

From Data to Doing: Unlocking our Immunity to Change

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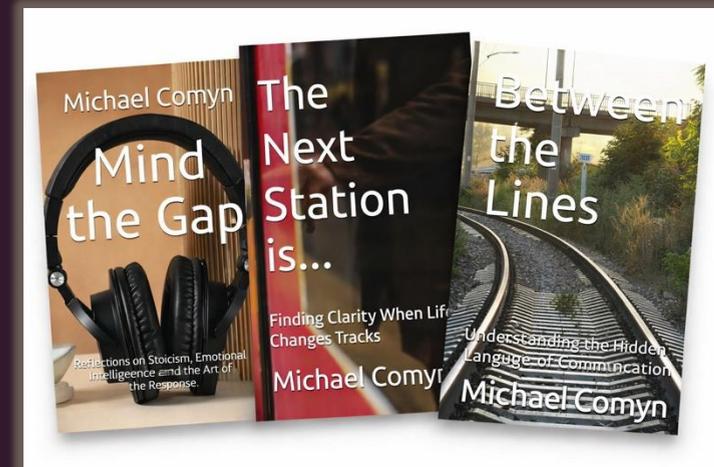


INTRODUCTION

Mind the Gap

For over 30 years, I've written and spoken about the gap between intention and behaviour. I called one book Mind the Gap, another The Next Station Is..., and my most recent one Between the Lines published January 2026.

The metaphors change, but the core truth stays the same: We're very good at talking about change. We're not as good at making it happen.





Two Types of Gaps

On the Railway

The gap is something you can see and step over. It's physical, visible, and straightforward to navigate.

In Organizations

The gap is psychological, cultural, and sometimes even political. It's invisible but deeply impactful.



THE AUDIT PARADOX

Audit: Mirror or Action?

Audit is a good example of this gap. Audit gives us knowledge and acts like a mirror. It can feel uncomfortable, but it's also powerful.

But an audit by itself isn't action.

I work coaching senior clinicians in communication, negotiation, and leadership. They're brilliant, deeply ethical, and truly committed to making things better. They understand the data. They agree with the data. Yet change still feels slow, fragile, and sometimes risky.

Immunity to Change

Prof Robert Kegan and Dr Lisa Lahey argue that people and organizations often have a hidden immune system that protects them from change, even when they want it.



Surface Commitment

We say we are committed to quality improvement – it's a noble goal.



Competing Commitments

We want to protect professional autonomy, avoid blame, keep things moving, protect reputation and identity



Big Assumptions

If we change, it might break. If we reveal problems, someone gets punished. If we slow down, waiting lists grow. If we admit uncertainty, we lose authority.

The System's Self-Protection

The system builds up its own kind of immunity—not out of malice, but out of self-protection. Audit data ends up being something we review, talk about, file, and sometimes even admire.

A report from O'Donovan and colleagues notes concerns about whether current survey tools in healthcare lead to meaningful change, highlighting the risk that measuring psychological safety may be mistaken for real progress in improving it.

O'Donovan, R., Dun, D. V. & McAuliffe, E. (2020). Measuring psychological safety in healthcare teams: developing an observational measure to complement survey methods. *BMC Medical Research Methodology* 20.





What Actually Changes Us



Data alone doesn't change who we are. It doesn't tell a clinician who they are. It doesn't tell a team what they stand for.

 CULTURE IS THE DRIVER

If Audit is the Timetable, Culture is the Driver

And the train does not leave the platform without a driver.

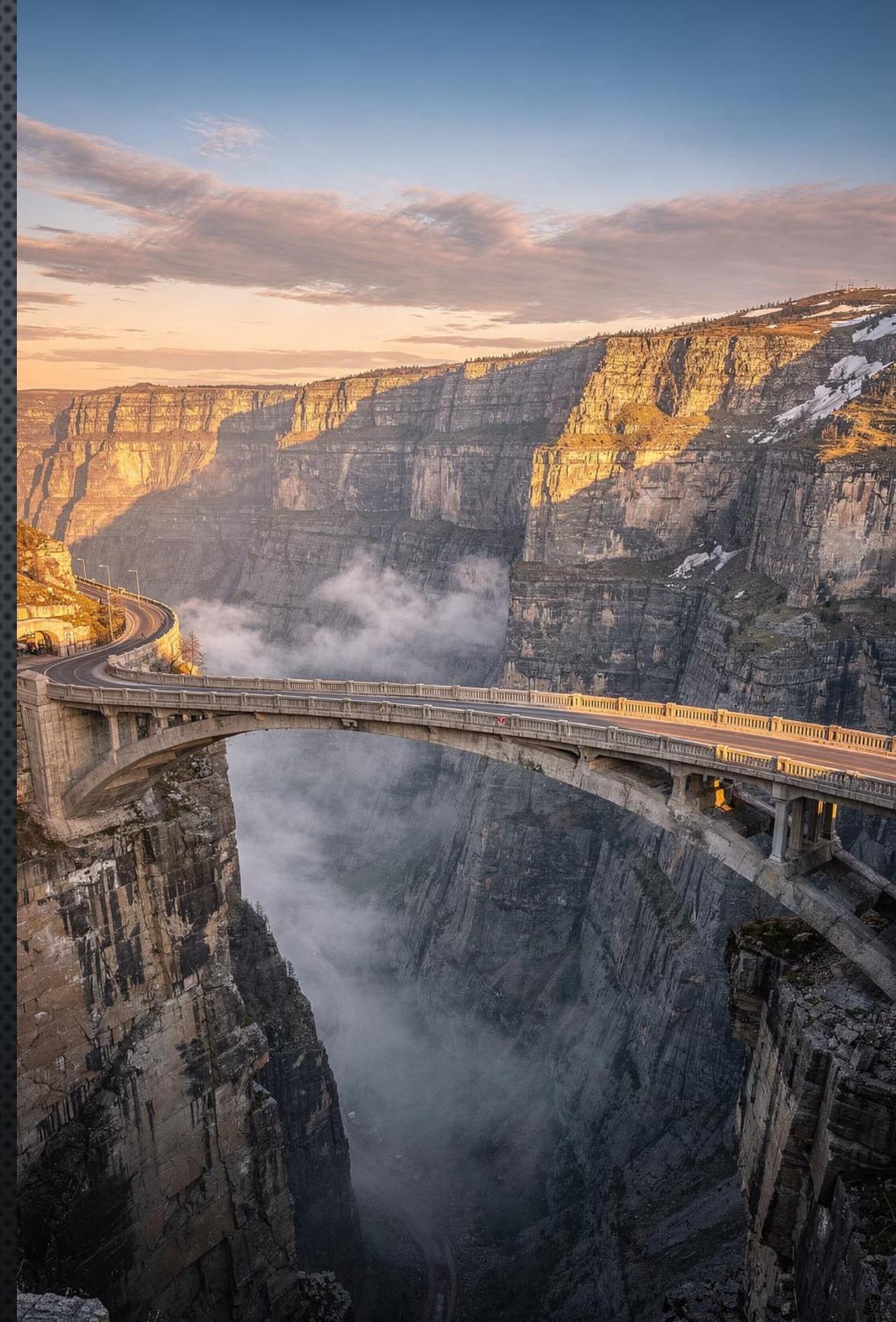
Culture is not an abstract concept; it's someone choosing to speak up during a team meeting about a protocol they believe could be improved. It's these daily actions and choices that truly propel the train forward.



THE PATH FORWARD

Moving From Data to Action

So, what helps us move from data to action? Here are five essential elements that bridge the gap between knowing and doing.



1. Psychological Safety

People must be able to say "this is not good enough" without fear of humiliation or blame. Audit without safety becomes theatre. Audit with safety becomes learning.

Practical Start: Initiate a simple ritual in your team meetings, such as a round of "what's one thing that worries me?" This validates concerns and creates a culture where everyone feels secure to speak up.



Frontline Ownership & Leader Vulnerability

Frontline Ownership of Data

According to a 2021 review in BMC Health Services Research, audits led by central teams are often seen as compliance activities, while those conducted by clinicians tend to be viewed as part of clinical practice that can raise awareness about improving quality of care.

Key Question: "What surprised you most in your own numbers?" Frame data as a mystery to solve, rather than a task to complete.

Leaders Show Vulnerability

When senior leaders admit uncertainty, admit error, and act on data publicly, the system learns that change is permitted.

Courage spreads from the top down.

Small Local Experiments & Connect to Purpose



Small Local Experiments

Large-scale transformation is inspiring, but small-scale change is doable. What if we try this in just one service, one pathway, one negotiation?

Connect to Purpose

Connect the audit to the reasons people chose healthcare in the first place. Not metrics for metrics' sake, but care, dignity, safety, and professionalism.

I often say in my work that **the gap is where growth happens**. Audit shows us where the gap is. Action asks us to step into that gap.

THREE CHALLENGES

As You Leave This Conference

1

For Leaders

What would change here if I acted on the data I already have, instead of waiting for the data I wish I had?

2

For Clinicians

Where's the smallest place I can close the gap this week?

3

For the System

How do we make it safer to change than to stay the same?





Who We Are Through What We Do

In the end, the audit tells us what is.

According to Eisenberg and Miller, we discover who we are through our actions, as our values are revealed not just in our thoughts but in how we interact with others.

The gap is where growth happens. Audit shows us where the gap is. Action asks us to step into that gap.

Eisenberg, N., & Miller, P. A. (1987). The relation of empathy to prosocial and related behaviours. *Psychological Bulletin*, 101(1), 91–119.