

Towards Organizational Transformation: Overcoming Resistance to Change

We all want others to change: the spouse who habitually forgets to pick up the laundry, the child who leaves her clothes lying all over the floor, the friend who talks incessantly and never asks anything about you. We each have our list. We tell them it's annoying or unacceptable or we need them to start doing something different, but they keep doing it.

This happens in organizations, too. It could be the clinician who can't seem to understand that you really do want elders to make decisions about their care, or the extraordinarily caring worker who does not do her paperwork, or the manager who complains about his direct reports but does not hold them accountable. So why do people keep doing things, over and over again, that are ultimately not in their best interest? Why are people so stuck in their ways?

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We all have some problems with change. Some people like predictability and are resistant to any change; some can manage change only with advanced notice and sufficient explanation; others love change in general, but just not *this* one. It is not just other people who refuse to change. Most of us have something that we feel the need to hold onto, that we just can't change, or at least not *yet*.

So, how do we change when we really need to, and how do we get people in our organizations to change when it is imperative that they do so?

The Traditional Approach

Everyone needs motivation to do things in new and different ways. The most common forms of motivation are external – we need a push from outside of ourselves to make a change. That push can be a small nudge, *"I expect you to do this because it's part of your job now,"* or a bigger push, *"You need to start doing this to remain a valued member of this team,"* or the final shove, *"If you don't do this, you will be on the way out."* This familiar approach can work, but more often than not, compliance that comes with this approach is short-lived. The traditional approach to "motivating" change is to request or require it. However,

this is often ineffective as they—or we—still don't understand or accept the need to change, and some form of resistance will manifest itself down the line.

The PHI Coaching ApproachSM

A number of leading eldercare and disability services organizations are adopting a new approach to change. Through PHI's Center for Coaching Supervision and Leadership, dozens of nursing homes, home care agencies, and continuing care retirement communities have witnessed significant changes in the ability of their staff--from executive leaders to frontline caregivers--to change.

A manager who was viewed as an obstacle to any forward movement has become a champion for the desired change; a Director of Nursing previously wedded to traditional models of care is now on board with culture change because she has found, through coaching, that her team is more effective and they "don't need her every minute"; and a home health aide who had been refusing cases is now accepting the agency's most difficult assignments. Each of these individuals—and countless others—have been profoundly affected by the *PHI coaching approach* to supervision, leadership, communication or problem-solving. While they had all been labeled as "obstacles" to change, they became models of the behavioral changes that were needed by their organizations.

Key to Change: Listening

These are not isolated instances, or magic. They happen throughout organizations that use the PHI Coaching Approach to change the culture of caregiving *and* to create a more relational and respectful workplace culture. Coach leaders, managers and supervisors learn to solve problems by listening to and involving their direct reports or colleagues in the solution. By discovering the "back story" that underlies staff resistance, they are able to address the root of the problem, rather than its symptoms.

As an example, the supervisor of the HHA referred to above felt aggravated when she gave the worker a prized eight-hour case in response to her complaints that she didn't have enough hours – and then the aide refused the case. After learning the PHI Coaching Approach, the supervisor had a coaching conversation with this aide. She discovered that the aide rejected the case because the client wanted her to watch TV with him, rather than provide care. She was proud of her training and wanted to use her skills. The supervisor re-assigned her to shorter, clinically tougher cases, and the outcome has been extremely positive.

People are most likely to change when presented with a genuine *choice*. When people feel that change is forced upon them, they naturally resist. *From their point of view*, their resistance makes sense – and

may seem like the only viable option available to them. Insisting that they change tends to reinforce and strengthen their resistance. Paradoxically, when we stop pushing people to change is when they are mostly likely to make their own shifts. This happens when others— managers or peers—put aside their own agendas and show a sincere interest in the resistant person’s perspective.

The manager alluded to above knew only top-down models of management and experienced the efforts to get him to adopt a more collaborative style as attempts to undermine his authority. With reassurance from his CEO that she wanted him to succeed, the manager became interested in the coaching tools as a more effective way to engage his direct reports. With ongoing coaching support, his skill improved, he became a better manager, and he now leads the interdisciplinary leadership team that is rolling out the PHI Coaching Approach throughout his organization. He made an active choice to change his approach to leadership and management, and both he and his organization have benefited immeasurably.

In all of these situations, when others stopped trying to change them and started listening, the “resistant” individuals decided to move toward the desired change. This decision – or choice – was supported by the coaching skills of their supervisors, managers or peers. These skills include active listening, managing emotional reactions, and communicating clearly without blame or judgment. While some people have natural strength in these interpersonal skills, others can learn them in a classroom setting and hone them through on-the-job practice.

As many as 2,000 leaders, managers, supervisors and frontline staff in over a dozen states are now doing this—enough, perhaps to be the beginnings of a sea-change in improving the quality of jobs and the quality of care provided throughout the eldercare/disability services sector.

CREDITS: This article was written by Sara Joffe, PHI Organizational and Executive Coach and Director of the PHI Center for CCSL, 2010