NEW IDEA

Leading change: motivational conversation can fuel effective action

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The call to transform the health system is ongoing and unequivocal; to create a new standard of care delivery[1] that is safer, lower cost, more accessible and more effective. Innovation is required to remodel the system, not only through new technologies or pharmaceuticals, but also management actions that create better care delivery processes. For instance, Lean thinking, a management model derived from the Toyota Production System, is a global phenomenon that has been implemented across different service and manufacturing industries, including healthcare. Successful histories from healthcare institutions have been made public, and converted into models, for example the Mayo Clinic way and the ThedaCare Lean Management System.

Lean and other process improvement methods include effective tools and techniques for achieving operational excellence. For example, the PDCA (Plan-Do-Control-Act) cycle has been incorporated into the mindset of process design. Yet execution of proposed results often does not go as expected. The reality of cultural transformation is somewhat less glamorous and straightforward than depicted in books. Resistance has been a key reason for failure in healthcare initiatives[2]. The roots of resistance vary, and can be observed at the early formulation stage to the final implementation phases[2]. For some physicians, 'managers' and 'administrators' are part of the problem, as their system viewpoint may promote changes that result in reduced autonomy, lower individual revenues, and additional work[3].

A strong leader is key to successfully implementing operational changes[4]. For leaders seeking transformation through collaborative efforts such as Lean, where change is accomplished in part by engaging front-line employees in teams to improve work using tools such as PDCA, motivating employees and addressing resistance is critical. Leadership philosophies associated with Lean and similar transformation efforts suggest that directive, arrogant, and non-participatory qualities are not effective. Instead, a leader needs to learn to coach. Yet many of the tools and methods developed to support operational excellence focus on problem-solving and generating solutions, while mechanisms for engaging employees and framing issues to address resistance are not standard. Methods exist that can address this gap, but are not routinely included in operational excellence training.

Motivational Interviewing (MI)[5] is one approach that is consistent with collaborative management philosophies; it is a style of conversation that has been extensively applied and studied in populations of substance users for the past 20 years. The general concept of MI is based on a spirit of collaboration, honoring an individual's autonomy, being present and supportive, and working together to evoke a person's own motivation and commitment for change. While the focus is often on communication between individuals, MI can also be applied in groups. Many managers and leaders engage in the 'righting reflex', which is an individual's deep sense that they know the truth and can provide the best solution. However, the righting reflex is regarded as a pitfall for change in MI, as it does not help elicit an individual's own motivation, and in fact it can antagonize and increase resistance.

MI includes four processes: engaging, focusing, evoking and planning. Figure 1 illustrates how these MI processes can form a starting point for PDCA. Engaging begins a relationship built on an understanding that everyone involved is an expert and partner. The staff needs to be comfortable in talking and the leader to be supportive and concerned about employees' perspectives. Reflective listening and *OARS* (**O**pen questions, **A**ffirming, **R**eflecting, and **S**ummarizing) are core MI skills used throughout MI processes. Open-ended questions provide the opportunity for a wider range of answers in contrast to closed questions.

Affirming recognizes and encourages the other's strength and effort. Reflecting involves an active empathy stance, listening followed by a reflection on what the other person is saying. Summarizing involves gathering information, making connections throughout the conversation, and presenting them back to the other person, to orient the conversation. The second process of focusing involves working towards alignment of objectives. Evoking is at the core of MI and moves towards eliciting an individual's motivation for change[6]; many people are ambivalent in their decisions in favor of or against change. As an example, after a group discussion with staff members from the operating room generates enthusiasm about increasing the number of surgeries, the leader might probe:

- Given what we discussed, how confident are we from 0 to 10, if we decided to make a change we could do it?"
- Why not (say a lower score)?

Although, this approach may sound counterintuitive, its purpose is to facilitate change talk as opposed to the usual instinctive reply of "why not a higher score, we can do it….", which increases resistance. Once resistance is reduced and participants are ready for change, the next step is planning, which is the start of the PDCA cycle. In keeping with the MI style, an important aspect is holding back the righting reflex, as the leader is not prescribing the actions, but rather constructing solutions together with employees.

For organizations experiencing failure in implementing change due to resistance, MI can be combined with the problem-solving tools that are a cornerstone of operational excellence strategies such as Lean. Instruments such as the Organizational Readiness to Change Assessment Tool[7] can also help to diagnose and understand resistance. MI is a way of communicating that encourages change talk, an ongoing style of conversation that frames and encourages discussion about why a change is important and how people feel about it. MI is based on a wealth of scientific evidence in the area of substance use, where it has been proven to help people take a step forwards towards change[5]. Certainly, the context of organizational change is very different. Nevertheless, the MI framework offers leaders a particular way of conversing that can be taught and learned, with a similar goal of encouraging individuals to accomplish certain goals or behaviors. In essence, as quality guru Edward Deming observed, *"Management's overall aim should be to create a system in which everybody may take joy in his work"*; promoting stronger relationships within the workforce constitutes an important step for achieving innovation.

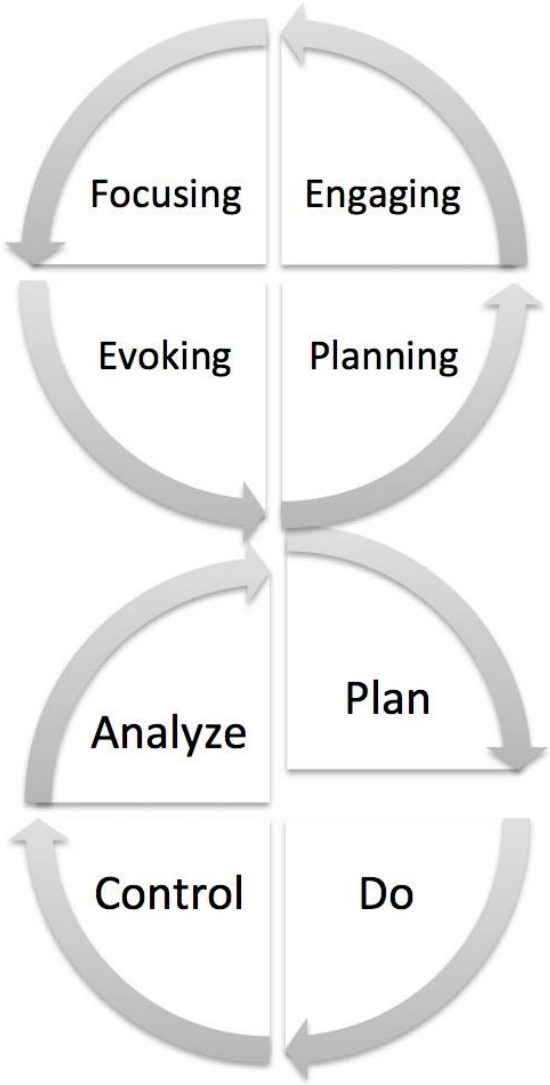

Figure 1: The four processes underlying MI can add to the success of the iterative PDCA cycle. Engaging is the first step towards establishing a trusting and respectful relationship. *'Coming together is a beginning, keeping together is progress, working together is success' Henry Ford*. Focusing aligns the direction of change, as defined by True North. Evoking brings out an individual's motivation for change. Planning is a cooperative way to design a set of actions that achieve a given goal.

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