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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% [1,2]) 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.[2] Although "engagement" and "empowerment" are commonly stated objectives, actual management behavior often – unwittingly – undermines that intention. Change invariably involves loss, uncertainty and anxiety.[3,4] 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[5] 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.[6] 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
Session I	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	Reflections on individual pathways to leadership Personal purpose, goals and responsibilities
Session II	Helping groups perform	Relational Coordination Process and content Power and systems Stages of change	Harnessing difference as a resource Planning and running meetings that foster engagement Group facilitation Difficult conversations	Personal relationship to power and powerlessness
Session III	Leading adaptive change (Part I) Managing transitions Harnessing the tension of change	Adaptive Leadership Self-Determination Theory Transitions Stages of loss	Polarity management Self-Determination Theory Holding the tension of change	Personal courage
Session IV	Leading adaptive change (Part II)	Fair process Appreciative inquiry Organizational strategy	Mobilizing and energizing others Large group facilitation skills: World Café and Open Space	Fears and shadows

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.[7] 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.[3,8] 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?[9–11] 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),[3] Complex Responsive Process (mapping the self-organizing nature of behavior and thought in organizations),[12] Self-Determination Theory (articulating three factors – autonomy support, mastery and relationship – that foster intrinsically motivated behavior change),[13] Relational Coordination (identifying qualities and behaviors that promote interdependence and high performance)[14] and Relationship-Centered Care (highlighting the importance of partnership across all levels of an organization).[15]

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 counterproductive 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.[7] 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.[3] 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.[16,17] Effective leaders have the

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capacity to reflect – to observe themselves and others and actively explore the deeper levels of emotion and motivation that underlie behavior. They create an interpersonal climate in which people can express and learn from their differences rather than struggling to dominate each other or avoiding the tension of difference all together. They are also able to maintain accountability, holding people to their commitments and addressing disruptive behavior directly, all in a way that reinforces a culture of respect and collaboration. Therefore the curriculum includes experiential sessions on active listening, relationship building, conflict resolution, meeting management, feedback, behavioral accountability, Appreciative Inquiry[18] and Polarity Management.[19]

The third and deepest curricular element is reflective practice to increase self-awareness, courage, transparency and confidence, the core ingredients of "authentic presence."[20] When leaders behave in a way that others experience as congruent they inspire trust and build credibility with followers. A leader's candid and authentic acknowledgment of current realities helps create a "holding environment" for uncertainty and loss. Effective change leaders must remain self-differentiated, not losing their grounding and clarity in the face of others' anxiety; yet they must also remain attuned to others, helping them feel understood and supported.[8] To deepen these personal capacities we included journaling, storytelling and other reflective activities on such issues as personal purpose, loss, power, fear and courage.

Each cycle of this integrated curriculum of theory, skills and personal presence is presented in four 3-day retreats over a 10-month period. In addition, small groups (3-4 participants and one faculty mentor) meet monthly (in person or electronically) for facilitated peer coaching to support participants as they apply the new theories and skills to projects back home, and to enhance participants' coaching skills.

We are as intentional about the informal curriculum as the formal, wanting the participants to learn this method of leadership by experiencing it firsthand. We keep the program small (maximum of 10 participants) to foster close, trusted relationships that will support honest reflection and risk taking. For many participants it is their first experience of a professional environment that encourages honest dialog and vulnerability, raising their expectations for how a workplace could feel.

We invite the participants to be co-teachers and co-creators of their own learning experience. The learning community is a living laboratory as we consciously and transparently apply the curriculum's principles and skills to leading the retreats, pausing frequently to debrief the interpersonal process as well as the intellectual content. For example, toward the end of the first retreat when we form the peer coaching groups, we ask the participants to divide themselves up, a task which involves some uncomfortable feelings about inclusion–exclusion – choosing and being chosen. The participants typically protest and ask us to take responsibility for making the group assignments. We point out that they are in a better position than we are to know what group composition will best advance their learning goals. We frame it as an opportunity to practice self-awareness and self-differentiation. In the face of their discomfort, we keep to our plan, holding their tension (and our own). They proceed to form the groups, and then harvest useful insights from their reflections on this very common workplace task of selecting (or being selected for) teams. We seek to model through our own actions the leadership behaviors and presence that the participants will require to hold tension and discomfort (their own and others') as they lead change in their home organizations.

The program faculty engaged one of the authors (NAS) to conduct semi-structured telephone interviews to inform program improvement. Of the 23 physicians, nurses, social-workers, behavioral scientists, educators and professional managers who had participated in the first three cohorts, 18 were interviewed; all had completed the program 1–3 years earlier. Finding the resultant themes of potential interest to a broader audience, we decided to expand our data set. Using a subset of the original interview questions, NAS interviewed 12 of the subsequent two cohorts' 16 participants approximately a year after they completed the program. We used thematic analysis methods to identify and validate interview themes.[21,22] OHSU's Institutional Review Board determined that the study was exempt from review.

The interviews began with open-ended questions, asking participants to describe their overall experience of the program and what aspects stood out as highlights. Participants most frequently mentioned their enhanced personal awareness and growth and the experience of being in community, as well as various specific practices and theories.

We then probed for two specific program outcomes: changes in the way they handle challenging situations, and changes in their organizational impact.

Participants described three ways they handled leadership challenges differently. First, when facing conflict, they were less emotionally reactive and judgmental, instead stepping back to see the bigger picture and to explore other people's perspectives. They intentionally stayed in relationship and built trust, often opening up new possibilities while mitigating or even resolving conflict.

> *I do more stepping back and looking at things from the mountaintop. I see why people are responding the way they are.*
> *I had a very deep experience with our group, of moving quickly from assumptions I had made about people to being able to see them much more deeply and complexly.*
> *More than anything the ability to identify the emotion and then not go with it has been incredibly helpful. Naming it, noticing, being more curious, less judgmental…*

Second, participants changed their approach to problem-solving. Rather than expecting themselves to be experts, have answers and control outcomes, they engaged others in co-creating solutions. They felt better able to tolerate uncertainty, let solutions emerge, and attend to the quality of interpersonal process (not just the content) of resulting decisions.

> *I learned not to immediately leap into the problem. I'm trying to frame the problem so it is still owned by the people who are having it as opposed to taking it on myself and trying to solve the problem for them.*
> *I have a heightened awareness of the interpersonal currents; I'm better at reading the river.*

Third, participants experienced a deeper, more courageous presence, allowing them to speak more directly, name difficult issues and model new behaviors.

> *I had to intervene and ultimately suspend two faculty members. [Before the program] I don't know if I would have had the courage to leap into that. [Now] I could sit in the middle of that storm and take the actions that I really thought needed to be taken.*

Two people stated that their leadership had not changed. One felt that his work environment was so constrained that it was not possible to implement change. The other felt that the program had reinforced but not changed her pre-existing leadership style.

Asked how the program affected their impact on their organizations, most participants described feeling more influential, attributing this to increased confidence in their own instincts and increased self-awareness and authentic presence.

> *People trust me; that has had an impact. I am more present, I find myself listening to people in much deeper ways than I did before. People are reacting to the subtle changes. They feel I'm more*

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grounded, less scattered. I listen better. I've been effective in my ability to influence.

Several participants pointed to specific new programs and processes that they would not have initiated without the program.

Participating helped me launch a team focused on cultural changes in organizational behaviors more than just value statements. As the structure changes, this will become a permanent part of the organization and how it measures its success.

Three people cited the program as a contributing factor in deciding to leave their organizations and one in deciding to stay.

When asked about what parts of the curriculum had been particularly impactful, the participants identified specific theories, exercises to increase awareness of self and others, behavioral skill practice sessions, and the experience of learning in community.

Off hours, driving to get coffee with other participants, we were able to go deeper in some of the issues I was struggling with. A light bulb went off. It was an opportunity to get insight that was only possible because of the trust.
The sense of camaraderie and trust that the group had was very inviting and made it easy to discuss difficult issues.
I shared thoughts and plans for a new program at [my hospital]. I was able to accept the feedback and critique from people because of their compassion. I'm an introvert. That was tough. I found the feedback very useful. It was a turning point in our relationship.

As a validation step, we shared a written summary and interpretation of the themes with all program participants asking them to comment on any aspects of their experience that they felt were either misrepresented or missing. Six participants responded; all endorsed the fidelity of the characterization of their experiences. One added a further reflection on the course design:

I think the alternation of intensive retreat sessions with intervals of consolidation of the material in the participants' heads/hearts/lives was critical to the learning. I was frustrated to have the material doled out in small bites every few months but I realize now that a "core dump" of all the material in a 1–2 week course would not have [had] nearly the penetration and retention.

5. Unresolved questions and lessons for the field

We have described the rationale, curriculum and perceived impacts of a program to prepare leaders for the social dimensions of organizational change. We sought to teach a non-traditional complexity-based perspective on how change happens and the associated skills and qualities leaders need. The command-and-control perspective of the heroic leader who articulates a grand plan and then inspires or compels everyone to follow is unrealistic yet prevalent. Enduring change rarely happens that way. Instead, it often starts as a series of small local changes, both planned and unplanned, which amplify and spread until, after reaching a tipping point, they gain sufficient momentum to become the new normal.[7]

One lesson learned is that the social side of leading organizational change – a complex and multifaceted topic – can indeed be taught and that skills training can make a difference. The current gap in leadership practice that hinders change initiatives can be filled. The outcomes that our participants described were increased self-awareness and personal growth that allowed them to be less emotionally reactive and judgmental, to better understand and respond to the perspectives of others, to have greater situational awareness, to engage others and attend to interpersonal process more effectively and to address difficult situations and behaviors more directly and confidently. As a result they reported having greater impact in their organizations.

Another lesson is that no one theory, skill or framework is sufficient by itself. The diverse perspectives from leadership theory, complexity, and motivational and organizational psychology combined to form a larger and more complete model. And it was not just the presentation of concepts but also skills practice, reflection, peer support and firsthand experience of a relational professional environment that made the learning possible, using the participants' actual change projects back home as the primary substrate for their learning.

There are numerous unresolved questions. This program required 96 hours of contact. Can a similarly impactful learning community be created and an adequate scope of theory and skills be learned in a shorter amount of time, or with a lower faculty to participant ratio? Can the same degree of trust and sharing be established in an intramural program with participants who work together regularly? Might such a program have its own unique advantages?[23] How might the social and technical dimensions of change be integrated into a single program?

Our program had a greater impact for some individuals than others, suggesting variations in individual learning styles, stages of personal development, reasons for participation and/or the nature and intensity of the participants' organizational challenges back home. Clearly there is more to learn about how to select participants and how to adapt more flexibly to participants' developmental stages and learning styles so as to maximize the value returned for the investment in the program.

A limitation to be noted in our evaluation methodology is its reliance on self-report. While the interviews were conducted several years after program completion by a neutral researcher, the dynamics of positive expectancy and cognitive dissonance could still be influencing perceptions.

In conclusion, it is possible to help leaders develop a more collaborative and emergent approach to leading change with a commitment of time that is relatively modest given the scope of the task. As one participant observed, "When I realize that it was only 17 days – it was the most useful educational experience of my life." While the time and investment required for our program might not be considered "modest" by traditional standard, current training programs are unrealistically short and are not producing the results that are needed. When compared to a master's degree program or other programs involving transformative professional and personal development, the investment is indeed modest. This learning experience led to significant self-perceived changes in leadership behavior and organizational effectiveness. The relational approach to leading change holds great promise in a time when extraordinary changes are needed in clinical care, health professions education and clinical research.

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Conflict of interest disclosure statement

This statement accompanies the article "Preparing to lead change: An Innovative curriculum integrating theory, group skills and authentic presence," co-authored by Nicole A. Steckler, Ph.D., Diane B. Rawlins, M.A., Penelope R. Williamson, Sc.D., and Anthony L. Suchman, M.D., M.A. and submitted to Healthcare as an original article. Below all authors have disclosed relevant commercial associations that might pose a conflict of interest.

Dual interests

Three authors (DBR, ALS, PRW) have received honoraria for teaching the course described in this article.

Ethical approval

Oregon Health & Science University's Institutional Review Board determined that the study met criteria for exempt status, 11/3/2011, #IRB00007883.

Prior presentations

N.A. Steckler, P.R. Williamson, D.B. Rawlins, A.L. Suchman. Transformative impact of an educational program on leading organizational change. Poster presented at International Conference on Communication in Healthcare. Chicago; October, 2011.

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