

# Disruptive stakeholder diagnostic

Use this diagnostic to distinguish between stakeholders who are displaying typical resistant behavior, and those trying to sabotage the initiative. Then, use the recommendations on the next page to navigate common deflection techniques.

Question	Never (0 pts.)	Occasionally (1 pt.)	Often (2 pts.)
1. Is the person noticeably more upset about the change than others in a similar position?			
2. Does the person's behavior make others uncomfortable?			
3. Has the person hesitated to discuss the change with management?			
4. Has the person resisted education on the change initiative?			
5. Has the person's behavior been disruptive in the past?			
6. Has the person been argumentative?			
7. Has the person spread rumors or inaccuracies about the change?			
8. Has the person attempted to convince others of his/her thinking?			
9. Have the person's actions appeared deliberate or pre-planned?			
10. Does the person exhibit more anger than stress?			
11. Has the person openly predicted the change will fail?			
12. Does the person speak in "us" and "them" terms?			
13. Does the person question the honesty, motives, or ability of management and/or executives?			

## Scoring guide

Score	Diagnosis
0-7	Person likely exhibiting only typical resistance. Speak with him/her one-on-one to determine if further information or stress management tools are needed.
8-12	Proceed with caution. Approach as a typical resistor, but be prepared to alter course if he/she is unresponsive. Consider checking in with him/her more frequently so you can keep an eye on his/her behavior.
13-26	Person is likely attempting active sabotage. Remind him/her of rationale for change, seek to understand sources of frustration, and try to mitigate dissenting actions and opinions. If necessary, highlight the consequences of continued resistant behavior and offer resources to cope with stress. Don't hesitate to request intervention of executive sponsor or other senior physician leader.



## How to respond to deflection

Change is hard, and it's likely you'll face resistance along the way. Use the tips below to navigate six of the most common deflection techniques.

Deflection technique	Suggested response
<b>Subject Changer</b> <ul style="list-style-type: none"><li>• Distracts with different topic of discussion</li><li>• "How's the family?"</li></ul>	<b>Refuse to engage in tangents:</b> "Great thanks. Today however, I need to talk you about..."
<b>Apologizer</b> <ul style="list-style-type: none"><li>• Jumps to confession before hearing the message</li><li>• "I am so sorry. It will never happen again."</li></ul>	<b>Verify sincerity, ensure intention to change behavior:</b> "I appreciate your candor and commitment to not repeat this. What can I do to make sure that happens?"
<b>Denier</b> <ul style="list-style-type: none"><li>• Claims incident did not occur as alleged</li><li>• "Who me?"</li></ul>	<b>Provide well-research accounts of events:</b> "At the last quality council meeting, you interrupted..."
<b>Rationalizer</b> <ul style="list-style-type: none"><li>• Offers excuses to justify behavior</li><li>• "My patients needed the extra time to get better."</li></ul>	<b>Indict behavior in spite of rationale:</b> "Longer stays don't necessarily translate to better quality."
<b>Blame Shifter</b> <ul style="list-style-type: none"><li>• Points finger to avoid accountability</li><li>• "It's not my fault, it was the consulting physicians."</li></ul>	<b>Force individual accountability for his/her role:</b> "If we drill down, the data shows that these cases were all your primary responsibility."
<b>Negotiator</b> <ul style="list-style-type: none"><li>• Bargains for alternative course of action</li><li>• "I don't think we should be looking at this indicator."</li></ul>	<b>Remain firm:</b> "We see this indicator as an important gauge of quality, and here is why..."