The transformation of clinical practice known variously as “patient-centered care” (1), “the biopsychosocial model” (2), and most recently “relationship-centered care” (3) has been concerned with bringing a personalized, partnership-oriented approach to medical care. To date, scholarship in this area has focused on the clinical encounter (how patients, families and clinicians communicate and work together), and on education in the health professions (how to teach this collaborative approach, especially through experiential learning and reflection). In this chapter, we consider the application of the key principles of relationship-centered care in a third context: the management and administration of health care organizations.

Organizations exert profound effects on individuals that are seldom fully recognized. Most health care organizations create work environments that are at odds with the values of relationship-centered care. They value control and operate in an impersonal and bureaucratic fashion. (4) In such environments, clinicians trying to work with their patients in a personal, collaborative manner find themselves continually swimming against the current. On the other hand, where core elements of relationship-centered care are reflected in organizational principles and practices, these same practitioners are more likely to incorporate relationship-centered process into their clinical work. (5) There is evidence to suggest that such environments improve clinical performance (5;6) and the satisfaction of both patients and staff. (7;8)

We begin by considering the principles of relationship-centered administration (RCA) in more detail and reviewing a list of basic administrative tasks. Next we explore the intersection of these two areas by considering several examples from one administrator’s practice in the Department of Medicine of a medium-sized community hospital. Finally we offer some comments on the implications and limitations of relationship-centered administration.

**CORE PRINCIPLES OF RCA**

In formulating the principles of relationship-centered administration, we have drawn on three main sources: the biopsychosocial model (2), family systems theory (9) and self determination theory (10). The biopsychosocial model began as an application of general systems theory to clinical medicine, yielding the insight that every illness involves events and consequences that occur simultaneously on many levels, from atomic to cultural and all layers in between. It also challenges the appropriateness of applying the stance of detached observer, taken from the
natural sciences, to the clinician’s role. (11). The biopsychosocial model subsequently incorporated the person-centered approach of Carl Rogers, which recognized the importance of genuine unconditional positive regard as the basis of a therapeutic relationship (12). The core lessons for clinicians from the biopsychosocial model are (1) to seek understanding of phenomena within their larger contexts (i.e. to recognize the interdependence of biological, psychological and social elements in health and illness) and (2) to adopt a stance of a participant observer, actively and personally engaging the patient.

Family systems theory is the study of patterns of relationship: how a behavior in one person calls forth a complementary behavior in another; how patterns form and propagate; how behaviors that are typically attributed to individuals may be better understood as expressions of group dynamics. Interactional patterns may be very stable and self-propagating (with change requiring considerable effort, commitment and insight); yet they also evolve over time as individuals and groups pass through different phases of their respective life cycles. (9)

Self-determination theory is concerned with human motivation and behavior change. Supported by a considerable body of empirical research in workplace, educational and medical settings, it describes three factors that enhance intrinsic motivation and self-regulation: connectedness, competence and autonomy. (13) The more that a learning or work environment enhances these elements for individuals, the more conducive it will be to the adoption of new behaviors.

Drawing together these perspectives, we conceptualize a relationship-centered approach to administration as being founded on four principles: (1) personal presence, (2) partnership, (3) broad contextual awareness and (4) balancing individual and collective perspectives. These are described below and summarized in Table 1.

The first principle, personal presence, involves acting in a manner that is authentic and congruent with one’s own voice and identity. Attitudes and feelings, as externalized through one’s behavior, can powerfully influence our surroundings. The more we can be fully and genuinely present, the greater the potential for dialogue and collaboration. Personal presence requires self-awareness – the recognition of one’s own internal and external milieu. It is difficult, if not impossible, to recognize these internal and interpersonal dynamics without feedback and reflection. Also, because we tend to assimilate unconsciously (and therefore uncritically) the patterns of perception and sense making of those around us, self-reflection can help us recognize and challenge our own assumptions, inspiring new insights and new approaches to effective action.

The second principle, partnership, involves listening to and respecting the voices of others, valuing diversity, engaging in dialogue, maintaining an openness to being changed, and seeking mutual benefit. Attempting to maintain an open, non-defensive stance, we seek to understand the other person’s perspective and to test that emerging understanding by periodically communicating it back, asking questions or offering feedback. This principle also encompasses the holding of formal or informal authority in a way that enhances the power of others by clearly presenting the expectations and/or external constraints within which decisions or actions must be made and then stepping back to make room for the other(s) to create, plan, respond or recruit others. Through feedback and coaching, one can help others to achieve their own best degree of competence and personal growth and to become agents of empowerment themselves.
The third core principle, *broad contextual awareness*, is about looking for larger patterns of meaning, relationship and emergence that shape and are shaped by specific local events. It begins with the recognition that nothing exists or can be known in isolation. All people, things and phenomena are part of systems; they influence and are influenced by their surroundings. One seeks to observe dynamic patterns of interaction and to recognize developmental trajectories of these systems.

The fourth core principle of relationship-centered administration is *balancing individual and collective perspectives*. This involves maintaining simultaneous awareness of both levels, understanding the principles of group process, and fostering alignment of the individual intrapersonal processes of its members. Finding the convergence of personal and group goals allows a community and its individuals to benefit most from one another. Valuing and exploring the personal experiences of individuals within the community -- particularly when some individuals seem to be at odds with everyone else and are thus most susceptible to being marginalized or scapegoated -- often yields valuable insights about the group. To be in a position to make such observations requires a network of relationships that provide ongoing access to a multiplicity of perspectives.

The relationship-centered approach recognizes that at their most fundamental level, organizations are conversations – networks of communication and relationships – and that relationship is the medium through which organizations do their work. (14;15) All the basic organizational functions are carried out with a sensitivity to their effect on individuals’ relationships with each other and with the organization.

We now turn to a consideration of basic administrative tasks and the opportunities they provide to practice, and thus disseminate, relationship-centered process. Using our own backgrounds in relationship-centered care, we have worked inductively to lay out this skeleton of a relationship-centered approach to administration. We acknowledge that in the field of organizational psychology some theorists (16;17) have advocated approaches variously referred to as participative management and high-involvement management that bear some similarity to ours. While we believe there are many important elements of these management theories that are relevant to relationship-centered administration, our emphasis here is on the relationships among individuals at various levels of the organization, which we believe are enhanced by personal awareness of the organization’s members and are crucial to more effective and human health-care organizations.

**BASIC ADMINISTRATIVE FUNCTIONS**

Organizations exist to allow a group of individuals to coordinate and integrate their activities in order to carry out activities that are beyond the ability of any one individual acting alone. To do this, organizations fulfill four basic administrative functions (Table 2): 1) defining a common purpose and core values, which then help to guide the organization and its people; 2) gathering the individuals together and defining the boundaries of the formal organization - who is in and who is not; 3) coordinating roles and work processes so the whole will be greater and not less than the sum of the parts; and 4) creating an environment conducive to success (attending to motivation, support and collaboration).
The manner in which these basic administrative functions are carried out expresses the values of the organization and has a profound effect on the behavior of its participants. We believe that by operating with relationship-centered values, the leaders of an organization will be able to perform these basic functions more effectively. Through their own behavior, they can set standards and create a context for others (4).

The critical first steps for a governing body in building an organization are to clearly define what are the organization’s purpose and core values. The leader(s) initiates a process of formulating a vision for the organization and encouraging buy-in by all the organization’s participants. Enacting the vision involves mapping out goals and developing plans. The way in which these activities are done will reflect the core values held by the leader. (If the leader is well selected, these will be congruent with the system’s overall mission and values). For example, leaders who hold more relationship-centered values will encourage participation by organizational members in setting goals and making plans, believing not only that this process will result in higher quality goals and plans but also that it will facilitate the acceptance of the vision by members.

Second, an organization gathers together the people needed to do its work, orients them to its procedures and values, and helps them acquire the skills and knowledge they need to succeed. It needs a process for offering remediation (or ultimately dismissal) when an individual’s behavior consistently is in conflict with the collective effort. A relationship-centered approach presumes both the intention and capacity to succeed on the part of all individuals unless subsequent events suggest otherwise.

Third, an organization coordinates the work of its people. Somewhat paradoxically, this entails adequate definition of roles so that work can flow smoothly between individuals, but not such rigid definition that creativity and situationally specific improvisation are suppressed. Thus, flexible but clearly understood processes for decision-making are needed. Coordination also involves processes of feedback and accountability at multiple levels. The organization needs to know the extent to which it is fulfilling its long-term goals and its short-term objectives, and how its component teams and individuals are contributing to those results. Gaps between goals and results point out opportunities to better understand and improve work processes.

Fourth, an organization must foster a working environment that favors success. By respecting its people and attending to their growth and well-being it can engender their commitment, fostering communication and collaboration. Particularly important is the way that organizations manage differences and disagreements. Diversity is an important resource for creativity and adaptability (15). Approaches to disagreements are needed that view them as valuable resources and windows of opportunity rather than as problems to be managed, and that encourage independent voices rather than stifle them.

It is the role of an organization’s leaders to ensure that the preceding functions are fulfilled. Rigorous attention is needed to ensure an appropriate match between a leader’s skills and attitude with the task at hand. (18) All too often there is a disjunction between the organization’s goals and the leaders’ expertise. For example, academic medical centers have been criticized for choosing clinical department chairs with backgrounds in traditional bench research to lead the transformation of health care in an era of teams, collaborative service and “customer friendly” paradigms. Although bright, articulate and successful, these individuals often lack the
requisite attitudes and skills to create effective group process and manage and empower subordinates.

THE APPROACH IN ACTION

To provide examples of relationship-centered administration, we will examine a series of vignettes taken from the department of medicine at a community teaching hospital. Each story is told in the voice of the department’s Chief, and involves one or more of the basic administrative tasks (these are shown in parentheses after the title). The discussion following each story describes how the basic principles of relationship-centered process were applied to that administrative task.

The Retreat (Defining purpose and core values, Creating a conducive environment, Gathering individuals)

I had little experience as an administrator when hired as chief of the department of internal medicine. As a generalist, I was uncertain about whether specialists would accept my leadership. On arriving in the department, I announced that I was planning a retreat to create a vision and strategic plan for the next few years. Everyone was suspicious; previous retreats had been unsuccessful. Could I be trusted to “permit” the faculty to actually create a plan? Would the faculty have the skills and energy to create a satisfactory plan? Wasn’t it the Chief’s job to lead the department into the future? These questions were debated in our weekly faculty meetings. We hired an outside facilitator; her pre-retreat interviews stimulated discussion and curiosity.

In setting the scope of the retreat, I described it as determining our role in delivering responsive, caring health care to our community. I emphasized my respect for the ethical and collaborative values I observed in the faculty. Over the day and a half retreat, the faculty created the following mission statement:

"The fundamental mission of our Department is to provide high quality, personalized medical care that is responsive to community needs, and to prepare future practitioners to do likewise.... To help ourselves achieve and continually renew our excellence as clinicians and educators, we will create a supportive, collaborative, and enjoyable work environment that fosters growth, creativity and fulfillment in our personal and professional lives."

The retreat energized the faculty and gave them the chance to set goals and determine how they would achieve them. In fact, all the goals of the two-year plan developed at that retreat were fulfilled, most within 18 months. The most direct request of me as Chief was that I meet individually with them at least once a year to review their career directions and provide advice, support and guidance to assist them in the pursuit of personal and departmental success. These meetings have subsequently proved instrumental in achieving the goals of the department, demonstrating the faculty’s wisdom in designing this activity.

This story exemplifies partnership in the way that the department members were trusted to shape and carry out plans for the department’s future. The retreat and subsequent actions presumed their competence. Although he himself was too new to have an appreciation of the department’s history and context, the Chief of Medicine set up a process to tap into the wisdom
of the faculty. The story also illustrates how the Chief worked with faculty members to link their personal trajectories and needs with those of the department.

**Triangulation** (Creating conducive environment)

*On Attending Rounds, a second year resident reported to me that he was troubled to see the Attending Physician humiliate a fourth year student by stating publicly after her presentation that she "must have had other things to do the night before than prepare for rounds." The resident was angry and came to my office to demand that the Attending’s behavior be confronted. Outraged at the behavior, I fired off a letter to the Attending reiterating the Department's Mission Statement and urging him to be more respectful in his work. The result was that the resident and the student felt respected and cared for; the Attending, an excellent internist, withdrew from the teaching program and was lost as a valued clinical instructor.*

Triangulation is a fundamental process described by family systems theory (19) in which two people manage their interpersonal anxiety by siding with each other against a third. It is a ubiquitous, and often destructive, part of human interaction. Parents create difficulties by siding with their children against each other. Friends are hurt by the most common version of this process, namely gossip. Work systems are full of attempts to manage conflict through triangulation. Two staff members may blow off steam by complaining about their boss. This venting may reduce stress in the short-term, but will not result in significant change until they take their complaints directly to the leader. The misguided implicit goal of triangulation is usually to increase closeness between the two siding together; however this closeness can develop at the cost of a deteriorating relationship with a third party. Triangulation also decreases trust within the organization since those who are allies today cannot know that their current partners will not speak against them behind their backs tomorrow.

The story above teaches by negative example. A fundamental principle of relationship-centered administration is that individuals be engaged in resolving their conflicts directly with each other. Resolution may be facilitated with the help of a third party such as a leader or a consultant, but the principal disputants must be involved. In this vignette, it is clear that the Chief wished to be helpful to the vulnerable medical student and responsive to the concerned resident. Perhaps he wanted to support these trainees, but did so without exploring the larger context. The Chief valued education as a high priority of his department, and especially liked and respected the resident. Moreover, the Chief had had prior conflict with this particular Attending that had never been addressed. Whatever the background, reflexively and without any input from the Attending, the Chief rushed to judgment. The result was a cascade of untoward effects. First the Attending, having had no opportunity to tell his side of the story, lost trust in the leader and quit. Second, while the student and the resident felt supported in the moment, the gain in trust might be transitory. Over time they might well have wondered what would happen if someone ever complained to the Chief about them.

Relationship-centered administration is founded upon direct, honest, and responsible communication as part of effective group process. In this vignette, the Chief might have achieved a better outcome had he contacted each person directly, and then convened a meeting with all of them to facilitate direct resolution of the conflict and establish ground rules for future interactions.
Organizations whose culture and leadership discourage triangulation hold members accountable for their contribution to the organizational environment and promote the development of their self-awareness and conflict-resolution skills.

Combining Services (Coordinating activities, Creating conducive environment)

Faced with serious financial constraints, our hospital had to close 30 beds and merge its oncology and geriatric inpatient units. Because oncology was perceived to be a more central operation of the hospital and one requiring special expertise, its staff was left relatively intact. Not surprisingly, the morale of the geriatric nursing leaders in the hospital deteriorated sharply. They approached me, as Chief of Medicine, to enlist my support in articulating and advocating a vision for geriatrics at the hospital.

I met with the nurses, department manager and nurse clinicians from the geriatric unit to hear more about their perspectives. They expressed their frustration and concerns. We agreed that the emphasis on geriatrics at the Hospital needed to be more visible, and that the VP for Geriatric Programs should meet with the inpatient geriatric providers to develop a strategy. The group did meet: three problems were identified and strategies to resolve them were developed. The recommendations included having that VP include inpatient services as part of his charge, empowering the existing Geriatric Planning committee to assume responsibility for developing and implementing a geriatric plan, and promoting the need to recruit a director of geriatrics to complete the team. The deliberations were then passed on to the CEO, who accepted the recommendations. The VP was pleased to have the opportunity to develop another component of comprehensive geriatric services, and the planning group, which received significant input from nursing, was pleased to be supported. Although "turf" had been lost, the organization and its members benefited.

Rather than taking on a heroic role of advocate and problem solver and supporting the self-perception of helplessness on the part of the leaders of the geriatrics program, the Chief helped to support their capacity to work with the hospital administration to clarify roles and decision-making processes. He began by listening; discovered the group’s passion, energy and capability; and found a constructive way to make use of this valuable resource. Knowing the system and its needs, he was able to promote the autonomous activity of the geriatrics staff in crafting a plan for improving care while also being responsive to the institution’s needs to increase occupancy and reduce costs. This win-win approach of balancing individual and collective perspectives is a hallmark of relationship-centered administration. It led not only to effective conflict resolution and problem solving but also to an increased sense of collaboration, competence and trust in the hospital, even in a setting of layoffs and program reduction.

Renegotiating a Job (Gathering people, Creating conducive environment)

After a 7 year period as an indispensable clinician-teacher and first rate role model, one of the general medicine faculty members became angry and restless and was heard talking about leaving the department. At her goal-setting meeting for the new academic year, I addressed these rumors about her discontent by saying, “I’m hearing that you are unhappy. I’d like to know more about that.” She proceeded to express her
anger at being underpaid and relegated to covering the clinical service while “important” members of her division were away attending academic meetings or offering consultations to other systems. I asked, “What are you looking for now? We all respect you and want you to stay with us.”

She responded that she needed a change. She wanted to pursue a more academic career now that her children were older and travel was more of a possibility. “But,” she added, “it’s not possible because of my clinical load. How could I do it?”

Confronted with her possible departure, the other members of her division decided to recruit her back into the unit. To demonstrate their commitment to her, they offered her a 3-month sabbatical from her clinical responsibilities to thank her for all the coverage she had provided to their patients over the previous years. She accepted, and we subsequently negotiated a change in her work schedule and a redistribution of some of her administrative responsibilities to provide her with more time to pursue her academic interests. We developed a plan to help her assume a greater degree of leadership in the residency (and to develop the requisite skills), to gain greater national recognition for her outstanding abilities as a medical educator, and to earn promotion to Associate Professor within two years. Each of these goals was subsequently met, and she continued to contribute creatively and energetically to the department’s success.

Meaningful dialogue often gives rise to novel possibilities that draw upon – and extend further – the hopes, personal trajectories and values of its participants. All the principles of communication and relationship that foster excellent clinical dialogue pertain in administrative contexts: personal presence on the part of the interviewer to establish trust and rapport; use of exploratory questions to evoke the story rather than directive questions that constrain it; setting aside one’s preconceptions and judgments to understand the other’s perspective; skillful use of empathy and silence; and an ongoing invitation to collaborate. (20;21) In the annual goals meeting described above, skilled listening allowed the faculty member and her chief to discover the “real” issues or concerns – the deeper aspirations and vision underlying the surface level complaints. The issues that emerged were her desire for respect, equality, and support for her professional growth, all embedded in a mid-life transition. If her core concerns had not been accurately elicited, the remainder of the planning process would have been misdirected to pseudo-issues, tangential to the faculty member’s goals and probably grounded in the Chief’s projections or his perceptions of the Department’s needs. Instead, meaningful dialogue got to the heart of the matter, resulted in an effective plan and left their relationship that much stronger.

This vignette also illustrates an effort on the Chief’s part to foster reflection and self-awareness on the faculty member’s part in identifying her goals and the directions of her professional growth. This began with his direct exploration of the rumor about her unhappiness. Although it is often avoided, respectful inquiry to probe underlying emotions can deepen self-awareness and encourage clarity of purpose. The resulting feeling of being understood often unleashes commitment and energy to create change. In this faculty member’s case, she identified a desire to develop her academic and leadership skills. While she acknowledged experiencing some amount of jealousy, this did not turn out to be the main issue, and disappeared entirely once she felt confident that her needs would be met.

With the core issues identified, the next task undertaken by the Chief was to find a way to
align his faculty member’s personal direction with that of the department. People generally give their best at work when they are engaged in a manner that is personally meaningful, draws upon their personal passion and contributes to their growth (18). It can be a difficult judgment call for a manager to decide whether there is an appropriate match between the needs of an individual and those of the organization or department, and the extent to which scarce resources can be directed to a given employee. In this case, there was an excellent fit. Her skills and abilities and the direction of growth she wished to pursue would contribute to her own personal success and that of the department. This is not always the case, as illustrated in the next vignette.

**Termination (Gathering people)**

Half a year into his faculty appointment, some of Kevin’s colleagues started to complain that he wasn’t pulling his weight. He was leaving early each day and not using his academic time productively. I met with him to explore the situation. Rather than begin the session by chastising him, the Chief asked the faculty member how things were going. He responded by saying that while the group had set a goal for itself to be more productive academically, he was more interested in practice. The academic projects in which his colleagues invited him to participate did not interest him. He wondered aloud if it might be time to look for a more clinical job. I confirmed his impression that the group was indeed committed to increasing its focus on research and teaching, but added that there were other clinical opportunities in the system, and offered him assistance in exploring them.

Kevin responded that his spouse was from the mid-West and was interested in returning to her family. He was surprised to learn that there were local opportunities and that I would help facilitate his learning about them. He left our meeting saying he would speak with his spouse and consider his options. Before the year was out, he had relocated to a semi-rural western community to practice with a small group of internists and family physicians. The separation was respectful and amicable. The unit was able to use available resources to recruit an energetic teacher who assisted the coordination and educational programs of the unit.

Once again we have an example of an interaction that began with listening and an intention to understand the perspective of the other. As it turned out, this faculty member was aware of the divergence of his interests with that of his department, though he had not taken any initiative to address the situation. The Chief confirmed his observation and offered to help him explore other options for clinical practice outside of the department. All this was done in a spirit of addressing a mismatch, not in a spirit of judgment and rejection. There was no occasion for anger, shame, blame or defensiveness, and the change in personnel was accomplished smoothly. Of course, some termination situations are more complicated, but the same general strategy holds: exploring the perspective of the other; clearly defining expectations; and if the situation seems remediable, setting improved performance criteria to be achieved and offering help in meeting them. If the criteria are still not met, or if the situation does not appear remediable, the lack of fit can be described in non-judgmental language and other options can be explored. Thus, even in situation where balancing the needs of the individual and the organization require that
an individual leave the organization, relationship and dialogue are important tools and can help the interaction proceed with a minimum of disruption, tension and humiliation.

**IMPLICATIONS AND LIMITATIONS OF RCA**

The stories above illustrate the application of principles from relationship-centered care to administrative practice in the department of medicine of a community hospital. The management issues faced by the Chief were rather ordinary and undramatic, as were the solutions; this is the true nature of organizational change. It does not happen through a grand pronouncement, a single major decision, or the dissemination of a new values-statement. It accretes slowly over innumerable ordinary day-to-day interactions. Through prolonged and consistent application, a relationship-centered approach to administration can create an organizational culture of collaboration, respect and partnership that will predispose individuals in the organization to integrate these same values into their own independent activity as they work with patients, families and each other. In just this fashion, over an eight year period, the Department of Medicine described above experienced a renaissance of its residency program – from struggling at the edge of losing its accreditation to being recognized for its exemplary and innovative educational philosophy (5) – and a resurgence of faculty productivity and satisfaction.(4)

There is an understandable tendency to seek management and leadership strategies that can solve big complex problems all at once – the equivalent in the administrative realm to searches for “magic bullet” cures in clinical care. Unfortunately, there are no such things – there are no substitutes for the slow, sustained, incremental process of developing an organizational culture. The principles of relationship-centered administration are most likely to be effective in larger, more dramatic situations if a culture of relationship-centered process has already been established, with a threshold level of trust and the capacity for dialogue and partnership already developed within the group.

Absent such a culture, some aspects of relationship-centered administration may be ineffective and even harmful. Awareness of context, of multiple perspectives, of one’s own inner responses, and of relationship dynamics is always helpful, but partnership-oriented process may not always be appropriate or effective. In a setting of hard-core win-lose negotiations, gestures of collaboration can be interpreted as weakness. They do not by themselves constitute an adequate vocabulary for this kind of conversation; other gestures may also be needed. However, attention to relationships and small trials of collaborative behavior may open a possibility for changing the nature of the negotiation process that would otherwise have gone undiscovered. Similarly, when working with others whose intentions and trustworthiness are unknown (or worse), one seeks to steer a careful course between holding out the possibility of collaboration (starting with small, low risk opportunities) and protecting oneself from exploitation. When working from a position of relatively low power within an organization, a relationship-centered approach cannot neutralize the power differential, and may not be able to alter the culture, the tone of which is set to a large degree by its most powerful individuals. Nevertheless, in large control-oriented organizations, it is possible for pockets of relationship-centered administration to exist in individual departments or units, preserving the potential for
further dissemination.

In each of these difficult settings, relationship-centered process may not succeed in creating a culture of collaboration. Indeed, the leaders of the Department of Medicine described above used relationship-centered process in working with the leaders of a much larger University hospital with which their community hospital merged, but found the power differences and the more traditional control-oriented culture of the other organization insurmountable. Nevertheless, this approach (if used wisely, and at a grassroots level) carries more potential for change – for noticing new opportunities and initiating a culture change – than does the perpetuation of the depersonalized control-oriented approach.

Another implication of relationship-centered administration is that interpersonal skills and emotional maturity should be given explicit attention in the selection of leaders. Leaders’ emotional maturity and capacity for relationship have a profound effect on their organizations. (22) Leadership development programs might consider adding curricular elements on skills for communication, relationship and self-awareness. Additional support for the continuing personal growth of leaders might come from the more widespread use of executive coaching and peer-mentoring.

A number of the stories above illustrate that serendipity often plays a crucial role in the successful resolution of problems. The core elements of relationship-centered process – presence, partnership, contextual awareness and capacity to balance multiple perspectives simultaneously – help leaders recognize and make best use of such circumstances. In contrast, inflexible views formed without adequate dialogue and communication styles that inhibit creativity and collaboration lead to an impoverishment of available resources.

**CONCLUSIONS**

In this chapter we have explored how the principles of relationship-centered process can be applied to the basic administrative tasks in an organization. We believe that the successful implementation of relationship-centered care depends not only on the skills and attitudes of individual clinicians, but also on the organizational environment within which the patients and clinicians are working. The organizational culture has a powerful influence on the level of trust, collaboration and personal presence that is possible. This culture is shaped by many factors; it is not subject to being designed or controlled, but it is susceptible to considerable influence by the values and attitudes embodied in the behavior of leaders (18;22). The more that leaders can live and enact the principals of relationship-centered care in their interactions with their staff members, the more likely the staff will be to internalize those principles and apply them in their work with patients and families. Ultimately the values and process of the organization must be applied consistently across levels of scale – from the boardroom and interactions with other organizations to management to the front lines.

Based on research reviewed in this volume and elsewhere, there is good reason to believe that the consistent implementation of relationship-centered process in healthcare organizations will lead to improved clinical outcomes and patient satisfaction and also to enhanced organizational performance and employee satisfaction. The challenge now is to
find ways to encourage administrators to learn and practice this new approach. Because substantial strides have been made in understanding the importance of person-centered provider-patient relationships and their effects on outcomes of care there is reason to be optimistic that the management of health care organizations may make similar progress in the years ahead. The current state of demoralization in health care and the rise of consumer pressure tell us quite clearly that the time for this transformation in administrative process is now at hand.

REFERENCES

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<th>The Elements of Relationship-Centeredness</th>
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<td>2. Serve as participant observer.</td>
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<td>3. Self-reflect on behavior/attitudes.</td>
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<td><strong>Partnership</strong></td>
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<td>2. Offer choice.</td>
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<td>3. Foster competence.</td>
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<td><strong>Broad contextual awareness</strong></td>
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<td>1. Know the system and its parts; recognize patterns of relationships.</td>
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<td>2. Accept the evolutionary/dynamic nature of change.</td>
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<td><strong>Balancing individual and collective perspectives</strong></td>
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<td>1. Reflect on one’s position vs. community needs.</td>
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<td>2. Track personal and group goals.</td>
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<td>3. Maintain network of relationships in organization; keep in touch with its parts, including subordinates.</td>
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### Table 2

**Basic Administrative Tasks**

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<td>Defining a common purpose and core values</td>
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