EDITORIAL

Resistance to change.
Resistance is futile. Change is inevitable.
So why is it so challenging?

Why is change so difficult? As physicians, why do we constantly struggle with changing what we do based on what we know to be true through scientific process? Where and what are the barriers or obstacles to this change? We used to say, "It's the way I always do it and it works out OK". But in the era of guidelines and recommendations from major societies, it becomes difficult to continue with the status quo. Factoring in the era of patient safety, we cannot continue to do things just as we have always done. It becomes a time to change, particularly when it has the potential not to do good, but to actually harm patients.

The psychology of change is deeply rooted in the ability to process it. Cognitive plasticity refers to adaptive changes in patterns of cognition related to brain activity.[1] If so, to age successfully, the individual may need to be exposed to fresh cognitive demands (e.g., voluntarily learn new material and skill and experience new challenges) in order to fully benefit from mechanisms of neural and cognitive plasticity. For an adult brain to retain normal neuronal plasticity, it should be stimulated routinely by new experiences, including learning. Other factors, like diet and exercise, can also allow the brain to adapt cognitively and age efficiently. Otherwise, it becomes difficult for the brain to change its ways as we age.

Another analogy on why change is difficult is the rider and the elephant model. According to this archetype, the rider is rational and can plan ahead, while the elephant is irrational and driven by instinct and emotion. We have to find the balance between the two for change to happen. In their book, *Switch: How To Change Things When Change Is Hard*, authors Chip and Dan Heath argue that to create change, whether on a small or large scale, it is important to engage the emotions of those who will be making the change.[2] Using the metaphor of a rider attempting to direct an elephant along a new, unfamiliar path, it is necessary to "motivate the elephant" with three categories of suggestions:

Appeal to their Emotional Side: Engage people with positive emotions not just with their critical thinking.
Make the Change Smaller: It is easier to make changes when they are small.
Appeal to their Sense of Identity: Draw on their best selves and natural instincts.

"Motivating the elephant", to persuade people to risk the time and effort required to make a change, then falls to leadership to recognize the people's emotions, to engage them to operationalize change, and to use those emotions to help people undertake things that they didn't think they could. Encouraging exposure to continued learning may also help brain plasticity to accommodate the changes we seek. As organized urology looks to improve patient care and outcomes with new and consensus data, it becomes equally important that we stress the ability to change behavior to adapt to these changes.

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1. Greenwood PM, Parasuraman R. Neuronal and cognitive plasticity: a neurocognitive framework for ameliorating cognitive aging. *Frontiers in Aging Neuroscience* 2010;2:150.
2. Heath C, Heath D. Switch: how to change things when change is hard. 2013. S.l.: Random House US.