



MODULE 3 STUDY GUIDE

Rolling with resistance



'Every creative person, and I think probably every other person, faces resistance when they are trying to create something good...The harder the resistance, the more important the task must be.'

Donald Miller

<http://www.theedge.nhsiq.nhs.uk/school/>



@School4Radicals
#SHCR



Contents

Introduction	3
This study guide	3
The overall goals [learning outcomes] for this module	4
What are YOUR goals for this module?	4
What do we mean by resistance to change?.....	5
What is our mindset about resistance?	5
A dominant approach versus emerging direction view of change and resistance	6
The power of resistance.....	8
Diversity	8
Intent and impact.....	9
Embracing resistance and surviving.....	10
Resistance and cream paint <i>or</i> shades of gray	11
Understanding why people resist and what to do about it	12
Where am I in the change cycle and what will help me to progress to the next stage?	12
The Stages of Change (or Transtheoretical Change) model	12
Building resilience	15
Call to action	16
Questions for reflection	16
Bringing it all together	17
Reference list for Module 3	17
Additional resources	18
If you have ten minutes... ..	18
If you have more than ten minutes.....	18

This Study Guide was prepared for the School for Health and Care Radicals by Pip Hardy.

Module 3

Rolling with resistance

Introduction

'Learning is in the relationships between people.' McDermott 1999

Welcome to Module 3 from The School for Health and Care Radicals.

In Module 1, we considered what it means to be a health and care radical; we looked at the differences between radicals and troublemakers and thought about some of the risks inherent in being a radical. We talked about the importance of living and being the change you want to see in the world and identified some useful ways of building your own self-efficacy in order to help you be an effective change agent. Finally, we put our work and learning into practice by making a change day pledge. We hope that you have continued to reflect on the content of Module 1 and on the various conversations that have continued via Twitter at [#SHCRchat](#) and our School for Health and Care Radicals Facebook group.

In Module 2, we shifted the focus from ourselves as individual agents of change to the importance of community and the power of working together. We looked at lessons from great social movement leaders and community organisers and discussed techniques for connecting with our own and others' values and emotions to create a call for action through the practice of effective framing and storytelling.

In Module 3 we will turn to a phenomenon that will be familiar to everyone who has tried to make changes: resistance. It is common to perceive resistance as a negative force, something to be battled with in order to win ground. Here we will explore different ways of approaching resistance and offer some tools that will help you to harness the energy of resistance.

This study guide

This study guide is intended to enhance and complement the web seminar and help deepen your thinking and reflection. It is not compulsory, but it may give you some ideas of things to think about, questions to ask and you may take some inspiration from some of the examples and quotations. If you would find it helpful, please feel free to use this guide as a place to keep track of your own thoughts and ideas so you will have a record of your work on the module and the overall programme.

Every week, we will make a study guide available the day before the live web seminar. You can download the study guide from the website and use it to record your reflections during and after the seminar. You can also use the study in the discussions you have with your coach, mentor or learning group after the web seminar.

Throughout this study guide there are shaded sections for you to reflect on your own experiences or respond to key questions related to the content of the module. We hope that you will free to use these questions as prompts to your own thinking, and the space provided to record your ideas.

ACTIVITY: THE STORY CONTINUES

What do you hope to achieve from this module?

Have you ever given any thought to how you deal with resistance?

Have you considered the ways in which you may be able to use resistance to help you achieve your goals?

What would you like to change as a result of engaging with this module?

Perhaps one of the best outcomes from studying this module is the recognition of your patterns of and responses to resistance!

What do we mean by resistance to change?

Resistance means any force that stops or slows movement.

Resistance is inevitable... learn to expect it, welcome it.

What is our mindset about resistance?

How we deal with 'resistance to change' depends on how we perceive the resistance. Is resistance something negative that will get in the way of the changes that we are seeking to implement, something that we need to overcome if we are to deliver the change? Or is it something to welcome that ensures a diversity of perspective and builds better change?

REFLECTION: YOUR APPROACH TO RESISTANCE

Think of a time when you were seeking to lead or make a change and other people were resistant.

What was the situation?

What was your response to the resistance?

How did your feelings manifest themselves?

Why did you react this way?

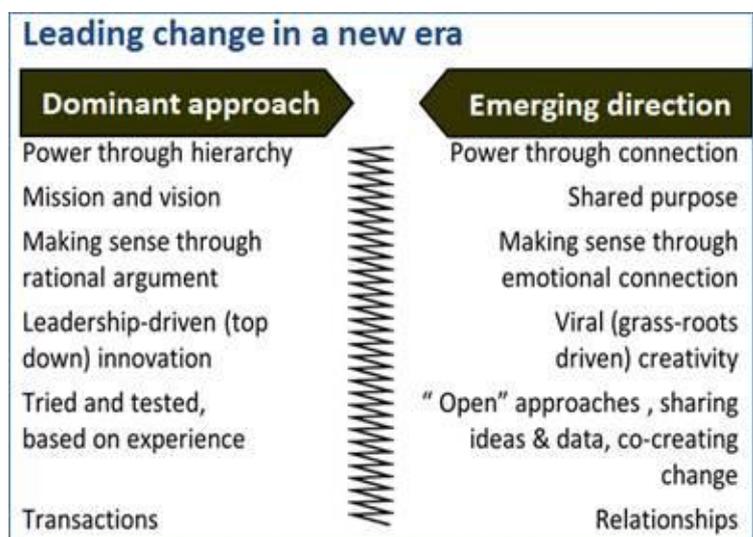
What was the outcome?

What might you do differently if faced with the same situation now?

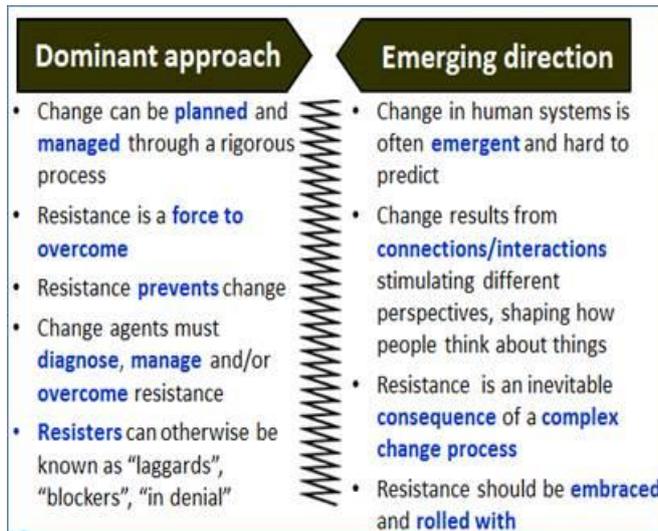
It's clear that we need to be thinking differently about change and resistance if we are going to be successful in our change efforts. Some of our work in Module 1 can help us here.

A dominant approach versus emerging direction view of change and resistance

You may remember this diagram from Module 1, guiding us from the dominant approach to change to the emerging direction for change. The dominant approach has also been characterised by a *diagnostic* approach, that is, identifying problems and trying to find solutions. The future will be characterised more by solutions that arise from improved and open communication, more creative dialogue and stronger connections.



We can also contrast these two ways of thinking about change when it comes to how we think about resistance.



The change isn't going to happen all at once, but if we can create capability in these different approaches, approaches that rely more on connection, communication and dialogue than on diagnosis, then we can help create better conditions for positive outcomes from our change efforts.

ACTIVITY: DOMINANT APPROACH OR EMERGING DIRECTION

Reflecting on my current activities in leading change:

Who are the 'resisters' and how do I manage them from a dominant approach viewpoint?

How might I work with the emerging direction approach in my own setting?

You have already begun to make connections and strengthen your weak and strong ties – we have seen this via the Twitter and Facebook groups, as well as the learning groups that have been established. We'll go on to look at some of the different approaches to resistance and ways of harnessing its power.

The power of resistance



Resistance is powerful. If unharnessed, it can be harmful, much like lightening. But, when the power of electricity is harnessed, it is immensely useful.

Find ways of harnessing the power of resistance to help you achieve your goals. Go with the energy rather than against it.

Diversity

Research studies show that teams of people with diverse backgrounds, experiences and views of the world will consistently outperform groups of more talented but homogenous individuals.

Diverse teams have better insights, they are more effective as problem solvers and they make fewer mistakes.

The ‘best people’ for our change projects are not necessarily the people who are most like us. As health and care radicals, we want to embrace diversity and bring people into our change teams who think differently to us or who have had different experiences of life. This may include patients and families, community leaders, people from other industries and organisations. By deliberately seeking diversity we create the risk of greater resistance, challenge and disagreement within the group, even though the outcome is likely to be better.

As change agents, we need to embrace and value the differences.

ACTIVITY: DIVERSITY - VALUING THE DIFFERENCE

In the context of ‘rolling with resistance’...

What are the implications of embracing diversity of thought, experience and background in my change initiative?

What skills and perspectives do I need to develop to work effectively with diverse groups of people for change?

Research conducted into interprofessional education (Anderson 2014) has found that, by bringing together people from different clinical professions to talk with and listen to patients, clinical outcomes are improved. Each profession looks for and sees something different and the sum of their perspectives provides a more holistic understanding of the issues facing the patient. This approach is a good example of the benefits of embracing diversity.

Intent and impact

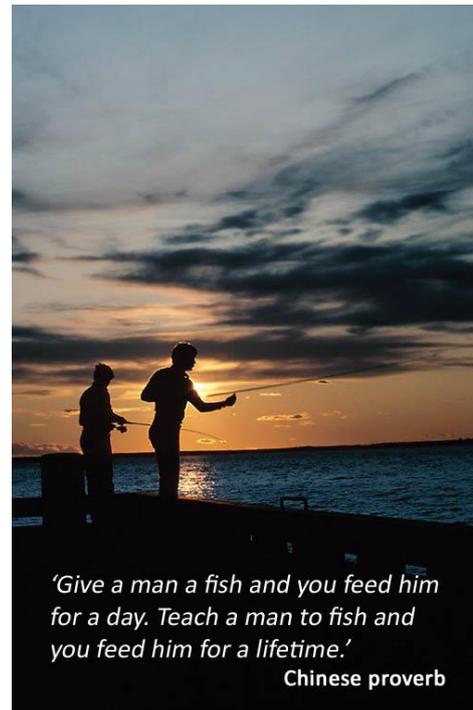
'The road to hell is paved with good intentions.' Proverb

What do we mean by intent and impact? If we assume that everyone starts from a position of good intent then we need to reflect on why we sometimes react to others in the way that we do. A good intention can nevertheless have a negative impact upon us; by the same token, our good intentions may not always have the impact we hope for.

Why is this?

The deeper our knowledge of self, the more able we are to understand WHY someone's well-intended actions cause us anger, frustration, pain or leave us feeling disempowered.

Remember the model in Module 2 of how we overcome negative feelings, how hope overcomes fear, how rage and outrage can overcome apathy? When we find ourselves reacting to the actions of another person we can step back and think about what emotion is being stirred within us and how then to overcome it.



REFLECTION: NEGATIVE REACTIONS

Think of a time when you reacted negatively to someone else's actions.

What happened?

What do you believe their intention was?

Was it to cause a negative reaction in you?

What frame did you use to interpret their intention?

If you were advising your Radical self today how would you (re)frame the same story?

Embracing resistance and surviving

Maxine Craig, an organisational development professional and SHCR 2014 graduate, shared an important story about resistance with the first SHCR cohort. She begins by talking about ‘us’ and ‘them’ – the ‘good guys’ (us) and the ‘bad guys’ (them).



Then she relates the story of her grandfather who was taken prisoner by the Japanese in World War 2 and interred in a POW camp. Conditions, as you may imagine, were terrible and men were starving.

Some guards took pity on my father and some of the other men and gave them extra food. Clearly this was a risky action for those guards to take: they were breaking the rules and would undoubtedly have been severely punished had they been found out.

So who was resisting and what were they resisting? The guards were showing compassion and humanity to their prisoners. And yet, they were breaking the rules: they were rebels, radicals.

The realisation for Maxine is that resistance is all about perspective, a matter of where you stand.

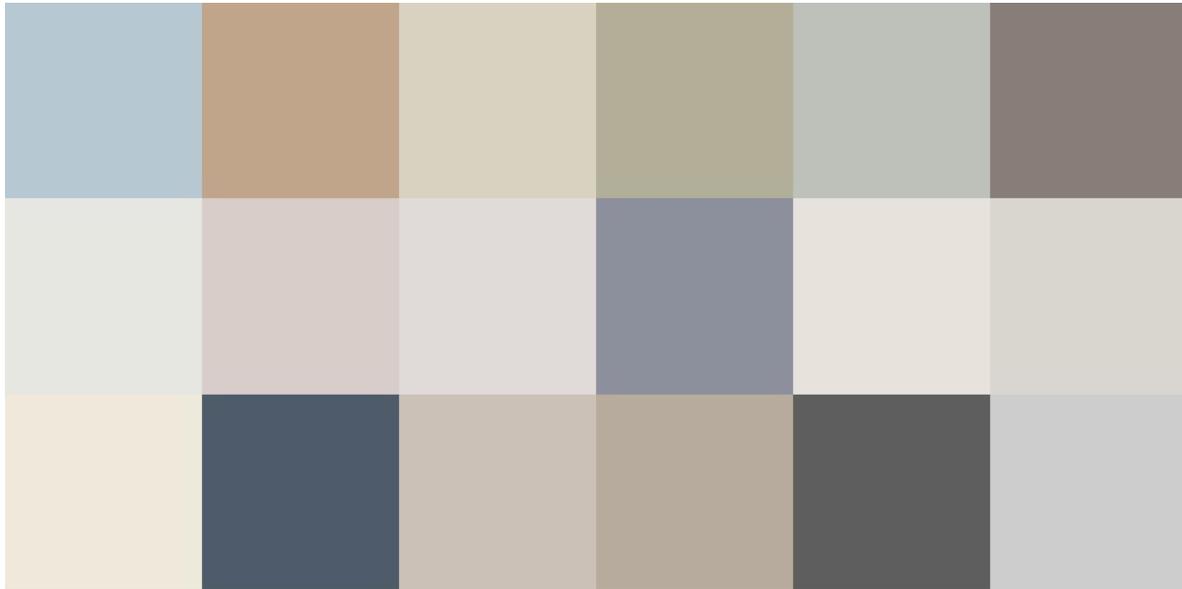
She describes her growing awareness that the world isn't always black and white and there are many ways to accomplish the same goals. Often those who appear to be resisters are simply seeing things differently and doing things differently. Resistance can be more about where you stand than an inbuilt desire to maintain the *status quo*. Maxine also talks about her work with a team in difficulties, describing the anguish and frustration she and others felt when things weren't changing and the power of the teams resistance to change, even when they knew, in some way, that change was necessary for them and for their patients.

Eventually, a listening and storytelling approach was adopted and, from the pain and truths revealed in the stories, an intervention was agreed which resulted in the desired change.

If you are interested in watching some of the stories that eventually emerged from Ward 14, they can be seen at www.patientvoices.org.uk/ht.htm

Resistance and cream paint *or* shades of gray

As a matter of fact, as Maxine’s story reveals, we are all resisters. She describes her role in the deconstruction and reconstruction of her new (old) house. She reveals her reluctance to consider painting the walls anything other than cream – warm cream or cool cream, possibly, but cream nevertheless. In a determined effort to break out of her rut, she settles on Daffodil White.



Maxine’s story is underpinned by the work of Kegan and Lehey (2009), in which they remind us that every behaviour serves a purpose. A particular behaviour may make us feel better or keep us safe and secure – even if, in the long run, the behaviour causes us harm, and even if we don’t see it that way.

REFLECTION: RESISTANCE AND CREAM PAINT

What reflections do you have on resistance from Maxine's narrative?

How did Maxine's story make you feel?

What did you learn about resistance from Maxine's story?

Fortunately, Maxine's choice of paint colour is unlikely to result in much harm but it does offer useful insights into the ways in which we all resist change. What's important is that we recognise it, reframe it, you roll with it and create movement.

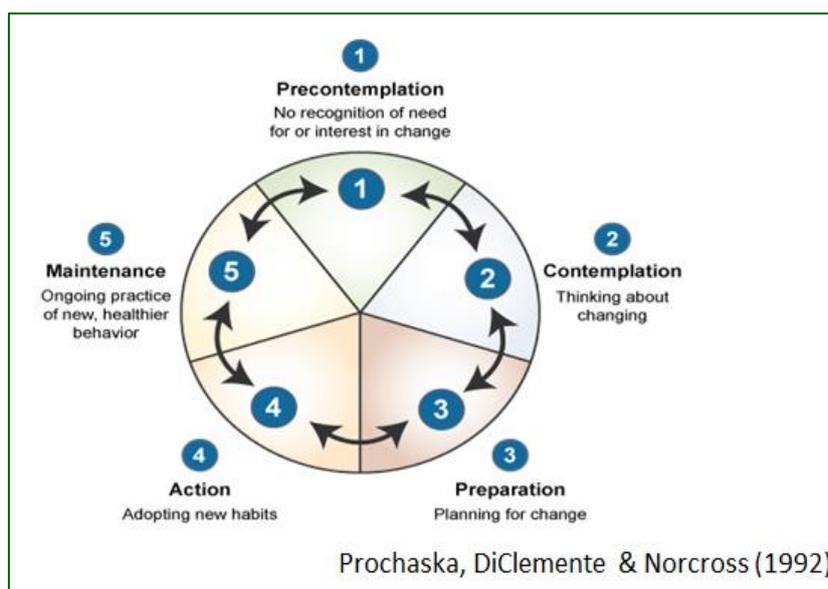
Understanding why people resist and what to do about it

There are a number of models and frameworks that can give us insight into why people are resisting change and suggest actions to take as a change agent to roll with resistance. Many health and care radicals use the 'Stages of Change' or 'Transtheoretical Model of Behaviour Change' from Prochaska, DiClemente and Norcross to support their change effort. It is a model of health-related behaviour change that many clinicians are already familiar with through their clinical practice. It can be used for improving service quality and patient safety too

Where am I in the change cycle and what will help me to progress to the next stage?

The basic model consists of five stages of change that individuals go through in changing their behaviours. By working out where on the cycle an individual is, we can plan some appropriate actions to help that person to embrace and contribute to the change. In health and care, when people 'resist' change is it much more likely to be a result of their interpersonal interaction with the change process than their innate character traits. This means that people are more likely to be resisting because of a bad change process not because they are a difficult person. The Stages of Change model helps us to understand this and work out where the person is at.

The Stages of Change (or Transtheoretical Change) model



Prochaska, Di Clemente and Norcross offer us framework that we can use to work out which stage of change a particular individual is at and plan actions to help the person get to the next stage. We unpack the model on the next couple of pages.

Stage	Where am I in the change cycle?	What will help me move to the next stage of change?	What's a good outcome from efforts at this stage?
PRECONTEMPLATION	<p>I am not thinking about changing my behaviours, actions or work processes. The problem or issue is outside my frame of awareness or my perceived need. Therefore, there is no problem because I am not aware of the situation as it might affect me. Obviously, I have no intention to change at this stage and my defences may be raised if you push me to change. I often get labelled as 'resistant', 'blocker' or 'in denial.'</p>	<p>The focus should be on creating awareness for me of the need to change.</p> <ul style="list-style-type: none"> • Use strategies to raise my awareness and lower my doubt • Increase my perception of risks and problems with current ways of working • Emphasise the consequences and costs associated with maintaining the existing system • Emphasise the benefits that I and others will get from the change. • Use basic skills such as reflective listening and open-ended questions • Function as my collaborator not my educator <p><i>Remember, the goal is not to make me (as a pre-contemplator) change immediately, but to help me move to contemplation.</i></p>	<p>I begin to recognise that there might be a problem that I need to do something about.</p>
CONTEMPLATION	<p>I am aware a problem exists and I am seriously considering action, but I have not yet made a commitment to an action. I have some level of awareness of the problem. I might not want to admit it but I also have a large degree of fear of the unknown and of the amount of effort I may need to make for the change. If you force me to change at this stage, there is a risk that my defences will remain in place. This means that I might be compliant with the change but not committed to it. As a result, the change may not be sustained.</p>	<p>The focus should shift to increasing the perceived benefits of the change and reducing the expected or perceived negative consequences of changing for me. You will want to create a 'tipping point' where the expected benefits outweigh the expected costs of the change. To get me to this point it may be necessary for you to help further clarify both the benefits (which may be unknown) and costs (which may be unrecognised). You need to try to step into my shoes, considering the pros and cons of change from my perspective.</p>	<p>I have made a tentative commitment to changing the way I currently do things but it is fragile.</p>
PREPARATION	<p>I have made a decision to take future action, but I am not yet prepared to actually take the action now. I need to do some more thinking about the individual steps that I need to take prior to attempting the new behaviour or new way of working. There is a strong likelihood that my peers will still be at the pre-contemplation and contemplation stages (80% of others in many research samples). As a result, I may be discouraged or question my decision to take action.</p>	<p>Help me to build my skills, knowledge and confidence in the new way of working:</p> <ul style="list-style-type: none"> • build an action plan for change • include others in the plan • examine barriers to change and help me work through potential solutions (what will the first week be like?) • encourage me to take part in formal training sessions and workshops • give me interesting articles to read that show evidence • agree how the change will be evaluated 	<p>I'm making clear statements about the change and I have an action plan in place.</p>

<p>ACTION</p>	<p>I am aware a problem exists and have actively modified my behaviour, work process and/or environment in order to overcome the problem. I've actually made the changes and I'm working in a new way. However, some of my old habits and tendencies toward the old behaviour are still in place and it is quite likely that I will revert to the old way of working. The good news is that my commitment is clear and I am making a big effort to change.</p>	<p>Reinforce the changes I have made by coaching and mentoring me:</p> <ul style="list-style-type: none"> • Recognise and acknowledge the success of the change even if the success is only the attempt with results not yet evident • Reaffirm your own commitment to the change and engage in active problem solving with me and my colleagues 	<p>I'm working in the new way. The risk of relapse is diminishing as my new behaviours/ways of operating replace the old ones.</p>
<p>MAINTENANCE</p>	<p>I have made a sustained change. My new ways of working have become firmly established and the threat of relapse is become less intense. It's no longer necessary for me to consciously think about and plan the new way of working as it has become more automatic. I (and my patients and colleagues) are realising the benefits of the change and my confidence that it was the right thing to do is growing. However, in times of stress there is still a risk that I might revert to the old ways of doing things</p>	<p>Understand that even though I am well established in the 'maintenance' phase, I still need ongoing support and encouragement. Be there for me if I relapse. If this happens, help me to:</p> <ul style="list-style-type: none"> • Reaffirm the original reasons for the change • Explore the factors that precipitated the crisis • Get back on track 	<p>Hopefully, I successfully exit the final stage of change cycle and move into a new cycle for a new change. If I relapse, I will re-enter the contemplation or preparation stage.</p>

Adapted from DiClemente, 1991; Prochaska and Norcross, 1994 and Wirth 2004 by Robert Ferris-Rogers and Helen Bevan

REFLECTION: STAGES OF CHANGE

At what stage of change are some of the key people that you need to influence for your change initiative?

What actions can you take to help them move to the next stage?

Building resilience

In Module 2 we explored the importance of building communities and forming alliances. We gain our strength from these alliances and this a way in which we can overcome feelings of isolation. Within these alliances and communities there are always critical friends, friends who can connect with us at an individual level. In Module 1 we looked at self-efficacy. Teachings on emotional intelligence show us how to develop our own support mechanisms from within. We can do this through building our self-efficacy and taking time to be kind to ourselves. Sometimes this is simply in sitting quietly and breathing, in practicing some mindfulness techniques, in sitting still to eat our lunch, in going for a walk. By taking time simply to be we are building our reservoirs of self-support.

REFLECTION: TAKING CARE

How do you take time to take care of your own physical and emotional well-being?

Please note down three things/activities that help to build your emotional reserves rather than deplete your energy.

How can you build activities like this into your daily routine?

One radical of our acquaintance has adopted a pragmatic approach to looking after herself. She says:
'I only have three things on my "To do" list each day. And one of them is always 'eat lunch'.' *Cathy Jaynes*

Caring for ourselves is particularly important if we want to care for others. In module 5, we will look more deeply at the importance of being compassionate to yourself.

Call to action

Try to keep the momentum and enthusiasm going by taking some concrete actions. Here are our suggestions:

- 1 Reflect deeply on how you operate as an agent for change.
- 2 Consider the impact of your communication and behaviour beyond your intent.
- 3 Listen to others' views, engage others in change and help others through the stages of change.

Questions for reflection

Each web seminar ends with some questions for you to reflect on during the week. Here are the questions for this week.

REFLECTION: WHAT DOES RESISTANCE MEAN TO YOU?

Think about the things you resist as well as your responses to others' resistance.

How do you work with resistance as a change leader?

How can you make sure that the changes you make achieve the impact you desire and also are sustainable?

How can you make sure that the changes you make do not create dependency?

How can you make sure that the changes you make generate self-efficacy in others?

Who are you interacting with and where they are on the Stages of Change model?

Bringing it all together

Make a note of the things that stand out for you from this module and then give some thought to how you will use your new learning to make a difference.

Reflection: making it real

What have you learned?

How do you know you've learned it?

How will you take your learning forward? What will you do differently?

Reference list for Module 3

These are the references that we have referred to in the web seminar and/or which we have used to help shape the content. Click on the reference to get the link.

Anderson L (2014) ['Collective wisdom: are we making the most of interprofessional education?'](#)

Lecture presented at University of Leicester, 6th February 2014

Boyd S (2014) [Is cultural fit a cop-out?](#)

Bushe G (2009) [Dialogic OD Turning Away from Diagnosis](#)

Bushe G, Marshak R (2010) [Revisioning Organization Development: Diagnostic and Dialogic Premises and Patterns of Practice](#)

Cancer Prevention Research Centre [Detailed Overview of the Transtheoretical Model](#)

Diaz-Uda A, Medina C and Schill E (2013) [Diversity's new frontier](#)

Farquhar K (2013) NTL's ['Conference on the New OD': Turning Thought into Action](#)

Holman P (2013) [A Call to Engage: Realizing the Potential of Dialogic Organization Development](#)

- Johnson S (2010) [Where good ideas come from](#) A four minute video that explains how a truly innovative environment encourages diversity of thought and experience
- Kegan, R and Lahey, L (2009) [Immunity to change](#). Boston, Mass: Harvard Business School Press.
- Kotter J and Cohen D (2011) [The heart of change: real-life stories of how people change their organisations](#). Boston, Mass: Harvard Business Review Press
- Miller, D (2011) [A million miles in a thousand years](#)
- Mootee I (2013) [Diversity is the short cut to building an innovation culture](#)
- NHS Institute for Innovation and Improvement (2010) [Resistance – working with it](#)
- Page S (2007) [Making the difference: applying a logic of diversity](#) *Academy of Management Perspectives*
- Prochaska J, DiClemente C, Norcross JC (1992). [In search of how people change. Applications to addictive behaviours](#) *Am Psychol* 47:1102

Additional resources

Here are some additional resources that you might find helpful if you would like to learn more about resistance and how it can be harnessed to bring about constructive change.

If you have ten minutes...

[The power of two: how listening shapes storytelling](#) TED talk by Paul Browde & Murray Nossel

<http://www.youtube.com/watch?v=JvOriYNJ15E&feature=share>

[Three myths of behaviour change – what you think you know that you don't ...](#) TED talk by Jeni Cross

If you have more than ten minutes...

[rEvolution How to Thrive in Crazy Times](#) by Bill Lucas

Look especially at Rule 3: Slow down and Rule 7: Sometimes it's smart to resist

[The New Leaders](#) by Daniel Goleman

The author of many books on emotional intelligence and personality; this book reviews the emotional component of leadership, and discusses its role in modern leadership.

[Switch: how to change things when change is hard](#) by Chip and Dan Heath

Well-written, engaging and insightful book about why we insist on seeing the obstacles rather than the goal and explaining how we can unlock shortcuts to switches in behaviour.

[Introduction to campaign strategy](#)

12 guidelines and a fantastic website on how to design and launch an engaging campaigns strategy

[Hesperian Health Guides](#)

Resources on health and community empowerment