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# Managing change in health and social care

*TILLEY, L. AND JONES, R.L.*

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# Chapter 4 Managing change in health and social care

*Liz Tilley and Rebecca L. Jones*

## 4.1 Introduction


Figure 4.1 Are you all set for change?

In health and social care services, managing means managing change (Figure 4.1). In many ways, change is the very fabric of health and social care. Care provision is often required initially because of changes in people's lives which lead to a need for care and support services. Somewhat ironically, while the history of health and social care highlights the ongoing and recurring nature of change, people who use health and social care services report that their experience is too often one of continuity – of things not changing – and their experience is often poor (Beresford et al., 2011). This emphasises the importance of unpacking the concept of change: exploring why it has so frequently failed to deliver on the grand promises, and considering how it can be used to improve the quality of care that is provided.

Sometimes, the decision to change some aspect of a service comes from front-line managers, care workers or service users who are hoping to improve local practice. At other times, changes at the governmental or strategic planning level demand changes at the local level. In these cases, managers are reacting to decisions that are being made elsewhere and implementing someone else's change initiative. A delicate balance has to be struck in terms of responding to top-down decisions while managing the views of staff, who may be anxious or even resistant to the idea of change. Whatever the source of change, one of the most important aspects of managing it is, of course, to manage your relationships with staff and their relationships with one another; and to support colleagues through what can be an uncertain or a stressful process.

Visionary leadership and effective management go hand in hand when negotiating a successful change; and, indeed, the change process is an excellent example of when all four of the building blocks of the **fully rounded caring manager** (**personal awareness**, **team awareness**, **goal awareness** and **contextual awareness**) need to be in place. This chapter explores the possibilities for being proactive and reactive in relation to change (see Chapter 2 for more about the proactive manager). It focuses on knowledge, strategies and tools that will help you to plan and implement change, and to develop your capabilities to manage the unpredictable and unplanned aspects of change. Working with a change process aimed at an enhanced quality of service, and therefore quality of life for clients and workers, entails a range of competences, attitudes and skills that allow you and your colleagues to challenge assumptions, develop common understandings and exercise new behaviours.

This chapter addresses the following core questions.

- Why is change needed?
- Who and what can change?
- What are the complexities involved in managing change?
- How can change be led in practice?

## 4.2 The context of change in health and social care

The Royal Albert Hospital in Lancaster, in northern England, was a typical large Victorian institution for people with learning disabilities (Figure 4.2). In the 1980s and 1990s it was closed down (see Box 4.1).

### Box 4.1: Changes in expectations

Figure 4.2 The former Royal Albert Hospital in Lancaster, northern England

> The world had passed it all by. They were institutions – literally. Nobody went in. The people that worked there had worked there for years ...The inspectors would go round, write a nice report … This is when things had started to change, they had an inspection and it got a real slating did the Albert … And of course the Albert hadn't changed, what had changed was people's perceptions, so what ten years ago was good was suddenly not very good at all. But the boss at the time made a very good point, 'What I want to know is for the last 25 inspections we've had, everything has been absolutely fantastic, and now everything's appalling. Why is it suddenly changed? Because the institution hasn't changed.' And the point he was making was valid. It wasn't the institution that had changed in any way whatsoever, what was happening was that

> people's expectations were different … And that was right and that's how change happens isn't it?
>
> (Bob Dewhirst, Royal Albert senior nursing lecturer, quoted in Ingham, 2011, pp. 115–16)

**Bob Dewhirst says change happens because people's expectations change. Can you think of other examples in health and social care which illustrate this?**

What if the resources needed to make a change are greater than the potential benefit? Is it sometimes better to just live with an imperfect system?

What this example shows so powerfully is that, while there is some continuity in the skills needed for health and social care, the structures, policies and ideologies within which those skills are practised are continually changing. Nigel Ingham's research also highlights the 'human face' of change, and the personal impact it has on staff and service users. While change is often focused on organisations, it is played out in practice through people, who experience and face the consequences of change.

Change certainly appears to be something of a constant in health and social care. When Peter Beresford and his colleagues carried out a research project between 2006 and 2008 on the implementation of personalisation policies in England, they acknowledged the depth and rapidity of change facing health and social care agencies. For example, within that two-year period, several leads in partner organisations left their posts, staff were made redundant and, in one local authority, a major restructuring of services occurred (Beresford et al., 2011). For harassed managers, changes introduced as a result of the changing political landscape can sometimes feel like a constraint on the smooth running of the organisation.

## Why make a change?


Is it best to rip it up and start again?

If emerging evidence about change in health and social care suggests that its impact on the experiences of service users has been limited (Beresford et al., 2011), why do it? While the *implementation* of a change may be where some projects or policies fall down, there continue to be many reasons (moral, social, clinical, political, economic, technological) for introducing change. Sometimes change is called for in health and social care in the light of a serious crisis or service failing. As Beresford et al. (2011) argue, this can lead to an 'unhelpful cycle of change' (p. 362). They draw attention to child protection as a case in point. Despite active media interest and a major public inquiry after the death of 8-year-old Victoria Climbié in 2000, the cases of Peter Connelly (Baby P) and other young people since then demonstrate that high-level policy change has not transformed practice in every locality. Nevertheless, change continues to preoccupy the people involved in health and social care, including practitioners, managers, policy makers and service users and carers, precisely because people believe that things can be done better, in terms of either practice improvements at a local level, to make services more efficient, or in the pursuit of social justice.

Change also occurs because someone recognises, replicates and promotes an example of good practice (see, for example, Chapter 17 on the value of 'appreciative inquiry').

While the case for change may be strong, there is no blueprint or formula for making it work. However minor changes may seem, change is never a one-off event; nor does it follow an orderly sequence of stages. It is always a continuous and uncertain process which happens in a specific context (Pettigrew and Whipp, 1991). Understanding the context you work in and learning to manage your environment is an essential component of leading a successful change process, and one of the four building blocks of the **fully rounded caring manager**. Throughout this chapter you will be encouraged to consider **context** (alongside **personal**, **goal** and **team awareness**) in facilitating change.

## 4.3 Understanding the dimensions of change

Managers and workers often operate on several levels at the same time. From the perspective of a front-line manager, changes are often 'top-down' and imposed, such as the closure of the Royal Albert Hospital in Box 4.1. Some top-down changes have a legislative requirement, some changes come as guidance, and other changes are advocated as good practice; but they all have different implications. Changes can also be 'bottom-up', for instance introduced as a result of evaluation by service users, or suggested by front-line care workers, or because of the manager's own desire to raise standards of work in the team. The ideal solution is to find ways of harmonising imperatives from above with those arising from practice. But this is a complex task, as shown by the Standards We Expect project (Beresford et al., 2011) described in Box 4.2.

### Box 4.2: The Standards We Expect project

This project was funded by the Joseph Rowntree Foundation, to support the implementation of greater choice and control for people who use health and social care services. The project was carried out in the context of a policy agenda that promoted more person-centred care (a top-down directive), but a growing awareness of the difficulties of achieving this in everyday practice.

The project's main aim was to achieve change in practice. It was led by Shaping Our Lives (a user-led organisation), but involved a wider consortium of academics, practitioners and other service users. Eight partner service-delivery organisations across health and social care were invited to participate and trial the new ways of working. These services were at various stages of implementing person-centred care.

The project's objectives were to:

1 Identify and develop ways of promoting person-centred systems, to empower both service users and staff.

2 Identify barriers in the eight local areas which may make this difficult.

3 Share knowledge and good practice across the eight sites.

(Based on Beresford et al., 2011, p. 399)

Very early on, the project team recognised that they had to find ways to engage all stakeholders in the process of change. This included service users, staff, managers, senior leaders and commissioners, in order to explore both bottom-up and top-down perspectives on change. Interviews, meetings, seminars and workshops were held to get people's views and to facilitate an exchange of ideas. The project team worked with the eight sites (including day services, residential care units, primary care trusts and housing services) over a period of two years. They then evaluated what change – if any – they had supported.

**What do you think were the advantages in the approach to change adopted in this project? What might some of the challenges have been?**

The Standards We Expect project (Beresford et al., 2011) raises many important questions about what exactly constitutes change; why it is needed; and how to decide whether it has been achieved. As you will see throughout this chapter, scholars and practitioners have set out a wide range of models to understand, describe and support the process of managing change, each underpinned by a set of assumptions and a particular theoretical approach. Emerging from these models are specific tools that have become popular with managers across the private, public and voluntary sectors. Sometimes these models and tools can appear quite contradictory and, at times, you might wonder how you can possibly choose between them. But all of these models and tools have something to offer; and, as you become more familiar with them, you will begin to see the benefit of using a *combined* approach, whereby you assess which will be of greatest use to you, depending on the nature of the change that is required and your own particular context. It is about developing the skills and confidence to judge the strengths of the different approaches, as well as their limitations (Iles, 2006).

'There is no one right theory or approach to change management, rather there are multiple perspectives and lenses through which to view organisations and from which to develop ideas, actions and technologies for approaching change …' (Shacklady-Smith, 2006, p. 384).

To say that a lot has been written about organisational change and how to manage it is a slight understatement! There is no way in which all the ideas on this topic could be covered in one chapter. But one idea that has had a notable impact – in the fields of both practice and research – is that approaches to change can be divided broadly into 'planned change' processes and 'emergent change' processes.

## Implementing 'planned' change

Classical scientific versions of change focused on change as a mechanistic event: a stable linear process that is rational and can be controlled as long as the 'change agents' plan effectively. According to planned change theorists, once a 'problem' has been diagnosed, a set of known steps can be taken to make the necessary change, with a clear end-state in sight. There is an assumption of 'plain sailing' with little interference from elsewhere. Probably the best known approach is the three-phase approach of the social psychologist Kurt Lewin (1958).

> This involves:
>
> - *unfreezing* the organisation from a presumed steady and stable state
> - *moving* towards new goals and [a] view of the future and
> - *refreezing* or stabilising the norms, values, behaviours and culture representing a desired end state.
>
> (Shacklady-Smith, 2006, p. 386)

Lewin's model has been very influential and continues to be used today. It provides a neat framework for thinking through the main elements of a change process and seems quite easy to use. Significantly, it positions the 'change agent' (for example, a manager) as being objective and able to stand outside the change process, observing, planning and tweaking it as necessary.

**Consider briefly your own idea for a change project. Can you envisage how 'unfreezing–moving–refreezing' might help you pinpoint some issues you need to attend to?**

Following on from Lewin, in 1996, John Kotter published his seminal work *Leading Change* in which he set out eight steps for leading change.

1 Create urgency, by getting key players to buy into the need for change.
2 Form a powerful coalition.
3 Create a vision for change.

4 Communicate your vision as much as possible.

5 Remove obstacles.

6 Create short-term wins.

7 Build on the change and don't declare victory too early.

8 Anchor the change in the organisational culture.

(Based on Kotter, 1996)

Kotter's eight steps represent a practical and systems-based approach to working carefully through the change process. It might be argued that these steps support the leadership element of change (particularly the focus on vision and communication), whereas Lewin's model is more focused on management (setting clear goals and targets and working out what processes are needed to get there). So both models have something useful to contribute to any change process. But it is also important to take a critical view of such frameworks and what they might actually mean in practice for someone tasked with delivering change. Consider the following two quotations.

> When you have change there'll always be casualties … That's life.
>
> (Gordon Greenshields, former Chief Executive of North West Regional Health Authority, quoted in Ingham, 2011, p. 268)

> I know that there were some casualties among the staff. Some staff I know found it difficult to become re-established after the Royal Albert closed, after their redundancy, because they were sort of older and felt they couldn't adjust to the new way of doing things as it were.
>
> (Senior manager, quoted in Ingham, 2011, p. 136)

Both of these are quotations from Ingham's research on the closure of the Royal Albert Hospital. The running down of it constituted a major change process: complex, expensive and sensitive. The directive to close was very much a top-down one (dictated by national policy), and was thus planned. This was a change that *had* to happen, but the challenge facing managers was to make the change as smooth as possible. Kotter's eight-step model might be seen as useful in this context. But the quotations touch on just how challenging a major change programme

can actually be in practice. Both participants used the term 'casualties', indicating the almost military implications of change in some circumstances, and the trauma involved. The people at the top might view this as an inevitable removal of obstacles (Kotter's step 5), but the manager's words express the moral and ethical dilemmas that those tasked with implementing change often face. The uncertainty and loss involved in managing the change process is explored more fully in Section 4.5 of this chapter.

**Returning to Lewin's model and Kotter's list, do you think it is more helpful to consider change in terms of organisations or individuals?**

In practice, Lewin's model and Kotter's list are far more complex than they first appear, and working out precisely what is required at each stage is no mean feat. Indeed, a key criticism of this approach is that it presumes stability and order but people's experiences may feel much more like chaos. This is not to undermine or disregard the planned approach but, rather, it suggests the importance of paying close attention to the detail. While a planned approach to managing change might emphasise goal awareness – where you want to be after the change – it is important not to lose sight of the other important building blocks to effective management which can influence your chance of success in reaching that goal.

## Directing 'emergent' change

While the general ideas underpinning planned change continue to influence and shape the way organisations work, over time this model has given way to theories of emergent change that emphasise the unpredictable nature of change as it unfolds. This understanding of the change process acknowledges the impact of internal and external factors which may not have been accounted for in a carefully planned process. Change here is viewed as an emergent process which is subject to disruption, breakdowns and breakthroughs, depending on the changing circumstances around it. This approach suggests that change should not be viewed as something which is managed by one person as a discrete event, but as something which every manager should constantly be tuned into.

Henry Mintzberg, the famous management strategist, coined the term 'emergent change'. He argued that managers need to spot patterns and trends and be prepared to take action, with or without a strategy or a plan (Hatch, 1997; Iles, 2006). If you think of change in this way, the role of the manager shifts from being the *planner* and *implementer* of deliberate change to a *harnesser* and *director* of more fluid change processes. Managers need to respond to issues that emerge, have the skills and resources to operate in uncertain conditions, and support their team through changes that are beyond their control. In a climate of major cuts to health and social care funding, managers are continuously reacting to external events, and having to reconcile these with internal tensions and conflicts. Managing an enforced reduction in staff capacity or funding cuts for essential service activities is one very clear example of how managers can be responding to a quickly changing service picture and having to work through complex changes with a diverse range of people, subject to, often conflicting, internal and external pressures. For instance, the growing number of people living with dementia is one example of where managers in health and social care are both responding to changes in the wider environment and planning strategies to meet local need (Figure 4.3).

Figure 4.3 Caring for people with dementia involves complex changes

**Recalling the four buildings blocks of a fully rounded caring manager and what you read in Chapter 3, which qualities of leadership do you think are important to support managers to deal with emergent change?**

There is a growing recognition in the literature of the role of strong leadership in helping organisations to avoid 'stuckness' (inertia or patchy implementation) and supporting progress in the change process (Smith and Berg, 1987). The empirical research by Higgs and Rowland (2010), which involved interviewing 33 leaders across the public, private and voluntary sectors, demonstrated that successful 'change stories' were influenced by leaders who were found to be:

- extremely self-aware, regularly seeking feedback, empathising with other people, and with an understanding of how to use their role in a change process (**personal awareness**)
- able to 'work in the moment', keeping the vision in mind, coping with emergent change, staying attentive and expectant, and available to work with what arises (**goal awareness**)

- mindful of the bigger picture, and almost demanding of the organisation around them to see and lead for everyone (**team awareness** and **contextual awareness**).

Higgs and Rowland concluded that, for change to be successful, leaders are needed who are aware of the systems underpinning their organisation that influence people's behaviours, but who also understand themselves, in terms of both the limits of their role and their power to influence. This seems to be an essential ingredient in managing emergent and unexpected change that gives little time for detailed planning and management of the change process.

According to the Greek philosopher Heraclitus (c. 535–475 BC), 'Change is the only constant'.

However, as more empirical research is done on how people in organisations actually talk about change, it has become apparent that an 'either/or' approach in terms of planned or emergent change is neither helpful nor a reflection of people's experiences of change (Ingham, 2011). In busy health and social care services, the chances are that most managers will – at some point in their careers – be responsible for both initiating change projects and responding to change initiatives that are imposed on them as a result of internal or external developments. To be a manager in health and social care you need to develop the skills to lead both planned and emergent change. The rest of this chapter introduces the knowledge and tools to support you in this process.

## 4.4 Implementing change

Despite a proliferation of ideas about why and how things *should* and *could* change, in reality, it is estimated that only one-third of change projects actually succeed (Nasim and Sushil, 2011). This is an extraordinary statistic. It raises many important questions that need to be addressed if managers are going to improve their chances of successfully implementing change. For example, do so many change projects fail because managers neglect to *plan* properly; perhaps managers are not quick enough to react to *emerging* changes in their organisation or the wider sector; perhaps efforts are not made to achieve sufficient 'buy-in' for the ideas by staff or other stakeholders; maybe managers are not drawing on change models or tools when they instigate a change process; perhaps they are drawing on them too rigidly and missing other important factors; or perhaps they lack the leadership skills to effectively support people through a period of change and fail to be proactive.

This brings us back to the importance of gaining insight into the factors that shape how change is experienced and managed in health and social care and exploring critically the models and tools that give us frameworks for approaching change (see Box 4.3).

## Box 4.3: Change from within or change from without?

Some researchers suggest that major institutional change (such as encouraging a culture of independent living and person-centred care) requires an external 'jolt' that precipitates a shift in attitudes and behaviours, and 'change agents' who represent 'new blood' within an organisation (Barley and Tolbert, 1997; Hensmans, 2003; Reay and Hinings, 2005). According to 'institutional theory', as patterns of work and other activities become the 'norm', it is increasingly difficult for people inside the organisation to make a meaningful change (Zucker, 1987). Institutional theorists have argued that external forces are therefore required to 'shake things up'.

However, research suggests that sometimes major change is more successful when it is led by 'change agents' *within* the organisation, turning institutional theory completely on its head! This is what Reay and colleagues (2006) found in their empirical research project in a healthcare system in Alberta, Canada. The change process involved introducing a new work role – a nurse practitioner – who carried out specialised medical activities beyond the scope of a registered nurse. Despite initial resistance to the idea of this role from a range of stakeholders (including other nurses, doctors and managers), those championing its introduction finally achieved major success when the new role was formally recognised in legislation. The researchers argued that front-line managers had played a crucial role in the success of this initiative and, in many ways, were the 'unsung heroes'. They had engaged front-line workers and facilitated change at senior level.

Valerie Iles (2006) argues that managing a change requires managers to do the following if they are to have any chance of developing a successful strategic plan.

- Analyse your situation, using specific tools to do so.
- Identify key priorities and devise a plan of action to address them.
- Implement the plan.
- Monitor progress, again using tools that can help.
- Evaluate the outcomes.

Think about Iles's ideas as you read the case study below about a change initiative led by Joan Simons (who was then a senior nursing research fellow) and Louise MacDonald (a lead clinical nurse specialist in pain) (Simons and MacDonald, 2006).

**Case study 4.1: Changing nursing practice to reduce children's pain**

Joan and Louise knew that many nurses struggled to use validated pain assessment tools in their daily work, even though it was well proven that they helped reduce children's pain in healthcare settings. They wanted to change this, so they designed an action research project to implement validated pain assessment tools across ten wards of a hospital.

They began by meeting with senior ward managers and pain link nurses and surveying 100 nurses on their views of pain assessment tools. This suggested that nurses already believed that introducing pain assessment tools would improve pain management for children. The senior ward managers did not object to the plans, but neither did they express any interest in getting actively involved. Joan and Louise introduced teaching sessions on the wards and the Pain Control Service offered additional support to nurses in using pain assessment tools.

However, evaluations of using the tools after 6 and 12 months showed that, while nurses increasingly found them easier to use, some still felt that they represented more work. Twelve months after implementation, the majority of children who could have had a pain tool in use did not have one.

Although some progress had been made, Joan and Louise found themselves reflecting on why their change initiative had not been more successful. Crucial ingredients were in place: active involvement from key stakeholders; credible 'change' agents in the form of Joan and Louise; and face-to-face contact with practitioners to harness enthusiasm. But, in retrospect, they realised that what was missing was genuine organisational commitment to the change. While senior sisters did not object, they were not championing the use of these tools. This would have been a powerful motivator for the nurses.

Reflecting a few years later on what she could have done differently, Joan said:

> I realise now that we were too focused on the outcome we were hoping to achieve, i.e. getting nurses to use pain assessment tools, and not focused enough on the change process, and how challenging that was going to be. If I was doing this project again, I would build in time at the beginning of the process to gain robust organisational commitment before moving on to implementing the change.


Joan and Louise could have used the popular technique of force field analysis to assess the situation more fully. This would have made them think carefully about all the forces at work – those which were *supporting* the change as well as those which might be *blocking* it. Take a look at the **force field analysis tool** for more detail.

Looking at Iles's ideas, you can see that Joan and Louise drew on some of these recommendations, but not all of them. In retrospect, Joan acknowledged that they would have had greater success if they had drawn on tools to gain robust organisational commitment.

**What do you think Joan and Louise could have done to secure this organisational commitment?**

This case shows that analysing the issues and assessing the readiness for change is only the first step in managing a change process. Effective change requires that someone takes a lead, and some writers call this 'leading change' rather than 'leadership', to highlight the need to resolve not simply single issues but also a pattern of interwoven complexities (see, for instance, Pettigrew and Whipp, 1991). Whoever is leading change, or has a strong desire to see change happen, needs to think strategically about how to engage other people. Ideas are more likely to

be adopted if they come from more than one person, hence the importance of involving others in discussion from the earliest stage and developing ideas together. People have their own ideas and are not just neutral receivers waiting for messages about what needs to be done. So, once you have started to involve others, expect the change process to take on a life of its own.

## Using practical tools in the change process

Given the complexity of managing any change process, it is not surprising that several tools have been designed to help support change. For example, in the first stage, managers often do a PESTLE analysis to understand the 'big picture' (CIPD, 2010):

**P**olitical

**E**conomic

**S**ociological

**T**echnological

**L**egal

**E**nvironmental

PESTLE is, in effect, an audit of an organisation's surrounding influences, the results of which can be used to guide strategic decision making. This helps managers and leaders to think carefully about the context in which they work, and to pre-empt as many variables as possible that might impact on how change is implemented. A PESTLE analysis really helps to develop wide-ranging **contextual awareness** right from the start.


However, the information gathered from a PESTLE analysis is of greater use when drawn on for a **SWOT analysis** (Iles, 2006). The purpose of a SWOT analysis, which assesses Strengths, Weaknesses, Opportunities and Threats, is to move from *information* to *action*. Therefore, it provides a practical tool to inform the change process.

Focusing on both internal and external factors, a SWOT analysis supports managers to identify critical issues that must be addressed if they are to move their plan forward.

However, as Joan pointed out, the key issue for her project involved communicating with the relevant stakeholders. This involves engaging the right people, in the right way, at the right time. This is not always easy to do when you are a front-line manager. Perhaps you are new to the organisation; or maybe you have not had the necessary organisational 'exposure' to understand clearly who you need to be communicating with and how. In these circumstances, **stakeholder mapping** can be a highly practical and effective tool for identifying and communicating with your stakeholders. Indeed, this is a key facet of good management and leadership across a variety of activities, whether they involve major change or not.


## 4.5 Leading change and managing resistance

While people often talk about change in terms of 'organisational change', this chapter shows that managing change is more often than not about managing *people*. However, it goes beyond merely managing people. It requires managers to *lead* people through what might be an exciting, uncertain, anxious or even traumatic period. Tangible change can never really happen if managers cannot carry individuals and teams along with them.

'The consequences of change are quite different for those who feel in charge, with "their hands on the rug", from those "standing on the rug" as it is whipped away from under them' (Smale, 1998, p. 316, quoted in Beresford et al., 2011, p. 365).

But in practice, whether you are implementing a top-down directive for change or initiating your own change project, the people you work with are likely to have different levels of interest and commitment to making the change. Some may be keen to change their practice or may themselves have suggested the change; front-line staff may act as change agents as well as managers. Some may be passively uninterested (for example, the senior nurses in Joan and Louise's project). Others may actively resist the changes. This poses real challenges for managers. While stakeholder mapping and PESTLE or SWOT analysis can all support you in identifying who you need to influence, when and how, ultimately, a key role for managers is acknowledging and working through the emotional facets of change.

Change does not happen in a bubble; it takes place within the context of real working lives. Managers are often implementing changes that raise political complexities, ethical dilemmas, and sometimes genuine feelings of loss by staff and even service users. Consider the following quotation from a participant in Nigel Ingham's research on the closure of the Royal Albert Hospital (Box 4.1). Bernadette was involved in supporting people with learning disabilities to leave the institution, but

she was acutely aware that the speed of change might lead residents to feel that their lives lived in the institution had somehow been cast as worthless.

> I thought they can't all leave this hospital and actually say, 'My life's wiped out … I've come out of this and people are saying to me, "You're in a rotten place and you've to go out into the community."' Because what it's actually saying is your life is negated. So I thought, 'Can't have this. We need to do something to give people histories here, to recognise it and say, "You have done this and you have done that."' Particularly the old ones who had been there quite a time.
>
> (Bernadette Hobson, Royal Albert voluntary services co-ordinator, quoted in Ingham, 2011, pp. 269–70)

Ingham's research highlighted that change processes are often positioned along ethical, and even ideological, lines. While there were strong financial drivers for the Royal Albert closure, senior leaders used persuasion and coercion based on a *moral* argument that institutionalisation was wrong and constrained people's freedom to live an ordinary life. This ethical framework was used to legitimise the closure, amid notable resistance from some members of staff. Interestingly, these 'resisters' also used moral arguments to make their point, arguing that closure created the potential for significant loss for service users who had lived in the institution all their lives, and among staff who had dedicated their careers to the Royal Albert (see Chapter 16 for more on the role of ethics and morals for managers in health and social care).

'Organisations which constantly reorganise themselves tend not to perform well' (David Nicholson, Chief Executive, NHS, Guardian Public Services Summit, 5 February 2009, quoted in Beresford et al., 2011, p. 353).

Although the closure of a big institution may appear removed from much of the everyday work of health and social care practice, Ingham's findings reflect a wider body of literature on change that is focused on the 'human' aspects of the process (Allcorn et al., 1996; Stein, 2001). It is well known that people in the health and social care sector frequently complain of 'change fatigue' – the apparent endless tidal wave of new initiatives. This can be difficult for staff to cope with, but it also creates particular challenges and tensions for managers (see Chapter 5 for more on managing and leading staff through stressful transitions). What we are beginning to understand more fully is that real change happens through interactions and social processes, i.e. it is relationship

dependent. Therefore, a manager has a crucial role in *leading* staff and other stakeholders through the change process by communication and harnessing their collective power (Dopson et al., 2008).

## Managing the psychological contract

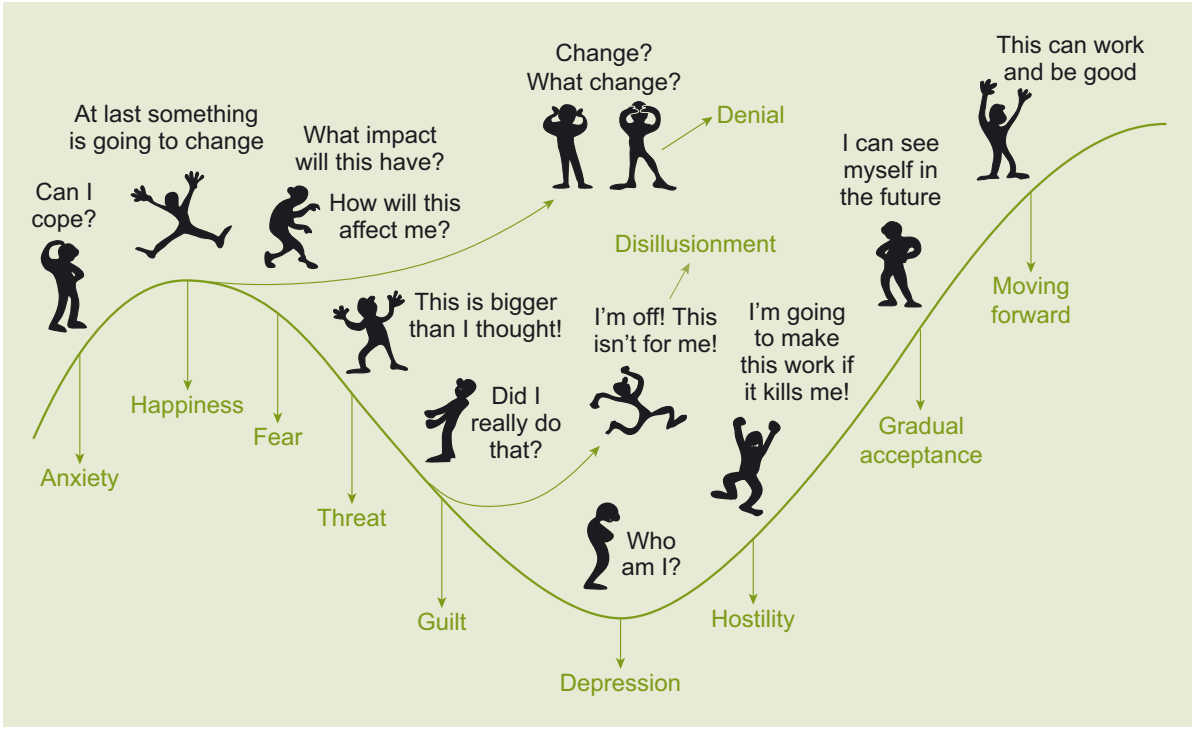


Figure 4.4 The change curve (EI4Change, 2012)

The way in which the 'psychological contract' plays a central role in how change is experienced in the workplace is now increasingly recognised. This idea can help in understanding better what change actually means for staff, which can help managers negotiate the process of change more sensitively and smoothly (Figure 4.4). The psychological contract (Morrison and Robinson, 1997) refers to the unwritten expectations that employees have of the organisation. It relates not only to factors such as pay and work but also to socio-emotional factors such as trust and loyalty. Thompson and Bunderson (2003) also argue that it involves an ideological element, something that captures the 'moral imagination'. This can be seen as particularly important in health and social care. People are often drawn to their work because they believe they can 'make a difference'; they are often highly committed to a cause.

Drawing on her research on the merger of three hospitals, Anita Rogers (2010) argues that staff viewed the organisation as breaching the psychological contract; they were angry and mystified by the speed and scale of the changes and were not convinced that the changes were driven by a desire to improve patient outcomes. As with the work of Ingham (2011), Rogers witnessed a sense of loss among employees, who were grieving for the past and who felt completely disconnected from what was happening around them. Her research showed that managers had failed to facilitate the change in terms of making sense and hope for the future. Instead, resistance turned into a loss of meaning. The change took place but, you might fairly ask, at what cost?

This does not mean that change inevitably breaches the psychological contract. Rather, it suggests that managers have a responsibility to understand the attachments their staff may have to particular contexts and ways of working, and to support staff to manage transitions in a focused and sensitive way. While the ultimate task of the manager may be to 'get the job done', it is necessary to support people through their concerns, anxieties, and even resistance, to ensure that change is achieved in a way that minimises the 'casualties' (see Chapter 5 for more on managing stress and transitions).

Managers must also be mindful that they are being continually observed and judged in periods of change. Articulating a version of change that is far removed from that expressed by staff can damage the change process – so managers must be in tune with people's experiences (Woodward and Hendry, 2004). This links clearly to the model of distributed leadership described in Chapter 3, and requires managers to actively encourage stakeholders to participate in the change process, even if this means supporting them through initial phases of resistance. In this way, managers can help to create communities of practice, where everyone is invited to take responsibility for the change in a way which promotes learning and excellence (rather than control) (Dopson et al., 2008), as you saw in the Canadian example in Box 4.3. This emphasises that implementing change is as much about leadership as it is about management.

## 4.6 Conclusion

While individuals have different attitudes to change – at one extreme, constantly seeking change and, at the other, avoiding it at all costs – change is a disruptive and often unpredictable occurrence for everyone. It rarely takes place in a straightforward fashion but is a meandering process with stops, starts and jolts in between. You may be halfway into a change initiative, but with new information and new learning gained, you may have to revisit your initial assessment and goals. Change requires attention to structural and procedural issues, and models, frameworks and tools can give guidance here; but it also requires attention to inevitable human concerns. However, despite the challenges, change represents real opportunities for managers to help improve health and social care services, which is why people keep on doing it!

This chapter touched on just some of the many models, frameworks and practical tools that can support front-line managers in planning their own change initiative, or responding to challenging and fast-moving changes from above. It highlighted the importance of **contextual**, **goal**, **team** and **personal awareness**, and showed that leadership and management are both required for successful change to happen. Above all else, this chapter argued that, while change takes place in the context of organisations, its true success depends firmly on *people*, and this is perhaps the greatest challenge and opportunity facing managers.

As a manager involved in change, maintaining openness, flexibility and tolerance of ambiguity can strengthen the possibilities of a successful outcome, as can strong leadership. Drawing on practical tools, combined with a realistic optimism and an emphasis on maintaining core values in providing care, can help managers to reframe the aims or effects of change.

## Key points

- While change presents several challenges for managers in health and social care, it is often required to prompt an improvement in both services and people's lives.
- A number of tools can provide practical support to managers who are responding to top-down change or initiating their own change, but these should be drawn on with a critical approach and an awareness of the inherent complexities of change.

- While change takes place within organisations, it happens through people. Any manager implementing a change must understand who they need to influence, when and how. But they also need to be sensitive and prepared for the psychological disruption that change initiatives can present to staff.
- Successful change cannot be achieved through management or leadership alone. It requires the skills, competences and qualities of management and leadership working in tandem.

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