Power of Persuasion

Influence Tactics for Health Care Leaders

Many of today's leaders in health care organizations have a background in medicine or some other scientific field. Largely because they have been educated in a rigorously data-oriented approach and trained in strongly hierarchical settings, they tend to use a narrow range of influence strategies, limiting their management effectiveness. Using a full range of influence tactics, and doing so strategically, can help such leaders increase their personal and organizational effectiveness.

Leadership positions in a broad range of health care organizations—including those in the pharmaceutical, biotechnology, and health insurance industries as well as hospitals and other provider systems—are filled by scientists and physicians. These leaders must, as is the case with their nonscientific peers, be able to achieve business results by motivating direct reports and influencing multiple stakeholders over whom they have no formal authority.

As a group these scientist and physician leaders tend to be highly intelligent and results oriented. However, many tend to overuse a small number of influence strategies, limiting their management effectiveness. This overuse is due in part to their rigorously data-oriented education and the strongly hierarchical settings of their postgraduate training.

To increase their leadership development and organizational effectiveness, scientist and physician leaders need to use a full range of influence tactics, and to do so strategically. In addition, the tactics must be tailored to the organization's culture, to formal and informal power structures, and to the nature of the goal to be accomplished.

Influence may be thought of as the ability to persuade another individual or group to carry out an action or to carry it out in a particular manner. We have identified six major influence tactics. The first is *logical persuasion,* a reliance on facts and rationality to

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make a case. The second, *personal persuasion,* involves several approaches, including friendliness and the use of inspiration, praise, and appeals to personal values. The third is *consultation,* a participative process in which suggestions and opinions are solicited and incorporated into a proposal or idea. Fourth is *reciprocation,* or exchange. The fifth is *forcefulness,* which involves an overbearing communication style, the use of fear, or heavy persistence. The sixth and final tactic is the use of *alliances,* aligning the support of individuals or groups to convince another of the merits of a case. Given their backgrounds, scientist and physician leaders tend to use logical persuasion most heavily, along with reciprocation as a secondary device.

Given the increasing pressures on health care organizations of all types, leaders need to maximize their personal and organizational effectiveness. A number of factors, including ever-increasing regulatory oversight and bureaucratic requirements, greater pricing pressures from insurance companies and governmental programs, and heightened patient autonomy and consumerism, have brought about increased competitiveness and a heavy focus on cost effectiveness in the provision of medical services and health care products. As a result many hospitals and pharmaceutical companies have reorganized or merged, further complicating their leadership needs.

Managers who fail to develop a full range of influence tactics may fall short of potential in their own and their group's performance.

With these pressures, health care leaders must become more strategic, which entails being able to successfully influence a broad range of stakeholders. These interested parties may be individuals or groups, and they have different and at times competing agendas and goals. To become more strategic, scientist and physician leaders need to focus on five areas: early leadership development challenges, the nature and context of influence tactics, effectiveness factors and measures, a strategic decision-making process for determining when to employ one influence tactic or a combination of tactics, and situations exemplifying successful use of tactics by medical and scientific leaders.

FACTS AND LOGIC

A hallmark of the education and training of physicians and research scientists is an emphasis on solving problems by using facts and logical thought processes. Whether in mathematical or purely scientific courses, precision is valued, along with finding the "right answer." Individual excellence in the accumulation of knowledge is rewarded throughout college and graduate and medical schools. Competition is fierce for limited postgraduate places in prestigious academic institutions and for sought-after employment opportunities, which often require highly specialized knowledge. Throughout this developmental period the organizational systems and cultures within which students of medicine and science function are rigidly structured. As a result a majority of successful graduates in the sciences begin their formal careers operating on the basis of the importance of individualism, hierarchy, and proving correctness by using facts in an exact manner.

Scientists in the pharmaceutical and biotech industries often enter their career tracks as junior researchers, working on a single project or a small group of projects in a particular subject area. These scientists eventually broaden and deepen their knowledge and begin to work on more multifaceted projects—such as developing the potency of a candidate molecule or completing clinical trials—often as members of cross-functional teams. As part of this work the scientists may begin to develop some leadership skills, including the

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use of influence tactics. However, as stated earlier, the most common tactic is logical persuasion. Given the need to share limited resources under challenging deadlines, scientists also tend to use reciprocation, though to a lesser degree.

In a parallel vein, physicians' formative experiences include four years of medical school and three to eight years of postgraduate medical education. Throughout this period there is a heavy emphasis on acquiring vast quantities of highly technical scientific knowledge. During the second half of medical school most of the training occurs in a clinical setting, which is highly hierarchical. Upon completion of their training most physicians enter clinical practice or academia. Some join the pharmaceutical industry, either early in their careers or after years in academic or clinical practice.

Both scientists and physicians are often promoted to formal management roles as a result of excellent technical expertise. However, making the transition from contributing work as an individual to accomplishing work through others' efforts can be difficult. These managers may not realize the need for new skill sets that focus on motivating and evaluating the performance of subordinates and on working in complex relationships with peers, superiors, and other stakeholders. In addition, given their developmental history emphasizing facts and logic, many do not acknowledge the value of the other influence tactics, dismissing them as "soft skills." These organizational challenges become increasingly complicated as managers move up the leadership ladder. If they fail to develop a full range of influence tactics and the ability to use them judiciously, these managers can fall short of potential in their own and their group's performance.

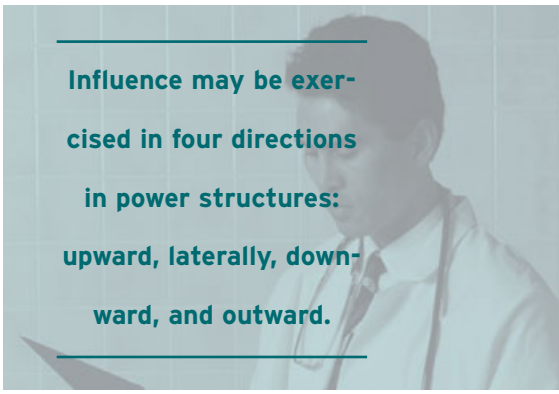
Fortunately, the strategic and tactical use of influence can be learned. The major modes for this learning are action-oriented leadership courses and executive coaching. Although physicians and scientists may have an advantage because of their ability to use logical persuasion, they need to avoid overusing it. Particularly in today's health care environment, a physician or scientist executive must be agile and able to apply a variety of tactics to meet the multiplicity of changes on many fronts.

FIVE FACTORS

How does one determine which influence tactics to use in a given situation? Although there are no set rules ensuring the success of any particular tactic, several considerations can aid the decision-making process. Awareness of the communication process is necessary, including the fact that each person operates on an individual set of perceptions and underlying assumptions that affect his or her interpretation of messages and events. These perceptions are strongly affected by the context of the work environment, such as the particular organizational culture with its accepted behavioral norms, values, and web of interpersonal relationships—thus the maxim that *perception is reality.* Grasping the importance of this invisible yet powerful aspect of organizational systems may be one of the most difficult tasks that data-oriented scientist and physician leaders must accomplish. Learning to work effectively with it results in one of the most powerful competencies a leader can possess.

Five major factors determine the effectiveness of influence tactics in a given situation: the purpose for which the influence is being used, the influencer's communication skills, the target's receptiveness, the nature of the tactic, and the relative power of the influencer and of the target.

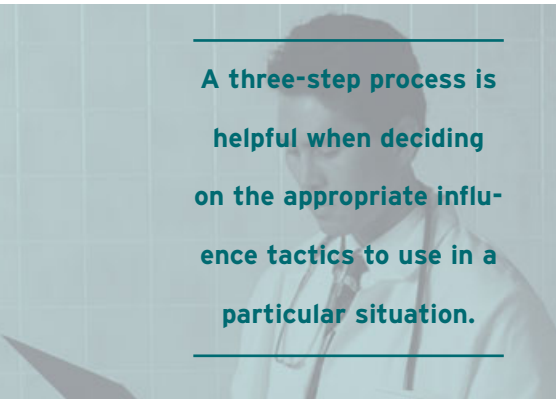
A common challenge for hospitals—ensuring the effective utilization of their operating rooms (ORs)—illustrates the use of these five factors. The OR schedule is complex, and any disorder in that schedule disrupts patient flow throughout the hospital. Allotted time is the common currency, and surgeons prefer to operate early in the morning. Disease and injury have no timetable, however. Well-organized ORs build in time and space flexibility to accommodate potential changes, but even these attempts at resource allocation can be insufficient on any given day.



Three hospital leaders, the chief of surgery, the chief of anesthesia, and the nurse who is director of perioperative services, jointly determine the OR schedule. They are pressured by three powerful groups: individual surgeons, OR nurses, and the hospital administration. Surgeons submit cases to the schedule and usually seek consecutive blocks of time early in the day. Because surgeons in private practice often operate at more than one hospital, they can take their cases elsewhere if their scheduling preferences are not met. Skilled OR nurses are often in short supply. Their scant numbers, irreplaceable expertise, and team loyalty give these nurses significant clout with their director and the physicians. The administration seeks to maximize financial returns by using OR time efficiently and by

attracting the types of cases that yield substantial hospital fees.

When disruptions and challenges occur, the three leaders use a range of influence tactics, such as moral suasion (in regard to the purposes of competing requests), personal appeals to what are often strong egos, sensitivity to hierarchies between doctors and nurses, and other combinations of tactics depending on the needs of the individuals involved. Skillful influencing results in an optimal schedule—successfully moving nurses to appropriate ORs and having surgeons and anesthesiologists arrive promptly and complete their cases in a reasonable time.



A three-step process is helpful when deciding on the appropriate influence tactics to use in a particular situation.

FOUR DIRECTIONS

Influence may be exercised in four directions in power structures: upward, laterally, downward, and outward. Upward influence includes both direct managers and others of higher status in the organization, who may be in a matrix relationship or could become potential mentors. Physician and scientist executives who recognize the importance of moving beyond a purely fact-based perspective in order to accomplish organizational goals may more easily request and accept political and interpersonal advice from those superiors.

An increasingly important aspect of leadership involves influencing peers in a range of situations, including cross-functional teams, as illustrated by the OR scheduling example. With the greater generational and cultural diversity in today's workforce, successful managers understand that the old command-and-control methods are less effective than using a broad range of influence tactics with subordinates. Successfully influencing OR nurses to be flexible and helpful when scheduling changes occur now goes beyond the director of perioperative services simply telling them where and when to perform their work. Being able to influence stakeholders outside one's organization has also become a strategic advantage for leaders, who can then better monitor environmental trends and help build their own and the organization's reputation.

MEASURING OUTCOMES

How does one measure the effectiveness of using particular influence tactics? A common method is to assess the outcome, of which there are three potential types. The first type, *commitment,* is accomplished by persuading another party, through internalization of a positive attitude, to perform a desired action. This is usually accomplished by using tactics such as personal persuasion or consultation. The second type, *compliance,* is task performance with the appearance of conformity. Although there are instances where such compliance is sufficient, the underlying lack of agreement can actually cause the third type, *resistance.*

BEST PRACTICES

What are some of the best practices for developing a strategic perspective and method for deciding which tactics to use in any given situation? First and foremost, good leadership practice requires that influence attempts be used in an ethical manner and only for legitimate organizational purposes. This is important to a leader's strategic objective of building a personal reputation for effectively accomplishing goals through others.

The second strategic objective is to build a web of interrelationships that will aid in accomplishing current and long-term objectives. Leaders begin the forging of this network by determining the appropriate stakeholders, potential allies, mentors, supporters, and competitors. Learning their goals, priorities, commitments, and other motivations is important to satisfying their needs and gaining their goodwill.

A three-step process is helpful when deciding on the appropriate influence tactics to use in a particular situation:

- Determine which individuals and groups are needed for support, and consider why they might back a request.
- Assess sources of potential resistance, whether overt or covert, along with the reasons why they would resist.
- Equipped with the knowledge gained from the first two steps, consider which tactics have worked with each target in the past.

Part of the choice of appropriate influence tactics will depend on the particular context, the nature of the tactics, and the potential benefits and costs that stakeholders perceive for themselves. Thus, determining the strategy includes assessing and communicating each party's benefits and costs in the short term and the impacts of the strategy on long-term relationships.

A COMPLEX TASK

Scientist and physician leaders need to apply a full range of influence tactics in appropriate contexts to accomplish critical organizational objectives. The multiplicity of stake-

Two Influence Tactic Success Stories

What does successful application of influence tactics by scientist and physician leaders in the health care field look like? Here are two examples:

Hospital clinical pathways. Physician executives such as hospital chief medical officers are often challenged to align disparate medical staffs to accomplish collaborative goals. For example, reducing variation in clinical practice to enhance therapeutic effectiveness and efficiency while also respecting patient choices and differences has led to the use of structured care methodologies. (These methodologies are also known as clinical pathways, order sets, CareMaps, medical algorithms, or practice guidelines.) To effectively initiate these methodologies, a leader needs to have established widespread credibility and developed resource networks and a host of allies, and he or she must advise and consult with others on a regular basis.

On a practical level, devising a pathway requires analysis of current care patterns and the application of evidence from the medical literature. From a political perspective, implementation of a hospital's clinical pathway policy first requires approval by the relevant clinical departments and the medical staff executive committee. A variety of other stakeholders—commonly in finance, legal, and nursing functions—also need to be actively engaged to support the initiative. To overcome resistance, the physician leader must develop an influence strategy that typically incorporates logical persuasion, personal persuasion, alliances, forcefulness, reciprocation, and consultation tactics.

Crucial to the process is local customization of the pathway. Rather than simply adopting an existing process, the team reviews and revises the pathway according to its own organizational needs. The team may also gain additional insight and support from all affected groups by circulating the draft pathway for a review and comment period, after which the pathway is considered finalized.

During this time, an opinion leader typically emerges as the pathway's champion. This alliance partner may or may not have been on the original committee; he or she typically rises to the role on the basis of personal persuasion, technical expertise, and consultative skills. In one such instance, a specialist physician who served as the champion successfully presented the finalized pathway to the hospital's medical executive committee. His influence and cooperation prepared the way for the many pathways from different departments that followed over the next few years. In each case there were unique challenges, but the successful use of logical persuasion, alliances, personal persuasion, and consultation prevailed.

Pharmaceutical research and development. Clinical research today often requires collaboration between various laboratories and business divisions and strategic alliances with other companies or university research departments. One early leadership position that scientists commonly take on is as a project manager for research studies in their specialty areas, including supervising others on their teams. As the scientist leaders gain more experience and manage more complex projects, they often begin to use, in addition to logical persuasion, reciprocation with peers, so they and their colleagues can provide each other with the resources to complete projects successfully under tight deadlines. To an extent, some may also employ aspects of personal persuasion.

For example, a senior research scientist in a pharmaceutical company was asked to lead a cross-functional team to discover the cause of contamination in several batches of a product. The problem needed to be solved quickly, because the U.S. Food and Drug Administration had removed the product from the market and would not permit it to be sold until the company could prove it had resolved the contamination issue. The senior scientist had to assemble a team that included several research specialists along with representatives from manufacturing, quality control, and regulatory departments at sites scattered throughout the United States. Along with her considerable technical expertise, the scientist leader had developed over her decade of employment at the company a widespread reputation for collegiality, fairness, being a team player, and giving appropriate credit to others. She made significant use of her professional reputation, consultation, and alliances to build her team. She was also persistent in her follow-through with others, using pressure only in rare instances when a deadline loomed. As a result, her group was able to discover the cause of the problem, create a cost-effective solution, and prepare the quality control and regulatory data documents in an extremely short time. The FDA then moved quickly to permit the product to be sold again, thus restoring the revenue stream to the company.

holders and the diverse professional cultures in the medical and pharmaceutical industries make the application of influence tactics particularly complex and textured. These leaders are beginning to understand the need to move beyond an overdependence on logical persuasion and are using executive education and coaching, among other means, to become more strategic and successful in these complex settings.

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