"Given the range of organizations, using an open model for organizational diagnosis is most helpful when addressing problems. Weisbord's Six-Box Model (1976) meets these criteria with its flexibility, openness, and for its ability to narrow in on clear issues that many organizations face."

Analogical Alignment Between Integrative Medical Levels of Dysfunction and Organization Development Diagnosis

An Extension of Weisbord's Six-Box Model

By Debra Orr
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Abstract
The purpose of this conceptual paper is to explore the ways in which an analogy of integrative medicine levels of dysfunction could apply to organizational diagnosis to enhance practitioner understanding of the nature and depth of organizational dysfunction while preserving the collaborative and co-learning nature of the organization development (OD) process. This paper is to attempt to create greater specificity as OD practitioners look at the dysfunction in an organization when using Weisbord's diagnostic approach. By extending Weisbord's Six-Box Model to a seventh box, the external environment, the OD practitioner is able to focus more particularly on an area for intervention. Further, by extending the metaphor of diagnosis from the biomedical model to an integrative medicine model, organizations can gain insight into the gravity of their problems and more deeply embrace the nature of the required interventions.
Keywords: OD, diagnosis, dysfunction, integrative medicine, Weisbord's Six-Box Model

Dialogic and Diagnostic OD are not two different things—they are different ways of thinking. We believe they both exist, more or less, in the mental maps of individual OD practitioners. Like yin and yang, they can combine in a myriad of ways to affect an OD practitioner's choices and actions. We advocate avoiding either/or arguments and, instead, inquiry into the opportunities for change each mindset provides separately and in combination.

—Bushe & Marshak, 2016, p. 3

Introduction

Diagnosis is a critical portion of OD. Using a model can help OD practitioners be more thorough and accurate as they develop a diagnosis in partnership with their client system. This paper explores Weisbord's Six-Box Model as a foundation from which to extend the diagnostic analogy using the Levels of Dysfunction approach in integrative medicine.

Defining Dysfunction

According to Carroll (2016), organizational dysfunction is the product of structural, cultural, or leadership patterns that undermine the purpose, health, wholeness, safety, solidarity, and worth of an organization or its stakeholders. Prolonged dysfunction can become a pathology and hinder the operation of an organization. Pathology in an organization is a "relatively permanent deficiency, which causes waste in the economic sense and (or) in the moral sense surpassing the limits of social tolerance" (Kieżun, 2012, p16). Regardless of its specific features, most dysfunctions may be construed as undesirable goals. Very often areas of these dysfunctions are strongly interconnected and create a

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system that hinders organizational performance (Pasieczny & Glinka, 2016). To inject further irritations into the organization, structures that fragment larger systems, with predictable misalignments in purpose, activities, and relationships, exasperate organizational members and leaders alike, given how little sense such patterns make in achieving performance goals (Kahn, 2012).

Defining Diagnosis

The importance of organizational diagnosis has been identified in the OD literature (McFillen, et al, 2012). Organizational diagnosis, as defined by O'Neil (2008) is "... a critical analysis of the nature of something." Further, Harrison and Shirom's (1999) definition says that organizational diagnoses are "... investigations that draw on concepts, models, and methods from the behavioral sciences in order to examine an organization's current state and help clients find ways to solve problems or enhance organizational effectiveness" (p. 7). OD has long connected with the biomedical model of diagnosis for a grounding to approach organizational problems. This writing seeks to extend this connection beyond conventional biomedical diagnosis to an analogical alignment of integrative medicine using the levels of dysfunction approach.

Diagnosis: Mitigation of Risk and Severity

In the process of medical diagnosis, it is an approved technique to introduce a small amount of allergen to the patient's epidermis (or skin prick testing) in determining what allergies, if any, the patient may have. "During some diagnostic procedures, called provocations (e.g., oral drug or food challenges), the allergist deliberately aims to induce adverse symptoms which mimic those occurring at natural exposure and sometimes may be associated with a significant discomfort and even with some risk to the patient (Kowalski et al, 2016, p. 2)." Since the 19th century, this approach, mitigating the potential response in a controlled environment with a qualified allergist, was used to diagnose the patient. If allergies are allowed to persist without check or a cause determined, the risk to the patient could be anaphylactic shock or even death.

Immunotherapy, another medical diagnostic approach used in cancer treatment, induces a patient's immune response against antigen-bearing tumor cells. "With better knowledge of the workings of immune responses—primarily T-cell responses—immunotherapy has become one of the primary forms of cancer treatment" (Moini, Badolato & Ahangari, 2021, p. 489).

In both medical diagnostic approaches, the longer things are let go, the worse they can become (i.e., stage 1 cancer could become stage 4 or terminal without understanding and treatment); therefore, the earlier disease is addressed, the better and more effective treatment can be in returning the body to stasis. "An ongoing, iterative process of antigen spread can initiate a broader and perhaps more clinically significant immune response. Furthermore, antigen spread may lead to an adaptive anticancer immune response that targets new mutations in tumor cell antigens as they occur (Gulley et al, 2017, p. 2)."

In OD diagnosis and intervention determination, "...organizational diagnosis is incomplete unless the impact and effect of the individual upon the group, the organization and environment are studied in conjunction with an inverse proportional analysis of environmental impact upon the organization, group and individual as well" (Applebaum, 2020, p. 192). Therefore, in determining the best intervention, it may make sense to utilize pilot teams, or expose a smaller portion of the organization to a change or new approach, for example, to determine the impact on stakeholders. If there is no action taken based on diagnostic findings, it can have an effect on the health of the organization. For example, bullying behavior could be identified within an organization. If bullying behavior is seemingly tolerated and accepted, the dysfunctional behavior becomes embedded in the organization and may become part of the norm (culture) and the way people work around the issues and/or conduct business. However, if the senior leaders of the organization partner with an OD practitioner to address bullying behavior by implementing a change initiative and they act against the dysfunctional behavior, these actions can have a positive long-term impact on the health of the organization. If they do not act, according to Pontefract (2016), there will be a negative organizational impact resulting in lower employee performance and productivity which in turn decreases profitability and customer satisfaction.

The Six-Box Model

Given the range of organizations, using an open model for organizational diagnosis is most helpful when addressing problems. Weisbord's Six-Box Model (1976) meets these criteria with its flexibility, openness, and for its ability to narrow in on clear issues that many organizations face. Naturally, there are other models available, McKinsey's 7-S model (Waterman, Peters & Phillips, 1980), the Star Model (Galbraith, 2002; Galbraith, Downey & Kates, 2002), Burke-Litwin Model (Burke & Litwin, 1992; Martins & Coetzee, 2009), or the myriad of other approaches. The Six-Box Model focuses on Purpose, Relationships, Structure, Reward Systems, Helpful Mechanisms, Leadership, and the organization's External Environment.[1] Within each of these distinct aspects, or boxes, as Weisbord names them, there are questions of clarity and functionality. By thinking of these six boxes when analyzing the dynamics of the organization, OD practitioners can determine which are working well and which may need interventions for clarity, functionality, direction, or structure. Typically, Weisbord's Six-Box Model is used with observation, reading organizational documents, interviews, and surveys. The interviews are often done through interrogatory questions for focus groups or questions for individuals. And the surveys

1. Orr and Boss are asserting the seventh "box" is critical for OD diagnosis. It will be highlighted in the proposed Orr-Boss Diagnostic Paradigm. However, for clarity throughout the paper, we will refer to the model as the Six-Box Model.

would be based on the questions relevant to the six boxes themselves.

Weisbord's (1976) model asks questions relevant to each box. These questions are identified below:

» Purpose—What business(es) are we in?
» Relationships—How do we manage conflict with people? And with technologies?
» Structure—How do we divide up the work?
» Reward Systems—Do all needed tasks have incentives?
» Helpful Mechanisms—Have we adequate coordinating technologies?
» Leadership—Does someone keep all the boxes in balance?
» External Environment[2]—"forces difficult to control from inside the organization that demand a response, customers, government, unions, students, families, friends" (Weisbord, 1976, p. 433).

Diagnosis Within a System

General systems theory (GST) (Kast & Rosenzweig, 1972) originated from the fields of biology, economics, and engineering and explores principles and laws that can be generalized across various systems (Katz & Kahn, 1978). A basic contribution of GST was the rejection of viewing social organizations as mechanistic or closed systems. Grown out of that idea would suggest social organizations possess many characteristics of living organisms. "There is, after all, an intuitive similarity between the organization of the human body and the kinds of organizations men create. And so, undaunted by the failures of the human-social analogy through time, new theorists try afresh in each epoch" (Kast & Rosenzweig, 1972, p. 452).

Although organizations are not necessarily natural systems (i.e., more organized "composed of interdependent components in some relationship" [Kast & Rosenzweig, 1972, p. 453]), biological and social systems are inherently open systems with multiple goals or purposes. Open systems within an organization are internal sub-units, different and specialized like the specific organs of the human body, which interact with other systems (or sub-units within other systems) that are outside of the organization. In effect, all organizations are open systems.

Dialogic OD tends to work well in two different approaches, "One is when the prevailing ways of thinking, talking about and addressing organizational dilemmas traps an organization and its leaders in repetitive but futile responses. The other is when facing wicked problems, paradoxical issues, and adaptive challenges, where there is little agreement about what is happening and where there are no known solutions or remedies available to address the situation"

History of the Biomedical Diagnosis Analogy

OD has a long history of engaging with the biomedical metaphor of diagnosis for determining and isolating organizational dysfunction to identify an appropriate intervention (Beckhard, 1969; Cash & Minter, 1979). There are positive and negative connotations to the medical model of consultation in OD. There are also alternative approaches available, such as appreciative inquiry and some dialogic OD approaches (Anderson, 2017). However, the notion of diagnostic support and assistance to understand the nature of the problem being confronted has value. Further, the nomenclature of the field has widely embraced the term "diagnosis," if not the approach's potential hegemonic implications. One of these approaches, dialogic OD, is emerging in research and practice across the discipline of OD. However, not all problems can be solved with a single approach, and Bushe and Marshak (2016) support working with both dialogic and diagnostic approaches in tandem. Dialogic OD tends to work well in two different approaches, "One is when the prevailing ways of thinking, talking about and addressing organizational dilemmas traps an organization and its leaders in repetitive but futile responses. The other is when facing wicked problems, paradoxical issues, and adaptive challenges, where there is little agreement about what is happening and where there are no known solutions or remedies available to address the situation" (Bushe & Marshak, 2016). Further, blending of diagnostic and dialogic OD can benefit the client system (Marshak, 2013; Gilpin-Jackson, 2013). Some complicated and multi-staged issues require a more positivistic and concrete method for acceptance by the client and the advanced planning required for years-long transitions.

According to the National Institutes for Health, National Library of Medicine, and the Center for Biotechnology Information (National Institutes for Health, 2022) in a biomedical medical diagnosis, a practitioner goes through a series of steps to arrive at a conclusion (*Figure 1*, next page). These steps, in general, are:

» taking an appropriate history of symptoms and collecting relevant data
» physical examination
» generating a provisional and differential diagnosis
» testing (ordering, reviewing, and acting on test results)
» reaching a final diagnosis
» consultation (referral to seek clarification if indicated)
» providing discharge instructions, monitoring, and follow-up
» documenting these steps and the rationale for decisions made.

2. Orr-Boss extension to model proposed

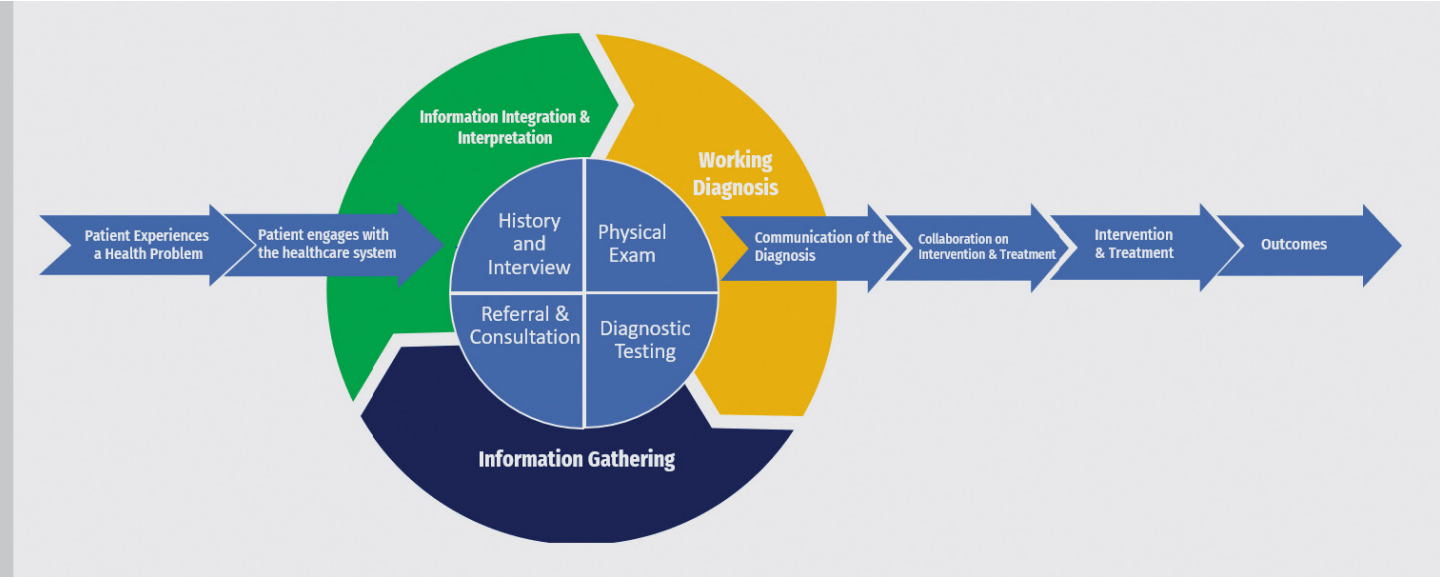

Figure 1. The Diagnostic Process. *(Adapted from the Diagnostic Model from National Library of Medicine)*

Similarly, the Action Research Model of Organization Development is identified by Lewin (1946) as a continuous process of inquiry and reflection using the following steps:

Problem: describe the current situation
Design: develop a strategy to improve the current situation
Action: Identify forces that are barriers or enablers to change
Reflection: Collecting data and reviewing your actions
Capture: Assessing your progress and communicating your progress to others.

Multiple iterations of action research have emerged since Lewin's initial model in 1946 (Elliott, 1981; Ebbutt, 1985; Kemmis & McTagert, 1988; Creswell, 2012; McNiff & Whitehead, 2011; McNiff, 2013). Like action research, yet somewhat specific and differentiated, is the idea of an OD process. Popularized by Cummings and Worley (2015), the OD Process consists of six stages:

» Entering and Contracting
» Data Collection
» Diagnosing
» Feedback
» Planning and Implementing Change
» Evaluating and Institutionalizing Change

The medical metaphor for the diagnosis of organization dysfunction can be particularly useful when addressing issues within organizations. There are clear differences in the way that OD engages the idea of diagnosis and the way the medical model engages diagnosis. This paper seeks to create greater specificity, establish levels for organizational dysfunction and create greater granularity around the gravity of dysfunction which could lead practitioners to identify potential appropriate interventions (McFillen, et al, 2012).

OD diagnosis moves beyond action research and is identified as a specific step contained within the OD process (McFillen, et al, 2012). Nevertheless, comparatively, the Six Stage OD Process, Action Research Model, and the Medical Model of Diagnosis have similarities, as seen in *Table 1.* Additionally, Lundberg (2008) and O'Neil (2008) have discussed the lack of definition of the OD diagnostic process. However, the nature of understanding presenting

Table 1. *Comparative Table Between Six Stage OD Process, Action Research, and the Biomedical Model of Diagnosis*

Six Stage OD Process	Action Research	Biomedical Model
Entering and Contracting	Problem: Describing the current situation	Taking an appropriate history of symptoms and collecting relevant data for physical examination
Data Collection	Reflection: Collecting data	Testing (ordering, reviewing, and acting on test results)
Diagnosing	Design: Developing a strategy to improve the current situation	Generating a provisional and differential diagnosis
Feedback	Reviewing your actions	Reaching a final diagnosis
Planning and Implementing Change	Action: Identifying forces that are barriers or enablers to change & Implementing	Consultation
Evaluating and Institutionalizing Change	Capture: Assessing your progress and communicating your progress to others	Providing discharge instructions, monitoring, and follow-up Documenting these steps and the rationale for decisions made

symptoms, "pain," and causes rather than the surface expression of a problem, are clearly in common.

McFillen, et al. (2012) focus on the need to create a standard, evidence-based practice for diagnosis in OD, comparing it to the biomedical approach and the biomedical approach to evidence-based diagnosis. There is immense value in this thinking, but there are also systemic problems embedded within it.

Medicine's approach to diagnosis is to look at signs and symptoms, and address the prevailing issues to relieve the presenting problem using a process of systemic reviews of data from previous cases and outcomes. OD does not currently have a taxonomy of diagnosis, research to fully support this type of approach, the funding to make such an approach possible, nor an organizing compliance body to make this approach feasible.

One of the major concerns in the comparison of a biomedical diagnostic model and an analogy to the OD model of diagnosis is the nature of open and closed systems. Biomedical diagnosis is considered a closed-system process, meaning that the information for determining the problem is contained within the person needing the diagnosis, as explained by Uher et al. (2020, p. 2), "allopathic (medicine) (ALP) divides anatomy into multiple disciplines with respective specialists who treat diseases by focusing on their specialization. However, how that will affect the other body parts, systems, and organs, has not been a point of a large-scale argument. It does not consider, to only a limited extent, how different additional factors interact together". In terms of the system under analysis by the biomedical physician, "the system" is only the body: Cumulative effects, environmental hazards, and mental status will not enter the diagnostic process. Consideration denotes a closed system. Conversely, OD diagnosis is an open system process, meaning that the OD practitioner needs to consider internal factors of the organization and external factors outside of the organization when determining the nature of the problem (McFillen et al., 2012).

Despite the biomedical diagnostic model is prevalent, there are alternatives.

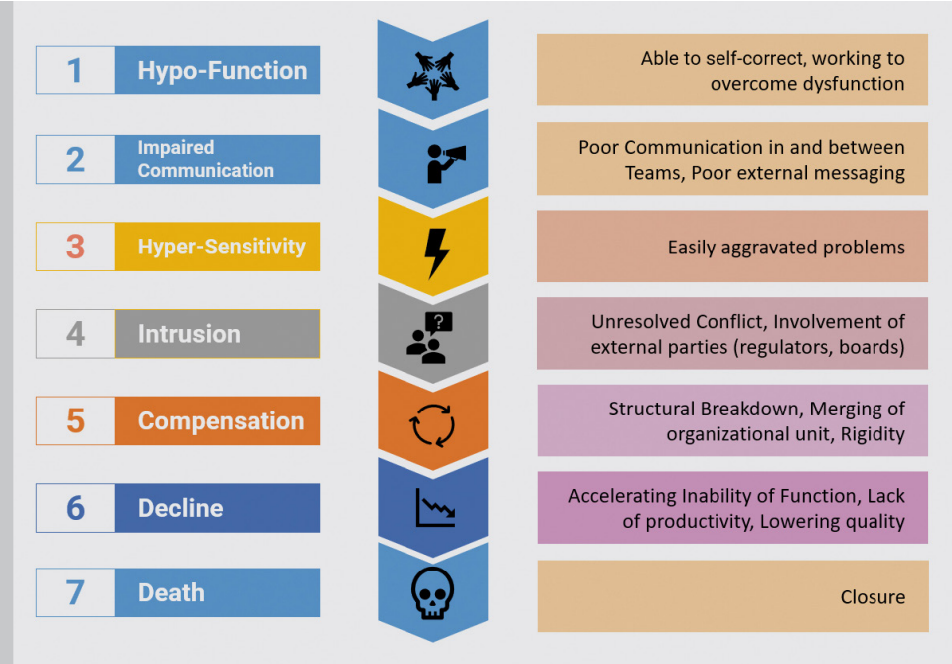

Figure 2. The Levels of Dysfunction

Specifically, Integrative Medicine acknowledges an open system and looks clearly at multiple influences on an outcome. While McMillen, et al. (2012), cautions against "quackery" it is important to acknowledge the fact that there are also inherent problems with the biomedical model of diagnosis that does not allow for synergistic, cumulative, and multiple inputs into a disease process. These problems are evidence that the closed system of biomedical diagnosis is not always superior (Louise, 2000).

Because the biomedical model of diagnosis has evolved as a closed system, and OD, principally, is an open system, the initial evaluation of this discrepancy could deem it an ill-fitting analogy. This dichotomy represents a fundamental flaw in the analogy of this approach. However, the integrative medicine diagnostic model has evolved as an open system (Hahnemann in O'Reilly, 1996, pp. 61–62; Louise, 2000). Integrative medicine fully considers external inputs to the body in its diagnostic process. Thus, the Integrative approach to diagnosing a problem would be to identify a root cause for the dysfunction, and multiple inputs to the development of dysfunction, alleviate the cause of the problem, and allow the body's systems to heal themselves (Zeff, Snider, and Meyers, 2019). Further, just as medical and integrative approaches have blended and collaborated well in many instances through what is now called integrative medicine (Cody, 2018; Maize, Rakel & Niemiec, 2009), approaching organizational dysfunction through the Integrative Medicine approach to assess, the Levels of Dysfunction (Smith, 2022) will allow this extension to Weisbord's Six-Box Model to become more nuanced. Smith's approach to assessing the levels of dysfunction in integrative medicine allows the practitioner—whether a physician or through an analogical alignment to OD diagnosis—to approach the diagnosis and thus the intervention more effectively (Smith, 2022).

In an Integrative Medicine diagnosis process, the physician evaluates the Levels of Dysfunction rather than only "diagnosing" the problem. The underlying approach is to allow the body to heal itself, or in the OD sense, to allow the organization to help the system right itself through using its own culture and organizational learning (Senge, et al, 1994). The relationships between the levels of dysfunction are shown in *Figure 2.* The levels of dysfunction are detailed below. The levels move from Hypo-Function to Impaired Communication, then on to Hyper-Sensitivity, followed by Intrusion, Compensation, and Decline, ultimately resulting in Death.

In a system that evaluates the Levels of Dysfunction (Smith, 2022), the first level is called *Hypo-function* and the organization can often autocorrect. Autocorrection means that the organizational culture will address the problematic aspects of the

dysfunction and through normal processes and decision-making the causal issue is resolved (Smith, 2022). Through the organization's usual processes, problem-solving, and decision-making, challenges to the health of the organization are regularly addressed and corrected.

Following Hypo-function, the next level is called *Impaired Circulation* (Smith, 2022) and is typified by the system, whether biological or organizational, being impeded by an inability to allow information to flow freely through it. In a biological system we would see poor blood flow or neuropathy. In an organization we would see poor information flow or processes that do not achieve their purpose. Imagine communication not properly flowing through the organization and derailing projects because of this poor communication. This impeded circulation requires some level of support to return to proper function. In this level an OD practitioner would provide a short, localized intervention at an Individual or Group-level for the system to right itself and restore balance.

In a biological system, this would be exemplified by swelling, hot wounds or areas of concern that can quickly progress to a more severe problem. This level of dysfunction is called *Inflammation or Hyper-sensitivity* (Smith, 2022). In an organizational system, we would see touchy, painful situations that can devolve into conflict quickly. Minor disagreements can stall or derail a project because it readily devolves into conflict and various units do not believe their work is understood or respected. In this stage, an OD practitioner would require a deeper, broader, and longer intervention that would address most issues. The problem will improve but it will never be 100%. The nature of the problem will always be a weakness in the system that the organization needs to be on guard about. Like an old war wound, the problem will periodically appear and will chronically be an issue about which the organization needs to be on the watch. The organization will need to create adaptive systems to address these ongoing issues.

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Progressing further, the next level of dysfunction is called *Intrusion* (Smith, 2022). In a biological system, there would be a disturbance in the immune system and impact on systems outside of the originally affected one. In an organization, we would see the involvement of external regulators, accreditors, the legal system, boards of trustees/directors, or other types of bodies that can assert influence over the organization's direction and systems. These external bodies "intrude" into the organization to force the organization to address its problems. In this level of dysfunction, a biological system would need some broader healing support and in an organizational system this level of dysfunction calls for an organization-wide or trans-organizational level intervention that involves multiple layers and adaptive resources to address.

In *Compensation*, the next level of dysfunction, the system demonstrates rigidity and structural degradation (Smith, 2022). In a biological system, there would be multiple unsuccessful attempts to get the system back on track, and recurrences of the problem are expected. In an organizational system, signs would include tangible external or internal consequences of the systemic breakdown. These signs could include internal or external structural realignments such as folding departments into one another, eliminating programs or products, bankruptcy, or being acquired or merged with another company. The usual mechanisms of work are no longer functioning, including the cancellation of routine meetings, emails remaining unanswered, and workarounds being the usual ways of operating rather than an exception. Employees cling to procedures rigidly or let procedures disintegrate entirely. In Compensation, the organization needs system-wide, deep, and rapid intervention to survive in any capacity.

Sliding further, *Decline* represents the next stage. In Decline, biological systems are not functioning, requiring mechanical life support such as dialysis, ventilators, and other significant external-to-the-system interventions (Smith, 2022). In organizational systems, quality measures cannot be maintained, productivity is lacking or non-existent. Human systems are not functional, payroll is not made, cuts to compensation or retirement, and elimination of benefits for financial reasons are signs of precipitous decline. In terms of intervention, the OD practitioner needs to help the organization consider what the true options for continuation and support are and how the organizational mission and purpose might be able to live on in a new way.

The final stage is *Death*. In biological systems, this meaning is clear (Smith, 2022). It is the cessation of life. In organizational systems, this means the organization does not continue in any capacity. In terms of intervention, the OD practitioner

Table 2. *Integrative Model of Dysfunction Applied to OD*
(Adapted from Smith, 2022)

Integrative Model of Dysfunction Progression	OD Stages of Dysfunction	Examples of the Stage Within an Organization	Role of the OD Practitioner
Hypo-function: Poor ventilation	Working harder to overcome dysfunction, Poor decision-making	Hiring saviors, a series of new poorly thought-out initiatives	Re-focusing attention on functional organizational decision-making and problem-solving
Impaired circulation and communication: Restrictive or obstructive lung disease	Poor communication in and between teams, poor external messaging	Going around individuals to manage conflict	Work on identifying and relieving obstructions in the system to allow information and projects to move freely
Hyper-sensitivity: Swelling, easily aggravated problems	Increasing conflict, "touchy" hot problems	Addressing problems directly is "painful" and has consequences	Intervening across departments, role clarification, establishing functional norms
Intrusion: Deeper irritation and intrusion of the immune system	Unresolved conflict that has impairing consequences that people pretend to ignore, the involvement of external parties	Involving overseeing parties or clients into the systemic problems: boards, regulators, high profile clients	Identifying where mission is no longer the focus of the organization. Establishing reward systems and quantitative metrics while addressing the root cause of the disturbance to the system.
Compensation: Disordered matrix and fibrosis and extreme compensations	Structural breakdown, rigidity, acquisition, bankruptcy, and folding units into one another becomes normal	Emails are no longer answered, meetings are not held, and workarounds are normal because regular procedures no longer work	Organizational re-design, process mapping on an organization-wide level, culture change
Decline: Accelerating inability of function	Lack of production—lowering quality	Product recalls, quality measures are not maintained	Radical reorganization, re-imagining of the organization
Death: Neoplasm	Closure	Organizational closure	Working with individuals to move forward in their next career step

could help individuals in the organization process their grief, move on, and find new roles elsewhere. At this stage, the OD practitioner would be focusing on helping individual members of the organization plan their next steps and move on.

By taking cues from integrative medicine's levels of dysfunction, OD may be able to better recognize the gravity of an organizational problem and intervene more appropriately. *Table 2* suggests how an integrative medical diagnosis would view disease progression and how this might correlate to stages of organizational dysfunction with an example provided. The table makes the connection between these two areas of the analogy by providing an example and illuminates the role of the practitioner.

This extension of Weisbord's Six-Box Model provides greater clarity about the severity of dysfunction, rather than simply the nature of it. Each box in Weisbord's model is provided, as well as the extension of the external environment. Then the levels of dysfunction are provided and an example shown. The examples demonstrate how the level of dysfunction could be observed. The added level of diagnostic complexity would be identified in *Table 3* (next page):

Once a practitioner has identified an area of focus in Weisbord's model, the practitioner would then seek to identify the severity of the problem (see *Appendix*). This understanding then informs the OD practitioner of which system is at risk, how deeply to intervene, and the danger inherent to the organizational system that the dysfunction presents.

Conclusion and Implications for Practice

Once an area of focus is identified through a diagnostic model, such as the Weisbord Six-Box Model (1976), identifying the gravity of the issue surrounding that area by using a Levels of Dysfunction approach, will assist practitioners, in collaboration with their clients, in making wise and thorough choices in intervention selection.

Using this extended diagnostic framework to identify levels of dysfunction honors the history of the diagnostic analogy in OD, recognizes the open systems of organizations, and the value of organizational culture considers increasing the severity and risk embedded in ignoring organizational problems and launches this framework from a well-known analogy in the field of OD.

Table 3. *Extension of the Weisbord Six-Box Model, 1976, Using the Levels of Dysfunction of Integrative Medicine, Smith, 2022*

Six Box Model ⋯⁘ Levels of Dysfunction ⋮⁘	Purpose	Relationships	Structure	Reward Systems	Helpful Mechanisms	Leadership	External Environment
Hypo-function	Intensifying activity around the mission for fear of not achieving goals	Relationships need some level of special attention to function properly	Typical structure with minor issues of clarity to be addressed	Incentives are provided, competitive pay, potential equity issues	Continually improving systems with occasional hiccoughs	Strong, visionary leadership with good follow through	Reasonable market share, and opportunities for improvement are embraced
Impaired	Occasionally not meeting mission requirements	Tense relationships sometimes impact project outcomes	Organizational structure does not help move work forward	Incentives are promised—occasional delivery, average pay, and equity issues may be present	Stagnant systems, lack of improvement, poor communication ability, flat performance	Leadership has blind-spots that need addressing	Increasing customer complaints
Hypersensitivity	Mission scope-creep	Poor relationships create touchy projects where individuals tiptoe around	Lack of clarity creates outcome-based problems	No incentives, average pay, or equity issues are present	Poor systems impact project outcomes	Erratic leadership with an agenda outside of the organization's mission	Internal issues affect customer experience
Intrusion	Actively engaging in non-mission-related activities	Poor relationships affecting work outcomes	Structure interferes with accomplishing objectives, external regulators intervene	No incentives, below average pay, poor benefits	Deterioration of systems with organization-wide impact	Firefighting problems are the usual way of working	Customers seeking other providers
Compensation	Unsuccessful attempts to get back on track, purpose frequently unfulfilled	Workarounds put in place to achieve work goals	Departments are consolidated, programs are eliminated	No incentives, pay reductions, minimal benefits	Promised improvements do not happen	Rapid leadership turnover	Losing market share, increasing complaints, attempts at innovation
Decline	Purposes usually unfulfilled	Relationships are non-functional and goals remain unattained, work is ignored	Minimally functional structure	Payroll is not met, benefits are removed or reduced	Software outdated or non-functional, communication breakdowns	Absent or disengaged leadership	Moving on without the organization
Death	Purpose no longer relevant	Relationships no longer functional	Structures are not functional and do not serve the purpose or people	No reward systems in place	No longer needed	Moving on	Replacement sources for products or services are sought or found

To aid practitioners in the application of the levels of dysfunction and to help ascertain the depth of the interventions and impact required to address the identified issues, a diagnostic tool was created to help guide practitioners through the process. The tool asks questions to gauge the severity of the dysfunction present in each of the boxes in Weisbord's model and is designed to guide the practitioner's judgment. The tool can be helpful in planning the scope of a needed intervention as well as how radical a change is required to regain a positive footing for the organization.

This integrative extension of the Weisbord Six-Box Model addresses the levels of dysfunction an organization is experiencing. Further, this approach can advance and provide an OD practitioner understanding of the severity of the issues and provides greater depth and detail for intervention which can provide the level of urgency needed to foment change.

Appendix

Orr-Boss Diagnostic Paradigm

As an OD practitioner, it is critical to diagnose your organization, department or team based upon stakeholder needs. However, clearly defining the current and future states must happen first as part of the diagnosis process. The last step is to determine the solutions based upon needs assessment based upon the diagnosis.

Utilizing a combination of Weisbord's Six-Box Model and Levels of Dysfunction in integrative medical diagnosis, the OD practitioner is able to define the current state and diagnose needs concurrently. Additionally, deliberately calling out External Environment as another diagnostic consideration allows the OD practitioner the chance to identify dysfunctions impacting the open-system organization that cannot necessarily be controlled but may impact stakeholder involvement, planning, and solutions. Each of the "boxes" below represents an aspect or extension of Weisbord's Six-Box Model.

Table 4. *Purpose Levels*

Purpose	
Level Definition: *The purpose of an organization is the same as the mission and key goals of the organization. The mission and goals of the organization should be clear for all employees of the organization, and they should be aligning their focus on achieving the mission and key goals. Even if different teams have different perspectives on how they should be achieving the goals, the organization should have defined boundaries (i.e., rules and expectations) in place to help employees to know the general path toward achieving the mission and goals.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Is there intensified activity around the mission for fear of not achieving goals?	
Level 2 - Impaired: Is the organization occasionally not meeting mission requirements?	
Level 3 - Hyper-sensitivity: Is there mission scope creep? Is there a loss of consensus on decisions?	
Level 4 - Intrusion: Is the organization actively engaging in non-mission-related activities?	
Level 5 - Compensation: Have there been unsuccessful attempts to get back on track or is the organization's purpose sometimes unfulfilled?	
Level 6 - Decline: Are the purposes of the organization usually unfulfilled?	
Level 7 - Death: Is the purpose of the organization still relevant?	

Table 5. *Relationship Levels*

Relationships	
Level Definition: *A key to the function of an organization is the level of collaboration and cooperation between employees. Therefore, relationships include individuals, groups, technology, and other functional tools allowing employees to work effectively together.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Do our project outcomes meet or clarify why it is important to address the needs of stakeholders to avoid dysfunctional relationships?	
Level 2 - Impaired: Are our project outcomes at times impacted by dysfunctional relationships?	
Level 3 - Hyper-sensitivity: Are there dysfunctional project teams and/or project focus areas that breed further inefficiencies for the organization?	
Level 4 - Intrusion: Are there dysfunctional project team member relationships that cause poor project outcomes?	
Level 5 - Compensation: Are there dysfunctional project teams and/or project focus areas that must be avoided to limit poor outcomes for the organization?	
Level 6 - Decline: Are there dysfunctional project teams and/or project focus areas that are avoided and are not productive because they produce inferior outcomes?	
Level 7 - Death: Are there dysfunctional project teams and/or project focus areas that were ended because of the poor outcomes or conflicts they produced?	

Table 6. *Structure Levels*

Structure	
Level Definition: *The review of an organization's structure uncovers levels of power and the functionality between those levels, including how well those levels work together in achieving the purposes and goals of the organization.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Are there barriers to effective collaboration between any organization levels that can be easily addressed?	
Level 2 - Impaired: Are there barriers to effective collaboration between any organizational levels that inhibit the achievement of goals and mission?	
Level 3 - Hyper-sensitivity: Are there unclear or misaligned roles and responsibilities across the organization that inhibit the achievement of goals and missions?	
Level 4 - Intrusion: Does the organizational structure inhibit the ability of internal collaboration to achieve goals and mission possibly requiring a third party to intervene?	
Level 5 - Compensation: Has the lack of clarity of roles and responsibilities across the organization caused departments and/or teams to be eliminated?	
Level 6 - Decline: Has the lack of clarity of roles and responsibilities across the organization caused the structure to be redesigned?	
Level 7 - Death: Has the lack of a coherent structure led to the replacement of key leaders or departments?	

Table 7. *Reward System Levels*

Reward Systems	
Level Definition: *Reward systems include monetary (e.g., bonuses) and non-monetary (e.g., time off, intrinsic rewards) elements. These rewards impact employee motivation, performance, and quality, and should recognize behaviors and accomplishments in service of achieving organizational goals.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Are the pay and benefits of the organization equitable across job families, role levels, or other congruent positions?	
Level 2 - Impaired: Do employees know how the organization rewards and recognizes work equally that addresses goals and mission?	
Level 3 - Hyper-sensitivity: Do employees receive clearly defined incentives to go above and beyond to ensure the organization meets its goals and mission?	
Level 4 - Intrusion: Do employees feel unfairly treated because they perceive their total compensation is inappropriate? Or are there differences in that feeling at different structural levels?	
Level 5 - Compensation: Does the organization negatively impact the livelihood of its employees?	
Level 6 - Decline: Does the organization ineffectively support the livelihood of its employees by not providing customary benefits including retirement or vacation?	
Level 7 - Death: Does the organization experience strike, high turnover or other active loss of talent because they do not provide fair compensation or recognition for their employees?	

Table 8. *Helpful Mechanisms Levels*

Helpful Mechanisms	
Level Definition: *Helpful mechanisms are processes that support the required activities of employees. These include methods to support controlling, budgeting, planning, etc. in service of the organizational goals.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Does the organization invest in updated processes, procedures, technology, and equipment that support the achievement of goals and mission?	
Level 2 - Impaired: Does a lack of investment in updated processes, procedures, technology, and equipment negatively impact the ability to achieve goals and mission?	
Level 3 - Hyper-sensitivity: Are project outcomes not achieved because of outdated processes, procedures, technology, and equipment?	
Level 4 - Intrusion: Does the lack of outdated processes, procedures, technology, and equipment negatively impact multiple facets of the organization?	
Level 5 - Compensation: Were there promises made and/or project teams put into place to address outdated processes, procedures, technology, and equipment that were disbanded or not supported?	
Level 6 - Decline: Are there key departments and teams that were unable to function because of outdated processes, procedures, or equipment?	
Level 7 - Death: Is the organization obsolete because of outdated processes, procedures, technology, or equipment?	

Table 9. *Leadership Levels*

Leadership	
Level Definition: *For an organization to be successful, leadership must be able to keep all elements of the business aligned and effective. The leaders' capabilities and styles needed to meet organizational requirements may be situational but according to Binder (1995), the leader can only be as effective as the degree of authority and/or control their employees assign them.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Are key leaders driving teams successfully toward achieving goals and missions?	
Level 2 - Impaired: Are key leaders self-aware of their impact on the organization and its staff to achieve goals and mission?	
Level 3 - Hyper-sensitivity: Is leadership style and capability misaligned to the needs of the organization and its staff to achieve goals and mission?	
Level 4 - Intrusion: Is the organization more reactive or crisis-driven versus proactively aligned to the achievement of goals and mission?	
Level 5 - Compensation: Is it difficult for the organization to identify and cultivate the right leaders to achieve goals and mission and does the organization overly augment its talent pool with consultants and external partners to address this deficit?	
Level 6 - Decline: Are strategic metrics demonstrating that leadership must create significant change in order to lead its employees toward achieving goals and mission?	
Level 7 - Death: Is the lack of effective leadership causing the failure of the organization?	

Table 10. *External Environment Levels*

External Environment	
Level Definition: *One of the disadvantages of the traditional Weisbord's Six-Box Model is the lack of deliberate external influence analysis. It is important to understand how an open system interacts with the external environment. It is also important to understand that as an OD practitioner, there is often a lack of control of potential external dysfunctions.*	**Check this box if the answer is yes.**
Level 1 - Hypo-function: Does the organization respond proactively to industry and customer needs?	
Level 2 - Impaired: Does the organization have an effective process in place to address customer concerns? Are customers satisfied with the offered support?	
Level 3 - Hyper-sensitivity: Does the misalignment of people, roles or responsibilities impact the quality of outcomes or customer experience?	
Level 4 - Intrusion: Does the lack of customer support or lack of quality in the product or service cause customers to look elsewhere for products and services?	
Level 5 - Compensation: Does the loss of market share motivate the organization to attempt improvements?	
Level 6 - Decline: Are there leaders/employees that have abandoned the organizational infrastructure to address the industry or customer needs?	
Level 7 - Death: Has the organization ceased to provide the required products and/or services to the industry and customers?	

Scoring:
Count up the boxes checked at each level. The level with the highest number of check marks denotes the urgency of the problems.

Table 11. *Scoring Table*

	Level 1 Hypo-Function	Level 2 Impaired	Level 3 Hyper-Sensitivity	Level 4 Intrusion	Level 5 Compensation	Level 6 Decline	Level 7 Death
Number of Checked Boxes ⇢							
Highest Score ⇢							

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Once an area of focus is identified through a diagnostic model, such as the Weisbord Six-Box Model, identifying the gravity of the issue surrounding that area by using a Levels of Dysfunction approach, will assist practitioners, in collaboration with their clients, in making wise and thorough choices in intervention selection.

Using this extended diagnostic framework to identify levels of dysfunction honors the history of the diagnostic analogy in OD, recognizes the open systems of organizations, and the value of organizational culture considers increasing the severity and risk embedded in ignoring organizational problems and launches this framework from a well-known analogy in the field of OD.

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