

Improve cooperation between relative independent units

a case study

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What is going on?

An academic hospital in the Netherlands. (1) The director of the department that unites all medical service units wants improvements in the cooperation between the heads of these units. The cooperation between staff in the different units is good. The practical medical needs focus all immediately on needed medical services. That is not the issue. The heads of these units have their own responsibilities for finance, selecting personal, organizing workload, streamlining work processes. In that sense they all have similar responsibilities and they get independent of each other training on these topics.

The issue is that they do not share their questions, their knowledge, their experiences on what goes wrong and what is doing well, their solutions. The director suggested more than once a 'unit head' to get in touch with a colleague to learn from each other.

The director wants the 'unit heads' to use each other as source of knowledge, experience, solutions and spar on common questions.

Some about the structure of the organization

The department unites service units like: laboratory services, medical supply, medicine, personnel administration, emergency aid, finance and controlling. The director of the department reports directly to the Board of Directors. The clients of the service units are all patient-related units. In serving these 'patient units' the service units sometimes have to cooperate.

Several service units work more often together than with other units. Some service units never have to cooperate.

All medical related units have a shared management: a medical expert, medical doctor, and an organizational expert, most often an experienced professional, not a MD.

The Departmental manager has one-to-one management meetings with the managers of the units. All reports are done in the one-to-one line to him. These meetings are regular once a week. Once a month the unit managers meet with the departmental director. The agenda for this meeting is mostly filled with general topics that are in the responsibility scope of the director.

The unit manager only knows their own budgets, targets and levels of performance. The director does not share his total budget. The budgets and performances of the units are not know to each other.

Investing in the cooperation

The hospital faces several main challenges. They expect ongoing budget cuts in all service units. They expect ongoing shifts in the dominance of patients related units as a success of the new focus of the Medical Centre on Healthy Aging. As a consequents of the renovation of the building for the coming two years all will experience regular shifts in work allocations. To meet these challenges the heads of the units have to cooperate on much more topics then only serving the patient units. A hot moment to invest in the cooperation.

Expectations of a learning intervention

Advantages of a sustainable higher level of cooperation between members of the Management Team.

- More shared understanding of future challenges. Connected at the beginning when analyzing a challenge and finding solutions in cooperation with each other lead to better solutions and more successful implementation.

- More shared knowledge of each others unique profile of competences supports improvement of the individual performance. It up-levels all individual performances and the total performance of the department.

- Better understanding of the unique contribution of each unit to the Medical Centre in total leads to better understanding of the different perspectives when finding solutions for common challenges.

- Management Team members can be valuable sparring partners for the director when they understand the challenges of the service department in total and feel more committed to this level of responsibility and are able to think out of that perspective.

Conditions for an effective intervention

1. *Better understanding of each others responsibilities.* The five levels of responsibility:

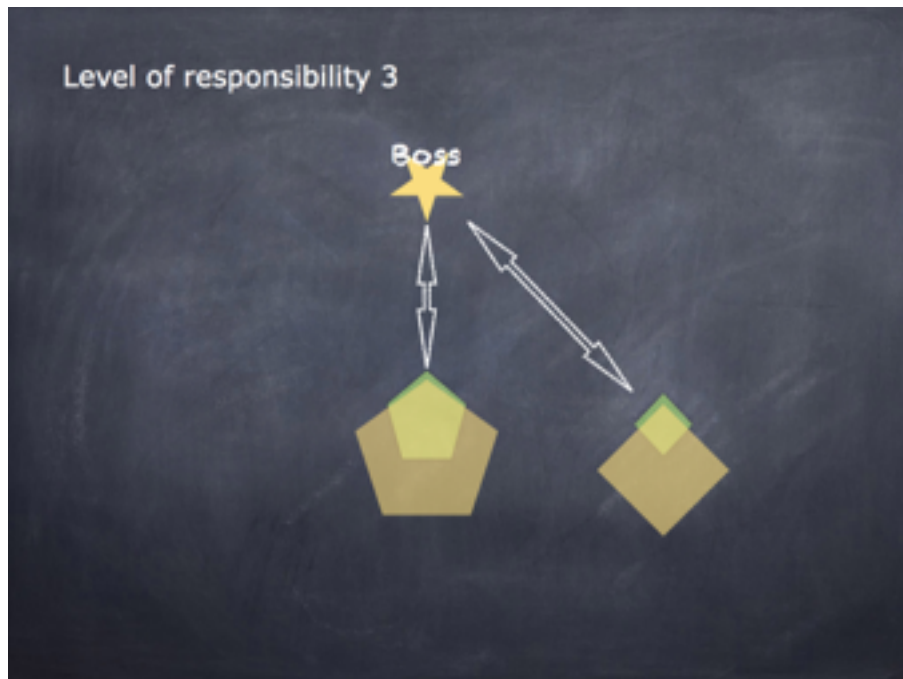
- a. Level one: The responsibility of each unit leader for the outcome of his unit



- b. Level two: The responsibility of the head of the unit to the total: the director of the department to deliver the output with the agreed on levels of work process quality.



- c. Level three: The responsibility to deliver patients units services according to the quality standards



- d. Level four: The responsibility, as a member of the Management Team for the performance of all units and the performance of their own department.



e. Level five: The responsibility of the Department to contribute to the Medical Centre in total. Impersonated in the director, shared in the Management team.



2. The training meeting is a special working meeting of the Management Team.

All are connected to the five levels of responsibility. They investigate their interrelations with two questions: 'do I get from the other what I need to realize my goals' and 'do the other get from me what they need to realize their goal?'

3. Openness on all information.

Openness in speaking up in respectful communication. And the rule: 'All that is said here, will stay here'.

4. All participants are invited to think out of each others positions

5. Ordering the day so all needed conversations are visible for all.

6. *The facilitator* focus on the level of the group dynamics to create working conditions that stimulates the development of the group to a more mature level of self regulating. He offers a working structure that enables interactions on all levels of responsibilities. Intervenes when contributions are regressive or blocking. Challenge when deeper dives are avoided. Protects who get in trouble. All with the perspective of enhancing the self steering capacity of the Management Team.

The scheme of the one day work conference

a. All are *invited to this conference by a letter of the director*. In it a short line ,the topic is improving the mutual cooperation. The day is chosen so all can attend. All are present.

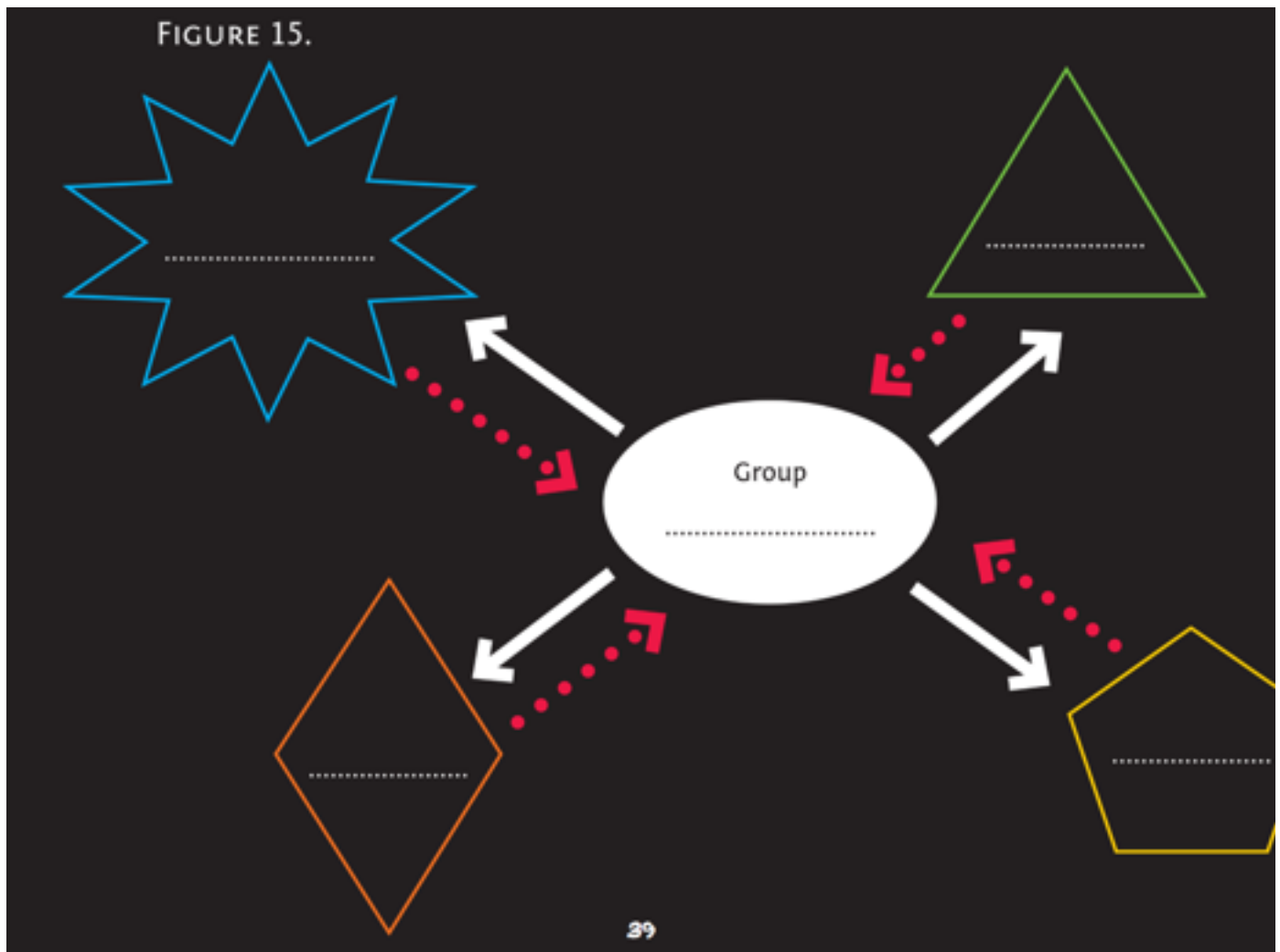
b. The *director opens and share her challenges and expectation* for the outcome of the day. All participants share their expectations. Most have open expectations: 'I want to contribute and see what will be the output'.

c. The structure of *the levels in their responsibilities is presented*. Colorful graphs on slides illustrate the abstract analysis. The day order is to fill in and communicate all levels of responsibility. They like the order. It look familiar and it is close connected to their daily responsibilities.

d. *Participants present their own area of responsibility*. The output and the topics of concern. Others ask for clarification and test their own ideas. The director gives his opinion. When differences, the discussion goes on till both agree. One time the topic needs longer conversation and it is postponed to a moment in the future.

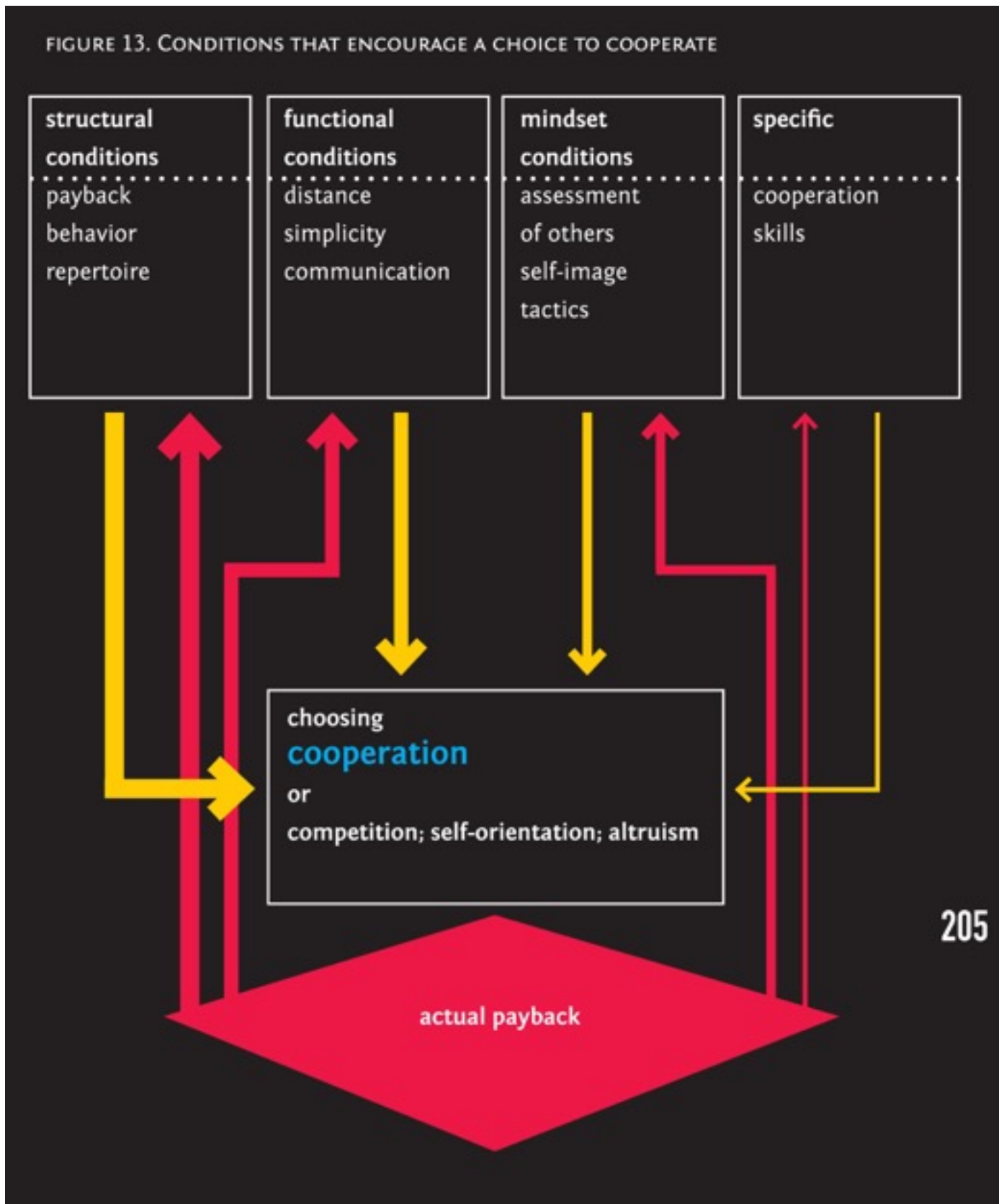
e. All compose the relationships with other units in this department. They get a large piece of paper. Put their unit in the centre and group all other units somewhere in their space. With spacial characteristics: distance, form and size they indicate the nature of the relationship. To all other units they draw two lines corresponding two questions: 'do I get from the other what I need to realize my goals' and ,do the other one get from me what they need to realize their goal?'

Each MT member present their analysis. Because most are in each others composition the talks are immediately focussed on each relationship.



Comparing. Common or different expectations. In case of difference clarifications are given. Sometimes new expectations emerge. Sometimes the discussion is put to another moment in the future. Often in dual conversations with the report on the next Management Team meeting.

f. In a lecture *the nine conditions* that promote a choice for cooperation are presented. In an experiment they are confronted with the consequents of a way goals are set on cooperation. (2)



g. All are invited to think in *the responsibility for the whole of the department* in their position of a member of the Management Team. Being a member of the MT they have two levels of responsibilities: the responsibility for their unit and for the total of the department. Sometimes in the Management Team meeting they are invited to think and act from their responsibility area of their unit, sometimes out of their responsibility for the whole department.

From the last perspective they have to evaluate the performance of their unit seen from the perspective of the total and they have to evaluate all mutual cooperation.

They are invited to position themselves at the level of responsibility for the total department and express an evaluation of the performances of their own unit. They speak to their unit out of the mouth of the director. The director comments, add and corrects immediately.

h. The director of the department represents the responsibilities for the total of *this department in the meetings with the Board of Directors*. In these meetings he too has two levels of responsibility: Department Manager and responsible for the total Medical Centre. In this session the heads of the units are invited to position themselves at this level and express what has to be said in that meeting. The director comments.

Closing

The director summarizes what he learned. What the topics will be for the Management Team Meeting. He has to change the working order of these meetings. Till now these were meetings to give his ideas and orders, now it will be a meeting to share challenges and find shared solution. He will monitor all actions members agreed on today and organise a follow up.

Evaluation.

None of the participants was familiar with an ordering like this of a Management Team conference. They expressed that all important topics in the cooperation were touched. They appreciate the sharing of knowledge, the openness of all to comments, share experiences and give suggestions. They share the feeling of being more able than before to solve problems by themselves. The director observed, after several weeks, more 'horizontal' initiatives for sharing, consulting, preparing. Less 'up-delegating' of problems to him.

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Notes:

(1) The client appreciates the case description and prefers a depersonalized description.

(2) Voogt, Ton. COWORKING (2014), Parthenon.

