# IMPLEMENTING CHANGE PART 1
# Overall approach and project management

## 1. ANALYSIS and THOUGHT

**DESCRIBE THE CHANGE** to be implemented, in writing, in one paragraph

**DEFINE THE NEED** if you cannot find a need, don't change (this is where audit is useful)

**DEFINE THE BENEFIT** to the practice, and or, individuals in the practice

**COMPARE THE COST TO THE BENEFIT –** proceed if benefit exceeds cost

**EXPECT RESISTANCE** think through how you might overcome it

**CATEGORIZE YOUR COLLEAGUES** into those who are:

1. ready for change – supporters
2. not ready for change – detractors
3. uncertain – waivers

**PRESENTATION OF PROPOSAL –** make it fun as well as professional

## 2. PLANNING and STRATEGIES

- Make your objectives:

**S** PECIFIC

**M** EASURABLE

**A** CHIEVABLE

**C** HALLENGING

- WHAT are the ACTUAL changes required
- WHO will be NEEDED to achieve that change (NOT who can we get to volunteer for the job). They may need training etc.
- WHICH CHANGE STRATEGY is to be used i.e.:
    - Coercion
    - Relying On Rational Thought
    - Participation

A combination of strategies may be appropriate. If the practice is "frozen solid", coercive techniques may start change to occur, but later, participation will help to continue change. Most people have a propensity for using one strategy more than others, which can be a disadvantage.

*Brief definitions of change strategies:*

*Coercion "I know best, do what I tell you. "Very effective in the short term, or where there is high degree of resistance to change. If over used, it will produce even more resistance as colleagues become stubborn and bloody-minded.*

*Relying On Rational Thought "Colleagues will always carry out good practice because there is good evidence that it is better." If only. Very useful as part of Participation strategy.*

*Participation Relies on the involvement of all staff in planning and implementing change. Advantages are that it achieves consent for change, colleagues learn to own the change, and can help to create a "culture of change" within the practice. Disadvantages are that it can be slow to bring about change, and requires a lot of time for meetings, explanations etc. It smacks of management, something that many GPs hate; it also means devolving control to colleagues which many people find difficult to do.*

- OVERCOME RESISTANCE

    - Show benefits to colleagues
    - Involve colleagues in suggesting as well implementing changes
    - Arrange meeting, away-days etc, remembering to provide a good lunch, fun activities etc. It is good to associate change with pleasure
    - Arrange change in small steps

Changers recent resistance. This is understandable. No one likes his ideas being criticized. Changees (*there is no better word*), on the other hand, dislike change. Below is a summary of possible reasons for resistance and their possible solutions:

| **CAUSE** | **SOLUTION** |
|---|---|
| Lack of ownership | Involvement |
| Lack of perceived benefit | Show payoff |
| Increase burdens | Lighten load |
| Lack of support during change | Provide support & supervision |
| "We don't do that here" | "Why not?" A lot of effort may be required to tackle this. |
| Boredom | Make change fun |
| "I'm hip, I like change; you're a stick in the mud" | Present change as a possible solution to a particular need |
| Lack of appreciation pf colleague's work | Show appreciation, and create involvement |
| Sudden, wholesale change | Gradual change, in small steps |
| "Nobody else can do it, you have to go" | "I notice you are very good at …." |
| Unique sources of resistance | Every practice is different |

Resistance to change is normal, and should be expected and planned for. It is also useful, indeed necessary, because it forces the changer to define the benefits of change. Lack of resistance can lead to disastrous results: ready acquiescence means little discussion will take place, resulting in poor planning and implementation; contingencies will not be catered for, thus the cost of change may outweigh any benefit.

- SCOPE OF CHANGE
    - Will change carry forward the objectives of the practice
    - Are resources available to implement the change
    - What is the time span of the change
    - Can the practice continue functioning normally while implementing change

# IMPLEMENTING CHANGE

*PESONNEL*

Nominate the primary leaders for the project

*TIME FRAME*

This must be set out realistically, both for the overall project, and for steps along the way.

Projects planned over more than two years can be difficult to manage, over one year is probably ideal. Set a start and finish date as well as a date for meetings along the way.

*MONITORING*

Arrange for regular reporting back on the project. Specify the times (e.g every three months) when this is to be done, and by whom. Decide before hand what these reports shall include, and what criteria will be used to determine success. There should be sufficient flexibility for the project to be changed after the monitoring reports are received.

*ACTION PLAN*

This is the crux of implementing all change. The one set out below is one that many of you will be familiar with, because the FHSA has used a similar model when requesting bids for funds for Practice based projects

| Action No | Actual Action | Who is involved | Resources Needed | When to be completed |
|---|---|---|---|---|
| 1 | Practice Meeting | All Staff | Free Room, Lunch For 12, Flip-Chart, Agenda | 12.11.95 |
| 2 | Formal Action | Mickey and Minnie | Nil | 12.12.95 |
| 3 | Training Nurses | Both Practice Nurses | £150 + cost of Nurse Locum | 10.12.95 |

Clearly an action plan of this sort will be used for longer projects, but it can be useful even for minor projects.

In our Practice we have found the discipline of written Action Plans to be extremely useful. We use a card index system to set out our action plans. In the past, lack of clarity was a common reason for change not being implemented.

*RISK ANALYSIS*

Consider losses as well as gains; losses include actual money cost, as well time spent by staff (which can be costed). For some, losses will include loss of a role, feelings of insecurity etc.

Consider contingencies, and try to plan for these (e.g. if only one person is to be trained on the use of a particular software, what happens if that person falls sick or is absent for a lengthy period of time). Long term projects can run out of steam. Contingency planning should take this into consideration

# IMPLEMENTING CHANGE, PART 2
## Overcoming Resistance

The biggest obstacle to change is people's resistance to change. The reasons why this resistance exists has been discussed previously.

But how does one overcome resistance?

This question can be answered by looking at theories from the field of business and psychology. Lewin's Force Field Model (see diagram below) shows that driving forces for change will be met by restraining forces. For change to occur by moving from point A to B, there is initially unfreezing, then moving and finally refreezing. Refreezing is never a problem because once change occurs to a sufficient degree people will readily agree to stick where they are. Moving is also rarely a problem, because once change has been initiated people will continue with the change for at least some time. The big problem is with the unfreezing i.e. initiating change

To unfreeze or initiate change requires the following to be present:

1. A need or some kind of stress within the practice
2. A perceived benefit from change (payoff)
3. Potency, or a desire to change

Points 1 and 2 above are not really a problem. If there is no perceived need to change, and no perceived benefit, then there is no point in initiating change in the first place. However, often people simply do not want to change i.e. lack potency.

To increase this potency or wish for change the following could be attempted.

1. Within the practice increase people who have a drive for change
2. Decrease those who are resisting change
3. Persuade people who are resisting change into becoming drivers for change

Choice 3 would be ideal, but is the most difficult to achieve. Most people plumb for choice 1. Unfortunately simply asking for change more and more forcibly does not always achieve change. The best long term strategy is to try and reduce resistance amongst staff, but this is also the most difficult to achieve. Why are people so apparently resistance to change?

The change cycle shows that people are often at different psychological developments vis-à-vis change. If this is the case and single strategy will not succeed with every one. Individuals therefore need to be tackled separately, their ideas, expectations, fears dealt with as appropriate. Some people may be persuaded by simply increasing ownership, being provided with more support or time etc. However, there will be some in whom there will be a deep psychological resistance to change who will require a psychological approach.

People require motivation to change. From the force-field model is derived the expectancy-valence theory of motivation (figure 2.3). This theory suggests that people are motivated to change if two conditions are met: that benefits of change are greater than the perceived cost, and that people perceive that change is achievable. Thus if colleagues that change might be beneficial, but very difficult to achieve, they will appose it. Therefore, it makes sense to break projects into smaller, manageable chunks which will look less daunting.

**Figure 2-1 Lewin's Force Field Model**

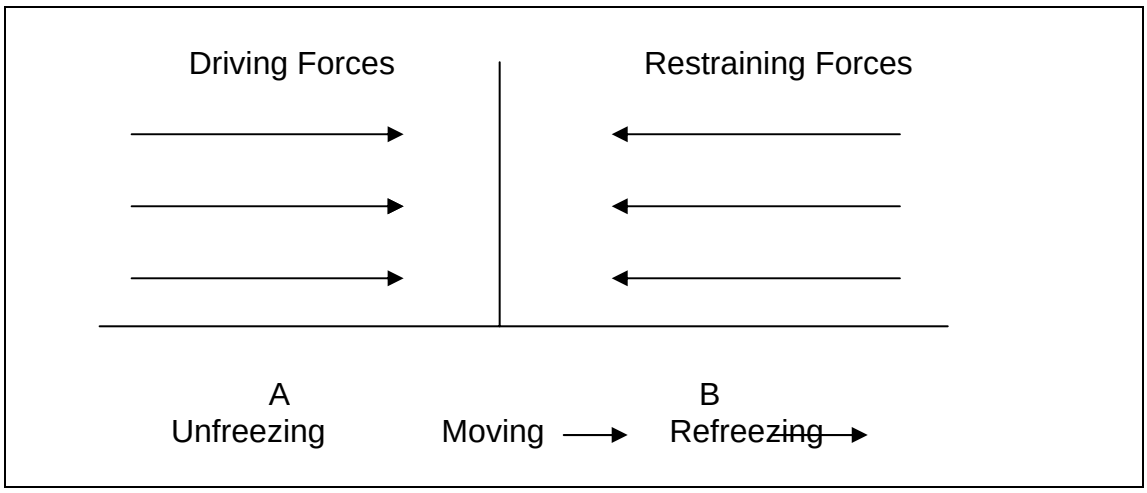


Figure 2-2; Expectency-valence model of motivation

**The expectancy-valence model** can be summarized with the following formula:

Motivation for change = the expectancy of success x positive consequences of change.

Or:

Motivation = expectancy X valence (or value).

The implication is that if either the expectancy or the value is zero, then motivation to change will also be zero

**Figure 2.3; Cycle of change**