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Discomfort zone
Discomfort zone

**What is it?**

This approach can help you to understand and respond to people’s feelings when confronted by organisational change. 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’ or ‘stretch zone’.

In the discomfort zone people are most likely to change and learn how to do things differently. Being in the discomfort zone provides a challenge to how a person sees a system and behaves within it.

The challenge is sufficient to enable the person to reappraise both their views and actions, but is not so great that they perceive it as threatening or impossible to achieve change. The key to encouraging people into the discomfort zone is to make it safe enough for them to both express their anxieties and experiment doing new things.

**When to use it**

In order to achieve improved processes and systems, the way you and your team work will need to change. Using the discomfort zone tool will help you to work more effectively with colleagues and staff when you need to appreciate their perspectives on an improvement project.

**How to use it**

We have all experienced change situations where we have gone from a feeling of comfortable stability to a feeling of panic. If you are involved in improvement, try to remember when it happened to you and understand those feelings.

Many people are happy to stay in the comfort zone: it may be a way of thinking or working, or a job that someone has been doing for a long time. In the 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 people are forced into when confronted with a change that does not fit with their current view of the world or values, or when they are confronted with a change they do not agree with. The reaction is similar to the physiological ‘fight or flight’ response when someone is faced with a real or tangible threat. Here they will most likely feel:

- stress, worry and fear
- anger, irritation and annoyance
- sadness, hopelessness and apathy
- guilt and shame
- inadequacy and frustration
- resistance.

Being in the panic zone can cause people’s behaviour to freeze: they certainly don’t change and they won’t learn.

**Comfort zone** – people stay here, don’t change and don’t learn.

**Discomfort zone** – people are uncertain, but are most likely to change and most likely to learn.

**Panic zone** – people’s behaviour freezes and they will not change or learn.

**Figure 1: Zones of comfort**
To encourage people to leave their comfort zone, you need to help them feel safe. You can do this by creating the right environment and culture. This will include ensuring there is no blame.

- Ask people to question the current situation and see it from another point of view, such as other members of staff or patients and their carers (see gaining insights from/working with health service users).

Other methods to help people feel safe include:

- creating a compelling and positive vision of how things could be
- providing access to appropriate training and positive role models
- normalising people’s negative reactions to change
- providing coaches, feedback and support groups
- ensuring systems and structures are consistent.

**What next?**

Understanding the discomfort zone will make it easier for you to implement change with your team’s support and co-operation. Further guidance on managing change can be found in the enabling collaboration by working with resistance, model of personal change and managing transition tools. Good communication at this stage is essential, so consider looking at stakeholder analysis, active listening and clinical engagement.

**Additional resources**


**Background**

This established organisational development theory was used by the NHS Modernisation Agency and the NHS Institute for Innovation and Improvement to improve the understanding of change in the NHS.