

# Exploring a reluctance to change



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Shortly before the GP Contract, I sat, as a practice nurse, in my ivory tower and gave my full attention to the people with diabetes who turned up at our clinic in response to our invitation. I diligently checked their clinical parameters; their blood pressure, their height and weight, their urine and their feet. I gave them sage advice. And sometimes someone would take it on board. I felt we were doing a good job. We even won national recognition for doing so (Department of Health [DH], 2001).

But I'm referring to the GP Contract of 1990. So why, oh why, do I still find that to be the norm for diabetes care today in many practices? At least we, in those far off days, had the excuse that we were breaking new ground by inviting all people with diabetes to have a review in the practice, but it was, and is, inefficient. The people providing the service – I hesitate to call it care – may have changed but sadly the system may not.

Why are we reluctant to embrace new ways of working? The University of Notre Dame (2008) comes up with eight common reasons (Box 1). We can recognise some of these

traits not only in ourselves but in people with diabetes too.

The barriers are not just within ourselves. A Briefing Paper for the NHS (DH, NHS Service Delivery and Organisation Research and Development Programme, 2006) identifies barriers to change brought about, at least in part, by system reform. Imposing targets to be met by healthcare professionals may be at the expense of improving the service to meet individuals' needs. Let's consider the Quality and Outcomes Framework: highly successful in improving diabetes clinical investigations but makes no attempt at evaluating self-care, skills and education on behalf of people who actually manage the condition most of the time – the people with diabetes themselves. Try a simple exercise: ask people with diabetes to tell you how their medication works, using open questions, and try not to be surprised when someone does know.

In this supplement Simon Eaton provides clarity on effective systems that do promote "care" and insights from the Year of Care projects. We need to embrace change, but we should also have access to the time and resources to carry it out. ■

## Box 1: Eight common reasons why people resist change (University of Notre Dame, 2006).

- 1. Habit:** Most people enjoy routines in their lives. When something or someone upsets their routine, a typical response is to resist.
- 2. Uncertainty:** Many people fear the unknown. When they don't have enough information, they play out worst-case scenarios in their minds.
- 3. Personal Loss:** Often a person feels he or she will lose something of value. Economic considerations, change in job status, a physical relocation, new responsibilities, new reporting structures, realignments, and reorganisations are common causes of anxiety. When people are asked to produce more work with less support, they often resist.
- 4. Misunderstanding:** Sometimes the method of communication leads to a poor understanding of the reason for the change.
- 5. Lack of trust:** When people mistrust management or the official explanation given for a change, acceptance comes with caution, if at all.
- 6. Peer pressure:** Powerful social pressures are brought into play when change threatens to disrupt the current group structure and comfortable working relationships.
- 7. Too little time to adapt:** When the pace seems too fast or too excessive, most people object.
- 8. Short-timers syndrome:** When people are thinking of leaving or are close to retirement, they often prefer the status quo.