



“Rapid Change in Healthcare Organizations”

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Introduction

Many of us work in environments of constant change. Whether we respond to change, induce change, or manage change, it is safe to say that contemporary health care requires nimbleness and adaptability for survival. Change means instability. What was the standard last year is quickly tossed aside for some new directive or research result. Very few issues are permanently resolved.

On the one hand, all that change is demanding and stressful. On the other hand it provides an exciting and challenging arena that is responsible for the existence of our jobs. Thus, in order for us to make the contributions necessary to provide the value in health information technology, we must understand the nature of organizations experiencing rapid change. In particular, we must become adept at understanding and managing change.

When change is contemplated or promoted, there will always be conflict between those supporting the status quo and those advocating change. Among the advocates of change there may be conflict as to the extent and the nature of change that is desired. Healthcare is an area in which change is characteristically slow. It has been estimated that new treatments or knowledge percolates into common use over a period of 15 years. Yet many of the changes we promote or advocate occur over timeframes of a few months to a few years, cataclysmic by comparison. Thus the conflict and turmoil associated with change are emphasized in the arena of rapid change. The intensity of feeling in rapid change perhaps gives a tactical advantage to those who oppose change. For example, despite well promoted advantages of EHRs and other forms of electronic health information, failed or problematic implementations are commonplace, testimony to the challenges of rapid change.

Health care organizations often look at issues in a very narrow, short term way. Problems are issues to be solved. There is an assumption that there is a clear solution and the process is only a matter of finding that solution. The progression follows a linear process, namely deciding if change is necessary, and if so, what change will be made.

However, in health care, as in many other endeavors, the approach is often not so clear cut. There may not be a clear, single solution or best choice. There may be as large a group that advocates for the status quo as there is promoting change. It may not even be clear as to which current state issues need to be addressed.

At least three management experts have developed theories and recommendations for dealing with the complexities of change and the conflict of ideas and goals that can develop. Barry Thompson espouses the concept of polarity management.¹ Robert Quinn

¹ Johnson, Barry. "Polarity Management," HRD Press, Amherst, MA 1996

looks at the paradoxes and competing demands of high performance², while Charles Thompson discusses creative management.³

Transformation

Quinn describes a progression in management thought, where one first views organizations as characterized by rational-deductive thinking, with stable predictable patterns of action. As one accumulates experience and knowledge, you see that matters become less tangible and predictable. You must be able to confront change, ambiguity and contradiction. The choices may not be between good and bad, but between one good or another, or perhaps between two unpleasant alternatives. The solutions do not derive from the usual, simple mechanical responses (do more, work harder, get more people) but require viewing the organization as a dynamic evolving system, with its attendant stress, tension and uncertainty. The successful manager must apply flexible frames of reference to deal with the uncertainty, leading to apparently paradoxical behavior. For example, sometimes the overall task dominates thought. At other times specific objectives or individuals may need more attention.

Quinn refers to the change process as transformation and divides it into four phases. The initiation phase begins when an individual or a group perceives a need for change or improvement. A plan is developed. At this point there is often feedback or other resistance to change that counsels against the plan. The fear of failure or anxiety about the opposition may kill the plan at the start, resulting in stagnation, the status quo. If the change agents have faith in their goals and strategy, and can tolerate the fear of failure, they may continue the process. Quinn notes that individuals who are capable of promoting change have a different view of “failure” than more timorous individuals. Rather than use the word failure as a condemnation, they view the effort as a learning process or an experiment. Rather than failure, they view adverse outcomes as false starts, glitches or errors – experiences that lead to improvement, not dejection. Failure is not a final outcome.

If the initiators have the fortitude to continue, they enter the uncertainty phase. If the initial strategy falters, can the team adapt, change and move on? Or, unable to adapt, do they panic and fall? This stage involves teetering between success and failure. The ability to live with uncertainty, opposition and contradictions is essential to surviving the uncertainty phase. In the transformational phase, which can overlap or merge with the uncertainty phase, the team “re-frames” its thought process. Perceived paradoxes resolve when it is seen that apparently antithetical elements of the organization and the change plan actually work together. This is the point where the solution emerges, overcoming anxiety and doubt, where excellence develops. It can be described as “being on a roll” or “in the groove.”

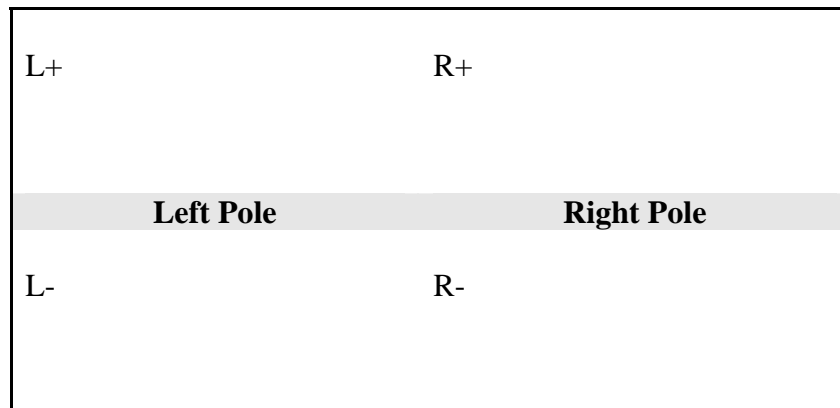
² Quinn, Robert E. “Beyond Rational Management,” Jossey-Bass, San Francisco, 1988

³ Thompson, Charles. “What a Great Idea,” Harper Perennial, New York, NY 1996

Now the team is confident, all the contradictions are overcome and the process is understood. All that is left is error correction and fine tuning. You enter the “routinization” phase as the new process becomes the dominant paradigm. If a problem does not fit with the new paradigm, the organization is likely to try to re-interpret the problem in order to make it fit. The result is less than satisfactory, someone perceives a need for improvement, and the transformation process starts again.

Polarity Map

Johnson, starting from a very different premise, derives a remarkably analogous cycle. He has devised a “polarity map” to deal with integrating apparently conflicting ideas or concepts. The basic premise is that you often don’t have a choice between two alternatives as both are in play. Rather than viewing opposing concepts as being mutually exclusive, he calls them polarities – sets of opposites that can’t function independently. As one example he cites the conflict between individual effort and team work. The polarity map displays the two “opposites” and the upsides/downsides of each position. The upper quadrants display the upsides of the respective pole, and the lower quadrants the respective downsides. Frequently, the upside of one pole is the antithesis of the downside of the other pole.



Polarity Map

In its simplest form the polarity map cycle describes an oscillation between the characteristics of the left and right poles. Assume, for example, that employees of an organization are frustrated by the negatives associated with the left pole characteristic (such as too much emphasis on individual effort and reward), labeled (L-). They will perceive that there will be advantages to a change (such as the benefits of improved teamwork). They will argue in favor of the upside of the right pole (R+) and push for a strategy to move from the lower left quadrant to the upper right quadrant. There may be opposition to the initiative, such as from a group that is rewarded by the emphasis on individual effort who might not be happy working in a team environment. This is similar to Quinn’s initiation phase. The advocates for change develop a strategy to move from the left lower quadrant to the right upper quadrant (R+), as they perceive that the

positives of the right pole are the solution for the negatives of the left pole (L-). They may have doubts about their strategy, meet opposition, and perhaps lose their way, similar to the uncertainty phase. If they persist, and are successful, the organization moves to the right pole, such as changing emphasis from individual to team effort.

However, over time, as the team has abandoned individual effort in favor of team effort, downsides of the change will occur as the organization moves to the right lower quadrant, experiencing the negatives of excluding left pole attributes in favor of the right pole characteristic, very like Quinn's "routinization" phase. Now individuals perceive that there are problems that can be corrected by moving from the R- to the L+ quadrant, and the process starts all over again. Thus, there never is a complete, final resolution. The organization operates between or within its poles. It does not settle permanently in one camp. Johnson uses such arguments to support his thesis that change in complex, dynamic organizations requires management of poles, not choosing between them. If you focus on the upside of one pole, you eventually get its downside. The process should not be either/or but both/and. It is not a matter of if you will manage polarity but how well. Some problems cannot be solved, they must be managed.

So, from a different analysis, Johnson concurs with Quinn that change management requires resolution of apparent paradoxes precipitated by seeming antithetical forces within an organization. Those paradoxes are irreconcilable conflicts, but are essential components of effective change management. Such potential paradoxes are:

1. Insight, innovation, adaptation vs. stability, control, continuity
2. Concern, commitment, morale vs. goal clarification, direction, decisiveness
3. Decentralization, differentiation vs. centralization, integration
4. Flexible, adaptive leadership vs. rigid, goal directed leadership
5. An environment that is error-intolerant but blame free
6. Democratic open forum for ideas coupled with the autocracy of ultimate decision-making

Part of successful management of the paradoxes or poles is the ability to listen to opposition ideas. It is easier to gain the cooperation of those with opposing views if they believe their position has been heard. Recognition of value in an opposing position does not require adopting it or capitulating to it. Successful organizations manage polarities; they do not necessarily adopt them. They change tactics as needed, maintaining the clarity of their ultimate goal, with a counter-productive commitment to a single process. Change management does not mean that everything from the past or present is bad. The goal is to look for better.

Creativity Management

Thompson has developed ideas to help nurture creativity, which is essential for change management. Whether you identify the challenges as paradoxes or poles, creativity is necessary to manage them. He has published an array of "rules of thumb" for promoting

creative thinking. Several of them fit in very well with the concepts of polarity management and paradoxes of change.

Just as Quinn and Johnson warn that there is no single answer, Thompson offers “Always look for a second right answer”; “All behavior consists of opposites ...learn to see things backward, inside out, and upside down”. Relevant to Quinn’s uncertainty phase and fear of failure is: “If at first you don’t succeed...take a break!” With respect to listening to opposing ideas, avoid killer phrases - “that’s irrelevant” - that stifle ingenuity. “Be curious first – critical second.” If you want to encourage innovation and risk taking “make sure that the penalty for failure is not greater than the penalty for doing nothing.”

Thompson’s prescription for bearing the heavy load of change is to create a vision that will be shared by the entire organization. If it is a shared vision then it becomes a “vision-bridge” to the future, allowing all members of the organization to innovate and head in the same direction. The characteristics of a vision-bridge are:

1. Directed toward the future
2. Usable today
3. Firmly grounded in the past
4. Stable yet flexible to changing environment
5. Easily understood
6. Well promoted

Summary

The congruence of ideas and methods in the writings of the authors, each nominally addressing different aspects of management, is really quite remarkable. The cumulative lesson is that one needs to learn to succeed in the absence of clear cut, simple answers. Resolve polarities and apparently irreconcilable paradoxes by managing them and taking advantage of them. Overall, be creative and create an atmosphere that encourages others to be creative.

It is easy to see parallels of paradox and polarity in health information technology. First an institution must make a decision as to whether it will go the route of some or all of an EHR. It will eventually choose a direction, incur substantial disagreement and perhaps fail because of strong opposition or poor planning. The administration may not have the knowledge to anticipate or respond to the innumerable potential conflicts. They may not understand that it is probably impossible to resolve the dichotomies, but may have to live with them and manage them. The idea that there has to be a resolution may doom the process. The same conflict can accompany each step of the implementation – choosing a vendor or vendors, setting up a governance structure, committing to standardization, order sets, etc.

Since the potential benefits for health information technology are so great, and the problems of the current state of information management so challenging, it behooves us to become adept with the exigencies of rapid change.