

Case History

Distributed Leadership: Improved Patient Care at a Mental Health Care Treatment Facility

Dynamic governance creates a culture of respect, shared decision-making, and efficiency that leads to improved patient care at a major mental health treatment center.

Background

Mondriaan for Mental Health is one of the largest mental health treatment facilities in the Netherlands, providing inpatient and outpatient services to more than 10,000 adults, adolescents, and children in the province of Limburg in the south of the country. The organization is an accredited training and research institute for psychiatrists, psychologists, and nurse specialists.

With more than 2,300 employees in over 20 locations, Mondriaan was formed from the merger of four mental health care organizations between 2000 and 2007. The organization has been working on government-mandated reform calling for the deinstitutionalization of psychiatric services and the establishment of community-based, outpatient alternatives to traditional hospitals and asylums.

(If you wish to arrange personal contact with Mondriaan to explore further the information in this case history, please write to contact@sociocracyconsulting.com.)

Issue

Even though a new vision and mission were created to guide all of Mondriaan, there was little cohesiveness in and among its six divisions in how to complete tasks or make decisions. Several systemic problems impeded efficiency:

- A top-down management style put responsibility for key decisions into the hands of a few top managers whose contact with patients was limited. Lower level employees were little involved in decisions affecting patient care.
- Employees in charge of a job spent time trying to determine the best method to accomplish the work, even when employees in other parts of the same division may have found a good solution.
- Meetings were disorganized and no one took time to prepare agendas in advance. The result was that managers made unilateral decisions because participants had little chance to review the issues ahead of time. Meeting minutes were filed away where it was difficult for anyone to go back and review the decisions.
- More outspoken individuals tended to dominate meetings in lieu of a mechanism for all participants to have a voice.

The board asked that each division choose a management approach and decision-making process that linked to the new vision and mission and that enabled transparency, continuous learning, and shared responsibility among all employees.

Solution: Dynamic Governance

The Integral Care Division in Parkstad, which handles long-term psychiatric care, chose dynamic governance—known as sociocracy in the Netherlands—as a method that met all the criteria. Dynamic governance (DG) seemed an ideal fit with the division’s emphasis on policy-making that reflects the needs of everyone affected by a decision. The Sociocratic Center of the Netherlands (now The Sociocracy Group, an international organization) provided initial training and guided the division through the implementation process. A nurse in the division took further training at the Center and became a certified DG trainer. He now serves as an internal trainer full time. This division is Mondriaan’s largest, currently (in 2012) at more than 700 employees working in about 44 teams of various sizes.

Dynamic governance has been a radical departure from Mondriaan’s traditional hierarchical approach. Policy decision-making in this division now takes place in *circle meetings*, specially designed for that purpose. The hierarchy within a team is temporarily dissolved during circle meetings, so that all voices are equivalent. In an organization that fully implements DG, everyone is a member of one or more circles, so that individuals are included in the decisions that directly affect their work. Operational meetings continue as usual separately.

In the hierarchy of decision-making circles, at least two persons—the operational leader of the circle and at least one elected representative from the circle—are full members of the next higher circle. This process, called *double linking*, enables transparent feedback and information to flow in both directions and leads to policy adjustments that reflect needs of all those affected by a decision.

Results

The Integral Care Division has achieved significant benefits since beginning to implement DG in 2004:

- Teams now function far more effectively. If a team member makes a mistake, colleagues will guide him or her back on track. This means that everyone takes responsibility to make sure things go well. It also means that employees are more likely to continually learn and improve.
- Teams and employees at all levels have put their protocols and procedures in writing. This documentation is part of DG; it also provides the documentation that the Dutch government requires. Employees now take ownership of their work processes rather than relying primarily on the direction of others.
- More people are using their strengths in their jobs, so their talents are used better.
- Managers, some of whom were initially wary of everyone having input into policy decisions, now understand that people at different levels have different perspectives and that all viewpoints are needed to make the best decisions.
- Employees also understand that everyone’s ideas are necessary for good decisions, and they are confident that they will have a voice at meetings. Meeting agendas are prepared and disseminated well in advance, and all decisions made at meetings are put in files that everyone can access.
- People know that managers will listen to them when they take an issue or problem to a higher level.
- Employees are better informed about where the organization is going, how to get there, and why.
- People at all levels are involved in patient care decisions, rather than just those in higher management. Discussions about how to care for patients are deeper. Patient care has improved.
- Process improvement happens continually as circles learn best practices from each other. There is more cohesion in how the work is done throughout the division. Groups check regularly to determine if their policies are still working and if there are improvements to make.
- The quality of meetings and of decisions has improved. Time spent in some meetings has gone down significantly, allowing staff more time for patient care.

When meetings are well run, that is, when the structure and processes are in place for every voice to count and for the circles to learn from each other, everything improves. The real beneficiaries are the patients—their quality of care goes up.

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Thanks to Dominique Ducornez, certified DG trainer at Mondriaan, for assistance with this article. The Sociocracy Consulting Group, a division of The Sociocracy Group headquartered in Rotterdam, Netherlands, helps organizations implement dynamic governance / sociocracy. To arrange personal contact with Mondriaan about their experience with the method or to learn more generally how it can help your organization, write to contact@sociocracyconsulting.com.