

Narrative Experience, Brandeis Leadership Program in Health Policy and Management, June 2013

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Overall: The program was very helpful in clarifying executive leadership roles and skills, including negotiation, balance sheet/budget issues, and health care financing. I would have also liked to see the program include a day on policy creation, including identification of stakeholders, strategies, and policy writing options. Below are some pearls that I took from the various lectures and exercises.

Assumption: individuals are the source of creativity and new ideas
BUT the problem with having a leader with the ideas is that people are seldom able to evaluate their own ideas objectively. Leaders should not be emotionally involved in content, but instead, process.

Groups with "collective intelligence" are better at problem-solving, brainstorming, AND had better moral reasoning: "c-factor"; not a/w cohesion, motivation, satisfaction. Having a leader or a few dominant individuals is not a/w "c" but body language sensitivity, more women in the group IS.

Relational processes, 4 skills

1. real listening
2. supporting efforts
3. disagreeing in a way that is considerate
4. participating equally in groups

Leaders give people permission to make mistakes and challenge assumptions but make sure people stay on Path A (facts & assumptions, alternatives, reality models) vs Path B (covert activation of biases)

Tools: ask/listen, tell/persuade

Signs of poor leadership

- inability to challenge experts
- intolerance of criticism
- unwillingness to report bad news

Bottlenecks: if you try to utilize capacity greater than 80%, bottlenecks are created and waiting increases exponentially because of variability in the system

Leader of any group is the instrument of fair process: engagement (relevant people/ideas), exploration (risks/consequences), explanation (rationale), expectation (goals/responsibilities), evaluation (analysis)

Four ideas in leading change:

1. diffusion theory: takes time for things to change; there's a social system with particular media of communication for the diffusion of any idea or innovation; cumulative adoption is on a sigmoidal curve (but managers typically expect linear change)
2. attitudinal segments: people have different attitudes toward change (i.e. early adopters, resisters). On important issues, change is fueled by

reasoning and reinforcement from others. Stages: awareness, interest, evaluation, adoption

3. the law of the few: from catastrophe theory; there are a few things in the system, that if you change them, even if they're small, large consequences occur

4. social network theory: using social networks like Twitter and Facebook

When you start a dialogue where other peoples' positions seem immoral/illogical/unethical, there is little room for negotiation. You have to accept that other people get to decide what they want, irrespective of your opinion about their goals. People's interests are typically not factual but preferential. Interests are what you want to get, issues are what you're asking for. Example: utilization rates versus income for the hospital. You want this, fine, we'll do it in this way you didn't ask for but we won't use the method you proposed.

"Patient interests" is the equivalent of "academic rigor", it is the nuclear warhead of the argument, reducing the dispute to matters of principle. That means people cannot compromise, ensures lack of progress because no one can back down. Worsens future conflicts. This is exactly why Congress is completely paralyzed now, because each side "cannot compromise" due to "matters of principle". Therefore, don't even bring that up, don't ask about principles, ask about issues and means to an end.

Negotiations are not the only way to resolve conflicts. Force; very popular in human history. Litigation/arbitration (someone else is responsible for the outcome, different from negotiations). Car purchase example: if you say to a dealer, "I will pay 30k for this car", they say yes, you are devastated because you are sure that you could have gotten it for less and that is YOUR fault. Hierarchy. Voting (losers accept the outcome because maintaining the process is better in the long run than the alternative outcome).

Negotiation requires exchange, particularly of information and goals. Knowing best and worst case scenarios with and without agreement are essential. Stay focused on YOUR goals, the other side already knows their goals. Understanding their side can be helpful to frame arguments, but has a large error term; the best way to know is to get them to tell you.

Principled negotiation: honesty (though you are not obligated or advised to tell everybody everything), no bullying, don't take advantage of temporary situations, don't belittle. Don't make the negotiation about yourself, it is about the goal. This is manipulation. You have to accept that the other person has a legitimate right to their interests. It's important to be

principled because you are very likely to interact with these folks again (i.e. spouses) and working relationships must be durable. Preserving that relationship is more important than the outcome of this particular issue. Can't afford to be perceived as untrustworthy or unprincipled. Valueless promises are useless; must be trustworthy. But you don't have the luxury of negotiating only with the completely trustworthy. In situations of low trust, "confidence building", small scale deals that increase incrementally.