**HUMAN BARRIERS TO CHANGE**

**What is it and how can it help me?**

Whenever and wherever you propose to introduce change, you can expect some form of resistance. To prepare for this, you need to generate enthusiasm amongst your colleagues and win over the people who oppose it. This tool helps you consider the more personal perspectives on change and prepare responses to the issues that might arise. If people feel that their concerns have been recognised and understood, then they will be more supportive of the change or improvement in the long term.   
  
When you first introduce proposals for change, try testing out the ideas with staff who are prepared to act as sceptics and as devil's advocate. This can help prepare you for opposition in the future. For this to work effectively however, your staff need a safe forum in which to voice their concerns and work on the change.

**When does it work best?**

In order to achieve improvement, you will have to make changes. When trying to bring about change and improvements, you can expect to face resistance. This tool helps you prepare for opposition and suggests ways of testing out ideas to ensure that these changes are implemented successfully.

**How to use it**

This approach helps you identify and prepare for those ‘tough' questions and challenges from the opponents of change. It also ensures that everyone is involved. Start by selecting a ‘safe' group of staff who will be involved in the change. They need to be supporters who are able to stand back from the proposals and consider them from the sceptics' point of view. Ask them to be a ‘critical friend' of the proposal: this gives them the security to explore all different angles and express their ideas honestly.   
  
Ask the group to identify any potential objections to the change that could be raised. You may find [brainstorming](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/creativity_tools_-_brainstorming.html) and [bullet proofing](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/creativity_tools_-_bullet_proofing.html) useful strategies at this stage. Rank the points raised in order of seriousness which you could do in a table like this:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **How likely is it to occur?** | |
|  |  | Unlikely | Likely |
| **If it did occur it would be** | Major objection |  | Most serious |
| Minor objection | Least serious |  |

Select the most serious objections and discuss them using the following questions:

* Why is this considered a barrier?
* What impact would it have on the change effort?
* What could the group do about it? What would be most effective?
* When should the group do this?
* Who should lead different areas of the project ?

Also, try asking people for their instinctive reactions to the proposed change. **Checklist for change**   
  
Change is generally met with enthusiasm when:

* We propose the change
* We are involved in designing the change
* We feel that our opinions are heard and contribute to the new reality
* We benefit from the change
* The organisation, patients and wider community benefit from the change
* We dislike the present status quo
* We trust / respect / like the person or group proposing the change
* We can see the big picture and how the change contributes to it
* We are given support and time to adjust to the changes
* We are not expected to change too many things at the same time
* We understand the reasons for the change
* We believe the change is important
* We believe the change is necessary

**Change is met with confrontation when:**

* We are not involved in the change design
* We feel that our opinions are not considered
* We do not see benefits for ourselves arising from the change
* We do not feel the NHS, the patients or the wider community would benefit from the change
* We like the present status quo
* We do not trust / respect / like the person or group proposing the change
* We cannot see the big picture and how the change would contribute to it
* We are not given support and time to adjust to the changes
* We are expected to change too many things at the same time
* Change is not carried through properly
* We do not understand the reasons for the change
* There is no clarity about the change aims and objectives
* We believe other things need changing more urgently
* We believe the time is not right for this particular change
* The degree of change is too great to be readily assimilated

**What next?**

Once you have identified potential barriers, [bullet proofing](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/creativity_tools_-_bullet_proofing.html) and [brain storming](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/creativity_tools_-_brainstorming.html) that will help you to come up with ways to overcome them.

You may wish to revise the [scope of your project](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/project_management_-_scope_your_project.html), how the changes will be implemented, or you may have identified groups that will need further consultation in which case [building trust](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/human_dimensions_-_building_trust.html#H), [addressing uncertainty](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/resistance_-_addressing_uncertainty.html), [working with resistance](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/resistance_-_working_with_it.html) and the [art of listening](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/listening_-_importance_of_this_skill.html) may be of use.