



RELATIONAL COORDINATION
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Relational Coordination: Transforming Relationships for High Performance

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Danish Society for the Work Environment
Nyborg Strand
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Challenges in the current work environment

- ◆ Constant pressure to deliver better outcomes at lower cost
- ◆ Creates a stressful work environment
- ◆ Can relational coordination help to achieve cost and quality outcomes, while enabling workers to cope with stress?



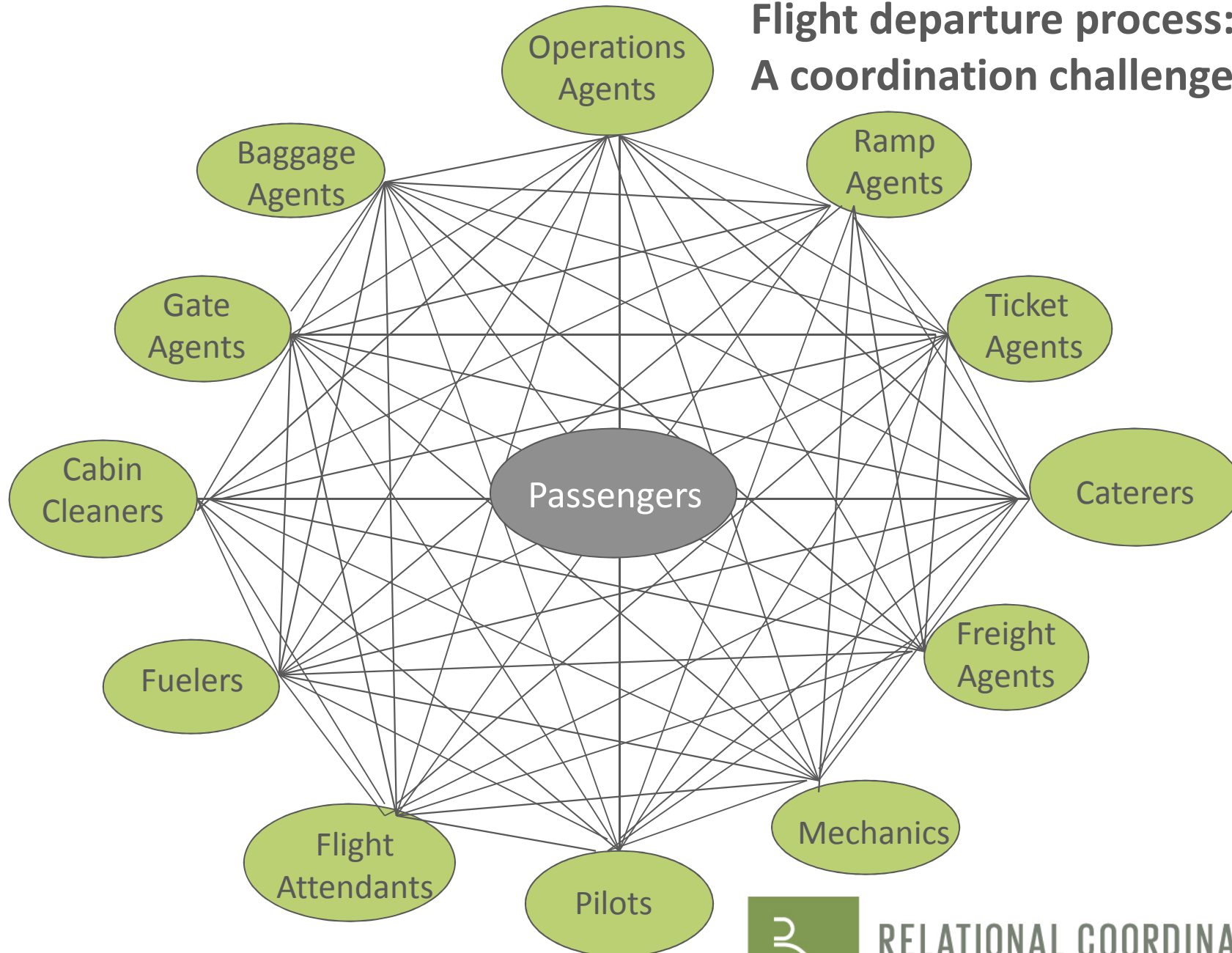
Agenda for today

- Relational coordination
 - What is it?
 - Impact on performance?
 - Why does it work?
 - Structures that support it?
- How to measure, map, and improve RC
- Relational model of organizational change
- 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.”



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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.”



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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.”



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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.



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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.”



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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.”



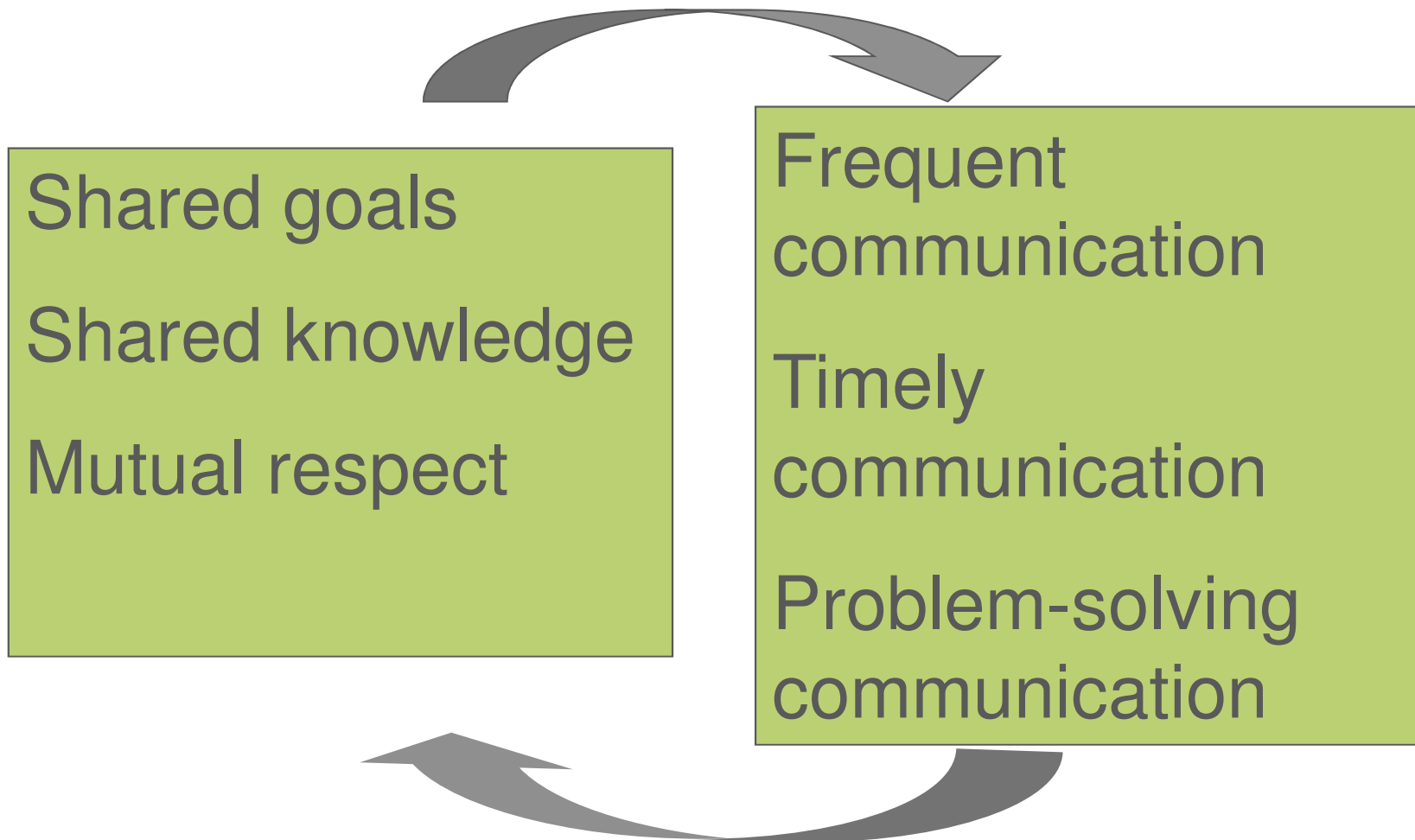
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Relationships shape the
communication through which
coordination occurs ...



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For better...



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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



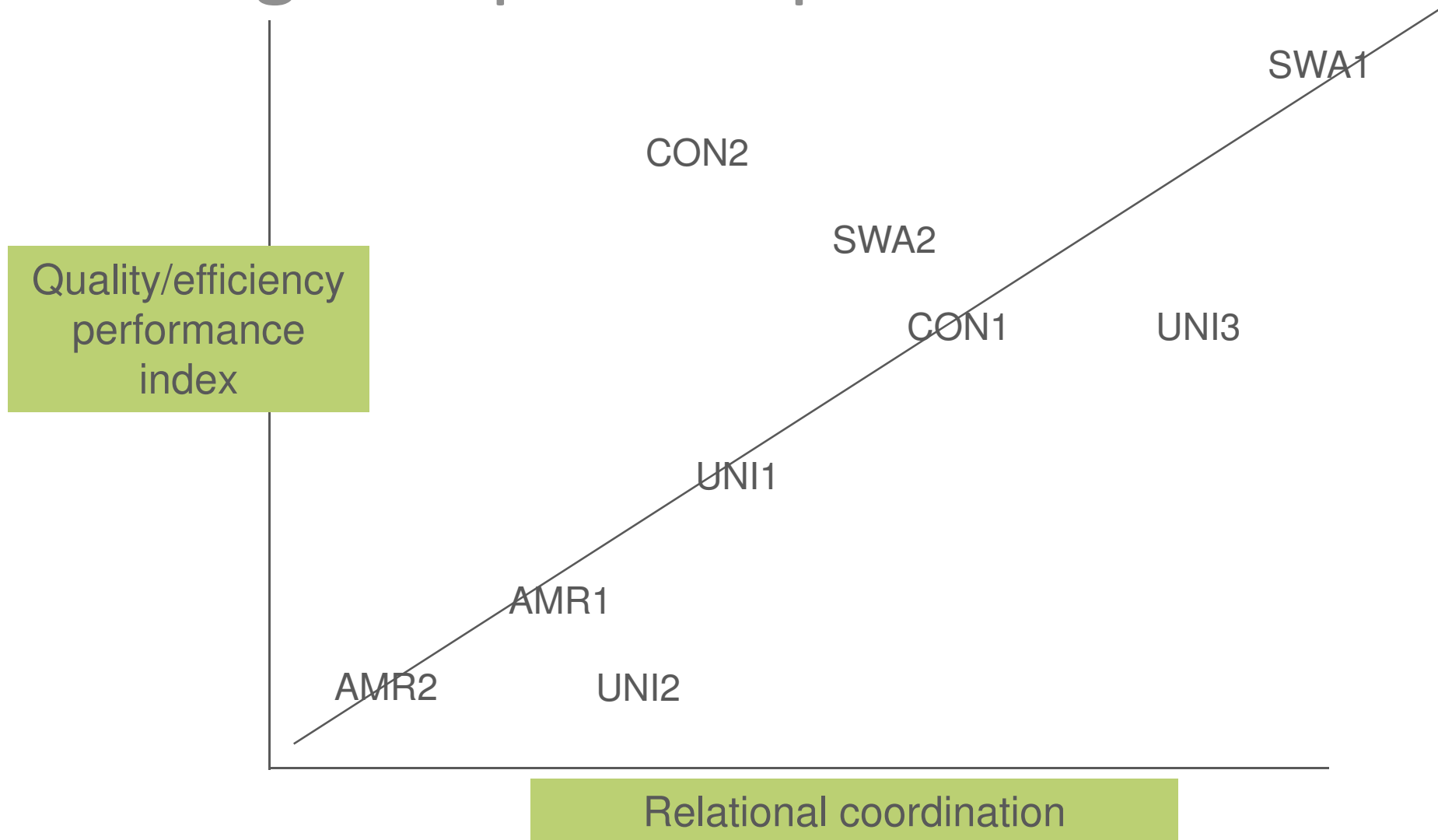
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Relational coordination and flight departure performance

	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

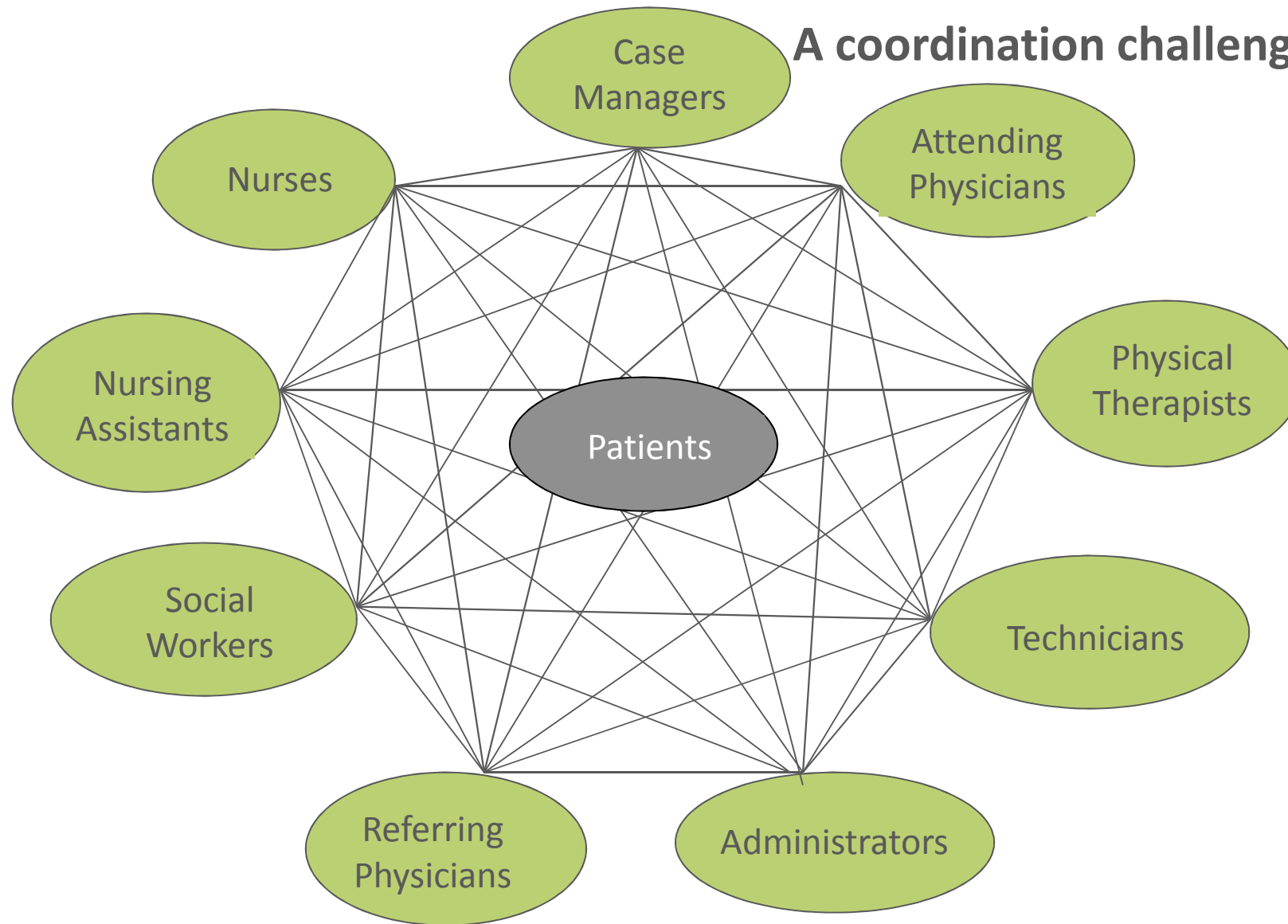


Does relational
coordination matter in
other industries?



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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



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Relational coordination and surgical performance

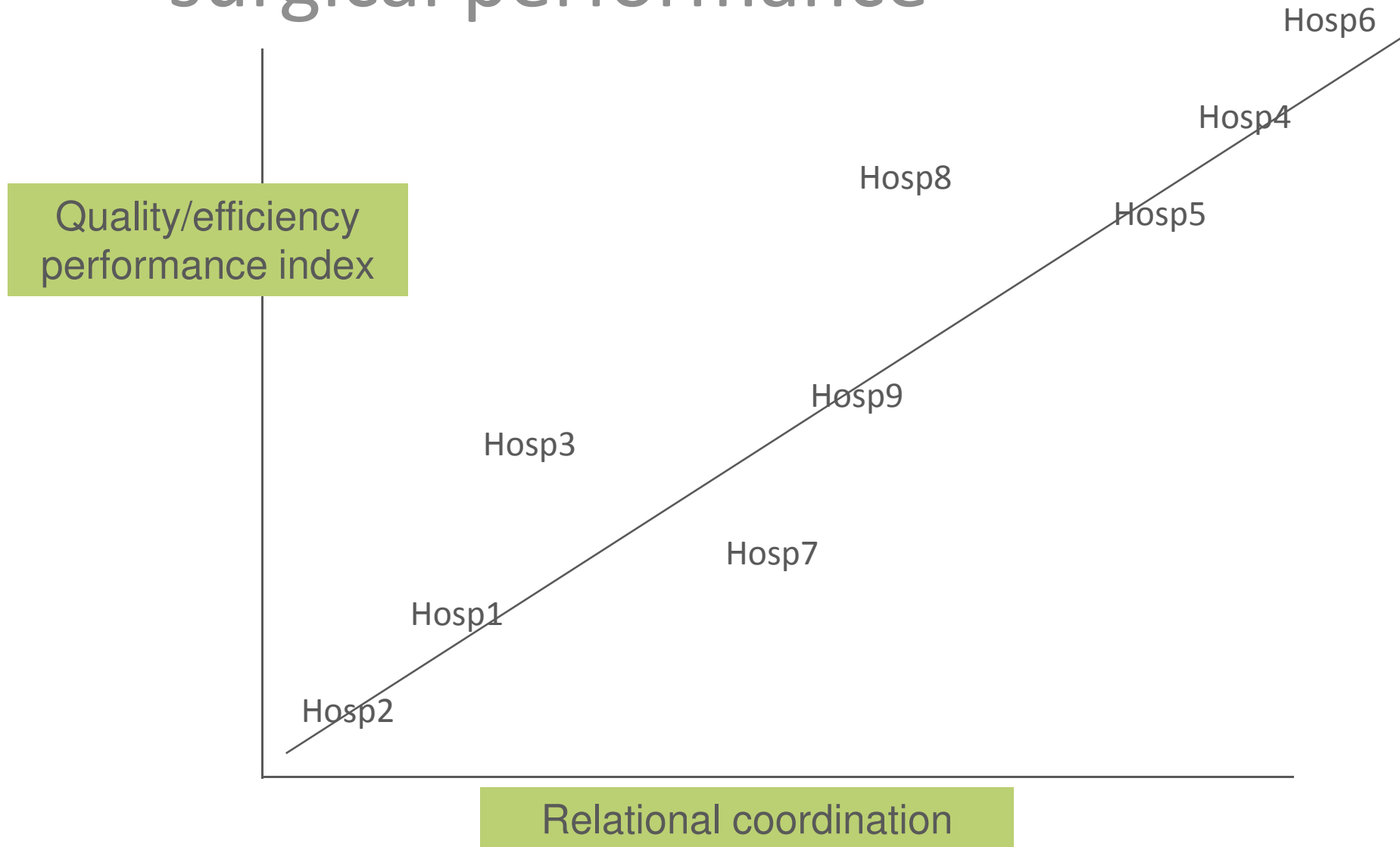
	Length of stay	Patient satisfaction	Freedom from pain	Mobility
Relational coordination	-.33***	.26***	.08*	.06+
Patient age	.02	.00	.01	.04
Comorbidities	.09*	.07	.01	.04
Pre-op status	.03	.01	.20***	.28***
Surgical volume	.11**	.10*	.06+	.03
R Squared	.82	.63	.50	.22

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



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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
- Chronic care in Boston low income community health centers
- Chronic care in California multi-specialty group
- Nursing homes in Massachusetts



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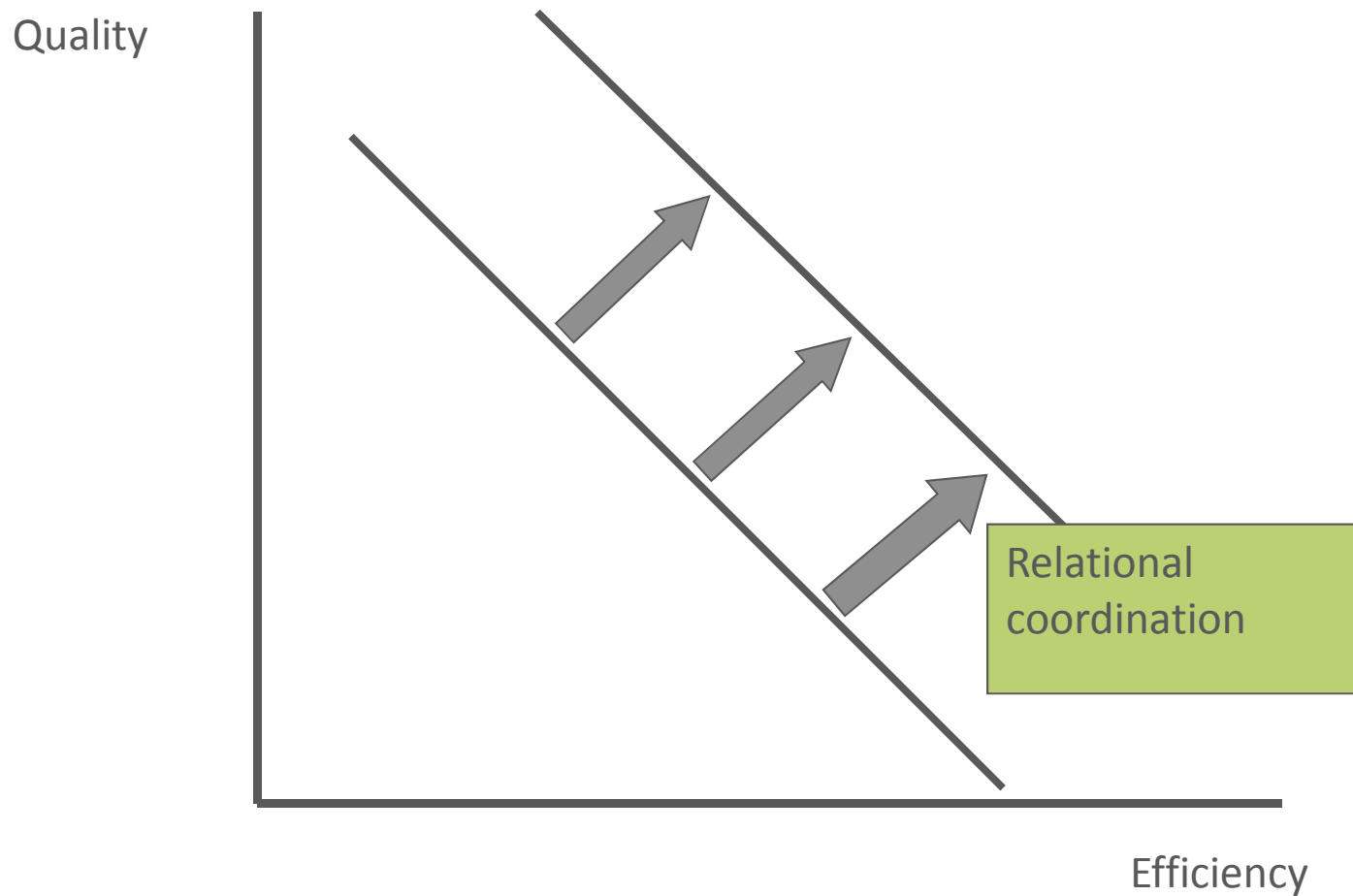
Relational coordination also improves worker outcomes

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



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Relational coordination *pushes out* the quality/efficiency frontier while improving worker well-being



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 the *organizational culture* for
process improvement



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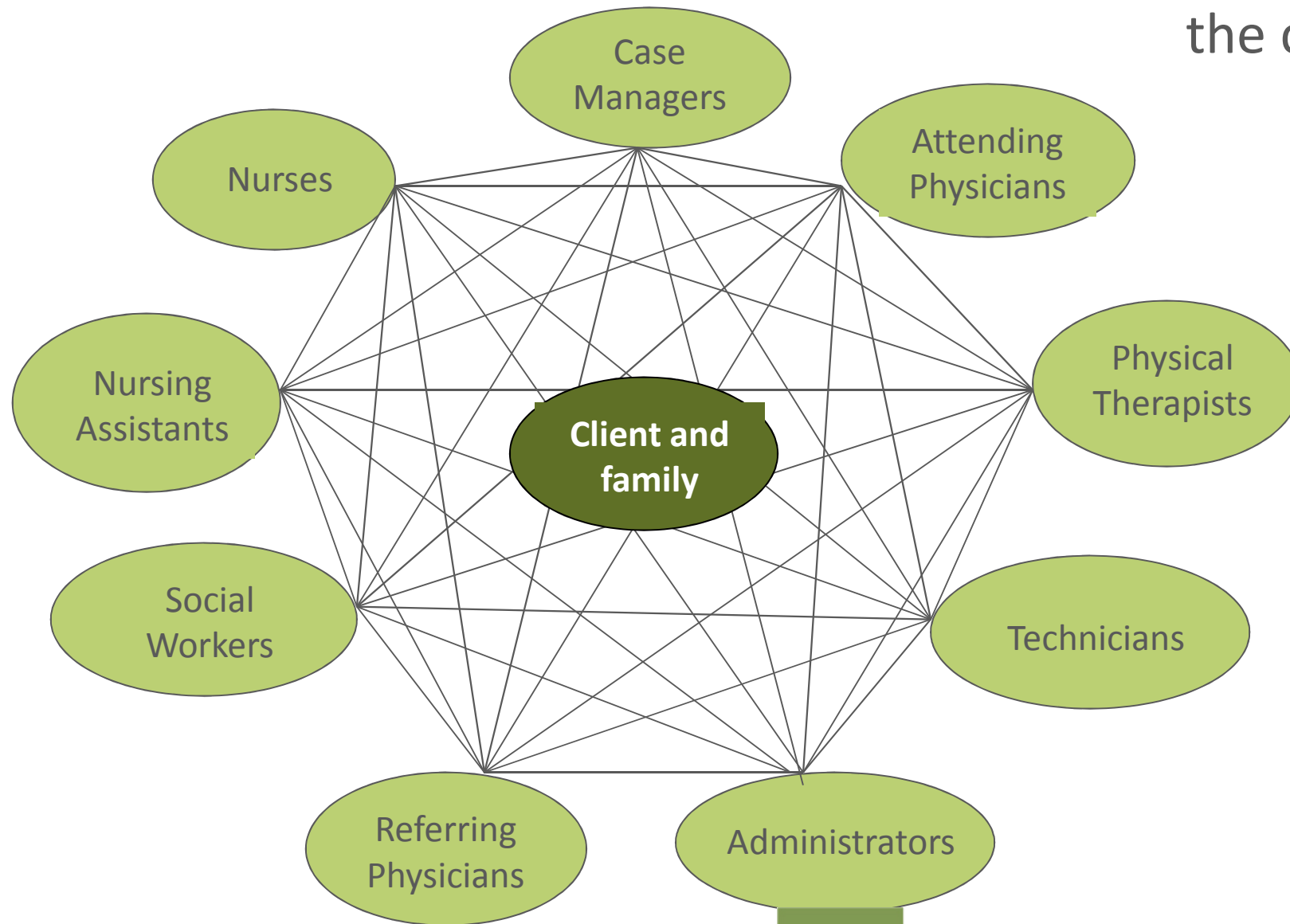
Why does relational coordination matter?

Relationships of *shared goals*,
shared knowledge and *mutual respect*
enable participants to connect across
boundaries to meet client needs



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Relational coordination: Connecting all participants around the client



Why does relational coordination matter?

- Negative RC leads to
 - wasted effort
 - workplace stress
 - unproductive conflict
- Positive RC enables
 - work to be done more easily
 - better workplace health and well-being
 - productive conflict



When does relational
coordination matter *most*?



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Relational coordination matters most when...

- ◆ **Tasks are interdependent**
 - what I do affects what you do, what you do affects what I do
- ◆ **Uncertainty exists**
 - we can't know everything we need to know
- ◆ **Time is highly valued**
 - in order to achieve quality and cost goals, we can't waste time

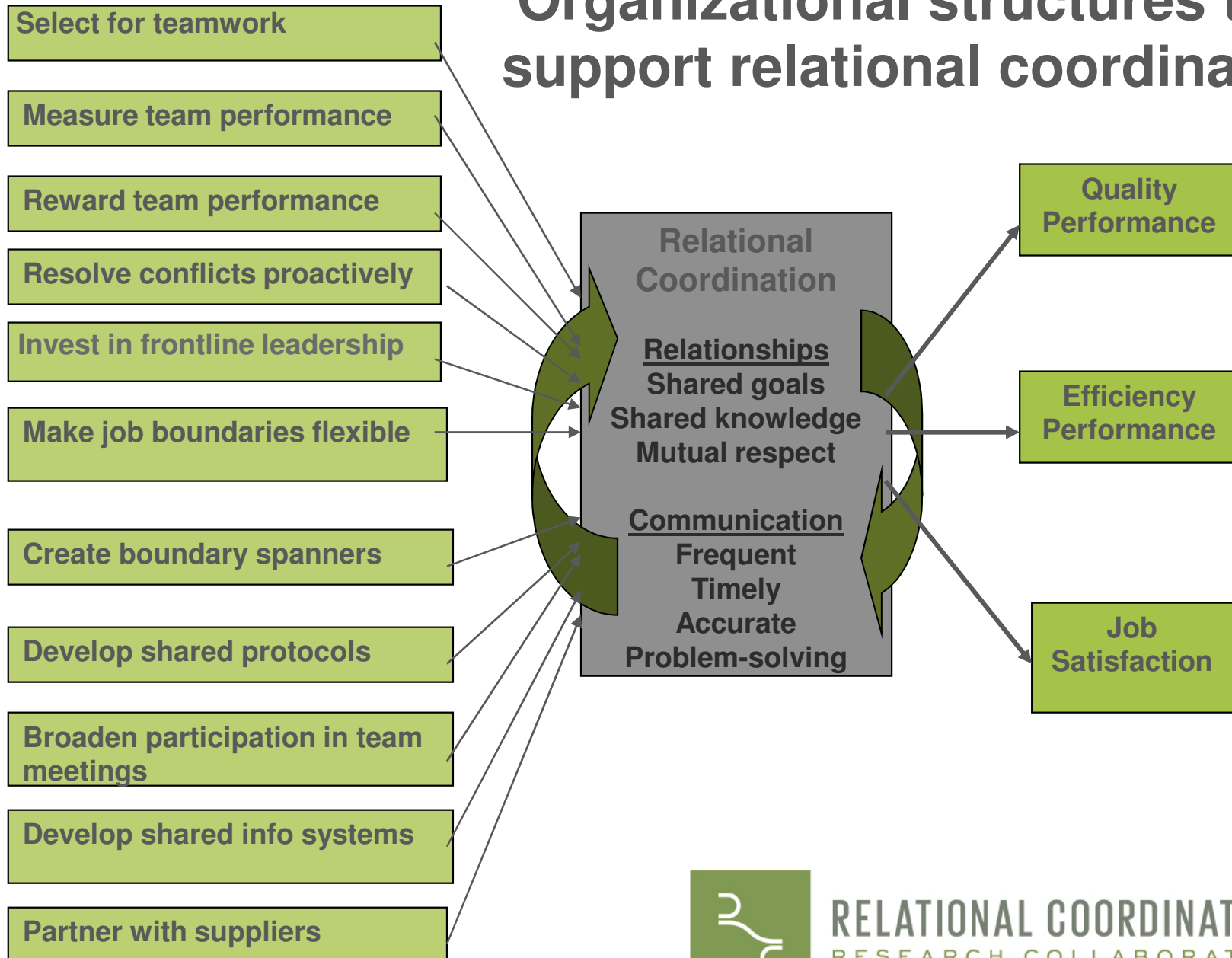


How do organizations
support relational
coordination?



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Organizational structures that support relational coordination



Select for teamwork

“Here technical expertise exceeds teamwork ability as a criterion; doctors expect teamwork of others simply by virtue of the fact that they are doctors, after all.”



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Select for teamwork

“You’ve got to be a nice person to work here...We pick it up through their references. The doctors here are also sure to know someone who knows that doctor... . . . Nurses like it here because physicians respect their input.”



Select for teamwork

“Teamwork with nurses is always important—we’re always dealing with them. So is teamwork with physicians. We need to know if the physical therapist has an attitude toward physicians because it is so important to communicate with the doctors.”



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Select for teamwork

“You can be the best social worker in the world, but if you can’t work with the other disciplines, then you can’t work here. Some are very good diagnostically. But it’s the communication skills [we are looking for].”



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Measure team performance

“The quality assurance (QA) committee is strictly departmental and it’s strictly reactive. Everybody is giving reports to QA but nobody is listening or learning. The QA committee satisfies hospital-wide reporting requirements. But it’s not effective. We have board members on that committee, but we still can’t get it to work. People have a bad attitude when they go. It’s a lengthy, cumbersome meeting.”



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Measure team performance

“Quality assurance used to be completely reactive here, with incident reports. There would be a review to determine injury or no injury. QA is more real-time now, not so reactive.”

“But we don’t have a full system in place. It’s evolving... It’s not cross-functional yet. Usually I take the nurses and the chief of the service takes the physicians. There is finger-pointing.”



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Measure team performance

“We have a history of punitive measures. Now it’s ‘what makes competent people fail? What in the system failed? What piece of information was missing?’ We are looking at a learning perspective now. It’s still a QA function. But now it’s more like quality improvement.”



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Measure team performance

“We have a Bone Team which includes the service line director, the case management supervisor, the head of rehab, the VP for nursing, the nurse manager, the clinical specialist, three social workers and three case managers. We generally look at system problems.”



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Resolve conflicts proactively

“I would say that for any non-physician to challenge a physician has the whole episode laced with pitfalls. For a nurse, a therapist, a pharmacist, a social worker, a nutritionist, an occupational therapist to challenge a physician is up there with losing a job or getting a divorce—very stressful. And I can say personally as a nurse that in my more formative years that was something that you would try to avoid at all costs.”



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Resolve conflicts proactively

“The kinds of conflicts we often have are disagreements about the patient’s treatment plan: what it should be. It can go across all of the groups. The other big thing is getting a physician to come up to the unit, to be available. . . . We have a formal grievance process if you’re fired, but not for conflicts among clinicians. . . . There are no particular processes. We just hope people use common sense and talk to each other.”



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Resolve conflicts proactively

“We have a physician relations committee, which deals with conflicts between the hospital personnel and the doctors and sometimes deals with doctor-doctor conflicts. There is a surgical relations committee that deals with specific incidents that occur in the OR (like, for instance, when a doc is abusive to a nurse or another doc in the OR). Each of these committees has about seven members: one nurse, one administrator, and the rest are mostly doctors and allied health professionals.”



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Resolve conflicts proactively

“We have a staff council that’s largely responsible for information sharing among the departments. The staff council deals with medical policy and conflict resolution. . . . It’s an informal body to air differences. It’s more for problem solving. We have monthly meetings that are attended by all medical staff, including physicians, nursing, and social work.”



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Resolve conflicts proactively

“We implemented training classes for all employees that teach employees how to deal with conflict resolution, including adopting appropriate behaviors. There is a Pledge to My Peers, which is a structured format for resolving conflicts in a peer-to-peer fashion. Aggrieved employees are encouraged to approach the coworker or supervisor or whoever and say, ‘I would like to speak with you regarding the pledge.’ ”



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Make job boundaries flexible

“There are certain cultural tendencies that inhibit others from doing their work. Therapists train nurses in mobility, but still nurses are often reluctant to deal with moving the patient, getting the patient out of bed, etc. It’s partly because they feel they aren’t qualified, and partly because that’s just considered a PT thing.”



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Make job boundaries flexible

“There are customs – like the fact that a physical therapist will never deal with bedpans and such – that go above and beyond licensing. These customs have a negative effect, like when a physical therapist will go get a nurse just to deal with the bedpan, making things difficult.”



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Make job boundaries flexible

“[Here] physical therapists definitely do the bedpans. You see, length of stay is so compressed and time is so valuable. You’ll only delay yourself if you try to hunt down the nurse’s aide.”



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Make job boundaries flexible

“It’s a question of what you’d rather defend. That you did nothing, or that you tried to help, even if you may have gone beyond your licensing. I tell my nurses I’d rather defend them doing too much than not enough.”



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Develop shared information systems

“I can spend half of my day tracking down patients. I will hear somebody mention somewhere in the hallway about a patient with this condition, and they’re not on my printout, so I’ve got to walk on every floor and say, ‘Do you have this patient?’ And they go: ‘Oh that patient’s on the vascular service, but yeah, I think Dr. So and So already operated on him.’ It’s ridiculous.”



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Develop shared information systems

“You can’t track down all of the physicians here because some of the physicians have their own system. That’s a problem – they don’t talk. Independent physicians have their own independent systems, and they only talk to themselves. I mean, so there’s a big problem. Some of them are on the email system, and some of them aren’t.”



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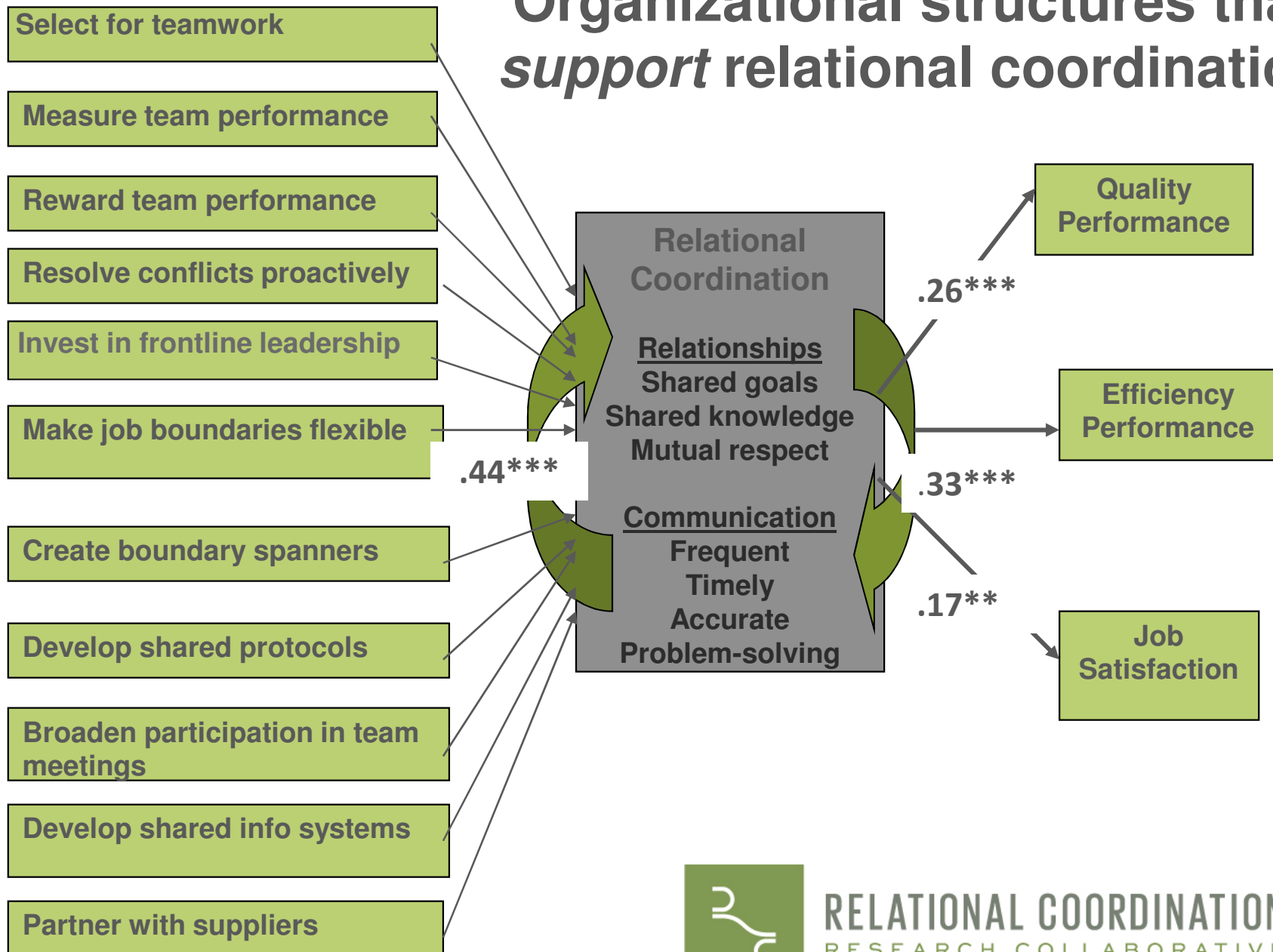
Develop shared information systems

”Information systems are important for coordination, I think, but right now they are more a hope than a reality. Our chief information officer is building a clinical and administrative information system allowing patients to receive care anywhere across the continuum... But for automation to work, it’s important to get a format that’s understood across all specialists.”



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Organizational structures that support relational coordination



Measuring, mapping and improving relational coordination

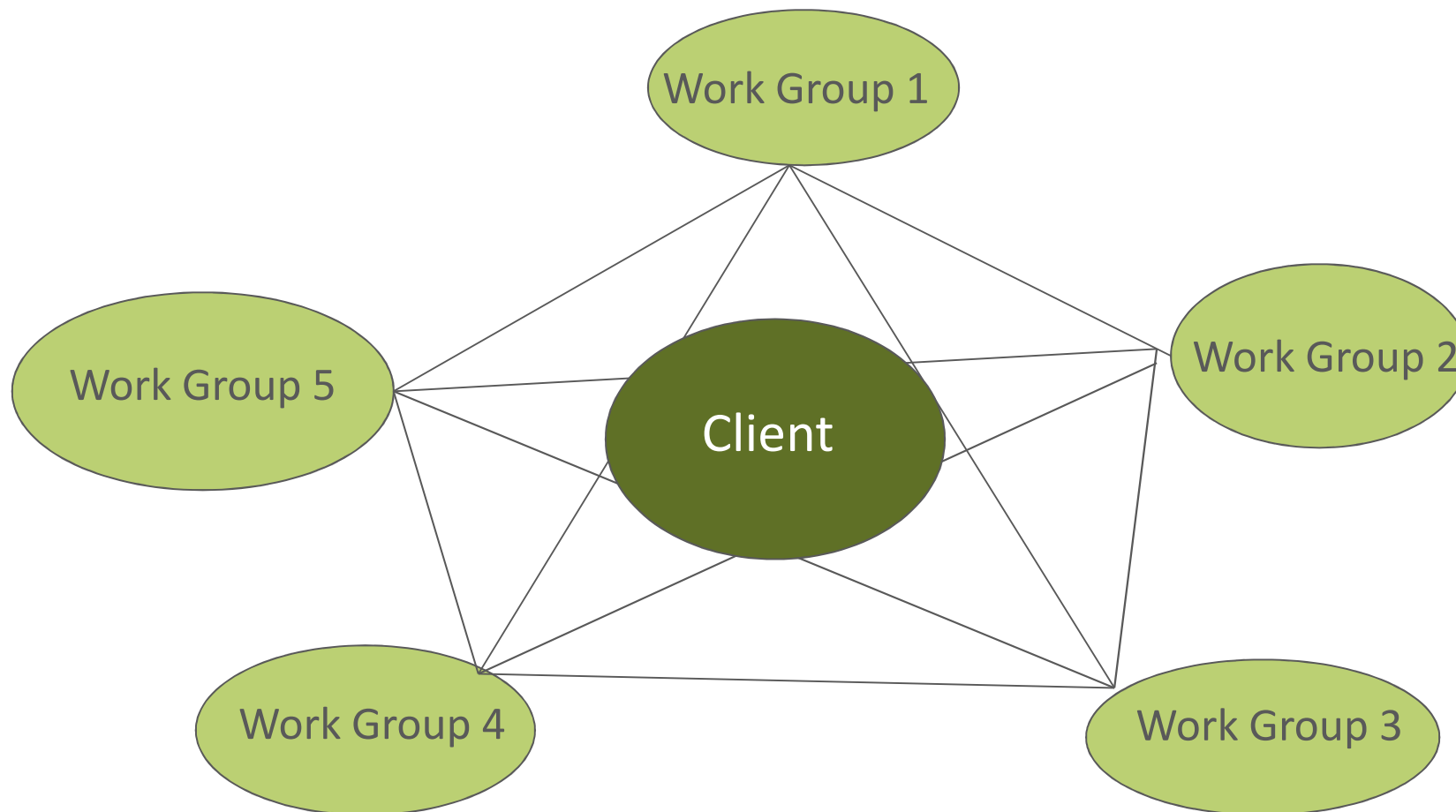


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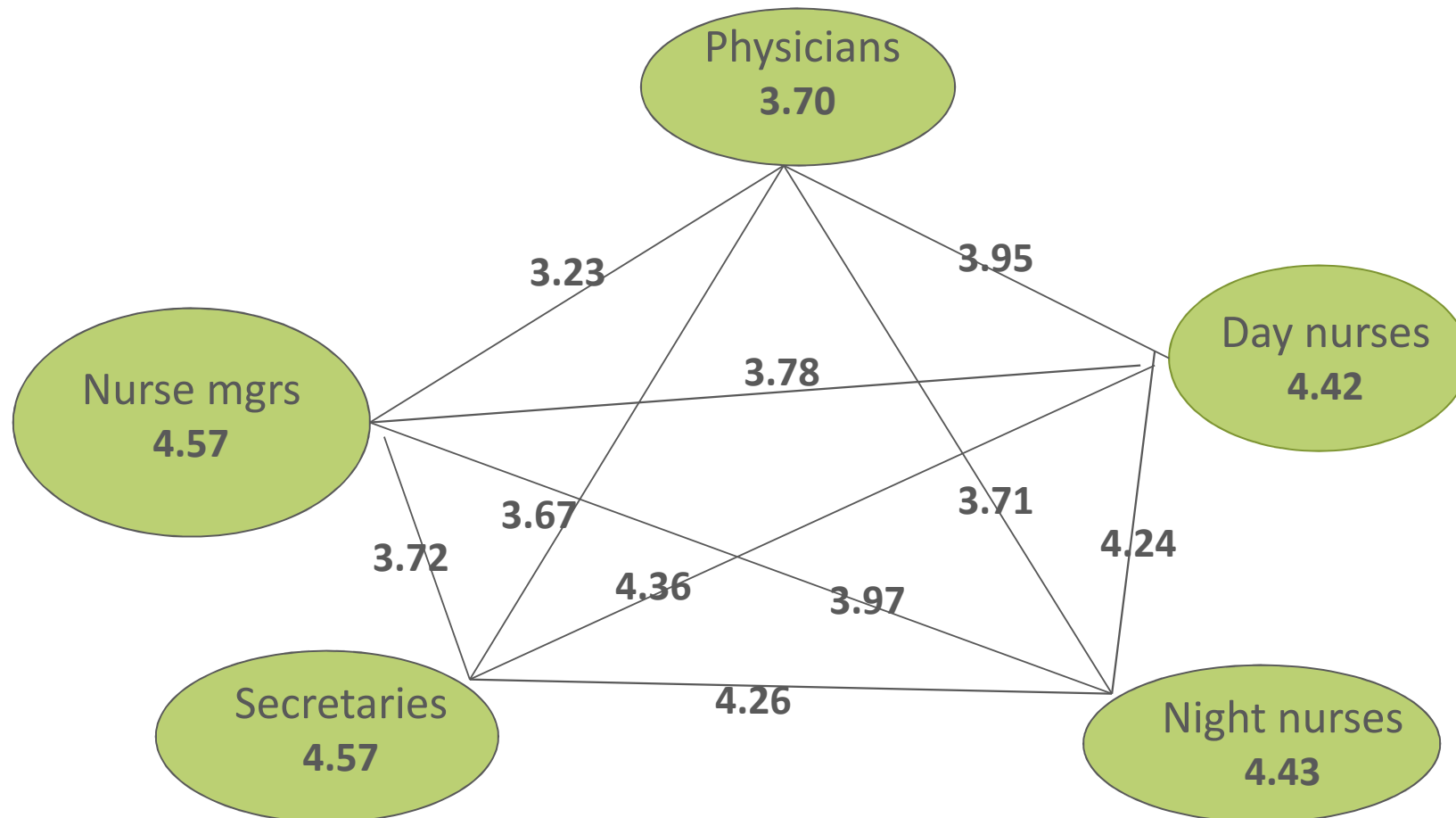
Measuring relational coordination

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



Measuring, mapping and improving relational coordination in a neonatology practice

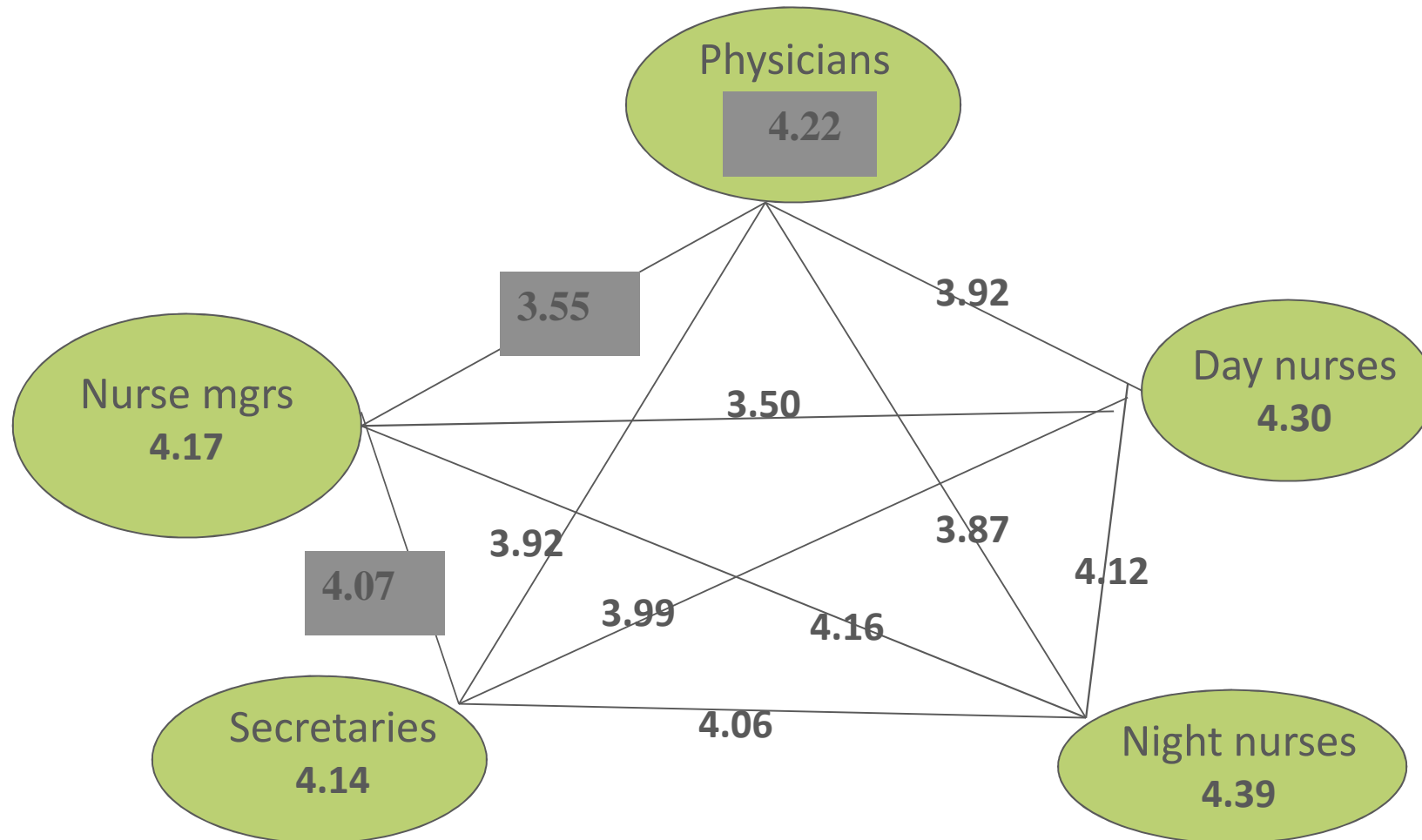


Consultant was asked to help

- 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

- Focus on physicians overlooked other groups
 - Intervention should include all groups in the work process to build shared goals, shared knowledge, mutual respect more broadly
- Focus on physicians ignored work process
 - Maybe intervention should include process improvement (lean, PDSA, TQM) to improve relational dynamics *in the context* of improving the work



Getting from here to there



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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)

- Have worked with over 100 Canadian hospitals and about 30 U.S. hospitals, often achieving reductions in liability claims, and increases in satisfaction and other quality outcomes
- Now rolling out the model to other hospital units (surgery, ER, ICU) that have been requesting the same type of 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 shared the data with them and let them decide what they wanted to do about it. We gave advice, like meeting with each other, doing regular huddles to coordinate care – but we were there to help them do what they wanted to do”

Raquel Romero, Intervention Team Leader



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Texas primary care (continued)

- Base-line cross-sectional data suggests that relational coordination and reciprocal learning enable care providers to adopt new organizational structures to care for patients
- Now analyzing longitudinal data to assess changes over time



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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. 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

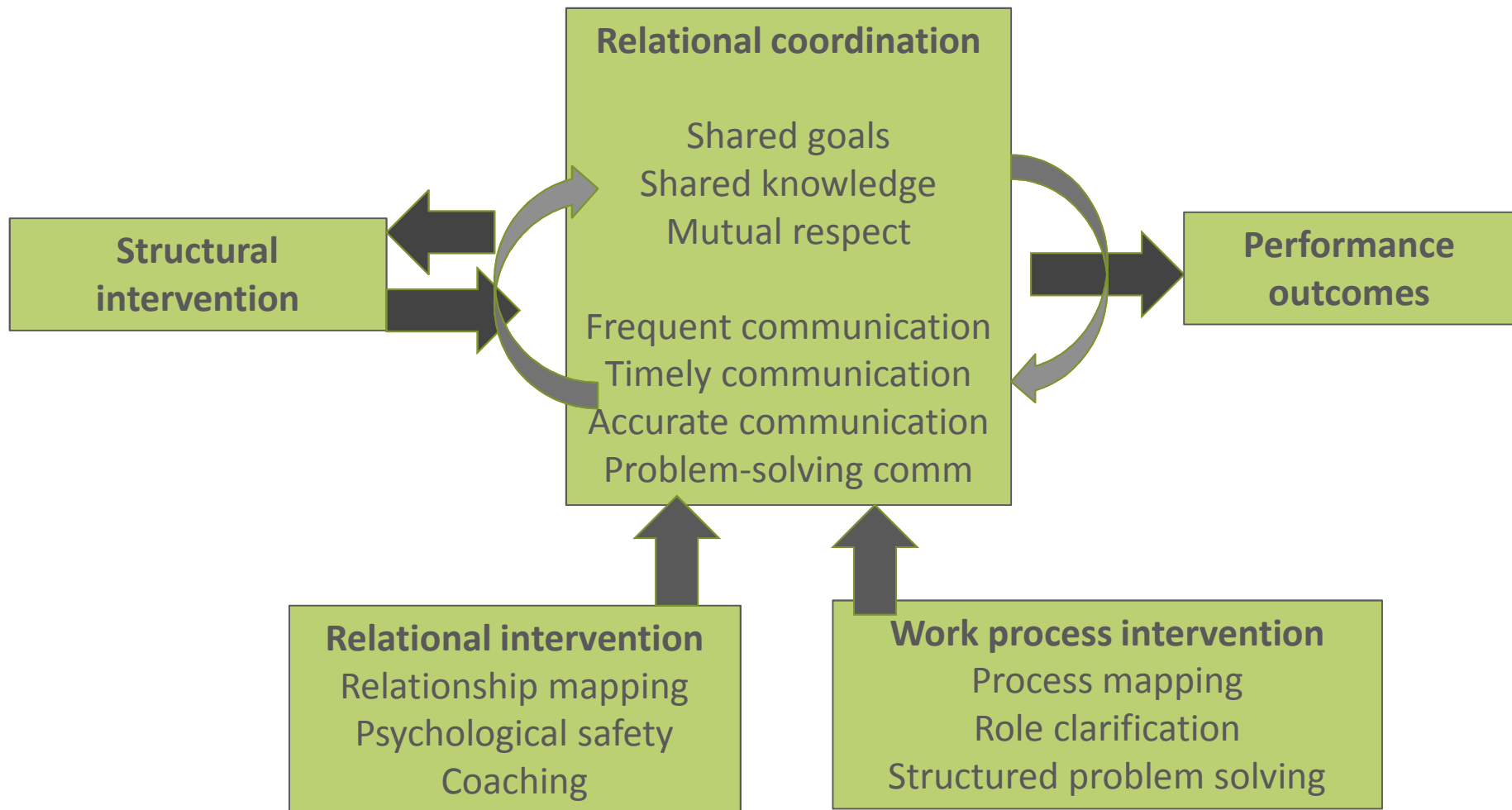


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Transforming relationships for high performance

(Gittell, Edmondson and Schein 2011)



Relational intervention

- Bring together all work groups in the work process
- 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



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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

Relational intervention

- Create relationship map, including all roles
- Assess relational coordination
- Create conversations to foster
 - 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?*
- Coach and role-model relational behaviors



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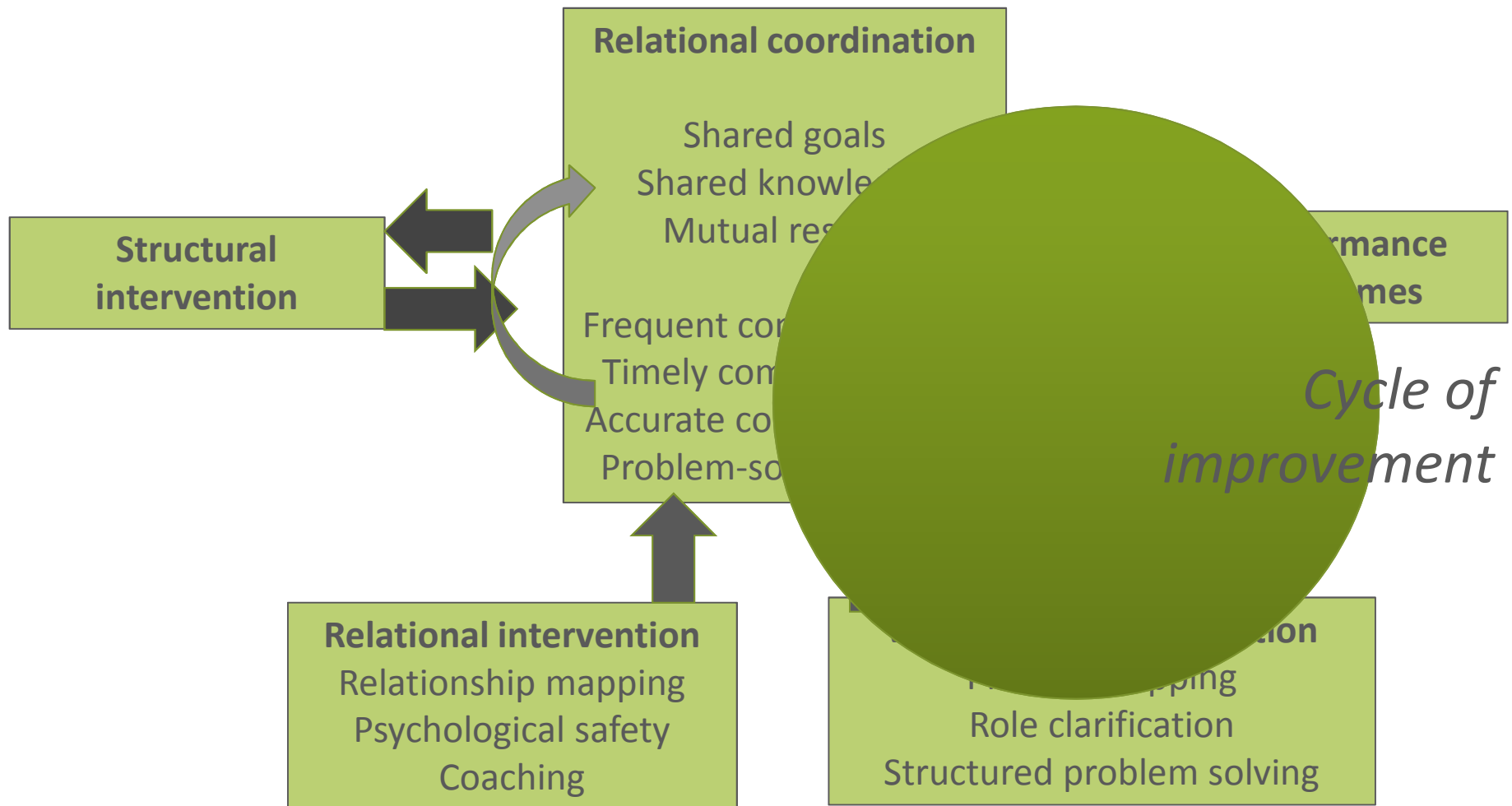
Structural intervention

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



Transforming relationships for high performance

(Gittell, Edmondson and Schein 2011)



Relational Coordination Research Collaborative



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Transforming Relationships for High Performance

Our Mission

To facilitate the use of *relational coordination and related concepts* to improve the performance of organizations – and outcomes for all stakeholders

- Workers
- Managers
- Customers
- Payers/Investors



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Building a global learning community for practitioners and researchers

- U.S. (East Coast, West Coast, Southwest, Midwest)
- Canada
- Denmark, Norway
- Australia, New Zealand
- Netherlands, Belgium
- Spain, Italy
- England, Ireland

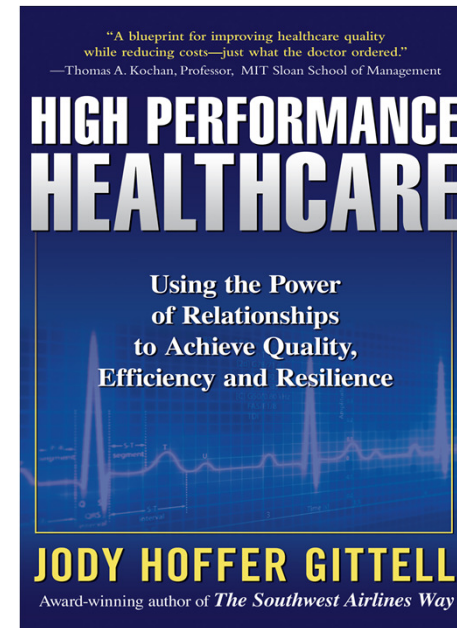


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RCRC Resources

- Online RC survey and benchmarking
- Intervention data base
- Monthly webinars
- Annual Roundtable
- Partner webpages to share current efforts, visions
- Certification training for RC consultants
- Referrals to RC consultants

RCRC resources for organizational change



Visit relationalcoordination.org for many more



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Relational Coordination Workshop



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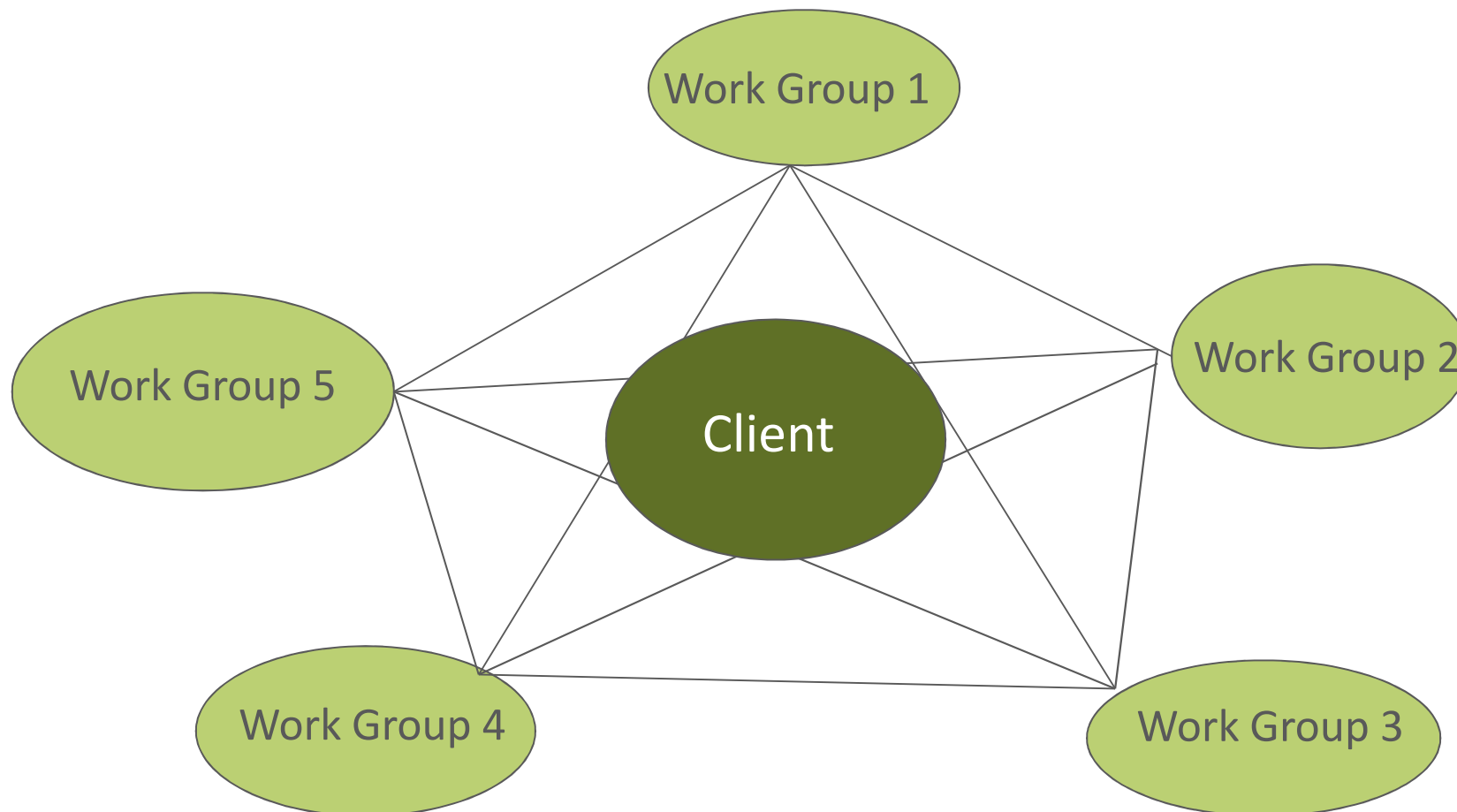
Does relational coordination
matter in your work settings?

Why? Why not?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

How well does relational coordination work in your work settings?



RELATIONAL COORDINATION
RESEARCH COLLABORATIVE

Relationship mapping

- Form a group of 4 to 6 people
- Choose a work process that you know well
- Map and assess relational coordination using the following four questions



Relationship mapping

1. Where does relational coordination work well? Where does it work poorly?
2. What is the impact on clients? On staff? On costs?
3. What are the root causes of the relational coordination we observe?
4. How could we build stronger relational coordination?





Transforming relationships for high performance

(Gittell, Edmondson and Schein 2011)

