

# Aims

- To consider the attitudes and behaviours that can give rise to concerns
- To evaluate which are most or least amenable to change
- To identify skills and strategies to effect change in attitudes and behaviour



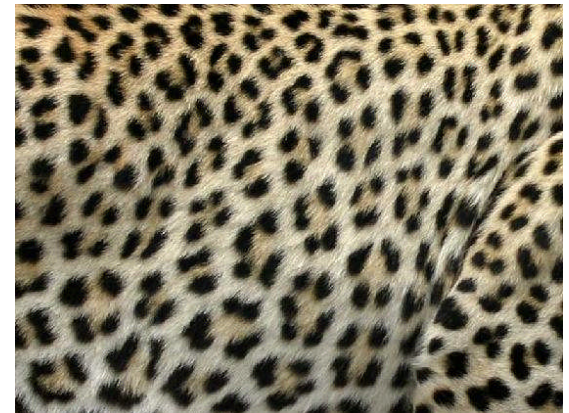
# What we are working with (or against!)

- Attitudes: a cluster of feelings, beliefs, and tendencies to act in certain ways
- Personality: stable traits, impulses, dispositions that recur over time
- Motives: what drives us
- Values: what matters to us
- Behaviour: what we do and how we do it



# Which of these can be changed?

- Personality is almost impossible to change
- Attitude change can follow from behaviour change
- Behaviour *is* amenable to change - but only when certain pre-conditions exist
- These pre-conditions exist in the individual, the team and the organisation
- But: - few validated research studies making direct links between these factors and successful return to practice in this context



# Dissonance

- Once we have said or done something inconsistent with our true attitudes they may actually change
- E.g. the case of the orthopaedic surgeon and “Bristol-speak”; the case of appraisal training for dentists and doctors



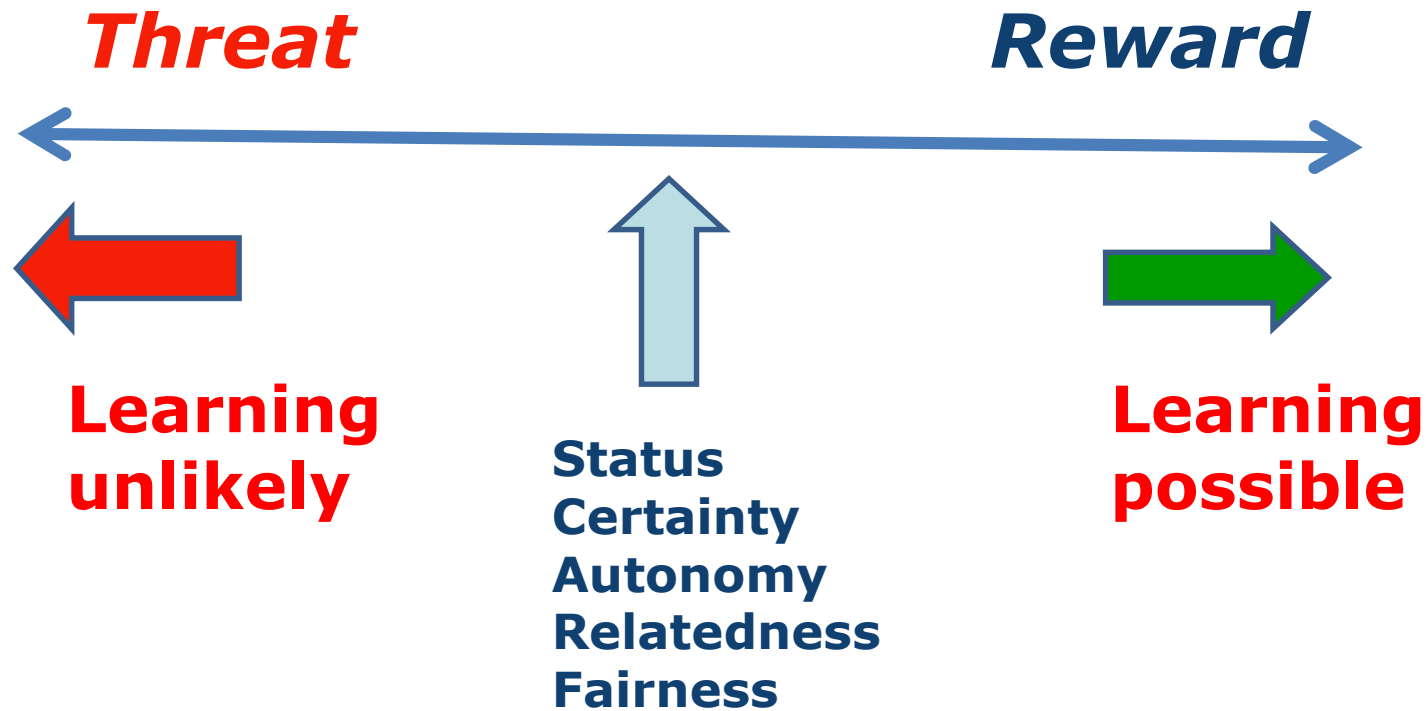
# What makes learning and behaviour change more likely?



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# The Survival Instinct



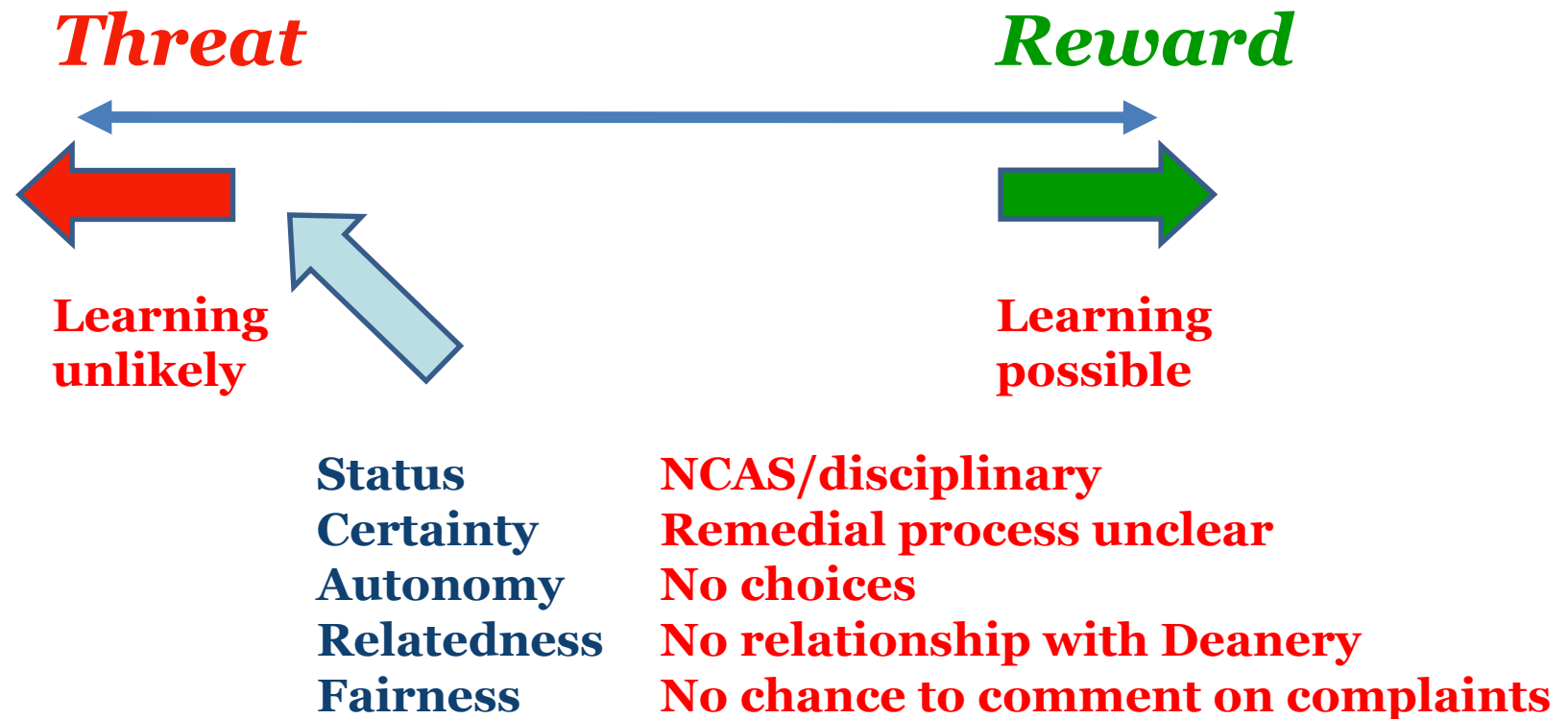
*Rock, 2008 – courtesy of Dr Philippa Moreton, Oxford Deanery*



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# The Survival Instinct



*(Adapted from Rock 2008 by Dr Philippa Moreton, Oxford Deanery)*



# Personality and behaviour

## The 'Big Five' personality traits

- Neuroticism – how emotional
- Extraversion – how sociable
- Openness – how open to experience
- Agreeableness – how easy to get on with
- Conscientiousness – how organised, ambitious and disciplined





# Two sides of a coin

<b><i>Attribute</i></b>	<b><i>Strengths</i></b>	<b><i>Limitations</i></b>
<b>Diligent</b>	<b>Very productive</b> <b>High level of work</b> <b>Committed and disciplined</b>	<b>Impossible demands on self and others</b> <b>Rigid; Critical</b>
<b>Highly principled</b>	<b>High standards</b>	<b>Uncompromising; may ignore protocols</b>
<b>Straightforward and open</b>	<b>Direct communication style</b>	<b>Blunt and insensitive</b>
<b>Emotionally robust</b>	<b>Handles pressure easily; laser focussed</b>	<b>Lacks empathy; unaware of others' vulnerability</b>
<b>Compliant</b>	<b>Easy to work with</b>	<b>Can't say no; avoids confrontation; seeks approval before acting</b>



# What predicts the likelihood of behaviour change?

## Are they bright enough?

- Intelligence

## Are they stable enough?

- Emotional stability

## Can they persevere?

- Conscientiousness

## Do they have insight?

- Are they psychologically minded?
- Do they want to act on the insight?
- Do they have the necessary skills?

## Do they **want/intend** to change?

- Have they a history of successful change attempts?
- What will **motivate** them to change?
- What kind of **environment** will they be working in?
- What **support** is available?



# Matching resolution to diagnosis

Factor	What is it?	Resolution
<b>Capacity</b>	<b>A fundamental limitation that is unlikely to change</b>	<b>Change job or role</b>
<b>Learning</b>	<b>A deficit of knowledge, skills or experience</b>	<b>Training (adapted to learning style); feedback (e.g 360°)</b>
<b>Arousal/ Motivation</b>	<b>Boredom ; stress; burn-out; low morale</b>	<b>Coaching, counselling, mentoring; new project or role</b>
<b>Distraction</b>	<b>A problem elsewhere causing a problem here</b>	<b>Set limits; discuss referral to appropriate source of help</b>
<b>Alienation</b>	<b>Deep rooted anger/mistrust leading to sabotage</b>	<b>Move OUT! Or ring-fence OR “negotiated settlement”</b>



# Tips, tools and techniques



# Feedback is key to behaviour change



# Feedback reception affected by:



- Feedback nature
- Initial reactions
- Personality
- Usual responses to feedback
- Perceived need to change
- Beliefs about change
- Goal setting
- Taking action

Source: Smither, London & Reilly: Personnel Psychology, 2005, issue 38, 33-66



# Goal setting

- Strong links between people management practice and hospital performance – e.g. hospital with good appraisal systems showed lower patient mortality
- The most potent element of appraisal is goal-setting. Practitioners who are clear about priorities and objectives more likely to perform well
- Setting goals is associated with improved performance especially when they are:
  - Set collaboratively
  - Specific
  - Challenging
  - Aligned with the goals of the employer

– (West, M. BMJ, 2002).



# Positive psychology

..". Treatment is not just fixing what is broken; it is nurturing what is best."

- Seligman and Csikszentmihalyi (2000)





# “Positive” techniques.....

- Appreciative enquiry: “What has worked well and why? What made you successful in that instance? How could you do the same thing again in *this* situation?”
- Reframing: “You say that *everyone* is out to get you: do you mean everyone? Who *is* there to support you? What role could they play?”

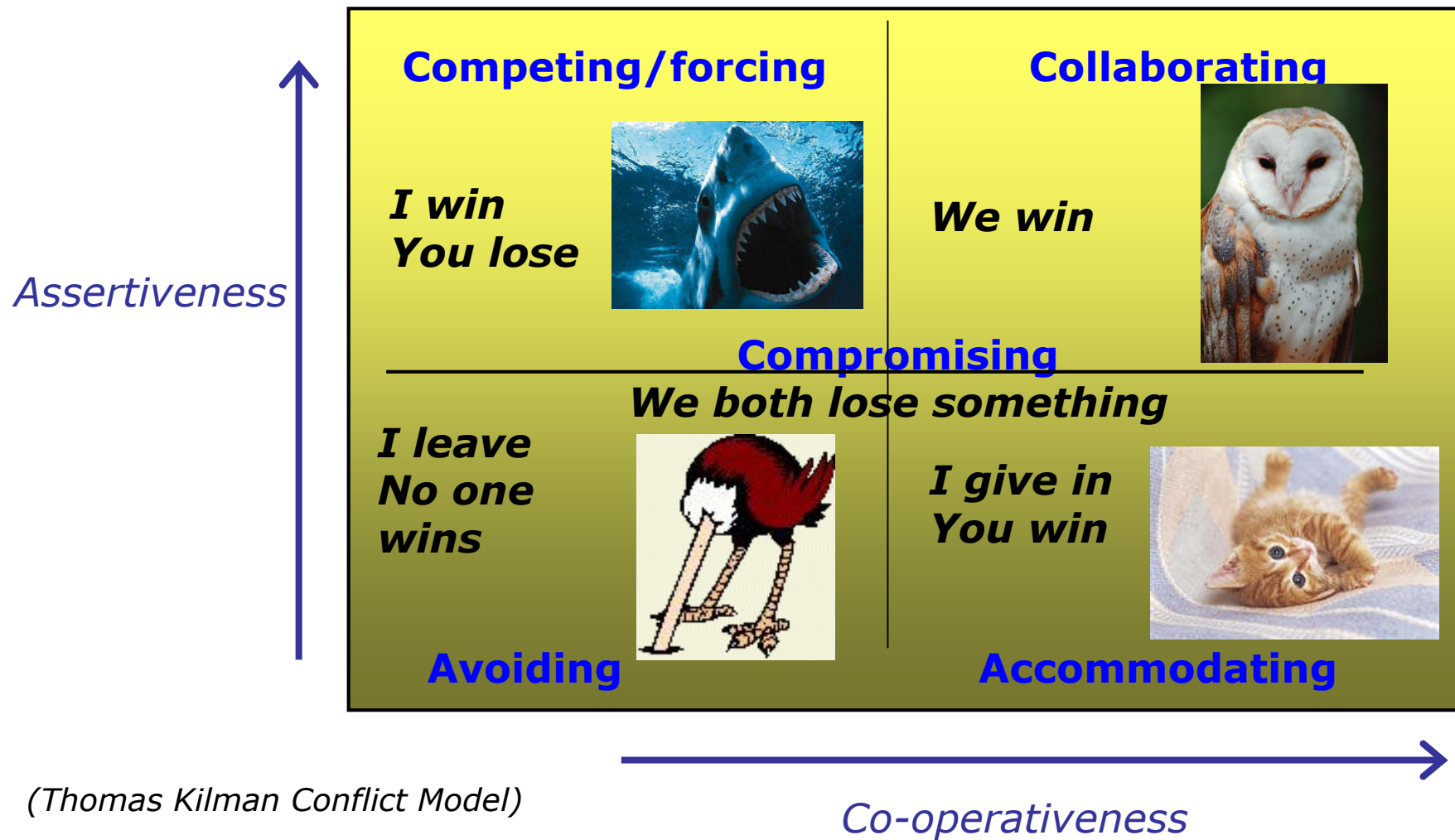


# “Blocking” behaviours

- **Arguing** – challenging, discounting, hostility, questioning credentials
- **Interrupting** – talking over; cutting off
- **Denying** – blaming others, disagreeing, excusing, claiming no concerns, minimising, pessimism, reluctance, unwillingness to change
- **Ignoring** – inattention, no answering, no response, sidetracking

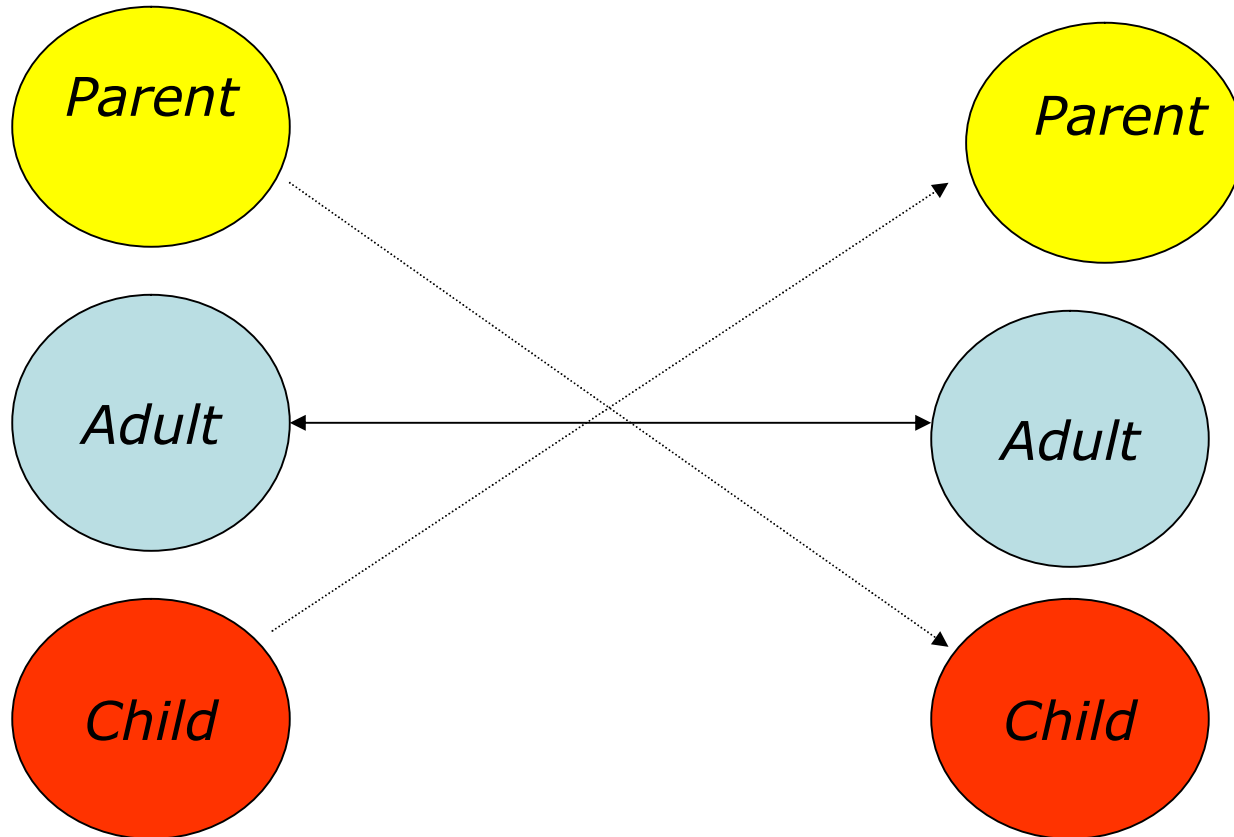


# Understanding your conflict management style



# Games people play (Berne, 1961)

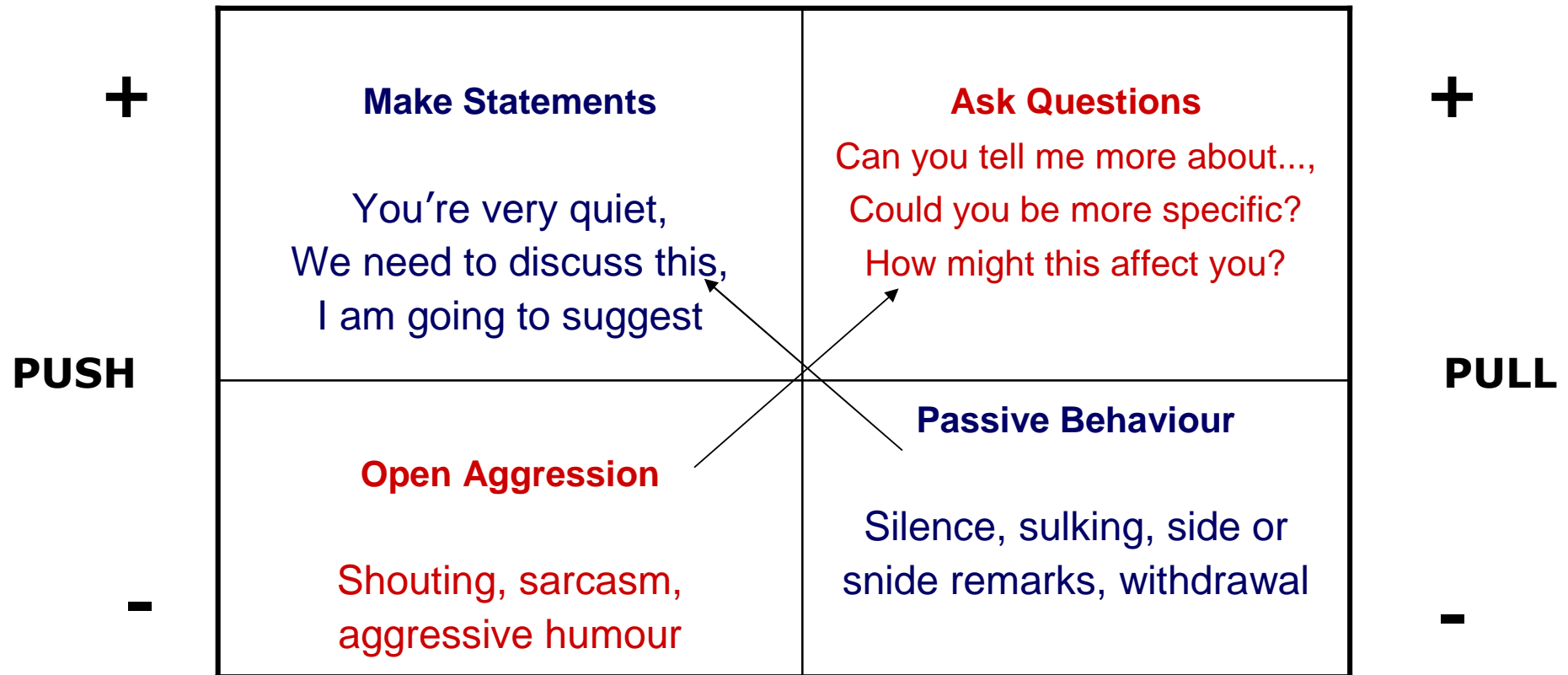
Critical  
Nurturing



Rebellious  
Free  
Compliant



# Push Pull Model



# Levels of Listening

Superficial

WORDS

Deeper

FEELINGS

Deepest

MEANING



# Behavioural Contract (1)

I, Dr [XXX], recognise that certain of my behaviours at \_\_\_\_\_  
have been recognised as disruptive

I understand that I need to achieve a pattern and style of behaviour that promotes establishing and maintaining good relationships with patients and colleagues and will do so

I agree that in order to achieve this goal, I should not bully or harass colleagues. I should be polite, considerate, and honest with patients and treat them with dignity



# Behavioural Contract (1)

## **...I will refrain (from)...**

Profane, disrespectful, insulting or abusive language

Jokes or inappropriate comments about age, gender, race....

Outburst of anger

Shaming others for negative outcomes

Making malicious and unfounded criticisms of colleagues

Demeaning comments or intimidation

Inappropriate arguments with patients, family members, staff or other care providers

making comments that could be perceived as sexual harassment

Insensitive comments about the patient's medical conditions or situation

Profound rudeness





# In a nutshell...



“Confront ... with data, authority, compassion”

***“The Resilient Physician” Sotile and Sotile, 1999***



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