Overcoming Physician Resistance to Change

Presented by
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Today

- What’s causing the need to change?
- Why is change resisted?
- Are you ready to change?
- How can you overcome resistance and gain acceptance?

The Need For Change

- Environmental pressures are affecting everyone.
- Maintenance of income.
- Maintenance of autonomy.
1. Consolidation

Accountable Care Organizations

2. Costs
3. Reimbursement

4. Hospital Employment

Focus More On…
- Avoiding resistance.
- Overcoming resistance.
Five Stage Model

1. Denial
   ➢ “I can't believe it”
   ➢ “This can't be happening”
   ➢ “Not to me!”
   ➢ “Not again!”

2. Anger
   ➢ “Why me?”
   ➢ “It’s not fair!”
   ➢ “NO! I can't accept this!”
3. Bargaining

➢ “Do we have to do this now?”
➢ “Can’t you implement this after I’ve retired?”
➢ “What’s the hurry?”

4. Depression

➢ “I’m so sad over what I’ve lost, why bother with anything?”
➢ “What’s the point of trying?”

5. Acceptance

➢ “It’s going to be OK.”
➢ “I can’t fight it, I may as well work with it.”
What Does Resistance Look Like?

<table>
<thead>
<tr>
<th>Active</th>
<th>Passive</th>
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</thead>
<tbody>
<tr>
<td>– Being critical</td>
<td>– Agreeing verbally but not following through</td>
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<tr>
<td>– Finding fault</td>
<td>– Procrastinating</td>
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<tr>
<td>– Ridiculing</td>
<td>– Feigning ignorance</td>
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<tr>
<td>– Appealing to fear</td>
<td>– Withholding information</td>
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<tr>
<td>– Using facts selectively</td>
<td>– Standing by and allowing change to fail</td>
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<tr>
<td>– Sabotaging</td>
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<tr>
<td>– Blocking</td>
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</table>

“Resisting change is like holding your breath; if you succeed, you die.”

Physician Culture

- Expert Culture.
- Stress.
- Everyone’s a Leader.
Motivation

- Rule #1 – What’s In It for Me?
- Rule #2 – See Rule #1.

Motivation

1. Is it possible?
2. Will your plan produced desired outcomes?
3. Is the change worthwhile?
Resistance

- **Fact-based:** When do I get the information?
- **Emotion-based:** Do I like it?
- **Prejudiced-based:** Do I trust you?

8 Common Reasons

1. They believe their needs are already being met.
2. They believe the change will make it harder for them to meet their needs.
3. They believe the costs outweigh the benefits.
4. They believe the change is unnecessary to avoid or escape a harmful situation.
5. They believe the change process was being or will be handled improperly.
6. They believe the change will fail.
7. They believe the change is inconsistent with their values.
8. They believe that those who are responsible cannot be trusted.
Example: They Believe the Change Will Fail

- Ask for and listen to their concern.
- Determine if their beliefs are based on accurate information.
- Provide additional information to correct mistaken or incorrect beliefs.
- Encourage them to visualize positive outcomes.

Tool: Involvement

“Nothing is impossible if you don’t care who gets the credit.”

- Who’s idea is it, anyway?
- Development teams.
- Focus groups.
- Town hall meetings.
Tool: Involvement

- Make case.
- Respect physician time and contribution.
- Use tactical meeting management.
- Reward contributors.
- Ask for physician input:
  - Make information as quantitative as possible.

Tool: Incentives

- Time and money.
- Recognition.
- Embarrassment.
- Use and misuse.

Tool: Connect to Higher Goals

- Vision.
- Mission.
Vision

- What is your preferred future?
- What does the group intend to become?
- Looking out 3 to 5 years:
  - What services and specialties do you plan to offer?
  - What geographic region do you intend to serve?
  - How many locations are you likely to have?
  - How big will the group become? Will you grow to fill the service needs of the market, or will you set an upper end limit on the number of physicians in the group?
  - What type of relations will you have with others?
  - Will we remain an independent group?
  - What benefits do you hope to provide for the owners and employees?

The only difference between a vision and a hallucination is the number of people who see it.

Tool: Decision-Making

1. How will the group make decisions?
2. What is expected of each physician once the group has made a decision?
3. What are the options if a physician doesn’t like a decision?
Tool: Focus on Leaders

- Do you need 51%?
- Critical mass.
- Coaching leaders.

Pathways to Success

- High value.
- Easy.
- Start with agreements.
- Define a common enemy.

If you don’t like change, you are going to like irrelevance even less.
Overcoming Physician Resistance to Change

Readiness for Change

In any given situation, there are 8 reasons why people will support change.

1. They believe their needs are not being met currently.
2. They believe that the change will make it easier for them to meet their needs.
3. They believe the benefits outweigh the risks.
4. They believe the change is necessary to avoid or escape a harmful situation.
5. They believe that the change process is being handled properly.
   a. They believe they are being treated fairly.
   b. They trust those responsible for change.
   c. They are being given an opportunity to provide input into the change.
      People should be asked for input if:
      i. They will be affected by the change.
      ii. You need their commitment to implement the change.
      iii. They have information or ideas to contribute.
      iv. They expect to be involved.
      v. You want to expand or strengthen your base of support.
6. They believe the change will work.
7. The change is consistent with their values.
8. They believe those responsible for change can be trusted.
   a. Even if people don’t completely agree with a change, they are more likely
to go along if they trust those responsible for it.

Strategies to Overcome Resistance

1. Show people how overcoming resistance to change can help them.
2. Involve people in decisions.
3. Don’t react emotionally.
The Change Opinion Survey

Adapted from Making Change Irresistible by Ken Hultman

Purpose

There are many possible causes of resistance to organizational change. There are eight common causes. Use the Change Opinion Survey to help determine if one or more of these eight common causes are responsible for resistance to a particular change.

Procedure

Administer the Change Opinion Survey prior to implementing change in order to prevent resistance or after resistance has surfaced in or to minimize its impact. The instrument can be given to everyone involved with a change or to a representative sample. An individual can also complete the instrument in order to understand more fully his or her reasons for resisting a change. Specify the particular change being surveyed on the cover page of the instrument.

One way to use the data is to meet with those leading the change effort, display the completed Change Opinion Profile, and then facilitate a discussion of the reasons for resistance. Mean scores can range from 0 to 20. The higher a mean score, the more indication that a common cause is a reason for resistance. Mean scores above 14 indicated considerable resistance.

Directions

Read each item and circle the response that best describes you opinion. The scale is a continuum from 0 to 4, with 0 meaning “strongly disagree” and 4 meaning “strongly agree.” Your responses will be combined with others in the organization and will be kept confidential. You will receive a summary of the results once they have been compiled.
<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>There isn’t any need for the change.</td>
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<td>2</td>
<td>The change makes it harder to get our work done.</td>
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<td>3</td>
<td>The risks of the change outweigh the benefits</td>
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<td>4</td>
<td>We can remain competitive without changing.</td>
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<td>5</td>
<td>I didn’t have any input into the change.</td>
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<td>6</td>
<td>The change isn’t going to work.</td>
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<td>7</td>
<td>The change emphasizes the wrong priorities.</td>
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<td>8</td>
<td>No one is telling us the real reason for the change.</td>
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<td>9</td>
<td>We seem to change for the sake of change.</td>
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<td>10</td>
<td>The change will lower productivity.</td>
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<td>11</td>
<td>The change will have negative long-range consequences.</td>
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<td>12</td>
<td>We are just jumping on the bandwagon with other organizations.</td>
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<td>13</td>
<td>The timing of the change is bad.</td>
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<td>14</td>
<td>The change sounds good in theory but not in reality.</td>
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<td>15</td>
<td>The change will take us in the wrong direction.</td>
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<td>16</td>
<td>Management isn’t being honest with us about the change.</td>
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<td>17</td>
<td>People are going along with the change but they don’t agree with it.</td>
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<td>18</td>
<td>The change will lower morale.</td>
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<td>19</td>
<td>The change will do more harm than good.</td>
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<td>20</td>
<td>Nothing bad will happen if we don’t change.</td>
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<td>21</td>
<td>Nobody cares what I think about the change.</td>
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<td>22</td>
<td>We lack the resources to implement the change successfully.</td>
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<td>23</td>
<td>The change isn’t important to me.</td>
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<td>24</td>
<td>Those responsible for the change have a hidden agenda.</td>
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<td>25</td>
<td>I don’t understand the reasons for the change.</td>
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<tr>
<td>26</td>
<td>The change creates more hurdles to jump over.</td>
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<tr>
<td>27</td>
<td>I don’t see anything good coming from this change.</td>
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<td>28</td>
<td>Management is using scare tactics to get us to accept change.</td>
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<td>29</td>
<td>Management asked for our ideas but then didn’t use them.</td>
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<tr>
<td>30</td>
<td>We have tried changes like this before and they didn’t work.</td>
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<tr>
<td>31</td>
<td>The change doesn’t relate to my values.</td>
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<tr>
<td>32</td>
<td>Information about the change is being withheld from us.</td>
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<tr>
<td>33</td>
<td>Most people can’t see what the change will accomplish.</td>
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<tr>
<td>34</td>
<td>The change adds to our workload.</td>
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<tr>
<td>35</td>
<td>The change is bad for business.</td>
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<tr>
<td>36</td>
<td>We can grow as an organization without the change.</td>
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<tr>
<td>37</td>
<td>The change is being implemented too quickly.</td>
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<tr>
<td>38</td>
<td>The change will last for a while and then we will go back to the old way.</td>
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<tr>
<td>39</td>
<td>The change is distracting us from more important issues.</td>
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<tr>
<td>40</td>
<td>I don’t trust the people making the change.</td>
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Calculating Scores

This instrument consists of 40 items, five pertaining to each of the eight common causes of resistance. You can develop a Change Opinion Profile (see below) by following these procedures:

1. Total the scores of each person completing the instrument for the eight causes. Items pertaining to each reason are:
   a. They believe their needs are being met already: 1, 9, 17, 25, 33
   b. They believe the change will make it harder for them to meet their needs: 2, 10, 18, 26, 34
   c. They believe the risks outweigh the benefits: 3, 11, 19, 27, 35
   d. They believe change is unnecessary to avoid or escape a harmful situation: 4, 12, 20, 28, 36
   e. They believe the change is being handled improperly: 5, 13, 21, 29, 37
   f. They believe the change will fail: 6, 14, 22, 30, 38
   g. They change is inconsistent with their values: 7, 15, 23, 31, 39
   h. They believe those responsible for the change can’t be trusted: 8, 16, 24, 32, 40

2. Add the total of all respondents together for each common cause and divide these totals by the respondents completing the instruments. This will give you the mean or average score for this group of respondents.

3. Place a dot at the corresponding point on the profile for the eight causes, and connect the dots with a line.

Change Opinion Profile

<table>
<thead>
<tr>
<th>Respondents believe:</th>
<th>Openness to Change</th>
<th>Resistance to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their needs are being met already.</td>
<td></td>
<td></td>
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<tr>
<td>The change will make it harder for them to meet their needs.</td>
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<td></td>
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<tr>
<td>The risks outweigh the benefits.</td>
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<tr>
<td>Change is unnecessary to avoid or escape a negative situation.</td>
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<td></td>
</tr>
<tr>
<td>The change process is being handled improperly.</td>
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<td></td>
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<tr>
<td>The change will fail.</td>
<td></td>
<td></td>
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<tr>
<td>The change is inconsistent with their values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those responsible for the change can’t be trusted.</td>
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</tr>
</tbody>
</table>

| 0 | 2 | 4 | 6 | 8 | 10 | 12 | 16 | 18 | 20 |

Mean Scores
Strategies for Overcoming the Common Causes of Resistance

1. They believe their needs are being met already:
   a. Explain why the change is necessary.
   b. Indicate how the change will allow them to meet their needs better.
   c. Determine if they’re setting their sights too low.
   d. Discover if they are holding back due to fear of losing something.
   e. Appeal to their sense of challenge.

2. They believe the change will make it harder for them to meet their needs:
   a. Discover if their facts are accurate and complete.
   b. Determine if their beliefs are based on accurate information.
   c. Provide additional information to correct mistaken or inaccurate beliefs.
   d. Offer a more viable interpretation of the facts.
   e. Suggest ways you could make the change easier for them.
   f. Ask how you can help them implement the change.
   g. Ask for suggestions on how to make the change work better.
   h. Ask for alternatives to the change that might be more effective.

3. They believe the costs outweigh the benefits:
   a. Ask them to discuss the costs.
   b. Determine if the costs are based on accurate information.
   c. Provided additional information to correct inaccurate or mistaken beliefs.
   d. Offer a more viable interpretation of the facts.
   e. Listen to and respond to their issues and concerns.
   f. Point out how the benefits of the change relate to their values.

4. They believe the change is unnecessary to avoid or escape a negative situation:
   a. Provide facts about the current condition of the organization and the competition.
   b. Explain how change will help the organization survive and grow.
   c. Listen to and respond to their issues and concerns.
   d. Ask for their support in making the change work.

5. They believe the change process was handled improperly:
   a. Ask for and listen to concerns.
   b. Apologize for mistakes, or the issue will never go away.
   c. Provided additional information (not excuses) as needed.
   d. Ask for suggestions in order to avoid similar situations in the future.
   e. Be honest about suggestions you can and cannot accept, and indicate why.

6. They believe the change will fail:
   a. Ask for and listen to their concerns.
   b. Discover if their facts are accurate and complete.
   c. Determine if their beliefs are based on accurate information.
   d. Provide additional information to correct mistaken or inaccurate beliefs.
   e. Offer a more viable interpretation of the facts.
   f. Ask for suggestions to make the change successful.
   g. Encourage them to visualize positive outcomes.
   h. Express confidence in their ability to implement the change successfully.

7. They believe the change is inconsistent with their values:
   a. Ask them to describe the inconsistencies they see between the change and their values.
   b. Determine if the values are genuine or bogus.
   c. Explore the inconsistencies to determine if they are perceived or real.
   d. When inconsistencies are real, acknowledge their concerns.
   e. Ask for suggestions on how the problem can be resolved.
   f. When possible, modify the change.
   g. If the change can’t be modified, state this honestly and ask for cooperation.
   h. Work towards building common ground.
Will Latham, CPA, MBA

Mr. Latham is President of Latham Consulting Group, a consulting firm that helps medical group physicians make decisions, resolve conflict, and move forward. For more than twenty-five years Mr. Latham has assisted medical groups in the following areas:

- **Strategy and Planning**: Facilitation of the development of strategic, long-range plans to assist in direction-setting for the organization and improve physician relations.

- **Governance and Organizational Effectiveness**: Design and development of governance structure, physician/administrative team-building, and resolution of physician conflict.

- **Mergers, Alliances and Networks**: Facilitation of group merger planning, negotiation and operational implementation, group practice formation, and evaluation of integration opportunities.

During his 35 year professional career Mr. Latham has held responsible positions with a “big four” international certified public accounting firm and has provided consulting services to a broad range of professional and service-oriented companies. For over twenty-five years Mr. Latham has focused his efforts on serving the healthcare industry, primarily medical groups.

Mr. Latham is a graduate of Lenoir-Rhyne University with a Bachelor of Arts degree in Business with emphasis in Accounting, and of the University of North Carolina at Charlotte with a Master of Business Administration (MBA) Degree. He is an Associate Member of the Medical Group Management Association and has served on the MBA Advisory Committee at the University of North Carolina at Charlotte. Mr. Latham is a frequent speaker at national and regional conferences.