Leading Change

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In June of 2012 he retired from his position as professor in the Departments of Family and Community Medicine, Preventive and Restorative Dental Sciences, and Social and Behavioral Sciences (School of Nursing) at the University of California, San Francisco (UCSF). During his time at UCSF, he also served as the director of the Center for the Health Professions, a research, advocacy, and training institute that he created in 1992. The mission of the Center is to assist health care professionals, health professions schools, care delivery organizations, and public policy makers in understanding the challenges and opportunities of educating and managing a health care workforce capable of improving the health and well-being of people and their communities. His work has focused on change within the US health care system through improved policy and leadership.

In 2001 he created O'Neil & Associates with an aim to assist organizations in understanding the strategic challenges they face in a changing health care world and developing strategies and leadership competencies to succeed. His clients include foundations, academic health centers, public sector providers, policy makers, the pharmaceutical industry, and providers in health systems and professional practices.

He holds a bachelor's and a master's degree from the University of Alabama as well as a master's of public administration and a doctorate in history from Syracuse University. In addition, he holds honorary degrees from New York Medical College, the Western University of Health Sciences, and two other universities. In 2003 he was elected to an honorary fellowship in the American Academy of Nursing.

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Introduction to Change: Moving from Managing to Leading

Much is made by some about the distinction between leadership and management, but it seems to be more a matter of degree or emphasis than two different undertakings. In a useful article, John Kotter made these distinctions:[1]

Figure 1.1
Leadership vs. Management

Leadership	Management
Sets directions	Creates plans and budgets
Aligns people	Organizes and staffs
Motivates people	Controls and problem solves

Models of Leadership

We all have a model of leadership that operates inside our head. These models are made up from observations of leaders we have known, items we have read, and insights we have taken away from our own experiences. We may not even be conscious of having a "model" of leadership, but everyone that takes actions as a leader has something that informs and shapes these actions. Often that model fits with the challenges before us, but sometimes the model and the situation don't align and that is when trouble can start. To begin this exploration of leadership, let's look at some models of leadership. Let's start with yours.

One important component of your personal model leadership is derived from what you have learned from others. Think about the most effective leader you have ever worked with directly. What were the key characteristics that distinguished him or her from other good leaders? List those traits here:

[1] Kotter JP. What leaders really do. *Harv Bus Rev.* 1990;68(3):103-111.

Most effective leader

What do you notice about your group's leadership model?

Any surprises?

A simple leadership formula:

Leadership = **V**ision + **T**ask + **R**elationship

In this formulation, vision is synonymous with purpose and task addresses the process concerns. Relationship speaks to both connections to other people and the personal insight needed to fully value these relationships.

Synthesizing the particular skills into the demands of the moment is what leadership is truly about.

Why Change is Hard

Over the past decade many authors writing on change and how to manage it effectively have assured us that the postmodern world in which we live will be marked by constant whitewater and their sage advice, "Get use to it." This may sound reasonable while reading in the comfort of a warm bed late at night. It does not, however, offer much consolation when faced with a bunch of hostile and recalcitrant coworkers in health care or education who are not really ready to "embrace the challenge" of a constantly changing world.

The ideal crew to handle constant change would embrace the task ahead, be ready to support one another through any weather, willingly reframe their work to address the mission and be capable of restraining individual desire for collective effort. Instead it is likely that your experience managing change more closely resembles this:

A challenge you must meet for the patients, students or customers you serve that will require a significant change among faculty, researchers, practitioners and staff. Though these changes are necessary adjustments, not merely made up by the "leadership suits," you have been met with reluctance, confusion, heckling, anger and finally rejection, either active or passive, to the proposed course of action.

You want to be the leader; they just do not seem to want to follow.

Or as David Nadler has put it, "Change is persuading massive numbers of people to stop what they have been doing and start doing something that they probably don't want to do." This leadership module is about how to manage and lead the change process.

Coherence and Paradigms

In his classic work on the structures and frameworks that shape and mold the realities of scientists, Thomas Kuhn introduced us to the enormously powerful notions of *paradigms* and how they both create understating and limit innovation. [2]Paradigms are frameworks of understanding that organize the world in a way that makes it productive and useful for those who hold the paradigm. This utility is the source of a paradigm's awesome power.

Health care workers organized into professional guilds with special skills, vocabularies, privileges and work has been the dominating paradigm for the organization of health services for centuries. The paradigm produced much of the gains that have come from health care in the past ranging from basic biomedical knowledge to its application in immunizations and surgery. Because it worked so well, it also produced economic gain and social prestige for the incumbents within the system. However, today this health care paradigm may actually be inadequate to addressing the challenges of health care which leaves

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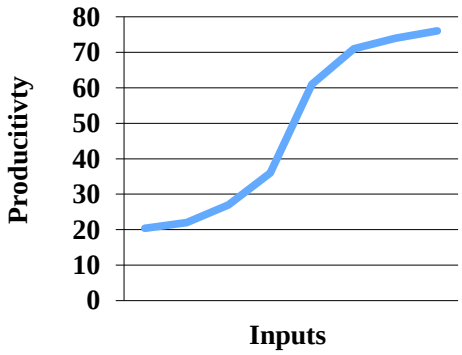
a large percentage of the population without regular service, uses more and more economic resources every year, is uneven, at best, in its standards of quality, and which causes thousands of avoidable deaths annually.

Yet, because of its effectiveness in the past and because the incumbents derive so much from its maintenance, we continue to offer it resources, like some primitive cult, hoping against hope that it will return to its effectiveness of old. To break such a hold, a powerful vision is needed; one that explains the irrationality of sustaining what we do and challenges us to create a new paradigm.



What are your paradigms?

Take a minute to reflect on the addition exercise. Did your actions reveal anything about your paradigms? Describe them here and see how they might limit your adaptation to a changing environment.

My paradigms?

- _____
- _____
- _____
- _____
- _____
- _____

How do they limit me?

- _____
- _____
- _____
- _____
- _____
- _____

When Paradigms Need to Change

Paradigms exist to help us make sense of the world around us. They exhibit themselves in myths, culture, rules, theories, tools, techniques, and technology. Their ability to explain reality and to make us effective actors in the world around us is what gives them power, because they give us power. This is why we are so attached to paradigms that are still working, or seem to be, and why they are so hard to break.

If the world around us was static and never needed to change, then we would never be aware of our paradigms as they would continue to effectively explain and order reality. However, as circumstances change then our tools and frameworks may no longer work or work as well as they once did. At first we will not see the changes, but will try to make our familiar paradigm work, maybe spending more resources to see if we can get it started again. Ultimately, the group that uses the paradigm will adapt a new more functional framework or they will lose their position or role in the larger society, economy, or organization.

The driver of such changes of course is the environment. There are many ways to categorize the changes in the environment. Four helpful "buckets" for changes are external, internal, global and local. They are not exclusive of each other, there might be a need to be cost effective that is external with significant local implications. Use the boxes below to identify some of the factors that are driving the need for change in your paradigm or reality.

Global Changes

Internal Changes

External Changes

Local Changes

Take a few minutes to compare your sense of how the environment is changing with a colleague. How do you see it in the same way? How do you see it differently?

Changing Environment

The current way is not sustainable and already a new paradigm is emerging. It is not exactly clear what the paradigm will look like and it will definitely vary in its shape, power, and speed from region to region and profession to profession, but it is changing.

The general shape and direction of the shift seems likely to move from the left to the right in the figure below.

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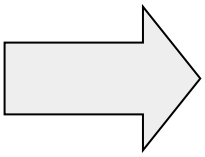
Today

- Acute treatment
- Pay for transactions
- Cost unaware
- Professional prerogative
- In-patient
- Individual profession
- Traditional practice
- Information as record
- Patient passivity



Tomorrow

- Chronic prevention and management
- Pay for value
- Price competitive
- Consumer responsive
- Ambulatory – Home and Community
- Team
- Evidence based practice
- Information as tool
- Consumer engagement and accountability

The smart question for leaders is how to adjust to this shift in paradigms, not suffer from the pain of the change. To do this will require movement from the highly independent and uniform reality of the old paradigm to the more interdependent and diverse world that is emerging. This will take partnerships and leadership to make them happen.

As a leader your success will be in large part determined by your ability to help others understand and develop in this new paradigm.

One Model for Change

Because change is a complex undertaking there are many ways to frame it for consideration. One basic change formula looks like this:

Change =
Benefits of the Status Quo < A*B*C

When:
A = Pain of maintaining the status quo
B = Vision of a different world
C= Small steps to achieve that vision

Leading Change and Influencing Others

Any time we are responsible for leading change there is both a strategic and a tactical game that is played. Most of us are not asked to address broad issues of strategic change, but many of us are responsible for leading and managing the implementation of changes that are essential for the long term health of our organizations from private practices to hospitals to large public agencies. Today in health care there is a considerable quantity of change and if you have a leadership or management role in health care today, it is likely that you are or will soon be involved in a change effort.

Leading Change: Rosa's Big Change

Rosa Maldonado, RN, CNS, MSN is the Manager of ICU/CCU at Novidian a large regional medical center formed from the merger of three hospitals a decade ago. Since she was a little girl growing up on a small farm outside of town, listening to her mother talk about her work as a LVN in the local clinic, Rosa has wanted to be a nurse. She went straight through the four year program at Dominican and won top honors every year. Her entire career has been at Novidian. She started in a med-surg unit, but quickly moved to the ICU when the opportunity arose.

She is a quiet and hard working person, but is well liked by co-workers, patients and families because of her warm and open style. She was asked to take a charge role less than a year in the ICU. This prompted her to go back to school and complete a CNS is critical care and stay on to complete a Master's degree. She took an evening shift so she could focus her full attention on her school work.

Rosa has always been interested in the culture of critical care and did her thesis on family and patients and professional experience in the ICU. The consumers assumed that the care was fine, but were troubled by the lack of information, lack of access to their loved one, tension between the doctors and nurses and the noise and confusion that seemed to be characteristic of "all the carts crashing about". The clinical staff didn't seem to have many things to say, concluding that it was a "highly professional service".

Rosa published her study in JONA and has been interested in building a patient/family friendly ICU. Since becoming Manager of the service she found a grateful family that gave Novidian $5 million to build Rosa's dream. She had the ideas already and involved families and staff in the design of this model unit. The nursing staff was not nearly as engaged as the community members, but Rosa knew she had their trust and that they would come along once they all saw how beautiful it was.

And it is, it came on line six months ago and the stream of visitors from around the world to see and learn about the unit has steadily grown. She has struggled to keep the new units identity separate from the efforts to "re-brand" the hospital as a research and service provider as it doesn't seem to fit with the ambience she is trying to create. The unit decorated in soft earth tones, the equipment is folded into the walls, there is a family education center and soft music wafts through out the unit. It feels nothing like the hard core tertiary care image that Novidian is pushing out.

Rosa has just finished her analysis of the outcomes for the first quarter. The length of stay has dropped by almost half a day and the readmission rate in seven of ten critical areas has dropped significantly. Families and patients are very satisfied. But there is one big negative she did not anticipate. She has lost almost 30% of her nursing staff some to other units at Novidian and worse the majority to other ICUs and competitor hospitals. While the hospitalist group had been supportive, even pledging $10,000 for the unit, they are now starting to grumble that it doesn't work as well for them as the usual way of doing this.

She forwarded a summary report of these exciting outcomes to the executive committee this morning. As she opened her email after lunch, she sees a message from the CFO, she always reads his first. He has asked to see her this afternoon. There is no mention of the great outcomes for the unit. He points out that every nurse Novidian loses costs $100,000 to replace and he wants to know what her plan is to stop the hemorrhage that the new unit has created.

What things did Rosa do correctly in this change process?

Where did she make a few missteps?

What would you do differently?

Influencing Lessons from Rosa

What lessons from Rosa's experience do you want to remember when you do your change work?

When Leading Change, I Will

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- _____
- _____
- _____
- _____
- _____

Six Essential Influencing Elements

Most efforts to lead or manage change involve the process of how we can influence others, usually without much formal authority. This influence will need to be aimed in three different directions from where we sit as leaders: down, out and up. Each of these involves a different framework and understanding, but effective influence without authority begins with understanding the following six elements.

Self-awareness – Having insight into your skills and weaknesses as an influencer and the ability to move beyond the heroic leader role to being a collaborator. Self-insight also includes what you want from a situation and what you are willing to give to secure it.

For **Change Work** you will need to add in awareness of what you think about the change. Are you supportive of the change? Do you understand the reasons for the change? How will this change impact you and how you work? How will it impact your career? How do you feel about change in general? Is now a time in your life, professional or personal, that you can tolerate more change?

Needs of others- Understanding the full range of needs, from strategic to interpersonal, of those that you want to influence. Knowing what they need, desire and want is essential to your being an effective influence. Often people talk of "stakeholder analysis" in change work and this is the same thing as the needs of others.

For **Change Work** you will need to ask many of the same questions of others that you have asked of yourself. One of the big disconnects in leading change is assuming that once we come to a place where we can support change, we believe that others share that commitment. One of the best ways to enhance your ability to lead change is to truly understand how others see and will experience the change. It will also help immensely if you have a deep understand of what they value and believe they need.

Common ground – Having the ability to develop, share and gain buy-in to a broad vision about your collective work that is shared in all directions. This also includes knowledge about the mutual gain that we will share in, even if the motivation for that mutual gain varies from person to person.

For **Change Work** that is of a more tactical nature you hopefully will be working with an existing framework for carrying out the change from a strategic perspective. Your job will be to translate the change into something that can be understood and valued at the level of the people that you must influence. This does not mean "dumbing it down". It does mean understanding the strategic change with enough precision that you as a leader can translate the impact of the change to your team, unit, department, office or organization. Not all news about change is welcome news. In fact, even developments that some might see as positive will be perceived by others in a negative light.

Relationship capital – Your stock of good will that has built up over time with the various constituencies and stakeholders, in all three directions. The process of influencing either builds or draws down on our relationship capital.

Change Work will draw on your stock of relationship capital, but it is possible to lead in a way that might minimize these withdrawals and perhaps even allow you to make a deposit or two. In general the way to do this are to be clear, focused on the people changing and be willing to share what you can as openly as possible- both the good and the not so good news. Many of the leadership qualities that can add to your stock of relationship capital when things are changing are reviewed below in the "Rules for Uncertain Times".

Reciprocity and Exchange – This involves your understanding of the reciprocal nature of relationships that are involved in all influencing situations. It also points to the very real exchange that goes on between parties in order to maintain that relationship and be influential.

In **Change Work** you want to align as many people as possible with the work and the gains to be made. Others you will have to ask to delay gratification and others will have to be compensated for their loss.

Follow through – Your ability to develop and use legitimate power to continuously influence others.

In **Change Work** legitimate power is both the structural power of your leadership position and more importantly the informal power that you derive from using the first five of these qualities. How you use this power to continue to push for change will be a key to success?