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# The Times, They Are a Changin'

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# The Times, They Are a Changin'

## **Abstract**

Significant changes are taking place and continue to take place in U.S. health care and medicine. Many of these changes are not, and will not be, to the benefit of physicians. Reduced personal autonomy, probably lower compensation than expected, fewer and less adequate resources, and overall significantly reduced power are some of the likely outcomes of the changes underway. Perhaps of greatest personal interest is the high likelihood of lack of employment in medicine for upwards of 200,000 physicians over the next 20 years.

## **Keywords**

change, career strategies, physician surplus, the shrinking career pie

## **Comments**

Reprinted from *The Physician Executive*, Volume 2, Issue 7, July 1996, pages 5-9.

# The Times, They Are A Changin'

by Charles E. Dwyer, PhD

## ABSTRACT

*Key Concepts: Change/Career Strategies/Physician Surplus/The Shrinking Career Pie*

*Significant changes are taking place and will continue to take place in U.S. health care and medicine. Many of these changes are not, and will not be, to the benefit of physicians. Reduced personal autonomy, probably lower compensation than expected, fewer and less adequate resources, and overall significantly reduced power are some of the likely outcomes of the changes underway. Perhaps of greatest personal interest is the high likelihood of lack of employment in medicine for upwards of 200,000 physicians over the next 20 years.*

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hile no one can accurately predict the exact future of health care and medicine in the U.S., it is at least clear that significant changes are taking place and more are coming. Many of these changes are not, and will not be, to the benefit of physicians. Reduced personal autonomy, probably lower compensation than expected, fewer and less adequate resources, and overall significantly reduced power are some of the likely outcomes of the changes underway. Perhaps of greatest personal interest is the high likelihood of lack of employment in medicine for upwards of 200,000 physicians over the next 20 years.

What can physicians do in the face of these changes? Can they protect their autonomy, income, and power? Can they even keep their jobs, given what many believe to be an increasing and substantial oversupply of physicians? Clearly, there will be unemployed or underemployed physicians and many of them in the next 20 years, if current predictions are at all accurate. But even if one remains fully employed, the conditions of that employment are likely to change for the worse.

There are, of course, no easy answers to these questions. But, I will attempt to lay out some alternatives for dealing with these trends. In some sense, each individual's situation will call for somewhat different combinations of responses. What is your age? When do you plan to retire? What is your specialty? In what region of the country are you located? What is your present position? Do you already have significant administrative responsibilities? Are these likely to grow? Are you willing to take more on? How entrepreneurial are you willing to become? Effective entrepreneurs will thrive in the new environment if they plan

well. How secure do you see your present position? How much turbulence is there in your personal, professional world and how much do you expect in the next several years? All of these questions and many more must be addressed if you hope to cope well in the times ahead. What is appropriate for others may not be appropriate for you.

I will outline four categories of approaches one can take to the future and list a number of alternatives in each. This category system is based upon a typology developed in the planning literature and it is important to note that the categories do not preclude using multiple approaches simultaneously with respect to different aspects of your situation. Likewise, as the environment changes, as new information becomes available to you, and as your professional circumstances change, you might want to switch strategies or general approaches in managing your future.

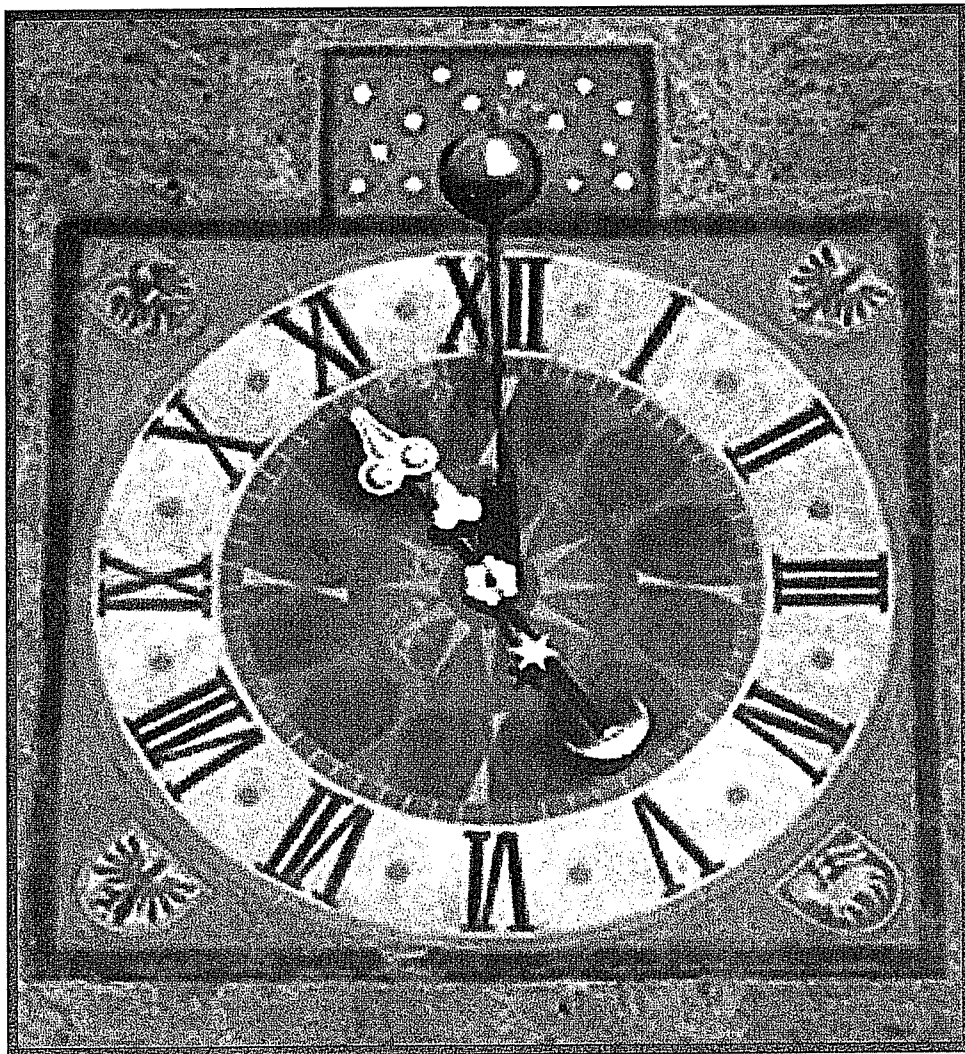
### 1. The inactive posture

While the inactive posture is given a bad name in the planning literature, there is a sense in which it is an extremely important

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*Coping with change calls for substantial reflection and action on your part, which, in turn, requires precious time and energy in what, for most of you, is already too hectic a life. But, if you fail to engage in at least some self-design, you will become a victim of the forces swirling around you.*

option with respect to the challenges physician executives face. The urgent always presses us for attention, but the urgent is not always the most important, and is rarely the critical dimension(s) to which we should be attending. Likewise, others are always attempting to tap into us for help in dealing with their agenda, and they have powerful and seductive ways of doing so. You will need to focus your energies for the challenges ahead, and that means selective use of the inactive posture.

There are, in fact, many situations in which the best approach is to do nothing. Knowing when to do nothing and having

the courage to do it is a rare and extraordinarily powerful posture in dealing with an increasingly complex and difficult world. It is particularly rare in the U.S. When Americans are faced with difficulties or challenges, they almost instinctively want to take immediate action even when the action is not well-thought through or may have no chance of improving the situation—or may even worsen it. (Have you recently pushed an already lit elevator button?)

Some of the situations in which the inactive posture is appropriate include:

1. **When the situation simply is not important enough to justify the time, energy, and other resources necessary to deal with it.** We sometimes get “sucked into” using our precious, personal resources on things that will probably not make that much difference in our lives. The issue is priorities and what may be critical to others may be only marginal for you. Don’t get seduced (or flattered) into using your resources in ways only tangential to your values.
2. **When there is no clear action available to you that has a reasonable probability of improving the situation.** Even though something may be critical to you, if you can find no reasonable action to take in dealing with it, then tolerate it and allocate your energies to other issues of significance.
3. **When there is not yet adequate information upon which to base effective action but it may become available if you are willing to wait.** Patience is another strength possessed by few. Again, our penchant for action often leads us to waste precious time and energy because there is a certain release of tension and anxiety in taking action. But, action without information and forethought is unlikely to be effective.
4. **When others may be acting in ways to improve the situation, and your action is either unnecessary or will not add significantly to the outcome.** Often, others are also interested in dealing with the phenomenon you are concerned about and may be taking effective action. Save your action for those situations in which your participation may make a critical difference.
5. **When the dynamics of the situation indicate that it may be self-correcting.** Some things, when ignored, do go away. We are told to “nip things in the bud,” and sometimes that is good advice. But often the bud will never flower, and sometimes it is better left alone, while one’s scarce energies are directed elsewhere.

One of the basic tenets of effective management is to focus your efforts on the most important phenomenon. That requires that certain things be ignored. That is often difficult to sustain as others want your support in their efforts to deal with troubling conditions.

# Dealing With Change


Knowing where to put your levers—and to resist putting them elsewhere—is one of the most important strategic principles to be pursued.

## 2. The reactive posture



There are likewise many situations in which a “watch and wait” approach is appropriate. Like medicine, there are many situations that have to worsen before an adequate diagnosis can be made. One benefit of this posture is that sometimes things do not worsen, and no action is called for.

This approach does require some resources to monitor the relevant phenomena, e.g., changes in legislation, hiring trends, changes in demographics, numbers of physicians being trained in your specialty, and the emergence of new organizational arrangements to deliver health care. This approach may also require swift response and significant allocation of your time, energy, and other resources once your monitoring indicates that action is appropriate.

If, for example, you hear of a possible merger, of an acquisition, or of a competing organization that may move into your area, you must be prepared to get relevant information and to take early and decisive action if warranted. This means thinking through a few, plausible scenarios ahead of time so that you have some idea of what you might do in the protection of your interests should one or more of these events come about. Reactive does not mean waiting until catastrophe strikes and then trying to figure out how to respond. It is a little bit like playing good baseball. With each pitch, you decide what you will do if a fly ball or a grounder comes to you. It may mean, for example, having a current resume available at all times.




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The Red Cross is essentially a reactive organization. It cannot know when and where disaster may strike, so it has to be prepared to respond rapidly and effectively with substantial resources when its monitoring mechanisms indicate an acute need.

## 3. The preactive posture

Preactive essentially means predict and prepare. This is more resource intensive than the reactive posture. It means making periodic predictions of what you think is going to happen that could affect you positively or negatively (including alternative plausible scenarios) and actively preparing for them. Chance favors the prepared mind. This may mean subscribing to and reading (or having someone else read and report to you) various publications that keep on top of the trends in health care and medicine. It means having accurate information at the local, regional, and national levels (wherever there may be anything of significance for you).

You might, for example, consider establishing a network of people you periodically contact in order to give and receive information. Establishing such a network has been greatly facilitated by electronic technology. Getting the step on others is often the decisive factor in protecting your own interests. When everyone knows what is going to happen, you will have lost your competitive edge.

General preparation may also involve having a list of people whom you wish to contact quickly under multiple scenarios, including the best (as well as optional) way(s) to contact them, e.g. phone, beeper, fax, e-mail, voice mail, letter, through a

joint colleague, etc. Having alternative action plans in place can be highly comforting when a significant event occurs.

Likewise, having thought through various options you are willing to pursue and placing them in a tentative priority ranking can not only take much of the negative emotion out of dealing with a turbulent environment, it will also increase the effectiveness of your eventual choices. Are you willing to consider joining a competing institution? Are you willing to join with others in setting up a new organization? Are you willing to take the lead in setting up such an organization? If so, you should be looking at the requirements of setting up such an organization now!

Are you willing to take on administrative responsibilities (or more such responsibilities) to replace a forced reduction in your medical-related activities? Are you willing to relocate? Would it accomplish anything to relocate? At what point, if any, do you think you would consider exiting medicine for an alternative career (as some have done)? What further reductions in autonomy, income, power, and administrative support, along with increases in “hassle,” frustration, and conflict would lead you to consider alternatives? What options do you think you would want to examine if you could no longer practice medicine?

Also, discussing these issues with others, getting and giving ideas, will enlarge the set of options available to you, as well as provide some psychological support, knowing that others are having similar experiences.

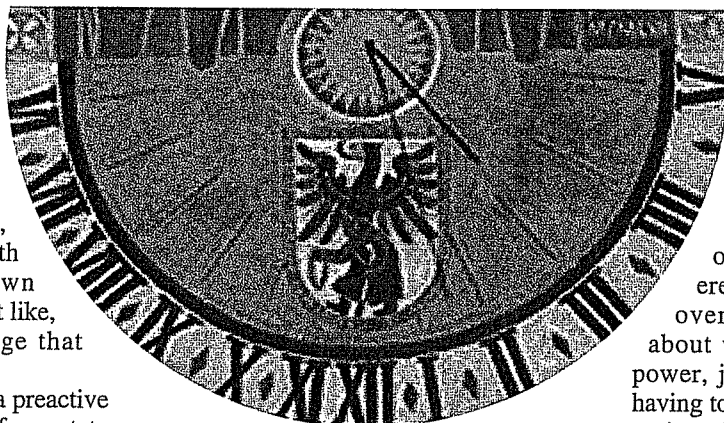
# Dealing With Change

## 4. The proactive posture

While this is often touted as the most glamorous and desirable of postures, it is often the most difficult and expensive. It involves predicting what the future is likely to be if you and others do not intervene. And, when you see a future in health care, medicine, or in your own region or organization you do not like, you implement plans to change that future.

For example, in government, a proactive commissioner of transportation for a state government predicts future road usage in the state and tells the legislature what funds will be needed for building, repair, and maintenance of the state's roadways. And, if funded, he sets in motion the action plans necessary to meet the demand for road travel. On the other hand, the proactive commissioner of transportation, who disapproves of the trend he sees, tries to discourage the anticipated road travel by not maintaining, fixing, and improving the roadways, advocating increases in public transportation, and fighting expansion of urban parking facilities.

As you might imagine, the latter commissioner is going to have a great battle on his hands from automobile manufacturers, owners of service stations, road building contractors, automotive suppliers, and car owners. The proactive posture bucks the future.



This is not to say that proactive efforts (particularly group efforts) cannot be successful in changing the future. Lobbying is certainly a clear example of a time-tested and time-honored way of influencing the future. But it is also difficult, costly, time-consuming, often frustrating, and unsuccessful.

The development of one's personal power is also a way of increasing the likelihood that your proactive efforts will be successful. From my point of view, personal power is the power to influence which, in turn, requires that you attend much more consciously and carefully to your own behavior, since it is your behavior toward others that determines your ability to influence and, therefore, to exert power.

Until recently, you may have relied on your ability to develop and maintain (and take with you) a patient base as your leverage in an organization. You were a generator of significant revenue. But that has been taken away from you (or soon will be). Power is still available to you, but it now requires much more subtlety on your part. It requires that you get others who have the resources that you want (perhaps even a job) to come to perceive that giving you what you want is the best action that they can take in protecting and advancing what is important to them.

And do not be fooled into believing that health care is a meritocracy. Just because you are excellent, or even the best, at what you do in no way guarantees the resources you want, or even a job these days. Money and markets confounded by politics will increasingly determine decision-making in health care. The rules of the game have shifted, and personal power based on techniques of influence is the best means available to you in the protection of your interests.

## Still another posture—self-design

All of the above have assumed that your interest in dealing with the changing world of health care and medicine is at least in part because of your concern for a diminution in the quality of your life. Fewer resources, lowered autonomy (18-year-old clerks overruling your medical judgment about what is best for a patient), less power, job insecurity, the resentment of having to fight a rear guard action, the frustration of having to use more and more personal time, energy, and other resources to, at best, hold onto what you currently have—these seem a significant part of your interest in shaping, or at least protecting yourself from an uncertain, but probably hostile, future.

A series of empirically-grounded techniques have recently been developed and tested that you can use personally to diminish and even eradicate the fears, tensions, stresses, anxieties, frustrations, resentments, bitternesses, counterproductive interpersonal conflicts, senses of powerlessness, and the general dissatisfaction with one's career and life that may well result from this otherwise hostile future.

If you do nothing else, I would strongly urge you to examine and evaluate these techniques and their application to you. Even the most powerful of the proactives do not always succeed in controlling the external future. But we can each control our internal future (the quality of our lives) with approaches that are quick, safe, efficient, effective, and painless.

One of the ironies of using these techniques is that you become somewhat less concerned about controlling the future and influencing others, because you are less dependent upon them for the quality of your life. As a consequence of self-design, you become more powerful because you will have available to you multiple routes to the protection and enhancement of your values. Having these routes gives you greater leverage in dealing with others. External outcomes are simply less important to you than they once were because you now control their impact upon you.

I call these techniques "self-design" because they allow you to decide, probably for the first time in your life, how to

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## Dealing With Change



*What further reductions in autonomy, income, power, and administrative support, along with increases in "hassle," frustration, and conflict would lead you to consider alternatives? What options do you think you would want to examine if you could no longer practice medicine?*



react to what's going on around you. You can actually determine how you are going to think (beliefs), how you are going to feel (emotions), and what you are going to do (actions) when confronted with the many dramatic changes in health care that are occurring and will continue to occur into the foreseeable future.

At present, you are probably reacting with the thoughts, emotions, and behaviors you have been taught rather than those you have chosen. You will, after adopting these techniques, be able to meet these changes, no matter what consequences they cause in the world, with a calmness and confidence that will inevitably make your choices more effective and satisfying for you (and probably those around you).

One source to get you started on "self-design" is Maxie C. Maultsby, Jr., MD's classic book, *Coping Better, . . . Any Time, Anywhere*, Prentice Hall, 1987.

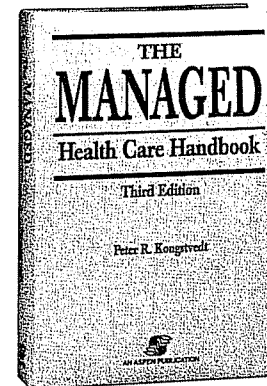
Adopting any of the postures or combinations of postures above requires judgment, informed guesses, and making decisions on the basis of inadequate information. That process can be anxiety-filled or done calmly and confidently, depending

on the way in which you choose to respond. If you do not engage in self-design, the process is likely to be painful. If you do, then it can be exciting and satisfying.

I realize that coping with change calls for substantial reflection and action on your part, which, in turn, requires precious time and energy in what, for most of you, is already too hectic a life. This was not part of your plans when you made the sacrifices to go to medical school. This is not part of what you bargained for when you entered medicine. But, if you fail to engage in at least

some self-design, you will become a victim of the forces swirling around you. ■

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