

Understanding People's and Stakeholder Group Response to Change within Health Reforms

Many challenges of implementing Health System Reform or change can be better managed if we understand how people and their stakeholder groups in all countries typically react to change.

There are seven human dynamics of change that are often related to the dynamics of health reforms:

1. People and Stakeholder Groups (politicians, physicians, hospital managers, employers, health insurance managers, institutional employees) feel awkward, ill-at-ease, and self-conscious. Change and reform means doing something different, and people almost always feel uncomfortable. In fact, if you don't feel awkward when you're trying something new, you're probably not doing anything differently. If you reorganize to allow for greater autonomy of health care institutions and health plans, such change will initially be awkward to almost everyone involved including those who gain more autonomy because everyone will have to think and act differently than they had in the past.

2. People and their stakeholder groups initially focus on what they have to give up. A common first reaction to change among the leaders of stakeholder groups is a sense of personal loss. Policy reformers need to deal with this sense of loss by leaders to move forward. So often, this very personal concern is not addressed. People need to be given a chance to mourn such feelings of loss, perhaps just by taking time to talk about how they feel with others. Even when they gain increased autonomy, people are apt to react initially to what they are losing (such as staff resources or clear roles). Werner Erhard once said, "What you resist in life persists." If you have feelings about something and you don't deal with those feelings, they stay with you and fester.

3. People within stakeholder groups feel alone even if everyone else is going through the same change. Health sector leaders affected by the change of health reforms may tend to have a "Why me?" attitude about change even if everyone around them faces the same thing. The irony is that for the change to be successful, we need the support of others. In fact, we need to ask for such support. Physicians, hospital managers, health plan executives and health workers are apt to feel individually punished when they have to learn new ways of working. If you want the change to be successful, you need to recruit the help of those around you from these organizations, many of whom will be feeling the same way you do. This is why "support groups" work when people among the stakeholder groups are facing changes or times of stress in their lives. You need to feel that your manager, colleagues, and spouse are on your side in supporting changes you need to make in your work life.

4. People can handle only so much change. Beyond a few changes or even only one if the change is significant, people can become immobilized. That's why you need a clear plan and strategy for focusing your energy on those things that will net you the greatest

results in terms of desired behaviors. These change management work plans need to be unique for each stakeholder group and their leadership team. Work teams need to start with mutually deciding simpler tasks like jointly determining a work schedule before they take on more extensive responsibilities regarding budgeting, personnel, and disciplinary actions. They need first to have some successful experiences to build a momentum for using the new desired behaviors. This is why pilot projects are often important ways to phase in the reforms.

5. People are at different levels of readiness for change. Although most everyone experiences some resistance to change, some people immediately get excited, while others dread and resist doing anything differently as long as they can.

Some individuals might quickly become excited about the chance to implement their own ideas, while others need to warm up to the new challenges and responsibilities. This doesn't mean that one person is better than another, it just means for that activity, people will have different outlooks and degrees of flexibility in what they are being asked to do.

6. People are concerned that they don't have enough resources. Often as individuals are asked to do things differently, their perception is that since they are being asked to do more, they need additional resources. Organizations, however, must be more productive with fewer resources to remain competitive in today's markets. Energy needs to be focused to get more done with fewer resources rather than to get more done with more resources. As people are asked to accept new responsibilities, they need to work smarter to do well.

7. If you take the pressure off, people revert to their old behavior. Typically, when focus on a change effort ends, everyone tends to revert to what they were doing. This relapse is natural, but needs to be counteracted. It's not the relapse itself that is the problem as much as what you do when a relapse occurs. So often when we revert to old behaviors, we simply ignore all we have learned. For change to be lasting, it needs to be self-perpetuating and it needs to be clear that there is no going back to how things were. For example, a company might change its compensation plan to more heavily reward desired team activities, making relapse more difficult. When a relapse does occur, step back, take a deep breath, and focus on the new benefits and positive gains achieved. The more drastic the change, the more preparation needs to be done to counteract that human reaction.

Five Levels of Concern

Many change or reform efforts fail because policy makers or organizational management neither considers the change from the recipients' perspective nor addresses the concerns people (the many stakeholders) have when change occurs. Unless you take the time to meet their individual concerns, you won't generate and maintain the momentum needed for the change or reform to be successful.

Researchers have studied why innovative programs don't have the impact they are designed to have. Such programs work well in pilot form, but they are never fully implemented. Based upon this research, successful reform champions have created the *Concerns Based Adoption Model* that identifies six levels of concern among those who are involved with a change effort. These can help us design and manage a health system reform process.

1. Information. The first level of response to a proposed change is simply to understand "what it is." Most change efforts skip this step and try to sell the benefits of the change before it is fully understood. People don't want to be sold on a change, they first just want to understand what change is proposed, ask questions, and get honest answers.

2. Personal. The second level addresses the concern, "How will it personally affect me?" This is the most overlooked and under-managed concern in the change process and is the reason why most changes fail. People affected by a pending change have many questions they need to answer to feel safe: "How will the change affect me and my job?" "Will I still have a job?" "Will this require more time or effort on my part?" "Will I look good during and after this change?" "How will I be evaluated regarding this change?" If you don't take the time to address individual needs and fears, you won't get people beyond this basic level of concern.

3. Management. Level three addresses the pragmatic question, "How will this change be conducted?" That is to say, who will organize the change, how and when will it start, and what are the details of its implementation?

4. Consequences. Most people are not interested in hearing about the benefits of a change until after their first three levels of concern are met. Individuals will then be open and ready to evaluate the change on its merits. They will ask: "What are the benefits?" "Is there a difference?" "Are things better?" "What is the overall impact of the change?"

5. Collaboration. This is the level of the true believer that person who has experienced the change and believes that the benefits of the change exceed the effort and problems encountered in making it happen. Such individuals become committed to fully implementing the change. They ask, "How can I work with others effectively to get this done?" and "Who do I need to involve to make the change a success?" They spread the word about the benefits of the change and help others to implement it.

6. Refocus and refinement. At this level, the individual looks beyond the intended change for new and related ways to innovate. For example, a person at this level might seek to start a users' group, or might seek other ways to improve the efficiency of our business operations.

Change and reform only happens one influential person at a time. These levels of concern occur as successive waves in any change or reform process. The success of the total change becomes a sum of the individual changes that occur in the process. Once you learn how to apply these levels of concern for most if not all individual and stakeholder groups involved in a change effort, the chances of achieving the results you desire will greatly increase.

What can you do to improve your sensitivity to people's and stakeholders groups' nervousness about change?

How can you engage people and stakeholder groups in talking about and therefore mastering the threats of change?