Panel Symposium

RELATIONAL PRACTICES FOR TACKLING GRAND CHALLENGES:
THE RELATIONAL SOCIETY PROJECT

PARTICIPANTS

Symposium Chairs

Jody Hoffer Gittell  
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Panel Members

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Rutgers University  
Lead: Shanghai China case

Erin Fair Taylor  
Care Oregon  
Lead: Portland Oregon case

Olawale Olaleye  
Brandeis University  
Lead: Abuja Nigeria case

Muhammad Siddique  
Institute for Management Sciences  
Lead: Peshawar Pakistan case

Discussants

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POTENTIAL SPONSORS

Health Care Management (HCM)  
Organization Development and Change (ODC)  
Critical Management Studies (CMS)
OVERVIEW OF THE PANEL SYMPOSIUM

The world is saturated with grand societal challenges of different kinds; climate, poverty, overpopulation, diseases and pandemics, conflicts and more (Crowley & Head, 2017; George, Howard-Grenville, Joshi, & Tihanyi, 2016; Head & Alford, 2015). Because we live in a highly interconnected world - socially, economically, environmentally and evolutionarily - these crises and challenges may be cumulative (climate change, human-on-human violence, large inequality), or catastrophic (pandemics, earthquakes, wildfires, holocausts and riots). These crises are often intertwined over time as cumulative crises give rise to intermittent catastrophic crises. And they increasingly permeate geopolitical boundaries, ultimately affecting life around the globe. Yet, while we are increasingly interdependent, we are also deeply divided by race, class, gender, sexual identity, political orientation and nationality (Gittell & Sharma, 2021).

**Grand challenges.** At their core, grand challenges can be defined as *specific critical barrier(s) that, if removed, would help solve an important societal problem with a high likelihood of global impact through widespread implementation* (George et al., 2016, p. 1881). Much of the research conducted on grand challenges has focused on how organizations can contribute to solving grand challenges through bold ideas and unconventional, practical approaches. According to Ferraro et al (2015), there is a need for increased systematic understanding of the mechanism linking distributed actions to novel solutions to grand challenges (Ferraro, Etzion, & Gehman, 2015). An increased understanding of these linkages will be beneficial for practice. Ferraro et al find grand challenges to have three facets; complex, uncertain and evaluative. While the first is characterized by many interactions and associations, as well as nonlinear dynamics, the second is indicating that the problems and their evolution are difficult to forecast for the actors since it cannot properly identify possible future states of the world. The third facet states that the
problems cut across jurisdictional boundaries, implicating multiple criteria of worth and revealing new concerns even as they are being tackled (Ferraro et al., 2015).

**Relational society.** As humans, we evolved as an empathic species (Rifkin, 2009). We learned to value both empathy and interdependence as crucial to our survival as a species. To address our growing interdependence, we propose that a more relational society is needed, starting in the communities where we live, repairing damaged relationships and re-building communities in more inclusive ways. Relational society is a way of connecting across divisions in order to address interdependencies and provide potential solutions via collective action (Rustin, 2013). Relational society is conceptualized as a state of generalized reciprocity, created through goodwill, empathetic fellowship, and virtuous social interactions among individuals and stakeholders in a community as parts of a whole. Relational society highlights the inherently relational nature of human action and offers a practical approach to coordinating human actions through problem-solving in both local and global responses to crises (Gittell & Sharma, 2021).

The Relational Society Framework builds on relational coordination theory, a theory of performance based on a mutually reinforcing process of communicating and relating that is particularly useful in the context of interdependence, uncertainty and time constraints (Bolton, Logan & Gittell, 2021). Relational Society extends relational coordination theory to the whole society including the *micro* level, where actors work to foster human empathy, the *meso* level where actors engage in coordinated collective action, and the *macro* level where actors build supportive institutions such as policies and payment mechanisms. Building sustainable connections across the three levels is proposed to enable actors to work effectively together to address a wide range of crises- as inequalities in access to health and health outcomes, pandemics, natural disasters and climate change.
Crisis management, relationships and resilience. Society, organizations, and individuals inevitably face crises that threaten their functioning and even survival. As a result, crisis management scholars have sought to explain both the nature and impact of crises and how organizations effectively prepare for, respond to, and overcome various forms and degrees of challenges (Williams, Gruber, Sutcliffe, Shepherd, & Zhao, 2017). In response to a rise of grand challenges (e.g., Covid-19 pandemic), there have been a number of calls for management research to further explore the crisis-organization interaction, including how to develop resilience not only to respond to adversity but also to use it as an opportunity for future growth (van der Vegt, Essens, Wahlström, & George, 2015; Williams & Shepherd, 2016). Following this, our symposium aims to provide a unique and critical perspective that focuses on relational practices as the approach to address grand challenges as well as the relational capability to respond to and recover from adversity.

In the context of crisis management, relational practice has been considered an important approach to shape immediate response to disturbances and ultimately enhance reliability to challenging events (Williams et al., 2017). For example, Gittell (2008) found that relational coordination—communicating and relating for the purpose of task integration—is critical in overcoming challenges. The coordinated collective response across multiple functions or roles create a relational system that enables and strengthens resilient responses to external pressures. Similarly, Shepherd and Williams (2014) and Colquitt et al. (2011) found that trust is an elemental capability to enable a more effective response to a disaster.

This symposium. Responding to grand societal challenges requires collaboration from multiple stakeholders, and it is necessary that such collaboration takes place at – as well as between – institutional level (macro), organizational level (meso) and individual level (micro). The challenge of effective collaboration is further increased by the dynamics of the grand
challenge itself; a plausible solution may create other problems or unforeseen and unwanted outcomes. While navigating through diverse, and at times conflicting stakeholder interests, the collaboration process must be both firm and predictable, as well as plastic and dynamic. This process requires, among other things, profound learning competence which takes place in activities related to knowledge sharing and knowledge creation. Since the knowledge needed to address grand challenges cuts across macro, meso and micro levels of society, and spans across all conceivable diversities, robust relationships and sound relational practices are required.

In this context, the AOM theme – Bringing the Manager Back in Management - is timely. The expectation of managers is twofold; to enable co-workers to act in accordance with existing demands, and to weather the three facets of grand challenges in both local and global perspective. A core essence of this response is how we establish and maintain relational practices to tackle grand challenges for the common good. The overall aim of this symposium is therefore to stage a debate that enhances our understanding of how relational practices are established and developed in response to highly diverse, multi-level, complex societal challenges. This symposium is inspired by an ongoing, comparative case study where data are being gathered from nine sites in seven countries in order to learn more about the relational practices used to tackle the grand societal challenges emanating from the Covid-19 pandemic. Findings from the comparative case study are to be followed by an interventional phase starting Fall 2021. This symposium will discuss relevant methodological issues that arise when conducting ethnographic comparative case studies across diverse settings, and will inform the design of the interventions to be adopted.

**RELEVANCE OF THIS SYMPOSIUM FOR SUGGESTED DIVISIONS**

Given that management is of the essence when tackling grand societal challenges, the symposium could be relevant for the All-Academy Theme (AAT). In the following, we will focus on the divisions for which this symposium is most relevant.
Health Care Management (HCM)

This symposium addresses how to tackle the societal challenges caused by the Covid-19 pandemic, building on what we have already learned about building integrated patient-centered health care systems (Singer, et al, 2011; Woolcott, et al, 2019). Public policies, infrastructure, economic means, priorities and conducted management at all levels (meta, macro, meso and micro) are essential in order to understand the impact of Covid-19 and the effect of implemented measures. The study sites represent large diversity in health systems, national and local cultures, governance structures and procedures, management proxies, health challenges, etc. An important contribution of the symposium is to enhance our understanding of how health managers manage when complexity arises, uncertainty increases and the implemented measures have a potentially severe impact on additional domains of the society, for instance, home schooling, increased unemployment, business closures, reduced mobility, and more.

Organization Development and Change (ODC)

Covid-19 has called for immediate changes in relational practices at individual, group and organizational-level, as well as national levels. Hospitals, health professionals and other health institutions have been challenged in their functional set-up regarding procedures, competence, personnel, equipment as well as capacity and logistics issues. We will discuss how managers must manage in order to foresee and facilitate needed change processes, as well as how they must empower subordinates and collaborators to engage in the change. In complex situations, the manager’s most important task is to raise the needed questions, then enable the organization to respond. These skills are even more important when local decisions have societal effects.

Critical Management Studies (CMS)

This symposium is seeking to develop the ideas of Relational Society, focusing on developing a more sustainable, relational capitalism, with a substantial rebalancing of social
values away from individual self-interest and profit-seeking “that violates human needs for connectedness and mutual care” (Rustin, 2013). According to Adler (2020), these crises are destined to deepen unless we radically transform our economy. These arguments resonate with CMS’s call for 2021 asking, how can managers, managements and alternative ways of organizing address the challenges ahead? CMS questions such as “how do we build fairer, more inclusive organizations?” are the core focus of this symposium.

FORMAT OF THE PANEL SYMPOSIUM

This symposium is designed to enable knowledge creation through fruitful dialogue and debate. Diverse perspectives and experiences will come together for the purpose of developing knowledge in a field characterized by complexity. The symposium chairs will start with a brief introduction, stating the importance of the topic, the overall intention with the research project and the immediate purpose of the symposium. The organizer will lay out the structure of the session, introduce panel members and facilitate discussion (see timetable for detailed info).

SYMPOSIUM TIMETABLE

Requested time: 90 minutes

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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<tbody>
<tr>
<td>Introduction: What is the Relational Society project and why is it of great importance? by the Chairs</td>
<td>10 min</td>
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<tr>
<td>Panel member I - IV presentations</td>
<td>8 min x 4</td>
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<tr>
<td>Discussants 1-4</td>
<td>4 min x 4</td>
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<td>Audience; input, questions, etc</td>
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<td>Buzz groups or other use of interconnecting:</td>
<td>15 min</td>
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<tr>
<td>Panel members end statements, based on input from each other, the discussants and audience</td>
<td>1 min x 4</td>
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<tr>
<td>Symposium Chairs; Final remarks and wrap up</td>
<td>10 min</td>
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<td>Total time allocated for shifts between actors</td>
<td>3 min</td>
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**PANELISTS AND DISCUSSANTS**

**Panelists**

**Hao Gong** is a PhD candidate at Rutgers University and leader of the Shanghai, China site. Despite substantial investments in health infrastructure and insurance coverage that have significantly improved the accessibility of health services, health outcomes and life expectancy of the population, China’s health system is fragmented and faces the risk of a high-cost low-value dilemma. One of the most promising solutions is to build a Medical Alliance Ecosystem, shifting the health care delivery system toward high quality, people-centered, integrated care built on the foundation of a strong primary health care system. Stakeholder organizations include the government sector, key professional and scientific institutions in the health sector, patient groups and the private sector. At the macro level, government leadership and stewardship are vital for building an institutional and financial environment to cultivate the PCIC model. Instead of adopting a “top-down” cascading approach, the government sectors are playing an orchestrating role and fostering dispersed collaboration. At the meso level, all stakeholders actively engage in building a tiered health care delivery system in accordance with the PCIC model, supported by a monitoring and evaluation system. At the micro level, the model aims to enhance relational capability for both health professionals and patients, to build relationships between care providers and patients, and to build community awareness and trust in healthcare service, while facilitating the engagement and representation of patients in decision-making.

**Olawale Olaleye** is a PhD Candidate at The Heller School, Brandeis University, leading the Abuja, Nigeria site in partnership with Pathfinder Nigeria. In Nigeria, disparities are most noticeable along the North/South divide, mainly due to sociocultural factors. The health equity challenge is maternal and child health. Nigeria ranks poorly in terms of maternal and child health indicators even though the Maternal Mortality Rate and Infant Mortality Rate have improved
somewhat over the past decade. The improvements are in part due to the efforts of various stakeholders including the Federal, State and Local Ministries of Health, policymakers, foreign and local donors, non governmental organizations, the National Health Insurance Scheme, the National Primary Healthcare Development Agency, advocacy groups, religious groups and healthcare workers. These stakeholders, led by the ministries of health, have engaged in various initiatives which include community interventions e.g. pulling resources to support its members at the micro-level. Micro level efforts are not currently apparent. At the meso level, efforts include regional collaboration to improve funding, health education and advocacy. Macro level initiatives include policy efforts to increase funding for primary care and to build human resources for health capacity. Nonetheless, there is still a great deal of opportunity for improvement in this area. The Covid-19 pandemic has greatly impacted these efforts; on one hand, it has diverted attention and resources from maternal and child health-related programs, but on the other hand, it has forced these stakeholders to collaborate more with each other.

Muhammad Siddique, PhD, is Associate Professor at the Institute for Management Sciences (Pakistan). The outbreak of the Covid-19 pandemic is currently the most significant challenge for the economy, health and wellbeing of people in Peshawar, Pakistan. At the micro level, community-based organizations with a strong volunteer network are mobilizing collective efforts to address the health needs of a large population. At the meso level, committees have been formed to collate, analyze and process information based on human intelligence and digital input across the country through dedicated ministries, centres, district administrations and community based organizations. Their recommendations are used to inform interventions and allocation of resources. At the macro level, the National Command and Operation Centre headed by the Prime Minister is taking measures to counter the health impact of the pandemic, focused on developing policies, designing organizations and aligning the efforts of stakeholders to access the capacity of
acute healthcare facilities. Initiatives include the development of a Resource Management System to connect all hospitals, Smart Lockdowns based on an Integrated Disease Information System, a National Helpline and Telehealth Portal, We Care for Health Workers, Ehsaas Program for provision of food, a Relief Fund, and Community Mobilization.

**Erin Fair Taylor**, JD, is Chief Legal Officer for CareOregon, a Medicaid managed care organization headquartered in Portland, Oregon, serving approximately 300,000 Medicaid members. CareOregon is an ACO-like organization called a Coordinated Care Organization, created in 2002 as a mechanism to integrate physical, mental and dental health. Oregon negotiated a new round of contracts in 2020 with additional expectations to reduce health disparities by addressing social determinants of health and increasing the use of traditional health workers. In response, CareOregon has launched two new initiatives to support enhanced outreach and coordination of social support services to our culturally-specific members; 1) to target our community giving funds to community-based organizations planning on launching or expanding their use of traditional health workers, and 2) to adopt ConnectOregon, a technology solution to improve the coordination of social support services and identification of service gaps for at-risk populations. At the micro level, we will be convening learning collaboratives to understand the needs of the community-based organizations and how traditional health workers in these organizations support their clients. What we learn will inform our organizational plans at the meso level and our engagement in state-level policy discussions at the macro level. Our objective is to build rich relationships with our community partners and learn together how to create sustainable systems, serve our vulnerable communities and reduce health disparities.

**Discussants:**

Discussants will comment on panelist presentations while adding their own perspectives.
**Carsten Hornstrup**, Ph.D., is Director and Partner of Joint Action Analytics, supporting organizational change in Scandinavia and beyond. He has published books and articles on relational approaches to leading social service organizations. In his research and practice he draws upon relational approaches to understand and improve cross organizational- and cross-disciplinary collaboration and learning for complex welfare production. His combined academic-practitioner perspectives are of great value for this symposium.

**Angela Aristidou**, Ph.D., is Assistant Professor of Strategy and Entrepreneurship at the University College London School of Management. She has published in journals such as the Academy of Management Journal and leads a team of researchers in examining cross-sectoral collaborations in healthcare. In her research she draws upon practice-based approaches and institutional perspectives. These are all very relevant perspectives for the symposium discussion.

**Stephen M. Shortell**, Ph.D., M.P.H, MBA is the Blue Cross of California Distinguished Professor of Health Policy and Management Emeritus, Dean Emeritus, and Professor of the Graduate School at the School of Public Health and Haas School of Business at University of California-Berkeley where he co-leads the Center for Healthcare Organizational and Innovation Research and the Center for Lean Engagement and Research. Dr. Shortell and colleagues have received numerous awards for their research examining the formation and performance of integrated delivery systems. He is currently conducting research on patient engagement and the performance of Accountable Care Organizations and on Lean applications in healthcare. His perspective will enhance the value of the symposium.

**Bjørn Erik Mørk** is Associate Professor of Innovation at BI Norwegian Business School and Honorary Associate Professor at IKON Research Centre, Warwick Business School, UK. He has published in journals such as Academy of Management Annals, Human Relations and Management Learning. In his research he draws upon practice-based approaches to innovation...
processes, the role of technology in organizations, boundary work, cross-disciplinary collaboration and learning - all relevant perspectives for the panel symposium.

**Chairs:**

The chairs will wrap up the symposium by sharing their reflections on the topics and perspectives in a shared dialogue. Their focus will be to emphasize common ground as well as highlighting differences and possible polarities for further investigations and research.

**Jody Hoffer Gittell**, Ph.D., is Professor at Brandeis University's Heller School for Social Policy and Management. She is the founder of relational coordination theory, and co-founder of the Relational Coordination Research Collaborative. Gittell has studied the impact of relational coordination on outcomes in airlines, long term care, and healthcare. She has also studied how organizations strengthen relational coordination among key stakeholders through the adoption of structural, relational and work process interventions. She is co-leading the Relational Society Project to explore multi-level systems change in communities around the world.

**Shyamal Sharma**, MPH, is a Visiting Scholar at Brandeis University's Heller School for Social Policy and Management. She is the founder and co-PI of the Relational Society Project. Over an extensive career in both public and private sectors, Sharma has focused on research and innovation in high-impact issues at the intersection of health policy, medical care, and public health. She has led multi-stakeholder initiatives for developing standardized measures of clinical quality across the care continuum for chronic health conditions. She also led a seminal study that informed major health insurance reform in Massachusetts. Sharma was the Principal Investigator of an Agency for Healthcare Research and Quality (AHRQ) grant for integrating technological innovations in enhancing patient self-management of chronic conditions.

**Organizer/facilitator:**
Claus H. Jebsen, organizational psychologist and PhD candidate, Norwegian Business School, BI, has over 20 years of experience as a process consultant, focused on developing organizations and their leadership. His research interest is cross-organizational collaboration and coordination for tackling grand health-related challenges. He is part of the Relational Society Project team and will ensure the highest possible outcome of the symposium.

All participants are committed and none are in violation of the 3+3 rule.
REFERENCES


Crowley, K., & Head, B. 2017. The enduring challenge of ‘wicked problems’: Revisiting Rittel and Webber. *Integrating Knowledge and Practice to Advance Human Dignity*, 50(4), 539-547. doi:10.1007/s11077-017-9302-4


