The Healthy Organisation Model is a myth. At least in the sense that real organisations will only ever achieve this level of functioning briefly. The reason for that is the unconscious impact that the work has on the system, which often sets up what we might describe as ‘defensive structures’ within the organisation. It is for this reason that there is truth in the old one-liner that goes, “this hospital would function perfectly fine if it wasn’t for the patients”. The model is useful because it provides a picture of good function in such a way that it makes it possible to begin to see where the fault lines lie in any particular organisation. This is my distillation of what is often referred to as the Tavistock model or the Group Relations Model. I am particularly indebted to the work of Elliott Jaques whose painstaking analysis of how roles and structures should be created for an organisation to function well remains the best in-depth description I have read (“Requisite Organisation”, 2006, Cason Hall and Co Publishers, USA).

The model starts from the obvious assertion that groups ought to be the best way to achieve most human tasks because gathering a range of skills and minds will enormously increase the resources that can be brought to bear. Thus one might conclude that the best shape for a group or organisation would be that which closely resembles the functioning of a healthy individual human being. Studies of organisational dysfunction demonstrate that the organisational equivalent of particular kinds of human function are most vulnerable to the pressures that stop the system from working properly. These functions are the equivalent of perception, thinking, caring and, above all, being curious and interested. I think that it follows from this that an organisation needs to be aware of which structures represent those functions so that those structures can be properly protected.

I have written in detail about this model and how it can be applied but, for the purposes of this webpage I shall merely draw attention to what I consider to be the four factors essential to a healthy organisation:

1. Clarity about the Primary Task; sometimes this is called the mission statement but it is the reason why the organisation exists and it has to be available for all to see so that it can be constantly re-evaluated in the light of experience. In this way decisions are much easier to make, because they can be checked against the question, “Is this decision in the service of the Primary Task?”

2. Clarity about shared principles; this means not only the parameters within which we are forced to work, like the financial parameters, it also means the ethical guidelines and any other specific rules about limits on behaviour in the achievement of the Primary Task.

3. Clarity about the different layers in the hierarchy, specifically what decision-making is delegated to each level and with what authority; decision-making is vital to good functioning and it is essential that everybody knows what are the limits on decision-making for each level in the system because the point at which you cannot make a decision, you have a duty to advise.

4. All of this to be maintained within an attitude which I describe as a culture of enquiry. That means to say from the top down there should be a feeling of benign interest in what's going on and how people are feeling and how the work is having an impact on everybody. The same enquiry ought to be applied to the outside world in terms of whether we are still relevant to the needs of the community in which we have established ourselves. This is the organisational equivalent of what we might describe as ‘curiosity and interest’ in the individual, which I believe is emotional and psychological driver that is crucial to the development of the conscious mind and the capacity to think. I often feel that the fear of enquiry is one of the earliest signs of dysfunction. The NHS is a perfect example of this.

Structure. These factors must be consciously and conscientiously built into the organisation (this includes writing down the Primary Task, shared principles and delegated decision-making so that they are always available to inform the work and can always be checked for current relevance). Thus a structure can be formed which is similar to the circulatory system in the individual; authority (to make decisions and carry out the work) is passed downwards and anxiety is received upwards along with an account for how delegated tasks are carried out. (See Below).

Boss

Manager

Operative

Delegates Decision-making

Delegates Decision-making

Accounts for delegated task

Accounts for delegated task

Authority passed downwards

Anxiety passed upwards

Absorbs Anxiety as part of work