PROFESSIONAL DEVELOPMENT

Making Change

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"The most important part of the audit cycle is making change" Baker et al (1999)

Clinical audit, used in combination with feedback, developing consensus and the use of local opinion leaders, is recognized as an effective means of achieving change (improvement) in clinical practice. This doesn't mean that change is easy: it is the most difficult part of the clinical audit cycle, and the point at which audit projects are most likely to lose momentum.

Note that not all changes will be improvements – don't make changes for change's sake. However, every improvement is a change

Maximize the likelihood of change

From the outset of your project:

1. Ensure staff are motivated to improve practice in this area. If the audit was just your pet topic and doesn't interest anyone else, or if you are doing an audit because you have to, you are less likely to bring about change

2. Involve all the key players (stakeholders) at the project design stage (people who will have the final say about any proposed practice changes) – this should mean they are more likely to ensure that change happens

3. If there are additional costs associated with the proposed change, ensure that management understands and supports the proposal. If you don't get this agreement before starting your project, it is less likely you will be able to get the funds you require to make change

4. Use robust methodology in your project - if people are confident in the validity and reliability of your results they will be more likely to make the changes indicated by the results

Be aware that change may be perceived positively or negatively

Positive	Negative
Opportunity	Threat
Challenge	Fear / anxiety
Excitement	Distrust
New knowledge	Questioning competence
New skills	Resistance
Learning experience	Conflict

Whilst some people may be eager to make changes, expect more people to react negatively.

The change journey

Authors on the subject of change management agree that there are identifiable stages that people go through when confronted by change. The labels they place on these stages vary but a commonly used terminology is:

Denial Denying that the change is necessary

Defense Protecting the current position

Discard / Accept Resignation to the fact that change is necessary

Adapting Making new ways work in spite of problems

Adopt Accepting the new way as the norm

MODELS OF CHANGE

There are many models of change, however, they can be simplified into three stages:

1. Unfreezing - Initiation of the process that leads change
2. Movement - Implementation of the first experiences of change
3. Refreezing – Maintenance of the new situation till change becomes embedded

1. UNFREEZING

People don't move from initiation to maintenance (Denial to Adopt) in one simple move and in a unified manner as:

- Willingness to consider change varies from person to person.
- Some will easily and willingly recognize the need for change
- Some will be only concerned about their personal benefit
- Some, need a shared vision
- Some need facts and figures
- Some need to persuade through reward or punishment!
- The majority will accept change in response to the action of *opinion leaders*. It is therefore important to have these people in your camp.

These different responses reflect the range of strategic approaches that can be adopted to induce change:

1. Fellowship (work with the team)
2. Polilitical (tackle the sources of power)
3. Economic (emphasize resource savings and you can influence managers)
4. Academic (use argument to persuade)
5. Military (rule with the iron hand - assuming you have the power, of course!)

All of this indicates a need to analyze the situation before you think about suggesting changes.

ANALYSIS TOOLS

Before implementing change, you may need to devise some kind of strategic plan. There are a number of useful tools available to help you do this – three of the most popular are given below. They will help you anticipate different reactions and counter potential resistance.

TROPICS

This is a good way to get a feel for the nature of a particular change and plan an appropriate strategy:

T Time scales (defined? short or long term?)

R Resources (what will be needed?)

O Objectives (are these quantifiable?)

P Perceptions (does everyone see this issue the same way?)

I Interest (who has an 'interest' or 'no interset' in making change)

C Control (who holds the power?)

S Source (who's driving this proposal - internal or external source?)

Note: Externally generated ideas for change (i.e. from a different organization or department) tend to create most resistance: staff feel as though they have less control.

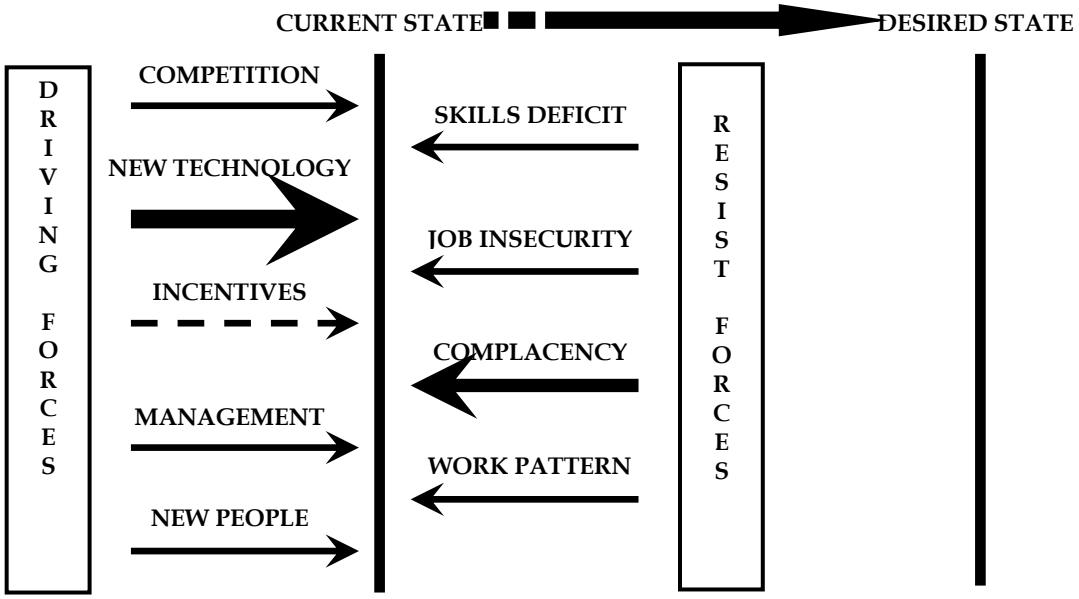
Stakeholder Analysis

This is a framework for thinking about where your colleagues might stand in relation to the proposed changes and the most appropriate approach for you to take with them:

AGREEMENT	**TRUST**	
	Low	**High**
High	**Bedfellows** Make agreement, but keep an eye on them	**Allies** Ask for their advice and support. Keep them informed
Low	**Enemies** Isolate, out-manouvre or forget	**Opponents** Engage and negotiate

Force field Analysis

This is a way of visually mapping out the forces that are likely to help or hinder you. You can use different length or different thickness lines to show the varying strengths of the forces. By identifying the pros and cons you can develop strategies to reduce the impact of the opposing (restraining) forces and strengthen the supporting (driving) forces. As a rule of thumb, it is better to reduce restraining forces (which can be rational or emotional) than increase driving forces as that is usually accompanied by an equivalent increase in resistance.



Driving & restraining forces may include (both personal and organizational). Driving forces could include: legislation, economic imperatives, competitive pressures. Restraining forces could include: traditional practices, organizational culture, job insecurity.

2. MOVEMNET

Assuming you've won your colleagues over to the idea of the proposed change, you will now want to implement it. You may need to plan the implementation phase.

This means breaking down the changes into manageable tasks and achievable targets. Crucially, it also means **communicating**: informing staff (about what's going on) and consulting them (for their own ideas). Different objectives require different methods of communication - sending out a newsletter about a new clinical guideline is (on its own) unlikely to change clinical practice. Is there a need for training and development, e.g. organizing briefings / workshops?

You might decide to *pilot* the change (implement it on a limit basis or for a limited period of time) and then review the situation.

3. REFREEZING

Even if you manage to get changes implemented, it doesn't mean they will stay implemented: people backslide and return to the old ways of working. Once again, communication is crucial. Provide staff with evidence of the positive impact of the changes, e.g. with a **re-audit**. If other staff are slow to come on board with the changes, is management encouraging them to move their position?

REASONS WHY CHANGE sometimes FAIL

Change can fail at any one of these three points (initiation, implementation or continuation). The reasons usually boil down to one or more of the following factors:

1. lack of resources
2. lack of motivation
3. inadequate management of the process
4. Poor communication.

These factors can be addressed by **proper planning** of your clinical audit project:

1. Create a multi-professional/multi-disciplinary audit team, involving all staff providing this aspect of care, to increase their ownership of the problems and motivation to make changes
2. Ensure you have involved people with authority to agree changes

If you are likely to need resources to implement changes, ensure management is in agreement with the aims of the project and willing to identify funds if proved necessary