

An Intellectual Approach to Organizational Change

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“If you knew it all, it would not be creation, but simply dictation.” -Gertrude Stein

At a recent health care conference, I finished my presentation on “Strategic Leadership and Change Management...” by saying something like the following: Change is more likely to be incremental chaos than sequential order; you cannot design a hospital culture, it must grow. One must create an atmosphere and climate where people want to develop, where they can dialogue, blossom, and flourish. Keep remembering that change is a process that is organic and not linear. And yet, health care leaders and managers must lay the intellectual foundations, value anchors, and behavioral guidelines so that change is harmonious and not haphazard or harmful or destructive or superficial. Creative conflict and patterned disequilibrium are the paradoxical anchors for necessary change and quality growth in health care organizations.

Almost immediately upon finishing, a physician came up to me and said, “I understand the need for change, the processes of change management, and the leadership responsibilities to direct or guide change; however, I don’t grasp or see the intellectual stages or sequences that create ‘the change’ or the need for the change.” Just as immediately, I quickly sketched out an intellectual sequence of the developmental stages to organizational change that I shared with my physician colleague. And yet, before I did, I made it clear to him that much of the intellectual sequencing is a combination of and a dialectical tension between the emotional and rational processes related to discovery, innovation, and learning. In effect, emotional intelligence and rational intelligence are equally relevant to the Gestalt of the change process. Additionally, I suggested that much of the germination of organizational change is a philosophical, educational endeavor more than it is training or a structural set of tactics. Therefore, in an effort to make hospital leaders aware of

both (a) the distinctions between education (understanding change) and training (“how to” techniques to implement change), as well as (b) the synergistic intersections between theory (philosophy) and practice (training) in bringing about change, this presentation fleshes out a ten step intellectual sequence to organizational change for health care professionals.

The Ten Step Intellectual Sequence

1. **Incubation:** this is the phase that nurtures the development of a critical concern between “business as usual” and the symptoms of an organizational breakdown; it happens gradually. More specifically, change awareness in a hospital is especially raised by critical incidents with life and death implications and consequences in clinical operations, but the awareness can also arise in management, procedural, standards, and behavioral contexts other than the clinical consequences themselves.
2. **Impulse:** an incitement to action arises from a state of mind or some external stimulus that drives through the gradualness with a sudden force, due to a personal or organizational crisis.
3. **Intuition:** all of a sudden one perceives and/or knows things without the use of conscious reasoning...one grasps almost an immediate understanding of the breakdown and the required solution.
4. **Interpretation:** quickly one moves to explain the meaning of the intuition; to translate it; to make it understandable to one’s self and others in a language and an operational framework that makes sense of the needed change and the actions necessary to be taken to make it concrete.
5. **Insight :** then it leads to the ability to see and understand clearly the inner nature of the change itself – voilà!
6. **Interaction :** dialogue with others makes the change visible, tangible, and reciprocal. The interactive phase permits others to participate in the change process, and at the same time, it allows the change champion(s) to achieve a balance of sensitivity with intensity.

7. **Initiation:** the actions of taking the first steps to bring the change into practice or use become evident, thus making it easier to teach the fundamentals of the change to colleagues and co-workers; this is usually done in the concept of a pilot project approach.
8. **Implementation:** one begins to provide the means (resources, structures, etc.) for carrying out the change in order to give practical effect to the change process; in other words, it becomes an operational reality.
9. **Investigation:** a careful, systematic inquiry (qualitative and quantitative) is undertaken so as to learn the facts (cost benefits, productivity measurements, clinical evaluations, etc.) of whether the change is effective; this also becomes the time when a meaningful blend of margin and mission must become evident to everyone inside and outside the organization.
10. **Internalization:** if successful, the change becomes part of the overall set of attitudes, norms, patterns of thinking, and performance standards leading to its assimilation into the organization's culture.

The Responsibility for Change

All of us in leadership/management roles must take the intellectual responsibility to help our hospitals and other health care facilities adapt, accelerate, innovate, learn, and sometimes even transform themselves. In effect, as Price Pritchett says, "Send your imagination in search of breakthroughs!"

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