

Chapter 13

Frameworks, Tools, and Leadership for Responding to Strategic Alliances Challenges

Merryn Rutledge

The complexity and cross-disciplinary nature of challenges like climate change, emergency preparedness, and, in the United States, ongoing health care reform suggest that inter-organizational and cross-sector alliances are increasingly important (Marcus, Dorn, & Henderson, 2005; Kapucu, 2006; Prybil et al., 2014).

At the same time, when a group of organizations considers working together, they face myriad difficulties and challenges, even while at least some of the potential partners see how joint work would enable them to tackle an issue that is beyond the capacity of any single organization, and see joint-venture benefits for the community or society that one organization could not create. These substantial difficulties and challenges include, for example, mission differences; power differences; ways in which some organizational cultures, history, and particular leaders impede collaborative effort; and the vast, daunting unknown of discovering ways to address the issue an alliance will work on.

In addition, potential conveners and/or partners often lack a common framework for understanding collaboration, both as a range of choices for joint work and in terms of how to organize and operate the partnership. Lack of a common framework confuses inter-organizational conversations from the outset and may even put the collaborative endeavor at risk.

This chapter updates and extends work that I published in 2011 (Rutledge, 2011), in which I discussed how a strategic alliance model and a set of questions that guide formation of provisional structures and operating agreements helped inter-organizational alliances for whom I have consulted. In the 2011 article, I

An earlier version of this article was originally published in the *OD Practitioner*, 2011, 43(2), 22–27.

M. Rutledge (✉)
ReVisions LLC, Burlington, VT, USA
e-mail: mr@revisions.org

presented two case studies to illustrate the usefulness of the strategic alliance model and guiding questions.

In this expanded essay, I wanted to add to our understanding of the challenges and opportunities of strategic alliances by interviewing leaders, both of the alliances I had written about, and several other leaders who have led and participated in strategic alliances. These eight leaders gave me insight into how strategic alliances respond to flux and change, both within the strategic partner group, and in the environment around the alliance. In addition, I sought insight that would test and add to my own observations as consultant and executive coach as to the leadership that is important for creating, organizing, and sustaining (or dissolving) a strategic alliance.

In this chapter, I begin by illustrating how our terminology for cross-organizational work can be a drawback to successful affiliation, and I define the term “strategic alliance.” Three strategic alliance models are compared in order to highlight advantages of one proposed by Bailey and Koney (2000). Two case studies, written in 2011, illustrate how I have used Bailey and Koney’s model to help strategic alliances clarify their purposes and their relationship, and how, with the model as a foundation, eleven questions have helped members organize their work and make operational agreements. Both case studies, enriched by leader interviews, provide a starting point for exploring what happens to strategic alliances over time, and what kinds of leadership are needed to create and lead such alliances.

Terminology as a Drawback to Successful Affiliation

The plethora of terms that are used to describe cross-organizational and cross-sector work can create misunderstanding (Bailey & Koney, 2000; Austin & Drucker, 2002). For example, Straus (2002), like many facilitators and organization development practitioners, uses the term “collaboration” to describe a set of group processes, regardless of whether group members come from different organizations. In contrast, “collaboration” can describe a relationship among several organizations, such as the New England Multicultural Collaboration, a group of independent school activists. To make it more complicated, “collaboration” may imply value judgments, as in the statement, “that NGO is good at collaboration.”

The word “network” is similarly confusing. Following Barringer and Harrison’s definition of a network (2000), the Network Against Domestic Violence and Sexual Abuse, which operates in a New England state, coordinates activities among member agencies. But a network can also describe organizations whose only connection is through sharing information. Yet another way to conceptualize a network does not define exactly what it is, but uses the term “network age” (Clarke, 2005) to suggest how “organizational forms and work redesign often facilitated by new technologies mean that partnering and collaborative arrangements are requiring new responses,” to meet the challenges of “interorganizational collaboration, where developing effective working relationships poses unique sets of difficulties” (p. 30).

The different meanings of words like “collaboration” and “network” suggest that one way forming a strategic alliance is problematic is that parties come to the table with different ideas about their purposes, relationship, and social processes. Hence, I use the term “strategic alliance” throughout this article, not to argue for one right term, but rather to suggest that “common terminology enables organizations that are discussing or forming strategic alliances to engage in more precise conversations and to have a clearer mutual understanding of what it is their participation means” (Bailey & Koney, 2000, p. 5). “Strategic alliance” describes a “relationship between two or more entities with similar interest...in ongoing relationship-building” in order to achieve “an expressed purpose or purposes” (p. 4).

Three Strategic Alliance Models

There are several frameworks for describing strategic alliance choices. Hall’s four basic forms—dyads, sets, networks, and joint ventures—conflate the number of relationships (dyads and sets), length of affiliation (sets), kinds of social systems (networks), and a specific purpose to exchange goods or services (a joint venture) (Hall & Tolbert, 2005). Hall sees a set, for instance, as a temporary alliance, whereas a network is a social system. Hall’s four forms of affiliation suggest that depending upon the chosen form, the emphasis of the affiliation is on size, length of affiliation, or purpose. In my experience, alliance size is not often a critical issue and length of affiliation is much less important than strategic purpose. But except for joint ventures, Hall’s four kinds of alliance do not help clarify purpose. Hall’s kinds of alliances provide no guidance for clarifying structure or making operating agreements.

Austin and Drucker (2002) also proposes a framework. He focuses on one combination of organizations, that is, NGO’s forming alliances with for-profit companies. Austin offers a continuum of three levels of involvement: philanthropic, transactional, and integrative. These three stages (p. 19) describe the kind, duration, and scope of exchange. Both because he is speaking of relationships between NGO’s and for-profit companies and because he focuses on exchange, Austin’s framework is not a useful framework for many strategic alliances.

Bailey and Koney’s continuum (2000) shows four choices for partner involvement (see Fig. 13.1). Continuum choices range from low to high formalization and low interdependence to integration and merger (p. 9). The least formal and most loosely coupled (Weick, 1976) relationship is cooperation, where “fully autonomous entities share information in order to support each other’s organizational activities” (Bailey & Koney, 2000, p. 6). Moving along the continuum, when parties act in coordination, “autonomous groups align activities, sponsor particular events or deliver targeted services in pursuit of compatible goals” (p. 6). Accomplishing tasks together suggests a closer affiliation than merely sharing information. Parties “in collaboration...work collectively through common strategies” (p. 6), each giving up some degree of autonomy as they jointly set and implement goals. Finally, the most fully integrated connection, coadunation, describes mergers, consolidations, and acquisitions—

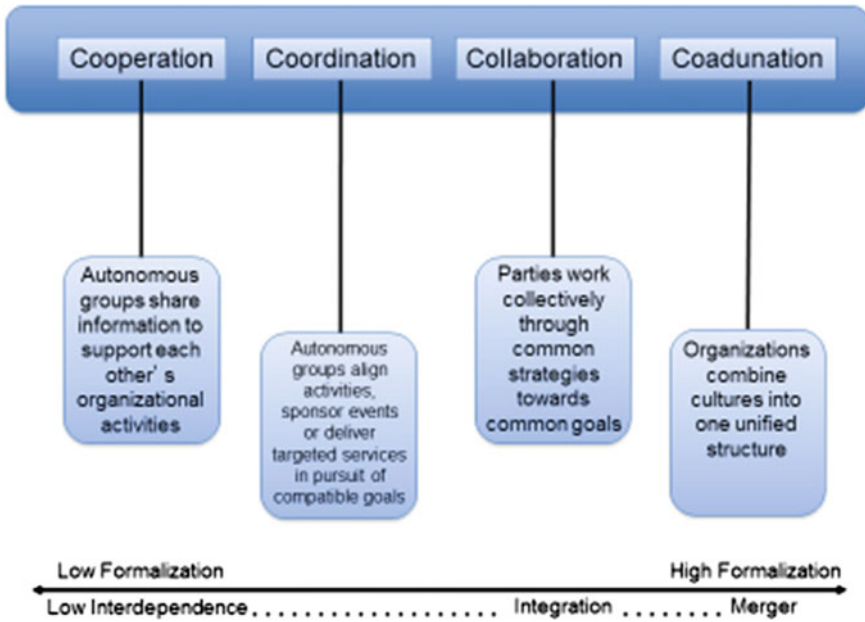


Fig. 13.1 A continuum of strategic alliances

organizations combining cultures into one unified structure. Here one or more organizations “relinquish...autonomy in favor of a surviving organization” (p. 7).

Using Bailey and Koney’s Strategic Alliance Continuum to Clarify Choices

I have worked with a number of strategic alliances whose joint work was complicated by members having little concept of distinct kinds of alliances. A case study will illustrate how Bailey and Koney’s (2000) strategic alliance continuum helped one alliance navigate through a crisis.

My client, the Interagency Coordinating Council (ICC) is a statewide alliance of early childhood and family support agencies.¹ The Council met profitably for many years before it faced a crisis of identity. A change in the Federal Head Start Act required each state to form a new super-council, the Advisory Council on Early Childhood Education and Care (Advisory Council). As an important player in the constellation of early childhood support, ICC was one of half a dozen organizations and alliances invited to the Advisory Council table.

¹The state in which this ICC operates is not given in order to protect client confidentiality.

After several meetings, ICC co-chairs were feeling restive and insecure. The Advisory Council convener unilaterally created the meeting agendas and dominated meetings. As a result, ICC felt that their value, proven by achievements like creating statewide measures of child wellbeing, was being questioned. At the same time, the Advisory Council's mission and goals were not clear, and so the ICC did not know where it fit. They experienced being co-opted by the Advisory Council, which was mandated but dysfunctional.

When I began working with ICC, some members believed that because the new Advisory Council had a broader mandate and more influence in state government, Advisory Council's dominance meant ICC must merge with the Council. Other members believed that precisely because ICC's voice at the Advisory Council table was muted, ICC must continue as an autonomous alliance. The ICC hired me to help them figure out how to be in relationship with the Advisory Council.

Noticing the way ICC members framed their choice in stark either/or terms, I began to wonder whether ICC members lacked an understanding of kinds of affiliation. I thought that helping ICC clarify their *raison d'être* might expand their view of choices for relationship with the Advisory Council.

I used Bailey and Koney's continuum to help ICC members clarify why they exist. After explaining the continuum, I invited the group to locate the ICC along the continuum. How would they do that? An existing strategic alliance uses its mission to figure out what kind of alliance they are. ICC's mission is to:

- Advocate for early childhood and family support at the local, state, and Federal levels.
- Address any issues having to do with practices and/or quality of supports and services.

They quickly saw that while they certainly share information, both in and between quarterly meetings, their purpose for affiliating goes beyond cooperation. On the other end of the spectrum, ICC member organizations knew they did not wish to merge. Indeed, our discussions reinforced their conviction that the value of the alliance lay in the diversity of organizations, each with its own resources, expertise, and perspective, and proven ability to accomplish joint work.

As has often happened when I use Bailey and Koney's (2000) continuum, the ICC decided that they belong in more than one spot. Depending upon what activity they engaged in, ICC's purpose was to coordinate or collaborate. When they acted upon their advocacy mission, for example, convening a meeting with legislators to focus attention on a particular issue, they were coordinating. Such a meeting was an activity that reflected "compatible goals" (p. 6). While ICC member organizations' goals for a specific piece of legislation were likely not identical, they were compatible.

When the ICC convened a committee to address a specific early childhood system challenge like defining measures of child wellbeing, members were working in collaboration. That is, they shared a common goal of creating one set of measures. In Bailey and Koney's definition, collaboration involves "integrated

strategies” (p. 7). The ICC’s strategies were integrated in the sense that individual organizations, some using one set of measures, some others, and some using no measures, would share their practices and dilemmas, do research on measures used by other organizations, and then mutually decide on one set of measures.

What difference did these continuum choices make to the ICC? First, the four choices helped members realize that they had been acting from a narrow mindset: organizations either affiliate for an indistinguishable variety of purposes or they consolidate. Secondly, ICC realized that pressure to merge with the Advisory Council was likely caused by both the Council’s and the ICC’s narrow perception of choices for connection. While acknowledging that at some future time it might be appropriate to merge with the Advisory Council, the ICC decided that merger should be considered only *after* members worked with the new Advisory Council to clarify its purposes and identity. ICC members decided to bring the strategic alliance continuum to the Advisory Council in order to clarify the Council’s purposes. Then the co-equal parties within the Council could decide upon the forms of strategic affiliation that would serve members and the whole early childhood system.

The Alliance Continuum Is not a Developmental Path

Bailey and Koney imply that their continuum not only describes choices for levels of engagement but also suggests a developmental path (p. 8). In other words, they suggest that with the exception of coadunation, increased connection and interdependence are a good idea. In my experience, such a developmental path only applies to a few alliances and should not be embedded in or suggested by the continuum. To do so would have been detrimental to the ICC, who needed to see a range of non-prescriptive choices. Leaders I interviewed in 2016, who have been involved in many alliances, agree that prescribing the continuum as a developmental path would increase conflict in existing alliances and scare potential alliance partners in emerging alliances. The idea that low formalization and integration are less desirable or less mature introduces unhelpful value judgments.

Building on the Continuum: Eleven Questions to Solidify Relationship

Broadly speaking, strategic alliances have two components: a set of strategic purposes and ways to build and solidify relationship (Bailey & Koney, 2000, p. 4). ICC’s experience with the Advisory Council illustrates how to use the continuum to address both components. In this section I will use another case study to show two additional ways for alliances to address both strategy and relationship: (1) members create alliance structures that align with where they are along the continuum;

(2) alliances make agreements about communication, decision-making, the source and use of resources, and other operational matters, as appropriate to low or higher levels of formalization called for by their place(s) on the alliance continuum.

In their work, Bailey and Koney (2000) offer many lists of questions that are intended to help alliances work. I have found these and other lists (Austin & Drucker, 2002; Mattessich, Murray-Close, & Monsey, 2001) to be impractical for use with clients. The sheer number of questions, as well as the range of topics they cover, causes alliance members to get bogged down in process detail. Such detail upsets the balance among “three dimensions of success” in collaborative endeavors: results, process, and relationship (Straus, 2002, p. 116).

At the same time, such detailed lists have helped me reflect upon the issues that contribute to relationship difficulties among my clients. I distilled eleven questions that help alliances make sturdy agreements about mutual expectations. These agreements lay the foundations for the structures and processes that make the alliance work. The questions are:

1. What does the alliance wish to accomplish?
2. What activities are shared or combined?
3. What members or groups are responsible for seeing that each goal and activity gets done?
4. Who convenes the alliance?
5. Who leads and how are leaders designated?
6. How do alliance members communicate among themselves?
7. How do alliance members communicate to their own organizations and other stakeholders?
8. How are decisions made?
9. How are disagreements handled?
10. What resources are available and by whom?
11. Who is accountable to whom and how is accountability monitored?

The ICC’s experience shows how the first question helps an existing alliance relate each part of its mission to a specific place on the alliance continuum. In order to illustrate the practical use of the other questions, I will relate my experience helping a national strategic alliance.

National Health Affiliates, a group of twenty-one public health organizations, had met fitfully for a decade when they asked me to work with them. Although they had articulated a set of Relationship Principles when they formed in the late 1990s, the alliance had, members agreed, failed to achieve its potential.

In my experience, it is common for alliance members to want to work together and to experience ongoing tensions. For Affiliates, changes in the grant requirements of the Centers for Disease Control had exacerbated competition. In addition, tensions arose over Affiliates’ differing positions on public policy and pending legislation. Furthermore, small organizations resented larger ones that could afford more programs and more member services, such as sophisticated web resource pages. Such factors illustrate how combinations of external forces and differences,

for example, in member organization's purposes, interests, power, and resources contribute to the challenges alliances face as they form and maintain a relationship.

At the same time, with health reform rising to the top of the national policy agenda, alliance members wanted to explore how they could strengthen the Affiliates in order to achieve a greater good: enhancing the public health of the citizenry. I was hired to help the alliance figure out how to achieve this aspiration.

The Affiliates' Relationship Principles articulated several alliance purposes:

- To communicate effectively;
- To help shape policy decisions;
- To offer consultation to each other on matters of individual organizational development and share training resources for economies of scale.²

As was the case with the ICC, the Affiliates' mission was not helping them define their relationships or organize their work. When I asked members to describe the alliance, they said they were "a common enterprise," a "coalition," and "a process," and admitted that these rather vague descriptions reflected unrealized aspirations. Once they understood the strategic alliance continuum, they, like the ICC, quickly agreed that their work belonged in three places on the continuum: cooperation, coordination, and collaboration.

They needed cooperation when the purpose was to communicate effectively, coordination when the purpose was to help shape policy, and collaboration when the aim was to share training resources, expertise, and programs. The correspondence between these purposes and the strategic alliance continuum choices is depicted in Fig. 13.2.

In the list of eleven questions, they had answered the first and second questions, which directly address the strategic component of an alliance. Their answers laid the foundation for clarifying the relational component, which is strengthened and maintained by the way they organize work and by operating agreements. The third question asks, "What members or groups are responsible for seeing that each goal and activity gets done?" This question invites alliance members to create structures that organize their work.

The Affiliates could sequence their work so that the lowest level of formalization (cooperation) was tackled first, then the next level (coordination), and then the next (collaboration). They could also create temporary or permanent structures, for instance, a steering committee and other committees.

The Affiliates took both approaches. One organization offered their website as a portal for Affiliate communication. This was an immediate step that would allow members to build mutual trust and confidence in the usefulness of the alliance. At the same time, the Affiliates created a structure for operating (see Fig. 13.2). Standing committees were organized, each operating at a particular place along the alliance continuum. Committee names reflected and reinforced their purpose in

²For clarity, I have simplified the Principles, as well as the organizational structure that grew from them.

relation to the continuum, for example, the policy coordination committee and the organizational development collaboration committee.

Members agreed that ongoing communication was a fundamental reason for affiliating and that twenty-one organizations could not all meet regularly. Therefore, they created a steering committee. This committee would meet regularly and convene quarterly conference calls for cross-fertilizing committee work. The steering committee would also be responsible for refining communication vehicles. Finally, the committee would help members identify new opportunities for new coordination or collaboration that arise from state or national policy issues, individual member needs, and/or funding opportunities.

Maintaining Relationship: Making Clear Agreements

With committees in place, the Affiliates were ready to make other agreements that would help them operate smoothly. In the list of eleven questions, numbers four through eleven provide guidance for making agreements about roles and responsibilities.

Questions four and five invite an alliance to clarify its leadership system: “Who convenes the alliance?” and “Who leads and how are leaders designated?” These questions also help alliance members surface and negotiate power dynamics that naturally arise in organizations and are salient in change processes (Marshak, 2006; Morgan, 1997). For the Affiliates, overt conversation about the large public health organization that had heretofore convened and funded Affiliate meetings helped the members air grudges about that organization’s power and correct misperceptions about motives. The Affiliates agreed they wanted the convening organization to lead in two specific ways: hold periodic summits to bring the membership together and find funding to do this. Question five also ensured that Affiliates discussed and agreed upon leadership structures, processes for identifying specific leaders, and leadership succession plans for the steering committee and the other committees.

Questions six and seven focus on clear communication. Question six is: “How do alliance members communicate among themselves?” The Affiliates created written communication protocols. Examples of these protocols are: a standard meeting agenda calls for discussion and agreement upon what business is communicated, to whom, by what deadline, and who is responsible for this communication; guidelines specify when as-yet-unresolved business stays within a task group or committee.

Question seven, “How do alliance members communicate to their own organizations and other stakeholders?” helped alliance members map stakeholder relationships and create communication methods for staying in touch with these stakeholders. For example, the ongoing core groups, the steering committee, and the three other committees agreed upon ways to communicate, when, and by whom. Communication methods would include quarterly meeting reports on important initiatives and postings to a member web resource page.

Questions eight and nine are: “How are decisions made?” and “How are disagreements handled?” Like question four, these questions helped the Affiliates

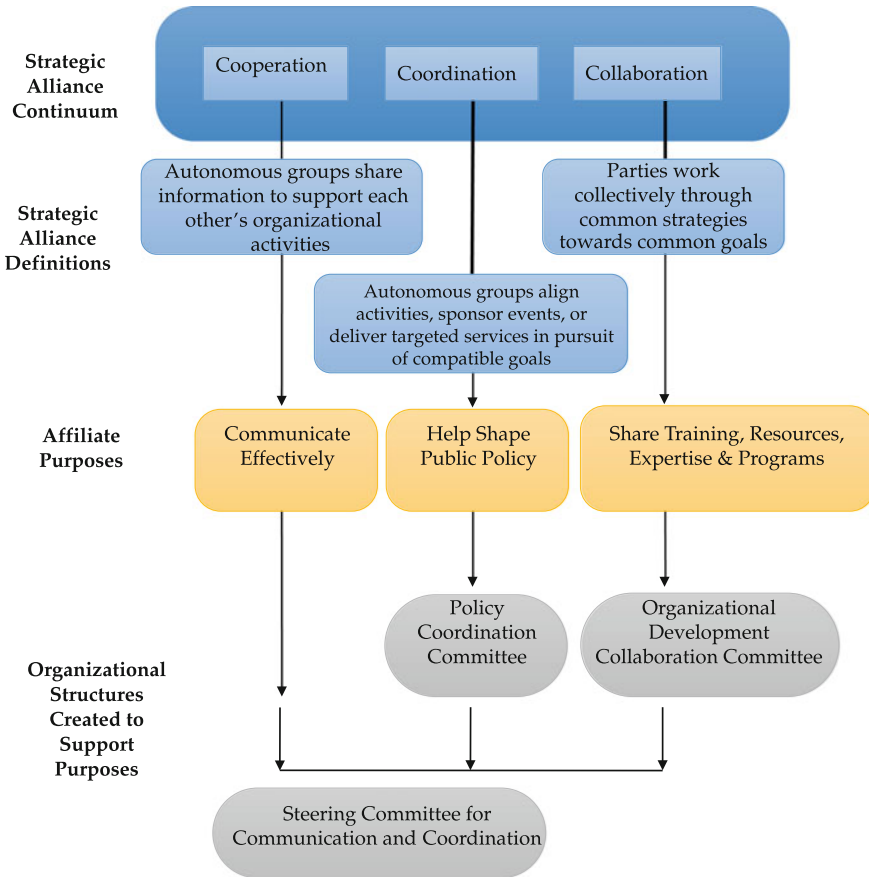


Fig. 13.2 National health affiliates

negotiate power dynamics that arise during decision-making. The Affiliates agreed that each committee would use consensus decision-making. Group norms about surfacing disagreements would be engendered by using Schwarz's (2005) group guidelines, which, for example, invite participants to disagree openly and find ways through differences. The Affiliates decided that unresolved differences would go to the steering committee.

Question ten, "What resources are available and by whom?" also surfaces power issues. As I have explained, smaller Affiliate member organizations had long resented the larger ones. Discussions helped these smaller organizations appreciate the money and staff support that the convening organization had been providing. In addition, another large organization stepped forward to offer the technology that would support web-based Affiliate communication.

Question eleven asks, "Who is accountable to whom, and how is accountability monitored?" This question formalizes areas of responsibility, invites ongoing

self-monitoring, and encourages continuous improvement. For the Affiliates, these areas of responsibility would be documented in a new charter, drafted by a “principles working group,” reviewed by the steering committee and the three other committees, and then ratified by all member organizations. This charter was created, ratified, and, as I will explain later in the chapter, was updated in 2015.

The purpose of each of the eleven questions is summarized in Table 13.1.

Table 13.1 The eleven questions and their purposes

Question	Purpose
Focus is on the strategic component of the alliance	
1. What does the alliance wish to accomplish?	Identifies the goals of the alliance.
2. What activities are shared or combined?	Encourages matching these goals with alliance continuum choices.
Focus is on the relational component of the alliance	
3. What members or groups are responsible for seeing that each goal and activity gets done?	Invites creation of structures that organize alliance work.
4. Who convenes the alliance?	Invites alliance to clarify its leadership. Surfaces and invites members to negotiate power dynamics.
5. Who leads and how are leaders designated?	Invites alliance to clarify its leadership: structures, processes for identifying leaders, and leadership succession plans. Surfaces and invites members to negotiate power dynamics.
6. How do alliance members communicate among themselves?	Focuses on clear communication within the alliance, including among committees or task groups.
7. How do alliance members communicate to their own organizations and other stakeholders?	Encourages alliance to identify all stakeholders and create clear communication methods.
8. How are decisions made?	Members prevent misunderstanding by agreeing upon decision making methods. Surfaces and invites members to negotiate power dynamics.
9. How are disagreements handled?	Members prevent misunderstanding by agreeing upon norms for surfacing disagreements. Encourages disagreeing openly and finding ways through differences.
10. What resources are available and by whom?	Surfaces power issues based on who has more or fewer resources to contribute.
11. Who is accountable to whom and how is accountability monitored?	Formalizes areas of responsibility. Invites ongoing self-monitoring and continuous improvement.

Leading Strategic Alliances: Initial Lessons from the Case Studies

The ICC and Affiliates case studies illustrate how the strategic alliance continuum and eleven questions are helpful. These stories also suggest leadership approaches that contribute to alliance success. I will make brief observations here and expand on alliance leadership later in the chapter.

ICC and Affiliates leaders brought an essentially optimistic outlook about the potential of joint work. They hired me, not because they were at wits end, although some members *were* frustrated and discouraged, but rather because they believed their strategic purposes could be realized. They brought, in other words, qualities of adaptive leadership (Heifetz, 1994), namely, wanting to construct “a relationship in which to raise and process tough questions” (p. 85), and encouraging the participation (p. 121) of all alliance members.

In addition, whether they articulated it or not, the fact that they sought consultant help showed that they knew “learning is required both to define problems and implement solutions” (Heifetz, p. 57). Consultants facilitate learning by listening for what is present in and what is missing from the system, and by raising awareness of the system. For example, what terminology do members use to describe their relationship? Whether they are expressing them or not, what are their aspirations, frustrations, and conflicts? What factors and circumstances in the environment surrounding the alliance influence and interact with it? The consultant also leads by choosing frameworks and tools, such as the alliance continuum and eleven questions, that respond to the clients’ particular needs. Because learning takes time, both consultants and alliance leaders encourage open dialogue that does not reach too soon for answers (p. 87). At the same time, outcomes of my engagement with ICC and Affiliates show the value of guiding alliance leaders toward decisions and clear, actionable agreements.

Alliances Over Time: Continuing Challenges, and Responding to Flux and Change

To prepare for writing this chapter, I interviewed one leader with current information about ICC and two who are knowledgeable about National Health Affiliates. These interviews, together with interviews with five other leaders with vast experience with many strategic alliances, show that even strategic alliances that are in what has been described as a “sustain action and impact” (Hanleybrown, Kania, & Kramer, 2012) phase continue to deal with factors that challenge and test the alliance. Flux and change call for periodic or constant adaptation, and may even threaten the alliance’s existence. Examples from the ongoing ICC, Early Childhood Advisory Council relationship, and also the National Health Affiliates, will help me illustrate the challenges and adaptations.

Lauren,³ a key leader of a state agency involved in the continuing relationship between the ICC and the Early Childhood Advisory Council (now called Thrive) agreed that our use of a continuum of alliance choices in 2010 did facilitate creating a fruitful working relationship between these groups. The focus of the ICC partnership of organizations is sufficiently different that it was not subsumed by Thrive. Lauren did point out that waves of change caused both alliance member organizations and the alliance itself to frequently revisit and redefine how they work, and these changes continue to make discussion and agreement difficult. For example, various members of the alliance give their target populations as birth to three, birth to five, and even birth to eight. Because two goals of the ICC are to support and improve data collection, and then identify and address service gaps, the different age ranges make it difficult to agree on what data to use, how to define gaps, and how to measure impact (Kania & Kramer, 2011). One alliance member added mental health to its early childhood mission; this change means that this member comes to the table with concerns that may not align with other member organizations' missions. Lauren believes that the ICC and Thrive would be well served by once again using the alliance continuum and the eleven questions to redefine their strategic purpose and update operating agreements.

National Health Affiliates continues to provide structures and venues for cooperation and coordination that advance public health initiatives. Current Relationship Principles explicitly state that the Affiliates uses the Bailey and Koney choices to help them decide how to respond to opportunities for joint endeavor. Differences in power continue to create tension, with smaller, less well-resourced organizations and larger, well-resourced ones. Funding the Affiliates' activities is difficult for many reasons, for example, program funding is often awarded to single organizations; grant guidelines require the Affiliates' work to be counted as overhead, which funders severely limit; grant awards from the main federal funding agencies are smaller because of Congressional action. Turf issues also continue to pose challenges, especially when a member wishes to take over the work another is doing. Because of staff and leader turnover, and, until recently, lack of a steering committee leader succession plan, institutional memory—including lack of written records—is an ongoing challenge that makes onboarding new steering committee members, periodically revisiting the alliance Relationship Principles, and other issues more difficult and time consuming.

The Affiliates continue to change their structure and operations to manage these challenges. Two structural changes and a shift in culture have made power differences easier to manage. First, the organization that convened the Affiliates during its first decade, and was resented by some members for its perceived primacy, no longer leads or convenes the alliance; that organization is just one of the twenty-one Affiliates. Secondly, while the original convener continues to pay for the one Affiliate operational staff person, the steering committee chair is now an *ex officio*

³Names of all interviewees and their organization and alliance affiliation have been changed, as interviews were confidential.

board member of that organization. Giving the steering committee chair ongoing insight into the staff person's organization helps mitigate and manage the perception that the Affiliates' operational decisions are partisan, and also creates direct communication between the steering committee and the organization that provides operational support. Beyond these structural changes, one leader I spoke to attests to a culture of collaboration (in the informal sense of collaboration as a participative, mutually appreciative way of working together) that is now the norm, thanks to concerted effort over a number of years.

Relationship Principles that were revised in 2015 improve the leadership system, and also respond to changes in the external environment surrounding public health. A chair and vice-chair from two different member organizations lead the steering committee; they are elected by all the Affiliates' members and have overlapping terms so when the vice-chair becomes chair, she/he knows the job. Because permanent committees based on common interest did not respond to emerging needs, these committees were disbanded. Instead, as crosscutting needs emerge, ad hoc work groups tackle these issues. In addition, United States President's Initiatives, which are identified each year, provide new opportunities for the Affiliates alliance to organize cooperative, coordinated, or collaborative work.

Other leaders I interviewed told me of other ways in which alliances they are or have been involved in continuously anticipate and respond to a myriad of challenges that affect their strategic purposes, relationships, and operations. Some challenges are addressed through relatively straightforward solutions, like creating a new memo of understanding between two rural transportation NGOs I am familiar with. Often, however, the challenges and/or multiplicity of challenges are more perplexing, and alliance partner tensions pose risks to the alliance. Circumstances that Heifetz (1994) calls "Type III situations" arise when "the problem definition is not clear-cut, and technical fixes are not available" (p. 75). When dealing with such "adaptive problems" (p. 87) my interviews with leaders indicate that adaptive leaders doggedly, with difficulty, and with considerable investments in energy, time, and other resources, keep their eyes on alliance outcomes, keep surveying the strategic landscape, look for opportunities for movement, and, above all, endeavor to keep alliance partners in the conversation.

Leadership that Facilitates and Impedes Strategic Alliances

These ways of dealing with "adaptive problems" (Heifetz, 1994, p. 87) suggest the kind of leadership that is important for creating, organizing, and sustaining (or dissolving) a strategic alliance. The eight leaders I interviewed have all been successful in creating strategic alliances; in four cases, creating alliances is a self-avowed theme of their careers. I asked respondents what leader attributes, attitudes, and approaches they believe are key to creating and sustaining a strategic alliance, and I also asked them to comment on attributes, attitudes, and approaches that interfere with a strategic alliance. To find themes, I coded (Patton, 2002,

Table 13.2 Leadership approaches that facilitate and impede strategic alliances

Leaders who facilitate successful alliances	Leaders who impede alliances
<ul style="list-style-type: none"> • Believe in the potential of joint work. 	<ul style="list-style-type: none"> • Seek to protect turf, and/or personal or organizational power.
<ul style="list-style-type: none"> • Welcome dialogue that tackles tough questions, includes co-created learning, and entertains open-ended possibility. 	<ul style="list-style-type: none"> • Operate from a mindset of either/or thinking, such as “my way or no way.”
<ul style="list-style-type: none"> • Discover and articulate, from seemingly disparate events, facts, data, or contexts, a community or societal need. 	<ul style="list-style-type: none"> • Give primacy to their own organization’s set of services.
<ul style="list-style-type: none"> • Believe that solutions to the focal issue can be found. 	<ul style="list-style-type: none"> • Measure their professional success by how well they maintain the status quo.
<ul style="list-style-type: none"> • See a strategic landscape broader than their own organization. 	<ul style="list-style-type: none"> • Value the status quo; prefer not to take risks.
<ul style="list-style-type: none"> • See broad and ongoing stakeholder engagement as a moral imperative, and a strategic and practical way to address the focal issue. 	<ul style="list-style-type: none"> • View potential partners with suspicion, as competitors, or as threats.
<ul style="list-style-type: none"> • Create and value relationships characterized by mutual regard, respect, trust, and candor. 	<ul style="list-style-type: none"> • Approach joint-venture relationships in a defensive or self-protective way.

p. 463) detailed interview notes; however, the themes I will present also reflect my beliefs and observations from many years of consulting with strategic alliances and coaching alliance leaders. Table 13.2 summarizes the themes. As I have done earlier in this essay, I will again demonstrate how the themes play out by presenting them as a case study about Wellness for Elders Assisted for Life (WEAL), a statewide strategic alliance.

WEAL began when Naomi, the CEO of Affordable Housing, Inc. (AHI), began to imagine how elder people’s homes, whether congregate housing such as AHI manages, or homes in neighborhoods, might be optimal settings for providing a range of services to help seniors age, in wellness, and in place. Naomi was also seeking solutions to intractable problems like a high rate of seniors’ use of hospitals, insupportably low Medicaid reimbursement to housing management organizations during residents’ hospital stays, the infeasibility of building enough assisted living facilities to accommodate seniors as they age, and the heartbreak involved in moving seniors into nursing homes as they grow more frail. The challenges were huge and involved multiple bureaucracies; her dream was untried and contrary to current systems, including funding streams and regulations; many people held the fixed notion that a housing corporation’s only job is to provide a roof over people’s heads.

Naomi demonstrates a combination of attributes seen in leaders who embark on strategic alliances: the ability to clearly articulate a community or societal problem, a vision of and belief in finding creative solutions, and a view of a strategic landscape that is broader than their own organization. In the case of the ICC, leaders bring a shared belief that we should be trying to provide children with a better start in life, and recognition that joint work by both public and nonprofit organizations is

part of the answer. Members of the National Health Affiliates hold the conviction that they “are greater as a whole”⁴ in representing and promoting public health. Another leader who has been involved in many strategic alliances said the alliance leader must have “the ability to map [one’s own] organization onto a spectrum of alliances” as a way to approach solving a community problem, and still another leader described the successful alliance leaders’ belief that “the pie is not fixed in its size, nor in its content.”

Naomi floated the initial concept of WEAL to several stakeholders, such as the AHI board of directors, her senior staff, and a couple of key leaders with expertise in health care in general, and geriatric issues in particular. At the time, I was an AHI board member, so I recall the early, inspiring conversations with the board. (After serving my board term, I worked as a consultant and external executive coach for AHI.) The systems changes Naomi and her colleagues were working on called for “radical social change,” as one respondent put it, and some of the leaders around her shared this bold aspiration and the conviction that making the change would involve many stakeholders, some as alliance partners, and others in a variety of assisting roles.

Soon, and over time, an expanding group of stakeholders got involved, some as alliance members and others helping to create and operationalize WEAL. Area organizations that would provide WEAL services, like the Visiting Nurse Association and the hospital systems, became alliance members. In addition, influential early supporters were able to call on national experts to create an evaluation system to prove the proposition that WEAL elders would have better health outcomes while saving health care dollars. Two influential state legislators advocated for WEAL as societal and fiscal priorities.

A second theme of leadership for successful strategic alliances, then, is that alliance leaders know the importance of thoughtfully identifying and analyzing stakeholder groups, bringing key constituents together, and engaging with them throughout the life of the alliance. Some leaders I interviewed see early and constant attention to stakeholders as first and foremost reflecting an ethic about involving others. Tamicka, who has formed, participated in, and been a consultant to strategic alliances, said that a leader must first have exploratory conversations with others, and then “enter the space with colleagues,” to find where “there is a core” purpose to build on. The image “enters the space with...” suggests a desire for open-ended dialogue and co-creation. For her, it seems that stakeholder relationships are about cultivating an ethic of care, where “interdependence rather than individualism is emphasized, along with the mutuality of giving and receiving more than entitlements” (Oruc & Sarikaya, 2011, p. 388).

Other leaders believe that inviting and tending stakeholders—meaning both alliance members and other interested parties—improves alliance outcomes, is a practical way to manage work, and is important to achieving the overarching community or societal mission, such as maintaining and improving elders’ well-being. Right at the beginning of WEAL, AHI leaders could see that AHI needed to

⁴Direct quotes from interviews are in quotations.

involve residents in the design by asking them what they valued, lacked, and needed. Involving residents was, quite simply, the right thing to do, as one leader put it; in addition, with resident involvement, WEAL would be better designed; furthermore, WEAL participants would not want to participate in services that were “done to them.” A National Health Affiliates leader said one reason the affiliation continues is that “Congress doesn’t understand that the public health community is people with some different interests”; members realize that as a group, they advance individual public health organization’s interests by presenting public health as a “whole.”

“Stakeholder engagement” is a lofty term; the glue, according to WEAL and other alliance leaders, is respectful relationships. When Naomi first began to work toward what WEAL would become, she and other leaders who worked with her already had a wide, deep network of people to draw on. Later, even when partners or potential partners resisted the WEAL effort, leaders pointed out that, as one put it, “at least we liked each other” and had come to trust each other over a long period of time. Another WEAL leader spoke of “holding the agenda of the partnership” by asking questions that show you are “interested in hearing other people’s perspectives,” and then listening and hearing, and trying “to find common ground.” Another leader described the importance of leaders below the executive director and CEO level who cultivated relationships by openly and repeatedly inviting people to the alliance table, saying, “come, come to the meeting, join us.”

Looking back on the ten-year journey from the initial idea to WEAL’s design, pilot phase, evaluation, and statewide deployment, the three leaders I interviewed said that diversity in leadership roles and talents has been critical to the success of the complex endeavor, and they all readily named thought leaders, practical thinkers, and advocates who have brought a variety of strengths to the table. One was a highly respected leader in the medical community. One was “an astute evaluator of personalities” who could always “sort the facts from the riffraff.” Two would call leaders “to the carpet when” they were “off the mark.” One, a veteran of failed alliance and health care reform efforts, could, “always see where we were going” and “get up in the morning and keep going” even when WEAL faced stiff challenges. Another leader described one alliance partner’s contribution as enforcing “a whole ethic around data and accountability around data;” after demonstrating “significant reductions in cost, people couldn’t turn their back on the...financial and health outcomes.” Leaders reflected on the fact that the partnership needed both visionary thinkers who could “see the overarching dome” of system change, and also the talents of partners who could pose and answer difficult questions about how to create WEAL’s infrastructure of funding, staff, technology, and services.

Other leaders I interviewed agree that diverse leaders and leader talents are important. “I think different leaders are needed in different situations,” said Lauren, who watched the ICC/Thrive alliance change over time. A National Health Affiliates leader described how two well-respected Affiliate leaders were the driving forces behind the Affiliates’ ability to develop “a culture of collaboration.” They did so by relentlessly articulating the value of working together, patiently cultivating and enabling relationships, and dealing with tension as a creative force.

WEAL leaders, along with all the other leaders I interviewed, have experience with mindsets and attitudes that impede an alliance; anticipating these barriers may help alliance partners be alert to and manage the way they threaten the joint endeavor. These attitudes, summarized by a number of respondents, include: protecting one's individual organization's turf, power, and financial resources; wanting to maintain or expand personal power; not wanting to take on or even share risk, such as financial risk; being caught in either/or thinking, as in, "my way or no way;" impeding alliance movement by practicing sabotaging behaviors, like bringing up the same issues over and over again at meetings. Summarizing the mindsets that impede alliance work, one leader said, "the common denominator is status quo...an allegiance to a certain way of doing things that has been in place for many years, and also measuring professional success by how well they maintain the status quo."

Other alliance leaders embroidered this theme. One said it was destructive to "hold on to old stories," suspicions, and resentments. As a fairly new operations director for the Affiliates, Miriam does not conclude that the old stories are untrue; rather, they do not reflect the current structure, operations, or conduct of the Affiliates. Tamicka characterized the stance of "this is mine, we do it the best, and we've always done it this way" as defensive behavior that takes understanding, patience, and strategies to "find the spaces where we have maximum movement possibility—and mission is one of those possibilities." Perhaps Tamicka's experience as both executive director in and consultant to strategic alliances contributes to a sense that defensive behavior is a manifestation of tensions that are an inevitable dynamic in alliance relationships.

Alliance Leadership as a System

My interviews with alliance leaders also suggest ways to go beyond conceptualizing alliance leadership in terms of leaders' qualities and approaches. In this section, I explore how Complexity Leadership Theory (CLT) (Uhl-Bien, Marion, & McKelvey, 2007) can help consultants and leaders as they form, organize, and sustain (Hanleybrown et al. 2012) a strategic alliance. Complex systems are "neural-like networks of interacting, interdependent agents who are bonded in a cooperative dynamic by common goal, outlook, need, etc." (p. 299). Complex Adaptive Systems (CAS) are not merely complicated, that is, composed of "a lot of pieces or parts," (Uhl-Bien & Marion, 2009, p. 632) where one can understand the system by analyzing its components (Uhl-Bien et al., 2007, p. 302). Rather, complexity "conveys a sense of rich interconnectedness and dynamic interaction that is generative of emergence" (2009, p. 632). While it is not my purpose here to focus on distinguishing complicated alliances from complex ones, it should be clear from this brief description of complexity that all three strategic alliance case studies in this essay share features of complexity, namely, their common need and aspiration, their interdependence, and emergent change.

Complexity Leadership Theory “requires that we distinguish between *leadership* and *leaders*” in which “*leadership* [is] an emergent, interactive dynamic that is productive of adaptive outcomes” (Uhl-Bien et al., 2007, p. 299). Looking at leadership as a system of “neural networks” goes beyond merely recognizing the value of having diversity in strategic alliance leaders. Thinking of leadership as an interdependent and emergent system can help strategic alliance leaders articulate the need to have different leaders over time, serving different functions, playing different roles, and creating, learning, and adapting together.

Indeed, conceiving of a strategic alliance leadership system challenges notions about stakeholders—a term I have used in this essay and that all interview respondents used to describe the people and organizations involved in the strategic alliances they described. In stakeholder theory (Freeman, Wicks, & Parmar, 2004), a stakeholder is a party with a stake in the value of the business; an organization’s managers articulate the purpose of the organization, and then they think about “what kinds of relationships they want and need to create with their stakeholders to deliver on their purpose” (p. 364). Here “stakeholder” is defined as a relationship to one organization. At National Health Affiliates’ inception, a single organization identified twenty other organizations as its stakeholders. For WEAL, the central organization was AHI. Yet, as we saw in the case of National Health Affiliates, defining other organizations in relation to a central, founding organization can contribute to or perpetuate the sense that this organization is, variously, first among equals, the main driver, or even (especially for leaders whose mindsets make them suspicious of the alliance) a threat to alliance member organizations.

A focus on building a leadership system can help both the convening organization or group and other participants by changing the question, “Who are our stakeholders?” to “What functions, roles, and players in a leadership system will help us achieve our purposes?” This is, I think, a different question than the fifth question in the eleven questions: “Who leads and how are leaders designated?” In the list of eleven questions, this fifth question is an operational question about how to organize and operate the alliance. For National Health Affiliates, the answer to this operational question involves a steering committee with a succession plan.

The Leadership System Performs Three Functions

Complexity Leadership Theory can be helpful to strategic alliances by further conceptualizing three leadership functions: adaptive, administrative, and enabling (Uhl-Bien et al., 2007, p. 305). These leadership functions are not set roles assigned to specific people, but fluid and dynamic ways in which a variety of leaders addresses alliance needs and fulfills responsibilities.

One such leadership function is “*adaptive leadership* [which] refers to adaptive, creative, and learning actions that emerge from the interactions of CAS as they strive to adjust to tension...[It is] an informal emergent dynamic that occurs among interactive agents (CAS) and is not an act of authority” (Uhl-Bien et al., 2007,

p. 305). Within WEAL, my interviews point to many examples of adaptive leadership, for instance, the creative dynamic among AHI's CEO's (both Naomi and her successor), the leader of a public-private partnership for managing chronic disease, and an array of NGO and public sector leaders with whom AHI's CEO's have worked on WEAL and other endeavors. Picture these leaders standing together in a large room, passing the strands of a skein of yarn from one to the other, around and around. Viewed from above, the people and yarn make a vast interlacing pattern, unfolding, as they do in complex systems, in nonlinear and unpredictable ways.

A second leadership function is administrative. "*Administrative leadership* refers to the actions of individuals and groups in formal managerial roles who plan and coordinate activities...[It] structures tasks, engages in planning, builds vision, allocates resource to achieve goals, manages crises and conflicts, and manages organizational strategy" (Uhl-Bien et al., 2007, p. 305). Miriam's role in National Health Affiliates shows one way administrative leadership occurs in a strategic alliance. Miriam works with the steering committee chair and vice-chair to foster communication among members, arrange meetings, hear and channel member concerns to other leaders, and assure continuity by seeing that Affiliate members have a documented history and use it as a resource.

In complex systems, the third leadership function is *enabling leadership*, "which works to catalyze the conditions in which adaptive leadership can thrive and to manage the entanglement...between the bureaucratic (administrative leadership) and emergent (adaptive leadership) functions" (Uhl-Bien et al., 2007, p. 305). Enabling leadership creates "enabling conditions to foster effective adaptive leadership" and "facilitates the flow of knowledge and creativity from adaptive structures into administrative structures" (p. 305). In my experience, enabling leadership is not just a go-between (between administrative and adaptive leadership), but may overlap with one or both. The AHI board has, for example, performed an enabling role by helping WEAL leaders do contingency planning in the face of a changing national health care context. At National Health Affiliates, Miriam variously plays an enabling and administrative role. As the staff member for the Affiliates, she facilitates the flow of communication and knowledge by channeling information to and from steering committee members, and gauging the levels and kinds of member needs and concerns. She is also, as she put it, "a diplomat," listening openly, practicing inquiry, not over promising, maintaining an even keel in her disposition toward all Affiliate members, and practicing tact and discretion when tensions arise.

The three leadership functions in Complexity Leadership Theory can help alliance leaders understand how to create, change, and expand their networks to serve all functions. Alliance leadership systems will include alliance members and sometimes, as in the case of WEAL, a vast and changing network of organizational leaders who are called upon to contribute expertise, influence, resources, etc. A focus on the leadership system and its three functions shifts mental models away from the centrality of one alliance organization or core group who may have started the alliance conversation, and away from a hierarchical relationship between alliance members at-the-table and ancillary, albeit important other stakeholders. Finally, continuously attending to its leadership systems and functions encourages

alliance participants to see differences among alliance members as an asset, and to ask what leaders and functions they will use to manage the tension arising from the ever-changing, unstable contexts in which many alliances operate.

The Consultant's Role in Alliance Leadership

Organization development practitioners can play critical roles in helping organizational leaders learn to create and tend the strategic alliance leadership system, and learn frameworks and tools like the strategic alliance continuum and eleven questions. Consultants can assist alliances by participating in all three of the functions of the leadership system.

Consultants model and encourage adaptive leadership by co-creating a dialogic space for the difficult conversations leaders have. They do this in at least two ways. First, consultants bring awareness of the dynamic complexity of the systems in the alliance and the systems in which the alliance expects to or is operating. As I have shown, elements of systems complexity can exist even in seemingly straight forward alliances, such as the relationship between two rural transportation NGOs one of my interview respondents described. Dynamic, shifting, and interactive tensions inside each organization, between the two organizations, and in the external environment include, for example, felt vulnerability of the staff of the company that had been failing; the fact that the now shared executive director had already been running the more successful company; fear of change; resource differences between the two organizations; board dynamics in and between the two boards; and resource constraints caused by Congressional reluctance to fund transportation infrastructure at levels both organizations need. As Tamicka, who has been a consultant, alliance leader, and participant put it, “the facilitator has a fundamental responsibility to be aware of the conditions inside the room and outside the room.”

A second way consultants bring this complex systems awareness to bear on conversations is by judiciously raising covert processes (Marshak, 2006) for group consideration, and by helping leaders navigate between natural self-interest and the social good that is the group's *raison d'être*. The consultant, said Tamicka, can help everyone “see threads of where they are in the final fabric of the alliance.” These threads are woven by inviting “outliers to find where their point of view or concern” can be integrated into the whole, and helping those with power “be open to people with less power.”

In terms of the administrative leadership function, frameworks and tools that include the strategic alliance continuum and eleven questions assist alliance partners in creating structures and making agreements that form the basis for alliance operations. In addition, in some cases consultants can provide or assist in setting up what the collective impact framework calls “backbone support” (Kania & Kramer, 2011, p. 40). The backbone exists to “plan, manage, and support the initiative through ongoing facilitation, technology, and communications support, data collection and reporting, and handling the myriad logistical and administrative details...” (p. 40) and, “in the

best of circumstances...embody the principles of adaptive leadership...” (p. 40). While the collective impact framework claims the backbone must be “a separate organization and staff” (p. 40), my consulting experience, reading (Clarke, 2005; Goldkind & Pardasani, 2012; Prybil et al., 2014), and interview respondents’ perspectives do not support the notion that the backbone needs to be a separate organization (or consulting firm.)

Consultants participate in the enabling leadership function by sharing their knowledge and facilitating effective use of frameworks and tools. Every leader I interviewed told me the alliance continuum and eleven questions were or would have been helpful to clarify alliance purposes, create understanding through a common language, and conceptualize choices for affiliation. Since alliance participants cannot be expected to have an organization development professional’s knowledge of alliance forms, frameworks, stages, and social processes, consultants must contribute their know-how.

Conclusion

We live, as Jean Lipman-Blumen has written (1996, p. 15) in a connective era, in which connective leaders must “discern the connections between their own and others visions”; “negotiate, persuade, and integrate conflicting groups”; use their power to collectively “solve group problems”; and take action “that uses the self and others ethically as the means to mutually beneficial ends”. As strategic alliances grow in significance, especially for solving challenges beyond the scope and ability of any one organization or sector, the importance of know-how about forming, organizing, and sustaining alliances also grows. In this chapter, I have explored several elements of this know-how. I have shown how a strategic alliance continuum and eleven questions help alliances clarify their purposes and solidify relationships. Leaders’ reflections on their alliance experiences have allowed me to suggest leadership attributes that alliance partners will want to call on, in themselves and in others. Finally, I have explored how conceptualizing alliance leadership as a fluid system instead of as discrete groups of participants will facilitate alliance partners’ ability to form and continuously adapt.

References

- Austin, J., & Drucker, P. (2002). *Meeting the collaboration challenge workbook, developing strategic alliances between nonprofit organizations and businesses*. San Francisco, CA: Jossey-Bass.
- Bailey, D., & Koney, K. (2000). *Strategic alliances among health and human services organizations: From affiliations to consolidations*. Thousand Oaks, CA: Sage Publications Inc.
- Barringer, B., & Harrison, J. (2000). Walking a tightrope: Creating value through interorganizational relationships. *Journal of Management*, 26(3), 367–402.

- Clarke, N. (2005). Transorganization development for network building. *Journal of Applied Behavioral Science, 41*(1), 30–46.
- Freeman, R. E., Wicks, A. C., & Parmar, B. (2004). Stakeholder theory and “the corporate objective revisited.” *Organization Science, 15*(3), 364–369.
- Goldkind, L., & Pardasani, M. (2012). More than the sum of its parts: An innovative organizational collaboration model. *Administration in Social Work, 36*, 258–279.
- Hall, R. H., & Tolbert, P. S. (2005). Organizational environments and interorganizational relationships; Organizational theory (Chaps. 9, 10). In *Organizations, structures, processes, and outcomes* (9th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Hanleybrown, F., Kania, J., & Kramer, M. (2012, Winter). Channeling change: Making collective impact work. *Stanford Social Innovation Review, 1*–19.
- Heifetz, R. (1994). *Leadership without easy answers*. Cambridge, MA: Harvard University Press.
- Kania, J., & Kramer, M. (2011, Winter). Collective impact. *Stanford Social Innovation Review, 36*–41.
- Kapucu, N. (2006). Public-nonprofit partnerships for collective action in dynamic contexts of emergencies. *Public Administration, 84*(1), 205–220.
- Lipman-Blumen, J. (1996). *Connective leadership*. Claremont, CA: Peter F. Drucker Graduate Management Center.
- Marcus, L. J., Dorn, B. C., & Henderson, J. M. (2005). Meta-leadership and national emergency preparedness. *Working papers*. Cambridge, MA: Harvard University Kennedy School of Government.
- Marshak, R. J. (2006). *Covert processes at work, managing the five hidden processes of organizational change*. San Francisco, CA: Berrett-Koehler Publishers Inc.
- Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What makes it work, a review of research literature on factors influencing successful collaboration*. St. Paul, MN: Amherst H. Wilder Foundation.
- Morgan, G. (1997). *Images of organization*. Thousand Oaks, CA: Sage Publications.
- Oruc, L., & Sarikaya, M. (2011). Normative stakeholder theory in relation to ethics of care. *Social Responsibility Journal, 7*(3), 381–392.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Prybil, L., Scutchfield, F. D., Killian, R., Kelly, A., Mays, G., Carman, A. ... Fardo, D. W. (2014). *Improving community health through hospital—Public health collaboration, insights and lessons learned from successful partnerships* (pp. 1–112). Lexington, KY: Commonwealth Center for Governance Studies, Inc.
- Rutledge, M. (2011). A framework and tools to strengthen strategic alliances. *OD Practitioner, 43* (2), 23–27.
- Schwarz, R. (2005). The skilled facilitator approach. In S. Schuman (Ed.), *The IAF handbook of group facilitation* (pp. 21–34). San Francisco, CA: Jossey-Bass.
- Straus, D. (2002). *How to make collaboration work, Powerful ways to build consensus, solve problems, and make decisions*. San Francisco, CA: Berrett-Koehler Publishers Inc.
- Uhl-Bien, M., & Marion, R. (2009). Complexity leadership in bureaucratic forms of organizing: A meso model. *The Leadership Quarterly, 20*, 631–650.
- Uhl-Bien, M., Marion, R., & McKelvey, B. (2007). Complexity leadership theory: Shifting leadership from the industrial age to the knowledge era. *The Leadership Quarterly, 18*, 298–318.
- Weick, K. (1976). Educational organizations as loosely coupled systems. *Administrative Science Quarterly, 21*, 1–9.