



From Our Irregular Correspondent

Coping with change – Surviving the tide of transition –

One in a series of occasional papers on health and social care topics by Terry & Monica Dennis of Healthcare Alliances. Our aim is to be thought provoking with a touch of devil advocacy. They are based mainly on our experiences of work, mentoring and training. They contain the occasional reference.

“It’s chaos here”

The above phrase summarises many comments we have received recently from our friends and clients about their workplace, particularly around the current transition of the NHS in Wales.

Specific examples of what we have been told include:

“I haven’t got time to think”

“I feel overwhelmed and my motivation is low.”

“I am so worn down, that I am thinking of leaving.”

“It would be great if I could look forward to going to work again.”

“I am working 50 hours a week, and I can’t see an end to the treadmill.”

“Nobody knows what the plans are and we are all worried about our jobs.”

“The feeling of impotence is impossible to describe except through clichés.”

It is as a result of these types of comments, that we have written this paper which is a distillation of our experience of coping and of advising on change. The purpose is to help people to cope positively with major change, such as restructuring and reorganisation.

It is based on 30 years experience of managing change, experiencing change, advising on change, change management training and mentoring and counselling clients undergoing major change.

Change – for better or for worse

When we ask delegates on our training courses to define change, their definitions are all different. *“Change*

... is about doing things differently”

... tries to improve things”

... makes things worse”

... is worrying”

... is fun”

Change is difficult to define, but it is clear when it is experienced.

Change is like stress – a bit of change is a good thing as it keeps things fresh; however, too much can be harmful. Change can also cause stress, and too much stress is bad for your physical and mental health.

Most models are wrong – some are useful

George Box, a statistician, said in 1979: “*All models are wrong, but some are useful*”. He was referring to the fact that many scientific models are ultimately proven to be incorrect.

The theory and practice of Change is embedded in psychology. Many models of change management, as George Box probably would have agreed, are incapable of being proven. But having a mental model of Change:

- provides a common language and reference points
- helps to avoid pitfalls
- facilitates insight
- assists learning

This paper is not about managing change; its focus is on the recipient of change. We hope that this paper, and the models put forward within it, will help you to better understand and cope with change.

Change induces stress

We are creatures of habit and routine. Therefore, anything that changes those habits can cause stress. These are some of the attributes of change that are stressful:

- unrealistic expectations
- changes in practice
- insufficient budgets
- not enough time
- new colleagues
- being isolated
- loss of control

In our paper, *Dealing with very difficult colleagues*, we put forward our view that stress is often brushed aside as an acceptable part of NHS life. Short term pressures are considered to be a part of everyday life. But ignoring the signs of long term stress is a mistake. Long term stress is an insidious health problem that limits our ability to do our best at work. Resultant dips in performance then further amplify and exasperate stress causing it to spiral out of control.

Symptoms of stress include:

- Physical
 - Loss of appetite
 - Difficulty sleeping
 - Tiredness
 - Skin complaints
 - Headaches
 - Accident prone
 - Palpitations
 - Alcohol abuse
 - Increased / reduced eating
 - Musculoskeletal disorders

- Psychological
 - Anxiety
 - Depression
 - Repetitive thinking
 - Irrational thoughts
 - Burnout
 - Low self-esteem
 - Poor concentration
 - Moodiness
 - Irritability
 - Anger
 - Withdrawn
 - Suicidal thoughts

- Emotional
 - Avoidance
 - Crying
 - Passivity
 - Isolation
 - Trying to please
 - Guilt

In addition to the points above, workshop participants or mentees often share their concerns using phrases such as:

- *"It's getting worse"*
- *"This is never going to end"*
- *"I can't see a way out of this"*

Thinking patterns become disturbed during times of stress, and the psychological impacts can impair a person's judgement and lower their self-esteem. Sustained long term stress leads to low immune systems, high blood pressure and possible permanent organ damage. Stress management techniques, such as relaxation and healthy lifestyles, can help to minimise the effects of stress. However, this paper is about dealing with the underlying causes of change-induced stress in order to improve your health.

We suggest a four-step approach:

1. Develop your own model(s) of change
2. Analyse your own situation, using that model(s)
3. Understand yourself, and how that determines your response to change
4. Take control of what you can, don't waste effort on what you can't

Step 1: Develop your understanding of change

We have found that using models of change helps us to understand that the stressful issues associated with change are not personal to us.

There are lots of models of change and change management. There is not space in this paper to include all the models that, in a George Box way, we find useful. However, we have picked some key frameworks that delegates, mentees and ourselves have found useful as a means of talking about and, therefore, developing an understanding of change.

Kubler-Ross change curve

In her 1969 book, *On Death and Dying*, the Swiss psychiatrist Elisabeth Kubler-Ross's shared her insight that bereavement is a change process that causes bewilderment, shock and denial.

The variant of her change curve that we find the most useful is the seven stage model:

1. Shock: "They are going to restructure? What?!"
2. Denial: "This restructuring won't affect me."
3. False confidence: "I'll be alright – my job won't change."
4. Frustration: "They don't know what they're doing – their plans are useless."
5. Incompetence: "I don't what to do – management haven't got a clue"
6. Acknowledgement: "I don't like it, but I understand we must get on with it"
7. Integration: "This is what we have to do"



The points we have found useful when thinking about change in this way are:

- We need to let go of the current ways of doing things, before being able to make the most of the new ways of doing things
- It takes time, and those timescales are different for all of us
- Some negativity, especially early on, is inevitable

We like this model because it gives hope – negativity is only a phase and it will pass as we get to grips with the new situation.

Stages of group development

The second model, based on the Development Sequence of Small Groups published by Dr Barry Tuckman in the *Psychological Bulletin* in 1965, puts forward four stages that a newly formed group or team goes through:

1. Forming – everybody being polite, positioning
2. Storming – rows and arguments as differences emerge
3. Norming – new ways of working together emerge to replace the old ways
4. Performing – getting on with the job

The helpful lessons of this model are:

- The futility of reorganising teams before they have had time to settle down
- Uncomfortable disagreements are natural in newly formed teams
- Teams do not bond straight away
- Again, it takes time and negativity is only a phase

Complex adaptive systems

The concept of complex adaptive systems is difficult to explain simply! So, rather than trying to summarise the concept in this paper, we will go straight to some of the useful points about this model:

- Large organisations, such as the NHS, are complex adaptive systems
- Trying to micro manage a complex system causes dysfunction
- Incremental change can cause more problems than major change
- Well intentioned interventions can have negative impact

Conclusion 1: Go with the tide

The purpose of this first stage of coping with change is:

- Don't fight it
- Don't resist it
- Don't over manage it
- Have patience
- Have hope

Change is like a tide that cannot be held back – the aim is to keep afloat whilst it takes you along. But be positive, in time things will settle down.

Step 2: Analyse and reflect on what's happening

We have found that the above models are useful for developing an understanding of change and its impact. They can be used to provide a diagnosis, sometimes tentatively, of why change is causing a lot of stress for an individual. For example, comments we have heard include:

- *"I now understand why we disagreed"*
- *"I need to accept that it's different now"*
- *"I think we need to find more time to work things out"*
- *"It's going to be messy. I don't like that, but I'll have to get used to it"*

At this point we have found the following model particularly helpful:

Situational leadership

This is a four stage model developed by Ken Blanchard and Paul Hersey which defines leadership style in terms of the amount of direction and of support that the leader gives to his or her team:

1. *Directive*: central decisions, close supervision, one-way communication
2. *Coaching*: contributions invited from the team, two-way communication
3. *Supportive*: decisions made by the team, leader participates and facilitates
4. *Delegation*: team has full control

It is mapped to the phase of development of the team using a variant of the four-stage group development model:

1. *Set-up*: group has little experience and needs a lot of help
2. *Transitional*: teamwork is developing but help still needed
3. *Experienced*: capable team, but needs pushing to get on with the task
4. *Mature*: highly competent team, probably more so than the leader

Some of the insights from this model include:

- If we work in a mature team a newly appointed manager can cause chaos if he or she adopts a directive style if that is what they think is expected.
- The perception of our leader about our team's ability often lags behind reality, which can cause friction.
- The flexibility of our leader is important. For example, if our leader has a strong preference for being hands off and does not like to be too directive, it will cause difficulty if our team requires direction.
- The model can vary according to the task. For example, a finance director is probably less experienced in management accounting than his or her team and should, therefore, delegate the task. However, if a new financial system is being implemented, then finance staff expect the finance director to take the lead (ie directive).
- Again, change takes time.

Conclusion 2: Have a view about the change

Having a view about the stage of change helps to explain and to provide a framework to explain the current issues that might be being experienced.

However, as all models are wrong, they only provide a hypothesis! Do not get fixated by your diagnosis. Be prepared to amend your understanding as you learn more about the circumstances and about the other people involved in your change situation.

Step 3: Congratulate yourself – you are one of a kind!

We are all different. We all react differently, in different situations, at different times. Therefore, our reaction to change will be different. Some of us will embrace it, some of us will resist it from the start, some will ignore it, others will try and understand it, others will worry about it and some will use it to their advantage.

This is the territory of personality and learning models – there are probably more models about personality than change management, so George Box would be in his element here!

Our favourite personality model is Myers-Briggs, which is about how people make decisions based on their preferences for gathering and processing information. Some preferences are about:

- the type of information you prefer:
 - if you like ideas, the bureaucracy of reorganisation could annoy you
 - if you like detail, uncertainty might unsettle you
- how you make decisions: rational or principled:
 - if you are rational, a lack of reasoning for the changes will bother you
 - if you are value driven, you will be upset if anyone is treated unfairly
- your propensity or otherwise for closure:
 - if you like to keep things open, a lack of options will irritate you
 - if you prefer getting on with things, the slowness of agreeing management structures will frustrate you

Whatever personality model that resonates with you, use it to think about your reaction to the change situation, such as:

- Is my reaction justified? Am I overreacting?
- Is there another way of looking at the situation?
- Why do I / others find it so hard to accept the changes?
- Why is my view different to other people and why can't we agree?
- Why do I / others struggle with issues that others / I take in their stride?

Conclusion 3: Be true to yourself

Be careful about using personality models to put people into boxes – we are far too complex to be categorised into four, eight or sixteen boxes.

But if you find personality models useful (and not everybody does), then they will help you to understand that your reaction to change is unique to you. Solutions suggested by others will not necessarily work for you. You have to work out your own approach to coping with the change situation.

Step 4: Take control of what you can

The final stage is about action.

A method that we have found useful is the TPN control model. List the factors that impact on your change situation. These could include, for example, budgets, time, structures, colleagues, targets, location, information, etc.

Then analyse the list into three groups:

- **T**otal control
- **P**artial control
- **N**o control

If you can control the change that's great so get on with it. If you have no control, then don't fret about it (admittedly, easier said than done). If you have partial control it probably means that you are dependent on the input or interaction of other people; so plan what you have to do accordingly.

Conclusion 4: It's a new game, so rewrite the rules

The bottom line is that coping with change requires an investment of time and effort from you. You need to:

- ensure you **relax** by using techniques and maintaining a healthy lifestyle
- make **time** to analyse and reflect on the change situation, using models of change if they help you
- develop an understanding of yourself to build **resilience** to deal with the highs and lows
- take **action**, focusing on the areas you can control
- be **relentlessness**, by maintaining a focus and not giving up

"We all, at certain times in our lives, find ourselves broken. True strength is found in picking up the pieces." (Jill Pendley)

None of us knows something starts or ends, except with hindsight. So be patient, be flexible and be hopeful.

The series of articles

This paper is one in a series of related articles available on our web site. The full list and web links are as follows:

- Coping with change (and handling stress):
www.healthcarealliances.co.uk/?CopingWithChange
- Coping with very difficult colleagues (including personality disorders):
www.healthcarealliances.co.uk/?VeryDifficultColleagues
- Coping with toxic organisations (and group think and social rejection):
www.healthcarealliances.co.uk/?ToxicOrganisations
- Coping with chronic grief (as a result of bullying):
www.healthcarealliances.co.uk/?ChronicGrief

[Click here](#) to see all our articles.

We can provide help and support

We are available every Monday in Cowbridge, to talk through your issues. It is completely free of charge – except the price of a cup of coffee and possibly a sandwich. Totally unconditional and absolutely confidential.

There are two time slots available every Monday – 10 am and 2 pm. It's first come, first served.

We look forward to hearing from you – see the contact details below.

We would like to thank all the people we have worked with us over the years for sharing their time with us. We would also like to thank our friends and colleagues who commented on early drafts of this paper – for obvious reasons of confidentiality we cannot name you, but you know who you are.

We welcome comments on this paper which:

- disagree with us
- agree with us
- amplify the points we make
- give a different perspective

Please send your comments to:

correspondent@healthcarealliances.co.uk

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