

## 2.7 Managing change

### In this Chapter:

- Barriers preventing change
- Supporting change
- Putting learning into practice

**Some factors may exist which prevent desired changes from happening. Potential barriers to change need to be identified before any activities take place or are planned.**

**This Chapter helps you to identify some of the barriers which may prevent change and how these can be overcome.**

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### Barriers preventing change

On their own, short training sessions rarely result in long-term changes in practice. The Link should be forward-thinking and plan ongoing training, support and mentoring in order to enable change.

Barriers to change may need to be addressed before change happens. It is important to be aware that a Link can demotivate and disillusion people if they are not able to put the knowledge and skills they acquire into practice.

When establishing the objectives and undertaking the activities of a Link (as described in Chapter 2.2), it is vital to consider whether the environment will enable change to take place. For example, are the opportunities available for people to apply what they have learned? Are the people involved in the training actually the ones who will implement, support and oversee the change?

The following factors should be considered before carrying out any training activities:

- Are those involved motivated individuals who are efficient at getting things done and able to motivate and encourage others to generate change?
- Consider the suitability and relevance of the desired changes (covered under the R (relevance) of SMART in Chapter 2.2). Are those who identified the need for change also the ones who will be involved in implementing them? Do those who need to implement change also see the relevance?
- Is there an enabling environment where the right equipment and resources are available to implement the changes?

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The following table considers each of these factors and suggests steps the Link can take to enable the desired changes to happen:

### *Addressing the barriers that prevent change from happening*

FACTOR	THINK ABOUT	PREPARATORY STEPS THAT MAY NEED TO BE TAKEN...
<p><b>Motivation of individuals and teams to create change</b></p>	<ul style="list-style-type: none"> <li>• Motivation for change must come from within. Who is driving the change? Is it a top-down or bottom-up decision?</li> <li>• Is there a strong local champion who can implement change and motivate others to follow?</li> <li>• Do the people being trained believe that change is necessary? Are they motivated to do something about it?</li> <li>• Is there buy-in from staff? Are there incentives for those who create change, possibilities for promotion, higher salaries, or further training?</li> </ul>	<ul style="list-style-type: none"> <li>• Identify pro-active people who will be able to drive forward the desired changes - these won't always be people at the top. Involve them in the decision-making processes.</li> <li>• Empower people to be drivers of change. Giving people responsibilities, supporting and encouraging self-belief are excellent ways to make ambitious people flourish. Link activities, especially support and training visits by DC staff to the UK have proven to be a means of encouraging this.</li> <li>• Is it relevant to discuss promotions and formal qualifications through the Link?</li> </ul>
<p><b>Relevance of the training</b></p>	<ul style="list-style-type: none"> <li>• Is the training relevant to the local context? Does it take into account constraints e.g. resource shortages?</li> <li>• Are participants able to understand and see the relevance of the training?</li> <li>• Do they see how this might bring about changes for the better?</li> </ul> <p>Remember that the aim is not to replicate what the UK does, but to learn from this and see how it can be relevant and adapted to the local context.</p>	<ul style="list-style-type: none"> <li>• Before planning any training the UK partners need to be aware of the local context. What challenges and constraints exist?</li> <li>• Remember that shortages of health workers in many DCs mean that they will not have the same time/patient ratio as in the UK. Drugs and diagnostic tests may not always be available. There may be limited access to equipment.</li> <li>• If you plan to deliver any teaching, ensure it is made relevant with practical examples.</li> </ul>
<p><b>Systems in place to encourage change</b></p>	<ul style="list-style-type: none"> <li>• Will the DC partner (or the UK partner) make the necessary arrangements to allow those being trained to put knowledge into practice?</li> </ul> <p>For example, if the Link is training nurses in a particular skill (e.g. paediatrics) has the matron agreed that they will not be rotated to a different ward three months later, filling their places with untrained nurses?</p> <p>If the tutors of a nurses' training college are being trained to deliver more interactive and problem-based teaching, will they have access to the required resources e.g. a functional clinical skills room?</p>	<ul style="list-style-type: none"> <li>• Factor in all the inputs needed to put the training into practice. Who will provide them?</li> </ul> <p>If there are ongoing costs, it should be the DC who provides them, as it is not sustainable for the UK partners to do so. One-off costs (e.g. equipment) may be supported by the UK partner. If people are not able to use their newly acquired skills they may end up being more frustrated and de-motivated than before.</p>

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### Supporting change

Follow-up after any Link training activity is important. At the time of the training everyone may have good intentions but these are easily forgotten after returning to a busy work schedule. Ask yourself what the training will allow you to do better than before? **Creating an action plan and a system of reminders** is important to help enable change.

An action plan may typically involve four levels:

1. Immediate changes in practice
2. Changes that will be implemented in the next three months
3. Changes you hope to see in the next year
4. Identifying further training which may be needed or who else may require training



#### REMEMBER!

Build an understanding across the Link of what factors have encouraged and/or prevented change and feed this understanding into your monitoring and evaluation activities. This will help you learn from these opportunities and enable you to do better in future.



#### FIND OUT MORE

Refer to *What Difference are we Making? A Monitoring and Evaluation Toolkit*. THET, 2008. See p89.

CASE STUDIES

	DC LINKS PARTICIPANTS	UK LINKS PARTICIPANTS
<p><b>Learning was put into practice</b></p> <p><b>Change happened</b></p>	<p>The Link between Butabika Hospital, Uganda, and East London Foundation Trust has enabled three new services to open with specialised staff, including a drug and alcohol treatment unit, post traumatic stress ward and a children's day unit. The new wards had been planned and built before the Link became involved, but there were no specialised staff to manage or run them. The Link provided placements in the UK (of three and six months duration) for four staff from Butabika Hospital. There was support and training from the UK staff in Uganda both before and after the long placement. At the children's ward training was only provided in Uganda followed by support and mentoring.</p> <p><b>Favourable factors:</b></p> <ul style="list-style-type: none"> <li>• The new services were planned and the infrastructure was in place, yet staff still needed to develop specialist skills to work in these wards.</li> <li>• Those who were selected for training were motivated and the training further encouraged them to work hard to see results.</li> <li>• The staff have remained on these wards to use their new skills.</li> </ul>	<p>An evaluation at King's College Hospital London identified a UK Link participant who had changed his outpatient services following involvement with a TB programme in Zimbabwe.</p> <p>In rural Zimbabwe, TB services are nurse led, with doctors only making the initial diagnosis. TB services at King's College were, at the time, led by consultants. After working in Zimbabwe, the consultant set about changing the service at King's College. He provided training for nurses and they were able to prescribe treatment.</p> <p>This has transformed the outpatient service and has benefited everyone. The patients are happier because they do not have to wait for clinic appointments just to pick up drugs. The doctors also have more time to spend with the patients at the time of diagnosis. The patient outcomes are the same and the Trust saves money.</p> <p><b>Favourable factors:</b></p> <ul style="list-style-type: none"> <li>• The person involved had decision-making power. He was able to implement changes in practice based on learning from the DC partner.</li> <li>• Exposure to work in the DC partner was directly relevant to practice in the home organisation.</li> </ul>

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### CASE STUDIES



	DC LINKS PARTICIPANTS	UK LINKS PARTICIPANTS
<p><b>Learning was not put into practice</b></p> <p><b>Change did not happen</b></p>	<p>Link A, had the remit of providing on-the-job training to improve the surgical skills of medical officers. An inter-professional team from the UK travelled to their Link partner once a year for three years to provide on-the-job training while supporting service delivery.</p> <p>However, because of high staff turnover rates, on each visit they encountered new medical officers and there were no visible improvements in the quality of care.</p> <p>The Link then decided to train some of the medical officers (those who looked like they would stay in post) to become trainers, so that they could update the skills of new medical officers.</p> <p>Four medical officers were selected and given advanced training to be trainers over a one week period. There was subsequently no evidence that those trained to be trainers actually undertook this role.</p> <p><b>Limiting factors:</b></p> <ul style="list-style-type: none"> <li>• No systems or support structures to encourage this.</li> <li>• No incentives to become trainers or teach others.</li> <li>• Did not tie in with national plans.</li> </ul>	<p>Participant B from the UK was involved in helping to provide mental health training to Link partners in Sudan. As it was her first time working abroad, she was fascinated by people's perspectives and ways of thinking about mental health issues. As her understanding of the cultural values and society increased, she became increasingly aware of this influence. She felt that she was learning a lot more than she was able to contribute. However, she felt concerned about some of the language and attitudes of others she travelled with, but she did not participate in exploring those issues.</p> <p>On her return to the UK she didn't feel that she could draw on any of this learning. Her patients were mostly white British nationals. Had her work been with a more ethnically diverse community from similar backgrounds to those of the Link partner, she would have been able to draw more heavily on this learning and understand her clients' needs better. Exposure did, however, allow her reflect on care given. When she later moved to an ethnically diverse area she was able to draw on her learning more directly.</p> <p><b>Limiting factors:</b></p> <ul style="list-style-type: none"> <li>• Learning was not relevant to local context, although it did provide the participant with a better understanding of cross-cultural issues.</li> <li>• Language and attitude of others if not discussed openly can have a negative effect.</li> </ul>

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### CHAPTER CHECKLIST

- ✓ Ensure the Link is providing long term support to enable change, and not just one-off visits.
- ✓ Think about the factors that can enable the change. How can you maximise these?
- ✓ Think about all the factors that may prevent change from happening. How can you mitigate these?
- ✓ Involve those who are committed and have the ability to make change happen. Find champions.
- ✓ Make sure the training is relevant and appropriate for the context.
- ✓ Identify additional resources that are needed to enable learning to be put into practice.
- ✓ Agree long-term support that may be required (perhaps with an action plan and planned reminders).

*Photograph (right): Lihee Avidan, Malawi*



**The potential is vast. It is sensible for Links to start small - but to aim high.**