Improvement Leaders' Guide

Managing the human dimensions of change
Personal and organisational development

Improvement Leaders' Guides

The ideas and advice in these Improvement Leaders' Guides will provide a foundation for all your improvement work:

- Improvement knowledge and skills
- ▶ • **Managing the human dimensions of change**
- Building and nurturing an improvement culture
- Working with groups
- Evaluating improvement
- Leading improvement

These Improvement Leaders' Guides will give you the basic tools and techniques:

- Involving patients and carers
- Process mapping, analysis and redesign
- Measurement for improvement
- Matching capacity and demand

These Improvement Leaders' Guides build on the basic tools and techniques:

- Working in systems
- Redesigning roles
- Improving flow

You will find all these Improvement Leaders' Guides at
www.institute.nhs.uk/improvementguides

Every single person is enabled, encouraged and capable to work with others to improve their part of the service

Discipline of Improvement in Health and Social Care

Contents

All models are wrong but some are quite useful
Derning

1. Why is this guide important?

Many change projects fail, and the most commonly cited reason is neglect of the human dimensions of change. This neglect often centres around a lack of insight into why people are unhappy with organisational change, a poor appreciation of the process of change, and a limited knowledge of the tools and techniques that are available to help Improvement Leaders. This guide will help you to understand and to better manage these fundamental aspects of the change management process, and help you to empower, enable and engage those you work with.

The psychology behind the human dimensions of change is an ever-growing area and there has been much research and theorising on the subject. This guide has been written by experienced Improvement Leaders who are involved in healthcare improvement initiatives. We have put together the models and frameworks that have helped us while working with a wide variety of people in healthcare. It is a starting point for you as an Improvement Leader.

Two approaches to improvement

'Anatomical' approach of improvement'	'Physiological' approach of improvement	In practice, both approaches of improvement are necessary
• change is a step by step process	• outcomes cannot be predetermined	• you need to set a direction but need to be flexible
• it is typically initiated top down	• change comes typically bottom up	• top down support is needed for bottom up change
• objectives set in advance (and set in stone!)	• there is no end point	• objectives need to be set and the team should be congratulated when each objective is achieved but improvement never ends
• it goes wrong because of poor planning and project control	• it goes wrong because of people issues	• planning and monitoring is important but gaining the commitment of people is vital

People and improvement

There are many different approaches to improvement. The 'anatomical approach' is one way of thinking, which could be described as the hard project management approach to change. Another approach, 'the physiological approach', focuses much more on the softer, people side of change. What we have realised is that for a successful improvement initiative the Improvement Leader needs to consider both approaches as shown in the table on page 4.

When trying to make improvements in healthcare, gaining the commitment of the people who are likely to be affected by the change is paramount. If the people issues are not identified and managed effectively, the following problems may arise:

• strong emotions, such as fear, anger, hopelessness and frustration can derail your improvement initiative

• people become defensive. They might deny there is problem, over emphasise the benefits of the present working practice or blame others within the organisation

• there is often constant complaining, questioning and scepticism

• there might be an increase in absenteeism, sickness and people leaving the organisation combined with a fall in morale and job satisfaction

• people don't match 'words with deeds', that is, they do not do what they say they are going to do

• conflict seems to spiral out of control

The theme for this guide is to help you understand these frequent reactions to change and guide you through some models and frameworks to help you respond more successfully to the challenges of managing the human dimensions of change.

What you as an Improvement Leader need to consider is that people have different needs and different styles of working especially in a change situation. It is often the lack of understanding of their needs and a lack of recognition of the value of their different perspectives that causes people to be labelled 'resistant to change'.

There are no magic wands and no guarantees about how people will react. What follows are some frameworks that you may find useful and you might want to investigate in more depth.

They are far less antagonistic now… I think they have got used to the idea, and some of them are actually seeing the benefits.

Local Clinician, Cancer Services Collaborative

Case study
Improvement for managers

A Strategic Health Authority in the North of England has developed a 'Leadership through change' programme aimed particularly at managers: ward managers, team leaders, nurse managers. They have recognised one of the first things to help with leading people through change is to encourage discussion about values, feelings and attitudes. Their support pack includes a variety of activities that the managers can use with their teams such as those in this and the other Improvement Leaders' Guides

2. The process of change

2.1 Managing Transitions

A round man cannot be expected to fit into a square
hole right away. He must have time to modify his shape.
Mark Twain

We go through transitions in everyday life, changes such as getting married,
having a baby or buying a new house, some of which are painless and some
of which are not! We also help others with a transition in the grieving process.
So transition is not a new experience to any of us but that fact is often
forgotten or ignored when changes are introduced in organisations.

Change is not the same as transition. Change is
situational: the new site, the new structure, the new
team, the new role, the new procedure. Transition is
the psychological process people go through to come
to terms with the new situation. Remember that
change is external and transition is internal.
William Bridges

Bridges says that transitions can be described in three stages, which are both
natural and predictable.
The ending
- when we acknowledge that there are things we need to let go of
- when we recognise that we have lost something
- example: changing your job. Even when it is your choice, there are still losses
  such as losing close working friends
The neutral zone
- when the old way has finished but the new way isn't here yet
- when everything is in flux and it feels like no one knows what they should be
  doing
- when things are confusing and disorderly
- example: moving house. The first few days or even months after moving the
  new house is not home yet and things are quite probably in turmoil
The beginning
- when the new way feels comfortable, right and the only way
- example: having a baby. After a few months in the neutral zone of turmoil,
  you come to a stage when you cannot imagine life without your new baby

What we all have in common is that for every change we go through a transition. The difference between us as individuals is the speed at which we go through that transition. This can be affected by a variety of factors. These factors include past experiences, personal preferred style, the degree of involvement in recognising the problem and developing possible solutions, and the extent to which someone was pushed towards a change rather than moving towards it voluntarily. Our advice for you as an Improvement Leader is to help people recognise the process and the stages of a transition as something that is perfectly natural.

Most organisations try to start with a beginning, rather than finishing with it. They pay no attention to endings. They do not acknowledge the existence of the neutral zone, and then wonder why people have so much difficulty with change.
William Bridges

As an Improvement Leader you can help transitions by considering the following checklists.

A checklist for managing endings
- help everyone to understand the current problems and why the change is necessary
- identify who is likely to lose what. Remember that loss of friends and close working colleagues is just as important to some, as status and power is to others
- losses are very subjective. The things one person may really grieve about may mean nothing to someone else. Accept the importance of subjective losses. Don't argue with others about how they perceive the loss and don't be surprised at what you may consider to be an 'over reaction'
- expect and accept signs of grieving and acknowledge those losses openly and sympathetically
- define what is over and what isn't. People have to make the break at some time and trying to cling on to old ways prolongs the difficulties
- treat the past with respect. People have probably worked extremely hard in what may have been very difficult conditions. Recognise that and show that it is valued
- show how ending something ensures the things that really matter are continued and improved i.e. improvement of experiences and outcomes for patients

- give people information and do it again and again and again in a variety of ways. Give people written information to go away and read, as well as giving people the opportunity to talk to you and ask you questions
- use the 'What's in it for me' model in section 3.1 to map out how best to approach different individuals

A checklist for managing the neutral zone
- recognise this as a difficult time that everyone goes through
- get people involved and working together and give them time and space to experiment by testing new ideas
- help people to feel that they are still valued
- particularly praise someone who had a good idea even if it didn't work as expected. The Plan, Do, Study, Act (PDSA) model encourages trying things out and learning from each cycle
- give people information and do it again and again and again in a variety of ways. Make sure you feed back to people the results of the ideas being tested and decisions made as a result of the study part of the PDSA cycle

For more information about the Model for improvement and PDSA cycles look at the Improvement Leaders' Guide: Process mapping, analysis and redesign. www.institute.nhs.uk/improvementguides

**A checklist for managing a new beginning**
- make sure you do not force a beginning before its time
- ensure people know what part they are to play in the new system
- make sure policies, procedures and priorities do not send out mixed messages
- plan to celebrate the new beginning and give the credit to those who have made the change
- give people information and do it again and again and again in a variety of ways

People responsible for planning and implementing change often forget that while the first task of change management is to understand the destination and how to get there, the first task of transition management is to convince people to leave home. You'll save yourself a lot of grief if you remember that.
William Bridges

For more information read Bridges, W. (2003) Managing transitions: Making the most of change, (2nd Edition) London, Nicholas Brearley.

2.2 The grief and loss model
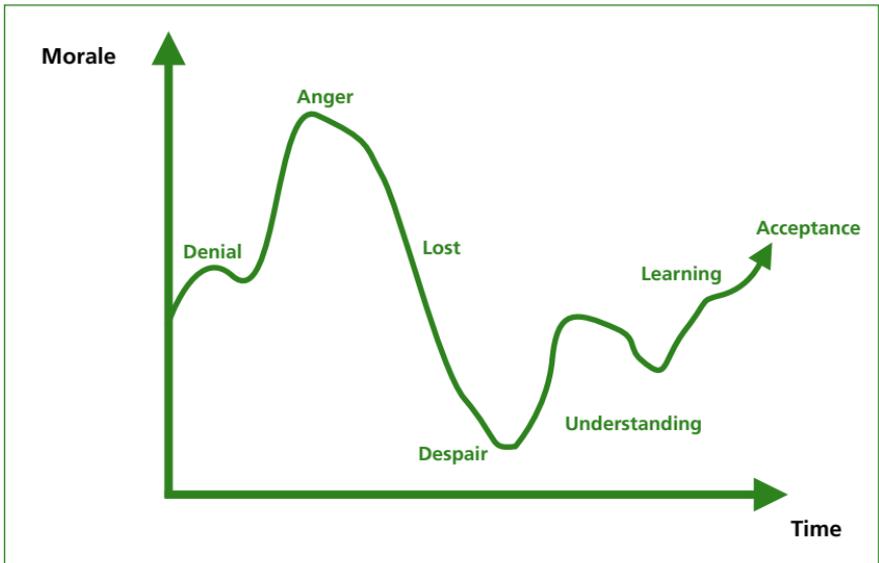
Adapted from Kubler-Ross

Change often involves people feeling a sense of grief and loss. This model describes different stages - denial, anger, despair and acceptance: an emotional and upsetting roller coaster which is quite normal!

It starts with an emotional event, an upset or a shock. We cannot respond with a 'flight or fight' every time so we **deny** it is happening until the evidence, rational and emotional, gets so strong that we have to do something about it. Then we get **angry,** a time that is extremely stressful and can cause you to feel physically unwell, especially if it goes on for too long.

Then comes the 'emotional fog': you feel lost, you don't know where you are and everything feels very uncertain. Lots of emotional turmoil is going on, you can't make sense of any of it and it is difficult to see a way through it. This is when people try to postpone the inevitable. Then comes depression and **despair** when people are thinking that they are never going to get through it. Morale is low. Many people want to be left alone, to be given space to work it out for themselves and the opportunity to find others who are experiencing the same thing and may therefore be able to help.

The last stage, **acceptance,** is when the opportunities or explanations begin to make sense, when you begin to accept the new ideas about this new world, we start to understand and learn how to deal with it and life starts picking-up again.

Change means experiencing all the low points in the middle without which you cannot enter your new world that you chose or had created for you.

2.3 The change equation

There are lots of reasons why people may be hesitant about changing the way they do things. These may include:
• having a poor appreciation of the need to change or considering the need to change to be secondary to other issues
• having a poor understanding of the proposed solutions or consider the solution to be inappropriate
• disagreeing how the change should be implemented
• embarrassment about admitting that what they are doing could be improved
• lacking trust in a person or the organisation, as they believe it has failed to successfully implement change in the past
• anticipating a lack of resources

As an Improvement Leader it would be a good use of your time to really understand the reason for resistance. Consider whether the person's apparent resistance stems from something they do not know or understand, something they do not have the capacity or resources to do, or something that they consider will leave them worse off than now.

Resistance is a natural, universal, inevitable human response to a change that someone else thinks is a good idea, and resisting change or improvement does not make someone bad or narrow-minded. We've all done it and our response will be one of three things: fight, flight or freeze.
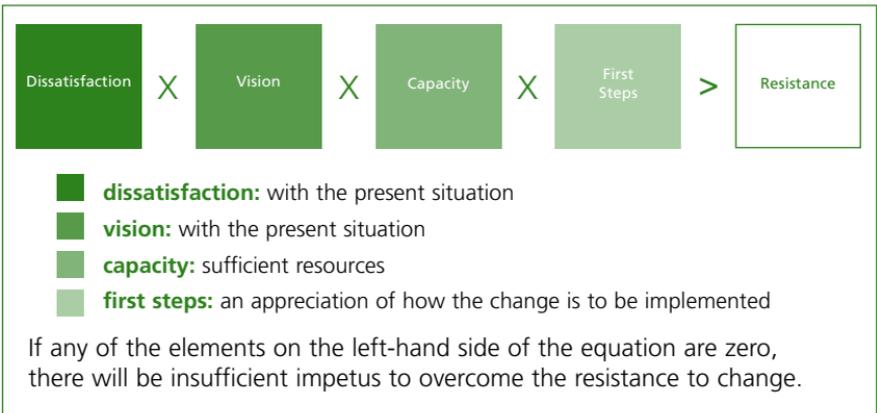
You may find the following change equation a powerful tool. It shows that we need to recognise and understand many factors from the person's point of view.

Dissatisfaction
Ask the questions
- how satisfied is the person with the current state of things?
- is any dissatisfaction shared with their colleagues?
- how is the dissatisfaction understood and experienced?

The change equation

Dissatisfaction	X	Vision	X	Capacity	X	First Steps	>	Resistance

■ **dissatisfaction:** with the present situation

■ **vision:** with the present situation

■ **capacity:** sufficient resources

■ **first steps:** an appreciation of how the change is to be implemented

If any of the elements on the left-hand side of the equation are zero, there will be insufficient impetus to overcome the resistance to change.

Adapted from Beckhard Change Model

Vision
Ask the questions
- what does this person want for their patients, themselves and their colleagues?
- what are their values and beliefs, goals and desires?
- what could the new system look like?

Capacity

Ask the questions

- what resources are needed to achieve the change? Don't forget resources such as energy and capability
- how can the resources be generated or shared?
- has this person shown in the past that they are willing to try out new ideas? It has been shown time and time again that it is most effective to test out new improvement ideas with people that are willing to try new things
- is there anyone this person respects both professionally and personally and who has demonstrated the energy and capability to make changes? Could you put them in contact? Often we are enthused and energised by others we see as similar to ourselves

First steps

Ask the question

- what first steps could people undertake which everyone agrees would be moving in the right direction?

By working with the left side of the equation, people will be pulled towards a change. Generally, it is better to pull people towards a change rather than push people into it. People need to understand that the costs and risks of maintaining the status quo outweigh the risks and the uncertainty of making the change.

The… thing… that was astounding was mapping. We all thought we knew how the system worked but none of us had a clue. Many times an hour my mouth was just falling open because I didn't realise what a mess it was.
Lead Clinician, Cancer Services Collaborative

It's got to be an advantage for everyone. It's got to be a win-win type thing, it's no good it just being absolutely brilliant for the patients, it's got to have advantages for virtually everybody involved, because it will have disadvantages for everybody involved as well probably. So the advantages have got to be transparent and obvious and apply to staff as well as patients.
Improvement Lead

I did have a problem with one consultant… the first thing I realised was that he didn't understand a booked admission. After that, if I went to see consultants about booking, I took a diagram of what a booked admission was. We assume they understand and they don't, and that's probably part of why they're resistant to it.
Improvement Lead, National Booking Programme

One of the reasons we got involved was because we care about the way that we deliver the service to patients… we were interested in ways of trying to improve… you think, there must be a better way of doing things.
Lead Clinician, Cancer Services Collaborative

3. Frameworks and models to help people through the process of change

3.1 'What's in it for me' (WIFM) framework

A useful way to consider the different needs and attitudes of each individual, or even a group, who are to be key stakeholders in your improvement initiative is to carry out a 'what's in it for me' analysis. Try to do this as soon as you become involved in the improvement initiative, before people have taken up 'positions' and remember to revisit as often as required.

Use this model very carefully, use it to plan your communication and involvement of key people and groups

Key People (or group)	W. I. F. M? (What's In It For Me)		What could they do to support or prevent the improvement initiative?	What could/should we do to reduce non-compliant activities and encourage and support compliant ones?
	+ Impact	- Risk		
a	b	c	d	e

Column	How to use the WIFM chart
a	**How to use the WIFM chart** Comment Enter name or the group (beware Data Protection issues using names). You could have three 'types': • those expected to be for the change • those expected to be against it • those expected to be neutral or as yet undecided.
b&c	In these columns record the positive and negative ideas, and comments the individual or group are likely to express on hearing about the improvement idea. Possibly test out your thoughts with others. WIFM criteria could include: • deep held values and beliefs • working relationships • conditions of work: place, hours etc. • salary • job security • nature of work: tasks, responsibilities etc. • power, status, position, identity The more criteria that are negatively affected by the change, the greater the resistance to change. Changes that negatively interfere with a person's power, status, position and identity will evoke the most emotion.
d	Now list the actions the individual or members of the group could take to support or resist your initiative. Consider if they show: • commitment: want to make the change happen and will work to make it happen • apathy: neither in support nor in opposition to the change • non-compliance: do not accept that there are benefits and have nothing to lose by opposing the change
e	Think about what you and/or your team could and should do. You need to: • move non-compliant people to a position of neutrality as it is very difficult to move them to a position of commitment quickly • detect and negate potential non-compliant activities • look for, build on and encourage any supporting behaviour Use the models and frameworks in this guide to ensure you interact with this group or individual with the best possible effect. People prefer immediate reward as opposed to delayed rewards, so short term successes are very important. Peter Weaver Associates

…if your consultant staff aren't on board then it ain't going to work. Like so many other things in the NHS, they are the lynchpin and if you can't get them on board… it doesn't matter what else you do, the project isn't going to work.
Improvement Lead

3.2 Helping people into their 'discomfort zone'

We have all experienced change situations where we have gone from a feeling of comfortable stability into a feeling of panic. It is useful for anyone in improvement to remember when it happened to them and understand those feelings.

The **comfort zone** is where some people are quite happy to stay. It may be a way of thinking or working, or a job that someone has been doing for a long time. In a comfort zone:
• things feel familiar and certain
• the work is controllable and predictable
• people feel comfortable and competent
• there is no threat to self esteem or identity
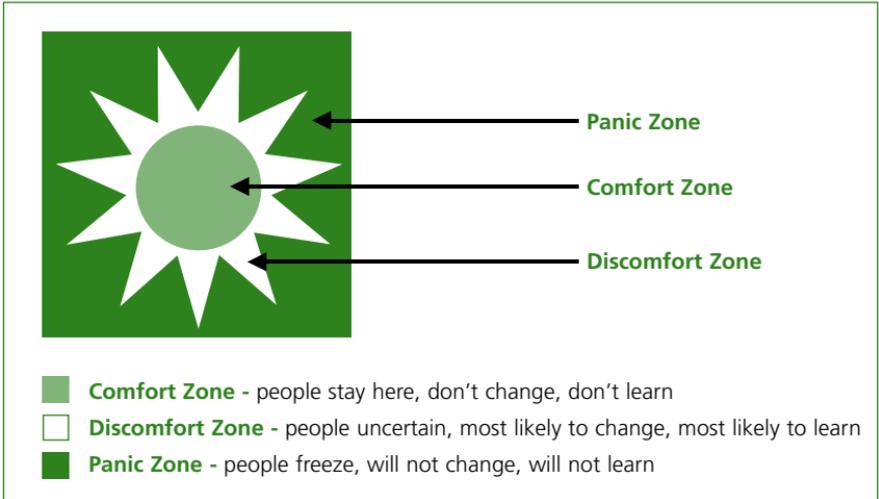• there is a sense of belonging

However, in the comfort zone people generally don't need to learn new things and therefore don't change.

The **panic zone** is the place many are forced into when confronted with a change that they do not agree with. It is when people have been forced into the panic zone that they will most likely feel:
• stress, worry and fear
• anger, irritation and annoyance
• sadness, hopelessness and apathy
• guilt and shame
• inadequacy and frustration

Here people freeze, they certainly don't change and they won't learn.

As an Improvement Leader, the best strategy is to help people out of their comfort zone but not into a panic zone by encouraging them into the **discomfort zone**. It is in the discomfort zone that people are most likely to change and learn how to do things differently.

■ (light green)	**Comfort Zone -** people stay here, don't change, don't learn
□ (white)	**Discomfort Zone -** people uncertain, most likely to change, most likely to learn
■ (dark green)	**Panic Zone -** people freeze, will not change, will not learn

For more information read Senge, P. (2000) The Dance of Change: sustaining momentum in a learning organisation, Nicholas Brearley

To encourage people to leave the comfort zone you need to help them feel 'safe'.

You can help people to feel safe by creating the right environment and culture. This will include ensuring there is no blame, and developing a culture of mutual support and respect. Then ask them to question the current situation and see it from another point of view such as other members of staff or the patients and their carers. Two of the best ways to do this are described in the Improvement Leaders' Guides: Process mapping, analysis and redesign and Involving patients and carers www.institute.nhs.uk/improvementguides

Other methods to help people feel safe include:
• create a compelling and positive vision of how things could be
• provide access to appropriate training and positive role models
• provide coaches, feedback and support groups
• ensure systems and structures are consistent
• see also the Improvement Leaders' Guide: Building and nurturing an improvement culture www.institute.nhs.uk/improvementguides

3.3 How to recognise differences

As an Improvement Leader, consider the individuals you will be working with. Try to understand how they may react, how best to communicate with them and how best to work in ways that suit them as individuals.

Remember to see the person, not a name badge or title.

Personal styles, the key to understanding others
People tend to relate to the world around them in several different distinct ways. Merrill and Reid describe four different styles as in the table below: Analyst, Amiable, Expressive and Driver.

Analyst	Amiable	Expressive	Driver
analytical	patient	verbal	action-orientated
controlled	loyal	motivating	decisive
orderly	sympathetic	enthusiastic	problem solver
precise	team person	gregarious	direct
disciplined	relaxed	convincing	assertive
deliberate	mature	impulsive	demanding
cautious	supportive	generous	risk taker
diplomatic	stable	influential	forceful
accurate	considerate	charming	competitive
conscientious	empathetic	confident	independent
fact finder	persevering	inspiring	determined
systematic	trusting	dramatic	results-orientated
logical	congenial	optimistic	
conventional		animated	

Reference: Merrill D.W. and Reid R.H. (1999) Personal Styles and Effective Performance: make your style work for you, CRC Press, London

It's change. People are resistant to change... often those people have been in those posts for a long time …they like doing things their own way.
Improvement Lead, National Booking Programme

While all four approaches are at the disposal of each and every individual, there is a tendency for most of us to develop one approach more than the other three. We tend to have a main, predominant style, a back up style, and a least used style.

The predominant approach can be described by:
• what the individual finds of interest
• what the individual feels is important
• their behaviour or actions

Matching wavelengths

The chance of a message being heard and understood would be greatly improved if both parties were using the same wavelength. If you want your message to be understood, you should try to change your wavelength to fit the other persons.

Consider what the receiver views as important, what some of their interests are and how they tend to behave. With this picture in mind you can then 'package' your message so that it fits the receiver's frequency.

Remember that people will not always fit these descriptions of personal style. However, the more a person follows a pattern, the more likely adopting a communication style appropriate to that pattern will influence them.

Case study

This model was introduced to a group of Improvement Leaders. One project manager had no difficulty in recognising her style as a Driver. She also recognised the style of someone who she felt she was having 'difficulty' with an Analyst. When she returned to work she changed the way she dealt with this person giving them more written facts and figures and time to think through the information and she tried to be less 'pushy'. She reported back a few weeks later that the 'difficult' person was totally on board with the improvements and a real supporter.

The Analyst: Technical specialist

May be perceived positively as	May be perceived negatively as	How to work better with Analysts
• accurate • conscientious • serious • persistent • organised • deliberate • cautious	• critical • picky • moralistic • stuffy • stubborn • indecisive	• tell how first • list pros and cons • be accurate and logical • provide evidence • provide deadlines • give them time, don't rush or surprise

Analyst: interested in, and places a high value on facts, figures, data and reason. Others often describe their actions as analytical, systematic and methodical. They tend to follow an orderly approach in tackling a task and is well organised and thorough in whatever they do.

Others may see them at times as being too cautious, overly structured, someone who does things too much 'by the book'. They analyse past data, considers the present situation and projects these facts. They view time in a linear or sequential fashion.

Communicating with an Analyst
Analysts want facts, figures and data in the message. It would help to present the message in an orderly fashion, have some documentation to support the views and be prepared to give the Analyst a chance to examine carefully what is being sent.

Written communication
An Analyst's style:
• quite formal and precise
• lists key points
• may use an outline style, with subheadings and numbered sections
• likes tables and appendices with facts and figures

The Amiable: Relationship specialist

May be perceived positively as	May be perceived negatively as	How to work better with 'Amiables'
• patient • respectful • willing • agreeable • dependable • concerned • relaxed • organised • mature • empathetic	• hesitant • 'wishy washy' • pliant • conforming • dependent • unsure • laid back	• tell why and who first • ask instead of telling • draw out their opinions • chat about their personal life • define expectations • strive for harmony

Amiable: interested in and places high value on personal relationships, feelings, human interactions and affiliation with others. Often described as warm and sensitive to the feelings of others. They appear to be perceptive, able to assess a situation in terms of the human emotions involved and is often considered a loyal and supportive friend.

At other times they may be viewed as too emotional, sentimental and too easily swayed by others. They often make reference to past events and their relationships with others over a period of time.

Communicating with an Amiable
For Amiables make sure you include the human dimensions of the situation. They will want to know how others may feel about the matter, who else will be involved in it, past experience in similar situations, etc.

Written communication
The Amiable's style is often more informal, chatty and friendly. They may inject names and make references to others and to past events.

The Expressive: Social specialist

May be perceived positively as	May be perceived negatively as	How to work better with Expressives
• verbal • inspiring • ambitious • enthusiastic • energetic • confident • friendly • influential	• a talker • overly dramatic • impulsive • undisciplined • excitable • egotistical • flaky • manipulating	• tell who first • be enthusiastic • allow for fun • support their creativity and intuition • talk about people and goals • value feelings and opinions • keep fast paced and be flexible

Expressive: interested in taking people with them, enthusing them with optimism and energy. They will be open with people and willing to make personal investment and so they are generally very good with people.

However they can frighten people by being over-dominant and can feel personally let down by people and left out. They tend to be poor with detail and their hunches can go wrong.

Communicating with an Expressive
Bear in mind that they will be looking for the new, the exciting and the innovative aspects of the message.

Written communication
Written communication from an Expressive can tend to be rather vague and abstract. They are inclined to be idea-orientated and are often quite lengthy in making a point.

The Driver: Command specialist

May be perceived positively as	May be perceived negatively as	How to work better with Drivers
• decisive • independent • practical • determined • efficient • assertive • a risk taker • direct • a problem solver	• pushy • one man/woman show • tough • demanding • dominating • an agitator • cuts corners • insensitive	• tell what and when first • keep fast paced • don't waste time • be businesslike • give some freedom • talk results • find shortcuts

Driver: place great emphasis on action and results. Often viewed as decisive, direct and pragmatic. Their time orientation is here and now. They like to get things done and hates spinning things out. They translate ideas into action and are dynamic and resourceful.

They may be accused of looking only at the short term and neglecting long-range implications. This same tendency sometimes exposes them to criticism from others who may see them as too impulsive, simplistic, acting before he/she thinks.

Communicating with a Driver
Drivers will want to know 'what are we going to do?' and 'how soon can we do it?'

Written communication
Drivers' writing is inclined to be brief, crisp and sketchy, resents having to take the time to write and will often scribble a brief reply on the sender's original message and return it.

> **A thought:**
> • when you have written a memo or prepared a presentation, show it to a colleague who you trust and has a different style from you
> • ask what they would change to make it more effective for them

Using personal styles when working with individuals and groups
When working with someone, it is important to consider his or her needs and styles. You also need to be aware of your own style and biases and try to understand and relate to those who may have styles that are different to yours.

Working with individuals
As an Improvement Leader you may need to have a discussion with someone about a possible improvement suggestion. In your preparation for the meeting ask yourself the following questions:
- would this person prefer a face to face explanation or would they prefer to have a paper to read through first?
- would this person prefer specific information and supporting data or would they prefer to know what the implications are?
- would this person prefer the logical explanation with a cause and effect analysis and a clear options appraisal based on facts, or would they prefer to know the values behind the thinking and the effect it might have on the staff and patients?
- would this person prefer to have a clear agreed plan with milestones or will they prefer to take a flexible approach?

Case study
An Improvement Leader (Driver) was keen to bring about a change to reduce waiting times for patients. However, she initially failed to realise that the list of pros and cons was not sufficient to convince her Amiable colleague. Her colleague needed to feel convinced that it was a real improvement from the patients' point of view.

We would suggest you prepare for all styles but listen for clues about an individual's preferred styles.

Working with a group
It would be good if you had the time to talk to everyone as an individual but this is rare. However, you can apply the thinking about personal styles when you work with a small group of just two or three people in a meeting or a larger group at an event. You should prepare to relate to all styles by including:
- time for interactions and discussion as well as time for reflection
- sufficient details and evidence to support your case as well as an indication of the possibilities
- the logic behind the thinking and the impact on people
- a proposed plan with milestones but one that also allows flexibility

Before the event
- make sure all necessary information is sent out to participants in plenty of time before any meeting or event
- include the start and finish times, day, date, place, any preparation the participants need to do and the objectives for the meeting or event
- don't forget to include a contact name and contact details for any questions

During the event:
- agree objectives and ground rules at the start. Ground rules could include allowing everyone the opportunity to participate, being honest and open, ensuring confidentiality within the group etc.
- set timeframes for the start and end of the event and for lunch and coffee breaks, but allow flexibility in the agenda between those times
- use the flip chart as a 'car park' for ideas, issues and thoughts which deviate from the agreed objectives of the session. If a group gets fixated on the details, for example when mapping the patient journey, agree to 'park' the issue and move on. You can return to these issues later in the day, or at subsequent events
- summarise and agree deadlines, actions or next steps together. Agree a deadline for notes from the meeting to be sent out. Include actions around the ideas, issues and thoughts that were noted on the flip chart
- consider ways of working that take the different styles into account, for example:
  - have back-up data and information available for those who want it, but don't go into too much detail with the whole group
  - if you need to generate ideas or gain information from the participants, ask them to think by themselves for a few minutes and write down their thoughts before having a group discussion

After the event:
- make sure that the notes are circulated within the agreed time and that agreed actions are followed up

There is more advice and information on this in the Improvement Leaders' Guide: Working with groups www.institute.nhs.uk/improvementguides

3.4 Building trust and relationships

If you have a good relationship and mutual trust between yourself and those you are working with, you are more likely to find them receptive to the new ways of thinking and the improvement methods you want to introduce.

What is trust?
Trust is a combination of two things: competency and caring. Competency alone or caring by itself will not create trust. This model, illustrated below, says that if I think someone is competent, but I do not think they care about me, or the things that are important to me, I will respect them but not necessarily trust them. On the other hand, if I think someone cares about me but I do not feel they are competent or capable, I will have affection for that person but not necessarily trust them to do the job in hand.
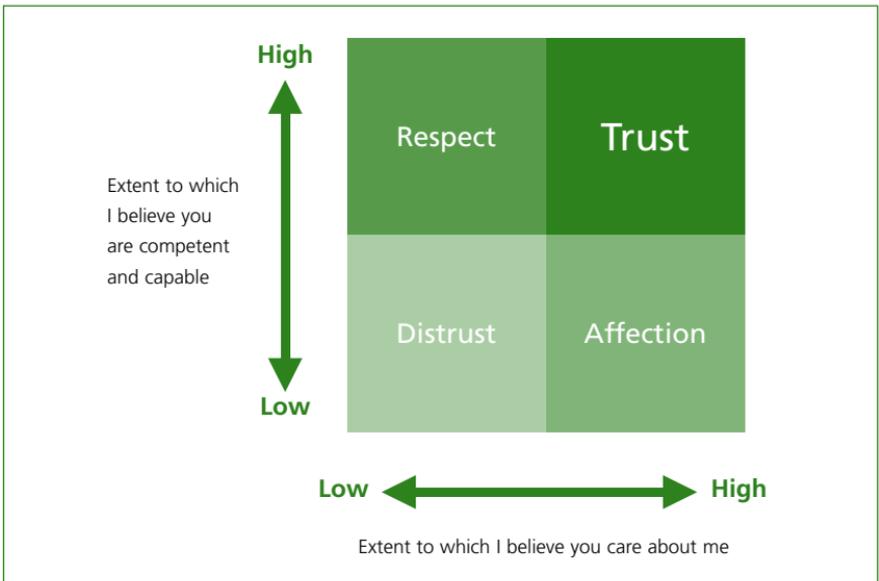
Adapted Scholtes P (1998) The Leaders Handbook, making things happen getting things done, McGraw Hill

Trust and relationships

You can encourage people to trust you if you:

- do what you say you will do and do not make promises you can't or won't keep
- listen to people carefully and tell them what you think they are saying. People trust others when they believe they understand them
- understand what matters to people. People trust those who are looking out for their best interests

You can encourage good relationships with people if you:

- are able to talk to each other and are willing to listen to each other
- respect each other and know how to show respect in ways the other person wants
- know each other well enough to understand and respect the other person's values and beliefs
- are honest and do not hide your shortcomings. This may improve your image but does not build trust
- don't confuse trustworthiness with friendship. Trust does not automatically come with friendship
- tell the truth!

3.5 Creating rapport

As an Improvement Leader, it is vital to communicate and work with others in ways that suit them. Remember communication is 7% words, 38% tone of the voice and 55% body language. When you have a good feeling with someone you probably have rapport.

Building rapport is a technique described and practiced in Neuro Linguistic Programming (NLP).

This is about how we make sense of our experiences and give them meaning, how we think about our values and beliefs and create our emotional states. The methods help us understand and work with others and were created by modelling exceptional people. It is a technique used all over the world and in many walks of life.

It's not what you say, it's the way that you say it.
Louis Armstrong

What is rapport?

Rapport is the process of building and sustaining a relationship of mutual trust and understanding. It is the ability to relate to others, in a way that makes people feel at their ease. When you have rapport with someone you feel at ease, conversation flows and silences are easy. It is the basis of good communication and is a form of influence. It is a major component of listening, when the whole body indicates interest in what the other person is saying.

Creating rapport

First you have to be aware of yourself. Then make a conscious effort to match as many of the other person's characteristics as possible:

- **posture**: look at and match the position of the body, legs, arms, hands and fingers, and how the head and shoulders are held
- **expression:** notice and match the direction of the look and movement of the eyes. Ensure you make and keep eye contact
- **breathing:** match the way the other person is breathing. People will breathe either fast or slow, from their chest or their abdomen
- **movement:** notice if their movements are fast or slow, steady or erratic and make your movements the same
- **voice:** think about the pace, volume, and intonation of their voice. Listen to the type of words being used. Try to use a similar voice and words

Pacing

Pacing is about respecting the feelings or style of others. If someone is feeling anxious, to pace him or her is to show an understanding of that anxiety. If someone is having fun, to pace him or her is to join in the fun. When we talk about someone's excitement or enthusiasm being infectious, we are really talking about our ability to pace and join in.

When you can match and pace you can also, with practice, lead and influence. You might lead from a subdued lethargic mood into an exciting energetic mood, or lead from speaking quietly to speaking loudly or you might want to use matching, pacing and leading with individuals or groups:

- when someone is angry, to help calm them down
- when someone is tense, to help them relax
- when things feel slow, to speed them up and create a feeling of energy

But this should be done sensitively, using discretion and great care.

> **A thought:**
> Next time you are in a meeting or with a group of people, pay attention to the elements of rapport: posture, expression, breathing, movement and voice. Notice the posture and movements of yourself and others in the group and listen to the words and voices:
> • identify who appears to be in rapport with others in the group
> • look for mismatching if some people are not getting on so well or are disagreeing
>
> If it is comfortable to do so, speak later with the participants you observed. Ask how they were finding the discussions, how they felt and check whether their responses match your observations.

3.6 Managing conflict

Conflict is a reality of improvement and cannot be avoided but it can be managed and it can turn out to be very positive. An organisation that was operated completely by computers or robots without any people would never experience the stresses and detrimental effects of conflict. However that organisation would not remain in business for very long, as it would never grow and develop.

Conflict can be defined as 'when behaviour is intended to obstruct the achievement of some other person's goals.'
D Coon

For more information read Coon, D (1992) Introduction to Psychology – exploration and application, West Publishing Co. USA.

Conflict can range from a minor misunderstanding, to behaviour where each party only seeks to destroy the other. Generally conflicts have two elements:
• the relationship between the people involved
• the issue which is the basis of the disagreement

As an Improvement Leader, you should try to intervene effectively in the early stages of conflict by preventing, containing or handling, even if you are involved in the conflict yourself:
• preventing escalation by identifying early signs and taking action
• containing it to stop it worsening by dealing with difficulties and tensions and working to re-establish relationships
• handling by taking positive steps to deal with the conflict issues and monitoring the effects

If the conflict gets worse, you will probably need someone else to help the parties involved in the conflict develop longer-term strategies.

Preventing conflict from escalating
Conflicts will take on a life of their own and will get worse if left alone, so ask yourself the following questions about any conflict as soon as it becomes apparent to try to stop it escalating:
• what type of conflict is it?
    • hot conflict: where each party is keen to meet and discuss to thrash things out
    • cold conflict: where things are kept quiet and under the surface
• what are the most important underlying influences at work?
• what is this really all about?
• where is the conflict going?
• how can I stop it?
• what needs to happen now?

Containing conflict
Remember that conflicts are more about people than problems, so understand and value the differences in the parties involved, which may include yourself:
• recognise your own style with its strengths and its limitations
• listen and try to understand the other person instead of attributing a motive from your viewpoint
• ask questions to develop your understanding of the goal from the other person's point of view
• look for a solution that incorporates both goals

Conflict when managed properly can be 'an energising and vitalising force in groups and in the organisation.'
Fitchie & Leary

For more information read Fitchie R. and Leary M. (1998) Resolving conflicts in organisations, Lemos & Crane

Handling conflict

The following checklist of DOs and DON'Ts may be useful at any stage of a conflict situation.

Conflict means different things to different people. This may be due to their personal style or even their professional training.

- some people can find a heated discussion stimulating and enjoy a 'good argument' whilst others can be torn apart by it. Just because someone asks you lots of pointed questions or disagrees with you in a meeting does not mean that they are against you or the objectives of your improvement idea. It may just be their way of gathering further information to think about later
- remember also that doctors and scientists in general are trained to challenge information, concepts and ideas. They may be testing out the validity of the project and your knowledge. We have found over and over again that direct questioning does not mean that people are against the proposal

The main thing is to acknowledge any conflict and not to avoid it. Describe the issues involved, talk about it and work through it.

Do	Don't
• work to cool down the debate in a hot conflict • convince parties in a cold conflict that something can be done • ensure that the issues are fully outlined • acknowledge emotions and different styles • make sure you have a comfortable environment for any meeting • set a time frame for the discussion • ensure good rapport • use names and, if appropriate, titles throughout	• conduct your conversation in a public place • leave the discussion open – agree next steps • finish their sentence for them • use jargon • constantly interrupt • do something else whilst trying to listen • distort the truth • use inappropriate humour

Case study

There was an agreement to decide a set of referral criteria for patients with suspected cancer. Each of the consultants involved currently applied different clinical practice and different thresholds for deciding whether or not a patient was high risk. The discussions lasted for several weeks and were characterised by one consultant quoting research findings only to be challenged by another using anecdotal evidence and a third acting as devil's advocate posing many 'what if' scenarios.

The Improvement Project Manager managed the situation in a number of ways. These included summarising where there seemed to be agreement and bringing examples of criteria set by other hospitals both to stimulate discussion and to foster an environment of wider collaboration.

The team of consultants eventually agreed on a set of criteria and went on to demonstrate their ownership and agreement by collectively defending their decisions at a National Conference, in the face of intense questioning from their peers.

When asked about the process, the consultants commented that they had never had such an in depth argument about clinical practice and they had found it invigorating. They said that it had set the tone for frank discussions in other meetings and the 'conflict' had kept them hooked on the project.

3.7 Communication

Conflict and communication are inseparable. Communication can cause conflict: it's a way to express conflict and it's a way to either resolve it or perpetuate it. It is very often a breakdown in communication, or interpretation of that communication, that will inflame the conflict situation and facilitate. So it's worth taking a bit of time to summarise the lessons about communication, although these will probably not be new to you.

General tips for good communication
• uncertainty is more painful than bad news, so communicate early and often
• seek first to understand and then to be understood
• communicate directly with the people that matter using multiple media, but preferably face-to-face
• make the communication process transparent and two-way
• be honest and tell the truth
• the result of a communication is the response you get back, which may be different from what you intended
• you will always be communicating, even when you think you're not. A person cannot **not** communicate, and behaviour is the highest form of communication

Exploring
Exploring is the use of questions and the encouragement to open up and enlarge your understanding of issues from others. The aim is to explore responsively rather than to interrogate, so use questions that encourage the other person to describe information and feelings of significance:
• follow the speaker's direction: 'tell me more about that…', 'what happened then...', 'is there anything else...'
• avoid 'why' questions as they often create defensive responses, instead use what, how and when

Active listening

Active listening is listening to others in order to understand their ideas, opinions and feelings and to demonstrate actively to the person that you have understood their ideas, opinions and feelings:

- give the speaker your full attention and build rapport (see section 3.5)
- reflect back using the speaker's words, either in a pause or interrupting with permission: 'can I just check that I've understood these points?'
- reflect back any feelings behind the words you may have become aware of, by re-stating them: 'it sounds as if you are frustrated by this', 'it sounds as if that was a very exciting opportunity for you'
- summarise and clarify what you have heard after several reflections to check your understanding of the whole topic
- when you are sure you have completely understood the other person's ideas, opinions and feelings, you can interpret with 'it sounds as if you intend to…' or 'it sounds as though you would prefer to…'. However, be prepared for a negative reaction if the speaker perceives you are distorting what they have said to suit your own agenda

Benefits of active listening

- the speaker feels understood, has opportunities to express thoughts more concisely and opportunities to correct misunderstandings
- being listened to helps people off-load and gets rid of things that block future thinking and action
- the listener has to suspend their own opinions and own agenda and follow the direction of the speakers. This means giving up on solving the other person's problems for them
- listening and valuing another's point of view opens you up to being influenced by that point of view and you are more likely to reach a win-win outcome

Communication DOs

Before a meeting

- prepare well for any meeting even with one person
- research the issues and the background
- adjust your approach depending on the person and outcome you are trying to achieve
- recognise the pressures of the other person and the difficulties they may face in prioritising their actions

During the meeting
- be clear and concise
- engage in active listening
- keep a clear mind
- respond don't react
- provide credible information and a range of solutions or options

Communication DON'Ts
- try to be invisible by communication through emails only
- avoid the issue
- have preconceptions about the other person
- over-use jargon, theory or complex ideas
- start from a fixed position that you are determined to defend at all costs
- preach to people
- get excited with shouting and finger jabbing
- do more talking than listening or interrupt the other person with your own point of view
- try and score points

Rule of three
If you are unsure about how to prepare for a meeting there is a very good rule of three, which you may find useful. Listen to public speakers, they use it all the time.

3 stages in a meeting	convincing	informing	persuading
• connect • convince • conclude	• must do • should do • could do	• topic 1 • topic 2 • topic 3	• state the position • identify the problems • present the possibilities

4. Engaging others in improvement

4.1 Winning hearts and minds

Since improvement depends on the actions of people, ultimately it comes down to winning hearts and minds. People are not machines. You cannot make others simply do as they are told, nor can you be everywhere at once in order to watch others to ensure compliance. Command and control cannot work in human-intensive systems like health and social care because there can never be enough commanders and controllers to go around and none of us is willing to put up with the approach that would be required. So we need to win the hearts and minds.
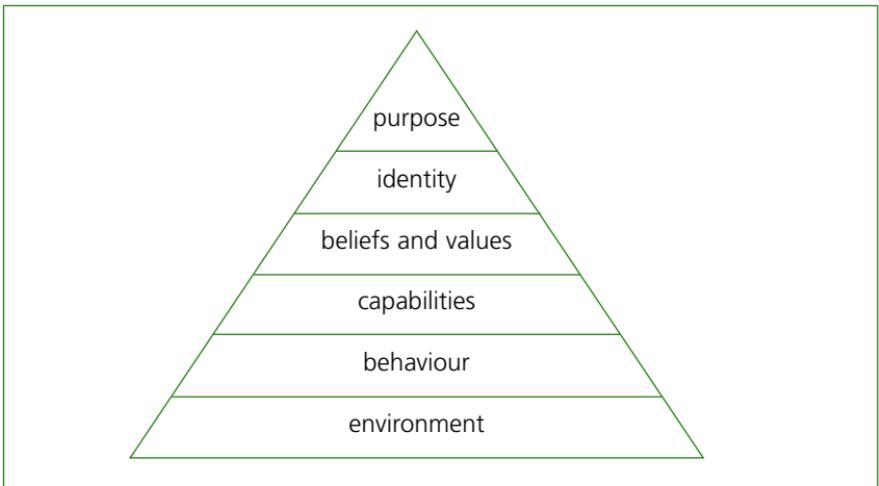
Adapted from R Dilts and G Bateson

Psychologists suggest that change can occur at various levels, as depicted in the pyramid diagram above. Change at any level of the pyramid will typically have a knock-on effect at lower levels. For example, if you change your beliefs and values and come to believe it is bad to smoke, it is highly likely to lead you to develop new capabilities by reading a book, attending a seminar or seeing a GP to learn more about stopping. This in turn will modify your behaviour by gradually cutting back and might further lead to changing your environment by thoroughly cleaning your house to get rid of the smell. However, changes do not typically have a similar knock-on effect to higher levels.

For example, if the GP prescribes a stop smoking treatment and gives you a pamphlet for you to learn more but you do not believe you need to stop, you will probably not comply with the treatment and your capability and behaviour remains unchanged.

This psychology applies to the issue of improvement. Individuals may modify their behaviour and participate in change during the course of a focused improvement effort. But if they do not emerge from the effort with fundamentally new capabilities, new beliefs and a new sense of purpose associated with the change, old behaviours may soon return and the performance benefits erode away. The new capabilities may include new ways of thinking, new skills and new ways of knowing if performance is good or bad. New beliefs may be that the new way is better than the old way to meet patients' needs, and a new sense of purpose may be real commitment to the new way.

4.2 Spreading improvement ideas

You may be really enthusiastic about improvement but others may not share your enthusiasm and now you will have some idea why.

You need to work initially with the people who want to get involved in improvement. In the model below by Rogers, these are the groups towards the left of the curve: innovators and early adopters. Ideas rarely spread instantly but there is a natural flow of new ideas between the groups. The flow is from those people who are the innovators and the early adopters, to those who are a bit cautious and take a wait-and-see attitude of observation before they are ready to commit, to those who hold out on adopting the idea until the bitter end. This is a natural process. Sometimes people refer to those who prefer to hold out as 'laggards' or 'resistors to change' but this is not very helpful as it sets up conflict. It may be that these individuals or groups have either not yet seen a need or they do not believe that the ideas on offer fulfil the need. Rather than repeating the current argument for the new idea with even more vigour and enthusiasm, it would be wiser to consider modifying your approach based on a better understanding of how those who are seeming to hold-out view the needs and the ideas presented so far.

Research has shown that if you engage 20% of a population, the rest will follow, but it will take a bit of time. Remember also that someone who is a 'laggard' of one new idea may be an 'early adopter' of a different idea. Look at the activity in section 5.3.
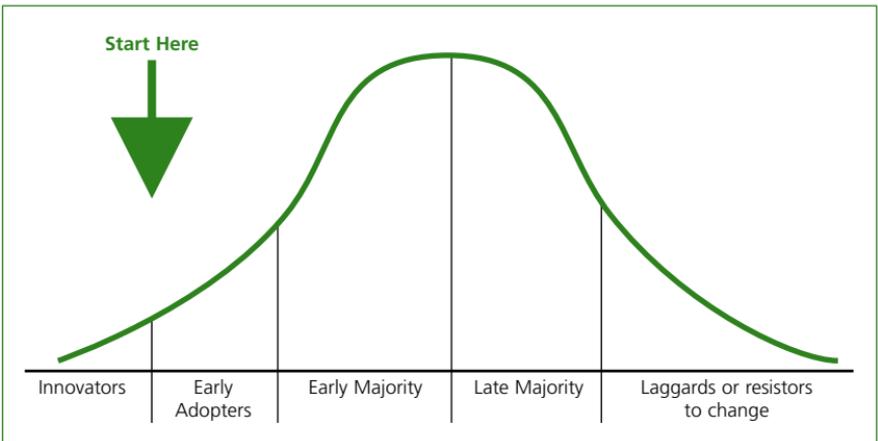
Reference: Rogers E, (1985), Diffusion of Innovations, The Free Press, New York

5. Activities

Before organising any activity, consider the following:
- who is the audience?
- what is their prior knowledge?
- is the location and timing of the activity correct?
- recognise and value that participants will want to work and learn in different ways. Try to provide information and activities to suit all learning styles

Why is this important?
Some of us take to the idea of change more easily than others. Some like to develop ideas though activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences. The previous sections of this guide have given ideas of how to ensure the best possible outcome for working with different people.

5.1 Valuing the differences

Objective
- to demonstrate differences in people (see section 3.3)

Benefits
- easy and quick with observable results
- warning: you, as the facilitator, need to be familiar with the different styles in order to answer questions

Time required
- 5 minutes to explain the four different styles
- 5 minutes for the participants to work in their groups
- 5 minutes to feed back and draw out learning

Preparation
- four flip charts in four corners of the room clearly labelled Driver, Analytical, Expressive and Amiable
- describe the four different styles using an overhead

Overhead slide to describe different styles

Analytical	Driver
• formal	• business like
• measured and systematic	• fast and decisive
• seek accuracy and precision	• seek control
• dislike unpredictability and surprise	• dislike inefficiency and indecision
Amiable	**Expressive**
• conforming	• flamboyant
• less rushed and easy going	• fast and spontaneous
• seek appreciation between others	• seek recognition
• dislike insensitivity and impatience	• dislike routine and boredom

Emphasise that
- there is no style which is right or wrong, no style which is good or bad, there are just different styles
- it is not about 'putting people into boxes' and that we all can work with all the four styles but we normally have a preferred style where we feel most comfortable
- no-one is being forced and if any one does not feel comfortable it is fine to sit and watch
- ask participants to go and stand by the flip chart they think best describes their personal style

Instructions to participants
- consider the following two questions:
    - how do you behave under stress?
    - what are your fears about change?
- write their comments on the flip chart
- you, as facilitator, feed back comments from each of the four groups to the whole group

Learning points
- people have very different reactions to change
- possible discussion about the problems and strengths of 'style alike' or 'style different' teams

Alternative: persuading and influencing

Preparation
• participants to work in style alike groups (see previous activity)

Time required
• 10 minutes for initial work in style alike groups
• 10 minutes for sharing with opposite group
• 10 minutes for preparation of presentations
• 20-30 minutes for presentations and discussion

Instructions to participants
• consider the question:
    • what would people need to say to persuade and convince you to change/buy a new car/house (if appropriate ask the groups to consider a change initiative, e.g. booked appointments)
• ask the groups to share with their opposite group, i.e. Amiables with Drivers, Expressives with Analyticals
• each group then prepares a short presentation of what they consider is needed to convince the opposite group to change
• each group gives the presentation and receives constructive feed back
• general discussion about persuading and influencing

5.2 Broken squares

Objective
• interactive demonstration of working as a team and recognising differences in people

Benefits
• easy to do

Time required
• total time 30 minutes
    • 5 minutes introduction
    • 5-10 minutes exercise
    • 15 minutes reflection and discussion

Preparation
- prepare packs of 'broken squares', as shown opposite
- organise into teams of five at a table with one pack of broken squares on each table
- open pack, take out the 5 envelopes and give each of the five participants one envelope of bits
- extra participants should take the role of observers

Instructions to participants
- explain the aim of exercise: to build five squares of equal size out of the broken squares
- explain the rules of the exercise for the five team members:
  - no verbal contact
  - no pointing and no placing, even though they may know where a piece of the square should go
  - you can place parts of the broken squares into the middle of the table for someone else to use
- explain the rules of the exercise for the observers:
  - look for interactions
  - if the rules are broken, the observer can destroy all the completed squares and put all the pieces back in the middle of the table
- participants empty out the bits of the squares in the envelope in front of them
- tell the participants to begin to build the five squares of equal size

Learning points
After the exercise ask the team and observers to reflect and consider the following questions:
- how did you feel as an individual?
- what were the different interactions?
- what caused the frustrations?
- how did you feel as a team?
- are there any similarities to people and departments in healthcare organisations?

Common themes that often emerge
- the need to give something up to benefit the whole team (or organisation)
- being able to see what needs to be done but not being allowed to say
- not wanting to 'play', if you don't see the reason or understand the benefit
- common frustrations expressed:
  - some want to take control and direct
  - some want time to sit back and think
  - some want to see what happens before getting involved
  - some find it difficult as they need to talk, talk, talk
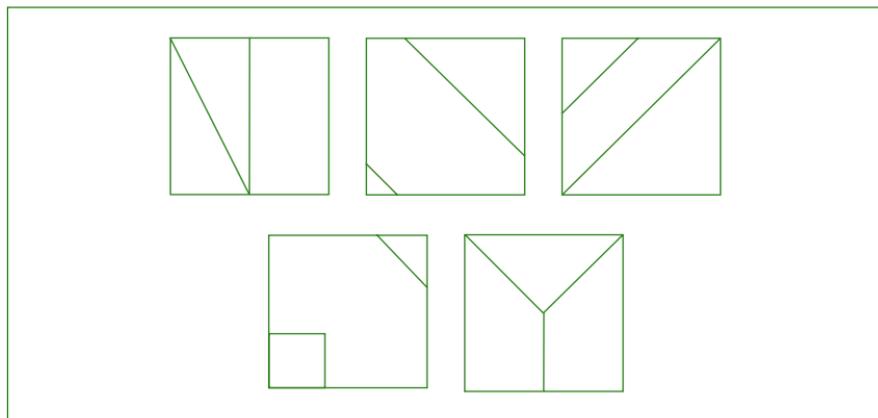
Suggested pattern for broken squares

Preparation of a broken square table pack:
- take five equal squares approximate size 25cm x 25cm
- cut each square into three making sure that no two parts are the same, as in the suggested patterns above
- mix up all the parts and divide the 15 parts unequally into five envelopes e.g.
  - 2 parts in 2 envelopes
  - 3 parts in 1 envelope
  - 4 parts in 2 envelopes
- put the five envelopes of bits into one large envelope, the pack
- NB keep a copy of the 'answer' handy as at least one team usually wants help to make up their squares

---

Tip
Practice these activities on friendly groups to test them out and give you confidence.

5.3 Look in the mirror at someone who resists change (a 'laggard')

A quick table discussion exercise that you can use when you feel that teams are becoming cynical and dismissive of others as 'resistors to change'.

Benefits
• easy to do as part of a presentation or discussion

Time required
• 15 minutes in total

Preparation
• begin by discussing the concept of innovators, early adopters, early and late majority, and laggards from section 4.2 of this guide. Play along with the group sentiment that the innovators and early adopters seem to be the 'good people' and the laggards are somehow the 'bad people'

Instructions to participants
• tell the group that you would like them to meet some 'laggards' and then reveal a flip chart or power point slide with the statement as shown here

> **Describe an area in your life where you are a 'laggard'.**
> **Something that most other people have or do, but not you!**
> **Explain your reason to your partner**

• share first some area of your life where you are a 'laggard'; for example "I do not own a mobile phone" or "I will not have a microwave oven at home" and explain your reasons
• now ask participants to form pairs or threes to answer for themselves
• after several minutes, ask a few individuals to share. Be light-hearted about this

Learning Points
Make the point that individuals can be early adopters on some things and laggards on other things. All of us reserve the right to have our own rationale for doing or not doing something. Rather than dismissing people as 'laggards,' we would do better to respect their views and seek to understand how they see things. We may then be able to change what we are saying such that it becomes more attractive to them.

5.4 Mad, sad, glad about a particular change

Objective
• to encourage discussion of feelings and values about a particular proposed change

Benefits
• allows for a balanced discussion about reactions are to the proposed change

Time required
• 15 minutes for generation of reactions to mad, sad and glad faces
• 45 minutes for grouping and discussion

Preparation
• three cartoons or photographs to show someone looking angry (mad), sad and happy (glad)

Instructions to participants
• giving each person a pad of Post-its and ask then to write one word on each Post-it
• ask them not to discuss their words with other people in the group as this is an individual exercise but to keep thinking about the change to be discussed

Show the group an angry face

• tell the group that they have five minutes to list everything that makes them **mad** about the proposed change, remind them to write only one word or comment per Post-it note. Start the exercise with the angry topic as it raises energy levels
• after the five minutes ask the individuals to put the Post-its on the wall
• move the Post-its around until they are in groups relating to the same topic
• feed these topics back to the group and list them on a flipchart

Next show the group a sad face and ask them to repeat the exercise writing down the things that make them **sad** about the change.

• after five minutes put the Post-its on the wall, group them, feed the results back and produce a list

Lastly, show the group a happy face and ask them to repeat the exercise, writing down the things that make them **glad** about the change.

• after five minutes put the post-its on the wall, group them, feed the results back and produce a list

Learning points
• people can see that they are not alone with their thoughts and reactions
• use the three lists of reactions to look for similarities in people's reactions to the change
• emphasise the positive reactions (happy) to the change
• look at the more negative reactions to the change, prioritise the issues and consider possible actions

6. Frequently asked questions

Question

Do the style frameworks described relate to patients and carers as well?

Answer

They certainly do. They relate to everyone: patients, their carers and even your family and friends.

Question

It sounds to me that some of this is about putting people into boxes and I am uncomfortable with this.

Answer

It is not about putting people into boxes but about recognising and working with the styles we all have. Everyone has access to all the different elements in all the frameworks and will use them at some time but not with equal ease, comfort and confidence. The key to managing the human dimensions of change is to make the best links with each individual, talk their language and present information in the best way for them.

Question

Can you tell me briefly what **Emotional Intelligence** is?

Answer

Emotional Intelligence is described as being 'the ability to monitor your own and other feelings and emotions, to discriminate among them and use the information to guide your actions' (Mayer and Salovey 1990) or 'knowing how to separate healthy from unhealthy feelings and how to turn negative feelings into positive ones' (Hein 2005). Basically it involves five characteristics and abilities to help us decide which goals are worth achieving:

• self awareness
• mood management
• self-motivation
• empathy
• managing relationships

Emotional Intelligence is very topical at the moment so if you want to know more go on the internet for these and other writers and researchers.

Question

What are the best type of people for an improvement team?

Answer

There are no 'best types'. As your improvement work develops over time you will need to engage with different types of thinking. At the beginning you will need 'divergent' thinking to be creative and think up lots of new ideas. Then you will need 'convergent' thinking to refine and make the ideas practical in your situation. Finally you will need to evaluate in order to choose and make the best decisions about what you are actually going to do. In order to do all this different type of thinking well, you will probably need a variety of different people all working together and valuing the differences in their approaches to improvement. So you can see there is no 'best' or 'worst'!

Divergent thinking to generate and explore new → Convergent thinking to ground ideas in reality → Evaluate in order to choose and commit to action

Back for more ideas
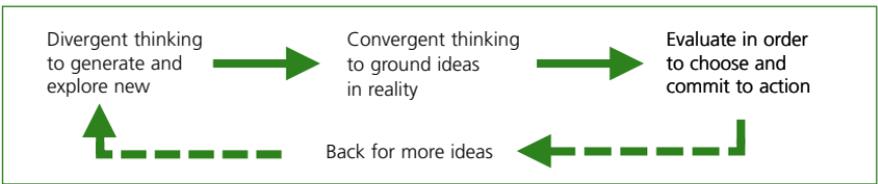
Adapted from Landscapes of the Mind, Kate Hopkinson

Question

This guide has concentrated on individuals. What about when an individual is ready and willing to change but the group they closely associate with is not?

Answer

You are right and there is a lot more information in the Improvement Leaders' Guide: Building and nurturing an improvement culture
www.institute.nhs.uk/improvementguides

You could use some of the frameworks described in this guide, it really depends on the power and position of the individual who wants to change and the make up and maturity of the group:

- use the change equation and WIFM framework to tailor the change to the 'willing' individual for at least one PDSA cycle
- plan to spread the practice of the 'willing' individual to the group they closely associate with
- plan an intervention at the group level such as process mapping to engage the whole group. See the Improvement Leaders' Guides: Process mapping analysis and redesign and Working with groups
  www.institute.nhs.uk/improvementguides

Question

I have heard there is change process linked to a model that comes from addiction research. Is this right?

Answer:

Yes this is right. It is Prochaska and DiClemente's Behaviour Change Model used widely in encouraging change in behaviour to stop addictions. This model says that successful change requires people to go through several stages. It has lots of implications for us and the support we need to give people when thinking about improvement and sustaining those improvements.

Stage	Characteristics
Precontemplation	• 'ignorance is bliss' • not currently considering change: denying, ignoring or avoiding
Contemplation	• 'sitting on the fence' • apprehensive about changing • beginning to consider changing but not ready to commit just yet
Preparation	• 'testing the waters' • people begin to make plans and envision the future • need support with planning
Action	• commitment to the change • performing or practicing the change • regular contact and support increases chance of sustaining change
Maintenance	• continued commitment to the change • change feels comfortable
Relapse	• resumption of old behaviours

Adapted from Prochaska and DiClemente

Question

How do you turn negative people into positive people?

Answer:

You do not need to. 'Negative' people are very important in any change project because they act as the 'devil's advocate'. They are careful and cautious. They are the ones that will point out the risks that must be considered. You need to try and bring these people to a position whereby they are not actively resisting the change but feel valued for their cautious, logical thinking. Look also at De Bono's six thinking hats in the Improvement Leaders' Guide: Improvement knowledge and skills section 4 www.institute.nhs.uk/improvementguides

Question

How can I get my team more involved in improvement?

Answer

The following suggestions were made to maximise the involvement of the whole staff team as part of the work piloting the concept of clinical microsystems. I think you will agree the advice is very useful and links to all the ideas, models and frameworks you will have read about in this Improvement Leaders' Guide:

• take time to evaluate the situation - don't assume
• aligning individual values and beliefs with those of the organisation is important. It may be necessary to challenge some personal beliefs that are not shared by other staff or by the organisation
• work at the right pace for the team. It is very important not to ask too much too soon
• try to maintain momentum, especially at the early stages (…although balancing this need with that of maintaining a sensible pace). Early, simple, demonstrable improvements ('quick wins') may help to establish momentum
• understand "What's in it for me/you/us?" - balancing and meeting the needs of individuals, the team and the organisation
• choose your own starting point - present ideas to the team and let the decision on where to begin be a group decision. Helping the staff to suggest/guide the things to be changed will be empowering
• remember there is nothing wrong with the 'laggards' - perhaps a strategy is to focus on the 'late majority' and consequently entice the 'laggards'
• people don't 'resist change', but they will resist being changed
• it is important to manage expectations and not get carried away
• the key is working with differences, treating people differently because they are different. For example, telling people things in the way that they hear then best
• the 'communication thing' - how to make sure communication is effective, especially where teams have shift working, part-time members, outreach staff, etc.

For more information on clinical microsystems see the Improvement Leaders' Guide: Working in systems www.institute.nhs.uk/improvementguides

7. Summary

Here is a checklist for you as an Improvement Leader to manage the human dimension of change by working with individuals more effectively. Do you:
- put your main effort into trying to understand the other person? Every person is unique – respect the other person's view of the world
- develop a range of styles for working with others? Don't just rely on one or two ways
- ask open questions, listen carefully to the answers and show you are listening by using active listening skills?
- create a real rapport with the other person with the appropriate non verbal communication?
- ask for feedback? Are you aware of yourself and how you appear to others? Are you willing to be flexible, to learn and keep changing what you are doing until you achieve the results you want?
- understand that every behaviour is useful in some way? Behaviour is the most important information about a person, but people are not their behaviours
- remember that if you always do what you've always done, you will always get what you have always got?

Goldratt, in his book *Theory of Constraints*, spends quite a bit of time in the early pages talking about the process of change. What he says fits the thinking of this guide, the whole series of guides for Improvement Leaders, and our suggestions to you.

We have summarised this on a table on the next page.

Goldratt says	As an Improvement Leader, we suggest you:	Refer to previous sections in this or other Improvement Leaders' Guides
• any improvement is a change • not every change is an improvement • but we cannot improve anything unless we change it	• help everyone to see and understand the current process • involve patients and carers in redesign and help the staff to know their views and concerns • set aims and measures to ensure that all implemented changes do make improvements • develop a culture of improvement so that any improvement you make is sustained	• Process mapping analysis and redesign • Involving patients and carers • Measurement for improvement • Managing capacity and demand • Improving flow • Building and nurturing a culture of improvement • Leading improvement For all Improvement Leaders' Guides www.institute.nhs.uk/improvement guides
• any change is a perceived threat to security • there will always be someone who will look at the suggested change as a threat	• understand what is important to individuals and groups • use the 'what's in it for me' framework	• change equation, section 2.3 • what's in it for me framework, section 3.1
• any threat to security gives rise to emotional resistance • you can rarely overcome emotional resistance with logic alone • emotional resistance can only be overcome by a stronger emotion	• recognise and understand differences in how people react, like information, make decisions etc. • develop flexible ways to relate to and build rapport with different people	• helping people into their discomfort zone, section 3.2 • how to recognise differences, section 3.3 • building trust and relationships, section 3.4 • creating rapport, section 3.5 • managing conflict, section 3.6 • communication, section 3.7

Reference: Goldratt E (1990) *Theory of Constraints*, North River Press, Massachusetts.

The Improvement Leaders' Guides have been organised into three groups:
General improvement skills
Process and systems thinking
Personal and organisational development

Each group of guides will give you a range of ideas, tools and techniques for you to choose according to what is best for you, your patients and your organisation. However, they have been designed to be complementary and will be most effective if used collectively, giving you a set of principles for creating the best conditions for improvement in health and social care.

The development of this guide for Improvement Leaders has been a truly collaborative process. We would like to thank everyone who has contributed by sharing their experiences, knowledge and case studies.

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NHS Institute for Innovation and Improvement
University of Warwick Campus
Coventry
CV4 7AL

Tel: 0800 555 550
Email: enquiries@institute.nhs.uk

www.institute.nhs.uk

NHSI 0391 N CI
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