Relationship Centered Health Care, LLC

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From: Relationship Centered Health Care

Subject: Avoiding the most common (and fatal) pitfalls of organizational change. Part 2: Attend to the losses that are part of every change

Dear friends and colleagues,

Here's the second installment in a series of blogs on common pitfalls in organizational change and how to avoid them. We are in a time when enormous change is needed in healthcare, and we can't afford the waste of time or human spirit that results from poorly executed change projects, no matter how well-intentioned. In the first blog, I wrote about the need to let go of an outdated conceptual model of organizational change and leadership - that the leader is supposed to have all the answers and tell everyone what to do - to a more contemporary and evidence-based model - that the leader's role is to engage everyone in experimenting to figure out new answers together and to be a role model for curiosity, humility (openness to learning from anyone) and trying out new things.

In this blog we'll explore another important issue: how people experience change, how leaders typically respond and how they could respond more effectively.

The first reaction to change that we usually think of is negativity - "I don't want to." But if we dig below the surface, we find that the heart of this reaction is not simple contrariness but rather grief. As William Bridges, a wise observer of change, has described in rich detail, every change begins with an ending, a loss. (1) It could be the loss of one's sense of competence (e.g., giving up paper charting and having to learn to use an electronic record); a loss of relationships and loyalties (e.g., the reorganization of work groups or working for a new boss); losses of role, responsibility and identity (e.g., nurses no longer bringing patients back to exam rooms or physicians no longer conducting periodic health exams so they can focus on work at the top of their scope of practice); or even just the loss of order and predictability (disrupting familiar routines for what is, at least temporarily, unknown).

We know a lot about how people experience loss from the work of Elizabeth Kubler-Ross: they move back and forth between stages of anger, denial, bargaining, despair, and - eventually - acceptance. (2) People don't choose to have these grief reactions, it's just part of our makeup; it's how we all come to terms with loss. This is *normal*; we can expect grief reactions to accompany any change.

But how are these normal reactions are viewed from a traditional get-the-job-done leadership perspective? As resistance. We can understand how a leader who is excited about a new idea or under pressure to produce results might see those first four stages of grief as barriers to moving forward. She might take it as a personal rejection that people aren't won over by her logic and then enthusiastically get on board. Unfortunately, that's not a realistic expectation; it's a psychologically naive view that can actually make things worse.

The label "resistance" is implicitly pejorative. It puts the leader in opposition to her people - resistance is something to be either ignored or overcome - and it implicitly precludes any effort to seek a deeper understanding. Her people feel criticized, unsupported, and misunderstood, and they learn to conceal their reactions, undermining trust, connection and motivation. Now there really is resistance and the leader has helped to create it.

So pitfall #2 is failing to recognize and attend to the losses and grief reactions that are part of any change. If instead the leader can see grief reactions as normal and predictable, she will understand that

part of her job is to help people deal with them. She will be prepared, not surprised. Instead of blaming and labeling people she will listen and offer empathy, legitimation ("of course you would feel that way") and support ("I will help you; I want to see you succeed"), thereby strengthening rather than damaging trust and connection. Moreover, she can do all this without backing off from the changes that need to be made, and she can then engage her people in helping to figure out how the changes can best be implemented.

People aren't machines, obviously, so our theories of leadership have to help us make sense of and respond to the human dimensions of organizational life. Recognizing grief and not mischaracterizing it as resistance is a perfect illustration, and a principle that will help the changes you lead go better.

If you'd like to learn more about the human dimension of leading change - we call it Relationship-centered Administration (3) - 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 a great holiday weekend!

Warm regards,
Tony

References

(1) Bridges, William. *Managing Transitions*. Cambridge, MA: DeCapo Press, 2003
(2) Kubler-Ross, Elisabeth. *On Death and Dying*. London: Routledge, 1973
(3) Suchman AL, Sluyter DJ, Williamson PR. *Leading Change in healthcare*. London: Radcliffe Publishing, 2011

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Proud to be a member of Brandeis University's Relational Coordination Research Collaborative . Visitwww.rcrc.brandeis.edu to learn about Relational Coordination and training opportunities on organizational interventions using the Relational Coordination Survey. Next workshop, "Improving Work Processes with Relational Coordination" is June 15-16, 2017 in Boston, MA.