The *Organising for Quality and Value: Delivering Improvement* programme

Engaging, Involving and Understanding Others' Perspectives
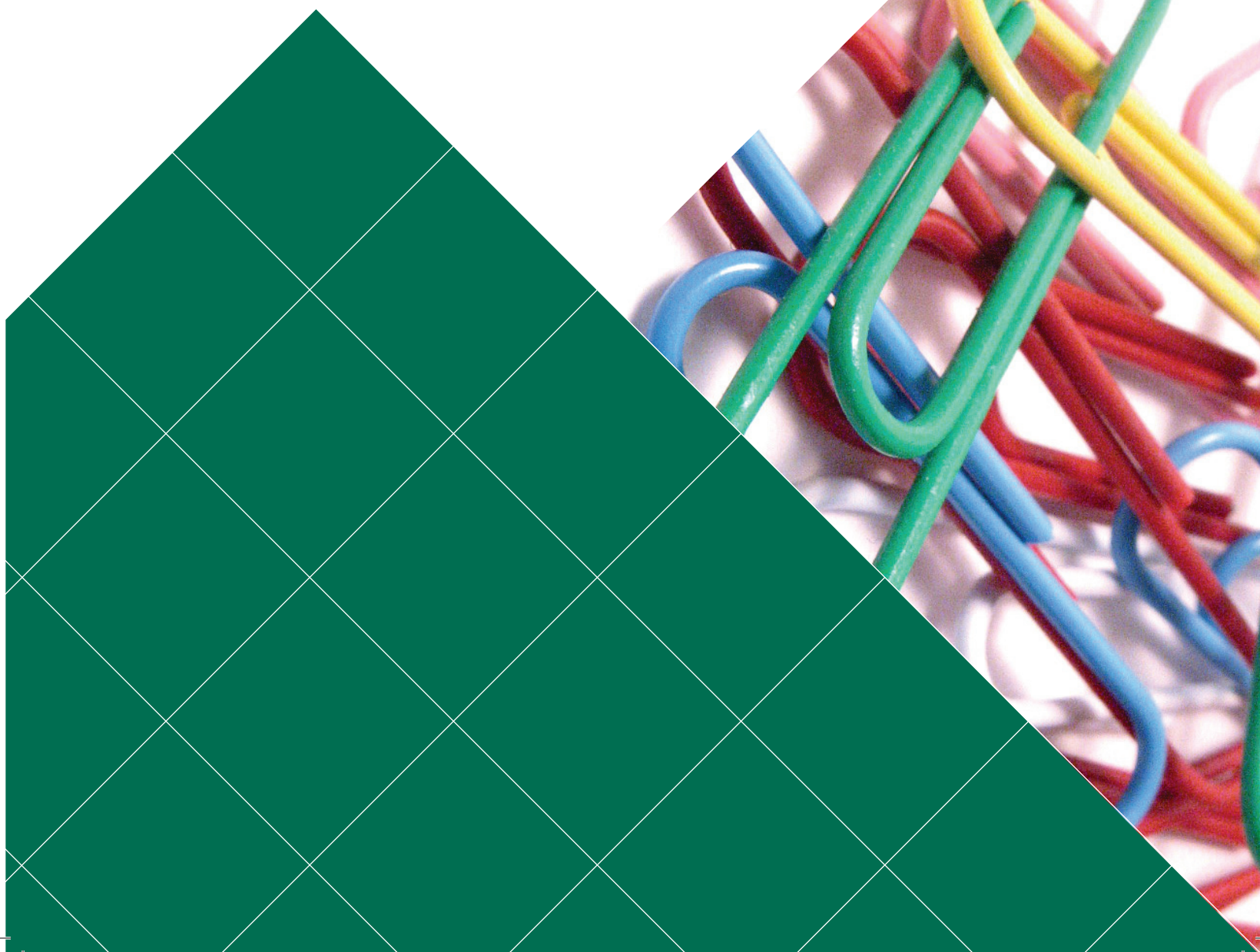
Contents

Introduction

This learning resource has been designed to support you in your work.

This is your opportunity to identify your aspirations for service improvement and work through your own projects using this resource as a reference and as part of your own development.

By working through the materials and then applying your learning to your work, you will enhance your stakeholder engagement skills.

Key for symbols used in this workbook

Exercise

Distracting thoughts - write them down

Reflection

Take a break

Working with stakeholders

The aims and objectives of the engaging, involving and understanding others' perspectives module of the *Organising for Quality and Value: Delivering Improvement* programme are:

Aim
To improve the outcomes and sustainability of your service improvement by working effectively with your stakeholders.

Objectives
- Identify your stakeholders
- Manage effective communications
- Gather, understand and use others' perspectives
- Recognise behaviours linked to dealing with change
- Influence effectively and counteract negative behaviours

What is a stakeholder?

A stakeholder is anyone who may be affected by your improvement project.

By involving your stakeholders in the appropriate way - by ensuring that they are engaged with your work - you will improve the likelihood of sustaining a service improvement project.

When should I engage with stakeholders?

Project Phase	Stakeholder Engagement
Start out	Identify and communicate with stakeholders Engage key individuals
Define and scope	Understand where you are now – using stakeholders
Measure an understand	Get to the root cause of the problem – including patient and staff perspectives
Design and plan	Agree who takes responsibility for what – who is involved with each element
Pilot and implement	Carry out and test the change(s) - understanding impact on stakeholders
Sustain and share	Post project review to identify what went well and what could be improved

Working with stakeholders

Engaging and involving stakeholders is important at *all* stages of a project. However, there are some key stages where you should be making special efforts to engage with your stakeholders.

- For example, at the start of your project you need to engage stakeholders and to do this effectively, you need to both understand who your stakeholders are and understand their current position
- When it comes to defining the scope of your project and diagnosing the root causes, you must include the correct people otherwise you will only see part of the picture and may come to incorrect conclusions
- When it comes to agreeing who takes responsibility for different stages of the work, you will need to understand how supportive your stakeholders are, how likely they are to carry out the actions agreed and what (or who!) may stand in their way

Although often forgotten, it is also essential that at the end of the project you ensure that all that your stakeholders are aware of the changes that have been put in place and the lessons that have been learnt.

Identifying your stakeholders

Use brainstorming techniques to produce a list of all the people and groups likely to be affected by the proposed change.

Tip: remember the rules of brainstorming!
- Everyone is equal
- Withhold judgement for now
- No idea is daft
- Quantity counts at this stage
- Build on ideas put forward by others

Exercise 01

Using your own service improvement project, begin a list of key stakeholders using brainstorming.

Stakeholder	Category (1-9)

The 9Cs model

The next stage after stakeholder identification is to consider what type of stakeholders you have identified. The following model originated in industry, but is equally applicable to healthcare projects.

Stakeholders are placed into one of nine categories. This is called the 9Cs model.

You would not expect each category to be equally populated.

When you go through the process of assigning stakeholders to categories - you may find that this identifies yet more - so it can be useful to go back to the identification phase and append your initial list where required.

Commissioners	those who pay the organisation to do things
Customers	those who use the services provided by the organisation
Collaborators	those with whom the organisation works to develop and deliver its services
Contributors	those who help the organisation to provide services
Channels	those who recommend or refer customers (or provide a 'route to market')
Commentators	those whose opinions of the organisation are heard by customers and others
Consumers	those who benefit from the service of the organisation: i.e. patients, families, carers
Champions	those who believe in and will actively promote the project
Competitors	those who offer similar or alternative services (in the same area)

02 Now match each of the stakeholders in your list to the appropriate category – you can do this by returning to the previous exercise and placing the corresponding number beside the stakeholder.

Did you end up with many in one group?

Were there any of the Cs that had nothing against them?

Might these missing Cs be important – i.e. do you need to revisit the initial list again?

Prioritising stakeholders

To help determine the approach to take with different groups, each identified stakeholder can be placed in a grid as illustrated below:

High power	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** Key stakeholders who should be fully engaged through full communication and consultation.
Little or no power	**Monitor** This group may be ignored if time and resources are stretched.	**Inform** Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	Little or no impact	High impact

Note: power is the stakeholder's power or influence over the particular project. Impact is the project's effect on the stakeholder.

This grid helps you to see which of your stakeholders you need to put time and energy into actively managing - engaging, communicating with, and seeking the opinions of.

Those who are not impacted by the change, but who are high power need to be satisfied. This may include being satisfied that you are fully considering other stakeholders' views. Do keep an eye on this group and reappraise regularly – it may only take a small change for some of these people to be impacted by the change.

Patients often fall into the category of little or no power, although they may be impacted. You may want to consider how to give them more power in the improvement project - perhaps by involving patients in decisions.

For those who have little or no power and are not impacted, there is little that is required. However, stop and think – will you be hoping to roll out this initiative to other areas? It might be useful to plan some low level communication, at least so that these stakeholders are aware that some work is going on.

Prioritising stakeholders
Using your list of stakeholders, try to categorise them.

	Satisfy	Manage
High power		
Little or no power	Monitor	Inform
	Little or no impact	High impact

Look at your list of stakeholders and ask yourself:

How are you communicating with your high power, high impact stakeholders?

What existing forms of communication could you / are you using to communicate with those with less power and impact?

How do your aims fit with your organisational aims?

Gaining patients' perspectives

There are many ways to get patient and user perspectives, several of which are identified below. A word of caution, however: seek advice from your local governance team as there may be issues involving ethics and consent etc.

Purpose

Those closest to a process are best placed to give useful feedback on the way it works and how it can be improved. As patients experience the process or service first hand, they have a unique and highly relevant perspective. Their input into designing services can be invaluable as they have an experience that staff can't access.

Using the patient perspective tools will help you to create opportunities for improvement that may not have been considered before. This may include changes that make life easier for staff and patients, while reducing delays and/or increasing safety at the same time.

When to use it

It is important to gain the patient perspective anytime you want to improve a service or process. It is only at the level of each patient experience that the true quality of care can be measured.

You should aim to gain the patient perspective when redesigning services, both before and after care has been received to check the improvement ideas have worked.

How to use it

If you want to get a true picture of the patient perspective, you need to decide on clear objectives for what you are trying to achieve. Plan what you are going to do and decide on the scope of the project.

Don't ask for input if you have no intention of making changes - tokenism is easy to spot and offensive to many. There are six main approaches to help you gain the patient perspective – the first two of these are also covered in the process mapping learning resource material.

1. Patient journey walk through
2. Shadowing a patient
3. Experience based design
4. Patient questionnaires
5. Focus groups
6. Semi structured interviews

Experience based design

Experienced based design (EBD) is an exciting new way of bringing patients and staff together to share the role of improving care and redesigning services. It is being developed by the NHS Institute for Innovation and Improvement as a way of helping frontline NHS teams make the improvements their patients really want.

While leading global companies have used similar approaches for years, the EBD approach is very new for the NHS. Where it has been used in the health service, it is having amazing results - delivering the sort of care pathways that leave patients feeling safer, happier and more valued and making staff feel more positive, rewarded and empowered.

What is special about the EBD approach?

Using experience to design better healthcare is unique in the way that it focuses so strongly on capturing and understanding patients', carers' and staff experiences of services, not just their views of the process like the speed and efficiency at which they travel through the system. Instead, this approach deliberately draws out the subjective, personal feelings a patient or carer experiences at crucial points in the care pathway. It does this by:

• encouraging and supporting patients and carers to 'tell their stories'
• using these stories to pinpoint those parts of the care pathway where the user's experience is most powerfully shaped (the 'touch points')
• working with patients, carers and frontline staff to redesign these experiences rather than just systems and processes.

More information on this approach is available on the NHS Institute website, at the following web address: http://www.institute.nhs.uk/quality_and_value/introduction/experience_based_design.html

Questionnaires

These are easy to administer and are useful for measuring baseline information and evaluating change over time. When writing the questionnaire, consider:

- What you are trying to accomplish
- What you want the information for
- How you will use the results
- Decide: anonymous or not? (What will you gain from asking for people's contact details and what might you lose?)

Structure questions carefully and consider the balance between:

- multiple choice (easier to complete and analyse)
- free text questions (often provide more valuable data, if completed).

Keep it short!

Expect to use several PDSA cycles until the result is easy for the patient to complete and provides you with the information that you need.

Involve users in devising questions and testing the questionnaire.

Experience based design

How to distribute

How will you reach your target group? Leaving questionnaires in waiting rooms, day rooms or handing them out at reception is a good way to reach patients and carers. Preferably ask them to complete there and then: remember to provide pens! If posting, include a freepost or SAE for returns.

Is the result time-dependent?

Snap shot audits are a good way to get a representative sample of views from patients using a specific service. This is a short questionnaire given to every patient who attends a particular clinic on a particular day, or over a particular week.

Bear in mind…Evidence suggests that there can be inconsistencies between a patient's response to a question-naire and their actual experience…

'Overall I must say everything was OK, I have no complaints with anything.' Person who had a heart attack

This comment came from a patient whose story had many illustrations of incidents that were unsatisfactory and yet (s)he concluded with this statement.

Focus groups

These are a useful way in which to listen to a wide range of experiences about a single area, a ward, a clinic etc. They are an informal collection of people sharing common characteristics e.g. patients who have recently visited the accident and emergency department.

- Groups should comprise 6-12 people
- Focus groups will usually meet on one occasion only - normally for between one and two hours
- Use prepared questions and themes relating to the topic for discussion
- Have a good, impartial facilitator who will not seek to lead but has strategies to help the group if they get stuck
- You may need to consider structured facilitator training, if required

Practical issues

- Establish how you will fund expenses before setting up the group
- Make sure the venue is accessible to all participants
- Consider any unique requirements that the group may have
- Send an invitation letter explaining the process, what is expected of the patients and what the expected outcomes are
- Provide refreshments
- Feedback outcomes / progress to the group

Semi structured patient interviews

Interviews are useful when you want a patient to tell you about their most significant needs. This technique also generates improvement ideas that can be tested out in practice.

- Semi structured, one-to-one interviews are used to collect qualitative data
- They aim to understand the respondent's point of view rather than make generalisations
- The interviewer can delve more deeply and ask 'why?'
- They are however, more time consuming to conduct.

How to go about it

- Gain each person's consent - guarantee confidentiality and anonymity
- Link in with your trust's research department if at all possible
- Use open ended questions. ('Tell me about…', 'You said a moment ago ..', 'Can you tell me more...?)
- Clarify what is being said so there are no misunderstandings
- Consider using an interviewer who is external to the topic being discussed e.g. from another department or an external organisation
- Keep the number of interviews manageable: many improvement ideas can come from just a few interviews

Adoption of change

People Adopt Change At Different Rates

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Early Majority 34%

Late Majority 34%

Early Adopters 13.5%

Innovators 2.5%

Laggards 16%

High　　　**Speed of Adoption**　　　Low
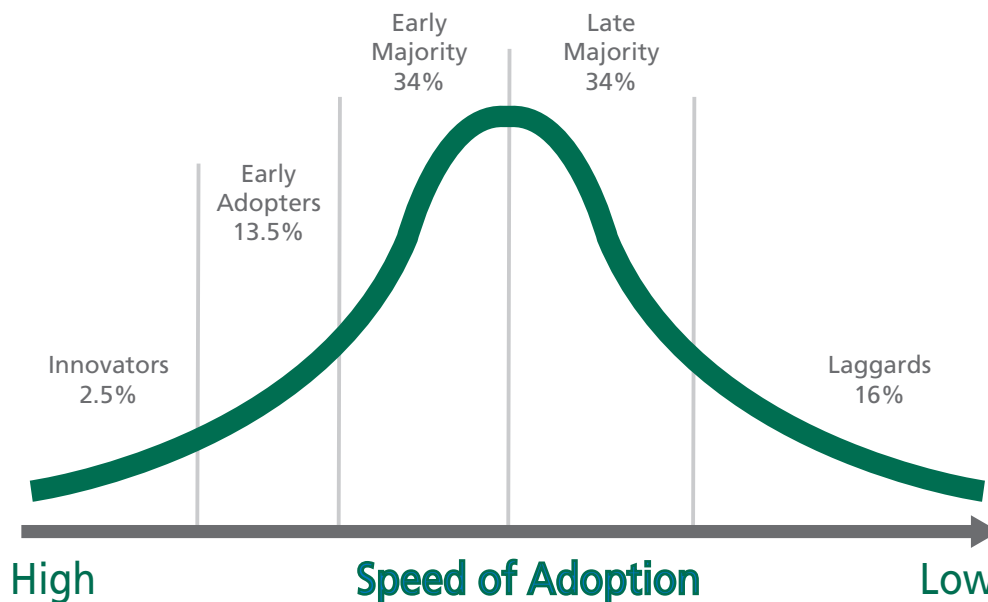
Everett M Rogers - Diffusion of Innovations is a theory of how, why and at what rate new ideas and technology spread through cultures. This model can be applied to change projects and the speed with which people adopt and adapt to those changes.

Diffusion of innovations explains how inventions are almost always perceived as uncertain or even risky. To overcome this, most people seek out others like themselves who have already adopted the new idea. The diffusion process is most often shaped by a few individuals who spread the word among their circle of acquaintances - a process that typically takes months or years.

The following descriptors are taken from Diffusion of Innovations by Everett M Roger 5th Edition (2003)

Innovators
Innovators are the first individuals to adopt an innovation. These are the people who are willing to take risks, are generally the youngest, have great disposable income, are very social and have closest contact to scientific sources and interaction with other innovators.

Early adopters
This is second fastest category of individuals who adopt an innovation. These individuals have the highest degree of opinion leadership. They are typically younger in age, have greater disposable income, advanced education and are more socially forward than late adopters.

Adoption of change

Early majority
Individuals in this category adopt an innovation after a varying degree of time – typically significantly longer than the innovators and early adopters. They tend to be slower in the adoption process, have above average social status, contact with early adopters and show some opinion leadership.

Late majority
Individuals in this category will adopt an innovation later than the average member of society. These individuals approach an innovation with a high degree of skepticism. Late majority people typically have less disposable income, are in contact with others in late majority and early majority and display very little opinion leadership.

Laggards
Individuals in this category are the last to adopt an innovation. Unlike some of the previous categories, individuals in this category show little to no opinion leadership. These individuals typically have an aversion to change-agents and tend to be advanced in age. Laggards typically tend to be focused on 'traditions', have lowest social status, lowest financial fluidity, are the oldest of all adopters, are in contact with only family and close friends and show very little or no opinion leadership.

Different engagement strategies need to be developed for these different groups.

You should concentrate on the innovators and earlier adopters first to get the early wins but do not discount the late majority and laggards as these often turn out to be advocates of change and the change process.
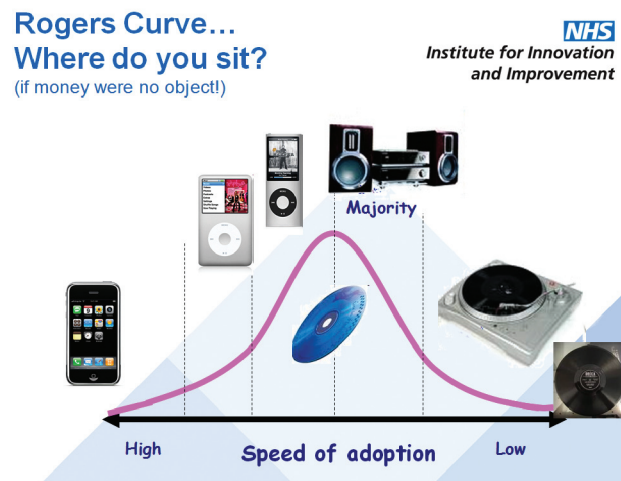
Where do you sit on music technology?

- Who has an iPhone?
- Who has an iPod?
- Who downloads music rather than buying CDs?

You can look at this in terms of how long it takes to adopt a new innovation or which technology are people still using.

(Note: people who are laggards in one way might be innovators in a different way. This does not define your overall behaviour!!

Rogers Curve…
Where do you sit?
(if money were no object!)

NHS
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Majority

High   **Speed of adoption**   Low

Diffusion of innovation: Identify a topic where you feel you are:

An innovator

A laggard

Kubler-Ross model of personal change

Elizabeth Kubler-Ross Model of Persomal Change

NHS Institute for Innovation and Improvement

Active

Emotional Response

Passive

Receive "bad" news

Acceptance

Anger

Denial

Bargaining

Depression

Time

Change elicits strong emotional responses. When people are asked or forced to change, they often undergo the responses outlined in the model of personal change above.

It is important for you to bear in mind that any change starts with an ending – an end of the old way of doing things.

- Usually represents how people react to change using the different stages
- People will try to bypass the various stages and will try to control, via action, the situation
- It is healthy to go through all the stages
- Will take a different amount of time dependent on the person
- The area between despair and understanding is often called the 'neutral zone' and people can get stuck here
- People usually finish with higher esteem than they started with

Socio-dynamic theory

What is it?
Socio-dynamic theory is a concept that looks at the amount of energy a stakeholder expends on a project and the type of energy a stakeholder exhibits.

How can it help a project?
It can identify where stakeholders are dependent on their own needs in relation to the project. By understanding and applying socio-dynamic theory, we can understand where stakeholders' energies and attitudes lie and use this knowledge to:

- optimise relationships
- influence stakeholders.

How does it work?
Socio-dynamic theory describes energy types in two ways:
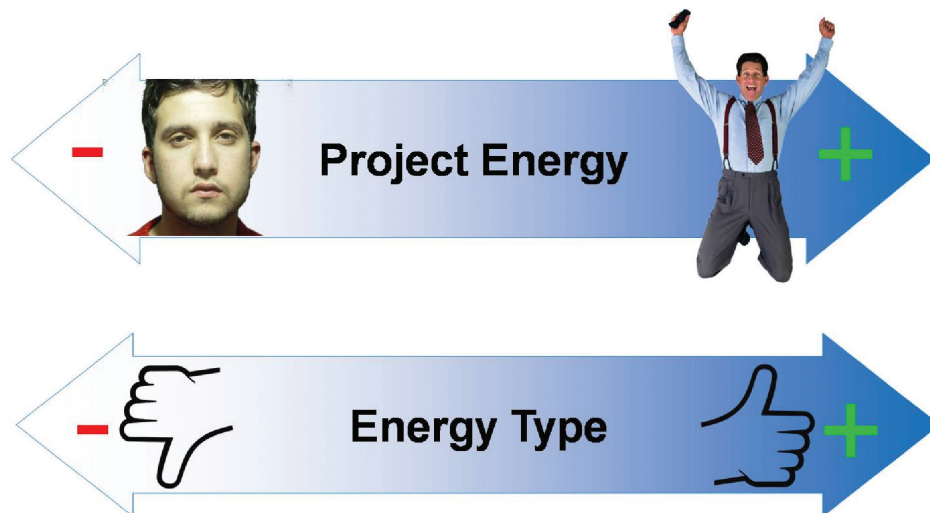
Synergy	Antagonism
Energy for a project	Energy against a project
How much do the objectives of the iniative fit with the stakeholders' own vision?	How much difficulty or annoyance might the initiative create for them?

Key points

- Stakeholders are both synergistic and antagonistic
- Two energies are not mutually exclusive
- Socio-dynamics also examines the intensity of + and – view points
- Position of a stakeholder is not a fixed personality trait
- Stakeholders' energy levels and type may change over the project lifecycle
- Change may be related to their understanding of a project
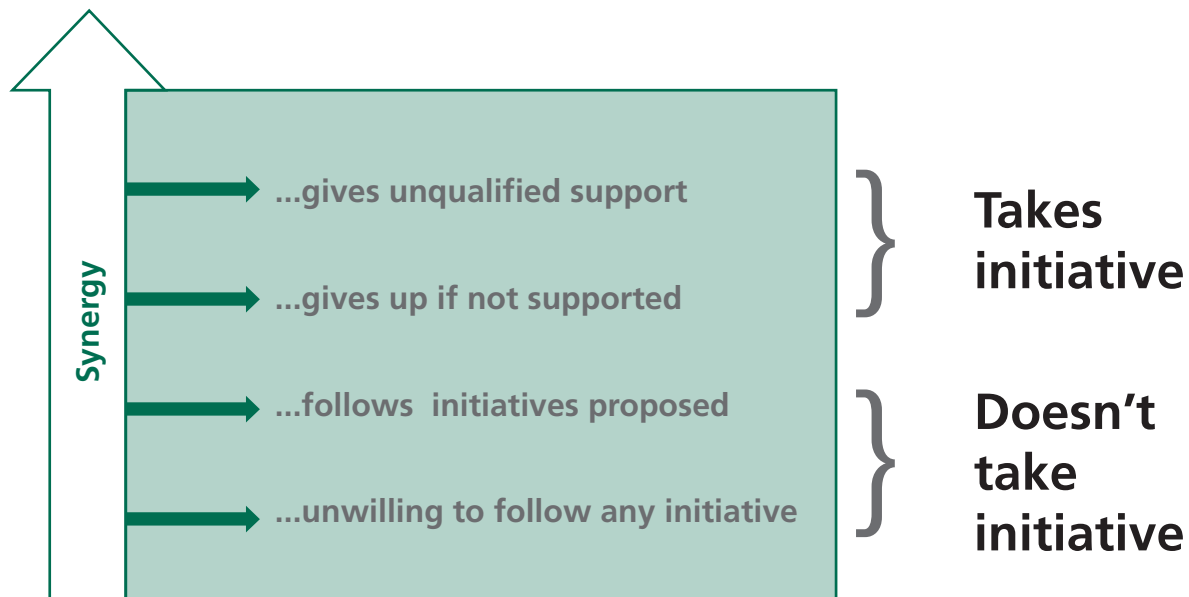
Socio-dynamic theory

We can plot **Synergy** against **Antagonism**

Synergy (vertical axis)

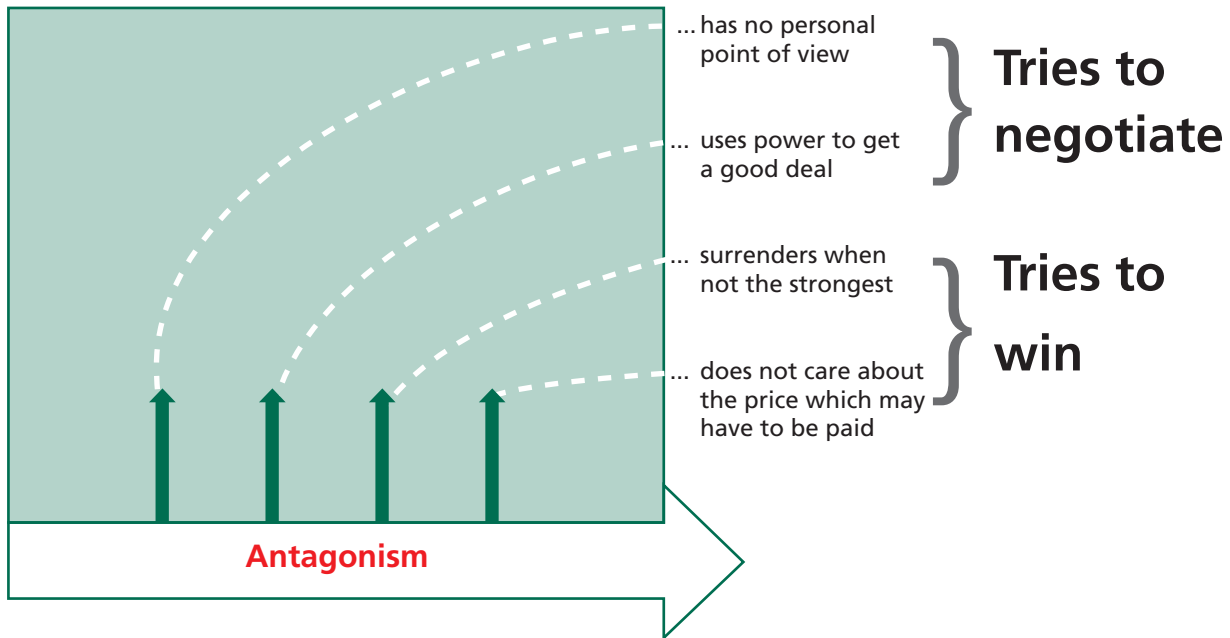**Antagonism** (horizontal axis)
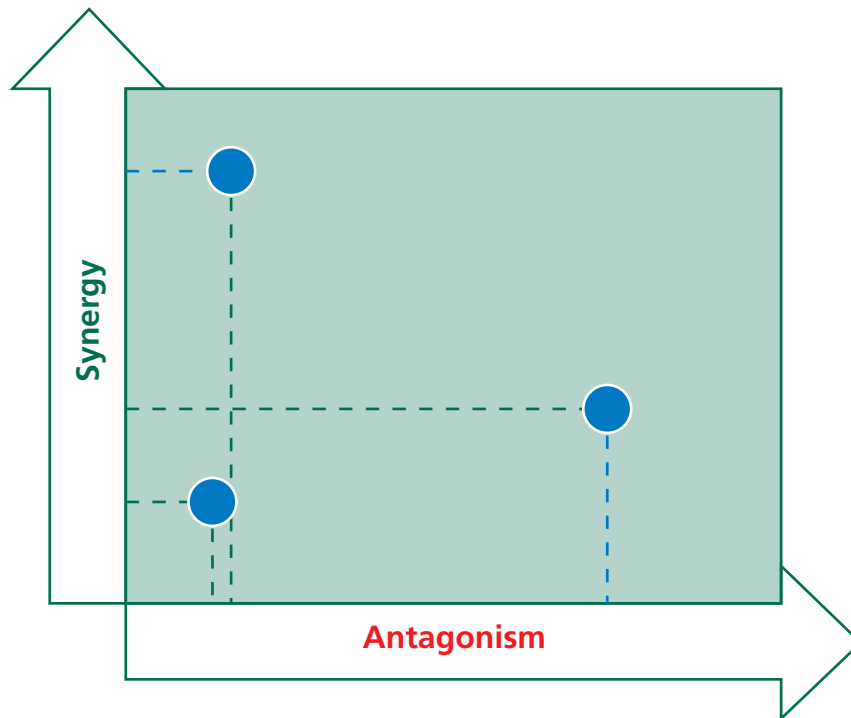
Examples:

1. A frontline staff member who has not been on any training and has not participated yet in any improvement work (PDSA cycles).

2. A core team member who is hoping for a promotion if the programme is successful.

3. A busy clinician who is being asked to double the number of ward rounds made each week.

Measuring Synergy

Synergy (vertical axis)

...gives unqualified support

...gives up if not supported

} **Takes initiative**

...follows initiatives proposed

...unwilling to follow any initiative

} **Doesn't take initiative**

Socio-dynamic theory

Measuring Antagonism

...has no personal
point of view

...uses power to get
a good deal

} **Tries to negotiate**

...surrenders when
not the strongest

...does not care about
the price which may
have to be paid

} **Tries to win**

Antagonism

Ratings in more detail

The author of socio-dynamic theory, Jean Christian Fauvet, proposes the following measurement scale (stakeholders are rated against both scales):

Synergy	Antagonist
1. Has no personal negative point of view	-1. Unwilling to follow the initiative (no obvious benefits)
2. Follows the initiative when asked (minor visible benefits)	-2. Will try to get compensation for minor negative aspects of the initiative
3. Takes up the initiative independently but may give up if not supported (obvious benefits)	-3. Significant negative aspects of the initiative that need to be addressed
4. Agrees wholly with the objectives (gives unqualified support and actively takes the initiative)	-4. Utterly opposed to the initiative and does no care about the consequences

The idea of this tool is to rate your stakeholders on a scale of 1-4 in terms of their:
- synergy with the work - meaning how much this links in to what they are trying to achieve (these are positive scores, the higher the better)
- antagonism - meaning how much this might annoy them (these are negative scores, so -4 is someone who would be strongly against the work).

By taking time to consider your stakeholders and their feelings towards the work, you can better target your approach.

Identifying stakeholders

People fall into one of eight well-defined attitudes with certain behavioural traits and predictable positions and behaviours.
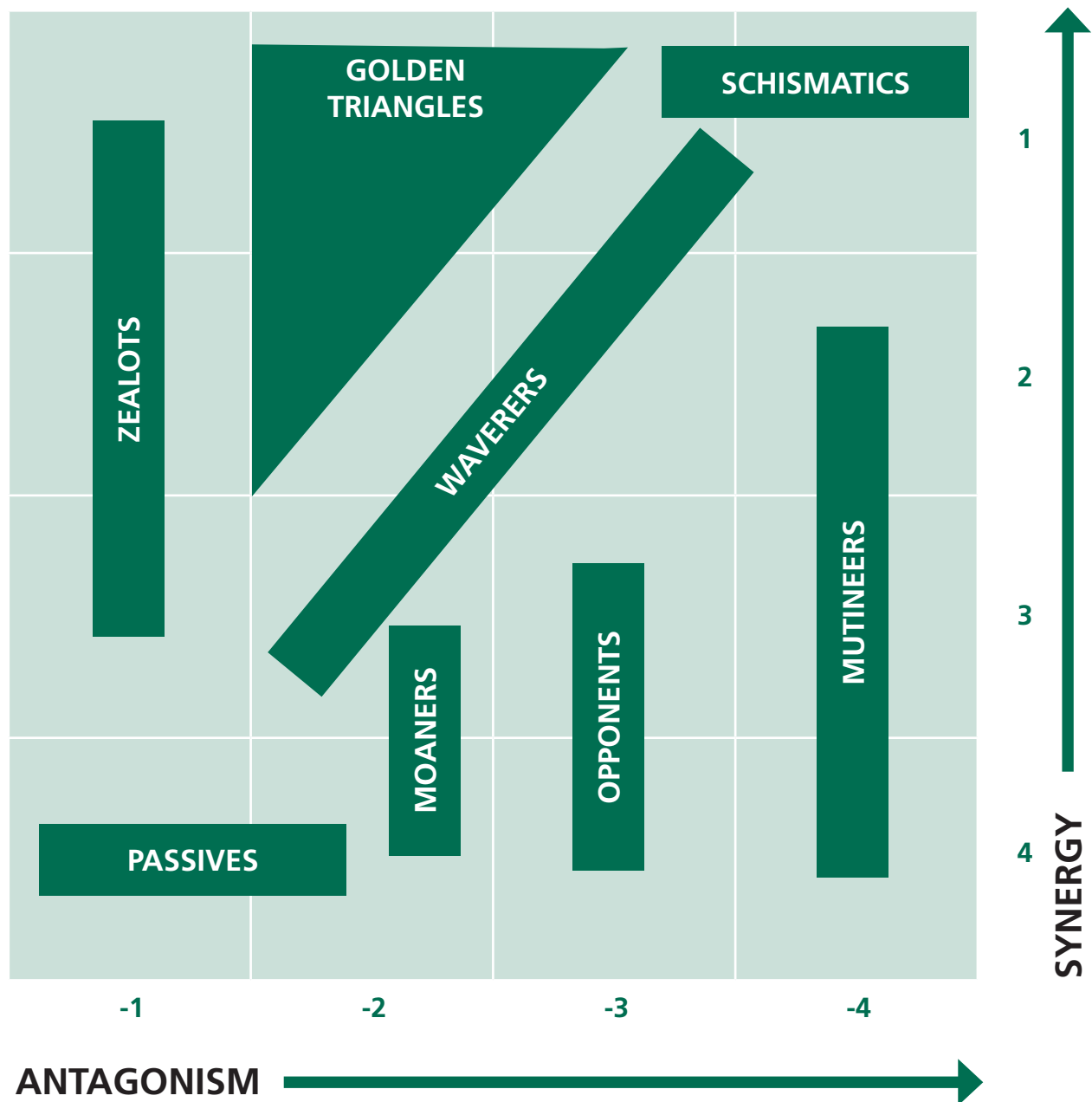
Understanding these can help you adopt a successful approach in influencing and moving stakeholders.

Identifying stakeholders

Passives

- Low or no synergy or antagonism
- The project is not theirs and they have no alternative to offer
- Numerically often the most significant - between 40 and 80% – sometimes called 'the silent majority'
- They are the 'stakes' in the game and if they follow the project it will succeed but if they follow the moaners, it will fail
- These are the people you have not reached and are difficult to reach – they resist participative methods
- They often refuse to read your communications and will not fill in questionnaires. Involvement is achieved by using more supportive peers to persuade

Zealots

- Most of your core team could be zealots – they are essential in a group because they raise morale and may work without being asked to – but beware…
- Unfortunately, they rarely see the negative aspects of what they are doing and a lack of objective criticism can lead to mistakes. Zealots are also against compromise, which can cause conflict with the golden triangle group and others
- Don't put them in situations where they have to convince the hard-nosed skeptics – they will fail miserably because they lack an empathy with people who see the downside

Golden triangles

- The name refers to their triangular grouping – gold refers to their value to the project. They are considered project 'allies of the first order' and will often lead a project
- These people are your most valuable resource
- They support the team's objectives but have a lot of empathy with those who are worried about the changes
- They have the best ability to win arguments in your favour. If they also have seniority - even better
- Waverers often respect this group because of their understanding of their concerns – unlike zealots

Identifying stakeholders

Waverers

- Waverers are potential allies – and considered the most tactically important after the golden triangles
- They are interested in the project and may be useful to 'target' in any communication campaign – and are usually easy to talk to
- Waverers' doubts may strongly reflect those of the passive majority. Although less numerous, they can exert considerable influence on the passives. If allied with zealots and golden triangles, they can help the project move in the right direction

Moaners

- Moaners are similar to passives but complain vocally and often
- Moaners are often sarcastic towards the project
- They can be useful if what they say aloud represents what others are whispering – acting as an early warning system
- Advice on dealing with moaners varies from ignoring them to addressing their minor quibbles to making them passive in order to stop the moaning!

Opponents

- Opponents have high antagonism and low synergy
- They have the ability to exploit any tension in the teams to their advantage
- These people cannot see the positive side of your team's work - you are affecting them, possibly badly
- Dealing with opponents can be done through dealing with their allies – who may rather compromise. Fauvet recommends defeating rather than convincing opponents – as they are still sensitive to strength and surrender when not the strongest
- Ignore this group at your peril
- Can you remove the reasons for opposition without compromising your team's objectives?
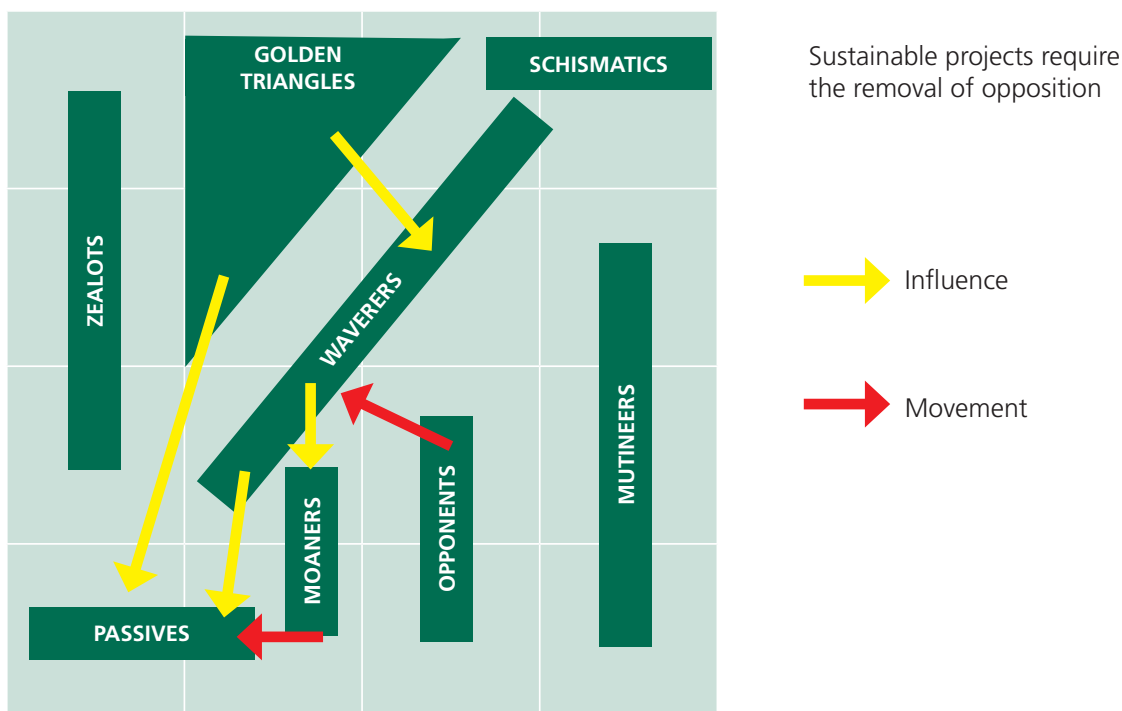
Identifying stakeholders

Mutineers

- Highly antagonistic mutineers luckily form a tiny minority
- They may have their own agenda and view of society
- It is the mutineers who vandalise projects
- They are often referred to as the danger to society
- Bargaining with mutineers is not advised – it would alienate the passive majority
- They would rather lose everything than see someone else win

Schismatics or breakaways

- Fortunately rare
- Their position is difficult to predict and varies day-to-day. They may favour the project but not the method – like an entrepreneur who built a company and is now retired, hating not being in the driving seat and critical of existing management. Luckily opponents also view them as schismatic and are rarely allied to them

Moving and influencing

People's attitudes are dynamic - over the project lifecycle you will need to shift people towards support.

GOLDEN TRIANGLES

SCHISMATICS

ZEALOTS

WAVERERS

MOANERS

OPPONENTS

MUTINEERS

PASSIVES

Sustainable projects require the removal of opposition

Influence

Movement

Identifying socio-dynamic categories: See if you can identify a point in your life when you fitted into each of the following categories:

Breakaways

Zealots

Golden triangles

Waverers

Passives

Moaners

Opponents

Mutineers

Resistance to change

Resistance is one of the main factors influencing organisational change. There are three different levels of resistance that you may encounter. These are:

- Level one - relates to information: a lack of, confusion over, or disagreement with key information
- Level two - an emotional and physiological reaction to change based on fear of loss, incompetence or abandonment
- Level three - goes beyond the immediate situation and is based on what the change represents to the individual. It may be deeply entrenched and may also encompass personal, cultural, religious and racial differences

Level one resistance may stem from a lack of information, disagreement with the idea itself, a lack of exposure or simply confusion.

Don't make the mistake of treating all resistance as if it were level one: different types of resistance need to be addressed in different ways.

To overcome this level of resistance you need to give people more information, more convincing arguments and detailed facts. Give people a chance to take you on and argue with you – make sure that you go into meetings willing to be influenced.

Level two is a physiological reaction to the change. People's response to proposed change is often based on fear that they will lose face, friends, control or even their jobs.

When they are working from level two, people perceive the situation as dangerous and prepare for fight or flight – even if they're not consciously aware of it.
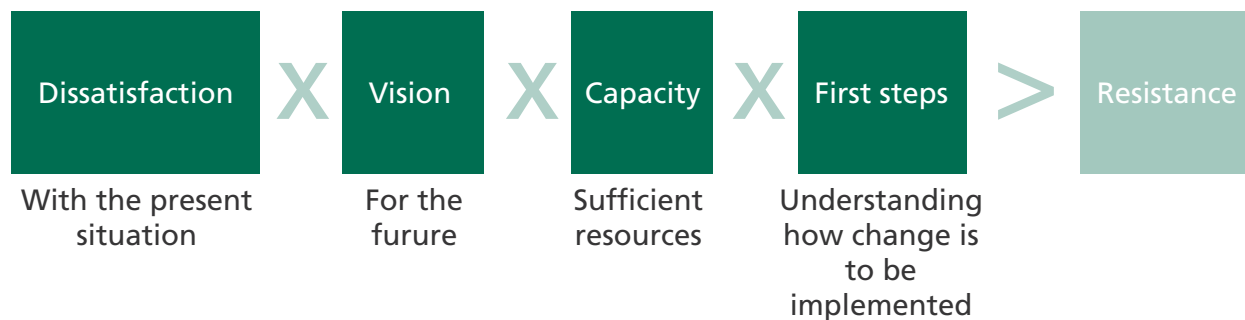
To deal with this level of resistance you need to adopt a different strategy. Listen to those who resist change and try to understand how they feel and why they feel that way. Then try to find common ground, incorporating their concerns.

Level three people are not resisting the idea - they may love it. They are actually resisting you. They may resist because of their history with you, or they may oppose who you represent (e.g. the trust management).

In these divisive relationships, no idea is judged on its own merits: the level three relationship almost guarantees that people will oppose your ideas.

Dealing with this level of resistance demands that you begin to rebuild relationships before presenting new ideas. Or, at the very least, your change management strategies must include ways of building bridges while you plan and implement.

The change equation

Dissatisfaction	X	Vision	X	Capacity	X	First steps	>	Resistance
With the present situation		For the furure		Sufficient resources		Understanding how change is to be implemented		

If any of the elements on the left hand side are zero or small, resistance to change will not be overcome.

Adapted from the Beckhard change model

People do not change unless steps 1 – 4 are larger than the resistance that the person feels. Just telling someone to change does not mean that they will change. The above factors are critical in identifying how best to ensure that resistance to change can be overcome.

Reasons for hesitation about change include:

- Poor understanding of the need for change
- Disagreement about how to implement the change
- Embarrassment about admitting that what they are doing can be improved
- Lack of trust
- Lack of resources

Questions to ask include:

- How satisfied is the person with the current state of things?
- Is any dissatisfaction shared with their colleague?
- How is the dissatisfaction understood and experienced?

If the value of the left side of the equation is higher than the right side (the resistance) then people will usually change and vice versa. By working on the left side people will be pulled towards change.

Shifting the balance…
Resistance
Dissatisfaction
Knowledge
Resources
Vision

How to influence

Influencing is about being able to move things forward without pushing, forcing or telling others what to do. Influencing is also about understanding yourself and the effect or impact you have on others. © Sean Kane.

The use of language and the way in which you ask questions is very important.

Closed questions expect a short answer.
- They give you facts
- They are easy and quick to answer
- They keep control of the conversation with the questioner

Open questions are likely to receive a long answer.
- They ask the respondent to think and reflect
- They will give you opinions and feelings
- They hand control of the conversation to the respondent

Open questions begin with: what, why, how, describe….

You may use closed questions during your work, for example when you are trying to uncover facts and figures.

However, open questions are far more likely to help you really understand the opinions, beliefs and feelings behind people's behaviour.

In order to influence, you must:
- put your main effort into trying to understand the other person
- use open questions
- ask questions to clarify what they have said
- use active listening – for example, summarise what they have said to you (and confirm your understanding)
- look for things they say that are in synergy with the aims of your service improvement project (but don't interrupt to give your views and opinions).

How to influence

What you should try to discover through asking open questions

- What motivates them?
- What interest do they have in the outcome of your work?
- What information do they want from you and how do they want to receive it?
- What is their current opinion of your work? Is it based on accurate information? If they are not likely to be positive, what will win them round to support your project?
- Who influences their opinions generally and who influences their opinion of you?
- If you don't think you will be able to win them round, how will you manage their opposition?
- Who else might be influenced by their opinions?

The use of pull/push questioning will elicit different perspectives. Using Appreciative Inquiry (AI) is the basic philosophy in other positively oriented approaches to individual change as well as organisational change. AI fosters positive relationships and builds on the basic goodness in a person or a situation. The idea of building on strength rather than just focusing on faults and weakness is a powerful idea used in mentoring programs and excellent performance evaluations. It is the basic idea behind teaching 'micro-affirmations' as well as teaching about micro-inequities.

Reviewing
When you have understood their opinions, take seriously what they have said. You may need to rethink some of your ideas.

Consider their concerns or issues with the work.
- Are these genuine?
- Are they a result of a lack of communication?
- Is there more that you can do to reduce their concerns?

Consider what they were positive about - can you reframe your project to focus on the synergies?

Behavioural styles

Analytical / analyser	Driver / activator
formal measured + systematic seek accuracy / precision dislike unpredictability and surprises	business like fast + decisive seek control dislike inefficiency and indecision
Amiable / affiliator	**Expressive / conceptualist**
conforming less rushed + easy going seek appreciation dislike insensitivity and impatience	flamboyant fast + spontaneous seek recognition dislike routine and boredom

Not everyone has 100% of one style

08 **Behavioural styles:** Think of examples of where you might have behaved as:

Analytical / analyser	Driver / activator
Amiable / affiliator	**Expressive / conceptualist**

Working with stakeholders: Think about the people you will be working with…

Do you have similar styles?

Are you all the same or different?

Where are the gaps?

What does this indicate?

What should you do?

Reading list

- Argyris, C., **Knowledge for Action: Guide to Overcoming Barriers to Organisational Change**, Jossey-Bass Social and Behavioural Science

- Collison C., and Parcell G., (2001) **Learning to Fly: Practical Lessons from one of the World's Leading Knowledge Companies,** Oxford: Capstone (In particular Chapter 7: Learning Whilst Doing and Chapter 8: Learning After Doing)

- Coon, D (1992) **Introduction to Psychology – Exploration and Application**, West Publishing Co. USA

- Maurer and Associates, www.beyondresistance.com

- NHS Institute for Innovation and Improvement, **Improvement Leaders' Guide:** 'Building and Nurturing an Improvement Culture - Personal and Organisational Development'

- Rick J., Thomson L., Briner R., O'Regan S., and Daniels K., (2002) **Review of Existing Scientific Knowledge to Underpin Standards of Good Practice for Key Work-related Stressors – Phase 1**, Sudbury: HSE Books (PDF version is also available from the Health and Safety Executive)

- Scholtes, P., (1997) **The Leader's Handbook: Making Things Happen, Getting Things Done,** McGraw Hill, 1st edition (ISBN: 0070580286)

- Senge P., (1990) **The Fifth Discipline: The Art and Practice of Learning Organisations,** Random House, London

- Senge P., (2000) **The Dance of Change: Sustaining Momentum in a Learning Organisation**

- Williams D., (1999) **Human Responses to Change**, Futures Vol. 31 (6), pp. 609-616
  Further diffusion theory reading

- Rogers, E.M., (2003) **Diffusion of Innovations** – 5th Edition
  Further socio-dynamic theory reading
  Fauvet, J.C., and Guignot, C. **The Strategy of Your Relationships**
  D'Herbemont, O., Cesar, B., Etcheber, P., and Curtin, T., **Managing Sensitive Projects: A Lateral Approach**:

Your notes