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## Case reports

# Preparing to lead change: An innovative curriculum integrating theory, group skills and authentic presence



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## ABSTRACT

- Despite the urgent need for transformative change throughout healthcare, many change projects fail to achieve their objectives, often because of interpersonal and behavioral factors that are beyond the training and experience of most change leaders.
- Contemporary theories redefine the work of leading organizational change from handing down a comprehensive control-oriented blueprint to engaging everyone in creating and bringing to life a shared vision for change.
- It is possible to foster enduring changes in how leaders approach the social dimensions of organizational change in a program of relatively modest duration. A 96-hour program integrating contemporary theory, skill practice and personal reflection was associated with significant self-perceived changes in leadership behavior and organizational effectiveness.

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## 1. Background

In this era of healthcare reform, when concerns about quality, cost, and access are creating an urgent and pervasive need for change, the current success rate of change projects (estimated to be 25–50%<sup>1,2</sup>) is not adequate. With change needed at the macro level (e.g. new structures for clinical integration and inter-professional education) and the micro level (e.g. work process redesign), this low success rate represents a waste of precious time, resources and spirit.

## 2. Organizational context

Our experience as consultants and executives suggests that much of this performance gap results from the insufficient preparation of change leaders for their work. While our industry has adopted and adapted valuable technical approaches for process improvement (e.g. Lean and Six-Sigma), it has not given commensurate attention to the social dimension of organizational change. Yet it is usually the social rather than the technical hurdles

on which change projects founder.<sup>2</sup> Although “engagement” and “empowerment” are commonly stated objectives, actual management behavior often – unwittingly – undermines that intention. Change invariably involves loss, uncertainty and anxiety.<sup>3,4</sup> Change leaders must have the capacity to manage these tensions both in themselves and in others, yet self-awareness and advanced interpersonal skills are seldom included in the curriculum of healthcare leadership development programs.

An additional factor contributing to the performance gap in organizational change is the use of inadequate conceptual models based on principles of centralized direction and responsibility. These current-day incarnations of Scientific Management<sup>5</sup> fail to account for the emergent nature of human interaction and foster unrealistic expectations of control resulting in anxiety, blame and defensiveness that hinder the work.<sup>6</sup> Current management practice has not yet incorporated insights from contemporary research and theory on human communication, motivation and social cognition into updated assumptions, behaviors and skills for leading and managing change.

## 3. Problem

The problem, then, is how to help executives, managers and consultants cultivate the skills, knowledge and personal presence

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**Table 1**  
Curriculum structure and content.

	Themes	Theories	Skills	Reflective practice
<b>Session I</b>	Leading from the inside out	Foundational metaphors: machine vs. conversation Complex responsive process Authentic presence	Group formation Self-differentiation and attunement Self-awareness/ personal reflection Open honest questions Harnessing difference as a resource Planning and running meetings that foster engagement Group facilitation	Reflections on individual pathways to leadership Personal purpose, goals and responsibilities
<b>Session II</b>	Helping groups perform	Relational Coordination Process and content Power and systems Stages of change Adaptive Leadership Self-Determination Theory Transitions	Difficult conversations Polarity management Self-Determination Theory Holding the tension of change	Personal relationship to power and powerlessness Personal courage
<b>Session III</b>	Leading adaptive change (Part I) Managing transitions Harnessing the tension of change	Stages of loss Fair process Appreciative inquiry Organizational strategy	Mobilizing and energizing others Large group facilitation skills: World Café and Open Space	Fears and shadows
<b>Session IV</b>	Leading adaptive change (Part II)			

needed to address the social dimensions of organization change without investing in a graduate degree program or years of guided introspection. To effectively manage change, leaders require different competencies than those emphasized as they came through the ranks. Effective change leaders excel in engaging others in the co-creation of a desired future, one conversation at a time.<sup>7</sup> They pay close attention to the interests of others, aligning change initiatives with stakeholders' needs and values, and help others tolerate the fears and losses that accompany change.<sup>3,8</sup> They also pay attention to their environment, building strong partnerships and leveraging serendipitous opportunities for collaboration and expanded impact. Their courage, honesty and respect for others inspire followership.

How can leaders gain these requisite skills in group process, motivation, behavior change, and the constructive management of tension and conflict – areas identified as critical “differentiating competencies” for leadership effectiveness in health care?<sup>9–11</sup> Training solely on the technical side of process improvement does not address the gap on the social side.

#### 4. Solution

In response to this need, we (ALS, PRW, DBR) designed a program to prepare healthcare leaders for the social dimensions of leading change, enabling them to bring a balanced sociotechnical approach to their work. The curriculum integrates practical contemporary theory, advanced facilitation and communication skills, and reflective practices for increasing self-awareness and resiliency. These elements are outlined in Table 1 and described further below.

Theory is important for delineating the role and work of a change leader, making sense of individual and organizational behavior, and formulating plans. We emphasized theories we have found particularly useful, including Adaptive Leadership (distinguishing technical work where known solutions yield predictable outcomes from adaptive work requiring experimentation and management of uncertainty and loss),<sup>3</sup> Complex Responsive Process (mapping the self-organizing nature of behavior and thought in organizations),<sup>12</sup> Self-Determination Theory (articulating three factors – autonomy support, mastery and relationship – that foster intrinsically motivated behavior change),<sup>13</sup> Relational Coordination (identifying qualities and behaviors that promote interdependence and high performance)<sup>14</sup> and Relationship-Centered Care (highlighting the importance of partnership across all levels of an organization).<sup>15</sup>

Woven together, these theories redefine the work of leading organizational change from handing down a comprehensive blueprint (a perspective which is disempowering, undermines creativity and commitment, and carries unrealistic and counter-productive expectations of control) to engaging everyone in creating and bringing to life a shared vision for change. This dynamic participative model recognizes that big patterns of organizational behavior (such as power relations and culture) are created continuously in the small moments of everyday interactions, so it promotes mindfulness of how leaders and others are behaving in each moment and the relational patterns they are enacting.<sup>7</sup> It invites the thoughtful introduction of small disturbances in the patterns – changes in thinking and behavior – that might then cascade to become transformative changes. The model also acknowledges the fears and losses that are intrinsic to change processes.<sup>3</sup> Rather than blaming people for being “resistant,” effective leaders support them through the necessary tension of change.

Implementing this dynamic model requires advanced communication and facilitation skills.<sup>16,17</sup> Effective leaders have the

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