

STALKING THE ELUSIVE PARTNER: LESSONS FROM HEALTHCARE

By Sherene Zolno, M.S., CC, R.O.D. C.

A *New Yorker* cartoon on partnership shows two men sitting at their desks with a rope stretched taut from one's neck to the other's. This perception of partnership was echoed by many participants at a recent workshop: "I wouldn't trust a partner again. Getting burned once was enough." "My partners took me to the cleaners." "Having a partner caused me nothing but problems. I'd rather work alone."

In working with prospective partners, including newly merged organizations, team mates, co-venturers, task force members, and co-owners, I've discovered that for many people, forming a partnership is perceived as a difficult, even disillusioning process. Yet, today, with merger mania and team problem solving taking hold in nearly every industry, the need for effective partnering exists as never before.

This article presents how a team of consultants helped a healthcare organization make a major breakthrough in its ability to partner.

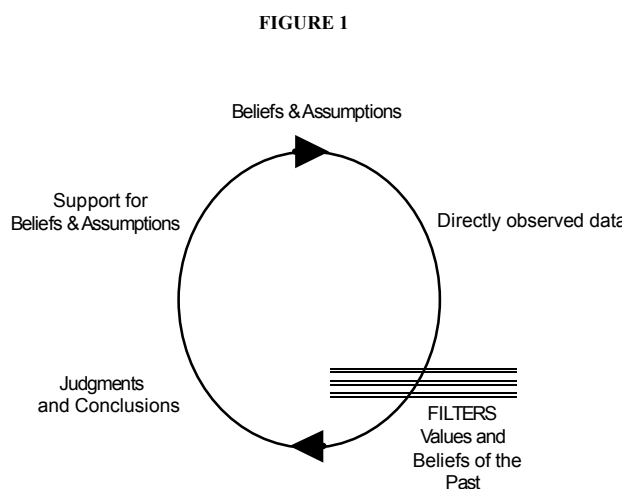
Partnership: a problem with a past

"No matter what we do, they still don't trust us," said a doctor in one of our sessions. Frustrated with his failure to influence his colleagues to support the hospital's change process, he gave us the reason for how others were responding: The Past. "We weren't listened to before," he said, "Why should we expect anything different in the future?"

Wausau Hospital is a regional medical center in Northern Wisconsin that three years ago initiated a system-wide culture change process to envision a new future. Physicians were reluctant to participate, however, pointing out that for five years there had been strong resistance from Wausau's Board of Directors to allowing a physician on the Board. The doctors expressed resentment at being excluded and, as a result, distrusted the Board's and the administration's intentions in the current change process.

These physicians fell into an all too familiar trap, namely, to look to the past to figure out what

the future is likely to be. When this happens, we can get frozen in what we've



learned in the past with our interpretations of actions and conversations becoming a self-fulfilling loop that prevents change from occurring. In a way, our past *becomes* our future.

The model in Figure 1 demonstrates how this occurs. People begin with a set of values and beliefs based on what they've experienced or learned in the past. Data observed in the present filters directly through those beliefs and values. Judgments are made and conclusions drawn without anything challenging the old ways of thinking, leading to interpretations that *support* existing beliefs and assumptions. This creates a circle that locks-in the past.

Unfortunately a future that is expected to be just a repeat of the past is one where new relationships, new ways of acting, and new organizational partnering possibilities have difficulty emerging.

Requisites for generating new beliefs

Don Sibery, CEO of Wausau Hospital, realized that generating an effective, workable partnership between the Board, administration and the physicians would require an aligning of vision, commitment and core values. However, we advised him that addressing this "softer" side of partnering could not be accomplished without a process for shifting the relationships that drove the past. We recommended a process that would break the cycle that affirmed old beliefs.

We have found that two factors are required to break the self-confirming cycle: **predicament** and **surprise**. As shown in Figure 2, a new set of beliefs and

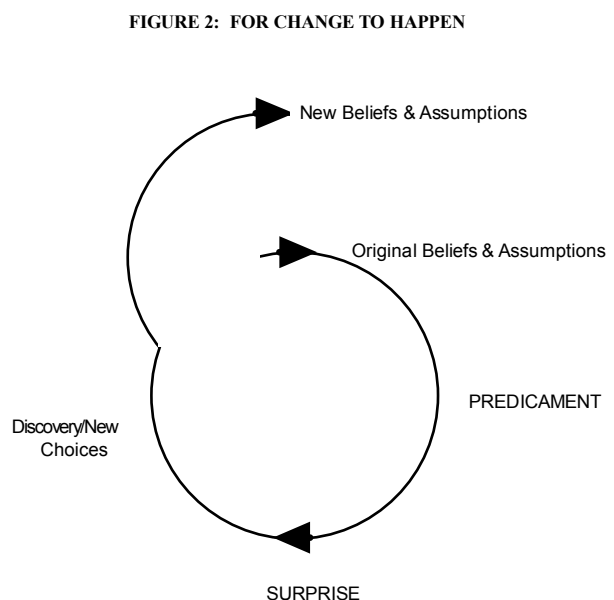
values can be generated by the new perceptions that result from these factors.

A "predicament" is a situation in which a person or group realize they are basically stuck. The predicament forces them to realize that their old values and approaches no longer will help them to reach their goals. In fact, the old views get in the way. As a consultant I assist clients in breaking with the past by first bringing their predicaments into focus. Their predicaments may include such events as a significant drop in patient census, a freefall in financial results, vociferous negative reactions to a management style that in the past used to work just fine but now is ineffective, or a vote of no confidence from the Board -- and other equally catastrophic events that force an organization to reevaluate its present assumptions.

"Surprise" is the discovery of new choices. Applied to partnering, surprise usually means generating a different predisposition toward each other, tuning away from blame, and tuning toward shared concerns and opportunities.

Moving at hull speed

Wausau's CEO used a powerful metaphor



to make visible the hospital's predicament -- the organization, he stated, was moving at "hull speed." Hull speed is the maximum speed at which a boat can travel, given its particular design and dimensions. Sibery pointed out that although Wausau's structure and business approach had earned national awards up until then -- these strategies weren't going to be good enough to keep the hospital's leadership position in business much longer, given the speed of the competition and the changing healthcare market. Opportunities for regional cost-sharing projects were missed, hospital reorganization was immanent and feared, and physician groups were engaging in business practices that seemed antithetical to hospital and community interests. As he indicated, the predicament was that the "boat" (Wausau Hospital) needed to be completely redesigned.

We approached the hospital's predicament by implementing a process for breaking with the past. We called it "completing the past". This process involved recognizing and taking responsibility for what happened in the past, with an attitude of acceptance without judgment. We gathered data on what had actually occurred in the organization's past, and on the *context* in which it occurred. We then asked participants to take "ownership" of the past rather than judging it or judging one another. We asked them to say, "Yes, this is what I/we did; and, these were the consequences."

Putting the past in the past.

Focusing on the context (vs. the content) of the past situation seems to be the critical factor in enabling completion to occur and allowing people to leave the past behind.

Certain contexts call out particular behaviors that might not have occurred had the environment been different. For example, managers might act differently in an organizational culture of control as contrasted with one of empowerment.

Having worked with standard action research data gathering processes for a number of years, we realized that the action research process itself often leads to increased dissension and defensiveness -- the very problems we were asked to help eliminate! We revised the approach to data gathering in two ways in order to support the achievement of data ownership: First, we set the stage for an understanding of "context." We demonstrated how context can drive behaviors, using as one example how people often act differently at home than at work. Second, we rewrote our data feedback presentation from a non-judgmental perspective. This rewrite described the current situation as an opportunity rather than a problem by focusing attention on the unstated commitments that were the basis of the complaints we had heard. For example, a group of employees in a focus group complained that their manager didn't have things organized and didn't give them feedback. In restating this as a key theme during data feedback, we talked about the (unstated) desire for more structure and feedback rather than the complaint about what was missing. The following statements illustrate the difference between judgmental and non-judgmental phrasings:

Statement 1 (judgmental): "Employees believe that managers don't have work processes under control. They don't get the feedback they need to do the job right."

Statement 2 (non-judgmental):

“Employees are committed to working with managers to achieve improved work controls. They are open to learning more about how to improve their work and the work of the department.”

A third alternative is to use an “appreciative” approach in data gathering, one that focuses on what works rather than on what doesn’t. This approach is based on the processes developed by David Cooperrider of Case Western Reserve University.

In Wausau’s *Breakthrough to Shared Leadership* culture change process, physicians, hospital managers and Board members, in separate groups, utilized a process to identify the requirements (“have to’s”) of their present organizational context. For example: “You must maintain productivity. You have to say, “yes” to a physician. You shall do no harm.” Each group was able to identify the link between these cultural requirements and how people behaved towards one another. In this way, they became aware of how the context (i.e., the healthcare delivery system around them) drove the actions of the past (theirs and others’) that had led to the present climate of distrust. Recognizing that there was no person to blame, only the context, each group was able to let go of these partnering constraints from the past.

Surprise: new partnership emerges

After working separately, the groups were re-assembled. They were surprised to learn how each group had their own cultural constraints, all derived from the context. Many ah-ha’s occurred. Administrators began to understand the burden physicians feel of having to be perfect (i.e., they aren’t allowed to be

human and make mistakes). Physicians learned how constrained and careful Board members felt they had to be because of their fiduciary responsibility.

These discussions of what it was like to operate within the Wausau Hospital context resulted in increased understanding and empathy across the groups, ultimately leading to a willingness to envision the future together. Now, more than three years into the process, all participating groups claim there is a growing partnership in addressing the needs of all members of the healthcare community. This new sense of shared commitment has led to unprecedented acts of personal courage and risk taking. Don Sibery recently reported, “ More and more, the doctors are understanding that when I say that I am really interested in making sure that they are successful in their practices they can believe me. They have seen me take stands on their behalf in conversations with outside businesses, so they can see that I’m looking at the needs of the broader healthcare team and not just the needs of the hospital itself.” As he stated in a memo to the Board, “The redesign of our healthcare delivery system cannot be done to the physicians; nor can it be done to other regional partners. The power/control paradigm does not work anymore. *Partnership* is now a business imperative.” As a result of renewed partnership, Wausau Hospital was last year listed in the top 100 hospitals in the country.

Being the future now

For new partners, the continuing challenge is to bridge the past to the future. Completing the past and creating an opening for understanding and rapport reveals new possibilities for the future. In

our work with prospective healthcare partners and with organizations sifting their way through the rubble of forced mergers and acquisitions, we have found that once the barrier of reliving the past is removed and new openings towards one another are created, people are surprisingly capable of moving forward together.

In the intervention model I have described in this article, where predicament is identified and where a non-judgmental process of completing the past is implemented, people can leave the past, instead of having to defend past actions, and commit to creating a new, more nurturing context that will enable them as partners to bring about an agreed upon future.

The words of Charles Dubois sum up our experience at Wausau: "The important thing is this. To be able at any moment to sacrifice what we are for what we could become."

John Huey, "The New Post-Heroic Leadership", *Fortune*, February 21, 1994.

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