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### Acknowledgements

The development of this guide for Improvement Leaders has been a truly collaborative process. We would like to thank everyone who has contributed by sharing his or her experiences, knowledge and case studies.

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### Research into Practice Programme

Throughout this guide we have used quotes from the Research into Practice Programme. This is ongoing research to gain new knowledge on factors influencing the spread and sustainability of new practices. It is looking at two improvement programmes, the Cancer Services Collaborative and the National Booking Programme. It is focusing on the factors that influence the spread and sustainability of service improvements and the factors that change clinical sceptics into supporters.

Our thanks to Gravesend Medical Centre and the Medway NHS Trust, Kent for their cooperation with the photography.

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Designed by Redhouse Lane, 020 7291 4646  
Published by Ancient House Printing Group,  
Ipswich, 01473 232777

### Improvement Leaders' Guide to Managing the human dimensions of change: working with individuals



## Foreword

I am pleased to present this guide – another in our series for Improvement Leaders in the NHS.

Earlier this year we launched the first three guides in this series and it is great to report how well they have been received by staff from all parts of the NHS and by other partners in healthcare.

In the NHS Modernisation Agency we try to follow five simple rules. These are to:

- see things through the patients' eyes
- find a better way of doing things
- look at the whole picture
- give front line staff the time and the tools to settle the problems
- take small steps as well as big leaps

All Improvement Leaders' Guides are underpinned by these rules, as we feel that these are the things that are truly going to make improvements for our patients.

The first guides on Process Mapping, Analysis and Redesign, Matching Capacity and Demand and Measurement for Improvement gave real, practical advice about the basics of improvement. These next four guides tackle some of the softer issues about people:

- Managing the human dimensions of change
- Involving patients and carers
- Sustainability and spread
- Setting up a collaborative programme

It is only by testing ideas, learning what works best and sharing our knowledge that we will really make things better for our patients. The content of these guides will be updated over time, so if you've found this printed version useful, keep checking the website on [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides)

It is here that the guides will be regularly updated as we learn more and have new things to share. There will also be news of more Improvement Leaders' Guides coming in the autumn. These include the topics of working across organisations, leadership in improvement and designing new roles in healthcare.

Remember that the guides are meant for Improvement Leaders at every level in healthcare, on the frontline just as much as in the boardroom. We need Improvement Leaders with passion, integrity and energy who can breathe life into the simple rules listed above and make them work on their patch for their patients. In many places such local leaders are already achieving tremendous results, and the guides are here as an extra source of support for everyone in healthcare.

David Fillingham  
Director, NHS Modernisation Agency



## The Improvement Leaders' Guides

Collectively the Improvement Leaders' Guides form a set of principles for creating the best conditions for improvement in healthcare. The greatest benefit is when they are used to support a programme of training in improvement techniques.

### Where should I start?

The seven guides are not sequential and ideally you should read them all at an early stage in your improvement project to be aware of the tools and techniques in all the guides. However there are some things we would suggest you should do first, as you develop your plan based on local needs and experience.

### Each guide includes

- some background information on the topic
- some activities which you, as an Improvement Leader, may find useful to help the teams you work with understand the basic principles
- questions that are frequently asked about the topic and suggested ways to answer them
- guidance on where to go for more information. Sources include the excellent toolkits that have been produced to support improvement programmes in specific services, such as Cancer, Critical Care, Mental Health and Clinical Governance. Useful books, papers and websites are also listed

## What's in each guide?

### Improvement Leaders' Guide to...

### What the guide has to offer an Improvement Leader

<p>Process mapping, analysis and redesign  <a href="http://www.modern.nhs.uk/improvementguides/process">www.modern.nhs.uk/improvementguides/process</a></p>	<p>This is definitely the place to start. This guide offers help in the use of the 'Model for Improvement'. This is a framework for setting aims, identifying the possible changes and beginning to think about measures that will show that your changes have made an improvement. Then there is the vital first stage of mapping your chosen patient process and analysing it to really understand what is happening.</p>
<p>Measurement for improvement  <a href="http://www.modern.nhs.uk/improvementguides/measurement">www.modern.nhs.uk/improvementguides/measurement</a></p>	<p>Question: how do we know a change is an improvement? Answer: by measuring the impact of the changes. This guide should also be considered very early on in an improvement project and gives valuable advice on what and how to measure for improvement and how to present the data to interested parties.</p>
<p>Matching capacity and demand  <a href="http://www.modern.nhs.uk/improvementguides/capacity">www.modern.nhs.uk/improvementguides/capacity</a></p>	<p>In our experience the process of truly matching capacity and demand has led to some of the most exciting changes in a healthcare process. This guide explains the most effective ways to understand the capacity and demand of a service and the 'bottlenecks' in the system which often cause patients to wait. It goes on to suggest ideas to reduce or eliminate these queues and waiting lists for patients. It is vital that process mapping and analysis is done prior to using this guide.</p>
<p>Involving patients and carers  <a href="http://www.modern.nhs.uk/improvementguides/patients">www.modern.nhs.uk/improvementguides/patients</a></p>	<p>Everything we do should be focused on patients and their carers. They must be involved in our improvement programmes and projects from the very beginning. We are able to offer advice based on current thinking and experience of how to involve patients and carers in the most effective way, with warnings of possible pitfalls.</p>
<p>Managing the human dimensions of change  <a href="http://www.modern.nhs.uk/improvementguides/human">www.modern.nhs.uk/improvementguides/human</a></p>	<p>Some of us take to the idea of change more easily than others. Some like to develop ideas through activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences. This guide gives ideas of how to ensure the best possible outcome when working with different people.</p>
<p>Sustainability and spread  <a href="http://www.modern.nhs.uk/improvementguides/sustainability">www.modern.nhs.uk/improvementguides/sustainability</a></p>	<p>It is fundamentally important that after making improvements they are sustained and built upon. This is a real challenge to anyone involved in improvement projects. It is also important that we share our learning and ideas with other areas of healthcare so that the maximum number of patients can benefit. This guide suggests methods and principles based on experience from healthcare both in England and beyond for sustaining and spreading improvement ideas.</p>
<p>Setting up a collaborative programme  <a href="http://www.modern.nhs.uk/improvementguides/collaborative">www.modern.nhs.uk/improvementguides/collaborative</a></p>	<p>Experience has shown that working collaboratively produces the best environment for creating and sharing improvement ideas. Use this guide when a group of healthcare staff want to work in a different way, to innovate and test new models of delivering care, to dramatically improve the service for a group of patients and to create learning for their own organisation and the whole of the NHS.</p>

### A few additional thoughts about the guides

#### The guides are based on current thinking and experience.

Be aware that this is constantly changing. Check updates on the Improvement Leaders' Guides website, [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides), which will be updated often as we test out and learn from new techniques.

#### Be aware of your own experience.

If this field is totally new to you, plan how you can find out more through further reading or development courses. If you are more familiar with leading service improvements, can you share your experiences and knowledge with others in your healthcare community and the wider NHS?

#### Make contact with others who have improvement skills.

Many people in healthcare have had training in the improvement skills contained in these guides. Their training will most likely have been for a particular service such as primary care, dermatology or cancer. Make contact with them to form a health community improvement network to support and learn from each other.

#### Try it for yourself.

These guides don't represent the only way to do things, but they provide a good starting point. Create your own case studies and then share your experiences.

#### Take the thinking forward.

The website will be a dynamic medium. Please contribute to the discussion if you can. We would welcome and value your experience.

#### Have fun.

Many have said that leading an improvement project has been one of the most enjoyable and fulfilling roles of their career!

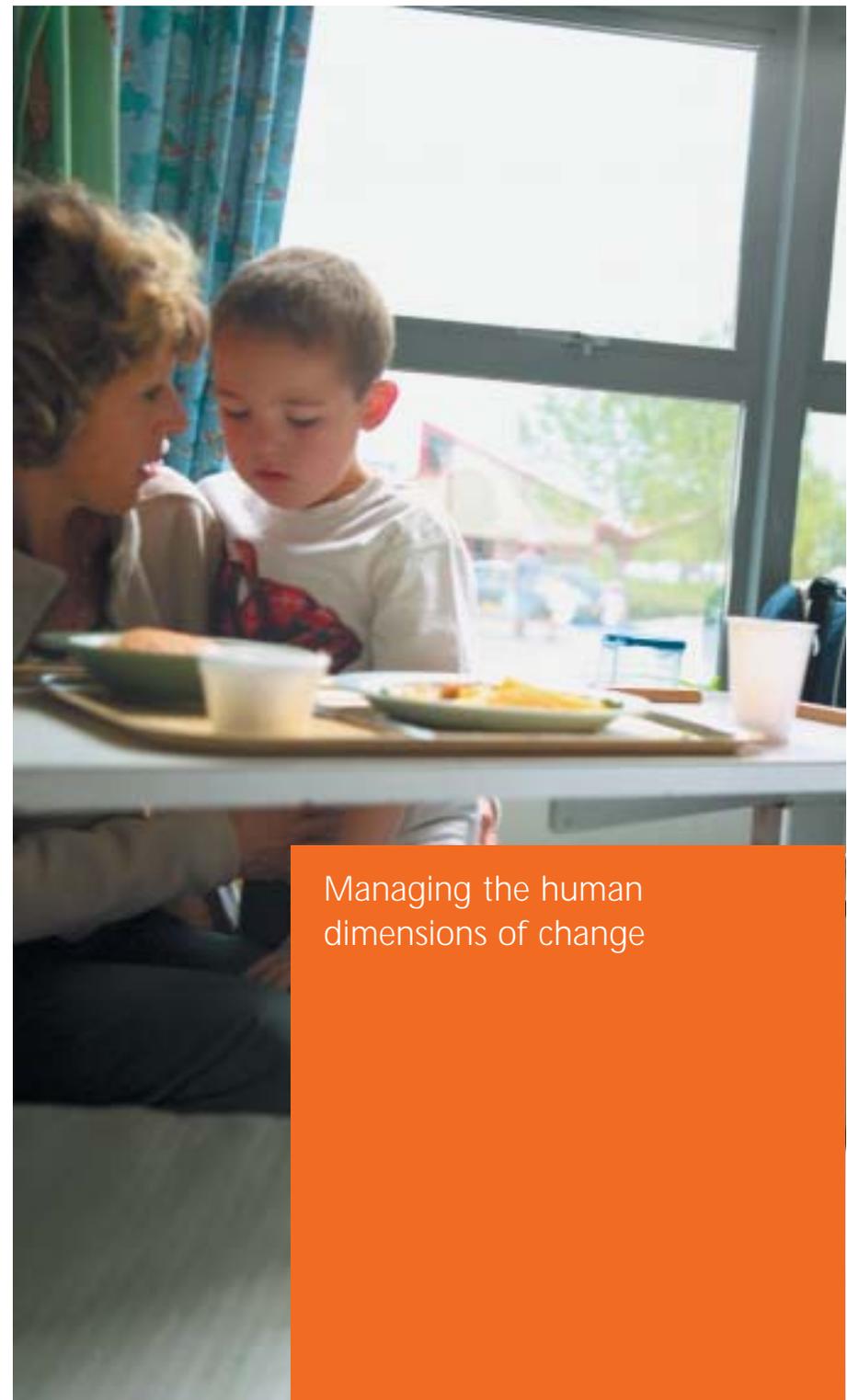
#### Let us know what you think of the guides.

We want your comments and thoughts about the Improvement Leaders' Guides. Our aim is to keep improving them so let us know what you think.

- how can we improve the guides? Is there anything we have left out?
- have you found them useful? If so which guide in particular and which section?
- how have you used them? Can you tell us any stories?
- if there were to be other guides, what topics should they be on?
- have you visited the website? How can we improve it?
- is there any thing else you would like to tell us about the Improvement Leaders' Guides?

Email us now on

**[improvementguides@npat.nhs.uk](mailto:improvementguides@npat.nhs.uk)**



Managing the human dimensions of change

‘Great spirit, grant that I may not criticise my neighbour until I have walked a mile in his moccasins.’

*Ancient Indian proverb*

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## 1. Why is this guide important?

Many change projects fail, and the most commonly cited reason is neglect of the human dimensions of change. This neglect often centres around a lack of insight into why people resist organisational change, a poor appreciation of the process of changing people and a limited knowledge of the tools and techniques that are available to help Improvement Leaders overcome resistance to change. This guide will help you to understand and to better manage these fundamental aspects of the change management process, and help you to empower, enable and engage those you work with.

The psychology behind the human dimensions of change is an ever-growing area and there has been much research and theorising on the subject. This guide has been written

by experienced Improvement Leaders who are involved in healthcare improvement initiatives. We have put together the models and frameworks that have helped us while working

### Two approaches to improvement

‘Anatomical approach of improvement’	‘Physiological approach of improvement’	In practice – both approaches of improvement are necessary
<ul style="list-style-type: none"> <li>change is a step by step process</li> </ul>	<ul style="list-style-type: none"> <li>outcomes cannot be predetermined</li> </ul>	<ul style="list-style-type: none"> <li>you need a plan to set direction but need to be flexible</li> </ul>
<ul style="list-style-type: none"> <li>it is typically initiated top down</li> </ul>	<ul style="list-style-type: none"> <li>change comes typically ‘bottom up’</li> </ul>	<ul style="list-style-type: none"> <li>top down support is needed for bottom up change</li> </ul>
<ul style="list-style-type: none"> <li>objectives set in advance (and set in stone!)</li> </ul>	<ul style="list-style-type: none"> <li>there is no end point</li> </ul>	<ul style="list-style-type: none"> <li>objectives need to be set and the team should be congratulated when each objective is achieved but improvement never ends</li> </ul>
<ul style="list-style-type: none"> <li>it goes wrong because of poor planning and project control</li> </ul>	<ul style="list-style-type: none"> <li>it goes wrong because of people issues</li> </ul>	<ul style="list-style-type: none"> <li>correct use of improvement tools and techniques should be planned and monitored but gaining the commitment of people is vital</li> </ul>

with the wide variety of people in healthcare. It is a starting point for you as an Improvement Leader. For more ideas and information about this topic look at the Improvement Leaders website for the useful reading section, [www.modern.nhs.uk/improvementguides/reading](http://www.modern.nhs.uk/improvementguides/reading)

### People and improvement

There are many different approaches to improvement. We have given the term 'anatomical approach' to one way of thinking, which could be described as the hard project management approach to change. Another approach, 'the physiological approach', focuses much more on the softer, people side of change. What we have realised is that for a successful improvement initiative the Improvement Leader needs to consider both approaches as shown in the table on page 9.

When trying to make improvements in healthcare, gaining the commitment of the people who are likely to be affected by the change is paramount. If the people issues are not identified and managed effectively, the following problems may arise:

- strong emotions, such as fear, anger, hopelessness and frustration can derail your change project
- people become defensive. They might deny there is problem, over emphasise the benefits of the present working practice, blame the system or blame others within the organisation
- there is often constant complaining, questioning and scepticism

- there might be an increase in absenteeism, sickness and people leaving the organisation combined with a fall in morale and job satisfaction
- people don't match 'words with deeds', that is, they do not do what they say they are going to do
- conflict seems to spiral out of control

The theme for this guide is to help you understand these frequent reactions to change and guide you through some models and frameworks to help you respond more successfully to the challenges of managing the human dimensions of change.

What you as an Improvement Leader need to consider is that people have different needs and different styles of working especially in a change situation. It is often the lack of understanding of their needs and a lack of recognition of the value of their different perspectives that causes people to be labelled 'resistant to change'.

There are no magic wands and no guarantees about how people will react. What follows are some frameworks that you may find useful and you might want to investigate in more depth.

"All models are wrong but some are quite useful."

*W. Edwards Deming*

## 2. The process of change

### 2.1 Managing Transitions

"A round man cannot be expected to fit into a square hole right away. He must have time to modify his shape."

*Mark Twain*

We go through transitions in everyday life, changes such as getting married, having a baby or buying a new house, some of which are painless and some of which are not! We also help our patients with a transition in the grieving process. So transition is not a new experience to any of us – but that fact is often forgotten or ignored when changes are introduced in healthcare organisations.

"Change is not the same as transition. Change is situational: the new site, the new structure, the new team, the new role, the new procedure. Transition is the psychological process people go through to come to terms with the new situation. Remember that change is external and transition is internal."

*William Bridges*

Transitions can be described in three stages, which are both natural and predictable.

- the ending when:
  - we acknowledge that there are things we need to let go of
  - we recognise that we have lost something
  - example: changing your job. Even when it is your choice, there are still losses such as losing close working friends
- the neutral zone when:
  - the old way has finished but the new way isn't here yet
  - everything is in flux and it feels like no one knows what they should be doing
  - things are confusing and disorderly
  - example: moving house. The first few days or even months after moving the new house is not home yet and things are quite probably in turmoil
- the beginning when:
  - the new way feels comfortable, right and the only way
  - example: having a baby. After a few months in the neutral zone of turmoil, you come to a stage when you cannot imagine life without your new baby

"They are far less antagonistic now ... I think they have got used to the idea, and some of them are actually seeing the benefits."

*Local Clinician Cancer Services Collaborative*

What we all have in common is that for every change, we go through a transition. The difference between us as individuals is the speed at which we go through that transition which can be affected by a variety of factors. These factors include past experience, personal preferred style, the degree of involvement in recognising the problem and developing possible solutions, and the extent to which someone was pushed towards a change rather than moving towards it voluntarily. Our advice for you as an Improvement Leader is to help people recognise the process and the stages of a transition as something that is perfectly natural.

“Most organisations try to start with a beginning, rather than finishing with it. They pay no attention to endings. They do not acknowledge the existence of the neutral zone, and then wonder why people have so much difficulty with change.”

*William Bridges*

As an Improvement Leader you can help transitions by considering the following checklists.

#### A checklist for managing endings

- help everyone to understand the current problems and why the change is necessary
- identify who is likely to lose what. Remember that loss of friends and close working colleagues is just as important to some, as status and power is to others

- losses are very subjective. The things one person may really grieve about may mean nothing to someone else. Accept the importance of subjective losses. Don't argue with others about how they perceive the loss and don't be surprised at what you may consider to be an 'over reaction'
- expect and accept signs of grieving and acknowledge those losses openly and sympathetically
- define what is over and what isn't. People have to make the break at some time and trying to cling on to old ways prolongs the difficulties
- treat the past with respect. People have probably worked extremely hard in what may have been very difficult conditions. Recognise that and show that it is valued
- show how ending something ensures the things that really matter are continued and improved. Stressing the change will improve the experiences and outcomes for patients are the most important things for most healthcare staff
- give people information and do it again and again and again in a variety of ways. Give people written information to go away and read, as well as giving people the opportunity to talk to you and ask you questions
- use the 'What's in it for me' model in section 3.1 to map out how best to approach different individuals

#### A checklist for managing the neutral zone

- recognise this as a difficult time that everyone goes through
- get people involved and working together and give them time and

space to experiment by testing new ideas

- help people to feel that they are still valued
- particularly praise someone who had a good idea even if it didn't work as expected. The Plan, Do, Study, Act (PDSA) model encourages trying things out and learning from each cycle
- give people information and do it again and again and again in a variety of ways. Make sure you feed back to people the results of the ideas being tested and decisions made as a result of the study part of the PDSA cycle

For more information about PDSA cycles look at the Improvement Leaders' Guides to Process Mapping, Analysis and Redesign, [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)

#### A checklist for managing a new beginning

- make sure you do not force a beginning before it's time.
- ensure people know what part they are to play in the new system
- make sure policies, procedures and priorities do not send out mixed messages
- plan to celebrate the new beginning and give the credit to those who have made the change
- give people information and do it again and again in a variety of ways

For more information read Bridges, W. (1995) *Managing transitions: Making the most of change*, London, Nicholas Brearley. [2nd Edition due to be published May 2002]

“People responsible for planning and implementing change often forget that while the first task of change management is to understand the destination and how to get there, the first task of transition management is to convince people to leave home. You'll save yourself a lot of grief if you remember that.”

*William Bridges*

## 2.2 The change equation

There are lots of reasons why people may be hesitant about changing the way they do things. These may include:

- having a poor appreciation of the need to change or considering the need to change to be secondary to other issues
- having a poor understanding of the proposed solutions or consider the solution to be inappropriate
- disagreeing how the change should be implemented
- embarrassment about admitting that what they are doing could be improved
- lacking trust in a person or the organisation, as they believe it has failed to successfully implement change in the past
- anticipating a lack of resources

As an Improvement Leader it would be a good use of your time to really understand the reason for resistance. Consider whether the person's apparent resistance stems from something they do not know or understand, something they do not have the capacity or resources to do, or something that they consider will leave them worse off than now.

Also consider if they are unaware that their behaviour is seen as resisting the change.

Resistance is a natural, universal, inevitable human response to a change that someone else thinks is a good idea, and resisting change or improvement does not make someone bad or narrow-minded. We've all done it and our response will be one of three things: fight, flight or freeze.

You may find the following change equation a powerful tool. It shows that we need to recognise and understand many factors from the person's point of view in order to overcome any resistance.

"I did have a problem with one consultant ... the first thing I realised was that he didn't understand a booked admission. After that, if I went to see consultants about booking, I took a diagram of what a booked admission was. We assume they understand and they don't, and that's probably part of why they're resistant to it."

*Regional Office Booked Admissions Lead  
National Booking Programme*

**Dissatisfaction**

**Ask the questions**

- how satisfied is the person with the current state of things?
- is any dissatisfaction shared with their colleagues?
- how is the dissatisfaction understood and experienced?

"The ... thing ... that was astounding was mapping. We all thought we knew how the system worked but none of us had a clue. Many times an hour my mouth was just falling open because I didn't realise what a mess it was."

*Lead Clinician Cancer Services  
Collaborative*

**Vision**

**Ask the questions**

- what does this person want for their patients, themselves and their colleagues?
- what are their values and beliefs, goals and desires?
- what could the new system look like?

"One of the reasons we got involved was because we care about the way that we deliver the service to patients ... we were interested in ways of trying to improve ... you think, there must be a better way of doing things."

*Lead Clinician Cancer Services  
Collaborative*

To understand more about involving patients and carers see [www.modern.nhs.uk/improvementguides/patients](http://www.modern.nhs.uk/improvementguides/patients)

**Capacity**

**Ask the questions**

- what resources are needed to achieve the change? don't forget resources such as energy and capability
- how can the resources be generated or shared?

- has this person shown in the past that they are willing to try out new ideas? It has been shown time and time again that it is most effective to test out new improvement ideas with people that are willing to try new things (see page 42)
- is there anyone this person respects both professionally and personally and who has demonstrated the energy and capability to make changes? Could you put them in contact? Often we are enthused and energised by others we see as similar to ourselves.

**First steps**

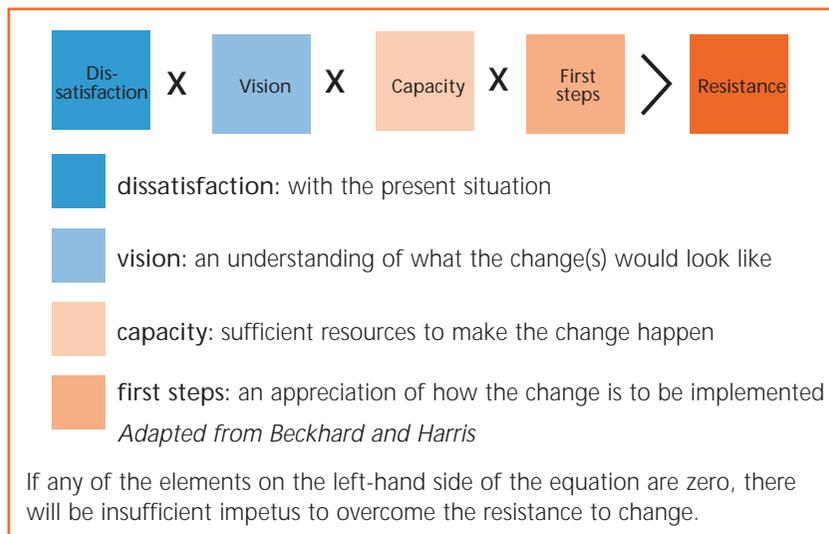
**Ask the question**

- what first steps could people undertake which everyone agrees would be moving in the right direction?

To understand more about process mapping and 'plan, do, study and act' (PDSA) cycles as a means of testing out ideas on a very small scale before introducing a change see the Improvement Leaders' Guide to Process Mapping, Analysis and Redesign at [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)

By working with the left side of the equation people will be pulled towards a change. Generally, it is better to pull people towards a change rather than push people into it. People must realise that the costs and risks of maintaining the status quo outweigh the risks and the uncertainty of making the change. Most people who have conducted successful changes stress the importance of this.

The change equation



For more information read Beckhard and Harris (1987): *Organisation Transitions: Managing Complex Change*, Addison Wesley OD Series



“... if your consultant staff aren't on board then it ain't going to work. Unfortunately, like so many other things in the NHS, they are the lynchpin and if you can't get them on board ... it doesn't matter what else you do, the project isn't going to work.”

*Regional Office Booked Admissions Lead  
National Booking Programme*

### 3.2 Helping people into their 'discomfort zone'

We have all experienced change situations where we have gone from a feeling of comfortable stability into a feeling of panic. It is useful for anyone in improvement to remember when it happened to you and understand those feelings.

The **comfort zone** is where some people are quite happy to stay. It may be a way of thinking or working, or a job that someone has been doing for a long time. In a comfort zone:

- things feel familiar and certain
- the work is controllable and predictable
- people feel comfortable and competent
- there is no threat to self esteem or identity
- there is a sense of belonging

However, in the comfort zone people generally don't need to learn new things and therefore don't change.

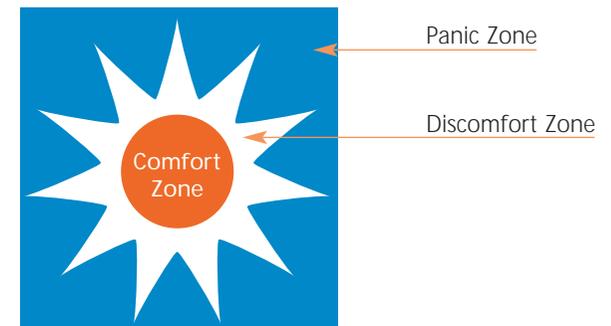
“It's change. People are resistant to change... often those people have been in those posts for a long time ...they like doing things their own way.”

*Regional Office Booked Admissions  
Lead National Booking Programme*

The **panic zone** is the place many are forced into when confronted with a change that they do not agree with. It is when people have been forced into the panic zone that you will most likely feel:

- stress, worry and fear
- anger, irritation and annoyance
- sadness, hopelessness and apathy
- guilt and shame
- inadequacy and frustration

Here people freeze, they certainly don't change and they won't learn.



-  Comfort Zone – people stay here, don't change, don't learn
-  Discomfort Zone – people uncertain, most likely to change, most likely to learn
-  Panic Zone – people freeze, will not change, will not learn

For more information read Senge, P. (2000) *The Dance of Change: sustaining momentum in a learning organisation*, Nicholas Brealey

As an Improvement Leader, the best strategy is to help people out of their comfort zone but not into a panic zone by encouraging them into the **discomfort zone**. It is in the discomfort zone that people are most likely to change and learn how to do things differently.

To encourage people to leave the comfort zone you need to help them feel 'safe'.

You can help people to feel safe by creating the right environment and culture. This will include ensuring there is no blame, and developing a culture of mutual support and respect. Then ask them to question the current situation and see it from another point of view such as other members of staff

or the patients and their carers. Two of the best ways to do this are described in detail in other guides in this series for Improvement Leaders: Process Mapping, Analysis and Redesign – [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process); and Involving Patients and Carers – [www.modern.nhs.uk/improvementguides/patients](http://www.modern.nhs.uk/improvementguides/patients)

Other methods to help people feel safe include:

- create a compelling and positive vision of how things could be
- provide access to appropriate training and positive role models
- provide coaches, feedback and support groups
- ensure systems and structures are consistent

### 3.3 How to recognise differences

As an Improvement Leader, you need to consider the individuals you will be working with. Try to understand how they may react, how best to communicate with them and how best to work in ways that suit them as individuals.

Remember to see the person, not a name badge or title.

#### Personal styles, the key to understanding others

People tend to relate to the world around them in several different distinct ways. Four different styles can be identified as in the table below: Analyst, Amiable, Expressive and Driver.

For more information read Merrill D.W. and Reid R.H. (1999) *Personal Styles and Effective Performance: make your style work for you*, CRC Press, London

#### Style descriptions

Analyst	Amiable	Expressive	Driver
analytical controlled orderly precise disciplined deliberate cautious diplomatic accurate conscientious fact finder systematic logical conventional	patient loyal sympathetic team person relaxed mature supportive stable considerate empathetic persevering trusting congenial	verbal motivating enthusiastic gregarious convincing impulsive generous influential charming confident inspiring dramatic optimistic animated	action-orientated decisive problem solver direct assertive demanding risk taker forceful competitive independent determined results-orientated

While all four approaches are at the disposal of each and every individual, there is a tendency for most of us to develop one approach more than the other three. We tend to have a main, predominant style, a back up style, and a least used style.

The predominant approach can be described by:

- what the individual finds of interest
- what the individual feels is important
- his/her behaviour or actions

#### Matching wavelengths

The chance of a message being heard and understood would be greatly improved if both parties were using the same wavelength. If you want your message to be understood, you should try to change your wavelength to fit the other persons.

Consider what the receiver views as important, what some of his/her interests are and how he/she tends to behave. With this picture in mind you can then 'package' your message so that it fits the receiver's frequency.

Remember that people will not always fit these descriptions of personal style. However, the more a person follows a pattern, the more likely adopting a communication style appropriate to that pattern will influence them.

The Analyst: Technical specialist

#### Analyst

**Analyst:** interested in, and places a high value, on facts, figures, data and reason. Others often describe his/her actions, as analytical, systematic and methodical. He/she tends to follow an orderly approach in tackling a task and is well organised and thorough in whatever he/she does. Others may see him at times as being too cautious, overly structured, someone who does things too much 'by the book'. He/she analyses past data, considers the present situation and projects these facts. He/she views time in a linear or sequential fashion.

#### Written communication

An Analyst's style:

- quite formal and precise
- list key points
- may use an outline style, with subheadings and numbered sections
- include tables and appendices
- often contain facts and figures in their messages

May be perceived positively as:	May be perceived negatively as	How to work better with Analysts
<ul style="list-style-type: none"> <li>• accurate</li> <li>• conscientious</li> <li>• serious</li> <li>• persistent</li> <li>• organised</li> <li>• deliberate</li> <li>• cautious</li> </ul>	<ul style="list-style-type: none"> <li>• critical</li> <li>• picky</li> <li>• moralistic</li> <li>• stuffy</li> <li>• stubborn</li> <li>• indecisive</li> </ul>	<ul style="list-style-type: none"> <li>• tell how first</li> <li>• list pros and cons</li> <li>• be accurate and logical</li> <li>• provide evidence</li> <li>• provide deadlines</li> <li>• give them time, don't rush or surprise</li> </ul>

#### Communicating with an Analyst

Analysts want facts, figures and data in the message. It would help to present the message in an orderly fashion, have some documentation to support the views and be prepared to give the Analyst a chance to examine carefully what is being sent.

**Amiable**

**Amiable:** interested in and places high value on personal relationships, feelings, human interactions and affiliation with others. Often described as a warm person and sensitive to the feelings of others. He/she appears to be perceptive, able to assess a situation in terms of the human emotions involved and is often considered a loyal and supportive friend. At other times he/she may be viewed as too emotional, sentimental and too easily swayed by others. He/she often makes reference to past events and his/her relationships with others over a period of time.

**Communicating with an Amiable**

For Amiables make sure you include the human dimensions of the situation. He/she will want to know how others may feel about the matter, who else will be involved in it, past experience in similar situations etc.

**Written communication**

The Amiable's style is often more informal, chatty and friendly. He/she may inject names and make references to others and to past events.

**Expressive**

**Expressive:** interested in taking people with them, enthusing them with optimism and energy. He/she will be open with people and willing to make personal investment and so they are generally very good with people. However he/she can frighten people by being over-dominant and can feel personally let down by people and left out. They tend to be poor with detail and their hunches can go wrong.

**Communicating with an Expressive**

Bear in mind that he/she will be looking for the new, the exciting and the innovative aspects of the message.

The Expressive: Social specialist

May be perceived positively as:	May be perceived negatively as:	How to work better with Expressives
<ul style="list-style-type: none"> <li>• verbal</li> <li>• inspiring</li> <li>• ambitious</li> <li>• enthusiastic</li> <li>• energetic</li> <li>• confident</li> <li>• friendly</li> <li>• influential</li> </ul>	<ul style="list-style-type: none"> <li>• a talker</li> <li>• overly dramatic</li> <li>• impulsive</li> <li>• undisciplined</li> <li>• excitable</li> <li>• egotistical</li> <li>• flaky</li> <li>• manipulating</li> </ul>	<ul style="list-style-type: none"> <li>• tell who first</li> <li>• be enthusiastic</li> <li>• allow for fun</li> <li>• support their creativity and intuition</li> <li>• talk about people and goals</li> <li>• handle the details for them</li> <li>• value feelings and opinions</li> <li>• keep fast paced and be flexible</li> </ul>

**Written communication**

Written communication from an Expressive can tend to be rather vague and abstract. They are inclined to be idea-orientated and are often quite lengthy in making a point.

neglecting long-range implications. This same tendency sometimes exposes him/her to criticism from others who may see him/her as too impulsive, simplistic, acting before he/she thinks.

**Driver**

**Driver:** place great emphasis on action and results. Often viewed as decisive, direct and pragmatic. His/her time orientation is here and now. He/she likes to get things done and hates spinning things out. He/she translates ideas into action and is dynamic and resourceful. He/she may be accused of looking only at the short term and

**Communicating with Drivers**

Drivers will want to know 'what are we going to do?' and 'how soon can we do it?'

**Written communication**

Drivers' writing is inclined to be brief, crisp and sketchy, resents having to take the time to write and will often scribble a brief reply on the sender's original message and return it to him.

The Amiable: Relationship specialist

May be perceived positively as:	May be perceived negatively as:	How to work better with 'Amiables'
<ul style="list-style-type: none"> <li>• patient</li> <li>• respectful</li> <li>• willing</li> <li>• agreeable</li> <li>• dependable</li> <li>• concerned</li> <li>• relaxed</li> <li>• organised</li> <li>• mature</li> <li>• empathetic</li> </ul>	<ul style="list-style-type: none"> <li>• hesitant</li> <li>• 'wishy washy'</li> <li>• pliant</li> <li>• conforming</li> <li>• dependent</li> <li>• unsure</li> <li>• laid back</li> </ul>	<ul style="list-style-type: none"> <li>• tell why and who first</li> <li>• ask instead of telling</li> <li>• draw out their opinions</li> <li>• explore personal life</li> <li>• define expectations</li> <li>• strive for harmony</li> </ul>

Driver: Command specialist

May be perceived positively as:	May be perceived negatively as:	How to work better with Drivers
<ul style="list-style-type: none"> <li>• decisive</li> <li>• independent</li> <li>• practical</li> <li>• determined</li> <li>• efficient</li> <li>• assertive</li> <li>• a risk taker</li> <li>• direct</li> <li>• a problem solver</li> </ul>	<ul style="list-style-type: none"> <li>• pushy</li> <li>• one man/woman show</li> <li>• tough</li> <li>• demanding</li> <li>• dominating</li> <li>• an agitator</li> <li>• cuts corners</li> <li>• insensitive</li> </ul>	<ul style="list-style-type: none"> <li>• tell what and when first</li> <li>• keep fast paced</li> <li>• don't waste time</li> <li>• be businesslike</li> <li>• give some freedom</li> <li>• talk results</li> <li>• find shortcuts</li> </ul>



**Case study**

This model was introduced to a group of Cancer Services Collaborative project managers. One project manager had no difficulty in recognising her style as a Driver. She also recognised the style of someone who she felt she was having 'difficulty' with – an Analyst. When she returned to work she changed the way she dealt with this person giving them more written facts and figures and time to think through the information and she tried to be less 'pushy'. She reported back a few weeks later that the 'difficult' person was totally on board with the programme and a real supporter.

**Exercise:**

- when you have written a memo or prepared a presentation, show it to a colleague who you trust and has a different style from you
- ask what they would change to make it more effective for them

**Using personal styles when working with individuals and groups**

When working with someone, it is important to consider his or her needs and styles. You also need to be aware of your own style and biases and try to understand and relate to those who may have styles that are different to yours.

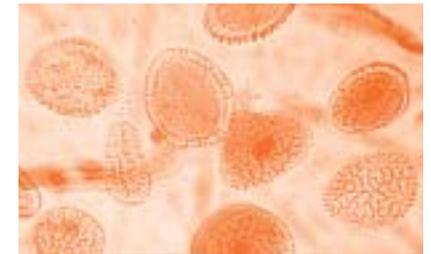
**Working with individuals**

As an Improvement Leader you may need to have a discussion with someone about a possible improvement suggestion. In your preparation for the meeting ask yourself the following questions:

- would this person prefer a face to face explanation or would they prefer to have a paper to read through first?
- would this person prefer specific information and supporting data or would they prefer to know what the implications are?
- would this person prefer the logical explanation with a cause and effect analysis and a clear options appraisal based on facts, or would they prefer to know the values behind the

thinking and the effect it might have on the staff and patients?

- would this person prefer to have a clear agreed project plan with milestones or will they prefer to take a flexible approach?



**Case study**

An Improvement Leader (Driver) was keen to bring about a change to reduce waiting times for patients. However, she initially failed to realise that the list of pros and cons was not sufficient to convince her Amiable colleague. Her colleague needed to feel convinced that it was a real improvement from the patients' point of view.

We would suggest you prepare for all styles but listen for clues and focus on individual styles.

**Working with a group**

It would be good if you had the time to talk to everyone as an individual but this is rare. However, you can apply the thinking about personal styles when you work with a small group of just two or three people in a meeting or a larger group at an event.

You should prepare to relate to all styles by including:

- time for interactions and discussion as well as time for reflection
- sufficient details and evidence to support your case as well as an indication of the possibilities
- the logic behind the thinking and the impact on people
- a proposed plan with milestones but one that also allows flexibility

**Before the event**

- make sure all necessary information is sent out to participants in plenty of time before any meeting or event
- include the start and finish times, day, date, place, any preparation the participants need to do and the objectives for the meeting or event
- don't forget to include a contact name and contact details for any questions

**During the event:**

- agree objectives and ground rules at the start. Ground rules could include allowing everyone the opportunity to participate, being honest and open, ensuring confidentiality within the group etc
- set timeframes for the start and end of the event and for lunch and coffee breaks, but allow flexibility in the agenda between those times
- use the flip chart as a 'car park' for ideas, issues and thoughts, which deviate from the agreed objectives of the session. If a group gets fixated on the details – for example, when mapping the patient journey – agree to 'park' the issue and move

on. You can return to these issues later in the day, or at subsequent events

- summarise and agree deadlines, actions or next steps together. Agree a deadline for notes from the meeting to be sent out. Include actions around the ideas, issues and thoughts that were noted on the flip chart
- consider ways of working that take the different styles into account, for example:
  - have back-up data and information available for those who want it, but don't go into too much detail with the whole group
  - if you need to generate ideas or gain information from the participants, ask them to think by themselves for a few minutes and write down their thoughts before having a group discussion

**After the event:**

- make sure that the notes are circulated within the agreed time and that agreed actions are followed up

**3.4 Building trust and relationships**

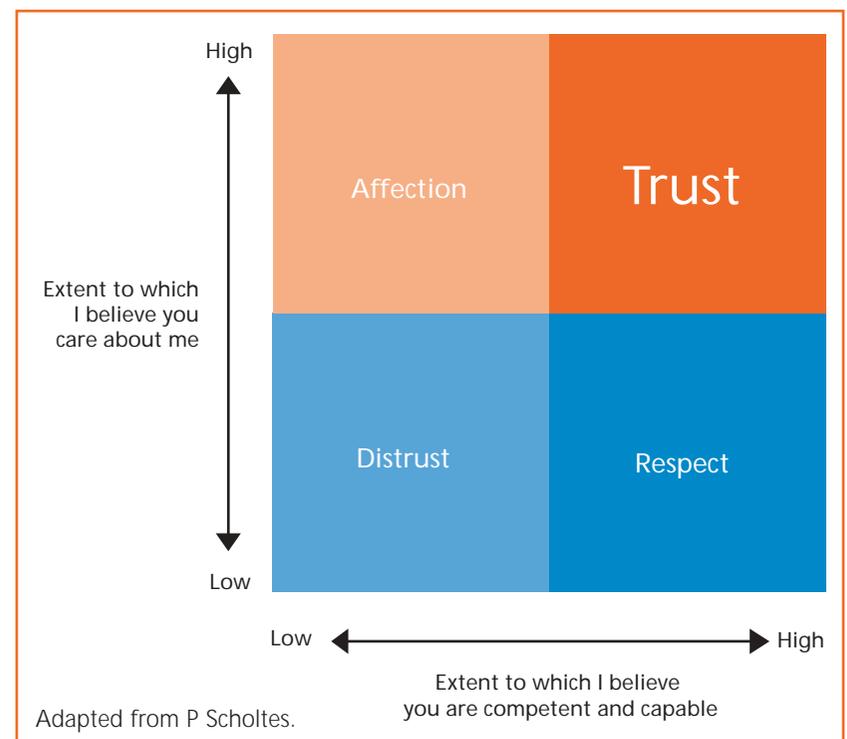
If you have a good relationship and mutual trust between yourself and those you are working with, you are more likely to find them receptive to the new ways of thinking and the improvement methods you want to introduce.

**What is trust?**

Trust requires two things: competency and caring. Competency

alone or caring by itself will not create trust. This model, illustrated below, says that if I think someone is competent, but I do not think they care about me, or the things that are important to me, I will respect them but not necessarily trust them. On the other hand, if I think someone cares about me but I do not feel they are competent or capable, I will have affection for that person but not necessarily trust them to do the job in hand.

**Building trust**



For more information read Scholtes P (1998) *The Leaders Handbook, making things happen getting things done*, McGraw Hill.

### Trust and relationships

You can encourage people to trust you if you:

- do what you say you will do and do not make promises you can't or won't keep
- listen to people carefully and tell them what you think they are saying. People trust others when they believe they understand them
- understand what matters to people. People trust those who are looking out for their best interests

You can encourage good relationships with people if you:

- are able to talk to each other and are willing to listen to each other
- respect each other and know how to show respect in ways the other person wants
- know each other well enough to understand and respect the other person's values and beliefs
- are honest and do not hide your shortcomings. This may improve your image but does not build trust
- don't confuse trustworthiness with friendship. Trust does not automatically come with friendship
- tell the truth!

### 3.5 Creating rapport

As an Improvement Leader, it is vital to communicate and work with others in ways that suit them. Remember communication is 7% words, 38% tone of the voice and 55% body language. When you have a good feeling with someone you probably have rapport.

Building rapport is a technique described and practised in Neuro Linguistic Programming (NLP), which is the study of what works in thinking, language and behaviour.

"It's not what you say, it's the way that you say it."

*Louis Armstrong*

#### What is rapport?

Rapport is the process of building and sustaining a relationship of mutual trust and understanding. It is the ability to relate to others, in a way that makes people feel at their ease. When you have rapport with someone you feel at ease, conversation flows and silences are easy. It is the basis of good communication and is a form of influence. It is a major component of listening, when the whole body indicates interest in what the other person is saying.

#### Creating rapport

First you have to be aware of yourself. Then make a conscious effort to match as many of the other person's characteristics as possible:

- **posture**  
look at and match the position of the body, legs, arms, hands and fingers, and how the head and shoulders are held
- **expression**  
notice and match the direction of the look and movement of the eyes. Ensure you make and keep eye contact

- **breathing**  
match the way the other person is breathing. People will breathe either fast or slow, from their chest or their abdomen
- **movement**  
notice if their movements are fast or slow, steady or erratic. Make your movements the same
- **voice**  
think about the pace, volume, and intonation of their voice. Listen to the type of words being used. Try to use a similar voice and words

#### Rapport, pacing and leading

Pacing is about respecting the feelings or style of others. If someone is feeling anxious, to pace him or her is to show an understanding of that anxiety. If someone is having fun, to

#### Exercise:

Next time you are in a meeting or with a group of people, pay attention to the elements of rapport: posture, expression, breathing, movement and voice. Notice the posture and movements of yourself and others in the group. Listen to the words and voices.

- identify who appears to be in rapport with others in the group
- look for mismatching if some people are not getting on so well or are disagreeing

If it is comfortable to do so, speak later with the participants you observed. Ask how they were finding the discussions, how they felt and check whether their responses match your observations.

pace him or her is to join in the fun. When we talk about someone's excitement or enthusiasm being infectious, we are really talking about our ability to pace and join in.

When you can match and pace you can also, with practice, lead and influence. You might lead from a subdued lethargic mood into an exciting energetic mood, or lead from speaking quietly to speaking loudly.

You might want to use matching, pacing and leading with individuals or groups:

- when someone is angry, to help calm them down
- when someone is tense, to help them relax
- when things feel slow, to speed them up and create a feeling of energy

But this should be done sensitively, using discretion and great care.

### 3.6 Managing conflict

Conflict is a reality of improvement and cannot be avoided but it can be managed and it can turn out to be very positive. An organisation that was operated completely by computers or robots without any people would never experience the stresses and detrimental effects of conflict. However that organisation would not remain in business for very long, as it would never grow and develop.

Conflict can be defined as “when behaviour is intended to obstruct the achievement of some other person’s goals.” *D Coon*

For more information read Coon, D (1992) *Introduction to Psychology – exploration and application*, West Publishing Co. USA

Conflict can range from a minor misunderstanding, to behaviour where each party only seeks to destroy the other. Generally conflicts have two elements:

- the relationship between the people involved
- the issue which is the basis of the disagreement

As an Improvement Leader, you should be able to intervene effectively in the early stages of conflict by preventing, containing or handling even if you are involved in the conflict yourself:

- **preventing** escalation by identifying early signs and taking action
- **containing** to stop it worsening by dealing with difficulties and tensions and working to re-establish relationships
- **handling** by taking positive steps to deal with the conflict issues and monitoring the effects

If the conflict gets worse, you will probably need someone else to help the parties involved in the conflict develop longer-term strategies.

**Preventing conflict from escalating**  
Conflicts will take on a life of their

own and will get worse if left alone, so ask yourself the following questions about any conflict as soon as it becomes apparent to try to stop it escalating.

- what type of conflict is it?
- hot conflict where each party is keen to meet and discuss to thrash things out
- cold conflict where things are kept quiet and under the surface
- what are the most important underlying influences at work?
- what is this really all about?
- where is the conflict going?
- how can I stop it?
- what needs to happen now?

**Containing conflict**

Remember that conflicts are more about people than problems, so understand and value the differences in the parties involved, which may include yourself.

- recognise your own style with its strengths and its limitations
- listen and try to understand the other person instead of attributing a motive from your viewpoint
- ask questions to develop your understanding of the goal from the other person’s point of view
- look for a solution that incorporates both goals

Conflict when managed properly can be ‘an energising and vitalising force in groups and in the organisation.’  
*Fitchie & Leary*

For more information read Fitchie R. and Leary M. (1998) *Resolving conflicts in organisations*, Lemos & Crane

**Handling conflict**

The following checklist of do’s and don’ts may be useful at any stage of a conflict situation.

Do	Don’t
<ul style="list-style-type: none"> <li>• work to cool down the debate in a hot conflict</li> <li>• convince parties in a cold conflict that something can be done</li> <li>• ensure that the issues are fully outlined</li> <li>• acknowledge emotions and different styles</li> <li>• make sure you have a comfortable environment for any meeting</li> <li>• set a time frame for the discussion</li> <li>• ensure good rapport</li> <li>• use names and, if appropriate, titles throughout</li> </ul>	<ul style="list-style-type: none"> <li>• conduct your conversation in a public place</li> <li>• leave the discussion open – create an action plan</li> <li>• finish their sentence for them</li> <li>• use jargon</li> <li>• constantly interrupt</li> <li>• do something else whilst trying to listen</li> <li>• distort the truth</li> <li>• use inappropriate humour</li> </ul>

Conflict means different things to different people. This may be due to their personal style or even their professional training.

- some people can find a heated discussion stimulating and enjoy a ‘good argument’ whilst others can be torn apart by it. Just because someone asks you lots of pointed questions or disagrees with you in a meeting does not mean that they are against you or the objectives of the project. It may just be their way of gathering further information to think about later

- remember also that doctors and scientists in general are trained to challenge information, concepts and ideas. They may be testing out the validity of the project and your knowledge. We have found over and over again that direct questioning does not mean that people are against the proposal

The main thing is to acknowledge any conflict and not to avoid it. Describe the issues involved, talk about it and work through it.



### Case study

There was an agreement to decide a set of referral criteria for patients with suspected cancer. Each of the consultants involved currently applied different clinical practice and different thresholds for deciding whether or not a patient was high risk. The discussions lasted for several weeks and were characterised by one consultant quoting research findings only to be challenged by another using anecdotal evidence and a third acting as devil's advocate posing many 'what if' scenarios.

The Improvement Project Manager managed the situation in a number of ways. These included summarising where there seemed to be agreement and bringing examples of criteria set by other hospitals both to stimulate discussion and to foster an environment of wider collaboration.

The team of consultants eventually agreed on a set of criteria and went on to demonstrate their ownership and agreement by collectively defending their decisions at a National Conference, in the face of intense questioning from their peers.

When asked about the process, the consultants commented that they had never had such an in depth argument about clinical practice and they had found it invigorating. They said that it had set the tone for frank discussions in other meetings and the 'conflict' had kept them hooked on the project.

## 3.7 Communication

Conflict and communication are inseparable. Communication can cause conflict: it's a way to express conflict and it's a way to either resolve it or perpetuate it. It is very often a breakdown in communication, or

interpretation of that communication, that will inflame the conflict situation and facilitate. So it's worth taking a bit of time to summarise the lessons about communication, although these will probably not be new to you.

### General tips for good communication

- uncertainty is more painful than bad news, so communicate early and often
- seek first to understand and then to be understood
- communicate directly with the people that matter using multiple media, but preferably face-to-face
- make the communication process transparent and two-way
- be honest and tell the truth
- the result of a communication is the response you get, which may be different from what you intended
- you will always be communicating, even when you think you're not – a person cannot **not** communicate, and behaviour is the highest form of communication

### Exploring

Exploring is the use of questions and the encouragement to open up and enlarge your understanding of issues from others. The aim is to explore responsively rather than to interrogate, so use questions that encourage the other person to describe information and feelings of significance.

- follow the speaker's direction: 'tell me more about that...', 'what happened then..', 'is there anything else..'
- avoid 'why' questions as they often create defensive responses, instead use what, how and when

### Active listening

Active listening is listening to others in order to understand their ideas, opinions and feelings and to demonstrate actively to the person

that you have understood their ideas, opinions and feelings.

- give the speaker your full attention and build rapport (see section 3.5)
- reflect back using the speaker's words, either in a pause or interrupting with permission: 'can I just check that I've understood these points?'
- reflect back any feelings behind the words you may have become aware of, by re-stating them: 'it sounds as if you are frustrated by this', 'it sounds as if that was a very exciting opportunity for you'
- summarise and clarify what you have heard after several reflections to check your understanding of the whole topic
- when you are sure you have completely understood the other person's ideas, opinions and feelings, you can interpret with 'it sounds as if you intend to...' or 'it sounds as though you would prefer to...'. However, be prepared for a negative reaction if the speaker perceives you are distorting what they have said to suit your own agenda

### Benefits of active listening

- the speaker feels understood, has opportunities to express thoughts more concisely and opportunities to correct misunderstandings
- being listened to helps people off-load and gets rid of things that block future thinking and action
- the listener has to suspend their own opinions and own agenda and follow the direction of the speakers. This means giving up on solving the other person's problems for them

- listening and valuing another's point of view opens you up to being influenced by that point of view and you are more likely to reach a win-win outcome

**Communication do's**

**Before a meeting**

- prepare well for any meeting even with one person
- research the issues and the background
- adjust your approach depending on the person and outcome you are trying to achieve
- recognise the pressures of the other person and the difficulties they may face in prioritising their actions

**During the meeting**

- be clear and concise
- engage in active listening
- keep a clear mind
- respond don't react
- provide credible information and a range of solutions or options

**Communication don'ts**

- try to be invisible by communication through emails only
- avoid the issue
- have preconceptions about the other person
- over-use jargon, theory or complex ideas
- start from a fixed position that you are determined to defend at all costs
- preach to people
- get excited with shouting and finger jabbing
- do more talking than listening or interrupt the other person with your own point of view
- try and score points

**Rule of three**

If you are unsure about how to prepare for a meeting there is a very good rule of three, which you may find useful. Listen to public speakers – they use it all the time.

Rule of three

3 stages in a meeting	convincing	informing	persuading
<ul style="list-style-type: none"> <li>• connect</li> <li>• convince</li> <li>• conclude</li> </ul>	<ul style="list-style-type: none"> <li>• must do</li> <li>• should do</li> <li>• could do</li> </ul>	<ul style="list-style-type: none"> <li>• topic 1</li> <li>• topic 2</li> <li>• topic 3</li> </ul>	<ul style="list-style-type: none"> <li>• state the position</li> <li>• identify the problems</li> <li>• present the possibilities</li> </ul>

## 4. Summary

Here is a checklist for you as an Improvement Leader to manage the human dimension of change by working with individuals more effectively. Do you:

- put your main effort into trying to understand the other person? Every person is unique – respect the other person's view of the world
- develop a range of styles for working with others? Don't just rely on one or two ways
- ask open questions, listen carefully to the answers and show you are listening by using active listening skills?
- create a real rapport with the other person with the appropriate non verbal communication?
- ask for feedback? Are you aware of yourself and how you appear to others, are you willing to be flexible, to learn and keep changing what you are doing until you achieve the results you want?
- understand that every behaviour is useful in some way? Behaviour is the most important information about a person, but people are not their behaviours
- remember that if you always do what you've always done, you will always get what you have always got?

Goldratt, in his book *Theory of Constraints*, spends quite a bit of time in the early pages talking about the process of change. What he says fits the thinking of this guide, the whole series of guides for Improvement Leaders, and our suggestions to you.

We have summarised this on a table on the next page.

Goldratt says	As an Improvement Leader, we suggest you:	Refer to previous sections in this or other Improvement Leaders' Guides
<ul style="list-style-type: none"> <li>any improvement is a change</li> <li>not every change is an improvement</li> <li>but we cannot improve anything unless we change it</li> </ul>	<ul style="list-style-type: none"> <li>help everyone to see and understand the current process</li> <li>involve patients and carers in redesign and help the staff to know their views and concerns</li> <li>set aims and measures to ensure that all implemented changes do make improvements</li> <li>set up systems to make sure that any improvement you make is sustained</li> </ul>	<ul style="list-style-type: none"> <li>process mapping analysis and redesign: <a href="http://www.modern.nhs.uk/improvementguides/process">www.modern.nhs.uk/improvementguides/process</a></li> <li>matching capacity and demand: <a href="http://www.modern.nhs.uk/improvementguides/capacity">www.modern.nhs.uk/improvementguides/capacity</a></li> <li>involving patients and carers: <a href="http://www.modern.nhs.uk/improvementguides/patients">www.modern.nhs.uk/improvementguides/patients</a></li> <li>measuring for improvement: <a href="http://www.modern.nhs.uk/improvementguides/measurement">www.modern.nhs.uk/improvementguides/measurement</a></li> <li>sustainability and spread: <a href="http://www.modern.nhs.uk/improvementguides/sustainability">www.modern.nhs.uk/improvementguides/sustainability</a></li> </ul>
<ul style="list-style-type: none"> <li>any change is a perceived threat to security</li> <li>there will always be someone who will look at the suggested change as a threat</li> </ul>	<ul style="list-style-type: none"> <li>understand what is important to individuals and groups</li> <li>use the 'what's in it for me' framework</li> </ul>	<ul style="list-style-type: none"> <li>change equation, <i>section 2.2</i></li> <li>what's in it for me framework, <i>section 3.1</i></li> </ul>
<ul style="list-style-type: none"> <li>any threat to security gives rise to emotional resistance</li> <li>you can rarely overcome emotional resistance with logic alone</li> <li>emotional resistance can only be overcome by a stronger emotion</li> </ul>	<ul style="list-style-type: none"> <li>recognise and understand differences in how people react, like information, make decisions etc</li> <li>develop flexible ways to relate to and build rapport with different people</li> </ul>	<ul style="list-style-type: none"> <li>helping people into their discomfort zone, <i>section 3.2</i></li> <li>how to recognise differences, <i>section 3.3</i></li> <li>building trust and relationships, <i>section 3.4</i></li> <li>creating rapport, <i>section 3.5</i></li> <li>managing conflict, <i>section 3.6</i></li> <li>communication, <i>section 3.7</i></li> </ul>

For more information read Goldratt E (1990) *Theory of Constraints*, North River Press, Massachusetts.

## 5. Activities to support human dimensions of change

Before organising any activity, consider the following:

- who is the audience?
- what is their prior knowledge?
- is the location and timing of the activity correct?
- recognise and value that participants will want to work and learn in different ways. Try to provide information and activities to suit all learning styles

### Why is this important?

Some of us take to the idea of change more easily than others. Some like to develop ideas through activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences. The previous sections of this guide have given ideas of how to ensure the best possible outcome for working with different people.

Overhead slide to describe different styles

<b>Analytical</b> <ul style="list-style-type: none"> <li>formal</li> <li>measured and systematic</li> <li>seek accuracy/precision</li> <li>dislike unpredictability and surprise</li> </ul>	<b>Driver</b> <ul style="list-style-type: none"> <li>business like</li> <li>fast and decisive</li> <li>seek control</li> <li>dislike inefficiency and indecision</li> </ul>
<b>Amiable</b> <ul style="list-style-type: none"> <li>conforming</li> <li>less rushed and easy going</li> <li>seeks appreciation from others</li> <li>dislike insensitivity and impatience</li> </ul>	<b>Expressive</b> <ul style="list-style-type: none"> <li>flamboyant</li> <li>fast and spontaneous</li> <li>seek recognition</li> <li>dislike routine and boredom</li> </ul>

### 5.1 Valuing the differences

#### Objective

- to demonstrate differences in people

#### Benefits

- easy and quick with observable results
- warning: you, as the facilitator, need to be familiar with the different styles in order to answer questions

#### Time required

- 5 minutes to explain the four different styles
- 5 minutes for the participants to work in their groups
- 5 minutes to feed back and draw out learning

#### Preparation

- four flip charts in four corners of the room clearly labelled **Driver**, **Analytical**, **Expressive** and **Amiable**

- describe the four different styles using an overhead such as the one on page 37
- emphasise
  - there is no style which is right or wrong, no style which is good or bad – there are just different styles
  - it is not about ‘putting people into boxes’ and that we all can work with all the four styles but we normally have a preferred style where we feel most comfortable
  - no-one is being forced and if any one does not feel comfortable it is fine to sit and watch
  - ask participants to go and stand by the flip chart they think best describes their personal style

#### Instructions to participants

- consider the following two questions:
  - how do you behave under stress?
  - what are your fears about change?
- write their comments on the flip chart
- you as facilitator feed back comments from each of the four groups to the whole group

#### Learning points

- people have very different reactions to change
- possible discussion about the problems and strengths of ‘style alike’ or ‘style different’ teams

#### Valuing the differences variation: Persuading and influencing

#### Preparation

- participants to work in style alike groups (see previous activity)

#### Time required

- 10 minutes for initial work in type alike groups
- 10 minutes for sharing with opposite group
- 10 minutes for preparation of presentations
- 20-30 minutes for presentations and discussion

#### Instructions to participants

- consider the question
  - what would people need to say to persuade/convince you to change/buy a new car/house (if appropriate ask the groups to consider a change initiative, eg booked appointments)
- ask the groups to share with their opposite group, ie Amiables with Drivers, Expressives with Analyticals
- each group then prepares a short presentation of what they consider is needed to convince the opposite group to change
- each group gives the presentation and receives constructive feed back
- general discussion about persuading and influencing

## 5.2 Broken squares

#### Objective

- Interactive demonstration of working as a team and recognising differences in people

#### Benefits

- easy to do

#### Time required

- total time 30 minutes
- 5 minutes introduction
- 5-10 minutes exercise
- 15 minutes reflection and discussion

#### Preparation

- prepare table packs of ‘broken squares’ – see page 40
- organise into teams of 5 at a table with one table pack of broken squares on each table
- open table pack, take out the 5 envelopes and give each of the 5 participants one envelope of bits
- extra participants should take the role of observers

#### Instructions to participants

1. explain the aim of exercise
  - to build 5 squares of equal size out of the broken squares
2. explain the rules of the exercise for the 5 team members
  - no verbal contact
  - no pointing and no placing, even though they may know where a piece of the square should go
  - you can place parts of the broken squares into middle of the table for someone else to use
3. explain the rules of the exercise for the observers

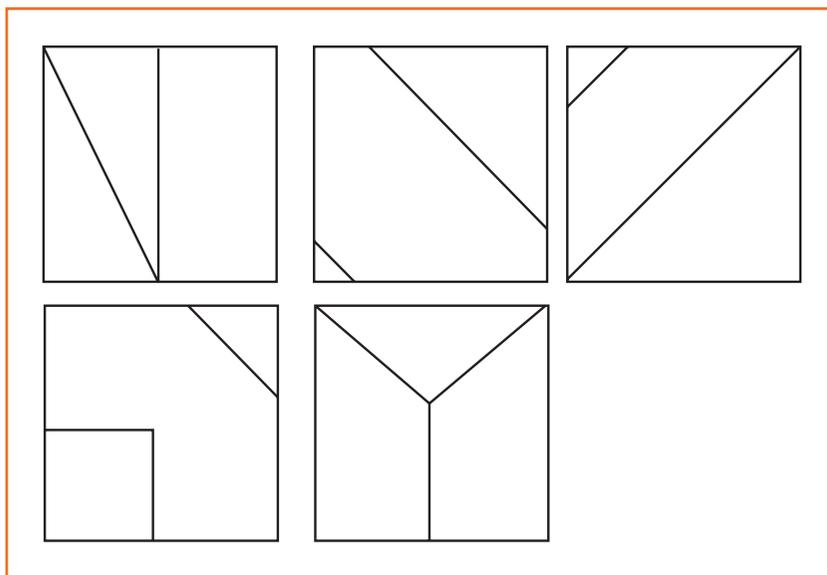
- look for interactions
- if the rules are broken, the observer can destroy all the completed squares and put all the pieces back in the middle of the table
- 4. participants empty out the bits of the squares in the envelope in front of them
- 5. tell the participants to begin to build the 5 squares of equal size

#### Learning points

- After the exercise ask the team and observers to reflect and consider the following questions
- how did you feel as an individual?
  - what were the different interactions?
  - what caused the frustrations?
  - how did you feel as a team?
  - are there any similarities to people and departments in healthcare organisations?

#### Common themes that often emerge

- the need to give something up to benefit the whole team (or organisation)
- being able to see what needs to be done but not being allowed to say
- not wanting to ‘play’, if you don’t see the reason or understand the benefit
- common frustrations expressed
  - some want to take control and direct
  - some want time to sit back and think
  - some want to see what happens before getting involved
  - some find it difficult as they need to talk, talk, talk



Suggested patterns for broken squares

### Preparation of a broken square table pack

- take 5 equal squares approximate size 25cms x 25cms
- cut each square into three making sure that no two parts are the same, as in the suggested patterns above
- mix up all the parts and divide the 15 parts unequally into 5 envelopes e.g.
  - 2 parts in 2 envelopes
  - 3 parts in 1 envelope
  - 4 parts in 2 envelopes
- put the five envelopes of bits into one large envelope – the table pack
- **NB** keep a copy of the ‘answer’ handy as at least one team usually want help to make up their squares

### Tip

Practise these activities on friendly groups to test them out and give you confidence.

## 6. Frequently asked questions and answers

### Question

Do the style frameworks described relate to patients and carers as well?

### Answer

They certainly do. They relate to everyone — patients, their carers and even your family and friends.

### Question

It sounds to me that some of this is about putting people into boxes and I am uncomfortable with this.

### Answer

It is not about putting people into boxes but about recognising and working with the styles we all have. Everyone has access to all the different elements in all the frameworks and will use them at some time but not with equal ease, comfort and confidence. The key to managing the human dimensions of improvement is to make the best links with each individual, talk their language and present information in the best way for them.

### Question

How do you turn negative people into positive people?

### Answer:

You do not need to. ‘Negative’ people are very important in any change project because they act as the ‘devil’s advocate’, they are careful and cautious, they are the ones that will point out the

risks that must be considered. You need to try and bring these people to a position whereby they are not actively resisting the change but feel valued for their cautious, logical thinking.

### Question

This guide has concentrated on individuals. What about when an individual is ready and willing to change but the group they closely associate with is not?

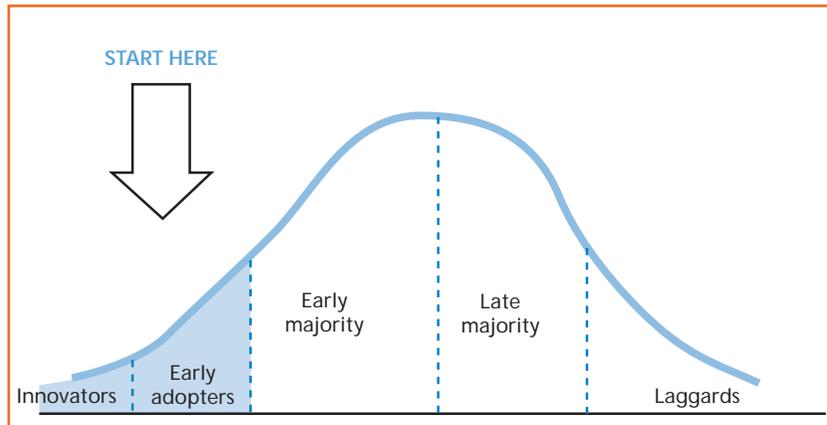
### Answer

You are right and group dynamics is a whole new question and beyond the scope of this guide. However you could use some of the frameworks described in this guide and other Improvement Leaders’ Guides to either work with the individual or the whole group.

- use the change equation and WIFM framework to tailor the change to the ‘willing’ individual for at least one PDSA cycle
- plan to spread the practice of the ‘willing’ individual to the group they closely associate with
- plan an intervention at the group level such as process mapping to engage the whole group; see [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)

It really depends on the power and position of the individual who wants to change and the make up and maturity of the group.

## Adopter categories



For more information read Rogers E, (1985), *Diffusion of Innovations*, The Free Press, New York

**Question**

There are a thousand people in my organisation. How do I get them all on board?

**Answer**

You do not need to target everyone straight away. Focus your efforts initially on the people who want to test out new ideas and want to change to make improvements. In the model above by Rogers, these are the groups called Innovators and the Early Adopters. Research suggests that if you engage 20% of a population the rest will follow but it will take a bit of time. The 'laggard' in this model is someone who has not yet seen a need for the change or they do not believe the idea on offer will meet

their need. Remember also that someone who is a 'laggard' on one new idea may be an 'early adopter' of a different idea.

For more information about spreading improvements, see the Improvement Leaders' Guide to Sustainability and Spread at [www.modern.nhs.uk/improvementguides/sustainability](http://www.modern.nhs.uk/improvementguides/sustainability)

## 7. Useful reading for more information and ideas

Much has been written about improvement and change. So much so that it is very easy to get overwhelmed by all the material. So we've gathered together the things that we think you might find most useful. We would like to guide you in three directions:

**1. Toolkits**

These have been developed by national and regional programmes for staff addressing the issues for one particular aspect of care. This can range from general workforce planning issues to addressing the problems of a particular service, e.g. mental health, endoscopy or orthopaedics. They are written for clinical staff in the specific service and will give you many more change ideas, lots of case studies, national contact names and information on how to access up-to-date improvement activity in that particular area or service.

**Use**

when you have identified a problem associated with a particular service.

**2. Books, papers and articles**

These have been written by international experts in their field addressing the science and theory behind many of the tried and tested tools and techniques in the guides.

**Use**

when you want a deeper understanding in any of the topics.

**3. Websites**

Time is precious and the World Wide Web is vast. Therefore, we want to guide you to the selected websites designed to extend your knowledge and thinking on improvement theory.

**Use**

when you want to extend your general knowledge and gain access to improvement thinking around the world.

So visit the Improvement Leaders' Guide website for the useful reading section at [www.modern.nhs.uk/improvementguides/reading](http://www.modern.nhs.uk/improvementguides/reading) This will be continuously updated as new editions are published and you tell us what you find useful.