Resistance is not about the people resisting

It is nearly automatic to feel that resistance is about the people resisting—that resistance is IN the resistors.

When caught in this perspective, we tend to focus on our “messaging” (the content of what we are saying) in order to convince them or motivate them or get them to buy-in. This approach creates substantial risk that people will feel we are trying to change them leading to push back or passive compliance with a negative impact on results.

There is a more effective way but it requires a shift in perspective. We need to see that it is not true resistance is IN others.

Taking accountability for resistance
Resistance is actually a property of our relationship with others. It results from the way we are participating in communication. When I first read this idea in Miller and Rollnick’s book Motivational Interviewing (1), I found it to be a mind-twisting revelation that opened doors to far more effective options for interaction.

When we act out of the perspective that our own ways of communicating are contributing to resistance, we are positioning ourselves to facilitate intrinsic motivation in which people come to a task out of the feeling it is personally of interest and important to them. More than 40 years of research have shown that intrinsic motivation improves results of all kinds—such as higher profitability, productivity, and customer satisfaction, and lower employee turnover.

Intrinsic motivation arises from people being able to talk about a change themselves in multiple conversations over time. This enables them to work through any disagreements and concerns to discover what is personally important to them and how they might participate successfully. Such conversations require not great speeches or messaging but facilitating open, transparent, and mutual communication with the safety to explore even negative thoughts and feelings.

Finding mutual solutions
In my experience as a leader, my own zeal and pressure to make a change happen all too frequently got in the way of such exploratory conversations. For example, I had a manager who kept pushing back on a change I was absolutely convinced was necessary. We were locked in argument. I kept trying to convince her. I saw her resistance as the problem. I judged her concerns to be minor ones relative to the importance of the change.

When I finally realized what I was doing, I slowed down to more fully listen to her. I found out she was not confident in being able to coach her staff to make the change. Coaching felt new to her. But, she came to see learning about coaching as very important and that I could help her
with it. The argument was over because I was finally able to stop seeing her as the problem, learn about her reactions and concerns, and find *mutual* solutions which could build importance and confidence for her.

**The end of resistance**
The heart of dealing with resistance is shifting perspective to see our own way of communicating as a key part of the problem and taking ownership for it. This practice is not easy because of the strong, automatic pull to see others as the problem.

But, I have seen organizations which have no apparent resistance to change. These organizations are able to sustain seeing people who push back not as Resistors but as Individuals with concerns fully worthy of exploration even when the concerns initially seem to be minor. Below are links to two articles which offer further guidance to help with this practice.

I hope these reflections will help you create powerful conversations that go beyond resistance to develop genuine engagement.

**Reference**


**Brief articles**
*Having trouble motivating others?--a quick diagnostic*
*Active telling--the art of assuring people listen to you*

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**About Neil Baker M.D.**

Neil Baker M.D. works with healthcare organizations to enhance leadership and team impact through *In-the-Moment Leadership Strategies*. This means using any work situation, even the most complex and difficult, as an opportunity to achieve immediate impact on quality of work relationships and on progress toward results.

He has developed these approaches as a leader, speaker, consultant, and executive coach for 30 years. Past positions include serving as Director of Psychiatric Inpatient Services at the University of Colorado Health Sciences Center in Denver, Colorado; Medical Director of Clinical Improvement at Group Health Cooperative in Seattle, Washington; and faculty and improvement advisor for ten years for the Institute for Healthcare Improvement (IHI) in Cambridge, Massachusetts. Currently, in addition to his consulting practice, he serves as faculty for the leadership track he created for the IHI—Project ECHO collaborative on improving access and office efficiency in primary care.

You can learn more and see client testimonials on his website at [neilbakerconsulting.com](http://neilbakerconsulting.com).