

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

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The 21st 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.

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

Bridging two systems of meaning: psychoanalytic and strategic frameworks

- Psychoanalytic

- Relation to the unconscious

Alliance between client and consultant/therapist to deal with *what is not yet known* (*viz* anxiety)

- Group relations/ leadership training

Applies psychoanalytic processes to organisations to discover *what is not yet known* (*viz* boundaries/roles/ primary task/self-authorisation and role as a defence against anxiety)

- Strategic

- Creating new forms of competitive advantage

Supply-side view of enterprise relating to technology and business processes (*viz* socio-technical systems, primary task and the anxieties associated with primary risk)

- Creating a basis for sustaining competitive advantage

Defending boundaries and preventing imitation (*viz* positional advantage and the anxieties associated with “doing as much as possible for the business without jeopardising the relationship with the customer”)

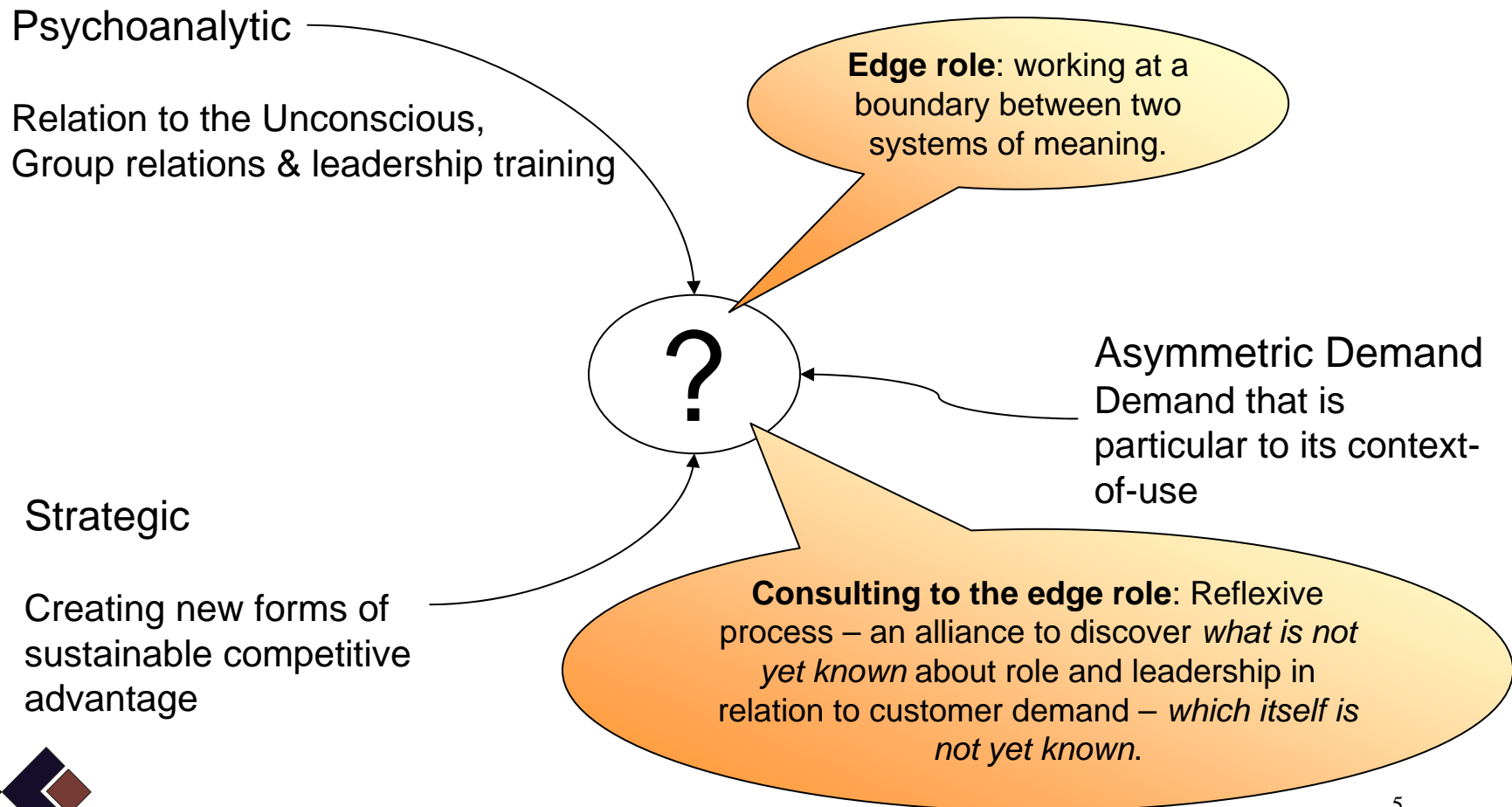
- Reflexive supervision/ consultation

- Alliance to discover what is not yet known about role and leadership in relationship to customer demand – *which is not yet known*

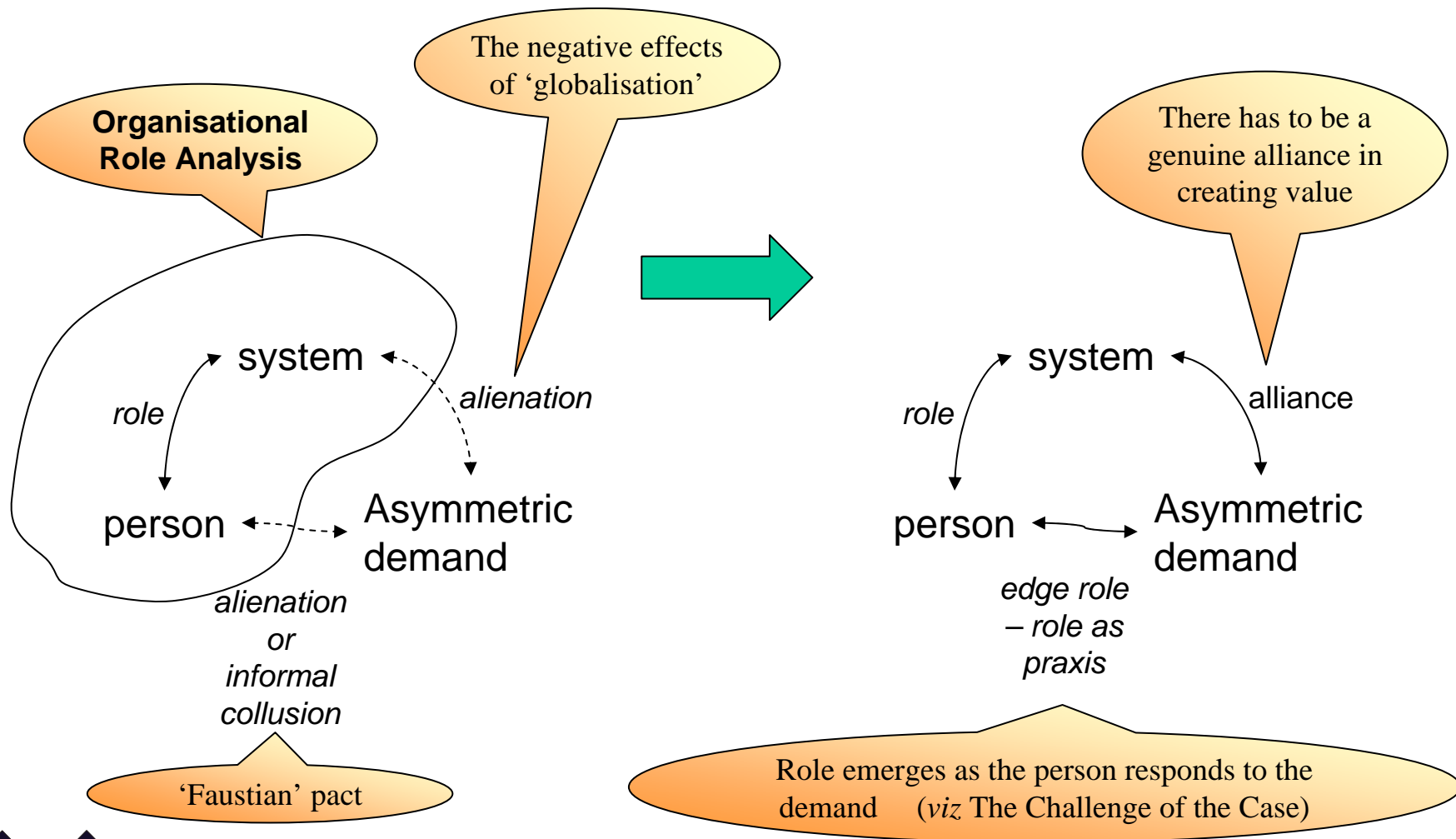
- Asymmetric Demand

- Demand-side view: discovering *what is not yet known* – alliance with customer to discover what s/he is really needing. (Demand is not symmetrical to the individual’s experience of using the product/solution).

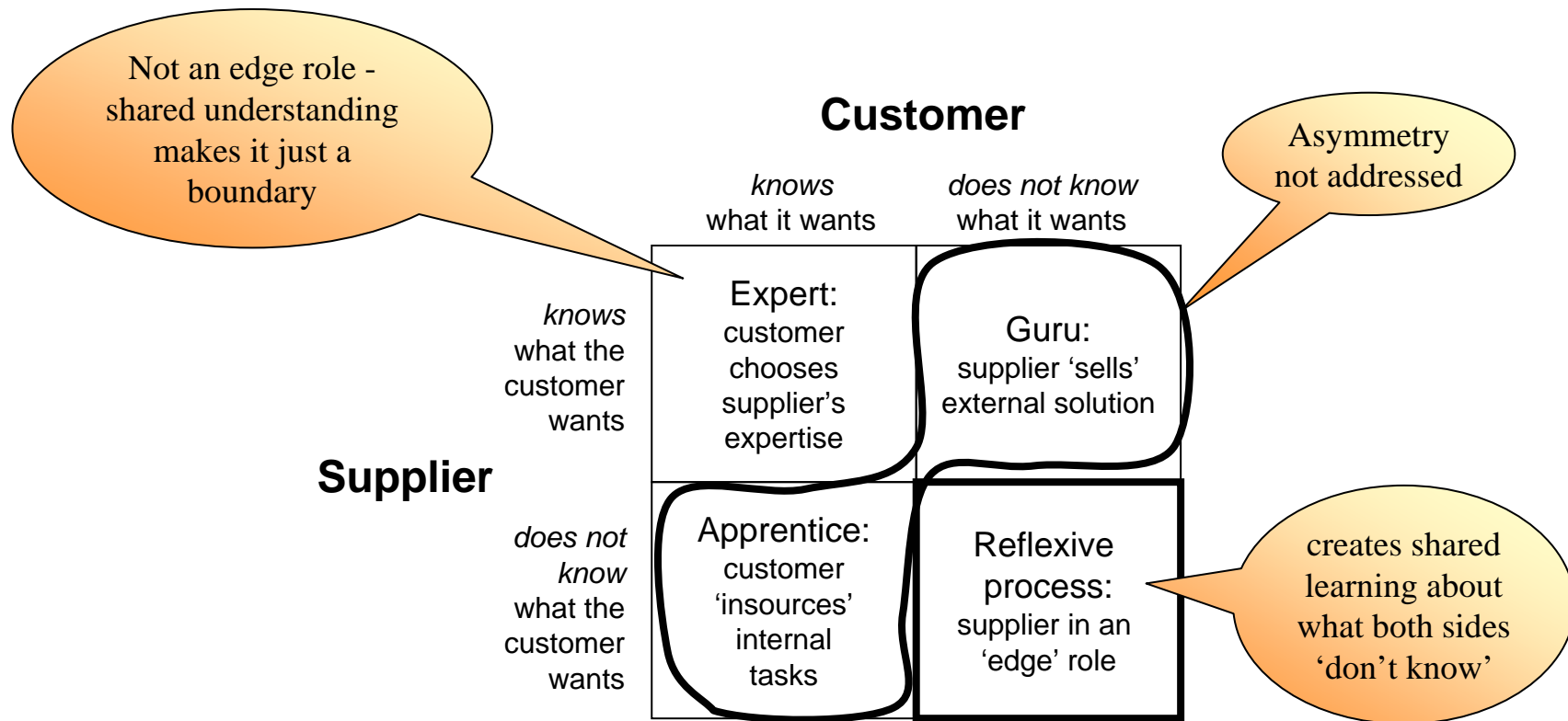
Consulting to the *edge* role



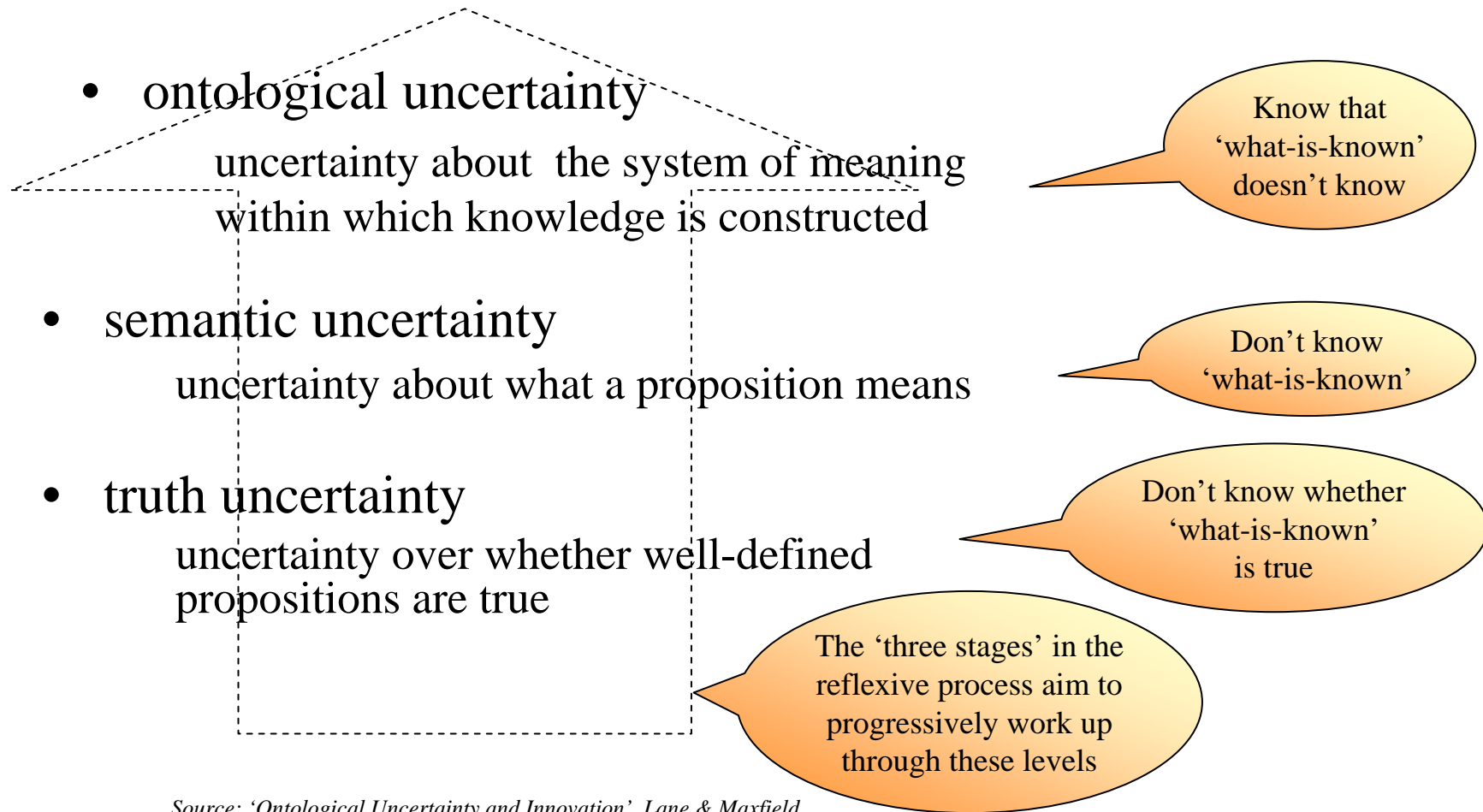
Edge Role Consultation



OR Analysis \Rightarrow ER Consultation

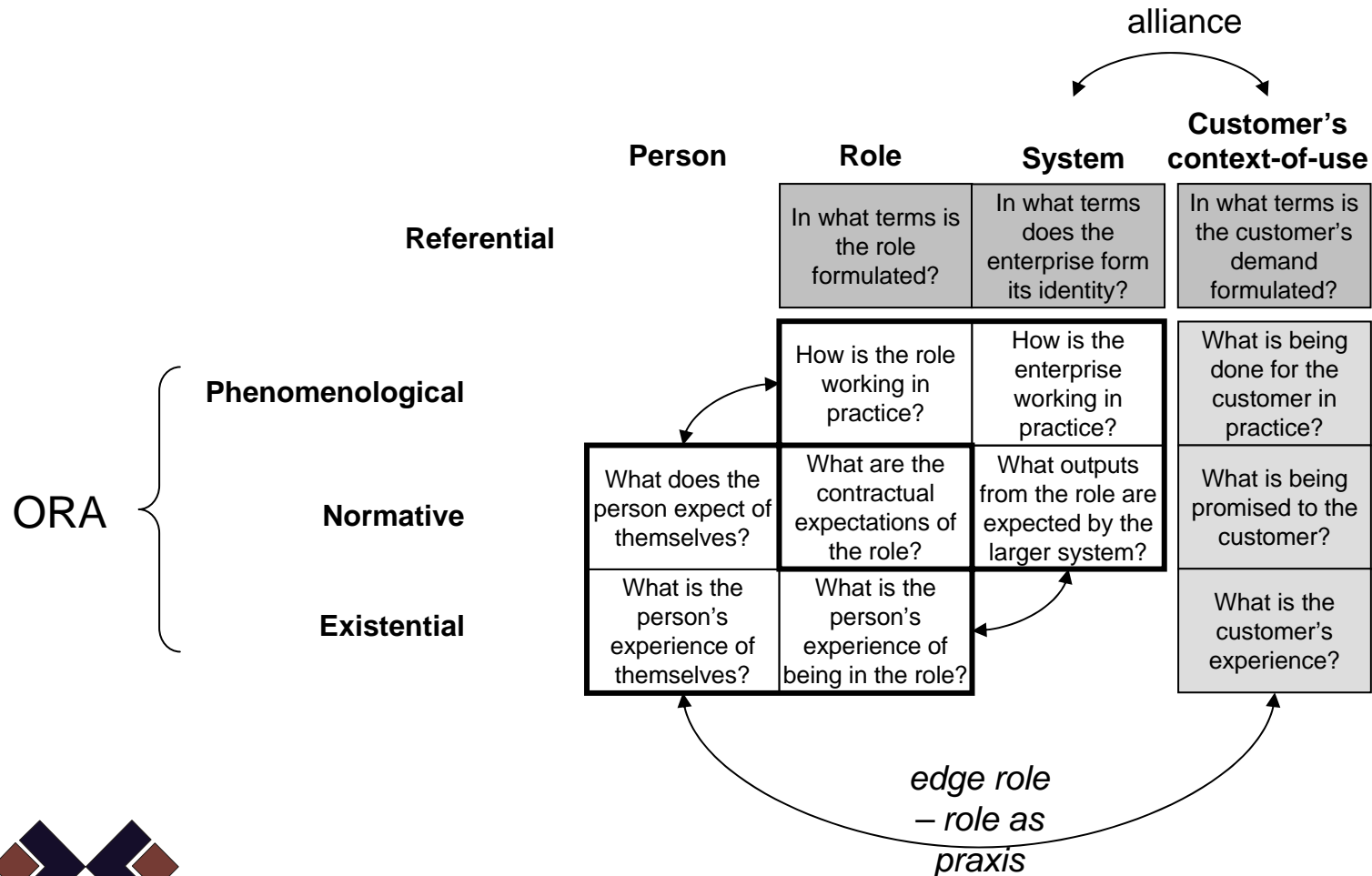


Bridging between systems of meaning requires innovation that tolerates uncertainty



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

Making the system of meaning explicit



Edge role consultation - Working reflexively

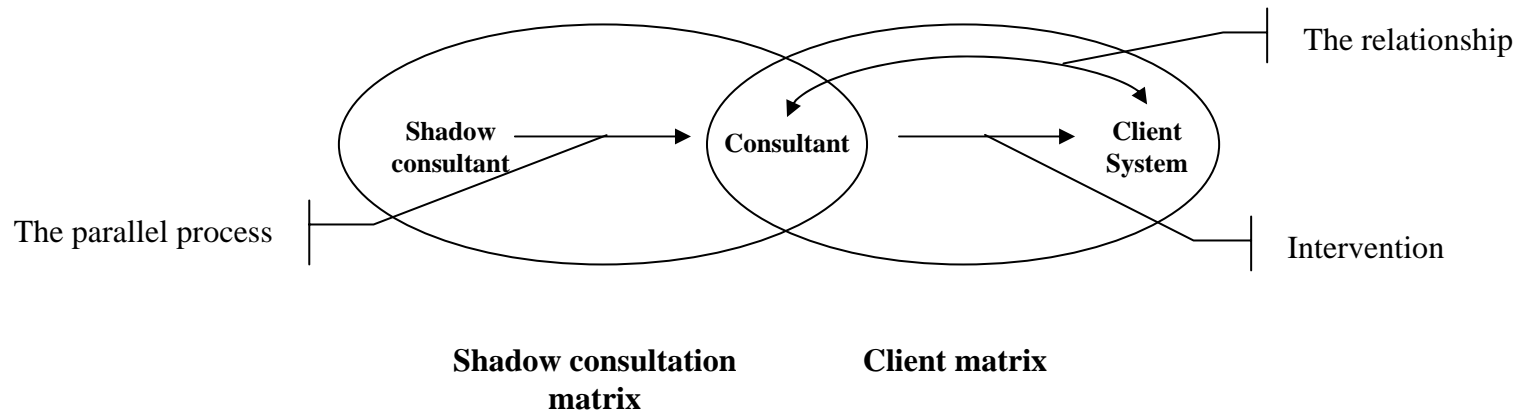
Description of the Reflexive consultation case

- 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)

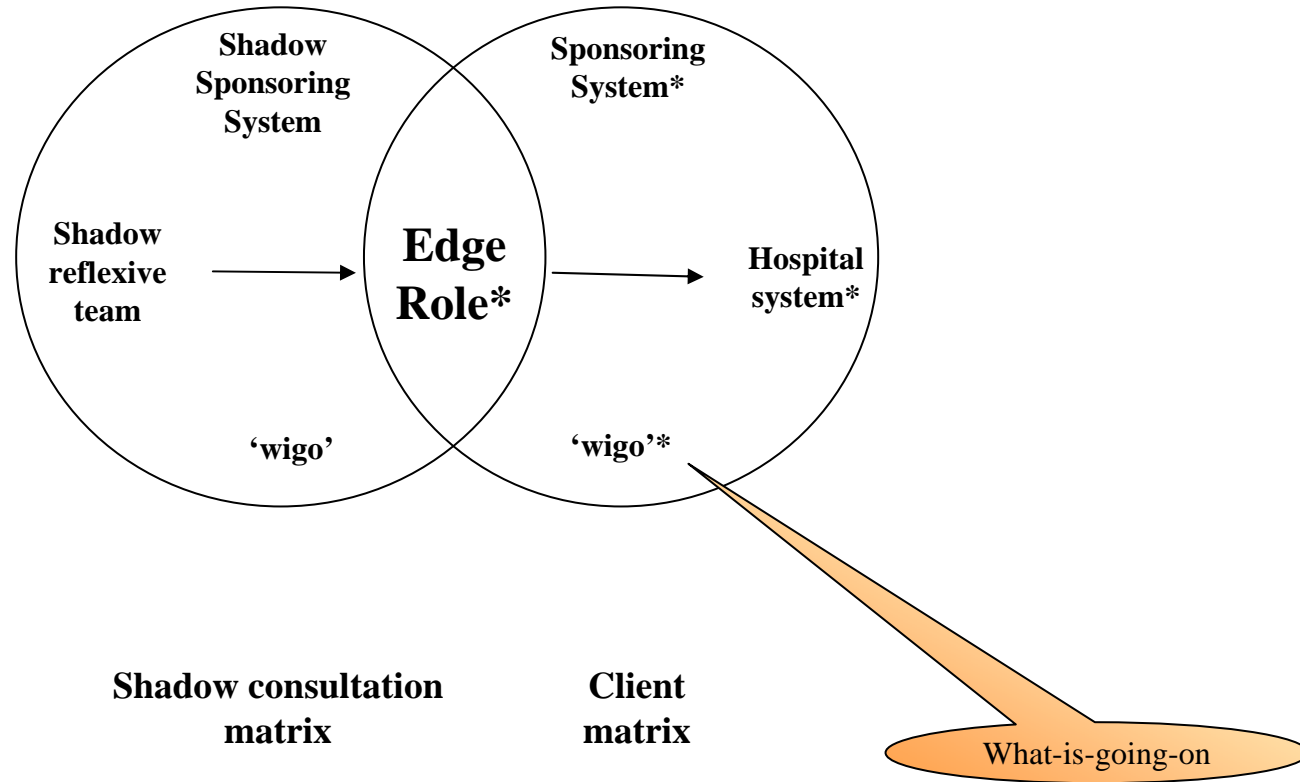
To sponsor is to authorise

- 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

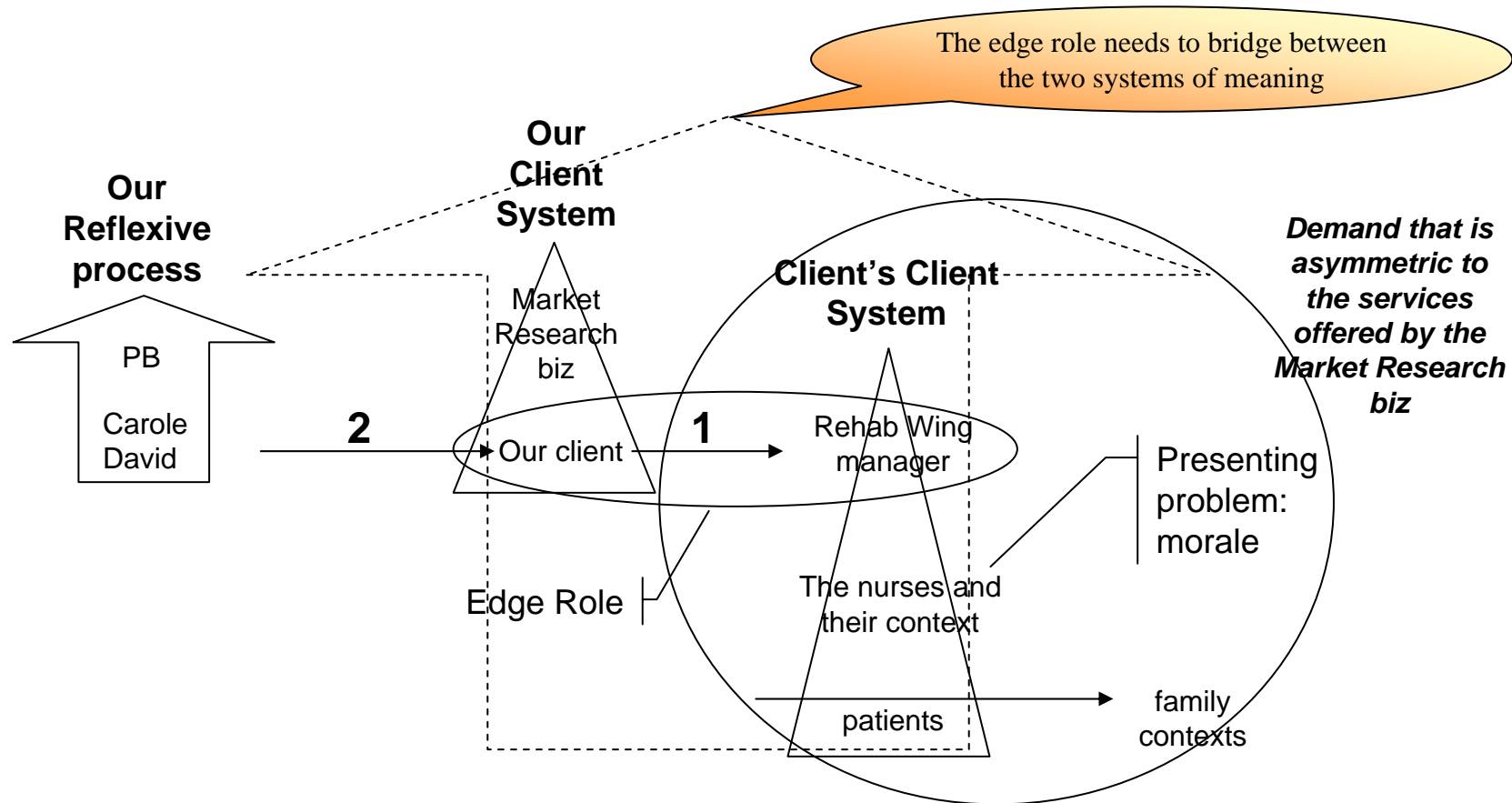


Parallel Process

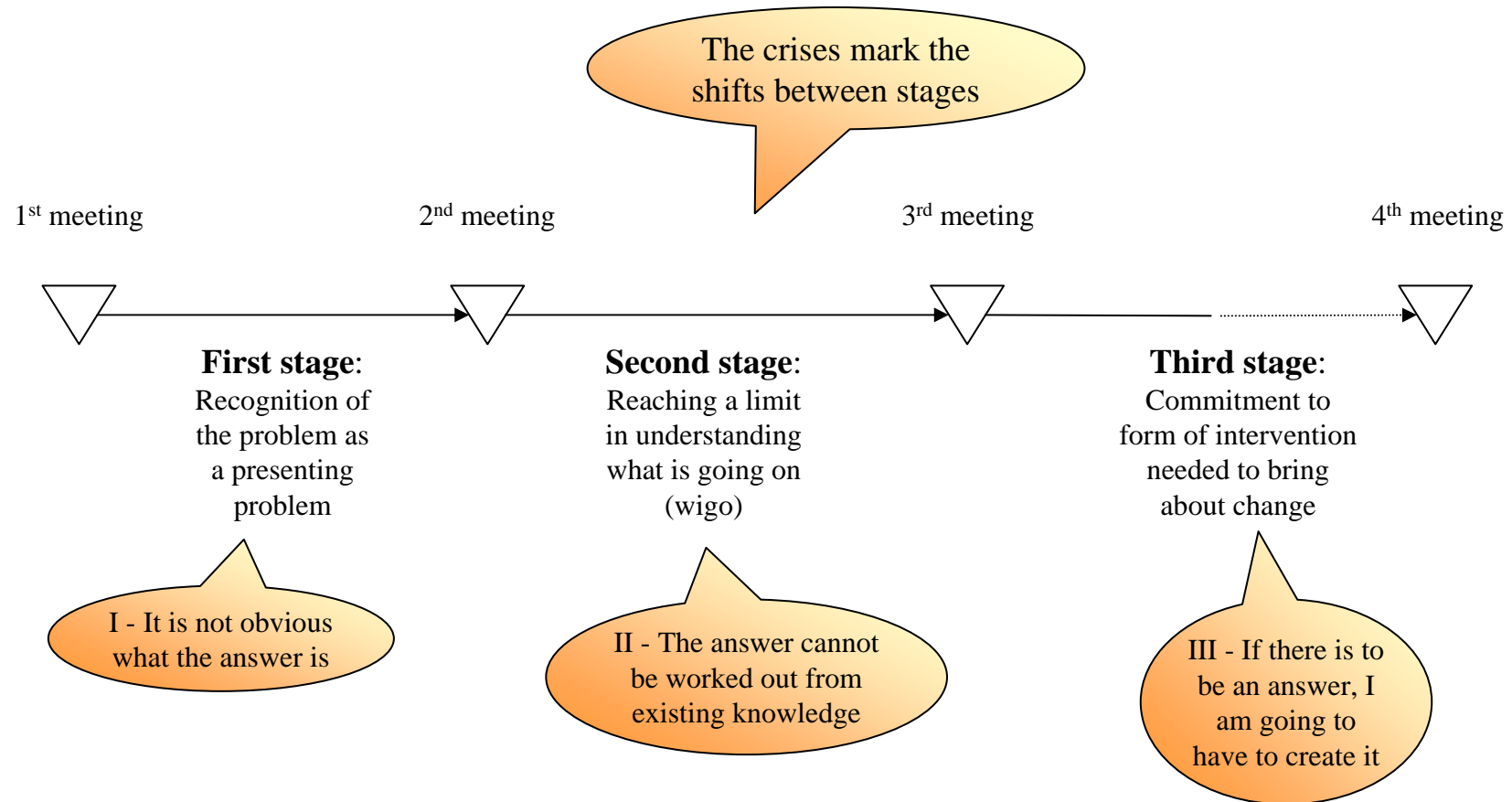


* The relationship between these four terms, mirrored in the parallel process, is based on Lacan's theory of the discourses. Earlier thinking about this can be found in Boxer, P.J. and Kenny, V. (1990) "The Economy of discourses: a third-order cybernetics", in Human Systems Management Vol 9 No 4 1990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

Where is the edge?

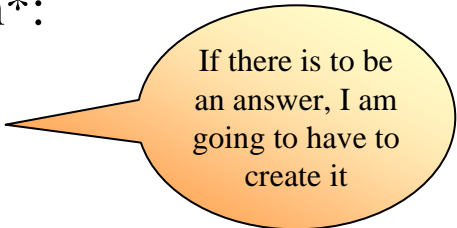


The three stages in the formation of our client's intervention

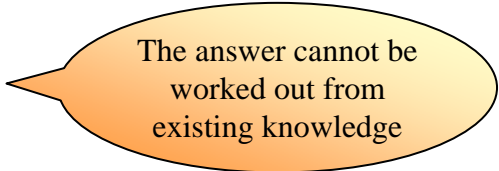


The three stages in the formation of the intervention

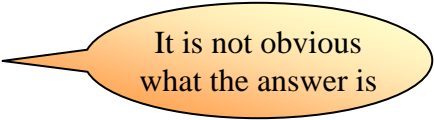
- These three stages reflect shifts in how the person in the edge role seeks ‘authorisation’ from the reflexive team*:
 - Third stage – what does it require of me?
 - Starts when the person must make a commitment to the form of intervention needed to bring about change; must take a position and self-authorise
 - Second stage – can you understand it?
 - Ends when the person becomes aware that a limit has been reached in understanding what is going on, and that even if it explains how the task system works, it does not explain what is driving it
 - First stage – can you see it?
 - Ends when the person begins to see the presenting problem as a symptom.



If there is to be an answer, I am going to have to create it



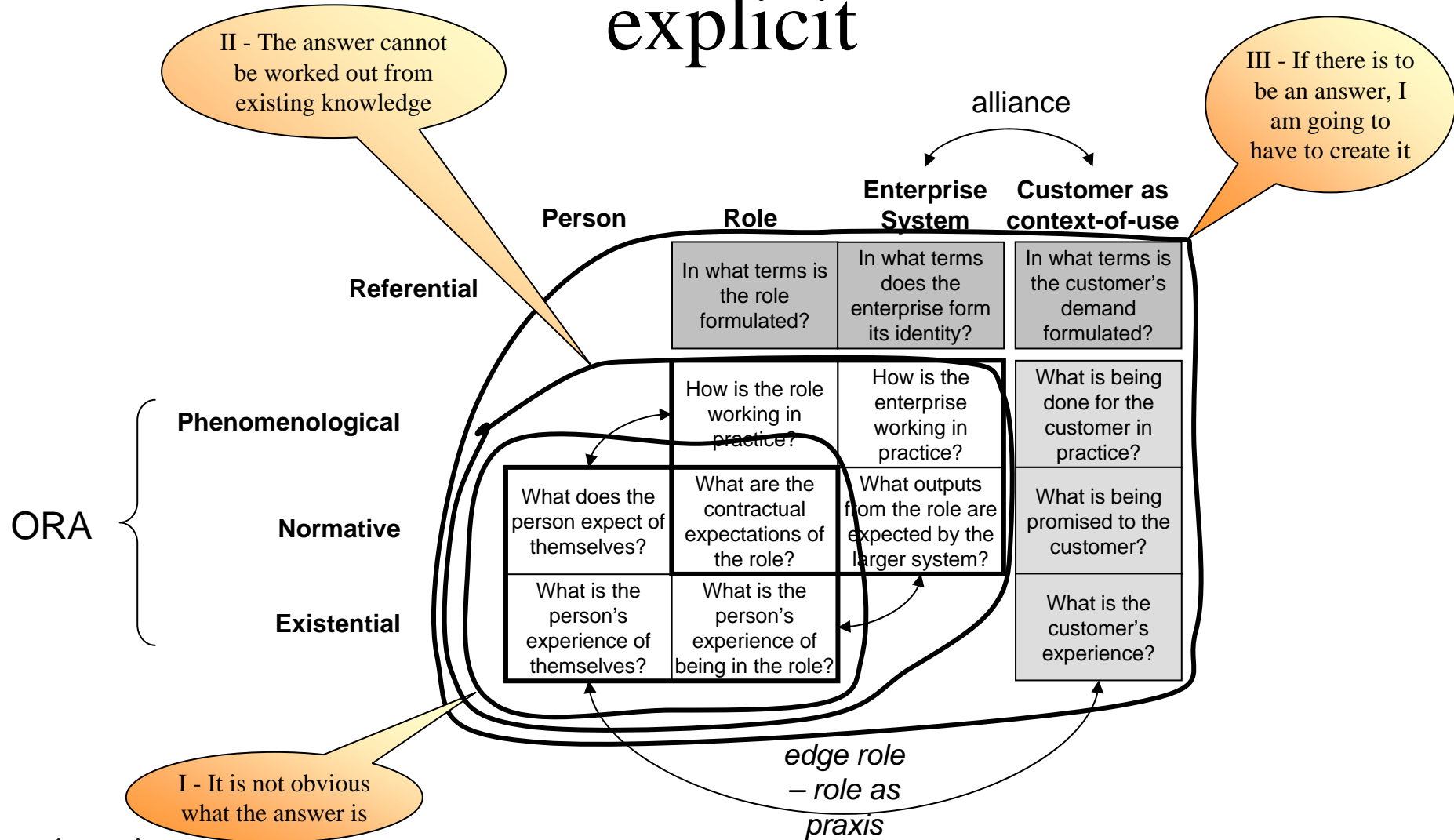
The answer cannot be worked out from existing knowledge



It is not obvious what the answer is

*These three stages are based on Lacan's notions of logical time viz Lacan, J. (1988) "Logical Time and the Assertion of Anticipated Certainty" Translated by Bruce Fink and March Silver. Newsletter of the Freudian Field 2 (1988): 4-22. Originally written in March 1945, this was originally published in *Écrits* pp197-213. (1966).*

Making the system of meaning explicit



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

The biz knows how to extract knowledge from what people say.

The role is set up in terms of doing market research, but I want to address real issue

The patients are being warehoused to solve problems elsewhere in the system

More is asked/wanted but only being paid to conduct interviews and make report.

Referential

Person

Role

System

Customer's context-of-use

In what terms is the role formulated?	In what terms does the enterprise form its identity?
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In what terms is the customer's demand formulated?

Customer wants morale problem surfaced but is anxious about consequences.

I am not just doing qualitative research

Phenomenological

How is the role working in practice?	How is the enterprise working in practice?
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What is being done for the customer in practice?

More of what is going on is being surfaced

I expect myself to be able to earn a living from my job

Normative

What does the person expect of themselves?	What are the contractual expectations of the role?	What outputs from the role are expected by the larger system?
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What is being promised to the customer?

Existential

What is the person's experience of themselves?	What is the person's experience of being in the role?
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What is the customer's experience?

Information useful to get to grips with morale problems

I feel I am acting out aspects of my personal history

I feel caught in a contract that doesn't let me deal with what is actually going on

Produce a report and recommendations

I have a valency that enables me to pick up on the Faustian situation the nurses are in

I feel limited in what secrets I can share



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