April 13, 2017

From: Relationship Centered Health Care

Subject: Avoiding the most common (and fatal) pitfalls of organizational change. Part 1: Change how you think about change!

Dear friends and colleagues,
Given the magnitude and importance of the changes that are needed in healthcare right now, we cannot afford to waste time, money and human spirit on ineffective change projects, however well-intentioned they might be. So over the next few months, I'd like to offer a series of brief blogs describing some of the most common pitfalls I've observed and how to avoid them.

The topic for this first installment is "how we think about change." The conceptual models and metaphors we use filter our perceptions, frame our planning and shape our expectations in a powerful but subliminal way; we can be entirely unaware of how our thinking is being influenced.

For more than 100 years, and still today, the way we think about organizations and change is based on the metaphor of a machine.(1) This metaphor carries the unspoken implication that you should be able to design and operate an organization to perform exactly as you want it to. To change a machine, you draw a new blueprint. As the engineer/leader, you are expected to know exactly what to do, and you expect everyone else to do exactly what is specified in your plan.

This machine metaphor points us in exactly the wrong direction and fosters enormous expectations of control that are unrealistic, harmful and ultimately counterproductive. When unexpected things happen, there's a presumption that someone screwed up - either the plan wasn't good enough or wasn't followed faithfully - resulting in anxiety, defensiveness and blaming, all of which divert us from the work at hand. The machine metaphor is appropriate for technical changes, which have known answers that you can look up or learn from an expert (e.g.; how to assemble an x-ray machine or how to file employee tax forms). But most management challenges are adaptive; there is no known answer. They are messy; they require experimentation (trial and error), patience and the ability to tolerate not-knowing.(2) And it takes everyone to figure out the solutions together. The leader doesn't - and can't possibly - know it all.

So a better image for an organization would be a conversation - an emergent set of relationships and ideas that are being created and carried forward in each moment in the medium of human interaction. You can't design or control a conversation, but you can certainly try to influence it by changing the way in which you participate, hoping that changes you introduce (disturbances in existing patterns of thinking and relating) might ripple out and spread to others. It's an image that weans us off our control expectations and instead invites us to be more mindful - to reflect individually and collectively on what patterns we are creating together right here, right now - and to undertake experiments together involving new ways to think and act. We know that many (or even most) experiments aren't going to work, and that's fine; that's to be expected. We'll learn at every step.

So pitfall #1 is heading into a change project with unrealistic expectations of control and a misunderstanding of your role as a leader. Instead of thinking that your job is to be the expert with the answer, think of yourself as a convener of an ongoing and unpredictable conversation in which you engage everyone in reflecting, designing and experimenting together. You are willing to tolerate (and help others tolerate) ambiguity and not-knowing because that's the way our non-linear self-organizing world really is. It's a conceptual framework that's a better fit with reality than the machine metaphor.

If you'd like to read more about the contrast between the machine and conversation models, here's a link to a chapter from our book *Leading Change in Healthcare.*(3)\. And if you'd like to learn more about how to lead adaptive change, join us for Leading Organizations to Health, a 7-month intensive program that integrates leading-edge theory, communication and facilitation skills, and personal reflection in service of authentic presence. The next cohort begins in November, 2017. Details are available at www.lohweb.com .

Wishing you every success in your change work, and a delightful spring.

Warm regards,
Tony

References

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(2) Kubler-Ross, Elisabeth. *On Death and Dying*. London: Routledge, 1973
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Anthony L. Suchman, MD, MA
Senior Consultant
Relationship Centered Health Care
277 Goodman St N, Suite 205, Rochester, NY 14607
Phone: +1 585 721 9187
Email: asuchman@rchcweb.com

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(1) Taylor F. *Scientific Management*. New York: Harper Brothers, 1911.
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(3) Suchman AL, Sluyter DJ, Williamson PR. *Leading Change in Healthcare*. London: Radcliffe Publishing, 2011

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Leading Change in Healthcare - transforming organizations using complexity, positive psychology and relationship-centered care by Anthony L Suchman, David J Sluyter and Penelope R Williamson, with forewords by Peter Block, Carol Aschenbrener and Ralph Stacey. For more information and a 22% discount, visit http://astore.amazon.com/leadingorgani-20.