

Complete Transcript of Leading and Motivating Change

[00:00:03] The healthcare dynamic is rapidly changing. Understanding the basic fundamentals related to the business of medicine empowers practitioners to advance their skills in, and knowledge of, the business aspects of medicine. SMA's BUSINESS of Medicine Simplified program explores the essentials of everything from reimbursement and compensation models, insurance and risk management to practice employment and business finance.

[00:00:30] Jennifer Price (JP): Welcome to the Southern Medical Association's BUSINESS of Medicine Simplified podcast. I'm Jennifer Price and today we are discussing organizational change with Dr. Stan Harris. Stan is the Luck Professor and Associate Dean for Graduate and International Programs in Auburn University's Raymond J. Harbert College of Business. Thank you for joining us today, Stan.

[00:00:51] Stan Harris (SH): Thank you very much, Jennifer. It's good to be with you.

[00:00:54] JP: Physicians are viewed as leaders in their profession as well as in their practices -- may that be in a private practice or in a hospital setting -- and as leaders, they are expected to adapt in order to meet the strenuous demands of the constantly evolving healthcare landscape. However, change -- whether self guided or driven by an external factors such as policy mandates job transitions or improving quality standards - is often seen as difficult and ineffective. In fact, statistics have shown that only approximately one-third of change efforts were considered successful by their leaders. Dr. Harris, there are many types of change. Could you please briefly describe some of these?

[00:01:33] SH: Sure. So I like to use a framework that's a little bit broader. And you can think about change, all kinds of change from, on one dimension of thinking about, "Is this change a reactive change?". In other words, is there a clear problem that needs fixing? You know, the patient is bleeding and you've got to do something about it. That's, that's a reactive change. On the other end is more of a proactive change, and a proactive change is, it's not entirely clear that there's a problem. It's not entirely clear that things aren't going well; in fact, they may be going very, very well. I've worked with some organizations where their numbers were as good as they've ever been. But new leaders or new opportunities emerge that saw a different future on the horizon. And in that situation they wanted to change to get out ahead of the curve, to really make the future in some sense. So, this kind of sense of how extreme or how justified, clearly justified, is the change. So again, in a reactive change, if our you know patient satisfaction scores have tanked, we need to do something. There's something, there's a clear problem. But if I said, "Well, you know patient satisfaction scores are great, but I think we can actually even do something very different with perhaps our waiting room that might make the experience even better," that would be more of a proactive change in the sense of I'm trying to do something even where it's not entirely clear that it's necessary, but it might be a great thing.

[00:03:22] SH: And I will say that outstanding leaders oftentimes involve themselves with proactive change. They're trying to create the future or they're trying to look for opportunities that may not be completely obvious. So that's one way to think about a change. So, you know, if I was thinking about losing weight, reactive change might be that, "You know, I've been avoiding losing weight but I have a heart attack. Well, you know, I probably need to get my weight under control after that." A proactive change might be more, "Well, my high school reunion is coming up and I'd like to get in a little better shape than I am now." So that's, that's one way to think about change.

[00:04:06] SH: Another way to think about change is just how deep and fundamentally different the change is. Sometimes you're just fine-tuning things and it's kind of an incremental change. So maybe I decide to lose weight. I want to, I want to basically continue to eat what I've been eating but I want to cut calories a little bit more and maybe, you know, only have one dessert instead of four kind of thing; that would be an incremental change. A fundamental change, in contrast, is really changing things at a very deep level, trying to change the culture, trying to change the very way the organization thinks about things and operates. This might be where I decide, "Well, you know what? Instead of cutting calories, I'm to go, I'm on become a vegan." That would be a very very fundamental change. So when you look at those two broad categories of change, the reactive and proactive and incremental versus fundamental, obviously the more difficult change to do is one that's a proactive, it's not entirely clear we need to change; I've got to convince you there's an opportunity and a fundamental change where we're, we're changing things fairly deeply. Again, however, I'll say that when you think about great leaders throughout history, those are often times, the kinds of change that's they, they work to tackle

[00:05:34] JP: Given the limited success in implementing organizational change, what do you believe is the main reason physicians may be resistant to change?

[00:05:41] SH: Well, there are a lot of reasons that people resist change. And if I'm a leader of change, I often times view resistance as really a pain and, you know, something I've just, I just can't stand to deal with. However, everybody that resists change feels like they've got a good reason for doing so and a rational reason for doing so. I would say that one of the biggest reasons that physicians might often times resist change is because they don't really see the need for the change, they don't understand why this makes a difference. They may be unconvinced that it improves care. They, so those are, those are two real big reasons like "Why are we doing this?", which requires a bit more convincing. Again, that's more likely to be in a proactive as opposed to a reactive change where it's clear why you need need to change. But they're also may be unconvinced that you know this change is going to work. Maybe we do have a clear problem, but there's a lot of ways to solve a problem and so maybe the change solution that's been presented is not, is one with which a physician might think, "I don't really believe that's, that, that's the best idea in this situation." So, and also there's this whole concern that it detracts from what really excites me and what I feel is the core part of my job which is caring for patients.

[00:07:15] SH: Physicians might resist change because they're afraid it's going to somehow hurt them. Maybe they lose money, they cost them more time. They may feel like, they also may feel like they won't be as successful under the new change and that they may not be as qualified or as skilled in what's required, being required of them, so a lot of it broadly has to do with one -- Do they think this thing is going to work? Is it needed? And another one is just how it, how it affects them and the relative pros and cons that they anticipate that will end up, that they'll end up bearing the brunt of those cons or not get any of the pros. And again, nobody has done the change so there's a lot of uncertainty about really, what the outcome will be. So it's very natural for humans, physicians, anybody, in any role, to begin to be a little bit concerned about change and often times think about resisting it just because of the level of uncertainty which is very stressful and you can't, again, you can't guarantee any particular outcomes. But physicians are very busy. They live complicated lives and change adds to that complication, at least until it's implemented and becomes accepted as the new way of doing things. It really requires a lot of cognitive effort, to, you know; basically we're running on autopilot most of the time, and when I have to change a procedure or something I'm used to doing, everything that used to be sort of second nature now I have to scrutinize and consider and think more deeply about and that's, that's just frankly difficult, and often times we just sort of hope the change will go away or we won't have to deal with it. But those are, those are the basic reasons that, that physicians and, and also the failure rate of things; there's also a lot of cynicism about whether or not the change will work or whether or not people are really committed to seeing it through.

[00:09:24] JP: What is something that physicians who are facing change might not know about themselves that would be beneficial to realize in order to help them effectively and positively lead and manage transition? In other words, if you could take the physicians aside for a frank heart-to-heart discussion about their own inner feelings and biases regarding change, what would you want to say to them?

[00:09:47] SH: Well, that's actually a difficult question. But I've got a couple of thoughts. One is I think it's important for, it would be important for physicians to realize that because the world is complex and change is complex and that there's different opinions that you can ultimately rationalize anything to yourself. So if you're convinced that this is just another way for administration to make your life miserable, you'll find plenty of reasons that that's true. If you're convinced you can't do it, you're likely to be able to rationalize that this is not a good change; if you, if you've heard, but the point is, is that we often times convince ourselves, with our self taught that change is bad simply because we might not want to do it or it might be inconvenient or we're uncertain about it, or we're scared about it. And the interesting thing is the better you are at something, the more expertise you have in a particular way of doing things, the more practice you have in a particular way of doing things, frankly, the scarier change is because it challenges you. It forces something that you probably do very, very well and on autopilot to have to suddenly make something that's become unconscious, you've got to make it conscious. You've got to think about it all the time. You know when people are trying to, I'll use the example of a diet, when people are trying to diet; instead of just mindlessly eating, which is very easy to do, and you can watch TV and you can talk to

people and you can pay attention to other things, suddenly you have to start thinking about everything, you have to consider everything. Everything that used to be just habit has to take mental effort and that frankly can be exhausting. And as a physician you're already using tons of mental effort, and so it's not surprising that it's, that many change efforts are coming across as being just irritating. And once they become irritating, you have plenty of reasons that you might justify that it's a stupid change. And, as a way to, again justify your feelings as opposed to really stepping back and saying, "What is it that's causing me concern? What is really going on?". And frankly there are some changes that aren't very well thought out, but a lot of times it's more our reaction to how we're feeling and the stresses that we're having that make us think that this change is dumb or is, it's not appropriate or whatever.

[00:12:35] SH: I will also say that again, for many experts, change efforts when they come in and I say, "Listen, we're going to change your billing system. Well, you know, I may have been doing this billing system for 10 years. Are you telling me my billing system's wrong? You're telling me it's...?" So change sometimes has this indictment or this self-indictment quality to it. And that also makes people somewhat defensive. And so in those situations, you have to step back and say, "Yeah, you know maybe my billing system worked great for years and years, but maybe the world has changed and maybe requirements have changed and maybe, maybe I need to, I'm comfortable with it, I know it, and all these other things, and so yes, my gut reaction is I wouldn't want to change it. And so anything that asked me to do so is threatening." If you can back away from that knee-jerk, that reactionary thing and actually analyze where those feelings are coming from, I think physicians can move a lot farther along, really making a more rational assessment of the appropriateness of a change and more, a more reasoned decision about how they might go about supporting it and, in fact, embracing it if they can.

[00:13:59] JP: You touched on a little bit of my next question in your discussion just a moment ago, but what is one key tip or piece of advice a physician might share with his or her staff directly to help empower them to positively embrace this change?

[00:14:17] One of the things that I emphasize in my work on change is empowerment. I'm glad you use that word. People, one of the, one of the things that I am really very fond of is the saying that, people don't resist change; they resist being changed. You know, people make big changes in their lives all the time. They get married, they have children, they change jobs, they choose a career, they move, and many times those changes are done enthusiastically. So, and those are big changes, so people just don't necessarily resist everything. What they resist is when they feel like they're being changed, when they're forced to be changed. And sometimes the world is that way. You know, a new, a new regulation comes down and we have to change. But, if you can find ways to empower people, and encourage them to help you. "Hey, we need to make this change. Help me think how we can do it better."

[00:15:17] SH: And the other thing is if you can, this is probably the biggest piece, if you, if, if you can, help your staff think about every change, even if it's not one that you're

dying to do and it's being imposed on you -- that change is an opportunity to do something different to make, to improve something else; a change in one procedure might be a way of fixing a problem or using that opportunity to fix something different. So if you can begin to say, "Okay", even, now change that you plan and you're excited about, that's one thing, but if a change is being imposed on you, but you have to make it happen, look for an opportunity in that change. Empower yourself and empower your staff to look for, "If we're going to be doing this, what else can we do at the same time that will help us in some other way?". Or, this change, while we're a little reluctant about it, opens the opportunity for this other thing that we can do. So I believe empowering people to think about and to help you think about how a change can be made as positive for a group as possible. Even empowering folks, "Hey, this is the change and we need to do it." And let's, I think it has these positive effects but, you know, help me figure out empower the, your employees to help you figure out how to implement it, and when to implement it, and who's going to do things, and just engaging them in any, any form, anything that they can make a decision about, again makes it feel less like you're doing it to them. And, in fact, that they have some say or agency in the way the change is going. So those are, that, I mean, that's more than one thing but that's, that's this notion of trying to be optimistic about a change and use it. Think about it as an opportunity much more than a threat, and empower your people to help you run with that opportunity. I think that would be the piece of advice I would offer.

[00:17:30] JP: This has been an absolutely wonderful discussion. I have learned a lot and I personally feel very encouraged about any changes that may be facing me. So thank you for joining us today.

[00:17:42] SH: It's been my pleasure. Thank you very much.

[00:17:46] Stan will address these and other instrumental concepts during his keynote address, "Leading and Motivating Change" taking place Thursday, June 27 to begin SMA's Southern Regional Assembly in Birmingham, Alabama. Visit sma.org/assembly for more information and to register. I'm Jennifer Price with the Southern Medical Association. Thank you for listening today.

[00:18:14] Want to learn more about these topics? Make plans to attend estimated Southern Regional Assembly June 27 through twenty ninth and Birmingham Alabama. Visit sma.org/assembly for more information and to register.