

Linking Direction and Motivation to Engender Staff Buy-In

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A Formula for Achieving Staff Buy-In to Implement Change

Switch: How to Change Things When Change is Hard

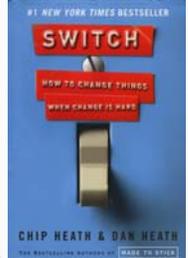
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The Rational Mind and the Emotional Mind

- Philosophers and psychologists have long recognized that our minds are ruled by two different systems—the **rational mind** and the **emotional mind**—that compete for control.
- Jonathan Haidt, author of *The Happiness Hypothesis*, has proposed the metaphor of the rational mind as a **Rider** perched atop an **Elephant**, which represents the emotional mind.
- The small Rider's attempt to control the enormous Elephant characterizes the ongoing dual between the rational and the emotional mind.



Heath C & Heath D. *Switch*. New York: Broadway Books, 2010.

Strengths and Weaknesses of the Rational Mind

- **Strengths of the Rational Mind:**
Ability to think long-term, plan, direct, analyze, and deliberate
- **Weaknesses of the Rational Mind:**
Tendency to over-analyze and over-think, spin wheels, become indecisive



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Strengths and Weaknesses of the Emotional Mind

- **Strengths of the Emotional Mind:**

Instinctive, protective, passionate, energetic, loyal, hopeful



- **Weaknesses of the Emotional Mind:**

Lazy, skittish, often seeks the quick pay-off over the long-term reward, which makes it difficult for the Rider to keep the Elephant on the path long enough to reach the destination

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A Primary Obstacle to Change

- In considering the Baby-Friendly Hospital journey, our Rider (rational mind) recognizes the benefits of offering the highest-standards in breastfeeding maternity practices, while our Elephant (emotional mind) enjoys the comforting familiarity of the status quo and needs to be inspired to change.
- Any time the mammoth Elephant and the diminutive Rider disagree, the Rider will lose.
- When change efforts fail, it's usually the Elephant's fault.



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Linking Direction and Motivation

- Obtaining staff buy-in to achieve the Baby-Friendly Designation requires that we appeal to both the Rider and the Elephant in our team members' minds!
- The analytical, deliberating Rider provides the planning and direction required to make a change, while the passion of the emotional Elephant provides the energy and drive to move the initiative forward and get things done.
- When Elephants and Riders move together, change comes easily!



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A 3-Part Framework for Making Change

- **Direct the Rider**—Provide evidence and a crystal-clear destination.
- **Motivate the Elephant**—Engage staff's emotional side. What do you want your staff to feel? Energized, hopeful, proud, creative, competitive
- **Shape the Path**—What looks like a people problem is often a situational problem. When you shape the path, you make change more likely no matter what is happening with the Rider and the Elephant.



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Direct the Rider

- **Point to the Destination**—Change is easier when you know where you are going.
- **Script the Critical Moves**—Focus on specific behaviors, rather than the big picture.
- **Follow the Bright Spots**—Identify what is working and build on successes.

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Direct the Rider

- **Point to the Destination**—Change is easier when you know where you are going.
 - *Baby-Friendly Designation!*
 - Why breastfeeding is important
 - Evidence that supportive maternity practices improve outcomes
 - *The Ten Steps to Successful Breastfeeding*
 - *Sample Model Policies*
 - >600 hospitals are on the path
 - ↓ non-compensated newborn re-admissions (preventable feeding problems and jaundice)

BFHI Ten Steps to Successful Breastfeeding

1. Have a **written breastfeeding policy** that is routinely communicated to all health care staff.
2. **Train all health care staff** in the skills necessary to implement this policy.
3. **Inform all pregnant women** about the benefits and management of breastfeeding.
4. **Help mothers initiate breastfeeding** within one hour of birth. Place babies in immediate skin-to-skin contact with their mothers after birth.
5. **Show mothers how to breastfeed**, and how to maintain lactation even if they are separated from their infants.

BFHI Ten Steps to Successful Breastfeeding

6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Direct the Rider

- Script the Critical Moves—Focus on specific behaviors, rather than the big picture.

➤ Follow the 4-D Pathway

➤ Key supportive practices:

Immediate skin-to-skin

Exclusive breastfeeding

Continuous rooming-in

No pacifier in the hospital

➤ Recruit Step Champions to address each step



Direct the Rider

- Follow the Bright Spots—Identify what's working & build on successes.
- Identify specific clientele, staff, or clinicians who represent “Bright Spot” success stories.
- Celebrate the implementation of the Can Do 5!
- Recall increased exclusive breastfeeding when visitors were restricted during the 2009 H1N1 epidemic.
- Offer evidence that early skin-to-skin (STS) is linked with increased exclusive breastfeeding.
- Note decreased O₂ requirement and hypoglycemia workups associated with routine early STS.



Motivate the Elephant

- Find the Feeling—Knowledge is not enough. Staff need to feel something to be inspired to change. Contrary to popular belief, the usual change sequence is not: ANALYZE-THINK-CHANGE
Rather, it is: “SEE-FEEL-CHANGE”
- Grow Your People--Cultivate a sense of identity and instill a growth mindset.
- Shrink the Change--Break down the change so that it no longer spooks the Elephant.



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Motivate the Elephant

- **Find the Feeling**—Remember the usual change sequence: “SEE-FEEL-CHANGE”
- Consider what you want your staff to feel in order to generate “buy-in.”
Energized, Hopeful, Proud, Creative versus Criticized, Powerless, Coerced, Inadequate
- Negative feelings tend to narrow the focus of our actions (“jump or stay”), while positive emotions broaden and build our repertoire of thoughts and actions, promoting creativity, flexibility, ingenuity.

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Motivate the Elephant

- **Find the Feeling**—Remember, staff need to feel something before they will be motivated to change.
- Baby-Friendly benefits formula feeding moms too
- Share inspiring stories and case examples.
 - Skin-to-skin**: infant self-attachment and improved breastfeeding outcomes
 - Prenatal education** and decreased requests for formula supplementation
- Get in touch with why Mother/Baby staff choose to make “low risk care” their “high priority.”
- Respect staff members’ clinical judgment.



Motivate the Elephant

- **Grow Your People**--Cultivate a sense of identity and instill a growth mindset.
 - Review your hospital mission statement.
 - Write an inspiring vision for the Family Birth Place that creates a positive identity:
“I aspire to be the kind of person who would make this change.”
 - Transform the limiting belief, “We can’t do that here,” to “If others are doing this, we can do it too and stay ahead of the curve.”



Motivate the Elephant

- **Shrink the Change**--Break down the change so that it no longer spooks the Elephant.
 - We are a “Can Do 5! Hospital” and are already well on the path to Baby-Friendly.
 - Borrow shamelessly, share seamlessly.
 - Almost 90% of CO mothers begin breastfeeding, so formula costs will be low.
 - If major “milestones” are too daunting, regularly celebrate “inch pebbles.”
 - Cumulative small victories generate significant positive momentum.



Shape the Path

- **Tweak the Environment**—Restructure the environment to facilitate the desired change.
- **Build Habits**—Use “action triggers” to promote habitual behavior that doesn’t “tax” the Rider.
- **Rally the Herd**—Human behavior is contagious.

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Shape the Path

- **Tweak the Environment**—A perceived people issue is often a situation problem.
- **Fundamental Attribution Error** (attributing behavior to one’s character vs the situation)
- **Provide mobile infant scales** to facilitate weighing infants in the mother’s room.
- **Put pacifiers in the hospital’s Pyxis System to ↓ use.**
- **Eliminate the Well Baby Nursery to promote RI.**
- **Have all staff complete the same online training.**
- **Obtain prenatal consent for donor human milk.**



Shape the Path

- **Build Habits**—Use “action triggers” to promote habitual behavior that doesn’t “tax” the Rider.
- **Golden Hour: Record length of early skin-to-skin.**
- **Play a Lullaby and use a scripted message to announce daily “Cuddle Time.”**
- **Measure exclusive breastmilk feeding for the J.C. Perinatal Care Core Measure.**
- **Document reasons for formula supplementation.**
- **Reinforce each step toward the desired behavior.**



Shape the Path

- **Rally the Herd**—Recognize that human behavior is contagious, and that everyone wants to be part of something greater than themselves.
- **Regular meetings** to review what’s working
- **Feedback from patient satisfaction surveys**
- **Staff affirmations: Weekly “Golden Breast Award”**
- **Educational/motivational displays** on Mother/Baby unit, in nurses’ locker room, and break room
- **Participation in the CO Baby-Friendly Hospital Collaborative and a national movement**

