

Title: Reframing and reacting to employees' responses to change: A focus on resistance

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Abstract

Background

A hallmark of a leader is their ability to manage change - an ever-present feature of organisational life. Indeed, all improvement requires change, and in this context navigating employees' responses to progress change is a key part of leadership. To support this, research and leadership development have historically focused on how leaders can reduce resistance to change. This review highlights the value of reframing classic conceptions of resistance to change as something negative.

Results

Widening understanding of non-acceptance responses to change supports the provision of broader, yet more meaningful advice to leaders and managers about how to engage with employees in ways that can support improvement. To do this, the article identifies why resistance is important in the contemporary context and then outlines three current broad views within research on resistance to change identified by Robyn Thomas and Cynthia Hardy. These influence how resistance is seen and therefore how it is approached. The article considers what leaders can learn and do to more effectively navigate employees' responses to change, and how reframing resistance applies to the specific context of healthcare.

Why focus on resistance and what does it involve?

Resistance has re-emerged as a notable topic in management studies¹ in line with a wider societal move to question political and economic authority and power. This is reflected in the growing wave of resistance movements across the globe, whether it is anti-government protests in Hong Kong and Lebanon or protests in the UK regarding Brexit and climate change. In healthcare, junior doctors' strike action in England, the Brexit 'whistleblower' consultant David Nicholl, and even the Adam Kay bestselling book *This is Going to Hurt* can be considered resistant acts.

For the purposes of this review, our focus is on resistance to change. In this context, resistance is defined as, "any conduct that serves to maintain the status quo in the face of pressure to alter the status quo".^{2 (p.63)} In addition to practical resistance, in the form of overt (e.g. work stoppages) or covert (sabotage) actions, resistance can take more subtle forms.^{3,4} Grounded in unobtrusive and mundane activities, such as humour and irony, subtle resistance can be elusive and difficult to challenge.⁴ This is particularly the case for resistance through (outward) compliance, where seeming public agreement is accompanied by private 'unobtrusive inaction' or acting against change, frustrating managers and delegitimising and delaying progress.⁴ Resistance to change is considered a central organisational phenomenon⁵, "since a proper management of resistance is the key for change success or failure".^{6 (p. 153)}

Research on employees' responses to change has identified that their cognitive, affective, and behavioural reactions - how employees think, feel and behave - have implications for change.⁷ A desire to understand and influence change recipients' responses has historically focused on resistance but has broadened to include factors such as readiness for change⁸, commitment to change⁹, and the ability to cope with

change when it occurs.¹⁰ However, a recent key insight has been that delineating and focusing on positive (e.g. acceptance) and negative (e.g. resistance) responses to change in isolation is an overly simple way of looking at employee responses. This arises for three reasons. First, not all non-acceptance behaviours constitute ‘resistance’¹¹, as adapting or adding to change can make it more effective.¹² Second, responses to change can be multifaceted, such that individuals can have conflicting responses to different aspects¹³, or across different dimensions (emotional, cognitive, behavioural).¹⁴ Third, focusing on positivity or negativity in isolation ignores the level of activation among employees, in terms of their passivity vs. activity – with passive responses such as change acceptance potentially undermining scrutiny that can lead to the identification and avoidance of problems.¹⁵ To support a more nuanced view, this review follows Thomas and Hardy¹⁶ in highlighting three broad approaches to resistance evident in literature: framing resistance as a problem, framing resistance as a resource, and framing resistance as embedded in power and meaning. Fictionalised illustrative examples are informed by empirical research in healthcare.

Resistance as a problem

A newly appointed medical director, Sue is immensely frustrated with the lack of progress on a well-funded outpatients initiative that aims to reduce referral to treatment waiting times by (1) supporting GPs to manage people in the community and (2) increasing throughput within the outpatient clinic. She knows that the clinic staff face real operational pressures – but this initiative is designed to help. The plan is clear, and the funding is in place. Quite frankly, she can’t understand why they just won’t get on with it.

Traditionally, research has demonised resistance to change¹⁶, considering it as deviance to be eradicated.¹⁷ In this respect, resistance is approached as a problem; a negative feature that can fester over time¹⁸ and derail change initiatives.¹⁹ Resistance is perceived to lie with the change recipient, where their conduct and reaction to change is the obstacle to be overcome.²⁰ From this perspective, advice to leaders and managers suggests that it is they who should address the problem of resistance via a variety of means. These can include education and communication, to inform and persuade.²¹ In so doing, there is increasing recognition of the importance of narratives and stories that make an emotional as well as a rational case for change.²² This is evident in the rise of the use of patient stories, for example. Other strategies include participation and involvement, to enhance commitment; facilitation and support, to help those affected adjust; and negotiation and agreement, to address concerns about loss and particularly where stakeholders are powerful.²¹ Others draw attention to mitigating factors, suggesting that a focus on fairness is particularly important in the early stages of change, whilst supportive leadership, incorporating ongoing responsiveness to employees’ needs and concerns, is more important as change progresses.¹⁸ In some circumstances, relationships can also serve as a resource. Strong ties to those sitting on the fence or opposed to a change aligned to existing norms provide an affective basis for encouraging acquiescence.²³ However, where the change involves a significant shift from established norms, this is unlikely to be sufficient to counter resisters’ disapproval. In such cases, the emergence of resistance among close contacts, and the psychological costs of this, can dampen leaders’ own enthusiasm and energy for the change.²³ Beyond these approaches, because resistance is seen as deviant, leaders and managers are also justified in using “power and conflict to force movement through the process by overcoming resistance”.²⁴ (p.22) Therefore,

manipulation and co-option, and explicit and implicit coercion²¹ are also in the manager's arsenal.

Although some of the interventions noted above can have benefits – increasing understanding, engagement and adjustment – Thomas and Hardy¹⁶ identify a range of practical and ethical caveats to this approach. From a practical perspective, those approaches that only see resistance as a problem to be overcome have limited efficacy, evidenced by the large volume of change initiatives that fail to achieve their objectives in whole or in part.²⁵ Further, from this perspective, leaders and managers are conceived as change agents in control of the change initiative, and therefore the dominant and privileged actors in the process. This means that the use of power (and even manipulation and coercion) by leaders and managers is justified.²⁶ From an ethical viewpoint, Thomas and Hardy¹⁶ suggest that seeing resistance only as a problem assumes that change agents are always doing the right thing without recognising that change is rarely a 'win/win' situation for all involved in the process. Indeed, there has long been recognition that one reason for individuals to resist change is the fear or threat that they may lose something of value.²¹ As Grey notes:

If the newly proposed change were, say, a pay-rise all round, or reduced working hours, does anyone seriously think that there would be inevitable resistance that would have to be gradually overcome? ...The usual reason why change management programmes are resisted is not because of any generalized antipathy to any sort of change, it is because of the typical changes typically sought by such programmes.²⁷ (p.99-100)

In summary, here resistance is considered solely as an antagonistic response to change – setting up an adversarial relationship between change agents and recipients, with change agents deciding what is resistance and how it is to be fixed.

Resistance as a resource

In reflecting on the redevelopment of a cardiac catheterization laboratory Helen, a clinical nurse manager, explained how this had been a positive experience for the team. The medical lead had made a real effort to sit down to talk about the plan with medical and non-medical staff. Everyone had a chance to share their views and concerns. Some flagged potential problems, as well as potential alternatives and useful additions. Feedback was summarized and discussed at team meetings. Issues with temporary provision during the period of redevelopment were pre-empted. In response to one concern, a visit to another lab was arranged, leading to changes to the floorplan, to increase circulation space.

Contemporary research on managing resistance to change sees resistance as a potential resource that can meaningfully contribute to a change initiative.²⁸ This is based on recognition that positive intentions¹⁴ can underlie non acceptance reactions to change. Middle managers²⁹ and other employees³⁰ can play a vital role in potentially improving the change process by questioning the claims and assumptions of those leading change. As a result, terminologies such as 'thoughtful'²⁸, 'facilitative'¹¹ or 'productive'³¹ resistance is used.

Reframing resistance as a potentially positive addition to the change process recasts the role of the change agent as encouraging employees to share their reflections and harnessing the value of their insights³², rather than seeking to eradicate resistance. This requires change leaders to provide information and communication about the change and engage in consultation with those affected. Leaders need to seek, encourage, celebrate and harness employees' responses.³³ To enable this, they will need to create forums or channels for change recipients to share their reflections and responses – individually or collectively. Consequently, rather than placing emphasis on change recipient behaviours and reactions to change, this approach puts the spotlight on the change agent's elicitation of and reaction to change recipients' responses.

This approach highlights that resistance is not inevitable - in fact more often than not it is something created by managers in the way in which they choose to react to employees' questioning or challenging. By choosing to react negatively to change recipients' responses and label it as resistance, a resistant relationship is formed.²⁸ Thus, in this approach, the relationship between change agent and recipient is no longer adversarial but instead negotiated where change recipients 'resist' by making a counter-offer that the change agent decides whether to accommodate.²⁸

For those approaches that see resistance as a resource, practical issues centre around the degree to which managers are open to counter offers from employees or may dismiss information that does not affirm existing plans.^{11,16} Change is an emotional as well as a rational process for all concerned – and leaders may struggle to accept or constructively respond to negative feedback around ideas and plans that they themselves may have contributed to, or that might create more work or cause delays.

A further ethical concern arises with viewing resistance as a resource. Whilst premised on appreciating different perspectives on change, it remains the responsibility of the change agent to determine exactly which reactions constitute resistance and which do not. Therefore the change agent is still privileged over the change recipient and retains responsibility over the change process.¹⁶ This could place employees in a possible 'double bind'¹⁶, where they are encouraged to resist but might still be punished if their responses are considered inappropriate or as not representing what is best for the organisation. In healthcare, differences in professional perspectives, power, seniority and social distance can enhance the perceived and actual risk for individuals who dissent – even as this approach encourages them to do so.

Resistance as embedded in power and meaning

The third approach to understanding resistance to change emerges from criticism of the previous two approaches, including identification of the practical and ethical challenges detailed above. Theoretically, the biggest challenge to seeing resistance both as a problem and as a resource is how these approaches are underpinned by, "a particular discursive framing where the interests and assumptions of management and change agents dominate".^{16 (p.324)} From this observation a third and more discursive

understanding of resistance emerges. This attempts to recognise the role of power and the negotiation over meaning that is involved in the process of change.¹¹ Framing is about managing meaning and understanding of a situation and is evident in institutional discourses (e.g. policy), as well as undertaken by managers and by individuals.³⁴ How managers frame change can be appropriated, adapted or resisted by employees, although resistance is less likely where framing aligns across levels and employees lack power and influence.³⁴ In this third approach, resistance is understood as a multi-authored process³⁵, which means that successful change involves the *co-construction* of meanings by a variety of actors.¹¹

Involvement of stakeholders is required for co-construction of meanings. Yet leaders can struggle to share power and control. Stewart et al.³⁶ suggest that, due to status threat, the higher the status of the leader, the harder sharing power seems to be. In their study, teams led by high status physicians were less successful in empowerment than those led by nonphysicians. Involving stakeholders is skilled work, and the communicative practices that leaders use to achieve this are particularly important, serving to create either generative or defensive dialogue.¹¹ Strategies such as inviting participation by change recipients (e.g. ‘What’s your view? Does this fit with your experience?’); affirming their inputs (e.g. ‘That’s useful’); and building on the alternative meanings proposed (e.g. ‘If we take that into account then...’) can all support relational engagement and generative dialogue.¹¹ On the other hand, a wide range of strategies can lead to calculated engagement and defensive dialogue: dismissing suggestions, deploying authority or invoking hierarchy; challenging or undermining contributors.¹¹ Of course, where leaders themselves lack discretion, communicating this is legitimate and important.³⁷ This can enable those making suggestions to understand where these will be used to inform feedback and upwards influence, rather than make amendments.

This view, therefore, adjusts our understanding of how change is achieved highlighting how it “is accomplished through complex, messy, day-to-day working practices, rather than through planning and design”.^{16 (p.329)} Here, change is no longer accepted as necessarily ‘good’, and change agents and change recipient roles are no longer clearly delineated as all stakeholders can contribute to change.

Resistance and healthcare management

Healthcare has a long reputation of being subject to a raft of change management initiatives³⁸ on account of its need to respond to policy-driven top-down change.³⁹ Consequently, healthcare leaders and managers can simultaneously occupy the role of change agent and recipient, being subject to change initiatives from ‘the top’ but also having to set change agendas for those around them. In this context, consideration needs to be given to the relative power of a diverse range of stakeholders, who often require mobilisation in order to realise change initiatives.⁴⁰

The three broad approaches to understanding resistance to change provide different insights in the context of healthcare management. Approaching resistance as a problem has a history in healthcare.⁴¹ This is linked to the specifics of the policy context where change initiatives are rolled out from senior decision makers, sometimes with very little input from those on the frontline of the initiatives. In this set up, resistance to change is likely to be seen as deviance and there has been an

emphasis on its minimisation.⁴² Approaching resistance as a resource highlights the important role of the middle manager, the potential value of team-based change⁴³, and the professional expertise and legitimacy of professionals across the healthcare system. This approach suggests a more positive appreciation of resistance as a productive act that can develop and enhance change initiatives – and there is evidence of this occurring in the healthcare sector.¹²

Understanding resistance to change as embedded in power and meaning emphasizes the role of healthcare leaders and managers in framing responses⁴⁴ and accounts for the complexity of who constitutes change agents and change recipients in healthcare change initiatives. These roles can change over time and according to context – as local, professional and contextual expertise informs amendments and additions to change processes.¹²

Ultimately, the evolution in research on managing resistance to change provides some key lessons to healthcare leaders and managers. Firstly, that how resistance is understood, framed, and labelled is important to the change process. Secondly, that who constitutes change agent and change recipient is fluid and that change is constructed by all those involved in the process. As a result, different individuals can play a vital role in the negotiation of meaning around change initiatives – prompting reflection on the value of team based and distributed approaches to leadership.⁴³ Overall, resistance to change is more complex and nuanced than traditional approaches have suggested but this does not mean it is necessarily as problematic as first thought. Instead, it needs to be reframed meaning that:

while change can be imposed, it is more likely to be taken on by members of the organization if they have played a part in the negotiations of new meanings, practices and relationships.^{16 (p.323)}

While traditional approaches have highlighted the value of working to inform and communicate with staff, support them during change, and invite participation and involvement among other approaches, the adversarial framing of the relationship between leaders, managers and those affected by change is less helpful. In contrast, viewing resistance as a resource explicitly emphasises scope to benefit from change recipients' suggestions and insights – although power remains concentrated with leaders and managers. Last, seeing resistance as embedded in power and meaning affords greater weight to employees' contributions – particularly relevant in healthcare - such that the barrier between change agents and recipients is challenged. Crucially, the shift away from perceiving resistance solely as a problem arises from recognition that all improvement requires change – but not (all aspects of) all changes are improvements. Through encouraging active responses¹⁵ and engaging with change recipients, leaders can support both the progression and the quality of change.

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