

Leading Change in Healthcare

Getting from Where You Are...
to Where You Want to Be



Use these links to access
the report's key sections

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Conversations about Change:

Healthcare Leaders,

Managers, and Staff Share

Constructive Advice and Cautionary

Tales about Their Experiences

Leading and Managing Change

Jerry Garfield, MSW

Conversations About Change with Leaders in Healthcare — Executive Summary



Change is the reality of our business. It's what healthcare is all about today. Managing change successfully is more critical than ever before.

— Vice-President, Provider Network Management,
Managed Care Organization

LEADING CHANGE IN HEALTHCARE TODAY: THE REALITY AND CHALLENGE

Healthcare is one of the most serious and costly problems facing Americans today. As healthcare leaders address a multitude of concerns, they face both a reality and a challenge: **How well change is managed will determine how well healthcare leaders are able to achieve improvements in the delivery of healthcare services, in patient care experiences, and in controlling costs.**

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IN THESE INTERVIEWS, HEALTHCARE LEADERS TALK ABOUT LEADING AND MANAGING CHANGE, AND WHAT CHANGE LEADERS DO TO BE SUCCESSFUL

Conversations with twenty change-wise clinical and non-clinical healthcare leaders from across the US provide insightful advice and cautionary tales about how best to understand and approach the unique challenges and opportunities that come with planning and implementing change. Their aggregated comments—these findings—describe what change leaders need to understand about the nature of organizational change and what to do, and avoid, to be successful.

- **Change is a distinctly challenging event in the life of an organization**—with transitional phases, uncertainty, and stress affecting leaders, management, personnel, and the vitality of the organization.
- **Leading change is different from other ways of leading.** More important than a particular style of leadership is a change leader's abiding appetite for change, comfort and skill in dealing with uncertainty, and the ability to share these with others.
- **Leading change is not just another leadership responsibility.** Experienced change leaders emphasize in these findings the skillful use of specialized approaches, tools and strategies as the foundation for successful change. These include ways to:
 - Help your organization learn about change as much as help it to change. *continued*

LEADING CHANGE IN HEALTHCARE TODAY: THE REALITY AND CHALLENGE

Are today's leaders ready to face the demands of change? Do they have the proper know-how and the stomach for what it takes? Do their teams?.

CONVERSATIONS ABOUT CHANGE WITH LEADERS IN HEALTHCARE — EXECUTIVE SUMMARY - *continued*

- Invite stakeholders to collaborate as a way of their buying-in from the beginning and embracing the rigors of change.
- Explain why and how change requires new and different ways to get work done.
- Reduce the stress of uncertainty and transition on yourself and your organization by using approaches that are both “head smart” and “heart smart”.
- Create context and meaning about what is happening—to manage uncertainty and to counter feelings of confusion and anxiety that can easily undercut the adoption of change.
- Sustain straightforward, transparent, productive work relationships where talk is about real things and not marketing slogans.

Healthcare leaders, whether contemplating change for the first time, in the midst of turbulent transformation, or riding the waves and cross currents of several ongoing changes, will benefit from these hard-won lessons generously shared by physician leaders, nurse managers, program administrators, CEOs, academics, and others who have faced demanding challenges and unexpected opportunities when changing their organizations from where they were to where they wished them to be.

*These findings describe the effects
of leadership on change, and the effects
of change on leaders and their organizations.*

Contents at a Glance

“It is not the strongest of the species that survives, nor the most intelligent, but the one most adaptable to change.”

– Charles Darwin,
The Origin of Species

“Today there is more change than ever. It is a constant, more intense than ever, and speeded up by social media and global economies. Change affects everyone, and it demands a rapid and more frequent response. It requires more adaptability.”

– Regional Dean, School of Nursing

How this report came about, and why it’s crucial insights are important for healthcare leaders. *Appendix A, page 42*

Change is here to stay. Those good at leading it have the know-how, the stomach for what it takes, are head and heart smart, and... there’s more!
Appendix A, page 45 and Chapter 1, page 9

Change: one beginning, many starts. Strategies to state the course *and* to stay the course. *Chapter 1, page 12*

Communication is more about listening than talking, more about sharing feedback than selling, or pitching, or public relations.
Chapter 1, page 15

Three planning approaches will get you from where you are to where you want to be, while avoiding buy-in woes.
Chapter 2, pages 16, 17

There will be resistance and conflict: What to do and what not to do?
Chapter 2, pages 24, 25

Change provokes a range of emotions in leaders and stakeholders—anxiety, excitement, and hope: How best to respond?
Chapter 3, pages 30–33

Too much of a good thing is too much: Many changes at the same time create stress best avoided. Here’s how.
Chapter 3, pages 34, 35

Today’s dynamic healthcare environment is all about change. Leading and managing change successfully is more critical than ever before: Highlights of report findings and recommendations.
Chapter 4, page 36

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Chapter 1

Leading Change in Today's Healthcare Environment



Change is more than the sum of calculated activities and events. It is a journey. Whether welcomed or resisted by others, the journey presents leaders with distinct challenges and opportunities, upsides as well as downsides, and it disrupts doing business as usual.

Leading healthcare change requires more than marshalling resources, completing tasks, and meeting deadlines.

OVERVIEW

Today's change leaders must be prepared to journey with others through uncharted lands to a desired but unfamiliar destination. The journey is arduous, fraught with disappointment and elation, challenges and opportunities, and resisted throughout by many of the very people expected to benefit most from change. Sound familiar?

To get to "the promised land"—to attain improvements in healthcare services and patient care experiences, and to manage costs more effectively—change leaders will benefit from recommended leadership approaches and behaviors described in these findings by those who have gone, and are still going, on this journey.

CHANGE IS A DISTINCT, ONGOING DEMAND FOR LEADERS AND THEIR ORGANIZATIONS

Voices of a physician, a nursing school dean, a clinic administrator, and the manager of a large provider network join with other interviewees:

*Change is the reality of our business.
It's what healthcare is all about today.*

Yet, these voices are not united! For some, change is welcomed with relief, the long awaited leadership fix for chronic problems. For others, change is a sign of failure of leaders, "the system," government, or some combination of all three, and to be resisted.

Whether welcomed or resisted, change presents distinct challenges and opportunities, upsides as well as downsides, and it disrupts doing business as usual.

LEADING CHANGE IS A TALL ORDER

The hospital executive was emphatic: "Start with the right person in the right job at the right time."

A senior-level clinical manager added her experience: "Leaders have to join in, walk the talk. Telling staff, *Yes, Go, Do* wasn't enough."

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To be truly effective, leaders have to let go of some of the managing pieces to emphasize the larger leading needs. Leading change requires a specialized set of leadership tools.

– Senior Manager, Network-wide Learning and Development

Was *that* enough, I wondered to myself?

“No,” she said, “they should have an abiding appetite for change, and comfort and skill in dealing with uncertainty.”

A physician leader picked up the theme: “Because of the heavy presence of uncertainty, leaders must have the ability to reach out continually with compassion, resolve, and resiliency to reassure others, all the while confronting resistance and disbelief from co-workers.”

Whether chair of the leadership team or one of its members, leading change when it is both welcomed and resisted is a tall order!

IN THE FACE OF ONGOING CHANGE, LEADERS MUST PROMOTE ONGOING COLLABORATIVE LEARNING

Often, leaders expect themselves, and are expected by their followers, to have ready answers for thorny, complex questions about many aspects of change. Leaders cannot supply all the answers, nor should they. Rather, it’s the job of leaders to invite staff and stakeholders to join together in ongoing, collaborative learning about the purpose and goals, both desired and undesired, of change in their organization.

Experienced change leaders have learned that their success has as much to do with helping their organizations learn about change as with helping their organizations change.

FINDINGS: CHAPTER ONE

Findings are presented in three tables in response to three crucial questions about leading change in today’s healthcare environment:

Table 1.1 Who are the best people to lead change?

Table 1.2 How best to begin the process of change?

Table 1.3 How best to communicate change is on the way, and here to stay?

Interview responses to each question are organized into two columns. The *left column identifies topics contained in the question. The right column lists interviewees’ opinions, concerns, and recommendations regarding the topic.* My own commentary, with a list of suggested change leadership **dos** and **don’ts** based on interviewees’ responses, concludes this first section of the findings.

Often leaders expect themselves, and are expected by their followers, to have ready answers for thorny, complex questions about their organization’s change. Leaders cannot supply all the answers, nor should they.

TABLE 1.1: WHO ARE THE BEST PEOPLE TO LEAD CHANGE?

FINDING	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Change starts with you! You are the change leading change.</p>	<p>Executive Director, County Health Centers: Our change to electronic medical records taught me that leaders must embrace change or we can't be successful. It starts with us. We have to get more tools, get more comfort, or get out of the game! We can't wait and we can't resist it.</p>
	<p>Senior Manager, Network-wide Learning and Development: Leaders saying <i>Yes, Go, Do</i> isn't enough. Theirs must be an active job of role modeling and reinforcing newly desired behaviors.</p>
	<p>Associate Dean, Academic and Clinical Affairs, College of Nursing: What worked best was for me to be scrupulous, visible, and 100% transparent.</p>
	<p>Director of Clinical Operations, Community Health Clinic: What worked was establishing a true partnership with those affected by the change. I told them: "I'm your liaison and 'go to' person."</p>
<p>Leading change is different from other ways of leading.</p>	<p>Senior Manager, Network-wide Learning and Development: To be truly effective, leaders have to let go of some of the managing pieces to emphasize the larger leading needs. Leading change requires a specialized set of leadership tools, and a different kind of engagement, a more patient engagement to revisit often with others the vision for change, and to let them know how what you are doing as a leader fits in. It includes leading with the heart.</p>
	<p>Compilation of Responses: Leaders of change must reset expectations of themselves and of others. You can't use old assumptions in the newly changed environment. Sometimes this requires confronting staff—and leaders!—about what's changing, how it's changing, and why they need to work differently now than they did before. We learned that leaders have to ask: what's the difference here, now?</p>
	<p>VP, Provider Network Management: Here's a key lesson I learned: don't forget to provide new rewards for new behavior—the same old rewards maintain the same old behaviors.</p>
<p>Play to strengths—yours and your team's.</p>	<p>Medical Director, Primary Care Network: Leading the planning team reminded me of my being a second-string quarterback—not fast enough, not big enough, and not tall enough. But what I could do was to hand the ball off to others who could run for yardage. It was fun doing that. I learned what people's strengths were and where they needed to be supported. It was very fulfilling working with my team to get to a better place.</p>
	<p>Obstetrician, Hospitalist: Our focus of measurement is patient outcomes and nurse retention. We don't have indicators that show team satisfaction or productivity on a meaningful level. Is this why it's hard to hold some team members accountable?</p>

TABLE 1.1: WHO ARE THE BEST PEOPLE TO LEAD CHANGE? *continued*

FINDING	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Get your team members on the same page and keep them there.</p>	<p>Executive Director, Community Indian Health Services: I showed board members how we had been suffering financial losses. I told them there is no plan and there is no magic, that the change I was proposing was a process, an improvised process. I asked for their 100% support. Not 99%. I asked each of them one by one to join me. Each said, “Yes”.</p>
	<p>Senior Consultant for Employee Healthcare Benefits Programs: I started with a close-knit team but I had to keep them focused on why we had to do things in particular, strategic ways. That focus really helped the team and me.</p>
	<p>Director of Clinical Operations, Community Health Clinic: Everyone on the leadership team agreed to assist on the floor with our staffing change. Working side-by-side with those affected, we saw what was working well and where there were gaps as change proceeded.</p>
	<p>Executive Director, Community Indian Health Services: I kept my team’s vision and focus on the whole organization, not individuals or departments. We talked about departments and individuals but we never lost sight of the impact on the whole company. Otherwise, the tail is wagging the dog.</p>

COMMENTARY

TABLE 1.1: WHO ARE THE BEST PEOPLE TO LEAD CHANGE?

The executive director of a community healthcare system was blunt: With the business of healthcare all about change, leaders have to “get more tools, get more comfort, or get out of the game!”

- *What kinds of individuals are needed to win the game?*
- *Have they been well trained?*
- *Is the leadership team ready to do its job?*

Interview findings provide trenchant answers to these questions:

- **Choose a team leader comfortable in his or her bones with change,** who has the stomach, training, and experience to head up a change leadership team;
- **Select team members known and trusted by key stakeholders** and the whole of the organization who are capable, with ease and competence, to respond to emotional reactions, especially resistance, their own and others’;
- **Choose team members experienced with making decisions** that support themselves and stakeholders as they face ongoing uncertainty. Leaders who thrive on stability, certainty, and predictability in the safe confines of their private offices don’t belong on this team.

- **Ensure the team is ready** by training everyone in the use of change-specific approaches, tools and strategies to enable them to:
 - Create productive partnerships with:
 - Sponsors:** Individuals who make the compelling business case for change, and who own and authorize change and the necessary allocation of resources;
 - Champions:** Individuals at key levels in the organization who collaborate with stakeholders to obtain commitment and needed resources, and work with overlooked or discounted departments which can easily fuel resistance and non-compliance to all that change requires.
 - Be both “head smart” and “heart smart” to support the journey from “what was” to “what is becoming”;
 - Address stakeholders’ uncertainty and resistance by clarifying the purpose and direction of change, and why stakeholders need to work differently now than they did before.

DOS & DON'TS

TABLE 1.1: WHO ARE THE BEST PEOPLE TO LEAD CHANGE?

Everyone on the leadership team agreed to assist on the floor with our staffing change. Working side-by-side with those affected, we saw what was working well and where there were gaps as change proceeded.

– Director of Clinical Operations,
Community Health Clinic

DO

- Follow the example of the former second-string quarterback now physician lead mentioned above who describes how playing to the strengths of his planning team supported them to transform their organization’s reimbursement model.
- Choose leadership team members who will regularly reach out and communicate with those impacted by change to learn how their individual work efforts are being affected, and what needs to be done to maintain productivity.
- Anticipate that there will be two leadership planning teams, one to create the design plan for the change and the other to implement the design plan’s strategic goals. Leaders good at designing change are not necessarily good at implementing it. Each activity requires unique ways of thinking and operating. Using two separate leadership teams, one for each function, optimizes each teams’ productivity. [For more details, see Chapter II: “Designing and Implementing Change.”]

DON'T

- Overstaff the leadership team. Between 5-7 members encourages efficient decision making, timely sharing of feedback, and productive accountability. As needed, enlist the support of others through delegation and consultation.
- Assume any leader is inclined to lead change and experienced to do so. These findings abundantly demonstrate otherwise.

TABLE 1.2: HOW BEST TO BEGIN THE PROCESS OF CHANGE?	
FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
State the course, then stay the course.	Senior Consultant for Employee Healthcare Benefits Programs: Stating clearly the vision and purpose about why change is happening really helped us. Employees are more open to change if they know the “why.” You have to give them reasons to want to make change happen.
	Assistant Professor, Pediatrics: People are showing up to do a job. They want reasons to be proud and to represent themselves and their organization. The more you can educate them as to the purpose for adopting electronic medical records, and play to both hearts and minds, the greater the possibility for success.
	Associate Dean, Academic and Clinical Affairs, College of Nursing: Leaders can expect erroneous and illogical comments from those impacted by change. It is necessary to clarify at the early stages the “why” and the “how” of the change, what’s going on and when it is going on. Otherwise, leaders are caught between having to communicate the purpose of change at the same time working through the logistics. It is best to avoid the challenge of doing both at the same time.
Staying the course produces unexpected benefits.	CEO, Statewide Home Care Association: Our providers lead by keeping their eyes on the road, dealing with the nuts and bolts, and looking up at the horizon searching for opportunities. As both happen, new models of care emerge!
Accept the presence of emotional reactions, and that not everyone is going to be happy.	Clinical Professor, School of Dentistry: After the layoffs, people all around me were wondering, “What’s going to happen to me?” There was survivor’s guilt, yet I was only too pleased to be working.
	Assistant Professor, Pediatrics: Could our leaders have brought some people along better? Yes. Could they have brought everyone along better? No.

COMMENTARY

TABLE 1.2: HOW BEST TO BEGIN THE PROCESS OF CHANGE?

**STATE THE COURSE, THEN STAY THE COURSE:
ONE BEGINNING, MANY STARTS**

The journey of change traverses a landscape of opportunities and disappointments. To ride the ups and downs successfully, leaders need to keep stakeholders engaged as partners in collaborative learning and risk taking.

When change drags, people grow frustrated. Experienced leaders keep their cool, learn with others what is stalling progress, institute a needed correction, and, with a dash of humor, start again.

Then there’s another bump in the road. Leaders learn what’s working well and what’s not, make adjustments, celebrate large and small victories, and start again.

Progress is incremental, the pace variable. A leaders' commitment is steadfast. It is this commitment, according to the CEO of a home care association, that has leaders' eyes on the road addressing daily demands, while looking up at the horizon searching for opportunities for yet another start.

ESTABLISH FROM THE BEGINNING ONGOING, COLLABORATIVE LEARNING WITH ALL STAKEHOLDERS

The job of leaders is to engage stakeholders in ongoing, collaborative learning about change. And to make certain the right people are asking the right questions: What causes and conditions are driving the need for change? What are realistic, recommended responses? How best to proceed? What internal and external resources are needed? Who needs to be involved?

DOS & DON'TS

TABLE 1.2: HOW BEST TO BEGIN THE PROCESS OF CHANGE?

Experienced change leaders have learned that their success has as much to do with helping their organizations learn about change as with helping their organizations change. And to make certain the right people are asking the right questions.

DO

- Establish with stakeholders from the very beginning compelling, urgent business reasons why change is needed.
- Speak regularly with stakeholders to invite and welcome their questions, concerns, and suggestions. Keep them ever mindful of *what* is happening, and *why*, as change unfolds. Work together to make clear to everyone where the organization is going and why committing to an intentional direction, and the means to get there, is important and necessary for everyone's success.
- Create pathways by which learning about change is easily available to those being affected. Experienced change leaders have learned that their success has as much to do with helping their organizations learn about change as with helping their organizations change.

DON'T

- Sell change as if it's an appealing commodity one should purchase. Selling change creates suspicion, resentment, and resistance. It dishonors the intelligence and judgment for which one was hired. Consider as advice a nurse manager's request of her leaders: "Just tell me the *why* and *what's in the works*. Don't leave me with only your judgments and conclusions. Let me come to my own judgments about what this change involves and means to me."
- Fail to state the course of change clearly, persuasively, and repeatedly, or leaders may well find themselves stymied by questioning, resistant staff unwilling or unable to stay the course.

TABLE 1.3: HOW BEST TO COMMUNICATE CHANGE IS ON THE WAY, AND HERE TO STAY?

FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Give and get feedback early and often.</p>	<p>Chief of Addiction Services, Military Partial Hospitalization Program: To quell rumors and minimize confusion about change, provide multiple opportunities for those impacted to ask questions, and for you to clarify what is going to happen. Solicit feedback early on about their feelings, and consider comments seriously. Where feasible, utilize suggestions.</p>
	<p>Director of Clinical Operations, Community Health Clinic: We approached staff with a reassuring mentality, asking for feedback and giving reinforcement. When we reiterated the vision and purpose of the plan, and the importance for boosting same day responses, staff felt more stability.</p>
	<p>Obstetrician, Hospitalist: Our leaders might have given frequent surveys to the nurses, which would have allowed us physicians to give them positive feedback. We didn't have the data; we couldn't give the feedback.</p>
<p>Prepare to stand out and be questioned publicly.</p>	<p>Associate Dean, Academic and Clinical Affairs, College of Nursing: Over a number of weeks, I met every group and person who wanted to meet with me. There was some tough talking. This was the most critical action I took as a leader.</p>
<p>Keep asking: Are we communicating well?</p>	<p>Director of Clinical Operations, Community Health Clinic: Our biggest challenge was to determine whether our strategic conversations with our many stakeholders were working. We communicated continuously, and varied the message, the medium, and the frequency. We provided what we thought was relevant information in a timely, ongoing way. But was it working? It was only when someone on the leadership team suggested the obvious—go out and ask people in the clinics and hospitals, and keep asking them—that we learned how well we were communicating.</p>
	<p>Obstetrician, Hospitalist: The poor communication between leaders and staff causes intimidation and resentments. Everyone can see this. We have to get to a point where leaders will say, "This is wrong," and change it.</p>
	<p>Senior Manager, Network-wide Learning and Development: We advise our leaders to be straightforward when taking and answering questions, and to be really respectful of those asking questions.</p>
	<p>CEO, Community Health Clinic: Partnering with other agencies, government entities, and vendors is a difficult balancing act given the transparency, scrutiny, and oversight requirements of The Health Resources and Services Administration (HRSA). We have to discover a better way for partners to talk to one another. Right now, we don't have that better way.</p>

TABLE 1.3 HOW BEST TO COMMUNICATE CHANGE IS ON THE WAY, AND HERE TO STAY?

Communication is a crucial component of successful change. At its best, communication does what it literally means: *to identify and share what is held in common.*

The Director of Clinical Operations at a community health clinic describes what leaders do when they are communicating successfully:

When leaders communicate successfully, employees will have access to leaders physically and emotionally. This will support the partnership needed for successful collaboration. It will also allow for ongoing dialogue and feedback, necessary components of productive communication.

The Associate Dean at a college of nursing describes the commitment he and his team made to all stakeholders to ensure productive communication:

Everything about our change had to be in good faith. Our communication was scrupulous, visible, and 100% transparent. We created rules of engagement that ensured open and regular communication. And we stuck to them.

DOS & DON'TS

TABLE 1.3: HOW BEST TO COMMUNICATE CHANGE IS ON THE WAY, AND HERE TO STAY?

Partnering with other agencies, government entities, and vendors is a difficult balancing act. We have to discover a better way for partners to talk to one another [as we deal with changes in HHS/HRSA regulations].

– CEO, Community Health Center

DO

- Conduct communication as an interpersonal activity that supports honest feedback and productive partnerships. Listen, invite, and welcome questions, and comments, with curiosity and respect. Whether tough or softhearted, say what's true.
- Make a strong case for change without pushing a fix. Encourage collaborative learning that nurtures rather than installs change.

DON'T

- Turn communication into a public relations campaign aimed at selling change. To do so will generate resistance from stakeholders.
- Allow others to expect you, or for you to expect yourself, to come up with all the right answers. Leaders do best when they listen and then encourage discovery, through learning together, what needs to be done.
- Attempt to reassure by saying that in the end everything will be fine, that those affected by change shouldn't worry because the leadership team has researched "best practices" and knows what's best. This type of communication glosses over real and stressful effects of change; it infantilizes employees and fuels distrust and resistance.

Chapter 2

Planning Change: Approaches to Design and Implementation



To go where you and your organization have never gone before—collaborate, assess, and plan.

In these interviews, leaders spoke about their uncertainty when designing and implementing change:

- How do we get to where we have never gone before?
- How do we deal with the impact of change on ourselves and on our organizations?

Three planning approaches provide strategies for dealing with uncertainty while avoiding costly missteps:

- Collaboration where leaders partner with key stakeholders in designing and implementing change from its inception;
- Assessment of the organization's readiness, capacity, and capability to change, for the first time or yet again;
- Two-phase planning that optimizes designing and implementing as distinct yet connected activities.

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OVERVIEW

Many leaders looked over their shoulders during these interviews and wished they knew then, when they had begun to plan change, what they know now.

Isn't this true of a number of important events in life, like starting a new job or becoming a parent? Standing on the outside looking in, we don't know as much as when we are inside looking out. And when inside, there is still so much we don't know. Dealing with not knowing. That's the challenge. What's a leader to do?

For leaders of change, uncertainty never fully goes away. It's a chronic condition that comes with the job. It's not a problem; problems can be solved. It's a dilemma; a dynamic situation that ebbs and flows between knowing and not knowing how best to plan and lead change.

Experienced leaders respond to the ebb and flow they can't control by taking an action they can control: bringing together key stakeholders to discover what they need to know. **The strategy is learning and the tactic is learning together.**

As well, learning can be extended—suggested a senior consultant for employee healthcare benefits programs—beyond an organization's doors: "Consultants and coaches bring experience of having done it before, a fresh set of eyes, and if there are issues, they can help. I also stay connected with other leaders..." who have experienced what we are undertaking.

In the absence of learning, uncertainty can become a source of overwhelming stress and the basis for leaders' self-doubt, that one is weak and ineffective for not knowing everything that needs to be known. Neither an individual nor a team can know everything, ever, yet we delude ourselves into thinking that's possible.

Looking back at her agency's planning process for the adoption of electronic medical records, the Executive Director of her county's health centers told me, "We didn't know what we didn't know."

If they were to do it all over again, still not everything would be known. **Knowledge is incomplete. Leading change is imperfect. Learning is ongoing.**

Specific approaches for leaders to deal with these stresses, and the effects of ongoing uncertainty on themselves and their organizations, are addressed in Chapter 3.

Here in Chapter 2, three strategic approaches to planning change, including ways to moderate uncertainty during design and implementation phases, are discussed.

APPROACH PLANNING AS A TWO-PHASE PREPARATION FOR CHANGE

Solid planning involves two phases, each with a distinct plan: the first describes *what needs doing* and the second describes *how to get it done*. The first is a design plan. The second is an implementation plan.

A design plan:

- Makes use of “blue sky” visionary thinking;
- Involves collecting data, assessing “what is”, and brainstorming “what might be”;
- Provides direction, and goals with desired outcomes.

An implementation plan:

- Makes use of on-the-ground concrete thinking;
- Deals with specific practicalities by creating strategies and tactics that lead to desired policies, procedures, and behaviors;
- Provides a detailed outline, or blueprint, with operational requirements and needed resources to support the adoption of change.

APPROACH COLLABORATION AS A STRATEGY THAT AVOIDS BUY-IN WOES

A senior consultant for employee healthcare benefits programs reveals how her organization avoided buy-in woes by engaging employees “in the initial stages of designing. This minimized disruptions and helped to establish a ‘co-creating’ environment so that any sense of buy-in was irrelevant.”

On the other hand, an obstetrician told me about going off-site with colleagues to learn new ways of team building. They returned to work excited and motivated. However, physicians and nurses who had not been invited to the training were resistant to new ways of thinking and acting. They felt pushed into buying-in, not invited in at the beginning to understand the need for change. They wanted to be asked, consulted, not told what to do. **They wanted to be treated the same way as they treated their patients—partners in a process of discovering what’s going on, what’s needed, and how best to proceed.** Absent that, they didn’t see the value of the program, still don’t: “There’s a lag with buy-in. We still haven’t seen significant improvements.”

Our team leaders took care of patients without knowing the business side. Now they have a better idea of what it takes to run the business and what our business manager is concerned about when it comes to planning change. The lesson: increase the knowledge and skills of leaders, managers, and physicians to plan and manage change. Then the whole organization will function at a higher, more effective business level.

– COO, Neighborhood Health Center

APPROACH ASSESSMENT AS ONGOING DISCOVERY OF WHAT'S NEEDED, AND PROCEED CAUTIOUSLY

Before the invention of radar, captains of sailing ships stationed a sailor high atop the ship's main mast in a barrel-shaped lookout structure known as a "crow's nest." The sailor's job was to look out for approaching hazards, other ships, and land. **The requirements were basic and critical: stay awake, know what to look for, be vigilant, and communicate in a timely, accurate fashion.**

Leaders' and key stakeholders' planning will profit from what a crow's nest perspective provides: the capability to monitor and describe where they are, where they've been, and what's ahead. This continuing supply of information will make available ongoing opportunities for discovery, assessment, and collaborative learning.

Once we returned to our hospital department from training about ways to improve clinical teamwork, we had to get buy-in, particularly from older doctors and nurses. They didn't see the value of the program. There was lots of resistance. They had to see improvements in patient outcomes to convince them to change. We still haven't seen significant improvements. So there's a lag when it comes to everyone buying in.

– Obstetrician, Hospitalist

PLANNING PROVOKES RESISTANCE AND CONFLICT

Resistance and conflict are to be expected when planning change. They will arise throughout the design and implementation phases. When leaders effectively face resistance and engage in conflict with stakeholders, they acquire critical information about how planning is progressing, and what to do to address concerns and support progress.

FINDINGS: CHAPTER TWO

Findings are presented in three tables in response to three crucial questions about planning change:

Table 2.1 What does it take to effectively design change?

Table 2.2 What does it take to effectively implement change?

Table 2.3 What are solid approaches for dealing with resistance and conflict?

Interview responses to each question are organized into two columns. The left column identifies topics contained in the question. The right column lists interviewees' opinions, concerns, and recommendations regarding the topic. My own commentary, with a list of suggested change leadership *dos* and *don'ts* based on interviewees' responses, concludes this second section of the findings.

We involved employees in the initial stages of designing. This minimized disruptions and helped to establish a "co-creating" environment so that any sense of buy-in was irrelevant.

– Senior Consultant, Employee Healthcare Benefits Programs

TABLE 2.1: WHAT DOES IT TAKE TO EFFECTIVELY DESIGN CHANGE?	
FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
Involve employees and key stakeholders from the beginning.	COO, Neighborhood Health Center: When it comes to change, we leaders can't get there alone. After we leaders share the vision of where we are headed, we need to empower staff—to make them full partners, treat them well, and be open and honest.
	Senior Consultant for Employee Healthcare Benefits Programs: We involved employees in the initial stages of designing. This minimized disruptions and helped to establish a “co-creating” environment so that any sense of buy-in was irrelevant.
	Associate Dean, Academic and Clinical Affairs, College of Nursing: We sat down with those employees to be impacted and created a “rules of engagement” guidebook together. Everyone got a copy and we stuck to it.
	VP, Provider Network Management: Our CEO thought he had all the authority needed to make system-wide decisions without consulting key stakeholders. He found out otherwise.
Work to discover what you need to know, and need to do.	Executive Director, County Health Centers: We didn't realize how huge change would be. We didn't do sufficient preparation.
	Research Coordinator, Teaching Hospital: In the most concerned ways, leaders need to show people options, and then organize them to find ways to go in other directions.
	COO, Neighborhood Health Center: Our team leaders took care of patients without knowing the business side. Now they have a better idea of what it takes to run the business and what our business manager is concerned about when it comes to planning change. The lesson: increase the knowledge and skills of leaders, managers, and physicians to plan and manage change. Then the whole organization will function at a higher, more effective business level.

COMMENTARY

TABLE 2.1: WHAT DOES IT TAKE TO EFFECTIVELY DESIGN CHANGE?

Just as leading change is different from other ways of leading, so is planning change different from other ways of planning. Preparation is key.

- **Essential training** in methods of planning, leading, and managing change, as well as engaging conflict and resistance effectively, will prepare those responsible for planning (design and implementation).
- **Orientation** to change management methods, tools, and strategies for those to be impacted by change will establish common ground upon which collaborative effort toward adoption of change can be built.

Of designing itself, skillful use of the three approaches mentioned in the Overview of this chapter can maximize effectiveness while helping avoid costly missteps:

Leaders good at designing change are not necessarily good at implementing it. Each planning activity requires unique ways of thinking and operating. Using two separate leadership teams, one for each function, optimizes each teams' work.

Collaboration builds and sustains partnership between leaders and key stakeholders, a necessity for the successful design and implementation of change.

Assessment conducted before design starts should indicate:

- Change would be of benefit to the organization;
- The organization has the *capability* and *capacity* to take on change, and can be made *ready*, with the necessary resources, to do so.

Two-phase planning optimizes designing and implementing as two distinct yet connected planning activities. While some of the same people may be on both planning teams to support continuity, it is important to keep in mind the critical differences between their mission and goals:

- **Designers** create a blueprint for change that defines desired change goals and objectives.
- **Implementers** create a plan that defines the means to make change happen.

Leaders good at designing change are not necessarily good at implementing it. Each planning activity requires unique ways of thinking and operating. Using two separate leadership teams, one for each function, optimizes each teams' work.

This collaborative and coordinated design-implement approach more than just a good idea. Its absence can prove very costly. A senior manager of a nationwide health insurance provider described how it took his company two years to straighten out the confusion and mess resulting from leaders' inability to effectively coordinate the design and implementation phases of change. Those two years were costly in terms of wasted time, stalled productivity, and misused resources.

DOS & DON'TS

TABLE 2.1: WHAT DOES IT TAKE TO EFFECTIVELY DESIGN CHANGE?

DO

- Invite key stakeholders to the design table from the beginning, with an agenda to co-plan change. Develop a sense of “we” and minimize feelings of “us/them” by establishing agreements that address the needs and goals of change, expectations of leadership roles, commitments of needed resources to achieve desired outcomes, and preferred ways to communicate in support of solid partnership and planning;
- Assess how the demands of current workloads, and, if existing, the presence of other changes, would affect the introduction and requirements of a new change;
- Create customized organizational-style crow's nests during the design phase that can also be used in the course of implementation.

Examples of organizational-style crow's nests include:

- Dashboards displaying key performance indicators for individuals, departments and the organization as a whole;
 - Frequent meetings with managers to assess what's working well and what isn't for them personally, as well as for their direct reports and departments;
 - Interactive sessions between design team members, key stakeholders, and employees to share how change is viewed and experienced from "on high" and "on deck."
 - The creation of other forms of crow's nests—computer graphs, apps, meeting formats, assessment tools, and interactive events—limited only by leaders' and stakeholders' imaginations and creativity. Consultants and coaches can play a vital role here by assisting leaders and their teams in creating and using inventive, productive monitoring tools and activities;
- Enhance design effectiveness (and learn about potholes and roadblocks to anticipate) by enlisting mentors, consultants, and coaches who have depth and experience with designing collaborative change.

We sat down with those employees to be impacted [by the movement of nursing education from a hospital-based to a university-based program] and created a "rules of engagement" guidebook together. Everyone got a copy and we stuck to it.

– Associate Dean, Academic and Clinical Affairs, College of Nursing

DON'T

- Ask stakeholders to buy-in to what leaders have decided are the purpose and direction of change and then again when implementation is about to begin. This we'll-invite-you-in-when-we-need-you approach arouses an "us/them" power dynamic that sows disenfranchisement, resentment, and resistance.
- Consider designing change as merely a spreadsheet of tasks and activities to be accomplished by a certain time. This approach ignores what is occurring "below the line" of tasks getting done—the political, cultural, and psychological impacts of change on physicians, nursing staff, support staff, and their patients.
- Get blindsided as the Executive Director of her county's health centers did. She and her change team had braced themselves for a technological struggle as they converted to electronic medical records. The struggle proved not to be with technology; it was installed easily and functioned well. What they hadn't anticipated was the necessity to examine every single workflow transaction in their multi-clinic business. This required a lot of time and effort. Not knowing what to anticipate, she admitted they didn't do as much preparation as they should have done.
- Assume those who criticize and complain about change from the sidelines are troublemakers to be ignored. They too are stakeholders who passionately care about what's going on. Listen and learn from them.

TABLE 2.2: WHAT DOES IT TAKE TO EFFECTIVELY IMPLEMENT CHANGE?

FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>For implementation to succeed, a lot of planning, coordination, and support is needed.</p>	<p>Senior Manager, Network-wide Learning and Development: For implementation to succeed, leaders have to be clear as to who is acting as champions and who as sponsors. Both must spell out and apply consequences for those not going along. Otherwise, it's only words about what needs changing.</p>
	<p>Assistant Professor, Pediatrics: Our leaders stuck “super users” all over the place—on every shift for the first two weeks to answer any questions about the new medical records implementation. Some continue to be there, and are excellent and accessible.</p>
	<p>Executive Director, County Health Centers: We should have involved staff and patients more with our transformation to electronic medical records. We thought patients might have problems and that staff would help them. The opposite was true: staff had a lot of problems and patients embraced the change! We were not sensitive enough to challenges to staff’s capacity for flexibility and adaptation. Also, people on the project team ended up spending more time than anticipated. In retrospect, we should have hired someone to be a real project manager.</p>
<p>Focus on the best ways to change behavior.</p>	<p>VP, Provider Network Management: Lack of collaboration in the design effort and lack of coordination in implementation took two years to straighten out!</p>
	<p>VP, Provider Network Management: We were not taught that behaviors had to change! Nor was there acknowledgment for the need and the adoption of new behaviors. We had no clarity as to what was to be new, what was going to be rewarded.</p>
	<p>Executive Director, County Health Centers: We learned an important lesson too late: Make sure everyone has enough exposure and training when introducing a new product, such as accounting software or electronic medical record keeping.</p>
<p>Medical Director, Primary Care Network: As we transformed the reimbursement model, we had to code accurately and effectively what we were providing patients. To remember new behaviors and their codes, we came up with rhyming mantras like “nine is fine.”</p>	

For leaders of change, uncertainty never fully goes away. It's a chronic condition that comes with the job. It's not a problem; problems can be solved. It's a dilemma; a dynamic situation that ebbs and flows between knowing and not knowing how best to plan and lead change.

TABLE 2.2: WHAT DOES IT TAKE TO EFFECTIVELY IMPLEMENT CHANGE?

The whole of these findings underscores the importance of managing change as a distinct event in the life of an organization. A distinct implementation plan created from a solid design plan is needed to effectively put change into action.

An implementation plan contains four sections:

1. **Stakeholder Analysis:** a guide for establishing and sustaining strategic engagement with stakeholders affected by change;
2. **Gap Analysis:** a chart that identifies significant discrepancies (or “gaps”) between current and future policies, procedures, and behaviors. It provides a step-by-step plan that sequences change from things as they are to what is desired;
3. **Communication Plan:** a document that identifies what stakeholders need to know as change unfolds, who needs to tell them, in what manner, and when;
4. **Implementation Plan:** a blueprint of all activities required to manage change from start to finish. It displays sequenced events and timetables, and lists key stakeholders and required resources. The plan includes monitoring mechanisms and indicators of progress to be used as change unfolds.

TABLE 2.2: WHAT DOES IT TAKE TO EFFECTIVELY IMPLEMENT CHANGE?

DO

- Support the successful implementation of change through the strategic use of:
 - Management team members trained in the use of implementation tools and strategies, including approaches for managing resistance and conflict that will inevitably arise;
 - Productive relationships with **champions** (individuals who own and authorize change and who make the compelling business case, and necessary allocation of resources, for change), and **sponsors** (those at key levels in the organization who collaborate with stakeholders to obtain commitment and resources, and work to eliminate overlooked or discounted departments that can easily fuel resistance to change and non-compliance to all that change represents) at every level of the organization to insure sustained stakeholder engagement and participation throughout implementation;
 - Communication methods that engage productive dialogue about the ongoing impact of change on work and workers;

- Small teams of employees situated throughout the organization to monitor (“take the pulse”) and report back to leaders how well implementation strategies are working;
- Dedicated resource personnel who can instruct and reinforce new ways of thinking, behaving, and working. A professor of pediatric medicine benefited from “super users on every shift to answer any and all questions for the first two weeks” of his hospital’s successful adoption of electronic medical records.

DON'T

- Sell implementation short by viewing it as merely a particularly challenging project with multiple deadlines. Change is *both* a valuable contribution *and* a disruption to how work gets done. Implement it well through strategic actions that minimize disruption and maximize adoption.
- Use management team members responsible for leading day-to-day operations as members of design and implementation teams. Dual membership can be very demanding and often unproductive, especially when loyalties are divided and priorities compromised. It’s one rider on two horses. It’s best to spread the wealth around: share design and implementation duties among all the ranks of leaders and managers, especially tapping those who will benefit from the opportunity to learn new skills while serving.

TABLE 2.3: WHAT ARE SOLID APPROACHES FOR DEALING WITH RESISTANCE AND CONFLICT?

FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Expect and plan for conflict and resistance.</p>	<p>VP, Provider Network Management: Those here a long time were not properly recognized and supported as change began. They resisted, having a hard time flexing with the change. It was no one’s fault that they felt conflicted, and hung on to the old paradigm. What else did they know to do? It was easy to scapegoat them. It appeared as if they were resisting when in fact that didn’t know new behaviors to enact.</p>
	<p>Senior Consultant for Employee Healthcare Benefits Programs: There was no formal process to address naysayers when they said, “We’ve always done it this way. It’s working. Why do we have to change it?” Some saw changes in programs and operations as personal attacks, that they were not doing their job properly. It took a while for some people’s pride not to be hurt.</p>
	<p>Obstetrician, Hospitalist: Once we returned to our hospital department from training about ways to improve clinical teamwork, we had to get buy-in, particularly from older doctors and nurses. They didn’t see the value of the program. There was lots of resistance. They had to see improvements in patient outcomes to convince them to change. We still haven’t seen significant improvements. So there’s a lag when it comes to everyone buying in.</p>

COMMENTARY

When leaders engage conflict and confront resistance, they learn critical information about how change is impacting staff, stakeholders, and work relationships. Leaders' abilities to engage and confront is a true test of their capacity to be responsive and supportive as people adapt to change.

TABLE 2.3: WHAT ARE SOLID APPROACHES FOR DEALING WITH RESISTANCE AND CONFLICT?

Experienced leaders want to know how those impacted by change are doing. They regularly “take the pulse” of stakeholders, and often find themselves facing down resistance or drawn into conflict. This can be challenging. At the same time, it can clarify what others may be feeling:

- Threatened by real or imagined risks to their personal and professional lives by proposed change;
- Confused and uncertain about the compelling reasons for change and the direction it is taking;
- Discounted because some quality about themselves or something they hold dear is not being honored;
- Frustrated by inadequate resources (material, instrumental, and psychological) or impending implementation deadlines.

Yet many leaders are hesitant to confront others, and for good reasons. They may not have received training in this aspect of leadership. Confrontations are awkward. Defiance or hostility may arise. It can be risky. It may not work. Then what?

A close look at the origins of the meaning of the word “confrontation”—*to stand with*—reveals a less risky, more positive approach. When leaders invite others to stand with them, confrontation holds the potential for leaders and stakeholders to:

- Recognize shared intentions, interests, and address concerns;
- Establish or re-establish mutual understanding for the need for change and the importance of collaboration;
- Discover new ways of getting work done.

DOS & DON'TS

TABLE 2.3: WHAT ARE SOLID APPROACHES FOR DEALING WITH RESISTANCE AND CONFLICT?

DO

- Develop skills and tenacity necessary to conduct searching, thoughtful conversations that identify concerns, reveal what may be threatening, and discover what needs to be honored.

DON'T

- Assume that those who criticize are troublemakers. They too are stakeholders. Their passionate voices express personal concern. Listen and learn with them.
- Internalize resistance of others, cautions the Executive Director of a hospital-based community health alliance. “It weakens us leaders, and our efforts.”

Chapter 3

The Effects of Change on Leaders and Organizations



Change is a valuable contribution to organizational vitality, and a significant disruption to organizational life.

Our leaders spent time attempting to insure equity and fairness as they assigned us work. The change initiative's business plan [to expand mental health services] provided a reduction in the balance of overall task assignments, but leaders pushed so hard we went from work/life balance to work/work balance.

– Chief of Addiction Services,
Military Partial Hospitalization Program

OVERVIEW

Findings in this chapter shift from a focus on leaders impacting change in their organizations to the impact of change on leaders and their organizations.

CHANGE STRESSES ORGANIZATIONS AND THEIR LEADERS

Change is a roller coaster of emotions for leaders and organizations—from excitement, relief, and hope to confusion, fear, and uncertainty. While some people welcome change and others experience it as a disruption, change with its ongoing uncertainty is stressful. Not knowing what's next amidst all the modifications and transformations of how work gets done presents a challenging obstacle as leaders direct change.

Specific to leaders, the stress and uncertainty they experience is often accompanied by self-doubt, making it difficult to be comfortable and self-assured within themselves and in their role. **It is crucial for leaders to find effective ways to take good care of themselves, and to address uncertainty and stress affecting them and their organizations.**

FINDINGS: CHAPTER THREE

The reality of constant change in healthcare, with its emotions, stress, and uncertainty: Is it any wonder change is so powerful and challenging a force in the lives of leaders and their organizations?

Interview findings describe how leaders have responded to the effects of change on themselves and their organizations. Their insights are presented in four tables in response to four crucial questions:

Table 3.1 How does change impact the life of an organization?

Table 3.2 How can leaders effectively manage their emotional reactions to change?

Table 3.3 How can leaders effectively respond to stakeholders' emotional reactions to change?

Table 3.4 What happens when many changes occur at the same time?

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Interview responses to each question are organized into two columns. The left column identifies topics contained in the question. The right column lists interviewees' opinions, concerns, and recommendations regarding the topic. My own commentary, with a list of suggested change leadership *dos* and *don'ts* based on interviewees' responses, concludes this third section of the findings.

TABLE 3.1: HOW DOES CHANGE IMPACT THE LIFE OF AN ORGANIZATION?	
FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Change is constant, demanding we adapt the way we do business.</p>	<p>Regional Dean, School of Nursing: Today there is more intense, constant change than ever. It demands a rapid and more frequent response. It requires more adaptability. Change has to be planned.</p>
	<p>Compilation of Responses: We have constant changes in policy and programs. Leaders making changes often don't know what their employees do on a day-to-day basis. While change may be for the better in the long run, its impact on individual employees and departments can be formidable at the least, highly disruptive at the worst. A new, ongoing way of thinking and acting about change has to be at the core of how we do business.</p>
	<p>CEO, Statewide Home Care Association: The challenge comes with the brisk pace of regulatory changes. Even sound leaders can find themselves threatened during times of rapid change. We need to put an emphasis on hiring, training, and motivating people to deal with change. All of us are required to adapt, to become lifelong learners.</p>
<p>We can't use our old ways of working in the new change environment.</p>	<p>Compilation of Responses: We're in a whole new way of doing things now. Change requires a different kind of engagement with staff and patients, the need to revisit regularly the vision of why we are changing, and for everyone to know exactly how what I'm doing as a leader fits into the new environment.</p>
	<p>CEO, Statewide Home Care Association: Previously, problem solving meant choosing one way to go and sticking with it. Now we use a variety of approaches—scenario planning, alternative futures, and strategic forecasting—to stay responsive and nimble to ongoing changes as we implement the Affordable Care Act.</p>

COMMENTARY

TABLE 3.1: HOW DOES CHANGE IMPACT THE LIFE OF AN ORGANIZATION?

THE NEED FOR CHANGE PROVOKES ORGANIZATIONS TO LEARN AND TO ADAPT

The need for change provokes organizations to learn, and then based on what they learn, to adapt the ways they function and get work done. Successful change results from successful learning and adaptation.

Recognizing this fact, and echoing Darwin’s emphasis on adaptation as indispensable for survival, the CEO of a statewide providers’ professional association calls for a way of thinking and acting that is as transformative as change itself: create ways for stakeholders to be lifelong learners about change. This would establish knowledge of change management methods throughout the organization; everyone would know what it takes to engage and manage the challenges and opportunities of change.

CHANGE IS BEST LED FROM THE CORE, NOT THE MARGIN

Some healthcare organizations take on change in the same fashion they take on other complicated projects: leaders delegate work to important key players, shunt the players off to the sidelines of the organization to plan and strategize, pull them in when needed, give them the attention and resources they require, and insure that deadlines are met.

This approach, change-as-yet-another-project, places it and those leading change on the sidelines, or margin, of organizational life and administration. On the margin, change is tolerated as a transient squatter grudgingly accepted as a necessity, but not central, to the way things get done, to how the business runs, and perhaps most importantly, to how the business can transform itself to achieve improvements in the delivery of healthcare services, in patient care experiences, and in controlling costs.

A senior manager of a large national healthcare provider describes how her organization has positioned itself to better respond to the need for and the demands of change: “Whatever is going on, change management is integrated into it.”

With change management at the core of her organization’s administration, leaders are able to be more strategic and nimble as they respond to alterations in external circumstances (e.g. changes in Affordable Care Act regulations) and internal circumstances (e.g. redundant organizational resources) that may awaken the need for change.

Whatever is going on, change management is integrated into it. Integration is the key.

– Senior Manager, Network-wide Learning and Development, Managed Care Organization

DOS & DON'TS

TABLE 3.1: HOW DOES CHANGE IMPACT THE LIFE OF AN ORGANIZATION?

DO

- Promote learning. Follow the example of experienced change leaders who know that their success has as much to do with helping their organizations learn about change as with helping their organizations to change. Create ways for employees to learn how forces (organizational, business, and sector) provoke change, and what challenges and opportunities could be addressed to support successful adaptation.
- Determine ways to integrate the topic of *managing change as a core management function* into hiring interviews, orienting of new

The pressures and tensions associated with change make unique demands on organizations and their leaders—additional work and stress in a transitional environment where everyone is coping with uncertainty and newness.

hires, supervision, professional development training, performance reviews, and rewarding of staff.

- Monitor how change is impacting the life of the organization by using small teams at all levels of the system to regularly take the pulse of what employees are thinking, feeling, and doing. Monitoring teams can identify for leaders and their organizations:
 - What’s working well as change unfolds so that productive individuals and effective behaviors can be acknowledged and celebrated.
 - What’s not working well so that management can take measures to prevent small problems from becoming big problems.

DON'T

- Expect those leadership approaches that got your organization to the need for change to support and sustain the adoption of change. In most cases they won't. To effectively engage the challenges and opportunities of change, leaders must first change how they lead—their knowledge, approaches, and tools—before they ask the same of their organizations.
- Think attainment of a long list of project goals means change has been successfully achieved. The events and tasks that installed change from “what was” to “what’s needed” may be complete, but emotional reactions and readjustments—transitional feelings—are not. They will continue well beyond the celebration of “mission accomplished”. By underestimating, and therefore not addressing, the staying power and influence of transitional feelings, leaders risk decline in employee morale, productivity, and loyalty.

The changes were daunting. I kept my leadership team at it until we agreed on the end goal. It was tough. Communication was a key. Holding people accountable was important. My mantra was, “We can do this and we all have to do it. We will each succeed if we succeed as a group.”
– Medical Director, Primary Care Network

TABLE 3.2: HOW CAN LEADERS EFFECTIVELY MANAGE THEIR EMOTIONAL REACTIONS TO CHANGE?

FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Know where you want to go, even if you don't know how to get there.</p>	<p>Medical Director, Primary Care Network: The changes were daunting as we transformed our reimbursement model. We were going from something we knew to something that we did not know. It was tough. Communication was a key. Holding people accountable was important; I kept saying, “We can do this and we all have to do it. We will each succeed if we succeed as a group.”</p>
	<p>Regional Dean, School of Nursing: I counted on my organization’s sense of collectivism, the power of the group, which, like family, is personal not individualistic. It supported me through the uncertainty I felt at times when leading.</p>
<p>Keep focused on the end goal.</p>	<p>Compilation of Responses: I involved my leadership team in planning and organizing. I kept the agenda open with the goal to always move forward. I would go to meetings and say, “This is what I think we need to do.” I showed them options in the most concerned way, and then organized them to find ways to go in various directions. I kept them at it until we agreed on the end goal.</p>
	<p>VP/Executive Director, Community Health Alliance: There’s the danger that we leaders empathize too strongly with those of our colleagues who are having a difficult time dealing with change. We internalize their struggles and that can weaken us, and our efforts, to lead.</p>
<p>Benefit from a variety of outside, professional supports.</p>	<p>Senior Consultant for Employee Healthcare Benefits Programs: If I’m too close to the situation emotionally, I can miss something critical. It’s important to have a different point of view that sees the overall picture, rather than being myopic. Consultants and coaches bring experience of having done it before, a fresh set of eyes, and if there are issues, they can help. I also stay connected with other leaders who are like-minded. They support me to stay confident and remind me to communicate a unified, positive message.</p>

COMMENTARY

TABLE 3.2: HOW CAN LEADERS EFFECTIVELY MANAGE THEIR EMOTIONAL REACTIONS TO CHANGE?

Leaders will experience a myriad of emotions as they lead change, among them: excitement, confusion, powerlessness, elation, relief, panic, fear, insecurity, fatigue, uncertainty, and hope. Fortunately, there are numerous opportunities for leaders to learn effective ways to work with emotions—to access and express how they are feeling, to be more responsive to the feelings of others, and to care for themselves when stressed. The fields of positive psychology, conflict management, appreciative inquiry, and emotional intelligence are among a number of professional approaches that provide skillful means, and tools and strategies, for leaders to effectively work with emotions—their own and others’.

The stress and uncertainty leaders experience is often accompanied by self-doubt, making it difficult to be comfortable and self-assured within themselves and in their role. It is crucial for leaders to find effective ways to take good care of themselves, and to address uncertainty and stress affecting them and their organizations.

DO

- Acknowledge the need to secure active, purposeful support—intellectual, emotional, and strategic—for one's role as change leader. It is unrealistic to expect those being pushed and prodded by their leader (who in most cases is their boss) to be supportive, to say what a grand job he or she is doing as the direct report copes with turbulence created by the leader's best efforts. Internal support is limited.
- Secure emotional and strategic support outside of the workplace, where the absence of office loyalties, emotional dependencies, and political sensitivities allows for objective feedback and support. Potential sources for such frank, strategic conversations are to be found among leaders in other companies and sectors, non-current colleagues, organization consultants, and executive leadership coaches.

DON'T

- Be like the director of nursing who told me she was too busy to take an aspirin for her throbbing headache! Rather, be a positive role model for sensible self-care: learn how the stresses of change can provoke anxiety, uncertainty, and fatigue for you and your leadership teams. Find ways to promote self-care, and to celebrate achievements.

Some people take advantage of change while others enter into a state of denial—retreating and going into survival mode. Others hold the space for those who can't act. Some challenge the change process itself. Still others partner with colleagues and move forward [as we strive to consolidate HIV services county-wide].

– HIV Services Director, Neighborhood Health Center

TABLE 3.3: HOW CAN LEADERS EFFECTIVELY RESPOND TO STAKEHOLDERS’ EMOTIONAL REACTIONS TO CHANGE?

FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
<p>Expect an array of emotional reactions.</p>	<p>HIV Services Director, Neighborhood Health Center: Some people take advantage of change while others enter into a state of denial—retreating and going into survival mode. Others hold the space for those who can’t act. Some challenge the change process itself. Still others partner with colleagues and move forward.</p>
	<p>Senior Consultant for Employee Healthcare Benefits Programs: Some staff members have become accustomed to ongoing change—its shock, demands, and impact. Yet some of us experience each change as a disruption, with subsequent discontinuity, fatigue, and burnout.</p>
	<p>VP/Executive Director, Community Health Alliance: Some of my colleagues get emotional and resist change. When I internalize their resistance to changes I’m leading, I’m weakened as a person and so are my efforts as a leader.</p>
<p>Acknowledge and manage the presence of uncertainty.</p>	<p>Senior Consultant for Employee Healthcare Benefits Programs: Uncertainty has been constant. Recent research has shown that some of us can be acclimatized to ongoing change; others can only experience change as a disruption.</p>
	<p>Executive Director, County Health Centers: Staff members’ many, frequently asked questions indicated uncertainty. We did not try to squash concerns. We had regular contact with staff. We responded at meetings, and in writing, electronically.</p>
	<p>VP, Provider Network Management: When staff members know uncertainty is there and we leaders ignore it, staff gets nervous and fearful. This weakens their trust of us as their leaders.</p>
<p>Reassure and support stakeholders to manage their uncertainty.</p>	<p>Director of Clinical Operations, Community Health Clinic: We made sure that leadership team members were always available to staff. They saw what was working well and what was not, as change was happening in real time. It was important that they be present and accessible.</p>
	<p>Compilation of Responses: Uncertainty has been constant. What skills do I need as a leader to work with this type of anxiety, uncertainty, and burnout—my own and others’?</p>
	<p>Chief of Addiction Services, Military Partial Hospitalization Program: When folks feel they are drones on the receiving end of change, they are more reactive to it. It’s necessary to explain to people what’s going on and when it is going on. We behind closed doors understand what’s going on but they, out there, don’t.</p>

Leaders of change must understand what is happening: Change brings new beginnings. It starts with endings. Endings, then beginnings: the value of what was recedes as the importance of what is becoming unfolds. It's a calculated bet: a present potential promised to an undefined future. It's a time of murkiness, of discontinuity, and of hope. Some people get upset, feel uncertain, and look to leaders for guidance and reassurance. Others get excited, feel optimistic, and look to leaders for guidance and reassurance.

The clinical chief of an addiction services program recognized the play of emotions in his workplace. He told me, "It seems that we've learned to acknowledge feelings but lack the leadership tools to work them."

Leaders *can* learn to work with feelings and in the process provide support and direction.

Uncertainty has been constant. It exacerbates our long-standing organizational dysfunctions. To counter that, we provide different ways to receive feedback from staff—electronically, in writing, and at meetings [as we adopt electronic medical records].

– Executive Director, County Health Centers

DO

- Remind stakeholders of the purpose for change, of the plan to make it happen, and their part in making change successful.
- Be prepared to respond repeatedly to stakeholders' uncertainty in its many forms by addressing such questions as:
 - What's wrong with the way we've always done things?
 - How will this change affect my job?
 - Will I have the skills and resources needed to deal with this new change?
- Hold frequent meetings, forums, and creative, fun gatherings with key stakeholders to support them and to acknowledge:
 - The presence of positive and negative emotions, particularly uncertainty, and their impact on work relations and productivity.
 - Ensure the strategic allocation of needed resources.
 - Celebrate and reward personnel engaging in new, desired ways of getting work done, and staying the course.

DON'T

- Address stakeholders' uncertainty by saying that everything will be fine, that they shouldn't worry because the leadership team has researched "best practices" and knows what's needed. This type of communication glosses over genuine, important feelings; it infantilizes employees, fueling distrust and resistance.

TABLE 3.4: WHAT HAPPENS WHEN MANY CHANGES OCCUR AT THE SAME TIME?	
FINDINGS	CONSTRUCTIVE ADVICE AND CAUTIONARY TALES
Too many changes create multiple, negative effects.	Compilation of Responses: We have gone through so many changes—acquired another system, did some downsizing, relocated key personnel. It’s “change du jour”. The very presence of multiple, overlapping changes generates its own uncertainty and stress.
	Senior Consultant for Employee Healthcare Benefits Programs: Some employees got so accustomed to so many changes it didn’t bother them, while others found it shocking and demanding.
Change creates more work to do, and more stress.	Chief of Addiction Services, Military Partial Hospitalization Program: Our leaders spent time attempting to insure equity and fairness as they assigned us work. The change initiative’s business plan provided a reduction in the balance of overall task assignments, but leaders pushed so hard we went from work/life balance to work/work balance.

COMMENTARY

TABLE 3.4: WHAT HAPPENS WHEN MANY CHANGES OCCUR AT THE SAME TIME?

Leaders, stakeholders, and their organizations will find themselves in disarray if they attempt to juggle too many changes. What happens? A negative synergy is created as multiple, overlapping changes generate their own uncertainty and stress. Here’s how it happens:

Change projects collide as one change comes to a close while another is just beginning, and a third is halfway completed. This collision of timing, priorities, and emotional investment exacerbates stresses already present from each of the changes themselves. The result? Stakeholders are overwhelmed. Productivity falters, morale sinks, and people burnout.

Before launching a new (or another, or yet another) major change project, leaders are wise to step back and assess the impact of current changes on the operational and emotional lives of their employees.

DOS & DON'TS

TABLE 3.4: WHAT HAPPENS WHEN MANY CHANGES OCCUR AT THE SAME TIME?

DO

- Learn with stakeholders how they are faring with the impact of current changes. Together, create priorities and action steps to address concerns and obstacles that are impeding productivity and weakening morale. Celebrate what has been accomplished.
- Ask key stakeholders about the organization’s capacity and capability for more change based on need, priority, and urgency:

We have gone through so many changes—acquired another system, did some downsizing, relocated key personnel. It’s “change du jour”. Uncertainty has been constant.

– Senior Consultant for Employee Healthcare Benefits Programs

- What changes are currently underway? Which are flowing smoothly, which conflicted, and why? What needs to be addressed by whom, and when?
- Of former changes, does anything linger, begging for completion or resolution? What needs to be addressed by whom, and when?
- How are leaders, departments, individual contributors, and the organization as a whole bearing up under the load of changes past and present?

DON'T

- Confuse the need for urgent change with the need for important change. For organizations, many more issues are important than urgent. When it comes to change, priorities—some urgent, some important—must be thoughtfully and carefully chosen.
- Repeatedly use the same individuals and teams to lead change. Spread the wealth around to avoid individual and team fatigue. Share design and implementation duties among all ranks of leaders and managers as an opportunity for their being mentored and developed professionally. By increasing change management knowledge and skills, the whole organization will become a more responsive, productive business.

Leaders of change must understand what is happening: Change brings new beginnings. It starts with endings. Endings, then beginnings: the value of what was recedes as the importance of what is becoming unfolds. It’s a calculated bet: a present potential promised to an undefined future. It’s a time of murkiness, of discontinuity, and of hope.

Chapter 4



Leading change is risky, emotionally trying work for which leaders must be “heart smart” as well as “head smart”, able to respond to a myriad of emotional reactions, their own as well as others’, as they manage organization-wide uncertainty and discomfort over an extended period of time.

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Highlights of Findings and Recommendations, Concluding Commentary

Interviews with healthcare leaders offer constructive advice, cautionary tales about managing change well.

OVERVIEW

These highlights are drawn from the findings report, an aggregation of interviews conducted with twenty clinical and non-clinical healthcare leaders from across the United States about their experiences with significant change in their organizations. The findings describe changes designed to get leaders and their organizations from where they were to where they wanted to be..

The findings call attention to major challenges leaders face in today’s dynamic healthcare environment:

- Change is a constant, demanding presence in healthcare today.
- How well leaders manage change will determine how well they are able to achieve improvements in the delivery of healthcare services, in patients’ care experience, and in controlling costs.
- Leading change is a tall order. To be successful requires the use of specialized approaches, tools, and strategies that are different from other ways of leading—with an emphasis on repeated engagement of stakeholders to revisit the vision and plan for change, to show how each stakeholder contributes to the plan, and to describe what leaders are doing to stay the course.

FINDINGS: CHAPTER FOUR

There follow three tables, each presenting highlights of findings and recommendations from one of the three chapters in this report. Each table begins with an overview followed by highlights of findings about leadership and change, and recommendations for action. For easy reference, each highlighted finding is identified as to its place in the report by table and page number. The recommendations for action are drawn from interviews and chapter commentaries. A final commentary concludes the chapter.

CHAPTER 1 HIGHLIGHTS: LEADING CHANGE IN TODAY'S HEALTHCARE ENVIRONMENT

OVERVIEW

Change is a journey, not an event, a dynamic process not a static occurrence. Experienced change leaders have learned that their success—in the face of disruptions and uncertainty—has as much to do with helping their organizations learn about change as with helping their organizations to change.

Change leaders are as distinct a type of leader as change is a distinct event in the life of an organization. A leader's particular leadership style doesn't matter nearly as much as the leader's abiding appetite for change, comfort and skill in dealing with uncertainty, and the ability to share these with others.

HIGHLIGHTS OF FINDINGS

Successful change leaders employ particular strengths and abilities different from other leaders.

– Table 1.1, page 14

With stakeholders early on, establish compelling, urgent business reasons why change is needed.

– Table 1.2, page 17

Conduct communication as an interpersonal activity, not as a public relations initiative.

– Table 1.3, page 19

HIGHLIGHTS OF RECOMMENDATIONS FOR ACTION

Individuals selected to lead change should be:

- **Comfortable in their bones with change**, and have the stomach, training, and track record to lead change as a journey, not as a string of events;
- **Capable of responding to emotional reactions**, especially resistance, their own and others;
- **Skilled at providing ongoing support** in the face of ongoing uncertainty.

State the course for change then stay the course by laying out where the organization is going, and why committing to an intentional direction, and the means to get there, is important and necessary for everyone.

Make a strong case for change without pushing a fix. Do less problem solving and more facilitating of conversations to encourage collaborative learning that nurtures rather than installs change.

Announce change is on the way, and here to stay. Regularly invite stakeholders' questions, concerns, and suggestions. Support honest feedback and productive partnerships. Keep stakeholders ever mindful of *what* is happening and *why* as change unfolds. Whether tough or softhearted, say what's true.

Selling change as if it's an appealing commodity one should purchase is an approach that creates suspicion, resentment, and resistance. It dishonors the intelligence and judgment for which one was hired. Rather, leaders should encourage discovery through learning together what needs to be done and why.

Often leaders expect themselves, and are expected by their followers, to have ready answers for thorny, complex questions about their organization's change. Leaders cannot supply all the answers, nor should they.

CHAPTER 2 HIGHLIGHTS: PLANNING CHANGE: APPROACHES TO DESIGN AND IMPLEMENTATION

OVERVIEW

Planning (designing and implementing) change is risky business. To mitigate risk, three sound guidelines have emerged from these interviewees:

- Whatever is happening, it's better to know sooner than later.
- More data makes for less guessing.
- Prepare for what you know and prepare for what you don't know.

Valuable, useful planning includes:

- A design plan that describes what needs doing. It provides direction, and defines goals and desired outcomes.
- An implementation plan that describes how to put the design plan into operation. It provides a detailed outline with operational requirements and needed resources to make change happen.

HIGHLIGHTS OF FINDINGS	HIGHLIGHTS OF RECOMMENDATIONS FOR ACTION
<p>Effective collaboration with stakeholders sustains effective planning. – Table 2.1, page 24</p>	<p>Make planning a collaborative activity to avoid buy-in woes as you plan to go where you and others have never gone before.</p>
	<p>Approach assessment as ongoing, shared discovery of what's needed, and proceed cautiously.</p>
	<p>Prepare for the certainty of uncertainty, which provokes resistance and conflict. Manage the impact of uncertainty by learning with others what's working well and what needs attention as desired goals are pursued.</p>
<p>Implementation requires strategic planning, coordination, and support. – Table 2.2, page 27</p>	<p>Leverage the participation of champions and sponsors at strategic levels of the organization to insure all four components of implementation, and the appropriate allocation of resources, are attained.</p>
	<p>Employ small teams of employees situated throughout the organization to monitor and report back to leaders how well implementation strategies are working.</p>
	<p>Focus on the best ways to change behaviors and to sustain progress. Celebrate achievements.</p>
<p>Expect and plan for conflict and resistance. – Table 2.3, page 29</p>	<p>Develop effective ways to engage conflict and confront resistance. Leading in these ways provides information about how change is impacting staff, stakeholders, and work relationships—information critical for the successful planning and implementation of change.</p>
	<p>Listen and learn from those who complain about change. They too are stakeholders and their ideas and concerns may prove as worthy as anyone else's. Don't sideline them. However, don't internalize their resistance; that can weaken resolve and effort.</p>

CHAPTER 3 HIGHLIGHTS: THE EFFECTS OF CHANGE ON LEADERS AND THEIR ORGANIZATIONS

OVERVIEW

Change is a valuable contribution to organizational vitality, and a significant disruption to organizational life. With its ongoing uncertainty, change is a challenge for leaders as they determine what's next amidst all the modifications and transformations of how work gets done. This generates stress. For this reason, it is crucial leaders find effective ways to take good care of themselves, and to address how uncertainty and stress are affecting them and their organizations.

HIGHLIGHTS OF FINDINGS

HIGHLIGHTS OF RECOMMENDATIONS FOR ACTION

Change is constant, demanding the business of healthcare adapt.
– Table 3.1, page 32

Employ strategies that position your organization to learn from the constant demands of change; based on what is learned, adapt the ways work gets done. Successful change results from effective learning and adaptation.

Integrate managing change into core administrative functions to respond more strategically and nimbly to internal and external demands for change.

Respond to stakeholders' experiences of change as much as to change itself.

Leaders find important ways to manage their emotional reactions to change.
– Table 3.2, page 35

Know where you want to go, even if you don't know how to get there.

Keep focused on the end goal as you and your leadership team explore which-way-to-go options.

Secure external intellectual, emotional, and strategic support from consultants, coaches, and leaders who can provide insight, perspective, and advice. It is unrealistic to expect this type of support internally.

Leaders respond to stakeholders' emotional reactions to change.
– Table 3.3, page 37

Prepare to respond to an array of emotional reactions, particularly uncertainty in its many forms. To not assist others in dealing with their emotional reactions is to weaken trust stakeholders have in their leaders to lead.

Develop tools and strategies to effectively confront resistance and engage in conflict about what's changing, how it's changing, and why it is necessary to work together, and differently, now than ever before.

Guard against internalizing emotional reactions of colleagues. This can breed self-doubt, weakening one as a leader.

Multiple changes generate their own uncertainty and stress.
– Table 3.4, page 39

Be mindful of the impact of simultaneous, multiple change projects. The collision of timing, priorities, and emotional investment as one change comes to a close while another is just beginning and a third is halfway completed exacerbates stresses already present from each of the changes themselves. Stakeholders can easily be overwhelmed. Fatigue, sinking morale, and faltering productivity often follow.

Step back and assess the impact of current change projects on the operational and emotional lives of employees before launching a new (or another, or yet another) major change. Assess the organization's capacity, capability and resilience for taking on change.

CONCLUDING COMMENTARY

TODAY, THE BUSINESS OF HEALTHCARE IS ALL ABOUT CHANGE. LEADERS MUST THINK AND ACT ACCORDINGLY.

The constant presence and pressure of change was emphasized again and again by leaders in these interviews. In their words, change is the reality of the business, what the business of healthcare is all about, which makes managing change more critical than ever before.

Leaders can guide, shape, and influence change, but they can't control it. What they can do is increase their knowledge, capabilities and capacities to lead and manage change. They can position themselves and their organizations into new ways of thinking and acting about the role of change as a necessary corrective to forces that put at peril the vitality and productivity of their organizations. They can put more emphasis on hiring, training, and motivating people to deal with change. And, they can place the administration of change at the core, not the margin, of daily business functions. Efforts such as these, and others described in these findings, will assist leaders to achieve improvements in the delivery of healthcare services, in patients' care experience, and in controlling costs.

LEADING CHANGE IS DIFFERENT FROM OTHER WAYS OF LEADING. SPECIALIZED TOOLS AND STRATEGIES ARE NEEDED.

The constant demands for change, whether from internal or external sources, and the unique challenges of journeying through change, call healthcare leaders to lead in ways different from other ways of leading. Leading change in today's dynamic healthcare environment:

- Is as much about collaborating and learning with stakeholders as it is about leading. For some healthcare leaders this stance will be a radical shift away from their self-determined, independent if not charismatic style of leading to more team-based, collaborative ways of learning and leading;
- Requires an invitation to those to be affected by change to “be in” from the inception of change planning rather than having to “buy-in” periodically over the course of change;
- Supports stakeholders to move through uncertainty and discomfort as familiar ways of working give way to trying out new approaches and mastering new skills;
- Insists leaders be at the ready to confront resistance and engage in conflict about what's changing, how it's changing, and why stakeholders need to work differently now than they did before;
- Acknowledges that leading change is risky, emotionally trying work for which leaders must be “heart smart” as well as “head smart”, able to respond to a myriad of emotional reactions, their own as

To be truly effective, leaders have to let go of some of the managing pieces to emphasize the larger leading needs. Leading change requires a specialized set of leadership tools, and a different kind of engagement, a more patient engagement to revisit often with others the vision for change, and to let them know how what you are doing as a leader fits in. It includes leading with the heart.

– Senior Manager, Network-wide Learning and Development, Managed Care Organization

well as others', as they manage organization-wide uncertainty and discomfort over an extended period of time.

To engage the challenges and opportunities of change fully and effectively, leaders must first change themselves—their knowledge, approaches, and tools—before they ask the same of their organizations.

CHANGE IS STRESSFUL. REGULARLY TAKE VITAL SIGNS— YOURS, YOUR LEADERSHIP TEAMS', AND THE ORGANIZATION'S

A range of emotions are experienced as change shifts people away from the comfort of their familiar work routines. Some people feel uncertain, get anxious, and look to leaders for guidance and reassurance. Others feel optimistic and hopeful, get excited with anticipation, and look to leaders for guidance and reassurance. Many experience a jumble of excitement *and* anxiety. In sum, it's a time of upset and of stress. To maintain focus and progress, leaders are called upon to respond as much to these *experiences of change* as to change itself.

To do so, leaders have to collect and assess data about how people are doing as change affects them and their work. This is equivalent to physicians and nurses assessing the health status of a patient by taking vital signs.

The regular taking of vitals during change—through one-on-one interviews, small and large group conversations, department meetings, feedback from change monitoring teams sprinkled throughout the organization, of leaders themselves in mentoring and coaching consultations, and through other mechanisms limited only by imagination and inventiveness—provides opportunities for leaders to learn in collaboration with stakeholders how everyone is doing, what's working well, or not, and how leaders themselves are faring. Based on this vital information, leaders can take corrective, supportive actions to sustain the successful design and implementation of change—to get their organizations from where they are to where they want them to be.

Experienced change leaders know success has as much to do with helping their organizations learn about change as with helping their organizations to change.

Important changes in healthcare gave rise to these conversations. Their conclusions provide healthcare leaders crucial insights into leading and managing change today.

Each interview lasted approximately thirty minutes and covered a range of questions about the effects of leadership on change, and the effects of change on leaders and their organizations.

Between February and August 2011, I interviewed twenty clinical and non-clinical professionals working in a variety of healthcare organizations and programs sprinkled across the country. I was seeking constructive advice and cautionary tales about what leaders did (or didn't do, or might have done) as significant changes in their healthcare organizations were planned and implemented.

I spoke with physicians, nurses, researchers, provider network managers, professors in clinical academic programs, and administrators of hospitals, professional associations, and community clinics. Everyone's experience concurred with the comment by the vice-president of a nationwide healthcare company that was quoted in the introduction:

Change is the reality of our business. It's what healthcare is all about today. Managing change successfully is more critical than ever before.

Having worked for more than twenty years with healthcare executives and their teams on a wide variety of change projects, I am keenly aware of what everyone knows: providing healthcare is one of the most serious and costly social and economic problems facing America today. Numerous aspects of the system are broken and require fixing, implementation of the Affordable Care Act being only one of many needed changes. Those with whom I spoke framed the reality and challenge for healthcare leaders managing change today:

- **How well leaders manage change will determine how well they are able to achieve improvements in the delivery of healthcare services, in patients' care experience, and in controlling costs.**
- **Are today's leaders up to the challenge? Do they have the proper know-how and the stomach for what it takes? Do their teams?**

WAITING FOR THE OTHER SHOE TO DROP

Over the previous several years I had met monthly with local healthcare professionals as a member of a countywide healthcare taskforce, one of several taskforces of a public policy and advocacy agency that promotes our county's economic vitality and quality of life.

Are today's leaders up to the challenge? Do they have the proper know-how and the stomach for what it takes? Do their teams?

One day the county medical director announced that just enacted state funding cuts necessitated his closing several countywide programs and laying off a number of employees. He said his staff was waiting for the other shoe to drop. There was stunned silence in the room, followed by expressions of sadness and regret.

Those around the table represented organizations where such changes were familiar occurrences. Because of that, I thought I would hear comments about ways to approach those who remained behind, and suggestions for what program supervisors and others might do to address the implications of one shoe having dropped and the real threat of the other shoe dropping soon. However, beyond expressions of regret, there was only silence.

Maybe I was expecting too much, or too much too soon. What was realistic to expect? Here was a highly effective, dedicated county medical leader stymied by intense and unrelenting demands to respond to forces he neither fully understood nor controlled: externally, the vagaries of the state funding process; internally, the vagaries of people's emotional reactions and the effects of those reactions on job performance and productivity.

To all of us around the table that day, one expectation was clear: more changes in healthcare were on the way. And one of those changes just might be that other shoe.

ARE LEADERS PREPARED TO LEAD AND MANAGE CHANGE?

With the certainty of more change on the way, I wondered how leaders were currently handling the challenges and opportunities of change, what they were learning from their experiences, and how prepared they were to lead even more change. I decided to find out.

Within a few weeks of that taskforce meeting, the twenty clinical and non-clinical healthcare professionals interviewed for this report agreed to speak with me about leadership and change. They worked in military treatment facilities, state universities, community health clinics, large nationwide provider networks, county care programs, health care associations, and urban and rural hospitals.

Each interview lasted approximately thirty minutes, and covered a range of questions about the effects of leadership on change and the effects of change on leaders and their organizations. The types of change projects discussed ranged widely and included, among others, implementation of electronic medical records, reducing clinical staffing while maintaining the quality of services, development of nurse training programs, improving administrative responsiveness to the implementation of the Affordable Care Act, expansion of mental health services, and improvement of clinical teamwork through training in communication and conflict management.

HOW PEOPLE SPOKE ABOUT CHANGE

Of those interviewed, a few were experiencing a significant change in their organizations for the first time. For most, the change project they

spoke about was one of many—some just completed, some ongoing. The interviewees brought to these projects a wide range of competence in coping with the demands of change, as well as a wide range of reactions to the challenges they were facing.

- **Change was described as a series of activities:** lengthy planning sessions, proposals and counter-proposals for action steps, timelines for implementation, alterations of timelines, training programs, shifting work assignments, feedback sessions, course corrections, and more course corrections.
- **Change was experienced as a personal, emotional response to the way work got done.** Opportunities for transformation embraced by some as exciting were deplored by others as confusing and upsetting, as they struggled to deal with so much uncertainty.

In many organizations, one change seemed to drag on while another, or several more, began. Given the demands of change upon change, I heard confusion and bewilderment sliding into exhaustion.

I wondered to what extent leaders were skilled at responding to confusion and bewilderment and how well stakeholders' questions and concerns were being addressed. I wondered if leaders appreciated the extent to which change provoked anxiety and uncertainty among staff and stakeholders, stressing working relationships and jeopardizing productivity, and if they knew what to do about it. And I wondered if leaders knew about specialized approaches to change management, and if they were competent in applying specialized change management tools and strategies.

As a portrait of change leaders emerged, I came to appreciate that *there are many ways to talk about leadership and many styles leaders use to lead.*

LEADING CHANGE IS DIFFERENT FROM OTHER WAYS OF LEADING

Respondents told me about leaders' strengths and shortcomings—how effective or inept leaders were in planning and implementing change, in reaching out to key stakeholders, and in sustaining a compelling vision and purpose for change.

Some respondents described leaders who were as steadfast in their personal resolve as they were in their collaborative zeal. Effective communicators were extolled for saying clearly what was on their minds and sincerely wanting to know what others thought. Engaged leaders stated the case for change, outlined the course to be followed, and then supported stakeholders to stay the course.

Some leaders listened but didn't hear; some heard but didn't follow up. Some leaders were allergic to change, trying desperately to maintain stability, certainty, and predictability, unable to lead people into and back out of the churning waters of transition. A few leaders tried to do all the leading by themselves, thinking that taking a position,

There are many ways to talk about leadership and many styles leaders use to lead. A leader's particular leadership style doesn't matter nearly as much as the leader's abiding appetite for working with change, their comfort and skill in dealing with uncertainty, and their ability to share these with others.

Change leaders are as distinct a type of leader as change is a distinct type of event in an organization.

using tough words, and setting firm deadlines would be sufficient to push people toward the goal. They found out otherwise, at great cost to themselves and their institutions.

Some respondents were themselves leaders and recounted how leading change had strengthened them as people and as leaders, how taking risks made them humble and more deeply respectful of their colleagues and their organization. Others expressed great passion for the work and deep joy in fulfilling themselves as they fulfilled their organizations' needs.

The portrait of change leaders came even more sharply into focus: *change leaders are as distinct a type of leader as change is a distinct type of event in an organization. Their particular leadership style doesn't matter nearly as much as their abiding appetite for working with change, their comfort and skill in dealing with uncertainty, and their ability to share these with others.*

Successful change leaders excel at their ability to:

- Embrace, with stakeholders, the rigors of change;
- Optimize collaboration, decision-making, and responsiveness to ever-shifting conditions, while moving the organization toward a commonly desired future;
- Confront people about what's changing, how it's changing, and why now they need to work differently than they did before;
- Support stakeholders to move through discomfort as old ways of working give way to the excitement of trying out new approaches and mastering new skills;
- Be "heart smart" as well as "head smart", responding to a myriad of emotional reactions, their own and others', as they work with psychological discomfort over an extended period of time;
- Manage uncertainty over many months by helping to give meaning to what's happening while providing relevant support;
- Manage the paradox of leading change by being transparent and deliberate about a journey that is often opaque and requires flexibility.

These findings, an aggregation of conversations filled with constructive advice and cautionary tales, suggest ways for healthcare leaders and their organizations to manage change well, change that will get them from where they are to where they want to be.

Appendix B

Interview Sources

ROLES AND POSITIONS

Assistant Professor, Pediatrics (C)
Associate Dean, Academic and Clinical Affairs, College of Nursing (N)
Chief Executive Officer, Community Health Center (N)
Chief Executive Officer, Statewide Home Care Association (N)
Chief of Addiction Services, Military Partial Hospitalization Program (C)
Chief Operating Officer, Neighborhood Health Center (C)
Clinical Professor, School of Dentistry (C)
County EMS Care Coordinator (C)
Director of Clinical Operations, Community Health Clinic (C)
Executive Director, Community Indian Health Services (N)
Executive Director, County Health Centers (N)
HIV Services Director, Neighborhood Health Center (N)
Medical Director, Primary Care Network (C)
Obstetrician, Hospitalist (C)
Regional Dean, School of Nursing (N)
Research Coordinator, Teaching Hospital (N)
Senior Consultant, Employee Healthcare Benefit Programs (N)
Senior Manager, Network-wide Learning and Development, Managed Care Organization (N)
VP, Executive Director, Community Health Alliance (N)
VP, Provider Network Management, Managed Care Organization (N)

C - Clinical Position; N - Non-clinical Position

LOCATION BY STATE

California
Illinois
Louisiana
Maryland
Massachusetts
Michigan
South Carolina
Texas
West Virginia

Appendix C

Chart of Change Projects *(page 1 of 2)*

FISCAL CHANGE PROJECTS		
LOCATION	DESIRED OUTCOME	POSITION OF INTERVIEWEE
Hospital and clinic	Consolidation of countywide HIV programs in response to funding cuts.	HIV Services Director, Neighborhood Health Center (N)
	Creation of a self-administered health plan with a provider network for a large healthcare system.	Senior Consultant for Employee Healthcare Benefits Programs (N)
	Implementation of all-staff salary reduction with conditional restitution plan to address chronic cost overruns due to inadequate accounts payable system.	Executive Director, Community Indian Health Services (N)
	Transformation of provider reimbursement model from capitation to fee-for-service to tighten financial accountability, lower costs, and provide incentives for most-preferred physician behaviors.	Medical Director, Primary Care Network (C)
	Development and implementation of policies to reduce clinical staffing while maintaining the quality of services given state funding changes.	Clinical Professor, School of Dentistry (C)

C = Clinical Appointment; N = Non-clinical Appointment

MANAGEMENT CHANGE PROJECTS		
LOCATION	DESIRED OUTCOME	POSITION OF INTERVIEWEE
Hospital and clinic	Improvement of management of strategic real estate holdings.	Senior Manager, Network-wide Learning and Development (N)
	Improvement of strategic responses to changes in HHS/HRSA regulations resulting from the implementation of the Affordable Care Act.	CEO, Community Health Clinic (N)
Academics and research	Strategic adjustment of funding streams to address reduced funding of hospital-based research.	Research Coordinator, Teaching Hospital (N)
Providers' professional association	Development of rapid response to regulatory changes in Affordable Care Act oversight of fraud and abuse.	CEO, Statewide Home Care Association (N)

C = Clinical Appointment; N = Non-clinical Appointment

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continued

Appendix C

Chart of Change Projects *(page 2 of 2)*

MARKETING CHANGE PROJECT		
LOCATION	DESIRED OUTCOME	POSITION OF INTERVIEWEE
Health insurers	Strategic re-branding to boost marketing effectiveness.	VP, Provider Network Management, Managed Care Organization (N)

C = Clinical Appointment; N = Non-clinical Appointment

BUSINESS PROCESS AND ORGANIZATION DEVELOPMENT CHANGE PROJECTS		
LOCATION	DESIRED OUTCOME	POSITION OF INTERVIEWEE
Hospital and clinic	Development of new business plan to expand mental health services.	Chief of Addiction Services Military Partial Hospitalization Program (C)
	Conversion to electronic medical records.	Assistant Professor, Pediatrics (C)
	Conversion to electronic medical records.	Executive Director, County Health Centers (N)
	Organizational redesign of clinic to improve collaboration among providers, medical assistants, and receptionists.	COO, Neighborhood Health Center (C)
	Program evaluation with recommendations for organizational change.	Pre-Hospital Care Coordinator, County EMS (C)
	Improvement of clinical teamwork through communication and conflict management training.	Obstetrician, Hospitalist (C)
	Increase of cultural competencies to improve access for vulnerable populations.	VP, Executive Director, Community Health Alliance (N)
	Improvement of clinic response to requests for same-day appointments.	Director of Clinical Operations, Community Health Clinic (C)
Academics and research	Geographic extension of nursing education program to attract underserved ethnic minority students.	Regional Dean, School of Nursing (N)
	Movement of nursing education from hospital-based to university-based program.	Associate Dean, Academic and Clinical Affairs, College of Nursing (N)

C = Clinical Appointment; N = Non-clinical Appointment

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Appendix D

Recommended Leadership and Change Management References

During the course of these interviews a number of books were recommended. They are listed here along with references recommended by the author.

Bridges, William. *Managing Transitions: Making the Most of Change.* Da Capo Lifelong Books, Third Edition, 2009.

Collins, Jim. *Good to Great: Why Some Companies Make the Leap and Others Don't.* HarperCollins, 2001.

Covey, Stephen. *The 7 Habits of Highly Effective People.* Free Press, 1989.

Heifetz, Ronald A. *Leadership Without Easy Answers.* The Belknap Press of Harvard University Press, 1994.

Heifetz, Ronald A. and Linsky, Marty. *Leadership on the Line: Staying Alive through the Dangers of Leading.* Harvard Business School Press, 2002.

Johnson, Barry. *Polarity Management: Identifying and Managing Unsolvable Problems.* Human Resource Development Press, 1996.

Kotter, John P. *Leading Change.* Harvard Business Review Press, 2012.

Kouzes, James M. and Posner, Barry Z. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations.* Jossey-Bass, Fifth Edition, 2012.

Dedication

To those I interviewed who provided me with valuable information and insights by giving generously of their time, speaking frankly about their own and others' leadership, and inspiring my efforts through their passion and commitment to their work.

To fellow members of the East Bay Leadership Council Health Care Task Force who gather monthly around the table from which this project was inspired.

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Jerry Garfield is a seasoned change management professional. For more than twenty years, he has worked closely with clinical and non-clinical administrators, healthcare supervisory staff, physicians, nurses, and allied health practice leaders in designing, facilitating, and accelerating change initiatives.

Jerry has served as executive leadership coach for emerging nurse leaders through the Robert Wood Johnson Foundation, and for community-based healthcare leaders and managers through the University of California, San Francisco's Center for the Health Professions' Clinical Leadership Institute. He has also coached change leaders and consulted on change projects at NorthBay Healthcare, Kaiser Permanente/The Permanente Medical Group, the American Red Cross, the Partnership for the Public's Health, ISIS-Internet Sexuality Information Services, the State of California Department of Health Services, MedImmune Biotech, LA County Public Health Department, the Public Health Institute, the Dental Health Foundation, and DaVita Rx.

Published articles on executive professional development, rapid team building, and work/life balance strategies include "Training Tomorrow's Leaders Today" (*Consulting Today*), "Building Effective Teams in Real Time" (Harvard University's *Harvard Management Update*), and "Relinking Life and Work: Toward a Better Future" (Ford Foundation).

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