Institute *for* Healthcare Improvement

Leveraging the Psychology of Change

How leaders can activate people to advance and sustain improved care.

The gap is widening between what we *know* is required to offer patients safe and effective healthcare on a reliable basis and what we actually *do* to create best care. Though adopting the countless evidence-based innovations still takes years, some are never undertaken, while others are a struggle to sustain once implemented. The failure to take advantage of innovations as soon as they become available, or to solidify their integration as routine care, leads to worse patient outcomes and higher costs. It also leads to substandard patient satisfaction and population health outcomes.

Why People Resist Change

There is the fear that change means loss of control, loss of competence, loss of authority and loss of knowing the rhythm of everyone's work habits.

W. Edwards Deming stressed the importance of psychology—the human side of change—in The Deming System of Profound Knowledge, which is a "culmination of Deming's lifelong efforts to define a comprehensive theory of management." He recommended that leaders understand and master psychology for improvement to occur. The Institute for Healthcare Improvement has developed and continues to test a new framework to help leaders better appreciate the psychological truisms that hold people back when major change is needed.

The [Psychology of Change] framework recognizes the importance of identifying the ways in which all people affected by the improvement can meaningfully contribute to the improvement's solution.

IHI Psychology of Change Framework

The IHI Psychology of Change Framework, published in a 2018 white paper, is an approach to advancing and sustaining improvement together with the *people* affected by it. The framework emphasizes the inherent value of each person, regardless of his or her identity or position in an organization. It also recognizes the importance of identifying the ways in which all people affected by the improvement can meaningfully contribute to the improvement's solution. IHI's framework acknowledges that people act according to their unique perspectives, while at the same time adhering to many predictable human behaviors.

At the core of the framework is the concept of activating people's *agency*, defined as the ability of an individual or group to choose to act with purpose. This ability is a function of two key components: 1) *power*, defined as the ability to act with purpose; and 2) *courage*, the emotional resources to choose to act in the face of challenge.

The framework includes five interrelated and mutually reinforcing domains of practice available for engagement in many ways and in any order. It also recommends high-leverage tools healthcare leaders may draw upon to implement these practices:

1. **Unleash intrinsic motivation**: Tapping into sources of intrinsic motivation galvanizes individual and collective commitments to act.

   Improvement leaders should not assume that the reasons they see a change as an improvement will automatically be shared by others. Instead, leaders can ask each member involved in an improvement effort why the change matters to them, so they can articulate why it is, or is not, valuable. The leader's task is not to judge the source of the

motivation but, rather, to enable people to access, repeatedly, their own motivation to adopt and sustain an improvement.

Try this tool: To unleash intrinsic motivation, practice **public narrative**. This tool helps healthcare leaders motivate people to act in the face of uncertainty. It establishes a foundation on which an improvement leader, team or organization can lead on the basis of individual motivating values (*story of self*); can enable collaboration rooted in shared values (*story of us*); and can enable the courage to respond mindfully to an urgent challenge, as opposed to reacting to it (*story of now*).

2. **Co-design people-driven change**: Those most affected by change have the greatest interest in designing it in ways that are meaningful and workable for them.

   Co-design engages key stakeholders in designing the improvement itself (that is, designing *with* instead of *for* these stakeholders). When those most affected by the change, including patients and staff, co-design the improvement, they contribute their expertise and knowledge, resulting in better and more workable change ideas, smoother implementation and higher adoption rates.

   Try these tools: **Put people first**. Shift focus from the problem or solution (the "what") and implementation strategy (the "how") to the people (the "who") experiencing it. **Identify biases**, because everyone designing the change has them. **Map actors** by identifying the values, interests and assets of each stakeholder of an improvement effort to see the system as a set of interrelated people able to combine their assets in new ways to achieve better outcomes.

3. **Co-produce in authentic relationships**: Change becomes co-produced when people inquire, listen, see and mutually commit to one another.

In co-production, those providing and using healthcare services share the power and responsibility to use the human skills and experience they have to help deliver the solution. Real co-production occurs when authentic relationships stand on a foundation of curiosity, intentionality and trust.

Try these tools: Practice **appreciative inquiry** while asking **open and honest questions** and **listening deeply** as others share past successes and positive experiences. Solidify a mutual commitment through the five steps of a **one-to-one meeting**, whereby leaders can recast individual interests as common interests, to which both parties commit their combined assets.

4. **Distribute power**: When power is shared, all people can contribute their unique assets to bring about change.

   Power is generated when people bring to bear their skills, knowledge, experience and capacity to act, individually and collectively, to achieve a common goal. A human-centered approach to improvement relies on many people within a system and across boundaries and levels working together to create the conditions to accomplish a shared purpose, with each person having equal status and playing a necessary, interdependent role.

   Try these tools: Invite improvement teams to define a **shared purpose** and **working agreements** that are mindful of power dynamics. Develop a **distributed leadership structure**, clarifying roles, and sharing responsibility between and across all members of an improvement team.

Leaders can ask each member involved in an improvement effort why the change matters to them, so they can articulate why it is, or is not, valuable.

5. **Adapt in action**: Acting can be a motivational experience for people to learn, play, celebrate and adapt to be effective.

   Action motivates when it elicits feelings of urgency, hope, solidarity or the sense that "you can make a difference." It also helps people overcome inhibitors to action such as apathy, fear, isolation and self-doubt. Action demonstrates people's courage and is an exercise of their power. Improvement leaders can put conditions in place for adapting an action to be motivational.

   Try these tools: Employ **motivational task design** to generate people's intrinsic motivations and to sustain their commitment to improvement. Practice a **fail-forward** mindset, whereby learning from failure is an explicit and intentional goal. **Coach** improvement leaders and teams to improve their effectiveness and overcome challenges in action. **Play together** and **celebrate learning** that leads to the achievement of improvement aims.

Takeaways for Leaders

The goal of the IHI Framework is to support healthcare leaders in activating those affected by improvement based on commitment, not compliance. An "I have to" mindset forfeits choice and generates feelings of powerlessness, whereas an "I choose to" mindset exercises the power and courage inherent in choice.

The effective use of these practices will be visible in two primary indicators of activating people's agency: higher change adoption rates and increased sustainability of those changes over time. Process and balancing measures may also show higher staff satisfaction and discretionary effort, in addition to lower turnover.

IHI invites organizations to help us test these five domains of practice, and to share improvements made and lessons learned. ▲

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Editor's note: For a more detailed description of the IHI Psychology of Change Framework, including concepts and supporting tools, visit ihi.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx.