Week 8 Discussion

One pages 429 - 431 of our text, the authors describe six categories of resistance to change.

* Negative Valence of Change
* Fear of the Unknown
* Not-Invented-Here Syndrome
* Breaking Routines
* Incongruent Team Dynamics
* Incongruent Organizational Systems

Select one of these categories that illustrates a situation you have experienced where there was resistance to change.  Describe the specifics of why people were so resistant, what the organization tried to do to overcome the resistances, and what the outcomes were.  Next, describe what you would recommend the organization do differently based on what you have learned this week.

Reference:

* McShane, S.L., & Von Glinow, M.A. (2015). *Organizational Behavior:  Emerging Knowledge, Global Reality* (7th eds.). New York: McGraw-Hill. Chapter 15 - Organizational Change (pp. 424-451)

Discussion Response 1:

By D,W

The change that immediately came to mind for me was resisted by the team demonstrated a negative valence of change. The employees “applied a cost-benefit analysis to determine if the change will make them better or worse off” (McShane & Von Glinow, 2015, p 429). The situation was when I was part of the sales team that handled advertising for florists in the company’s directory and website. The florists use the network to send orders to florists in other areas that they do not deliver to. So for example, if a florist came into a shop in Chicago to send flowers to their family member in Houston, the florist would accept the order, take payment from the shop, go to the paper directory or the website and find a florist in that city to send the order to so that it is delivered and filled. Fairly simple process that has been going on for well over a hundred years. The change was that now as part of this team’s commission schedule, they would be commissioned based on sales but also on improving outbound orders. The commission scheduled changed slightly so that 10% of the commission plan was now set aside for this new “bucket.” The team, especially the veterans” felt that they had no influence on improving orders and would now lose 10% of what they were making on commissions. They didn’t feel that the network receiving more orders assisted them and felt this was just a way for the company to take money from the employees because they made too much the year before. The employees didn’t feel that the company would truly benefit and instead felt that there would be little to no real impact.

The company addressed these issues by delaying the change three months and having the employees try to improve the orders sent. After the research was done and the employees saw that they could make a difference and the company would benefit, they started to buy into the change. Once the change was put into the place, the employees ended up making an average of 5-10% more each month on commissions.

If I were to advise the company or be part of a company that would do this again, I would strongly recommend before rolling this, bring the employees in with the research as well as have them start trying the process before explaining that this could impact their commissions. When an employee believes they could lose money, they react negatively. If the company would have made it an additional commission it could have also had positive impacts by getting their buy in because of the promise of more money.

McShane, S.L., & Von Glinow, M.A. (2015). Organizational behavior:  Emerging

            knowledge, global reality (7th eds.). New York: McGraw-Hill.

Discussion Response 2:

By H,W

   All of us are hesitant to change, whether it’s because they fail to recognize a need for change or lack the confidence to change (McShane & Von Glinow, 2015).  I see this resistance every day in my job as a physician.  It is uncommon that you have a patient who is doing all the right things when it comes to their health. Instead the majority of my day is in advising and caring for people with complex medical conditions that if mismanaged have real consequences.  Since those consequences are not always obvious in the here and now, many patients fail to identify a need to change.  They view change with negative valence, fear, incongruent (family) dynamics and resist breaking routines (McShane & Von Glinow, 2015).  Even when consequences are present, many patients lack the confidence to make measureable change assuming it is now too late to make a difference.

            Ironically, physicians and their staff are just as stubborn to change.  About five years ago, Dreyer had hired LEAN experts to come in and act as consultants to help us create efficiencies in providing care to patients. While these principles worked miracles for Toyota, physicians argued that patients weren’t cars and we weren’t an assembly line.  Basically, there was a bit of incongruence in team dynamics, but the major resistance was due to the “not invented here” syndrome.  I mean, we know our job best, so how is this non-clinical consultant going to help me deliver medical care better than I already do? Well, after some time trials, and pilot programs, along with provider engagement, some changes were made that helped some providers, while other providers elected to continue with their present cadence resistant to breaking their routine.  But from this we learned a few things.  I learned that it takes “x” minutes to see a patient on average and I can choose to organize my schedule in blocks of this increment all day, or I can have a long appointment and short appointment and they will naturally average out over the course of a day or week.  Some providers chose to set their cadence to “x,” and being the fan of change myself (remember I like my control), I chose to stay with my regular schedule of long and short appointments.  I did so, because the fear of uncertainty in what would happen to my day, and frankly my anxiety, if I had one of those days that just should be an automatic re-do was just too great. I cannot predict how sick my patients will be on a given day or if I will need to admit someone to the hospital while taking care of the remainder simultaneously, or, my favorite, whether my patients will be on time or not.  One late patient could ruin a cadence, especially if the cadence is set for the “x” average, and you could just as easily have a mix of patients that normally would require more than the average appointment time.

            Our staff are great, and they have been saddled with being short-staffed for the better part of two years.  Partly due to turnover and partly due to medical absences.  With the current financial burdens in healthcare, our nursing staff will continue to work with one less position due to a hiring freeze and elimination of the vacant spot.  This has placed more burden on our medical assistant staff who are responsible to stock our rooms, room our patients, call back results and refill prescriptions in a given day—this work is simultaneously performed.  As a leader, I know their job is often overwhelming and I also know that they prefer certain aspects over others, but all in all, the total job needs to be done since our patients depend on it and I depend on them to deliver the care to the patient.  Recently I proposed a different structure to their team in attempts to create a self-directed team.  I expected some resistance as I was asking them to break certain routines and I knew historically they had some team dynamics that were not always conducive to organizational norms.  I anticipated they may demonstrate some of the “not invented here syndrome” as well.  So, prior to holding a staff meeting, I took aside two of the team members who have some referent power in the group and asked them what they thought of my idea.  They thought the idea was reasonable and liked the potential in becoming more self-directed and accountable to each other, a point that was frustrating many of the team members.  The two of them brought it to the group that afternoon without my request and change was put in motion—just like that!  While I used open communication and employee involvement with the team members, they went back to the group and employed a learning strategy to help adapt their old routine to be accepting for new role patterns (McShane & Von Glinow, 2015).  The results of this change were immediate to patients and providers; the medical assistant team began to develop change self-efficacy (McShane & Von Glinow, 2015).  Later that same week, I held a staff meeting where for the first time in any meeting I have ever been to, I introduced a strategic vision for the department and asked my team how we can incorporate my vision with their vision.  This was critical for establishing a sense of urgency and direction (McShane & Von Glinow, 2015).  The site and department leaders then employed appreciative inquiry utilizing the Four-D model of discovery, dreaming, designing and delivering (McShane & Von Glinow, 2015).

            While I am happy to report, there have been vast improvements, I know that change will require continued reinforcement and feedback.  This same team in the past has reverted back to incongruent behaviors, and relied on the “not invented here” and the “that’s not my job” tactics previously.  I have full confidence they can become a great self-directed team, and site leadership is enthusiastic to support this transition using this department as a pilot for other departments. Though we are delivering on our objectives much more consistently, I don’t think we are at a true destiny (McShane & Von Glinow, 2015). I think we are still in the dreaming and design phases. In allowing them a great deal of input in the design of their team dynamics, I feel as though their self-esteem is less threatened by the change that needs to occur and I hope that instead their self-worth and self-efficacy are supported furthering their commitment to change.  Focusing on the possibilities instead of the problems will help us to empower each other, leading to an increase in engagement and overall team and departmental effectiveness.

McShane, S. L. & Von Glinow, M. A. (2015). *Organizational Behavior*. (7th ed.). New York, NY:

            McGraw-Hill.