Lincoln Hospital Group Case Study Analysis

Organizational Change and Development HRD-520

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Third party interventions are defined as “activities aimed at helping two or more people within the same organization to resolve interpersonal conflicts” (Cummings & Worley, 2009, p. 755). This intervention was employed as the primary solution used for the issues experienced within the Lincoln Hospital. Lincoln Hospital is a non-profit organization which had staffing, team work and productivity challenges in the OR department which focused on the deterioration of the working relationship between two organizational leaders, the new chief of surgery, Don, and the OR director, Mary. Both leaders had valuable assets to contribute to the larger staffing groups under their supervision and therefore were essential to retain, however, the inability for these two administrators to operate as a team reflected negatively on the OR nurses and surgeons. While the intervention utilized was successful, tensions still lingered between Don and Mary. This reaffirms a need for future improvements. As a result, this paper will examine how the OD process was utilized to explore the issues, interventions, solutions, and next steps necessary to resolve the organizational challenges existing within the Lincoln Hospital.

When entering into an OD relationship with a new client, it is vital to have a complete understanding of the organization and situation that is being dealt with. This is why the entering and contracting phase of this relationship is so important. Working through the details of this part of the OD services will ensure that both the client and the practitioner are benefiting from the services that are being provided. During the entering and contracting phase the client and practitioner will define the general problem the organization is facing, discuss opportunities for development and begin to create a collaborative relationship. These steps will allow the client and practitioner to start the process of working through the issues that are impacting the organization (Cummings & Worley, 2009).
In the case of Lincoln Hospital Center, there are a variety of issues that could have been addressed during the contracting phase of the relationship. From the information that we are given in the case study, we know a great deal about the root of the problem that is causing so much turmoil among the staff at the hospital. However, we do not get much information about what was included in the actual contract that was agreed to. We do know that the practitioner and the president of Lincoln Hospital negotiated a “psychological contract, where the president shared…historical information, described the problem as he saw it, and identified his expectations of me and for the project” (Boss, Boss, & Dundon, n.d., p. 298). With this background information, it would seem that there are several other steps that could have been taken in order to enter the contracting phase of the relationship.

As stated earlier, the contracting phase helps to ensure that the process is beneficial to both the client and the practitioner and it allows the client and practitioner to “make a good decision about how to carry out the OD process” (Cummings & Worley, 2009, 79). While the client is going to ultimately be the main beneficiary in the relationship and have a great deal of power in the process, it is still reasonable for the practitioner to set certain expectations for the OD process. As the practitioner, it seems that it would be important to clarify several aspects of the relationship and services that will be provided. Some of the main topics that should be considered in the contract would be to create detailed expectations from both the client and the practitioner, determine goals and desired outcomes, establish confidentiality in the process, compensation, and ground rules for the process. It may also be important to determine who the practitioner will officially report to, and to identify how we are going to measure success and/or failures in the process. This type of process also requires a great deal of time and resources from both the people within the organization and the practitioner. It should be determined what type
of resources will be needed from the practitioner and how much time or resources the client/organization is willing to devote to the process. At this point the practitioner and client should also work out a timeline for carrying out these services (Cummings & Worley, 2009). Having adequate or inadequate time and resources could have a great impact on the success of the next part of the OD process, which is known as diagnosis.

The main action that was taken during the diagnosis phase of the Lincoln Hospital case was to interview Mary and Don, the employees who were the main focus of the problems occurring at the hospital (Boss et al., n.d.). According to Cummings and Worley (2009), “When done well, diagnosis clearly points the organization and the OD practitioner toward a set of appropriate intervention activities that will improve organization effectiveness” (p. 87). This part of the process is vital in order to determine the necessary actions that will need to be taken during the intervention stage of the OD process. While we know that the practitioner spoke with Mary and Don during the diagnosis phase (Boss et al., n.d.), it seems like there are additional steps that could have been taken to ensure effective intervention.

In working through the diagnosis phase, it would be beneficial to look at the 7S Model of Organizational Alignment in order to better understand how all of the various “pieces” within the organization are contributing to the issue that the hospital is facing. The 7S Model looks at seven key elements within an organization, all of which contribute to the overall effectiveness and success of the organization. The seven “S’s” within this model are staff, strategy, style, shared values, structure, systems and skills. It is thought that each of these key elements helps to reinforce the others within an organization (Peters & Waterman, 1982). Although the practitioner that worked with Mary and Don focused heavily on the staff within the organization,
there are also other elements that could either be contributing to the problem at hand or that could be impacted by the problem.

While all of the elements in the 7S Model are interconnected in some way, there are a few elements within this model that could be examined closer in this situation. The elements of staff, shared values and structure all play a very crucial role in the diagnosis of this organization. While the problem at hand lies mostly in the interactions between two staff members, it is possible that other people may be contributing to the issues as well. It seems that the organization has created an “us versus them” type of atmosphere, meaning doctors versus the nurses/medical staff (Boss et al., n.d.). This polarized environment is something a practitioner would want to investigate further and determine how these issues among staff are contributing to the overall problem.

Another key element that should be examined closer is the shared values of the organization. The shared values of the organization should play a large role in the actions and behaviors of those within the organization. This would be an opportunity in the diagnosis phase for the practitioner to closely examine the mission and values of the hospital itself. This might require some data gathering to determine whether or not the values of the doctors, nurses and other staff align with the overall mission and values of the hospital. Knowing this information would then help the practitioner in the intervention phase, to work with those in the organization and try to make sure the values are more closely aligned.

Finally, structure is another key element in the diagnosis phase of the OD process. In all hospitals, not just at Lincoln, there is often a very clear hierarchical structure within the organization. While this is not necessarily contributing to the negative feelings among staff, it
does play a role in helping the practitioner to understand why certain employees seem to behave in certain ways. According to an article by Yaeger and Sorenson (2013),

Generally speaking, I have found hospital cultures to be hierarchical because of the clinical and technical professional diversity among physicians, clinicians, administrators, nurses, allied health, and non-clinical support staff. It is imperative that the OD consultant understands the healthcare business model, and that hospitals are dependent on physicians. This point is not intended to minimize the crucial role of other healthcare providers, but to simply point out a hierarchical relationship that seems to exist in healthcare and hospital cultures. (p. 58)

Although some may seem to value the work that doctors do in the hospital, there are others within the organization who would argue that the other medical staff play a crucial role as well. Because of these differences in opinion of how the overall structure and hierarchy should function within the hospital, the practitioner needs to develop a clear understanding of the structure of the organization, and determine how that structure also has an impact on the staff and the shared values of the organization.

By examining all of the previously mentioned factors during both the contracting and diagnosis phases of the OD process, the practitioner can better ensure that he or she will be able to carry out effective interventions with the organization. While the practitioner in the Lincoln Hospital case could have certainly done things differently, overall the activities that were carried out during the entering, contracting and diagnosis phases of the process were done well, and seemed to meet the needs of the organization. The practitioner made sure to develop a clear understanding of the expectations of the president of the hospital. The practitioner also made sure to gather a complete history of the problem, which was very important to do in this situation
(Boss et al., n.d.). Without all of the facts of the situation, the practitioner would not be able to develop a clear understanding of how to work through the OD process in this organization.

There are many things that the practitioner did well in the Lincoln Hospital case. It was crucial to have the one-on-one meetings with Mary and Don early on in the process, and if repeated, it seems that almost any practitioner would have done the same thing. They were able to provide a lot of information about the issues that existed between them and how these issues were impacting the work that was being done at the hospital (Boss et al., n.d.). One thing that might be done differently would be to gather more data from the hospital itself during the diagnosis phase, if the hospital will allow it. It might be important to have information such as patient satisfaction feedback, exit interview information from employees who had recently left the hospital, and any other statistics that might give an overview of the overall quality of services that are being provided at the hospital. This information would be useful, because it could be compared to the feedback that is being given by Mary and Don and could help to diagnose the overall source of the problems that exist in the organization. Overall the practitioner in this case thoroughly performed the entering, contracting and diagnosis phases of the OD process, and should be able to provide the hospital with valuable insights as they enter in to the intervention phase of the process.

As an OD practitioner, various forms of conflict can be shown within an organization. From individual to group conflict, the proper theories and practices of process consultation can be used and studied to overcome issues. One of the areas of interest in consultation is communication. Before the intervention, communication between Don and Mary was minimal and confrontational in nature. Lincoln Hospital can be further analyzed to determine if third-party interventions were appropriately used for the situation between Don and Mary. Process
consultation (PC) can be used in many different instances, but it does thrive off conflicting ideas and situations. Mary, the veteran OR director at Lincoln Hospital is at conflict with the hospital’s new chief of surgery, Don. Both have attempted face-to-face meetings as a means to strengthen the relationship between them. However, these meetings only resulted in verbal altercations. PC is a general framework for carrying out helping relationships. A process consultant does not offer expert help in the form of solutions to problems. The process consultant works to help managers, employees, and groups to assess and improve human processes, such as communication, interpersonal relations, decision-making, and task performance. Problem-solving approaches, such as third party consultation, take a more subjective emphasis, focusing on the basic relationship between the parties, their communication, feelings, attitudes, and perceptions of each other, as well as the conflict (Fisher & Keashly, 1988, p.381). As the intervention began at Lincoln Hospital, a design that incorporated perception sharing, contracting, and follow-up meetings were used towards the conflict of Don and Mary. This makes PC as much a philosophy as a set of techniques aimed at developing a working relationship between Don and Mary. The article states that, “The very process of writing things down was helpful. It gave them time to get used to this explicitly confrontational situation before either of them had a chance to pop off at the other, and it forced an element of rationality into an emotionally charged situation” (Boss et al., n.d, p.300). To truly understand why third-party intervention was the appropriate form of PC in this situation, theory and research can be implied.

Conflict is known in the workplace and can arise from various sources, including differences in personality, task orientation, goal interdependence, and perceptions among group members, as well as competition for scarce resources. Don and Mary clearly had their issues, but as time went on it became clear that with a little push and some motivation, a working
relationship between the two could be achieved. Both Don and Mary keep emotions in a strictly business view, neither one had personal issues with each other outside of Lincoln Hospital.

When it came to making decisions within the hospital Don did not enjoy interacting with Mary, stating that, “Mary’s behavior is so disgraceful it is almost laughable” (Boss et al., n.d, p.298). On the other hand, Don did admit that Mary was only partly to blame for the OR’s problems (Boss et al., n.d.). Mary maintained her strong willed attitude and had very similar emotions and words towards Don and the situation. Each employee that was under rule of either Mary and/or Don also provided their own perceptions of each individual. Third-party interventions focus on conflicts arising between two or more people within the same organization. At Lincoln Hospital the conflict was significant. Not only did it affect two specific individuals, but it was beginning to reflect in the organization. Nurses had begun to leave. They were also being replaced by nurses that were inexperienced and needed further training. The conflict was clearly having a negative effect on its surroundings creating the appropriate opportunity to implement third-party interventions at Lincoln Hospital. According to Robbins, “… functional conflict supports the goals of the group and improves its performance and is, thus, a constructive form of conflict. A conflict that hinders group performance is a destructive or dysfunctional conflict” (Robbins & Judge, 2010, p.187). Conflict can enhance motivation and innovation. It can also lead to greater understanding of ideas and views. On the other hand, conflict can prevent people from working together constructively, destroying necessary task interactions and work relationships among members. When conflict involves interpersonal issues, OD has developed approaches that help control and resolve it.

The philosophy aspect of third-party intervention ensures that those who are receiving the help own their problems, gain the skills and expertise to diagnose them, and solve the problems
themselves. After the very first meeting that included the intervention, Don explained, “I was stunned to hear her say those positive things, particularly the part about me taking care of her family” (Boss et al., n.d., p.301). The questions that were provided to Don and Mary during the intervention were:

- What does he or she do well?
- What do I think I do that bugs him or her?
- What does he or she do that bugs me? (Boss et al., n.d, p.301)

Each individual had written down their answers and had their own time to speak. This allowed for every participant to understand the others perceptions. With the help of intervention, they were able to articulate their views without interruption or confrontations. The design created was ideal for the situation, allowing for perception sharing, problem identification, and contracting. The third-party intervention helped Don and Mary figure out the issues alone rather than someone specifically telling them, “it also helped that before making any accusations against each other, they were required to examine their own behavior” (Boss et al., n.d, p.301). Neither party has ever analyzed or taken the time to figure out how he or she might be actually causing some of the problem. Listing specific behaviors made each realize that some of the things they disliked about the other within the organizational setting could be changed. The focus of the intervention remained towards positive change, self-awareness and communication. The oral discussion made it obvious that neither was intentionally causing problems for the other, making both parties less attracted to conflict. This technique made both parties jointly responsible for resolving each problem and thus changed the whole dynamic of the relationship.

The third-party intervention provided mediation towards positive change in both Don and Mary. Additionally, it was also implemented in the appropriate manner to achieve this change.
The problem was not confined to the past, but would have likely influenced ways in which they would work together in future events. This intervention taught Don and Mary better ways of communicating and compromising, while acknowledging that their choices affect each other.

Third-party interventions help the individuals interact with each other directly to recognize the personal choices each party is making. Also, it can facilitate their diagnosis of the conflict and its resolution. Third-party interventions cannot resolve all interpersonal conflicts in organizations, but in this case it pushes Don and Mary to look past isolation and realize that collaboration and cooperation will get them much further. Their interests and emphasis on their individual activities compared to group sustenance activities. Don and Mary behaved as if they were on opposing teams. However, with intervention they began to relinquish power, seek other people’s interests and undertake activities that would build up as opposed to themselves.

Third-party interventions cannot resolve all interpersonal conflicts in organizations, and there may be an intervention that may work the same or even better in a situation. Individual interventions are designed primarily to help people be more effective in their communication with others (Robbins & Judge, 2010, p.135). One would believe that individual intervention types would be the most effective within Lincoln Hospital at the time. The use of a model, such as the Johari Window, would prove a great foundation on interpersonal interventions. The Johari Window helps identify what is seen and unseen within communication of individuals. Moving to a greater range of individuals or even group settings for intervention aspects could enhance the communication process even greater.

A team building intervention could be used as a possible solution for Don and Mary. As stated in the article, it was not only Don and Mary that were having issues with each other. One surgeon stated, “Quite frankly, I am embarrassed to admit that I am a surgeon in this town…”
Another employee stated, “so far she has been very helpful, and she has gone out of her way to do me some favors. I don’t want to mess that up…I think it’s great Don is willing to take her on, and I wish him success. That way, if she wins, it will be him that gets beat up, not me” (Boss et al., n.d, p.300). Employees are feeling the negative effects of Mary and Don but also the culture. Team building refers to a broad range of planned activities that help groups improve the way they accomplish tasks. It can also help members enhance their interpersonal problem solving skills, and increase team performance (Cummings & Worley, 2009, p.263).

Having administration and surgical groups interact with each other in situations may cause an increase in motivation and trust with both groups. Team building can even be done to enhance the relationship between management and employees. In this case, Mary could set up activities with administration and finance. Don could engage surgeons and nurses. Team building is an effective approach to improving teamwork and task accomplishment in environments such as Lincoln Hospital. An intervention can focus on developmental activities that address one or more members of the group. Some examples can include coaching, training, 360-degree feedback, and assistance with conflict (Cummings & Worley, 2009, p.267). These interventions attempt to alter the group’s ongoing processes by focusing on the behaviors and attitudes of individual members. This can help change the attitudes of higher-level management or even the organization itself. It will bring focus on individual activities and allow for motivation and change to proceed.

To express the value of the third-party intervention, it is pertinent to examine the concluding statements given by the OD practitioner. In this case, the practitioner had stated that there was a shift in the relationship of both parties that resulted in mutual collaboration, acceptance of responsibility, and a focus on solutions (Boss et al., n.d.). These resulting actions give a positive outlook to the earlier problems facing Lincoln Hospital. However, the OD
practitioner had also alluded to the fact that the situation had not been fully resolved at the time the follow-up to the intervention was written. During the practitioner’s follow-up meetings, both Mary and Don had made an undefined number of trust-building commitments. The practitioner had stated that Mary and Don had kept these commitments in nearly every instance. Additionally, plans had been made to address areas where commitments had not been kept between both parties (Boss et al., n.d.). With this information alone, the effectiveness of this intervention is inconclusive but promising. Without further interviews, any future developments will remain unknown. Absence of this information will result in speculation.

To determine the effectiveness of the third-party intervention, it must first be determined why the OD practitioner was contacted in the first place. In reality, third-party interventions are incapable of resolving every conflict within an organization (Cummings & Worley, 2009). Unsuccessful conflict management within health care organizations is a primary cause for stressful working environments, power games, and employee dissatisfaction (Iglesias & Vallejo, 2012). The conflict at Lincoln Hospital involved some rather high profile individuals that had a large amount of influence on those working under them. The primary conflict was identified as Don, the new chief of surgery, versus Mary, a veteran OR director. This became clearly evident after they were asked by the hospital’s president to resolve their differences, and they were unable to do so (Boss et al., n.d.). It was at this point in time that Lincoln Hospital’s president contacted the OD practitioner (Boss et al., n.d.). This statement indicates that Lincoln’s president is the client in this situation. Additionally, it also indicates that the overall conflict between Don and Mary is the issue in which the client is seeking an intervention. With the problem clearly defined, the effectiveness of the third-party intervention can be measured.
Following the identification of the client and the problem, the effectiveness of the third-party intervention can be measured by examining the status of the tensions between Don and Mary throughout the course of the case. Before the OD consultant had been contacted, Lincoln’s president had indicated that the relationship between Don and Mary was in a complete gridlock. They did not even wish to meet with one another (Boss et al., n.d.). Additionally, it was also at this point that Don was said to be both an outspoken critic of Lincoln Hospital, as well as mistrusted by administrators (Boss et al., n.d.). Power differentials between administrators, physicians, and nurses hurt cooperation and can inhibit problem solving (Iglesias, Vallejo, 2012). Generally speaking, a third-party consultant must decide on a role to assume while facilitating a conflict resolution process (Cummings & Worley, 2009). Things began to shift slightly when individual interviews had taken place between the OD consultant, Don, and Mary. During the actual intervention process, Don and Mary were introduced to exercises that caused them to think and reflect on the differences that they had toward one another. Being able to compile a simple list of qualities that they disliked about one another allowed them to realize the possibility for change (Cummings & Worley, 2009). By the end of the intervention, both Don and Mary had begun to develop a mutual commitment toward resolving the conflict. The consultant also introduced a technique to build upon this commitment for conflict resolution in the future. Making both parties jointly responsible for conflict resolution changed Don and Mary’s relationship from isolation to collaboration (Boss et al., n.d.). Given the change in dynamic of Don and Mary’s relationship, it can be determined that this third-party intervention had a positive effect.

To further examine the effectiveness of the third-party intervention, it is imperative to examine its justification in this case. External research reveals that managers can erroneously
intervene at times (Nugent & Broedling, 2002). Additionally, intervening unnecessarily can result in a waste of time, and it prevents employees from taking responsibility regarding their conflicts (Nugent & Broedling, 2002). In this case, the person in the managerial role was Lincoln Hospital’s president. Lincoln’s president actually seemed to avoid intervening, which had also been proven to harm the situation. Lincoln’s president refused to terminate Mary. He also requested that Don and Mary resolve their differences on their own. If a manager chooses to avoid acting when an intervention is necessary, the conflict can actually escalate (Nugent & Broedling, 2002). At Lincoln Hospital, the first meeting between Don and Mary quickly escalated into a forum for making further accusations against one another (Boss et al., n.d.). The need for intervention was further justified by these accusations. Disputants in a conflict will often make assumptions and will have little regard for the other party’s true concerns (Nugent & Broedling, 2002). Some evidence of addressing this at Lincoln Hospital occurred when the consultant formulated a series of questions for Don and Mary to answer about one another. This allowed the consultant to conclude that neither of them was intentionally causing problems for one another (Boss et al., n.d.). This shift in accountability did not occur until the intervention had taken place. Therefore, it is evident that the intervention was justified and also responsible for this shift. Given that the expectation of Lincoln’s president was for Don and Mary to resolve their differences, the effectiveness can be viewed as positive.

Following the third party intervention, the recommended next steps necessary for Lincoln Hospital to continue moving in the right direction would involve shifting the focus from organizational leaders to lower and mid-level staff members at lower and mid-levels. These hospital staffers include the OR nurses and surgeons who possessed multilayered issues with other groups, as well as existing challenges within their departmental groups. It is crucial that
these challenges be resolved as both groups play key roles in the productivity, patient experiences and overall success of the OR within the Lincoln Hospital. According to the 7S model, both the nurses and surgeons are representative of and organization’s staff, skills, and style. They should be operating in a cohesive manner off of shared values set by the organization (Peters & Waterman, 1982). This being said, the recommended interventions that should be utilized in support of the third party intervention, as well as play a role in helping these two functional areas to perform in an improved cohesive, respectful, productive and team oriented manner, include the following:

- A human process intervention of team building, which will focus on perception, respect, teamwork, and misconceptions. Inclusions within this intervention are as follows:
  - Third Party Intervention Model questions are to be utilized as a survey for an OD practitioner to facilitate and diagnose, assess and offer feedback to both the OR nurses and surgeons who could both benefit from the feedback offered by the other groups (Cummings & Worley, 2009).
  - Role playing, trust exercises and activities which will allow both the nurses and surgeons to improve their attitudes, behaviors and cognition which are the three teamwork factors (Shuffler, DiazGranados & Salas, 2011).
  - Training, which includes new/experienced OR nurses and surgeons who will participate in coordinated workshops.
  - Goal setting and processing between both groups.

A Human Process Intervention is described as an OD effort that focuses on issues pertaining to social processes within an organization like communication, decision making,
leadership, and group dynamics (Cummings & Worley, 2009). One intervention included in this
group is team building, which is said to be one of the most popular intervention techniques in
organizational development (Buller & Bell, 1986). The main focus of team building as an
intervention is to work on increasing the overall effectiveness of work teams (Buller & Bell,
1986). Furthermore, team building is also a tool that can be utilized to improve interpersonal
relations, social interactions and the achievement of results, meeting goals and accomplishing
tasks (Shuffler et al., 2011). All of which could be of benefit to the Lincoln Hospital OR issues
encouraging nurses/surgeons to develop a cohesive working environment.

Both groups can benefit from understanding and respecting the idea of performing as
individual teams as well as combined teams; both working to better the organization and overall
patient experiences. Within this current atmosphere/culture, the idea of working together for a
common goal is absent. Therefore, a team building intervention for this organization’s challenges
would be a big help. This intervention would commence with one introductory exercise, which
will focus on utilization of the three questions from the third-party intervention model as
previously stated (Boss et al., n.d.). This exercise will take place between the nurses and
surgeons, individually, and will serve as a survey/basis for this type of intervention. The results
gathered from this activity will be compiled, edited and offered in a report form to each group.
Following this, these results will be delivered and processed in a combined (nurses and surgeons)
session. The processing and discussing of these results, thoughts and ideas will help each group
develop goals and commitments that they will stick to for the benefit of their relationships with
each other.

Next, it is important that each staff participate in individual team building exercises for
within their groups and eventually together as a whole (nurses and surgeons). These exercises
will be facilitated by an OD practitioner and will be a mixture of role playing and trust exercises to emphasize the value that trust, team work, respect, and positive perception play in the production of the overall success at Lincoln Hospital. During this phase, an exercise will be dedicated to the integration of the 40% new OR nurses who have not acclimated totally within the OR unit (Boss et al., n.d.). From these activities, both the nurses and surgeons should develop more of a bond with each other and become one step closer to building a united team.

Finally, these efforts will be concluded with a team building exercise that focuses solely on goal setting (Buller & Bell, 1986). These efforts will be conducted within two separate groups (nurses and surgeons) and then with both groups combined. Each group will create goals and commitments centered on teamwork, respect, and trust for themselves in addition to setting those for the other staff. Similar to the intervention with Don and Mary, the goal here is for each staff to define what it is they want from each other and negotiate what they are willing to give of themselves to benefit the overall OR unit (Boss et al., n.d.). This activity will be concluded with a discussion and creation of a team constitution where these goals and commitments would be listed, signed and posted for the overall Lincoln Hospital OR team to adhere to.

Ultimately, the initiation of these next steps recommended by the practitioner should equip Lincoln Hospital OR staff with the effective tools necessary to function more efficiently. After this intervention, Lincoln’s senior management must continue to ensure that Don and Mary keep the idea of team work going within the OR unit by modeling these efforts, in addition to supporting and rewarding those nurses and surgeons who operate according to the set goals. Furthermore, there should be follow-up on a quarterly basis from an OD practitioner for one year to continue intervening and ensuring the team building efforts are successful. Finally, this
intervention creates the foundation for a structured team-oriented environment between two integral departments, within Lincoln Hospital.

A conflict between two individuals had significantly impacted the atmosphere at Lincoln Hospital. As a client, the president of Lincoln Hospital relied on the skills of an OD consultant to resolve the ongoing turmoil. The method of choice decided upon by the consultant to address the conflict at Lincoln was a third-party intervention. As the practitioner entered the contracting phase of this OD relationship, it became evident that there were alternative methods in approaching this scenario. More than just a psychological contract, the establishment of a timeline, goals, ground rules, and compensation have been identified as beneficial additions to the contracting phase. As the practitioner transitioned into the diagnostic phase, it has been determined that closer attentiveness to the 7S model of Organizational Alignment would have enhanced the outcome of this intervention. The appropriateness of the third-party intervention has been evaluated in comparison to process consultation and team building interventions. Additionally, the effectiveness of the third-party intervention has been determined by evaluating its application and outcome. Finally, it has been proposed that Lincoln Hospital follow this stage of the intervention with a shift toward addressing lower and mid-level staff members. Completely resolving the conflict at Lincoln will improve patient experiences and boost morale.
References


