.

Seeing organizations as self-organizing conversations, with both organizational identity and culture being continuously created in the ongoing interactions of the living present, we can readily appreciate the value of first three principles as guides to effective conversation. They help us foster an environment in which people can contribute the full measure of their diversity and maintain a high degree of responsiveness, the conditions that favor creativity and adaptability (the emergence of novel patterns) in the conversation.

But it is the fourth principle that represents the most important change in the practice of management, and it is also the hardest to adopt. It delves deeply into our way of being in the world, the means by which we seek existential grounding and security.²³ This principle challenges us to embrace paradox and not-knowing – to know that we are perpetually in the midst of messiness and to regard the unknown more as a rich source of potential and less as a source of peril. It calls upon us to relinquish the false god of control (it never really existed anyway), and to liberate ourselves from its impossible expectations and its attendant fears of being found inadequate. These emotions are toxic and contagious. They constrict our field of vision and they inhibit honest conversation.

The fourth principle suggests that if we stop focusing so intently on the outcomes we desire and the deficiencies of present circumstances, we can notice emerging potential that we would otherwise have missed. If the communication and relational process is good, its capacity for self-organization will yield outcomes we could never have been smart or prescient enough to design ourselves. As our fear of failure lessens, we will find ourselves having more room to be curious, observant and creative; such a change in our attitude will enable a similar change for others. Shifting our focus from control to relation also helps us see other people as capable collaborators rather than objects to be manipulated, thus inviting more trust and collaborative behavior from them. We are more likely to treat them in a way that supports their autonomy, helps them feel competent and builds relationship – a climate more conducive to intrinsically motivated behavior change.

And so we have arrived at the very essence of Relationship Centered Administration. It is about how we show up and what we bring to each moment: it is

very personal. It is about openness and humility: understanding how much we depend upon the serendipity of self-organizing process that is perpetually outside our control. It is about paradox: to get the best outcomes, we have to forget about outcomes and focus instead on the quality of relational process. It is about expectations: transforming individuals and organizations by focusing attention on their best qualities, not their worst. The ultimate message of this chapter is just this: organizational change begins and ends with changing ourselves, how we think and act, what we pay attention to, what we expect of each other, and how we talk and relate to each other in every moment of every day. Gandhi said it best: “Be the change you want to see in the world.”

Mindful of our inability to predict or control what will happen, we can seek to enact in each moment the values and visions that we hold deeply, to continuously introduce into the organizational conversation those patterns of thinking and relating that we desire. Nothing may come of it – we can’t help that, and the knowledge that we tried our best may have to be our sole source of satisfaction (or we may recognize that we need to look for a more suitable organization in which to pursue our aspirations). But it’s also possible that the little disturbances we cause will spread, invisibly at first, unpredictably, only to show up in ways and at times that we never could have imagined. As the pattern spreads, we may find ourselves in community with other kindred spirits. And at some point, the new patterns might become strong and widespread enough that they become the new mainstream – they become the culture that people see and emulate when they first join the organization, when they are trying to figure out how to fit in. The new patterns come to shape the criteria that guide the selection of the organization’s new members and leaders. They shape the organization’s identity which then shapes the perceptions, expectations and behaviors of its members. And at that point, the new identity and culture – the new patterns of thinking and relating – have become self-sustaining. In the chapters that follow, we will see this dynamic played out repeatedly.

Figure 1 : The cascade of attention (from Broekstra)²⁴

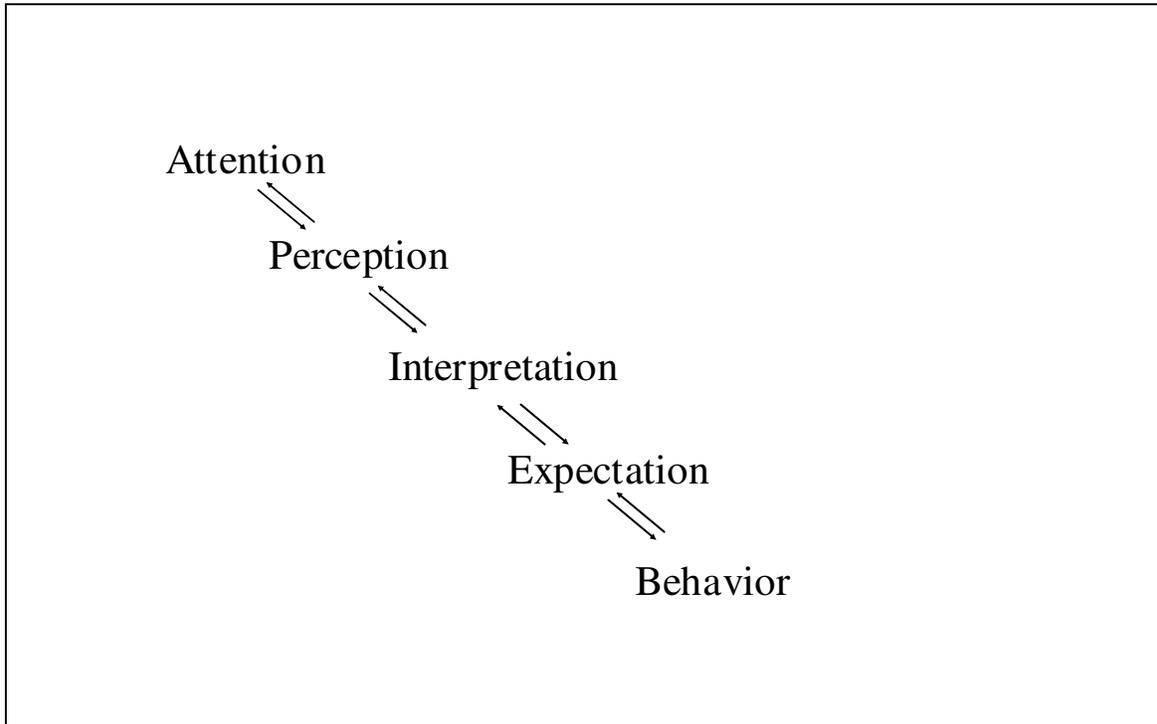
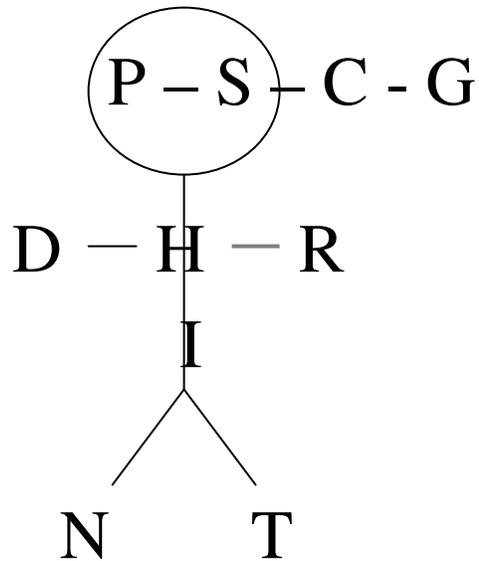


Figure 2: “Molecule” model of health healthcare organizations



H = Healthy Healthcare Organization (H2O)

P = Shared purpose

S = Scope of practice

C = Competency (individual)

G = Integrated competency

D = Dialogue

R = Healthy relationships

I = Infrastructure

N = Networking (Partnership Councils)

T = Technology, tools and resources

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Table: A summary of the theoretical foundation of Relationship-centered Administration

Metaphor/theory	Key insights or principles
Conversation vs machine metaphor	Uncontrollable; ongoing emergence of meaning in each moment; we can never stand outside of it – we are always in it and part of it
Complex Responsive Processes of Relating	Patterns of meaning and relating self-organize in the course of conversation; small differences can become amplified to form transformational patterns This theory focuses attention on the living present; emphasizing diversity and responsiveness as the foundation of novelty; embracing not-knowing and the lack of control.
Self-Determination Theory	Factors that favor intrinsically-motivated change: sense of competence, autonomy support, and relational context
Appreciative Inquiry	Focusing attention on what works and learning how to do more of it; changing expectations by raising and presenting themes of capacity; social dynamics of storytelling
Formation	Being authentically present; awareness of self and others
Healthy Healthcare Organization Molecule	Bringing individual and integrative competence to the conversation; shared purpose as a unifying theme; technical and social infrastructures to support conversation

Notes:

¹ Thanks to my colleague Penny Williamson for this example.

² A “ladder of inference” begins with an observation on which we all would agree, but then we begin to make up our own interpretations as to the meaning, significance or cause of what we have just observed, and we begin to act upon that assumption. When we aren’t careful to distinguish between the observation and the assumption we get caught in a self-fulfilling dynamic of expectations, behaviors and responses. From (Senge, P., 1994), p 242.

³ A detailed critique of classical management theories can be found in (Stacey, R., 2000). Predictability and control were the aspirations of classical physics, and while they have now been supplanted in physics by the unpredictable world of relativity and quantum mechanics, they continue to hold sway in modern management, and in most social sciences, for that matter. See (Flyvbjerg B, 2001)

⁴ What is most radical about CRP, and distinguishes it from other complexity theories (and more traditional linear causal theories of society and communication) is this notion that it is the patterns of meaning and relating that self-organize, not people (the “autonomous agents of Complex Adaptive Systems). “Selves” – our identities, and our ways of interpreting what we experience in our bodies – are patterns that exist within this medium of communicative interaction. We do not – can not – exist outside of that medium. And at the very same time, we (our bodies and their various capacities) are the medium in which this conversation takes place.

⁵ See the groundbreaking work of Thomas S. Smith and colleagues on the self-organization of social patterns, for instance: (Smith, T. S., Stevens, G. T., & Caldwell, S., 1999).

⁶ This powerful, highly developed social dynamic is rooted in attachment behavior, and has had considerable survival value for our species. Attachment behavior is rooted in brain chemistry and is a powerful constraint on self-organizing patterns of relating. (Suchman A. Complexity and Personal Transformation: Learning to Hold Space for Emergence. Masters Thesis, Business School, Complexity and Management Centre, University of Hertfordshire, 2002), (Stacey, R., 2003).

⁷ (Mead, G. H., 1962)

⁸ This principle of complexity science, called Critical Dependence on Initial Conditions, is often referred to as the “butterfly effect.” According to this popular analogy, the minute aerodynamic disturbances caused by the beating of a butterfly’s wings can alter adjacent air currents, resulting in a larger disturbance which then alters other larger currents, leading to a chain of propagation and amplification that ultimately affects major weather patterns halfway around the world. In a conversation, the equivalent process is the chance remark that ultimately cascades into a transformative new idea, as we considered above.

⁹ Note that written and electronic documents are also gestures in conversations. See (Donaldson A. An inquiry into the part played by writing in the organisational conversation. Doctor of Management thesis, Business School, Complexity and Management Centre, University of Hertfordshire, 2003).

¹⁰ This is a radically different approach to organization change than the grand plan with strategies, events and benchmarks mapped out for the next 3 years. Such grand plans seldom achieve their goals, and when they do, it’s probably because they cause they serendipitously provoked disturbances in the organizational conversation that propagated. So the grand plan sometimes works, but for different reasons than the planners think!

¹¹ (Palmer, P., 2000)

¹² (Ryan, R. M. & Deci, E. L., 2000)

¹³ (Williams, G. C., Freedman, Z. R., & Deci, E. L., 1998; Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L., 1998; Deci, E. L., 1995)

¹⁴ (Palmer, P., 1998), p 10.

¹⁵ (Tresolini CP and the Pew-Fetzer Task Force, 1994), p 28.

¹⁶ Center for Teacher Formation, <http://www.teacherformation.org/html/ctf/courses-f.cfm>

¹⁷ (Williamson, P. R., 2002)

¹⁸ (Goleman, D., 1995)

¹⁹ (Rogers, C., 1961)

²⁰ (Perls, F., 1976), (Mackewn, J., 1997)

²¹ (Palmer, 2000)

²² (Wesorick, B., Shiparski, L., Troseth, M., & Wyngarden, K., 1997)

²³ (Suchman, A. L., 1998)

²⁴ (Broekstra, G., 1998)

References

- Broekstra, G. (1998). An organization is a conversation. In D. Grant, T. Keenoy, & C. Swick (Eds.), Discourse and Organization (London: Sage.
- Deci, E. L. (1995). Why we do what we do: The dynamics of personal autonomy. New York: G.P. Putnam's Sons.
- Flyvbjerg B (2001). Making Social Science Matter. Cambridge, England: Cambridge University Press.
- Goleman, D. (1995). Emotional Intelligence. New York: Bantam.
- Mackewn, J. (1997). Developing Gestalt Counselling. London: Sage.
- Mead, G. H. (1962). Mind, self and society. Chicago: The University of Chicago Press.
- Palmer, P. (1998). The courage to teach. San Francisco, CA: Jossey-Bass.
- Palmer, P. (2000). Let your life speak. San Francisco, CA: Jossey-Bass.
- Perls, F. (1976). The Gestalt Approach & Eyewitness to Therapy. New York: Bantam.
- Rogers, C. (1961). On becoming a person. Boston: Houghton Mifflin.
- Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55, 68-78.
- Senge, P. (1994). The fifth discipline fieldbook. New York: Doubleday.
- Smith, T. S., Stevens, G. T., & Caldwell, S. (1999). The familiar and the strange: Hopfield network models for prototype-entrained attachment-mediated neurophysiology. In (pp. 213-245). JAI Press.
- Stacey, R. (2000). Strategic management and organisational dynamics: The challenge of complexity. (3rd ed.) Harlow, England: Pearson Education, Ltd.
- Stacey, R. (2003). Complexity in Group Processes: A Radically Social Understanding of Individuals. Hove, England: Brunner-Routledge.
- Suchman, A. L. (1998). Control and relation: Two foundational values and their consequences. In A.L. Suchman, R. J. Botelho, & P. Hinton-Walker (Eds.), Partnerships in Healthcare: Transforming Relational Process (Rochester, NY: Univ. of Rochester Press.
- Tresolini CP and the Pew-Fetzer Task Force (1994). Health professions education and relationship-centered care. San Francisco, CA: Pew Health Professions Commission.

Wesorick, B., Shiparski, L., Troseth, M., & Wyngarden, K. (1997). Partnership council field book. Grand Rapids, MI: Practice Field Publishing.

Williams, G. C., Freedman, Z. R., & Deci, E. L. (1998). Supporting autonomy to motivate patients with diabetes for glucose control. Diabetes Care, *21*, 1644-1651.

Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L. (1998). Autonomous regulation and long-term medication adherence in adult outpatients. Health Psychology, *17*, 269-276.

Williamson, P. R. (2002). The courage to lead: Retreats for the personal and professional renewal of health care leaders. Medical Encounter, *16*, 12-13.