

# Taking power to the edge of the organisation: re-forming role as praxis

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# The 21<sup>st</sup> Century challenge

*Technology now makes it possible to demand that products and solutions be customized, personalized, unique and distinctive to ourselves within our context (Bobbitt, 2002)*

The dominant source of threat shifts from competitors to customers

- Asymmetric demand
  - that demand which is specific to the customer's particular circumstances and context-of-use. This may include tacit or latent demand that the customer is not yet able to articulate.
- Power to the edge\*
  - enabling people who directly experience a customer's demand to be able to organise the response appropriate to the particular nature of the demand. The assumption is that the organisation faces many such forms of demand, and that power-to-the-edge therefore involves distributed leadership.

\* *Power to the Edge: Command and Control in the Information Age. Alberts & Hayes 2003*

# Asymmetric Advantage

- The new kinds of disruptive competitive strategy (viz Christenson et al\*) are based on creating *asymmetric* advantage.
- Asymmetric advantage is based on *knowing* something that competitors don't know that creates value for customers

- There are three kinds of asymmetric advantage:

1. uses-of-technology know-how,
2. customisation-of-business-process know-how, and
3. embedding-in-customer-context-of-use know-how.

Socio-technical systems and primary task (Miller & Rice 1967)

Primary risk – selecting right combination of tasks/solutions (Hirschorn 1997)

Discovering what isn't yet known

- It is the third kind of asymmetric advantage that depends on relating to asymmetric forms of demand
  - Creating it is particularly dependent on the quality of leadership – taking ‘power to the edge’.

The same challenge as that identified by TCS in terms of “distributed leadership” (Huffington et al 2004)

*Christensen, C.M., Johnson, M.W. and Rigby, D.K. (2002) 'Foundations for Growth: how to identify and build disruptive new businesses', MIT Sloan Management Review, Spring*

# Consulting to the *edge role*

Psychoanalytic

Relation to the Unconscious,  
Group relations & leadership training

Strategic

Creating new forms of  
sustainable competitive  
advantage

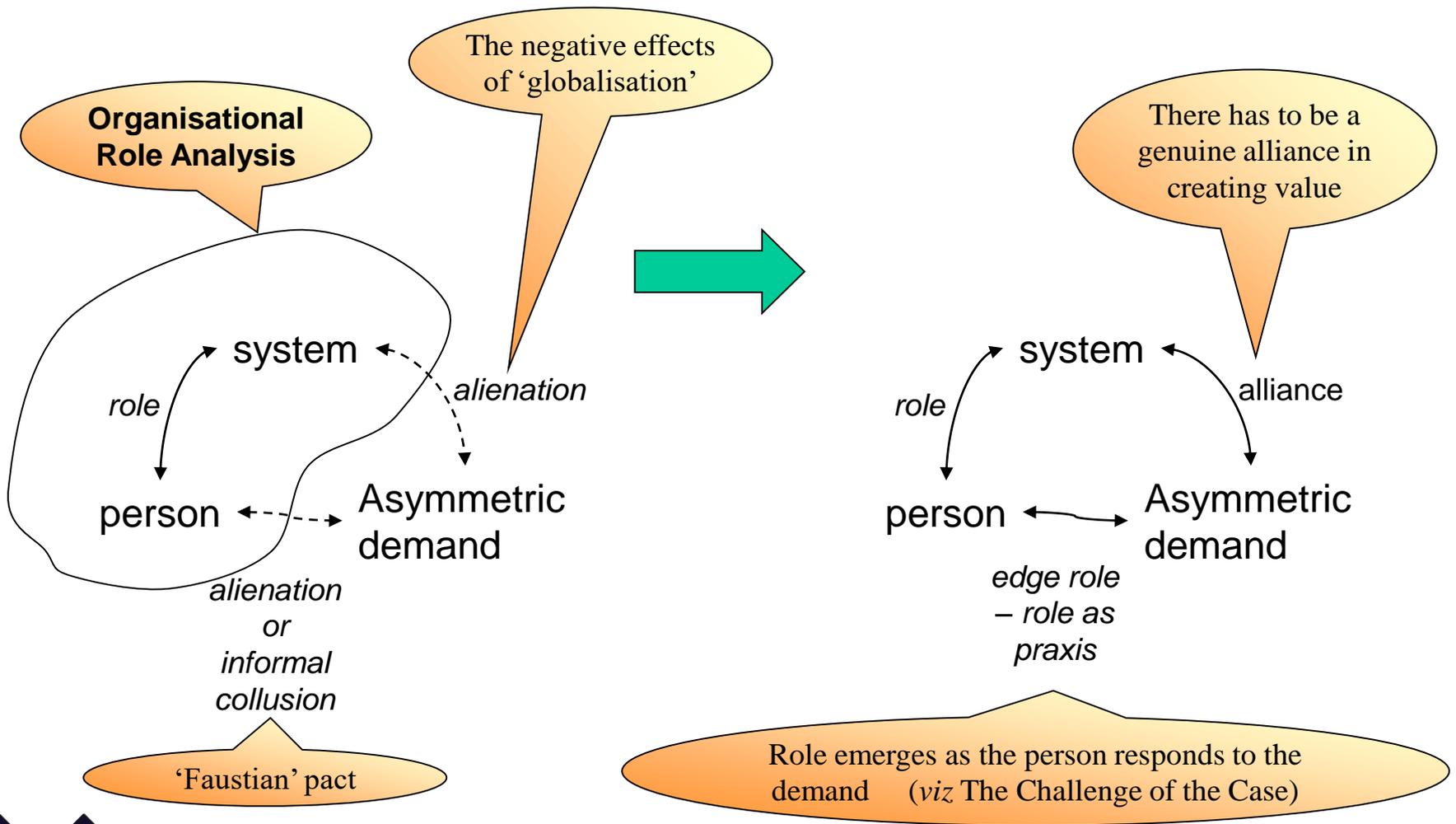


**Edge role:** working at a  
boundary between two  
systems of meaning.

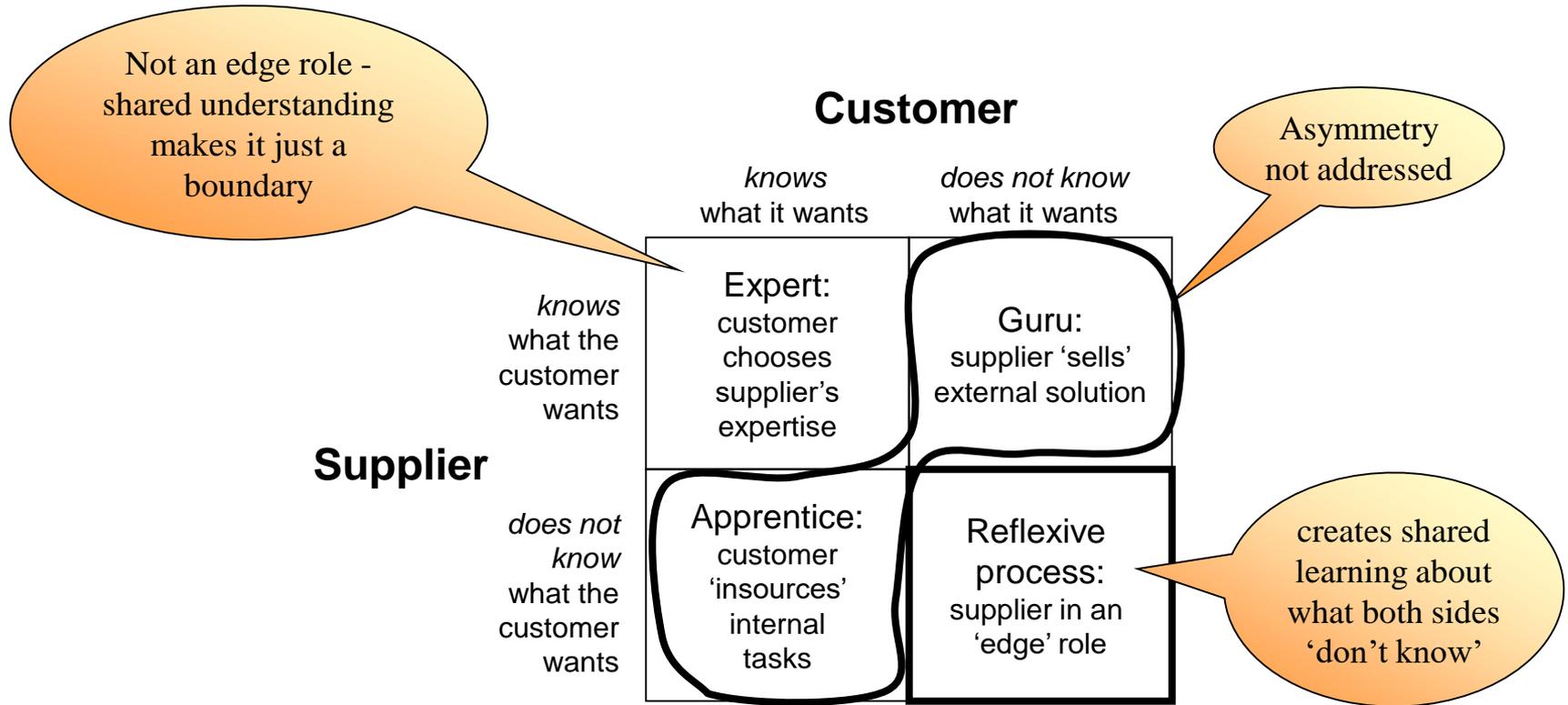
Asymmetric Demand  
Demand that is  
particular to its context-  
of-use

**Consulting to the edge role:** Reflexive  
process – an alliance to discover *what is not  
yet known* about role and leadership in  
relation to customer demand – *which itself is  
not yet known.*

# Edge Role Consultation



# OR Analysis $\Rightarrow$ ER Consultation



# Bridging between systems of meaning requires innovation that tolerates uncertainty

- **ontological uncertainty**

uncertainty about the system of meaning within which knowledge is constructed

Know that  
'what-is-known'  
doesn't know

- **semantic uncertainty**

uncertainty about what a proposition means

Don't know  
'what-is-known'

- **truth uncertainty**

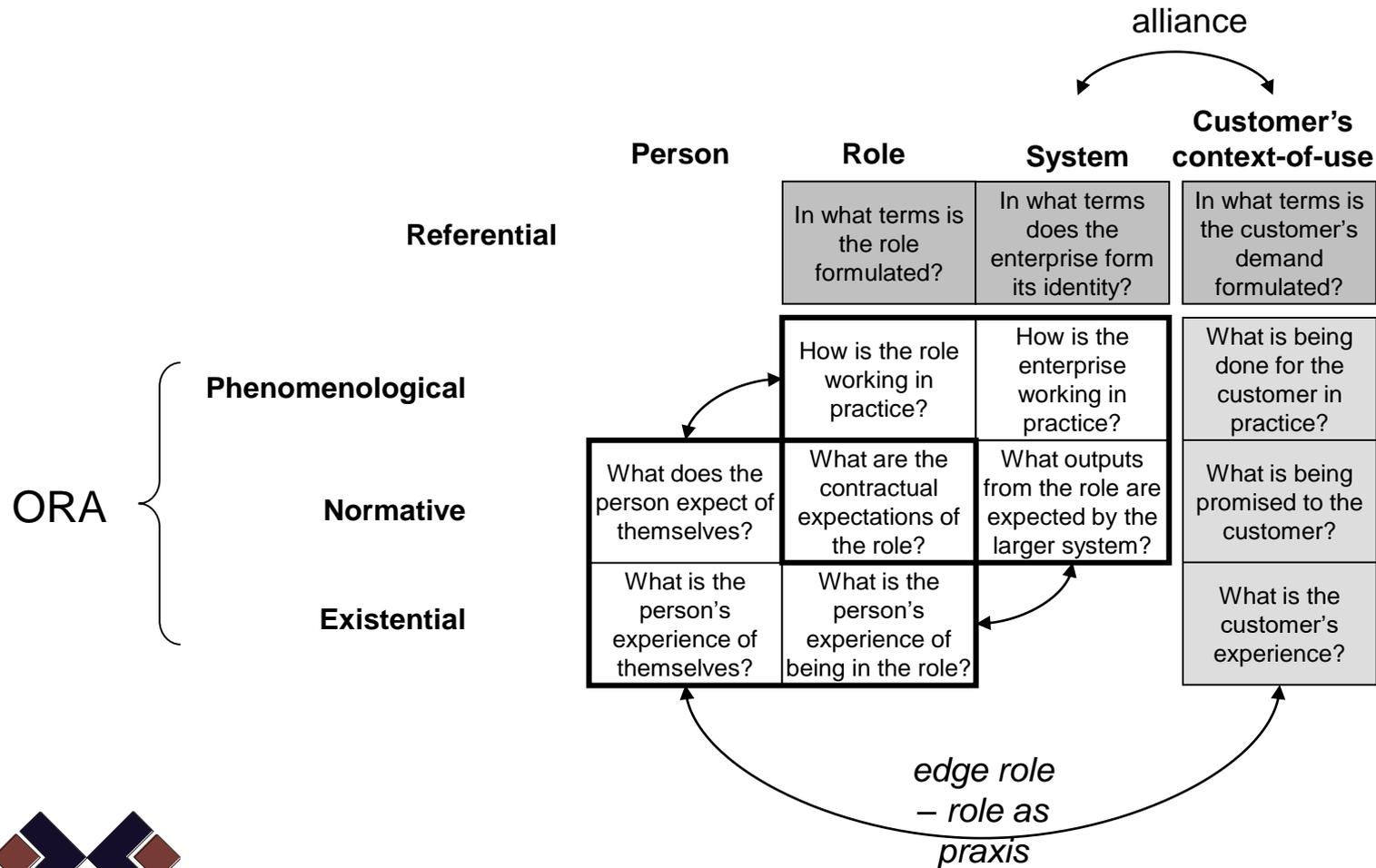
uncertainty over whether well-defined propositions are true

Don't know whether  
'what-is-known'  
is true

The 'three stages' in the reflexive process aim to progressively work up through these levels

Source: 'Ontological Uncertainty and Innovation', Lane & Maxfield, Santa Fe Institute Working Paper 2004

# Making the system of meaning explicit



# Edge role consultation - Working reflexively

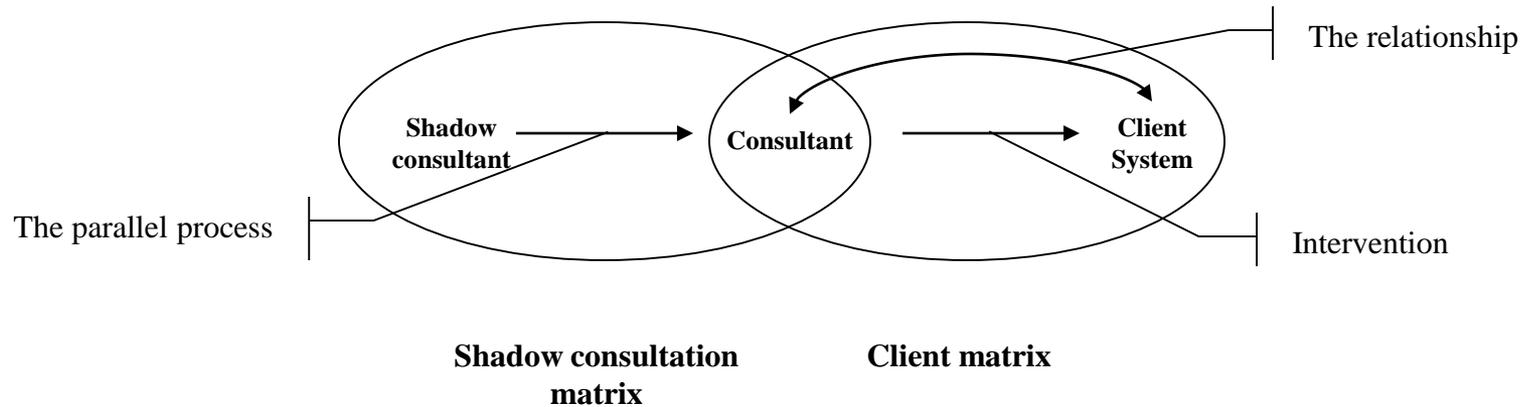
# Description of the Reflexive consultation case

- The research company is hired on a nine month project to ‘improve morale’ on a hospital wing for rehabilitation of elderly patients.
- Researcher requests supervision when she realizes that the problem as it is presented cannot be addressed by applying her company’s usual means of data collection and analysis.
- We designed a reflexive consultation process to enable her to discover:
  - who is actually her client inside this complex system (identify the demand)
  - what does her client actually need from her (recognize demand as asymmetric)
  - what is not yet known in the hospital culture that maintains the current unsatisfactory dynamic (bridge to the system of meaning that is sponsoring the problem)

# To sponsor is to authorise

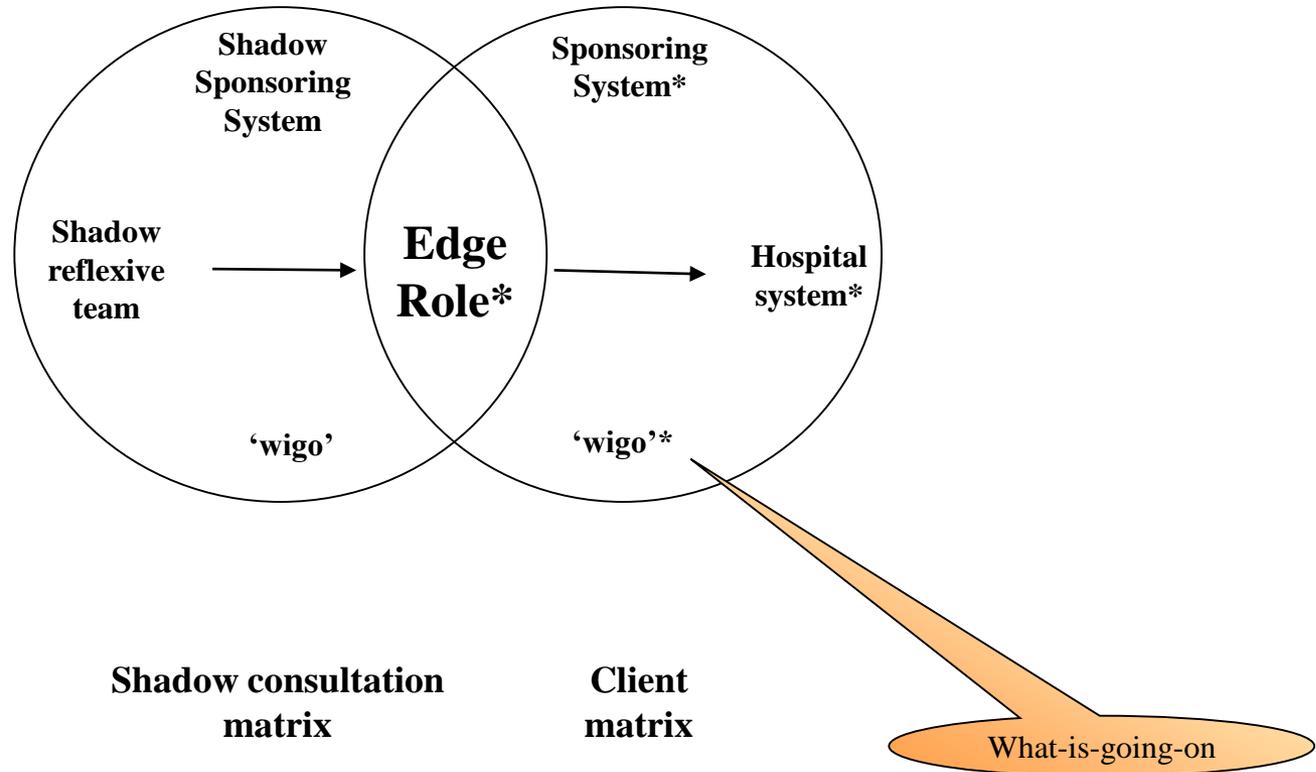
- Intra-psychic dynamics ‘sponsor’ dysfunctional behaviours in the individual
- Family interaction patterns ‘sponsor’ symptoms in child
- Configurations of vested interest ‘sponsor’ recurring problems in an organisation
  - The sponsoring system shows itself as a system of meaning.
  - A system of meaning has ‘power’ if people are obedient to what it authorises
- A reflexive process is a means of questioning the system of meaning that is limiting what is allowed to be taken as ‘true’ within an organisation

# Systemic Shadow Consulting



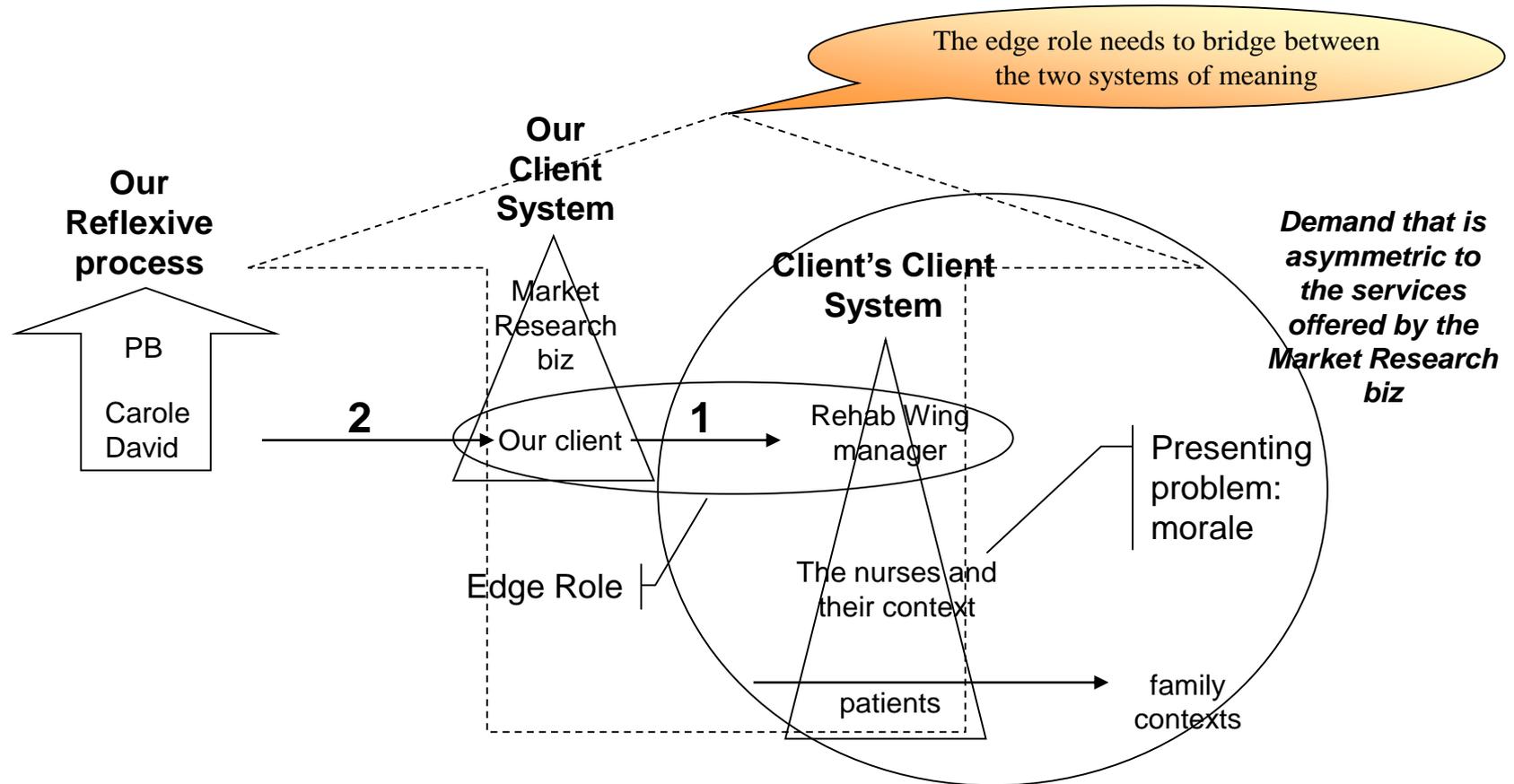
*Source: Systemic Shadow Consultancy, Dr Peter Hawkins, 1998*

# Parallel Process

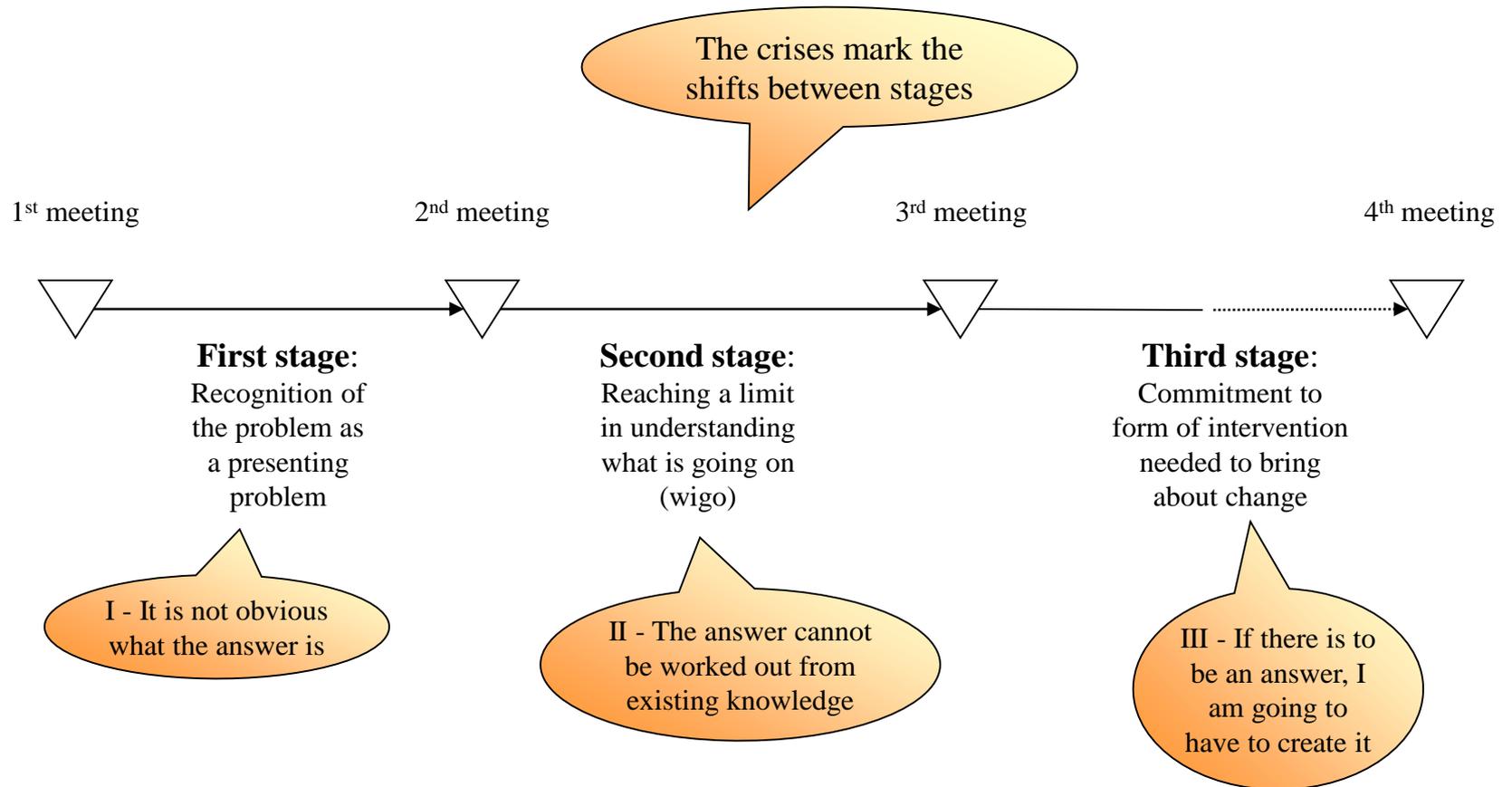


\* The relationship between these four terms, mirrored in the parallel process, is based on Lacan's theory of the discourses. Earlier thinking about this can be found in Boxer, P.J. and Kenny, V. (1990) "The Economy of discourses: a third-order cybernetics", in Human Systems Management Vol 9 No 4 1990 pp 205-224

# Where is the edge?



# The three stages in the formation of our client's intervention



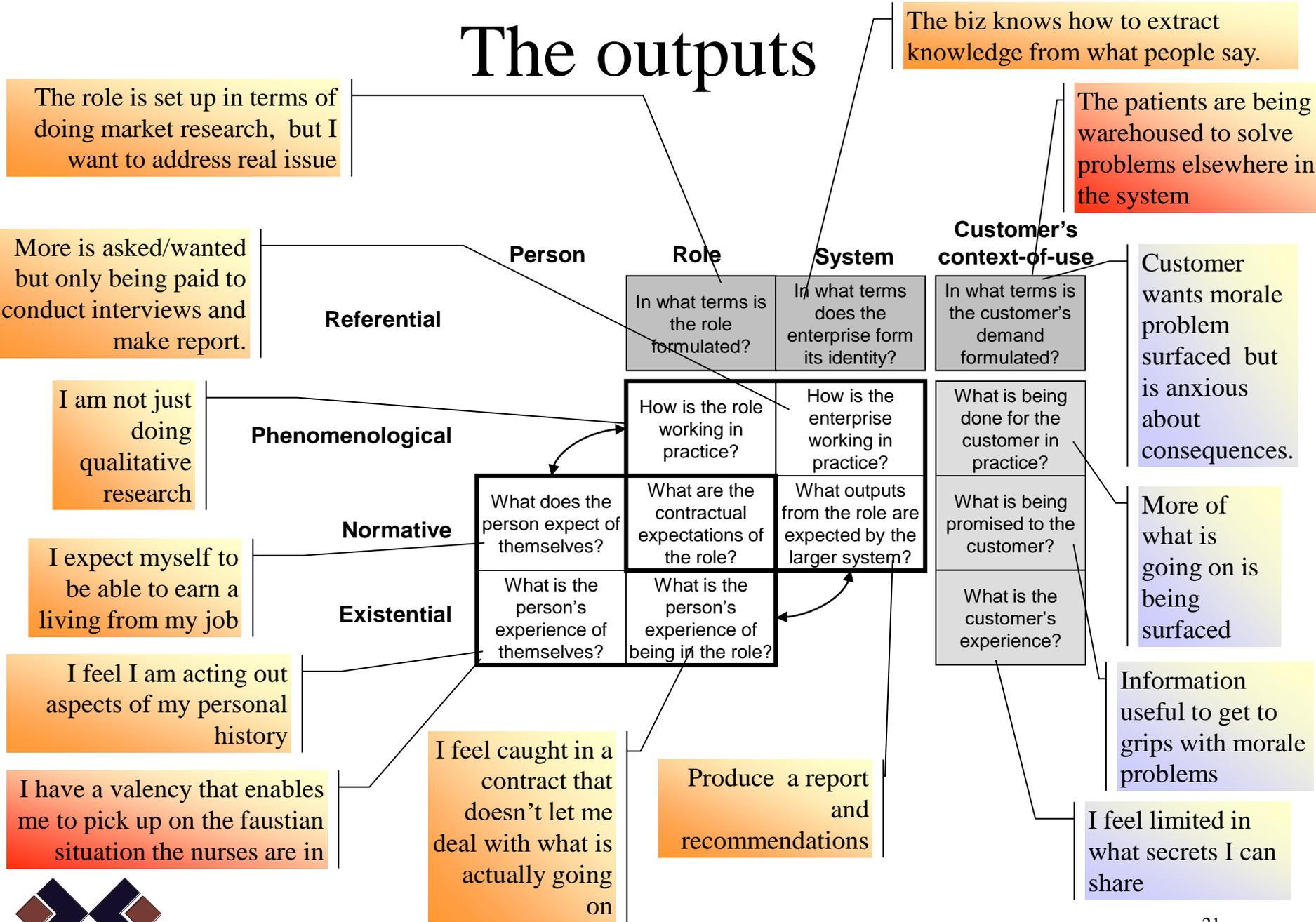
# The Unspoken Issue

- The hospital wards intends to meet it's mission but the actual needs of the patients do not fit the mission of rehabilitation and return to the community.
  - The patient population has become older and unresponsive to rehabilitation.
  - Individual patient needs are left to the nurses to manage informally without the system changing the way it functions.
  - When pressures become too great the nurses become “unprofessional in their behaviour”.
- The Hospital colludes in a kind of ‘Faustian Pact’.
  - Nursing staff go outside their role requirements in how they meet patient needs and the hospital turns a blind eye to their bending the rules.
  - This practice is allowed to continue because the system is not prepared to address the reasons behind the way it is referring patients.
  - Hospital makes the bargain: we won't notice what you do as long as no one complains.

# The Challenge of the Case

- The dysfunctional behaviour in the nursing staff is concealing the fact of warehousing patients.
  - What is needed is a change in structure.
- The ethical dilemma for our client:
  - If she points out that it is impossible to solve the problem without addressing the issue of patients' needs for appropriate placement, she risks raising anxiety, facing disapproval and possibly losing her position.
  - If she doesn't address this underlying issue, she is colluding with the system's 'blindness' that is causing physical symptoms, depression and the desire to flee.
- The form taken by this ethical dilemma is characteristic of the edge role.

# The outputs



# So What?

- The supplier knew that the client's demand (presenting problem) did not really articulate what it was that she wanted...
- The outcome of our consultation was to enable our client to articulate what it was about her client's demand that was missing – namely its relation to a context (warehousing) that was not allowed to be acknowledged.
- Our client also learned about how to do 'market research' in a way that enabled her to address the asymmetric aspects of her client's demand.

# Discuss