[Mel.Captioner is Live]

SPEAKER:
Ladies and gentlemen, your conference will begin shortly. In the meantime, we will continue to play the music.

SPEAKER:
Good morning, ladies and gentlemen, welcome to module three, hosted by Helen Bevan. My name is Nigel, I'm your event manager. During the presentation, your line is on listen only. I would like to hand over to Helen.

SPEAKER:
Thank you, Nigel. Good morning, everyone. Welcome to module three, this marks the halfway point of the 2015 term for health and care radicals.

I cannot believe how quickly it is going. It is a very important topic this week around rolling with resistance. So many people we talk to, change activists, patient leaders, change leaders, said to us what a really significant issue working with resistances.

That is why we are devoting a whole module to this topic. It is great to see so many of you taking part today on the live module.

Just to talk about some of the ways you can connect with us. The last two web seminars we had fantastic response in the chat box. Please keep doing that, and all the way through the module today. Give us your views, join in the conversation.

Also, in a parallel universe we have our Twitter conversation going on. Please tweet using the hash tag #SHCR.

We have a very active Facebook. I have really loved looking at the images, the content colleagues have put on our Facebook page. As previously, we will produce summaries of the discussions for this module, as we have done with the other ones using Pinterest and Storyfy.

Finally, our tweet chat happens every Wednesday between 4 PM and 5 PM UK time. Those tweet chats have been to refer, using the #SHCR.

To introduce the team that will be leading, I am the session lead, Helen Bevan. Today our icebreaker will be led by Kate.

 

Pip Hardy is our learning lead. Pip is also going to present a case study on resistance. Looking after the chat and trying to win a losing battle with the volume and the quality of the chat content, we have Dominic Cushman.

Finally, our final case study will come from one of our favourite alumni, Vanessa Garrity. That is our team today. At this point, I'm going to hand over to Kate and she will take us through the icebreakers.

Just to introduce this process, today we are focusing on resistance to change. We thought our icebreaker should focus on resistance. We're going to start off by finding out how you feel about that.

So, Kate, I have now given you presenter privileges and the floor is yours.

SPEAKER:
Thanks, Helen. Just going on to the next slide. I'm sure all of you have experience about the feeling of when... resistance to change. We really want to think about your own feeling about resistance to change.

What we want you to do, the same as last week, think about putting the arrows into the right area on the slide. The first area would be bringing people together. The next one, are you the type of person that develops conversation? Do you help understanding? Or do you just believe you are right?

You will rally on and keep on going? I can see there are lots of people on the slide that are resonating with the first two areas. That is great to see. We have one person who has gone in the other slide. Really interesting thoughts there. Just give that one more minute.

There is lots happening, lots of people putting on their ideas. These icebreakers have been really great, it really helps to get our thinking into the actual session.

We will move onto the next slide. We were thinking about this session and looking at who are our students? Which group do you think you are most likely to relate to? Are you a receiver of care, a campaigner, a giver of care, chief listener, change agent?

Which one do you see yourself in? It looks like change agent is one other high area. Although chief listener is significant, a number of people in that group as well. Looking at who are our students, we have a broad spectrum of people attending the school this year.

It would be difficult to pocket people into different groups, we thought this would help to give people an idea of who is attending our school. I think, really, the highest group we can see on this is change agent and chief listener.

That is fantastic. Helen, shall I hand back over to you?

Handing the ball back over to Helen, thank you. Nigel, can you remove the annotations, please? Here we go.

 

HELEN BEVAN:

As Kate said, we have a wide range of people taking part in the school this year. Kate did some analysis earlier this week about who is taking part. Our main group, 77% of people enrolled in the school are healthcare workers or part of the healthcare workforce.

All sectors from mental health, primary care, community services, hospital sector, ambulance care, rural health, a very wide range. 6% of people who have enrolled are from local government.

That includes our colleagues were social workers or work in public health. 6% of you come from the education sector. You're either a teacher or a researcher in an education sector. Then the very precious 11% are others.

Sometimes we are not quite sure exactly who everybody is. We know this includes patient leaders, carers, family members, people who work in the voluntary sector, people who are independent consultants, or work in the private sector.

We have an absolutely fantastic engagement on police services. We have colleagues from police forces from all over Britain, particularly. It is a really great, eclectic mix of people. The other thing we are thrilled to see is how many learning groups have come together.

We are trying to collect data on all of the learning groups. If you have started a learning group with other people, can you make sure we know about? We want to capture that. In the bottom right-hand corner there, we have a very nice photo that was on Twitter from the Western Australia Rural Health learning group.

I know the Western Australia group, somewhere on the call today, cover a very big geographic area. Yet they are able to use the power of (inaudible) to be a learning group.

We have here what we think are the four biggest learning groups. If you know differently, please tell us. The biggest group is from Nottingham University hospitals where we have 65 people enrolled.

NHS England, which is the national body which oversees the delivery of health care in England, we have 36 people. Kingston General Hospital has 29. It is really fantastic to see Nelson Marlborough district New Zealand with 23 people signed up.

If we don't know about your group, tell us. If you have a big group, with similar numbers, let us know. We will feature you next week. So, our agenda for today is around this very important topic of resistance to change.

We're going to start off by thinking, reflecting on what we actually mean by resistance to change. And looking at it from a whole series of different lenses. One of the topics we think is really important when it comes to this whole issue of resistance in change, is this issue of diversity.

 

We're going to look at the issue of impact and intent. Very often, as change agents, we have a great intent in terms of the actions we take other conversations we have. But the impact we have on other people is not what we intend. As change agents we need to be aware of that, particularly in the context of resistance.

We are going to use a model call the stages of change model, or at the trans-theoretical change model. Basically, it is one of the best models we can use to understand resistance and help people through change.

We're going to use that to reflect on what we tend to do when we are dealing with resistance. During the session we are going to have two case studies, Pip early on with a case study around her own experience of resistance. Particularly when it comes to storytelling which is a nice link back to last week.

Then Vanessa is going to tell us about her case study at the end using the stages of change model. At the very end of the session we will hand back over to Pip who will take us through our call to action.

Welcome to everybody, I hope this is a helpful and relevant module. I hope that as a learning community, we can really add lots and lots of content through the chat box and Twitter. Why is this such an important topic and why we focused on it in the school?

When you look at data around why big organisational change efforts fail, this issue around employee resistance, or resistance to change more generally is very often the reason most cited by senior leaders as to why change efforts fail.

We see it all the time in our world of health and care. Here we have one of our national clinical directors, Keith Willetts. He is talking here about resistance to change in the national health service in England, and how it actually costs many thousands of lives because, as a workforce, we resist change in the NHS.

So, you know, let's think about this. What do we mean by this whole term of "resistance to change"? What are some of the ways we can think about it? If we look at a dictionary definition of resistance, it is any force that stops or slows movement.

Personally, I have a bit of a difficulty with this definition. It assumes an approach to change where we have a particular goal and direction that we are going in, and that anything that gets in the way of this as resistance is a negative or a bad thing.

I don't necessarily find that helpful. Think about this. I want to take us right the way back to module one. In module one, if you remember, we talked about a new era of change.

How we have to think about was the dominant approach to change and an emerging direction. I will not go through this again, you can look back to model one of you want to see this.

 

The government approach was all about power through position and hierarchy and, in a sense, it is about a transactional change and people engaging in change because they have to.

[Richard.Uk.Captioner is Live]
And how in a sense we as change agents are part of a moving direction, which is about power through connection. It is relational. It is about people engaging in change because they want to, not because they have to.

So we thought it would be really interesting to look at this whole issue of resistance to change through (inaudible). So let's think about resistance through this framework.

Let's start thinking about the dominant approach to change. And if we start with that mindset or philosophy, we start with a view that actually changes a process that we can plan, and we can manage, if we work in a very disciplined and rigorous way.

So, we have very clear goals, we have a program or performance management system, we have clear accountability, we have milestones.
And I be thinking this way, were surely see resistance as a negative thing, it is a force to overcome, because we have a really clear set of goals through our change programme, we have milestones we have to hit, we have things we have to make, we have a migration plan. So anything may get in the way of this, we have to bat it out of the way.

Because if it is a negative thing, it may stop is achieving our goals. If we are change agents, our job is to diagnose who and what the resistance are going to be, and manage and overcome resistance.

Very often, when we are in this mindset about change, we put negative names of people who are resistance, we call them blackguards, or blockers, or in denial.

Actually, if you look at the literature and the guidance and toolkits that are available to us as change agent, most of it is in this mindset. So I did a talk on the different pamphlets and blogs and models and frameworks that are available around overcoming resistance to change. Look at the language of it and the focus of it.

"How to manage your resistance to change." "The resistance to change grid."

It is all this idea, built on this idea of a very focused approach to change, and needing to overcome this. And if you think about the role of a change agent with this mindset, here is an example here from the British Journal of health care management.

"In the dominant approach, the role of the change agent is to recognise the causes of resistance and address each one. If this is not done that the change may be much harder to prevent successfully, and may not succeed at all."

 

So you have this view of the change agent sat there analysing these causes of resistance, addressing these resistant people so we can hit our change goals.

So let's think about this in a different way, let's think about this in the context of an emerging direction. And the heading hasn't come out again, so opposite the one that says 'the dominant approach' they should be and are going the other way that says 'emerging direction.'

So this emerging approach to change, So it is relational, it is about many voices in the change process.

Instead of change being something we can manage, because it is inhuman systems, it is emergent, and is hard to predict. I do change come from, it comes from many conversations and interactions and relationships. Each of these sculpts different viewpoints, affecting how people feel about things.

And rather than being a negative thing, something to be overcome or engineered out of the change process, it is and inevitable complex of a process that is very complex. So (inaudible) is a process we should be comfortable with.

I was trying to find an image to come to the sub, and I found a lovely illustration by Julian Gauld. He said, "change doesn't just come from the top. It doesn't just come like rainfall in us. It is about lots of people with different voices, and able to connect, and built the story around change."

So without diversity, without many different voices, without different perspectives, again, the storyline is not going to change, as we said in the first module.

And you know, often as leaders - we had this slide last week - we ask our staff to change, or we ask people or community to change, but what we don't do is engage in sense making. Sense making is about making and emotional, value driven connection with the workforce or the people that we connect with, and it really has to be about meaning.

I really like this work from Harold Sherman, and he said, "(inaudible) is a good indicator of missing relevance." So if people are resisting our changing times, it is often because the way we are getting our message across, the meaning were giving to people that enables them to make an emotional connection with it is actually missing. So resistance is often a sign that we have to think about our sense making in a different way.

This is what I really like, it comes from (unknown term). "Cultural change is a million subversive acts of resistance."

So if we want to change our culture, we need 1 million subversive acts of resistance to the status quo. So again, we stop seeing resistance as something negative to be engineered out. We see resistance as a sign of many different voices.

And really at the heart of these ideas about emerging direction, and what that means about resistance,

 

is basically a set of ideas that change comes through the conversations we have, the stories we tell to each other.

(unknown term) said, "what language does is report our reality rather than the direct facts about the world."

Therefore, changing when, where, how and which people are involved in the conversation, and changing the conversation that people have with each other, will lead to organisational change.

I guess this is the first part of the module, and what we're saying is, rather than, or as well as, thinking about resistance as a negative thing that we have to manage out of the change process, actually as change activists we want to be part of the change process with many different voices, many perspectives, lots of different stories. So a resistance to the way that people want to do things is welcome thing we want to embrace rather than a bad thing.

There are some big consequences of this for us is change agents. So rather than being the kind of change agents who try to analyse and engineer resistance out, we have to do a few things.

1. We have to create the conditions for these conversations that can be transformational, by asking lots of questions. But there are questions that are focused on, what are our future possibilities? Let's get lots of different voices, let's get some resistance and some diversity into the system, and let's welcome everybody to have a voice. Let's create opportunities for everybody to have that voice, to express their views, to find opportunities and build on a lot of other people's ideas.

And let's create ways for people to collect and reflect together. We talk about that meaning in the change, as if we don't take meaning in the change, we both had the emotional and value engagement that we need. Let's reflect together to understand and get shared purpose on this change.

I wanted to show you a nice example of where I have seen this happen in England. This example here comes from North Tyneside, were the local community in North Tyneside are creating a radically different model of care for people who have got the highest needs for care. The way they are doing it, yes, they are working with the methods and the mechanisms of the dominant approach, so very good program management, very clear goal setting and accountability. But they are also working, I think beautifully and powerful, in the emerging direction, with many different opportunities, many different voices.

So the issue is, how do we transform care, so the system is based around people's needs? By me thinking this way it takes a lot longer in the beginning, and we might not be driving through results, that in my experience, taking the time at the beginning to bring in that diversity, to give a voice to people who might otherwise resist the change, I think is a tremendous investment for a change process.

At this point I will stop, and handover presenter's right to Pip.

Pip tell us about her case study with regard to resistance. The floor is yours.

 

PIP:
Thank you very much and good morning every body. I wanted to tell you a story about Patient Voices, which is the program I have been involved in for the last few years.

Like all of us, I'd always wanted to make the world a better place. I have been working in (inaudible) for several years, and wondering if anything was making any difference. When looking at e-learning materials for the college of nursing, I had been tasked with making a creative, innovative, and above all, ensuring that the voice of the patient was welcome to the program.

I was excited about this, it had all was visibly I had wanted to do to stop I was pretty sure that stories were maybe the only thing that could bring clinical governance to live, underpinning the theory with experiences of real people.

I wanted to show the consequences of decisions that are often made remotely about the design and delivery of health care, in the hope that human stories might result in health care that was more respectful, more dignified and more passionate.

Digital storytelling was then a young and little-known technique, but it provided a personal solution, or so I thought. These little videos are very short, very powerful, very authentic. There is no videocamera, no interview, no (inaudible) questions. Ownership of the story would reside with the storyteller, not with the researcher or the interviewer. It seems to me that it was a perfect example of true coproduction and co-creation.

[Mel.Captioner is Live]

SPEAKER:
I was convinced the stories could not fail to move hearts, as well as mine. And would surely lead to action and transformation. Let's think back to 2003. Patient experience was only just appearing on the health care agenda.

Stories were what you read to children, they were way down the hierarchy of acceptable form of evidence. Statistics and evidence-based medicine rule the world of healthcare. Doctors with the experts and patients did what they were told.

We were warned about using words like compassion and humanity we wanted to be taken seriously. We were stubborn, resistant, perhaps. We called our new programme Patient Voices, because he wanted to hear stories from everyone, staff, patients, carers, managers.

All of the people with stories waiting patiently to be heard. Andy was my guide, and I quoted him often. The culture of the mind should be subservient to the culture of the heart. We wanted to listen and help people make sense of experiences, sometimes dehumanising, sometimes tragic.

 

We had 23 story, that is not enough, we found more funding and made more stories. They are just anecdotal, people said, not statistically viable.

That is the point, we said. Each story represents 100% of that person's experience. You only show us the bad stories, people said. Actually, there are some good stories, they may have bad bits in them.

Nobody knows about your work, you need to market yourself, speak at conferences, people said. I submitted abstracts, gathered my courage, and spoke at conferences. I showed the stories that have been made, imagining the storytellers beside me.

People were touched, there were often tears. But you haven't done any research, people said. So I did a Masters degree investigating the impact of the patients with the story.

The research revealed that the stories were indeed having an impact.

You haven't published papers, people said, so I publish some papers. But what difference do stories really make? People said. My colleague reassures me, we are changing the world, eight people at a time.

By making the stories freely available to anyone anywhere, we like to think we are engaging in a bit of global guerrilla advocacy. So, what do you think makes the difference? And I will hand back over to Helen while you think about what actually makes a difference.

Helen.

SPEAKER:
So, think about what Pip said, with regards to those resistant views, and the kind of actions we can take
to make a difference. One topic that is really, really important in this whole issue of resistance is the issue of diversity.

What we would say is it is one of the most critical component and aspects to innovation and change. The more diverse we can be in the people we connect with, the idea is that we learn about, the thoughts that we have then the better change we are going to get.

I love this quote from (unknown term), "the most basic, not so secret formula for building an innovation culture is pretty simple. Embrace diversity and start to attract, retain and promote a diverse workforce that looks differently, works differently, dresses differently, speaks differently and is inclusive of the full spectrum of sexual orientation and gender identity. Do this before you start hiring and rethinking your innovation processes. There is no process that works like to diversity."

That quote was talking internally, inside an organisation about diversity. It applies equally to who we connect with and how we work. You know, we have to be champions for diversity of change and not just work with a few people, the same old people.

 

Instead of thinking there is one right way, this is our method of doing change, you know, instead we have to create a learning culture where people feel accepted. Where they are comfortable contributing ideas and actively seek to learn from each other.

We talked in module one about being on the edge and have change process is moving to the edge. Part of the reason we need to be on the edge, as change agents, is so we can link with many, many different people and give voices too many, many different people.

Yes, to link with people who are experts, but who are experts by experience. That brings different perspectives and views.

But I thought we would do now, maybe get some comments from people. I'm going to hand it over to Nigel shortly will explain what to do. I hope we might be able to hear from two or three of you.

In your context of rolling with resistance, what are some of the implications of embracing diversity, in its widest sense, into our change effort?

What skills and prospective do we need in change activists, health and care radicals, to work effectively with diverse teams for change? It would be great if you could put something on Twitter, or if you put something in the chat. Equally, if some of you could talk.

Nigel, over to you to explain how colleagues can comment.

NIGEL:
Thank you, Helen, ladies and gentlemen, your comments session will now begin. Please key star, and then one on your telephone. If you decide to withdraw your comment, simply key star two.

You will be advised when to make a comment. If you wish to make a comment, it is star, then one on your telephone. Record your name, and then press the hash key.

SPEAKER:
We are seeing some great quotes in the chat. It would be lovely to hear some of the voices as well, have a bit of diversity on this web seminar. Can you just explain it again, Nigel?

SPEAKER:
If you wish to make a comment it is star, then one on your telephone. Record your name and press the hash key.

SPEAKER:
While we're waiting to see if anybody would like to make some comments, I'm going to hand over first of all to Dominic, in terms of what we are hearing on the chat. Then we will hear from Kate to summarise what we are being on Twitter.

 

Dominic, what are we seeing in the chat box?

SPEAKER:
There has been quite a lot of discussion on various topics, we started talking about resistance itself. Alana gave some comments that it is not just about employees' resistance when it doesn't make sense, but making sure things are explained in their terms.

Simon said we needed to hear about the benefits of change. A lot of people are agreeing the slides that have been put together resonate with how they are feeling themselves. Going on to fatigue, change fatigue, Jane made a comment earlier on about is change fatigue an issue within the NHS?

Elizabeth followed up saying, sometimes it is just change fatigue, we need to pick your battles carefully. Going onto some comments about language, you have to be careful about how we start these conversations with people. Make sure we're saying the right things, that they are able to understand.

SPEAKER:
Great, thank you. We need to let you get back to the chat box because we're getting some early great comments here are some of the implications and skills and perspectives around rolling with resistance. Kate, tell us what we're hearing on twitter.

SPEAKER:
There is loads on Twitter, it is moving at quite a pace. We started off with people really relating to the subject, really feeling it was such an important subject to be discussing today. There was a lot of discussion about diversity, if you talk about the difference, the opportunity to hear diverse ideas.

Resistance to change can really make us think more about the different approaches. Wendy spoke about resistance to change, I have been working the dominant approach and I need to learn more about emerging direction. That is really from the heart, that tweet came.

Jim Lawton over in America has been talking about the importance of listening, and the opportunity to hear from new voices.

There is so much activity. Andrea Shaw really enjoyed Pip's story. There is lots of engagement and people really enjoying this topic.

SPEAKER:
Thank you so much, and everybody contributing. It is great for me, it gives me an opportunity to have a quick catch up as well. One of the questions that came up in the chat box was, sometimes do we have to get to a point where we pull the thing together? It is great having these different voices, but sometimes we need to focus on our team and having a certain direction.

I would agree with that, I also think it is about having a team that is diverse enough in the first place. The evidence on this is really clear. What it shows is that groups of diverse, non-experts consistently

 

outperformed groups, smaller groups of experts when it comes to decision making and performance.

How do we get a team that is diverse enough in the first place to bring different perspectives in? And how do we know, when is it time we work with the core team or a bigger team? These are great things to be thinking about.

Nigel, do we have anybody who would like to make a comment?

SPEAKER:
We do, Helen. Two comments. The first comment comes from the line of Greg.

SPEAKER:
Hi there, Greg from Bristol. Actually getting people together and coming with an authority beforehand is a challenge when you're a new person. Sometimes the ideas you come with a progressive and people are not ready to hear them. They come from a different agenda.

Sometimes matching agendas is important, I feel, if I want to get my message across.

SPEAKER:
That is a great point. It is also knowing where people are with regard to change. Let's hang onto that, what you are saying, we will maybe come back to that later.it is a really important context for us as change agent.

I think a situation that all of us need to think about and reflect on and take the right kind of action. Great, we will come back to your challenge.

SPEAKER:
Thank you for your comment. Your next comment comes from the line of Andrea.

SPEAKER:
Hi, Helen. I just wanted to say really about having space, making space for people to talk and to feel like they can contribute their own diverse opinions.

Things like this, when you get a bunch of people who call themselves change agents together, you get a lot of loud people, a lot of people who just want to get in there and do stuff and whatever.

Then there are people like me who like to, kind of, take things in and take a step back maybe. Then reflect on it, then they might have something to say. It is about making sure there is enough space for people who are not just "get in there and do everything", to be able to contribute as well.

SPEAKER:
I think you are making such a great point. I'm really glad you said what you said. If we are going to have these conversations that lead to change, it has got to be a two-way process. What you are saying ties in with what Greg is saying, we have to understand where people are coming from.

 

If we're all focused on action and jumping in, often we're not going to get very far. How do we make this a two-way process? Great point, it is kind of serendipity that we had Greg's point and your point, I would like to come back to what you said later, in the same way I would like to come back to Greg was saying.

I really appreciate that.

SPEAKER:
Thank you for your comments, there are no further comments.

SPEAKER:
Thank you both very much, and thank you everybody for contributing. What I would like us to do is put into context what people have come up with this morning.
There are lots of models and framework for thinking about change. This is one that helps me, personally, quite a lot when it comes to thinking about resistance.

I think it is very helpful to think about the relationship between intent and impact. It goes back to what Greg was saying. Often of a change agent I have a really good intent in saying something or taking an action. But the impact it has on other people can often be the complete opposite of what my intention was.

That is why we end up in a difficult position and people end up resisting. It is really important when we're having these conversations, and we are listening, to think about the relationship between my intent, and the impact it has.

Our effectiveness and our ability to enable great change to happen is not a matter of our intention and what we intend to do when we take action. Actually, our effectiveness is about the impact that our actions and behaviours have on other people.

[Richard.Uk.Captioner is Live]
I'm going to give an example, I will hold up my hand, this is me.

I have been in this situation, leading a team, where my intent was a really good intent, to give people quick solutions, to be responsive, to help them to do their work faster and get onto the next problem. So my intention was a really good intention.

However, my impact was that people didn't know how to solve their own problems, and end up waiting for me to say what's needed to happen. So even though my intention was good, my impact was to impede the development of other people.

So I think as change agents, you know, we have always got to be thinking about this all the time. Yes, I have a good intention, but actually what is the impact of my behaviour? What is the impact of my actions? And it goes absolutely back to what Andrea was just saying. Sometimes I think we have to

 

stop talking at people, and we have to start talking to people. And I think, you know, as change agent, there's lots of things that we can do to improve our effectiveness on the impact that we have on other people.

Here are some things that help me.

I'll be all the time aware of change activists and change agents? We always build a change environment that is trustworthy and supportive?

We talked about an ally. If people are talking, and you don't really like what they're saying, don't switch off, listen to them as a friend and ally.

We also talked about this in module one. Be open with my intent. Be really clear around what my intention is to the other person or people, in saying what I'm saying, so it can't be misconstrued.

When we are involved in a change process, and I vacating change, we really need to commit to it, to convince other people.

For example, if I am involved in (inaudible), you say, I may not agree with it 100% but we have to make it happen. Actually, if you say that, that has a really bad effect on people. All the time you sync, purpose and common interests. Going back to work Andrea was saying. Some people like to rush and get things done, other people like to reflect. Again, where is our common ground?

The kind of change that works is around people wanting to do change, not having to do change. If we want people to engage in our call to action, our change projects, then we have to take the time of the effort, and invest in building relationships.

Finally, the change begins with me. I have to take responsibility. I can't blame the system, I have to understand what is me.

The evidence of this is really clear. If we want people to be part of change, and to support our change, then it is really important that we give ownership, we give the power, we can create, we build trusting relationships. Because people will support what they help to create.

The final thing I wanted to say this little section was, you know sometimes when it comes to resistance, you can try and try and try, and we don't get anywhere. So all of the time we have to be thinking, "is it worth it?" Most of the time it is worth it. And people who show resistant behaviour, nearly always, it is not because that person as a psychological trait which makes them resistant. I think that most of the time when people are resisting, it is because of the way we are going about the change process.

But sometimes we are in situations where, as change agent, it is never going to work out, and it is just not worth the energy. The resistance is so great we just need to back off, it will never happen here, and we need to put our energy elsewhere.

 

There is a great saying about this, and old Cherokee proverb. It says, "if your horse dies, get off it."

One of the things for us to understand is that we may feel very positive about change, but in the process, the horse might be dead. And we have to get off it, and find another horse that we can run with.

So again, a lot of this module is about different approaches to thinking about change. And rolling with resistance. And I think, just looking at some of the stories that we have seen on Facebook and in the chat today, very often, environments that we, the school of health care radicals community find ourselves in, are situations where it is very, very tough to make things happen. There is so much resistance, and people are saying no to us constantly.

"No, we tried that in the biology department in 1978 and it didn't work."" No, it is against the policy." "No, there is no money."

So in this context of rejection and people resisting our ideas, we maybe need to think about that in a different way.

So I am going to show you something now that I really really like. This comes from a book called "Go For No" by Richard Fenton and Andrea Waltz. I hope that Andrea is going to come in to do a virtual web seminar for us later in the year, because I really like this idea.

Richard and Andrea don't come from the healthcare sector. These ideas, they are writing about for people in the sales industry. But when you think about it, we as change agents, we are often like salespeople. We are trying to sell an idea, we are trying to influence people.

And this is what they suggest.

They suggest that instead of avoiding rejection, and thinking, "I don't want to put myself into a situation where I am very vulnerable, and people might resist and say no," instead of avoiding that, let's increase it. Let's have a deliberate strategy to go for no.

Secondly, if people say no and they resist or rejected, let's not take it personally. Because actually, when someone is rejecting my fantastic change idea, they are not rejecting me as a person, they are rejecting the idea at that point in time, so go for no, it is cool.

So the next time someone says, "No, I don't agree with that," instead of shrivelling up into a ball, and saying I will never do that again, let's respond positively, and let's go for no. And let's actually see that rejection and resistance as an opportunity, and value it. So instead of saying, I will never go for anything again, let's actually go for no, because understanding why people are saying no is an opportunity for change.

And why don't we even make it a personal performance target? Why don't we even say, "I am going to

 

go for five nos this week"?

We have to understand that no does not mean never. Just because something is rejecting my idea at this point in time, does not mean they will never accept it. Actually, when I think most of the improvement, change and quality and safety work that I have been involved in and am proudest of, at the beginning that it was always a battle. None ever came easily, no one ever flipped a load of money and support into our laps.

No doesn't stop me. I will be a go for no woman, or a go for no man.

These ideas that Andrea and Richard put together, they were putting them together for the sales industry. So let's have a look at some data from the sales industry.

What's this data shows us is that only 2% of sales are actually made on the first contact. So become the first time a salesperson goes out to try to sell something there is a 98% chance they will get a 'no'.

80% of sales are made between the fifth and the 12 contact. So let's get the fourth to the 11th attempt out of the way very, very quickly.

I found some other data that I thought was very interesting in this context. This came from the scientific research community, and this was a piece of analysis that showed that very often in the scientific community, the people that are coming up with the radical new ideas, when they try and get those new ideas published in a peer-reviewed journal, the people that are often doing the peer reviewing other people with a vested interest in the status quo. So to start off with, the people that are coming up the new ideas often get rejected.

But these researchers then looked down the line at what happens to these papers full stop what they said was that the kind of research papers that were new, bright ideas, were far more likely to get rejected in the first place, but then as time went on, there were far more likely to be influential, because they were much more likely to be cited and to be used by other people.

And it is the same concept I think. If we are doing things that are really important and different, we will get a lot of nos, so rather than rejecting it, let's embrace "No."

So I'm going to stop there, just for a minute or two, and then let's just see what we are putting in the chat box, and what we are seeing on Twitter.

Dominic, are you OK if I spring this new? What are we seeing in the chat box?

SPEAKER:
Lots of comments, it is difficult to keep up with them all. A lot of agreement with these lies that have been coming up, a lot of people agreeing to meet up with people to see if they can (inaudible).

A great point from Sarah (unknown term), this quote from fight club.

 

About listening, it is not just about waiting for your turn to speak, you have to actually listen to what people are saying around us.

SPEAKER:
That is interesting, because some people don't like the sales comparison, and I can appreciate that. But I think it is interesting in the context of, you know, we are trying to influence decisions and in a sense, we are trying to get people to make decisions. And we are looking at ideas from lots of sectors.

SPEAKER:
People do find it difficult to take a sales approach. Someone said, if she had a dollar for every time she had a no, she would be very rich. And let's figure out how we can learn from each other.

SPEAKER:
I think the sales analogie is like Marmite. Some people really like it and some people don't like it, and I think that is fine.

I want to show you a model that is a very well-known model, over the years I've just come back to this model constantly when it comes to thinking about resistance to change, and starting from where the person is out, standing in the shoes of the person that was once engaged in the change process.

[Mel.Captioner is Live]

SPEAKER:
This (unknown term) model known as the stages of change model, or the trans-theoretical model of behaviour change which is the technical title of it.

This model is used greatly in the health and care sector. It is used around personal behaviour change, for health, it is used in motivational interviewing.

What we can do, we can also use it in the context of change. What this model basically says, if we want to engage somebody in change, we want someone to change their behaviour, then we have to work out what stage that person is that with regards to that change.

Stage one being a pre-contemplative, not even thinking about change, right the way through to stage five where we are maintaining the change.

It is mostly used around health-related behaviours. If you have used this model in your professional work, will you write in the chat box what topic you have used it around? These are very typical ones here. It is used greatly in smoking cessation, getting people to exercise, weight control, lots of people here have used it around weight management, smoking cessation, HIV, weight control, self-management approaches for people with long-term conditions.

 

Eating disorders, using other diabetes type education programmes. With carers. It is a model that we use greatly. It also works for organisational change and service change in very helpful ways.

What I would like to do is take us through this model, then I'm going to hand over to our second case study, Vanessa.

Vanessa is going to talk about this in her own context. If we pick the example that many of you suggested in the chat box and we pick smoking cessation. It works at a level behaviour. The first level is pre-contemplation.

When I am pre-contemplating, I am really not thinking about changing. In the smoking context I am not really aware my smoking is a problem, or if it is, I don't care. I have no intention to quit smoking. When I moved to contemplation, we're at it eight when I'm thinking about changing.

I know my smoking is a problem. I probably want to stop, but I have no plans yet. At that stage people sometimes think they will, sometimes think they will not.

When we get to stage three, which is preparation, I'm making plans and changing things in preparation. There, I have decided I'm giving up smoking on 1 March. We then moved to the action phase, it is 1 March and I have stopped smoking.

I have taken action and I have adopted my non-smoking habits. The final stage is maintenance. This is about how I maintain my new, healthy behaviour. I am continuing not to smoke, I still miss it sometimes, particularly if I'm in the pub with some nice wine or beer, but I'm still managing to not smoke.

That is the basic model. What this model says is that basically, we have to understand where an individual is on the cycle of change. We have to plan our change intervention based on the stage they are at.

The thing about this if people can only really move from one stage to another. If somebody is pre-contemplative, as a change agent, we can help that person moved to the contemplation stage, from stage one to stage two. But we cannot move the right way round the circle in one fell swoop.

Ask yourself the question, when you think about most of the change activities going on in health and care, and the way we go about change in our health and care world, when you think about those interventions. Those change interventions, what stage are most of our activities at?

Which of those five stages are most focused on when we're doing change in health and care? What stage are most people actually at? See if you can put two numbers in. Something and something.

Yes. So, I would agree with what most people are saying there. Typically, when you think about the changes we're trying to bring about, or the kind of programmes we are a leading of change, most people are at stage one or two.

 

Most people that we are trying to get to change our contemplative, or pre-contemplative, at best. Most of the tools, when you look at the change approaches we are using, particularly within the dominant approach to change, there are designed at stage four.

Let's have a look at this. 90% of the tools available for us are designed for stage 4, the action stage. That means the tools we are using for change are not effective when people are stage one or two. What that means is it is really hard for us to engage people in change.

We cannot get people to make the change they want to make, and we are trying to force people into action when they are pre-contemplative and contemplative, and they get irritated and irrational. We, as a leader change, because we're trying to get people to do things at stage 4 when they are at stage one and two, we feel frustrated.

I will ask you about something else instead. There is one of those stages which is the stage where people actually need the most help on an ongoing basis. Yet, it is the stage at which we are most likely to withdraw support from them.

Yeah, stage five. We have put a new system or a new process into place, and people are really trying hard to work in this new way. There are not confident and they do not necessarily have the skills. As soon as we have implemented the change, and people are still a bit wobbly, we take the support away.

It is part of the reason why working with this model is incredibly helpful, I think. I just wanted to give you an example here. This is the World Health Organisation surgical safety checklist. It is a really good example of this.

Many publicly funded healthcare systems across the world have mandated the use of this checklist. The surgical team, it sets out actions a surgical team should take before and after surgery to improve patient safety.

What many publicly funded healthcare systems have done, it has been mandated through targets. Governments, provincial or state, or national governments have said this is the target. Every surgical team has to do it.

I will show you a particular example of this. There is lots and lots of this in the clinical press. Here's a particular research study that appeared in the New England Journal of Medicine.

Basically, what this was saying was the initial observational studies that were carried out show that surgical teams that used this checklist got striking improvements in outcomes when it came to surgical safety.

Right across the world, publicly funded healthcare systems adopted these checklist. Very often, as happened in England and Wales, it was mandatory for teams to do this. This was the case in Ontario

 

Canada.

It was found the use of the checklist was not associated with significant reductions in operative mortality or surgical convocations. Even though there was a compelling case for change for doing this, many of the people were at stage one or two, and they were being mandated through targets to take action at stage four.

There was no value connection. Very often people did the task because they were mandated to, but they missed the point. So, what do we tend to do when people are resisting in this scenario? We tend to lower our ambitions for improvement. We're never going to do it, so we should go for a lower target.

We also find the people who are ready for action and we focus our energy on them. Again, we put those negative labels on people who are at stage one or two, block of resistance, laggard or in denial.

I really like this quote from George Bernard Shaw. "The single biggest problem in communication is the illusion it has taken place." When it comes to the surgery checklist, to what extent are we talking to people and understood where they are at?

So, what should we do? Andrea, in terms of what you said earlier, this sits beautifully. Also it sits with Greg's points. We're trying to make change happen in an environment where people are not used to it and they don't know what is happening.

So, we should listen and understand, really understand where people are coming from. Appreciate people's starting point. One of the things people are interested in, and how can be set to change with what people want?

This brought us the title for this module today, you know we have role with resistance? Don't try to manage it, don't try to resist it, roll with it.

Encourage the conversation we talked about earlier, why are people resisting? What makes it so hard for people to do this? What would help?

We talked about how we have to build meaning and conviction. When people are at stage one and two, this is really important. In a study guide, there is a very good worksheet. It takes us through each of the five stages and it describes my behaviour when I'm at this stage.

And it describes intervention that will most helpful.I took this as an example from the worksheet. If I am pre-contemplative, I'm at stage one. I'm not thinking about changing behaviours, actions or work processes.

The problem or issue that is the focus of the change is completely outside of my frame of awareness, or my perceived need to do anything about it. If I am a person who is pre-contemplative, and you are the change agent, what you need to be doing for me is creating an awareness of why I need to change.

 

All it can be as around creating awareness. All we can do is move me from being pre-contemplative to being contemplative, being willing to think about doing this.

Remember, really importantly, the goal here is not to make me as someone who is at stage one change immediately and moved to stage four, but to help me move to contemplation.

So, thinking about your own situation and using the stages of change model, think about some of the people you need to influence for your change initiative, OK? Where are they at? Are they ready for action or are they at stage one or two?

What action can you take to help people move to the next stage? It is interesting, I have many, many models I use in my change practice. And I always come back to this one. I always make the same mistakes. Sometimes I'm working with national leaders who have got responsibility for a whole change intervention across a whole country.

I automatically assume, because they are leading this big change intervention across the whole country, that they are at stage four. Often they are at stage one or two. We cannot assume people are ready for action.

Unless we take the time and invest the time in listening, we do not know what stage people are at.

[Richard.Uk.Captioner is Live]
Don't just assume that people are at stage four, and don't just plan change intervention at stage four.

At this point I will hand over to Vanessa, to hear Vanessa's case study. Can you hear me, Vanessa?

SPEAKER:
Yes, can you hear me?

SPEAKER:
Yes, loud and clear, fantastic. Tell me when you want to put the slide on about MH nurses.

SPEAKER:
OK. Hello everyone, it is Vanessa here. I did school of health care medicals last year, and am really pleased to be back to talk about my learning from it today. I will talk about how I influenced (inaudible) use of social media in the mental health trust where I worked, and it is particularly… That was ridiculous theme around resistance to change. I am going to look at the model that Helen has just been going through around stages of change.

So the first stage was pre-contemplation. I discovered Twitter, and I'm quite a reflective, but as soon as I discover that I got how it could change culture and influence more open conversations are particularly in the area of mental health. I jumped into it headfirst and started having conversations. The mental health trust where I worked I was fairly passionate about the need to get on there and

 

have open conversations with people who need our services. It was pretty much pre-contemplation from everyone I spoke to, people couldn't really see the benefits of social media at all. People just knew there were lots of scare stories in the media about where professionals had used it negatively.

And of course, the NHS being quite risk averse as well, it is very much, "we need to manage conversations. We have user involvement, but we can't really disrupt that and start having conversations where we don't know where it is going to lead." And people were scared, naturally, and didn't understand it. Social media is very experiential, and unless you experience it, people didn't really understand what I was talking about.

So what I did, I got a lot of nos, as we talked about. I looked in the organisation to see if anyone else was using it, and (unknown term), who many of you will know on Twitter, was also using social media. So we got together, collaborated and did a number of things.

We created services showing professionals how to use social media and blog. We curated conferences (inaudible), and on that way, I joined three mental health nurses and started facilitating chat. I think this really moved people into contemplation, because they start to realise what I was doing. They thought, maybe there is something like this, maybe it is not as risky as people thought, initially. The conversation started to change, and from there it really moved into preparation.

What I found was that people really started to engage with it a bit. They set a Twitter account, they may not have been active, but they were watching and learning what was happening. People started coming to our social media clinics. That was really powerful. Professionals being shown by people how to write a blog, for example.

Eventually I found that people started to be really active, and lots of examples, really, in the trust where I was working at the time. Most meetings were live tweeted from publicly, lots of people started to use social media, and blog in the trust. And people started to adopt new habits.

But it was a very long process, not something that happened overnight, and something I had to be quite resilient about initially.

I have left that organisation, but the example I wanted to give you about maintenance, recently I was asked to come back and run a social media live at one of their conferences, and that would never have happened initially. When I went back, it was just great to see how many people have actually started to use Twitter and understand it, and it was no longer this scary thing, where we talk to people online and where is that going to lead?

Who knows, culture is a huge thing. Who knows if it's changed culture? That I like to think it did, and started to enable people to have conversations, and break down some of the barriers around mental health.

That's it for me, thank you.

SPEAKER:
Thank you, Vanessa, that is a great story. Starting from people who are pre-contemplative, what you did there, binding the other people who are already active and making some positive things happen around the edge, that actually meant that it caused the people who are pre-contemplative around the change cycle… And I loved your story of maintenance. You know. And again, I just think that you epitomised, in the story that you have told us, being a health and care radical. We don't wait for permission, we don't wait for the system to give as resources and give us permission, actually, we find the other activists in the system, and we start to make great things happen, and we enable other people to move round the stages of change, because we are making great things happened that are relevant and meaning to people.

And it is so much easier to sell a real thing that is happening and making a real impact, than it is to sell a concept. So thank you so much.

SPEAKER:
Thanks for sharing it, yeah, thank you.

SPEAKER:
Brilliant. And the other thing I say is just again listening to Vanessa's story and thinking about Pip's story earlier, I think a lot of the work Pip was doing with the storytelling was very much around dealing with groups of people who were either either at a pre-contemplative or a contemplative stage of change. And I think a really good example of how this model can help.

So we are coming to the end now. Just one more quote from me, and then I will hand over to Pip to finish, in terms of our learning and reception for today.

So if we go right the way back to the beginning of this module, you know. In a sense we were contrasting two different mindsets about resistance. One mindset that says, resistance is something we have to manage, deal with and overcome, as part of our highly engineered, mechanistic approach to change, and another approach that says, actually, resistance is an inevitable part of change, and if we are really going to work in ways were lots of different voices are heard, and we are going to really value diversity, then we have to embrace and be able to work with resistance.

What we try to do during the module was to give some ideas of different models, approaches and ways of dealing with this. But when I look at the world that is coming, I really agree with this quote from Gary Hamel.

When we look at the management systems we have that are coming, the world is changing so quickly, we are going to have to value diversity, change and (inaudible), just as much as organisational cohesion and conformity." And I think we, as healthcare radicals, are at the vanguard of that.

I will now hand over to Pip. I'm giving you presenter's rights.

SPEAKER:

 

Thank you, Helen.

As we reach the end of that week, we would like you to think very quickly about how we manage change. I was thinking as I was relating my story about how resistant I was too certain things, and how I started to think about that story of other people's resistance, and how important it is to listen to other people's views and engage others, helping others through the stages of change that you want them to go through.

So some really good things for you to be thinking about, how you can put those good intentions into action, and have the impact you want to have.

So then the next slide...

The next opportunities for learning our weekly tweet chats, next Wednesday at four o'clock.

And then of course next Friday morning we will be having our fourth module about making change happen, and I hope we will see most of you there then.

Sorry, I just have to do have a drink. Overcome with emotion at the end of a third module!

So what is resistance mean to you? Think about the things you resist. How can you be sure that the things you resist actually achieve impact, that they are sustainable, that they don't create a dependency, and they do achieve self-efficacy.

Finally, think about who you are interacting with, and where they are in the stages of change model.

That should be plenty to think about for next week, have a good week, and I look forward to seeing you again next Friday. I will hand back to Helen, just to say goodbye.

SPEAKER:
Thank you, Pip, and thank you everybody for persevering in your amazing contributions today. I just wanted to give the last words to Dominic and to Kate, in terms of what we have been seeing on chat and on Twitter. We will need to sum this up a bit. So Dominic, what are the big messages coming out of chat?

Can you hear me, Dominic? Are you there? What I am going to do, I'm going to pass onto Kate. Can you hear me, Kate?

SPEAKER:
Yes, I can hear you loud and clear.

On Twitter there are loads of tweets about going for no. People really like the concept. There is also things about, when we hear no, we must listen and learn from it, and develop your ideas further. I thought that was an important reflection.

 

There was masses of talk about the change model, and people really relating to that. Almost too much to bring to one statement. But the general feeling is that people really related to this module today. It has been quite a hard subject to actually discuss and adjust, but they have really felt the benefit from the open discussion, from the chat and from Twitter.

SPEAKER:
That is great. Thank you so much, Kate. Is that you, Dom?

SPEAKER:
Yes. I just wanted to sum up, back to everyone, and it has been quite difficult, because we feel we have a lot to learn, it is obviously a lot of reflection to be done, but we are all quite excited to be part of it.

SPEAKER:
Great.

Thank you, and thank you everybody. I think this is one of the most important modules in the school for health and care radicals. We have been brought up to see resistance in a certain way. Where we can free our minds and see possibilities, I think of all of us have such potential to make change happen. It all comes down to connecting with values, and shared purpose, and what matters to people.

It is about being tough, and not taking the nos. I think as Vanessa illustrates so beautifully, we have defined the other people that we can connect with and change the world with.

I hope you have a fantastic weekend. Please keep connecting, please come on the Tweet chat next Wednesday.

(inaudible)

Goodbye.

SPEAKER:
Ladies and gentlemen, that concludes your conference call for today. Thank you for joining, and have a very good day.

 