

## Are flaws in decision-making processes causing conflict and poor alignment?—a quick diagnostic



Barriers to progress like lack of alignment or conflict that are difficult to resolve are fairly common. One seemingly quite logical interpretation is that the *primary* cause of such barriers is the way people are communicating.

But, problematic communication could be *secondary to*—a result of—flaws in decision-making processes. Such flaws may not be recognized as an important source of relational

problems. When people then dive into discussions, they are at risk for having unexpressed concerns, differing views, and assumptions about how decisions will be made.

As a result, it is more difficult to sustain dialogue—a process of eliciting and assuring mutual understanding of differing ideas, opinions, and perceptions. Instead, due to the prevailing uncertainties, people are more likely to fall into debates, arm-twisting, coaxing, and pressuring which disrupt efforts to achieve alignment.

Identifying flaws in decision making and doing something about them can help significantly to shift a murky, entangled debate into a clear, effective process of dialogue.

Common decision-making errors include lack of clarity about: who has the authority to make the call; the type of decision being used; whether there will be input before and after decisions are made in order to address concerns; or if those impacted will be involved in the design of the implementation plan.

**A quick diagnostic** for flaws in decision making process (to support high quality dialogue):

- In this situation, is it clear who (person or group) has the authority to make the decision?
- Has that person or group identified the type of decision making to be used? (see brief descriptions below)
- Is there a clear timeline for the decision?
- Do people who are impacted and those who can contribute expertise have opportunities to give input? Have they been involved in creating a mutual definition of the problem?
- Has there been high quality dialogue prior to the decision with consideration of different options and the benefits and risks of each?

- Will there be opportunity to express reactions and address concerns about a decision after it is made?
- Will people be involved in designing the implementation plan for the decision?
- Will the person or group who made the decision engage in regular review of the quality, clarity, and effectiveness of decision making processes?

**Types of decision making: (1)**

The following two decision types mesh best with the objective of promoting high quality dialogue.

- In **consultative** decisions, a leader with the authority to do so makes the call after obtaining input through dialogue from those who will be impacted and those who have key knowledge and expertise.
- In **consensus**, a group of people make the call together. Consensus does not mean that the decision is everyone's first choice but that everyone can *live with* the decision and *commit fully* to its success.

Additional decision types:

- In **authoritative** decision making, a leader with authority makes the decision without input. Dialogue about the decision after it is made is crucial to promote alignment and participation in implementation.
- When decisions are **delegated**, a leader with authority gives that authority to another leader or team who then determines the decision type and process to be used.

Maintaining high quality dialogue while also maintaining clarity and quality of decision making processes is an important and nuanced balancing act. It takes art, skill, and ongoing, deliberate practice by individual leaders and by teams.

**Reference**

(1) Special thanks to Robert Crosby. See his book **Walking the Empowerment Tightrope** 1992.

**Additional brief articles on decision making**

- [When Decisions Cause Distress--a path of courage and compassion](#)
- [We have a consensus!?](#)

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**About Neil Baker M.D.**

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Neil Baker M.D. works with healthcare leaders and teams to enhance impact through *In-the-Moment Leadership and Team Strategies*. This means focusing on immediate work challenges—using any work situation, even the most complex and difficult—as opportunities to achieve immediate impact on quality of work relationships and on progress to results.

He has developed these approaches as a leader, speaker, consultant, and executive coach for 30 years. Past positions include serving as Director of Psychiatric Inpatient Services at the University of Colorado Health Sciences Center in Denver, Colorado; Medical Director of Quality at Group Health Cooperative in Seattle, Washington; and faculty and improvement advisor for ten years for the Institute for Healthcare Improvement (IHI) in Cambridge, Massachusetts.

You can learn more and see client testimonials on his website at [neilbakerconsulting.com](http://neilbakerconsulting.com).