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THE MYTH OF RESISTANCE TO CHANGE

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Introduction

“Once upon a time, there was an organisation...”

The thing about myths is that they can be tantalizing; they carry the whiff of plausibility, they offer explanations that inoculate our curiosity, satisfying us with a hint of the story but stopping us looking further. Here are two definitions.

“an unproved or false collective belief that is used to justify a social institution”¹;

“usually concerning some being or hero or event, with or without a determinable basis of fact or a natural explanation...”²

This research paper considers the dominant narrative on ‘resistance to change’ in organisations as a myth; a popular explanation for a phenomena around which has elaborated a ‘collective belief’, a story that self-perpetuates in the retelling, vindicating the ‘heroes’ (the ‘change agents’) and denigrating the ‘villains’ (the ‘change recipients’) as the myth describes them.

The paper first considers the common portrayal of organisations, ‘change’ and ‘resistance’ in management literature and practice. This popular portrayal is then re-considered from the stance of Personal Construct Psychology (PCP), and an alternative perspective is offered by asking the question: *“Can Personal Construct Psychology offer a more useful understanding of the phenomena of ‘resistance to change’ in the context of organisations.”*

Throughout the paper, issues are illustrated by reference to the experiences of medical and paramedical staff facing a variety of changes in several different NHS Trusts. The staff perspectives were gathered through semi-structured interviews. Names have been changed in the examples to protect confidentiality. Neither the views presented nor the sample of interviewees are claimed to be representative of the NHS as a whole.

The story matters

How we think about and experience organisations matters, because it determines how we think about and experience change and resistance.

Despite over a century of study into organisational behaviour, the dominant view of organisations in popular change management literature and management practice remains a mechanistic, unitarist view. This standpoint implies that organisations can be understood as machines and that change can, and should, follow a linear and rational process. This view also delineates roles within the change management process and confers varying degrees of power on each. In relation to change, it renders certain actions and behaviour legitimate and desirable while others are deemed non-conformist, unacceptable, and deviant to the point of needing to be corrected or punished. The people exhibiting these latter behaviours are commonly termed ‘resistant to change’.

The notion that change can be actively ‘managed’ by individuals or groups belongs to the rational planning perspective (Burnes, 2004; By, 2005), which identifies a specific role for the ‘change agent’ in leading and managing programs of change that can be dated back to the work of Lewin (Balogun and Hope-Hailey, 2004;P49). They contrast this planned, mechanistic approach with emergent, process focussed approaches which propose that change “cannot be managed in a planned fashion” (Stewart and Kringas, 2003; Bamford and Daniel, 2005; Hayes, 2006).

Other writers also, (Balogun and Johnson, 2005) challenge this dominant discourse in the change management literature, maintaining that “Organizational change is a context-dependent, unpredictable, non-linear process, in which intended strategies often lead to unintended outcomes.”(p1573). They refer to empirical research (Gouldner 1954; Harris and Ogbonna 2002; Johnson 1987; Mintzberg 1978; Ogbonna and Harris 1998; Pettigrew 1985; Pettigrew and Whipp 1991) which “shows that strategy development and change should be viewed as an emergent process.” They continue by suggesting that the “rationalistic, objective tradition within the strategy field, which views strategic action primarily in top-down terms with an implication that practice flows naturally from policy, is questionable.”(P1573).

¹ <http://dictionary.reference.com/browse/myth>

² <http://dictionary.reference.com/browse/myth>

So how did this view of change management gain popularity?

Managers' every-day language of 'force' and 'resistance', 'inertia' and 'leverage' owes more to physics than the behavioural sciences and echoes early change writers such as Lewin (1951). Foster (2010) explains that according to Lewin's (1951) Field Theory, behaviour occurs in a 'field' of forces, some of which "act to maintain the status quo" and others provoke change. A technique to emerge from this is known as Force Field Analysis. Lewin describes the state when the forces are equal as 'quasistationary social equilibrium', and when the equilibrium is disturbed, "change, or movement from the status quo, takes place." (P6-7).

To understand the prevailing hierarchical view of organisational change and resistance, it is also necessary to understand what this perspective implies about the outworking of 'power' within typical organisational systems.

Power in organisations

Where the change literature and management practice presents change as a 'top down' initiative, it implies a hierarchical process for change implementation. Within this unitarist paradigm there is only one legitimate and rational source of power – the manager / change agent - and, by implication, resistance by the 'change recipient' is 'irrational' and rebellious.

Stojnov et al (2010) refer to Foucault's work on power (1969 & 1975), according to which organisations establish strategies, 'disciplines', to promote desirable behaviours and grant legitimacy and privileges to certain roles or groups and to control the undesirable behaviours of others.

Experience of this top down approach to change was shared by a number of the NHS interviewees in this study, one being 'Amy'.

Amy is a Highly Specialist Speech and Language Therapist employed by a Community Trust. To save costs, two Community Trusts recently had merged resulting in a significant restructure. Posts were downgraded despite previous job evaluation under 'Agenda For Change'. Band 8b management posts were downgraded to 8a, and new Team Coordinator roles were created at Band 7. To Amy the restructure felt fraught with uncertainty and ambiguity, potential job losses or downgrading.

In the restructure schedule, the new Team Coordinator roles were the first to be advertised to those at risk. So for Amy to attempt to retain Band 7 grading, it felt necessary to apply for one of the posts despite it being unknown how the role would operate, or what alternative roles might later emerge. To Amy it seemed "If you were appointed, well done; that's your lifeboat. You're off the sinking ship. If not, you have to hope there'll be another lifeboat along soon."

In relation to this change, and others since, I asked Amy "*What could the change instigators have done differently to make the process less stressful?*" Amy answered, '*Talk to us; ask us*'. She added '*People would be very suspicious though. They pretend to consult us, and to be fair, have listened a bit, but usually if anyone questions anything, the message back is "we've done a lot of thinking about this and we can't please everyone so this is how it's going to be"*'.

To Amy, the tacit message seemed to be that 'the change is non-negotiable in content, and all the thinking about the process has been undertaken by those responsible for 'thinking'. Your role is now to implement the change, not to question or challenge.'

Amy recounted the experience of another candidate at the interview stage in the restructure. The individual apparently challenged the restructure strongly and openly opposed the rationale during the interview. He pointed out what seemed to him to be the ill-conceived features of the structure. Perhaps not surprisingly the individual wasn't appointed. What was surprising was that, following the interview, a senior member of the panel sought to formally meet the candidate on a further occasion to reprimand him for his attitude at the interview.

So for Amy and the other candidate, the only legitimate power in the change was invested in the change initiators, and by implication, the change was non-negotiable; 'resistance' was unwelcome and deemed obstructive.

Mabin et al (2001. P186) would also recognise Amy's colleague's experience. Quoting Goldratt's (1991) frustration with the rationalisations of resistance to change, they comment that "Managers often blame failures on resistance of the implementers (employees), but it's the inertia of the inventors, not the implementers that is to blame".

Freya is a Nurse in a Cottage Hospital.

After a significant top down change to shift patterns, lots of staff left. Freya explained " So to fill in the shortfall and meet government edicts on more staffing to make care better, staff were recruited from abroad.So now we spend our time training in the NHS.... They were newly qualified (NQ) so they needed mentoring and their English wasn't up to scratch. So it was a lot of stress. Less experienced nurses were worried that with an NQ Spanish nurse on their shift, they'd have to carry the slack".

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Managers often blame failures on resistance of the implementers (employees), but it's the inertia of the inventors, not the implementers that is to blame.

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Mabin et al (2001) further suggest that "In most cases, resistance is seen to be problematic, something to be managed and overcome".

So where does this term 'resistance' originate in relation to organisational change?

The term gained popularity in the 1950s and '60s, again following Lewin's work on Field Theory, and as Foster (2010) points out "is commonly discussed in conjunction with the unfreezing stage of Lewin's (1951) change model (Armenakis & Bedeian, 1999)." Foster adds that resistance is portrayed as "a negative barrier to change" (Dent & Goldberg, 1999), and within Lewin's physics-based model is a restraining force in service of the status quo (P7). Similarly Kotter (1995), one of the most popular change writers of our time, suggests that "resistance is an obstacle in an organisation's structure that prevents change". (Self and Schraeder. 2009)

But even before Lewin, Coch and French (1948) investigated why people resist change, presenting behaviours on a continuum, at one end of which desirable and compliant behaviours were characterised as 'non-resistant'. Employee behaviour in response to organisational change was therefore defined as either 'compliant' or 'resistant'.

If according to the dominant discourse, resistance is an undesirable obstruction, to what do writers and managers attribute resistant behaviour?

The search for explanation usually focuses on the 'resistant' individual and not the change agent, and is typically expressed in pejorative terms. For example, Foster (2010 P.20) refers to Oreg (2003) whose list of reasons people resist change includes their "cognitive rigidity", "lack of psychological resilience", "preference for low levels of stimulation and novelty" and "reluctance to give up old habits".

In Oreg's view (2003), change resistance is an enduring psychological trait. An "individual who demonstrates routine seeking would direct energy toward maintaining current conditions and that an individual who demonstrates cognitive rigidity is not inclined to change his/her thinking patterns" (Foster 2010. P11).

Stojnov et al (2010. P9) also remind us that those initiating change attempt to explain a 'change resistant' person's behaviour in terms of the "non-conformist structure of their personality".

Other writers attempt to explain change resistance not so much in terms of dysfunctional behaviour or personality but in terms of what the 'resister' might be seeking to avoid. For example Mabin et al (2001. P170) refer to Kanter (1985) whose list of reasons includes 'fear of the unknown', 'loss of control', 'loss of face', 'loss of competence' and 'need for security'.



What are the consequences of dismissing resistance as 'obstructive'?

Ford and Ford (2009) consider this view of resistance as potentially 'destructive'. "When managers perceive resistance as a threat, they may become competitive, defensive, or uncommunicative. They are sometimes so concerned with being right – and not looking bad – that they lose sight of their original goals". In their view, as a result such managers "sacrifice goodwill, put valuable relationships in jeopardy, and squander the opportunity to engage sceptics in service of a better plan". They miss picking up on faulty assumptions and blame the 'resisters', without whose "irrational and self-serving actions" the change would have succeeded. (Ford & Ford 2009, P99). That view was strikingly evident in the experience of Amy's colleague.

By dismissing or diminishing the messages from 'change recipients', potential improvements to the change are missed. Self and Schraeder (2009), for example, suggest that managers should "carefully consider any actions that are perceived to be resistant towards the proposed change initiative, because the actions may well be grounded in the reality that the change initiative either is the wrong initiative altogether, or is flawed in some way." (P177 & 178)

Brett is an Occupational Therapist (OT) with over 20 years' experience, based in a large regional teaching hospital. To alleviate pressure on beds and reduce a 'bed blocking' problem, an Orthopedic Consultant decided to purchase ten beds within a nearby private hospital.

No audit was undertaken in advance to ensure that the facilities at the private hospital would be fit for the needs of the NHS patients. Brett explained that for one clinical reason or another, hardly any of the private hospital beds could be taken up. The purchase was then adjusted to five beds but for twice as long. Ultimately when this too proved unworkable for clinical reasons, the amount of money spent on the initiative had been disproportionate to the benefit in bed blocking reduction. In Brett's view, had the OTs or Physiotherapists been consulted it would have been seen that the arrangement wouldn't be satisfactory because the accommodation wouldn't meet the criteria for any patients other than the most straightforward, who would never have become bed-blockers in the first place.

A further example was found in the experience of *Freya* and *Greg*.

Greg was a fairly newly qualified Hospital Nurse. "*The (new) hospital was built with the wards laid out as single side rooms. This means that you can't easily keep an eye on the patients. You might need to see them every 15 minutes but you can't see them so you can't supervise them. You have vulnerable fragile elderly people all alone behind closed doors. It was too stressful*". Greg has since left the NHS.

Freya – Cottage Hospital Nurse talking about the same new hospital. "*It was sold as a big PR exercise, like a hotel. But practice has demonstrated it's dysfunctional for providing care. They've since had surveyors in to see if it can be rejigged to make it better for care.*"

"*I've now got 3 nurses working with me who have left the (new) hospital because they were completely frazzled*"

Resistance and the middle manager

Perren (1996) also suggests that "the prevailing view of resistance to change might be wrong" (P24). He goes on to highlight a crucial role for 'resistant' middle managers, "as these individuals are often able to interpret the objectives of the firm taking into account their perspective of the rich complexity of their departments". He cites Beer (1985) who also considers middle managers can be a "vital fulcrum" in change implementation.

Similarly, (Balogun and Johnson 2005) P1573 -1574 say “When organizations attempt to implement change through top-down initiatives middle managers become key, as they are both recipients and deployers of the plans designed by their seniors” (Fenton-O’Creevy 1998; Floyd and Wooldridge 1997).

Carol’s experience, below, provided an example of this middle manager ‘change broker’ role.

Carol is a highly experienced Junior Matron in charge of nursing in a cottage hospital within a group of four. It was decided by another ‘Modern Matron’ that nursing shift patterns across the four hospitals needed to change. Previously at Carol’s hospital some staff worked days, others worked nights. This was seen to provide continuity and depth of experience within the shift, and worked well with the personal circumstances of the nursing staff. The change to be introduced required all staff to work both days and nights on a 50/50 basis.

The change resulted in significant staff losses. Of Carol’s night staff, 4 out of 6 Health Care Assistants and 2 out of 3 Staff Nurses left.

In Carol’s view the change was ill conceived. It was implemented at all 4 hospitals simultaneously without trial. Also staff were told there would be a consultation, which didn’t happen because, according to Carol, the change had already been decided.

As alarming numbers of staff began leaving, HR became involved to find out why. Those leaving explained that they were unable to fit the new shifts around their own child care and other responsibilities. Carol was told by the change initiator that “*it doesn’t matter what your staff want. We’re not here for the staff we’re here for the ‘business’.*” Carol was told that her staff were being ‘dogmatic’ and weren’t putting the needs of the ‘business’ first.

Following the change, Carol was left with only one qualified member of night staff, and, having to hire temporary replacements, a huge and growing Agency Staff bill. At the time of the interview with Carol, 5 empty posts remained.

Carol believes she is considered sufficiently experienced, respected and trusted by her own manager that she was able to ‘slightly sabotage’ the change. In her view “*if you don’t look after your staff you won’t get the best out of them. If you give a little, they’ll give twice as much back because they’re grateful to you for listening.*”

Within her hospital she therefore adapted the failed change initiative to introduce a system in which ‘day’ people did predominantly days but with the odd night, and vice versa. Carol found that the ‘day’ people were pleased to do the odd night, and ‘night’ people the odd day, but she still took account of staff who for a variety of reasons simply “can’t cope with nights”.

Carol was struck by the irony that the Trust has a ‘Flexible Working Policy’ but staff were forbidden to be flexible in relation to the new rota.

Carol concluded that, “*over the years we’ve got used to being autonomous, and doing what we have to do. People weren’t used to this autocratic style*”

Perren’s research (1996) found middle managers adopting strategies similar to Carol’s. Perren described this as: “Feign agreement to change and obtain control of the change process. This allows various mechanisms of sabotage to be employed from the inside (P24). Echoing Carol’s approach (above) Perren labelled a further strategy “Say no to the change” an effective strategy if the reasons for resisting are linked to the core values of the organization or if the resister has built up a stock of goodwill with senior managers” (P24).

Returning to interviewee Amy (referred to earlier and overleaf), aspects of her engagement with change as a middle manager involved, as she saw it, three things, each consistent with Perren’s observations; self-preservation, quality of clinical service to clients, and adaptation for the sake of the team.

“

When organizations attempt to implement change through top-down initiatives middle managers become key, as they are both recipients and deployers of the plans designed by their seniors.

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Amy characterized her approach to the restructure and other initiatives as *“Fatalistic; self-preserving; keep my head down and just keep doing the best I can for the service and for my clients.”* Amy saw *“no point resisting, because you won’t stop what is happening, you just have to survive it.”*

I asked about the extent to which Amy’s ‘middle management’ role implied ‘brokering’ the change; mediating it and translating it. In Amy’s view, *‘there’s no brokering to be done’*. Amy described the role as ‘Transmitter’ not ‘Translator’ describing this approach to the team as *“Here it is guys; go with it”*. Amy added that if a benefit in a change that is being imposed is obvious, she will say so to the team. But where in her view there is nothing to defend or advocate, Amy won’t pretend there is. Therefore in Amy’s experience of changes within the Trust, there is no mediation to be done; no advocacy. In Amy’s words, *“There’s no point; it’s going to happen anyway”*.

Nonetheless, where the implications of the change can be mitigated, they will be. An example of this which Amy gave relates to Commissioning. Service Commissioners want to know exactly what they’re paying for and what they’re going to get for their money. To enable that, the notion of ‘Packages of Care’ were developed. This means that clinicians are then not required to deliver anything which falls outside the Package of Care. As a highly specialist and experienced therapist, Amy acknowledges largely ignoring the Packages of Care. In her words, *“nobody checks and, frankly, if the care package doesn’t take account of the complexity of the client’s needs, then why would you stick to it?”*



So, in keeping with observations made by Perren (1996), what we observe through the interviews in this study challenges the popular view that change resistance is simply irrational and obstructive. Instead, what is revealed is coherent and sophisticated sense-making by change recipients whose actions frequently arise from depth of expertise and commitment to patient care.

At this point, a note of caution is needed. In noting the coherent sense-making of the ‘change recipients’ we need to avoid reverting to our original mythology, this time characterizing the change recipients as the ‘heroes’ and the change agents the ‘villains’.

Ford and Ford (2008) point out that the behaviour of both ‘change agents’ and ‘change recipients’ can be construed as ‘sense-making, in which the ‘agents’ “are trying to determine “How will this get accomplished?” and change recipients try to determine “What will happen to me?” (P363)

So to Ford and Ford (2008) not only can change resistance be considered rational but also valuable, suggesting that “agents may want to consider the absence of resistance as a sign of disengagement and a harbinger of future problems resulting from unthinking acceptance” (P369).

So what alternative perspectives on resistance to change are offered in the literature?

In the view of Ford and Ford (2009 P100) “People who are outspoken about their objections to a change are often those who genuinely care about getting things right and who are close enough to the inner workings of an organization to recognize a plan’s pitfalls.” Their conclusion (P103) is that “properly used, (resistance) can enhance the prospects for successful implementation.” Ford and Ford (2008) also point out that those labelled resistant don’t see their own actions in those terms. They cite Young (2000) who found that “managers labeled resistant by change agents actually saw their actions to be supporting, not undermining, the organization’s goals.”

Eve used to be a clinical manager, leading a team of physiotherapists. She is currently part of a multidisciplinary team of Physiotherapists, Speech and Language Therapists and Occupational Therapists providing a service to hospital and community based patients.

Eve recounted a “*huge change with the new hospital being built. The department was going to be moved, and I had to organize the move ...*” (to a new town centre community base away from the hospital)

“I got hoiked along to a meeting with loads of managers and estates people about where we were going to be moved to off the hospital site – a former insurance company office block. Everyone in the room is listening to what we’re being told and I asked about parking for patients, about access, about how you’ll get kids in wheelchairs up to the third floor. The architects and clinical planners were there and said they needed to have more meetings with me there. My managers had no idea about the issues.” (the lifts subsequently installed were too small for large wheel chairs and the car parking capacity for the site inadequate)

“We go through the process; we get patted on the head and told there’s no choice, so you go along with it and then.....it’s hard not to say ‘told you so.’”

Dan is an Ambulance Paramedic based at a large regional hospital in a rural county town.

Dan described the measures that are taken to ‘get round’ unachievable and indiscriminate management targets.

The national target for ambulance response time for the most serious cases is 8 minutes, and 19 minutes for less serious. Dan pointed out that this is irrespective of geography, urban or rural. *“But in a rural area like this, because of the distances you simply can’t get there. So I had a call that was 30 miles away. To get there in 8 minutes would mean averaging 225 mph! Really? So the target is unachievable.”*

“So ambulance services like ours are using cars or motorbikes to be able to get to incidents quicker. Fine if they don’t need transporting, but a car or a bike can’t bring a patient in, so you can still leave the patient waiting 40 minutes to get to hospital. Even longer sometimes. I had a case where the RRV (Rapid Response Vehicle) had got there in time, made the patient stable and comfortable, but it was then 4 hours before we could get to them to bring them in to hospital. The family were very understanding and they didn’t blame us but they did tell us that they would be complaining to their MP.

It’s all about perpetual box ticking.”

“

What if we accept the possibility that people are not ‘inert’, awaiting the imposition of external forces to generate movement, but active ‘scientists’ experimenting as they go through life?

”

A different story: looking at resistance to change through the lens of Personal Construct Theory

Our mythology is now developed. The land in which our myth is set is one in which organisations are like machines, change management is a rational 'cause and effect' process, initiated from the top, which the myth presents as the only place legitimate power resides. However, the myth also teaches us that on the change journey our hero, the change agent, will encounter the obstacle of 'change resistance' at the hands of the villains, those subversive 'change recipients', whose undesirable influence, deviant and irrational behaviour must be overcome.

Personal Construct Psychology (PCP) theory was developed by George Kelly as both a psychology and a philosophy. 'As a philosophy it is rooted in the psychological observation of man. As a psychology it is concerned with the philosophical outlooks of individual man' (Kelly 1955 p.16). At the heart of PCP is the assumption that 'all of our present interpretations of the universe are subject to revision or replacement' (p.16).

Kelly proposed that our 'knowing' of the world and of each other comes from our idiosyncratic 'construing'. From this position, it follows that different individuals will construe an event, for example, a workplace initiative, in different ways, with no guarantee that change initiators and change enactors will see things the same way.

It even questions the very term 'change', the difference between the seemingly mundane event and the seemingly profound being simply the implications that a person anticipates. Some things I'll take in my stride, often with a little awareness; others might involve me in comprehensive reconstruing of myself, my world, and of others. If we hold that view, then we can see people's anticipation of and participation in 'change' as neither resisting nor embracing, but simply about getting on with 'living', as best they can.

So how does Personal Construct Theory help us manage 'resistors to change'?

In stark contrast to being inert, Kelly (Kelly, G. A. (1955)) likens humans to 'scientists': perpetually and actively engaged in the anticipation of events, conducting experiments of living, and pursuing a degree of reliability in predicting and controlling how we live.

As well as maintaining that people's anticipation of an impending change can differ and be individual, the theory also maintains that our construct frameworks aren't random and arbitrary but organised hierarchically, the superordinate constructs shaping the core of our participation in life. In other words, these are the constructs that handle the things which matter to us most, and, research suggests, change in relation to these superordinate constructs can be hardest.

But people always exercise choice, which, in Kelly's words, 'lays down the grounds upon which we make some predictions regarding how people will act after they have construed the issues with which they are faced'. So while a nursing rota change might seem not worth leaving your job over, to the nurses involved, the choice to leave was the only one that allowed the definition and extension of their construct system as a whole.

A key feature of PCP's approach to change is the notion of construct 'permeability'. This is the extent to which a person's constructs can absorb new events, alongside previous events or circumstances to which that part of their framework has applied. So for instance, Greg (referred to earlier and below), a newly qualified nurse I interviewed, was familiar with open wards but had no experience of single bed units. He was effectively grappling with the question: can I incorporate what's implied by working in this new private cubical ward layout into the part of my construct system that applies to being a caring and competent nurse? The answer was 'no', and he has since left the NHS. So, what if we accept the possibility that people are not 'inert', awaiting the imposition of external forces to generate movement, but are 'scientists' experimenting as they go through life?

Using Kelly's analogy, humans can be understood as 'scientists'; perpetually and actively engaged in the anticipation of events, conducting experiments of living, pursuing a degree of reliability in predicting and controlling how they live.

"A person's processes are psychologically channelized by the ways in which he anticipates events"
(Kelly 1955/1991, Vol.1, p. 32/1991)

So what differentiates the events we anticipate, and shapes our engagement with them?

While we continually move through this Experience Cycle, as Hinkle (1965) found, what differentiates the events facing a person is primarily their implications. Thus some events, some workplace ‘changes’ may be taken in our stride, with little awareness. Others may suggest profound implications for a person’s construct system, giving rise to ‘anxiety’, ‘fear’ or ‘threat’.

"Threat is the awareness of an imminent comprehensive change in one's core structures." (1955/1991, Vol. 2, p. 7/1991)

As Fransella and Dalton (1993) put it “We see that the events confronting us are going to result in considerable change in those areas of our construing we guard most carefully – those to do with our notion of ‘me’ and ‘I’. (p37) In Kelly’s words, a person may “be threatened by the mounting proportions of an alternative interpretation of himself” (p493 Kelly Vol 1. Chapter 10).

The process of adjusting to change

Applying Kelly’s Personal Construct Theory we can understand the process individuals go through to see things differently, adjusting their construct framework in order to restore its utility in the face of recent experiences.

According to Hinkle’s research (1965), people adjust their thinking in three ways.

1. Shift change

We can ‘change from one construct dimension to another’. This could be seen where Freya (referred to earlier and below) first construed her Spanish nursing colleagues on an ‘*experienced-inexperienced*’ dimension, but then later shifted to an ‘*eager to do well – not*’ dimension.

“But...these people are extremely good, eager to learn; they acknowledge mistakes and work very hard on learning. So ultimately it’s been very refreshing and long term it will be an asset... “

“When it first occurred, they couldn’t even converse. They just followed you around like a puppy! But now they’re well liked, respected, because they are so keen to do well.”

2. Slot change

We can switch from “one alternative of a dichotomous construct to the other alternative”. This would have applied had Freya construed her colleagues as having switched from being *inexperienced to experienced*.

3. Scalar change

An individual may change their thinking in terms of magnitude, for example in Freya’s construing, this might have been *less experienced to more experienced*

The significance of Hinkle’s research in relation to change resistance was its demonstration that ‘slot change’ in relation to superordinate constructs presented greater ‘resistance’. This was attributed to the “broader range of implication” than with “constructs functioning at a low level on the hierarchy” (P12). In other words, where a workplace change is introduced which might have implications for people’s superordinate constructs, then ‘resistance’ can be expected.



“But...these people are extremely good, eager to learn; they acknowledge mistakes and work very hard on learning. So ultimately it’s been very refreshing and long term it will be an asset... “

“When it first occurred, they couldn’t even converse. They just followed you around like a puppy! But now they’re well liked, respected, because they are so keen to do well.”



So what?

If we accept that:

- people participating in change may be neither resisting nor embracing, but simply getting on with living
- people are continually in process
- humans are scientists, activity re-construing their reality in the face of events

then what are the implications for change agents and change recipients?

The first implication is that the terms 'change agent' and 'change recipient' are of limited use. They suggest roles within a hierarchical change process, a 'do-er' and a 'done-to', one with power and one without; all of which has been found to be of limited use in achieving successful 'change'. A person may simultaneously be both change agent and change recipient, as in the case of Amy and Carol above. Even the common terms 'change management' and 'change leadership' cease to be adequate. Therefore, experimenting with alternative more meaningful language may be useful. For example, change catalyst might be more useful than change 'agent' or 'change leader'. Change 'broker', 'change enabler', 'change facilitator' particularly in relation to middle managers, are more descriptive than 'change manager'. Similarly, 'change enactor' has less passive connotations than 'change recipient'. The significant difference is that these terms are not intended to describe a hierarchical role so much as a behaviour and a responsibility, all being applicable to a person at any level in an organisational hierarchy. All that's then needed is a more useful term than 'change'.

A further implication is that if we dispense with the lazy term 'change resistance', people in organisations might also have to replace their lazy pejorative explanations for what's going on, such as "they're being irrationally obstructive because that's just how some people are". Instead it will require commitment and effort to try to understand what others are actually doing when their behaviour seems 'resistant'. But how?

Paraphrasing Kelly, if you want to understand what's going on for someone, ask them; you never know, they might just tell you. Several of the NHS interviewees longed simply to be consulted and listened to in relation to the changes being imposed on them.

What might that involve? Organisation Development (OD) practice and literature is replete with techniques and approaches to help groups within organisations navigate the implications of events facing them. However, incorporating PCP techniques such as Hinkle's (1965) 'laddering' into such groups or one-to-one dialogue could help elicit superordinate constructs to which 'resistance' might be related. From this position, the change facilitator's role becomes one of supporting a reconstruing process, "a search for a new narrative". This is not suggesting that OD practitioners need to become PCP therapists; more realistically, such questioning techniques could be incorporated into a dialogue structure for an Action Learning Set, peer coaching group, or a large group intervention (LGI). The assumption in all this is that "there is nothing in the world which is not subject to some form of reconstruction", and therein lies "the hope that Constructive Alternativism holds out to every man".³ But that takes us wider than the scope of this research.

³ <http://www.pcp-net.org/encyclopaedia/constr-alt.html>

Conclusion

If we accept that the whole of life is 'change', then whatever else a person is resisting, it probably isn't change.

But popular views of change resistance in organisations are rooted in the view of organisations as machines; of change as a linear, rational, top-down process; and therefore opposing views are obstructive and irrational. Here, I have suggested that 'resistance to change' is better understood from an inside-out look, rather than an outside-in look, and that people are regarded not as 'confused objects...driven by inexorable biological forces', but 'as scientists continually seeking to predict and control the ever-changing stream of life's events' (Stojnov 2010 p13).

But dispensing with the convenient term 'change resistance' requires commitment and effort to try to understand what others are actually up to when their behaviour seems 'resistant'; a commitment to view resistance to change not as something to be overcome but as something to be understood.

Organisations, like people, change in order to stay alive, and managers will always have some responsibility for that. But stories of major organisational change failures are eye-watering in their frequency. Maybe if as management writers and practitioners, we loosen our attachment to the 'Myth of Resistance to Change' and instead experiment with this feature of 'organisational life' from a Personal Constructivist perspective, maybe, just maybe, a different story might begin.

"Once upon a time, there was an organisation..."

View resistance to change not as something to be overcome but as something to be understood.

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