



Resistance To Change

Friend or Foe?

BY JOHN REID, M.Div., and MAUREEN GALLAGHER, Ph.D.

Changes affecting Catholic health care are abundant, with significantly more to come. Specific challenges for the mission and ministry include providing quality care for growing numbers of people living in poverty, meeting needs in rural areas, contending with a diminishing number of vowed religious available for leadership and dealing with shifting interpretations of ethical issues related to Catholic moral teachings and how they affect protocols for patients in hospitals and long-term care.

Regulatory changes such as Medicare's plan to reward quality hospitals will put the pressure on staff and administrators to raise benchmarks for excellence and decrease "adverse events." Systemic changes such as mergers of systems, consolidation of stand-alone care centers and new collaboratives can have momentous effects on an institution's culture, especially if they are accompanied by shifting models of sponsorship and governance.

Catholic health care leaders are commonly called to further the healing ministry of Jesus by employing a transformational form of leadership that seeks to change the status quo for the common good. Transformational leadership focuses on the mission, and it makes decisions based on furthering the viability of the mission. Inevitably, these decisions regarding changes will bring with them various forms of resistance.

Change is never easy, even when we seek it, because it always involves some loss or letting go of what has been. Resistance almost always accompanies change. Active resistance takes many forms, from raised voices in conflict to clinging to "the way we have always done things around here" to gossiping, complaining, lowered morale and more.

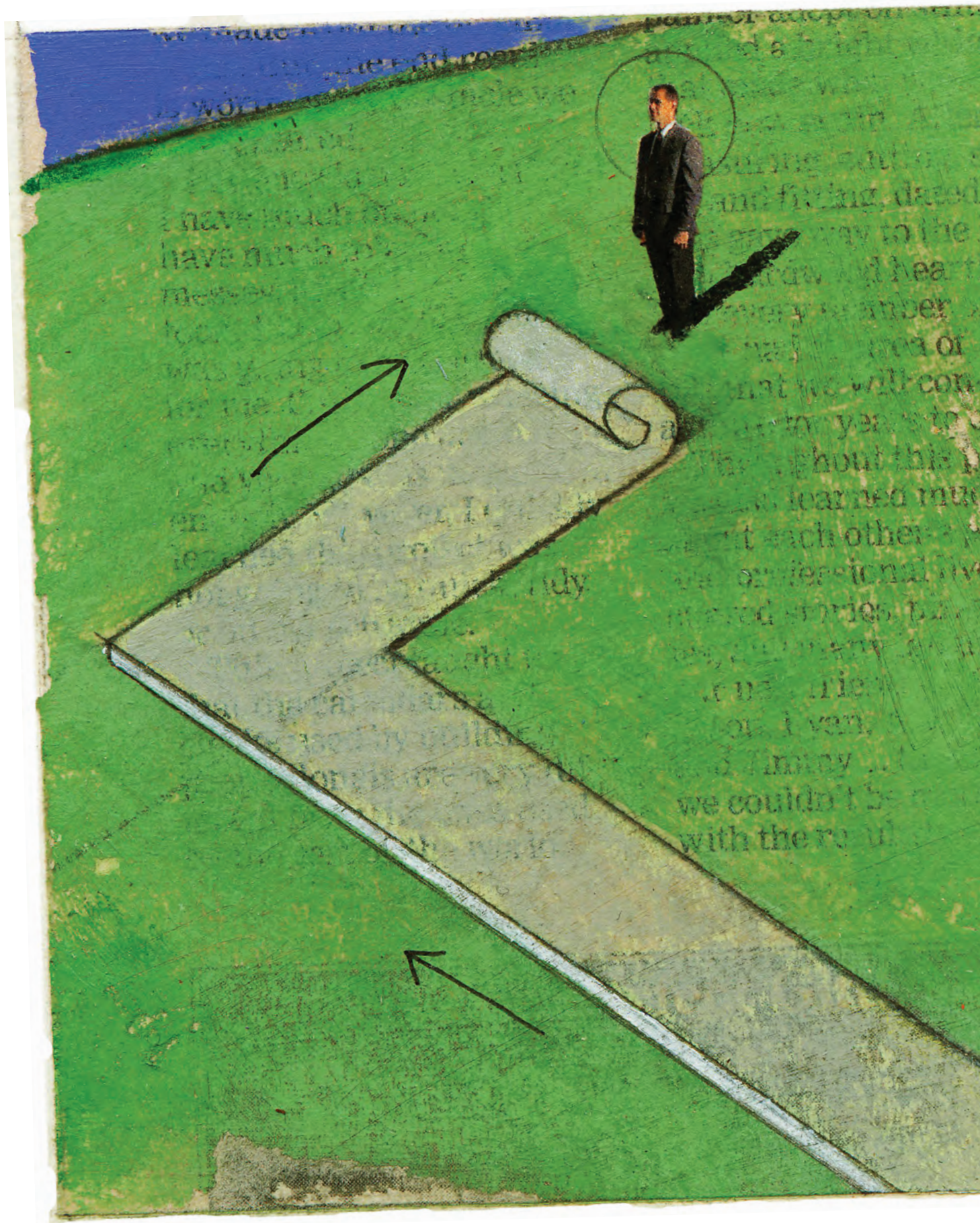
Passive resistance often is reflected in withdrawal behaviors by patients when they are confronted with difficult news, in negative non-verbal actions by staff when asked to implement a specific change or by outright refusal to cooperate

WHAT RESISTANCE TO CHANGE SOUNDS LIKE

"I like things just the way they are. We have developed our own way of doing things over time and I am comfortable with our approach."

"I don't understand the reasons behind the changes our system is making."

"I have a hard time trusting those making decisions about our future. They are more committed to margin than mission."



with a proposed new course of action.

The Alban Institute, an ecumenical think tank based in Washington, D.C., studied resistance to change in faith-based organizations. Its research has identified five primary reasons why all of us resist change. These include:

Unfortunately resistance is too often perceived by leaders as a negative factor in organizational life.

■ A desire not to lose something or someone of value — personal investment

Leaders in Catholic health care often face resistance to change when, for instance, employee benefits have to be cut back; when schedules have to be changed; when there is a merger of institutions or systems and the current identity changes; when favorite managers retire or leave the system. In all these cases, something that has personal value and meaning is lost.

■ A misunderstanding of the change and its implications

If there is not good on-going communication, people will often misunderstand why a change is happening. For example, if a department is told to relocate to another part of the institution without explanation that the hospital is creating a new palliative care department and the rehab unit's space is the most logical and appropriate location for it, people will misunderstand what is happening. They may assume rehab has lost importance or is not highly regarded by leadership.

■ A belief that the change does not make sense for me or for us

This happens when the “why?” is never answered sufficiently. When credible reasons are not provided for change, people often assume the worst. For instance, if no one explains the benefits of forming a system or undertaking an institutional merger, employees may assign reasons such as, “the sisters aren’t sponsoring health care anymore”; “the CEO will get a bigger salary”; “we will lose our retirement, that’s how they will save money.”

■ A low tolerance for change

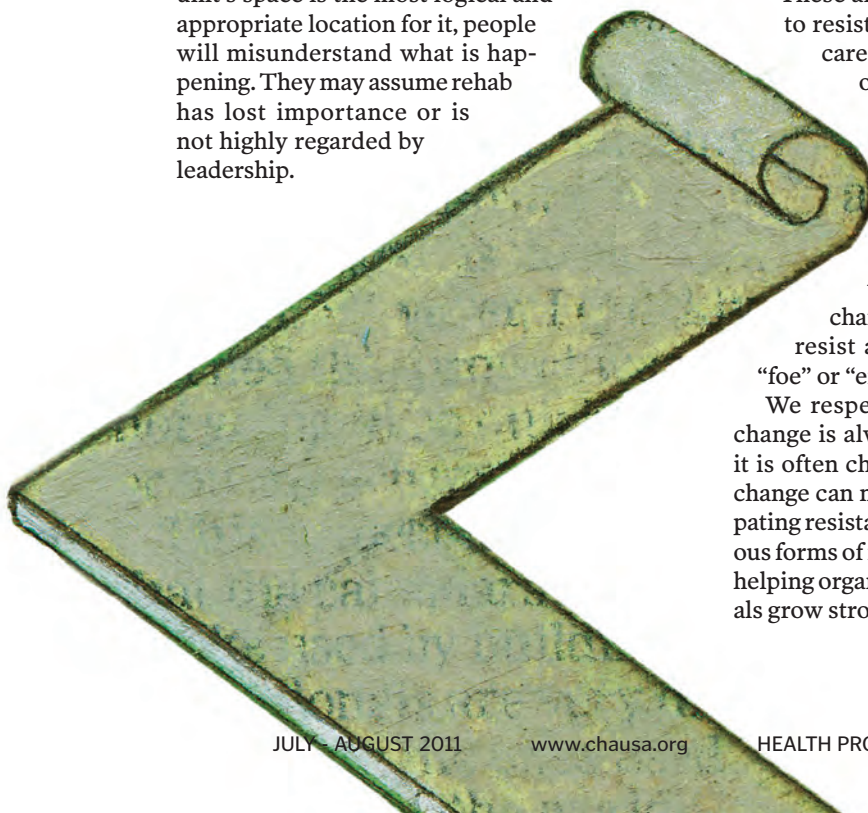
Some people are just wired to resist change, even if the change may benefit them. They do not deal with change well at all. Within their limited comfort zones they do well, but simple things like slight adjustments in schedules send them into high anxiety. Other people may have just “survived” a series of changes and are in need of some rest before facing more changes.

■ Limited trust in those leading the change

Resistance occurs where those in charge of change have poor relationships with their workers or where the change leaders have not communicated well or consulted well during constant major changes. For instance, when the pastoral care department's staff is cut by a third for the second year in a row and there has been no convincing rationale and little interaction with those making the decisions about personnel, trust is diminished and morale sinks.

These are the kinds of reasons that cause us to resist change in our own lives. As health care consultants, we frequently observe one or more of these reasons at work in our clients' institutions. Unfortunately, in our experience, resistance is too often perceived by leaders as a negative factor in organizational life. They believe it is something that must be stamped out for positive change and growth to occur. Those who resist are sometimes perceived to be the “foe” or “enemies.”

We respectfully disagree that resistance to change is always a negative factor, even though it is often challenging. We believe resistance to change can most definitely be our friend. Anticipating resistance to change and appreciating various forms of resistance is an important element in helping organizations, departments and individuals grow stronger in times of change.





For example, there is nothing wrong with agreeing with one or more of the reasons listed above for why people resist change. In other words, not wanting to lose someone or something of value, whether that is a much-loved CEO, an esteemed colleague or a treasured hospital protocol, is not a problem. Rather, it is a reality to be taken seriously and transformed into a new and important possibility.

Being able to listen closely to people as they struggle with a particular change helps leaders understand more clearly and deeply what is getting in the way of a positive response and may lead to a clearer expression of the benefits of the planned change. This understanding in itself is like the key that unlocks a treasure chest of important insights. Within these insights is critical information for what the individual needs more of — and less of — in order to move forward.

As change consultants, we have had the opportunity to work with many leaders and organizations around change and transition processes. Some of these processes have involved the merger of departments or even entire institutions, while others have focused on the transition of key leaders or the changing of organizational cultures. Through this work, we have identified reasons why these important change processes fail to achieve the desired results. These include:

■ **High levels of resistance**

Commitment to and resistance to change come in many levels, from enthusiasm from those who are willing to help it work, to those who are hesitant, indifferent, uncooperative, opposed and downright hostile. The latter will often do everything in their power to block the change. With good communication, participation and education, those who are hesitant, indifferent and uncooperative usually can be led to accept the change and work with it, sometimes even improving on the planned change. Those who are openly opposed or hostile may, after the organization has exhausted all its approaches to get buy-in for the change, need to be given options, including leaving the organization.

■ **Lack of effective planning**

Anticipated change that is not well planned invites resistance. Planned change which involves participation of those affected by the change is a sure way to lessen resistance.

■ **Inconsistent or poor leadership**

Constantly changing leadership or leadership that is too *laissez-faire* does not bode well for leading change. Trust and confidence are often lack-

ing in such situations.

■ **A struggle to turn a new vision into a preferred future with consistent actions**

Being able to articulate a compelling vision for change with some action steps lessens resistance.

Leaders likely can add to the list of reasons why previous change efforts did not succeed to the hoped-for degree. However, turning these barriers into bridges will take communication, participation and education.

Communication means articulating a compelling vision that the change will bring about and explaining how the change will improve the institution's position. This involves capturing the key elements of the change and identifying those who will be most affected by it.

Communication is two-way; good communication involves participation from both sides. But that calls for respectful listening, a trait that will help lessen the resistance to manageable levels. So will explaining "the why behind the what" of the anticipated change. Discussing factors that influenced the decision, such as government subsidies, changes in insurance regulations, availability of long-sought-after medical expertise, new technology, changes in the market, will help

PLANNING/COMMUNICATION CHECKLIST

A manager who takes time to think through a change and its implications will be better prepared to talk about it effectively. Here is a mental checklist of questions to consider:

Context, factors, opportunities related to the change?

What does your picture of successful change look like?

Vision for what the change will accomplish, and how it is related to the mission of the organization.

Why make the change at this time?

Who will be most affected by the change?

For success, where in the organization will the greatest amount of change be needed?

Greatest benefits from the change?

Greatest losses involved in the change?

What is not changing?

Provisions for on-going problem-solving and/or action planning and/or modifying the change?

Resources such as training or education?

How will the implementation be evaluated?

How will you express appreciation for those implementing the change?

decrease skeptical resistance and increase new understanding.

Active listening needs to focus on the impact specific changes will have on certain people, departments or, if applicable, the organization as a whole. For instance, what are the implications for how we intend to change the administration of Medicaid on the accounting department, the program staff and the long-term care patients? Being transparent in your own leadership style and sharing more rather than less information encourages trust in you and the others leading the change process.

Show concern for those who are having a hard time dealing with change. Imagine walking in their shoes. See what can be done within reason to help them adjust. If the change “looks like it means more work,” try to highlight that once the change is implemented, there will be things the staff can stop doing. Acknowledge that using new technology may mean a sharp learning curve for some. However, results in six months will show the value of the change.

Articulating the benefits of the proposed change includes pointing out the costs of the status quo. Highlight the positive, for instance, making changes to address immediate needs for improved quality and patient safety will not only enhance patient satisfaction, but it also will increase nursing staff morale, the bottom line of

the institution and its reputation. But explain that not making the changes could lead to increased vulnerability to patients’ health and well-being. It could leave the institution susceptible to law suits for negligence, staff layoffs and generally harm the reputation of the institution.

Sometimes people struggle with change because they feel they aren’t capable of doing what it requires. Be sensitive and patient, and offer education to help them. Identify what meeting the change will need and provide training that

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will give people the skills and knowledge they need to be successful. Invite participation in creating the action plans that are needed to implement specific changes.

Once the vision is established and it is clear what needs to happen to achieve the desired future, invite participation — ask who can do what by when, or who will team with whom to make the implementation successful.

Encourage leaders throughout your organization to practice active listening and effective two-way communication combined with a willingness to adjust planned changes based on feedback and experience.

Also, increase regular communication during times of change. Consider including a question-and-answer column regarding the change in employee newsletters. Publicly commend individuals and teams who are implementing the change well. Proclaim the modifications to the planned change that are being made based on patient/employee suggestions. Express gratitude to all who are making the changes work, while acknowledging that change is not easy.

We believe resistance to change presents an opportunity for transformation. It has the potential to make stronger, more effective individuals, departments and Catholic health care institutions. The transformation tools are communication, participation and education.

Communication bonds people because it promotes transparency, articulates rationale, is grounded in active listening and has the potential to galvanize energy and direct it toward the future living out of the mission.

Participation engages the heads and hearts of

REASONS WHY ALL OF US RESIST CHANGE

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people. In a genuinely safe environment, it invites ideas, asks people to share fears or concerns and acts in such a way that people know they are heard and authentically appreciated. Participation fosters on-going evaluation of the change, is open to modifications of the change based on the experience of those involved in implementation. Participation expresses appreciation for all the efforts put forth to make the change successful and further the mission of the organization.

Education builds the individual's the department's and the organization's capacity to grow with the change, gain added skills and knowledge and implement the change so that it garners the best energy of those involved in making it happen. Education also proclaims the rationale for the change in a way that is easily understood by those affected. Education connects the anticipated change to a deeper fostering of the mission.

Yes, it is true that facilitating change involves

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hard work in order to produce a positive set of outcomes. However, if we view resistance as our foe, then the work will be even harder and take a longer period of time. Strange as it may seem to some, viewing resistance to change as our friend is a key ingredient in the formula for having a change process to help leaders in Catholic health care experience growth-filled and productive results.

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