Improving Skills to Empower Front-Line Nurses
Ideas: Pushing Change from Where You Stand

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Objectives

- Define Change Theory and how to apply to everyday use at work
- Describe Leadership Theory and how to apply it to everyday use at work
- Identify available sources of power to use at work
- Apply skills to manage conflict struggles that accompany change

Nothing ever stays the same …

Small “I” leadership = Change Agent

What is a change agent? Four defining features:

1. A change agent lives in the future, not the present.
2. A change agent is fueled by passion, and inspires passion in others.
3. A change agent has a strong ability to self-motivate.
4. A change agent must communicate their vision.
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Change Tactics*

1. **Have a desire and passion for the specific change** (Think: what bothers you? What excites you?)
2. **Make winning easy by having your surrounding work for you** (e.g., treadmill at home if you are trying to lose weight, a work-out partner, other nurses who are supportive)
3. **Have or find self-efficacy** Remember you are pivotal to the patient’s experiences and outcomes.
4. **Set BIG goals...they’re more inspiring than small ones.** Big goals are a type of vision statement that you and others can stay focused on even during the stress of change.
5. **Chop big goals into small, manageable pieces.** Manageable pieces or steps are another way to describe rapid cycle improvements
6. **Develop patience...It takes time.** Like any skill or habit, it takes time to develop. So be kind to yourself.
7. **Embrace Failure.** The more you can see is as normal and part of creating any change, you will succeed more often.
8. **Reward good behavior...not necessarily the outcome.** The success comes if we do not give up.

*Everyday Leadership by Julie Kliger, MPA, BSN

Top 10 reasons why people resist change

AJ Schuler, PsyD

1. The risk of change is seen as greater than the risk of standing still
2. People feel connected to other people who are identified with the old way
3. People have no role models for the new activity
4. People fear they lack the competence to change
5. People feel overloaded and overwhelmed
6. People have a healthy skepticism and want to be sure new ideas are sound
7. People fear hidden agendas among would-be reformers
8. People feel the proposed change threatens their notions of themselves
9. People anticipate a loss of status or quality of life
10. People genuinely believe that the proposed change is a bad idea
Change is different from transition –
William Bridges

**Change** is situational: new site, new boss, new team roles, new policy.

**Transition** is the psychological process people go through to come to terms with new situations.

*Change is external, transition is internal.*

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**Unless transition occurs, change will not work**

- transition starts with an *ending*
- the neutral zone is the *no-man’s-land* between the old reality and the new
- transitions end with a new *beginning*
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Transitions--William Bridges

Ending State:
Helping people deal with tangible and intangible losses

Neutral Zone:
Critical psychological realignments
Confusion

New Beginning:
Change is working
New identity

You can lead a horse to water ….

Getting through the neutral zone*

- Help people understand why—communicate your vision
- Get people involved and working together—remember the power of relationships
- Create temporary systems—PDSA cycles
- Encourage experimentation—make sure to have fun
- Embrace setbacks as well as successes—keep in mind that failures tell you which way to head
- Give structure and purpose to changes—contextualize in terms of the goal
- Keep talking—focus on the vision and on how much better it will be.

*Everyday Leadership by Julie Kliger
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Change Formula

\[ \Delta = P + V + SS \]

What is the level of pain in the system?
How clear is your vision? How widely is it shared?
What small steps have you identified? Are the roles and responsibilities clear?

Change Happens When...

\[ P \times V \times SS > \text{Perceived Cost of Change} \]

So change happens when the pain of the status quo, vision of a new way and an approach to get there is more convincing or more powerful. I’ll go through each element.

- \( P \) = pain of status quo
- \( V \) = vision of how things could be better
- SS= small steps

Adapted from the Center for Health Professions
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Leadership Happens When….

\[ L = V \times R \times T \]

\[ V = \text{vision of a different world} \]
\[ R = \text{strong relationships } \textit{linked to values} \]
\[ T = \text{teams deploy vision} \]

Adapted from the Center for Health Professions

It’s the relationship that matters

Effective Communication

- Frequent, timely, clear, concise, accurate, positive
- Active listening
- Willingness to consider other ideas and opinions
- Considers gender, culture, education
What is Your Communication Style?

- How would you describe it?
- How would your peers describe it?
- Are you positive and upbeat or negative and whiny?
- Do you complain about problems or do you look for and suggest solutions?
- When unsure (of what others are doing) do you ask or wait to be told?

Use CAN-DO for Positive Conversations™

“C” the situation:
- See all the roles.
- Look at it objectively like a mediator.
- Truth vs. perception: think of the problem as the difference between your stories, both viewpoints are legitimate.
- Intention vs. impact.
- Blame vs. contribution.

Assess:
- What the desires are.
- If there is common ground.
- If you can and want to work toward resolution.
- If you need outside help.

Start by:
- Sharing your purpose.
- Extending an invitation to sort out the situation together, not a demand.

Negotiate:
- Have a Positive Conversation.
- Establish ground rules (e.g., no interrupting).
- Work toward resolution.
- Explore both stories.
- Listen to understand.
- Share your past experiences, intentions, feelings.
- Reframe: truth to perception, blame to contribution, emotion.

“O” Close the LOOP:
- Confirm the agreement and how you will monitor each others compliance.

Decide:
- Come to agreement or jointly walk away.
- Problem solve.
- Options to meet both needs.
- Standards for what should happen.
- How to keep communication open.
## Techniques for Positive Conversations

**Equality**
- Put yourself on an equal footing with the listener by sharing thoughts, feelings, rationale:
  - “This is difficult for me because…”
  - “This is why it’s important to me.”

**Intention and Impact**
- Affirm others’ intention and state impact on you:
  - “Could I summarize what you said to make sure I understand?”
  - “This is what I heard. Is that what you meant?”

**Empathy**
- Empathetic language opens the door to communication:
  - “I can see how this might raise feelings of…”
  - “I can imagine that would make you…”
  - “It’d make me [feeling] if…”

**Indicate willingness**
- Show you are committed to resolution through positive body language
- Make eye contact
- Open physical stance

**Openness**
- Give undivided attention
- Minimize internal negative dialogue

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## Useful reading

- Managing Transitions  (William Bridges)
- Leading Physicians Through Change  (Silversin/Kornacki)
- The Change Masters  (Rosabeth Moss-Kanter)
- The Fifth Discipline  (Peter Senge)
- Seeing Systems  (Barry Oshry)
- Dinosaur Brain  (Bernstein/Rozen)
How We Communicate

• **Listserv Discussion:**
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• Please send questions or comments for the group to discuss to this address.