

## Exploring the business of urology: Change management

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### Introduction

Change is inevitable. All organizations need to change to maintain relevance and to successfully adapt to varying external forces. Change is a challenge for those involved in it. It is the antithesis of consistency and at its core requires a shift in behaviour that is reflexic and instinctual. The authors of this paper would suggest that given the nature of healthcare, its evolving research, its social value/importance, and its cost, that no other profession is more subject to change than medicine. Change is necessary, inevitable, and difficult.

A solid understanding of change and its management process is a prerequisite for professional survival. Preparation, conviction, purpose, and clarity are the core values of change. Physicians, more than any other profession, have been driven to and exposed to change. Physicians are in a position to distill its process to a level of understanding that would serve as a model for others to follow.

The goals of this paper are to outline the rationale of change, as well as to review change management options and strategies to increase successful change.

### Rationale for change

Why change? When people think of change they first think of uncertainty, the unknown and worry about individual impact and repercussions. Change is an opportunity to grow, an opportunity to evolve and without it stagnation results. Change is dynamic and consistent in the very substance of all things we do; it is inescapable. A significant amount of energy is required to resist a change initiative, and in many instances, more energy is required to resist change than to embrace it.

The start of any change management project begins with establishing the layout of the “blueprint” of the change project. The rationale for change is the “explanation for plan-

ning and implementing a change program” that is specific to a change proposal and program for realignment.<sup>1</sup> In establishing the rationale for change, the answer to the question, “why change?” is clearly defined.

The rationale for change is developed on the core values of leadership, communication, and collaboration. The leader is the “change agent” who first identifies “change advocates” and “change enablers” to identify a leadership team.<sup>2</sup> The leadership team develops a communication strategy that is consistent and thoughtful. The communication plan may consist of presentations, individual meetings, speeches, and programs.<sup>1</sup> Clear and consistent communication is critical to success and leads to strong collaboration. Collaboration needs to involve all groups and individuals involved in the change. Without this collaboration and buy-in, the change plan will be doomed. The leadership team is responsible for establishing all-inclusive collaboration.

### Applicability of change in healthcare/urology

Most of the literature pertaining to change management relates to corporate, for-profit structures. Change management is relevant more than ever to healthcare, specifically socialized healthcare that is not-for-profit. While reading this article, the individual is encouraged to identify practical and personal examples of areas where change management has happened or is currently in progress, thereby making this topic more tangible to the reader. For urologists, adoption of a new electronic medical record system, introduction and implementation of a new technology in the operating room, and the change to a new appointment management system are three common types of changes seen in clinical practice.

Quality improvement is upon us and its impact on change with regard to quality improvement is significant. The change specifics include physician accountability, outcome tracking, and best practice models. Surgical wait time, along with other outcome measures, has resulted in ongoing changes to practice management. Provincial funding formu-

las are in constant change to include various models, such as case-costing formulas and, more recently, the quality-based procedure (QBP) model.

As individual practitioners of urology, change is continuous. Examples would include a shift from physician-centred care to programmatic disease-based models, income-sharing, and differing physician payment models. Care pathways and clinical guidelines now commonly govern the care of patients.

In summary, resistance to the above examples has not stopped the process. Embracing change is critical.

## The change management process

The first stage of any change is to establish and build the rationale for change and its urgency, addressed above. Next, the key stages and principles of implementing a change plan will be outlined. During the change process, several issues or concerns may be raised: participant-centred concerns; organization-centred concerns, concerns centred on the change itself; and concerns about the implementation process. In order to achieve a successful change initiative, these concerns and anxiety-generating issues need to be identified and managed appropriately. This will ensure the participants adhere to and own the change for successful execution of the change initiative. The authors encourage the reader to apply the following principles to any ongoing change endeavours.

### 1. Creating readiness for change

If those involved do not see a need for change, then change is likely to be a non-starter. Creating a readiness for change is one of the earliest and most important steps in a successful change management program. Creating readiness for change has many key requirements that will be outlined in the following paragraphs.

#### *Persuasion is key*

The change leadership and affiliated team must create a sense of urgency.<sup>3</sup> Clear discussions around evolving discrepancies that are enhanced will facilitate reflection by the change participants. Comparison of the existing state to the future state is a reasonable and fair way to create the urgency needs. This is based on persuasion,<sup>4</sup> and Cialdini proposed six keys to persuading and influencing people: authority, likeability, reciprocity, consistency, consensus, and scarcity.<sup>5</sup> It is important to recognize that addressing people by relating to the emotion of hope is more powerful in inducing change behaviour than using facts. Behaviour alteration is at the root of change and leads to the transition process (see later section). Do not rely only on facts. When persuading, rely and lever hope.<sup>6</sup>

#### *The change leader*

The change leader is integral in creating readiness for change and must be credible, with complementary relevant expertise.<sup>3</sup> His/her message must be clear, credible, and be backed by reputable trust. The change leader should not be viewed as “command central,” but rather as the visionary that facilitates the change.

#### *External information*

External information is an important tool to create readiness for change. It includes facts that are non-refutable and, once identified, they must resonate with all participants in the change process.<sup>1</sup> The use of peer group experiences is a common source of external information. If the information presented is negative, it will be more effective in establishing a sense of urgency and therefore readiness.

#### *Activation by encouraging participation*

Activation by encouraging participation will reduce resistance and facilitates readiness. Those who have a role to play will be far less likely to resist change.<sup>1</sup> Personal investment leads to buy-in. The leader should identify early change advocates and provide solid support to their individual efforts.

## 2. Change process and vision

After establishing readiness for change, there is a sequence of other steps that will lead to successful change (Fig. 1).<sup>3</sup> A critical component of successful change is the creation of communication and empowerment of the vision for change. The vision, as an example, may be an increase of the ratio of day surgery to inpatient, or a program that will lead to significant quality improvement. A clear and easily communicable vision is critical to any successful change plan. The vision must be simply and clearly articulated to all participating parties of the change in order to facilitate success. Kotter wrote, “Plans and programs do not replace

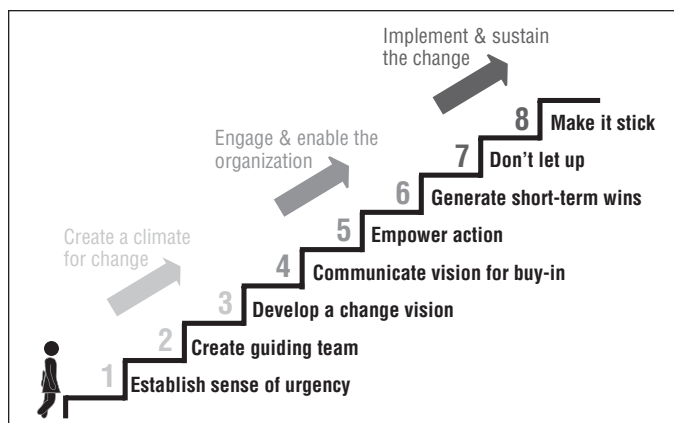


Fig. 1. Kotter's eight steps of change.<sup>3</sup>

vision.”<sup>3</sup> The change process then continues through with the creation of short-term wins, subsequent consolidation, and institutionalization of new approaches.

### 3. Costs of change

The Beckard change model<sup>7</sup> clearly balances the cost of change with the practicality of change by the following formula:  $C = D * F * V > X$ , where C= change, D= dissatisfaction with current status, V= vision, F=practical first steps, X= cost of change.  $D * F * V$  must be greater than X in order to make change reasonable to pursue. Assessing the costs of change is outlined in Table 1 by assessing 11 categories that are classed into low-hanging fruit, usual hurdles, and brick walls. Ideally, your readiness index should be less than 4 to provide a high likelihood of success.

### 4. Difference between transition and change

Both terms are commonly used interchangeably. Change is the plan, the blueprint that is the path one must follow to realize the change that one seeks for improvement.<sup>8</sup> It is

external and is instructional. Transition is the internal process that participants in change must come to grips with on an individual basis in order to facilitate change. It is a change in behaviour, an acceptance of change, and a core value readjustment. Transition is the granular level of change; it is the tool that must be accessed to make change successful. The terms have substantially different meanings; they are inseparable, but lack of distinction of them is a major reason for change failure.

### 5. Leadership and change

The leadership in the change process is an integral component of success. Clarification of leadership and management is an important distinction that allows leaders to maintain the change vision as their guide to success. Leadership is primarily concerned with establishing the vision and facilitating change. Management is about implementing the logistics that the vision dictates.<sup>9</sup> There is a distinction and both leaders and managers can lose productivity without clarification of their individual roles. Both are integral parts of change and one is no less important than the other; clarification of the

**Table 1. Assessing the costs of change<sup>7</sup>**

|   | Low-hanging fruit   | Usual hurdles   | Brick walls   |
|---|---|---|---|
| 1. Nature of the problem or opportunity   | Problem is visible and hurting  | Problem causes concern for some, but not others                                 | Many don't agree there is a problem   |
| 2. Cause of the problem   | Underlying cause(s) can be isolated and fixed                               | Multiple underlying causes; current talk is about symptoms                      | Underlying causes are unknown; it is seen as threatening to surface or discuss causes |
| 3. Benefit and risk   | Clear benefits and very few disadvantages                                   | Clear benefits with some risks  | Considerable risks; benefits uncertain and intangible                                 |
| 4. Support of primary sponsors  | Strong management sponsor; widespread support                               | Support by some stakeholder groups, but not by others                           | The change is supported by only a few people and/or opposed by some                   |
| 5. Support from other stakeholders  | Stakeholders groups are supportive, while the change does not threaten them | Some stakeholders benefit by the status quo, while some are threatened          | Change threatens some groups' reasons for being or they benefit from the status quo   |
| 6. Systemic barriers  | Interlinking systems would not require additional changes                   | Some straightforward changes needed in interlinking systems                     | Would require a number of changes in a number of interlinking systems                 |
| 7. Funding  | Funding available   | Need some additional funding  | Need considerable or unbudgeted funding   |
| 8. Payout (ROI)   | Quick and measurable payout   | Medium-term payout, reasonably measurable                                       | Payoff is not obvious, benefits not measurable  |
| 9. Speed of Implementation  | Can be implemented quickly, with little disruption                          | Implementation within a few weeks to a few months, or can be phased in          | Full implementation would take months to years; or the change is abrupt and serve     |
| 10. Impact on People  | Very little skill or training or restructuring needed                       | Some training and/or restructuring needed                                       | A considerable amount of training and/or restructuring needed                         |
| 11. Within your influence   | You can personally coach or troubleshoot the change                         | You need the leadership of a few others and you can indirectly coach the change | You need the leadership of many managers and others; or change is out of your hands   |
| <b>Add total number of checkmarks:</b>  | <b>A</b>  | <b>B</b>  | <b>C</b>  |
| <b>Your change cost index = (A _____ x 1) + (B _____ x 2) + (C _____ x 3) = _____</b> |   |   |   |

roles within the change team is critical for success. The leader aligns groups, motivates participants, and sets the direction.

## Creating successful change

This article has gone through many of the components of successful change management. The importance of accessing the cost of change, establishing clear vision, and creating change readiness have been outlined. The leader of change must understand his/her role and maintain a focus with persistence.

There remain a few other change theories that deserve recognition, whereby the reader can place them in their change management tool chest.

The Harvard Business review published an article<sup>10</sup> on *what sticks your change plan and vision are rooted in fact and reality* and asked the question, "What makes your theory stick?" The six things that make things stick are captured by the mnemonic SUCCES: simplicity, unexpectedness, concreteness, credibility, emotion, and story (applicability). The person hearing your plan needs to be able to identify with it in a very simple and concrete way. Heath's recommendation is to "reframe your plan in order to make it stick."<sup>11</sup>

A leader must be able to identify unlikely change leaders within a large pool of people. Under your nose, you will find people who have quietly advocated for the change you seek. These individuals often work outside of the central zone in the periphery, but have real substance and something to offer.<sup>12</sup>

Change management will lead to the need to put yourself out there. When doing so, judgement calls are required. Judgement is not scientific. It is critical that you take care of yourself within the endeavour of any change, both physically and emotionally. Be prepared to regroup and regain perspective. Establish a circle of confidantes outside of your leadership group. Do not be reluctant to show controlled emotions and never lose yourself in the role.<sup>13</sup>

## Conclusion

The need for change is indisputable. Change is highly underrated from a complexity perspective. Its application and relevance to the field of medicine is unquestionable.

Urologists are often thrust into leadership roles that require them to manage and lead change initiatives. Urologists keen to improve patient care and innovate in their clinical practice need to understand the different steps required to lead successful change initiatives and appreciate and manage individual and organizational concerns created by initiating a change process.

***"The secret of change is to focus all your energy, not on fighting the old, but on building the new."* (Socrates)**

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