



How to:

Manage Change

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As an organisation the NHS has been continually exposed to change and it provides a model of how the change process affects its participants. Some of the issues to be considered when attempting to introduce any change of practice in any clinical setting, but particularly an educational change are considered in order to review both the principles and practices that can inform a change process.

Why Change?

Consider the title to this section 'why change'; different emphasis on the words can imply different meanings – they can pose a rhetorical question, a challenge or a threat. For many trainers in postgraduate medical education, the recent changes to structured training have brought the whole concept of change to the fore. In particular there has been the questioning of long held beliefs regarding training. These beliefs have been generated from our experiences, what we believe is true! Therefore why change?

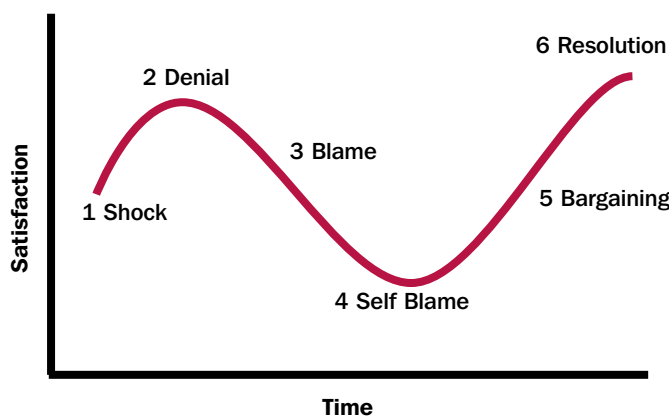
Effects of change

Change can have a destabilising effect both for individuals and organisations. This can cause individuals anxiety, resulting in attempts to avoid the change taking place. Change may be perceived as its resulting in our being removed from our 'safe' existing world and put into a potentially challenging situation, where once again we have to learn from the beginning.

Change can result in loss, perceived or real; of status, of position, of relationships. This loss is similar to that of

bereavement and the work of Kubler-Ross can be seen as a useful model for explaining the ways in which change is experienced and handled by individuals. Although it is vital to recognise and acknowledge that different phases may be experienced for varying periods by different individuals.

There are six stages to the human response to change, which can be detailed as shown in the diagram.



Shock - 'I don't believe it!'

Denial - 'We've been through this before – it won't work'

Blame - 'It's all their fault'

Self-Blame - 'I can't do this or learn these skills'

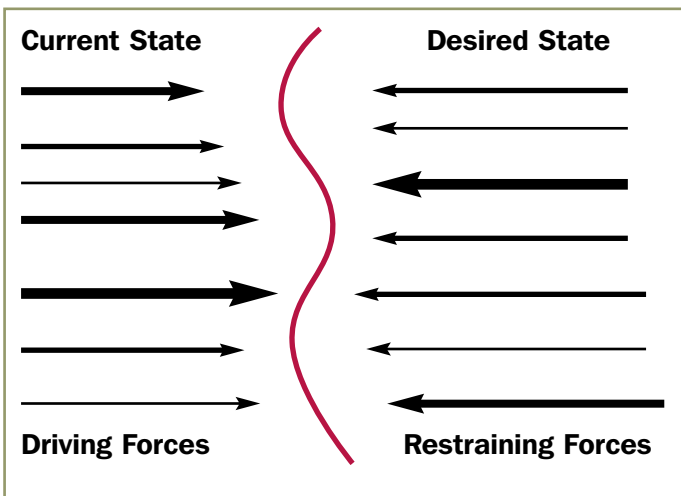
Bargaining - 'What if I try this?'

Resolution - adaptation has taken place, effective performance occurs.

If there is to be successful change, then there should follow a period of stability (although iteration should continue). The most useful way to implement the change is to undertake a short self-analysis, considering what have been the major change points in your educational career and reflecting on how your reactions to them have corresponded with those responses illustrated above. How did you cope with these changes? Did any of them recur? Have you altered the way in which you manage change? What problems have there been and how did you overcome them? Spending time to document and reflect on your responses can prove a valuable exercise.

The process of change

If you have to undertake a change process, you may need to consider the use of a force field analysis. Basically this examines what are the driving forces of change compared with those that resist the change. The size of each arrow indicating the strength of the forces that are working in opposition.



Examples of **driving forces** may be:

- ▶ Recognition of the need for change
- ▶ Motivation
- ▶ Saving resources

Examples of **restraining forces** include:

- ▶ Fear of the unknown
- ▶ Loss of face
- ▶ Ignorance of the effects of change

For more information about force field analysis, which is very helpful in clarifying complex or vague problems in implementing change see the further reading list below.

Further Reading

Kubler-Ross E., (1965). *On Death & Dying*. London: Macmillan.

Kotter J.P., Schesinger L.A., (1979), *Choosing strategies for change*. Harvard Business Reviews, March-April, 104-14.

Upton T., Brooks B. (1995), *Managing Change in the NHS*. Kogan Page Ltd: London.

Turill T., *Change & Innovation*. Institute of Health Services Management.

Successful change

The common factors for successful change (not in priority order) are:

- ▶ Direction – Leadership; role of change champion or project group
- ▶ Timescale – Too tight, results in disillusionment, demoralisation
- ▶ Communication –The use of appropriate channels avoids fears of hidden agendas
- ▶ Consultation – Full engagement can circumvent resistance
- ▶ Resources – Not just money! But time, people, facilities etc.
- ▶ Reality of change – need to ensure that the change is real and visible.

Change will fail if one does not anticipate the knock-on effects, ensure that others do not derail the project or hijack it for their own purposes, ensure that what is being changed is the right thing, or that there exists no ownership for the change.

Change strategies

Kotter and Schlesinger identified six types of change strategies:

1. Education and communication
2. Participation and involvement
3. Facilitation and support
4. Negotiation and agreement
5. Manipulation and co-operation
6. Explicit and implicit coercion.

As part of your own reflective practice you might consider how many of the change processes which you have been involved in have been types 1, 2 or 3. How many have been 5 or 6? If the latter, why was that the case?

The key stages to change are:

- ▶ Define the scope of the project
- ▶ Diagnose the present situation
- ▶ Create a vision of the desired future
- ▶ Analyse the gap between 2 and 3 and how you will manage the transition
- ▶ Handle the resistance
- ▶ Stabilise the new situation

Resistance to change

The main causes of resistance are a lack of understanding – different people have different ways of learning about change, disagreement with the philosophy – resistance to change of values/beliefs, disagreement with aspects of the change – not the philosophy but with the change plan, personal loss – status, loss of face, challenge to position.

. . . and do not forget!

It is imperative that any change project is reviewed and evaluated. The skills of change develop through experience. Find out what went well, what went wrong, could it have been done differently, are there other needs required for you or others?

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