BOOK REVIEW

Leading Change in Healthcare: Transforming Organizations Using Complexity, Positive Psychology and Relationship-Centered Care

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Leading Change in Healthcare: Transforming Organizations Using Complexity, Positive Psychology and Relationship-centered Care
Anthony L. Suchman, David J. Sluyter, and Penelope R. Williamson (Eds.)
Peter Block, Carol A. Aschenbrener, and Ralph Stacey (Forewords)
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Leading Change in Healthcare: Transforming Organizations Using Complexity, Positive Psychology and Relationship-centered Care, a book by Suchman, Sluyter, and Williamson, integrates wisdom and various methodologies from complexity science, positive psychology and relationship-centered care as a means to rejuvenate and transform organizations in the midst of change. The book lightly introduces these theories and the authors frequently refer the reader back to them as a basis for gaining a deeper understanding of the exemplars. The main premise of this book is to help readers understand what relationship-centered care is, its extension, relationship-centered administration, and how it sets the stage for facilitating change.

Each exemplar is a real case taken from a variety of healthcare areas that include the Veterans Administration, the Harvard Vanguard Kenmore practice, Indiana University School of Medicine, Science Centre at University College Dublin, Family Medicine and others around the world. A commentary follows each exemplar that helps the reader to understand the links to the theories noted above. The principles can be applied to healthcare as well as general business environments. Healthcare administrators, managers, clinicians, students, and teachers involved with leadership and its processes are encouraged to read this book.

The author applies relationship-centered administration to organizations in order to create better environments as exemplified in healthcare and education case studies. People
who are involved with healthcare and educational environments where relationships are often missing or toxic in nature will read this book and have a new sense of hope for a better way to develop and lead organizations to retain their most valuable resources, people. For those who work in environments that already utilize relationship-centered administration, the applications in the book may be used to strengthen and deepen existing relationships. The book and its concepts will tug at the heartstrings of readers helping them to realize that people are all connected to one another and that building strong relationships can be very powerful. That power is demonstrated in the exemplars. For those who are new to healthcare management and administration, or are looking for better management approaches, this book provides some tools and a starting point for thinking about organizational cultures from different perspectives.

The 14 chapters are divided into two main sections. The first chapter introduces the main premise of the book that organizations are conversations and that positive relationships are instrumental to create healthy workplace environments. People who work in healthy workplaces, where relationships are valued, are able to set an impressive pace in terms of their impact on communities and healthcare environments. A brief highlight of the book follows.

**PART 1: PRACTICAL THEORIES**

Part 1 (Chapters 2 through 5) focuses on the details of different practical theories that can be useful for management of healthcare and educational settings. The first section is devoted to providing the reader with a brief background on complexity perspective, positive psychology and interpersonal neurobiology, relationship-centered care and administration and lastly, authentic, affirmative, and courageous presence. The discussion of the theories and their applicability to various workplace environments is engaging, however the authors can strengthen this section by presenting research that tests and confirms the theories. Overall, the theoretical chapters leave the reader wanting for more information.

Chapter 2 opens with a discussion that differentiates mechanistic metaphors from complexity theory and provides a rationale as to why the former is not suitable for change management in healthcare and other business environments. Further, the complexity thought collective considers the organization as a conversation that has patterns of meaning and interaction that influence the whole. The “Butterfly Effect” and the “Sand Pile Model” are introduced to the reader in this chapter and referenced throughout the book reinforcing the notion that small conversations can lead to dynamic change.

Chapter 3 focuses on attending to people’s strengths and experiences. This is an important chapter because it gets at the qualities that are recognized to be effective management strategies, which can foster meaningful patterns of interactions that motivate as well as instill collaboration and creativity. The chapter maintains that the naturally occurring opioid levels increase when people experience attachment and connectedness that promotes good feelings. In antagonistic situations, opioid levels decrease and so do the good feelings. There are some assumptions noted in the references that may catch the reader unaware. For example, there is an assumption made that neurochemical response to “feelings of incompetence is similar in quality and intensity to that of social rejection . . . so it stands to reason that the opioid response [decrease] would be similar as well” (Suchman, 2011, p. 32). While the author makes a note at the end of the chapter that the empirical evidence is missing for that assertion, a reader may likely skip the note and assume that the information provided is factual rather than speculative. In sum, the chapter provides an overview of self-determination theory, appreciative inquiry, and positive deviance and their consequences that are helpful toward understanding patterns and approaches that emerge in organizations along with their limitations.
Chapter 4 is the real concentration of the book, i.e., relationship-centered care and administration. This chapter introduces the concept of relationship-centered care that emerged in 1994 and provides an in-depth discussion of the transition from the medical model of care to a model that embraces relationships. Toward that end, several levels of relationships are identified: a) patient – clinician, b) health care team, c) healthcare system – community, and d) relationship with the self. Lastly, the concepts identified in relationship-centered care are extended to administration.

Chapter 5 returns the reader to focus on the self and what each person can bring to the present moment. The authors include information and knowledge from the preceding chapters and frame the concepts for readers in terms of the authentic self and courageous presence.

PART 2: CASE STUDIES

Chapters 6 through 14 focus on individual case studies that exemplify the principles discussed in Part 1. Each case study is followed by a commentary provided by the authors that creates explicit links between the case and the theories presented. The stories are inspiring and provide opportunities for the reader to be mindful and self-aware too. The exemplars may motivate readers to look at their own environments and processes differently. Among all of the exemplars, the case presented by the Veterans Administration Healthcare System in Pittsburgh is a clear demonstration of the principles and theories introduced in Part 1. It is a clear testament to relationship-centered caring and an inclusive administration. The Veterans Administration Healthcare System embraces the notion that their employees have answers to problems and believes that excellence in problem resolution can take place throughout the organization by engaging the people that either work there or utilize their services.

The book includes three appendices. The first is a 4-step model of relationship-centered communication, which describes the four steps toward building partnerships with people and provides exercises to strengthen communication skills. The second appendix, principles and practices of relationship-centered meetings, provides the reader with guidelines for making relationships stronger through better communication in meetings. Recommendations are given to encourage administration to a) invest time in developing relationships, b) promote superior conversations, c) explore differences with an open mind and be curious, d) learn from success, e) interrupt patterns that keep meetings from moving forward, and f) trust rather than control. For each of these principles, the authors provide methods to accomplish them. Appendix 3 completes the circle with a relationship-centered approach to delegation and accountability. The authors provide readers with four steps that are essential for making well-conceived delegation and an exemplar about what a typical conversation might look like. In addition, it is understood that evaluating progress and providing feedback are essential skills of a leader. Therefore, the authors also give six pointers for providing feedback and effective coaching. Lastly, as often encountered it is necessary to end a position, role or task. The authors provide essential points that may preserve employees’ wellbeing.

While this book is strongly recommended, three suggestions are given with no intent of discounting the value of this book. First, albeit theories are presented with some references, each theory can be further expanded by including more information on how it has been tested. Second, an appendix that provides links to organizations and or events that promote the use of relationship-centered administration would be useful. Third and lastly, this book is well suited for conversion to an electronic book where links to other books and relationship-centered care organizations can be easily facilitated. This book is ideal for those seeking to improve leadership and change within organizations while not limited to healthcare or education. The principles in this book will resonate for those who really want to make a difference in their environment. Facilitating change begins with
a single thought and a relationship with someone. Those relationships need to be nurtured, strengthened, and protected. Leaders who use a relationship-centered administration within an organization will likely find that there are no limits to what can be accomplished.

**SUMMARY**

In brief, the book is engaging to read and it can be read in a single setting, but deeper understandings may likely come to those who take time to reflect and to test some of the relationship-centered-administration concepts. The three forwards, written by community leaders, set the tone for the entire book. Part 1 should be read prior to the case studies so that the learning points from the cases can be meaningfully understood and the commentaries that follow will make the most sense. One of the beneficial aspects of the book is that after reading the first five chapters, the case studies can be read based on the interest of the reader. The selection of the case studies show that a relationship centered administration can work in multiple environments. Novices in healthcare may gain insights that will help them to understand the challenges of dominant subcultures that prevent open conversation within the system. Experts in healthcare may find the book thought provoking and a collegial discussion tool.

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