

Servant Leadership Focus is a monthly newsletter to promote and stimulate servant leadership ideas and tools into the Viox culture.



TRANSFORMATIONAL STORIES

Mike Stabile

Significantly changing the behavior of a single person can be exceptionally difficult work. Changing 101 or 10,001 people can be a Herculean task. Yet organizations that are leaping into the future succeed at doing just that. Experts have and are looking at patterns that bring about “successful” change. **What they have found, regardless of the stage in the overall process, is that traditional or even “common” held assumptions about change are fundamentally wrong.**

It is **not about facts**, formal data gathering, analysis, report writing or presentations. Those actions are typically aimed at changing thinking in order to change behavior. Instead, what the researchers are finding is *that showing people the problems and allowing them to be part of community that works to solve them* actually reduces the feelings and emotions that slow down and stifle needed

changes. In turn, they enhance the internal feelings that motivate useful action and provide the energy that people need to push along through the change process.

Empowering and equipping people to take ownership of the change and showing them how to solve problems with the context of team and relationship allows them to build the confidence to change as they **repeat** the behaviors that will allow them to be part of the process. In addition, this empowerment and equipment gives others the opportunity to **reframe** their thinking toward change, difficulty, problems, etc.

The articles in this issue and in coming issues focusing on change will highlight and challenge your commonly held assumptions about change, the work that you do, and how you deal with change personally.

ISSUE HIGHLIGHTS:

- ❖ **Change & Transition**
by James Rowell & Richard Pierce
- ❖ **Change or Die**
by Alan Deustchman
- ❖ **The Heart of Change**
by John Kotter
- ❖ **Topic:**
Change and the Change Process

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CHANGE OR DIE?

ALAN DEUSTCHMAN

Change or Die.

What if you were given the choice? For real. What if it weren't just the hyperbolic rhetoric that conflates corporate performance with life or death? Not the overblown exhortations of a rabid boss, or a maniacal coach, or a slick motivational speaker, or a self-dramatizing chief executive officer or political leader. We're talking actual life and death now. Your own life and death. What if a well-informed, trusted authority figure said you had to make difficult and enduring changes in the way you think, feel, and act? If you didn't, your time would end soon—a lot sooner than it had to. Could you change when change really mattered? When it mattered most?

Yes, you say?

Try again.

Yes?

You're probably deluding yourself.

They say that you wouldn't change.

Don't believe it? You want odds? **Here are the odds that the experts are laying down, their scientifically studied odds: nine to one.** How do you like those odds?

This revelation unnerved me when I heard it in November 2004 at a private conference at Rockefeller University, an elite medical research center in New York City. The event was hosted by the top executives at IBM, who invited the most brilliant thinkers they knew from around the world to come together for a day and propose solutions to some of the world's biggest problems. The first topic was the crisis in health care an industry that consumes an astonishing \$2.1 trillion a year in the United States alone—more than one seventh of the entire economy. Despite all that spending, we're not feeling healthier, and we aren't making enough progress toward preventing the illnesses that kill us, such as heart disease, stroke, and cancer.

A dream team of experts took the stage, and you might have expected them to proclaim that breathtaking advances

in science and technology—mapping the human genome and all that—held the long awaited answers.

That's not what they said.

Speaking to the small group of insiders, they were unsparingly candid. They said that the cause of the health care crisis hadn't changed for decades, and the medical establishment still couldn't figure it out.

Then the reality shocking news was presented by Dr. Edward Miller, dean of the medical school and chief executive officer of the hospital at John Hopkins University. He talked about patients whose arteries are so clogged that any kind of exertion is terribly painful for them. It hurts too much to make love. So surgeons have to implant pieces of plastic to prop pen their arteries, or remove veins from their legs to stitch near the heart so the blood can bypass the blocked passages. The procedures are traumatic and expensive—they cost more than \$100,000. More than one and a half million people every year in the United States undergo coronary bypass graft or angioplasty surgery at a total price of about \$60 billion. Although these surgeries are astonishing feats, they are no more than temporary fixes. The operations relieve the patient's pain, at least for a while, but only rarely—fewer than 3 percent of the cases—prevent the heart attacks they're heading toward or prolong their lives. The bypass grafts often clog up within a few years, the angioplasties, in only a few months.

Knowing the grim statistics, doctors tell their patients: If you want to keep the pain from coming back, and if you don't want to have to repeat the surgery, and if you want to stop the course of heart disease before it kills you, then you have to switch to a healthier lifestyle. You have to stop smoking, stop drinking, stop overeating, start exercising, and relieve stress.

But very few do.

“If you look at people after coronary-artery bypass

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**CREATING
URGENCY**
JOHN KOTTER

“By far the biggest mistake people make when trying to change organizations is to plunge ahead without establishing a high enough sense of urgency in fellow managers and employees. The error is fatal because transformation always fail to achieve their objectives when complacency levels are high.”

**A CULTURE OF
DEVELOPMENT**
HENRIK IBSEN

“A community is like a ship, everyone ought to be prepared to take the helm.”

Coaching reminders:

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CONTINUE CHANGE OR DIE?

grafting two years later, ninety percent of them have not changed their lifestyle. Miller said, “And that’s been studied over and over and over again. And so we’re missing some link in there. Even though they know they should change their lifestyle, for whatever reason they can’t.”

We like to think that the facts can convince people to change. We like to think that people are essentially “rational”—that is, they’ll act in their self-interest if they have accurate information. *We believe that “knowledge is power” and that “the truth will set you free.”* **But nine out of ten heart patients didn’t change when their doctors informed them about what they had to do to prolong their lives.**

After we try “rationally” informing and educating people, *we resort to scare tactics.* We like to think that change is motivated by **fear** and that the *strongest force for change is crisis, which creates the greatest fear.* There are few crises as threatening as heart disease, and no fear as intense as the fear of death, but even those don’t motivate heart patients to change.

Finally, we often believe that people can’t change or that they “resist” change. We think that this is simply

CHANGE AND TRANSITION

Organizations and businesses today see change and transition as one in the same. We believe they are very different. According to William Bridges (*Managing Transitions*, 2003), **“It isn’t the changes that do you in, it’s the transitions.”** So what is the difference between change and transition? First, we believe it is important to understand that change and transition are absolutely connected and inseparable.

Bill has been with the company for 15 years. He has been a faithful and loyal employee. Bill’s supervisor, Karen, has always given him very positive end-of-the-year reviews. Bill is a model employee.

On Monday morning Karen announced to her staff that the technology department was going to replace their computers. Karen said they were going to do this the next morning, so they needed to back up any files they did not want to lose. Everyone went back to work, except Bill. He just sat there looking stunned. Later that day Karen noticed that Bill wasn’t looking very good. She asked if everything was alright and Bill hesitantly said yes.

The next day came and the technology staff came through and replaced their computers. This process only took an hour or two for each computer. They were very well trained and very efficient at their jobs.

When Bill saw his new computer he was in a complete panic. He could do nothing except just stare at the new monitor. Nothing looked the same. He tried to find his documents but they were nowhere to be found. A couple of days later Karen noticed that Bill was still not looking well. She asked if everything was alright.

Once again, Bill mustered the strength to say yes. Karen wasn’t so sure this time, so she sat down with Bill. Karen said she noticed that his worked had dropped off over the last few days and he just didn’t seem himself. Finally, Bill broke down and said that he was totally lost with his new computer. He was angry and frustrated that his computer was replaced without even being asked. Bill said that he had just gotten used to his old computer and now he has a new one and can’t find anything.

Can anyone relate to Bill? Oh sure, it may not be as simple as a new computer, but have you had change

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human nature. Our most distinguished experts—the MDs and PhDs and MBAs who run the health care systems, criminal justice systems, and the largest business organizations—think that it’s naïve and hopeless to expect the vast majority of people to change. They know that patients don’t listen to their doctors. In fact, even when patients with severe heart disease are prescribed “statin” drugs, which dramatically lower cholesterol counts and reduce the risk of cardiac arrest, **they typically stop following their doctors’ orders and give up taking the medication within a year**—and all that’s involved is popping a little pill once or twice a day.

My mission is to replace those three misconceptions about change—**our trust in facts, fear, and force (the three Fs)**—what I call the three keys to change (**the three Rs**) **relate, repeat, and reframe.** (*We will examine these in more detail in next month’s newsletter.*)

But my main topic is how to change when change isn’t coming naturally: when the difficulties stubbornly persist. When you’re stuck. When you’ve tried again and again to overcome problems and all your efforts have failed and the situation appears hopeless or you seem to be powerless.

JAMES ROWELL & RICHARD PIERCE

occur without any regard for you? You see, the change (new computer) only took a couple of hours to implement. This is where most organizations and businesses stop. The change has been implemented successfully because they see the new computers on everyone’s desk. However, transition has been ignored. “Change implies making ... an essential difference, often amounting to a loss of original identity” (Webster’s Dictionary). If you notice, in this definition of change, the concept of loss is introduced. When change occurs, loss also occurs. Unless we allow opportunity for people to deal with the losses associated with change (transition), the change never really is implemented effectively. In other words, “change” is the **what** and “transition” is the **how**.

Bill’s computer was replaced within a couple of hours (what), but no one ever considered Bill’s emotional ability to manage this change (how). Some of Karen’s staff were thrilled to receive a new computer and couldn’t wait for it to arrive. Bill, on the other hand, struggled with technology and he had just gotten used to his old computer. The idea of a new one was very scary for him. No one gave Bill the time to deal with the loss of not only his old computer, but more importantly, no one gave Bill time to deal with the fear that came with his new one.

Whenever change occurs, transition goes with it. In order to be effective, we need to involve the people affected by the change in the change process. We need to allow a process to occur which deals with people’s emotions. There needs to be intentional efforts made to allow people to experience their losses and deal with their emotions. However, people are unique. We don’t all adjust emotionally at the same pace or in the same direction. You will always find individuals who accept and embrace change easily and quickly. You will also always find people who need more time and support to work through the change process. Do not assume these people don’t care or are unwilling to get on board with the change. *Take the time to involve them, to engage them and support them through their feelings. You will find that some of your greatest advocates of the change you desire will be those who struggled with it the most in the beginning.*