Practitioner

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Feature Choice
Changing Through Dialogue Rather Than Diagnosis

Not all teams improve with a diagnosis and action plan. Strong undercurrents in some teams makes it hard to point to the specific causes of suboptimal functioning. And if you cannot point at the causes, it is impossible to predict (and realise) the effects on better functioning. These teams ask for a different approach. The present article considers a dialogic approach in contrast to the traditional, diagnostic.

Cooperation within this team of healthcare professionals is awkward. It is time to investigate and devise a course of action. Three characteristics are mentioned repeatedly in interviews carried out by the external advisor: lack of safety, failure to take sufficient responsibility and the lack of a vision of what constitutes good working practices. Indeed, in this case nobody is capable of formulating such a vision; there is no record of one. Lack of regard for safety is confirmed as a problem in interactive meetings the external advisor attends. The failure to take responsibility is evident from the number of transfers and complaints. That is where the problem is going to lie!

The external advisor feeds things back to the team and discussed a number of action points to bring about improvement. Within the compass of this improvement plan, the topic of "vision development" will be the medium for fostering a more professional work climate.

The vision plan is in the pipeline, though it is a rather insipid, even if socially desirable, story. The team's involvement in the development of the vision looks great "on the drawing board", but no "holy fire" or great enthusiasm has been kindled during meetings. Furthermore, little change has been effected in terms of safety and responsibility, despite feedback and feedforward, "storming and norming", and common-ground quests to come up with a vision.

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Many directorates, teams or alliances would benefit from systematically examining what could be done better within the compass of the performance of their roles.

Although some staff members become animated and the manager has a positive take on the situation ("Sure, the improvement process is under way!"), a couple of months down the line, too little improvement has been effected in terms of what the team is trying to achieve: using all that combined expertise to provide their patients with first-class and improved treatment.

Many directorates, teams or alliances would benefit from systematically examining what could be done better within the compass of the performance of their roles. The situation outlined above, however, entails a problem requiring a different perspective on change. In some teams, changing team routines through an analysis, recommendations and a supervised improvement plan – a diagnostic approach – will fail to have significant impact. Such an approach will not permeate the undercurrent sufficiently: the unwritten rules that determine the interplay through which the "real" choices are made, not to mention the decision about whether or not to change at all, to adopt a different perspective, to do things differently.

The present article considers a dialogic approach that differs from the traditional, diagnostic one. Changing through dialogue is geared towards allowing the team itself to redirect its undercurrent. This article will discuss types of teams; the dialogic approach; application thereof in teams within the healthcare sector; and, finally, focus on what this approach demands from the external advisor.

Teams

An external advisor supervising professional teams will primarily encounter the following types of team:

- Ambitious teams keen to reach top condition

- Newly created teams, the members of which need to adapt to one another

- Teams performing poorly, characterised by crippling conflicts

- The teams central to this article: teams with "chronic problems", whose performance is chronically suboptimal and who are resigned to the situation.

Teams differ in their willingness and ability to improve their professional climate by themselves

Each type of team calls for a different form of supervision. The teams differ in their willingness and ability to improve their professional climate by themselves. In these relationships, questions related to whether feedback and reflection about assumptions and actions exist; whether discoveries and questions are discussed productively; whether vulnerability is possible; whether common goals are meaningful; and whether agreement to honour commitments is normal.

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Moresprudence: the continuously developing interplay of individual and shared instances of attributing meaning to the system, the work and the cooperation.

This article considers a different approach, the dialogic approach. Teams with chronic problems are teams that perform suboptimally. They fail (and show no ambition) to bring about improvements and innovation under their own steam. They are often teams with recalcitrant traits and a predilection for sticking to what they know. Informal influences and undercurrents that are difficult to fathom determine what will or will not happen and what the team thinks. Substandard performance is gradually accepted, both by the team and those around them, in a process resembling the acceptance by a patient of a chronic disease.

Why the dialogic approach?

Changing a social system means changing entrenched behavioural patterns to create a new *moresprudence*[1]: the continuously developing interplay of individual and shared instances of attributing meaning to the system, the work and the cooperation.

Change in a complex system

Changing behavioural patterns and meaning-creation in a social system (such as a healthcare institution, department or team) is a matter of change within a complex system. It is impossible to predict what an individual professional will think of the proposed changes to the work, how individual reference frameworks will be affected, what ideas within a team's undercurrent and dynamic will be embraced or rejected, and what actions this will generate. A complex system involves dynamic interactions:

Effects do not accumulate, but interact. There are connections, but these have the form of "circular causality": a *leads to* b, *though also to* c, *which in turn sets d and e in motion, which makes* b *suddenly speed up and delays the original* a ...
Van der Steen, 2016

To put it another way: it is a complex system because the cause-and-effect chains in such a change process cannot be analysed, predicted and orientated (Snowden/Boone, 2007). Research carried out by Gervase Bushe and Robert Marshak (2015) inspires a different approach to that of the more familiar diagnostic one. In complex situations, the traditional diagnostic approach to change (problem/ambition → investigation → analysis → conclusions and recommendations → action plan → action → change) promises more than it yields. After all, the cause-and-effect chains in changes within social systems are multifarious, dynamic and unpredictable; they interact and, therefore, cannot be analysed and improved in a targeted, straightforward fashion with an action plan based on that analysis.

Cause-and-effect chains in changes within social systems are multifarious, dynamic and unpredictable

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[1] A word created by combining the words 'mores', which shares the same root as morals, and 'prudence'. Thus, a philosophy of moral prudence.

If we create … reality within a group context, it comes to be the dominant factor steering views and behaviour

In complex situations, such as transformations within social systems, Bushe and Marshak argue for a dialogic approach rather than a diagnostic one. For complex changes, it would be prudent to create conditions for dialogue within the system itself from which innovations will emerge and new, socially constructed patterns will be able to provisionally settle.

Socially constructed patterns

Social constructionists say that "Reality is created by our mind, not discovered by it" (Berger and Luckmann, 1966, 1991). If we create that reality within a group context, it comes to be the dominant factor steering views and behaviour in that group, individually and collectively. We lend significance, individually and collectively, to events, relationships, patients, management, "good work", and more.

Ian Hacking defines (and delineates) social construction succinctly:

When X is said to be socially constructed, this is shorthand for at least the following two claims:
1. In the present state of affairs, X is taken for granted; X appears to be inevitable.
2. X need not have existed, or need not to be at all as it is. X, or X as it is at present, is not determined by the nature of things; it is not inevitable.
Hacking, 2000

In terms of cooperation within a team: the current situation X is reality and the team members act according to the meaning they attribute to it. Nonetheless, this does not necessarily have to be true and ineluctable. For example:

It is so busy in one hospital ward that all the beds are occupied. The word "busy" pervades the air, the team seem rushed off their feet. However, the patients are all following their programmes, no one has to work overtime, breaks are being taken and an afternoon meeting is held as usual.

So, what is "busy" about this? This question produces some puzzled faces.
–Yes, but look! We're full!

So what is it you don't have time for? What are you doing less of than now when it's not busy? Are patients missing out? Are things going wrong?
–Well, we all have this sense of being rushed.

But is there anything you didn't do today that you should have done?
–No

Changing the team's thoughts and actions is something that will require a change to the moresprudence.

Ask your colleague if it's the same with her.
–…We're all in the same boat.

But what's really being done differently to when not all the beds are occupied?
–It's when we see everything full that we get a rushed feeling, because we know the beds are full.

So it's not a case of "I'm enjoying working, I'm doing what I would be doing otherwise and look, all the beds happen to be occupied"?
–No…

The team is lending significance to their reality, creating their own reality, which simultaneously discourages them from permitting a different reality – a change. In other words, the team is continuously engaged in developing its own moresprudence: explicit and implicit customs and views shared within the team in the guise of reality, on the basis of which they confirm and steer their thoughts and actions.

Changing the team's thoughts and actions is something that will require a change to the moresprudence. What this means for the change approach is this: creating conditions that allow the team to find alternatives to both their explicit and implicit views and their reality, thereby renewing their moresprudence and, therefore, their thoughts and actions.

The dialogic approach is a rigorous form of process advising, and enhances the team's self-governing capacity by helping the team to change their own mindsets. Table 1 compares diagnostic and dialogic and approaches.

Table 1: Diagnostic and dialogic approaches compared (Adapted from Bushe and Marshak)

	Diagnostic	**Dialogic**
Focus of change	Emphasis on changing behaviour and what people do	Emphasis on changing mindsets and what people think
Influenced by	Classical scientific positivism	"Interpretive" approaches, social constructivism
Organisational construct	Living systems	Meaningful systems
Fundamental principles	• Reality is an objective fact • There is unequivocal reality • Truth is discoverable • Reality can be discovered by means of rational and analytical processes	• Reality is a social construct • There are multiple realities • Truth emerges from the situation • Reality is negotiated in processes of power and politics

Constructs for change	• Valid data and objective techniques lead to change	• Creating "generative" ideas and images will lead to change
	• Change can be effected, planned and managed	• Change can be catalysed, but is predominantly self-organising
	• Change is phased, linear and purposeful	• Change is continuous, cyclical and dialectical

Case study: Working courageously

Start: a number of teams in mental healthcare describe themselves as "solid". Their environment says "stuck". This is an institution keen to bolster the personal responsibility of teams and professionals, including increased autonomy, professionalism and innovation from the inside.

The initial request for "an investigation in order to engender a more professional work climate" could quickly lead to the traditional path: interviews, analysis, choice of spearheads for change and supervision of that change, all with a well intentioned "organisation of involvement" on the part of the team and the management. As external consultant, I proposed an alternative approach, one in which the external advisor refrains from engaging in diagnostics, instead steering a dialogue within the teams to get them to discover their own new perspectives on action.

The format of the inquiry

Mini-dialogues

A brief introductory session and explanation involving the entire team, was followed by individual discussions, or "mini-dialogues". Discussions were geared towards spotlighting individual visions and ambitions to enthuse and set the tone of the team. Topics of discussion included the participants' drives for doing this work, their personal successes with a patient, influence on "working properly", the added value of working with colleagues, and characteristics of their ideal department. The parties to the discussion were cordially invited to broach the points of view they had expressed in the mini-dialogue with their colleagues over coffee, as well. Some did so, in the process "kindling campfires" where ideas and views vis-à-vis proper working and cooperation could be traded between team members.

The mini-dialogues gave rise to perspectives such as:
- Daring to deviate from routines deemed "senseless"

- Creating elbow room for experimentation

- Identifying and tackling their own tasks themselves

The phrase 'working courageously' became an appealing umbrella term for the teams

- Room to manoeuvre in terms of autonomy, professional exchange, safety (or lack thereof)

- Addressing and making the most of one another

Terms commonly used in these dialogues included "convinced", "assertive" – and what that requires of an individual, namely "courage".

> *Team dialogue*
> A week later, the team dialogue commenced with a summary of a number of topics that recurred in the mini-dialogues. These terms now resurfaced in the team dialogue in the capacity of "personal topic of discussion": having the courage to start working differently, taking their own professional views seriously, being courageous...Words create worlds...

The word "courage" was given prominence within the compass of the team dialogue, for example in relation to "being assertive" or "taking yourself seriously":

You take your own contribution for patients and your colleagues seriously and are also keen to provide this contribution. Whether or not this succeeds, and the extent of its success, is not down to others but to yourself. You have work to do. If you do it well, then patients and colleagues will notice. If you were not there doing your work, then aspects of the work and the cooperation would go wrong or be missed.

The team dialogue culminated in a word cloud, with the word "courage" positioned in the centre. The phrase "working courageously" became an appealing umbrella term for the teams, signifying a different, challenging style of working which also got them enthusiastic about implementing it.

Team discussion of the term courage immediately invited new and different individual and collective interpretations of day-to-day routines in treating patients, as well as in functioning as colleagues and as a team.

The term encouraged reciprocal dialogue around the idea of "looking and doing differently" and new "emerging" interpretations, rich in opportunities and appealing to do. It led to genuine change to the team's moresprudence, their internal creation of meaning and patterns of behaviour. The team's own word cloud became generative for them. Gergen introduced this term as far back as 1978: "to unsettle common assumptions, and open up possibilities for new forms of action".

Courage now came to indicate the intended change to work and cooperation as professionals in this team.

Bushe and Marshak define "generative" as:

1) It enables you to see new alternatives for your decisions and actions and 2) it ensures change because those innovations make you enthusiastic and keen to get on with them.

Courage now came to indicate the intended change to work and cooperation as professionals in this team.

The first concrete instances were discussed:

> Why do we have a patient observation period of six weeks as standard, whereas practitioners have sometimes already made up their minds what the best treatment will be after three weeks?
>
> Why do we keep such a patient-unfriendly routine surrounding mealtimes?
>
> We hold ourselves back as a team through our tendency to become cynical if somebody puts forward a new idea. Let's be a little more curious about one another, ask each other more questions, put forward ideas ourselves with impunity, etc.

Making team dialogue more in-depth

To fuel the dialogue on courage and inspire the teams to develop new patterns, a follow-up meeting focussed on characteristics of "high-reliability organisations", cited by Weick and Sutcliffe in *Managing the Unexpected* (2007), characteristics stemming from research into organisations operating in the line of fire of courage and risks (fire service, navy/aircraft carriers). The crux of a highly reliable organisation is the emphasis on excellent implementation. Each and every member of staff feels and takes his/her responsibility and, in emergencies, will take action to prevent risks himself/herself, irrespective of hierarchy and protocols.

The teams engaged in dialogue, discussing the following questions:

- As a team, are we focusing on possible failures? Do we find these interesting? Something to get our teeth into, to learn from?

- Do we discuss streamlining things? Do we find scrutinising situations interesting?

- Does our team "live and breathe" excellent implementation? Do we talk about it during lunch and in meetings?

- Do team members perceive ambition and resolve to address unexpected events? Are we resilient in the face of errors?

- Do we respect each other's expertise? Are we putting expertise up for discussion? How?

- How can management actively engage in and stimulate courageous leading to ensure that professionalism is continuously improved, raising it to as high a level as possible? How do team members stimulate this from the perspective of a management role?

Impact

The impact of the dialogic approach was considerable. For participants, the dialogic approach remained challenging and invigorating. In terms of the organisation of the work, changes were quickly effected within a couple of routines and work processes.

The essential change was that the teams themselves started to look differently at their work and cooperation.

The essential change was that the teams themselves started to look differently at their work and cooperation. The term courage was a game changer. They started to make different assumptions and different choices within the compass of their work and cooperation, and they frequently used, and continue to use, the common term courage among themselves to prompt themselves to touch on improvements. This has made the work climate more professional. Courage has become a *leitmotif* for the teams. It is a meaningful beacon for "good work and cooperation" which has become self-reinforcing since the first instances of specific questions, because it has ensured each individual's confidence his or her own abilities.

The teams have fostered a different mindset for themselves, giving different meanings to their work and cooperation, which have changed. The team has a generative approach that renders them capable of fleshing out the details of improvement themselves. Through what they themselves put forward in the initial discussions, the mini-dialogues, the dialogue has helped to uncover latent meaning-creation and make it collective.

In team development terms: the dialogue has helped in this "storming phase" to set new norms. Or, as Boonstra and Vermaak term it, a new "sport" has come into being through "play".

And the external advisor?

If an external advisor has had a meeting with a board, executive team or alliance, and despite full agendas, those attending the meeting all leave with new ideas and renewed enthusiasm, that was a "generative" meeting.

Perhaps this is fundamentally the added value of external advisors: ensuring that a change process becomes "generative", that new sources and alternatives for improvement and innovation are discovered, that they enthuse those involved and make them eager to actually "get on with it". The same applies to the change approach discussed in this article. This approach is not a panacea but, in my opinion, it is effective in situations in which "undercurrents" and unstated assumptions and norms are the deciding factor with regard to catalysing or resisting improvements and innovation.

What does this dialogic approach demand from the external advisor?

- Engaging in a few good discussions, or using one or more of the (twenty-seven!) interventions listed by Bushe and Marshak, will be inadequate to the task of effecting change. The same authors see three underlying processes, together or separately, as essential:

  1. There is a real split: the former pattern of social relationships has changed and there is little chance of returning to it.

  2. A change has occurred in the core narratives vis-à-vis the organisation and cooperation.

  3. A generative picture has been created which presents new and challenging alternatives for meaning-creation in thought and action.

- Devote attention to the conditions for this approach. On a practical level: create optimum conditions for a real start to this approach. Is sponsorship of the change approach present in the right places? How can you reinforce expectations? Is there understanding of manager's "hands-off" instead of "hands-on"?

- Do you know what is required to instigate proper dialogue within the teams? Hence, it is about the organisation of the dialogue (individual-team order, for example), as well as about the topics to be discussed and encouraging as early as posible initial discussions so as to create "campfires".

- In addition to such "regulatory matters", it is also a matter of the supervisor's professional skill:

  - Being sensitive to and testing the uniqueness of perceived patterns of cooperation, for apparent sensibilities, for events about which there is enthusiasm, plus the ability to encourage and set the tone of a climate of exchange and interaction.

  - Picking group dynamic interventions which introduce appealing questions into the dialogue.

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The dialogic approach requires the advisor to stick to tasks that allow the adoption of the position of 'third party' within a dialogue.

• The dialogic approach requires the advisor to stick to tasks that allow the adoption of the position of "third party" within a dialogue. This is a different role to that required for a diagnostic approach. Set-up and interventions are focused on the dialogue within the teams: in terms of discussion technique and inspiring conversations, it sometimes means adopting a watchful waiting approach, being patient, mirroring and asking questions, fuelling the dialogue, and supplying inspiration and insights from other practices. And, being able to play with language.

• Conditions for achieving and continuing to trade innovations. For example, through targeted coaching of the team or manager on the skills required for professionalism of the work climate.

• Finally: by working from a positive perspective, with a mindset and behaviour characterised by the fundamental principle of the "growth mindset" rather than the "fixed mindset" (Carol Dweck).

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