Motivating Organizational Change

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Overview

- Bridging the practice and research gap.
  - Dissemination of the state-of-the-art practice through the CTN mechanism.
- Parallel domain above information level
  - Barriers to systems change within the system itself:
    - reinforced beliefs
    - daily routines
    - power structures and relationships
    - payor methods and financing policies
Intention

- provoke and inform participants
- You are part of what keeps systems from changing
- With re-discovery of core values, you will have more power and intention to foster change than previously experienced.
Examine similarities and differences between systems and individuals

Explore meta-level characteristics that inform change

Develop a change model
Meta-lessons from Psychotherapy

- **Crisis** - greater fluidity in defensive operations and expectation set, adaptation for change
  - Stress - relapse versus transformation
  - Major issue in crisis/disaster recovery is “empowerment”

- **Ego Dystonia** - strong motivation to change
  - whether “developing discrepancy” or making a behavior or trait “ego-dystonic”
  - how to give it form and meaning in predictable way

- **Incentives** - e.g. Community Reinforcement
  - What’s retained after cessation of primary reward?
  - Need develop secondary rewards as in psychotherapy
Meta-lessons: Psychotherapy

- Empowerment: what are the contents of empowering interaction?
  - Mirroring a “can do” attitude: Empathic-Mastery response to recipient’s experience of powerlessness
  - Collaborating, not patronizing
  - Recipient’s experience of increased self-efficacy: new psychic or behavioral territory- protocols
  - Skills-based education: Outcomes, feedback
  - Resonance with “higher” values, higher power, e.g., patriotic “being choked up”
  - Technology support - high potency feedback
Meta-lessons: Psychotherapy

- Alter beliefs
  - Beliefs are reinforced by experience and construal style, organizational structures.
  - Necessary to examine maladaptive beliefs - demoralization depends upon it: waiting for change to overtake and crush you, because of belief there is no power, no choice.
  - Changes in beliefs allow for novel cognition, more adaptive behaviors. e.g., transitioning attitude about treatment as collaborative/rehabilitative rather than custodial/parental
Beliefs Drive Feed-forward Model

self-fulfilling experience
elicited response
centrality (socially appropriate)
action on beliefs
believes
eccentricity

+ + + + +
“One Sees What One Knows”
- Goethe

- Sapir-Whorf Hypothesis (Whorf, 1956): one’s language impacts one's experience of reality.
  (e.g., names for snow)
- Role of obsessional defenses - we reduce reality so we can go “I know”, but this limits our experience
- Speaking of Proverbs-
<table>
<thead>
<tr>
<th>A bird</th>
<th>Two</th>
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<tbody>
<tr>
<td>in the</td>
<td>in the</td>
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<tr>
<td>the hand</td>
<td>the bush</td>
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<td>x</td>
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</table>
A bird in the hand

Two in the bush

x x
A bird in the hand

Two in the bush

x x
Barriers to Dissemination:

- Staff lack knowledge and skills to assimilate new practices
- Organizational dynamics undermine implementation and innovation
  - poor leadership
  - change-averse culture w/burned out, demoralized, resistant staff
  - insufficient collegial support (informal power)
  - bureaucratic restraints

Transtheoretical Change Model for Treatment Delivery Systems

- Precontemplation
  - “no problem”
  - Inertia

- Contemplation
  - “maybe a problem”
  - Conflict

- Preparation
  - “gotta do something”
  - Convergence

- Action
  - “doing something”
  - Commitment

- Relapse
  - “they’re wrong”
  - Reversion

- Maintenance
  - “keepin’ on it”
  - Cohesion

(Adapted from Prochaska & DiClemente, 1984)
What Powers Inertia?

- Systems and individuals
  - Homeostasis - trying to keep things the same puts a static, frozen face on a dynamic system
  - Communication structures - (language concretizes & reinforces beliefs) “Mokus”
- Power structures
  - Formal - decisional capacity, hierarchy, job description, reporting relationships
  - Informal - colleagues, alliances (cooperation)
  - Access to information
- Money - funding methodology, access
What Powers Inertia?

- **Individuals**
  - Ingrained routines - creatures of habit
  - Beliefs - foster rigidity of care model, new information may be challenging
  - Fear - obsessional mechanisms reduce anxiety but reduces opportunity
  - Turf - “Don’t tread on me” “this is what we do!”
  - Ignorance - lack of appropriate training/information/skills
Individuals

- **Burn-out*/Demoralization** “On autopilot”
  - Job stress causes reduced personal accomplishment or feelings of competence
  - Emotionally overextended, physically drained
  - Depersonalized, impersonal response style

- **Risk Aversion**
  - Opportunity --> Being responsible --> Anxiety
  - Being Held responsible --> Job security (CYA)

- **Leadership Style** - exception Vs. hands-on, which reinforces informal power

(*Maslach et al., 1997)
Precontemplation: Inertia

- Change as threat - people are afraid and react accordingly*
- Individuals angrily hold on to and defend the old ways*.

This is what you hear:
- “we know what we are doing!”
- “This patient hasn’t hit his bottom.”
- “those programs are lightweights...our patients are really sick.”

*Wolfe E, Enterprise Re-engineering, 2001
Positive Change Forces

- Explore Common Values (Why are you in this line of work?)
- Explore beliefs: “Sacred cow makes the best hamburger”
- Repair of Demoralization “waking up”
- Product Champions/leadership *in situ*
  - Identify Influence leaders
- Empowerment - “You can learn to do this and we will support you”
  - Taking the wheel.
Contemplation: Conflict

- Explore Core Values and Goals
- Weigh pros and cons, value in change.
- Seek, test ways to feel more comfortable about accepting change.

You will hear:
- “Maybe it could be done better, if only...”
- “If we had more money, we could...”
- “They say their results are great, but I’m not sure I believe it”
Leadership - Critical factor

- Innovators need organizational commitment and administrative support.
- Leaders fail to understand that staff don’t perceive change with the same clarity and determination as they do.
- If leadership cannot explain how the change will affect an employee, then the employee will not help others change.
Leadership

- Leaders don’t just lead, they “do” & are naturally followed.* A leader is
  - based on producing results, not popularity (this is power)
  - highly visible: therefore are examples
  - not rank, privileges, title or money.
  - Leadership is responsibility

- Like with MET, if staff resists change, it’s something you’re not doing.

*Drucker, P The Leader of the Future, Drucker Foundation for Non-profit Management, 1996
Leadership - Consistent Behavior

- “What needs to be done?” not “What do I want?”
- “What can and should I do to make a difference?”
- Referencing the organization’s mission and goals to judge results
- Diversity tolerant, not looking for a clone
- Not afraid of strength in associates

Drucker, P The Leader of the Future, Drucker Foundation for Non-profit Management, 1996
Examine Core Values

- Support basic work needs
- Maslow's Needs Hierarchy, adapted for organizational change:
  - If more basic level is not satisfied, a higher level will not be of importance to staff.
  - Or, If bullets are whizzing by your head, you’re not thinking about what to have for lunch
Necessary Leadership Skills:

- **Transformational skills** inspire, and promote
  - meta-level view in team members
  - intellectual stimulation
  - development of innovative problem-solving

- **Transactional skills**
  - goal setting, feedback,
  - self monitoring
  - reinforcement strategies

Transformational Leadership

- **Courage:** may be single greatest attribute of transformational leadership*.
  - Remove barriers
  - Allow people to take risks
  - Prioritize organizational values
  - Establish new relationships - informal power

- **Having courage doesn’t mean you’re not afraid**

*Bujak JS, Physician Exec. 27: 30-34, 2001*
Typical Decisional Process:

- Guided more by power structures, ingrained routines, established resource configurations than by current scientific findings.
- Research studies generally protected from contingencies that affect the rest of the system—because: time-limited + money + high prestige.
- Not systematized as programs often have changes in leadership, resources and mission.

Rosenheck R. Psychiatric Services 52:1607-1612, 2001
Transforming Decisional Process

- Advocacy is Traditional (e.g., court):
  - selective presentation of data
  - arguing for preferred solution

- Inquiry is Novel (e.g., science):
  - constructive versus personal conflict
  - all viewpoints given serious consideration - supports creativity
  - timely closure of deliberations
  - creates buy-in

Preparation: Convergence

- Alignment of organization and clinician core values made explicit - shared vision
- Transformational leadership melts CYA
- Barriers to implementation identified

You’ll hear:
- “How will this affect me and my job?”
- “How are we gonna get paid for this?”
- “How will I be evaluated?”*
- “Maybe we should do this anyway”

*Wolfe E, Enterprise Re-engineering, 2001
Leader’s Preparation Strategies:

1) Promote access to user-friendly information about specific interventions
2) Give adequate training and support - attitudinal change about new practices
3) Address organizational dynamics
4) Build commitment through inquiry and choice
5) Respond to any questions and concerns

**Action: Commitment**

- Ready to adapt & embrace new routines
- Re-confirm core values and objectives
- Engaging in training or new skill sets to support objectives

**You should hear:**
- “we’re actually doin’ this, right?!“
- “this is the way to go, but it’s scary”
- “this isn’t so bad” “hey, this is fun!”
- “What’s the overall impact of this?”
Leader’s Action Strategies:

1) Confirm and get input on implementation plans and establish a follow-through process.

2) Finish strong- bad stuff out of the way first

3) Segment the pleasure - combine the pain

4) Give staff new rituals and stick to them

5) Encourage providers to make a creative contribution

What Providers Do: Action-level

- Face difficulties of change, take proactive approach.
- Create a vision of the desired future.
- Gather pertinent information and assertively pursue the objective.
Maintenance: Cohesion

- Team Cohesion about values & mission
- Empowerment is contagious: subculture

You should hear:
- “What else needs to be done?”
- “What else do we need to know?”
- “How can we make it better?”
- “How can I help others learn and change?”
Providers at Maintenance-level

- Share qualities with leadership
- Manage the stress of change well by cultivating a belief in their own ability to deal competently with the situation.
- Believe in being the cause and influences of events, rather than the victim.

Wolfe E, Enterprise Re-engineering, 2001
Research to Practice Strategies:

- Form leadership coalitions that favor implementation and provide support
- Link initiatives to legitimized organizational goals and values (foster cohesion)
- Monitor fidelity to model and program performance quantitatively - (provide feedback)
- Develop self-sustaining subcultures that evolve program procedures and values - frequent interaction is key (Novel decisional process, empowerment)

Rosenheck Psychiatric Services 52:1607-1612, 2001
Organizational Dynamics -

- Markers that are Meta to listening to individual’s utterances
- Measures that allow us to reliably assess an organization’s Motivational Stage
- More studies that assess outcome after dissemination strategies
- NIDA, NIMH, & NIAAA to transcend content pool resources and fund research in organizational change