CHANGE IN ORGANISATIONS:

IDENTIFYING SOURCES OF

RESISTANCE TO CHANGE

AND

EXPLORING THE IMPACT OF THE

CONSULTANCY PROCESS USED

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Abstract

The aim of this research is to identify sources of resistance to change in organisations and to explore the impact of the consultancy process used to bring about change through the authority structures of organisations. The research was conducted using a process consultancy model with a focus on the process of how to bring about change rather than what the change will be. The model is based on an action research method and applies principles from psychoanalytic and systems theory.

The guiding theory for the research was that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety (Jaques, 1955, Menzies, 1959, Miller & Gwynne, 1972). The first research case study involved a group of employees in the National Health Service (NHS). Evidence from the cases study was used to identify conscious and unconscious sources of resistance to change and to build on the guiding theory that the social system was used as a defence against anxiety. It emerged that there were four different ways that people responded to change, which ranged from a 'sycophant' to a 'saboteur' response. People also had different levels of learning during change, ranging from 'resistant to learning' to 'internalised learning'. There was evidence that the existential primary task, i.e. the meaning that people have in their work life, can be a source of resistance to change.

Two new working hypotheses were subsequently developed from these findings, which were explored further in a Bank case study. These are firstly that the existential primary task can also be a source of resistance to change and secondly that the process consultancy model can help to a) identify and understand how people respond to change; b) identify situations when the existential primary task can be a source of resistance; and c) develop people to reach a level of internalised learning. These working hypotheses were developed further based on the findings from both case studies.

The conclusion is that the social defence system and the existential primary task can both be psychological sources of resistance to change. Two models were developed from the findings. One to represent a Continuum of Responses to Change and the other to represent the Dimensions of Responses to Change, which relates to an individual's capacity for personal change, their level of support for change and their response. Finally, the application of these conclusions to develop the process consultancy model and ideas for further research are discussed.

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1 Chapter One: Introduction And Definitions

1.1 Introduction

The aim of my research is to identify sources of resistance to change in organisations and to explore the impact of using a process consultancy approach as a method of bringing about change in organisations. This means I will be examining how and why people resist organisational change. I will explore the nature of resistant behaviour, which might range from overt protest by employees to more covert behaviour such as sabotage or non-participation. My main focus will be on identifying the underlying reasons why people resist change in organisations and in particular the psychological sources of resistance to change. I will also explore the methods used by organisational consultants to bring about change in organisations. This refers to the consultancy models used by both external and internal consultants. I will use the generic term of organisational consultant to include management consultants, human resource consultants and change management consultants.

The aim of this introductory chapter is to outline definitions of key concepts that I will be using throughout my research. These concepts are: organisations; organisational analysis; organisational change through authority relationships; organisational change and political behaviour; and the politics of resistance. I conclude this chapter by outlining the structure of my research thesis.

1.2 Definitions

1.2.1 Organisations

Some approaches to organisational analysis reify the organisation as if it has goals and takes actions (Lee & Lawrence, 1985). Organisations have been described as if they were a person, who could think, behave and even have psychopathology. In contrast, the definition given by Buchanan & Huczynski, (1997, p9) is that organisations are "social arrangements for achieving controlled performance in pursuit of collective goals". Buchanan & Huczynski continue by explaining that in these social arrangements:

- there is a collection of people who have common membership of a group and therefore interact with each other;

- there are collective, worthwhile goals that cannot be achieved by individuals acting alone;

- the performance of all aspects of the organisation has to be controlled in pursuit of the goals to determine whether the organisation survives.

The second point contrasts with other definitions of organisation, which imply that each individual is pursuing the achievement of their individual goals. For example, the definition offered by Jones (1993, p4) is "a tool used by people to coordinate their actions to obtain something they desire or value – that is, to achieve their goals." The difference between these definitions does indicate that often there is a dilemma that arises when there is an inconsistency between the needs and aspirations of the individual and the collective purpose of the organisation (Buchanan & Huczynski, 1997), which is an issue I will return to later in this thesis.

It is the final point made by Buchanan & Huczynski that helps to ascertain what constitutes an organisation rather than any other collection of people with a common goal. Organisations have methods of measuring, monitoring and controlling performance. Survival at all levels is based on how well an individual, department and ultimately the organisation as a whole performs against certain standards. Buchanan & Huczynski (1997, p10) also make the connection that in an organisation "the need for controlled performance leads to the establishment of authority relationships" between members. Later in this chapter I will discuss organisational change through authority relationships, the political model of organisations and the politics of resistance. In the next section I outline two different perspectives of organisational analysis.

1.2.2 Organisational Analysis

The study of organisations has been the subject matter for three main disciplines, which are organisational psychology, sociology, and the part of business studies known as organisational behaviour. As the following quote by Perrow (1973) points out, writers from these disciplines have presented two extreme perspectives of organisational theory in the literature:

> "From the beginning, the forces of light and the forces of darkness have polarised the field of organisational analysis, and the struggle has been protracted and inconclusive." (p41)

At one extreme are those who analyse organisations as if they are machines and they have a preoccupation with structural issues such as determining clear lines of authority, centralised authority, separation of management and staff, and defining rules and regulations. It is argued that these writers have neglected consideration of the human aspect of organisations to the extent that people are also treated as if they were machines and it is this dehumanising perspective that represents the 'forces of darkness'. In contrast, the other extreme is the human relations school, which represents the 'forces of light'. It is argued that the focus here is on the human condition at the neglect of more structural issues. The subject matter for these writers is the human interactions and relationships in organisations and, according to Perrow, the emphasis is on "delegation of authority, employee autonomy, trust and openness, concerns with the 'whole person', and interpersonal dynamics" (1973, p41).

At the basis of both extreme perspectives is the aim to study organisations and to develop the theory to be able to understand and change organisations. The purpose of changing the organisation is ultimately to create an efficiently operating organisation, which produces products and services with full cooperation of the workforce. However, the extreme views outlined above indicate that there are different ways of achieving this. In the case of the 'forces of darkness' it is implied that humans have to be controlled and relegated to the same status as machinery whereas the 'forces of light' implies that humans have to be liberated and given freedom so that they can work together without conflict. However, both approaches propose that, in different ways, organisational change is brought about through the authority relationships in the organisation. In the following sections I present a critique of these approaches to organisational analysis by focusing on organisational change through authority relationships. I also present an alternative approach to organisational analysis, which I used for my research.

1.2.3 Organisational Change through Authority Relationships

The focus of my research is on the organisational change that is brought through authority relationships. Many organisations have a hierarchical authority structure, which derives from a rationalist managerialist perspective of organisations. More detailed definitions of the terms 'authority' and 'managerialism' are presented in Appendix A (see p295). In sum, Pfeffer (1981) defines authority as being when the distribution of power is legitimated so that those within a social setting expect and value a certain pattern of influence. A description of different types of authority can be found in Appendix A (see p297). The managerialist definition of authority also emphasises the legitimisation of

power as "the right to get things done" and this right "originates entirely with ownership" (Lee & Lawrence, 1985, p21). This managerialist perspective is based on rationalism, which has at its core "the belief that the human mind can discover innate laws which govern the workings of the universe" (Buchanan & Huczynski, 1997, p334). The rationalist philosophy was that to understand something meant that it could be stated explicitly, and that a law or rule could be written about it. Being able to apply rules, laws and procedures in this way enabled rationalists to replace uncertainty with predictability (ibid.). Based on this philosophy, rationalists developed theories of organisation and practice, such as managerialism, by setting out the relevant laws and procedures. Managerialism is, therefore, the set of laws and procedures followed by management.

The implications of the managerialist definition of authority is that change in organisations is brought about through the structure of authority relationships, i.e. change is imposed from the top of the organisation through to the shop floor. The perspective also implies that there will be no resistance from employees who will comply with management through the structure of authority relationships. Other writers have also taken this point of view, for example Pfeffer (1981, p 5) proclaims that:

> "within formal organisations, norms and expectations develop that make the exercise of influence expected and accepted. Thus, social control of one's behaviour by others becomes an expected part of organisational life. Rather than seeing the exercise of influence within organisations as a contest of strength or force, power, once it is transformed through legitimation into authority, is not resisted."

Mechanic (1962) puts forward that people at a lower level of the organisation have the power not to accept the instructions of managers and also have specialist knowledge and information, which they could choose to withhold. He notes that "in spite of the considerable degree of power possessed by lower level employees, these employees seldom attempt to exercise their power or to resist the instructions of their managers" (in Pfeffer, 1981, p5)

Pfeffer defends his position by stating that "the degree and kind of supervisor-subordinate control exercised in U.S. organisations ... may be perceived as illegitimate in the organisations of countries where there is more worker self-management and industrial democracy" (1981, p6). However, in Chapter Two I present evidence from the literature to demonstrate that resistance to authority and organisational change is a phenomenon in both the US and Britain.

The rationalist managerialist perspective also emphasises the role of dependency in power and authority relationships, for example:

> "the power to control or influence the other resides in control over the things he values, which may range all the way from oil resources to ego support ... power resides implicitly in the other's dependence" (Emerson , 1962, p32).

In other words power is derived from having something that someone else wants or needs and this can range from resources to approval and praise. When power is legitimised into authority then dependency on the authority figure is based not only on their having control over resources that the other person wants, but also that they are the ones who have 'the right to get things done' and to bring about organisational change. Wrong's (1979) forms of authority (see Appendix A, p297), provide an illustration of how people become dependent on authority figures. For example:

- legitimate or competent authority can lead to a person being dependent on the knowledge and experience of others;
- induced authority can make recipients dependent on the supplier of rewards;
- personal authority can make people dependent on pleasing others and gaining approval;
- coercive authority can lead to dependency based on a fear of punishment for non-compliance.

The discussion so far on authority relationships provides an illustration of the polarity mentioned by Perrow (1973) of the 'forces of darkness and light'. Taken to extremes the rationalist managerialist perspective outlined above represents the 'forces of darkness' in that the focus is on managers having control and power over workers to bring about organisational change through authority structures. This perspective was particularly popular from the beginning of the 20th Century and many handbooks were published for managers, which detailed the theory and instructed them on how they could ensure they had optimum control over staff (e.g. Fayol, 1916 (in Pugh & Hickson, 1989) and Taylor, 1911 (in Taylor, 1947)). I discuss Taylor's work in more detail as an example of a consultancy approach in Chapter Two (see p32). The Human Relations movement from the mid 20th Century was a response against the rationalist managerialist perspective and I also present more detail of this perspective on consultancy approaches in Chapter Two (see p40). The underlying principles were that employees should be involved and engaged

in bringing about organisational change rather than change being imposed by managers. To give an example, the seminal work of the Tavistock Institute of Human Relations introduced the idea of 'semi-autonomous groups' or 'self-managed teams' (e.g. Trist & Bamforth, 1951; Rice, 1953), where employees have the authority to manage themselves and to bring about change in the organisation.

Writers from the Human Relations perspective would argue that, although it is realistic to have some degree of dependency in authority relationships and that it can be a positive factor, there is a tendency in organisations for the dependency to be exaggerated (Miller, 1993). Miller continues that those in positions of authority "receive and assume power and prestige that go beyond the sanctioned authority" for their role and correspondingly others are "surrendering power and prestige" to those in authority positions (ibid, p20). This point relates to the hierarchical nature of authority structures and Miller would argue that authority should be delegated down to the shop floor so that people have authority in their role, the right to get things done and to be involved in organisational change. If this were the case then there would be less need for dependency on managers and, as argued by Lawrence (1999), employees would have the authority to manage themselves in their roles.

However, when taken to extremes, the Human Relations perspective can be seen to represent the 'forces of light' in cases when the focus is solely on the human dimension and not on the structural aspects of organisations. A good example of this is the recent emphasis in management theory on 'empowerment' of staff by managers, for example, Institute of Management book 'Empowering People' (Mitchell Stewart, 1994). I would argue that some of this literature is as prescriptive as managerialism and in some cases seems to border on the side of advocating organisational anarchy. For example, Mitchell Stewart gives the recommendation that managers "eliminate all the unnecessary rules, procedures, standing orders etc. which actually stand between the organisation and its goals" and to give up 'being *in* authority' and become a manager who 'is *an* authority' (1994, p3-4). This would entail the manager using his or her knowledge and experience to guide and advise staff in making their own decisions, rather than making long lists of rules for them to stick to. The role of the manager would be "to support staff rather than command them" (ibid.). However, Mitchell Stewart highlights a dilemma for managers who are trying to empower employees in this way, which she refers to as 'the ultimate paradox':

> "people won't necessarily want to be empowered at first ... you need to use the positional power inherent in your managerial role to force people to accept power" (ibid., p110).

The idea that managers have to force employees to accept power implies that there is resistance to authority, even when the managers are trying to encourage autonomy. This is an interesting dilemma that I pick up again in my discussion of the Human Relations approach to consultancy in Chapter Two (see p45).

The way organisational theory is presented in the literature as either 'forces of darkness or light' raises several key issues. Firstly, neither presents an account of how people actually behave in organisations. For example, whether managers always delegate authority down to the shop floor or whether subordinates accept the authority of managers. Secondly, both perspectives imply a value judgement about how people should behave in organisations, either that managers have power over employees or managers empower employees, both of which reinforce the idea that the manager has ultimate power over employees. Thirdly, both perspectives are presented in terms of only the surface level of human behaviour. I would argue that the way writers are represented as the 'forces of darkness' or 'light' in the literature neglects to present any mention of behaviour in organisations that is either political or manifest from the unconscious mind. I discuss this point in more detail in Chapter Two (see p49) in terms of the application of psychoanalytic theory to organisational analysis and consultancy.

Legge (1995) also points out the prescriptive nature of these polarised perspectives in Human Resource Management (HRM). She outlines the normative approach to HRM as being 'what HRM should aspire to do', which has a 'hard' and a 'soft' version. The 'hard' model is similar to the 'forces of darkness' perspective and emphasises the integration of HRM policies and systems with the business strategy. The focus is on managing the headcount in the same rational way as any other economic factor, which emphasises the quantitative, calculative and business strategy aspects (Legge, 1995). She contrasts this with the 'soft' developmental humanism model, which maintains the importance of integrating HRM with business objectives but involves "treating employees as valued assets, a source of competitive advantage through their commitment, adaptability and high quality" (p66). This 'soft' version of normative HRM views employees as proactive and capable of development, trust, collaboration and commitment through participation, informed choice, communication, motivation and leadership (ibid.). It can be seen that

this is similar to the 'forces of light' perspective. Legge points out that the 'hard' and 'soft' models are not incompatible and that normative statements contain elements of both.

Legge (1995) continues by outlining alternative models of HRM. These are:

- The descriptive-functional model, which recognises the function that HRM serves.

- The critical-evaluative model, which proposes that HRM "should be understood as a cultural construction comprised of a series of metaphors redefining the meaning of work and the way individual employees relate to their employers" (ibid., p84). Legge quotes Keenoy and Anthony (1992) who present this models in its strongest form by suggesting that "HRM is a rhetoric aimed at achieving employees' normative commitment to a politico-economic order, in which the values of the market-place dominate all other moral values" (Legge, 1995, p84-5).

- The descriptive-behavioural model, which can be used to "identify the behaviours, warts and all, of those who see themselves as occupying a personnel specialist role" (ibid., p2).

Legge (1995) uses the descriptive-behavioural model in her work to identify how HRM is enacted in practice. This model is also evident in Gowler, Legge, and Clegg (1993) '*Case Studies in Organizational Behaviour and Human Resource Management*', which give an account of what really happened when organisations tried to resolve their problems.

It is clear that there are alternative perspectives of studying organisations, such as those presented above by Legge, and I continue this discussion in the next section by considering the political model of organisations and focusing on organisational change and political behaviour.

1.2.4 Organisational Change and Political Behaviour

Some of the key themes that have emerged so far in this discussion relate to attempts by theorists to prescribe how people should behave in organisations and can be seen from a 'forces of darkness' or 'forces of light' perspective. I have argued that these extreme perspectives present a simplistic and over rational model of organisations. The political model of organisations offers an alternative perspective on organisational analysis. Buchanan & Huczynski, (1991, p670-672) have made a clear distinction between what is meant by both models:

> "The rational model of organisations holds that behaviour within a firm is not random, but goals are clear and choices are made in a logical way. In making decisions, the objective is defined, alternatives are identified and the option with the greatest chance of achieving the objective is selected."
>
> "The political model of organisation views it as being made up of groups that have separate interests, goals and values, and in which power and influence are needed to reach decisions."

The political model is a more sophisticated model of organisations than the rational model. It takes into account the fact that people have minds and that there are differences between individuals, not only in the way they behave but also in the way they think, feel, and learn. In addition, it acknowledges that people have different values, interests, goals and beliefs. However, taking a political model perspective requires a much greater depth of analysis and tolerance of the confusion and 'messiness' that is the reality of organisational life. Indeed it may be for this reason that some organisational theorists prefer to take a more simplistic view of organisations. To give an example, the managerialist perspective of organisations would uphold the rational model and, as already mentioned, take the view that power is translated into authority by a process of legitimisation. The concept of power is then analysed and researched in this context and any exercising of power outside the legitimate authority structures would be regarded as illegitimate (Buchanan & Huczynski, 1991). In this way the managerialists seem to dismiss political behaviour by labelling it as illegitimate and subversive. An example of such a managerialist position is provided by Mintzberg (1983, p172) who states that:

> "politics refers to individual or group behaviour that is informal, ostensibly parochial, typically divisive, and above all, in the technical sense, illegitimate – sanctioned neither by formal authority, accepted ideology, nor certified expertise (though it may exploit any one of these)."

Other writers have also described politics as an undesirable behaviour, which is only engaged in by people who wish to subvert the formal structures in the organisation and pursue their own personal goals to the detriment of the organisational goals. For example, Lee and Lawrence (1985, p50) quote the following writers:

- Hegarty (1976) states that "company politics is the byplay that occurs when people want to advance themselves or their ideas regardless of whether or not these ideas would help the company";

- for Dubrin (1978) "political manoeuvering refers to actions that are directed more toward self-aggrandizement than toward the good of the company as a whole. Playing politics connotes a degree of deception and dishonesty".

In contrast, Lee and Lawrence continue by advocating a radical political perspective, which does not consider whether political behaviour is right or wrong, deviant or dysfunctional. Instead they recognise that there are "different individuals and interest groups who will try to get their own way to the best of their ability" (ibid, p51). Lee and Lawrence quote other writers as support for their perspective who have emphasised politics as the conflict for limited resources in the organisation, but who make no assumption about organisational goals or about accepting the rights of any 'dominant coalition'. For example, Pettigrew (1975) sees political behaviour as making "a claim against the resource-sharing system of the organisations" (in Lee and Lawrence, p50-51). Likewise, Burns, (1961) states that "politics are the exploitation of resources, both physical and human, for the achievement of more control over others, and thus of safer, or more comfortable, or more satisfying terms of existence" (in Lee and Lawrence, p50-51).

This radical political perspective does not assume that management has the right to decide the goals of the organisation. Lee and Lawrence take the view that no interest group has any *a priori* rights, but they do accept that within an organisation it may be assumed that a particular group has these rights, either by themselves or other groups, which will influence the political situation. They continue by explaining that a distinctive feature of organisations is that there is a concentration of power at the top of the hierarchy but they do not judge it as right that the goals of those people are the goals of the organisation. This perspective characterises the organisation as a "complex network of competing and co-operating individuals and coalitions in which conflict is a natural occurrence" (ibid. 54).

Politics has also been described as the activity of managers to overcome opposition (Buchanan & Huczynski, 1991). I would argue that political behaviour is not restricted to managers and that employees' resistance to organisational change can be seen as political behaviour. As Lee & Lawrence's propose, politics is necessary when there is uncertainty or disagreement about a choice. In addition, the political model by Pfeffer (1981) describes the conditions when political behaviour is required in organisational decision-making. Pfeffer's model begins with the concept of differentiation, which refers to the division of labour with the result that the organisation has different specialist departments

and individual's jobs are defined by tasks. This differentiation within the organisation leads to the following:

- differing goals and understanding of what the organisation does, or should do, which leads to a parochial perspective of seeing the organisation from one point of view;

- different beliefs about implementation, or how things should be done;

- people being recruited into departments who have similar assumptions, which reinforces the differentiation;

- interdependence between people and departments so that the actions of one has an impact on the other;

- resources are seen as scarce and valuable, for example promotions, pay increases, budget allocations, delegation of authority, facilities and equipment;

Pfeffer argues that because the decision-making procedures and performance measures are uncertain and complex this can lead to competition between individuals and between departments. He adds, however, that political behaviour will only occur when the resource is regarded as being important and when there is a wide distribution of power rather than when power is centralised at the top of the hierarchy. This point emphasises that the distribution of power is dependent on the structure of the organisation and it can be seen that this also has an impact on authority relationships and political behaviour.

The critical perspectives of organisational theory also present analysis and theory about the political nature of organisations. According to Thompson and McHugh (1990), critical perspectives of organisation theory present a critique of orthodox approaches and through that critique "a different agenda begins to emerge, with a concern for issues of power, control, domination, conflict, exploitation and legitimation" (ibid., p31). Thompson and McHugh continue by outlining three critical perspectives, Social Action Theory, Labour Process Theory and Radical Weberianism. The general principles of these approaches are that they are:

- reflexive, which means they "have the capacity to reflect upon themselves so that values, practices and knowledge are not taken for granted" (ibid., p31);

- historical and contextual, which means that "organisational theory and practice can only be understood as something in process" within a structural setting, and interacting with "economics forces, political cultures and communities" (ibid., p32).

- social transformation, which means "empowering a wider range of organisational participants" (ibid., p34).

In the next section I will illustrate the Labour Process Theory perspective by quoting an account of resistance as a form of worker protest against power relationships in the workplace. However, the approach I took for my research was similar to the critical perspective of Social Action Theory outlined by Thompson and McHugh (1990). I will outline my approach in more detail in Chapter Four (see p110). The key aspect of my approach that is similar to Social Action Theory (Silverman, 1970) is the concept of social construction of reality (Berger and Luckman, 1967). This means that "rather than conceiving of people as products of systems and institutions, they are 'actors' who create these patterns through their own meaningful activity" (Thompson and McHugh, 1990, p35). This approach stresses the "possibility of change through purposeful reflection and action" (ibid., p35).

I would argue that as well as including political behaviour in the study of organisations, it is also important to include analysis of behaviour that is based on unconscious processes, i.e. arising from the unconscious mind. These aspects of organisations have been referred to as the 'shadow'. For example in his book '*In the Shadow of Organisation*' Denhardt (1981) examines the "repressed human side of organisation lying beneath the surface of formal rationality" (Morgan, 1986, p224). The term 'shadow' is one used by Jung and refers to "unrecognized or unwanted drives and desires, the other side of the conscious ego" (ibid., p224). As Morgan points out "in the shadow of the organisation we find all the repressed opposites of rationality struggling to surface and change the nature of rationality in practice" (p224). Stacey (2000) presents a different use of the term 'shadow' in his account of 'shadow themes' in organisations. He explains that legitimate themes organise what people talk about freely and openly, whereas shadow themes organise what people do not feel able to talk about freely and openly. By this Stacey means "conversations in which people feel able to give less acceptable accounts of themselves and their actions, as well as of others and their actions" (ibid., p377) He continues by pointing out that 'shadow themes' are part of conversations that people have in an informal small group with others that they know and trust (ibid). Stacey outlines the

formal and informal aspects of organisations and points out that this distinction is different from legitimate and shadow. He also points out that there are aspects of behaviour in organisations that people are consciously aware of and aspects of behaviour that are unconscious. Stacey presents how the organising themes of informal-formal, legitimate-shadow and conscious-unconscious relate to, and interact with each other (ibid.). In particular, he presents examples of "how relationships might be organised by themes that are informal, unconscious and have shadow characteristics" (ibid., p385).

It can be seen that these authors' use of the term 'shadow' have different meanings. To be clear, I will be using the term 'shadow' throughout my thesis to mean an alternative perspective to the 'forces of light and darkness' approach to organisational analysis. By the term 'shadow' I refer to a perspective that takes into account political behaviour and behaviour resulting from unconscious processes. This perspective examines how people behave in organisations and the social constructions and meaning they create to understand their own actions and the actions of others in the workplace.

The research approach I used for my research was from a 'shadow' perspective. In particular, I explored the idea that at an unconscious psychological level an individual's past experience of authority relationships has a major influence on how they will behave in current authority relationships and will also have an impact on how they themselves exercise authority. This perspective of authority relationships is discussed in detail in relation to the psychoanalytical literature to organisational analysis in Chapter Two (see p49). My approach from a 'shadow' perspective also examined how people behave in relation to organisations. By this I mean all people involved, not only those who are directly involved with the organisations, such as employers, managers and other employees, but also those who have developed and applied organisational theory. This means that I will also take a 'shadow' perspective in my literature review to examine how writers have chosen to portray organisational theory and analysis in the literature. I will be arguing that the behaviour of people in organisations, including consultants, researchers and writers, is not value free. I will also argue that the 'shadow' exists in: the development of organisational theory; the application of that theory; what is changed in organisations; how it is changed; who is involved in changing it; how the change is resisted; and what are sources of resistance. Each of these points will be addressed in more detail in Chapters Two and Three.

In the remaining section of this chapter I will outline a definition of a specific type of political behaviour, which is the main tenet of my thesis and that is the politics of resistance to change.

1.2.5 The Politics of Resistance to Change

The phenomenon of resistance to change has been described as "an effort to maintain the status quo" (Carr et al, 1994, p 80) and can be manifest in behaviour ranging from "generally negative attitudes to outright sabotage of the company's products and/or services" (ibid., p80). In addition, Buchanan & Huczynski, (1997, p467) define resistance to change as "an inability, or an unwillingness, to discuss or to accept organisational changes that are perceived in some way damaging or threatening to the individual." My main thesis argument is that examining the 'shadow' of the organisation, which includes political behaviour and behaviour resulting from unconscious processes, can help to identify sources of resistance to change. I also argue that authority relationships are an important aspect in resistance to change, particularly when change is being imposed through authority structures.

In the following chapters I will illustrate how the study of resistance to change has been subjected in the literature to the same polarization of 'darkness' or 'light' as other aspects of organisational analysis, depending on which perspective the writer is coming from. To give an example, it has already been stated that from a rationalist managerialist perspective, power is the capability of managers to overcome resistance from workers. From this 'forces of darkness' perspective resistance is seen as non-compliant behaviour of workers and is often referred to in the management literature as a 'barrier to be overcome'. From the perspective of the worker, and those writers who champion the plight of the worker, resistance can be seen as political action to protest against the oppression of management in enforcing change. Such writers could be described as taking a 'forces of light' perspective.

It is important to make a distinction between resistance to organisational change imposed by management and resistance as a form of worker protest about current working conditions in an attempt to bring about organisational change. This type of resistance by workers includes direct action such as strikes, demonstrations and damage to machinery or property. An example of this was the one-day national strike staged on 22 November, 1999 by thousands of BT customer service workers who were protesting against working conditions in call centres. The idea of a call centre is that customers ring one telephone

number and the staff use computer terminals to provide them with the information and service they require. Recent estimates are that over 400,000 workers in Britain are employed in call centres, which is more than the "combined workforce of coal mining, steel and vehicle production" (*The Guardian*, November 30, 1999). In the case of BT the reasons given for the staff discontent were "intolerable stress due to 'unachievable' targets and constant monitoring by superiors", shortage of staff and allegations of a bullying management (*The Guardian*, November 30, 1999). Direct actions such as sabotage and strikes have also been used as a form of resistance to proposed change in an organisation. In the case of call centres I present an example of this in my second case study (see Chapter Eight, p230) when there was resistance from people in a Human Resource (HR) Department to their function being set up as a call centre.

As mentioned in the previous section, the critical perspective of Labour Process Theory has focused on resistance as "a form of power exercised by subordinates in the workplace" (Collinson, in Jermier et al, 1994). According to Fincham and Rhodes (1999) "critical writers have long argued that the tension between managerial control and workers' resistance involves a clash of real interests" (p278) rather than being the result of poor communication or misunderstanding between managers and workers. In their book '*Resistance and Power in Organizations*', Jermier et al, (1994) present a series of case studies and analysis of employees' strategies of resistance from a labour process perspective. Beginning with the work of Marx this approach to resistance took the position that there was only one source of resistance 'revolutionary class-consciousness' (Jermier et al, 1994). This means that resistance "was to be interpreted as struggle against the fundamental defining feature of the capitalist mode of production, exploitation of labour through the generation and extraction of surplus value" (ibid., p2). To illustrate this point, in one of the case studies Collinson describes the source of resistance as follows:

> "Dissatisfaction, disenchantment and frustration pervades the lives of many employees in contemporary organizations. Those at the lower levels of hierarchies often feel particularly vulnerable, unfairly treated and unacknowledged and most excluded from decision-making procedures. Their sense of grievance and insecurity frequently translates into oppositional discursive practices." (in Jermier et al, 1994, p49).

However, the authors challenge the traditional Marxist view and propose that a contemporary analysis of labour processes must also take into account the subjectivity and identity of employees (ibid., 1994). They acknowledge that the nature of resistance in

contemporary organisations is now more complex than traditional labour process theory and take the concept of social identity to be at the centre of subjectivity.

The authors do not define their use of the term subjective, but I take it to mean the inner world of the individual. They continue by describing their perspective as an attempt "to describe subjects in societies, who experience great anxiety about the pressure their culture places upon them to construct and maintain stable identities, despite the fact that traditional categories of self no longer are compelling" (ibid., p8). The approach taken is to "investigate the meaning that subjects themselves attribute to their actions or behaviour" (ibid., 10-11).

The studies presented in the book indicate the different strategies used by employees to express opposition to the power relationships that constitute their identity. What the authors mean by this is that an individual will be in a certain power relationship in the organisation, e.g. as a subordinate to a manager, and that this relationship will form part of their subjective identity. The resistant behaviour, therefore, is understood as being how that individual expresses opposition to the power relationship that they see as being part of their identity. There are similarities between the authors' perspective of social identity and the work of the social psychologist Tajfel (1981), who developed 'social identity theory'. However, Tajfel is not acknowledged by any of the authors in the book *Resistance and Power in Organizations* (Jermier et al, 1994). I will describe Tajfel's work in Chapter Three (see p92).

Other case studies in Jermier et al (1994) present examples where the source of resistance was not just the part of the individual's identity relating to power relationships but also other parts of their identity. For example, the source of resistance by clerical workers in a recently privatized utility company was not only the immediate work situation but also their commitment to supplying a socially useful service and their belief that the privatisation of the organisation had resulted in a predatory pursuit of profits (O'Connell Davidson, in Jermier et al, 1994).

The labour process perspective proposes that resistance is the result of conscious and rational actions of people. For example, in the conclusion to the book Clegg refers to the case study of managerial sabotage by LaNuez & Jermier in stating that:

> "workplace sabotage often is a rational, calculative action by which employees knowingly weigh the exercise of this extreme form of protest and resistance against its associated risks ... and consequences" (in Jermier et al, 1994, p310).

Clegg explains "... the research task that the authors outline [is] of attempting to restore rationality to those whom organizations so often deem irrational" (ibid., p311). Clegg argues that "resistance does require consciousness, does require that those who are resisting have a consciousness of doing so" (ibid., p297). However, by taking this view of the politics of resistance the 'shadow' of the organisation is therefore seen as being the result of organised action with the purpose of opposing existing power relationships. The authors avoid discussion of any apparently irrational behaviour.

Labour process theory has made a contribution to understanding resistance as protest to existing power relationship and in particular that the power and authority relationships that individuals experience form part of their subjective social identity. The focus of my research was to explore the psychological sources of resistance to change and I would agree that the power and authority relationships within the organisation form a central part of the psychological sources of resistance to change. However, I would argue that the politics of resistance to change can be understood on different psychological levels and that resistant behaviour can be the result of unconscious processes.

As mentioned earlier, the approach I adopted in my research examined the 'shadow' of the organisation, which included political behaviour and behaviour resulting from unconscious processes. This perspective examines how people behave in organisations and the social constructions and meaning they create to understand their own actions and the actions of others in the workplace. The aim was to identify sources of resistance to change in organisations and by this I mean the resistant behaviour that occurs when management try to bring about change through the authority structures in an organisation. The approach I used was a process consultancy method and another key aim of my research was to explore the impact of using this consultancy approach to identify, understand and work with sources of resistance to change. In the next section I outline the structure of my thesis.

1.3 Structure of Thesis

In **Chapter Two** I will describe the different organisational consultancy approaches that could be used to bring about organisational change and to identify sources of resistance to change. Throughout the discussion I will refer to how writers have been represented either from a 'forces of darkness' or 'forces of light' perspective in the literature. In this discussion I describe the process consultancy model that I used for my research, which

involves employees and applies principles from psychoanalysis and systems theory. In **Chapter Three** I outline the different psychological perspectives on sources of resistance to change and present examples of empirical research from organisational behaviour, cognitive psychology, social psychology, and psychoanalysis and systems thinking. The psychoanalytic perspective on sources of resistance to change was the theory that informed my research and a key aim of my research was to use my case study findings to explore and build on this guiding theory.

In **Chapter Four** I present the underlying research method of the process consultancy model, which is an action research method. In **Chapter Five** I present the design and procedure for my first case study in an NHS Trust. The NHS case study was conducted with staff in community care residential homes for adults with learning disabilities. The evidence from this case study was used to develop several working hypotheses and to explore and build on the guiding psychoanalytic theory of the sources of resistance to change. These findings are presented in **Chapter Six.** From the findings of the first case study I also developed two working hypotheses, which are outlined in the discussion of the NHS case study in **Chapter Seven.** The working hypotheses were explored in a second case study that was conducted with staff in the head office of a national high street bank. The procedure and findings of the Bank case study are presented in **Chapter Eight.** A discussion of both case study and the conclusions of my research are presented in **Chapter Nine.**

1.4 Summary of Key Points

A summary of the key points that have emerged from this chapter are as follows:

- Organisations are social arrangements for achieving controlled performance in pursuit of collective goals, which requires the establishment of authority relationships;

- Organisational theory is represented in the literature as being polarised into the 'forces of darkness' and 'forces of light' perspectives;

- Authority is defined as arising from the legitimisation of the distribution of power;

- There are different forms of authority based on the characteristics of source and the motives of others for complying with that authority figure;

- There is some degree of dependence in authority relationships;

- The rationalist, managerialist perspective implies that change in organisations is brought about through employees' compliance with authority;

- A rational model of organisations regards political behaviour as illegitimate and subversive;

- A political model accepts that individuals and interest groups have different goals and values and there will be political behaviour by any social actor to influence decisions and organisational change;

- Political behaviour has been described as a means of overcoming opposition and is necessary when there is uncertainty or disagreement about choice;

- Political activity is dependent on certain structural aspects of the organisation, in particular differentiation within the organisation and the extent to which there is a wide distribution of power.

- By studying organisations and the politics of resistance to change from a 'shadow' perspective a more sophisticated analysis is possible that takes into account how people behave in organisations, political behaviour and behaviour as a result of unconscious processes.

2 Chapter Two: Organisational Consultancy Approaches

A key aim of my research is to explore the impact of using a process consultancy model to identify, understand and work with resistance to change in organisations. The aim of this chapter is to explore the different organisational consultancy models that are used to bring about change in organisations and in particular to outline the underlying principles of the particular process consultancy model that I used for my research. Firstly I will present the expert-process continuum of consultancy and then explore the origins of the expert and process consultancy models in turn.

2.1 The Expert-Process Continuum of Consultancy

Schein (1969, 1987a, 1990) presents a continuum of consultancy styles ranging from the expert to the process models of consultancy. These are summarised clearly by Huffington et al (1997, adapted from p29-31) as follows:

1. "**The Purchase/Expert model** – is the most common form of consultancy, in which a client buys expert services or information. Such a model is content-orientated and is most successful if:

    - the client has correctly diagnosed the problem;
    - the client has correctly matched the available specialized expertise with the 'problem' to be 'solved';
    - the client has thought through the consequences of posing the 'problem' and having it 'solved'.

2. "**The Doctor-Patient model** – the client is aware of some 'symptoms' of their problems ... but they have not come up with a diagnosis. They expect the consultant to pinpoint the cause of any problems and prescribe remedies. It is most successful if:

    - the client has correctly interpreted the 'symptoms';
    - the consultant correctly diagnoses the problem and prescribes appropriate solutions;
    - the client accepts the prescription and will do what the consultant recommends.

3. "**The Process Consultancy model** – the consultant is less concerned with the content of a problem, and more with the process by which the individual, group, or organization identifies and solves problems. The model focuses on helping clients form their own diagnosis ... Clients are then helped to generate, select and implement any associated solutions. It is based on the following assumptions:

- the client seeks help when he/she does not know exactly what the problem is;
- the client does not know what help is available or relevant to the problem;
- the client benefits from participation in the diagnostic process;
- the client knows what interventions will work;
- the client benefits from learning how to solve problems him/herself."

The advantages of using a process model are that the client maintains the ownership and responsibility for the diagnosis and solution of the problem. The consultant is also able to pass on some of their diagnostic and intervention skills to the client. In Schein's words "helpers must help their clients to learn how to learn" (1990, p60). I would argue that another benefit of using a process consultancy model is that the increased participation of people in the process and ownership of the problem and solution would lead to less resistance to change. In addition, this approach offers a method of identifying, understanding and working with any resistance if it does occur. It was for these reasons that I used a process consultancy approach in my research. This consultancy approach has the underlying principles of an action research method, which I will describe in Chapter Four (see p110), and a key aim of my research was to explore the impact of using this approach.

In contrast to the process consultancy approach, when a consultant adopts either a purchase/expert or doctor-patient model the consultant takes ownership and responsibility for diagnosis and selection of a solution. In this case, therefore, the client is dependent on the consultant and is not involved in the change process. I would argue that it is more likely there will be resistance to the change as it is imposed on employees and the process does not involve a method of understanding what might be the sources of that resistance. Also if the solution fails then the client could easily blame the consultants, who would then become the scapegoats.

Schein (1990) proposes that consultants should always start in the process consultant mode, even if the purpose of the project is to provide technical consultancy. In this way the client will maintain ownership of the problems and solutions, whereas the consultant offers expert advice when it is appropriate. The idea is that the consultant will move along

the continuum of consultancy styles from process to expert when it is appropriate to do so during the project.

The process consultancy approach is an example of what Schein (1987b) refers to as the 'clinical perspective' to fieldwork in organisations. In using the word 'clinical' Schein means "those helping professionals who get involved with individuals, groups, communities, or organisations in a 'helping role'" (ibid., p11). He makes the distinction between a clinical and an ethnographic approach to working with and studying organisations. The link with the process consultancy approach can be seen from a key point he makes about the clinical approach that it would involve managing the relationship with the client to enhance their ability to learn to solve their own problems. The other key point is that the client initiates the inquiry and the clinician will focus on the aspects of the organisation where the client has asked for help. In taking up a helping role the clinician will make interventions that will change the organisation and the impact of the interventions will be part of the data gathered. This indicates the underlying action research approach to process consultancy, which I will outline in Chapter Four (see p110).

In contrast, Schein points out that an ethnographic approach would involve data collection and analysis without influencing or changing the organisation being studied. Schein states "the ultimate goal is to obtain valid data for 'science', not to change, help, or in other ways influence the system being studied" (ibid. p22). In addition, the ethnographer would initiate the study and focus on the aspects of the organisation that fit with their research interests. Schein (1987b) outlines that there is a different psychological contract between the clinician and client compared to the ethnographer and subject. The client is paying a fee for help and the clinician is not obligated to understand what is happening in the organisation provided they are able to facilitate a problem being solved. The nature of the organisational research, therefore, is for the clinician to make an intervention to change the system. In contrast, the goal of the ethnographer is to gain understanding and the subject will have access to feedback from the research. As mentioned earlier, the nature of the research for the ethnographer is to participate, observe and interpret but not to change the system.

Schein points out that there are advantages of combining data gathered from a clinical and ethnographic perspective. For example, clinicians often work with key people in the power centre of the organisation and see the motives and intentions of these people but not the consequences of what they do. The ethnographer often works at the lower levels of

the organisation and sees the consequences but does not have access to the motives and intentions of the people in the power centre. It follows that combining this data gives a clearer understanding of the whole organisation.

I used a process consultancy model for my research and therefore also took the clinical perspective outlined by Schein (1987b). Another key distinction made by Schein is that "the clinician who is asked to help must have a model of how to improve the situation" (ibid. p29). This means intervening with "diagnostic or provocative questions, with interpretation suggestions, or recommendations in order to elicit a response from the client" (ibid. p29). He continues by pointing out that the nature of the response from the client also forms part of the diagnostic data about what is happening in the organisation. Schein makes the connection that the focus for the clinician is towards concepts of health, change and improvement, which requires them to hold an underlying theory of "system health" (Bennis, 1962). Schein states that "the clinical perspective is theory linked whether the clinician is consciously aware of this fact or not" (ibid. p40) and gives examples of the underlying theory as psychoanalytic theory or sociotechnical theory. He points out that the interventions of clinicians with different underlying theories may be similar and it tends to be the written analysis of different theoretical perspectives that professional colleagues may have a reaction to. I have mentioned that I took a clinical perspective for my research and used a process consultancy model. My underlying theory of "system health" was an integration of psychoanalytic and systems theory. Later in this chapter I outline how I applied these theories to the process consultancy model.

Earlier in this chapter I introduced Schein's continuum of consultancy styles with the two extreme ends of the continuum being the expert and process consultancy approaches and the next sections I will outline the origins of these approaches. The classic expert approach to consultancy is scientific management, which has been represented as the 'forces of darkness' perspective. The process consultancy approach has its roots in the human relations movement, which has been represented as the 'forces of light' perspective. In the remainder of this chapter I will outline each of these in turn.

2.2 Expert Consultancy Model

To illustrate the expert consultancy model I will outline its origins in scientific management and a more recent application in Business Process Reengineering.

2.2.1 Scientific Management

The expert consultancy model has its origins in scientific management, which was pioneered by Frederick Taylor and his most famous work was the '*Principles of Scientific Management*' (1911, in Taylor 1947). There are three key elements to scientific management that indicate how it can be considered an expert model of consultancy and these are that it was a rationalist model of the organisation, that change was imposed through the authority structures, and he studied workers in isolation from groups or the organisation as a whole. Each of these is outlined in the following sections.

2.2.1.1 Rationalist Model of Organisation

Taylor introduced his principles to address the phenomenon of "underworking ... deliberately working slowly so as to avoid doing a full day's work, 'soldiering' as it is called ..." (1947, p14). At that time workers had been used to planning their own work and deciding how it was performed. I would argue that the resulting underworking, or restriction of output, was a form of resistance. Taylor (ibid.) believed there were three causes of underworking, or sources of resistance, which were:

- The fallacy that an increase in output would result in the loss of jobs.
- The defective management systems which make it necessary for workers to work slowly to protect their best interests, i.e. managers not being aware of the proper speed at which an activity should be done and workers engaging in peer pressure to maintain the slowest pace;
- The inefficient rule-of-thumb methods, which mean that workmen waste a large part of their effort.

Taylor set out to achieve the following:

- to demonstrate the national loss suffered through inefficiency;
- to prove that the remedy was systematic management and training people right rather than searching for already competent great men;
- to prove that 'the best management' is a 'true science' based upon clearly defined laws, rules and principles, which can be applied to all human activities.

This final point indicates that Taylor's scientific management was based on a rationalist approach to management and organisational theory.

2.2.1.2 Change through the Authority Structures

The purpose of the scientific management approach was to find out by experiment what was a proper day's work, i.e. the best way of performing an activity and measuring the time of every operation, and the data collected included the best technology, tools and work-flow. Management were responsible for finding out the best way of performing activities, who would then plan and make available the resources to ensure that workers attained that level of performance. This approach created a new division of labour between management and workers and change was brought about through the authority structures. Taylor advocated management by 'initiative and incentive' and managers exercised authority based on inducement. Workers received special incentives, e.g. increased pay, rapid promotion, bonuses, shorter hours, improved working conditions, to encourage each workman "to use his best endeavours, his hardest work, all his traditional knowledge, his skill, his ingenuity, and his good-will – in a word, his 'initiative' so as to yield the largest possible return to his employer" (ibid. p32).

The outcome was that managers were responsible for the precise measurement, monitoring and control of performance for every task employees undertook. The planning ahead of each day of work used to be conducted by the workmen, but managers took on all the thinking about the tasks leaving the workers just to perform them. This division between management and workers was a significant change brought about by scientific management and is still prevalent in many organisations today.

Taylor (ibid.) did experiment with other ways to bring about change. Earlier in his career he attempted to enforce a higher pace of work and found that the men became hostile and threatened him with physical violence both inside and outside the works. He concluded that trying to increase output by putting pressure on men led only to struggle and conflict. Taylor (ibid.) provides a vivid description of these incidents of resistance to change through coercive methods, which indicates that he was aware of the 'shadow' of the organisation.

There is also evidence that he was thinking about the process by which he could bring about change and in particular how workers could be involved in that process, which is the basis of the process consultancy model. For example, he emphasised that there should be joint working in drawing up the plans for each task and that workers should be encouraged

"to suggest improvements, both to methods and implements" (ibid. p128). However, the approach he used to bring about change was an expert consultancy model, which emphasised management and himself as experts bringing about change through the authority structures.

The reason for this may have been that Taylor had a very low opinion of the workers and writes that they were too stupid to be involved in thinking about the tasks. For example, in his selection of the best man to train as a pig iron handler, he required him to "be so stupid and so phlegmatic that he more nearly resembles in his mental make-up the ox" (ibid. p59). He continues by explaining that any man more intelligent would find the work too monotonous. However, Taylor oscillated between being against exploitation of the workers, but then behaving towards the workers as if they were animals. He tried to justify the harsh way he spoke to workmen by saying that it was the way they were used to being talked to and that they would not understand more articulate speech.

Taylor (ibid.) also described his unsuccessful experience of trying to implement a process consultancy approach by involving workers in the change process. He tried a more democratic method with the women at the steel ball factory by asking the women to vote on whether they wanted to work less hours for the same pay. To his dismay he found that they voted unanimously in favour of staying with the same hours and "wanted no innovation of any kind" (ibid. p88). In response to this resistance to change Taylor resorted to management by enforcement and he reduced their hours gradually and gave them regular breaks. He found that "with each shortening of the working day the output increased instead of diminishing" (ibid. p88).

I would argue that Taylor was one of the first people to identify the problem of how to bring about change and overcome resistance to change. The struggle identified by Taylor was not so much about what should be changed but how to bring that change about. This is the core problem for any organisational consultant in their choice of consultancy approach to bring about change, the two extremes being an expert or process consultancy approach.

2.2.1.3 Studying Workers in Isolation

Further evidence that Taylor was aware of the 'shadow' of the organisation was presented in his account of the peer pressure in gangs that encouraged soldiering. However, his approach to tackle such group resistance was to isolate and work with each individual. This isolation of workers also guarded against political group behaviour and union action,

such as collective bargaining and indeed there were no strikes during Taylor's time at the steel works. Taylor argued that the workers benefited from being treated as individuals rather than as part of a gang. In particular, he proposed that scientific management had the advantage of providing education and training to meet the needs of each individual and those with the capability were able to learn new tasks and skills so they could be promoted. He also argued that workers relationship with management was good and that workers considered management to be "friends who were teaching them and helping them to earn much higher wages than they had every earned before" and "it would have been impossible to have stirred up strife between these men and their employers" (ibid. p72).

Although Taylor outlines how workers supported the change to scientific management, there was some resistance to the approach and this is outlined in the following section.

2.2.2 Resistance to Scientific Management

Taylor describes opposition from unions as a major source of resistance to the change to scientific management. He quotes the union opposition experienced by Frank Gilbreth who applied the principles of scientific management to a time and motion study of bricklaying. Gilbreth had worked out improvements that eliminated needless motions and thus successfully increased the number of bricks each man could lay per hour. The men were union bricklayers and received a substantial increase in wage when they learned the new method but were 'dropped' if they did not. Not all unions accepted this scheme and Taylor described the tyranny of some misguided bricklayers' unions that restricted the number of bricks the workmen were allowed to lay. He was aware that the workers sincerely believed it was of benefit to restrict their output, but his own feelings were that it was criminal, resulting in people having to pay higher rent for their housing and trade being driven away from the area. Taylor's response to such resistance was that management had to enforce the principles of scientific management, rewarding compliance with higher salaries and discharging any worker who did not comply. He warned against trying to push the changes through too quickly and he maintained an idealistic view that although:

> "for a time both sides will rebel against this advance. The workers will resent any interference with their old rule-of-thumb methods, and the management will resent being asked to take on new duties and burdens; but in the end the people through enlightened public opinion will force the new order of things upon both employer and employee" (ibid. p139).

This quote illustrates that Taylor's approach to tackling resistance to change was to continue to enforce change through the authority structures. This principle is a core element of the expert consultancy model, which, I would argue, can lead to further resistance to change. In the next section I present a critique of scientific management.

2.2.3 Critique of Scientific Management

The main criticisms of scientific management are as follows:

2.2.3.1 Rationalist and Mechanistic Approach

Taylorism has been heavily criticised for its rationalistic perspective and mechanistic approach to people in organisations, which has been regarded as inhuman with the potential for management to wield the optimum power and control over employees. In more recent literature Taylor is generally represented as being from the 'forces of darkness' perspective, for example Buchanan & Huczynski (1997, p342) describe his approach as being "striking in its dismissive interest in people" and that he did not believe them important at all. His work has been regarded as "so influential yet so maligned" with the human cost being the reduction of people to automatons (Morgan, 1986, p31). Weber (1947) rather cynically viewed the American system of scientific management as the extreme form of rationalization with its main triumph being the 'dehumanization', which was welcomed by capitalism and develops more as the bureaucracy is 'dehumanized' (in Clegg & Dunkerley, 1980). It is argued by Clegg & Dunkerley that the movement appeared when it did as a solution to the main problem for capitalist enterprises at the time – the social control of the labour force. Further, scientific management is said not to provide the opportunities for career progression through the bureaucracy, as espoused by Weber (1947), but instead: "No individual human potentialities would enable any particularly skilled worker to develop any creative capacities. These would remain captive and stunted" (Clegg & Dunkerley, 1980, p82-83).

I would argue, however, that it is how industrialists have applied Taylor's principles that should be open to this criticism. His intention was that the approach would bring workers and management together in the 'search for discovery of the laws of least waste'. Indeed, he begins his work by setting out the main objective of management as being "to secure the maximum prosperity for the employer, coupled with the maximum prosperity for each employee" (Taylor, 1947, p9). Prosperity is defined as low labour cost for the employer and high wages for the employee. Taylor writes that at the foundation of scientific management is the conviction that the interests of both managers and workers are the same

and the aim is to build cooperation rather than antagonism. He claims those companies that changed to scientific management at the time not only increased wages by 30-100 % and doubled output, but also had no strikes by men working under the system. He reflects on the difference that, compared to "suspicious watchfulness and the more or less open warfare which characterizes the ordinary types of management, there is universally friendly cooperation between the management and the men" (ibid. p28). Taylor was aware that there were different approaches to applying his principles and he warned that "what any one man or men may believe to be the best mechanism for applying these general principles should in no way be confused with the principles themselves" (ibid. p28). He added later in his work that the application of the principles "will lead to failure and disaster if accompanied by the wrong spirit in those who are using it" (ibid. p129).

To give an example of this, the first strike to occur in America under scientific management principles was by moulding workers in the foundry at the Watertown Arsenal in 1911. After further investigation it was found that the method had been successfully applied in the machine shop for two years before the strike. The reasons for worker resistance in the foundry have been explained as "more a result of managerial ineptitude than an example of worker resistance to scientific management" (Buchanan & Huczynski, 1997, p343). The project did not have the full support of the Controller, General William Crozier, who was against giving bonuses for reduced job times and showed a mistrust of the workers by thinking that the time studies alone would lead to a strike (ibid.). This demonstrated that many managers misunderstood Taylor's principles and were unwilling to apply one of the basic tenets -that there should be no limit to the earnings of high-producing workers (Pugh & Hickson, 1989, p93).

2.2.3.2 Top Down Approach to Change

Although Taylor advocated 'top down' change through the authority structures, it is important to mention how Taylor's principles of scientific management differed from managerialism, which was being developed around the same time. For example, the work of Henri Fayol (1916) was a theoretical analysis of management that remains the basis of management theory to the present day (Pugh & Hickson, 1989). Fayol advocated that managers would command, coordinate and control, which emphasised a 'top down' authority relationship between management and workers to attain the organisations goals. However, Taylor advocated an integration of a 'top down' process of change through the authority structures and a 'bottom up' approach to what was changed. This meant that the activities of the workers were the central aspect of the organisation with the management

structures and planning being built around the work itself. In contrast, Fayol put forward a 'top down' approach to what was changed in that management developed a plan, set the goals for the organisation and then develop the organisational structure necessary to achieve these goals. In other words, the structures were built around the management plan rather than around the activities of workers.

I would argue that the combination of this fully 'top down' approach to management and the misuse of Taylor's principles that led to the rationalist 'forces of darkness' approach to organisational theory. I would add that Taylor has been unfairly criticised for what seems to be the misapplication of his principles by unscrupulous Industrialists in order to control the workforce. Several supporters of scientific management were aware of the detrimental use of the principles to de-humanize people in the workplace and encouraged industrialists to consider the human aspect of organisations. For example, Lillian Gilbreth (1916) emphasised the importance of the appropriate mix of work and rest to reduce fatigue, the introduction of rest periods and chairs and that the working day should be shortened (in Buchanan & Huczynski, 1997). In addition, Henry Gantt's approach involved less detailed analysis of tasks but instead gave workers the parameters of time allowed, operations to be carried out and methods to be used, within which workers established the 'best known way at present' (in Buchanan & Huczynski, 1997). He supported Taylor's analysis that workers were motivated by money but replaced the piecerate system, which had caused hostility between workers and management, with a set day rate plus bonus scheme for meeting the time set for each task (ibid.). He also developed the Gantt Chart, which is still used in organisations as a visual display for planning activities. In keeping with Taylor's 'bottom up' approach to organisational management these writers began with the work tasks and then constructed the appropriate structures and planned base on the core activities of the work. As Buchanan & Huczynski (1997 p349) put it, "the whole purpose of work study was to improve efficiency and consistency, and these were necessary for effective planning". In the next section I outline Business Process Reeingineering, which is a recent example of expert consultancy.

2.2.4 Business Process Reeingineering

Scientific Management is at the root of more recent expert consultancy interventions, such as Business Process Reeingineering (BPR), which was popular during the 1990's. As Davenport (1995, p1) puts it the term BPR refers to a spectrum of interventions ranging from any attempt to change how work is done to organisational transformation in "strategy, processes, culture, information systems, and other organisational domains". He

also points out that although the idea of managing and improving business processes has its roots in the performance improvement techniques development by Taylor, it has become a broader process of organisational change. The primary objective of a BPR project was to radically reduce headcount and overhead costs (Davenport, 1995). The limited success of implementation of BPR consultancy is well documented. For example, a case study of a reengineering project conducted at Pacific Bell illustrated how the assumptions at the design stage differed greatly from the requirements for implementation (Stoddard et al, 1996). The authors conclude by suggesting a series of revised assumptions, but of particular relevance to this discussion is the statement that "reengineering design is top-down directed, but implementation requires acceptance from the bottom-up" (ibid., p72).

In the case study of Pacific Bell it was found that "the broader cultural and political climate, and the lead time necessary for training and information technology-based applications, required a field-driven, evolutionary implementation approach" (Stoddard et al, 1996, p64). According to Davenport (1995, p9) the future for reengineering, particularly in the case of knowledge work, is the use of the "nontraditional approach ... of ethnographic techniques to understand in detail the nature and context of the process under analysis". He continues by explaining the assumption behind such an approach is that

> "the flow of activities of work processes are highly contingent and contextually based. Unless the situational variables determining how work gets done are fully understood, it will be impossible to make changes that will be adopted by workers" (ibid.).

In light of the need for workers to change their behaviour to perform the new process, Davenport also questions the 'top-down' nature of reengineering and cites examples of firms where workers have not adopted the prescribed process design because they had no involvement in its creation. He refers to the concepts from the sociotechnical literature and states that "part of the problem with classical reengineering is that it ignores much of what we have previously learned about the value of participative work design" (ibid.).

This last point illustrates the dilemma of many organisational consultants who hold a misconception that an expert consultancy approach, such as BPR, and a process consultancy approach, such as participative work design, are mutually exclusive. I would argue that it is possible to develop an approach that integrates process and expert models

of consultancy by viewing them as opposite ends of the same continuum. In the next section I will outline the process consultancy approach.

2.3 Process Consultancy Model

The process consultancy model has its origins in the Human Relations Movement, which is often represented in the literature as being a response to the dehumanizing effect of scientific management. In Perrow's (1973) analysis, where scientific management represents the 'forces of darkness', the Human Relations Movement is seen as the 'forces of light' with a focus on the human dimension of organisations rather than structures. In this section I will present the contribution of Human Relations Movement to developing the process consultancy model. Using this model means that the focus for the organisational consultant is on the process by which change is brought about rather than the specific content of the change. However, I would argue that both the process and the content are important and, as mentioned earlier, Schein (1990) proposes that consultants should always start in the process consultant mode, even if the purpose of the project is to provide technical consultancy. This enables people in the client organisation to maintain ownership of the problems and solutions and the consultant will offer expert advice when appropriate.

The process consultancy model that I used for my research is an approach that integrates three key elements and these are to:

1) involve employees in the change process and provide opportunities for their input to decisions made about change;

2) apply principles from psychoanalysis to the consultancy approach;

3) apply principles from systems theory to the consultancy approach.

One key aim of my research was to explore the impact of using this process consultancy model to identify, understand and work with resistance to change. This process consultancy approach has its roots in the Human Relations Movement and the purpose of this chapter is to outline each of these elements in turn.

2.3.1 Involvement of Employees

To illustrate the roots of the idea of involving employees in the change process and in decision making I will quote examples from Human Factors, the Hawthorne Studies and the work of the Tavistock Institute of Human Relations.

2.3.1.1 Human Factors

Whereas the Human Relations Movement did not begin in America until the 1930's, industrial psychology emerged in Britain after the First World War (Hollway, 1993). The initial focus of Human Factors was on worker welfare such as fatigue, working conditions and selection. However, one employer, Seebolm Rowntree, whose company was Rowntree Cocoa Works, recommended worker participation by "consulting the workers on all matters directly affecting them, and extending as rapidly as experience shows to be prudent the sphere of their real responsibility" (Rowntree, 1979, p 143). This recommendation was based on his experience of the appalling conditions and widespread resistance in the Ministry of Munitions (ibid.)

He developed the Central Works Council, which had representatives of workers and administrators. In addition he organised meetings between employers and unions, and initiated the role of personnel management as professional industrial welfare workers (Hollway, 1993). He published '*The Human Factors in Business*' in 1921, which demonstrated his concerns about how the labour unrest culminating in lost working days through strikes and lock-outs before the war had "broken out again with redoubled force" (Rowntree 1979, pv). Rowntree's was the first British industry to employ psychologists in 1922, although before that time work had been done there by psychologists through links with the National Institute of Industrial Psychology (NIIP). Their work involved using time and motion studies and selection methods, but there was also a developing interest in the feelings of employees (Hollway, 1993).

The other area of work that psychologists engaged in was 'Labour Research', where the aim was to 'personalize' the relationship between management and workers and encourage the treatment of employees as individuals. This was conducted when a part of the organisation had become a 'storm centre' where the authority of management was being questioned and the fear was that it would lead to "a situation of mild mob hysteria" (quoted in Hollway, 1993, p48). There were three crucial elements to this approach, which I would argue are still at the basis of the process consultancy model:

- working with the employee to think about recommendations to changing the way work is done, rather than reinforcing the belief that the manager (or consultant) is the only one capable of thinking about the job;

- helping employees to understand how their activities interrelate with the rest of the organisation, rather than maintaining the departmental specialization advocated by bureaucratic thinking;

- giving employees an opportunity in an unstructured format to verbalize what their experience is of working in the organisation, rather than denying that workers have emotions or making assumptions about how workers must be feeling.

It was also crucial that 'Labour Research' had the support from the leadership. For example, according to Hollway, in 1920 Rowntree wrote "there is a growing need for some relationship between the management and the workers which is more intimate, more personal, more flexible than anything that can be achieved merely through improvement of labour's material environment" (quoted in Hollway, 1993, p48). I would argue that leadership support is essential for any consultant using a process consultancy approach with employees.

2.3.1.2 Hawthorne Studies

The three main Hawthorne studies that appear most frequently in the literature are the Illumination experiments, the Relay Assembly Test Room experiments and the Bank Wiring Room experiments. A summary of these studies and a critique of the Hawthorne studies can be found in Appendix B (see p299). The fourth study is the Interviewing Programme, which is usually either briefly mentioned or omitted from consideration in most of the literature and this will be discussed in the next section on the application of psychoanalysis (see p49).

Some accounts in the literature have stated that the Hawthorne researchers discovered the informal group influences that workers engaged in to maintain restricted output, for example Buchanan & Huczynski (1997) explain the reason for this behaviour was that workers:

> "were afraid that if they significantly increased their output, the unit incentive rate would be cut and the daily output expected by management would increase. Lay-offs might occur and men could be reprimanded. To forestall such consequences, the group members agreed between themselves what was a fair day's output" (p186.)

However, I would argue that Taylor had described this behaviour in 1911 as 'soldiering', which was the group behaviour that inspired his development of scientific management. In fact both Taylor and the Hawthorne researchers had identified the same phenomenon:

that workers will apply group pressure and norms to restrict output based on a fear that they would lose their jobs. These researchers, who are generally portrayed as being from separate ends of the 'forces of light and darkness' continuum, were writing about the same aspect of the 'shadow', that of the politics of resistance. I would argue that the more important area for study is the different methods they developed to tackle the same phenomenon. I have already outlined Taylor's expert consultancy method of scientific management (see p32) and that his approach to group influences was to separate workers and deal with them individually, thus avoiding the problem altogether. The Hawthorne researchers used a process consultancy approach to bring about change in the Relay Assembly Test Room by consulting the women about changes and listening to complaints. In the Test Room the researchers did not experience any resistance to change from the workers and productivity increased, which indicated there was no restriction of output as a form of resistance. In the Bank Wiring Room the process consultancy method of observation was used by the researchers to identify the 'shadow' of the organisation in terms of restriction of output as a form of resistance.

I would argue that these Hawthorne experiments provide evidence not only of how there is less resistance to change when a consultant uses a process consultancy approach but also that the approach can be used to identify and address restriction of output as a form of resistance. However, the gender difference between the two studies should be noted, which may have had an influence on the results. Unfortunately, the researchers did not consider this aspect and could have studied an all male or mixed gender group under the same conditions as those in the Test Room to see if the same results occurred. It is clear, however, that the different type of relationship with the supervisor did have a major influence on the workers. As Mayo (1949) documented, the women became a team who fully cooperated in the experiment because the relationship with the researcher was such that:

> "they felt themselves to be participating freely and without afterthought, and were happy in the knowledge that they were working without coercion from above or limitation from below" (in Pugh, 1990, p348).

Mayo outlines the contrast with the method used by efficiency engineers who attempt to gain cooperation from the workers "by organizing the organisation of organisation without any reference whatever to workers themselves. This procedure inevitably blocks communication and defeats his own admirable purpose." (ibid., p348) By this, I would argue Mayo is referring to an expert consultancy approach where change is imposed

through the authority structures of the organisation. Mayo puts forward that restriction of output is the result of a "failure of free communication between management and workers ... [that] leads inevitably to the exercise of caution by the working group until such time as it knows clearly the range and meaning of changes imposed from above" (in Pugh, 1990, p354).

2.3.1.3 Tavistock Institute of Human Relations

The seminal work of the Tavistock Institute and its followers produced a body of empirical research, which fundamentally challenged the assumptions that had been made about organisations since the Industrial Revolution. Trist and Murray (1993) have recently published a compilation of what is nearly 50 years of research and theory on the socio-technical perspective to organisations. Excellent summaries are available in two review papers published in the journal '*Human Relations*', Pasmore (1995) and Scarbrough (1995). In this section I will focus on their approach to involving employees in the change and decision making process.

One of the most well known aspects of the work of the Tavistock is the idea of self-managed work groups and semi-autonomous work groups. Emery makes the distinction between these in that a semi-autonomous group has authority to make decisions but often lacks the supporting infrastructure to be a true self-managed group (Pasmore, 1995). There are many classic studies by the Tavistock Institute where self-managed groups were successfully set up. For example, the very first was by Trist & Bamforth (1951) who studied the 'shortwall' method of coal mining where multiskilled miners worked closely together in teams. There were significant differences in productivity, safety, absenteeism and morale compared to the traditional 'longwall' method where each miner worked in isolation performing a single or limited number of tasks (Pasmore, 1995). Rice (1953) set up similar self-managed groups in the Indian weaving industry, which were still in operation when Miller (1975) conducted a review 17 years later. Since that time many other similar projects have been conducted which are detailed in Trist & Murray (1993) and Miller (1993).

The idea of a self-managed work group was very different from the traditional authority relationships of superior and subordinate. Lawrence (1979) describes the key aspect as being that:

> "every individual who takes up a role in a work group and by extension in an enterprise, is called upon to manage himself in his role. This is done in two

ways: by managing himself in relation to his work tasks and activities, and by managing his relationships with other role-holders" (p244).

In addition, Lawrence makes the point that the concept of management of oneself in role requires:

> "a reorientation of the individual's understanding of his political relatedness to the institutions of his society; a reorientation from having/not having power and authority as some kind of social possession towards taking authority for the nature of one's being as a system interrelating with other systems, be they other people, families, enterprises, institutions, or society" (ibid. p243).

Rather than the traditional authority relationship between worker and manager, which tended to be based on the basic assumption of dependency, the individuals in a self-managed group had the authority to manage the transformation process (ibid.). The group "jointly accepted responsibility for managing operating activities, process control and correction to achieve agreed standards within a defined task boundary" (ibid., p 245).

Miller (1993) makes the distinction between the process of individuals learning to exercise their own authority in this way and what has more recently been called 'empowerment'. The ambiguity of the term 'empowerment' relates to whether the process involves someone becoming more powerful or being made more powerful (ibid.). According to Miller:

> "The notion of *giving* power is inherently patronizing – it implies dependency – and hence is of itself *dis*empowering. Power cannot be given, only taken. That having been said, power and dependency are central issues for a consultant working with organisations" (ibid. pxvi).

Indeed the issues of power and authority were source of resistance to some of the Tavistock projects, which involved the setting up of self-managed groups and this is the subject of the next section.

2.3.1.4 Resistance to Employee Involvement

In this section I present evidence that employee involvement has been subject to resistance in organisations and I will quote examples from Rowntree and the work of the Tavistock Institute.

Hollway (1993) presents evidence that employees at Rowntree resisted the interventions of the industrial psychologist and "tarred it with the same brush as efficiency and engineering" (p 43). Myers, who founded the National Institute of Industrial Psychologists (NIIP), described the problems faced by industrial psychologists in Britain

and it can be seen that there are unmistakable echoes of the problems encountered by Taylor in America:

> "it was obvious that the workers were straightway prejudiced against [industrial psychology] by such terms as 'efficiency' and 'scientific management'. By improvements in efficiency they feared speeding-up and the dismissal of their less competent comrades ... that all their craft knowledge would pass from them into the hands of their employers and that they would be degraded to the position of servile mechanisms." (1926, p26).

Hollway argues that because workers responded with resistance to their interventions "industrial psychology was conditioned by its need to differentiate their work from scientific management from the very beginning" (1993, p 43). Myers explains that he also had difficulty gaining cooperation from employers because they "may have already suffered at the hands of some efficiency expert who, after spending a few hours in the works has written a verbose, relatively useless report and has charged a correspondingly high fee" (1926, p36). The challenge for industrial psychologists was to find a way to conduct applied research and consultancy on the psychological factors in the workplace while at the same time producing efficiency savings for employers, without being mistrusted and resisted by being branded as another form of scientific management. I would argue that this dilemma is one that organisational psychologists and human resource consultants are still faced with today.

Hollway (1993) points out that, in spite of attempts to create a distance, it was difficult to break the connection with efficiency experts. At Rowntree the work had to be conducted jointly between the Psychology Department and the Time Study Department to ensure that both the physiological and psychological factors were considered in finding better working methods. This created a tension for the industrial psychologists at Rowntree's because the main fear for workers continued to be the stop-watch and the only way the psychologists could remain acceptable was to appear separate from the Time Study Department (Hollway, 1993). To support her argument, Hollway quotes excerpts from the minutes of the Central Works Council Minutes in 1923 which document the confusion over whether the departments were separate or not.

I would argue that there may have been an additional source of mistrust of the Psychology Department that Hollway does not mention. It could be possible that there was a misunderstanding of 'psychology' itself, by both workers and employers. For example, she quotes "at present there was misunderstanding and the Psychological Department was being blamed for matters which were outside its control" (CWCM March 1923) and that

the Department would "secure the confidence of the workers if they were understood" (quoted in Hollway, 1993, p46). It is possible that the mistrust of workers was also due to a lay person's view that industrial psychology was associated with better known fields of psychology, for example, treatment for 'mental-illness' such as clinical psychology, psychiatry or psychoanalysis. I would argue that resistance to the work of organisational psychologists based on fears about 'psychology' and the stigma associated with 'mental illness' still remains today.

This pioneering work by industrial psychologists at Rowntree's illustrate the 'shadow' of the organisation, in terms of the politics of resistance, the emotionality of workers and that not all thinking in organisations was rational. It was accepted that being equipped with an understanding that workers had the potential to be irrational and illogical enabled psychologists to prepare the ground carefully for their interventions, otherwise it would be difficult to overcome resistance (Hollway, 1993). There was, however, a sad twist to the work at Rowntree's in the 1930s when the psychological department was renamed 'selection and training'. Hollway notes that this was consistent with the subsequent trend to give psychology a lower profile in British industry, which dashed industrial psychology's hopes of becoming widely institutionalized and being part of every company. She can find no account of the reason why it was renamed and concludes that it reflected the continuing association with 'speeding-up' referred to earlier and the negative impact this had on industrial relations. I would add, for the reasons given earlier, that a fear and misunderstanding of 'psychology' may have also had some influence over this decision and that 'selection and training' remains the more acceptable face of organisational psychology for employers and workers alike.

Workers at the Tavistock Institute also encountered resistance to employee involvement. For example, Lawrence & Miller (1976) were consultants to the management of a factory established on a green-field site, the design of which was based on semi-autonomous work groups. The management ended the project after three years and Lawrence (1979) proposed that this was due to the management finding "themselves bereft of a recognizable role" (p.246). The consultants had encountered anxiety from the management that if the project continued they would have no job. In addition, Lawrence offered a working hypothesis that the demands were too high for the workers and:

> "that the project and its new work experiences put into disarray the taken-for-granted assumptions made by most workers about the relatedness between

themselves and management both as a status and political aggregate and as a process" (ibid. p246).

Similar examples of resistance can be found in other Tavistock studies. Trist & Bamforth found little interest from the Divisional Coal Board in extending the 'shortwall' method to other mines (Pasmore, 1995). The reasons given for the lack of interest were that technological advances offered alternative ways for management to improve productivity and "the shortwall method relied on a system of teamwork and self-regulation which made control-oriented bureaucratic managers uncomfortable" (ibid. p4). The management "feared the power change that would be consequent on allowing groups to become more autonomous at a time when they themselves were intent on intensifying managerial controls in order to accelerate the full mechanization of the mines" (Trist & Murray, 1993, p 43). As a consequence the original coal-mining studies were abandoned because of this resistance from the Coal Board management and the trade unions. Although Miller's (1975) review of the Indian weaving industry found the original design still existed in the experimental loom shed, attempts to set up similar groups in other parts of the mill resulted in regression to more traditional ways of working (Pasmore, 1995). The explanation given by Miller was that these other groups were not given the necessary support and training and that there was ineffective management of the boundary conditions (ibid.). In other words the group reached a point where they were unable to deal effectively with external change and the management stepped in to supervise the work, which undermined their self-management and returned the authority relationships to the traditional dependence of workers on management.

This final example demonstrates quite clearly how self-managed groups will fail if there is not the support from the infrastructure to enable the group to manage themselves. The enduring politics in these organisations was that the ultimate power remained with the management. The management had the power and authority to ensure that the infrastructure was in place so that the teams could be self-managing. However, it can be seen from all of these examples that the management still retained the power to ensure that the self-managed teams did not continue, particularly if there was a perceived threat to management that they would no longer have a role in the organisation. The study by Lawrence & Miller (1976) also provided evidence that the workers found it difficult to move to a position of taking the authority to manage themselves in their roles. Scarbrough (1995) points out that a major factor in the failure of maintaining different worker/management authority relationships was trade union and worker resistance.

These studies demonstrate that there was resistance from management, trade unions and workers to changing the traditional authority relationships in organisations. I would argue that the main reason there is such strong resistance to any attempt to change from these traditional authority relationships is due to the fact that we have learned these ways of behaving from our experience in the family, our education and day-to-day living in society. Our early learning about authority relationships is transferred to the work place and, as Emery argues, unless the educational system is transformed to provide learners with more control over their experience of learning then the movement toward self-management will be rare in organisations and society (Pasmore, 1995). I would add that the concept of people learning how to exercise authority and manage themselves in their role is one that not only needs to be enabled in our education systems but also in the family and other societal systems.

The involvement of employees in the change process is only one element of the process consultancy model. The other elements are the application of principles from psychoanalysis and systems theory, which enable analysis of the complexity of organisations in terms of the different psychological levels of mind and different contextual levels. In the next section I outline the application of psychoanalytic principles to the process consultancy model.

2.3.2 Application of Psychoanalytic Principles

As mentioned above the process consultancy approach I used for my research draws on principles from psychoanalysis. The roots of this particular method of process consultancy can be seen in the Hawthorne Studies and the work of the Tavistock Clinic and Tavistock Institute of Human Relations. In this section I will illustrate the application of psychoanalytic principles by drawing on examples from the Hawthorne studies and outline Bion's work on group processes.

2.3.2.1 Hawthorne Interviewing Programme

Most accounts of the Hawthorne Studies in the literature neglect to mention the important influence of psychoanalytic theory and clinical practice in the method used by the researchers. Many textbooks (e.g. Buchanan & Huczynski 1997) and readers (e.g. Clark et al 1994) on management theory and organisational behaviour only summarise or quote excerpts from Elton Mayo's work (1949) that give details of the main experiments (see Appendix B, p299). The main conclusions given are that workers are motivated by more than money; that managers should consider the feelings and attitudes of employees; that

there are informal groups within organisations and that workers restrict their output. In the management literature it is rarely made explicit that Mayo himself had a psychoanalytic training and was only one member of a team of researchers from the Harvard Business School who were working at the Hawthorne site. In addition to Mayo, the main members of the team were Roethlisberger and Dickson, who published '*Management and the Worker*' in 1939 (republished 1976).

The process consultancy method used by the Hawthorne researchers required an important shift in thinking. The theoretical thinking about workers moved from a psycho-physiological model to a socio-emotional one (Hollway, 1993). The change in method was from an experimental approach concentrating on the interface between the body and the job, to a focus on the attitudes of the worker as the intervening variable between the working conditions and the output (ibid.). This approach was developed further in the interview programme and as Hollway points out:

> "the Hawthorne interview programme discovered that a sympathetic interview technique could not only elicit new information which was valuable to management, but could itself be instrumental in effecting a change in employees' attitudes" (p71).

The purpose of the interview programme was to understand and address the problem of resistance by workers and provided a method to involve workers to participate and cooperate with change. The researchers conducted the initial interviews but then trained supervisors and management in the method. Such training for managers became known as human relations training, which was developed extensively by the Tavistock Institute of Human Relations. The interviewing programme used at the Hawthorne site provides a good example of how the principles of psychoanalysis are applied to a process consultancy approach.

A total of 21,000 people were interviewed over a two-year period and it took some time before the researchers developed the interview method. Initially the interviews were of the traditional, structured question-and-answer format but the researchers soon found that this method was unsatisfactory. Indeed Mayo went as far as to say that this method was "useless in the situation" (in Pugh, 1990, p348). Roethlisberger and Dickson (1939) outline several reasons why the use of structured interview was inappropriate for the situation:

- the questions set were those that the interviewer thought important;

- the framing of the question suggested a significance to the interviewees that they may not have shared; and

- the response from the individual did not include any contextual information to aid interpretation.

To counter these problems the researchers developed an unstructured interviewing method where the interviewer was led by the topics that the interviewee wanted to talk about. As Mayo explained:

> "workers wished to talk, and to talk freely under the seal of professional confidence (which was never abused) to someone who seemed representative of the company or who seemed, by his very attitude, to carry authority" (in Pugh, 1990, p348).

To facilitate this the new open interview format was designed based on that used in clinical psychoanalytic practice and was a precursor to workplace counselling (Hollway, 1993). As Mayo (1933, p86) explains it does differ in some essential respects to methods developed in the study of psychopathology as it is "an industrial adaptation for use in normal human situations". The most important aspect of the interview method was that the interviewers received training in how to listen without interrupting, giving advice or blocking the free expression of the individual. The Hawthorne researchers report that the response from the interviewees as being very positive. For example Mayo (ibid., p88) describes the enthusiasm of both supervisors and employees who expressed that "this is the best thing the company ever did" and "the company ought to have done this long ago". Similarly, Roethlisberger and Dickson (1939, p298) present the case of Mr Brown who tells the interviewer "you've been a good listener. I tell you it does a fellow good to get rid of that stuff".

The interviewer did, however, take up an active role by asking the individual questions about areas they had not mentioned and, at the same time, the interviewer developed their own thinking by asking themselves questions in order to develop ideas and working hypotheses during the interview. According to Roethlisberger and Dickson (1939) this active role was crucial in guarding the interviewer against two errors, "having fixed and preconceived ideas which would prevent him from catching anything new" and "allowing the interview to become incoherent because of no guiding hypothesis" (p271).

This interview method used by the Hawthorne researchers is the foundation of the process consultancy approach and the method I will be using in my thesis. Mayo (1949) sets out the guiding rules that the interviewer was required to follow:

> "Give your whole attention to the person interviewed, and make it evident that you are doing so.
>
> Listen – don't talk.
>
> Never argue; never give advice.
>
> Listen to:
>
> What he wants to say.
>
> What he does not want to say.
>
> What he cannot say without help.
>
> As you listen, plot out tentatively and for subsequent correction the pattern (personal) that is being set before you. To test this, from time to time summarize what has been said and present for comment (e.g. 'Is this what you are telling me?'). Always do this with the greatest caution, that is, clarify but do not add or distort.
>
> Remember that everything said must be considered a personal confidence and not divulged to anyone. (This does not prevent discussion of a situation between professional colleagues. Nor does it prevent some form of public report when due precaution has been taken.)" (in Pugh 1990, p349).

The most important aspect of this type of interviewing is that it requires the interviewer to "follow the contours of another person's thinking, to understand the meaning for him of what he says" (ibid., p349). In this respect Mayo highlights in particular that the interviewer needs to help the individual to articulate "an idea or attitude that he has not before expressed" (ibid., p349) and that a summary is periodically presented to the individual for comment. By presenting summaries the interviewer is able to explore whether they have an accurate understanding of not only what is being said but also what it means to the individual. This method requires the interviewer to take a phenomenological perspective, which means that the underlying assumption is that every individual will have a different construction of reality. The purpose of the research interview is to uncover and understand the individual's subjective view of reality. A consultant using this process consultancy model will focus on understanding the problems from the perspective of the interviewee and helping them find their own solutions. In contrast the focus for an expert consultant would be to apply the expertise of the consultant to solving the presenting problem.

Roethlisberger and Dickson (1939, p272-3) present the rules of orientation for interviewers, which indicates how principles from psychoanalysis were applied:

1) "The interviewer should treat what is said in the interview as an item in a context:

    a) The interviewer should not pay exclusive attention to the manifest content of the intercourse

    b) The interviewer should not treat everything that is said as either fact or error

    c) The interviewer should not treat everything that is said at the same psychological level

2) The interviewer should listen not only to what a person wants to say but also for what he does not want to say or cannot say without help.

3) The interviewer should treat the mental contexts described in the preceding rule as indices and seek through them the personal reference that is being revealed.

4) The interviewer should keep the personal reference in its social context.

    a) The interviewer should remember that the interview is itself a social situation and that therefore the social relations existing between the interviewer and the interviewee is in part determining what is said.

    b) The interviewer should see to it that the speaker's sentiments do not act on his own."

The key underlying assumption to this method of interviewing is stated in Rule 1(c) above. That is the acceptance by the interviewer that there is not only a conscious psychological level, where the individual is aware of the meaning and content of what they are saying, but also an unconscious psychological level. The interpretation by the interviewer, therefore, is based on more than a simple understanding of the words presented by the individual. By accepting that there is an unconscious psychological level the interviewer pays attention to other, subtler contextual cues given by the individual. As stated in Rule 2 above, this includes, for example, subject matter that they either omit or are uncomfortable talking about. Although not mentioned by the researchers, I would add that non-verbal components of conversation (e.g. Argyle, 1967) would also illuminate the interviewer's understanding, for example, open or closed body posture or nervous movements.

The purpose for the interviewer then is to attend to such contextual information in order to build up an understanding of the individual's subjective view of reality or as stated in Rule 3 above 'the personal reference that is being revealed'. The purpose for the interviewer using an unstructured method is made clear in Rule 1(b) above. What is said to the

interviewer must not be taken as either 'fact' or 'error'. The material the interviewer is working with is the subjective reality of the individual within a certain context. The purpose for the interviewer is to understand the individual's personal reference and to develop a hypothesis based on the evidence presented by the individual, always keeping in mind that it is a subjective view in a particular context. The interviewer does not, therefore, have a hypothesis in mind before the interview commences, which they actively gather evidence to test, rather the interviewer develops what is known as a 'working hypothesis' as the individual presents the contextual evidence. An important aspect of the working hypothesis is that it can be amended and expanded as more evidence is presented over time.

Rule 1(a) relates to another important aspect when attending to different psychological levels and that is not to assume that the only information being provided by the individual is the 'manifest content'. The words that are consciously expressed by the individual may also have a symbolic meaning that relates to thoughts at the unconscious psychological level. Roethlisberger and Dickson (1939, p273-4) present a quote to illustrate this point:

> "A woman made a remark to the effect that the English public school system tended to make men brutal ... the statement was taken at its face value and discussed at that level. No one, seemingly paid attention to the fact that the woman who made the statement had married an Englishman who had received an English public school education and that she was in the process of obtaining a divorce from him ... the woman had expressed more clearly her sentiments toward her husband than she had expressed anything equally clearly about the English public school system ..."

Roethlisberger and Dickson (ibid.) describe how the interviewer would attend to any personal references that would illuminate the symbolic nature of the statement and would then guide the individual to talk about that topic, i.e. her relationship with her husband rather than the English public school system. The interviewer develops a working hypothesis that the woman is really talking about her relationship with her husband and then proceeds to explore the working hypothesis either by summarising or asking questions about what has been said.

The interviewer also has to remember that the personal reference of the individual is based not only on their current social relations but also relationships from their past history. This is made explicit in Rule 4 and Roethlisberger and Dickson explain that:

> "During the formative period of his childhood he has lived in a particular family which, in turn, has had particular social relations with the wider

> community. In terms of such factors the individual has been conditioned to a particular way of looking at and feeling about things" (ibid. p281).

Likewise, the current social relations for the individual will also be influenced by "codes, customs, and conventions of the community to which the individual belongs" (ibid.). To fully understand the personal reference of the individual it has to be related to their past and present social reality.

Rules 4 (a) and (b) continue by referring to the social relations between the interviewer and interviewee. In particular there is mention of how the relationship changed over time and that the interviewers were seen as representatives of management. Although to begin with most employees were hesitant and it took some time for them to feel able to talk freely eventually an open and frank relationship developed which demonstrated the confidence that employees had in management. Roethlisberger and Dickson describe the relationship as different from any the interviewee may have experienced before. In particular, they explain how the individual may use the interviewer as an object "for the projection of his most deeply rooted hopes, fears, and expectations". This point is extremely important because by introducing this idea, which comes from psychoanalytic theory and practice, the authors are drawing a direct parallel between the interview process and the psychotherapeutic relationship between analyst and analysand. This is a crucial element of the interview method used by the Hawthorne researchers and likewise my own method.

To illustrate how principles from psychoanalysis are applied to the process consultancy model I will draw on examples from the Hawthorne interview process and from the data presented by these individuals about their relationships in the workplace. However, it is important that in each case I first provide a brief outline of the key psychoanalytic theory that has been applied to organisational analysis. The concepts outlined in the next section are of 'projection and projective identification', 'transference and countertransference' in the role of the consultant and 'group dynamics'.

2.3.2.2 Projection and Projective Identification

Freud's key work *'Group Psychology and the Analysis of the Ego'* (1921) laid the foundation for future development of ideas about the unconscious processes present in groups, organisations and society. In particular, the concept of 'projection' mentioned by the Hawthorne researchers is an unconscious process whereby negative or painful experiences are projected away from the self as a defence mechanism. In the example

quoted above the authors use the term 'projection' in the context of the relationship between the interviewer and interviewee but elsewhere in their books they also refer to examples of 'projection' that occur in other relationships in the workplace. From the Hawthorne interview programme, Roethlisberger and Dickson (1939) present an example of what is meant by projection in the case study of Mr Green. The authors explain that because of the open format of the interview and skill of the interviewee Mr Green displayed the intensity of his feelings towards his supervisor allowing him to:

> "state his case and to expose the exaggerated role which the 'boss' plays in his thinking... For Green his superior had become a 'fiend', who in face of opposition would go to the length of physical extermination" (ibid., p311).

Roethlisberger and Dickson put forward a possible working hypothesis as to "what function this building up of the 'gangster-killer' supervisor played in Green's psyche" (ibid.) as follows:

> "On the assumption that Green had toyed with the idea of malingering – an idea, let us assume, that was not pleasing to Green's conscious moral code – it would be natural to expect that he would endow the supervisor with attributes which might occasion his unpleasant feeling" (ibid).

The authors are referring here to projection as a defence mechanism whereby an individual unconsciously puts their unpleasant feelings onto another person so that they do not have to continue experiencing such negative feelings. Mr Green's unpleasant feelings were due to a fear that the supervisor had detected his desire to malinger. Mr Green then put his own bad feelings onto his supervisor by emphasising the bad characteristics of the supervisor. The function of this unconscious projection was so that the initial "fear could be justified, accounted for, and ultimately put out of consciousness" (ibid, p 312).

More recently than the Hawthorne studies, the concept of projective identification has been extensively applied to the psychoanalytic study of organisations. I present here a brief outline of the concept (for a fuller description see Sayers (1992)). This concept was developed by Klein (1946, 1957) and was based on the seminal work of Freud (1921). The main point of departure from Freudian theory is the idea that the development of the ego occurs as soon as the baby is born with the paranoid-schizoid stage of development lasting for the first six months of the infant's life. Klein put forward the idea that from birth the infant experiences anxiety based on the fear of being persecuted and annihilated. At the centre of Klein's theory is the idea that the baby feels the threat of annihilation

from the mother's breast[1] and so projects these unpleasant feelings onto the breast. The breast is then seen as a persecutory and uncontrollable object and the infant introjects the breast into the ego where it becomes an internal persecutor (Sayers (1992). Klein describes this early stage as the 'paranoid-schizoid' position, and the resolution of the conflict by the baby projecting the unpleasant feelings onto the mother is known as 'splitting', i.e. the baby 'splits off' the bad feelings onto the mother.

Projective identification can also involve a process where the baby projects good parts of the self onto others, for example as a way to experience the mother as loved and whole. This process is a way of counteracting splitting but evokes depressive anxiety because the baby fears the loss of the mother (ibid.). The infant can, therefore, experience an oscillation between feelings of persecutory anxiety and depressive anxiety, which have at their core a fear of their own death and loss of the loved one.

Klein argued that these processes were psychotic and that if this stage was not fully worked through the psychosis would re-emerge in adulthood with the individual experiencing paranoia and schizophrenia. The working through would necessitate the infant having more good experiences of the mother than bad so that a complete and good breast could be internalised into the ego. Although Klein presents a theory to explain the cause of psychosis, it is important to emphasise that she also puts forward that the paranoid-schizoid position is a stage of development that all individuals experience. This also implies that the process of working through in normal development will be accomplished with varying degrees of success and will be dependent on the interrelationship with the parents. Klein put forward that after six months of life the infant reaches the depressive position, which is the stage of development when the infant is able to relate to the mother as a whole person. The infant becomes aware that the mother is the same source of both good and bad experiences and relates to her as a complete person rather than relating to parts of her. This process also occurs in the ego, which develops into an integrated whole, the result being awareness that the self also has both good and bad aspects. The realisation by the infant that it is possible to both love and hate the same person also leads to feelings of "depression, despair, and guilt due to the infant believing that he has damaged or may damage, has destroyed or may destroy, his loved object" (DeBoard, 1978, p32). In addition, the infant has a wish to repair and

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[1] This term could also refer to any primary care giver with a feeding bottle.

restore what they feel they have destroyed, which leads to a process of struggle between destructiveness and reparation (ibid.). The successful working through of the depressive stage involves the mother in returning these loving impulses so that the infant experiences hope. If this is the case then the infant has less need for the defence mechanisms of projection and splitting and the infant develops a super-ego, which is "experienced as a source of love rather than as a severely persecuting object" (ibid. p 32).

The key aspect of Kleinien theory that makes it particularly relevant to the study of organisations is the idea that when an adult individual is faced with a situation that evokes persecutory anxiety they revert to the behaviour of the paranoid-schizoid position. They would then use the processes of projective and introjective identification as a defence against their anxiety (ibid.). In other words all adults are capable of reverting to this earliest phase of development under certain conditions, for example stress, trauma, or change. As Klein implies, the success the person has in dealing with this reversion depends on the extent of the strain and also how well they worked through this stage in early life. This regression to the paranoid-schizoid phase is often referred to as psychotic behaviour or psychotic thinking and it is important to emphasize the distinction between the psychoanalytic and clinical use of the term 'psychotic'. In the psychoanalytic context this refers to the process of an otherwise clinically normal adult regressing to the earlier primitive stage of the paranoid-schizoid position, whereas the clinical use of the term 'psychotic' refers to the diagnosis of patients, for example schizophrenic patients.

Klein's concept of projective identification is the fundamental core of the psychoanalytic theory of sources of resistance to change in organisations, which is outlined in the next chapter. Klein also presents a theory about sabotage that, I would argue, is relevant to understanding how people respond to change in organisations. She explains how the baby experiences the process of envious spoiling during the paranoid schizoid stage, which is based on the baby's envy of the mother and her ability to feed and care. When feeling hungry and neglected the baby has the phantasy that the mother is deliberately withholding food and love, which is the basis of the envy. The baby has the urge to spoil other's enjoyment of the object and indeed to spoil the object itself. If this process continues into adulthood the individual will have the phantasy that any object they desire has already been spoiled by their envy and they will not, therefore, be able to feel enjoyment or gratitude (ibid.). Klein applied this to the organisational setting in that the person would feel rivalry and envy of other people in the team, which would inhibit their ability to work with other people. They may even resort to envious spoiling by either

sabotaging the activities of other people or the team as a whole in its work towards attaining a goal. I would argue that the tendency to resort to envious spoiling, or in other words sabotage, would be heightened during an organisational change if the person has regressed to the earlier paranoid schizoid stage.

Klein published her work some time after the Hawthorne studies and I would argue this explains why the researchers did not apply her theories to their data. There is evidence in the interview data of projective identification, which is analysed by the Hawthorne researchers as projection. I present here a case study example from the Hawthorne interviews to which I will add my own interpretation of the data as a method of illustrating what is meant by the concept of projective identification. The case study is of Mr Brown who revealed in his interview the details of a particularly traumatic home life in that his daughter had recently died and his wife had become an invalid. He complained that he was also experiencing unfair treatment by his supervisor who he described 'treated him like a dog'. Mr Brown explained to the interviewer that "between the hard luck at home and the unfair treatment around here, why I certainly would feel dumpy many a day" (Roethlisberger and Dickson, 1939, p294). The analysis of Roethlisberger and Dickson was that Mr Brown was "caught in a vicious circle in which his 'hard luck at home' and 'feeling dumpy' helped to increase his conviction of unfair treatment" (ibid., p311). The authors leave the analysis at this and use Mr Brown's case as an example of a characteristic of obsessive thinking and projection. It is implied that Mr Brown had the problem and was projecting his negative feelings about his troubles at home onto the supervisor, who he then viewed as treating him unfairly.

What the authors do not pick up on is the supervisor's response to Mr Brown and therefore his role in the vicious circle. There is evidence in the interview data of how the supervisor behaved as a result of Mr Brown not performing his job as well as he usually did. For example, the supervisor accused Mr Brown of not cooperating in any way, threatened to have him transferred and said "you know too damn much and you are not helping me" (ibid., 296). Mr Brown told the interviewer that he was angry at the supervisor but continued by saying that: "I told him that he won, that I couldn't fight him; I had trouble enough at home. Therefore, I continued to take the abuse" (ibid.).

This case could be interpreted differently using the concept of projective identification, which refers to the complex unconscious interactions between individuals. A possible interpretation would be that Mr Brown was feeling a victim to his personal problems and

he projected these negative feelings onto his supervisor. There is evidence that the supervisor experienced similar feelings of being a victim when he said that Mr Brown was withholding his knowledge and was not helping him. In this way the supervisor took in, or 'introjected', and identified with the negative feelings that Mr Brown was projecting. The response of the supervisor, however, was to victimise Mr Brown further for his poor performance and what he considered to be a lack of cooperation. The result was that Mr Brown could continue to project his negative feelings about his personal situation onto the supervisor because he felt persecuted by him. By responding to Mr Brown's victim behaviour in a persecutory way the supervisor was in fact reinforcing Mr Brown's 'dumpy feelings' and poor performance. The matter was resolved when Mr Brown took the matter up with the most senior foreman, who spoke to Mr Brown's supervisor. Mr Brown reported in the interview "there seemed to be a change in him ... I have been treated wonderful by him since then. Sometimes I can hardly believe it's the same man" (ibid. p296-297). It seemed that once the supervisor understood Mr Brown's home situation it helped him to change how he behaved towards Mr Brown.

2.3.2.3 The Role of the Consultant: Transference and Countertransference

Key aspects of psychoanalytic theory that are applied to the role of organisational consultant using a process consultancy model are transference and countertransference. Klein describes transference as:

> "the fact that in psychoanalysis the patient re-enacts in relation to the psychoanalyst earlier ... situations and emotions. Therefore the relationship to the psychoanalyst at times bears, even in adults, very childlike features, such as over-dependence and the need to be guided, together with quite irrational distrust. It is part of the technique of the psychoanalyst to deduce the past from these manifestations" (Klein, 1959, in Colman & Geller, 1985, p5-6).

Klein points out that transference situations occur in everyday life, not just in the therapeutic setting, and that the relations we have with people in our childhood reappear in adulthood, particularly when the problem was unresolved. She gives the following example from the workplace:

> "the attitude towards a subordinate or a superior repeats up to a point the relation to a younger sibling or to a parent. If we meet a friendly and helpful older person, unconsciously the relation to a loved parent or grandparent is revived; while a condescending and unpleasant older individual stirs up anew the rebellious attitudes of the child towards his parents" (ibid. p15).

The reoccurrence of similar relationships in adulthood does provide the opportunity for the individual to resolve the problem, for example by trying a different way of relating to the person. If this opportunity is taken up the process is known as 'working through' and it can be seen that the transference situation is a very important part of this process. Klein describes the process of working through as follows:

> "this means enabling the patient to experience his emotions, anxieties, and past situations over and over again both in relation to the analyst and to different people and situations in the patient's present and past life" (ibid. p12).

Although she refers to the psychoanalytic procedure she adds that all individuals will undergo a process of working through as part of their normal development. In this way they are able to distinguish what is the reality of the external world and "achieve a less phantastic picture of the world around" them (ibid. p12).

There is also a link between the working through process and what occurred in the interview programme of the Hawthorne Studies. Roethlisberger and Dickson do not mention the term 'transference', however, they describe this phenomenon under Rule 4 (a) above and in their explanation of that rule they give an illustration of what occurs:

> "What happens sometimes is that the interviewee begins to project on the interviewer that complex of sentiments related to authority to which he has been previously conditioned by his early training and experience. He constantly tries to force the interviewer into a position of authority, either by asking him his advice about this and that, or in a countless number of others ways." (ibid. p285.)

The Hawthorne researchers realised that the interview process gave individuals an opportunity to work through their experiences of being in the organisation. For example, Mrs Black realised that the reason she hated her supervisor was because he reminded her of her stepfather (Mayo, 1946, p87). Mayo explains that "this type of benefit differs from the mere 'emotional release' afforded by expression in a simpler interview; it involves a personal achievement of a new attitude" (Mayo, 1946, p87). This illustrates how individuals are able to work through the transference situation in the interview setting and the skilled conduct of the interview process enables the individual to reflect and discover new interpretations of their situation. As Mayo admits "even if it cannot be fully explained, such a procedure seems to lead to a change of attitude in the employee" (ibid.). This example illustrates how the process consultancy model offers individuals an opportunity for working through their experiences.

To facilitate this attitude change during the interview process it is important that the interviewer is able to identify when the individual is engaging in transference with the interviewer. This requires the interviewer to have a high level of self awareness and this aspect is covered by Roethlisberger and Dickson in Rule 4 (b) above. Again they do not refer to the term but they are explaining the phenomenon of countertransference. Searles (1978-79) describes this process as follows:

> "Because the analyst is human, he is likely to have in his repertoire a blueprint for approximately the emotional response that the patient's transference dictates and that response is likely to be elicited, whether consciously or unconsciously." (p172-173.)

The analyst's response to the patient serves as a key to understanding the interpersonal scene that the patient is acting out in the transference (Hoffman, 1994). The process of countertransference, therefore, provides valuable evidence for the analyst in understanding the internal world of the patient. In the same way, crucial evidence about the interviewees was provided in the countertransference experienced by the Hawthorne interviewers, and likewise is present in the countertransference experienced by organisational consultants using a process consultancy model.

The transference process involves projective identification between the patient and analyst. If the analyst is susceptible to the countertransference and behaves accordingly then the relationship will "repeat, covertly if not overtly, the very patterns of interpersonal interaction that [the patient] came to analysis to change" (Hoffman, 1994, p98). Hoffman adds that the patient can come to fear this result and it is in both their interests to make "something happen that will be new for the patient and that will promote his ability to develop new kinds of interpersonal relationships" (ibid., p98). Therefore, to ensure the same relationship is not acted out, the objectivity of the analyst is crucial to this process. This enables the analyst to provide a different experience for the patient rather than the usual pattern of behaviour that the transference-countertransference elicits in other situations (ibid.). The objectivity refers to the ability of the analyst to be able to interpret the transference without being overly consumed or threatened by the countertransference (ibid.). The analyst has, therefore, to be able to identify and interpret the transference from the patient and also have the self awareness to identify and be objective about countertransference.

The Hawthorne researchers also described this process in rule 4(b) for interviewers see p53). Roethlisberger and Dickson do not mention the psychoanalytic term countertransference, however, they explain:

> "the interviewer is also a social being, with a social past and a social present. If he is to guard against mistakes, it is important that he does not pretend to be otherwise. The only way in which the interviewer can guard against having his own sentiments acted upon is not by denying their existence but by admitting and understanding them" (ibid. p285-6).

This does not mean that the interviewer admits to the individual how he is feeling, but rather that he admits to himself what his feelings are and works through a process of understanding them. The example given is when an interviewer becomes irritated or annoyed at what the individual is saying. The rather brief explanation by Roethlisberger and Dickson is that the interviewer has to:

> "ask himself what sentiments of his own are involved. Otherwise, in a quite unexpected fashion, he may find himself doing and saying things which may evoke the very attitude on the part of the speaker that he is trying to avoid. The interview might then become a battle of opposing sentiments." (ibid. p286).

This means that the interviewer has to guard against being drawn into behaving in a certain manner by the interviewee. For example, it was mentioned earlier that an individual may have transferential feelings towards the interviewer and will behave towards them as if they are an authority figure from their past history. To give an example, the individual may act in a dependent manner by saying that they do not know the answer to the questions and will attempt to get the interviewer to answer for them. If the behaviour of the individual evokes strong feelings in the interviewer they may feel drawn into responding to the individual by behaving in a similar manner to that of the past authority figure. So, by feeling irritated and annoyed by the individual's dependent behaviour the interviewer could be drawn into expressing anger and answering for the individual, which would then reinforce the dependent behaviour of the individual. The likelihood of the interviewer responding in this way is increased if the situation also connects to experiences from the interviewer's past. If the interviewer does respond in this way then the interaction between the interviewer and interviewee is one of 'projective identification'. It is important that the interviewer has the self awareness to understand whether the feelings of anger are due to their own personal feelings about the situation or are a result of what is being projected into the social relationship by the interviewee. By analysing the countertransference the interviewer can use their own feelings as data to

help them understand the individual they are interviewing. In this way the interviewer is required to disentangle the complex social relationship that occurs during the interview process.

Winnicott (1964) developed Klein's theories by emphasising the role of the 'transitional object' in the process of working through. This idea is based on the special object that children have, for example a teddy, doll or blanket, which they give all their attention to and are inseparable from. The transitional object provides a bridge between the child's internal world of 'me' and the external world of 'not me'. It helps the child to make the distinction between 'me' and 'not me' and therefore to develop their relations with the outside world. According to Winnicott other objects replace the transitional object in adulthood and this can include possessions, beliefs, or abilities, which symbolise and reassure the person of their identity and their place in the external world. As Morgan (1986) points out, these objects help to maintain a sense of identity and play a crucial role in linking us with our reality, however in extreme cases they can become a fetish or fixation. Applying this idea to organisations, Morgan continues by describing how such a rigid commitment to a particular aspect of the world makes it difficult for people to move on and deal with the changing nature of the surroundings, in other words resistance to change.

Winnicott (1964) also wrote of how the analyst or therapist becomes a transitional object for the patient during treatment. In the same way the organisational consultant can become a transitional object for the client organisation and Morgan (1986) describes how "the client refuses to 'let go' and becomes crucially dependent on the change agent's [or consultant's] advice in relation to every move" (p222). Whether as a consultant, analyst or parent, this person occupies a temporary role as transitional object for the individual. The task then is to help the individual find a substitute transitional object to enable them to move forward in their development, which involves relinquishing what is held dear before they can move on (ibid.). Bion (1961) describes the role of the consultant as a container for the anxiety present in the consultation, which includes their own anxiety and that of the client. This act creates what Winnicott (1965) termed a 'holding environment' where individuals and group members can "safely discuss and reclaim their projections about each other" (Kahn, 1993).

It can be seen that the Hawthorne researchers applied principles from psychoanalytic theory and practice to their studies and in particular to the interview programme. The

Tavistock Clinic and Tavistock Institute of Human Relations developed the application of psychoanalysis further. In the next section I outline the contribution of Bion to understanding group processes.

2.3.2.4 Group Processes: Bion's Basic Assumption Groups

Beginning in the late 1940's Wilfred Bion developed his theories from his work with therapeutic groups at the Northfield Military Hospital and the Tavistock Clinic. His main finding was based on his observation that people in a group situation are working on two levels of mental activity. One level is the work group (W group) where the group is consciously focused on the achievement of a task. Lawrence et al (1996, p30) describe the experience of being in a W group as follows:

> "all the participants are engaged with the primary task because they have taken full cognizance of its purpose. They cooperate because it is their will. They search for knowledge through using their experiences."

The other level of mental activity in the group Bion called the basic assumption groups (ba groups) where the behaviour has the purpose of satisfying the unconscious needs of the group and is a defence against anxiety. The basic assumption behaviour is an avoidance of working on the group task and therefore the group is resistant to self knowledge and change. Bion adumbrated three ba groups, where members behaved 'as if' they had met for a purpose other than the work task. The three basic assumption groups he described are dependency (baD), fight/flight (baF/F) and pairing (baP). These are summarised by Turquet (1974) as follows (p 356-357):

1. "The basic assumption dependency group seeks to obtain security for its members, who are to be looked after, protected, and sustained by a leader and only by that leader.

2. The basic assumption fight/flight group pursues the aim of fighting or of flying from somebody or something - with the leader to ensure this necessary action, and the members to follow.

3. The basic assumption pairing group strives to create something, some hope, some new idea or Messiah, to reproduce itself through a pair in the group, with all other members vicariously participating in this paired relationship."

A detailed account of the ba and W groups is given by Bion in his book *'Experiences in Groups'* (1961) and by other authors (e.g. Rioch (1970); Turquet (1974); Symington (1996); Lawrence et al (1996)). Turquet (1974) describes an additional basic assumption group as follows:

> "The basic-assumption oneness group (baO), whose members seek to join in a powerful union with an omnipotent force, unobtainably high, to surrender self for passive participation, and thereby to feel existence, well-being, and wholeness." (p357)

More recently a fifth basic assumption me-ness (baM) has been observed in groups and Lawrence et al (1996) propose that the unconscious assumption is that the "group is to be a non-group" (p36). They continue by giving the following description of baM behaviour:

> The members of the group "act as if the group had no existence because if it did exist it would be source of persecuting experiences. The idea of 'group' is contaminating, taboo, impure, and, in sum, all that is negative. The people behave as if the group has no reality, and cannot ever have reality, because the only reality to be considered and taken account of is that of the individual" (ibid., p36).

This additional fifth basic assumption is an illustration of how the study of group relations is continuously developing and evolving. The underlying unconscious processes of ba group behaviour are projective identification and splitting, which is used as a defence against persecutory and depressive anxiety. In this way the group mentality has temporarily become 'psychotic', or in other words the thinking in the group has become 'psychotic' (Lawrence et al, 1996). Bion identified that ba groups have difficulty learning from experience, that the process of development is hated and that "this antipathy to learning from experience was the major factor underlying all defensive stances" (Symington, 1996, p128). According to Rioch (1970) the ba groups demonstrate resistance to change in their avoidance of working on the task of the group, which otherwise could bring about change, and their avoidance of the pursuit of knowledge. The mental activity of the ba group acts to defend its members against the anxiety that is involved in the pursuit of knowledge, particularly when the answer is one of complexity and uncertainty (ibid.). The result is that the thinking in ba groups is often rigid, superficial and simplistic. It is for these reasons that a ba group, which has difficulty in learning from experience or engaging in a process of development, will at the same time be resistant to change.

It is also important to consider the roles taken up by the group members and leader (or consultant) of the group. When individuals meet as a group in the same room they have what Bion refers to as valency. This concept refers to "the individual's readiness to enter into combination with the group in making and acting on the basic assumptions" (ibid., p63). Each individual has a different degree of valency and also a different tendency towards entering into a particular basic assumption group. The result is that different individuals will take up specific roles in the ba group, for example to be the victim or 'scapegoat', the one who joins in a pairing or the fight leader for the group. The individual is representing a certain aspect of the ba group and in this way they are behaving in a certain way 'on behalf of the group'. This is due to the processes of transference, countertransference and projective identification, which are occurring in the group between the members. Depending on their valency, each individual will also have a tendency to feel certain emotions on behalf of the group, for example when a person is always the angry one or the one who feels sadness. Because the group members have projected this emotion onto that individual the remainder of the group are freed up from having to also experience this emotion.

Turquet (1974) describes the 'group relations' model of consultancy and the specific role the consultant takes up in relation to a group. Like the therapist in a therapeutic group, the consultant does not take up the role of being a leader of a ba group. The consultant's role is to offer interpretations to the group about how group members are behaving. The purpose, like in therapy, is to help the members develop into a work group by bringing the unconscious processes into consciousness. The response of the ba group to the interpretations of the consultant does also provide more evidence of the ba group mental activity, for example they may deny or ignore the interpretation. The challenge for the consultant is to help the group to work with the interpretations, to enable them to be in a position of learning from experience and therefore to become a work group (Turquet, 1974).

Finally, it is important to mention that there are situations when a ba group can have a positive use where the purpose is to control and channel the activity of basic assumption so that it furthers the work group (Symington, 1996). The examples Bion gives of sophisticated ba groups are the Church and the Army. In the case of the Church the constructive channelling of the basic assumption of dependency is met by providing an idealized protective leader on whom all can depend, whereas the Army provides an enemy and training for fight/flight against it (ibid.). In addition, Lawrence et al (1996, p50)

describe the sophisticated use of ba oneness "of value for exploring realities [when] there is a necessity for all of us to withdraw deeply into ourselves, to plumb our own inner worlds in order that we can reengage with the external environment" (ibid.). Other examples of sophisticated ba groups are Hospitals which can be seen as ba dependency, Political organisations and campaign groups as ba fight/flight, and when two organisations merge this can be seen as a pairing ba group.

It can be seen that the development of group relations has made a valuable contribution to understanding the underlying dynamics in groups and organisations. I would argue that an understanding of group relations is essential for a consultant using a process consultancy model to enable them to study groups in organisations. However, psychoanalytic theory has been subject to criticism and this is addressed in the following section

2.3.2.5 Critique of Psychoanalysis

Two major criticisms have been made of psychoanalysis and these are outlined below.

2.3.2.5.1 Psychoanalysis does not work as therapy

It is important to note that the process consultancy model is not a therapeutic approach but that the application of psychoanalytic principles in process consultancy helps the consultant to understand different psychological levels of mind. As well as using reflective exercises, the process consultancy model also engages the client in action oriented exercises, review and evaluation. The process consultancy approach is therefore different from the doctor patient model described by Schein (1990), which is closer to a therapeutic or medical model of consultancy in that the consultancy would give a diagnosis of the problem and prescribe a remedy.

However, I have included the criticism that psychoanalysis does not work as therapy because it is a common assertion that is made in an attempt to discredit psychoanalytic theory. For example, Eysenck (1952) claimed that in two-thirds of cases neurotic patients recover within two years whether they have psychotherapy or not. His cynicism about psychotherapy threw down the gauntlet to researchers, who proceeded to generate a vast number of psychotherapy outcome studies. A recent comprehensive review, Robinson et al (1990) concluded that there was no difference in effectiveness between a range of psychotherapies and drug therapy. However, even this finding only places psychoanalysis alongside, what Gabriel (1999) refers to as, "superior and cheaper technologies of the soul, notably anti-depressants and tranquillizing drugs" (p47). Supporters of psychoanalysis in the United States argue that the decline in the use of psychoanalysis in the United States is

due to such cheap, quick and painless drug treatments being favoured by medical insurance companies (ibid.). This was in response to Crews (1993/1995) who argued, in a similar manner to Eysenck, that the declining use of psychoanalysis was evidence that it did not work and therefore that Freud brazenly lied about its effectiveness as a treatment. Gabriel concisely summarises the counter-argument to this point as follows:

> "Psychoanalysis does not work as a therapy in the way that psycho-pharmacology and neuro-psychiatry may work in reducing human suffering; nor is it a form of faith-healing or suggestive treatment ... Instead, psychoanalysis works as a form of self-reflection and, in some cases, self-enlightenment, a 'therapy for the healthy, not a solution for the sick' [Rieff, 1959: xiii]" (p56).

I would argue that Eysenck and Crews make the assertion that psychoanalysis has nothing but a placebo effect in an attempt to discredit it as a valid body of scientific knowledge (Gabriel, 1999), and this is the subject of the next section.

2.3.2.5.2 Psychoanalysis is not scientific

This argument is based on the ideas of Popper (1965) that science constitutes only those theories that can be put to the test and falsified. On this basis psychoanalysis is regarded as a pseudo-science. As Gabriel (1999) points out, the philosophy of science has moved beyond the ideas of Popper and positivism. Gabriel continues by stating that:

> "It is now widely accepted that new disciplines create new ways of observing the world and new ways of relating observations to theories. Observations and theories are not separate entities but often interacting ones, contrary to the strictures of logical positivism and its off-shoots." (p48-49).

I would suggest that some examples of the new disciplines that Gabriel refers to could well be the new paradigm research outlined by Reason (1988) and naturalistic human inquiry paradigm proposed by Lincoln and Guba (1985). The research method I will use in this thesis has such an underlying paradigm and I will present a more detailed description of this in the method section in Chapter Four.

Gabriel continues that the important point of counter-argument to this criticism is one that Freud himself recognised; that any attempt to defend psychoanalysis as a natural science is futile (Gabriel, 1999). It is more important to consider what it does offer and that is a method of understanding the meaning that humans give to their experience of life. As can be seen in its application by the Hawthorne researchers, psychoanalysis provides a rich source of data about the development of a situation in its context, whether this applies to an individual, group, organisation, or indeed society.

Criticisms of psychoanalysis are still evident in the discipline of psychology, where the emphasis in research is more towards behavioural and cognitive psychology. However, there is some evidence of a movement in empirical work towards an integration of approaches. For example, the social psychologist Moscovici (1993) suggests that a proper 'collective psychology' would incorporate both psychoanalysis and cognitive psychology (quoted in Appel, 1995). According to Appel, Moscovici describes the rich correspondence between the 'constructive' unconscious of psychoanalysis and the 'functional' unconscious of cognitive psychology and proposes how both streams could be reconciled (Appel, 1995). Epstein (1994) presents an integration of the cognitive and psychodynamic unconscious in what he has called 'cognitive-experiential self theory'. This theory has at its core the assumption that two parallel, interacting modes of information processing exist: a rational system and an emotionally driven experiential system.

Within the field of clinical psychology there has also been recent empirical work where researchers have advocated the integration of principles from cognitive behavioural and psychoanalytic therapies. For example, Ryle (1991) and Leiman (1992) present an integrated approach to psychotherapy that Ryle has called cognitive analytic therapy, which links together object relations theory and activity theory. In addition, Sue Walsh (1996) has applied this model of cognitive analytic therapy as a diagnostic tool in an organisational setting 'to make sense of psychologically harmful work environments'.

Several social psychologists have studied the process of transference. Andersen et al (1990 & 1994) demonstrated that "the activation and application of a significant-other representation to a new person, or *transference*, occurs in everyday social perception" and more recently provided evidence of chronic accessibility of significant-other representations in transference, compared to control representations (1995). Further empirical work by Hinkley & Andersen (1996) developed this earlier work and demonstrated that "changes in the working self-concept occurred in transference" (p1279). Two other studies have examined the role of transference in the workplace. Firth-Cozens (1992) conducted a study of job stress in junior doctors and found "an empirical indication of psychoanalytical transference in job stress" (p61) and Oglensky (1995) studied the transference that occurred in the authority relationship between superior and subordinate in a firm of attorneys.

The publication of these empirical studies in psychological journals provides evidence that there is now beginning to be an acceptance that the principles of psychoanalysis have value in the discipline of psychology, particularly in organisational psychology and social psychology. To add to this, I would argue that the principles of psychoanalysis are extremely valuable for the purpose of understanding the meaning that people have of their experiences in organisations, particularly during a time of transition and change.

It can be seen that the application of principles from psychoanalysis to the process consultancy model enables analysis of the complexity of organisations in terms of the different psychological levels of mind. The other element of the process consultancy is the application of systems theory, which enables analysis of the different contextual levels within the organisation. In the next section I outline the application of systems theory to the process consultancy model.

2.3.3 Application of Systems Theory

There is evidence that in the later stages of their work the Hawthorne researchers realized the importance of considering the wider environmental influences as well as the impact of technology and the structure of the organisation on workers. Roethlisberger and Dickson (1939) dedicated a chapter towards the end of their book in which they retrospectively examined their research findings using the concept of the organisation as a social system. They state that this perspective gradually emerged as the studies progressed and in particular they refer to the study of the bank wireman in that "the work situation of the bank wiring group had to be treated as a social system; moreover, the industrial organisation of which this group was a part also had to be treated as a social system" (ibid., p 551). They continue to explain that a system is "something which must be considered as a whole because each part bears a relation of interdependence to every other part" (ibid.).

It is interesting that these authors are referring to concepts from systems theory that are generally attributed to the work of the biologist Ludwig von Bertalanffy who published his book *'General Systems Theory'* in 1968. There is evidence, however, that the thinking about systems was available as early as 1925. In their reference to social systems Roethlisberger and Dickson (1939) acknowledge *'Pareto's General Sociology'* by Henderson (1935) and von Bertalanffy makes it clear that although he did not publish his major work until 1968 his own "first statements go back to 1925-26" (1968, p 12). Most accounts in the literature attribute the first development and application of systems theory

in organisational research to the pioneering work of the Tavistock Institute of Human Relations during the 1950s and 1960s. Although it is important to note that the Hawthorne researchers mention the idea of the organisation as a social system, the significant development by the workers at the Tavistock was that they were the first to incorporate and apply these ideas to their research method.

Workers at the Tavistock Clinic and the Tavistock Institute of Human Relations made a significant contribution to the development of research and consultancy with groups and organisations by combining the application of psychoanalytic and systems theory. As this is the basis of the process consultancy model that I am using for my research I outline systems theory in this section.

2.3.3.1 Systems Theory

Ludwig von Bertalanffy originally developed the general principles of systems theory using the living organism as a model for understanding all kinds of complex open systems and this inspired the application of systems theory in the study of organisations. There are several key points to this approach that distinguishes it from the mechanistic perspective of earlier workers, such as Taylor. Firstly, as mentioned by Roethlisberger and Dickson (1939), the system is not reduced to separate parts which are then examined individually, rather the parts are viewed as interacting elements which are organised into a whole complex system. Further, the system is not viewed as a closed physical system that reaches a stable equilibrium, rather it is seen as an open system which is continually interacting with the environment. Indeed the system is dependent on the wider environment for its needs to be satisfied and in order to survive the system has to constantly adapt as it interacts with an environment that may be continuously changing and increasing in complexity.

The open system is characterised by a continuous cycle. The system will obtain inputs of energy across its boundary from the environment, which it will internally transform and then produce outputs across its boundary to the environment. The existence of a feedback mechanism means that there is a repetitive cycle of events whereby the export of an output makes it possible for further input. The importing and storing of energy by the open system enables it to offset the entropic tendency towards deterioration and death, which occurs in a closed system. In this way an open system is characterised as having negative entropy (Morgan, 1986). The open system is also self-regulating and this is explained by the concept of homeostasis. This term refers to biological organisms that have the ability

to maintain a steady state, be self-regulatory and distinct from the environment, while engaging in continuous exchange with that environment (Morgan, 1986). This process involves a negative feedback operation, which regulates and controls the system. An example of a negative feedback loop is when the human body temperature rises and certain bodily functions operate to counteract the increase in temperature, such as perspiring and heavy breathing (ibid.). This negative feedback mechanism involves the input of information and the system has a process of coding that information so that it can determine what is and is not useful (Katz & Kahn, 1978).

2.3.3.2 Tavistock Institute of Human Relations

The Tavistock Institute applied open systems theory to develop the socio-technical perspective of organisations and the method they used was action research, which was developed by the social psychologist Kurt Lewin. This method is defined by Lewin as "a comparative research on the conditions and effects of various forms of social action, and research leading to social action" (1946, p 35). It can be seen from this quote that a researcher using action research is not only concerned with data about the social system being studied but also with the process of the research method and the effect the researcher is having on that social system. The action research approach is also the underlying method for the process consultancy model that I used for my research and a fuller account of the method is presented in Chapter Four. As well as being influenced by systems thinking, the Tavistock also applied the psychoanalytic theory of Bion and Klein to their work, which I have outlined in the previous section.

At the basis of the socio-technical perspective is the idea "that behaviour could be influenced by the context in which it was observed" (Pasmore, 1995, p2) and that technology is one of the strongest influences on organisational behaviour. In addition, there are different levels to this contextual perspective both within the organisation, for example the individual in their role, the group or department in which they work, and the organisation itself, and also outside the organisation in terms of the interorganisational relationships, communities and society as a whole. The Tavistock researchers explored all levels of this contextual perspective and the major finding is clearly stated by Pasmore:

> "Interdependencies among these contextual levels led to the conclusion that increasing turbulance in societal and interorganisational relationships demanded more flexible organisational forms, which would of necessity be highly participative and require a substantial democratization of organisational life" (ibid. p2).

The aim of this section is to illustrate how concepts from open systems theory are applied in a process model of consultancy to enable organisational analysis of a more complex nature than former mechanistic perspectives. Most significantly, such a process model of consultancy takes into account the many interrelated contextual levels as well as the influence from the wider environment, itself having many different and interrelated levels. By taking this perspective a consultant will build up a contextual picture of the organisation as it is seen by people in the organisation, which can be complex, dynamic and often confusing. Viewing the organisation as an open system means that all parts of the system are interrelated and therefore if one part of the system is changed it will have an effect on the whole. For a consultant this means that they have to work with the system as a whole to understand the relationship between parts of the system and indeed with the environment and other systems. The concept of hierarchy is used to distinguish the different contextual levels to be studied. For example, if the organisation is taken as the system for study then it can be seen to contain interrelated subsystems of organisational divisions or departments. In another example the consultant may concentrate on one of the departments as a system and then the individuals or groups are the subsystems and the organisation is the environment or suprasystem. All of these levels are complex open systems on their own account (Morgan, 1986).

It can be seen that this approach is fundamentally different from scientific management where Taylor dealt with group pressure to restrict output by separating people and worked with them as individuals. Although the Hawthorne researchers recognised the importance of the social system, they isolated groups of workers from the organisation to study them. In systems theory the emphasis is on the wider environment, which also differs greatly from the classical management theorists who had a preoccupation with internal design. This shift in thinking about organisations inspired widespread interest in corporate strategy and the realization that organisations must be sensitive to what is happening in the rest of the world (Morgan, 1986).

As the main case study of my thesis is based in the health service I will use the example of a hospital to illustrate more specifically how the key ideas of open systems theory can be applied in organisational analysis. Katz and Kahn (1978) put forward that to identify the boundaries of the system it is necessary to follow "the energic and informational transactions as they relate to the cycle of activities of input, throughput, and output. Behaviour not tied to these functions lies outside the system" (p21). For a hospital this would be the following:

- the input to the system will be ill or injured people;
- the throughput or transformation process will be the activities carried out to treat those patients; and
- the output will be patients who are either cured, dead or transferred to another system, for example social services or a hospice.

There will be interactions and transactions across this boundary with the environment, which will include other systems such as social services, government departments, voluntary agencies, residential homes, or a hospice. In particular, the major environmental influence on the hospital will be changes in Government health policy. Two recent examples of major changes during the late 1980's and early 1990's by the Conservative government were firstly the introduction of a split between the Health Authorities as purchasers of the services and the hospitals as provider of services and secondly the compulsory competitive tendering of services. The main shift of policy for the Conservative government was an attempt to introduce competition and a market economy within the public services. The result was that the public service systems that had traditionally provided the service to the Health Authority were now in direct competition with each other and privately owned providers. The decision about which system should provide the service lay with the Health Authority who thus became the powerful purchasers. This example of a major change in the environment, i.e. Government policy, gives a good example of how the system has to adapt in order to survive.

The task that the organisation "must perform to survive" is known as the primary task (Rice, 1963, p17). As Miller and Rice (1967) point out there are multiple activities within a system and within that organisation people may have different definitions of the primary task. For example, in the hospital management may consider the primary task to be that they reduce costs to ensure the service wins a tender, whereas nursing staff may consider the primary task to be that they provide a high quality service regardless of cost. Miller and Rice describe the primary task as a "heuristic concept, which allows us to explore the ordering of multiple activities" making "it possible to construct and compare different organisational models of an enterprise based on different definitions of its primary task" (ibid. p25). The concept is used by consultants using a process consultancy model to determine what definitions people have of the primary task, or in other words what they see as the main purpose of the activities in the system in order for that system to survive. According to Miller (1993) there has been criticism (e.g. Fox 1968) that the term primary

task has been used both to describe, "what was objectively necessary for survival of an enterprise and to what, subjectively, its members believed was necessary" (p17). Miller continues by quoting Lawrence and Robinson (1975), who clarified this issue by making the distinction between:

> "the *normative* primary task as the task that people in an organisation *ought* to pursue (usually according to the definition of a superordinate authority),
>
> the *existential* primary task as that which they believe they are carrying out, and
>
> the *phenomenal* primary task which it is hypothesized that they are engaged in and of which they may not be consciously aware." (in Miller, 1993, p17).

This distinction is crucial to my thesis and is one I will return to when discussing the findings of my NHS case study in Chapter Six (see p149). Miller (1993) emphasises how the concept of primary task can be used by a consultant to understand the different definitions held by people in the organisation and also the divergence between normative, existential and phenomenal primary tasks.

The idea that there are individuals, groups, and departments that may hold different definitions of the primary task for the whole organisation brings us back to the point that within the system there are many subsystems. As mentioned earlier, each subsystem will have the same characteristics as the overall system, i.e. it has a boundary, an input-transformation-output process and its own primary task. There will be interactions across the boundaries of each subsystem and therefore each subsystem is an interrelated and interdependent part of the whole system. As Turquet (1974) points out, the transactions across the boundary, either of a subsystem or system, will require mechanisms of control and the presence of a leader. He continues "a fundamental aspect of leadership, therefore, is boundary control at this interface" (p352). Leadership is present on the edge of the boundary and has the role of managing the inputs and outputs across the boundary of the system, be it as a manager of a department or as Chief Executive of a hospital. For an open system to survive it is necessary for it to adapt and change in response to the interactions across boundaries and this requires feedback mechanisms, which is an essential role for leadership. I would argue that this applies also to the role of a consultant in that when they are working with an organisation it is necessary for them also to remain on the edge of the boundary. Turquet explains the complicated role this becomes for leaders and, I would argue, also for consultants.

> "If the leader allows himself to become an observer gliding above the fray as a nonparticipant, he will deprive himself of knowledge of certain vital aspects of the group's activities. Hence, he will lose much of his evidence about the state of the group and especially the group's expectations with regard to his leadership. Indeed, there will be times when the only evidence available to him as to the state of the group's health will be his own personal experience of the group, what he feels the group is doing to him, and how he feels the group inside himself. Equally, of course, total immersion or loss of self in the group is destructive to leadership as a boundary function." (ibid. p352-353).

A further dimension to this is that a consultant will be working with a system that includes the leader of that system. It is, therefore, important that both are clear about their different roles and that they manage the boundary between them. Another aspect of both leadership and consultancy that I will introduce here is the idea that "leadership has to act as a projection receptacle and to bear being used" (Turquet, 1974, 353). This refers to the processes of projective identification and transference that were mentioned earlier (see p55 and p60) and in particular that people in authority positions become a target for projections from members of the group or system. The term that Bion (1970) developed was that the leader acts as a 'container' for the other person's anxiety and what is important is that those anxieties are "neither eliminated or allowed to disable mental functioning" of the leader (Gabriel, 1999, p292). To give some examples, this might occur when there is anxiety in a department because of the failure to meet a deadline and the result is that all members of the team put the blame on the manager of the department. Another example would be when there is anxiety due to the threat of a hostile take-over bid which results in all responsibility being put on the Chief Executive who is idealized by the executive team as being the only person able to save them. In the same way the role of the consultant is often to act as a container for the anxieties evoked by the change process in the organisation

The idea of individuals containing anxiety in the system also relates to Bion's concepts of valency and ba groups (see p65). In the above example of the manager being the scapegoat for a failing department a working hypothesis could be developed that there is anxiety in the department about failing and this one individual takes up the role of being the container of the anxiety. The result is that this relieves anxiety for everyone else in the department. Taking this idea to another level it can be applied to groups, departments or entire organisations that become containers for anxiety. For example, a personnel department that takes up a role of taking care of staff by encouraging them to talk to them about their problems could become a deposit and container for all the stress and anxiety in the system. The key point, as mentioned in the above quote from Gabriel (1999), is

whether the leaders, individuals or groups are able to contain the anxiety rather than negating it or being overwhelmed. As mentioned earlier in the discussion of projective identification (see p55), rather than containing the anxiety the individual or group may 'act out' the anxiety on behalf of the group or system. In this example, the manager may feel he is an inadequate failure and the staff in the personnel department may suffer from stress or depression. The terms I will use in my thesis to relate to this process are that the individual or group is 'acting on behalf of' or 'representing something' for the group or system.

While the negative feedback mechanism of the open system maintains a steady equilibrium, a process of positive feedback is at the root of changes to the system (Skynner, 1987). The concept of positive feedback has been applied extensively to understand changes either in growth or decay both in family therapy (Skynner, 1987) and in organisational consultancy. Skynner (1987) gives the example of a successful business enterprise where the increased profits are fed back into the system enabling the business to grow. On the other hand if the business is failing then less money is put into the system and the enterprise will eventually become bankrupt. Skynner continues by pointing out that by using a systems approach "causality becomes circular rather than simply linear" (ibid. p265). The idea of circular causality is used in family therapy to identify dysfunctional patterns of behaviour between family members. In a similar way this concept has also been applied in organisational consultancy (e.g. Campbell, et al 1991; Campbell, 1994). I give below an example of a possible scenario in an organisation:

> A staff member makes a mistake, which causes the manager to get anxious that targets for the department will not be met. The manager becomes angry and blames the staff member for the poor performance of the department. This causes the staff member to become increasingly anxious about making mistakes because they have a fear of failing. However, because of their anxiety their performance gets worse and they make more mistakes. The result is that the manager becomes angrier and threatens the staff member with dismissal. Meanwhile the performance of the whole department continues to get worse.

By examining this situation as a positive feedback loop a consultant would identify that the increasing intensity of the behaviour and emotions of both parties is reinforcing the decline of performance in the department as a whole. Taking an approach based on linear causality would single out one of these individuals as being the cause of the situation. If the staff member is seen as the cause they could either be given training or dismissal. On the other hand if the manager is seen as the cause then he may receive management

training or reprimand from his manager. However, by taking an open systems approach based on the principle of circular causality any intervention would be focused on the behaviour of both individuals and how this reinforces the cycle of decline in performance for the whole department.

The process consultancy model I used for my research applies the above principles from systems theory to understanding organisations. In sum, these principles are that the consultant analyses the organisations from different contextual levels, considers that individuals or departments can hold emotion or anxiety for the rest of the organisation, that the consultant must remain on the boundary of the organisation, and that interrelationships must be viewed as having circular causality. In the next section I present a critique of the human relations movement.

2.3.3.3 Critique of Human Relations

Three major criticisms have been made of the human relations movement and these are outlined below:

2.3.3.3.1 Challenge to traditional authority structures

I would argue that the basis of much criticism of the human relations movement is that ideas such as participation in change and decision-making are seen as attempts to change authority relationships. As Pasmore (1995, p18) puts it "socio-technical systems theory is based on notions of democratic decision making and self direction which threaten traditional power arrangements". He continues by outlining how people in organisations may resist such methods:

> "The danger ... is that socio-technical systems interventions may become widely regarded as too complex, difficult or politically dangerous to pursue when other methods appear to be more simple and less risky. Isolated successes, against a larger backdrop of skepticism or even hostility, are unlikely to remain viable over time." (Pasmore, 1995, 18).

However, in spite of these fears the socio-technical approach has continued to be developed and applied in organisations (Trist & Murray, 1993). The most important influence of the pioneering work of the Tavistock Institute was that they challenged the traditional design and ways of working in organisations. As Lawrence (1979) puts it:

> "organisational choice becomes possible since it is possible to design forms of work organisation that optimize the best fit among social, psychological, technical, political and economic factors" (p 244).

2.3.3.3.2 Too much focus on feelings

In his article "Too much concern with Human Relations?" Baumgartel (1969) addresses several points of criticism directed towards human relations training for managers and supervisors. Whyte (1969) described human relations training as thwarting individual freedom and preventing creativity (in Baumgartel, 1969). In addition, McNair (1969) argues that:

> "there is too much worry about people's feelings and that there should be more concern about 'getting the job done', that is, for the businessman making a high profit and for the school administrator having an 'efficient' organisation" (Baumgartel, p49)

These criticisms reinforce the idea that human relations movement is on the extreme 'forces of light' end of the continuum (Perrow 1973). The argument is that human relations is: too concerned with feelings, too focused on group agreement, too soft and easy, too directed towards creating no conflict and finally too manipulative. This is an extreme view of the human relations movement and Baumgartel addresses each of these points in turn as follows:

- The goals of human relations go beyond just being nice to people and aim to develop a deeper understanding so people can achieve optimum productivity and self fulfilment.

- The human relations research uncovered the phenomenon of group pressure towards conformity; in other words group conformity existed already and was not due to the interventions of the human relations trainers, who actually encourage more autonomy.

- The training encourages democratic leadership, which involves a high degree of joint involvement in decision-making and requires great skill and effort.

- The aim is to study and understand source of destructive conflict and to learn how better to deal with it rather than to deny its existence as is suggested.

- The human relations trainers have found that those students who complain they are being manipulated and are being taught how to exploit others have themselves been the most manipulating on the course. It is suggested that this is evidence of projection in that these people are denying their own manipulative attitudes.

This last point is also an example of denial of the 'shadow' in organisations, whereas the human relations research and training accepts that political behaviour is present in all social relationships.

2.3.3.3.3 Not enough focus on structures

The human relations approach has been criticised for neglecting institutional and structural components (Silverman, 1970). This is expanded further by Child (1969, p156) who argues that:

> "human relations led much of British management thought towards an extreme analysis in terms of organisational solidarity, an almost exclusive emphasis on social motivations, and on the role of personal leadership. It completely discounted the likely technological, financial, and socio-environmental constraints bearing upon any viable managerial policy"

This criticism could be directed towards the Hawthorne researchers for not fully considering the wider environmental influences or the impact of technology and structure on workers. Although, as mentioned earlier, Roethlisberger and Dickson (1939) did acknowledge ideas from systems theory and retrospectively applied these concepts to understand their research findings. Other researchers from the human relations school did consider these aspects, in particular those from the Tavistock Institute of Human Relations in the development of socio-technical perspective.

2.4 Key Research Aims:

Based on the process consultancy model outlined above one key aim of my research is:

> **To explore the impact of using a process consultancy model that involves employees, applies principles from psychoanalysis and systems theory to identify, understand and work with resistance to change.**

The other key aim of my research is to identify sources of resistance to change and to explore and build on the psychological theories about the sources of resistance to change in organisations. In the next chapter I provide a background to this aim by outlining the key theories in the literature that represent different psychological perspective on the sources of resistance to change in organisations. In the next section I present a summary of the key points from this chapter.

2.5 Summary of Key Points:

The key points raised in this chapter were as follows:

- Approaches to Organisational Consultancy can be represented as a continuum from expert to process consultancy models.

- The expert consultancy model means that:
    - the consultant takes ownership and responsibility for diagnosis and selection of a solution;
    - the client is dependent on the consultant is not involved in the change process.
- The expert consultancy model has its roots in scientific management, which has the following elements:
    - uses a rationalist model of the organisation;
    - advocates change through the authority structures;
    - studies workers in isolation.
- The expert consultancy approach tackles resistance to change by enforcing change through the authority structures, which I would argue, leads to more resistance.
- More recent application of scientific management in Business Process Reengineering has identified the necessity of integrating the process and expert consultancy models by involving employees in the process and using ethnographic methods to understand the contextual complexity of the process under analysis.
- The process consultancy model focuses on the process used to bring about change and enables people in the client organisation to maintain ownership of the problems and solutions. The approach is a clinical perspective to fieldwork and has an underlying theory of "health system".
- The process consultancy model I used for my research has three key elements:
    - Involving employees in the change process, which has its roots in Human Factors, Hawthorne studies, and Tavistock Institute of Human Relations;
    - Applying principles from psychoanalysis to the consultancy approach, which has its roots in the Hawthorne interviewing programme, Tavistock Institute of Human Relations and Tavistock Clinic;

- Applying principles from systems theory to the consultancy approach, which has its roots in the Tavistock Institute of Human Relations.

3 Chapter Three: Psychological Perspectives on Sources of Resistance to Change

A key aim of my research is to examine the underlying sources of resistance to change in organisations and by this I mean the resistant behaviour that occurs when management try to bring about change through the authority structures in an organisation. The aim of this chapter is to provide a background by outlining the key psychological theory about sources of resistance to change from different psychological perspectives.

The different ways that people resist change can range from direct action such as trade union organised strikes to more subtle techniques such as sabotage, restriction of output and non-participation. In the previous chapter I described restriction of output as group pressure amongst workers to maintain informally agreed performance levels and outlined how Taylor and the Hawthorne researchers attempted to address this type of resistance to change though different means. In Taylor's case it was to enforce change whereas the Hawthorne researchers involved employees in the process. However, in both cases the source of resistance was described as being the same, i.e. workers and Unions believed that increasing output would mean loss of jobs. Researchers from the Tavistock Institute also met resistance from management who stopped the self-managed team projects because they feared losing their own jobs. The Tavistock researchers also faced resistance in the form of non-participation from workers who they were encouraging to be self-managing. These examples indicate that resistance to change occurs regardless of whether the consultancy approach is an expert model from the 'forces of darkness' perspective, or a process model from the 'forces of light' perspective. However, in the previous chapter I argued that using an expert model is likely to produce more resistance to change, whereas using a process consultancy model is a method of identifying, understanding and working with resistance to change when it does occur.

The process consultancy model I used for my research, which is described in the previous chapter, takes a political model perspective of organisations. This means acknowledging there is a 'shadow' side of organisational life and that behaviour can be the result of unconscious processes. In particular, I would argue that the politics of resistance to change is part of the 'shadow' of the organisation and is often the result of unconscious process. The examples of resistant behaviour that I have quoted so far appear to have rational sources of resistance in that the primary concern for people during an organisational change is the fear of job loss. The previous chapter also provided evidence

that the traditional authority relationship between workers and management in organisations can be a source of resistance to change. For example, workers resisted change because it was imposed through authority structures and, paradoxically, attempts to change authority relationships through self-managed teams were also resisted by non-participation of employees and blocks by management who feared job loss.

However, there are examples where the source of resistant behaviour appears to be irrational. One example is when a planned change is a means of securing the future survival of the organisation, for example through technological advances. If employees resist the change because they fear losing their jobs, they are in fact risking the future security of their employment. In other words if the organisation does not change to keep up with environmental changes it could close down and all jobs would be lost. In the same way I have already presented evidence that when there is an opportunity to change the traditional power and authority relationships the change is resisted by both workers and managers. These rational explanations for resistant behaviour do not explain why people resist change when the outcome of doing so means either maintaining a painful situation such as the traditional authority relationships, or bringing about a more painful situation such as closure of the organisation. There may also be instances when the resistance to change is not about power, authority or job loss but that source of resistance could be based on the feelings, beliefs and values of employees.

In the previous chapter I presented the process consultancy model that I used in my research and that one of my key research aims is to explore the impact of using this method to identify, understand and work with sources of resistance to change. This approach is supported by Senge (1990, p88) who states that "rather than pushing harder to overcome resistance to change, artful leaders discern the source of the resistance". The aim of this chapter is to present the relevant empirical research and theory drawn from a variety of psychological perspectives that provides an explanation of the sources of resistance to change. Although it can be seen that there are many examples of resistance to change in the literature, the theory about the sources of resistance to change is more difficult to pin point. Most accounts accept that resistance to change occurs and focus on how to overcome it rather than presenting a theory about the underlying sources. As I outlined in the previous chapter, the process consultancy model I used in my research has its roots in the work of the Tavistock Clinic and Tavistock Institute of Human Relations. Evidence that this approach can be used to identify, understand and work with sources of resistance to change is that the Tavistock researchers developed a psychoanalytic theory of

sources of resistance to change. However, before outlining this psychoanalytic theory I will explore other empirical research and theory from a variety of psychological perspectives that provide some explanation of a psychological source of resistance to change. Each of these different perspectives represents a different psychological level of the mind and these are organisational behaviour, cognitive psychology, social psychology and finally psychoanalytic theory.

3.1 Organisational Behaviour: Resistance as a Barrier to be Overcome

Greenberg & Baron (1997) provide a very clear summary of the organisational behaviour perspective of sources of resistance to change. Their work is representative of the vast amount of literature written from this perspective. They define resistance to change as "the tendency for employees to be unwilling to go along with organizational changes" (ibid., p560) and continue by providing a list of the individual and organisational variables that are the sources of such resistance. These are presented as barriers to change and can be summarised as follows (adapted from ibid., p560-561, my comments in brackets).

"Individual barriers:

Economic insecurity – (as mentioned earlier) employees fear losing their jobs or having their pay reduced;

Fear of the unknown – disruption of the well-established, comfortable methods of working from which employees derive a sense of security;

Threats to social relationships – change threatens the strong bonds which have developed between co-workers and the 'integrity of friendship groups that provide valuable social rewards';

Habit – employees will have to learn new ways of working and job skills rather than continue with well-learned and habitual jobs;

Failure to recognize need for change – employees have a vested interest in maintaining the status quo unless they fully appreciate the need to change;

Demographic background – some employees are more predisposed to making changes than others, e.g. organisations where the executives are young, better educated and have less experience in the organisation.

Organizational barriers:

Structural inertia – this refers to the way that organisations are designed to promote stability, e.g. selection and training of employees to do certain jobs and reward systems that reinforce performance in a certain way. As these forces promote stability it follows that they are a source of resistance to any proposed change to that stability.

Work group inertia – change is resisted by work groups who have developed strong social norms and exert pressure to perform jobs in a certain way, (a good example of this is restriction of output as discovered by Taylor and the Hawthorne researchers);

Threats to existing balance of power – this refers to any shifts in power resulting from the change such as who controls resources (for example, the change in the authority relationship in the self-managed teams was eventually resisted by management because it was seen as a loss of power and potentially a loss of role);

Previously unsuccessful change efforts – individuals, groups and the entire organization may be cautious and reluctant about accepting another attempt to introduce change if a previous initiative failed;

> Composition of board of directors – if the governing body has difficulty coming to agreement because of their large size or lack of professional agreement, they are less likely to take extreme actions and will introduce less change."

The individual and organisational variables listed by Greenberg & Baron (1997) give an indication of the behaviour at the source of resistance change. However, the explanations are at a superficial level and do not go as far as to tackle the question of what psychological processes underlie such resistant behaviour. For example, why do social norms develop in work groups and why are threats to job security, social relationships, certainty, stability and power relationships at the basis of resistance to change? It was mentioned that some people are more predisposed to change, however, no explanation is given as to why those people are less likely to resist change. In addition, by listing the barriers to change in this way it implies that these will occur in all organisations and does not take into account that the dynamics of each organisation will be different and could change over time.

Gordon (1999) presents further insights into the underlying sources of resistance by outlining two steps to identify the forces against change. Firstly, the resistant behaviours have to be identified, for example "lowered productivity, increased absenteeism, poor morale, slowdowns, strikes, or unionization" (ibid., p476). Secondly, the causes of resistance have to be determined, which can be summarised as follows.

> "Employees may:
>
> Feel that managers ignore their needs, attitudes and beliefs;
>
> Lack specific information about the change;
>
> Fail to perceive the need for change;

Demonstrate a 'we-they' attitude and so view the change agent as their enemy;

View change as a threat to the prestige and security of their supervisor;

Perceive the change as a threat to managers' and employees' expertise, status, or security;

Work in rigid organizational structures and so develop rigid thinking" (adapted from ibid., p476-477).

Gordon begins to touch on some of the underlying organisational dynamics, for example the 'we-they' (or 'us-them') attitude, which is a split between employees and change agents and is reinforced by the feeling that employees have of being ignored by management. This point is one I will pick up again when I discuss the contribution of social identity theory (see p92) and psychoanalysis (see p97). However, from an organisational behaviour perspective these aspects of the causes of resistance to change are presented as behaviours that are forces against change with no explanation of what psychological processes might be behind such behaviour. In addition, the final point reifies the organisation as being able to develop rigid thinking in people, whereas the case might be that rigid thinking people have created such a rigid organisation, which continues to recruit and attract more rigid thinking people to join.

The above summaries from Greenberg & Baron (1997) and Gordon (1999) are representative of the organisational behaviour literature and the perspective of resistance to change as a barrier to be overcome. Although the authors stress that it is important to understand the causes of resistance, the analysis they present categorises and documents the presenting behaviour or feelings, in other words the symptoms. Regardless of what the cause of resistance might be the remedy for overcoming the resistance to change is the same formula, which I would argue has its roots in the Human Relations approach. For example Cummings & Worley (1993) outline three strategies:

Empathy and support – Using active listening to understand how people are experiencing change and to "identify those who are having trouble accepting the changes, the nature of their resistance, and possible ways of overcoming it". People feel less defensive because someone is interested in how they feel and the open relationship provides information about resistance and establishes joint problem solving to overcome barriers to change.
Communication – "People tend to resist change when they are uncertain about its consequences". Providing adequate information about the changes and likely consequences reduces speculation, rumours and gossip, which otherwise would add to the "anxiety generally associated with change".

> **Participation and involvement** – "One of the oldest and most effective strategies for overcoming resistance is to involve organizational members directly in planning and implementing change." Employees can provide information and ideas, identify barriers to implementation, have their needs accounted for and therefore will be committed to implementing the changes (adapted from ibid., p148-49).

Whilst I agree with these principles in theory, I would argue that in practice these strategies are not so easy to put in place. Firstly, the assumption is made that employees are able and willing to express how they feel and what is the nature of their resistance. Active listening is one means of developing empathy and support, however, there is no mention of how other contextual information such as unconscious processes would be understood and worked with. Secondly, the communication strategy assumes that someone, usually the management, knows what the consequences of change will be. A more realistic communication would be that while some consequences can be predicted a certain amount of uncertainty and anxiety would have to be tolerated. Thirdly, the assumption is made that employees will participate and become involved in planning and implementing change. Evidence from the research on setting up self-managed teams indicates that employees are not always willing to participate and also managers may resist employee involvement.

Finally, the overall assumption of the organisational behaviour perspective of resistance to change is that the planned change initiative is the right thing to do and tends to be from a management perspective in identifying and overcoming resistance. This perspective views resistance as a barrier, which implies that whoever decided on the planned change, e.g. management or the government, always knows best. However, I would argue that there might be instances when employees resist because they know from their own experience that the planned change is not the best way forward. Although taking an organisational behaviour perspective does involve analysing different contextual levels of individual, group, and organisation it remains at a behavioural level of psychological analysis. In the next section I will explore sources of resistance to change from another psychological level of the mind by discussing the contribution of cognitive psychology.

3.2 Cognitive Psychology: Cognitive Resilience and Resistance as Heuristic Biases

In an attempt to address the question of why certain people are more resistant to change than others, Daryl Conner (1993) presents five attributes of change resilience. Conner argues that: "... the single most important factor to managing change successfully is the

degree to which people demonstrate resilience: the ability to absorb high levels of disruptive change while displaying minimal dysfunctional behavior" (ibid., p 60). The five attributes of change resilience are described as the characteristics, beliefs, behaviours, skills and knowledge that are required to raise the threshold for "future shock" (in Carr et al, 1994) and can be summarised as follows:

1. **Positive** – views life as challenging but opportunity filled;

2. **Focused** – clear vision of what is to be achieved;

3. **Flexible** – pliable when responding to uncertainty;

4. **Organized** – applies structures to help manage ambiguity;

5. **Proactive** – engages in change instead of evading it (adapted from Carr et al, 1994, p70-71).

I concentrate here on Conner's work because it is from a cognitive resource approach, which is based on the work of the cognitive psychologist Kahneman (1973). The cognitive resource approach means that people will differ in respect of how they process information depending on their attentional capacity or their cognitive resources. The extent to which a person is able to cope with the information processing during a period of change will depend on how well they have developed the five attributes of cognitive resilience. Conner argues that resilience can be measured and also that it is possible for people to develop these attributes (in Carr et al, 1994). It follows that a cognitive explanation of a psychological source of resistance to change would be that a person has not developed the attributes of cognitive resilience. The resistant person would therefore display the opposite attributes of being negative, unfocused, rigid, disorganised and would evade change.

This model implies that change resilience is a measurable trait of the individual. I would argue, however, that this model does not explain how the same individual may be resilient during change in one situation but may be resistant to change in another situation. To give an example, someone may relish the experience of change in their everyday lives such as making changes to their home, travelling to different places, and participating in a variety of social events or hobbies. However, when there is a change in their organisation that threatens their job they may become resistant. In this example the individual has a different level of control over their situation, which is not considered by the model. The

cognitive model, therefore, does not take into account that resistance to change is dependent on the situation and the possibility that an individual who has developed cognitive resilience could be resistant to change in a particular context. In addition, the model does not consider the impact of factors from other contextual levels on the individual, for example group processes, power and authority relationships, organisational and societal influences.

The cognitive approach focuses on the conscious processes of individuals, however, there is evidence in the cognitive literature that people do not always behave or think in a rational, logical manner. For example, Tversky and Kahneman (1977) conducted studies on the heuristic biases that occur when individuals are faced with making decisions and judgements in situations that are complex and where the outcome is uncertain. The findings were that individuals in these situations:

- try to find a solution which is the right answer;
- do not follow principles put forward by statistical probabilities but use more subjective criteria;
- reduce the complexity of the situation and use the limited data they are presented with;
- expect future deviations to be in the direction of restoration of the equilibrium;
- have egocentric beliefs about other people's behaviour, for example flight instructors who had an egocentric belief that their own behaviour was the only reason for the change in their student's performance;
- when they imagined possibilities of future occurrences in situations that were outside their area of personal authority, they would be biased by recalling the most salient, well known or recent occurrences;
- were reluctant to begin from a position of not knowing when making decisions and used any data supplied to them even if it was arbitrary.

The complex and uncertain situations of the experiments are similar to those that occur during organisational change. These results illustrate how decision making in organisations can be biased by the tendency to reduce complexity and maintain the status quo, in other words biased decision making can be a source of resistance to change. The

findings also provide evidence that people do not always think rationally and logically when they are in complex and uncertain situations and therefore the heuristic biases can be seen as evidence of unconscious processes. However, the focus for cognitive psychology is primarily on the individual and on information processing models of conscious processes. In the next section I will consider the contribution of social psychology to understanding sources of resistance to change.

3.3 Social Psychology: Resistance as Group Behaviour

There is a great deal of evidence from social psychology research to support the concept of resistance to change. In particular, the research on group conformity supports the findings of the Hawthorne researchers that workers conform to the group norms of restriction of output. Evidence of group conformity is provided by the early experiments of Asch (1951), which demonstrate how individuals find it difficult to express an opinion that is not in line with the rest of the group. His work has been largely supported by other work since that time. The initial experiments of Asch involved a group of students who had to make a judgement as to which of three lines on a card was of equal length to a line they had seen previously. Six subjects out of the seven people taking part were confederates of the experimenter and the study examined whether the other person would agree with a wrong answer given by the rest of the group. It was found that over twelve trials, involving 123 subjects, a total of 75% of subjects agreed with the incorrect judgement made by the majority group (Buchanan & Huczynski, 1997). The finding by Asch that it only takes one other person to agree with the subject to reduce the conformity indicates the strength of collective influence on decision making.

Other empirical research by social psychologists focuses on the impact of groups on the decision-making process. For example, studies of psychological entrapment demonstrate the process whereby people "escalate their commitment to a previously chosen, though failing, course of action in order to justify 'or make good on' a prior investment" (Brockner & Rubin, 1985, p5). In their study Kameda and Sugimori (1993) provide evidence of a connection between the concepts of entrapment and groupthink (Janis, 1972,1982). Groupthink has been described as "a defective decision-making process that is categorised by the following symptoms:

(a) overconfidence in the own group's invulnerability and morality;

(b) closed-mindedness including collective rationalizations of past decisions and stereotyped views of out-groups; and

(c) pressures toward uniformity, such as self-censorship of deviations from the apparent groups consensus, a shared illusion of unanimity concerning judgements conforming to the majority view, and the emergence of self-appointed mindguards." (Kameda and Sugimori, 1993, p282)

Hosking and Morley (1991) quote the work of Janis (1972) as having "shown that, under certain conditions, cohesive groups try to avoid the emotional stress and cognitive strain of actively open-minded thinking" (p108). They continue by explaining that people first direct their attention to the preferred options of the leader, a coalition of high status members or the group majority and then the group will focus on justifying the decision they have made (ibid.). Janis (1972) applied the concept of groupthink to understanding occasions when leadership groups are resistant to changing their minds over policy decisions in crisis situations. He analysed several "such pre-Watergate episodes as President Kennedy's invasion of Cuba at the Bay of Pigs, President Johnson's escalation of the Vietnam War, the defencelessness of Pearl Harbour, and Neville Chamberlain's policy of appeasement" (Tajfel & Fraser, 1978, p 216). Groupthink could also be applied to other more recent examples such as the Challenger disaster, where the warnings from the more junior engineers were ignored. This work adds support to the idea that resistance is a phenomenon demonstrated by managers and leaders as well as employees.

As well as providing evidence of individual conformity to the group majority, the groupthink research also illustrates the extent to which individuals demonstrate obedience to people in positions of authority. Another classic study on this topic was conducted in 1974 by Stanley Milgram as an attempt to understand the behaviour of Nazi SS guards who tortured people in the concentration camps during the Second World War. Milgram set up a research laboratory where participants were asked to give electric shocks to the person in the next room if they answered a question incorrectly. In reality the person in the other room pretended he was shocked each time but no electric shocks were actually delivered. The participants had to increase the shock intensity each time there was an incorrect answer, the most extreme level being labelled 'danger severe shock'. Participants thought it was a genuine experiment and it was found that two out of every three participants obeyed the commands of the person in authority by pressing the buttons to deliver a shock to a potentially 'fatal' level.

Some participants were visibly disturbed during the experiment and although they were debriefed, the design of Milgram's experiments provoked debate on the ethics of research, which led to more strict ethical rules and working practice. Needless to say Milgram would not be allowed to conduct such experiments today, however, they produced valuable insight into how people actually behave in authority relationships. The experiment was repeated in different conditions, which produced a wide range of interesting findings. For example, there was less obedience from subjects when they had closer proximity to the victim and when an ordinary man rather than the experimenter gave the orders.

Of particular relevance to this discussion of resistance is the condition that tested the influence of group pressure on obedience to authority. In this experiment the participant was unaware that the other two participants were confederates of Milgram. At the beginning of the experiment one of the confederates administered the shocks but soon refused to continue, argued with the experimenter and then moved to a corner of the room. The second confederate took over for a while but then refused in a similar manner to the first. It was then left to the real participant to administer the shocks. In 30 cases out of 40 the participants defied the experimenter in the same way as the confederates had defied him. In a control condition group pressure for defiance was absent and only 14 out of 40 participants defied the experimenter. It can be concluded from Milgram's research that peer rebellion has an influence on non-compliance with authority figures. This study provides evidence that the influence of group pressure on individuals maintains group norms such as restriction of output as resistance to change and in other instances can galvanize collective resistance to authority.

Social psychologists have also provided some understanding of instances when people do not take up authority in their role when they have the opportunity to do so, such as in self managed teams. An observational study conducted by Marsh et al (1978) entitled 'The Rules of Disorder', examined the social roles taken up by supporters at a football club in Oxford. They found one social role was the Chant Leader who initiated songs and chants and acted as a 'caller'. For example, they would call 'Give us an "O"' and the crowd would shout "O", followed by 'Give us an "X"' and so on to spell out OXFORD. The authority of the person in this role was charismatic and based on their physical characteristics of being tall, having a loud voice, full knowledge of the chants and knowing when to use them. The followers based their compliance to some extent on personal authority but more so on competent authority, for example it is important that the

Chant Leader does not forget the words in the middle of a chant. Marsh et al explain "to fail in such a venture, to sing out 'Give us an "O"' and get no response, is to lose face and effectively to be deterred from making a similar attempt in the future" (ibid p67). I would argue that this example demonstrates a dilemma for any individual when they take up charismatic authority and that is the fear that others may not follow them. It is likely that once the person has the experience of others accepting their authority then their confidence in taking up authority will increase. If, however, they find themselves in a particular situation where their authority is defied or resisted then this can undermine their confidence and deter them from exercising their authority in the future. To give an example, the principle in a self managed team is that everyone is able to take up authority in their role and without an overall manager they are of equal status. However if an individual voices an idea that is ignored by the other team members then they will not be able to fully take up their own authority or be followed in putting that idea into action, which would require the whole team.

The evidence from social psychology demonstrates that group processes are a source of resistance to change in that:

- groups of decision-makers can be resistant to changing a decision once it is made, due to groupthink and escalation of commitment;

- the pressures of group conformity can encourage individuals to be resistant, for example resistance to authority is more likely when the group norm is to resist, which is similar to the findings of the Hawthorne studies on restriction of output;

- people are less likely to exercise authority if they are not followed by the group, which provides some explanation of non-participation in self managed teams.

The studies quoted so far provide evidence of the influence of the group on the individual. An explanation of such group processes was developed by the social psychologist Tajfel (1981) which is known as Social Identity Theory (SIT). In particular he focused on prejudice and the phenomenon of individuals becoming part of a group, taking on the values of the group and being hostile towards people who are not part of the group. In this way, SIT presents an explanation of the 'us and them' situation mentioned by Gordon (1999) in the discussion of the organisational behaviour perspective (see p86). The theory is outlined by Horton (1999) in that the social identity of groups is created by the process of social categorization, which is a labelling process. This process enables people to

simplify the social world by categorising themselves and others into in-groups and out-groups, in other words as being part of 'us' or 'them'. The discrimination is reinforced by members of the group through a process of emphasising their own similarities with the group and how they are different from the out-group.

As Hosking and Morley (1991) point out, SIT is a cognitive theory which suggests that "cognitive biases of this kind allow us to establish, or maintain, social identities which are positive, distinctive, and secure" (p99). According to Brown (1995) discrimination and prejudice would be generated most powerfully in identity-threatening situations. This could be where the other group was seen as very similar or very different to one's own (Horton, 1999). I would argue that organisational change is another example of a situation where one's identity is threatened. For example, when two organisations or departments merge the people involved may feel a threat to their social identity. To enable a complete merger to occur there would have to be a process whereby people re-examined and changed their social identity in light of the new groupings. However, what tends to happen is that people resist change and maintain their social identity based on the previous department or organisation that they belonged to.

Tajfel (1981) proposed three survival possibilities of exit, pass and voice, which can be applied to any situation where there is a threat to social identity. In an organisational setting the group member may choose to exit by leaving the organisation, pass by adopting the identity of the out-group to become one of 'them', or voice which is an example of resistant behaviour. Voice not only reaffirms the in-group identity, e.g. 'we always used to do it this way in this department', but also sets up opposition to the other group and therefore resistance to the change.

It can be seen that SIT reinforces the importance of identity based on group membership as a source of resistance. This theory explains the underlying psychological process as cognitive categorization, which makes it simpler for people to organize the social world. SIT is useful for understanding how between group polarization occurs, how it is reinforced and how it leads to an 'us and them' situation. There is evidence that an 'us and them' situation is often present when there is resistance to change such as strike action, restriction of output and resistance to authority. In SIT theory the 'us and them' situation is seen as a conscious process. Whilst I agree that to some extent people will assign meaning to their actions and their behaviour is the result of conscious processes, I would argue that this is not always the case. As I have mentioned previously, there are

circumstances when resistant behaviour is the result of unconscious processes. To give an example, between group polarization can occur on the basis of criteria that do not appear to be rational or logical. Also, during a period of intense change a previously unified group can itself polarize based on irrational criteria. In addition, between group polarization is only one aspect of resistant behaviour. Although SIT proposes that resistance in the form of 'voice' can be the result of such polarization it could also be the case that such polarization is the result of a quite different underlying sources of resistance.

This final point refers to the position of psychoanalytic theory, which presents unconscious processes as the underlying source of resistance to change and that one manifestation is group polarization, which is the subject of the next section.

3.4 Psychoanalysis: Resistance as a Defence Against Anxiety

The process consultancy model I used in my research has its roots in the work of the Tavistock Clinic and Tavistock Institute of Human Relations. The consultancy approach these researchers used applied principles from psychoanalysis and systems theory, which is outlined in Chapter Two (see p40). As stated at the end of Chapter Two, one of my key research aims is to explore the impact of using this process consultancy approach to identify, understand and work with sources of resistance to change. The Tavistock researchers used this method to develop a psychoanalytic theory of sources of resistance to change. The aim of this section is to provide an outline of that psychoanalytic theory.

The most influential work on the underlying psychological sources of resistance to change has been that of Elliot Jaques(1955) and Isabel Menzies(1959), who were both researchers at the Tavistock Institute of Human Relations. They used the process consultancy approach to study both the conscious and unconscious social processes present in organisations during periods of change. Miller & Gwynne (1972) conducted a more recent study using this approach, which is relevant to my first case study. The work of Jaques, Menzies and Miller & Gwynne is outlined in the following sections.

3.4.1 Elliot Jaques

Jaques (1955) conducted a study in an industrial enterprise and his main finding was that a source of resistance to change was that the social system in the organisation, which was designed for work purposes, was also being used by people as a defence against 'psychotic' anxiety. It follows that any attempt to change the social system would result

in resistance to change, with individuals and groups trying to maintain the current system because it served to defend them against anxiety. In using the term 'psychotic', he refers to the individual mechanisms of defence against the recurrence of the early paranoid and depressive anxieties, which were first described by Melanie Klein and are outlined in the Chapter Two (see p55).

Jaques clarifies that it is not to say that the institutions become 'psychotic' but that "individuals may be thought of as externalizing those impulses and internal objects that would otherwise give rise to psychotic anxiety and pooling them in the life of the social institutions in which they associate" (Jaques, 1955, p 278). He continues that this is manifest in group relationships as "unreality, splitting, hostility, suspicion and other forms of maladaptive behaviour" (ibid). Jaques made it clear that this phenomenon is a "social counterpart of - although not identical with - what would appear as psychotic symptoms in individuals who have not developed the ability to use the mechanism of association in social groups to avoid psychotic anxiety" (ibid).

The examples that Jaques presents are the Navy, armies, minority groups and the Glacier Metal Company and the focus is on the processes of projective and introjective identification (see Chapter Two, p55). The example of the Navy illustrates how projective identification is used as a social mechanism of defence against paranoid anxieties. Jaques proposes that the crew unconsciously project their bad impulses into the first officer, who is seen as the bad object and responsible for anything that goes wrong. The function of this defence mechanism is not only to relieve the crew from feeling their internal persecutors but also to protect the Captain, who can then be idealized and identified with as a good object. The role the first officer takes up is to introject, absorb and contain these negative feelings. This theory provides a more complex analysis of the 'us & them' hostility between workers and management and resistance in authority relationships.

Jaques presents another example of a socially structured defence mechanism as the process of deflection that occurs between two armies at war. He proposes that the communities project their hostile and destructive impulses into the army who then deflect this in their attack against the commonly shared enemy. In other words the hostility is displaced onto the enemy. This process serves to alleviate the paranoid anxiety in the total community, which is transformed into fear and physical attack of known and identifiable enemies. In addition, the community is relieved from guilt because the process is a socially sanctioned hatred of the enemy. The processes described by Jaques present an

explanation of prejudice and the 'us and them' situation that I mentioned earlier in this chapter. In the same way as Social Identity Theory, it is proposed that members of one group will identify with each other on the grounds of socially sanctioned hatred of the other group. However, SIT proposes this process is a result of cognitive social categorization, whereas psychoanalytic theory proposes that this is an unconscious socially structured defence mechanism against persecutory and depressive anxiety. In other words the theories are presented from two different psychological levels of the mind.

Jaques expands the explanation of prejudice further in his consideration of scapegoating of minority groups. He proposes that there is a process of splitting of the community into the good majority and the bad minority. Jaques emphasises the collusive nature of this relationship between the persecutor and the persecuted. The good majority group uses the process to defend against persecutory anxiety by projecting negative impulses onto the bad minority, thus enabling them to preserve their internal good objects. The minority group defends against depressive anxiety by taking up the victim position and hating the persecuting majority group. As Jaques puts it there is a "consensus in the minority group, at the fantasy level, to seek contempt and suffering in order to alleviate unconscious guilt" (ibid. p285). The process of group idealization is also presented by Jaques as a defence against depressive anxiety, which involves a manic denial of destructive impulses in the group. This is similar to the theory of basic assumption one-ness presented by Turquet that I mentioned in Chapter Two (see p65).

Jaques applied this theory in his analysis of the Glacier Metal Company, which was in the process of negotiating a change to methods of wage payments. Although the management and workers both desired the change they had not been able to reach a decision. He found that although the workers had good working relationships with their managers they did not trust the management during the negotiation process. However, the management idealized the workers and placated the union representative. The workers were ambivalent towards the union representative, who they urged to negotiate on their behalf but were also hostile towards and did not trust him to do this effectively. Jaques proposes that the workers had split the management into being good when they worked together but that the same managers were bad when negotiating wage changes. The workers projected their destructive impulses into the union representative who deflected this into the negotiations with the bad management. This social system served to maintain good working relationships between management and workers on the task of the organisation and also

provided a defence against persecutory and depressive anxiety for management, workers and the union representative in the negotiating situation.

Another interesting aspect of this social system was the management's idealization of the workforce. Jaques proposed that this was a defence mechanism to diminish the guilt stimulated by the fear that exercising their managerial authority would in some way damage or destroy the workers and also their fear of retaliation by the workers. Jaques describes how this was the basis for a reinforcing circular process:

> "The more the workers' representatives attacked the managers, the more the managers idealized them in order to placate them. The greater the concession given by management to the workers, the greater was the guilt and fear of depressive anxiety in the workers hence the greater the retreat to paranoid attitudes as a means of avoiding depressive anxiety." (ibid. 293).

A partial resolution occurred when Jaques was able to focus attention on working through and restructuring the social relationships rather than focusing on the wages problems. In conclusion, Jaques makes the point that because people use the social system of relationships as an unconscious defence system against psychotic anxiety they will resist any imposed social change to that social system.

3.4.2 Isabel Menzies

Following from Jaques' work, Menzies (1959) undertook a study of the Nursing Service of a General Hospital. The overall aim was to facilitate desired social change in the form of new methods of carrying out the task in the nursing organisation, the task being patient care and teaching medical students. It was found that nurse training needs took second place to patient care and medical school needs. This had resulted in a crisis in nurse training because it did not provide the necessary experience and tended to concentrate too much on one practice. The change desired by senior staff was to increase the priority of nurse training and raise the status of the nurse as a student. Menzies examined why this method had persisted for so long without modification in spite of its inefficiency. The process she followed was to begin with an intensive interviewing programme, interpret and present the data to facilitate the growth of insight, and finally to enable an action plan to be produced and executed. She had found high levels of tension, distress and anxiety in the nurses, high turnover and high levels of sickness. A third of the nurses did not complete the training and senior staff had changed jobs. The aim of the study was to understand the nature of anxiety and reasons for the intensity, to bring relief of the anxiety, and to develop more effective techniques for student-nurse allocation.

Menzies presents an analysis of the nature of anxiety for the nurses, which can be summarised as follows. The primary task for the hospital was to accept and care for ill people who cannot be cared for in their own homes. The continuous care is the task of the nursing staff and they have to bear the stress of patient care. This means that the nurses are confronted with the threat and reality of suffering and death. In addition, the tasks they undertake can often be distasteful, disgusting, frightening and require intimate contact with the patient. This can arouse strong libidinal and erotic wishes and impulses that can be difficult to control. The work of the nurses, therefore, arouses strong and mixed feelings of:

- pity, compassion, and love;
- guilt and anxiety;
- hatred and resentment because of the aroused feelings;
- envy of the care given to the patient.

Menzies makes the connection that the nurses' situation has "a striking resemblance to the phantasy situations that exist in every individual in the deepest and most primitive levels of the mind" (ibid. p98). The nurse also has to deal with the psychological stress of others due to their own anxieties about illness and their primitive phantasy situations, which results in increasing the anxiety of the nurses. To give some examples:

- On the one hand the patients and relatives express appreciation, gratitude, affection and respect to the nurses, are relieved that the hospital copes and are helpful and concerned for the nurses.
- However, the patients also resent their dependence on the nurses, begrudge the discipline and routine, envy the nurses health and skills, can be demanding, possessive and jealous, and the intimate contact arouses libidinal and erotic feelings.
- Also the relatives are demanding and critical of the nurses, resent hospitalization because it implies they are inadequate, they envy the nurses skill, and jealously resent the nurses intimate contact with the patient.

The role of the nurse in the hospital is that they are expected to relieve the emotional problems aroused by the patient and allow projection into them of depression and anxiety,

the fear of the patient and the illness, and disgust at the illness and the nursing tasks. The patients and relatives reinforce this by refusing to participate in decision-making. This leaves the anxiety and responsibility with the hospital, although often the patients are admitted because the relatives could not cope with the stress of having the patient at home. As Menzies puts it "by the nature of her profession the nurse is at considerable risk of being flooded by intense and unmanageable anxiety" (ibid., p110). However, she states that this alone cannot account for the high level of anxiety in the nurses and continues by outlining the defensive techniques used by the nursing service to contain and modify anxiety. These can be summarized as follows:

- **Splitting up the nurse-patient relationship** – the workload was broken into tasks and each nurse did that task for a large number of patients, which protected the nurse from the anxiety of contact with the whole patient.

- **Depersonalization, categorization and denial of the significance of the individual** – this applied to both patient and nurse, for example the individual needs of patients were not considered, patients were labelled by their illness or bed number, nurses wore the same uniform but were categorized by different hats, nurses were uncomfortable expressing a preference for a patient, the patient should not care which nurse tended to them, blanket decisions were made about duties by categories to eliminate painful decisions.

- **Detachment and denial of feelings** – nurses were moved to different wards at a moment's notice, they were expected to deny the pain of breaking a relationship with a patient and practice physical detachment rather than be trained in professional detachment.

- **The attempt to eliminate decisions by ritual task performance** – choices were made on the basis of limited information, which led to uncertainty about the outcome and conflict and anxiety until the outcome was known, task performance was ritualized and each task prioritized as a matter of life of death, nurses were discouraged from using their initiative and discretion in planning work.

- **Reducing weight of responsibility in decision-making by checks and counterchecks** – this postponed action for as long as possible and there was no discrimination between what had to be checked with superiors, i.e. whether it was dangerous drugs or which room to use.

- **Collusive social redistribution of responsibility and irresponsibility** – nurses experienced an oscillation between a strong sense of responsibility and the desire to give up responsibility because it was a burden, this was converted into interpersonal conflict by splitting off aspects of themselves and projecting the irresponsible impulses into subordinate nurses who were then treated with the severity that they felt towards their own impulses, they all then colluded in behaving as harsh seniors and irresponsible juniors.

- **Purposeful obscurity in the formal distribution of responsibility** – responsibility was not defined and the content of roles and boundaries of roles was obscured.

- **Reduction of impact of responsibility by delegation to superiors** – this took the form of a collusive agreement where students projected competence into nurse staff, who in return projected incompetence into students, the result was nurses carried out low level tasks.

- **Idealization and underestimation of personal development possibilities** – there was an idealization of the nurse recruit due to the belief that they were recruited for their maturity and responsibility and this could not be taught, therefore the training focused on technical aspects and not personal development and there was no individual supervision or small group teaching, however most of the nursing tasks were simple and the result was a wastage of staff who did not complete their training.

- **Avoidance of change** – any significant social change implies a change to the operation of the social system as a defence system, while the change is proceeding the anxiety is likely to be more open and intense, resistance can be seen as groups of people unconsciously clinging to existing institutions because changes threaten existing social defences against deep and intense anxieties, the nursing service avoided change because the task stimulates such primitive and intense anxieties and the anticipation of change was that it would mean more severe anxiety.

While Menzies agrees with Jaques that the social system is used by people to defend them against anxiety, she also points out that the social organisation aroused anxiety within the nurses and that the social defence system itself aroused anxiety. For example, there was anxiety due to the threat of crisis and operational breakdown and anxiety from the nurses'

excessive movement, underemployment and deprivation of personal satisfaction. In conclusion, Menzies comments that stress and anxiety in the nursing service could not be accounted for by the task alone and that the social defence system is inadequate in alleviating anxiety because it also evokes anxiety. The defence system had an adverse effect on task efficiency and the high anxiety and low morale had an adverse effect on the patients. She continues by stating that resistance to social change is greatest in organisations where social defences are dominated by primitive psychic defence mechanisms, such as paranoid-schizoid defences. Menzies' intervention did bring about some change, for example courses for student nurses, objective data gathering to inform decisions, and a pool of mobile emergency staff. However, she points out that these changes involved minimal disturbance of the defence system.

The developments by Menzies not only provide evidence that unconscious processes are a source of resistance to change but also give some explanation of situations where people who resist change remain with a stressful and anxiety evoking system. Whereas Jaques proposed that the social system was created by individuals as a defence against anxiety, Menzies made the distinction that the social organisation evoked anxiety in people and hence created defensive systems. It is interesting that Jaques later refuted his original theory and in his paper *Why the Psychoanalytical Approach to Understanding Organizations is Dysfunctional* (1995) he sets out a similar distinction to that made by Menzies. He states that in his original paper (1955) he "laid a great deal of emphasis upon the collusive actions by individuals to concoct organizations as a means of defense against psychotic anxieties" (Jaques, 1995 p343). However he states that he has since rejected that view and now has the "working assumption that it is badly organized social systems that arouse psychotic anxieties and lead to their disturbing acting out and expression in working relationships" (ibid.). Jaques also proposes that the problems in organisations:

> "are not the result of the projections of internal personal problems. Rather, these stresses and strains are the result of failure to specify and establish clear concepts of managers and management; of hierarchical structuring and layering; of lateral role relationship accountability and authorities; of managerial leadership practices; ... of requisite compensation and merit pay; of level of work and complexity of roles ... (etc.)" (ibid. p 344).

He also makes the important point in his criticism of practitioners for confusing "authority issues in managerial hierarchies with autocracy and dysfunctional autocratic behaviour" (p 345). This point relates to the failed attempts to set up self-managed teams, which could be argued were a way of avoiding addressing issues about authority.

His final comments are that there is an urgent need to gain knowledge about organisations in their own right, so as to increase our ability to help those concerned with improving them and to design organisational systems that provide optimum efficiency and trust-inducing working relations rather than 'paranoiagenic conditions' (ibid.). In response to his paper, in the same journal, Amado (1995) agrees with most of what Jaques proposes. However, Amado reinforces the value of psychoanalytic knowledge to help understand organisations and points out that " most of the psychoanalytic interpretations made in the social field are only working assumptions ... to be checked-out, they would require data and methods linked to the social area to which they are applied" (p351). He agrees that the use of psychoanalytic knowledge would be dysfunctional if it led to "insufficient attention paid to organisational structures, the confusion between authoritarian and authoritative behaviours and the overemphasis put on self-managed teams" (ibid, p352). Finally, Amado disagrees with Jaques assertion that it would be dysfunctional to apply the concept of transference to organisations because it should be limited to the therapeutic situation and that something like the organisational unconscious does not exist. I would agree with Amado that transference occurs in everyday life and not just in the therapeutic situation. Amado reinforces this by stating "many of the difficulties encountered in the superior-subordinate relationship could indeed be described as the product of unconscious transferential issues" (ibid. p 344). I would also agree with Menzies that it is most likely that there is an interrelationship between personal projection in the organisational system and that the organisational system evokes certain defenses and behaviour in the individual.

3.4.3 Miller & Gwynne

Based on the work of Jacques and Menzies, more recent work has been undertaken in organisational settings, for examples see Miller (1993), Obholzer and Roberts (1994), Hirschhorn (1995) and Gabriel (1999). A study by Miller and Gwynne (1972) is the most relevant to my first case study, which I conducted in residential homes for adults with learning disabilities. Their study was of residential institutions for people with incurable conditions and they identified two models of care; the 'warehousing model' and the 'horticultural model'. Miller & Gwynne proposed that both care models were working practices that served to defend staff from the anxiety evoked by the kind of work they did and the contact they had with clients. It can be seen that their study developed further the theory of Menzies (1959) that the anxieties inherent in the tasks performed by staff gave rise to a social system of work practices that served as a defence against anxiety.

The warehouse model of care serves as a 'medical' or 'humanitarian defence', and the primary task is to prolong physical health. The input to the system is a patient whose condition is defined in medical terms; the transformation process entails provision of medical and nursing care with the patient being in a dependent role; and the hoped for output is a person restored to their normal role in the outside world (Miller & Gwynne, 1972). As Miller & Gwynne point out, in the case of incurables the staff are unable to provide hope for the patient and this is also the case for adults with learning disabilities. The staff in such institutions are engaged in postponing death and therefore do not have the same potential to derive satisfaction from curing patients as doctors and nurses might in another medical setting (ibid.). The medical/humanitarian defence results in a denial of the client's unhappiness and lack of fulfilment. The warehousing model of care entails staff encouraging the dependency of clients; keeping clients safe, physically well and comfortable; and depersonalising the client-staff relationship (Roberts, 1998).

The horticultural model of care serves as an 'anti-medical' or 'liberal defence', and the primary task is to develop the unfulfilled capacities of the client. The input to the system is a "deprived individual with unsatisfied drives and unfulfilled capacities" (Miller & Gwynne, 1972, p86). In contrast to the warehouse model, the transformation process is that staff encourage the clients to develop greater independence, to treat the disability and to provide opportunities for the growth of abilities (ibid.). The basis of the anti-medical/liberal defence is the view that clients are "really normal, 'just like everyone else', and could have as full a life as their able-bodied peers if only they could develop all their potentials" (Roberts, 1998). The staff in the residential homes in the current case study referred to this process as 'normalisation'. I will refer to this study by Miller and Gwynne again in Chapter Five (see p133) where I outline the design and procedure of my first case study.

3.5 Key Research Aims:

In this chapter I have outlined the background to my key research aim, which was:

> **to identify the sources of resistance to change in my case study and to use the findings of my research case studies to explore and build on the guiding psychoanalytic theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.**

In the Chapter Two I stated that my other key research aim was:

> **to explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with resistance to change.**

The process consultancy approach I used in my research was outlined in Chapter Two. This approach has as its basis an action research method, which is outlined in the next chapter. In the next section I present a summary of key points from this chapter.

3.6 Summary of Key Points:

Different perspectives of sources of resistance to change were explored, which are from different psychological levels of mind. The key points raised in this chapter were as follows:

- Organisational behaviour perspective:
    - takes a management position that the planned change is the right thing to do and regards resistance as a barrier to be overcome;
    - lists individual and organisational barriers to change as indication of resistant behaviour;
    - does not present a theory of the underlying psychological processes of resistance;
    - prescribes the same remedy of empathy and support, communication, participation and involvement for overcoming resistance regardless of what the causes of resistance might be in each case.
- Cognitive psychology perspective:
    - Change resilience is presented as the degree to which people can absorb high levels of disruptive change and involves being positive, focused, flexible, organized, and proactive;
    - This approach is based on cognitive resource approach and indicates how well people can process information during a period of change;

- It follows that a resistant person would not have developed these attributes and would be negative, unfocused, rigid, disorganised and reactive;
- This theory does not explain how people can be resilient in one situation and resistant to change in another;
- Studies of heuristic biases indicate that in a situation where there is complexity and uncertainty, such as organisational change, decision making can be biased towards a reduction of complexity and maintaining the status quo;
- Both these theories focus on individual conscious processes and do not consider other contextual levels of the unconscious mind, group processes, authority relationships, organisational or societal influences.

- Social psychology perspective:
  - Groups of decision-makers are resistant to changing a decision once it is made, due to groupthink and escalation of commitment;
  - The pressures of group conformity encourage individuals to be resistant;
  - People are less likely to exercise authority if they are not followed by the group, which provides some explanation of non-participation in self-managed groups as resistance to change;
  - Social Identity Theory presents an explanation for group polarization and the 'us and them' situation, which occurs when there is resistance to change, in that a process of social categorization is used to label the in-group and out-group and serves to simplify the social world;
  - These theories of resistance to change focus on the conscious processes of groups , but do not present an explanation for unconscious processes as a source of resistance to change.

- Psychoanalytic perspective:
  - Researchers at the Tavistock Clinic and Institute of Human Relations used a process consultancy model in their research, which applies principles

from psychoanalysis and systems theory, to identify, understand and work with sources of resistance to change in organisations;

- This work produced a psychoanalytic theory of sources of resistance to change, which is that the social system in organisations is used by people as a defence against anxiety and therefore any proposed change to the system will result in resistant behaviour;

- Further developments indicate that the social system itself and the nature of the work performed can evoke anxiety and that the social defence mechanisms also arouse anxiety;

- This theory takes into account different psychological levels of mind, different contextual levels of the organisation and the process consultancy method used presents an approach for identifying, understanding and working with sources of resistance to change.

4 Chapter Four: Action Research Methodology

4.1 Rationale for Choice of Methodology

As I mentioned in Chapter Two, the process consultancy model I used for my research was one that involves employees and applies principles from psychoanalysis and systems theory. However, at the basis of the process consultancy model there is a research methodology known as action research. The aim of this chapter is to present the action research methodology that is at the basis of the process consultancy model I used for my research.

The unique nature of the process consultancy model I used meant that I was able to conduct consultancy in an organisation and at the same time conduct research with that organisation. As well as providing a consultancy service for the client organisation, which resulted in reports for the management, I was also able to use the findings to write up this thesis. In this way the roles of researcher and consultant were intertwined. People in the organisation were given the opportunity to use the data I collected about the organisation during the consultancy project and then after the project was finished I wrote up the case study for my research thesis. As I mentioned in Chapter Two (p30) the process consultancy approach is an example of a clinical perspective (Schein, 1987b), which means that the aim is to take up a helping role in the client organisation with the objective of facilitating organisational change. The action research methodology that underlies the process consultancy model enabled me to create a research cycle where working hypotheses could be developed and explored with participants to facilitate their learning and change. In particular, the aim of using this method was to identify and explore sources of resistance to change with people in the client organisation to help them understand and work with that resistance and to help facilitate social change.

The action research methodology in its basic form is a research cycle that does not have to involve the application of principles from psychoanalytic and systems theory. However, as I outlined in Chapter Two, the action research methodology I chose was a process consultancy model which does involve the application of principles from psychoanalytic and systems theory. Schein (1987b) proposes that researchers taking a clinical perspective would have an underlying theory of "system health" (see p31) as the focus for the clinician is towards concepts of health, change and improvement. In my research my underlying theory of "system health" was psychoanalytic and systems theory.

The advantage of integrating an action research approach with psychoanalytic and systems theory is that it enables:

- the development and exploring of working hypotheses about each unique organisational setting;

- a systems thinking perspective to examine the different contextual levels of the systems and to view the presenting situation as holistic, complex, and continually changing;

- the process to be informed by concepts from psychoanalysis and group relations to explore different psychological levels including the unconscious mind;

- the investigation of the inter-relationship and unconscious processes between the researcher and participants, as well as the constructed realities of both parties;

- examination of the values underlying the research inquiry.

Many of these points illustrate the underlying philosophical principles of the action research methodology. In the remainder of this chapter I outline these underlying philosophical principles and the practical application of the action research method.

4.2 The Underlying Philosophical Principles

The action research methodology has fundamental differences from traditional research methodology in that the investigator works from a different set of underlying philosophical principles.

Easterby-Smith et al (2000) provide a clear account of this fundamental difference. They point out "there is a long standing debate in the social sciences about the most appropriate philosophical position from which methods should be derived" (p 22). They continue by outlining two main traditions that represent the opposing positions of this debate, which they refer to as phenomenology and positivism. However, Easterby-Smith et al make it clear that although there has been a trend away from positivism towards phenomenology, many researchers "adopt a pragmatic view by deliberately combining methods drawn from both traditions" (p22).

In their description of positivism, Easterby-Smith et al (ibid) put forward that:

> "The key idea of positivism is that the social world exists externally, and that its properties should be measured through objective methods, rather than being inferred subjectively through sensation, reflection or intuition" (p22).

The underlying assumptions of the positivist approach are that reality is external and objective and that knowledge is based on observed facts (ibid.). Easterby-Smith et al identify the implications of a researcher adopting such a positivist approach, which can be summarised as follows (adapted from ibid., 2000, p23):

- "*Independence:* the observer is independent of what is being observed", which would require the researcher to maintain an objective and distant position in relation to the subjects she/he is studying.

- "*Value-freedom*: the choice of what to study, and how to study it, can be determined by objective criteria rather than by human beliefs and interests", which implies that the researcher has to maintain a position where their beliefs and interests are kept separate from the research process.

- "*Causality:* the aim of social sciences should be to identify causal explanations and fundamental laws that explain regularities in human social behaviour", which would require the researcher to derive logical patterns of cause and effect relationships from the data they collect.

- "*Hypothetico-deductive:* science proceeds through a process of hypothesising fundamental laws and then deducing what kinds of observations will demonstrate the truth or falsity of these hypotheses", by this they refer to the deductive process, which means that before conducting the research project the researcher will develop a hypothesis to predict the outcome of the research process; the aim of the research process being to test whether the data provides evidence to support or refute the hypothesis.

- "*Operationalisation:* concepts need to be operationalised in a way which enables facts to be measured quantitatively", which means that the researcher has to identify a way of measuring the phenomenon they are studying in order to collect the data to test the hypothesis.

- "*Reductionism:* problems as a whole are better understood if they are reduced into the simplest possible elements", which requires the researcher to focus on certain aspects of social behaviour in isolation.

- "*Generalisation:* in order to be able to generalise about regularities in human and social behaviour it is necessary to select samples of sufficient size", which requires the researcher to test their hypothesis with a large number of subjects.

- "*Cross-sectional analysis:* such regularities can most easily be identified by making comparisons of variations across samples", which requires the researcher to study the same phenomenon in different situations and with different subjects.

As mentioned by Easterby-Smith et al, there has been a move away from this positivist approach in social science and some writers have presented criticisms of positivism, for example Lincoln and Guba (1985). In the same way as Easterby-Smith et al, these authors present positivism as an example of a 'paradigm', which Lincoln and Guba (1985) define as a "systematic set of beliefs, together with their accompanying methods" (p15). This definition is derived from the term used by Kuhn (1970). Philosophers such as Kuhn have argued that even the simplest experiments are made within the context of complex theoretical assumptions, which cannot be operationalised or objectively tested (Gregory, 1987). It is argued that scientific research should be thought of in terms of paradigms of theory and method (ibid.). Kuhn put forward that the most prevalent paradigm guides scientific research until there is a scientific revolution, when the paradigm is overthrown and replaced by a new paradigm (Gregory, 1987). An example of this would be the change from Newtonian to Einsteinian physics, where any experiments or observations conducted under the old paradigm changed their significance. This position means that different scientific paradigms are 'incommensurable', in that two competing paradigms cannot co-exist as the assumptions surrounding the experiments and observations have no common ground (ibid.). To think of scientific endeavour in terms of paradigms casts doubt on claims of rationality and the pursuit of objective truth, however, by emphasising the role of general conceptual models in science Kuhn's work has made an important contribution (ibid.). This last point also relates to the continuing debate as to whether psychology is an unsatisfactory science because it lacks a generally accepted, unifying paradigm (ibid.).

Lincoln and Guba (1985) propose that inquiry has passed through a number of 'paradigm eras', or in Kuhn's terms scientific revolutions, which they refer to as pre-positivist, positivist and post positivist eras. Lincoln and Guba consider the pre-positivist era to be from the time of Aristotle (384-322 BC) up to the end of the eighteenth century. They suggest that the pre-positivists were "passive observers" of nature, who took a non-

interventionalist stance considering that any action by humans to learn about nature would distort what was learned. The movement in the early nineteenth century towards active observation heralded the positivist era. Scientists engaged actively in testing out ideas to see if they worked. Lincoln and Guba point out that the term 'positivism' came about because it is considered to be from the family of philosophies that have a positive evaluation of science and scientific method. The authors note that the most vehement supporters of positivism formed the Vienna Circle of Logical Positivists in the early twentieth century. The focal point of their work was in the operationalism of variables for scientific measurement, which is one element of the implications of positivism listed above by Easterby-Smith et al (2000), and they advocated that a variable has no place in science unless it can be directly represented by a measurement operation. In the view of the logical positivist, a metaphysical statement or theory has the form of an empirical hypothesis, but in fact is immune from empirical testing and therefore is literally meaningless (ibid.).

Lincoln and Guba (1985) point out that more recent definitions of positivism, its philosophy and methods, take on many forms and there is disagreement about the implications of positivism. However, they continue by summarising a number of criticisms of positivism, for example: (adapted from ibid., p25-28):

1) **"'Positivism leads to an inadequate conceptualization of what science is.'** This refers to the tendency of positivists to deal with testing scientific theories rather than address the origin of scientific theories, i.e. positivism is preoccupied with justification rather than discovery and is linked to the underlying philosophy of studying only phenomena that can be verified or refuted. The objective is the search for cause rather than for purpose and the use of findings is for prediction and control rather than for understanding.

2) **'Positivism is unable to deal adequately with two crucial and interacting aspects of the theory-fact relationship.'** They imply that induction, which means the process of making observations, conducting analysis of the data and producing new discoveries or theories, leads to many conclusions when determining theory and that any observed phenomenon is assigned many different theories, which all have a high probability but may indeed be false. The facts, or propositions, are not possible unless they are determined by theory, which leads to a circular argument - if the theory cannot be determined then propositional facts are not possible.

3) **'Positivism is overly dependent on operationalism, which has itself been increasingly judged to be inadequate.'** Operationalism is said to be not meaningful and too shallow. To illustrate this point in its extreme Lincoln & Guba quote the work of Ford (1975, p149) who gives an example of operationalism using the concepts of an emphatic positivist Percy W Bridgman:

> "a hypothesis like 'Those rabbits will be afraid' is regarded as meaningless. However, the statement, 'Those rabbits will be seen to be emitting more faecal boluses per hour than is normal for rabbits' is perfectly meaningful as far as Bridgman and his men are concerned. ... Fear, then, is meaningless to the operationist but an observably increasing defecation rate does have meaning."

They propose that an understanding of the meaning and implications of fear is more important than the measurement of sensations resulting from the fear.

4) **'Positivism has at least two consequences that are both repugnant and unfounded.'** This refers to determinism and reductionism, which are claimed to be repugnant because determinism denies human free will and reductionism attempts to explain all phenomena in a single set of laws.

5) **'Positivism has produced research with human respondents that ignores their humanness, a fact that has not only ethical but also validity implications.'** This refers to the preoccupation with researcher determined research rather than research which is determined by both the researcher and the respondent. The focus of research is on the objective perspective to the exclusion of the subjective perspective.

6) **'Positivism rests upon at least five assumptions that are increasingly difficult to maintain.'** The main summary of points under this heading is the basis for Lincoln and Guba's argument for a post-positivist paradigm, as follows (p28).

   a) "An ontological assumption [i.e. assumption about the philosophy of the nature of being] of a single, tangible reality 'out there' that can be broken apart into pieces capable of being studied independently; the whole is simply the sum of the parts.

   b) An epistemological assumption [i.e. assumption about how the given knowledge could be obtained] about the possibility of separation of the observer from the observed - the knower from the known.

c) An assumption of the temporal and contextual independence of observations, so that what is true at one time and place may, under appropriate circumstances (such as sampling) also be true at another time and place.

d) An assumption of linear causality; there are no effects without causes and no causes without effects.

e) An axiological assumption [i.e. assumption about the theory of values] of value freedom, that is, that the method guarantees that the results of an inquiry are essentially free from the influence of any value system (bias)."

Other writers have made similar criticisms of positivism. For example, Keat (1981) attacks the idea of 'scientism', which means that the only knowledge derived from objective measures has any significance. In addition, Habermas (1970) argues against the positivist idea of value-freedom in research and puts forward that human interests "condition the way we enquire into, and construct our knowledge of, the world" (Easterby-Smith et al, 2000, p26). In particular, Habermas points out that positivism tends to support the interests of more powerful members of society, which is contrary to the assertion that positivism is free of values and interests (ibid.).

Lincoln and Guba (1985) describe how post-positive paradigms have been created in response to these criticisms and outline their own paradigm, which at that time they called 'naturalistic inquiry'. In their later work, Guba and Lincoln (1998), they rename their approach as 'constructivism'. This post-positivist paradigm is an example of the phenomenological approach described by Easterby-Smith et al (2000). Whereas the central idea of a positivist approach is a view of the world that reality is external and can be objectively studied by researchers, the view of the world of phenomenology is the idea that the world is socially constructed and given meaning by people (Husserl, 1946). It follows that the researcher taking a phenomenological approach would identify and understand the different constructions and meanings that people have about their experience. According to Easterby-Smith et al (2000, p24), the aim of the research is to "understand and explain why people have different experiences, rather than search for external causes and fundamental laws to explain their behaviour" on the basis that "human action arises from the sense that people make of different situations, rather than as a direct response from external stimuli".

In their earlier work Lincoln and Guba (1985) illustrate the contrast between the traditional positivist paradigm and post-positivist paradigms and a summary is presented in Figure 1 below (p117) (adapted from Lincoln and Guba, 1985, p 37).

Figure 1: Contrasting Positivist and Post-Positivist Axioms

Axioms About	Positivist Paradigm	Post-Positivist Paradigms
The nature of reality (ontology)	Reality is single, tangible, and fragmentable	Realities are multiple, constructed, and holistic
The relationship of knower to known (epistemology)	Knower and known are independent, a dualism	Knower and known are interactive, inseparable
The possibility of generalization	Time- and context-free generalizations (nomothetic statements) are possible	Only time- and context-bound working hypotheses (idiographic statements) are possible
The possibility of causal linkages	There are real causes, temporally precedent to or simultaneous with their effects	All entities are in a state of mutual simultaneous shaping, so that it is impossible to distinguish causes from effects.
The role of values (axiology)	Inquiry is value-free	Inquiry is value-bound

The differences outlined so far between the positivist paradigm and post-positive (or phenomenological) paradigm have focused on the basic beliefs or axioms of the researcher. As Morgan (1979) points out the term paradigm also refers to the way the researcher conducts their research and the methods and techniques they adopt. Easterby Smith et al (2000) present a summary of differences between the positivist and phenomenological paradigms in relation to these aspects.

In summary, a researcher using a positivist paradigm would "focus on facts, look for causality and fundamental laws, reduce phenomena to simplest elements and formulate hypotheses and then test them" (ibid., p27). The methods they would prefer would be "opeationalising concepts so that they can be measured and taking large samples" (ibid.,

p27). In contrast, a researcher using a phenomenological paradigm would "focus on meanings, try to understand what is happening, look at the totality of each situation, develop ideas through induction from data" (ibid., p27). The methods they would prefer would be to use "multiple methods to establish different views of phenomena" and to investigate small samples in depth or over time (ibid., p27).

The methods of a researcher using a positivist approach are generally quantitative techniques, such as questionnaires, and the advantages are that the researcher can cover a wide range of situations, the research can be economical and conducted quickly, and the results of the statistical analysis can be useful for policy decisions (ibid.). The disadvantages are that the methods tend to be inflexible and artificial, do not enable the researcher to understand processes or the significance people attach to actions, are not helpful in generating theories, and do not enable policy makers to infer what should happen in the future because the data is just about the current situation (ibid.).

As Easterby-Smith et al point out, the positions they present represent the 'pure' versions of each of the paradigms and the same could be said for the contrast presented above by Lincoln and Guba. However, in the literature there are many versions of positivist and post-positivist paradigms. For example, Blaikie (1995) provides a comprehensive review of classical and contemporary approaches to social enquiry. The classical approaches include Positivism, Negativisim, Historicism, Critical Rationalism, Classical Hermeneutics, Interpretivism, and the contemporary approaches include Critical Theory, Realism, Contemporary Hermeneutics, Structuration Theory and Feminism. For the purposes of outlining my research methodology I will focus here on a central distinction between these different approaches, which is the research strategy used by the investigator. The different research strategies are known as Inductive, Deductive, Retroductive and Abductive.

The Inductive research strategy is the traditional approach to Positivism and incorporates the axioms outlined earlier in this section. The key aspect of Induction is that observations are made during the experimental investigation, analysis is made of the data and new discoveries or theories are produced. The process involves using the data to look for evidence to support their generalisations. In contrast, Deductive research strategy involves a process of falisification, which is often referred to as hypothetico-deductive. This strategy is associated with Critical Rationalism, which was pioneered by Karl Popper (1959). The researcher using a Deductive strategy would begin by posing a question or

problem that needs to be understood or explained and rather than starting with observations the researcher develops a possible answer in the form of a hypothesis to be tested. The aim of the research is then to gather evidence and to try to refute the hypothesis. As Blaikie (1995) points out the Inductive and Deductive strategies of conducting social research "have dominated philosophical views on the processes by which theories are constructed in both the natural and social sciences" (p159). The Deductive strategy was adopted by some Positivists and in particular has become the traditional approach to social research in the discipline of psychology in the UK. The disadvantages of both these approaches are outlined in the criticisms of Positivism outlined above.

Two further research strategies have been developed, which are at the basis of contemporary approaches to social enquiry. Retroduction is the "process of building models of structures and mechanisms which characterises the Realist approach" (Blaikie, 1995, p168). This research strategy "involves the construction of hypothetical models as a way of uncovering the real structures and mechanisms which are assumed to produce empirical phenomena" (ibid., p168). Blaikie (1995) summarises the strategy as follows. The aim of the researcher is to understand structures and mechanisms of observable phenomena and begins by constructing a model of what these might be. The model is then tested out as a hypothetical description of the entities. If the tests are successful it gives good reason to believe in the existence of the structures and mechanisms. More direct confirmation is obtained by development and use of suitable instruments and the process of model-building may then be repeated to explain the structures and mechanisms already discovered.

The Abductive research strategy is used in the contemporary approaches of Critical Theory, Realism, Structuration Theory and Feminism (Blaikie, 1995). Using an Abductive strategy the researcher will draw on the concepts and meanings used by social actors and their actions to produce social scientific accounts of social life (ibid.). This is a hermeneutic process, which means 'to interpret', and in contrast to Positivism and Critical Rationalism, the researcher will focus on the meanings, interpretations, motives and intentions that people use in their everyday lives, which in turn directs their behaviour (ibid.). The researcher discovers and describes the social world as it is perceived and experienced by people by asking them questions about their own actions and the actions of others. The accounts that people give during the research represent their construction and interpretation of the world, which contains the concepts and theories they use to

understand what is happening. According to Blaikie (ibid.), these accounts can be used in different ways by researchers, which could be simply reporting the accounts or turning several accounts into a description of a group of people. Alternatively the researcher could try to understand the accounts in terms of an existing theory or perspective, which raises the issue of the relationship between the concepts and meanings provided in lay accounts and the development of theories. As Blaikie points out "it is to the process of moving from lay descriptions of social life, to technical descriptions of that social life, that the notion of Abduction is applied" (ibid., p177). In particular, an Abductive strategy that can be used to generate theory from data is known as Grounded Theory (Glaser and Strauss, 1967). This is a strategy where concepts and hypothesis are developed from the data in an evolving process during the research. I will describe this strategy in more detail later in this Chapter (see p123).

The action research approach that I chose for my research has the underlying axioms of a post-positivist or phenomenological paradigm described above by Lincoln and Guba and Easterby-Smith et al. The rationale for my choice of research method was that I view organisations as complex systems of people who have different constructions of reality. This means that the underlying principle of my research was that there are multiple realities in an organisation and my research strategy was to discover and describe the different constructions and meanings of people who participated in the research. My research strategy was therefore an Abductive approach and I used Grounded Theory to generate theory from the data.

Another underlying principle was that I view organisations as continually changing as a result of cyclical cause and effect relationships between people within and external to the organisation. My research strategy was to analyse the data about the organisation that is present at that time and to develop working hypotheses about the current dynamics. Finally, my role as researcher was different from traditional Positivist research because a central tenet of action research is to study the impact of the research process on the participants, which includes the interactions between the researcher and the people in the organisation. In particular, one of my research aims was to explore the impact of the process consultancy used to identify, understand and work with resistance to change, which required me to analyse the interaction between the participants and myself.

The process consultancy approach I chose to conduct my research also reveals something about my values in the inquiry. For example, I believe it was important to involve

employees in the consultation process to enable them to engage in the change process and also my choice of theory illustrates my belief in psychoanalytic and systems theory.

There is also a link between my choice of an action research method and the clinical perspective of process consultancy (Schein, 1987b), which I outlined in Chapter Two (see p28). According to Guba and Lincoln (1998), the aim of a constructivist approach is to understand and reconstruct the initial constructions held by people, including the researcher, with the aim "toward consensus but still open to new interpretations as information and sophistication improve" (p211). They continue by describing a process of change whereby "everyone formulates more informed and sophisticated constructions and becomes more aware of the content and meaning of competing constructions" (ibid., p211). The researcher is cast in the role of participant and facilitator. On this basis I would argue that process consultancy using an action research method is a constructivist approach, which can also be seen as Schein's (1987b) clinical perspective in that the researcher/consultant is in a 'helping role' to facilitate social change. This involves managing the relationship with the client to enhance their ability to learn to solve their own problems. Part of the process would be to enable people to develop more informed and sophisticated constructions about the organisations and in particular to understand the constructions and meanings of other people. In taking up such a helping role the researcher/consultant will make interventions that will change the organisation and the impact of the interventions will be part of the data gathered.

In the next section I provide a description of the practical application of action research by researchers or consultants, which is based on the underlying philosophical principles outlined above.

4.3 Practical Application of the Action Research Method

Action research has several key elements that are important in its practical application. These are: a cyclical process; grounded theory; facilitating social change; a heuristic approach; reflexivity; ethics; and validity. Each of these elements will be outlined in turn.

4.3.1 Cyclical Process

Action research evolved from the work of social psychologist Kurt Lewin in the 1940s (e.g. Lewin, 1946). He advocated that in order to gain insight into a process the researcher had to create a change and then observe the variable effects and new dynamics (Banister et al., 1994). Lewin emphasised the cyclical process of action research, his own approach

being a cycle of planning, action and 'fact-gathering'. His application of this approach to communities was to encourage people to "study the results of their actions and examine the origins of their own biases in an endeavour drastically to change relationships within the communities" (ibid., p109). The action research approach has been applied with communities, in education and organisational development and the cyclical process has been further developed. For example, Susman and Evered (1978, p102) describe the cyclical process of action research as moving through five phases:

1) Diagnosing - identifying or defining a problem;

2) Action Planning - considering alternative course of action for solving a problem;

3) Action Taking - selection of a course of action;

4) Evaluating - studying the consequences of an action;

5) Specifying learning - identifying general findings (then return to phase (1)).

A person or group presenting a particular situation that they are experiencing as problematic will initiate the research. The researcher begins with the diagnosing phase, which entails data gathering and analysis to build up a 'working hypothesis' as to what are the defining problems and issues of the situation. This means that the researcher will not have a ready-made hypothesis before conducting the data gathering and analysis, but will develop a working hypothesis as the data is collected and analysed. In this way the working hypothesis is continually changed as the process continues and as more data is gathered in light of new evidence provided by the dynamic and constantly changing situation. During the diagnosing phase the researcher will follow a process of developing and exploring the working hypothesis with the participants. The researcher will help the participants to develop an action plan that is derived from the working hypothesis, which then leads to the participants taking action. After action has been taken the researcher will design a review process where participants can reflect on the consequences of their actions and identify what they have learnt. It can be seen that the action research process involves people as 'critical practitioners', which means that they are researching their own practice (Melrose, 1996). The cycle of developing personal theories as working hypotheses, putting them into active practice, and reflecting on the practice and the learning that has taken place has become known as 'praxis'. The concept of praxis is "the idea that personal theory and practice grow, develop and adapt in unison and are not artificially separated" (ibid., p52). This entire action research cycle can then be repeated

starting from phase 1) with further diagnosis, data gathering, developing working hypotheses, action planning, taking action, then review by evaluation and identification of learning.

4.3.2 Grounded Theory

Most accounts of action research in the literature categorise it as a qualitative approach, however, during the diagnosing phase the data gathering and analysis conducted could involve qualitative and/or quantitative techniques. For example, quantitative techniques of surveys or questionnaires followed by statistical analysis could be incorporated into the diagnosing phase and the results fed back to participants to enable formulation of working hypotheses. However, because researchers taking an action research approach view the presenting situations as complex and dynamic it is more generally the case that qualitative techniques are used to collect data such as interviews, group discussions, diary records and observations. The above description of the action research cycle illustrates how the theory is generated from the data, which means that action research uses a grounded theory method for data analysis. Glaser and Strauss (1967) developed the term grounded theory "to refer to theory that is generated in the course of the close inspection and analysis of qualitative data" (Henwood & Pidgeon, 1992, p103). Grounded theory is a means of analysing the vast amount of unstructured data that is collected when a researcher does not have a strong prior theory (ibid.). The method of grounded theory data analysis suggested by Glaser & Strauss is to allow concepts and categories to emerge from the systematic inspection of the data. The researcher develops an open-ended indexing system to work through the basic data transcripts and to generate labels to describe both the low-level concepts and the more abstract theories (Henwood & Pidgeon, 1992). This is different from a traditional content analysis method, where "the researcher's task is to allocate instances to a set of predefined, mutually exclusive and exhaustive categories" (ibid., p103). An action research approach provides many benefits to the researcher in exploring the full complexity and contextual levels of the situation, however, one of the disadvantages is that the data collected is equally complex and unstructured. Using a grounded theory method for data analysis is a time consuming activity and another issue is the problem of effectively documenting the findings. According to Winter (1996) there are no clear conventions for writing up action research, however, he continues by stating that:

> "in view of the link between the social relationships of the research process and appropriate ways of writing, the narrative format can be seen as

> expressing and recognising the basis of action research – the sequence of practice and reflection" (p26).

Although the general format is to write up action research as a case study, Winter mentions "innovative formats such as the blending of autobiographical reminiscences with interspersed passages of social history, sociology and psychoanalysis, or the weaving of varied themes and general reflections within accounts of everyday life" (ibid., p26).

4.3.3 Facilitating Social Change

The action research method has been widely used in situations where the aim of the research is to facilitate social change. For this reason the action research has to be conducted in the natural setting, as opposed to traditional research methods where people are brought into an artificial setting at the University or research laboratory. To give an example, Hanmer and Saunders (1984) conducted a study of violence against women using community based, at-home interviewing and the results of the research were fed back to women in the community so that they could develop new forms of self-help and mutual aid. The action research approach has been applied in a similar way in organisations and Cummings & Worley (1993) describe the process used at Balt Savings and Loan Company as follows:

> "The process usually consisted of interviewing section members, assessing the current situation and sharing it with the section members, clarifying the way the section wanted to operate, documenting the procedures, establishing goals for the section, and devising means to achieve them." (p12-13.)
>
> "The action research strategy worked because members from each section were involved in analyzing data about their situation, problems specific to the respective sections and the department were addressed, the employees owned the solutions and action plans, and each step of the change process was informed by careful data collection and evaluation." (p12-13.)

The key point here is that employees were involved in every step of the organisational development project and the action research was successful because employees owned the solutions and action plans. Cummings & Worley, (1993) explain that action research was used by Lewin and his students at Harwood Manufacturing Company (Marrow et al 1967, quoted in Cummings & Worley), and by Coch & French (1948, quoted in Cummings and Worley), to overcome resistance to change and these studies led to the development of participative management. This refers to the idea that by involving employees in the planning and managing of change there would be less resistance (Cummings & Worley, 1993). This was also the action research approach of the Tavistock Institute of Human Relations in setting up self-managed teams (see Chapter Two, p44). In his book *'From*

Dependency to Autonomy' Miller (1993) presents action research case studies, which demonstrate that it is possible for people to move from a position of being dependent on the social system as a defence against anxiety to being able to exercise authority and autonomy. According to Lawrence (1986) people enhance their capacity to take up the authority to manage themselves in their roles when they become aware of the psychological and political processes that they are engaged in and of which they are usually unaware. It follows that participants in an action research process that is informed by concepts from psychoanalysis, group relations and systems theory will have more opportunity to reflect on their actions in a way that will bring about a greater awareness of these psychological and political processes that are usually unconscious. In this way researchers and organisational consultants who use such an approach will help people to take up the authority of managing themselves in their roles.

4.3.4 Heuristic Approach

A fundamental principle of action research is that it is a heuristic approach, which means that the researcher helps the participants to explore the issues of the situation they are in and to learn from their own experience. This is in contrast to the traditional positivist experimental approach of social psychology, where research is conducted on subjects, who rarely learn from the results of the experiment. Indeed, Lewin promoted action research to address the concerns of "power relations between researcher and researched and the rights of the individual" (Banister et al, 1994, p108). This has also been taken up by Peter Reason, John Rowan and John Heron who have written extensively on the use of an action research method, which they have termed 'human inquiry in action', 'new paradigm research' and 'collaborative' or 'co-operative' inquiry' (Reason & Rowan, 1981; Reason, 1988; Reason & Heron, 1995). In their work they emphasise that such action research is conducted "*with* and *for* people rather than *on* people" (Reason, 1988). This idea is clearly stated by Reason (1988, p1):

> "The simplest description of co-operative inquiry is that it is a way of doing research in which all those involved contribute both to the creative thinking that goes into the enterprise – deciding on what is to be looked at, the methods of the inquiry, and making sense of what is found out – and also contribute to the action which is the subject of the research. Thus in its fullest form the distinction between researcher and subject disappears, and all who participate are both co-researchers and co-subjects. Co-operative inquiry is therefore also a form of education, personal development and social action."

The 'fullest form' of co-operative inquiry that Reason is referring to is when the people who are usually the subjects of research actually conduct the action research themselves.

This is known as participative action research and has the added dimension of a "consultative process where participants act also as researchers in their own system and hence develop their own capacities in the process" (Long, 1999). A good example of participative action research is the work of Lather (1988) where low-income women were trained to research their own economic circumstances in order to understand and change them. It can be seen that this is also the basis of the participative management approach, such as the self-managed teams developed by the Tavistock Institute that were mentioned earlier.

4.3.5 Reflexivity

Another fundamental principle of action research is the idea that there is no separation between the 'knower' and the 'known'. In other words the actions of the researcher also play a role in shaping the outcomes of the research. Action research is an example of a reflexive method where the researcher is aware of "their human influence in the process of selecting, interpreting, analysing and reporting data" (Hall, 1996, p28). A clear definition of reflexivity is given by Hall (1996) as the researcher's deliberate attempt to:

> "monitor and reflect on one's doing of the research – the methods and the researcher's influence on the setting – and act responsively on these methods as the study proceeds; and
>
> account for researcher constitutiveness [in other words the subjective experience of the researcher]. This process begins with being self-conscious (to the extent that this is possible) about how one's doing of the research as well as what one brings to it (previous experience, knowledge, values, beliefs and *a priori* concepts) shapes the way the data are interpreted and treated. An account of researcher constitutiveness is completed when this awareness is incorporated into the research report". (p30, [square brackets my own notes].)

It is important, therefore, that the researcher is self-aware while they conduct the action research and use their reflections as further data about the research itself. In addition, the constitutiveness of the researcher is documented as part of the research report, which includes the insights from self awareness during the project but also what the researcher is bringing to the research as a person in terms of their previous experience, knowledge, values and beliefs. As pointed out by Gergen & Gergen (1991), a reflexive method means taking a very different view of the role of the researchers than traditional social science experimental practice. The traditional perspective of social scientists has been a concern that the influence of the role of the researcher was an 'experimenter effect' which biased research outcomes (e.g. Rosenthal and Rosnow, 1966, 1975). Therefore, attempts were made to eradicate the bias caused by the experimenter effect by, for example, using

'double blind' techniques and unobtrusive measures (Gergen & Gergen, 1991). The assumption was that by using these techniques the hand of the researcher would not contaminate the outcome of the research. In contrast, using a reflexive approach would mean that this dichotomy between researcher and researched no longer exists and the influence of the researcher becomes an essential part of the research data. It is proposed by Gergen & Gergen that by taking such a social constructionist view "the emphasis is thus not on the individual mind but on the meanings generated by people as they collectively generate descriptions and explanations in language" (p78).

4.3.6 Ethics

The reflexivity involved in action research raises important issues for the ethical procedures of the research. In particular the act of a researcher asking for informed consent, which means that the participants are told they are being researched and are told the nature of the research, will drastically change the power relationship between participants from a democratic collaborative position to one of researcher and researched. This is especially relevant in the case of organisational consultants who use an action research approach in organisational development and later use the material from the project to write a case study for academic purposes. If the consultant began by asking participants for consent then this might have a dramatic impact on the research outcomes. It might change the perception of the participants towards the consultant, who they might regard as an academic 'doing research on them' or, as one employee once remarked to me, "a psychologist studying us as if we were rats in a maze.

In addition, the purpose of action research in organisational consultancy is to work on the issues presented by the client and to help them find a solution. As stated in Chapter Two (p28) the clinical perspective of process consultancy is different from an ethnographic model where the researcher focuses on their research interests. In addition, Schein (1987b) points out that when taking a clinical perspective such as process consultancy the ethical considerations are about the vulnerability of the client. He continues that the consultant must be held accountable for the welfare of the other and also learn how to enable the client to solve their own problems (ibid.). If the consultant was to declare that they had personal research interests then the participants might focus on, or even conceal, data about that subject. As Punch (1994, p90) points out "in much fieldwork there seems to be no way around the predicament that informed consent – divulging one's identify and research purpose to all and sundry – will kill many a project stone dead". He continues by emphasising that professional codes of ethics should be a guideline to alert researchers to

the ethical dimensions of their work, however, his concern is that strict application of these codes could restrict research practice and make the researcher's role untenable (ibid.).

This dilemma for researchers can be countered by ensuring that the codes of anonymity and confidentiality are strictly adhered to. This means that all identities and locations are disguised, data is in an anonymised form so that quotes are not directly attributed to an individual, and that data is confidential (Bulmer, 1982). It is usual practice for an organisational consultant to make a verbal contract of this nature with participants of an action research project, as the data collected is usually used for reporting within the organisation. A general agreement with participants that *any* use of the material discussed during the project will be anonymised and remain confidential would apply to internal use and academic purposes. In addition, a consultant should obtain retrospective consent to use past project material for case studies.

4.3.7 Validity

As with any other social science research, the validity of action research is of course paramount. According to Reason & Heron (1995, p136) "co-operative inquiry claims to be a valid approach to research with persons because it 'rests on a collaborative encounter with experience'". By this they mean that the emergent theory and practical skills are derived directly from experience and are therefore congruent with experience (ibid.). In particular, the involvement of participants in the action research increases validity as does the opportunities for feedback, reflection and review that are an integral part of the process. However, Reason & Heron point out that "the method is open to all the ways in which human beings fool themselves and each other in their perceptions of the world, through cultural bias, character defence, political partisanship, spiritual impoverishment, and so on" (ibid., p136). In particular they argue that "co-operative inquiry is threatened by unaware projection and consensus collusion" (ibid.). I described the unconscious process of projection earlier in Chapter Two (see p55), however, Reason & Heron explain how 'unaware projection' has an impact on the research method:

> "Unaware projection means that we deceive ourselves. We do this because to inquire carefully and critically into aspects of our experience which we care about is an anxiety-provoking business which stirs up our psychological defences. We then project our anxieties onto the content we are supposed to be studying" (p137).

They also refer to the idea of consensus collusion, which occurs when participants band together as a group to defend their anxieties by ignoring or avoiding areas of their experience which challenge their worldview (ibid.). The authors continue by proposing procedures for enhancing validity (summarized from Reason & Heron, 1995, p137-140):

1. **Development of discriminating awareness,** which is the ability to be aware of what is going on, keep attention on the moment by moment activity, bracket off limiting preconceptions and be fully open to the experience.

2. **Research cycling, divergence and convergence,** which means taking an idea several times around the cycle of reflection and action.

3. **Authentic collaboration,** which means not allowing individuals to overdominate or small cliques to form.

4. **Falsification,** to directly challenge any possible consensus collaboration by asking probing questions or playing devil's advocate.

5. **Management of unaware projections,** it is suggested that the researcher undergoes psychoanalysis or that co-counselling is used during the research project.

6. **Balance of action and reflection,** so that the participants do not undertake task focused activity without reflection or engage in introspection to the exclusion of action.

7. **[Tolerance of] Chaos,** to be able to tolerate divergence of thought and the resulting confusion, uncertainty, ambiguity, disorder and chaos.

To expand on the management of unaware projections, I would go even further than this to say that unconscious processes such as projections, transference and countertransference that I described in Chapter Two (see p55 and p60), are valuable data that can be used by the researcher as evidence for formulating working hypotheses. In addition, the behaviour of the group, which is described by Reason & Heron as consensus collaboration, would provide further evidence of unconscious processes in group relations and is likely to indicate the group is working as a basic assumption group, for example ba fight/flight (see Chapter Two, p65). The idea that the researcher undergoes psychoanalysis or co-counselling to manage unaware projections is to enable the researcher to develop self

awareness; to work through the countertransference they are experiencing while conducting their research; and to use such data to help develop working hypotheses. Rowan (1981) refers to the work of Devereux (1967) and his account of the role of countertransference in social science. In the same way that countertransference is seen as a valuable part of the therapeutic process and an important source of insight into what is going on within the patient, the researcher who has self awareness can use countertransference to gain insight into the unconscious processes of the research situation. Countertransference in social science is defined by Rowan (1981, p77) as meaning:

> "that research situations stir up anxieties and other feelings at various levels within the researcher, some of which may have much more to do with the researcher's own problems than with anything going on out there in the world."

He continues by pointing out the possibility that a great deal of social science generated from traditional practice "may be a species of autobiography" and that "so long as researchers ignore the unconscious, and pretend that they can be totally objective, this will continue to be the case" (ibid., p77). Rowan quotes Devereux' explanation of how this ignoring of the unconscious operates in practice. The researcher formulates a theory to account for the less anxiety-arousing portion of the facts, which then serves to discourage inquiry into the more anxiety-arousing parts of the research. Then the researcher elaborates the theory to create the illusion that it is complete, which discourages attempts to face the disturbing aspects of the facts (ibid.).

As mentioned above, to overcome the potential problem of not being aware of countertransference, Devereux proposes that the researcher undergoes psychoanalysis to increase their self awareness. However, Rowan argues that the "same uncovering of the unconscious can be attained through other forms of therapy" (1981, p78). He proposes that in practice this would mean that a researcher has a therapist, supervisor or review group to whom they can talk about their countertransference reactions to the research. Rowan also mentions co-counselling, which is the idea that researchers who work together can help each other to work through the countertransference. In the case of organisational consultancy, a fellow consultant who is not involved with the client can take up this role and this process has been referred to as 'shadow consultancy' (Hawkins, 1993).

Having this level of self awareness enables the researcher to attend to different psychological levels, which was advocated as early as 1939 by Roethlisberger & Dickson

as part of the guidance for interviewers during the Hawthorne studies (see Chapter Two, p53). Rowan quotes Devereux' comparison of the self aware researcher to other social scientists:

> "Like *all* of them, he studies observable behaviour and treats it as information. Like *some* of them, he scrutinises also unintentional messages and reads between the lines of behaviour. Only in one respect does he operate differently from all other behavioural scientists. He treats as a *basic* source of information phenomena emerging from the unconscious, whose very existence is denied by some other behavioural scientists" (Rowan, 1981, p81, italics in original).

Devereux also points out that while conducting research it is necessary for the researcher to go into a special state of consciousness, which Freud named 'free floating attention'. This means "a state of receptive absent-mindedness which permits the subject's remarks to impinge directly upon the researcher's unconscious, without first being processed by the conscious mind" (Rowan, 1981, p81). To obtain this state of mind the researcher needs to have training and to have "done a lot of work on her or his own unconscious, making it more accessible and usable, and less frightening and strange" (ibid.).

4.3.7 Integration of Action Research Method and Process Consultancy Model

The stages of the process consultancy model are the same as the action research cycle outlined above. However, there are certain skills that a consultant has to develop in taking a process consultancy approach and techniques that can be used to aid the process, in particular during diagnosing and action planning. Some examples are outlined below.

4.3.7.1 Diagnosing Stage

- Active listening, where the consultant uses the skills of summarising and reflecting back to build rapport and encourage the client to talk about the issues that are concerning them.

- Systemic or circular questions (e.g. Campbell et al, 1991; Campbell et al, 1994) are open questions asked by the consultant to explore the connections between the client and other parts of the system, or in other words the different contextual levels. For example, asking about the client's relationship with their manager, with other departments, with the Directors, and outside organisations. Systemic questioning can also be used to explore working hypotheses.

- Reframing is where the consultant gives feedback to the client by presenting the issues or problem as seen from a different perspective. For example, reframing the problem from a positive perspective and from the perspective of other people in the organisation enables the client to see that there are alternative solutions to a problem.

4.3.7.2 Action Planning

- Force Field Analysis was developed by Kurt Lewin (1946) as an analytic technique to understand what forces will enable change to occur and what forces will be barriers against change. The idea is that if the forces for and against change are equal then it is likely that the individual, group or organisation will maintain the status quo. It follows then that the greater the forces for change the more likely change will occur, whereas more barriers mean that the status quo will be maintained. The consultant can use force field analysis at the action planning stage to help the client analyse what actions they can take to increase the forces for change and reduce the barriers to change.

The above techniques are ones I incorporated into the process consultancy model that I used for my research. The approach I used was an integration of the action research method outlined in this chapter and the process consultancy model outlined in Chapter Two. The integrated approach I used is illustrated in the next chapter, where I outline the design and procedure of my first research case study.

5 Chapter Five: Design and Procedure of NHS Case Study

5.1.1 Background to the Case Study

I was employed as a consultant by the senior management of a National Health Service (NHS) Community Care Trust (The Trust) to work with staff in two residential homes who were caring for adults with learning disabilities. Staff in the homes were facing three fundamental changes to the service as follows:

5.1.1.1 Compulsory Competitive Tendering

When I conducted my research in 1996 the Conservative Government were in administration and funding arrangements for the health and social services were based on an internal market and purchaser/provider split. This meant that for the health service the purchaser was the local health authority and for social services the purchaser was the local government authority. The internal market meant that the purchaser was free to purchase the service from any service provider in the country, which could include health trusts, social services, private and voluntary organisations. The process of compulsory competitive tendering (CCT) was a key part of the internal market. This meant that the purchaser had to put out a competitive tender to all service providers who were interested in supplying the service and the NHS Trust in my case study was a service provider that was invited to put in a tender. In return the service providers would each present a proposal and the purchaser would choose the service provider that demonstrated that they would provide a high quality and cost effective service.

My role was to help the staff in the residential homes prepare for a compulsory competitive tendering (CCT) process. The significant change for staff would be that they were moving from the security of being the sole provider of this service for adults with learning disabilities to being in competition with other potential service providers.

5.1.1.2 Transition from Health to Social Model of Care

Another significant change was that the purchaser was going to be social services rather than the health authority. This meant that the care model used by staff in the residential homes would have to change from a 'health model of care' to a 'social model of care'. The health model of care meant that staff focused on the health needs of clients, whereas the social model of care staff focused on the social needs of clients. For example, staff would be expected to help facilitate the social development of clients to help them look after themselves more. As outlined in Chapter Three (see p105), Miller & Gwynne (1972)

identified two models of care in their study of residential institutions for people with incurable conditions. I would argue that the health model is very similar to the 'warehousing model' of care identified by Miller & Gwynne, whereas the social model is similar to their 'horticultural model' of care. Miller & Gwynne proposed that both care models were working practices that served to defend staff from the anxiety evoked by the kind of work they did and the contact they had with clients. This theory informed my research and I will later return to explore how the findings from my case study build on this guiding theory.

5.1.1.3 Proposed Move to Community Care Homes

Another proposed change to the service was in line with the NHS and Community Care Act of 1990. The plan was to move clients from the current residential homes, which contained approximately 30 clients and were in a rural area, into smaller residential houses each with 3 or 4 clients living together and potentially in urban areas. The purpose of this was to integrate clients with the rest of the community and I will refer to this policy as moving to 'community care homes'.

The senior management reported that the employees were resistant to the proposed changes outlined above and that morale was very low. The initial request by senior management was for me to conduct a survey of staff morale. However, during that first telephone contact I suggested that another option would be to involve staff in the change process. We arranged a time to meet to discuss the project further and at that initial meeting I listened and asked questions to understand what the underlying problems were. Towards the end of the meeting I proposed a project design where I would help staff explore what it was like to work in the current service, to examine what they found satisfying and dissatisfying about their roles, and to involve staff in planning and implementing the changes. I explained that such a consultancy process would help the staff and the senior management to identify, understand and work with sources of resistance to change and develop a plan of action to prepare the service for the CCT tender. It was planned that senior management would arrange appropriate training and development for their staff based on the outcomes of this initial work to prepare staff for the tendering procedure. A verbal contract was made that I would then conduct a follow up after one year to review and explore the impact of the change programme. However, this verbal contract was not fulfilled and although another external training company delivered some training to staff, the senior management decided that it was not necessary for me to conduct the review and evaluation. The explanation I was given was that the

decision not to conduct a follow-up evaluation was due to a Labour Government being elected in 1997. The internal market in the Health Service had been abolished and the Trust was not required to undergo a CCT to provide the service.

The basis of my contract with the senior management was that they were aware I was looking for a consultancy project where I could use the data for my PhD. The agreement was that I conducted a reduced cost project and they signed forms giving informed consent for me to use the data as long as it was anonymous and confidential. We agreed that I would make a verbal contract with all employees about the use of the data being anonymous and confidential. However, I would not tell the employees that I was a PhD researcher or that the data would be used for this purpose. In view of reflexivity (see p126), I decided that my disclosure to the employees might confuse my role, change my relationship with them and therefore had the potential to cause a negative impact on the consultancy project.

In sum, my involvement in the consultancy project had two aims.

1) The consultancy aim was to design and facilitate a process that involved staff in the change process and enable them to identify, understand and work with resistance to change. The data I collected would enable me to develop specific working hypotheses as an analysis of the client organisation, which I could feedback to the client as the project progressed.

2) The aim for my research thesis was

   - To use the data and working hypotheses developed from the case study to explore and build on the guiding theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.

   - To explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with sources of resistance to change.

The data and working hypotheses I developed from the case study would be used both for the consultancy aim and also the theory building aim of my thesis.

In the remainder of this chapter I provide details of the case study participants, procedure, and method of data analysis. The findings of the case study are presented in Chapter Six and the discussion of the findings is in Chapter Seven.

5.1.2 Participants

The work was conducted with five groups of staff from the Trust, who worked in residential homes for adults with learning disabilities. The two homes featured in this project will be known as the Small Unit, from which two of the groups came, and the Large Unit, from which three of the groups came. The Large Unit consisted of three Flats, which contained clients with different categories of conditions, ranging from physical disabilities and Downs Syndrome to 'challenging behaviour'. Each of the flats had a different client group and staff were assigned to work in a specific flat. The Small Unit did not have separate flats so all staff worked with all clients, but a system of two shifts operated in the home. Both homes had night staff that only worked the night shift. The staff had a wide range of roles in the homes including cleaners, cooks, administrators, care assistants, Unit Managers (UM) and Deputy Unit Managers (Dep UM's). The care staff were graded from grade A being the lowest to grade G being the Unit Managers, who were trained nurses.

In total 43 people participated in the project. The staff members had been organised into groups by the UM's. However, several staff members of the Large Unit went to a different initial meeting and there was some movement between groups as the project progressed. This caused some confusion as to who was attending each group over the three phases of the project and it was therefore difficult to make the boundaries of each group clear. To give an indication of the participants I list below those who attended the initial meetings of the five groups:

Large Unit – Group 1 consisted of nine members who were all women and included eight care assistants and one administrator. The care assistants were mostly night shift workers. The total does not include one woman member who should have attended this group but who went to the Group 3 sessions instead.

Large Unit – Group 2 consisted of nine members - three men and six women. The group included one cleaner, one UM, and seven care assistants. The total does not include three members who should have attended this group but who went to the Group 3 sessions instead – two women and one man.

Large Unit – Group 3 consisted of twelve members - three men and nine women, who were all care assistants. The total does not include one woman who should have attended this group and who went to the Group 2 sessions instead.

Small Unit – Group 1 consisted of six members - three women and three men. This included four care assistants, one UM, and one Dep UM (Dep UM1). The UM was suspended on a disciplinary charge, the details of which were never divulged, and he only attended the third session.

Small Unit – Group 2 consisted of five members - one man and four women. This included three care assistants, one cook; and the other Dep UM (Dep UM2).

Area Manager and Adult Services Manager: The other two participants involved in the research were the Area Manager and Adult Services Manager. The Area Manager (Area Mgr) was a man in his late 30s. He had direct responsibility for the residential homes and was line manager for the UMs of each Unit. The Adult Services Manager (Adult Serv Mgr) was a woman in her early 40s and was line manager to the Area Mgr. She was responsible for all adult community care services for the Trust. I made field notes of all meetings and telephone conversations with both managers and this formed part of the research data.

In the next section I present in detail the project design that I used.

5.1.3 Project Design

The project design was an integration of the action research method as outlined in this chapter and the process consultancy model outlined in Chapter Two. There were three phases; Diagnosing; Exploring Working Hypotheses; and Action Planning. During each phase I facilitated group discussions with staff from each residential home. Full details of the procedure for each phase are given in the procedure section in this chapter (see p139). The phases can be summarised as follows:

Phase 1: **Diagnosing:** Data gathering, active listening and systemic questioning

The groups explored their current state issues, their present role and relationships, what the future state and future role might be and their attitudes to smaller community care homes. As each group discussion proceeded I summarised and fed back certain themes and asked systemic questions to explore working hypotheses with the staff. I took notes during

the discussions of what was said and also noted any relevant observations. In addition, I kept a journal of my own experience of working with the groups during the project. In preparation for the next phase of the project I analysed the data by categorising the emerging themes and the working hypotheses for each group.

Phase 2: **Exploring Working Hypotheses:** Summarising, validation, exploring working hypotheses, and checking confidentiality

I read out to each group the summary of the themes and working hypotheses relating to their group in order to content validate the data and explore the working hypotheses with the group members. As the final report for each residential home required the data from each of the groups to be combined, I checked the confidentiality of the emerging issues with each group. By this process I agreed with them what was not to be presented to other groups of staff or to senior management. The groups continued the process of exploring the possible future state of the service and what staff considered should be put in the tender document. At the end of this phase I categorised the data and working hypotheses from all five groups into themes and produced two reports, one for each residential home.

Phase 3: **Action Planning:** Force Field Analysis

I presented the combined data for each residential home to each group of staff from that home for further validation and exploring the working hypotheses. The presentation included a review of two possible scenarios for the future of the service that had been put forward by staff. I then used Lewin's Force Field Analysis technique (see p132) as a framework to help the staff to think about what they would like the future of the service to be, to put forward what actions would enable change to the future state and discussed what would be barriers to that change.

I wrote two final reports, one for each home. Each report documented the outcomes from all discussions held with the groups from each home (see Appendix C, p303). I gave a verbal presentation of the content of the documents to the senior management and after the meeting I sent copies to each group of staff and senior management. As part of the verbal

presentation to the senior management I also explored the working hypotheses that had been developed during the project. I later sent a working note only to senior management, which documented the working hypotheses and included recommendations for further action (see Appendix D, p331).

The outcome of the project was that the senior management did implement the suggestion I made to set up a working group of staff to continue the process of involvement in the change process. However, the senior management decided that they would create the model of care for the service rather than involve the working group in that process. The working group was a forum for consultation and communication. When I contacted the senior management a year later to arrange the follow up review of the implementation of changes I was told that it was not necessary for me to conduct the follow up review. The reason given was that they had managed to keep the provision of the service in-house without going through a tendering process.

In the following section I present in more detail the procedure that I used for each phase of the project.

5.1.4 Procedure

5.1.4.1 Entry Phase

The first stage of the project involved initial contact and negotiation with the senior management of the service, which took the form of:

- a telephone conversation with the Adult Serv Mgr;
- a face to face meeting with the Adult Serv Mgr and the Area Mgr;
- a telephone conversation with the Area Mgr;
- a meeting with the Area Mgr the night before the first group session.

The purpose of this initial contact was to gather background information, agree the objectives of the work and design an appropriate process. The remainder of this section contains an outline of the procedure for the process and includes details of the work I performed between each of the phases of the process.

I met each group of staff three times, which constituted the three phases of the project outlined above. Each group session took place in a room in the Trust, which was set out

with the tables pushed against the walls and a circle of chairs arranged in the centre of the room. The exact number of chairs was set out depending on the participants expected at each group session, plus a chair for myself. All meetings I had with the groups lasted four hours, which included a break in the middle.

5.1.4.2 Phase 1 – Diagnosis

At the beginning of each initial group meeting I began by reading out the same introduction (see Figure 2, p141). I gave each group member a piece of flip chart paper and some coloured pens. They were asked to work individually for 30 minutes to create a picture based on the introductory instructions to the task. When the time was up I invited each participant to describe their picture to the rest of the group. After all pictures had been described the groups engaged in a fuller discussion based on their content. I made notes of as much of the content as possible throughout the group discussion. As the discussion progressed I summarised the content and reflected it back to the group. This process checked the face validity of the material and also encouraged the group members to clarify and expand their discussion. I then asked open and systemic questions (see p131) where appropriate to aid the development of the discussion and to help participants to think about different contextual levels in the system.

We had a break in the middle of the session and during the break I had an opportunity to formulate a working hypothesis based on the content and the process of the group discussion. This included analysis at different psychological levels for example the behaviour and the feelings expressed by group members, and transference in terms of what was said to me or acted out in the relationship with me. I also recorded my own feelings and analysed any countertransference I was experiencing.

After the break I began the session by exploring the working hypotheses with the participants. In each case I explained to the group members the idea that there were different contextual levels of the system, which encouraged them to look at their experience in their role in the context of the wider organisation. For example, what was the relationship between senior management and the UM and how did this have an impact on the relationship between the UM and other care staff? In all cases the group members rapidly took on this way of looking at their relationships in a wider context and it added to the richness of the material discussed. Again, during the process I actively sought clarification, asked open and systemic questions and summarised the content of the session.

Figure 2: Introduction Read to Members of Groups

The purpose of our time together is for you to:

- explore your experience of being in your role in the organisation;
- examine how your role will be developing in the future;
- produce a consultative document together which ensures you are involved in planning and implementing changes, and will not only be a collective voice but also an opportunity for minority opinion to be heard.

Any reports from these meetings, such as the end report to senior management, will be anonymous, so that means that any comments you make will not be traced back to you personally.

Reports will also be confidential, which means that:

- I will not be giving feedback to senior management about individual participants or the content of these meetings.
- I will only feedback to senior management what you want me to tell them.
- You may want to consider as a group how you will tackle the issues of confidentiality between yourselves.

The purpose of this first session is to begin with the background. I am not an expert about the work you do and I don't have the answers. You know more about the issues in the residential homes and my role is to help you explore your experiences. I've had the same information as you from senior management about the proposed changes.

The first task is for you to draw a picture of yourself in relation to the organisation, which will be a picture of the organisation and where you see yourself in it. It can be about the work of the organisation, your role and your relationships with other people, and how you interact with those people. You may want to use words, pictures and images to describe all of this. Your experience at one level will be the activities you perform with the clients and at another level:

- Your relationship with clients;
- Your experience of working with them;
- What are the priorities of your role?

When there was only ten minutes left of the allocated time, I gave a final summary and then asked the group members what had been their experience of the session. I ended by thanking the group members and reminded them of when we would next meet. I waited in the room until the group members had left.

5.1.4.3 Phase 2 – Exploring Working Hypotheses

In between meetings with the staff groups I typed up the field notes I had collected for each group and then organised the content of the data for each group in terms of :

- the current issues connected directly to what they did in their role;
- their current relationships with other people in the system;
- how they saw their role developing in the future;
- what they thought the impact would be of moving to community homes.

I also analysed the process issues of:

- how the group members behaved during the sessions;
- the feelings overtly expressed by the participants about the changes, or other people in the system;
- the feelings overtly or covertly expressed towards me, i.e. transference;
- my feelings while I worked with the group members, i.e. countertransference.

I then developed a report for each group, which took the following format:

1) Current State:

- role;
- care plans;
- relationships with: clients; parents; GP; operational management, e.g. unit manager (UM) and Dep UM's; between staff; contractors; senior management; policy makers; purchaser i.e. social services;

- in addition for the two Small Unit groups, the specific issues of authority; uncertainty of the future state of the service; culture of home were raised and formed part of the report.

2) Future State:

- role;
- attitudes to community care.

3) Working Hypotheses.

I met each group for another four hour session two weeks after the initial session. The purpose of the first half of the session was to check the content validity of the report developed so far and to explore the emerging working hypotheses. I did this by reading out the report and asking for any amendments or additions from group members, which I made a note of. I reminded group members that for the next phase (Phase 3) I would be combining the reports of each group within the two residential homes. I asked them to think about any confidential or sensitive aspects of their own report that they would not like to share with the other groups or to be seen by senior management.

I asked open and systemic questions to explore the working hypotheses. Sometimes I directly checked out the working hypotheses that I had developed by making an interpretative statement, for example "it seems as if there are splits between groups of staff in the home". I made a note of the impact this had on the participants when I made an interpretative statement based on a working hypothesis that I had developed. For example, whether they accepted, denied or ignored my interventions. As in previous sessions, I noted the behaviour of the group, for example if group members left the room when an issue was raised, and analysed any transference and countertransference, such as group members being angry with me when I intervened.

The purpose of the second half of the session was to provide an opportunity for staff to think about what the service needed to be like in order to win the forthcoming competitive tender. I began the discussion by asking the question "if you were putting together the tender document what would you put in it in order to win the tender". The discussion focused on suggestions they had for improving the service they provided. I made notes during the session and after each session I recorded a personal journal of my experience of working with each group.

5.1.4.4 Phase 3 – Action Planning

My preparatory work for the meetings was to combine the data from each of the reports to produce one report for each residential home. I then used the technique of Force Field Analysis to create a table with the following headings:

Current State	Enablers	Future State Vision	Blockers

I listed the data for each residential home under the above headings. From this process it emerged that the data could be sorted further into three separate tables. Two of these represented issues relevant for two different scenarios of the future state vision, as follows:

- maintaining the status quo by staying in the current residential home;
- moving the service to smaller community care houses.

The third table represented the problems that would be relevant to the future state of the service regardless of whether the service stayed in the current residential homes or moved to smaller community houses. This third table was the largest and indicated that there were many current issues that required some action and this was not dependent on any physical change to the service in terms of location of the homes. The purpose of presenting the issues in this way was to help the participants to realise that there were things they could change about the way they delivered the service regardless of whether they moved to community homes or stayed in the current homes.

I then held a final meeting with each group and displayed on three flipcharts the current issues for each of the following:

- Scenario 1: Service to remain at current residential home;
- Scenario 2: Service to go to community care houses;
- Underlying problems that apply to either scenario.

I then facilitated a discussion of each of the current issues for each flipchart. I fed back to them the data I had collected and asked them to expand on each issue in terms of :

- what they understand about each current issue?
- what they would like the future state vision to be?

- what they saw as the factors which would enable them to move to the future state vision?

- what were the factors that would block them moving to the future state vision?

At the end of the session I asked the groups for their experience of being involved in the project. I made notes as the group discussion developed and after the meeting I recorded my experience of working with the groups. The purpose of the feedback was to gather data based on the experience of participants to explore the impact of using the process consultancy model.

5.1.4.5 Final Reports

After Phase three I wrote two final reports, one for each home. Copies are attached in Appendix C (see p303). The report for each home gives details of the emergent issues that apply to the service, regardless of whether they remain in the current homes or move to community housing. Under each emergent issue there is a list of what staff would like to see happen. The two final sections of the report give details of what staff would like to see happen in the case of the two different scenarios, i.e. scenario 1: service to remain at present home and scenario 2: service to move to community housing. It was the case for both homes that the majority of staff expressed a preference to stay at the current home.

I verbally presented the findings detailed in these reports to the senior management. At the same time I stated what the working hypotheses were to explore them further with the senior management. At this meeting I was able to work with the senior management to help them understand what seemed to be the sources of resistance to change and reasons for low staff morale. We also discussed options for them to continue involving staff in the change process by creating a working group consisting of representatives from each of the residential homes. This recommendation was implemented.

After the meeting I sent a copy of the appropriate report to each residential home and to the senior management. I also sent a copy of the working note only to the senior management, which gave details of the working hypotheses and recommendations (see Appendix D, p331). I contacted the senior management one year after the end of the project and they told me that they did not require me to conduct a follow up review of the change process.

5.1.5 Method of Data Analysis

I analysed the data collected during this project in two different ways for different purposes. While I was working on the project I conducted the analysis required for the consultancy assignment. Details of the procedure and data analysis are given in the previous section and the final reports and working note are attached in Appendices C (see p303) and D (see p331). After the consultancy project had ended I analysed the data further to address my key research aims, which were:

- To identify the source of resistance to change in the case study.

- To use the data and working hypotheses developed from the case study to explore and build on the guiding theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.

- To explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with resistance to change.

The working hypotheses I developed from the consultancy aim formed an important part of my research data, as they provided contextual information about the specific case study and enabled theory building. The evidence was drawn from several different sources, including the actual words spoken, the behaviour of group members and the relationship between participants and myself. This last point refers to my experience of the transference and countertransference processes as evidence of unconscious process such as projective identification. I used this evidence to make interpretations about the participants' relationships with other people in the system, e.g. other staff groups, senior management, clients, the purchaser, and parents.

Many of these interpretations were made while I worked with the participants and formed the basis of the working hypotheses that were explored with participants at the time. The way that participants responded when I explored the working hypotheses with them also provided additional evidence, in particular of the transference relationship. In addition, during the period between meetings with the staff groups I met with a supervisor, Dr. Gordon Lawrence, who is an experienced organisational consultant. This gave me the opportunity to develop further my understanding of the transference and countertransference I was experiencing as I worked with the groups. The outcome was

that I was able to develop and add to the interpretations and working hypotheses based on the evidence presented by the project data.

In summary, the development of my working hypotheses involved analysis of:

- the content of the group discussions;
- my field notes on behaviour in the groups;
- my personal journal of my experience of working with the groups;
- my experience of transference and countertransference while I worked with the groups;
- the above data during supervision meetings.

I used a grounded theory approach to analyse my data (see p123), which I conducted at two levels. The first was a 'low level' analysis where I identified the themes that were most commonly expressed by staff in each of the staff groups about the issues that were concerning them. For this analysis I used the data I had organised for Phase 2 of the project, which consisted of direct quotes from members of each staff group. I had written down as many quotes as possible while I worked with each group, however, it is important to remember that I did not write down every comment or whether a comment was repeated several times. The purpose of this low level analysis was to understand what themes each group was preoccupied with and therefore what was important to each of the different groups.

The second was a 'conceptual level' analysis where I incorporated the comments of the staff, my field notes about the behaviour of group members and the journal of my experience of working with the groups. The analysis at this conceptual level involved a process of exploring and building on the working hypotheses that I had developed with the staff groups and senior management. In particular my analysis at the conceptual level involved examination of verbal and behavioural evidence of anxiety or defences against anxiety, such as:

- mention of fears that related to unconscious primitive feelings of persecution, annihilation and loss;
- preoccupation with certain issues;

- demonstration of resistant behaviour;

- behaving as a basic assumption group (see Chapter Two, p 65).

In the following chapter I present the findings from the two levels of data analysis. The findings are presented in two parts, firstly the results of the low level analysis and secondly the results of the conceptual level analysis.

6 Chapter Six: NHS Case Study - Findings

The aim of this chapter is to present the findings from the NHS case study. The results of the low level analysis are presented first followed by the results of the conceptual level analysis.

6.1 Low Level Analysis Findings

The method I used for the low level analysis was to code each comment made by group members into different categories. The categories of coding were based on the main themes that emerged from the discussion and also any evidence of emotions such as overall expression of feelings, expression of fear and evidence of unconscious processes, such as splitting and projection (see Chapter Two, p55). I used NUD*IST computer software to code the reports and the results are summarised in Figure 3, p150. By using this method of coding, some of the comments were coded more than once and therefore the total percentage of comments for each group is greater than 100%. To give an example, a particular comment could be about authority relationships and also evidence of expressed feelings and therefore the same comment is coded twice. It should also be noted that the reports I used for the coding only included one instance of each of the comments made. This means that although many participants may have made the same comment in the group and it may have been made a number of times, I only recorded the comment once and coded it once. It is for this reason that I decided it was not meaningful to conduct any further statistical analysis of this data and I have concentrated on qualitative analysis for this case study data.

For each group the percentages have been calculated to show what proportion each coding category represents in relation to the overall noted comments expressed by that group, i.e. for Group 1, Large Unit, 37% of the overall noted comments expressed by the group were about authority relationships. The total percentage for all groups is also presented in the table and the coding categories are presented in descending order based on the total percentage for all groups. The coding categories include both positive and negative references, for example, the comments made about authority relationships include both positive and negative references to authority relationships. The reason I did not conduct further analysis at the low level to distinguish between positive or negative references was that I considered it would be more meaningful to include such a discussion in the contextual analysis of the data where I would be able to include quotes to illustrate each point of analysis.

It can be seen from Figure 3, p150 that for the total of all groups the highest percentage of comments made were about authority relationships (32%). These comments referred to the relationship between care staff and UMs or Dep UMs and also the relationship between all staff at the residential units, including UMs, and the senior management. For each group the highest percentages of comments made were also about authority relationships. This finding indicates that the staff in all groups had a

Figure 3: Percentages of Coding Categories for each Group

Coding Categories	Large Unit			Small Unit		Total
	Group 1 %	Group 2 %	Group 3 %	Group 1 %	Group 2 %	All Groups %
Comments about authority relationships	37	33	35	22	34	32
Expressed feelings	26	30	21	5	3	17
Comments about the social model of care	4	11	24	22	18	15
Evidence of Projection	15	13	9	11	6	11
Evidence of Splitting	15	11	16	11	1	11
Evidence of fear of job loss/existence	10	13	19	3	10	11
Comments about communication	5	15	15	8	5	10
Comments about practical aspects of the work	21	8	6	8	4	10
Comments about the health model of care	15	3	6	9	7	8
Expressed feelings about power	3	9	5	4	7	6
Comments about learning	2	4	10	6	6	6
Comments about loss of contact	4	7	3	3	5	5
Comments about clients' parents	7	6	3	1	5	5
Evidence about the meaning the work had for staff	5	7	1	4	0	4
Comments about community care	3	4	4	7	0	4
Evidence of denial that the change would occur	12	0	0	1	2	3
TOTAL COMMENTS	**185**	**175**	**178**	**124**	**112**	**744**
TOTAL PARTICIPANTS	**9**	**9**	**12**	**6**	**5**	**41**

preoccupation with their relationships with people in positions of authority. The nature of these comments was analysed at a contextual level and indicates a pervasive negative perception of people in positions of authority. The detail is described in the next section.

The second highest percentage of comments for the total of all groups was expressed feelings (17%). The three groups in the Large Unit expressed a higher percentage of feelings compared to the two groups in the Small Unit, which had an impact of lowering the overall percentage level. This finding indicates that staff in the Large Unit expressed how they felt more than people in the Small Unit, which could be due to the size of the groups. However, analysis at a contextual level, presented in the next section, provides further evidence to support the finding that the groups in the Small Unit were more inhibited than those in the Large Unit.

Comments about the social model of care were the next highest percentage for the total of all groups (15%). For the Small Unit both groups made a high percentage of comments about the social model (22% and 18%). However, there was a difference between groups in the Large Unit in that Group 3 talked the most about the social model (24%), Group 2 only had 11% of comments, and for Group 1 only 4% of comments were about the social model. Further evidence about this difference will be discussed in the contextual level analysis in the next section, which indicates that within the Large Unit Group 1 was the most resistant to the social model of care whereas Group 3 was the most in favour of the social model. Group 1 in the Large Unit also had the highest percentage of comments about practical aspects of the work and about the health model of care, which illustrates that they were preoccupied with these issues rather than discussing the social model of care. Group 1, Large Unit also had the highest percentage of evidence of denial that the change would occur and the lowest percentage of comments about learning, which also provides evidence of resistance to change. In contrast, Group 3, Large Unit had no evidence of denial that the change would occur and the highest percentage of comments about learning, thus indicating a willingness to change and to discuss the social model of care.

The next three categories all represented 11% of the comments made in total for all groups and refer to evidence of projection, splitting and fear for loss of jobs/existence. The detail of this evidence will be presented in the next section. However, the evidence of projection and splitting refer to the ways that staff used the social system as a defence against anxiety. The link between fear of job loss and fear for existence refers to the unconscious

primitive fears that people have about death and annihilation, which underlie the comments they make about fear of job loss. This category differs from the comments about loss of contact, which refers to expression of loss of contact with clients and other staff. All of these fears about loss and annihilation can be a source of anxiety and people usually have a set of defences so that they do not experience such intense anxiety. This finding builds on the guiding theory that people use the social system to defend against such anxieties and that any proposed change to the social system would threaten to evoke these anxieties. The intensity of emotion expressed by staff indicates that anxieties were aroused when discussing the proposed changes to the social system. This finding illustrates that the social system was being used as a defence against anxiety and was a source of resistance to change, because the threat of changing the system evoked anxiety and intense emotion.

Another interesting finding for these three categories was in the Small Unit in that Group 2 had a low percentage of evidence of splitting (1%) whereas Group 1 had a higher percentage (11%). In addition, Group 2 presented more evidence of fear of job loss (10%) compared to Group 1 (3%). This suggests that Group 1 engaged in more splitting and projection rather than openly discussing fears about job loss, whereas Group 2 discussed their fears and did not engage in as much splitting. In both groups there was evidence that anxiety was aroused when staff discussed the proposed changes, but it was expressed in different ways. Group 2 seemed to be conscious of their fears, discussed the issues openly and engaged less in defensive behaviour. Group 1 seemed less conscious of their fears and engaged in splitting and projection as a defence against the anxiety evoked by the proposed changes. These findings provide evidence of the defensive behaviour that occurs when people are not consciously aware of their fears and anxiety.

In the next section I present a detailed contextual analysis of each group of staff and the senior management group. I also present a contextual analysis of the overall evidence for all participants involved in the project and explore the impact of the consultancy process.

6.2 Conceptual Level Analysis Findings

I conducted the conceptual level analysis manually and organised the data under the following main headings:

Evidence by group includes data for each staff group and the senior management group in terms of the comments they made, my field notes on behaviour in the group and how

they behaved towards me as the consultant. The purpose of the analysis was to develop working hypotheses about the dynamics of each group in each Unit and the senior management group. In particular, the analysis of this evidence focuses on what each group represents for the whole system.

Overall evidence includes data from the project as a whole in terms of comments made and my field notes on behaviour. The main aim was:

> **to identify the sources of resistance to change in the case study and to use the findings to explore and build on the guiding theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.**

My analysis of the overall evidence develops further the working hypotheses for each group by analysing the dynamics between groups in the whole system as well as identifying and understanding sources of resistance to change.

Exploring the Impact of the Consultancy Process includes data from the project as a whole and in particular feedback from participants about their experience of being involved in the project. The purpose of the analysis was:

> **to explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with sources of resistance to change.**

The next sections outline the findings under each of these headings of contextual analysis.

6.2.1 Evidence by Group

As mentioned above, the purpose of the evidence by group analysis was to develop working hypotheses about the dynamics of each group in each Unit and the senior management group. The data for each group included the comments group members made, my field notes of behaviour in the group and how they behaved towards me as the consultant. In particular, the analysis of this evidence focuses on what each group represents for the whole system.

Although all the groups seemed to oscillate between basic assumption dependency and basic assumption fight/flight behaviour (see p65), the different groups of staff involved in the project were preoccupied with different issues and acted out certain behaviours.

I developed a profile for each group based on their comments, emotions, and behaviour. This enabled me to develop working hypotheses about the different ways that group members responded to change and what each of the groups represented for the whole system. There was an interesting process of self-selection in the Large Unit groups in that people had moved to a different group than the one they had been allocated to. This self-selection suggests that people may have chosen a group that contained people they most identified with and my experience was that there was a cohesive response to change presented by each group. Notably in the Large Unit four people chose to attend Group 3, which represented a positive response to change, rather than the other groups they had been assigned to that represented a negative response to change. In contrast, one person chose to attend Group 2, which represented the saboteur response to change, rather than join the more positive members in Group 3. A summary table to illustrate the group composition as at Phase 1 and response to change for each group is presented below in Figure 4 (p154).

Figure 4: Group Composition and Response to Change

GROUP	MEMBERSHIP AT PHASE 1	UM OR DEP UM PRESENT	RESPONSE TO CHANGE
Large Unit, Group 1	• 8 care assistants – mostly night shift. • 1 administrator. • All women. • 1 woman chose to attend Group 3 instead of this group.	No UM or Dep UM present in any sessions.	Negative response and extreme anger about the changes.
Large Unit, Group 2	• 7 care assistants – 2 men and 5 women. • 1 cleaner – man. • 1 UM – woman. • 2 women and 1 man chose to attend Group 3 instead of this group.	UM present for Phase 1 and 2 but did not attend Phase 3.	'Saboteur' response to the changes.
Large Unit, Group 3	• 12 care assistants – 3 men and 9 women. • 1 woman chose to attend Group 2 instead of this group.	No UM or Dep UM present in any sessions.	Positive support for the changes.

GROUP	MEMBERSHIP AT PHASE 1	UM OR DEP UM PRESENT	RESPONSE TO CHANGE
Small Unit, Group 1	• 4 care assistants – 2 women and 2 men. • 1 UM – man • 1 Dep UM - woman	Dep UM1 was present for all sessions. UM was suspended on disciplinary charge and only attended Phase 3 session.	Positive support for the changes.
Small Unit, Group 2	• 3 care assistants – all women. • 1 cook – woman. • 1 Dep UM – man.	Dep UM2 attended all sessions.	Negative response and non-participation as resistance to the changes.
Senior Management	• Area Manager – man. • Adult Services Manager – woman.		'Sycophant' response to the change.

A summary of the profile and working hypotheses I developed about each group is presented below.

6.2.1.1 Large Unit, Group 1

This group consisted mostly of older women who were night staff and had worked in the service for many years. The group did not have a UM present in their group discussion throughout the project. The profile of the group was as follows:

- They were extremely angry and confused;
- They were a fragmented, chaotic group and did not listen to each other or to me;
- They denied there would be any change to the service;
- Compared to the other groups in the Unit they expressed the most resistance to the changes;
- Their discussion remained at a fairly superficial level, focusing in great detail on the current tasks they performed;
- They avoided discussing the future of the service;
- They tended to ignore my interventions and often talked over me when I tried to raise a point;

- They were the only group who refused to do the first task of drawing an organisational picture;

- They set up a member of staff in a direct leadership challenge to me, but then were hostile to her and eventually ignored her;

- They were angry and hostile towards people in positions of authority, e.g. UM, senior management and myself as consultant;

- At one point they threatened to go on strike against the changes;

- They believed strongly in the health model of care, made comments that indicated a tendency to infantilise clients, were against the social model of care and opposed the idea of moving to community care houses;

- The underlying feeling I picked up was that they were depressed and felt powerless, which was confirmed by participants when I explored it with the group.

Compared to the other groups in the Large Unit, this group represented the most **negative response and extreme anger about the changes.** They expressed the most resistance with intense emotion and acted out angry destructive impulses towards the 'bad object' of authority. I developed the following working hypotheses about the source of their resistant behaviour:

- These staff had been in the service a long time and expressed that they feared losing their jobs, which can be seen as a conscious source of resistance to change. It seemed that these staff were also angry about the changes because they perceived the change to be a criticism of the way they had been doing the work for all those years;

- At an unconscious level the staff seemed to have used the health model of care as a defence against the anxiety that is evoked by working with the clients. The health model as a defence enables staff to deny the client's unhappiness and lack of fulfilment and leads to staff encouraging clients to be dependent and a focus on the physical well being of clients. The proposed change to the social model would be a threat to that defence mechanism of using the health model, which can be seen as a source of their resistance to change;

- It seemed that the health model as a defence mechanisms caused further anxiety for the staff, because the way they behaved left them feeling dependent, depressed, powerless and was a source of conflict with management and other staff. This finding builds on Menzies' theory that the social defence mechanism itself can evoke anxiety (see Chapter Three, p100).

- As well as the health model being used as a defence against anxiety it also seemed that the health model provided a source of meaning for these staff. By this I mean that the health model of care seemed to be closely connected to the values held by these staff. For example the mood of these staff became extremely positive and enthusiastic when they talked about how dependent the clients were on them and that they took up an important role in caring for the physical needs of the clients, as if they were adoptive parents with dependent children. This finding led me to develop the working hypothesis that the beliefs and values held by the staff can also be a source of resistance to change when the proposed change is based on a different set of values. This is an important finding and I develop the working hypothesis further in the next chapter.

6.2.1.2 Large Unit, Group 2

This group was in constant flux and had a different composition of members every time I met them. The UM was present in the first two meetings but did not attend the final meeting. The profile of the group was as follows:

- The UM dominated the discussion by focusing on her role and the stress she was experiencing;

- The group wanted to talk about solutions before they had discussed what the current state was like, but when we moved on to discuss the future of the service they had no real suggestions;

- The group did not want to focus on understanding the conflicts in the Unit;

- The group tried to manipulate the process by going round in circles, i.e. whatever task we were working on was not what they wanted to discuss and they tried to change the subject;

- They abdicated responsibility for the comments they made in the first session and avoided the validation process in the second phase;

- They sabotaged the consultation process by changing the group composition and by not turning up for the second session, which had to be rescheduled for another day;

- The UM and one member of staff had an extremely angry argument during the second group discussion, which again sabotaged the process;

- The UM did not attend the final phase meeting; she said the consultation process was a waste of time, that it was a forum for staff to attack management and she was not going to take any more;

- The UM confused staff about the changes and undermined the consultation process by saying to staff it was a waste of time;

- At the third session, when the UM was not present, the group were calm, more positive about the changes, but also felt depressed and powerless;

- The underlying feelings in the group were anger, frustration, futility, powerlessness, and of being manipulated and controlled;

This group represented what I have labelled as a **'saboteur' response to the changes,** which was acted out through sabotage of the consultation process. I developed the following working hypotheses about the source of the sabotage as resistance:

- In the final session, when the UM was not present, there was a more positive response to the changes, which indicates that the UM seemed to be leading the sabotage. This may have been because she felt extreme anxiety about losing her job, for example, she said she would be safer if the purchaser remained as the health authority because they required trained nurses to be UMs. It seemed that her intense fear of losing her job was a source of her saboteur behaviour but also that she was taking up this role on behalf of others in the group;

- There was evidence that the UM seemed threatened by the new staff who agreed with the changes and could potentially take over her job even though they were not trained nurses. This led me to develop the working hypothesis that in part a source of her sabotage could have been envious spoiling (see p58);

- There was evidence that some staff in the Unit were hostile towards the UM. Rather than taking the opportunity in the consultation process to learn how to understand and contain such hostility, the UM seemed to be overwhelmed with anxiety and behaved in a way that indicated she felt persecuted. It seemed that she encouraged other members of the group to displace their hostility onto the consultation process, onto myself as consultant and onto senior management. This finding indicates that her intense feelings of anxiety and persecution were a source of her saboteur behaviour, but also that she tried to encourage others in the Unit to take up a sabotage response.

6.2.1.3 Large Unit, Group 3

This group consisted of mainly young women who were fairly new to the service. The profile of the group was as follows:

- They agreed with the change to a social model of care, had lots of ideas about how to develop clients and had support from senior management;

- They were frustrated because they wanted to experiment and be adventurous but they said they 'got bad vibes' and negativity from other staff who were resistant;

- They began the working day with great enthusiasm but by the end of the day were drained and frustrated;

- They were concerned that the conflicts and negative feelings were affecting the clients;

- They felt flat, powerless and depressed but tried to appear cheerful;

- One member of staff was expressing the anger against other staff who were resistant to change in the Unit and in turn she had become the target for hostility and conflict from those resistant staff members;

- They were the most creative group in making suggestions for improvement and were hopeful for the future of the service.

This group represented the **positive support for the changes**, the 'good' group in the Unit and expressed anger at those who resisted change. I developed the following working hypotheses:

- The group was most in favour of the social model of care and seemed to take on the role of being the idealised 'good object' that had no negativity or resistance to change.

- However, the group could also have taken up this role as a defence against depressive anxiety, which would enable them to deny any destructive impulses and to feel persecuted by the resistant staff members. In this way the group seemed to collude with other groups of staff in the Unit in that they also seemed to be using splitting as a defence against anxiety. For example, from the perspective of this group they saw themselves as the good group compared to the bad resistant groups. However, the resistant group seemed to view this group as being bad because they agreed with the changes and therefore agreed with senior management;

- This group seemed to hold the hope for the future of the service and compared to other groups seemed to be most creative about how they could use a social model of care. As described above, this may have been possible because their destructive impulses were projected into the other negative groups. It may also be the case that the members of this group used the social model of care as a defence against the anxiety evoked by working with clients. Using a social model means viewing clients as being normal and having the potential to develop and have a full life. The care staff encouraged clients to be independent and provided opportunities for growth. However, taking this position could also serve as a defence by enabling staff to deny the limitations and futility of trying to develop clients to their full potential.

- As well as the social model being used as a defence against anxiety it also seemed that the social model provided a source of meaning for these staff. In a similar way to Group 1, the social model of care seemed to be closely connected to the values held by these staff. However, the contrast with Group 1 was that the mood of these staff became extremely positive and enthusiastic when they talked about how they encouraged clients to be independent and that they took up an important role in providing opportunities for the clients to develop. As the proposed changes to a social model of care were in line with the values held by these staff it follows that they positively supported the changes. As mentioned earlier, I will develop this working hypothesis in the next chapter.

6.2.1.4 Small Unit, Group 1

This group consisted of one shift at the Small Unit and included the female Dep UM 1 for all sessions and the UM for the final session. The profile of the group was as follows:

- The group was very calm, wanted to please me and to be the good group;
- The group avoided confronting any conflict within their own group and projected the conflict onto the other group, who worked a different shift;
- They felt that the staff on the other shift were bad and resistant to the changes to a social model of care;
- They expressed support for the changes but had some reservations about how successful the community care houses would be;
- They felt very low and depressed in the group and said that they always tried to stay happy at work;
- They wanted to be angry at the UM for having an authoritarian management style but were protective of him when they found out he had been disciplined;
- They were very thoughtful, creative and worked hard on understanding the current system and in their thinking about suggestions for the future service;
- They took a long time to think about the wording of the report to ensure they did not upset anyone;
- For the final session the presence of the UM evoked anxiety in the group and he was resistant and critical of the changes;
- Despite his negative influence the group were supportive and understanding of the UM and made excuses for his destructive behaviour;
- In the final meeting the group agreed some creative solutions to confronting the problems in the Unit.

This group represented the **positive support for the changes** and were the 'good' group that avoided any confrontation or conflict. The response of this group was similar to that of Large Unit, Group 3 and therefore the evidence from this group builds on the working

hypotheses I presented for Large Unit, Group 3 (see p160). However, whereas Large Unit, Group 3 did not have a UM or Dep UM in any session, for Small Unit, Group 1 the Dep UM was present throughout and the UM joined the group for the final session. The presence of the UM had an impact on the group dynamic and this is explored further in the discussion of the relationship between care staff and UMs (see p176). In terms of the profile of the group I developed the following further working hypotheses:

- In the first two sessions when the UM was not present the group denied there was any conflict between people on their own shift and said that the conflicts were with the UM and between themselves and people on the other shift. This was evidence that they seemed to be using splitting as a defence against anxiety in that they seemed to be projecting their own destructive impulses onto others rather than face any confrontation or conflict on their own shift. It seemed that this group used splitting as a defence against depressive anxiety, which enabled them to feel persecuted and victimised by the UM and the destructive behaviour of people on the other shift;

- When the UM joined the third session the group avoided confronting the UM, who they had previously described as resistant to the changes and authoritarian. They worked hard with him to find a compromise agreement to address the conflict in the Unit. The group left it to me to give feedback to the UM about his style of leadership. He was angry about the feedback and attempted to displace the blame onto the senior management. As mentioned above the relationship between care staff and the UM in the Small Unit is explored in more detail later in this chapter (see p176).

6.2.1.5 Small Unit, Group 2

This group consisted of the other shift at the Small Unit and included the male Dep UM 2 for all sessions. The profile of the group was as follows:

- They were very inhibited and dependent; they looked to the Dep UM 2 to set the agenda for what they should discuss;

- They denied there were any problems in the service they delivered and focused the discussion on the tasks they performed for clients;

- They expressed fear of losing their jobs because of the changes;

- At times they were angry and targeted senior management; at one point they wanted to start a rebellion;

- They said very little about the UM or Dep UM 2 and rarely mentioned the other shift;

- They tried to seduce me to join them as a group member and to fight the senior management on their behalf;

- They were suspicious about my role and thought that the room was bugged so that senior management could hear the discussion;

- In the final session when I mentioned the conflicts between shifts they denied this and said it was a conflict between two individuals on the other shift;

- I felt suspicious of this group in that I sensed they were holding information from me and may not have been telling the truth about the conflict on the other shift. The working hypothesis I developed was that this was countertransference as my feelings about the group seemed to mirror their mistrust of others;

- They wanted a more consistent approach to care in the Unit, but thought it would not happen.

This group represented the **negative response and non-participation as resistance to the changes.** They oscillated between at one time feeling mistrust, hostility and rebelliousness and at other times feeling inhibited, dependent and powerless to act. I developed the following working hypotheses:

- The mistrust of my role as consultant was transference of their mistrust of senior management and the proposed changes. There was further evidence of this in my countertransference feelings in that at times I felt suspicious of what the group was telling me;

- They expressed that there was an authoritarian management style on their shift, which meant they were dependent on management and at times felt controlled and inhibited. This behaviour was also acted out during the discussions in that they seemed dependent on the Dep UM2 and on me as the consultant to the group;

- I sensed that the underlying feeling in the group was anger and frustration at being controlled to the point of wanting to rebel, however, they seemed too inhibited and impotent to take action;

- The main target for their hostility was senior management. The Dep UM2 also encouraged the group to displace their anger onto senior management rather than the UM or himself and this point will be explored further later in this chapter in the discussion of the relationship between care staff and UMs (see p176). However, this evidence indicated that this group used splitting as a defence against depressive anxiety, which enabled them to feel persecuted and victimised by the senior management;

- In contrast to Small Unit, Group 1, they denied that there was any conflict between the two shifts and said that the conflict in the Unit was a disagreement between two members of staff in the other group. It seemed that each of the two groups had a completely different perception of the source of conflict in the Unit. However, in both cases the group members blamed a group external to their own as being the source of conflict, which indicates basic assumption fight/flight in that they were projecting their own destructive impulses onto others rather than face any confrontation or conflict in their own group;

- Their participation in the consultancy process was limited, which indicated that their response to change would be to resist through non-participation. As the group behaviour oscillated from basic assumption fight/flight to inhibited basic assumption dependency it was difficult to identify a source of their resistance. They seemed to be against the change to a social model of care but did not clarify what aspect they were opposed to. However, the low level analysis provided evidence to indicate that fear of job loss was a source of resistance and in particular the Dep UM2 represented the resistance to non-nursing staff being UMs, which is discussed in more detail later (see p167).

6.2.1.6 Senior Management

From my discussions with the Area Manager and Adult Service Manager I developed the following profile of the senior management group:

- They were imposing the changes on the service and were anxious about it being successful;

- They said they did not fear losing their jobs but wanted the project to succeed so it would further their careers;

- They put the responsibility for winning the competitive tendering process on the changes that staff had to make;

- They said they had developed an autocratic management style and instigated many disciplinary actions;

- They had a negative view of staff and underestimated their abilities;

- They gave confusing presentations and communications to staff and blamed the Unions for the lack of two way communication;

- They were aware of the hostility that staff had towards them and expressed some fear of attack;

- They were intolerant of weakness and vulnerability;

- They were not fully committed to consultation with staff and admitted paying lip service to the process;

- They agreed to implement my suggested outcome from the consultation project to create a working group that represented all staff groups. However, they used the group for communication purposes alone and did not involve the group in developing the model of care, which was my suggestion;

- They did not ask me to return to explore the impact of the whole consultation process. I was told that this was because they had managed to avoid going to a competitive tendering process, but it also indicated a lack of willingness to engage in a genuine review and evaluation of the service.

The senior management group represented what I have labelled as the **'sycophant' response to the change,** which was acted out by imposing change in an autocratic way. The working hypotheses I developed were as follows:

- The seemed to have a lack of commitment about the consultation, which seemed to indicate that they did not want to hear what the staff thought about the change or to understand the sources of resistance;

- They seemed to consider any comments in opposition to the changes to be resistance and did not appear to listen to the genuine concerns of staff;

- They seemed anxious about having contact with the staff to the extent that they said they feared physical attack from staff;

- They seemed to want to impose the change and find a way to overcome the resistance, which seemed to indicate that this behaviour was a defence mechanism against the anxiety about the change programme being implemented successfully;

- A source of their anxiety seemed to be that if they did not win the competitive tender it could jeopardise their career progression.

In the next section I present the contextual analysis of the overall evidence from the project.

6.2.2 Overall Evidence

The aim of the overall analysis was:

> **to identify the sources of resistance to change in the case study and to use the findings to explore and build on the guiding theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.**

The overall evidence includes data selected from the project as a whole, i.e. comments from each group of participants and my field notes on behaviour. My analysis of the overall evidence further develops the working hypotheses for each group by analysing the dynamics between groups in the whole system as well as identifying and understanding sources of resistance to change.

The overall data provided examples of both verbal and behavioural evidence of anxiety and defences against anxiety. The evidence described in this section and in the appendices is illustrated by a selection of quotes, which include both staff comments and my field notes. For staff comment quotes I have added a label to indicate the group number, Unit and phase of the project. Comments from my field notes are labelled 'my notes on' and I have indicated which group or meeting I was referring to.

The evidence is presented in two sections. Firstly, I present evidence that participants expressed resistance to change either verbally or by their explicit behaviour. Participants also explicitly identified a source of resistance to be fear of job loss, which indicates that some people were consciously aware of a particular source of resistance to change. In this section I will inevitably present more quotes from certain groups because those groups were more resistant than others, i.e. Group 1, Large Unit.

Secondly, I will present evidence of unconscious sources of resistance and also explore and build on the guiding theory that at an unconscious level a source of resistance is that the social system is used as a defence against anxiety. This second section is divided into three parts to explore and build on the guiding theories of Jacques (see p97), Menzies (see p100) and Miller & Gwynne (see p105).

6.2.2.1 Expressed Resistance: Fear of Job Loss as a Source of Resistance to Change

Staff expressed their resistance to the proposed changes by the comments they made and the way they behaved during the group discussions. They stated that the source of their resistance to the proposed changes was the fear of losing their jobs. The evidence used to develop this finding is presented in Appendix E (see 338) and can be summarised as follows:

- Staff expressed that a source of resistance to change was that people feared losing their jobs;

  "The group had a fear of losing their jobs. They were scared that the care assistants would not transfer to the new service with the clients. ... The group said, 'They are keeping numbers of trained staff down. We have to do as we're told or we will lose our jobs'." (My notes on Group 1, Large Unit, Phase 1.)

- Staff expressed that they were frightened of making mistakes in case this justified them not moving to the new service and therefore losing their jobs;

- Staff stated that they did not want to admit they were stressed and take time off sick in case it went against them moving to the new service;

- Night staff expressed that they were resistant to change, felt isolated, feared they would lose their jobs, and disagreed with the move to a social model of care;

- Senior management said that the changes would have the most impact on the role of night staff and would change the working patterns they were used to;

- The other staff who expressed a fear of losing their jobs or a change of role were office staff, cooks and cleaners;

- The fears about job loss seemed to be reinforced by senior management who threatened staff with job loss if they did not change;

- UMs expressed fear of job loss because with social services as purchaser the UMs did not have to be trained nurses;

- Staff perceived that senior management feared job loss, although senior management told me they were more concerned about promotion.

In this section, and in Appendix E (see p338), I have presented many examples to illustrate that staff expressed resistance to change and stated that a source of resistance was the fear of job loss. This indicates that people were to some extent consciously aware of their resistant behaviour and at a conscious level of mind they explained one source of resistance to be the fear of job loss. This finding is in line with the theories about resistance to change that have been put forward in Organisational Behaviour, as outlined in Chapter Three (see p86). However, there was also evidence that sometimes people were not consciously aware that their behaviour was resistant and evidence that there were also unconscious sources of their resistance. In the next section I will describe in more detail evidence of the unconscious processes that were operating in the organisation. However, to give some examples:

- Staff denied that there would be any change or that improvements to the service were needed and gave strong justification for remaining with the status quo. For example, Large Unit, Group 1 were angry with me because they thought I would not present a positive view of the unit to senior management, but at other times expressed that the Large Unit was a difficult place to work in;

- Staff were uncomfortable discussing the future state of the service and this was demonstrated by being late, leaving the room and focusing on current role and physical needs of clients as a way of avoiding discussion of the future role (particularly Large Unit, Group 1);

- The UM of the Large Unit (Group 2) wanted to focus the discussion on finding solutions, which can be seen as a way of avoiding understanding the underlying

issues of the current situation and as a means of sabotaging the consultation process;

Staff also expressed that they felt a fear of uncertainty, a feeling of powerlessness and that they were stressed. Linked to this last point, further evidence that unconscious processes were a source of emotions and behaviour was provided in a quote from my field notes about the response of one group when I explored a working hypothesis I had developed about their experience of the change:

> "I reflected to the group that they may be experiencing fear and uncertainty which could lead to anger and to feeling powerless. I also talked about the tendency for staff to deny that anything could happen whereas the reality is that they are facing changes. I mentioned how the anger could be directed at senior management. The group agreed with this and one member of the group said, 'we're looking for somebody to blame'." (Group 1, Large Unit, Phase 1.)

This group had expressed intense anger about the changes, which would be understandable if they were really facing job loss. However, the quote reveals the unconscious processes of denial and displacement of anger, which indicate that staff were using these mechanisms to defend against the anxiety evoked by the proposed changes. I would argue that the conscious awareness of fear of job loss as a source of resistance does not go far enough to explain such intense anxiety, extreme emotion and the use of unconscious defence mechanisms. In the next section I present evidence of sources of resistance to change that are at an unconscious level of mind and explore and build on the guiding theory that a psychological source of resistance to change is that the social system is used as a defence against anxiety.

6.2.2.2 *Unconscious Sources of Resistance: The Social System as a Defence Against Anxiety*

In the previous section I presented evidence that staff were consciously aware of their resistant behaviour and that an expressed source of resistance to change was a fear of job loss. I also argued that an explanation only at this conscious level of mind does not go far enough to explain the intense anxiety and emotions that the proposed changes evoked in staff. In this section I present evidence of the unconscious sources of resistance and explore and build on the guiding theory that at an unconscious level a source of resistance is that the social system is used as a defence against anxiety and that any proposed change to that social defence system will be resisted.

According to Kleinien theory, when an adult individual is faced with a situation that evokes persecutory anxiety they revert to behaviour of the 'paranoid-schizoid' position and use projective identification and splitting as a defence against anxiety (see Chapter Two, p55). From the evidence presented so far, it seems that staff felt that the proposed changes threatened jobs loss, which I would argue evoked primitive unconscious fears about death and annihilation in some staff; one connection being that job loss would symbolise the end of their existence in the organisation. This theory provides some explanation for the intense anxiety and emotion expressed by staff about the fear of job loss and some of the unconscious processes that were operating in the system, for example denial and displacement of anger. There was also evidence that people in the NHS case study were using the unconscious processes of projective and introjective identification as a defence against anxiety. It may be that the source of these defence mechanisms was that the proposed changes threatened job loss. However, there was evidence that the proposed changes also threatened to change other aspects of the social system, such as authority relationships and the model of care.

This point links to the work of Jaques (see Chapter Three, p97) who argued that projective identification is used by people in organisations as a social mechanism of defence against paranoid anxiety. It follows that any proposed changes to the social system, which could include changes to the authority relationships, would threaten to remove the social defence mechanisms and would therefore be resisted. There was evidence in the NHS case study that projective identification was also used as a social defence mechanism against the anxiety evoked in the authority relationships between people in the organisation and that the proposed changes threatened to change those authority relationships. In the next section I will examine the nature of this aspect of the social defence system in my NHS case study in order to develop and build on Jaques' theory.

Menzies developed Jaques' work further by putting forward that the social defence system could also be used by staff to defend against the anxiety evoked by the nature of the work the staff perform (see Chapter Three, p100). This theory was developed further by Miller & Gwynne (see Chapter Three, p105) who proposed that the model of care was used by staff as a defence against the anxiety evoked when working with clients. Menzies also put forward that the social defence system itself evokes anxiety in staff. Later in this section I will use the findings of my NHS case study to explore and build on Menzies and Miller & Gwynnes' theories.

In summary, the purpose of this section is to explore the complex social defence system that was used by staff in the NHS case study to defend them against anxiety. As mentioned above, I will use the data from my case study to explore the theories of Jacques, Menzies and Miller & Gwynne in turn. As well as exploring this guiding theory I will also develop further the working hypotheses about each group and the dynamics between groups and these will be summarised at the end of the chapter.

6.2.2.2.1 Exploring Jaques' Theory

I used the evidence in the NHS case study to explore and build on the theory put forward by Jaques that an unconscious source of resistance to change is that the social system of projective and introjective identification in the organisational setting is used to defend people against anxiety. In particular, the data in the NHS case study provided an illustration of the dynamics and relationships between groups of people at different levels of the organisation, which gave an indication of the nature of the authority relationships and evidence that any attempt to change the authority relationships was resisted.

The findings of the low level analysis were that the highest percentage of comments made by all groups of staff were about authority relationships, which indicates that staff had a preoccupation with authority relationships. The contextual level analysis presented in this section gives a detailed account of the authority relationships and indicates that there was projective and introjective identification between people in authority relationships and between groups of staff in the system. This analysis builds up a picture of the overall social defence system that was used by people as a defence against anxiety in the organisation. This section is divided into two parts. In the first I examine the relationships between staff and senior management and in the second I explore the relationships between staff and Unit Managers.

6.2.2.2.1.1 Relationships Between Staff and Senior Management

My analysis of the interrelationship between care assistant staff and senior management provided evidence of the unconscious process of projective identification. The working hypothesis I developed was that care staff projected their bad impulses onto senior management and perceived them to be critical, unsupportive and unavailable. In return senior management introjected and identified with these projections from staff and behaved in a critical, unsupportive and unavailable way towards care staff, thus reinforcing the projective system. It seemed that care staff and management colluded in reinforcing this position as if the senior management were critical and destructive parents,

withholding love and support. From the other side of this relationship it seemed that this aspect of the social system was used by care staff as a defence against the anxiety, for example the anxiety that was evoked due to the uncertainty about their future existence in the organisation. By this I mean that staff seemed to engage in the unconscious process of splitting, which enabled staff to feel good about themselves by making the senior management the bad object. This process enabled group cohesion between care staff as this position served to defend staff against depressive anxiety. This means that they acted in ways to seek contempt and suffering, which alleviated unconscious guilt and enabled them to hate the persecuting senior management. As a result they were able to deny their own destructive impulses by idealising their own group, thus creating group cohesion.

The detailed evidence used to develop this working hypothesis is presented in Appendix F (see p344) and can be summarised as follows:

- Hostility towards senior management was expressed in the actual words spoken by care staff:

  "We are angry because management say that we do not care. We get no response from management, no support and no recognition for what we already do. We never see management; they should come down and do the work, they should listen to us." (Group 1, Large Unit, Phase 1.)

- There was negative transference from staff towards me as consultant, which indicated the intense hostility they felt towards senior management. To give an example:

  "During a discussion about community care houses, one group member turned on me saying 'People don't want them [the clients] next door. I wouldn't. Would you?' I did not answer directly but reflected back that she was saying the public don't want them in some areas. The group member became more hostile and forceful. She repeated to me 'would **you** want them next door? – **you** haven't answered my question'." (My notes on Group 1, Large Unit, Phase 1.)

The group member expressed intense anger towards me personally during this exchange. The reason I interpreted this as the unconscious process of negative transference was that this was the first meeting and I had not behaved in any way to provoke such an intensely angry and hostile reaction. My interpretation was that the group member was expressing anger on behalf of the group and that the group was angry and frustrated with senior management because they were perceived as enforcing change and were not available to answer questions. The emotions towards senior management were transferred to me because I represented senior

management for the group, who were not available to hear the anger or to answer questions. There was also evidence of similar negative transference towards group members who attempted to take up a position of authority during the discussion.

- The words expressed by senior management indicated that they were aware of the hostility towards them;

  "The Area Manager mentioned that he and the Adult Services Manager could be considered as egotistical by staff - they had been pushing through changes and there had been improvements. The Area Manager had dismissed people and taken disciplinary measures - so felt he was not too popular. He felt he was hated by staff and said that he was criticised by parents and staff. He even said he chose not to live in the area because he would probably be lynched." (My notes on meeting with Area Mgr.)

- Senior management expressed how their behaviour had changed from being facilitative to directive, which indicated the process of introjective identification. This means that senior management had introjected and identified with the negative projections from care staff of being autocratic and imposing change, which resulted in senior management acting out the negative projections by behaving in an autocratic, directive manner.

- The different perceptions of a Union meeting indicated how care staff and senior management colluded to maintain projective identification as a defence mechanism. For example, staff maintained their negative view of senior management saying that they behaved in a rude manner and were unavailable for questions at the end of the presentation. This last point provides further evidence of my interpretation of negative transference towards me that I quoted above. Senior management quoted the same meeting as evidence that they were providing an opportunity for two-way communication, but said the Unions representatives had inhibited staff from speaking, which maintained the view of staff as being helpless victims.

- The words expressed by care staff and the negative transference to me as consultant indicated how they acted in ways to seek contempt and suffering by taking a victim position in relation to the senior management, who they then perceived as persecuting. Rather than take up the opportunity to engage in the change process through the consultation staff took up a victim position:

"This consultation process is a waste of time, no one will listen; it isn't how we thought it would be; senior management are getting a consultant in so that they can then say 'we've given you an opportunity to voice your concerns but we're not going to take any notice of that'." (Group 2, Large Unit, Phase 2.)

- Senior management colluded with the victim position taken by staff by not genuinely engaging staff in the consultation process:

"The Area Manager said 'staff will feel they are involved in the process' he then laughed and said 'even if we don't take any notice of what they have to say'." (My notes on meeting with Area Mgr.)

- I felt pressure from staff when they directly asked me to save them from their situation:

"The group asked me: 'are you going to put down a ladder for us?'" (My notes on Group 2, Large Unit, Phase 1.)

I interpreted such comments as transference to me as consultant, which indicated the dependency relationship they had with senior management in that they really wanted senior management to save them:

- There was a collusive relationship in that senior management infantilised staff and staff took a subservient position:

"We are puppets – they say 'jump' – we say 'how high?' We have to ask permission – like a school girl." (Group 2, Small Unit, Phase 1.)

- All of the groups oscillated between basic assumption dependency and basic assumption fight/flight, which indicated that this was how they behaved in relation to senior management.

- Analysis of my countertransference feelings indicated the depressed mood of the staff in that at times I was feeling confused, ignored and powerless. For example, during the break at the first meeting with Group 1, Large Unit I wrote down my experience as follows:

"The group was very angry ... Sometimes many people were talking at once; it was very difficult to follow. Confusion, misunderstanding, not listening – anger, frustration, chaos, manic. Talking across [the group] at each other; not at me. I was ignored ... They had no respect for each other or me ... They didn't do the task and were controlling or suspicious. They didn't want to put down how they felt on paper. I was feeling powerless to intervene ... I felt depressed."

I went through a process of analysing the countertransference in terms of what were my own feelings and what I was picking up as the feelings of the group. There was an element to my depressed mood that was my own feelings of not being able to engage with this group and that they would not do the task I had asked them. I also believed that my feelings mirrored the staff's experience of being in their role in the organisation. My interpretation was that they felt depressed, powerless, confused, had no respect for senior management or each other, and felt in return they were not respected. When I explored this with the group they confirmed that they felt depressed and powerless.

- Care staff admitted they were blaming senior management because they experienced fear and uncertainty about the changes.

- Senior management admitted they could not tolerate the neediness, failure and weakness of care staff and said that their role was to clear out any staff who were inadequate. Evidence from an interaction I had with the Area Manager illustrated that he found it difficult to tolerate his own weakness or need for help as he became extremely angry with me for offering consultancy support for him. The working hypothesis I developed was that senior management were projecting their own feelings of inadequacy onto care staff and their desire was to expel care staff, which would at the same time expel the negative feelings of inadequacy from the system. It seems that this reinforced the projective identification in the system because there was evidence that care staff were introjecting and identifying with the projections of inadequacy from senior management.

In summary, there seemed to be a complex relationship between care staff and senior management that involved the unconscious process of projective identification. On one side the care staff seemed to be projecting their bad impulses onto senior management who then introjected and identified with these projections from staff. The senior management took up a position of being the bad object and reinforced the perception by behaving in a critical, unsupportive and unavailable way towards care staff. This process also enabled group cohesion between care staff, which served to defend staff against depressive anxiety. On the other side, senior management seemed to project their feelings of inadequacy onto care staff, which was introjected and identified with by staff. Care staff took up a position of being subservient victims, which served to reinforce their negative perception of the persecuting senior management.

The evidence presented above indicates that a social defence mechanism used in the system was the unconscious process of projective identification. This unconscious process seemed to serve both senior management and care staff as a defence against persecutory and depressive anxiety and this may explain why the projective identification was maintained. The evidence builds on the theory that people were using the social system as a defence against anxiety and, as Jacques proposed, it follows that any attempt to change this social system would be resisted.

The proposed changes did threaten to change the relationship between management and care staff in a way that would take away the opportunity for them to engage in projective identification of this nature. It seemed that care staff were used to being in a dependency relationship with management, just as clients were used to being dependent on care staff. The proposed changes would require care staff to take up more authority in their role, for example administering drugs, and this mirrored the proposed change to a social model of care, which required staff to encourage clients to have more autonomy. This last point indicates that the proposed changes threatened to change other aspects of the social system that were being used by staff as a defence against anxiety, such as the model of care. I will explore these other aspects of the social defence system in the sections where I explore Menzies and Miller & Gwynne's theories.

In summary, the evidence in this section indicates that projective identification between care staff and senior management was one aspect of the social defence system. The proposed changes seemed to evoke intense emotions and anxiety among staff and management, which seemed to reinforce the use of projective identification as a defence against anxiety. In this way the use of projective identification in the social system can be seen as a source of resistance to change. In the next section I will explore the relationship between care staff and UMs.

6.2.2.2.1.2 Relationships with Unit Managers

The evidence presented in the previous section indicates that in this NHS case study the senior management were the main target for negative projections in the unconscious process of projective identification. This finding seems to be in contrast to Jacques' case study of a ship where the crew projected their bad impulses onto the first officer, which enabled them to idealise the Captain (see p97). However, I present in this section evidence that in certain circumstances UMs were the target for negative feelings, which at times protected senior management from the hostility of staff. In this way the NHS case

study had similarities to Jacques' findings in the Glacier Metal Company (see p97). Jacques outlines in that study how employees projected bad impulses onto the managers when they were in the role of negotiators but idealised the same managers when they were in a role of working alongside employees. I found a similar dynamic in the relationship between care staff and Unit Managers, which I describe in this section.

In the NHS case study the care staffs' perception of the UMs changed depending on what role they took up in the organisation, in a similar way to the management of the Glacier Metal Company. In different situations the care staff seemed to split the role of the UM into two parts either perceiving the UM as being in the role of 'management' or the role of 'carer'. The way in which care staff related differently to each part of the UMs role is described below.

Management Role: When staff related to the part of the UMs' role that represented 'management' the UMs became a target for hostility and a generalised attack on management. However, the UMs did not appear to contain or understand the hostility but displaced it onto senior management, onto me in my role as consultant and at times also deflected it back onto staff. This enabled UMs to feel they were scapegoats or victims of senior management, which can serve as a defence against depressive anxiety. The evidence for this finding is presented in Appendix G (see p354) and can be summarised as follows:

- Evidence given by the UM of the Large Unit indicated that when UMs took up their management role in the Units, they were the targets for staff's hostility and used as scapegoats, which protected senior management from the hostility staff had for people in positions of authority:

  "I am sandwiched between senior management and the staff ... Everything is passed up the line to me. The Area Mgr is not supportive and pushes down ... The problem is even if I don't agree with decisions made by senior mgt the staff still think it is my decision." (UM, Large Unit, Group 2.)

  The UM reported that she communicated messages from senior management and the staff put their anger onto her rather than senior management, which indicates that the UM's acted as a barrier to enable senior management to avoid receiving hostility from staff. This displacement of anger seemed to be encouraged by senior management and may have been because they had an idea how much anxiety and hostility towards management there was in the Units. It seemed that the role of the

UM, Large Unit was to be a scapegoat and when I explored this with care staff in Group 2 they agreed.

- There was evidence that the UM's displaced the hostility onto senior management and to me in my role as consultant, rather than containing and understanding the angry feelings that staff had. For example the UM, Large Unit was negative about the consultancy process, attempted to sabotage the process and was hostile towards senior management. She seemed unable to contain the negative feelings of staff and took a victim position:

  "I feel depressed – I can't cope, I either bursts into tears or blow up in anger ... I need support." (UM, Large Unit, Group 2.)

- The UM, Large Unit also seemed to project her feelings of lack of support from senior management onto staff by threatening to put them into situations in which they would feel threatened, for example working with violent clients, and not giving any support to them. The UM introduced these threats during Phase 2, which were source of intense arguments between staff and the UM. The impact was that the arguments sabotaged the group discussion about the future of the service. Evidence from Group 3, Large Unit also indicated that the UM instigated conflict situations between groups of staff within the Large Unit, which may have been a way of deflecting hostility onto other groups and away from her. She did not attend Phase 3 group discussion and gave as her reason to the Area Mgr that:

  "the consultancy process was ... just an opportunity for staff to attack management and that she didn't want to go and face that". (My notes of discussion with Area Mgr Phase 3.)

  This quote illustrates that the UM attempted to avoid situations where she was in the role of management, which attracted negative feelings from staff. The Area Mgr responded to the UM by saying that:

  "she may have to make a career choice - does she want to be a nurse or does she want to be a manager because the two roles are separate?" (My notes of discussion with Area Mgr Phase 3.)

  This last point illustrates how the UM was being used, and set herself up, as a scapegoat. The threat from the Area Mgr was that if the UM was not able to cope with the pressure that management had to bear of being attacked by care staff then she should think of changing her job. The final comment also indicates how senior management encouraged UM's to take

the role of management, which would serve to protect senior management from the hostility expressed towards management.

- For all three phases of the project Group 1, Large Unit did not have a UM present in the group discussions. The result was that UMs were included as being part of management and subjected to a generalised attack on 'management':

  "We have a lack of confidence in management at all levels in the hierarchy. There is no support or back-up." (Group 1, Large Unit, Phase 1.)

  Group 1, Large Unit made specific reference to how the UM's role is seen as having two parts, i.e. nurse and manager, and that she received more hostility about the management part of the role, for example:

  "The UM is not hands on any more. It shows that when you qualify you just become a pen pusher." (Group 1, Large Unit, Phase 1.)

  However, when it came to the stage in the process when the UM would hear their views, staff in Group 1, Large Unit amended the report to focus the hostility on senior management.

  Group 3, Large Unit also did not have the UM present throughout the process and there were very few comments directly about senior management, but there were general comments about management and a preoccupation with the UM. For example:

  "We're picked on by the UM – we have to watch our backs. Staff have lost faith in management. We feel like schoolchildren a lot of the time. There are too many bosses not enough staff." (Group 3, Large Unit, Phase 1.)

Carer Role: Care staff ceased displacing their hostility towards management onto UMs when UMs were seen to take up the part of their role that represented the 'carer' and staff included UMs in their own cohesive group, i.e. as 'one of us'. This seemed to occur when the UMs were present in the group discussion, when it was realised that UMs would hear the staff comments, and when the UM was seen as a victim of management. In the same way as staff, UMs acted in ways to seek contempt and suffering which alleviated unconscious guilt and enabled them to hate the persecuting senior management. They were then able to deny their own destructive impulses and idealise their own group as that

of 'carers'. The evidence for this finding is presented in Appendix G (see p354) and can be summarised as follows:

- When the UM, Large Unit was present in Group 2 during Phase 1 and 2 the focus of attack was on senior management. The care staff seemed to be inhibited from directly challenging the UM as a representative of management, which may be through fear of repercussion, but seemed also to be due to the UM displaced the hostility towards management onto senior management. There was also evidence that the Deputy UMs in the Small Unit, who were present for all phases of the project, displaced the hostility towards management onto the senior management.

- When, after the first phase, staff in the Small Unit received new information that the UM was undergoing a disciplinary action they asked for comments about the UM to be removed and directed their hostility to senior management. The evidence is presented in Appendix G (see p354), but to give an example, in the review stage of Phase 2 Group 2, Small Unit made it clear that any negative references to management should be directed at senior management:

  "We would like to change that to say it is senior management who are controlling, not letting us having authority rather than Unit management." (Group 2, Small Unit, Phase 2.)

  This final quote seemed to be the result of the group finding out in Phase 2 that the UM had been disciplined by senior management.

The evidence presented above builds on the theory proposed by Jacques that the role of manager is sometimes split into two parts by staff. In the NHS case study the parts were 'manager', which received hostility from care staff, and 'carer', which enabled UMs to be seen as belonging to the same good, cohesive carers' group. This evidence indicates the complexity of the social defence system in the NHS case study and builds on the theory that the social system was used by senior management, unit managers and care staff as a defence against anxiety. It seemed that the social defence mechanism had been that the UM's deflected the hostility meant for the management part of their role towards senior management and this enabled them to take up a carer role along with care staff. This would have resulted in care staff splitting off their positive feelings onto the UM and negative feelings onto the senior management.

However, the proposed changes threatened to also change this social defence system, which can therefore be seen as a source of resistance. Part of the change to the service was that the UMs would delegate some of their caring duties to care staff, in particular administering drugs. This would mean that UMs would be left with more management responsibilities and less caring responsibilities. The evidence above illustrates that UMs were reluctant to take up a management role because it attracted hostility from staff. There was also evidence that UMs resisted delegating authority to care staff. For example, the UM, Large Unit gave confusing communications to staff about the proposed change to the care assistants' role, which would mean that she would have to delegate her own responsibility of administering drugs. She delayed the change being implemented by giving confusing messages about whether the change was voluntary or compulsory. Such delay tactics can be seen as an example of resistance to change by sabotaging the implementation of that change. On the surface it seemed that the source of the resistance was that she was protecting her own job security. However, the change also had an impact on the authority relationship between UMs and care staff in that the UM would be taking more of a management role. This part of the role seemed to evoke anxiety in the UM about the hostility she would attract from care staff. As the change would also mean she would have less caring responsibilities there was a direct threat to the social defence mechanism that she had used in the past, which entailed displacing the hostility towards management onto senior management and taking up a victim or caring role.

The change to the UM's role was because the purchaser was changing from the health authority to social services, which also meant that the UM did not have to be a trained nurse. There was evidence that the UM also tried to sabotage the proposed change by telling care staff that the purchaser would still be the health authority, which had the impact of confusing staff. It seemed that, although the UM was reluctant to take up the management role, she appeared to be threatened by anyone else who might take up that role. The working hypothesis I developed was that in part the UM's sabotage seemed to be based on envious spoiling of the consultation process and the change process. The UM may have felt threatened because the Unit now had some very bright staff, who supported the changes, wanted to learn and to be promoted. It may have been that she was blocking this because of the threat that they may take over her role, for example it was reported that she did not delegate work to them.

In the Small Unit there was evidence that the Deputy UM and care staff expressed a desire for trained nurses to remain in the role of UM. This may have been due to guilt

experienced by care staff when they heard that the UM had been disciplined. This evidence builds on the theory that the social system can be a source of resistance to change because it is used as a defence against anxiety. The evidence for the Small Unit is presented in Appendix G (see p354) and can be summarised as follows:

- Care staff said they needed supervision from trained nurses and did not want to take on full responsibility;

- Deputy UM 2 reinforced the essential role of trained nurses by emphasising the process for care staff administering drugs:

  "Don't just say that night staff administer drugs; you have to say that the trained nurse gets the drugs together and clearly marks them up for the night staff." (Dep UM 2, Group 2, Small Unit, Phase 2.)

- Care staff played down their own abilities to reinforce the need for trained nurses.

In summary, the evidence in this section indicates that the splitting of the UMs' role into 'manager' and 'carer' was one aspect of the social defence system. The proposed changes to the role of the UM threatened to change that aspect of the social defence system and seemed to evoke intense emotions and anxiety among UMs, Dep UMs and care staff. In particular, this change appeared to be a major source of the saboteur behaviour demonstrated by the UM in the Large Unit. In this way the splitting of the UMs' role into parts can be seen as part of the social defence system and therefore a source of resistance to change.

There was evidence that staff used other aspects of the social system as a defence mechanism and that these aspects were also under direct threat. In the next two sections I explore these aspects of the social defence system by exploring the theories of Menzies and Miller & Gwynne.

6.2.2.2.2 Exploring Menzies' Theory

Menzies focused on the anxiety evoked in the nursing staff through their daily contact with patients and relatives. The parallel in my NHS case study is that the care staff had daily contact with clients who have learning disabilities and also had some contact with their parents. The care staff were confronted with the threat and reality of suffering and death in the same ways as the nurses in Menzies' study. In addition, the clients in my NHS case study have learning disabilities and can be described as being 'socially dead', to

use Miller and Gwynne's expression (see p105). This is an additional aspect of the clients' condition that the care staff have to face every day.

In this section I present evidence about the aspects of the social system in the residential home that care staff used as a defence against the anxiety evoked by their contact with clients and parents. I will do this by referring to the socially structured defence mechanisms that Menzies described were employed by the nursing staff in her research conducted in 1955 and examine whether there is evidence of similar types of defences being used in my more recent NHS case study.

6.2.2.2.2.1 Splitting up the nurse-client relationship

In contrast to the situation described by Menzies, my NHS case study did not provide evidence of the work-load being broken into tasks with each task being performed by one staff members for a large number of patients. In my study the care staff described close relationships with clients and that a 'key-worker' was assigned to each client. This meant that each client had the same group of staff caring for them on a day-to-day basis and there was a greater opportunity for staff to have closer contact with clients in each of the Units. For example in the Large Unit each Flat had approximately 10-12 clients with 3-4 staff on duty in each Flat at one time. In the Small Unit all the staff had contact with all of the clients but the rotation of staff was based on a shift system.

However, there was evidence that some staff did not want the relationships with clients to be any closer. The proposed changes would mean moving to smaller community care houses where there would be scope for even closer contact with clients and most of the care staff were against such a change. The most resistant group of staff denied that there would be closer one-to-one contact with clients, which indicates that they used denial as a defence against the anxiety evoked by the prospect of closer working with clients:

> "If the clients are moved to smaller community homes then we will have to do more time. They really need a one-to-one staff client relationship, but it will never happen." (Group 1, Large Unit, Phase 1.)

> "In a smaller community home with less staff the clients would not do anything. If you were to leave clients alone they would just sit in a wheelchair or bed." (Group 1, Large Unit, Phase 1.)

This resistant group also demonstrated how staff used the health model of care to avoid close working with clients. For example, there was evidence that staff made excuses and avoided doing tasks that were in line with the social model of care. The social model tasks

would involve staff helping clients reach their full potential, which would mean closer contact with clients:

> "Staff resources are limited; if we spend more time with a client developing them to their full potential then there is less time to spend with other clients, e.g. they have to be supervised if they are doing tasks for themselves and it takes longer because they are slow." (Group 1, Large Unit, Phase 1.) .

I would argue that one aspect of the social defence system was that some care staff used the health model of care to defend themselves against the anxiety aroused by close relationship with clients. I will present more evidence of how the models of care were used as a defence against anxiety later in this section when I examine the different responses to the health and social model of care in more detail.

6.2.2.2.2.2 *Depersonalisation, categorization and denial of the significance of the individual*

There was evidence in my NHS case study that many staff denied the individuality of the client and spoke against the idea that clients varied in terms of their needs and abilities. In particular, they expressed opposition to writing 'care plans' for each client. The care plans were part of the move to a social model of care and were used to evaluate each individual client to work out their specific needs. The care plans were, therefore, a symbol that client's were individuals with differing needs. With the health model of care only the keyworker would have close contact with an individual client. However, the recent introduction of care plans meant that each staff member would be encouraged to treat each client as having different individual needs. The idea was that anyone could pick up and follow the plan rather than just the keyworker. Staff had a clear understanding of how the care plans fitted into their new role:

> "Our new role will be to: ensure the care plans are followed; help the UM to produce the care plans; ensure the plan follows a progression for clients." (Group 1, Large Unit, Phase 1.)

Some staff agreed with the use of care plans:

> "Care plans are good because any member of staff can look at the plans then you get a consistency of care." (Group 2, Large Unit, Phase 1.)

However, there was dissent and some care staff disagreed with the use of care plans:

> "Filling in care plans is a waste of time. It is taking time away from working with the client." (Group 1, Large Unit, Phase 1.)

The care plans also represented a way of staff being assessed in terms of how well they were able to develop the clients. There was some anxiety about being assessed in this way, which may also have been a reflection of the anxiety they felt as they approached the competitive tendering process, which was an example of the whole service being assessed. Staff expressed a fear of being punished for not developing the clients and some blamed the clients for not being capable of development, for example:

> "We are assessed by the progress made on the care plans and staff have to move the client on. We get penalised if the clients don't improve and sometimes we know the client is not able to move on. The plans need to be more realistic and can't be regimented. When a chart is shown to senior management it might indicate that a client is not doing something that they should be able to do, but it is because the client is not capable. It looks like the staff are getting nowhere but the care assistant is trying with them." (Group 1, Large Unit, Phase 1.)

Some members of staff did understand the important purpose of the care plans and saw them as a way of ensuring the survival of the service:

> "When we go for the bid we need to have the evidence documented to show we are doing it. Someone else [i.e. another service provider] may have it all documented and we haven't." (Group 1, Large Unit, Phase 1.)

There was evidence that some staff preferred clients to be dependent on staff and tended to infantalise the clients, i.e. behave towards them as if they were children. This can be seen as another method of depersonalising the clients, for example:

> "Our relationship with the clients is that we are their 'big sister' or parents. We look after their lives and we are running the home." (Group 1, Large Unit, Phase 1.)

> "We care for the clients like they're part of our family." (Group 2, Large Unit, Phase 1.)

> "The management say the current homes are too big but we do not want to split up the families." (Group 1, Large Unit, Phase 1.)

These quotes also indicate that for many care staff the dominant model of the organisation in the mind was as if the organisation was a family. The evidence presented so far indicates how holding such an image of the organisation had an impact on the roles that staff took up and how they related to clients and management. For example, it seemed that care staff expected management to take up a similar caring 'parent' role towards them as that they took with their client 'children'. However, as I presented in the previous section, the care staff complained that they felt infantilised by management as if they were

being treated like children. It seems that a similar parent-child relationship was being acted out between care staff and clients and also between management and care staff.

6.2.2.2.2.3 *Detachment and denial of feelings*

Although there was evidence that some staff used the health model to avoid close contact with clients, other staff expressed that they had built up strong emotional bonds with clients and feared that the proposed changes would mean the loss of close contact with clients:

> "The group expressed concern about losing the emotional bonds that have built up with clients. They were concerned at the possibility of clients being split up and moved to different homes because they would only have contact with half the staff group. Staff members were very sad about that." (Notes of Group 3, Large Unit, Phase 2.)

This finding is in contrast to Menzies' research where nurses were expected to deny the pain of breaking a relationships and practice physical detachment. The emotions expressed by some care staff about loss were very intense:

> "A member of the group said 'we get attached to clients and to other care staff'. The group talked about the death of the clients and the loss of clients – they expressed that they were disturbed by that thought." (Notes of Group 2, Small Unit, Phase 1.)

It can be seen that at a conscious psychological level the care staff were talking about their fears about the loss of the bonds they had developed with clients and other staff. However, the working hypothesis I developed was that the intense, disturbing discussion also aroused anxiety about their own existence within the organisation and their own death. This means that they were at the same time expressing the usually unconscious anxiety about their own death, which I would argue had been aroused by the proposed changes and the potential loss of their jobs.

Staff expressed how the changes had an impact on their feelings towards clients but they seemed to be ambivalent about whether clients might have feelings about the proposed changes. For example, within the same group the staff expressed envy that clients did not have to worry about the changes, but in another instance they implied that clients are affected by the current tensions in the homes:

> "We envy the clients – we do the worrying." (Group 2, Large Unit, Phase 1.)

> "We try not to be negative about the changes, but it's very difficult. We can go home and switch off but the clients can't." (Group 2, Large Unit, Phase 1.)

The ambivalence that staff expressed about whether the clients had feelings or not may have been connected to the ambivalent feelings that care staff had towards clients. I was not presented with any evidence from care staff that they had negative or critical feelings towards clients and they seemed to maintain a positive perception of the clients throughout. I would argue that rather than directly expressing such negative feelings about clients care staff projected these negative feelings onto others, i.e. management, other staff, parents and the GP. I have already presented the evidence of projective identification between care staff and management and I will cover the conflict between groups of staff later in this section. I present below the evidence that care staff projected their negative feelings towards clients onto parents and the GP.

There was evidence from management that some staff behaved in a hostile way towards the real parents of clients and said that they did not care about their children:

> "Some staff resent the parents and have a 'we know best' attitude. The staff are sometimes disrespectful or just ignore the parents." (Area Manager)

I would argue that this could be evidence of care staff projecting the negative feelings they have towards clients onto the parents. By this I mean that care staff sometimes do not care about the clients but rather than expressing that negative feeling they project it onto the parents. As mentioned earlier, the care staff tended to hold a family model of the organisation and many staff saw themselves as adoptive parents:

> "Some clients don't know who their real parents are and see the staff as their parents." (Group 1, Large Unit, Phase 1.)

It seemed that this added some pressure to the role of care staff in that they felt they had to be 'good' caring parents to the clients and it seemed that it was not usual for staff to express any negative feelings about clients, which would explain why the feelings were projected onto others.

Holding a family model of the organisation also seemed to be a source of tension in the relationship between staff and the real parents of the clients. In particular, care staff did not have the same rights as parents to make decisions for the client, for example about moving to community care housing:

> "Staff said that although they feel parental towards the clients, they could only take an advocacy role. Unlike the real parents, staff have no rights to decide whether a client will move to a community care home. When clients don't have parents who are fighting on their behalf staff said they feel useless and powerless." (Notes of Group 1, Large Unit, Phase 2.)

This evidence seemed to indicate that care staff envied the rights of parents to take decisions on behalf of clients. However, in a similar way to Menzies' findings, there was also evidence that staff felt that parents envied the care that staff gave to clients:

> "Parents are jealous that we can look after their children." (Group 2, Large Unit, Phase 1.)

The source of the tension seemed to be competition between care staff and parents to take up a 'good' parental role with clients, which also reinforced the family model of the organisation. There was also evidence that care staff projected their own fears about the changes and about loss and death onto parents. For example, staff talked about the parents' fears about the changes and what would happen to clients when they died.

> "The parents are frightened about the changes and they don't know what is going on. The parents feel frightened and guilty. The parents want to know what is happening and do not know. The parents are petrified – they want to know what will happen to their children if they themselves were to die. They think the staff know more than they are saying; they think we are holding something back." (Group 1, Large Unit, Phase 1.)

> "Parents are very concerned. They are in a panic because there is an assumption that we are closing down." (Group 2, Large Unit, Phase 1.)

I would argue that at a conscious psychological level staff are expressing real fears that parents have. However, I would argue at another level staff could also have been expressing their own unconscious fears about the changes and what would happen to clients if the staff lost their jobs. It seemed that it was so difficult for staff to directly express their negative feelings towards clients or mention their own fears for survival threatened by the proposed changes that they projected these onto the parents.

There was further evidence that staff felt unable to express the disturbing feelings that were evoked by working closely with clients and projected these negative feelings onto the GP:

> "The group had mixed feelings about the GP because he did not like working with clients with learning disabilities. They said he was frightened and disturbed by the clients. Some staff said they would like him changed; some said they don't blame him." (My notes on Group 1, Large Unit, Phase 1.)

The final comment indicated that although some staff had empathy with the GP because he was frightened and disturbed by contact with the clients others complained that the GP should be changed because he felt so disturbed by the clients. This evidence seemed to

indicate that some care staff were projecting their own negative and disturbing feelings about clients onto the GP.

6.2.2.2.2.4 *Decision making, responsibility and authority*

In the hospital setting of Menzies' study the nurses were discouraged from using their initiative or taking up authority in their role. For example, ritual task performance limited decision-making; there was no discrimination between what decisions had to be checked with superiors; there was a split between harsh seniors and irresponsible juniors; roles and responsibilities were unclear; responsibility was delegated to superiors and junior staff carried out low levels tasks.

Although the social system in my NHS case study was different in many respects to the hospital setting of Menzies' study, there was evidence that the care staff were also discouraged from using their initiative or taking up authority in their role. The authority structure of the organisation was extremely hierarchical and care staff reported that they mostly undertook the low level tasks of domestic duties, physical care of clients and some development work with clients. During the group discussions I asked care staff what authority they had in their role they expressed that they had a low level of responsibility and had to check decisions with the UM:

> "We arrange everything for the client and then have to clear it with UM." (Group 1, Large Unit, Phase 1.)

> "What do we have authority to do? Nothing! We have to ask the boss. We have to ask permission – like a school girl." (Group 2, Small Unit, Phase 1.)

Staff stated that the decision-making and administration of drugs was the responsibility of the UMs and Dep UMs. However, the proposed changes would mean that care staff would have responsibility for administering drugs and would have to take more authority in their role. There was evidence from some staff that they would like more authority to make decisions about certain aspects of their role and to be able to administer drugs:

> "The group felt that the care assistants should have more involvement in filling out assessment forms for each client." (My notes on Group 1, Large Unit, Phase 1.)

However, there was also some ambivalence to this and some staff said they were anxious about taking up responsibility because they feared failing:

> "Administering drugs means taking on more responsibility, but there is a fear of failing and doing it wrong. We have inadequate training. The reason they

> are doing this is that trained staff are being phased out. The positive side is that it is a more autonomous role for care staff." (Group 2, Large Unit, Phase 1.)

This final quote indicates the ambivalence care staff had about taking up authority in their role and illustrates the intense anxiety evoked by the proposed changes, for example their fear that they will fail because they are not trained. The evidence presented so far indicates that when such intense anxiety was evoked during discussions about the proposed change, care staff used the social defence system of projective identification and splitting of the UMs role to defend against the anxiety. In this way the social defence system was a source of resistance to change. Care staff were also preoccupied with a family model of the organisation in their discussions, which indicated the resistance to change to another model of the organisation where care staff could take up more authority. I would argue that they took such a defensive position because they were frightened of the negative consequences of taking up responsibility; however, this reinforced the lack of delegated authority in their role and lack of involvement in decision making.

6.2.2.2.2.5 <u>Underestimation of personal development possibilities</u>

In Menzies' study the nurse recruits were idealised for their maturity and responsibility and that this could not be taught. The training focused on technical aspects rather than personal development and there was no individual supervision or small group teaching. In contrast the new care staff in my NHS study did not seem to be idealised in the same way and they expressed that the training was inadequate:

> "A new staff member said that they had a one week induction, which was 'crap', and another course for a week. They said they are going to do an NVQ, but that care staff do not need any background in working with people with learning disabilities, or a nursing or caring qualification. It can be a first job for some people. They said they would like more training to deal with particular situations." (My notes on Group 2, Small Unit, Phase 2.)

Some new staff expressed that they were given little training about the role and tended to learn from staff who had worked a long time in the home. Staff expressed that management underestimated their potential and abilities and I suggested to all groups the idea that they could hold small group sessions to discuss client case studies together so they could learn from each other. Some staff members thought this was a good idea and in Group 1, Large Unit (Phase 2) one person said it would be "an integration of knowledge of each client in each unit and it showed that they were learning from each other". However, others in the same group seemed threatened by this idea and said that it would frighten some of the staff if they heard about what other clients were doing. This

interaction illustrates how the discussion of new ways of working evoked intense anxiety in some staff and in this case the response of those staff seemed to be projection of their own negative feelings about clients onto other staff.

The personal development of staff in their roles was also a significant issue in the proposed change to a social model of care and I will return to discuss this later when I examine the health and social models of care in more detail.

6.2.2.2.2.6 <u>Avoidance of change</u>

In Menzies' study it was found that when a proposed change threatened to change the social system as a defence system the level of anxiety became more open and intense. She also found that people resisted change by unconsciously clinging to existing institutions and ways of working, because the change threatened the existing social defences against deep and intense anxieties. Likewise in my NHS case study I have presented evidence so far to illustrate that the level of anxiety was open and intense during the staff discussions and that the resistance to change included defensive behaviour resulting from unconscious processes. In contrast to the other theories that were introduced in Chapter Three, I would argue that the psychoanalytic theory provides an explanation of these unconscious sources of resistance to change.

In particular, the Social Identity Theory (SIT) put forward in social psychology by Tajfel (1981) presents the phenomenon of 'us and them' between different groups of people. The explanation given is that people simplify the social world by categorising themselves and others into in-groups and out-groups, which is reinforced by a process of emphasising their similarities with their own group and differences from the out-group. I would argue that SIT does not account for the evidence in my NHS case study that the source of the 'us and them' conflict between groups seemed to be the intense anxiety evoked by the proposed changes. SIT does not, therefore, account for possible unconscious sources of emotional behaviour, such as groups of people unconsciously projecting extremely uncomfortable negative feelings onto other groups in the organisation. In addition, staff and management displaced intense anger and hostility onto me in my role as consultant and some people attempted to sabotage my consultation process and SIT does not provide an explanation for this type of behaviour. I would argue that the psychoanalytic theory provides an explanation in that such behaviour was the result of the unconscious processes of displacement and transference. In other words the hostile feelings were really meant

for people in authority, i.e. management, who were seen as imposing change to the organisation and thus imposing change to the social defence system.

The evidence presented so far also illustrates how the resistance to change can be seen as groups of people unconsciously clinging to the existing family model of the organisation and the social defence mechanisms of projective identification between care staff and management and the splitting of the UM's role into 'manager' and 'carer'. There was also evidence that care staff projected their anxiety about the change and the disturbing, negative feelings that were aroused while working with clients onto management, parents, other staff and the GP. It may have been that the intensity of emotions was due to the lack of task based defence mechanisms as a defence against close contact with clients, which is in contrast to Menzies' study.

There was also evidence of various 'us and them' group formations between staff within each Unit. Again, this could be explained by SIT as a process of social categorization to simplify the social world. However, SIT does not explain the intensity of the emotions evoked in the conflict between groups and the destructive nature of the behaviour, for example:

> "There is some back-stabbing going on." (Group 1, Large Unit, Phase 1.)
>
> "There is a split in one of the flats; two people are being very dominating and two other people are being pushed out of the service. It would be a great shame if they were lost." (Group 2, Large Unit, Phase 3.)
>
> "The politics are horrendous. Some pull together, but there's also bickering and bitching." (Group 2, Large Unit, Phase 1.)

Further evidence of the destructive nature of the conflict between groups was that care staff in all groups often expressed the idea that everything would be good if only a certain client was transferred or a staff member was sacked. I would argue that this illustrates the unconscious desire to project all their anxiety and negative feelings into one person and then expel them from the system, which is an example of fight/flight basic assumption group behaviour.

I would argue that, rather than the conscious process of social categorization as outlined in SIT, the conflict between groups was evidence of the unconscious process of splitting, which people used as a defence against the anxiety evoked by the proposed changes. In addition, SIT does not provide an explanation for the evidence presented by staff that they felt the UM in the Large Unit was reinforcing the splits between groups of staff:

> "There is favouritism by the UM for staff in one flat because they have clients who have fits. The other two flats have the 'dregs'; the clients who are volatile. There is a lack of consistency with staff and clients. In the 'favoured' flat it seems like there are no power struggles, but under the surface there are problems between staff." (Group 3, Large Unit, Phase 1.)
>
> "The UM said that she doesn't have time to control these dominant people. The result is power plays and manipulation of new groups of staff." (Group 2, Large Unit, Phase 1.)

I would argue that the UM was avoiding taking up the management part of her role in the Unit and the result was that this reinforced splitting between groups of staff. Staff reported that before becoming manager of the Unit the UM worked as a carer in the flat that had clients who had fits. It seems that as a defence against the intense emotions and anxiety in the Unit the UM took up a 'carer' role and identified with care staff in one particular flat. This provides further evidence that one aspect of the social defence mechanism was to split the UM role into 'manager' and 'carer'. I would argue that the UM's behaviour was an unconscious process of defence against her anxiety of taking up a management role, which attracts hostility from care staff. In this instance the UM displaced the hostility meant for her management role onto dominant individuals in the Unit, which resulted in power plays and conflict between different groups of staff.

Staff reported that the source of conflict between groups of staff was that care staff held different attitudes about the model of care and resulting working practices. It seemed that those staff who used a health model of care were extremely anxious about losing their jobs because of the proposed changes to a social model of care. Staff presented evidence of the intense emotions and power plays that resulted from staff using different model of care:

> "When new staff join the Unit different groups of staff are saying different things to them about working practice. ... It is not working practice based on what meets the client's needs but the powerful/dominant will take over and say how things are done." (Group 2, Large Unit, Phase 1.)
>
> "There are different attitudes to care and staff on the other shift teach clients inappropriate behaviour." (Group 1, Small Unit, Phase 1.)

It seems that a major source of conflict between staff groups was the different attitudes to the model of care used with clients. Miller & Gwynne (1972) put forward their theory after Menzies' (1960) study of nurses in the hospital setting and their work has particular relevance to my study of residential care staff. In the next section I examine the evidence that the model of care was another aspect of the social defence mechanism in my NHS case study.

6.2.2.2.3 Exploring Miller & Gwynne's Theory

The warehousing and horticultural models of care put forward by Miller & Gwynne (see p105) were similar to the health and social models of care in my case study. One major aim of the proposed change programme in my NHS case study was to change staffs' attitudes from a health model of care to a social model, with the possibility of also moving to community care housing. There was evidence from all the groups that the different attitudes to the model of care used were a major source of conflict between staff groups.

The proposed change to a social model of care threatened to change the social defence mechanism for those staff who had been using the health model of care as a defence against the anxiety evoked by working with clients. Miller & Gwynne's theory was that care staff use the warehouse/health model as a defence to deny the client's unhappiness and lack of fulfilment and entails staff encouraging dependency and focusing on the physical well being of clients. The proposed change to the social model of care threatened to evoke anxiety in those care staff who would have to face up to the limitations of clients and the futility of their role in trying to develop clients. For example, the most resistant group of staff (Group 1, Large Unit) continually redecorated the client's bedrooms and I developed a working hypothesis that this was a way of defending themselves against the futility of developing clients and the anxiety of close contact with clients. This was a source of conflict in the Large Unit and staff in Group 3, Large Unit told me that they were frustrated with this particular group of staff because they wasted energy and time on decorating that could be used to work with clients on developing their potential.

There was also evidence that some staff explicitly expressed their resistance to the proposed changes and in the group discussions they stated that they were against the social model of care and wanted to retain the health model of care:

> "Staff were angry that senior management had asked them to develop the clients to their full potential and were also angry at the idea of 'normalisation'. They said 'clients are not normal and never will be'." (My notes on Group 1, Large Unit, Phase 1.)

> "Management are expecting too much of the clients; they expect a normal life as possible for the clients but they are not normal. The clients don't get a choice it's up to us to make a choice." (Group 2, Large Unit, Phase 1.)

There was evidence from other staff that they wanted to move to a social model of care but met resistance from other staff members, which demonstrated that the model of care was a source of conflict:

> "We have new ideas of how to work with clients and have management support, but we get bad vibes and negativity from other staff. It's very frustrating. We shouldn't be stuck in the past, we have to experiment and be adventurous. There is an undercurrent in all flats – a fear of change. We feel restricted in bouncing ideas off each other because of other people's negative attitudes. The result is that small things turn into a big conflict and the clients are effected which is not good." (Group 3, Large Unit, Phase 1.)

However, Miller & Gwynne proposed that care staff also use the horticultural/social model of care as a defence against anxiety by viewing clients as being 'normal just like everyone else' and that they could have a full life if only they could develop all their potential. It is proposed that, in a different way, this model also serves to defend against the anxiety evoked by working with clients and care staff are able to deny the limitations and futility of trying to develop clients to their full potential. The result is that staff engage in encouraging clients to be independent and provide opportunities for growth. There was evidence in my NHS case study that staff seemed to use the social model of care as a defence and projected the negative feelings evoked by working with the clients onto staff who used a health model of care:

> "We are going back to valuing them as people. The health model was 'mortification', which stripped clients of all human attributes – they were left with no self-concept. Some people can still get away with it because clients can't argue back." (Group 1, Small Unit, Phase 1.)

> "We want to get rid of the stigma by integrating clients and treating them as people. Too much time is spent on domestic duties and not on productive learning activities." (Group 1, Small Unit, Phase 1.)

There was a certain amount of confusion by some staff about the difference between the two models, particularly in the Large Unit. The working hypothesis I developed was that the UM in the Large Unit was creating confusion because she wanted to keep the health model and the health authority as purchaser to ensure her job security. For example, she confused staff by telling them that the health authority would remain as the purchaser rather than moving to social services as the purchaser. Other evidence of this was as follows:

> "There is confusion over the health and social model and we need it clarified. The UM says use a health model and the Area Mgr says use a social model." (Group 1, Large Unit, Phase 1.)

> "The problem is that you can't divorce social and health needs, for example eating is categorised as a social need but choking is a health need. I don't think the picture is real." (UM, Group 2, Large Unit, Phase 1.)

"The assessment should have come out as health care needs at the Large Unit but it came out as social care needs." (UM, Group 2, Large Unit, Phase 1.)

Although there was a split between staff based on the different models of care, the majority of staff from both groups expressed views against moving to community care housing. Their views seemed to be based on perceptions of psychiatric community care and the idea that clients would be left alone without full time care staff:

"In psychiatric community care clients are vulnerable and commit suicide. Having time alone in a room and being drugged up are the consequences of community care." (Group 2, Large Unit, Phase 1.)

"It concerns us that clients will be left on their own in community housing; they will just go back into care because they can't cope on their own. If the clients are used to being told what to do then they will find it difficult to do things on their own." (Group 2, Small Unit, Phase 1.)

"The public will avoid clients and get annoyed with clients in the community. Clients are being pushed too far and become aggressive. There is so much the clients don't understand." (Group 2, Small Unit, Phase 1.)

I also identified a theme emerging from the evidence that was not stated in Miller & Gwynne's work. Staff expressed frustration that the beliefs and values in the service had changed and that the service was being run as if it was a commercial business:

"It's change because of Government policy not because of clients' needs. If we tick a box to say the client has moved to community housing the Government will be OK but we have not met the clients needs." (Group 2, Large Unit, Phase 1.)

"It's a business – not a caring profession any more." (Group 2, Large Unit, Phase 1.)

"Management are so focused on winning the bid that people will drop along the wayside. It's like a business – that's the first priority. Management's focus is to make the place pay, then care for residents." (Group 2, Large Unit, Phase 1.)

"There are too many white collar workers earning big salaries. The NHS is just money grabbing." (Group 1, Large Unit, Phase 1.)

"Learning Disabilities is a cinderella service – other services with problems take money away from us." (Group 1, Small Unit, Phase 1.)

"It's not change for better; it's all about money. And the Government policy – people in this country sit back and take it." (Group 2, Small Unit, Phase 1.)

In this NHS case study people were angry because they perceived that the organisation was moving away from a focus on care for the clients to a focus on cost effectiveness and

business principles. There was also some evidence that the models of care held by staff were based on their own personal beliefs and values and can be seen as another source of resistance to change. For example, the health model seemed to provide a source of meaning for staff in Large Unit, Group 1 as the mood of the group became extremely positive and enthusiastic when they talked about how dependent the clients were on them and that they took up an important role in caring for the physical needs of the clients, as if they were adoptive parents with dependent children. The proposed changes threatened to change the model of care to one that did not fit with the values of these staff and can be seen as a source of resistance.

In contrast, the social model seemed to provide a source of meaning for staff in Large Unit, Group 3 as the mood of these staff became extremely positive and enthusiastic when they talked about how they encouraged clients to be independent and that they took up an important role in providing opportunities for the clients to develop. As the proposed changes to a social model of care were in line with the values held by these staff it follows that they positively supported the changes. These comments provide evidence that the values and beliefs that people hold about the organisation they work for can also be a source of resistance to change. In the next chapter I develop this finding into a working hypothesis, which I will explore further in the Bank case study in Chapter Eight. In the next section I explore the impact of the process consultancy model used in my research.

6.2.3 Exploring the Impact of the Consultancy Process

A key aim of my research was:

> **to explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with sources of resistance to change.**

I used data from the NHS case study to explore the impact that my interventions and actions as a consultant had on the staff groups and senior management, and the findings are presented in this section. The data included feedback that I asked for from staff groups during the final meetings about what it had been like for them to be part of the consultancy process. An outline of the evidence is given below:

- In the initial meetings with the senior management I took the time to explore with them what the desired outcomes were for the project. They said that they wanted staff to change their attitudes and to improve the service so as to win the

competitive tender. I suggested that rather than undertaking a staff survey, which was their initial request, they consider a consultancy process that would not only find out what issues staff were concerned about but would also involve and engaged staff in the change process. They agreed to this and later found that the Unions, who said they did not want questionnaires to be used, also agreed with this consultancy approach.

- At the first meetings with each group staff were able to express quite intense emotions about their experience of the proposed change. Much of this anger was about senior management and staff directed this towards me personally. My working hypothesis was that this was transference, in that I was receiving the emotions that staff would like to express to senior management. The role I took up enabled staff to vent their emotions in a safe and confidential environment, without fear of being disciplined. My role was to contain the emotions for staff groups and to help them voice the issues in a constructive way to senior management in the final document.

- During Phase 1 staff in Group 1, Large Unit were in a position of denial that the change would ever happen. The consultancy process involved asking probing questions and reflective listening, which helped staff in this group face up to the reality that they would soon be undergoing a competitive tendering process. They accepted that ultimately there would be some changes to the service. In Phase 2 and 3 I was then able to help them to be involved in the process by constructively voicing their objections to the proposed changes and to identify any actions they could take to improve the service.

- I used systemic questioning to help people explore the different contextual levels of the organisation, which involved asking questions about relationships with different people in the system. Using this consultancy skill enabled me to expand the discussion during the first meeting with each staff group. To give an example, the organisational pictures for each staff group were focused mainly on the tasks they performed in their role and they did not mention what their relationships were like with each other, senior management, UMs, clients or parents. By asking them systemic questions to explore the different relationships they had with others at different contextual levels in the system they were able to uncover the issues that

were really concerning them and to understand the conflicts between individuals and groups.

- The process of reading the reports back to each group during Phase 2 helped to build up trust between staff and myself. For example, Group 2, Small Unit were extremely inhibited in the first meeting and appeared very anxious when they arrived for the second meeting. However, when I explained that I would be checking with them what they wanted me to feed back to senior management and began to read their own words back to them they were noticeably more relaxed. They became more engaged in the process and worked hard to think about the comments they had made. They made amendments and added issues they had not mentioned in the first session, which indicated that they trusted me more. I read out a section from the first meeting where they had said they were uncertain about the confidentiality of the consultancy process and the document that would be given to senior management. They asked me to delete this because they now trusted the process, whereas at the first meeting they did not understand.

- I introduced concepts from systems theory, psychoanalytic theory and group relations to help staff understand the whole system and the unconscious processes they were experiencing. For example I introduced the following ideas:

  i) People put their feelings into other individuals or groups and I referred to some examples they had mentioned, such as clients being affected by staff behaviour, the UM feeling stressed because of the pressure from both staff and senior management, the conflicts between groups of staff in the Large Unit.

  ii) An individual can be expressing an emotion on behalf of the group, e.g. one staff member in Group 3, Large Unit was angry about the resistance to change in the Large Unit and was the only person who expressed such anger, although others admitted they felt the same way. She directed the anger at another person who was expressing anger about the changes on behalf of the resistant group. Once she understood this dynamic she was relieved to understand that the reason this emotion was so intense for her was because she was expressing it on behalf of the group. In other words the intensity of the emotion was due to the group projecting their own anger into her. She also

understood that the other women was angry for the resistant group and they had been set up to fight each case on behalf of the two different groups. She gained real insight into the underlying dynamic of the conflict and said that the consultancy process had been therapeutic for her.

iii) When an individual is feeling stressed they could be carrying the stress for the group or system. For example, in Group 2, Large Unit the UM said that when an individual admitted that they felt stressed they were being targeted as someone who could not cope. This meant that there was not a true record of the amount of stress in the system because people were putting stress related sick leave down on the record as holiday. I helped them to understand that admitting they felt stressed was an indication of how much stress there was in the Unit rather than that it was an individual failing to cope. They worked on understanding what it was about their work that caused the stress, for example their close contact with clients and conflicts between staff, rather than trying to cover it up.

iv) There are connections between the different parts of the organisation, e.g. staff felt controlled in their role and that the changes were being imposed on them by the senior management, but they began to realise that senior management were in turn having the changes imposed on them from above. They also became aware that their own feelings of being controlled and having changed imposed could in turn have an impact on the way they cared for the clients, i.e. a controlling, institutionalised model of care in the Small Unit.

v) The splits between groups of staff could be understood as a way of dealing with the anxiety created by the proposed changes. There were many examples of splits between staff in different flats in the Large Unit and between shifts in the Small Unit. By discussing the underlying issues staff were able to understand the reason for the increased tensions between groups of staff and individuals. During Phase 2 staff became aware that they were splitting the groups into 'us and them'. When they had to think about what they wanted to

communicate to the other group they retracted some of the statements. For example, a member of Group 1, Small Unit said: "we can't say that everything we're doing is good and everything they're doing is bad".

- Certain myths had been created and reinforced in the Units about what the impact of the change would be and there were false perceptions about other groups of staff or individuals. To address this I used the technique of reframing, which involved presenting a combined report for each Unit to staff in each group. This enabled them to gain a full picture of the different perceptions that existed in the Unit and understand the underlying dynamics. They also heard the different views about the proposed changes and suggestions about how to improve the service. Through a process of reframing they began to accept that there were diverse and complex range of perspectives in the Unit. They also gained insight by understanding the underlying feelings, the behaviour and the different responses to change in each Unit.

- The format of the consultancy process offered a safe and confidential space that enabled staff to talk openly about the tensions and conflicts between groups of staff. Staff commented that they thought it necessary that these issues were dealt with openly otherwise they would not be able to move forward in improving the service. They identified areas that they could have some influence over and issues that the UMs would have to deal with.

- Staff were able to deepen their understanding of the proposed changes and to think about the impact the changes would have on their roles. Although in Phase 1 many staff avoided looking at the future service, during Phase 2 the process enabled them to look at the future of the service and what they could change to improve the service.

- I used the 'Force-Field Analysis' technique in Phase 3 to help staff to focus on the main issues they had raised from the previous two phases. Using that technique enabled them to think about what they personally could change to improve the service and what they could ask the UMs or senior management to change. This helped them to take up authority in their roles to have an impact on improving the service. During this phase the staff were noticeably more focused, more positive, enthusiastic and motivated about the proposed changes.

- In Phase 3 I presented two scenarios to all groups of staff. One scenario was that they remained in the Unit and I listed the specific issues they needed to change to improve the service if they were to stay in the Unit. The other scenario was that they moved to community care housing and again I listed the specific issues that needed to be addressed. Both of these lists were small. Then I presented a long list of issues that related to both scenarios. The point I made was that it did not matter whether they moved to community houses or remained in their Unit there were many issues that they had to address to improve the service. This intervention helped them to focus on the main issues rather than avoiding discussing them by arguing about whether they should stay in the Unit or go to community houses, which had been the behaviour in previous meetings.

- Although I had received negative feedback from the UM of the Large Unit about the consultancy process this could be seen as an attempt to displace hostility onto me in my role as consultant and also as an act of sabotage to the consultation and the change process. Staff were also hostile towards me at the beginning of the consultancy process, which could be seen as the unconscious process of transference in that I represented management for them. However, towards the end of the project staff seemed to engage in a process of reparation. For example, I received very positive feedback at the end of the last session when I asked staff what their experience had been of the whole project. For example:

  - "The UM of the Small Unit said at the end that he felt I had done him some good today and he felt he was getting back a more positive attitude. He said that it was very helpful and thanked me for my patience." (My notes of Group 1, Small Unit, Phase 3.)

  - "The rest of the group gave positive feedback to me. One member said 'I know I said at the beginning that this was going to be crap and it hasn't been. It's been useful to air our views, work through some problems and sort them out'. They acknowledged that if they make an investment of taking some time at this stage to work on some issues that it will lead to gains in the future. It seemed very hopeful." (My notes of Group 1, Small Unit, Phase 3.)

  - "It is good to get this off our chests. It is good to talk and not have you argue back; it's a change not to be shouted down. You've listened but will they listen to you." (Group 2, Small Unit, Phase 3.)

  - "The group said it was very interesting, a very useful process to go through. It was good that somebody was listening. There was scepticism as to whether the management would actually listen. I

said I would be making a recommendation that management gave staff some feedback." (Group 2, Large Unit, Phase 3.)

- A member of Group 3, Large Unit said the process had been therapeutic and it was a relief to air the issues that were not being dealt with in the Unit.

- I even received a letter after the project from the most resistant group, the members of Group 1, Large Unit, in which they said, "the good work you did here went very well ... all that you did was greatly appreciated."

The evidence presented above indicates the impact of using a process consultancy model to identify, understand and work with resistance to change in organisations. However, a limitation of the project was that although as part of my presentation to senior management I pointed out that staff had some valid concerns about the changes that were a source of their resistance, senior management did not seem to change their negative perception of staff. For example, it seemed that senior management maintained a 'sycophant' response to change and insisted that they should develop the care model without involving or consulting staff. In addition, as I always met with each group separately I had to build up a picture of the dynamics in each Unit based on what each group had told me, which were often completely different perceptions. At the end I presented the different views in my report, but there was not an opportunity for each group to directly explore their perceptions of each other. In view of this an improvement to the design of the project would have been to include a mechanism for groups of Unit staff and senior management to directly explore the perceptions they had about each other, rather than this being done through the reports I presented.

My design also involved a large amount of reflective work, particularly during Phase 1 and 2. I found that the more active work that I did in reframing and force field analysis in Phase 3 helped staff to move forward and take up authority. The design could be improved by including more active work earlier in the project, for example adding a variety of exercises for staff that involved them discussing their roles, activities, and tasks, which could then be linked to reflective exercises.

The findings in this chapter are discussed in more detail in the next chapter and I present below a summary of the key points.

6.3 Summary of Key Findings

The key findings of the NHS case study can be summarised as follows.

6.3.1 Summary of Evidence by Group:

Group	Response To Change	Working Hypotheses
Large Unit, Group 1	Negative response and extreme anger about the changes.	The source of their resistance seemed to be that: • They feared losing their jobs and saw the change as a criticism of the way they had been working; • The health model of care seemed to serve as a defence against the anxiety evoked by working with clients and seeing them as normal people with individual needs. The change to a social model would be a threat to that defence mechanism; • Using the health model as a defence mechanism seemed to cause them further anxiety, as it was a source of dependent, depressed, and powerless feelings and also a source of conflict with others; • The health model provided a source of meaning of work for them and was closely connected to their values. They saw clients as dependent on them and it was an important role to care for their physical needs whereas the proposed change was to a social model based on different values. In this way the values held by staff can also be a source of resistance to change.
Large Unit, Group 2	'Saboteur' response to the changes.	The source of the sabotage seemed to be that: • In the absence of the UM the group were more positive about the changes, which indicated that the UM seemed to be leading the sabotage. This may have been because she felt extreme anxiety about losing her job; • The UM seemed to be threatened by new staff who agreed with the changes and could take over her job. In part the source of her sabotage may have been envious spoiling; • Rather than face the hostility that was attracted to her management role, the UM displaced hostility onto the consultation process, myself as consultant and senior management. She also tried to encourage others in the Unit to take a saboteur response.
Large Unit, Group 3	Positive support for the changes.	The source of their response seemed to be that: • They took on the role of being the idealised 'good' group, which may have served as a defence against depressive anxiety. This may have enabled them to deny any destructive impulses and feel persecuted by the resistant group; • They seemed to hold the hope for the future of the service and they were most creative about the social model. This may have been because the destructive impulses were projected onto other groups; • The group may have used the social model of care as a defence against the anxiety evoked by working with clients and seeing them as normal serves to deny the futility of trying to develop them; • The social model provided a source of meaning of work for them and was closely connected to their values. They encouraged clients to be independent and it was an important role to provide opportunities for development. The proposed change to a social model was in line with their values.

Group	Response To Change	Working Hypotheses
Small Unit, Group 1	Positive support for the changes.	The source of their response was similar to Large Unit, Group 3 and the evidence builds further on the working hypotheses listed above. Further working hypotheses were that: • The group seemed to be using splitting as a defence against anxiety by projecting their own destructive impulses onto other groups in the Unit rather than face conflict on their own shift; • When the UM was present in the final session they avoided confrontation with him and worked to find a compromise to address the conflict in the Unit. The UM displaced any hostility expressed toward him onto senior management.
Small Unit, Group 2	Negative response and non-participation as resistance to the changes.	The source of their resistance seemed to be that: • They mistrusted my role as consultant, which indicated transference of their mistrust of senior management and the changes; • They oscillated between basic assumption dependency and fight/flight, in that they wanted senior management to save them but were also hostile and rebellious towards senior management; • The Dep UM encouraged the group to displace their anger onto senior management rather than the UM or himself; • They also seemed to engage in splitting and denied there was conflict between shifts. The seemed to be projecting their own destructive impulses onto others rather than face conflict in their own group; • Their participation in the consultancy process was limited, which indicated that their response would be to resist the changes by non-participation. In part the source of their resistance was fear of job loss for trained nurses.
Senior Management	'Sycophant' response to the change.	The source of their response seemed to be that: • They seemed to show a lack of commitment to the consultation and regard any opposition to the change as resistance. This seemed to indicate that they did not want to hear staff's views or understand the source of resistance; • They seemed anxious about contact with staff and expressed that they feared physical attack; • They seemed to want to overcome resistance and impose change, which may serve as a defence against anxiety about the change being successfully implemented; • A source of their anxiety seemed to be that if they did not win the competitive tender it could jeopardise their career progression.

6.3.2 Summary of Overall Evidence:

Key Aim	Outcome	Working Hypotheses
To identify the conscious sources of resistance to change.	Staff expressed that they feared job loss and were conscious that this was a source of resistance.	There were also evidence that sometimes people were unaware their behaviour was resistant and that there were also unconscious sources of their resistance, for example: • Denial that change would occur and initial refusal to admit any problems; • Avoidance of looking to the future by physical flight from room or flight from task by focusing on current role and the physical needs of clients; • Preoccupation with solutions rather than understanding the underlying issues; • Expressing intense feelings of anxiety, uncertainty, powerlessness and stress; • Displacement of anger onto senior management.
To identify the unconscious sources of resistance to change and to use the data to explore and build on the guiding theory that an unconscious source of resistance is that the social system is used as a defence against anxiety and any threat to change the social system will be resisted.	The evidence from the case study was used to explore and build on the guiding theory put forward by **Jaques**. Projective identification seemed to be used in the NHS case study as a defence against the anxiety evoked in the authority relationships. The proposed changes threatened to change the authority relationships and remove this part of the social defence system, which can be seen as a source of resistance.	There was evidence of projective identification in the relationship between care staff and senior management: • Care staff projected their bad impulses onto senior management and perceived them to be critical, unsupportive and unavailable; • In return senior management introjected and identified with these projections from staff and behaved in a critical, unsupportive and unavailable way towards care staff, thus reinforcing the projective system. In the relationships with Unit Managers: • In different situations the care staff split the role of the UM into either 'manager' or 'carer': • When care staff related to the part of the UM's role that represented management they became a target for negative feelings in a generalised attack on management. This occurred when UMs took up a management role in the Unit or were not present in the group discussion; • UMs seemed unable to contain or understand the hostility and displaced it onto senior management or me as consultant. This enabled them to take a scapegoat or victim position, which could serve as a defence against depressive anxiety; • Care staff ceased displacing their hostility towards management onto UMs when UMs were seen to take up the part of their role that represented the 'carer' and staff included UMs in their own cohesive group, i.e. as 'one of us'. This seemed to occur when the UMs were present in the group discussion, when it was realised that UMs would hear the staff comments, and when the UM was seen as a victim of management.

Key Aim	Outcome	Working Hypotheses
	The evidence in the case study was used to explore and build on the guiding theory by **Menzies.** Care staff seemed to use socially structured defence mechanisms as a defence against the anxiety evoked by close contact with clients. There was also evidence that the defence mechanisms themselves evoked anxiety in the care staff. .	• In contrast to Menzies' study the case study did not provide evidence that the work-load was broken into tasks for each care staff as a defence against close contact with the clients. There was evidence that the majority of care staff had close contact with clients; • There was evidence from some staff that they did not want closer contact with clients, e.g. not wanting to move to community care houses or a social model of care, both of which would mean closer contact with clients; • There was evidence that staff denied the individuality of clients and in particular there was opposition to the use of care plans that would be used to evaluate the different needs of clients; • Some staff tended to infantilise client and to maintain a dependency relationship. The dominant model of the organisation in the mind was as if the organisation was a family; • In contrast to Menzies' study, staff had strong emotional bonds with clients and had less detachment and denial of feelings. They feared the loss of close contact with clients; • There was evidence that some staff projected their own fear of job loss onto the clients and parents; • Staff expressed ambivalence about whether clients had feelings, which indicated their own ambivalent feelings towards clients. Some staff seemed to project the negative and disturbed feelings evoked by working with clients onto management, other staff, parents, and the GP; • There was tension between staff and parents. Staff saw themselves as adoptive parents, but seemed to envy the rights that the real parent had. There was also evidence to indicate that parents envied the staff for the care they gave their children. • There was evidence that staff were discouraged from using initiative and taking up authority in their role. However, staff were ambivalent about taking up more responsibility, such as administering drugs, and this aspect of the change evoked anxiety about failing. Staff seemed to use the defence mechanisms of projective identification and splitting of the UMs role to defend against anxiety evoked by changes to the authority relationships. • In contrasts to Menzies' study the new recruits did not seem to be idealised, rather they expressed that the training was inadequate and they learned from other staff. However, there was evidence that their potential was underestimated. Some supported the idea of learning about client case studies, whereas others rejected the idea and defended against the anxiety evoked by the discussion of new ways of working by projecting their negative feelings about clients onto other staff.

Key Aim	Outcome	Working Hypotheses
		• There was evidence that the proposed change threatened to change the social defence systems in the NHS case study and that the level of anxiety became more open and intense, particularly during the staff discussions. There was also evidence that resistance to change included defensive behaviour resulting from unconscious processes and that people resisted change by unconsciously clinging to existing institutions, e.g. the family model of organisation, and existing model of care. • The intensity of emotions may have been due to the lack of task based defence mechanisms as a defence against close contact with clients, which is in contrast to Menzies' study. • There was evidence to build on Menzies' theory that these social defence mechanisms evoked anxiety in that the staff expressed stress, anger and frustration at the conflict, hostility and destructive behaviour between staff.
	The evidence was used to explore and build on the guiding theory by **Miller and Gwynne** that the model of care could be used as a defence mechanism. There was evidence that different attitudes to the model of care were a source of conflicts between staff.	• There was evidence of conflict between groups of staff based on whether they supported a health or social model of care; • For some staff the health model of care seemed to serve as a defence against the anxiety evoked by working with clients and seeing them as normal people with individual needs. Those staff may have resisted the change to a social model because it was a threat to their defence mechanism; • Other staff seemed to use the social model of care as a defence against the anxiety evoked by working with clients and seeing them as normal serves to deny the futility of trying to develop them. However, they were in support of the change to a social model of care.
	I developed a working hypothesis about the source of resistance to change from the findings of the NHS case study. This was based on the evidence that staff expressed frustration that the beliefs and values in the health service had changed. The basis of the working hypothesis is that the values and beliefs held by people about the organisation they work for can be a source of meaning and a source of resistance to change.	The working hypothesis I developed was based on the finding that: • Staff expressed that the NHS service was being run as a commercial business, which seemed to be in contrast with their values and a source of resistance to change. • There was also some evidence that the models of care held by staff were based on their own personal beliefs and values and can be seen as another source of resistance to change. • For some staff the health model seemed to provide a source of meaning of work for them and was closely connected to their values. They saw clients as dependent on them and it was an important role to care for their physical needs whereas the proposed change was to a social model based on different values. In this way the values held by staff can also be a source of resistance to change.

Key Aim	Outcome	Working Hypotheses
	This working hypothesis will be developed further in the next chapter and explored in the Bank case study.	• For other staff the social model seemed to provide a source of meaning of work for them and was closely connected to their values. They encouraged clients to be independent and it was an important role to provide opportunities for development. The proposed change to a social model was in line with their values.
To explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with sources of resistance to change.	The process consultancy approach can be used as a method to identify, understand and work with the different ways that people respond to change and sources of resistance to change.	The impact of using the process consultancy approach was that: • Transference to me as consultant enabled staff to vent their intense emotions in a safe and confidential environment, without fear of being disciplined; • Transference to me as consultant enabled staff to voice their concerns and opposition to the change in a constructive way to senior management; • Asking probing questions and reflective listening helped staff to face up to the reality of the changes, to be involved in the process, voice objections and identify actions to improve the service; • Asking systemic questions enabled staff to explore different contextual levels of the organisations and relationships, which helped them to understand the underlying reasons for the tensions and conflict between staff; • Reading reports back to staff for validation helped to build trust; • Introducing concepts from systems theory, psychoanalytic theory and group relations helped staff to understand the whole system and the unconscious processes they were experiencing; • Reframing by presenting a combined report helped staff to gain a full picture of the different perceptions of staff in each group; • Using the Force-Field Analysis technique helped them to take up authority to make changes to their working practice so as to improve the service; The negative feedback about the consultation can be seen as attempted sabotage of the consultation process. The majority of feedback from staff about the consultancy process was positive. The limitations of the approach were that: • Senior management and staff did not change their negative perceptions of each other; • There was not an opportunity for staff to directly explore their perceptions of each other or of senior management; • The design could have had more active work earlier in the project to be linked to reflective exercises.

7 Chapter Seven: Discussion of NHS Case Study

The summary table at the end of Chapter Six (p203) lists the working hypotheses I developed that were specific to the NHS case study. In particular, the working hypotheses illustrate the nature of the social defence mechanisms used by staff and management in the organisation and the way that people responded to proposed changes that threatened these social defence mechanisms.

The aim of this chapter is to explore further the connection between the proposed changes, the threat to the social defence system and the way in which people responded. Firstly, I will outline the proposed changes and the threat to the social defence system. Secondly, I will discuss the four categories of response to change, which I developed from the working hypotheses about the way people behaved in relation to the proposed changes. Thirdly, I explore the working hypothesis I developed from the findings of the NHS case study, which is based on the idea that the values held by people can also be a source of resistance to change. This working hypothesis relates to the values and meaning that people have for their work and I will explain and develop further the idea that the existential primary task can be a source of resistance to change. Finally, I will discuss the concept that people have different levels of learning in relation to change in organisations and how using a process consultancy approach can help people to move through different levels of learning.

7.1 The Proposed Changes and Threat to the Social Defence System

The main threat from the proposed changes was that people feared they might lose their jobs. All staff and management of the residential homes faced a real possibility of losing their jobs as a result of not winning the competitive tendering process. The findings of the case study presented many examples of resistant behaviour where fear of job loss was expressed as a source of resistance to change. These findings could be analysed at a conscious psychological level in that many people expressed this fear openly, were consciously aware of their anxiety and that a source of the anxiety was a real possibility of job loss. It would be simple to leave the analysis at that point and to state that a source of resistance to change in the NHS case study was that staff feared the loss of their jobs. However, the intense emotion expressed by staff and the evidence of behaviour that was based on unconscious processes indicated that there were also unconscious sources of resistance to change that were not based on fear of job loss. Indeed the proposed changes

threatened to change other aspects of the social system, which seemed to be used by people as a defence mechanism.

For example, the proposed changes threatened to change the authority relationships between care staff, UMs and senior management. It was proposed that care staff would take up more authority by administering drugs, which was a task usually carried out only by trained nurses, i.e. UMs and Dep UMs. This change would also mean that UMs would take up more management responsibility rather than caring duties. In addition, the proposed move in the service to having Social Services as the purchaser, rather than the Health Service, meant that it would no longer be necessary for the UM to be a trained nurse and therefore care assistants had the potential to become UMs.

It seemed that this change to the authority relationships also threatened to change the social defence mechanism that seemed to have been used in the past. In this case the aspect of the social defence mechanism relating to authority relationships was the projective identification between care staff and senior management and the splitting of the UMs role into 'manager' and 'carer'. The form of the projective identification seemed to be that care staff projected their bad impulses onto senior management, who were seen as critical, unsupportive, and unavailable, which enabled staff to feel good and a cohesive group in that they felt persecuted by the uncaring senior management. This seemed to be introjected and identified with by senior management, who behaved in a critical, unsupportive and unavailable way towards care staff. The other element to this relationship was that there seemed to be a dependency relationship between care staff and senior management, with senior management taking up an omnipotent saviour role and care staff taking an inferior and subservient role. I would argue that the proposed changes threatened to alter this social defence mechanism because the care staff would have to take up more authority and responsibility in their role rather than being dependent and relying on senior management to take up all the authority in the organisation. The evidence I used to develop this interpretation was that some care staff were ambivalent about taking on more responsibility and expressed that this aspect of the proposed changes evoked fears of failing.

The relationship between care staff and UMs was that in different situations the care staff related to different parts of the UMs role, either 'manager' or 'carer'. The manager part of the UMs role attracted hostility from care staff and when this did occur there was evidence that the UMs displaced the hostility onto senior management and myself in the role of

consultant. The proposed changes to give care assistants the responsibility of drug administration also threatened to put the UMs into more of a management role than they had been previously as the change implied that the UMs would be taking less of a 'carer' role. There was evidence from the UMs and Dep UMs in both Units that this change was resisted and a source of resistance seemed to be that being in a management role would attract more hostility from staff. Likewise the proposed changes would also make it possible for care assistants to be UMs and this seemed to evoke intense anxiety in the UM of the Large Unit and she engaged in an extreme response of sabotage of the consultation process in an attempt to sabotage the change process. It is understandable that she was extremely anxious about losing her job and this could be a source of her resistance. However, in part a source of her response could have been the unconscious process of envious spoiling in that she seemed threatened that younger care assistants who agreed with the proposed changes could take over her job.

This evidence from the NHS case study indicated that people were clinging to the traditional authority relationships and a source of this resistance to change was that the projective identification and splitting of the UMs role served as a defence against anxiety. This evidence builds on Jaques' theory that a source of resistance to change is that people use the social system as a defence against anxiety and that any proposed change that threatens the social defence system will be resisted. However, as mentioned in Chapter Three (p100), Menzies developed this idea further to give an explanation of situations where people who resist change remain with what seems to be a stressful and anxiety evoking situation. Whereas Jaques proposed that people used the social system as a defence against anxiety, Menzies made the distinction that the social organisation can evoke anxiety in people and hence they create social defence systems.

There was evidence in the NHS case study to build on the guiding theory that the care staff employed socially structured defence mechanisms as a defence against the anxiety aroused by the nature of their work with clients. In contrast to Menzies' study, the care staff did not employ the same task-based defence mechanisms, e.g. splitting up the nurse-client relationship, to avoid close contact with clients. There was evidence that the majority of care staff had close contact and strong emotional bonds with clients, had less detachment and denial of clients' feelings, and expressed a fear of losing the close contact with clients. However, the fact that staff had closer relationships implies that more intense anxiety was aroused by their work with clients.

In the absence of work practices to defend staff against close contact with clients, as in Menzies' study, the care staff organised the social system in other ways to serve as a defence against the anxiety aroused by working with clients. For example, there was evidence of conflict between groups of staff based on different attitudes to the models of care and evidence that care staff projected their own fears of loss of jobs onto clients and parents. There was also evidence that care staff projected their negative and disturbing feelings about working with clients onto other staff, parents and the GP. Some staff also seemed to hold a family model of the organisation in that they saw themselves as adoptive parents and had a tendency to infantalise clients, as if they were children. The family model of organisation also seemed to be a source of tension between staff and parents in that staff envied the decision making rights of parents whereas parents seemed to be jealous of the staff for the care they gave their children. The intense conflict between staff groups and between parents and staff builds on the theory proposed by Menzies', that the social defence system itself can arouse anxiety for care staff.

The proposed changes threatened these social defence mechanisms in that moving to a social model of care and community care housing would mean that care staff would have even closer contact with clients. For example, Group 1 Large Unit, supported the health model of care and were most against the social model of care. They strongly resisted the proposed changes and argued against moving to community care houses, using the social model of care and care plans, which would not only mean closer contact with clients but would also mean they would be encouraged to regard the clients as individuals with different needs. These staff also engaged more in practical tasks such as decorating, which can be seen as a way of avoiding close contact with clients. The evidence that staff resisted the change to a social model of care and the majority of staff were against moving to community care housing indicates that a source of resistance to change was the social defence mechanisms used to defend against the anxiety aroused by working with clients.

There was evidence that some staff used the health model of care as a defence against the anxiety of working with clients and the proposed change to a social model of care also threatened that defence mechanism. For example, Group 1 Large Unit were the most resistant to the change to a social model and this was a source of conflict between them and Group 3 in the Large Unit who were in favour of the social model of care. This adds another dimension to the theory proposed by Miller & Gwynne (p105) that the model of care is used as a defence against anxiety. There is evidence in my case study that not only was the model of care used as a defence against anxiety but also that the staff engaged in

splitting as a defence against anxiety based on which model of care they supported. In other words those who supported the social model of care idealised themselves as the good group and projected their destructive impulses onto the resistant staff who supported the health model of care. Likewise the staff who supported the health model of care identified with and acted out the destructive impulses by resisting change and attacking those who supported the social model. At the same time they also idealised themselves as the good group who were protecting the clients' interests.

It can be seen that the main split between staff was based on those who supported the social model of care and those who resisted the change. The supporters of the change to a social model of care, which focuses on helping clients to learn and develop, were also those who themselves wanted to learn and develop in their role. They also complained most that the potential and abilities of staff were underestimated and that the training was inadequate. The staff who resisted the change to a social model were also the most resistant to learning and self-development for care staff. Therefore, the pattern in the groups of which ones were resistant or supportive of personal learning mirrored the different attitudes to the models of care.

The findings presented so far indicate the complexity of the social defence system used by some staff as a defence against the anxiety evoked by the proposed changes. This social defence system seemed to be a psychological source of resistance to change as any attempt to change it resulted in resistance from some people. The evidence also indicated that not everyone was resistant to change and that different groups of people responded differently to the proposed changes. Based on the working hypotheses I have presented so far about the way that different groups responded to change and what they represented for the system as a whole, I developed four categories of response to change and these are outlined in the next section.

7.2 Categories of Response to Change

I developed a model of categories of response to change based on the evidence provided in the NHS case study. The model relates to the way that individuals and groups of people behaved in response to the proposed changes in the organisation. To be clear, these categories do not refer to personality types or traits, but relate to individual or group responses to proposed change. It is possible that there may be other responses to change that were not evident from my case study material. However, the four categories of response to change that I identified from the evidence in the NHS case study were

'sycophant' response, 'positive and challenging' response, 'negative and challenging' response, and 'saboteur' response. These labels that I developed for the categories of responses were based on the words used by people in the case studies to describe each other, which could be based on the perceptions they have of each other and/or the result of unconscious processes. Each of these categories is outlined below.

7.2.1 Sycophant Response

I have categorized the behaviour of the senior management as a sycophant response to change. The proposed changes were directives from Government policy and the Directors of the NHS service. The senior management were responsible for managing the implementation of the changes and were in full agreement with the proposed changes. However, they seemed to be unwilling to listen to any challenges or criticism that staff may have had of the changes. In this way the senior management were resistant to changing their views about what the change should be and how it should be implemented.

The evidence I used to develop this working hypothesis was the initial unwillingness of senior management to consult and involve staff in the change process. They seemed determined to push through the changes regardless of what impact the changes would have on staff. For example, in the current study one senior manager considered the staff to be incapable of contributing to the consultation process and commented that management did not have to take any notice of what the staff said anyway.

The senior management therefore represented, what I have termed, a sycophant acceptance of the changes, which seemed to be acted out by attempting to impose change in an autocratic way through the authority structures. They did not seem to listen to any opposition to the change or try to understand why staff were resistant. They wanted to overcome the resistance and impose change. I would argue that their behaviour served as a defence against anxiety and a source of the anxiety was the fear that the change programme would not be successfully implemented, which could jeopardise their career progression.

The response of individuals in this category builds on the theory of Lawrence (1997) in that senior management seemed to be evading 'thinking-to-be-in-touch- with-reality'. This means that the senior managers seemed to be concerned that the change would not come into being and also had a fear that it would take a form that they had not thought of, which posed a threat to their authority (ibid.). I would argue that the impact of such behaviour seemed to be that the more authoritarian and coercive the senior managers

behaved the more likely staff responded by resisting change. This resulted in a paradox because the senior management were in favour of change and their task was to implement the changes but they were inadvertently maintaining the status quo. Because they themselves were resistant to changing their ideas of what the change should be and how it should be implemented, their sycophant response to change seemed to have the impact of increasing the resistant response of staff.

7.2.2 Positive and Challenging Response

Group 3, Large Unit, and Group 1, Small Unit, represented the positive support for the changes and offered constructive challenge during the consultation process. These groups represented the positive and challenging category of response to change. Staff in these groups participated fully in the consultation process and thought creatively about how they could influence the content of the changes and help with the implementation.

These groups consisted mostly of young care assistants who had joined the service because they believed in a social model of care. These staff members were enthusiastic about the changes to a social model of care, which meant that staff would facilitate the development of the clients to become as independent as possible rather than doing everything for them and encouraging dependency. As mentioned earlier, the support for the social model of care could also be seen as a defence against the anxiety aroused by working with clients (see p195).

However, there was a difference between the two groups who represented the positive and challenging response to change. As mentioned earlier (see p214), Group 3, Large Unit were angry with members of staff in Group 1, Large Unit, who were most resistant to the change to a social model of care. This evidence indicates that the main conflict between staff in the Large Unit was based on those who supported the social model of care and those who resisted the change. Although there is evidence that these groups seemed to be using splitting as a defence against anxiety (see p214) this position did enable staff in Group 3 to be the most hopeful and creative group, possibly because their destructive impulses were projected onto the other group. There was also evidence that this group moved away from using splitting as a defence as the consultation process progressed and during the final stage they had the most understanding of the dynamics in the units, could see the perspective of those who were resistant and were able to work creatively on how to implement the changes. It is interesting to note that this group did not have a UM present in any phase of the consultation.

In contrast, Group 1, Small Unit expressed some anger with people who resisted the changes during the groups discussion in Phase 1 and 2 when the UM was not present. However, when the UM was present in the final meeting of Group 1, Small Unit they seemed more inhibited and left it for me to raise issues about the conflict between staff based on the model of care. It also seemed that the differences of opinion had not been openly expressed between staff while they worked together in the Small Unit and in particular Group 1, Small Unit seemed to avoid confrontation or direct conflict with other groups of staff. The conflict between staff groups based on different models of care seemed to be more covertly expressed in the Small Unit, for example it was said that people wrote nasty comments in the handover book between shifts. However, in the final session Group 1, Small Unit were able to work creatively with the UM to find a compromise agreement to deal with the conflict in the Unit.

The difference in behaviour between these two groups who represented the positive and challenging response to change seemed to be that for Group 3, Large Unit the UM was not present throughout all phases of the consultation, whereas Group 1, Small Unit had the UM present in the final phase. As both UMs were against the proposed changes it might be that staff felt inhibited in expressing the positive and challenging response to change when the UM was present. Also the behaviour of the UMs in the two Units was different. The UM in the Small Unit was described as being controlling and autocratic and he was suspended on a disciplinary charge. Both the circumstances in the Small Unit and the UMs' leadership style might have inhibited staff expressing any positive response to change. In contrast, the conflict may have been more open in the Large Unit because the UM in the Large Unit seemed to be sabotaging the consultation and change process as well as encouraging conflict between staff groups, which can be seen as another method of sabotage.

7.2.3 Negative and Challenging Response

Group 1, Large Unit represented the negative and challenging response to change. They were against the changes in principle and offered reasons why they disagreed fundamentally with the proposals. The members of Group 1, Large Unit were older women, mostly night staff, who had been working in the Unit for many years using the health model of care with clients. They believed that clients were dependent on care staff and that clients did not have the capability of development.

At the beginning of the consultation, Group 1, Large Unit, were extremely angry and resistant to the proposed changes and displaced their anger onto senior management and myself in role of consultant, i.e. people in positions of authority. As mentioned earlier, support for the health model of care could be seen as a defence against the anxiety evoked by working with clients (see p194). Other sources of their resistant response could be that they feared losing their jobs and saw the change as a criticism of the way they had been working for many years. There was also evidence that their negative challenge of the proposed change to a social model of care was based on their own beliefs and values, which were more in line with the health model of care. For example, the way they worked meant that clients were dependent on them and this seemed to provide a source of meaning for them in their work. This last point will be discussed further in the next section.

In the same way as Group 3, Large Unit their support for the health model of care was a source of conflict between staff groups in the Large Unit. In other words for Group 1 and Group 3 in the Large Unit the social defence mechanisms caused them further anxiety because they were a source of conflict with others. However, Group 1 did make some progress during the latter stages of the current study when it was made clear to them that the need for change was due to environmental factors beyond the control of staff or senior management, i.e. the change was a directive from Government and Directors in the NHS service. In the final phase, they accepted this situation and participated more creatively in the consultation process by offering constructive suggestions about the content and implementation of the changes. Although many of these staff remained adamant that they were against the changes, the evidence illustrates that it is possible for people to move from an extreme defensive position to a position where they are against change but can also offer constructive challenge about the change. This group was similar to Group 3, Large Unit because both groups did not have the UM present during any phase of the consultation. The absence of the UM may have made it easier for the groups to express openly their feelings about the proposed changes, whether these were negative or positive.

7.2.4 Saboteur Response

There was evidence in the case study of people who behaved in a way that threatened to sabotage the consultation process and ultimately the proposed changes to the organisation. I have categorised this response to change as the saboteur response. The behaviour of these people ranged from outward displays of sabotage such as disruption of the

discussion groups to passive forms of sabotage such as non-participation in the consultation process.

The most extreme saboteur response was that of the UM, Large Unit. She acted out a saboteur response to the proposed changes by attempting to sabotage the consultation process. It was also reported that she encouraged conflict between groups of staff in the Unit. It seemed that the source of her response could have been that she felt extreme anxiety about potentially losing her job. Other sources of the response seemed to be that the UM was engaging in envious spoiling because she felt threatened that new staff who agreed with the changes and could take over her job as UM. Also the proposed changes to the authority relationships would mean that care staff would take on drug administration, leaving her to take more of a management role. As mentioned earlier (see p211), taking a management role would attract more hostility from care staff and this could be seen as another source of her response to sabotage the changes.

The saboteur response of the UM, Large Unit was extremely hostile and destructive. Her attempts to sabotage the consultation process and the change process seemed to be her way of maintaining the status quo, as well as retaining the social defence system. She seemed to believe that a saboteur response would secure her job and avoid any change to the UM role. However, the paradox was that if she did not make any changes to the way staff worked in the residential homes they would be more likely to lose the competitive tender and she would be more likely to lose her job. This point provides evidence that she was more concerned about her own survival in the system than the future of the service as a whole.

Group 2, Small Unit presented an example of a saboteur response through non-participation in the consultation process. They were against the change to a social model of care but also seemed to represent the powerlessness in relation to the changes. During the group discussions they oscillated between behaving as a fight/flight basic assumption group with mistrust, hostility and rebelliousness towards management and at other times behaving as a basic assumption dependency group by being inhibited and powerless. Because the group were inhibited it was difficult to identify clearly the sources of their resistance. They did have the Dep UM2 present in the group during all phases, who was against the proposed changes. It seemed that the impact of their non-participation could have been to delay the change process, in the hope that the proposed changes would be prevented from coming into being.

The categories of responses to change outlined above indicate that there can be many different sources of resistance to change. In the next section I explore the working hypothesis I developed from the findings of the NHS case study, which is based on the idea that the values held by people can also be a source of resistance to change. This working hypothesis relates to the values and meaning that people have for their work and I will explain and develop further the idea that the existential primary task can be a source of resistance to change.

7.3 The Existential Primary Task as a Source of Resistance to Change

There was evidence in my case study that the values and beliefs held by people about the organisation they work for could be a source of resistance to change. For example, staff expressed frustration that the beliefs and values in the health service had changed and that the service was being run as a commercial business. I would also argue that the beliefs and values of individuals were at the core of their attitude to different models of care and were connected to the meaning that the work had for them. For example, it seemed that for some staff the work had meaning when they were caring for clients as if they were dependent children, i.e. a health model of care. In other cases staff seemed to derive meaning from nurturing and developing clients, i.e. a social model of care. In addition, there seemed to be a connection between the different meaning that work had for staff and the different responses to change. For example, groups of staff who had a positive and challenging response to change were in favour of the changes because the social model provided a source of meaning in their work. In a similar way, groups of staff who had a negative and challenging response to change were against the change to a social model because the health model of care provided a source of meaning in their work.

I would argue that there is a connection between the meaning that work has for people in the organisation and the existential primary task (see Chapter Two, p76) and that the existential primary task can be a source of resistance to change. To illustrate this I will reiterate what is meant by the existential primary task. In Chapter Two (p76), I outlined the primary task as the task that must be performed by people in the organisation to survive. However, as Miller (1993) pointed out, there is a difference between the objective primary task, i.e. what is necessary to survive, and the subjective primary task, i.e. what people believe is necessary to survive.

Miller continues by quoting the work of Lawrence & Robinson (1975) who made the distinction between:

• The normative primary task	The task they ought to pursue to survive, according to a person in authority;
• The existential primary task	The task they believe they are carrying out to survive;
• The phenomenal primary task	The task it is hypothesized that they are engaged in, but may not be consciously aware that they are engaged in.

The optimum position in an organisation would be when the normative primary task and the existential primary task are in alignment. In other words the task that staff are being told to pursue by people in authority is in alignment with the task that staff believe they should carry out. If this were the case then in Bion's terms (see p65) the group behaviour would be a work group, which means that everyone in the organisation would be consciously focused on the achievement of a task. I would argue that this is very rarely the case and that when the normative and existential primary tasks are out of alignment then the resultant behaviour is the phenomenal primary task. At the time I conducted my NHS case study the internal market of the health service was a good illustration of the normative and existential primary tasks being out of alignment and the resultant phenomenal primary task behaviour. For example, there was evidence in my NHS case that people experienced the internal market as follows:

- The normative primary task declared by the Government, and in turn by Directors of the NHS service and the senior managers, was that staff ought to provide a cost effective service to patients, within a restricted budget. In the NHS case study this was seen as the basis for the compulsory competitive tendering process;

- The existential primary task of staff was that they should provide the highest standard of care to patients regardless of cost, although they had different models of care which they believed would result in the best care for clients;

- The phenomenal primary task seemed to be the different responses to change I have outlined above. These ranged from sycophant behaviour from senior

management who were protecting their promotion prospects by imposing the normative primary task, positive and challenging behaviour from those who believed in a social model of care, negative and challenging behaviour from those who believed in a health model of care, and saboteur behaviour from those who believed they could protect their jobs and retain their role by preventing the changes from coming into being.

I would argue that there is also a connection between the different aspects of the primary task and the consultancy approach used. For example, someone using an expert consultancy approach would tend to focus on the normative primary task. This would mean analysing and suggesting solutions to people in positions of authority about what the organisation has to be like in order to improve performance and increase the probability of survival. Someone using a process consultancy approach would tend to focus on the phenomenal primary task, which would mean analysing and interpreting conscious and unconscious behaviour and developing working hypotheses. The latter approach has been the focus of my research so far in that I have focused on formulating working hypotheses about the conscious and unconscious process underlying the behaviour of people in the organisation. The existential primary task has not been the subject of research and is an area that is relevant to my research on sources of resistance to change. I propose that the existential primary task for people can be thought of in terms of the meaning that work has for people in their organisations. In this way it is a key concept in identifying, understanding and working with sources of resistance to change in organisations.

Meaning in life has been the focus of many recent studies conducted by psychologists. Traditionally this concept has not been open to empirical test because it was seen as subjective experience and has been considered rather as a philosophical question, such as "What is the meaning *of* life?". Battista and Almond (1973) operationalised the concept by rephrasing the question to "What is the nature of an individual's experience of his life as meaningful?" and "What are the conditions under which an individual will experience his life as meaningful?". Based on the work of existential psychologists (e.g. Rudyhar, 1936; Frankl, 1963; Maslow, 1964; Fabry, 1968; Weisskopf-Joelson, 1968; MacLeish, 1972;) Battista and Almond (1973) developed the following definition:

"When an individual states that his life is meaningful, he implies

1. that he is positively committed to some concept of meaning of life;

2. that this concept of the meaning of life provides him with some framework or goal from which to view his life;

3. that he perceives his life as related to or fulfilling this concept of life;

4. that he experiences this fulfilment as a feeling of integration, relatedness, or significance." (p 410.)

Battista and Almond further developed the Life Regard Index which enabled the empirical study of 'positive life regard' which is "an individual's belief that he is fulfilling a life-framework or life-goal that provides him with a highly valued understanding of his life" (p 410). Debats et al. (1995) further substantiated their findings by using the Life Regard Index and qualitative methods to examine the relation of aspects of meaning in life with indices of psychological well-being. In addition, the Life Regard Index was found to be strongly associated with the interpersonal dimension of well-being.

Further, Garfield (1973) used the Purpose-in-Life Test developed by Crumbaugh and Maholick in1964 to study the psychological state of existential vacuum. Existential vacuum is a concept developed by Frankl (1955), which involves the loss of the primary motivational force in humans to determine meaning and purpose in human existence, culminating in the loss of the motivation to continue the struggle for survival. When a person's search for meaning is blocked they experience existential frustration and eventually develop 'noogenic neurosis'. A similar pathological condition was described by Maddi (1967) as 'existential neurosis' which he continues '... is characterized by the belief that one's life is meaningless, by the affective tone of apathy and boredom, and by the absence of selectivity of actions' (p 313). Maddi also proposed that this condition has cognitive, affective and behavioural components.

This work was supported in a more recent study by Zika and Chamberlain (1992) who used the Purpose-in-Life Test to examine the relationship between meaning in life and psychological well-being. The conclusions of their study were that "there is a substantial and consistent relation between meaning in life and psychological well-being" (p142.) In particular they found a stronger association between meaning in life and positive well-being dimensions rather than negative well-being dimensions.

O'Connor and Chamberlain (1996) conducted a qualitative investigation with 40 mid-life adults to study the dimensions of life meaning. They found:

- six categories of sources of meaning;

- that all sources revealed the following components (Reker & Wong, 1988):
    - cognitive (that people interpret their experiences in life and develop understanding and beliefs);
    - motivational (values, goals and behaviours); and
    - affective (feelings of satisfaction and fulfilment from experiences and achievement of goals);
- accounts showed a variation in breadth and depth of meaning.

Their conclusion was that "many people have coherent frameworks of meaning which structure their life experiences, and serve to integrate these theoretical dimensions" (p461).

I would argue that the findings of these studies on the meaning in life could also be applied to understand the aspects of organisational life that provide a source of meaning for people. My interpretation of the existential primary task is that it relates to the aspects of work-life that provide a source of meaning for people in organisations, which is connected to their beliefs and values about the task they are carrying out to survive. Examples from my NHS case study would be those groups of staff who either supported the social or health model of care because it was in line with their beliefs and provided a source of meaning in their work-life. There was also evidence in the NHS case study to indicate that when the proposed change in the organisation threatens the aspect of work-life that provides a source of meaning this can be a source of resistance. In other words when the normative primary task, in terms of what people in authority are saying ought to be the task, is out of alignment with the individual's existential primary task, the aspect of work-life that provides meaning, then the response to change would be resistance. For example, staff who had an existential primary task of the health model of care were resistant and had a negative and challenging response to change. In the case of the more extreme sycophant and saboteur responses to change, there was evidence that the existential primary task for those individuals was linked to their personal survival in the organisation rather than survival of the organisation as a whole. For example, senior management were concerned with career progression, whereas the UM, Large Unit was concerned with securing her job and retaining her role as it was.

The evidence presented in this discussion indicates that there can be many different sources of resistance to change. In particular connection to the evidence that aspects of organisational life can provide a source of meaning for people, I developed a working hypothesis about an additional source of resistance to change, as follows:

> **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

I explored this working hypothesis in my second case study, which was conducted in a High Street Bank and is outlined in the next chapter. The findings in the NHS case study also provided evidence of the different levels of learning that people have in relation to change in organisations and how using a process consultancy approach can help people to move through different levels of learning. This is the subject of the next section.

7.4 Different Levels of Learning in Relation to Organisational Change

The NHS case study provided evidence that the process consultancy model was not only a method of identifying and understanding sources of change but also enabled people to move through different levels of learning. For example, in the early stages of the project some people denied the change would happen and were negative towards the consultation process. In the latter stages of the project these same people accepted that change was inevitable and were actively engaged in thinking about what the change could be and how to implement it. Learning requires individuals to engage in personal change and this is a necessity during a process of organisational change. This evidence in the case study supports the concept of different levels of change advocated by Kelman (1963) in relation to social influence found in group therapy. The levels can be seen as developmental stages through which an individual would pass to reach the optimum level. Kelman proposes three levels of change: compliance; identification; and internalization. However, the findings of my case study indicate that there is also a level of resistance to learning, which corresponds to a level of resistance to change. The evidence from my case study I used to build on the theory of different levels of learning is as follows:

7.4.1 Resistance to Learning

Some staff demonstrated an avoidance of learning opportunities and a non- participation in training that was relevant to the proposed changes. For example, staff reported that there were few learning opportunities, however, management reported that staff did not take up

the training offered. Other evidence of resistance to learning was the sabotage and non-participation in the consultation process. In both these examples staff were not open to engage in any learning appropriate to the development of their role in line with organisational changes. In this way they were resistant to change and they attempted to maintain the status quo.

7.4.2 Compliance Learning

Compliance learning occurs when another person is controlling the actions of staff. For example, the management may manipulate reinforcements in the environment to produce change in staff behaviour. The result is often that individuals learn what is required and change their behaviour but do not have a full enough understanding to be effective in their role. There was evidence in the case study that some staff were compliant with the care model used by the UM in the Unit and this seemed to be based more on fear of punishment than positive reinforcements.

7.4.3 Identification Learning

Learning by identification results in people modelling the behaviour of others, particularly when they wish to seek approval from that person. There was evidence in the case study that many new staff were modelling the bad practice of long serving care assistants who were supervising their work.

7.4.4 Internalisation of Learning

The internalisation of learning occurs when behaviour change is attributed internally and individuals have managed their own learning by reflecting on their experience. This is the optimum level of learning and staff will have the depth of understanding necessary to effectively manage themselves in their roles. Bion (1962) also put forward this idea in his work on learning from experience. In this case study there was evidence that some care assistants were operating at this level of learning, but were frustrated by their colleagues who were resistant to change or not taking up learning opportunities. These individuals were open to the development of a model of care appropriate for the service required for the future competitive tendering exercise.

There seemed to be a connection between the extreme positions of sycophant and saboteur response in that those individuals were both resistant to learning and resistant to change. This can be seen as a paradox in the case of those who had a sycophant response to change because they were trying to impose the change but were also resistant to learning or

changing their view of the content and implementation of the change. However, those with a response that was positive and challenging and negative and challenging were more able to move through the levels of learning. There was evidence in the case study that the process consultancy model I used enabled some staff to move to an internalised level of learning. In the latter stages of the project some staff were able to identify and understand the underlying reasons for the tensions and conflict between groups and to see the different perspectives of other staff. The process also helped them to take up authority to make changes to their working practice so as to improve the service. They were able to voice their concerns and opposition to the change in a constructive way to senior management and I received positive feedback from staff about the consultancy process.

The case study findings also indicate that the process of learning from experience requires a large amount of information and a high level of complexity about the organisation to be internalised. I would argue that the aim of organisational consultants is to find out how best to help people develop through the stages of learning to reach a level of internalised learning in the context of highly complex organisations. The consultancy model required has to help people manage their own learning and I would argue that the process consultancy model I used for my research can help people move through the levels of learning to reach an internalized level of learning. Based on the findings of this case study I developed a working hypothesis that:

The impact of using a process consultancy model is that it can help to:

i) **identify and understand how people respond to change;**

ii) **identify situations when the existential primary task can be a source of resistance to change; and**

iii) **develop people to reach a level of internalised learning.**

In the next section I outlined a summary of key points from this chapter and the working hypotheses that I developed. The working hypotheses were explored in my second case study conducted in a High Street Bank and the details are provided in the next chapter.

7.5 Summary of Key Points

The key points in this chapter can be summarized as follows:

- The proposed changes and threat to the social defence system were:

- Potential failure in the competitive tendering process threatened staff with job loss;

- Changes to authority relationships threatened the social defence systems of projective identification between management and staff, and the splitting of the UMs role into 'carer' and 'manager';

- The social model of care and move to community houses threatened to evoke more anxiety through closer contact in working with clients and there was evidence of the social defence systems already used to defend against the anxiety evoked by working with clients, e.g. engaging in practical tasks and projecting negative feelings onto other staff, parents and GP;

- The social model and health model could both be seen as defences against anxiety evoked by working with clients, however, the proposed change to a social model of care was more of a threat to those who believed in the health model;

- The social defence mechanisms seemed to evoke further anxiety and conflict between groups of staff and between parents and staff.

- There was evidence of four different categories of responses to change, i.e. sycophant response, positive and challenging response, negative and challenging response, and saboteur response.

- There was evidence that when the proposed change in the organisation threatens the aspect of work-life that provides a source of meaning this can be a source of resistance. When the normative primary task, i.e. what people in authority are saying ought to be the task, is out of alignment with the individual's existential primary task, i.e. the aspect of work-life that provides meaning, then the response to change would be resistance. In this way the existential primary task could be a source of resistance to change.

- There was evidence that people had different levels of learning in response to the changes, i.e. resistance, compliance, identification and internalisation, and that the process consultancy model helped people to move to an internalised level of learning.

7.6 Working Hypotheses

The results of the studies conducted so far have led me to develop two working hypotheses as follows:

- **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

A further study was conducted in the head office of a national high street bank to explore the two working hypotheses outlined above. The next chapter outlines the procedure and findings of that case study.

8 Chapter Eight: High Street Bank Case Study

8.1 Purpose

The purpose of this case study was to explore the following working hypotheses, which were developed and outlined in Chapter Seven:

- **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

To explore these working hypotheses I conducted a case study in the head office of a high street bank. The aim of this chapter is to outline the background, design and procedure and findings of the Bank case study.

8.2 Background to the Bank Case Study

The participants were two human resource (HR) professionals at the head office of a high street Bank ('the Bank'). The profile of the participants, Joan and Susan, was that they were both women in their late 30's and they had both worked for the Bank for approximately 10 years. They were qualified HR professionals with further training and experience in change management consultancy. Their experience in the bank included working in various regional branches as well as working at the head office.

The organisation provided banking services to customers through branches located in the majority of towns and cities in the United Kingdom. It had undergone several major changes over the last ten years in that it was originally a building society, it had merged with another building society and it had become a bank. Another major change was the computerization of banking services and front-line staff now used computer terminals when dealing with customers. This enabled staff to locate customers' details quickly, to provide information such as the balance of their account and to update transactions immediately. At the same time other information about the customer would appear on the computer screen and the staff member was instructed to offer products and services to the

customer, for example mortgages, insurance, savings accounts etc. In other words the role of the front-line member of staff was to try to sell new services to the customer while the transaction was being made. The bank had also introduced telephone banking so that customers could make transactions by contacting a call centre. The front-line staff at the call centre would also endeavour to sell products during the interaction with customers.

The Directors of the Bank had also recently proposed a major change to the HR function within the organisation. This change had a direct impact on the two participants in my case study. Both the HR professionals, Susan and Joan, had been working together for a year as internal change management consultants. However, Joan recently had a change in role, which was in line with the overall changes to the role of HR professionals in the organisation. It had been decided that there would be a move away from having a centralised HR function that worked on the traditional lines of implementing and monitoring the use of personnel policy throughout the organisation. The HR Director was responsible for implementing the changes. He was new in post and was an accountant by training, which was described by the interviewees as an illustration that the basis of the change was really a cost cutting exercise.

The change would mean that the responsibility for implementing and monitoring personnel policy would be decentralised to branch managers with a small team of HR professionals based at Head Office in an advisory capacity. It was planned that Joan would take up the role of Team Leader for the small team of people who would advise branch managers about personnel policy. They were to be based in a call centre, similar to front-line staff, which would be set up in one office and staff would be equipped with computer terminals and telephones to receive and log the calls from branch managers. The HR Director said he wanted the team of advisory HR professionals to take up a 'consultancy' role rather than the traditional 'policing' role of the personnel function. The change to the HR function would mean less staff would be required, which meant some would be made redundant.

Susan remained in the role of internal change management consultant working with the HR Director to implement the changes to the HR function. This meant that the relationship between Susan and Joan had changed. Previously they had worked together as internal consultants, but now Susan was in a consultancy role and Joan was a member of the client group. The interviews were timely because I conducted them both in the

week after Susan had facilitated an awayday about the planned changes for the HR Director and all the HR professionals, including Joan.

8.3 Procedure

I used a process consultancy model (see Chapter Two, p40) to help the HR consultants explore their experience of the implementation of change interventions within the organisation. The purpose was to help them to identify, understand and work with sources of resistance to change that had manifest during the course of the change project.

We agreed that I would provide consultancy free of charge on the basis that I could write up the case material for my thesis, whilst taking into account the conditions of anonymity and confidentiality. The participants signed consent forms before I began the project. The material presented in this case study is drawn from two taped interviews that I conducted, one with each HR professional. The format of each interview was unstructured and the interviewee was able to explore whatever aspects of their experience were most salient at the time of the interview. My role was to ask open and systemic questions to formulate and explore working hypotheses about the issues being discussed. I also explored my working hypotheses with the interviewees and in particular, at a point in each interview when I had built a level of trust, I asked a series of questions to explore the working hypothesis that the existential primary task can be a source of resistance to change. I did this by first exploring with interviewees what aspects of their work gave them meaning. I then asked whether the changes in the organisation had an impact on those aspects of their work that gave them meaning. The taped interviews were transcribed and direct quotes from the interview are incorporated into the next section, where I present the findings.

8.4 Findings

I used the findings of the case study to develop further the working hypotheses that:

- **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

This evidence is summarized below and includes a combination of direct quotes from the interviewees, summaries of the themes they discussed, and the working hypotheses I developed as the interviews progressed. The evidence is presented in the following sections and covers different levels of learning, different responses to change, existential primary task, and the process consultancy model.

8.4.1 Different Levels of Learning

The case study evidence indicated only two levels of learning in the Bank and these were resistance to learning and compliance learning. The detailed evidence is presented in Appendix H (see p363) and can be summarized as follows:

8.4.1.1 Evidence of resistance to learning:

- Projects were being repeated and therefore there was no evidence of learning from experience;

- Once a project was completed the documents were put in a cupboard, hidden away and not referred to when the same project was conducted again;

- The theme of being 'hidden away' also seemed connected to other hidden elements in the organisation, i.e. the hidden talent of staff, the hiding of negative feedback and hiding the learning from my consultancy with the participants. This finding indicated an unwillingness in the organisation to learn from staff, from feedback or from external consultancy;

- The source of the repetition of projects was said to be that people used this behaviour as a way of furthering their careers. By not referring to previous projects they did not acknowledge someone else's work, however they also did not learn from experience or other people's mistakes;

- There was evidence that people did not want to be associated with a failing project;

- A source of resistance to learning seemed to be personal survival;

- There was evidence that people continuously introduced new change projects. This can be seen as resistance to learning and a source of resistance could be that introducing new change projects was used as a defence against learning from the past or understanding the current organisational dynamics;

- Past experience was not considered in each new change project and the initial reports were 'hidden in a cupboard'; this gave the impression of continuous change although the change projects were not implemented;

- There was evidence that during internal consultation exercises the focus was on asking staff about how things were rather than how they could change in the future;

- There was evidence of minimal investment in training for staff and in particular the HR professionals who would take up a consultancy role were not given appropriate training;

- Generally people were not provided with personal development necessary for new roles and felt unable to admit this was required;

- There was evidence the organisation was resistant to learning from customers about how they could improve the service and customer feedback mechanisms were used as a way of selling products.

8.4.1.2 Evidence of compliance learning:

- It was reported that change transitions were managed in quick meetings with only line managers present who were told what to do rather than building understanding;

- Change projects were designed and then communicated to staff rather than involving staff in development of the change project; this was said to indicate the task focus of people in the organisation;

- There was evidence that the leadership team of directors were not demonstrating sponsorship for the changes, but relied on telling people what to do and not allowing feedback or challenge to the decisions;

- It was reported that directors were not modelling the behaviour required in the change project, which limited the opportunity for people to move from compliance learning, to identification and then to internalised learning;

- There was evidence of the physical absence of directors during the change projects.

In summary, there was evidence of resistance to learning in the organisation and any learning that did occur seemed to be at the level of compliance learning. In view of the lack of modelling or sponsorship from the leadership, people were unlikely to be learning

at the identification level and there would be less opportunity to make the transition to internalised learning. No evidence was presented by the interviewees of learning at an internalised level in the organisation. In the next section I will examine the different responses to change that were evident in the Bank case study.

8.4.2 Different Responses to Change

The case study evidence indicated two main responses to change in the Bank and these were sycophant and saboteur responses. The working hypothesis I developed was that because the most pervasive level of learning in the organisation was compliance learning there was limited opportunities for staff to voice their negative and challenging or positive and challenging response to change. I used the evidence to develop further the working hypothesis that the main responses to change were either behaviour that could be categorized as sycophant or saboteur response. The detailed evidence is presented in Appendix I (see p367) and can be summarised as follows:

8.4.2.1 Evidence of sycophant response to change:

The Directors and senior managers demonstrated a sycophant response in that they formulated and attempted to implement the changes without any consultation or communication with staff;

Directors made it clear they did not want to listen to the views of staff and in particular avoided hearing any negative feedback either by avoiding consultation with staff or instructed those who were undertaking consultation with staff that they did not want to hear the negative feedback;

There was evidence that staff had a negative and challenging response to change when given the opportunity to voice their concerns. However, the Directors did not provide many opportunities for staff to voice either positive and challenging or negative and challenging responses to change.

The sycophant response of Directors was reinforced by those staff who did not feel able to voice negative feedback or express any of their own thinking; they believed this would be seen as a challenge to the authority of their managers;

These staff perceived the behaviour of senior people as sycophant and imposing change;

There was a tension between people who wanted to split the implementation process into discrete tasks, for example the HR Director, and those such as Joan and Susan who wanted to see the whole picture in terms of the overall purpose, scope and objectives;

The working hypothesis I developed was that the HR Director seemed to be using the splitting of the implementation process into discrete parts as a defence against anxiety. It seemed that the uncertainty about the overall vision evoked anxiety in the HR Director and to defend against this anxiety he split the project into discrete tasks, which he believed were more controllable and certain;

There was evidence that the HR Director and other staff avoided bringing together the discrete parts of the project, as this would evoke anxiety because the overall vision was really unknown, uncertain and uncontrollable.

8.4.2.2 Evidence of saboteur response to change:

There was evidence that when allowed to express their views, staff demonstrated an negative and challenging response, however, because staff were rarely given an opportunity to expressed their views the response was more intense and was expressed as sabotage;

Examples are provided (see Appendix I, p369) of the behaviour from both front-line staff and HR professionals of being subversive and responding to consultation by sabotaging the consultation process;

There was further evidence of sabotage that delayed the implementation of the change process, i.e. changing the name of the project.

A full account of a consultation workshop is given in Appendix I, p370, which illustrates the sabotage by HR professionals. This workshop also provided evidence of the underlying dynamics in the organisation, such as not finishing projects; the leadership not being present; dependency on the role of the internal consultant to contain the anger on behalf of the management; and that the result of there not being a forum for people to express anger at the changes could be that there is more stress and stress related illness in the organisation.

An additional working hypothesis I developed was that the other HR professionals could have envied Susan in that she maintained a developmental role and therefore the sabotage of the workshop could also be seen as an expression of envious spoiling (see p58).

Evidence about the way that Joan behaved led me to develop this working hypothesis further. She admitted that she had made a conscious decision not to fully participate in the activities of the organisation and was planning to leave the organisation. During the workshop she also took up a position of non-participation and a working hypothesis could be that she expressed her envy towards Susan's role by not helping her out during the workshop. This response could be seen as saboteur behaviour through non-participation.

Joan also had meetings with the HR Director before the workshop, which Susan was not involved in. Although Susan said that she did not object to Joan's input as it had 'moved his thinking along', she was also 'puzzled as to why they didn't all get together to chat about this'. The working hypothesis I developed was that Joan's behaviour also served to undermine Susan's authority because she was crossing over the boundary to take up what was really Susan's role as the change management consultant. Further evidence of this was that Joan prepared a list of unresolved issues from the workshop and sent it to the HR Director. This was clearly no longer Joan's role, however, it may have been that it was such a loss to her that she was finding it difficult to stop taking up that role with the HR Director. Whether Joan was conscious of taking over Susan's role or not, I would argue that the impact of her behaviour was that it undermined Susan's authority in her work with the HR Director. This was also an illustration of the competitiveness between staff, particularly at a time when people were in competition for the few jobs available and that some people would be made redundant.

The workshop that Susan described was just one example of a series of recent events she had facilitated where staff took the opportunity to act out their destructive impulses and sabotage the consultation. This indicated the extent to which people were not given any other forum to voice resistance in a negative and challenging way and it seemed that their concerns and anger about the changes had become intensified. For the first time, Susan was offering a mechanism for people to voice objections and resistance to the changes. However, by that point in time the intensity of the negative feelings seemed to be acted out as sabotage towards the consultation process and the hostility and anger about the changes seemed to be displaced onto the internal consultant.

The relationship between HR Director and Susan was also an illustration of the expectations for HR professionals to take up an expert consultancy role in response to the dependency needs of managers. This was reinforced when the HR Director indicated that he did not understand what to do or say and both Susan and Joan found themselves taking

up an expert consultancy role in telling the HR Director how he should run the meeting and what he should say. Further evidence of this dynamic was illustrated at the workshop when the HR Director did not take up his leadership role and therefore Susan had to step in to do this for him.

In the next section I present the responses given by the interviewees to my exploring the working hypothesis that the existential primary task can be a source of resistance to change.

8.4.3 The Existential Primary Task as a Source of Resistance to Change

During the interviews I explored the working hypothesis that:

> **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

I did this towards the end of the interviews when I had built up rapport and trust with the two interviewees. The questions I asked were "what gives meaning for you in your work?" and "what has changed in the organisation that has had an impact on whatever gives you meaning in your work?" The following is a summary of the response from each interviewee to these questions.

8.4.3.1 Response from Susan:

Susan began by talking about her time working in the branches of the Bank, which she described as "like a separate lifetime"; she described that time as follows:

> "it was fast and furious; it was a wonderful pace; there was so much to learn and I was rewarded in a way I felt was appropriate. I was able to keep progressing; I got promoted very quickly, several times. And I enjoyed it; it was fun. And I had my own team of people in the branch; I could go in, get a team together, get them really running well, and achieve something. I could actually show something for my efforts and that was important to me then. But I did get to a stage where I wanted to be able to do something else."

She then explained that she made a transition within the Bank to work in the Management Development Department and she described what it was like working in that field as follows:

> "I thoroughly enjoyed myself again; loads to learn. I was allowed to use my brain; I taught myself to run courses and to design courses and stuff and yet there was a good team of people around me all of whom were really keen to share their knowledge and to gain knowledge from me. So it was a nice reciprocal arrangement and there was no jealousy; they would show me

> anything I asked them. They'd allow me to come and sit in on their courses, to pinch their ideas; they'd let me chip in with ideas of my own. I had a good boss, who was extremely encouraging but allowed me a free hand, so I wasn't in a straight jacket. I could use my own mind and do things that pleased me, but got results; I wasn't just allowed to float free in the ether, I did have to produce results. They were different sort of results, but nevertheless I had to show I was earning my money. That's fair enough."

Susan described the "big change" in the Bank that had an impact on what had given her meaning in her work. As Susan put it:

> "The Bank wiped out our management development and training arm. So that meant that the basis on which I was there disappeared."

She could have negotiated redundancy but she decided to stay. There was some voicing of resistance to the change by people at the time but she said she was "quite dispassionate about it". She said she decided early on not to "beat her brow", get upset or to get involved in the "bitching and gossiping".

Susan explained that she kept her head down. Her boss noticed this and he asked her to work on a special project looking at how the Bank managed customer relationships. Joan was also put on this project and they were told they were now internal change management consultants.

Susan and Joan had to teach themselves how to be change management consultants and their boss was very supportive. Susan expressed how she was again able to learn a great deal, have the freedom to experiment, learn how to design workshops. She added that it was "tough and quite frightening at times, but really exciting".

She said in all cases it was most important that she felt she was making a difference – not that she was busy or doing something; it was important to her that her work was productive and she felt they were moving forward.

She said she missed that and now they have to do everything by rote. For example, like the other HR professionals who input data and produce HR policy documents and procedure manuals all day long that no one will ever read.

Susan summed up what was important about the job that she has now lost:

> "It is now a tasky organisation, we don't have to think about what we're doing, because we just get on and do it";

> "We used to be a change management organisation but we are now moving towards command and control rather than facilitating change";
>
> "The organisation is split into those who tell you what to do and those who just do it".

She said that she used to be a real "company girl" but now she did not fit anymore; she was like someone from a different planet. She wanted to ask people what they think, incorporate their ideas and help them gain responsibility and ownership for their jobs. Other people had said to her that they think she seems not to be from this organisation and she seems to be from another planet.

She acknowledged that the task-focused people did seem to be happy in their work and it obviously had some meaning for them. However, she said "the company had spent three years educating her to think differently and now it was cross because she does not think the same way as everyone else".

She concluded by saying that she had "missed the boat" and "decided to get out", i.e. to leave the company, and "do something else".

Not long after my interview with Susan she did leave the Bank and set up as an independent change management consultant.

8.4.3.2 Response from Joan:

Joan thought for some time before answering these questions.

After a long pause she said, "it's new things, creative things" and offered to give some examples.

The work she was currently doing was on a computer and involved creating "process maps", which are flow diagrams to map the process of activities in a job. Her role was to map the activities necessary for the new HR advice centre. She said she was bored out of her mind transferring information from flip charts onto the computer. However, if she discovered something for herself on the computer that was a "good trick" then she was happy.

Joan said it was pleasurable when she found out how to do things for herself. For example, she had no training on the computer system and said she relished the times when she worked out how to do something like create a double line.

The other example was when she helped Susan to convert a computer questionnaire to a written questionnaire. Creating a questionnaire was hard work but fun because it was doing something new.

Joan added that she also liked to do things where the result was change; "so that we're not in the same position as yesterday, not going over the same ground, not confronting the same problem". For example, working with a group of people and helping them to understand something better, to find new solutions and to move forward.

Joan explained that the change in the organisation that had an impact on the meaning she had for work was when she was moved out of the change management role. She said she is frustrated and feels deskilled now because 95% of her skill is unused.

Although Joan was going to be the team leader when they moved to the HR call centre, Joan felt she would be returning to an operational personnel role. The HR staff were to take up a consultancy role, however, the HR Director was not providing training in consultancy for the HR staff. Joan's frustration was fuelled by the fact that she now had training as a consultant from her change management role but the HR Director was not listening to her or valuing that she had this knowledge.

For Joan the change management role encapsulated everything that gave her meaning, i.e. it was about learning new things; being creative in designing and facilitating workshops; helping people to think about what they wanted to achieve; helping them to understand; to move their thinking on; to move the organisation on; and to help people to learn new things.

She described that role as being fun, arduous, draining, and at the end of the day they felt they had won a battle; not the war, but the battle.

Joan went on to say that everything else after that had not been what she wanted to do. The process consultancy model she had developed as a change management consultant was missing from the work she was doing now on the set up of the call centre. She was mapping existing practice on to a series of boxes on the computer; it was nothing new. She was frustrated that they were not considering using a process consultancy model in the call centre, it seemed the role would use an expert consultancy model.

She said she doesn't like going over the same ground and hated the part of her regional personnel manager role when every year, on the same day, they did a pay review. Nothing

seemed to change and it was the same discussions with the same managers every year. She said that had no meaning for her.

Joan said that at the moment nothing was really changing in the organisation; that she felt she was just turning up and not achieving or learning anything. She said her day was pointless and meaningless.

She said that the main changes in the organisation that had an impact on the meaning she had for her work were as follows:

> "There are two things that have changed. There was a policy decision that HR would no longer support the organisation at a central level on change management activities. So if the organisation wants to run a facilitative session it trains its own facilitators, but it doesn't find a facilitator within HR. Secondly there was the decision to reduce the numbers of people and that then forces you in to the very basic roles, 'subsistence' roles to keep the things ticking on. That means you do very little creative stuff in reality. What you're doing is maintaining the status quo or you're fire fighting because you are just dealing with the problems as they come up. We have at the same time closed down the Management Development Department, so that's more evidence that we're interested in maintaining the status quo. So that takes away the learning new things and it takes away the creative part of my role."

Also Joan had been told she could not attend a process consultancy training course (run by the Tavistock Consultancy Service) that she had been negotiating attending for a year. Joan explained that the process consultancy course would have given her meaning in her work in terms of new learning and creativity. It would also have been a prize as a reward for the boring, meaningless work that she is now doing in her role. Joan also believed that the training was necessary for all other HR staff that would be part of the HR advice team, however, it had been decided that no one would be attending this or any other process consultancy course.

Joan explained the basis for the changes was to cut costs and that business development came before personal development. This change also reinforced the difficulty for managers to admit that they needed some management development or personal development. Joan said that when a manager "raised their head above the parapet" to say they needed some personal development to be effective in their role, then she enjoyed giving coaching to these managers; it brought back some meaning to her role.

Like Susan, Joan had decided to leave the organisation. She said she had lost the motivation to continue challenging the HR Director about having a process consultancy model for the HR advice team. She had decided to put her energy into finding herself

another job. Joan said that although she had not left the organisation in body she had already "left in spirit". Joan did leave the Bank some months after my interview with her.

In summary, for Susan a source of meaning in her work was being able to learn, progress, and use her brain. Also it was important to her that there was good team working, with no jealousy and that people could learn from each other. In terms of her relationship with her manager she valued having the freedom to experiment, having encouragement and support, but within the boundaries of knowing what results she had to produce. It also gave her meaning to be able to progress, moving things forward and to make a difference. The change in the organisation that had an impact on the meaning in her work was that the management development and training had been "wiped out". She said very strongly that this had taken away the reason for her existence. Susan said the difference in the organisation now was that it was: task focused rather than encouraging thinking; command and control rather than facilitating change; and split into those who tell others what to do and those who do it without thinking. She had decided to leave the organisation because she felt she no longer had a place.

For Joan a source of meaning in her work was very similar to Susan: learning new things; being creative; learning something for herself; doing things where the result was change; helping others to learn, understand, find new solutions, and move forward. The change in the organisation that had an impact on the meaning in her work was being moved out of the change management process consultancy role. She felt deskilled and working in the HR call centre would for her be an operational personnel role rather than process consultancy. She could see how the HR call centre role could use a process consultancy model, however she was not being listened to and it appeared the role would use an expert model of consultancy. She mentioned that the other changes, which had an impact on the meaning in her work were the closing of the Management Development Department and that people were now in 'subsistence' roles that maintained the status quo rather than facilitating change. Like Susan, she had decided to leave the organisation because the work she was doing was meaningless for her. Soon after the interviews both participants had left the organisation.

In the next section I present evidence to explore the working hypothesis that refers to the process consultancy model and levels of learning.

8.4.4 Process Consultancy Model and Levels of Learning

The evidence from the case study was used to explore the working hypotheses that:

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

So far in this chapter I have presented evidence from the Bank case study to illustrate the different responses to change and I have described situations where the existential primary task can be a source of resistance to change. Therefore this evidence builds on the working hypothesis outlined above. The evidence presented so far also illustrates that the process consultancy model I used in the interviews was a method of identifying different levels of learning. However, the aim of this section is to present evidence to explore part iii) of the working hypothesis that the process consultancy model can help to develop people to reach a level of internalised learning.

Although the findings indicate that the levels of learning in the Bank case study were resistance to learning and compliance learning there was some evidence that using a process consultancy approach enabled people to reach an internalised level of learning. Firstly, I present evidence from the experience of Susan and Joan that their use of a process consultancy model in their roles at the Bank helped people to reach a level of internalised learning. Secondly, I present evidence from the feedback I received from Susan and Joan that I helped them to reach a level of internalised learning by using a process consultancy model in the interviews I conducted with them.

8.4.4.1 Evidence from Susan and Joan's experience:

Although Susan and Joan were used to using a process consultancy model in their work as internal change management consultants, this was a new way of working for the other HR professionals. There was evidence that the HR professionals used an expert consultancy model in their work rather than a process consultancy model. Using an expert model meant the focus was on a compliant level of learning and ensuring that personnel policy was strictly followed and involved bureaucratic procedures and paperwork.

> **Joan:** "The focus was on obedience and on paper. When I worked in the regional branches I had an HR officer reporting to me and in the end it became a joke because the first time she came to see me she took three carrier bags of paper out of her boot. Our entire life was about reducing these carrier bags."

People were dependent on HR staff to solve their problems for them and this was illustrated by the expectations of line managers and the way that HR staff behaved in the regional offices. Joan used a process consultancy approach in her work with regional managers and it was clear that they were used to an expert consultancy approach:

> **Joan:** "What the line managers in the regions want HR staff to do is to take up responsibility for their problem and managers had no view as to what the solution should be. Managers had never worked with anybody who allowed them to have a view. I asked them what they wanted to achieve and the reply was 'that's a brilliant question because it gives me another view on the world.'
>
> My approach would be to coach the manager into dealing with the issue by opening up various opportunities, horizons, options, and comparing the skill the manager had against the skill they would need. Then I would coach them and add in my professional expertise that a line manager would not be expected to have.
>
> My predecessor had a different approach. She would find out all about the case and then tell the line manager this is the decision you need to take. The difference between our approaches was that she would take the management responsibility, but I would take a coaching perspective. She had a nervous breakdown and I would suspect that she was over burdening herself to the extent that she couldn't cope."

The evidence indicates that other HR professionals were using an expert consultancy approach with managers and the consequences were quite stressful for the HR staff.

There was also evidence that the line managers and HR staff were struggling to make the transition from the traditional operational personnel role of expert consultancy to using a process consultancy approach that Joan believed was required for the HR call centre. At the workshop with HR professionals (see Appendix I, p370) the HR Director demonstrated another example of this struggle in that he did not understand facilitation skills or the process consultancy model. I explored this idea with Joan by summarising some of the issues she had mentioned:

> **Linda:** "It sounds like what you are saying is that when the HR Director went to that meeting he was trying to be consultative and facilitative because that was what he had been told to do. However, when he got to the meeting he wasn't sure how to do it and there were all sorts of cross messages coming over. You and your colleagues were on the one hand thinking that he is trying to be consultative but at the same time thinking that there's really some vision and why doesn't he just say what it is?"
>
> **Joan:** "That's right, yes."

Linda: "So, the dilemma for him in his role is the same as for you and your colleagues – how are you going to make the transition to being consultants, what does that mean, and if people are used to you being in expert mode will they accept you being more consultative?"

Joan: "Yes. Absolutely."

Joan explained that this transition was not helped by the lack of investment in technology and training for the staff in the HR call centre.

Joan: "It's all very low tech. We should have a phone headset and a computer system that is all linked up, but we are going to have telephones tucked under our chins and bits of paper. How low tech can you get other than tom-toms and smoke signals? It is low cost. The high tech has to be an exquisite process consultancy model so that in the time you have with the individual over the phone you know what questions to ask and in what order to get to the result that the person wants. I know the first thing we will be asked to do will be to suggest a solution; we're great for going to the solution. That's my biggest concern; we don't have any sort of process consultancy model."

The key point from the evidence provided by Susan and Joan is that they both had experience of using a process consultancy approach and expressed the view that using the approach can help people gain more understanding and move their thinking forward. Using the process consultancy model also enabled people to maintain ownership of their problems and solutions. However, the changes in the organisation meant that this approach was no longer valued. It seemed that the plan for the HR call centre was to use an expert model of consultancy. This meant that HR staff would provide solutions over the phone to branch managers who phoned in for advice. Evidence of the impact of using the expert consultancy model for HR work was provided by the example of a woman in a regional branch who had become so overburdened with the problems of managers that she had a nervous breakdown. The evidence also illustrated that using an expert consultancy model only helped people to learn at a compliance level of learning.

8.4.4.2 Evidence from Feedback about the Interview Process with Susan and Joan

At the end of each interview I asked the interviewees "what has been your experience of this interview today?". The response from each interviewee was as follows:

Susan: "It's been useful for me to try and recount what happened during the workshop. I haven't spoken to anybody other than to you in any detail about it because I don't feel I can. I've adopted this peculiar role and I've ended up sitting in it. So that's been very useful to me; just in terms of feeling better about it and maybe there wasn't much I could do under the circumstances.

And the other thing that's been quite a revelation to me that was very useful was the conclusions you were drawing and the theories you were saying - that it was just another mirror image of what's going on all the time. I really hadn't seen that; it's one of those things but sometimes you're so close to something you can't see it. It really hadn't occurred to me till you said about, 'you weren't allowed to finish' and I thought God, it's blinding now but it wasn't earlier, it was incredible. It was very useful, thank you."

Joan: "It's clarified some thinking for me for two reasons. One, because I did preparation for it and kept some notes of what I thought would be interesting for you and quotes that I could give you. So, I've done some preparation, which has allowed me to step back from it. Then, articulating it to you is useful as well, to check with you to see if I'm talking any sort of sense, so that when you come back to me and ask me to clarify it makes me explain it better. It's given me a couple of approaches that I can use with my boss, so that's all been good. There are a whole lot of unresolved things around this business about not having process consultancy training, which draws a picture about how annoying this place is. Another value of this has been to ask myself 'do you actually want to do any of this?; is it your responsibility?'; 'do you care enough to want to do any of this?', because if I work as hard as they want me to work and they don't give me any personal development, then why should I bother really. I've also been able to articulate some of those things that made me think 'why have I got this dissatisfaction?' And, as I've been talking, I now know why I've got this dissatisfaction. So that's the value of it, it gets a number of those things out really.

I've been working towards attending the process consultancy course for the last year and it was to be my prize for being a good girl, for going to the regions and for doing the boring work I'm doing now. That is where my feeling of being let down comes from and my feeling that I don't want to care. It's good to pinpoint it. It's not just some amorphous feeling; to say that I'm feeling generally hacked off is not valuable. You have to know what you're feeling hacked off about. For me I have to be specific about what it is that I don't like. I usually go home to my partner and say it's been a pointless and extremely annoying day. Now I can go home and tell him why it's been an annoying day - because they've broken a contract with me in not letting me go on the course, yet they're expecting me to maintain my contract with them about being concerned, contributing and wanting to do more than they expect. That's where the annoyance comes. So that's been of value out of the session - pinpointing that."

It can be seen in both cases the process consultancy approach I used in the interview helped the interviewees on two levels. Firstly, to think through the issues in their role and both remarked on how they now had a better understanding of the situation, particularly sources of resistance to change. Secondly, they understood what was a source of meaning in their work and what had changed in the organisation that had an impact on their roles so that they no longer had meaning in their work.

For Susan it was important that she understood the dynamics of the organisation and what was being acted out in the workshop that she facilitated. This understanding helped her to realise that a source of the behaviour at the workshop seemed to be the unconscious process of projective identification. It seemed that the group had projected their own feelings of impotence, failure onto Susan and displaced their anger and hostility about the changes onto her. It seemed that during the workshop she had introjected and identified with these negative projections of the group. She felt impotent during the workshop and felt she had failed in her role as facilitator, particularly in that she became so angry with the group. She said that her understanding of the dynamics had become clear to her during the interview with me, which indicated that by using a process consultancy model I had helped her to reach an internalised level of learning. She was also able to accept that her illness was stress related and realised it was directly connected to what happened at the workshop and what she was containing for the group.

Susan was the only HR professional to remain in a developmental role, i.e. that of an internal change management consultant, and this role had previously been a source of meaning for her. However, the organisation had changed in such a way that her role was not being valued and she was not given the authority to carry out her role appropriately. Therefore the changes had a negative impact on a source of meaning for Susan in her role. It also seemed that her role as change management consultant had become a 'bad object' as there was evidence that front-line and HR staff seemed to projected their negative feelings and displace their anger about the changes onto Susan in her role. An additional working hypothesis I developed was that the other HR professionals could have envied Susan in that she maintained a developmental role and therefore the sabotage of the workshop was also an expression of envious spoiling.

For Joan, the process consultancy interview process had helped her to realise why she felt her work was meaningless. She had realised that her dissatisfaction was based on a feeling of being betrayed by her employer. She had been promised that she would be able to attend the process consultancy training course and then recently told that she could not attend. This also symbolised the change in the organisation that had an impact on the aspects that gave her meaning in her work. A source of meaning for Joan was to be able to learn things for herself and to be able to move thinking forward. The decision by the Directors not to support the process consultancy model for the HR call centre indicated to Joan that her new role would not provide a source of meaning for her in her work. The process consultancy interview also helped Joan to understand the dynamics in the

organisation and that she herself was resistant and sabotaging the changes. She admitted that her behaviour of non-participation was in response to her feeling betrayed and that she was not willing to ensure that the implementation of the change was effective. Although she did not say this explicitly, she implied that her behaviour was a saboteur response to change.

In summary, the evidence presented in this chapter indicates how the process consultancy model I used helped the participants to identifying and understand how people respond to change and to understand what aspects of the work gave them meaning, i.e. their existential primary task. The participants were also able to understand the impact the organisational changes had on the meaning they had in their work. The above evidence illustrates the level of internalised learning that the participants reached in that they expressed new insight into their situation and a better understanding of the organisational dynamics. In contrast to the expert consultancy model, which helps people to reach only a compliance level of learning, the process consultancy model can help people to reach an internalised level of learning. This evidence therefore builds on the working hypothesis that:

- **The impact of using a process consultancy model is that it can help to:**
  - i) **identify and understand how people respond to change;**
  - ii) **identify situations when the existential primary task can be a source of resistance to change; and**
  - iii) **develop people to reach a level of internalised learning.**

In the next chapter I present the conclusions from my research and I present below a summary of key points from this chapter.

8.5 Summary of Key Findings

The findings of this case study provided evidence to build on the working hypotheses that:

- **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**
- **The process consultancy model:**
  - i) **is a method of identifying and understanding how people respond to change;**

ii) is a method of identifying situations when the existential primary task can be a source of resistance to change; and

iii) can help people to reach a level of internalised learning.

The key findings in this case study were as follows:

- There was evidence of resistance to learning and compliance learning. However, there was a lack of leadership sponsorship and support of the changes and no evidence of them modelling the appropriate behaviour. This meant that there were limited opportunities for identification learning and it was unlikely people would reach a level of internalised learning. This finding builds on the working hypothesis that there are different levels of learning during a change project.

- There was evidence that the main response to change was a sycophant response from Directors and senior managers and a saboteur response from staff. The saboteur response was intense because there was a limited opportunity for staff to express their negative and challenging response to change. The finding indicates that the process consultancy approach is a method of identifying and understanding how people respond to change.

- Susan and Joan expressed that the organisation had changed in such a way that it had an impact on the meaning they had for their work. They had both voiced resistance in terms of negative and challenging response, but had not been listened to. Joan also expressed a saboteur response to change. However, the end result was that they both decided to leave the organisation and they did leave a few months after the interview. This finding builds on the working hypothesis that the existential primary task can be a source of resistance to change, i.e. when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning they will be resistant to the change.

- Evidence was presented from Joan and Susan's experience of using a process consultancy model and from the feedback they gave me about my use of the process consultancy model for the interviews. This evidence builds on the working hypothesis that the process consultancy approach is a method to understand how people respond to change, that the existential primary task can be a source of resistance and that this approach can help people to reach an

internalised level of learning. In particular, this approach helped Susan and Joan to understand their existential primary task and the impact the changes had on the meaning they had in their work. There was evidence that Susan and Joan had new insight into their situation and the dynamics of the organisation, which illustrates that the process consultancy interview helped them to reach a level of internalised learning.

9 Chapter Nine: Discussion of Case Studies and Conclusions

The aim of this chapter is to present a summary of my research and then to discuss and develop further the key findings from both case studies. I will also discuss the limitations of my research and propose further research studies that could be conducted.

9.1 Summary of Research

The aim of my research was to identify sources of resistance to change in organisations and to explore the impact of the consultancy process used to bring about change in organisations. The focus of my research was to examine the approaches used by internal and external consultants whose role is to bring about organisational change through the authority structures. The different approaches to consultancy were outlined in Chapter Two (see p28) and ranged from the expert consultancy model to the process consultancy model. I conducted my research using a process consultancy model, as described in Chapter Two (see p40), in what appeared to be two very different organisations. These were one public organisation, an NHS Trust, and one private organisation, a Bank.

The process consultancy model I used involved employees and applied principles from psychoanalysis and systems theory. Applying principles from psychoanalytic theory and practice to the process consultancy model enabled analysis of different psychological levels of mind and applying systems theory enabled analysis of the different contextual levels of the organisation. The underlying method of the process consultancy model was an action research method, which was described in Chapter Four (see p110). The different psychological perspectives of sources of resistance to change were outlined in Chapter Three (see p84). Psychological perspectives, such as organisational behaviour, cognitive psychology, and social psychology, provide some explanation of resistance to change. However, the explanations remain at a behavioural level of analysis and deal with only conscious sources of resistant behaviour, for example people are resistant because they are consciously aware that they may lose their job because of the change. I concluded that the advantage of using a psychoanalytic perspective of the sources of resistance is that it provides an explanation of resistant behaviour that is based on unconscious as well as conscious processes.

I used the process consultancy method to identify sources of resistance to change in my case studies and to explore the impact of using the method to identify, understand and work with sources of resistance to change. In summary, my key research aims were:

- **to identify the sources of resistance to change in the case study and to use the findings to explore and build on the guiding theory that a psychological source of resistance to change is that people use the social system in organisations as a defence against anxiety and therefore any attempt to change the social system will result in resistance.**

- **to explore the impact of using a process consultancy model that involves employees and applies principles from psychoanalysis and systems theory to identify, understand and work with sources of resistance to change.**

The overall format of my research was that I conducted my first case study using in an NHS Trust, and based on the findings of that study, I developed additional new working hypotheses, which I explored in the Bank case study.

The findings of the NHS case study are presented in Chapter Six (see p149) and discussed in Chapter Seven (see p210). I conducted a low level and conceptual level analysis on the data, which enabled working hypotheses to be developed about each of the groups to identify sources of resistance to change and to build on the guiding theory, which was developed in the 1950's (Jaques (1955), Menzies (1959)). A summary of the findings and working hypotheses is presented on p203. The key working hypothesis I developed from the findings about each group was that there seemed to be four different categories of responses to change, i.e. sycophant; positive and challenging; negative and challenging; and saboteur. In addition I found evidence that the values and beliefs held by people about the organisation they worked for could be a source of meaning, i.e. the existential primary task. There was evidence that the existential primary task could be a source of resistance to change. This means that if there is a misalignment between the normative primary task of the organisation, i.e. what people in authority say they ought to be doing in the organisation to survive, and the existential primary task of individuals, i.e. what they believed they have to do to survive, this could result in resistance. I also found evidence that there were different levels of learning in organisations during change, i.e. resistance, compliance, identification and internalisation, and that the process consultancy model could help people to move to an internalised level of learning.

Based on the findings of the NHS case study I developed working hypotheses that:

- **The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.**

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

I explored these working hypotheses in the Bank case study. In summary, the findings of the Bank case study were that the participants in the Bank case study expressed that the organisation had changed in such a way that it had an impact on the meaning they had for their work. They had both voiced resistance in terms of a negative and challenging response, but had not been listened to. One participant also expressed a saboteur response to change through non-participation. However, the end result was that both participants decided to leave the organisation and indeed they did leave a few months after the interviews. This finding builds on the working hypothesis above that the existential primary task can be a source of resistance to change, i.e. when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning they will be resistant to the change. The evidence also builds on part ii) of the second working hypothesis that the process consultancy model can help to identify situations when the existential primary task can be a source of resistance to change.

The process consultancy approach also helped to identify that the main responses to change were a sycophant response, from Directors and senior managers, and a saboteur response, from front-line and HR staff. The saboteur response seemed to have become more intense because there was a limited opportunity for staff to express their negative and challenging response to change. The findings build on part i) of the second working hypothesis that the process consultancy model can help to identify and understand how people respond to change.

There was evidence that the levels of learning in the Bank case study were resistance to learning and compliance learning. This seemed to be the result of the lack of sponsorship of the changes from the leadership team, i.e. Directors and senior managers. The leadership team did not seem to be modelling the appropriate behaviour, which would have given opportunities for staff to engage in identification learning. The apparent absence of leadership modelling and lack of opportunities for identification learning meant that it would be less likely that people would reach a level of internalised learning. This

finding builds on the working hypothesis that there are different levels of learning during a change project.

However, there was also evidence that the process consultancy model can be used to help people to move to an internalised level of learning. This evidence was presented from the participants' experience of using a process consultancy model and from the feedback they gave me about my use of the process consultancy model for the interviews. The findings in both cases provided evidence that the process consultancy model enabled people to have more insight into their situation, maintain ownership of the problem and solution, and understand the dynamics of the organisation.

The summary provided above indicates how the evidence from the cases studies builds on the working hypotheses. In the next section I will discuss several key findings that emerged from both case studies.

9.2 Key Findings from Case Studies

The aim of this section is to discuss several key findings that are based on evidence from the NHS and Bank case studies. These key findings are:

- that a psychological source of resistance to change can be that the social system is used as a defence against anxiety;
- that the existential primary task can be a source of resistance to change;
- two models I developed to illustrate the continuum of responses to change and the dimensions of responses to change;
- that the findings of my research can be applied to the development of a process consultancy model to enable people to reach an internalised level of learning.

A discussion of each of these points is set out in the remainder of this section.

9.2.1 Source of Resistance to Change: The Social System as a Defence Against Anxiety

Both case studies provided evidence to build on the guiding theory from the psychoanalytic perspective that a psychological source of resistance to change can be that the social system is used as a defence against anxiety. This guiding psychoanalytic theory was developed in the 1950s by Jacques (1955) and Menzies (1959) and later developed by

Miller & Gwynne in the early 1970s. I conducted my research during 1996-7 and therefore the evidence from my case studies indicated that the theories are still relevant to understanding current organisational dynamics. Many aspects of the social defence system in my case studies were similar to the findings of Jacques, Menzies and Miller & Gwynne. However, there were some aspects of the social defence system in my case studies that were different from the early studies, which illustrate how organisations have changed since the studies were carried out in the 1950s. These similarities and difference are discussed below under the headings of authority relationships, nature of the work, and fragmentation of tasks.

9.2.1.1 Authority Relationships

A major similarity between my case studies and the findings of the studies conducted in the 1950s was that the authority relationships were one aspect of the social system that seemed to be used by people as a defence against anxiety. In particular, the evidence in my case studies builds on Jacques' theory that the unconscious process of projective identification was used as a defence against the anxiety evoked in the authority relationships. There was also evidence that any proposed change to the authority relationships was resisted.

In the NHS case study there was evidence of projective identification between care staff and senior management in that staff seemed to project their negative impulses onto senior management and perceived them to be critical, unsupportive and unavailable. Senior management seemed to reinforce the projective identification by introjecting and identifying with the projections and behaved in a critical, unsupportive and unavailable way. It is important to remember that a source of this unconscious process could be that it defends care staff from the anxiety evoked by the possibility that they themselves may be critical, unsupportive and unavailable in their relationships with clients with learning disabilities. Rather than face these uncomfortable and negative feelings towards clients the care staff seem to project them onto senior management. The projective identification therefore enables care staff to deny their own destructive impulses, idealise their own group and create group cohesion in their relationship to people in positions of authority.

Another key aspect of the authority relationships in both case studies was the hostility and anger that staff had towards people in a role with a management function. It seemed that the hostility towards the management function was an integral part of the authority relationships in both organisations; however, it seemed to become more intense when

management proposed to bring about a change through the authority structures in the organisation. I would argue that the way that change was brought about through the authority structures evoked anxiety because people felt unable to control or influence the proposed changes. It seemed that the feelings of loss of control and uncertainty evoked anxiety and the anger and hostility was directed towards people in roles with a management function. However, there seemed to be a similar reinforcing circular pattern of behaviour in both case studies. As staff increasingly expressed hostility towards management, the management increasingly avoided consulting and involving staff. This seemed to reinforce staff's feelings of lack of control and uncertainty, which in turn increased their anger towards management, and so on.

In the NHS case study the hostility was expressed towards senior management and towards UMs when they took up a management role. The anger was also displaced onto me in my role as consultant, which seemed to be part of the transference relationship in that I was seen as representing a person in authority for care staff. In the Bank case study the HR staff expressed hostility towards the HR Director, who had been given the task of implementing the change to an HR advice call centre. HR staff and front-line staff also displaced their hostility onto the change management consultant when she was consulting front-line staff and facilitating the awayday for HR staff. This indicated that there seemed to be a similar transference relationship between staff in the Bank and the internal change management consultant.

People seemed to have different capacities for containing the hostility and understanding the basis of the anger expressed towards them. In the NHS case study the UMs seemed to find it difficult to contain or understand the hostility from staff and seemed to displace the hostility onto senior management, groups of staff, or me as consultant. The UMs also avoided the hostility by taking up a carer role rather than management role in relation to care staff. Part of my role was to contain and understand the hostility displaced towards me in the transference relationship with care staff. At times this process was extremely uncomfortable for me and I had to hold my position on the boundary of the group so that I understood that the hostility was really meant for management, rather than take it personally. I had to choose the most appropriate time and way of commenting that their hostility was really meant for management and I did this by asking systemic questions, offering summaries and interpretations. Also, in the final verbal report I gave feedback to senior management about this aspect of the social defence system, which they seemed to acknowledge and understand.

In the Bank case study the HR Director seemed to avoid facing the hostility from HR staff, which indicates that he was to some extent aware they would be angry. It seemed that the longer he avoided facing their hostility the angrier the HR staff became. When he did face them in the workshop he seemed unable to contain or understand the hostility and seemed to encourage staff to displace their anger onto the change management consultant. It seemed that during the workshop the change management consultant did become overwhelmed by the hostility and also introjected and identified with negative projections from HR staff about failure and impotence. The interview I conducted with her was soon after the workshop, when she was off work with stress related illness. By using a process consultancy method I was able to help her understand the dynamics in the workshop and she acknowledged that she had been holding the negative feelings on behalf of the HR staff during the workshop.

In both case studies the proposed changes threatened to change the authority relationships between people in the organisation. In the NHS case study the changes would mean that care staff would take up more authority, e.g. responsibility for administering drugs, which would mean less dependence on management. The impact on the role of UM would be that they would take up more of a management role, which attracts more hostility from staff. In the Bank case study the HR staff would not be responsible for managing personnel policy in the Bank branches, as this would become the responsibility of Branch Managers. The proposed change was that HR professionals would act as advisors rather than experts, however they were not going to be given the appropriate training, e.g. in process consultancy skills. It seemed that a source of their anger about the changes was that they felt they would be losing some of their management role and were not clear what their new advisor role would entail. The change would also have an impact on their authority relationship with Branch Managers, who were used to being dependent on the expertise of HR professionals.

In both cases studies, the existing authority relationships seemed to serve as a defence against anxiety and I would argue that this was a source of resistance to the proposed changes to the authority relationships. Therefore, the authority relationships can be seen as part of the social defence mechanisms that was a source of resistance to change.

9.2.1.2 Nature of the Work

Another similarity between my case studies and the work of Menzies (1959) and Miller & Gwynne (1972) was that the nature of the work seemed to evoke anxiety for staff and the

social defence system served to defend them against this anxiety. There was a clear similarity in the NHS case study to the findings of Miller & Gwynne (1972) that the model of care seemed to be used as a defence against anxiety evoked by working with clients. In my case study the health model of care was similar to Miller & Gwynne's warehouse model whereas the social model of care was similar to the horticultural model. The additional finding in my NHS case study was that the conflict between groups of staff seemed to be based on whether they supported a health or social model of care.

In a similar way in the Bank case study the conflict between staff seemed to be based on whether they were for or against the proposed changes, which in its extreme form produced opposing sycophant and saboteur responses to change. I would argue that this example is also evidence that the social defence system was used by people to defend themselves against the anxiety evoked by the type of work they do. For example, the HR professionals were used to using an expert model with Branch Managers whereas the change would require them to be advisors rather than experts. For some people this seemed to evoke anxiety, which might be because the expert model provides a sense of certainty and control in relation to dealing with personnel issues such as recruitment, disciplinaries and grievance procedures. The HR staff may have been against the change because the expert model served as a defence against the anxiety evoked by the nature of their work.

Another example was that the leadership team in the Bank, i.e. Directors and senior management, were responsible for bringing about change in the organisations through the authority structures and it seemed that this aspect of their work evoked anxiety. This may have been because of the uncertain and uncontrollable nature of change and that their role in bringing about change attracted hostility from staff. For example, the HR Director seemed to use an expert consultancy model in his attempt to impose and control organisational change. I would argue that an expert consultancy approach could be used as a defence against the anxiety evoked by the uncertainty of change projects. The HR Director also tried to impose an expert model on the HR advisor role and encouraged the change management consultant to use an expert approach. This example also indicates that managers may prefer to recruit expert consultants because this approach also serves to defend the managers against the anxiety evoked by the change project.

The findings of both case studies indicated that the social defence system itself evoked anxiety, for example in both organisations there was hostility and conflict between groups

of staff, between staff and management and the change management consultant was off work with a stress related illness.

9.2.1.3 Fragmentation of Tasks

In Menzies' study there was evidence that the work load was broken into different tasks for each nurse to perform as a defence against having close contact with patients. In contrast, there was no evidence of this in my NHS case study and the majority of care staff had close relationships with clients, although this seemed to evoke anxiety. However, there was evidence in the Bank case study that the work load was broken into discrete tasks by the HR Director. This seemed to be a source of conflict between the HR Director and the two participants in my study, who were focused on understanding the overall vision and wanted to facilitate change and develop people. It seemed that the HR Director split the change project into discrete tasks and did not want them to be brought together. I would argue that this was evidence of the HR Director reverting to the primitive behaviour of the paranoid/schizoid position. This means that a source of his fragmentation of the task was at an unconscious psychological level based on the anxiety aroused by the uncertainty of the change project.

I would argue that his behaviour indicated that he did not want to bring the split off parts of the project together as he feared being overwhelmed. Kleinien theory (see Chapter Two, p55) explains the basis of this behaviour as being the anxiety evoked by the primitive phantasy that the whole breast would persecute and annihilate the baby. The baby resolves this by fragmenting the breast and splitting off the bad parts of the self onto the mother. It could be that to defend against the anxiety due to the uncertainty of the change project the HR Director engaged in fragmentation of the change project into discrete tasks. However, the participants in the interviews were both disturbed by this behaviour of the HR Director and wanted the tasks to be brought together so they could see the whole vision. It could be argued that the HR Director's behaviour evoked depressive anxiety for the interview participants. Their response was to use projective identification as a defence against depressive anxiety, which allowed them to idealise themselves as the good object, deny any destructive impulses and feel persecuted by the HR Director. In this way the projective identification was reinforced in the interrelationships between the HR Director and the interview participants.

The evidence presented above builds on the guiding psychoanalytic theory that a psychological source of resistance to change can be that the social system is used as a

defence against anxiety. However, there was also evidence in both case studies that the values and beliefs held by people about the organisation they work for can be a source of meaning, i.e. the existential primary task, and can be another source of resistance to change. This finding illustrates that there can be many different sources of resistance to change and demonstrates the complexity involved in identifying sources of resistance. The existential primary task as a source of resistance is outlined in the next part of this section.

9.2.2 Source of Resistance to Change: The Existential Primary Task

There was evidence in both case studies to build on the working hypothesis that the existential primary task can be a source of resistance to change. This means that when a proposed organisational change has the potential to change the individual's role so that they no longer have meaning in their work they can become resistant to change. An example of this from the NHS case study was when staff perceived that the normative primary task of the organisation, as advocated by the Government and senior management, was to win the compulsory competitive tender (CCT) by providing a cost effective service. Many staff spoke against this perceived normative primary task and I would argue this was because their existential primary task was to provide the best service for clients regardless of cost.

Another example in the NHS case study was the move to a social model of care and there was evidence that the model of care held by staff was based on their own personal beliefs and values. For some staff the health model seemed to provide a source of meaning of work for them and was closely connected to their values. They saw clients as dependent on them and it was an important role to care for their physical needs whereas the proposed change was to a social model based on different values. In this way the values held by staff can also be a source of resistance to change. For other staff the social model seemed to provide a source of meaning of work for them and was closely connected to their values. They encouraged clients to be independent and it was an important role to provide opportunities for development. The proposed change to a social model was in line with their values and their response was to support the changes.

As mentioned earlier, Miller & Gwynne (1972) proposed that both models of care could be used as a defence against anxiety. However, I would develop this further to say that people are attracted into certain types of work because the role provides them with meaning in their work, which becomes their existential primary task. It might also be that

there are aspects of the social system that person uses as a defence against anxiety, in this case the model of care. The optimum situation would be that the individual's existential primary task and the organisational normative primary task are in alignment. However, if the normative and existential primary tasks become misaligned then the individual is more likely to resist the change. This resultant behaviour is known as the phenomenal primary task, i.e. the task it is hypothesised they are engaged in but may not be consciously aware. For example, they could engage in the extreme behaviour of non-participation as sabotage, but not be consciously aware of the impact of their behaviour. I would add that it is also possible for people to consciously sabotage change projects by direct action; however, I refer here to the behaviour that has its basis in unconscious processes.

In the Bank case study both participants had a misalignment between the normative primary task and their own existential primary task. The normative primary task of the organisation, advocated by the Directors and senior management, was proposed changes to bring about cost cutting. The participants reported that the first stage of this had been completed, in that the Management Development Department had been 'wiped out'. The second stage of the proposed changes was to decentralise the HR function, make many HR professionals redundant and set up an HR call centre at head office. This was done without consultation with HR staff. In contrast, the existential primary task of the participants was to facilitate change, consult, involve and engage staff in change projects and to provide personal development for staff. The outcome of this misalignment was that both participants left the organisation. I would argue that based on this evidence an understanding of the existential primary task is important for the consideration of retention, as well as recruitment, of employees.

The impact of organisational change on an individual's existential primary task can evoke intense anxiety. In the case of Joan in the Bank case study this resulted in a sabotage response to change. I would argue that the anxiety evoked in this case could be seen as existential anxiety or as Frankl (1967) called it 'noogenic neurosis' (see Chapter Seven, p223). This means that when a person's search for meaning is blocked they experience existential frustration. Maddi (1967) described this condition as 'existential neurosis', which is the belief that one's life is meaningless and is characterised by feelings of apathy and boredom. This existential theory has similarities to Klein's paranoid/schizoid position in that both theories relate to the intense fears people have about the end of their own and other people's existence, in other words death and loss.

It has also been proposed that the condition of existential neurosis has cognitive, affective and behavioural components (Maddi, 1967; O'Conner & Chamberlain (1996). I would argue that the behavioural components in my case study were the responses to change and that participants were able to express their feelings during the consultation, which is evidence of the affective component. However, I would argue that participants were not always consciously aware of the meaning they had in their work and particularly at the beginning of the consultation there was limited evidence of the cognitive component. There was evidence that using a process consultancy model did enable people to think about what meaning they had in their work and the impact the proposed changes would have for their existential primary task. I would argue that the process consultancy model helped to bring the existential primary task into conscious awareness, which does provide evidence of the cognitive component.

This last point indicates that the existential primary task is valuable evidence for a process consultant to identify and understand sources of resistance to change and to help people to reach an internalised level of learning. The process consultancy model also enabled participants to identify and understand the different responses to change and I discuss this finding further in the next part of this section.

9.2.3 Continuum of Responses to Change and Dimensions of Response to Change

Both case studies provided evidence that there were different responses to change, which I developed into four categories of response to change: sycophant; positive and challenging; negative and challenging; and saboteur. However, there was further evidence that people had the potential to move between the different responses to change and rather than think of the responses as categories it seems more helpful to conceptualise the responses on a continuum. Based on this idea I developed a model of a 'Continuum of Responses to Change' (see Figure 5, p264) to represent the responses ranging from sycophant response to positive and challenging, negative and challenging and through to a saboteur response.

CONTINUUM OF RESPONSES TO CHANGE

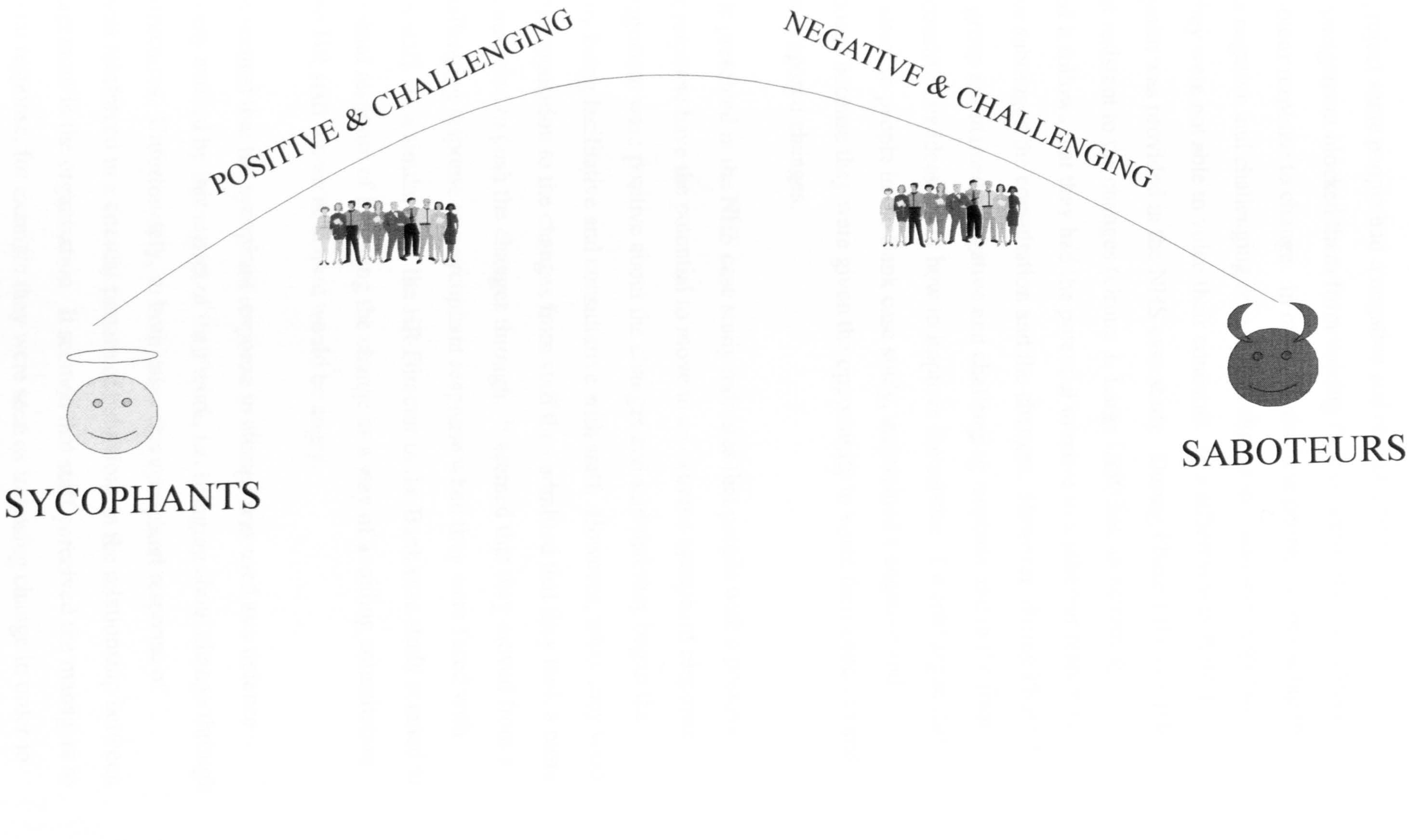


Figure 5: Continuum of Responses to Change

To illustrate that people have the potential to move between different responses I draw on evidence from my cases studies. For example, it was reported that in the early stages of the Bank change project some people had a negative and challenging response to change, but when senior management blocked them from voicing their concerns they developed a more extreme saboteur response to change. In other words these people moved along the continuum from a negative and challenging response to change to a saboteur response to change because they were not able to voice their concerns. In a different way further evidence of this point was provided in the NHS case study. During Phase 1 the group that was initially most resistant to the changes (Group 1, Large Unit) had an extremely negative view and it follows that they had the potential to move to a saboteur response, which would have sabotaged the consultation and the changes. However, during Phase 2 and Phase 3 this group maintained a negative and challenging response and in the final stage presented constructive ideas about how to improve the service. I would argue that this group, in contrast to people in the Bank case study, maintained a negative and challenging response because they were given the opportunity to voice their concerns and opposition to the proposed changes.

Another example presented in the NHS case study indicates that people with a positive and challenging response have the potential to move to an extreme sycophant response. The senior management were positive about the changes and said that they began the change project by being facilitative and consultative with staff. However, when they were met with extreme opposition to the changes from staff they admitted that they took a more autocratic style and tried to push the changes through. It seemed that they moved from a positive and challenging response to a sycophant response when they were faced with opposition from staff. In a similar way, the HR Director in the Bank case study seemed to move to a sycophant response of imposing the change as a way of avoiding consultation and contact with HR staff whom he sensed would be angry.

In both cases it seemed that the sycophant response to change was used as a defence against the anxiety evoked by this aspect of their work, i.e. bringing about change through the authority structures. Unfortunately, in both cases this sycophant response of management was reinforced in a circular pattern of behaviour in the relationship between staff and management in the organisation. It seemed that staff perceived the managers to have a sycophant response, for example they were seen as imposing change in order to achieve career progression, which seemed to intensify the anger and hostility of staff towards management. When staff expressed the hostility towards management the result

seemed to be that management avoided contact and consultation with staff. The avoidance of consultation with staff not only seemed to reinforce the staff's perception that management had a sycophant response to change it also seemed to result in staff moving from a negative and challenging response to a saboteur response.

It can be seen that this circular pattern of reinforcing behaviour could result in people moving from initially positive and challenging and negative and challenging responses to more polarised and extreme sycophant and saboteur responses. In contrast, in Phase 1 of the consultation the groups of staff who were positive and challenging (Group 3, Large Unit and Group 1, Small Unit) had the potential of moving to a sycophant response because they were extremely angry with the people who were resistant to the social model of care. Because these groups of care staff had an opportunity to express their views they were able to maintain a positive and challenging response to change and make a valuable contribution to the consultation.

The evidence outlined above demonstrates the impact of the interpersonal relationships and interactions between different people in the organisation and how this can reinforce certain behaviours in response to change. I would argue that these examples also provide evidence of the unconscious process of projective identification. For example, people with a negative and challenging response to change could project negative impulses onto those with a positive challenging response to change. To illustrate this process I will use an example from the Bank case study. The HR staff had a negative and challenging response to the changes and it could have been that they projected their negative impulses onto the HR Director and perceived him to have a sycophant response in that he was not prepared to consult them and tried to impose change. In return the HR Director could have introjected and identified with these negative projections in that his behaviour became a sycophant response as he avoided consulting the HR staff and tried to impose change. In a similar way, the HR Director could have projected his negative impulses onto the HR staff and perceived them as being hostile towards him and that they wanted to sabotage the change process. In return the HR staff could have introjected and identified with the negative projections in that they actually became more hostile towards the Director and actively sabotaged the consultation and the change process.

This example illustrates how the unconscious process of projective identification could move people from the positive and negative challenging responses to the extreme behaviours of sycophant and saboteur response to change. It seems that when people hold

opposing views of the change process there is a potential that their behaviour could reinforce the negative perceptions they hold of each other until their behaviour becomes more extreme and results in a polarization between groups in the organisation.

In addition, the extreme behaviour of the sycophant and saboteur responses could be seen as evidence of people reverting to Klein's paranoid/schizoid position (see p55). In contrast, the behaviour of the positive or negative and challenging responses could be seen as evidence of people being in a Klein's depressive position. When people had a positive or negative and challenging response they seemed able to think creatively and make a valuable contribution about what the changes should be and how they should be implemented, which indicates that they seemed to be in the mature depressive position. There was evidence in both case studies that using a process consultancy model to provide an opportunity for people to voice their concerns increased the potential for people to move to a more creative depressive position in relation to the change. In this way the process consultancy model also enables people to reach an internalised level of learning.

In view of these findings, I would argue that senior managers and directors would benefit from consulting, involving and engaging staff in the change project so that staff have a mechanism to express positive or negative and challenging responses to change, rather than moving to a sycophant or saboteur response. This would mean training internal consultants in process consultancy skills or recruiting organisational consultants who use a process consultancy model. However, as I mentioned early, often managers prefer an expert consultancy approach, which can serve as a defence against the anxiety evoked by the uncertainty of the change project.

It is important to remember that all adults have the potential to revert temporarily to the paranoid/schizoid position when faced with a situation that evokes anxiety, such as change in an organisation. It is, therefore, possible for any adult to revert to extreme sycophant or saboteur response to change if the particular change evokes anxiety. To give an example, the proposed changes for Joan in the Bank case study had the potential to take away the meaning she had for her work and she resorted to extreme behaviour of sabotage by non-participation. This example illustrates a strong link between the existential primary task as a source of resistance to change and the potential for people to move to the extreme saboteur response to change. By this I mean that if the change in the organisation has the impact of taking away the meaning that work has for someone then there may be more potential for that person to move to an extreme saboteur response to change. It follows

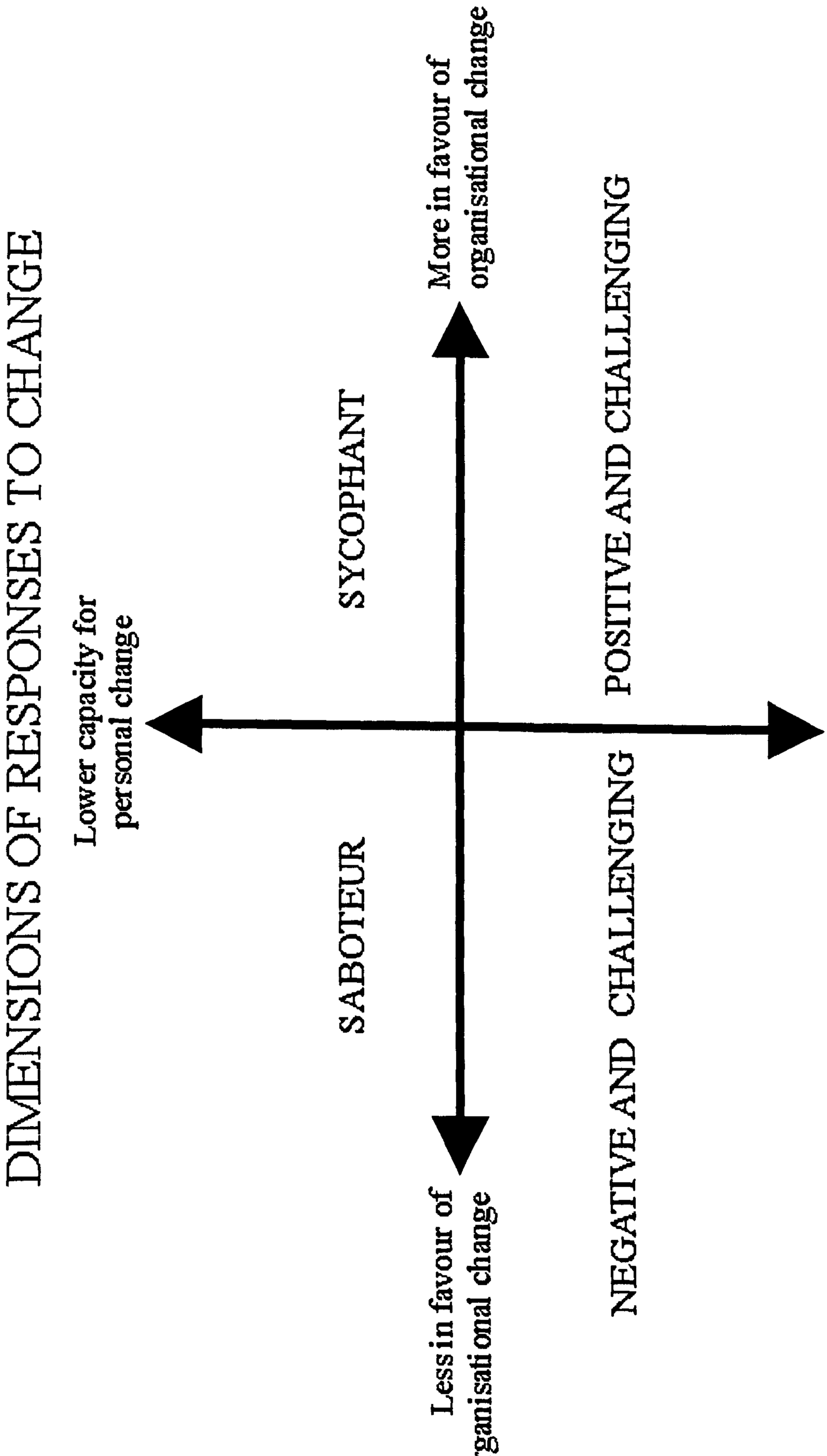
that if the change in the organisation increases the meaning that work has for someone then there may be more potential for that person to move to a positive and challenging response to change.

The NHS case study provided another illustration of a situation where the model of care was a source of meaning for people and the proposed change had the impact of polarising groups of staff in the organisation. Those who supported the social model, which was in line with the proposed change, had a positive and challenging response, whereas those who supported the health model had a negative and challenging response. However, there was potential in the conflict between the groups of staff that they could become more polarised and move towards sycophant and saboteur responses. As mentioned earlier, it seemed that using a process consultancy model enabled these groups to maintain a positive or negative challenging response.

There was evidence in both case studies that some people who had an extreme sycophant or saboteur responses to change remained in this extreme position even when they were given the opportunity to express their concerns. For example, in the NHS case study the UM, Large Unit maintained a saboteur response and the HR Director in the Bank case study maintained a sycophant response. I would argue that the people who seemed to maintain these extreme responses had a similar basis to their response in that they seemed to be preoccupied with their personal survival in the organisation. It seemed that personal survival was also the basis of their existential primary task. In both cases these individuals seemed to have a limited capacity for personal change and did not take up the opportunity to engage in the consultation or move from their extreme responses. It could be said that the extent to which an individual has capacity for personal change also links with the level of learning they are able to reach. I would argue that there are limitations to using a process consultancy model with these individuals and the focus could be on helping other people in the organisation to identify and understand such extreme behaviour.

Based on the findings from both cases studies, there seems to be a connection between the extent to which people have a capacity for personal change, the extent to which they are in favour of organisational change and the resultant response to change. This lead me to develop an additional model which represents the Dimensions of Responses to Change (see Figure 6, p269). It seems that the basis of a sycophant response could be that those people have a lower capacity for personal change and are more in favour of organisational

Figure 6: Dimensions of Responses to Change



change, for example the HR Director in the Bank. In a similar way, the basis of the saboteur response to change could be that those people have a lower capacity for personal change and are less in favour of the organisational change, for example the UM, Large Unit in the NHS case study. In contrast, the basis of the positive and challenging response could be that those people have a higher capacity for personal change and are more in favour of organisational change. Likewise, the basis of the negative and challenging response could be that those people have a higher capacity for personal change and are less in favour of organisational change.

It seems that the focus for someone using a process consultancy model would be on those people who seem to have a higher capacity for personal change. In particular it would be important during a change project to provide an opportunity for those people to express their concerns about change. It would also be important for management to take these concerns seriously and give feedback that they have been listened to, which could reduce the potential for the behaviour of different groups becoming a more extreme saboteur or sycophant response. In the next part of this section I continue to discuss how the findings of my research can be applied to developing the process consultancy model.

9.2.4 Development of the Process Consultancy Model

The findings of both case studies provided evidence to build on the working hypothesis that:

- **The impact of using a process consultancy model is that it can help to:**

  i) identify and understand how people respond to change;

  ii) identify situations when the existential primary task can be a source of resistance to change; and

  iii) develop people to reach a level of internalised learning.

Based on the case study findings the process consultancy model could be developed in the following ways:

- The continuum of responses to change could be used as a model when thinking about how people respond to change and how the behaviour at the extreme positions could be reinforced by projective identification.

- A process consultancy model could provide an opportunity for people with a negative and challenging response to voice their concerns and potentially move to

a depressive position, which could reduce the tendency for a saboteur response to change. Using this approach could also enable those with a positive and challenging response to make a valuable contribution to the content and implementation of change, which could reduce the tendency for a sycophant response to change from senior managers and directors.

- In a similar way, the process consultancy model could help people to move along the continuum from the extreme positions of saboteur or sycophant (i.e. paranoid/schizoid position) to the middle of the continuum (i.e. depressive position).

- The dimensions of responses to change could be used when thinking about the connection between the capacity for personal change and extent someone is in favour of organisational change. Applying this model to the process consultancy approach could help consultants to accept that some people have a limited capacity to change and will not move from the extreme positions of saboteur or sycophant. This can help the consultant to focus on working with people who have a higher capacity for personal change and in particular helping them to identify and understand the extreme behaviour of those with a limited capacity for personal change.

- The process consultancy model could be used to identify and understand an individual's existential primary task as a source of resistance to change. Also, through a process of bringing the existential task into conscious awareness this enables the individual to understand the source of their anxiety and their resistance is a misalignment with the organisational normative primary task. In particular, this could be helpful in addressing organisational issues of retention and recruitment, as well as individual career counselling and personal development.

- In contrast to an expert consultancy model, which helps people to reach only a compliant level of learning, the process consultancy model could help people to reach an internalised level of learning.

In the following section I discuss the limitations of my research.

9.3 Limitations of my Research

It was disappointing that I was unable to revisit the NHS Trust a year after my research to conduct a review and evaluation. This would have formed the second case study for my research, which would have been a longitudinal study to review and explore the impact of my consultancy intervention. At the time the senior management said that they did not require a review because they did not have to go through the CCT process. I conducted my research in 1996, which was a year before the General Election, and my contact with the senior management was a year later when the Labour Party was in Government. One of the first policy changes brought about by the Labour Government was to abolish the internal market and this would be the reason why the NHS Trust did not have to go through a CCT.

The limitation of my second case study in the Bank was that I was only able to interview two participants. Although the data I collected provided much detail and valuable evidence I only had their perspective on the organisational dynamics.

An improvement would be that I could have interviewed more people in the organisation. In addition, it would have been helpful to have some statistical data about the sickness and stress levels in the organisation. However, my role as consultant to the participants was hidden from others in the organisation. I was unable to approach anyone else in the organisation because my role was not legitimised. The learning for me is that it is crucial that the role of consultant is legitimate in the organisation, which enables the consultant to take up full authority in their role.

I found that using a process consultancy model based on an action research method requires a high level of self-awareness to ensure the validity of the data. This could be a limitation of using such an approach as it was emotionally draining to be constantly aware of my own values and feelings and to analyse my experience of the transference and countertransference. I learned that the support of a supervisor is crucial when using a process consultancy model or conducting any form of action research. I also found it useful to write a journal about my experiences, which also formed part of the data.

In addition, the strength of conducting qualitative research meant that I was able to develop many working hypotheses from the data. However, my research produced a large volume of data that was extremely complex and time consuming to analyse. This is a limitation of using a process consultancy model or conducting action research that

involves collecting data from different psychological and contextual levels. In particular, the NHS case study was conducted with 43 people over three phases, which produced a huge amount of data. It would have been helpful to work as part of a team of consultants in such a large change project, however for the purposes of my research I had to conduct the study alone. Again, I appreciated the support of my supervisors while I did that part of the research.

Finally, an improvement could be made to the design of the NHS case study. The design of Phase 1 and Phase 2 meant that the care staff had a large amount of time for reflective work and some people seemed to be uncomfortable with so much time for reflection. Phase 3 was a more active session and when I used a force field analysis technique the care staff seemed to engage and participate more in the consultation. The limitation of having a large amount of reflective time could be that care staff perceived the consultancy method to be more of a therapeutic approach, such as the doctor-patient model. This perception could have been a barrier to some staff becoming fully engaged with the consultation. Also the role of care staff engages them in action-oriented type of work and therefore the type of people attracted to the role could be more action focused rather than reflective. An improvement to the design could be that the structure would include a variety of reflective and action oriented exercises to enable different types of people to engage in the consultation process. Since conducting this research I have designed a two-day workshop called 'Managing Continuous Change', which I have facilitated for groups of managers and staff in client organisations. The workshop is based on the design of my research but does include both reflective and action oriented exercises, a presentation of a case study from my research and a presentation of my models of the Continuum of Responses to Change and Dimensions of Responses to Change.

9.4 Possible Future Research Studies

Based on the limitations outlined in the previous section, a longitudinal study could be conducted to explore the impact of a process consultancy model. Further research could be done in a variety of organisations with people in different roles to explore further the models I developed of the Continuum of Responses to Change and the Dimensions of Responses to Change.

Further research could be conducted on the existential primary task as a source of resistance to change in a variety of different organisations. In addition, it would be interesting to see if there is any relationship between how well an organisation is able to

retain staff and whether there was an alignment between the organisational normative primary task and individual existential primary task. Studies could also be conducted on the use of the existential primary task in recruitment, career counselling and personal development. Other studies could be conducted to examine in more detail the cognitive, affective and behavioural components of meaning in work life.

In the final section I present a summary of the conclusions outlined in this chapter.

9.5 Summary of Conclusions

The conclusions of my research can be summarised as follows:

- Evidence from the NHS and Bank case study provided evidence to build on the working hypotheses that:

  The existential primary task can be a source of resistance to change when a proposed organisational change has the potential to change an individual's role so that it no longer provides them with a source of meaning.

  The impact of using a process consultancy model is that it can help to:

  i) **identify and understand how people respond to change;**

  ii) **identify situations when the existential primary task can be a source of resistance to change; and**

  iii) **develop people to reach a level of internalised learning.**

- There was evidence in both case studies to build on the guiding psychoanalytic theory that a source of resistance to change could be that the social system is used as defence against anxiety. This theory is, therefore, still relevant to understanding current organisational dynamics. There were some similarities between my cases studies and the studies conducted in the 1950s and 1970s. However, there were also some differences in the social defence mechanisms, which illustrated how organisations had changed since the earlier studies were conducted. The discussion of similarities and differences included authority relationships, nature of the work and fragmentation of tasks.

- The evidence led to the development of the working hypothesis that the existential primary task can be a source of resistance change when the organisational normative primary task is misaligned with the individual's existential primary task.

- Two models were developed from the findings to represent a Continuum of Responses to Change, ranging from sycophant to saboteur response, and Dimensions of Response to Change, which indicated the connection between capacity for personal change, level of support for organisational change and response to change. The idea that responses to change could be reinforced by projective identification was discussed.

- The process consultancy model could be further developed by applying the Continuum of Responses to Change, understanding the different Dimensions of Response to Change and by identifying and understanding the existential primary task as a source of resistance to change.

- The limitations of my research were that I was not able to conduct a longitudinal study in the NHS Trust or interview other people in the Bank. Also using a process consultancy model requires a high level of self-awareness and complex, time consuming analysis of the data. The design of the NHS case study could be improved by including more action-oriented exercises as well as reflective exercises to engage different types of staff in the consultation.

- Further research studies could be a longitudinal study to explore the impact of a process consultancy model; studies in a variety of organisations with people in different roles to explore further the models I developed of the Continuum of Responses to Change and Dimensions of Response to Change; studies to examine the existential primary task as a source of resistance to change in a variety of different organisations, in particular focusing on retention, recruitment, career counselling and personal development; and studies to examine the cognitive, affective and behavioural components of meaning in work life.

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11 Appendix A: Definition Of Authority And Managerialism

The dictionary definition of the term 'authority' is when an individual or group is seen as having 'the power or right to control, judge, or prohibit the actions of others' (Collins Dictionary, 1996) and examples would be management, government, or the police force. This definition could, however, be confused with the term 'power', which is defined in Collins Dictionary as 'a position of control, dominion, or authority' (dominion being from the Latin *dominium* meaning 'ownership', and from *dominus* meaning 'master'). When specifically related to management in an organisation this would be 'a person who exercises control, influence, or authority' (Collins Dictionary, 1996).

There seems to be an element of tautology in these definitions, in that 'authority' is defined as having power and 'power' is defined as a position of authority. This gives an indication of how, particularly in organisations, the words are commonly used as if the meaning were the same. Only a few writers have attempted to give a clearer distinction between power and authority. A good example is Pfeffer (1981, p2) who begins by stating "most definitions of power include an element indicating that power is the capability of one social actor to overcome resistance in achieving a desired objective or result". To give an example he quotes Dahl (1957) who emphasises that power characterises a social relationship where one social actor, A, can get another social actor B, to do something that B would not otherwise have done. A similar definition by Weber (1947) describes power as "the chance of a man or a number of men to realize their own will in a social action even against the resistance of others who are participating in the action". This definition emphasises not only that power relates to a social relationship but also refers to power as a force that is sufficient to change the probability of B doing something. Pfeffer (1981) continues by stating that when the distribution of power is legitimated so that those within a social setting expect and value a certain pattern of influence, it is denoted as authority.

The managerialist definition of authority also emphasises the legitimisation of power as "the right to get things done" and "originates entirely with ownership" (Lee & Lawrence, 1985, p21). The basis of managerialism is that managers are responsible for setting goals and then measuring, monitoring and controlling performance of subordinates, who will engage in the necessary activities to attain the goals that are set. This managerialist perspective is based on rationalism, which has at its core "the belief that the human mind can discover innate laws which govern the workings of the universe" (Buchanan & Huczynski, 1997, p334). The rationalist philosophy was that to understand something

meant that it could be stated explicitly, and that a law or rule could be written about it. Being able to apply rules, laws and procedures in this way enabled rationalists to replace uncertainty with predictability (ibid.). Based on this philosophy, rationalists developed theories of organisation and practice, such as managerialism, by setting out the relevant laws and procedures. Managerialism is, therefore, the set of laws and procedures followed by management. Lee & Lawrence (1985, p34) write that "collectively this group of people, though not owning a large proportion of the nation's wealth do have a great deal of control over it". They continue by outlining three beliefs held by managerialist (ibid, p35):

- "management controls the business organisation with only limited influence from the owners"- authority is delegated to them from the owners, or shareholders, and in return shareholders are paid dividends from the profit generated and require that share prices are kept high;

- "managers have the right to control the organisation and will try to direct it efficiently" – this point refers to the measuring, monitoring and controlling of performance mentioned above, but the main aim of efficiency is financial profit to address the required return for owners or shareholders;

- "organisations have goals which are decided by management and which they have the right to impose" – this then leads to a particular design and structure for the organisation, provides a direction so that decisions can be made, allows information to be gathered and activities co-ordinated.

One limitation of the definition of managerialism outlined above is that it refers only to private organisations and does not set out laws for the management of public, not-for-profit or voluntary organisations. I would argue that the principles of managerialism have been applied to the public sector, with authority delegated from the Government rather than from the owners of the company.

The managerialist definition of authority was derived from the work of Max Weber (1947 and 1968) and translators of his work have rendered the German term *Herrschaft* as authority or domination, referring to any command-obedience relationship (Wrong, 1979). Weber states that there are three pure types of legitimate authority and these are:

- **Legal authority** – based on rational grounds and written normative rules, for example the authority of politicians and lawyers;

- **Traditional authority** – based on an established belief in the sanctity of traditions, for example a God-given authority or by descent, which could include the authority of the Queen, priests and parents;

- **Charismatic authority** – based on devotion to the exceptional characteristics of an individual, for example heroism, which could include Adolf Hitler or Richard Branson, the owner of 'Virgin'.

Weber's pure types seem limited and I would argue that there are cases when an individual has more than one basis to their authority, for example the Queen has both traditional and legal authority and some Prime Ministers have legal and charismatic authority. Wrong (1979, p35) adds further complexity and, although he supports Weber's position that "in authority, it is not the content of a communication but its source, that is, the perceived status, resources or personal attributes of the communicator, which induces compliance", he continues by explaining that consideration must also be made of a person's motives for obeying authority. Wrong argues that this provides the basis for five different forms of authority (ibid):

- **Legitimate Authority** is where people simply do not question their obedience to others in positions of authority, for example in the military and staff in emergency situations, such as assisting a surgeon in the operating theatre. In both cases it is expected that people do not question the commands but react as quickly as possible. The problem with this basis for compliance is that there is no opportunity to challenge the decisions made by the person in authority and this can lead to costly errors, in both cases this could be the loss of life.

- **Coercive Authority** is where people are motivated to comply with someone in a position of authority based on the threat of force. They must be convinced that there is both a capability and a willingness to use force against them. In an organisational setting the ultimate threat will be that a person loses their job if they do not comply. Other forms of coercion would be having pay reduced, not being allowed to take holiday, being given the worst jobs to do, being ignored, and being shouted at or humiliated in front of colleagues. The problem of management by coercive authority is that to maintain credibility the threats have to be carried out occasionally, which

could lead to escalation in forceful behaviour to sustain the credibility of the person in authority.

- **Induced Authority** is where people are rewarded for compliance rather than the threatened punishments of coercive authority. In organisations this is the monetary payment people receive for working there, but it can be extended to additional bonuses for good work, promotion and rewards such as praise, recognition, awards and treats. The problem with induced authority is that it could become the same as coercive authority. As Blau (1964, p117) puts it "regular rewards make recipients dependent on the supplier and subject to his power, since they engender expectations that make their discontinuation a punishment".

- **Personal Authority** is where people comply out of a desire to please or serve the other person because of their personal qualities. In its purist form this would mean the commands are obeyed even when the person has no other basis to their authority, such as coercive, inducement etc, for example in a loving relationship. However, love, admiration or friendship could also be used as an inducement reward or be withheld as a coercive act.

- **Competent Authority** is where people comply because they believe that someone in a position of authority has superior specialist knowledge or skills. It is important to note that this is different from the common usage of the word when it is said that someone is 'an authority' on a particular subject. Rather, competent authority refers to a social relationship between one person who complies with someone else because they are believed to have specialist knowledge. Reflecting on the example of surgery given above, this refers to the position of the patient rather than the surgeon's team and in particular the process by which the patient came to be in the operating theatre. The patient agreed to the diagnosis and treatment of surgery because they believed that the doctor had superior specialist knowledge and skills. In a similar way to legitimate authority the problem associated with unquestioned compliance to someone perceived to have competent authority is that on occasions they will make mistakes.

12 Appendix B: Summary of Main Hawthorne Studies and Critique

12.1 Summary of Main Hawthorne Studies

The three main studies of the Hawthorne researchers are as follows:

- **The Illumination Experiments –** were the first to be conducted at the Hawthorne site from 1924-27. The method used was an experimental model and the purpose was to test the effect of different intensities of illumination on levels of productivity. To begin with an experimental group and control group of workers performed the same task with equal illumination and then the intensity of light was varied for the experimental group. The results showed that the output of the experimental group did not vary in relation to different light intensities (Roethlisberger & Dickson, 1939). They concluded that light was only a minor factor in productivity and that the experimental method used to study such a large group did not enable them to identify and control the effect of any single variable on output (Buchanan & Huczynski 1997). This led to these experiments being abandoned and the adoption of a different research design and method.

- **Relay Assembly Test Room Experiments –** had a different research method where the researchers selected a group of women and placed them in a separate room with the same physical and working conditions as the large assembly area. A researcher in the room kept notes of what happened and built up a friendly relationship with the women. The studies lasted from 1927 to 1933 and over that time a variety of changes were made to the working conditions, for example rest periods, hours of work, and refreshment breaks. The researcher consulted the women before each change was made and also spent time listening to their complaints. It was found that productivity continuously increased as each change was made and the high level of output was maintained even when the women were returned to their original conditions of work. Buchanan & Huczynski (1997, p182) outline the conclusions from these experiments:

  - "Among the explanations put forward for the increases in output were that by being placed in a separate room, the women felt special and responded to their increased status;

  - by being consulted about changes they gained a sense of employee participation;

- the researcher-observer was nice to them and thus raised their morale;
- a new supervisory relationship developed allowing the women to work freely without anxiety;
- and by selecting their co-workers, they had better interpersonal relationships and thus worked more as a team."

The term 'Hawthorne Effect' is often used to describe these conclusions, which refers to the changes in the women's behaviour as being the result of observation by the researchers rather than manipulation of any other variables. I would argue that the method used by the researchers, which was a process consultancy approach, was influential in bringing about change and increasing productivity.

- **Bank Wiring Observation Room Studies** – involved 14 men divided into three groups, which included the normal working arrangement of workers, supervisors and inspectors. The method used by the researchers was to observe the groups and they noticed that informal groups or 'cliques' developed with informal group rules or 'norms'. These are summarised by Roethlisberger and Dickson (1939) as a list of behaviours that group members should not do and the label that person would acquire if they did:
  - turning out too much work is being a *rate-buster*;
  - turning out too little work is being a *chiseller*;
  - telling a supervisor anything detrimental about an associate is being a *squealer*;
  - maintaining a social distance or acting officious, even if an inspector.

12.2 Critique of the Hawthorne Studies

Four main criticisms have been made of the Hawthorne studies and these are addressed below.

12.2.1 The studies have no theoretical basis

Although the Hawthorne researchers refer to psychoanalytic concepts such as 'projection' by describing examples in the interview relationship and other workplace relationships, they do not give a full explanation of the underlying psychoanalytic theory. I would argue

that the authors avoided too much detailed theoretical background in the presentation of their empirical research to ensure it was accessible to the target audience of managers and supervisors. Roethlisberger & Dickson's (1939) state they "realized that among the readers of the book there might be a substantial number of the Western Electric supervisory force and many of the workers themselves" (p 4). They continue by explaining "in presenting the material, it was decided to keep separate the facts observed ... from the methods, working hypotheses, theories, or conceptual schemes employed by the investigators ... Theories were conceived of as only part of the working equipment of the investigators and never as ends in themselves." (p 5).

12.2.2 The studies were not scientifically sound

In his critique of the Relay Assembly Test Room experiments, Argyle argues that "for scientifically valid conclusions to be drawn, there should be sufficient random groups for statistics to be applied, and the conditions must be rigidly controlled" (1953, p99). Argyle maintains that without such scientific rigour, there is insufficient evidence to show that it was not certain physical factors that led to the increase in output rather than the social change and different worker-supervisor relationship. He concludes that no valid conclusions can be drawn from the experiments and his criticism is levied against the single case study method, which he describes as being "completely at the mercy of chance phenomena" (p101) and that without any quantitative data the results cannot be generalised.

In response, Cubbon (1969) argues that the Hawthorne researchers were 'contextualists', which meant that "they were studying the development of a situation in its context rather than carrying out experiments in exact science" (ibid. p111). In addition, Cubbon points out that the Hawthorne researchers did not claim that the studies produced any results that scientific critics have demanded. He continues by explaining that this is "apparent from the fact that the direct outcome of these studies was not any scientific law, but the Counselling Programme", which was "tailored to fit the Hawthorne situation, and in no sense a universal prescription" (ibid. p114). The only generalisation that was made of the studies was that "in terms of the research studies, it was shown that any human problem, in order to be understood, must be referred to its context" (Roethlisberger and Dickson, 1939, p590). Hollway (1991) also points out that the major aim for the researchers was to help management to deal with the widespread resistance and restriction of output they were experiencing at the Hawthorne site, which took priority over any scientific interests of the researchers themselves.

12.2.3 The researchers were biased towards management

Brown's (1961) response to the criticism that these researchers were biased towards management is that "no industrial psychologist has ever shown anything else, and it is therefore hard to understand why Mayo should have been selected for this criticism" (p92-93). I would argue that this bias was an example of the researcher's political behaviour resulting from the power relationship with management who commission and pay for the work to be done.

12.2.4 The researchers did not consider the wider social context

The focus for the researchers was mainly with individual behaviour within a certain context. However, the Bank Wiring Observation Room was set up to enable the study of group interactions in the wider context of the organisation, although the company as a whole was never systematically studied (Cubban, 1969). The Hawthorne researchers admitted that they were unable to directly observe the individuals' participation in the wider community outside the factory and had to rely on accounts given in the interviews (Roethlisberger and Dickson, 1939).

Cubbon (1969) suggests that the reluctance of the Hawthorne researchers to directly study the wider social context of Chicago may have had more to do with factors such as the violent organised crime in the surrounding area. For example, the notorious gangster Al Capone set up his headquarters in the street next to the Hawthorne works during the first year of the experiments. In the Bank Wiring Observation Room the observer heard the men making frequent references to their own behaviour outside the factory, which had strong associations with organised crime, but the researchers made no connection between this and the organised restriction of output in the group. Cubbon reminds us that Taylor experienced threats to his family and his own life because he went against the organised restriction of output. It is implied by Cubbon that for similar reasons, that is fear of violent repercussions, the Hawthorne researchers avoided the controversial issues in the wider social context.

13 Appendix C: NHS Case Study - Final Reports

13.1 Small Unit

13.1.1 Introduction

The purpose of this document is to provide a summary of the main issues that emerged from the discussion groups and outline a corresponding list of ideas from staff about how each of the issues could be tackled.

13.1.2 Emergent Issues

A) Role Of Staff

1) High stress and low morale

- The roles that staff take up carry with them high levels of stress.
- The work is particularly stressful when providing respite care at week-ends and through shortage of staff.
- The high stress levels have an affect on clients.

<u>Staff would like:</u>

- to have lower stress levels and higher morale;
- to have appropriate staffing levels;
- to have more recognition by promoting all staff to B grade and in the meantime paying staff B grade rate if they are covering nights because of shortage of staff;
- to have more delegated authority.

2) Anxiety about the future state of the service

- The uncertainty of the future state of the service carries with it concern about loss of jobs, loss of emotional bonds with clients, and loss of contact with clients and other staff.
- Staff have fear about the future, and feel angry, powerless and depressed.

- Staff are concerned about pensions, terms and conditions in the new service and about the reduction in numbers of qualified nurses.

Staff would like:

- to know what the changes will be and be asked if they agree with them;
- to have more input and have more trust put into them.

3) Lack of team working

- There are splits between groups of staff and between individual members of staff leading to increased tension.

Staff would like:

- to have good team working between staff;
- to have less mistrust and more support for each other;
- to work as a whole house; each shift to build trust by increasing communication, for example, particular problems on one shift which will affect the work of the next shift;
- to focus on the overall objective and consider the outcome for the client;
- staff to go to the UM with any problems;
- to share work fairly between the two shifts;
- communications to be given to UMs together for them to cascade to staff or for all staff to hear communications together.

4) Lack of communication between staff

Staff would like:

- better communication;
- to devise a system of recording which is easier to remember - UM to put in place a better communication system;
- regular staff meetings, once a month, on a day when most staff can attend;

- to have an agenda for meetings put in the diary and to produce minutes of the meeting;
- to advise UM of any issues to be raised at meetings;
- night staff to make comment on paper if they cannot attend meetings;
- staff to take individual responsibility to look at the diary, handover notes, and report book daily;
- increased communication about clients;
- a handover every Monday about what is happening with clients;
- a secretary to be employed who, as one duty, would count petty cash for the handover every Monday;
- to make handovers routine, to involve all staff in the house and not to allow clients in the office during the handover;
- to have a client focused meeting every Wednesday;
- to have appropriate handover notes;
- the UM to speak face to face with staff or communicate by private note using a message pad.

B) Lack Of Learning Opportunities

- Staff feel the training opportunities are inadequate and that they are being blocked from taking up available courses.
- Some staff are not taking up the opportunities available, which may be due to fear of the course itself or fear of failing the course.

<u>Staff would like:</u>

- to be educated on philosophy of care;
- training to cover the whole spectrum of development based around clients needs and to include personal hygiene, social skills, daily living skills, education and work experience skills;

- training in diffusion techniques to prevent violent situations erupting and look at source of problems;
- training to deal with psychological/emotional problems of clients;
- all staff to go through NVQs;
- support from the UM for staff training;
- staff to take individual responsibility to take up the training that is offered education sheets/books are available and there are opportunities to raise topics for learning;
- to review the rota system to release staff for training;
- to have space to learn from each other;
- to enable space to think problems through in staff groups to look at reorganising the system and learning about client care;
- to have increased staff levels and an E grade in post to enable space for learning;
- to have client case study groups where staff can ask colleagues for help with a client problem or share learning when something has worked well with a client;
- to have opportunities to learn from other Units;
- to have opportunities to shadow other professional staff, e.g. Social Workers;
- to have regular, formal supervision;
- UM to have individual staff meetings every month or delegate this to other UMs;
- to enable time for supervision volunteer staff could be responsible for transporting clients.

C) Unclear Care Model

- Staff are uncertain of what is the right model of care to work appropriately with clients.

1) Different attitudes to care and philosophy of how staff care for clients

Staff would like:

- a client led service where clients are treated equally and at the same time are treated as individuals;
- a constant attitude to care and uniform approach which would alleviate confusion for both staff and clients;
- to devise clear, agreed care plans to improve clients' quality of life;
- to implement and monitor care plans.

2) Less time to develop clients

- This is in the main due to the increase in paperwork, having to answer the phone, cuts in other services, and shortage of staff.

Staff would like:

- more appropriate staffing levels or to reorganise staff sensibly, e.g. to have more staff in the morning to cover activity and have flexible hours rather than fixed shifts;
- to reorganise the present systems and the process of how work is done;
- to employ admin staff to type up report book information to case notes, possibly from dictating machines, which can then be signed off;
- to encourage clients to do personal hygiene and routine cleaning activities for themselves, supervised by staff;
- to have a less regimented regime.

3) Two models of care in operation

Staff would like:

- a realistic developmental model of care;
- clients to be given a better quality of life and to be treated with fairness;

- clients to be given more choice, e.g. food, and to be educated on their choice;

- clients to have an advocacy forum where they put their problems forward - some staff felt this was unrealistic and that disagreement can arise between care assistants and advocates;

- the outcome for clients to be a holistic service where they can be happy, healthy, confident, competent, assertive, independent as possible, secure, motivated, have individual lifestyles, a service which meets their requirements and for them to have opportunities;

- awareness that clients have limitations and often do not understand what is happening - they may become more aggressive if they are pushed beyond their limits in attempts to reach their full potential;

- awareness that there is a limit to how far staff can develop clients, that clients being more independent looks good on paper but is unrealistic, and that staff cannot force clients to learn when they do not want to, e.g. lifeplans;

- staff to be more prepared to take clients out;

- staff to encourage more adult behaviour in clients - some staff would like all clients to have birthday parties, whereas other staff would like to let clients pick a friend to go out to dinner with but still have parties on special birthdays;

- staff to have discretion about choices which would stimulate clients. There is a conflict between the choice of the client, say to isolate themselves, and the role of the staff, in this case to encourage them to be sociable;

- staff to use their own initiative and common sense to discipline clients to get through to them and keep them out of danger, i.e. use of a strong voice to stop violent behaviour without the fear of disciplinary action for staff raising their voice with clients.

4) Inadequate assessment of clients

<u>Staff would like:</u>

- an overall measurement of clients;

- to compile evidence of behaviour problems and emotional problems of clients from case studies to give recommendations of health needs and social needs of clients - staff are aware of the new system (EMS) for the complete assessment of clients;

- staff to record every incident regularly in clients' notes.

D) Other Constraints On Role

1) Lack of transport

Staff would like:

- insurance to be paid for so that staff can use their own transport and so have the option of private transport or taxis.

2) Lack of escorts

Staff would like:

- more volunteer escorts with commitment.

3) Poor standard of meat and vegetables

Staff would like:

- to involve clients in buying good quality food from the village.

4) Contractors' lunch

Staff would like:

- to ask contractors to pay a donation for their lunch - although it may be difficult to ask as they have not paid before.

E) Problems With Evening And Night Cover

Staff would like:

- clients to be active in the evening;

- on occasion to have additional staff from 6-11 pm, or have a twilight shift from 4-8 pm and 6-10 pm;

- to have sleep-in cover;
- to have additional staff at the week-end so all clients can go out.

F) Leadership And Authority

1) Operational Management

<u>Staff would like Operational Management:</u>

- to oversee and co-ordinate the work of staff and provide a guideline;
- to make sure that staff have the resources to accomplish their tasks;
- to use different leadership styles when appropriate;
- to be firm in certain circumstances but not over controlling;
- to communicate fully with staff and have more faith that staff will be able to cope with the information they are given;
- to encourage a two way flow of information with all staff;
- to share information between themselves before cascading through to staff;
- to share the same values, vision of care and management approach.

<u>Operational Managers would like:</u>

- to have fortnightly meetings between themselves to agree on a more uniform way of operational management;
- to be able to have quiet space to complete the increased amount of paperwork;
- an awareness that they have more responsibility, stress and are accountable if anything goes wrong.

2) Senior Management

<u>Staff would like:</u>

- senior management to be treated the same as anyone else would be when they visit the home;

- senior management to listen to staff and for staff to have more say;
- more contact from the Area Manager, staff to have a one-to-one session with the Area Manager, and the Area Manager to attend lifeplan sessions;
- more respect from senior management, e.g. in the form of a pay-rise;
- senior management to work an early shift with staff to see how stressful the work is;
- more communication and a two way communication channel;
- minutes to be available from the monthly management meeting for staff to read and for staff to take individual responsibility to read such information;
- to have direct communication about changes, rather than via the operational managers and not after it has happened;
- to be clearer about the role of senior management;
- to be less preoccupied by the accuracy of paperwork and to be aware that this takes time away from client management;
- to give more direction;
- to give more support and more honest, global communication.

3) Lack of authority to manage oneself in role

<u>Staff would like:</u>

- more delegated responsibility and authority to manage themselves in their roles;
- delegation to staff on the basis of ability to do the job;
- firm leadership;
- a two way identification of needs and requirements for a normal life at all levels of the organisation;
- staff to be less possessive of clients, for example those they are keyworkers to;
- to be able to use their own common sense and initiative;

- the UM to fight on their behalf;
- to be able to book client holidays without asking for sanction from senior management;
- to retain responsibility for a task when it is well done;
- to receive credit for ideas and actions;
- cooks to have the choice of kitchen equipment.

G) Scenario 1: Service To Remain At Present Home

The majority of staff would like the service to remain at Small Unit and for physical improvements to be made to the accommodation.

<u>Staff would like:</u>

- a temperature controlled shower which would save time, be more cost effective, use less water and be more hygienic;
- an upstairs extension for the phone which could be unplugged at night, so that calls are not missed when staff are with clients;
- to split the house into two different flats - having the same staff for half the clients would mean more time to develop clients, less pressure and stress, flats could function separately with increased staff levels, cover could be arranged for evening activity, and there would only be a need for two trained staff;
- a chair lift or downstairs accommodation for non-ambulant clients, or to have ambulant clients upstairs and non-ambulant downstairs;
- to have more staff or reorganise so that local amenities can be fully utilised by clients.

H) Scenario 2: Service To Move To Community Housing

The majority of staff have a negative attitude towards the concept of community housing. They could see some advantages in the idea but felt that the reality was more likely to be negative for clients. Staff said they would move to be with clients and that their concern was more for the future of the clients than losing their own jobs.

Staff felt there would be advantages in:

- moving from an institutional model of care - one of mortification where clients are stripped of all human attributes and left with no self concept;
- valuing clients as people and getting rid of the stigma by integrating them in the community;
- having an ideal situation where staff have a good philosophy of client led care, there is a small number of clients and more staff, and where the clients can be more independent.

Staff felt there would be disadvantages because of:

- the negative public attitude towards clients - the public may feel clients are a nuisance and may misunderstand the behaviour of clients;
- clients being happier amongst their own and are unhappy when reminded of their abnormality;
- the negative reactions from neighbours;
- increased labelling of clients;
- the disruptive transition for clients, although the emotional bonds between staff and clients means that staff can help support the transition to the new service for clients - staff have a knowledge base in terms of individual personalities of clients;
- the lack of rights for clients in moving - clients should be given the choice of whether they want to stay or of who they want to live with;
- the higher cost than the present accommodation;
- the concern that clients will be left on their own, and become lonely and vulnerable because they cannot cope;
- the concern that clients may face poor housing and bad landlords;
- the concern that the reality may be poor services and less expenditure in terms of provisions of finance in the community.

13.2 Large Unit

13.2.1 Introduction

The purpose of this document is to provide a summary of the main issues that emerged from the discussion groups and outline a corresponding list of ideas from staff about how each of the issues could be tackled.

13.2.2 Emergent Issues

A) Role Of Staff

1) High stress and low morale

- The roles that staff take up carry with them high levels of stress.
- There is a recognised difference in stress levels depending on type of client and personality of staff members.
- The high stress levels have an affect on clients.
- Staff feel undervalued, unsupported, angry, frustrated, depressed and powerless.

<u>Staff would like:</u>

- to have lower stress levels and higher morale;
- stress to be viewed as a problem with the whole system rather than as an individual problem or as a failure of individuals to cope;
- recognition and appreciation in their roles;
- less pressure from the UM.

2) Anxiety about the future state of the service

- The uncertainty of the future state of the service carries with it concern about loss of jobs, loss of emotional bonds with clients, and loss of contact with clients and other staff.
- Staff have fear about the future, and feel angry and frustrated.

- Staff are concerned about the reduction in numbers of qualified nurses and increased responsibility for care staff.

- Staff feel powerless, that the power is with the Purchaser and there is a conflict between the service being seen as a business rather than a caring profession.

- Staff feel that changes are out of their control and understand that changes are being dictated all the way down the hierarchy of the organisation.

3) *Problems with parents*

- Staff feel additional stress is put in to them from parents they have contact with – the source of this may be guilt and envy, and fear of the changes to the service.

- Parents are sometimes unable to accept their children are adults and will dictate what they want for their children, which may conflict with the role of the care staff.

<u>Staff would like:</u>

- to be clear about what they can and cannot say to parents about the changes, or for parents to be directed to senior management for this information;

- to be listened to when they alert senior management to the need for extra staff, rather than being denied this and then become aware that extra staff have been employed because parents have gone directly to senior management;

- the UM to be supported by senior management when continually confronted by angry parents who want to talk to her rather than staff.

4) *Lack of team working*

- There are splits between groups of staff and between individual members of staff leading to increased tension.

<u>Staff would like:</u>

- staff to pull together as they are all interdependent in the system, and they are all there for the same purpose;

- the Unit to be looked at as a whole and run that way with interaction between staff, mixing between clients, team working towards the same goal and integration;
- the UM to be firmer and to sort out domineering individuals;
- to have a consistent approach to care, which will be monitored by the use of care plans;
- the UM to check what new staff are learning;
- staff to hold that no one individual is better than anyone else, all are the same and all can have good and bad aspects;
- awareness that at times there will be differences in how up to date paperwork is between flats and that eventually all flats will be at a similar level;
- staff in Flat 2 to have a more fun atmosphere;
- to have the space to try new ways of working with clients without feeling blocked by colleagues;
- to be able to bounce ideas off each other about developing clients;
- to have some positive reinforcement for being adventurous and trying new ways of working with clients - taking risks means more chance of making mistakes and there is a fear of what would be the consequence;
- an awareness that long serving staff have tried for many years to develop some clients and after no success can lose enthusiasm and have a feeling of futility.

5) Lack of communication between staff

<u>Staff would like:</u>

- an expanded handover between staff;
- staff to take individual responsibility to read the communications book, diary, request book, clinical report book;
- to have one book rather than so many different ones;
- to have a peg board for everyone to see who is on holiday, courses etc;

- night staff to have a handover for 10 minutes at 8.20 pm and leave 5 minutes earlier at 7.35 am;

- to have regular staff meetings in a formal setting to air views, for example quarterly meetings for all staff;

- to receive information about the changes and take the responsibility to read the folder of information held by the UM;

- to have a written agenda before the meeting and have a chance to add to it;

- to have emergency meetings when required and for actions to be taken when necessary.

6) Lack of confidentiality and trust in Unit

<u>Staff would like:</u>

- to have a proper staff room so staff meetings can be conducted in privacy, or a soundproof office;

- not to be lied to and to receive feedback about decisions;

- the Area Manager or UM to readvise staff about confidentiality and take a firmer line;

- staff to take individual responsibility to maintain confidentiality;

- clarity about extent to which flats are working separately and as a whole Unit, ie what has to be kept confidential;

- to have a pay phone to make private calls.

B) Lack Of Learning Opportunities

- Staff feel the training opportunities are inadequate and that they are being blocked from taking up available courses, priority is given to those on NVQs.

<u>Staff would like:</u>

- a broader spectrum of training, looking at the underlying cause of behaviour;

- a list of courses for all staff;
- a training needs analysis for all staff;
- support, supervision and appropriate staffing levels;
- new staff to be closely supervised at first so that they learn the correct procedures;
- induction training to be earlier than at present;
- adequate training for B grade staff, whether already in role or new to role;
- more continuing training so staff can get a better insight;
- night staff to have the opportunity to take up training - they experience problems when they are unable to attend because they have done a 12 hour shift;
- opportunities to gain insight into clients and learn about other clients, have development workshops where they can ask other staff for help or share learning when something has worked well with a client;
- to rotate staff around flats for one shift each month - some staff felt this would cause confusion for clients and some staff have anxiety about working in Flat 3.

C) Unclear Care Model

- Staff are uncertain of what is the right model of care to work appropriately with clients.

1) Different attitudes to care and philosophy of how staff care for clients

<u>Staff would like:</u>

- a realistic developmental model of care;
- a model of holistic caring - giving attention to clients' welfare and understanding their individual needs;
- to work in a creative way with clients and encourage them to do activities;
- to set realistic aims for clients;

- to reinforce that the purpose of their role is to improve the daily life of clients and to ensure all their needs are met;
- the measures to be realistic and not to expect too much of clients;
- clients to have choice wherever possible and this depends on the client's level of understanding;
- to be supported in the transition to new ways of working, for example different types of training so that staff know what is expected of them (noting that there are different levels of learning and different ways of learning), more supervision, and more staff meetings;
- to be asked what they think about clients going to community housing - staff feel that they act as parents but do not have the same rights, for example not having the right to stop clients moving;
- reduce the amount of time spent on decorating as this takes time away from client care;
- clients to go out more rather than taking time over encouraging clients to look after basic needs for themselves;
- to consider what is meant by a programme of care based on a normal routine - normal for whom? - and whether the clients are put in a routine to suit staff rather than clients;
- recognition and praise from parents, UM and senior management when staff are trying to develop clients and try new ideas;
- bad practice to be filtered out of the service;
- awareness that some staff are against the concept of normalisation - clients are not capable of doing more than they are at the moment and to work closely encouraging clients to accomplish basic tasks for themselves takes a longer time;
- one to one staffing levels to meet the new social model of care - there is concern that staff will have to work more hours if staffing is not increased.

2) *Ambivalence about introduction of care plans*

- Staff are concerned that working on the plans takes time away from developing clients and that the plans are just for show.

- Staff are concerned that they may be penalised when the client does not achieve targets and that the plans could be used to dismiss staff.

- Staff feel that plans provide consistency of care for clients, give more responsibility to staff, and provide evidence in producing a tender document.

- Guidelines in the care plans are sometimes taken too literally and clients are pushed to do things when they do not want to, which may lead to aggressive behaviour.

- There is a fine line between staff disagreement on a plan and staff conflict.

<u>Staff would like:</u>

- to ensure that the activity chart does not conflict with the care plans;

- a process of monitoring the implementation of the care plans, for example a check list;

3) *Unrealistic assessment of clients*

- Staff feel that forms are not accurate and provide a regimented assessment.

- The assessment was seen as too high a measure, questions were for more able clients, and the result is that clients have a higher dependency on staff than was expected.

<u>Staff would like:</u>

- a realistic assessment of clients;

- to be involved in setting the measures;

- clients and staff to be involved in the assessment exercise;

- to view clients' care as holistic, i.e. health needs, social needs and psychological needs, and for clients to be presented as a whole person not split into parts, that is social needs or health needs;

- produce more written information, for example case notes which are positive as well as negative;

- to encourage whoever is doing the assessment to observe and speak to the client;

- to have an individual client file with all the information together providing a diary and overall picture of the client, e.g. activity sheet, care plans, and case notes;

- to have a variation in the scale of assessment - at present clients are measured at the lowest level, i.e. if they do not do something all the time then they are marked as not doing that activity, which does not give much information about the development of the clients;

- monitor and supervise clients in their activities.

4) Problems with audit of practice

- The audit was done by a UM from another Unit who talked to a keyworker for each client. The assessment may not be accurate because staff have different perceptions of a client's ability and different attitudes to care and the client will work differently depending on which member of staff is present.

D) Uncertain Role Of Staff

1) Changing role of B grades

- Staff are confused about their role, feel it is continuously changing and that there has been a lack of communication about what the role is.

<u>Staff would like:</u>

- to be kept up to date about their role;

- a job description;

- written confirmation that it is legal for them to administer drugs;

- confirmation that when B grades are left along in the building that they are covered by insurance;

- the UM to have a meeting with B grades to say what their responsibilities are and then if staff do not fulfil them she can take action;

- to be rewarded for taking on the extra responsibility, for example either B grades to receive an increased salary, or B grades to become C grades and A grades to become B grades;

- to have a C grade in each Unit to administer drugs - some B grade staff are concerned about the consequence of making mistakes;

- B grades to have responsibility for control of money;

- awareness that the increased paperwork has added to their workload and that they have accepted this as part of their new role.

2) Selection of B grades

- Staff felt this was based on convenience and long standing service. It was felt to be an unfair and demoralising process.

<u>Staff would like:</u>

- selection to be based on merit, maturity and reliability with candidates having served a year in A grade role;

- interview skills training for both interviewers and interviewees;

- a review of who would like to remain a B grade and have a reselection process if necessary.

3) Shortage of staff

- Staff are left to work on their own in a Unit.

- There are only three night staff and so when on leave the day staff have to cover which leaves the day shift short of staff.

Staff would like:

- appropriate staffing levels;
- to employ two new staff in the Unit;
- to have one B grade in each Unit so the A grades are not left responsible for each Unit;
- to have an E grade responsible for managing each flat with the UM as overall manager;
- organisation of cover planned and marked on a chart for everyone to see;
- a rota from the first of the month and on one sheet of paper;
- staff to help out in another flat if there are no clients in their own flat at that time;
- the salary budget to be devolved to the UM.

4) Problems with appraisals

Staff would like:

- more regular staff appraisals to monitor performance and achievements;
- to have an overall picture and record of staff;
- this responsibility to be delegated to E or C grades as team leaders.

5) Problems of role of office staff

- There is concern that their role will be non existent in the future.
- Staff regard office staff as supportive and helpful.

Office staff would like:

- to be clear about their future role and what their responsibilities will be;
- to know how the computer system fits in with the new vision for the service;
- to have their own room.

E) Other Constraints On Role

1) Domestic duties

Staff would like:

- cover to be arranged to cope better with the large amount of domestic duties.

2) Lack of transport

Staff would like:

- staff to walk clients to the surgery more often.

3) Problems with GP

- GP is seen to be uncomfortable with the client group and diagnosis is made without close examination. There is no follow through or referral and source of the problem is not being looked at. The health needs of the clients are not being appropriately looked at.

Staff would like:

- to have the other GP visit the Unit as she seems more comfortable with the client group. Staff understand the legal and political implications of the GP practice which might prevent this change occurring.

F) Problems With Evening And Night Cover

- Night staff feel isolated with one person in each flat and if there was a problem with unpredictable, violent clients there is a fear that other staff will not hear them.

- Staff have mixed feelings about working flexible hours - they understand the logic and it would be good for clients to go out in the evenings, however staff have other commitments and it would not suit all staff members.

Staff would like:

- to feel more secure at nights, and to have a panic button installed in each flat so they can alert each other;

- the Unit to be left in a reasonable standard for night staff, ie not so many domestic duties being left from the day shift;
- more appreciation and support;
- more understanding with the UM;
- regular meetings between day and night staff at 7.30 pm and to have a facilitator or mediator to help work through differences between day and night staff;
- minutes of meetings to be confirmed as accurate by night and day staff;
- to have a 'New Information' sign on the notice board to pin point new communications;
- a handover with the UM once a month or two months;
- the UM to explain to bank staff what to expect - night staff are often left with increased responsibility when bank staff do not know procedures and temperament of clients;
- a gradual transition for staff moving to work in another flat when they have anxiety about working with that client group;
- awareness that some staff may not suit certain client groups and it would be no good for the clients if the staff cannot cope;
- to have sleep-in, however the Unions blocked sleep-in because of the need for a room of a certain size and a sink;
- continuity of care for clients - there is a concern that flexible hours will mean that clients have lots of different staff and more staff throughput.

G) Leadership And Authority

1) Operational Management

<u>Staff would like the Operational Manager:</u>

- to be a good leader, listen to staff, give direction, communicate and give recognition;

- to have a strong personality and not be controlling but be in control;
- to have firm boundaries for all not the chosen few;
- to have more backbone, be professional, maintain confidentiality, and to recognise workers as individuals for their achievements and capabilities;
- to have more respect for staff and be respected;
- to have more discipline and sort out the dominating characters;
- to set the positive culture of the Unit.
- to have a stronger bond with staff and with senior management;
- to keep problems with senior management between circle of UMs and not pass onto staff.

<u>The UM would like:</u>

- to have more support from senior management;
- to have less pressure from senior management, staff and parents;
- staff to listen to communications and access the file of information;
- staff to tell UM about real problems rather than trivial issues.

2) Senior Management

<u>Staff would like:</u>

- senior management to understand what staff are going through;
- the Area Manager to visit the Unit more often and talk to staff;
- to have personal, confidential contact with the Area Manager;
- more consultation;
- to be listened to;

- to have good leaders who have come up through the organisation and are down to earth;
- to have leaders who give direction, communicate, and give recognition;
- less white collar workers in the health service and more staff on the ground;
- more support and respect;
- recognition for the voluntary work undertaken by staff;
- communications and presentations to have a warmer approach, to be in layman's terms, and to have more opportunity to discuss issues and ask questions;
- to have two way communications meeting once a months to bring up problems and to get an understanding of why things are happening;
- to hear how it is rather than that management have not made a decision and to know what is happening now rather than what is happening in the future;
- to see management try the work;
- to have more confidence in management and about the unknown future;
- to have more trust in management.

3) Lack of authority to manage oneself in role

<u>Staff would like:</u>

- to have the authority to manage themselves in their roles;
- to understand the overall goals, objectives and purpose, for example source of the recently introduced constraints on staff taking decisions to order food;
- to have delegated authority to make decisions within guidelines, particularly in absence of UM, for example discretion when dealing with phone calls;
- to have the authority to sanction time owing when they are well covered - there was concern that some staff may take advantage which could lead to conflict between staff;

- to have a designated and appropriately paid UM to cover the absence of the UM after 5.30 pm, or to have a B grade in each flat.

<u>The UM would like:</u>

- more authority to manage and to tell staff that she does not always agree with the decisions communicated by senior management.

H) Scenario 1: Service To Remain At Present Home

The majority of staff would like the service to remain at Large Unit and for physical improvements to be made to the accommodation.

<u>Staff would like:</u>

- individual bedrooms to be created so that clients have a normal environment - funds to build bedrooms as an extension or to partition existing space would be more cost effective than moving to new homes;

- more staff to accomplish a fuller integration of clients into the community and to help clients reach their full potential;

- the Purchaser to visit the homes, speak to staff and observe the care given to enable an additional and different way of measuring the service;

- to have different food rather than cook chill and to change the kitchen - clients could be encouraged to be involved in the choice of food, shopping and assisting with cooking which would result in more cost effective and healthier eating, although there may be problems with health and safety regulations;

- to have regular group meetings about client case studies to create an integration of knowledge of each client in each flat;

- to have an E grade in each flat or more trained staff so the UM can manage more effectively, in the meantime the Unit needs a UM to be put in place to ease the workload for the current UM;

- to have a permanent full-time Deputy UM to work closely with the UM;

- for B grades to be C grades and then C grades to be responsible for care plans;

- E grades to take up the role of giving staff supervision, appraisals and support;
- to hold that the Unit is viewed as three separate flats and at the same time a whole Unit;
- back up from senior management when neighbours complain about noise so that the client's side is put over and therefore clients have rights in their own environment and privacy in their home;
- to have BBQs or fetes to involve neighbours and the public;
- to move clients into the right client groupings between the eight Units, and staff to be involved in correctly grouping clients;
- to move out disruptive clients and leave the rest in the house - 5 people in each flat - this may not be viable cost wise in terms of finance for clients.

I) Scenario 2: Service To Move To Community Housing

The majority of staff have a negative attitude towards the concept of community housing. They could see some advantages in the idea but felt that the reality was more likely to be negative for clients. The goal of staff is to move with clients to ensure that clients' needs are met, some staff are willing to try anything and are adaptable to change. Staff are concerned for the future of clients rather than the future of their own jobs.

<u>Staff felt there would be advantages in:</u>

- the clients and staff having more autonomy, being self contained, managing themselves and having their own transport for the house (they would also need to have access to money rather than this being centrally held);
- the move would be good for more able clients.

<u>Staff felt there would be disadvantages because of:</u>

- the negative public attitude towards clients;
- the negative reactions from neighbours;

- the disruptive transition for clients, although the emotional bonds between staff and clients means that staff can help support the transition to the new service for clients;
- the lack of rights for clients in moving - clients are not able to articulate how they feel;
- the higher cost than the present accommodation;
- the concern that clients will be left on their own, become lonely and vulnerable because they cannot cope;
- the concern that clients with more severe behaviour will have less chance of finding a home;
- the concern that clients with challenging behaviour may be more aggressive after the move;
- the lack of `parental' rights of staff and frustration of clients being wrongly placed;
- the concern that the move would split families;
- clients needing more space rather than less;
- the concern about terms and conditions for staff and location of new homes.

14 Appendix D: NHS Case Study - Working Note

14.1 WORKING NOTE FOR SENIOR MANAGEMENT

14.1.1 Background

In early 1997 the provision of learning disability services at the Trust will be subjected to a competitive tendering exercise. The Purchaser will be looking for a service which can meet the challenge of Health Service policy on community care, in particular development of the social needs of clients and integrated community housing to accommodate smaller numbers of clients.

To prepare the service for the tendering process two residential units were selected as a pilot study and staff in these units were involved in group discussions about the process. The purpose of the work was to help staff explore what it is like to work in the service, to examine what they find satisfying and dissatisfying about their roles, and to involve staff in the planning and implementation of the changes.

The initial phase of the work involved the staff in three stages of group discussions. The process of the initial phase was as follows:

Stage 1: Exploration of current state issues, present role and relationships, future state, future role and attitudes to community care homes.

Stage 2: Reflection on the themes that had emerged from stage one and checking on confidentiality issues about what would be presented to other groups of staff and eventually to senior management. Continuation of the process of exploring the possible future state of the service and what staff considered should be put in the tender document.

Stage 3: Review of the two scenarios put forward by staff. A problem-solving framework was used to develop the issues relating specifically to each scenario and issues relating to both scenarios. Staff worked on what they would like the future state to look like, put forward what enablers would ensure movement to the future state and discussed what would block that movement.

It is planned that the second phase of the work will take place at the end of 1996 or beginning of 1997 when staff will meet in their groups to review developments since the initial phase. This second phase will also act as a validation of the project.

This working note gives an overview of findings from the initial phase of the process.

14.1.2 Overview Of The Process

In the first stage of the process many staff were in a position of denial that there would be any change in the service. As the stages progressed the groups began to face up to the reality of the uncertain future of the service. Staff examined their experience of working in their roles, developed more understanding of the system and explored ways that they themselves could develop and improve the service they are providing to clients.

A very prominent concern for staff was that senior management would not listen to what staff had said during this process. Although the group discussions were very productive there was a general feeling of futility about the process and this may mirror the staff's experience of working in their roles in the service.

At times during the process some staff were very angry and underneath this there was a sense of powerlessness. Others presented a feeling of depression, which indicated a suppression of anger. It is important to understand that different groups of staff were holding different aspects of the system. For example the staff from Large Unit organised themselves into groups that represented the resistance to change, the anger at the resistance to change and the sabotage. Small Unit staff presented a resistant group and a group who believed the other group to be resistant.

All of these feelings are present in the system and the system has to be dealt with as a whole. It is, therefore, of no value to focus on particular individuals or groups who are seen to be most resistant. These individuals or groups may be carrying the feelings that others find too uncomfortable to deal with themselves.

14.1.3 Emergent Themes

The system has an input of clients who are adults with learning disabilities, the transformation process is the continuing care given to the clients, and the output of clients from the system is by death or with them moving to another service. Clients do not leave the system cured of learning disability. In view of this the role of the care staff is a

stressful one. There is an element of futility about the work care staff are engaged in and staff face the tragedy of the way the clients are.

14.1.4 Role Of Staff

As carers, staff take up a temporary parental role with clients and with this they also carry the guilt and envy put into them by the real parents of the client. With the announcement of changes to the future of the service, staff have become more anxious about the uncertainty of the future service and they fear they will lose their jobs. They also fear the loss of contact and emotional bonds with certain clients, and loss of contact with other staff members. The evidence is that while I worked with staff I felt their anger, fear, and frustration; staff felt depressed and powerless.

Staff in both homes reported high stress and low morale, and anxiety about the future state of the service. Staff in Large Unit reported particular problems with parents which adds to stress and it may be that the parents own anxiety about the future for their children is being put into the staff.

Staff also carry inside themselves negative feelings about the people they work with. This conflict is too uncomfortable to hold and therefore gets externalised. The negative feelings are put into other groups in the system, which results in splits. The evidence given by staff is that there are splits between staff groups at various levels, for example, between different shifts, between day and night staff, between staff working in different flats, between staff working on the same shift or in the same flat. Such splitting makes their world understandable and enables them to survive in the system.

The evidence for this is that staff spoke about, in both homes, a lack of team working and a lack of communication between staff. Specifically in Large Unit staff feel there is a lack of confidentiality and trust in the Unit. Staff also believe that the splits and conflict between staff has an affect on the clients. In addition, staff may get rid of their own fears onto the clients.

14.1.5 Lack Of Learning Opportunities

There is a resistance to learning in the system. The result is that staff are not taking up the learning opportunities they are offered and staff feel that operational managers are blocking staff. Evidence from both sides was put forward; some staff say that they are unaware of what courses are on offer or that UMs are only selecting certain staff to attend,

whereas the UMs say that staff have access to the list of what is available and feel angry that staff do not take up opportunities.

Again the position of the staff mirrors that of the clients; staff are involved with people who are almost unable to learn, so why educate staff if clients are unable to learn? It may be that the training courses are inadequate, staff may have a fear of failing or fear of the course, they may be frightened of what the consequences will be if they are unable to learn.

Learning seems to be used in the system as a reward or taken away as a punishment. This fits in with the prevailing culture of fear and blame. Signals are given that malpractice will be punished with suspension, disciplines, and dismissals. There is no evidence of any positive reinforcement for good practice, staff who are trying new ways of developing clients, who are taking risks, and are being adventurous feel they are being blocked by negative colleagues and that their efforts are not being recognised. What incentive do staff have for developing clients rather than the traditional model of looking after them? There is no positive incentive for change.

14.1.6 Care Model

Staff are uncertain of what is the right thing to do with clients. They are left feeling hopeless as nobody knows what is appropriate work. There is no positive reinforcement of doing the right thing only punishment for malpractice.

There was evidence from staff at both homes of different attitudes to care and philosophy of how staff care for clients. Specifically at the Large Unit there was an ambivalence about the introduction of care plans; perceived unrealistic assessment of clients; and problems with the audit of practice. At the Small Unit there was less time to develop clients; two models of care in operation; and inadequate assessment of clients.

The definition of the primary task, that is the model of care to be used by staff, would unite staff in their care of the clients. At the moment no one in the system has the space to think about their work because they are engaged in splitting. Being involved in defining the care model will enable staff to think about the primary task.

14.1.7 Uncertain Role Of Staff

As well as being unsure about how they care for clients, staff also seem unsure what they are supposed to be doing in their role, what their responsibilities are and they spoke of a

lack of direction. This was discussed mostly by staff at Large Unit and in particular confusion over the changing role of B grades, anger at the selection process for B grades, shortage of staff, lack of appraisals, and supervision, and problems with the role of office staff. Small Unit staff mentioned the lack of staff across the board.

14.1.8 Other Constraints On Role

Issues on a more practical level were raised. At the Large Unit the issues were domestic duties; lack of transport; and problems with the GP. At the Small Unit the issues were lack of transport; lack of escorts; poor standard of food; contractors lunch arrangements.

Both homes reported problems with evening and night cover. Night staff are particularly anxious about change because they are in a pattern of working and have other commitments. There is also some anxiety from day staff about working nights. There is anger at the proposal of flexible working on the whole particularly as staff will be held to their contract to work with other groups of clients and different shift patterns.

14.1.9 Leadership And Authority

Staff will put their negative feelings and frustrations into the UMs because the senior managers are not available for this. Therefore the UMs carry both the frustrations of the staff and of the senior management.

Historically UMs have always been trained nurses, but they are aware that this will not be the case in the future; Social Services as Purchaser does not require trained staff as UMs. Therefore, staff who are not trained nurses will be able to develop themselves for the role of UM. UMs may feel threatened by untrained care staff and may feel they will lose some power in the new service, or indeed lose their jobs. Staff spoke of the fear that the trained staff will go and be replaced by untrained staff who will cost less to the service. There is evidence that the UMs are blocking staff and the frustration on both sides has been mirrored with me. The relationship between the care staff and the operational unit managers is a mirror of the relationship with senior management.

The containment in the homes is with the UMs and some are able to contain this better than others. Some may be able to contain for a time and then be overwhelmed by the stress they are carrying for the system. This is often seen as a failure to cope by one individual but is better understood when it is considered that this person is containing the stress for the system. The UMs do not feel supported by senior management and feel that senior management are not available to contain their feelings. This results in a split

between operational management and senior management. The one thing that all staff and UMs are united in is how angry they are at senior management.

At the moment there does not seem to be any overarching image of what the task of the service is; administrative and physical boundaries are being set but there seems to be a lack of work boundaries. For example, staff are unclear of their changing roles to B grade, all staff are unclear about what is the appropriate model of care.

Staff at both homes report a lack of authority and responsibility. Throughout the system there is a process of infantilising, which goes against staff managing themselves in their roles. The social model is about staff encouraging clients to develop and be more autonomous, however staff do not feel autonomous, rather they feel infantilised like the clients. For example, the UM is responsible for everything below them, and they are accountable for their staffs' malpractice as well as their own. This also goes against staff managing themselves in their roles. At best staff will be striving to do a good job but they are not accountable and so will feel infantilised - like the clients. At worst staff may feel they can get away with anything because the UM will take the consequences. The UMs take up the position of scapegoats in this system and are available for blame from senior management as well as staff. Such a situation may lead UMs to have an autocratic and controlling leadership style. They feel they have no control over what happens to them in the system and therefore become more controlling of staff and clients.

14.1.10The Future State Of The Service

Scenario 1: Remaining At Present Home

The majority of staff would prefer to stay in the present homes and make physical improvements. During the process they became aware of the other issues they need to address, even if they did stay in the present accommodation. The staff may not unite to focus on the problems they have in their roles while they are still split off. They have to be united by task.

Scenario 2: Community Care

The majority of staff have a negative attitude towards community housing. By the end of the process they were at least considering the possibility of moving to community houses and most said they would move to be with clients; that clients were more important than

staff losing their jobs. A small minority of staff thought it would be a good move and better for the clients.

Scenario 3: What Other Model Will The Purchaser Buy?

Deciding between two scenarios may cause more polarization, staff and management may feel it is a win-lose situation - someone has to lose and what effect would that have on the morale of staff. Alternatively you could work on a third scenario. Instead of physical, administrative solutions such as whether the clients will be housed in existing accommodation or community housing, you could look for social solutions, that is care solutions using the resources you have got now, and that can be put in place now.

Scenario 3 could be a social model of care specific to The Community Health Services NHS Trust. You could set up a working party of staff and management (selected by election procedure) and also invite a representative from the Purchaser. The task of the working party would be to prepare a proposition for the Purchaser and the group would develop ideas around care. The working party would also act as a container and the anxiety about resolving the proposal to the Purchaser would be put into it.

You and your staff have the knowledge about providing the service and care for the client and so the working party would work at a model of care which offered the Purchaser a model beyond their understanding. The process would also continue to involve staff in the planning and implementation of changes and unite people in the system to focus on the primary task - care of clients with learning disabilities.

15 Appendix E: NHS Case Study - Evidence Of Expressed Resistance

I present below the evidence of expressed resistance in the NHS case study.

Staff in the Large Unit denied that there was anything to improve in the Unit and they gave strong justification that they should stay with the status quo. They were angry with me because they thought I would not present a positive view to senior management:

> "The group said that the location is good, that they give a very high level of care, that the clients have excellent life styles and that the clients are all very well dressed. They were really praising themselves very highly, for example saying that they give clients a very high level of security. .... The group suddenly became angry and said that I was not this writing down." (My notes on Group 1, Large Unit, Phase 2.)
>
> "You couldn't get a better place. We are good staff. Agency staff say that it's a good place. We feel confident about placing agency staff." (Group 2, Large Unit, Phase 1.)

However, at other times staff presented evidence that the reality was that the Large Unit had a reputation for being a difficult place to work in:

> "We can't get E grades and have tried placing three advertisements. The Large Unit has a negative image. People don't want to work here." (Group 2, Large Unit, Phase 1.)
>
> "The group said there is a problem getting staff because the Large Unit has an isolated location." (My notes on Group 1, Large Unit, Phase 1.)
>
> "We can look elsewhere for a job but they will have a problem getting other people to work here." (Group 2, Large Unit, Phase 1.)

As was seen in the low level analysis, Group 1 in the Large Unit had the highest percentage of evidence of denial that the change would occur and this seemed to be the most resistant group. They had not internalised that they would be going through a competitive tendering process where they would have to apply for their own jobs and could be transferred to another provider. It took some persistence on my part to help them accept that the competitive tendering process would soon be happening.

There was behaviour in all groups to indicate resistance to change in that they were uncomfortable discussing what the future state of the service would be like. Although this occurred in most groups, Group 1 in the Large Unit presented the most evidence of this, which they acted out by being late, leaving the room and avoiding discussion of the future

role. As indicated by the low level analysis (see p150), this group focused the discussion on their current role, the health model of care (15%) and practical activities (21%) such as decorating the homes. An example from my field notes illustrates the behaviour of the group:

> "When we came to look at the future state of the service the group members continued to concentrate mostly on adding and changing the report that referred to the current state of their role. They seemed to want to avoid looking at future state. When I tried to focus on the future role someone created a diversion by referring to something they said earlier about the Unit Manager and how it might upset her." (My notes on Group 1, Large Unit, Phase 2.)

The behaviour of the UM of the Large Unit in Group 2 gave another example of expressed resistance. The UM wanted immediately to focus on finding solutions rather than taking some time to understand the current system. She wanted to rush the group into looking at what the changes would be. However, as mentioned earlier, when she was given the opportunity to do so she sabotaged the process.

The evidence presented so far begins to give an indication of how the resistance was manifest and more examples will emerge throughout the remainder of this section. Staff in all groups expressed that source of resistance was that people feared losing their jobs. This is also indicated in the low level analysis (see p150) as 11% of the total comments made for all groups were about fear of loss of jobs. Quotes from the reports and my field notes illustrate this further:

> "The group said that there are some people with very rigid, resistant views. They gave reasons why they thought people might be like that. For example, some staff members were new and because of the fear of losing their jobs they were copying the authoritarian style of the UM." (My notes on Group 1, Small Unit, Phase 2.)

> "No cook will be needed – I will lose my job; we will lose contact with other staff and other clients; the major concern is we will lose our jobs." (Group 2, Small Unit, Phase 1.)

The group members also expressed how they were frightened of making mistakes in case they lost their jobs or this was used to justify them not moving to the new service, for example:

> "The person causing problems in Flat 3 is frightened of losing her job. Because of the change in our roles she is frightened of being accused of doing something wrong." (Group 3, Large Unit, Phase 1.)

"All members of the group said there is a fear of doing wrong. One person said 'when we are adventurous and take risks, we are more likely to make mistakes.' They were concerned of the consequences and said that management were not supportive of risk taking." (My notes on Group 3, Large Unit, Phase 1.)

"We've been told there will be no redundancies but we're not stupid; there will be some cuts. The stress reduces our performance. The fear is we just have negative choices: either we lose our job; we are told to change or go; our pay will be cut; and we will work longer hours." (Group 2, Small Unit, Phase 1.)

Staff also did not want to admit they were suffering from stress because they thought it would go against them in the competition for their jobs. In the Large Unit they were advised by the UM to record any stress related sickness as holiday in case 'their sickness record would look bad when they are interviewed for the new jobs and there would be less chance of getting a job' (My notes on Group 2, Large Unit, Phase 1.) This probably resulted in a false picture of the amount of stress in the system.

As I mentioned earlier, the most resistant behaviour was in Group 1 in the Large Unit. This group were mostly night staff and it emerged that night staff had the most anxiety about job loss. It seemed that in the new service with flexible working hours their role was most likely to change. However, they were in denial about this happening, for example:

> "The night staff didn't think night working would change because they have to be there. There was concern about the suggestion of flexible hours. They said 'we have our own lives to lead. The management have to think of staff; they can't expect you to run your life like that'. Others in the group said they understand why it is sensible to have flexible hours because sometimes night staff are in the Unit when the clients are out and there is nothing to do." (My notes on Group 1, Large Unit, Phase 1.)

> "There was some confusion and concern about the introduction of flexitime. The UM said they were tailoring the service to meet client needs rather than in the past the focus had been on staff needs. Other people in the group were not happy about that comment." (My notes on Group 2, Large Unit, Phase 1.)

There seemed to be a connection between the isolation of night staff, the fear of losing their jobs, and that they disagreed with the changes to a social model of care (normalisation):

> "The group said they want regular staff meetings as night staff are isolated. They seemed more resistant to the changes. One night staff person then said 'I am annoyed about normalisation because the clients will never be normal'." (My notes on Group 1, Large Unit, Phase 1.)

> "All the group members were angry about the proposed changes. They began by denying that it would happen. When I stressed to them that the service would change and the plan was to move to community homes the group was very angry. They did not agree with community care. They talked about incidents from psychiatric community care of paedophile attacks and murders. They added, 'not that the same will happened with the learning disabled, but more that the public don't want them next door. It is cruel to put them in houses in the community – children can be cruel'." (My note on Group 1, Large Unit, Phase 1.)

The senior management told me that the night staff were the most resistant to the changes and they gave the following reasons:

> "The night staff have a cosy job; they bring their slippers in to work." (Adult Services Mgr.)
>
> "The staff do not want to change because the current arrangements fit in with their life style and commitments. It is not much hassle because most of the clients are asleep. The night staff also receive a higher salary. The plan is to have a sleep over rota rather than designated night staff." (My notes on meeting with Area Manager.)

Other staff were also concerned about losing their jobs and as one office worker in the Large Unit said 'the office staff will be non existent' (My note on Group 1, Large Unit, Phase 1.) The change to the social model of care also had an impact on domestic workers and one described how she would not be able to take a caring role with clients. The group allowed her to talk about this and a working hypothesis I developed was that this was a way for care staff to avoid discussing how their own role would change:

> "Very early on in the session the domestic said that she is not allowed to do as much work with the clients as she used to. She had been working there a long time and was having difficulty with the fact that her role was changing. She said that it was better when the service was more institutionalised because everyone was involved with the clients. She said the problem now is that it's changing to more client development and they have training programmes for care staff, which she does not attend. She brought this up quite a few times and took up a lot of time focusing on the fact that she wasn't involved rather than allowing the time for the care assistants to talk about how they could develop their role." (My notes on Group 1, Small Unit, Phase 2.)

The fear staff had about losing their jobs seemed to be reinforced by management threatening staff with loss of their jobs if they did not change. This seemed to be making people more anxious, causing more tension and more conflict. For example, the staff mentioned that the UMs current attitude was 'if you don't like it then you know what you can do', which implied that staff should consider leaving the service if they don't like the proposed changes (my notes on Group 1, Large Unit, Phase 1). The Area Manager told

me that his message to staff was that 'they had two options, they either work a certain way because that's the way things have to be done or the alternative is disciplinary action and they will lose their job' (my notes on meeting with Area Mgr).

UMs were also concerned about losing their jobs. In the health service UMs had to be trained nurses but when social services became the purchaser this would no longer be a requirement. UMs were therefore threatened that other staff might take their jobs:

"Having less trained staff and giving more responsibility to care assistants costs the service less. It's an insult to trained staff. Trained staff direct the care service." (UM in Group 2, Large Unit, Phase 1.)

"The UM was being disciplined about not filling in the care plans and not doing the paperwork. He said he was very frightened at the moment about losing his job. He did not trust some of the care assistants to implement certain things or to work in the correct way. He said he is accountable if any of them make a mistake and he is the one who is going to lose his job. He only had a few years to go before retirement and was worried that if he was sacked he would lose all the money attached to his retirement package. The group agreed that underneath all of the conflict in the Unit was the fear of loss of jobs, which was intensified by the anxiety they felt about the changes." (My notes on Group 1, Small Unit, Phase 3.)

Other group members were aware of the concern about UMs/trained nurses losing their jobs and some of their comments were as follows:

> "There is concern over trained nurses going, they are more likely to lose their jobs." (Group 3, Large Unit, Phase 1.)

> "Qualified nursing staff will be most effected; management will get unqualified staff to do the job for half the money. Qualified staff can be good and bad, the same as unqualified staff. The question is, does it take a nurse to look after a learning disabled client." (Group 1, Small Unit, Phase 1.)

The UMs fear about losing their jobs may have been reinforced by hearing staff say that thought they should be able to administer drugs rather than the UM:

> "At the moment the UM administers all drugs; she has less hands on work but works long hours because she is the only qualified nurse able to administer drugs. B grade staff could administer drugs and so she wouldn't have to rush back. On holiday staff can take drugs with them." (Group 1, Large Unit, Phase 1.)

Although the Area Manager told me he was more interested in getting promotion and wanted to successfully complete the project because it would help his career progression, staff perceived that senior management also feared losing their jobs:

"The group expressed some mistrust of management 'They are only protecting their own jobs – they are in same position as us'." (Group 1, Large Unit, Phase 1.)

The emotions that staff expressed were that they had a fear of uncertainty, a feeling of powerlessness and that they felt stressed:

"It's frustrating and a lot of stress – continuous change. If we had direction we would know where we are going." (Group 2, Large Unit, Phase 1.)

"It's not the clients that cause us stress – it's the uncertainty that causes us stress." (Group 2, Large Unit, Phase 1.)

"The insecurity of staff is the big unknown. Poor morale can affect the clients." (Group 1, Small Unit, Phase 1.)

"Things change every minute – it will change in two weeks time. We're in limbo. We want to know – have some certainty – there is a lack of information." (Group 2, Small Unit, Phase 1.)

"On one side we understand that no one knows what the changes will be – but on the other hand it doesn't take away the fear about uncertainty." (Group 2, Small Unit, Phase 1.)

16 Appendix F: NHS Case Study - Evidence of Relationship Between Senior Management and Care Staff

I present below the evidence of the nature of the relationship between senior management and care staff. These findings illustrate the unconscious process of projective identification and firstly I examine how senior management took up the position as persecuting bad objects and then explore how the staff took up the position as persecuted good objects.

16.1 Evidence of senior management taking up a persecuting bad object position was provided as follows.

There was evidence from the actual words spoken by care staff in all groups during the discussions for example:

> "We don't feel valued. Support – we're not given it. Trust has gone. We feel depressed now." (Group 2, Large Unit, Phase 1.)
>
> "It's 'them and us' – it would be nice to see their faces now and again." (Group 2, Small Unit, Phase 1.)

There was evidence of transference from staff to me as consultant and that in this transferential relationship I represented senior management An excerpt from my notes of Group 1, Large Unit, Phase 1, illustrates this process:

> "During a discussion about community care houses, one group member turned on me saying 'People don't want them next door. I wouldn't. Would you?' I did not answer directly but reflected back that she was saying the public don't want them in some areas. The group member became more hostile and forceful. She repeated to me 'would you want them next door? – you haven't answered my question'."

My interpretation was that this was transference and that this group member was expressing something on behalf of the group, i.e. the group was angry and frustrated with senior management who were seen to be enforcing the changes and were not available to answer their questions. As senior management were not available to hear their anger and frustration or to answer their questions this was transferred to me because I represented senior management for the group.

Another example of transference was provided during the discussion of Group 2, Small Unit, Phase 1. I interpreted their question to me to be one they really wanted to direct to

senior management and I reflected this back. This allowed them to express more difficult feelings of anger they had towards senior management:

> "A group member was frustrated and said she wanted to go back to a point I had made earlier when I had said that I felt the group was blocked, inhibited and holding back. She asked me 'what do you want us to say?' I replied 'that may be a question you want to ask management'. The group became angry and another member said 'I'd like to say to them – anyone can do this job, we want to work to reach our potential, the management has the final say and they don't listen. They think they know better than us – this is not the case. Will they listen to us?'" (My notes on Group 2, Small Unit, Phase 1.)

This point also highlights that care staff may be experiencing the same frustration as clients might feel in that they are not able to reach their full potential.

Another example of negative transference indicated care staff's suspicion of senior management in their mistrust of me:

> "One member of the group asked me whether the discussion was being taped and fed into the Area Manager's office. While they were producing the organisational pictures they asked 'are you watching us?'" (Group 2, Small Unit, Phase 1.)

There was evidence that negative transference was not only directed at me but also to anyone who took up a position of authority, for example on one occasion a fellow group member:

> "When I asked them to draw organisational pictures the group refused and one member suggested they did it as a group rather than individually. Then another member attempted to take over leadership of the group. She was mocked and called a 'teacher' and then the group complained she was trying to take over the meeting. She was then ignored and the group was preoccupied with discussing the tasks they carried out with clients - a topic that frequently dominated all sessions for this group. Eventually she gave up and sat down." (My notes on Group 1, Large Unit, Phase 1.)

This indicated their general hostility toward people in positions of authority and their response was not to participate in the task. They set up someone to challenge my leadership and tried to change the way they did the task. As well as being preoccupied with comfortable topics as a flight from the task there was also evidence of this being a fight basic assumption group as they expressed anger at feeling controlled and dependent. This behaviour illustrated their ambivalence at being dependent on a leader in an anxiety provoking situation where there was uncertainty and confusion. They behaved in a rebellious manner, became angry, out of control and focused on an issue that had some certainty for them.

Evidence of how senior management introjected these projections from staff was provided by the senior managements saying that they were aware of how staff felt toward them:

> "The Area Manager mentioned that he and the Adult Services Manager could be considered as egotistical by staff - they had been pushing through changes and there had been improvements. The Area Manager had dismissed people and taken disciplinary measures - so felt he was not too popular. He felt he was hated by staff and said that he was criticised by parents and staff. He even said he chose not to live in the area because he would probably be lynched." (My notes on meeting with Area Mgr.)

The Area Mgr also explained how his behaviour had changed as he worked with staff. He said he had moved from a facilitative to a directive style, which can be seen as evidence of the process of introjective identification:

> "He said he had tried to be facilitative, tried to be fair on all sides, tried to be consistent and to implement the same procedures in every case, tried not to be influenced by favouritism or personal relationships. He continued that at the end of the day if being reasonable with people hasn't worked then he's been pushed into saying that the other alternative is that they lose their jobs." (Notes of meeting with Area Mgr.)

The reports given of a meeting with the Unions gives a further indication of the projective identification in terms of how the two groups of people had different perceptions of the same incident. The perception of staff was that management were unavailable to answer questions:

> "Senior management gave us a presentation which didn't help. They arrived late and didn't say sorry or thanks – no niceties. They just went at the end – when the Union went to find them to answer questions they had disappeared." (Group 2, Large Unit, Phase 1.)

However, the senior management quoted the same meeting as an example that they were giving opportunities for staff to engage in two-way communication and from their perspective considered that the Unions being present inhibited staff voicing their opinions.

In the next section I will explore the position taken up by the care staff in the projective system and how senior management also reinforced this.

16.2 Evidence of staff taking up a persecuted good object position was provided as follows:

Staff often spoke about how they were struggling to give good care to clients in spite of the limited resources available to them:

"No one notices the care that is being taken – when one client was very ill someone stayed over by their bedside. Senior management could have sent a thank you letter for covering." (Group 1, Large Unit, Phase 1.)

"We get no thanks from management for the extra work we do on our own time ... Management are not supportive." (Group 3, Large Unit, Phase 1.)

"We give clients the best service. We all give our best – we are proud to work here but we are under constraints." (Group 1, Small Unit, Phase 1.)

"If only they knew – we're not getting the recognition we deserve." (Group 2, Small Unit, Phase 1.)

Evidence that staff acted in ways to seek contempt and suffering was expressed in their transference to me as consultant. In transferential terms I represented senior management for the staff and therefore the feelings staff had towards senior management were projected onto me and acted out in the consultation process. For example, staff seemed to take up a victim position in expressing that no one listened to them:

> "There should be more consultation between management and staff. We want someone to talk to and who will listen to us and support us in our work." (Group 1, Large Unit, Phase 1.)

> "They think they know, but we know more – are they going to listen to us on the shop floor?" (Group 2, Large Unit, Phase 1.)

However, when they were given the opportunity to give their views during the consultation process they again seemed to take up a victim position and hated the persecuting senior management to the point of wanting to fight with them. For example, they expected senior management to know everything; feared for their jobs if they said the wrong things; resented being asked to participate; and mistrusted the motives behind the consultation process:

> "The management don't know what the changes are. They get us together in groups like this and take our ideas. They may sack us for saying too much." (Group 1, Large Unit, Phase 1.)

> "This consultation process is a waste of time, no one will listen; it isn't how we thought it would be; senior management are getting a consultant in so that they can then say 'we've given you an opportunity to voice your concerns but we're not going to take any notice of that'." (Group 2, Large Unit, Phase 2.)

> "We want to know what the changes are going to be and to be asked whether we agree. Perhaps we should start a fight – start a rebellion. It's confidential because they think we would go on strike. It gives them power to keep it to themselves. They think we wouldn't cope – we're not all incapable. They

think we would panic or there would be a riot if they told us." (Group 2, Small Unit, Phase 1.)

The senior management seemed to collude with the victim position taken up by staff in relation to the consultation process. On the surface senior management were advocating staff involvement in preparing for the tendering process, however, there was further evidence that senior management did not want to genuinely engage staff in the consultation process. For example:

"It was not the initial intention of senior management to involve staff in the process of producing a tender bid and the approach suggested was simplistic and superficial. During my first telephone conversation with the Adult Services Manager she stated that she would like me to conduct a survey of staff morale, which would be followed by a training programme to change staff's values and attitudes. The process involved doing things to change staff, rather than involving staff in the transformation process. There also seemed to be a fantasy that people's values and attitudes could be easily changed by a training course and that senior management knew what the values and attitudes needed to be for them to win the tender. I suggested that one option would be for me to work with groups of staff in person to explore with them their experience of working in the service. The benefit of this would be not only that the data collected would be richer and more valuable but also that the process could be designed so that the staff could be involved in implementing the transformations required for the service to be successful in the competitive tender. This approach was agreed." (My notes on initial telephone conversation with Adult Services Mgr.)

"At the initial meeting with the senior management, which I thought was to design the consultation process, they focused on giving me information. They said the Unions supported my position of not using questionnaires but the senior management were not particularly interested in the detail of how I would work with the staff groups. Towards the end I outlined my method, which they agreed to without much comment. I developed the working hypothesis that the way they behaved towards me mirrored the way they behaved staff, i.e. not particularly interested in what they had to say and focused on giving information." (My notes on initial meeting with senior management.)

"As the start date of the work approached I had not been contacted as agreed and I eventually contacted them. I felt as if there was a lack of concern about this piece of work." (My notes on the access stage of the project.)

"During the project the Area Manager said 'staff will feel they are involved in the process' he then laughed and said 'even if we don't take any notice of what they have to say'." (My notes on meeting with Area Mgr.)

Senior management believed staff would have nothing of value to contribute during the consultation process, for example the Adult Services Manager commented that the staff always want improvements that mean more money being spent, for example the purchase of a bus. This implied that they thought staff would have no other ideas about how to improve the quality of the

service they provide, or indeed be able to make some transformations for themselves. (My notes on initial meeting with senior management.)

There was evidence in the groups' transference to me as consultant to indicate that staff were in a dependency relationship with senior management. For example, staff attempted to draw me into a position of being their saviour:

"The group asked me: 'are you going to put down a ladder for us?'" (My notes on Group 2, Large Unit, Phase 1.)

"I realised I was getting caught up in trying to give staff clarification about employment rights and checking out what they did and did not know. Their confused state drew me to want to give them some coherence. The problem was I did not know the answers – in fact they are unknowable at present – and the communication I had from the Area Mgr was confused." (My notes on Group 1, Large Unit, Phase 1.)

Based on this final example, I developed a working hypothesis about how senior management responded to the dependency needs of the staff. If, like me, the senior management feel guilty because they do not have the answers for staff then this could possibly reinforce the myth that management should be omnipotent and know the answers. To defend against the feelings of inadequacy and anxiety evoked by this myth, senior management give confused messages to staff so that it is the staff that feel they misunderstand. In this way senior management project their own feelings of inadequacy onto the staff. This example also illustrates how the projective system can be a reinforcing cycle that has the potential to become increasingly more destructive if not understood.

There was evidence that staff expressed a feeling of being in a subservient position in the organisation and in relation to senior management:

"We are under the shoe – just draw a big shoe. We are at the bottom – fingers pointing down." (Group 1, Large Unit, Phase 1.)

"We get no respect from them up there." (Group 2, Large Unit, Phase 1.)

"We are puppets – they say 'jump' – we say 'how high?' We have to ask permission – like a school girl." (Group 2, Small Unit, Phase 1.)

The comments made by the group members indicated resentment at being in a position at the bottom of the organisational hierarchy.

Most of the organisational pictures drawn by care staff were at a superficial level and their thinking quite simplistic, e.g. a written lists of tasks, drawings of tasks being performed, organisational diagrams or floor plans of their residential homes. The working hypothesis

I developed was that this mirrored their experience of being in the organisation in that they were not required to think at more than a superficial or simplistic level.

The relationship between senior management and staff seemed to be collusive; senior management seemed to infantalise staff and care staff seemed to take a subservient position. For example:

> "The group asked the meaning of some of the words I was using, such as ambivalence, autonomy. They said that management have been using long words, such as these, and they want it spelt out in layman's terms." (My notes on Group 1, Large Unit, Phase 2)

At the time I perceived the care staff to have a low intelligence or educational level. However, I later reflected on their childlike response to the use of long words and I developed the working hypothesis that they were taking up this position as a defence. This then enabled staff to maintain their position of confusion and not understanding what the proposed changes would be. They did not ask senior management to explain what the words meant and when they asked me it was more as a mechanism to blame senior management for their own misunderstanding. This enabled staff to resist the changes by 'playing dumb'; in other words if they were unable to understand what the proposed changes were how could they possibly implement them in their roles.

Further evidence came from the countertransference in terms of my feelings while I was working with the groups. For example, during the break at the first meeting with Group 1, Large Unit I wrote down my experience as follows:

> "The group was very angry – in fight basic assumption. Sometimes many people were talking at once; it was very difficult to follow. Confusion, misunderstanding, not listening – anger, frustration, chaos, manic. Talking across at each other; not at me. I was ignored, sometimes a member said to me 'is this what you want?', others whispered 'poor women', they talked about the other groups 'we're the quiet group – wait till the others'. They had no respect for each other or me – they talked across someone else, or were eager because they'd been given an opportunity to voice issues. They didn't do the task and were controlling or suspicious. They didn't want to put down how they felt on paper. I was feeling powerless to intervene – although I did once say I was finding it difficult to follow so many conversations and made remarks such as 'I missed that because someone else was talking'. I felt depressed."

I went through a process of analysing the countertransference in terms of what were my own feelings and what I was picking up as the feelings of the group. There was an element to my depressed mood that was my own feelings of not being able to engage with

this group and that they would not do the task I had asked them. I also believed that my feelings mirrored the staff's experience of being in their role in the organisation. My interpretation was that they felt depressed, powerless, confused, had no respect for senior management or each other, and felt they were not respected. Their ambivalence about being dependent on senior management was evident. They demonstrated a dependence on me in the request for reassurance that their discussion was what I wanted, but also mounted a rebellion and flight from task. The most intense feeling I had was that they had an underlying depressed mood and although they were able to express anger directed at senior management and myself, the feeling I was picking up in countertransference were those they felt less able to express. I decided to explore this working hypothesis when we reconvened:

> "After the break the group went straight into a discussion about rights. One group member said 'management are telling clients they have to go to new houses. Clients do not have rights.' I replied that part of the plan was to look at clients' rights. The group became more angry and said: 'Care assistants need rights. We know what is best for clients – management should listen to us.' I said 'as I work with the group I feel a sense of depression'. A cry went up 'how do you think we feel?' Others said 'aah' with sympathy. I said 'is it just me?'.
>
> This intervention enabled the group to focus their anger and they spoke to me one at a time. For example, they said 'the Unit has the highest sickness and absence levels – people are stressed or just don't want to go to work. Morale is at its lowest.'; 'Senior management's presentation went completely over our heads, it was intimidating, full of statistics, not in language we understood'; 'You are getting what we would like to say to them.'; 'You should get the Area Mgr in here to talk to us like this then he can hear it all. He can talk to us in layman's terms.'" (My notes on Group 1, Large Unit, Phase 1.)

Their response to my intervention provided further evidence to develop the working hypothesis that they also felt depressed, confused and powerless. It was also stated that senior management were not communicating the proposed changes in a way that staff could understand. As I mentioned earlier, however, misunderstanding may have been a defence by staff who wanted to keep the senior management as the bad object. In addition, the group confirmed that I was representing senior management for them and I was, therefore, receiving the hostility that they would like to directly express to senior management.

There was some awareness that the groups were blaming senior management and during Phase 2 I had an opportunity to this working hypotheses with them. An example from my field notes illustrates this:

> "Somebody in the group said 'we're looking for somebody to blame' and I tried to get this point over to them that when there is so much fear and uncertainty then there are splits and people look for someone to blame and it's something quite normal that people do." (Group 1, Large Unit, Phase 2.)

However, not everyone in the group understood this, or wanted to understand this:

> "I mentioned that this happens at management level as well and that I've worked with Chief Executive Groups and this happens with them as well. Their reaction was, 'well this is a bit of a comedown for you'."

This response indicated that they were maintaining their defence of being persecuted and that they could not possibly have the same experience as management who were the bad object, therefore, they misunderstood my statement to be a put down.

The senior management reinforced the perceptions that care staff had of themselves and indicated they had a low opinion of the care staff. The Area Mgr. said he had a low tolerance of incompetence, weakness, bad management, not having the right care attitudes and values, and not conforming to rules and regulations. He said he used the rules and regulations quite a lot to ensure a uniform approach is made to any kind of decision. In particular, he was involved in putting staff through disciplinary procedures and there was a culture of no tolerance of incompetence or any kind of malpractice. There seemed to be many disciplinary actions, suspensions and enquiries; his attitude is that he would like people sacked, which resulted in people saying they were watching their backs. The Area Mgr said he did not want there to be a 'fear culture' but people were aware that it was more easy to be disciplined than ever before. Discussion in the staff groups confirmed this view of the Area Manager:

> "The Area Manager was viewed by staff to have a dictatorial style and was on several occasions called a 'hatchet man'." (My notes on Group 2, Large Unit, Phase 3.)

Care staff reported that there was no positive reinforcement of what is good practice and staff said that they become so concerned about doing anything wrong in case they are disciplined that they end up making mistakes.

The working hypothesis I developed was that the new senior management team had recently been brought in to clear out any staff who were considered to be inadequate and to regenerate the service to be able to win the tender. They had the advantage that they had no ownership of what had happened before, i.e. the last tendering process that the service lost. In particular, the Area Manager seemed to have been selected in to the role to

implement the clearing out function and I developed the working hypothesis that this was because of the type of person he was:

> "The Area Manager admitted that he cannot tolerate incompetence and also said that he finds it difficult in situations when someone is very needy; he would regard that person as being weak. I reflected to him that whoever put him in post must have known this unconsciously because it seems as if that's the role he's had to take up and it seems he was chosen for that role because of the type of person he is. He agreed."

The working hypothesis I developed was that it seemed that the senior management could not tolerate their own neediness and saw this as failure and weakness. To defend against those feelings they projected them onto the care staff thus reinforcing the projective identification.

17 Appendix G: NHS Case Study - Evidence of Care Staff Relationship with Unit Managers

Evidence of the nature of the relationship between care staff and Unit Managers is presented below.

17.1 UMs in management role as the target for negative projections and scapegoat to protect senior management:

Most of this evidence for this point was presented by the UM of the Large Unit, who was a member of Group 2. She was present for the first two phases of the project but did not attend the final phase. During Phase 1 the UM dominated most of the discussion and on the whole answered questions on behalf of the other staff members. She expressed how much stress she had to carry for the Large Unit and that she felt pressure from senior management and from staff. For example, she said:

> "I am sandwiched between senior management and the staff."
>
> "Everything is passed up the line to me. The Area Mgr is not supportive and pushes down."
>
> "I give communication but the staff don't listen, I find it frustrating."
>
> "I had a freehand in the past. My hands are tied now. I am not allowed to manage."
>
> "The expectations from staff and management are too high. I have to keep changing in my role."
>
> "The problem is even if I don't agree with decisions made by senior mgt the staff still think it is my decision."

As the final quote illustrates, the UM said she feels often she communicates messages from senior management and the staff displace their anger onto her rather than Senior Mgt. I developed a working hypothesis that the UM's act as a barrier to enable senior management to avoid receiving the hostility from care staff. This seemed to be encouraged by senior management and may be because they have an idea how much anxiety and hostility towards management there is in the Units. In this instance the role of the UM, Large Unit is to be a scapegoat. I explored this with Group 2 and staff agreed with this.

In Phase 2 the UM, Large Unit was extremely negative about the consultancy process and blamed senior management. The working hypothesis I developed was that the UM

seemed unable to contain the hostility from staff and that she was trying to displace any criticism onto senior management. For example she said:

> "I feel depressed – I can't cope, I either bursts into tears or blow up in anger."
>
> "I can't take all of it on my own – I would be a wreck."
>
> "I can't run the Large Unit on my own. I understand that I will be first in line to lose my job in the changes. I feel pressurised on both sides – I don't have anywhere to go. I need support."

During Phase 2 the UM, Large Unit also seemed to be projecting her own feelings of lack of support from senior management onto staff by threatening to put them into situations in which they would feel threatened, for example working with violent clients, and not giving any support to them. The UM introduced these threats during Phase 2, which were source of intense arguments between staff and the UM. The impact was that the arguments sabotaged the group discussion about the future of the service.

Evidence from Group 3, Large Unit also indicated that the UM instigated conflict situations between groups of staff within the Large Unit, which may have been a way of displacing hostility onto other groups and away from her. Group 3, Large Unit reported that the UM was not confronting conflict situations between individuals and groups in the Unit. They also reported that she was favouring one group of staff over another and that this seemed to reinforce the situation in the Unit where staff engaged in splitting between staff groups.

The final example of resistance and sabotage by the UM was through non-participation in that she did not attend the group discussion during the third phase of the consultation process. When the Area Mgr asked her why she did not attend, the UM said that she felt that:

> "the consultancy process was a waste of her time and that a member of staff had personally attacked her in the second session; that it was just an opportunity for staff to attack management and that she didn't want to go and face that".

In response to this the Area Mgr told her that:

> "the signal she was giving to the other staff was that they can say and do whatever they want and they can get away with it; that she would not face up to the conflict and confrontation".

The Area Mgr told me that he did not consider it an excuse that the UM was under pressure and in view of her behaviour in the Unit and during the consultation process:

> "she may have to make a career choice - does she want to be a nurse or does she want to be a manager because the two roles are separate?"

This last point provided evidence to develop the working hypothesis that the UM was being used, and set herself up, as a scapegoat. The threat from the Area Mgr was that if the UM was not able to cope with the pressure then she should think of changing her job. The final comment also indicates how senior management saw the role of the UM as one of the management, whereas the staff split the role into carer and manager. The working hypothesis I developed builds on Jaques' theory in that the role of UM required taking up the role of nurse in some instances and the role of manager in other situations. When UMs were in a caring role the staff considered them to be one of 'us' and part of the 'good' group, which enabled them to work together as carers for the clients. However, when the UM took up a management role the staff considered UMs to be one of 'them', grouped with senior management and staff projected their negative impulses into the 'bad' management. Further evidence to develop this working hypothesis is presented in the following sections.

17.2 When UMs were not present they were included in the generalised attack on 'management'; however, when it came to the stage in the process when the UM would hear their views they amended the report to focus the hostility on senior management:

> Group 1, Large Unit did not have the UM present throughout the entire project and they consistently had a generalised negative view of 'management' as a whole, for example one member said: "We have a lack of confidence in management at all levels in the hierarchy. There is no support or back-up." (Group 1, Large Unit, Phase 1.)

> Group 1, Large Unit made specific reference to how the UM's role is seen as having two parts, i.e. nurse and manager, and that she received more hostility about the management part of the role, for example: "The UM is not hands on any more. It shows that when you qualify you just become a pen pusher." (Group 1, Large Unit, Phase 1.)

During Phase 2 of the project part of the process was to check confidentiality of the report. However, Group 1, Large Unit were more concerned about the impact their views would have on the UM when she heard the report. They thought the wording was strong, that it might upset her and they changed the wording. However, although they seemed taken

aback by the strong language they had used against senior management they did not seem concerned about the impact this would have on senior management and did not change the wording.

Group 3, Large Unit also did not have the UM present throughout the process and there were very few comments directly about senior management, but there were general comments about management and a preoccupation with the UM. For example:

> "We're picked on by the UM – we have to watch our backs. Staff have lost faith in management. We feel like schoolchildren a lot of the time. There are too many bosses not enough staff." (Group 3, Large Unit, Phase 1.)

17.3 When UMs were present the focus of attack was senior management:

The Large Unit UM was present in Group 2 for Phase 1 and Phase 2. During that time the other group members did not discuss any problems they may have had with the UM, but focused all their hostility on the senior management. This was in contrast to Group 3 in the Large Unit where group members said there was a problem with the UM because she did not confront the issues in the Unit and favoured some staff over others.

For the Small Unit a deputy UM was present in each group for all phases (Dep UM 1 in Group 1 and Dep UM 2 in Group 2). The UM only joined the group discussion for Group 1 in Phase 3. I will discuss the dynamics of Group 1 in the next section as this provides evidence of how the group comments changed when new information about the UM was received. In Group 2 there was some evidence that the group members did not include the UM or Deputy UM in the attack on management and directed their hostility to senior management. For example, the group members were very inhibited and unsure what they could say. They seemed to be looking the Dep UM 2 to set the parameters of what it was acceptable to talk about. During the first meeting in Phase 1 the group members encouraged the Dep UM 2 to describe his picture first. He had drawn an organisational chart and his description was about the tasks they had to perform rather than relationships. Following on from this the staff then all reported there were no problems at the Unit.

When I asked them what they had authority to do they blamed senior management for imposing restrictions on the UM, which meant they had to ask the UM what to do. They focused their anger on senior management and felt they were not able to reach their full potential, were not listened to, and that all the money went to senior management. For example:

"The management offices now have double glazing and the clients here have to put up with drafts." (Group 2, Small Unit, Phase 1.)

17.4 When, after the first phase, staff in the Small Unit received new information that the UM was undergoing a disciplinary action they asked for comments about the UM to be removed and directed their hostility to senior management.

During Phase 2 both Groups in the Small Unit wanted all negative comments they had made about management to be directed to senior management and they appeared to be protecting the UM. The working hypothesis I developed was that since the first meeting both groups had heard that the UM was undergoing a disciplinary hearing and they may perceive that the UM had become a victim of management. It could be that staff not only felt guilty that they may have had a part in scapegoating the UM, but also they perceived the UM to be part of their own group; in other words one of 'us'.

In the review stage of Phase 2 they made it clear that any negative references to management should be directed at senior management, for example:

"We would like to change that to say it is senior management who are controlling, not letting us having authority rather than Unit management." (Group 2, Small Unit, Phase 2.)

This final quote may also be the result of the group finding out in Phase 2 that the UM had been disciplined by senior management.

Group 2, Small Unit seemed to be more aware that in the future service with Social Services as the purchaser the role of UM would not require a person who is a trained nurse. The response of this group to the knowledge of the UMs' disciplinary seemed to be guilt that they had previously said they could do their work without the UM supervising them and they wanted this part of their report removed.

During Phase 2, Group 2, Small Unit also asked me to take out any references they had made to people having an institutional attitude to care and although they did not make it explicit this may have related to what was described by Group 1, Small Unit as the UMs 'authoritarian' management style. For example, in Phase 2, Group 2, Small Unit asked me to remove the following comments:

"If the client is used to being told what to do then it's difficult for the clients to do things on their own."

"Staff are also being told what to do and therefore they have difficulty doing things on their own."

Group 1, Small Unit were more explicit about the UM having an 'authoritarian' management style. During Phase 1 when the UM was not present they said:

"I don't like the regimented regime. Giving six baths in an hour doesn't leave any time for training the clients. It feels like a production line."

"Because the clients are suppressed when the UM is around they become manic when the other Deputy UMs are in charge because they have a laid back management style."

"There is a conflict of interest between what the UM wants and what the clients want."

"When the UM is on duty the clients are stiff and regimented. When Dep UM 2 is on duty the clients just slouch about. When it is 'us' (meaning the shift with Dep UM 1) we have a party."

"The UM is a power god – he has all the information."

"The UM overpowers, makes it institutionalised and regimented. There is no negotiation."

"At night we are our own bosses. The dictatorial attitude is oozing through the home and practices need to change – but he is the boss."

"The goal posts are always moving; we are asked to do something and be responsible but when you do a good job he takes it away from you. It may be envy and it is demoralising."

"The UM doesn't want confrontation."

"It is more control rather than care."

"It feels like your back at school."

"We feel anger at the UM and powerless."

During the review stage in Phase 2 Group 1, Small Unit asked for any direct reference to the UM to be removed. They said that they would not have made the comments if they had known he was on a disciplinary charge and it felt like they were 'kicking him when he was down'. They felt it was inappropriate to be critical about him.

During Phase 2, Group 1, Small Unit also asked for any references to differences between shifts and management style to be altered to say that the differences were between particular staff in the attitude they had towards client care. The group were more concerned about what their colleagues might think about what they had said and what their

colleagues might have said about them. There did not seem to be any anxiety about what was going to be seen by senior management.

The UM, Small Unit was present at Group 1 meeting during Phase 3 and when we reached the issue of leadership style I described how his style had been reported by staff. He maintained a big grin on his face, was quite defensive but said that 'he has a disciplinary kind of attitude because he's a disciplinarian; that's the way he is'. However, in the same way as the UM in the Large Unit, he also displaced the hostility he received from staff onto senior management rather than containing the hostility. For example, he said he has become more authoritarian because of the way he's been treated by senior management and gave an example of a letter from the Area Manager where he was dictated what to do.

Another example of this displacement occurred during Phase 3 at the break. The UM Small Unit expressed to me his resentment towards senior management and said that he knew he was being ageist but the Area Manager was in diapers when he started to manage. He felt that the senior management had been brought in as hatchet men, he was worried because he was due to retire in three years and felt he was being pushed out. He said this would save the Trust money because he's been there thirty years. After the break the UM was able to discuss this issue more calmly in the group and to help staff understand his position. He said he's very frightened at the moment about losing his job - he has a great deal of fear, and the problem is he doesn't trust some of the care assistants to implement certain things, or to work in the correct way. He said he is accountable if any of them make a mistake then he is the one who is going to lose his job.

The Area Manager provided further evidence to develop the working hypothesis that rather than containing the hostility from staff, both the UMs were displacing hostility from staff onto the senior management. During one of our meetings he said that the Unit Managers were trying to pick him up on anything he did wrong and he felt that they were trying to find fault with him. He added that often it was about him being quite young or that he had been inconsistent.

During Phase 3, Group 1, Small Unit also discussed the problem stated by the staff that there is a 'lack of learning opportunities'. The UM blamed this on the staff, who he said were not taking up the learning opportunities offered. He said that their comments made him want to explode because the learning opportunities were there, that he was not blocking anything and was very offended by the comments that have been made.

However, there was evidence during this final meeting of Group 1 in Phase 3 that the UM and Dep UM 1 dominated the discussion and the other staff only spoke occasionally. The working hypothesis I developed was that this behaviour might have mirrored what happened in the home. The consultancy process was a learning opportunity but the operational management did not allow the staff space to take up the opportunity and in particular to voice their concerns. Any very sensitive problems were deflected back onto the staff as being their problem or were seen as the fault of senior management.

During Phase 2 and 3 of the process staff not only seemed to be protecting the UM but also blamed any conflict situations on the members of staff in the other groups and on senior management. For example, during Phase 3 of Group 2, Small Unit I presented the combined issues from all meetings so far of Group 1 and Group 2. However, Group 2 was still inhibited and they disagreed with Group 1 that there was any conflict between the shifts. They reported that the conflict was between two individuals in the other group. The different reports I received from the two groups were very confusing and differed depending on which group I discussed them with.

17.5 Evidence of resistance to changing role of UMs

They said that they needed to have supervision from trained staff; that they don't want to take on the full responsibility; that their training is very limited; and would prefer to continue having trained staff supervising them. They also said they did not agree that trained staff should be made redundant.

There was evidence that the operational management in the Small Unit were actively reinforcing with staff that their nurse training is essential to the role of Dep UM and UM. For example, the Dep UM 2 wanted me to write in the report the exact process used for night staff giving medication. He said:

> "Don't just say that night staff administer drugs; you have to say that the trained nurse gets the drugs together and clearly marks them up for the night staff." (Group 2, Small Unit, Phase 2.)

It seemed that the Deputy UM 2 wanted to justify the importance of having trained nurses responsible for certain aspects of the work and that the service could not do without them.

The response from staff in Group 2, Small Unit was to play down the abilities of people who were not trained nurses and reinforce the need for trained nursing staff to supervise their work and said that their training was inadequate

"We are going to do NVQs, but I have no background in learning disabilities, nursing or caring." (Group 2, Small Unit, Phase 2.)

18 Appendix H: Bank Case Study - Evidence of Different Levels of Learning

18.1 Evidence of Resistance to Learning:

There was evidence of resistance to learning during the change to the HR function and this was symptomatic of similar resistance to learning in the organisation as a whole:

> **Susan:** "The HR Director said the Executive Board wants us to do some customer retention work out in the field, and I looked at him and said 'but we've already done that'. And he said 'yes, they want you to do it again, it will be a learning exercise'."

This evidence illustrates that people were repeating projects and not learning from experience. Both interviewees mentioned that there was a pattern in the organisation that people completed different projects and then put the resulting documents in a cupboard. In other words the results of various projects were hidden away and often the same project would be undertaken again without reference to the previous completed work. For example:

> **Susan:** "It was as if all the work we did for an entire year never happened. And the reason is because nobody's been and opened the cupboard. In the Bank we do not review things, we don't finish projects and we only have doers. And as long as we're doing something we're happy."

This theme of learning being 'hidden away in a cupboard' also linked to other hidden elements in the organisation. For example, the interviewees mentioned that the talent of people was hidden away and that they were asked not to report negative feedback, so that was also hidden. I reflected to myself after the interviews that my involvement as a consultant in helping them to learn about the organisation was also hidden. Although at the time I felt my role was not out in the open, it is interesting that I did not feel able to mention this to them at the time, which indicated that I also colluded in the learning being hidden.

The interviewees suggested the reason that projects were repeated was that people used this behaviour as a way of furthering their own career.

> **Susan:** "It's not the done thing to open the cupboard, get the paperwork out and read the reports, because if you do you're acknowledging somebody else's work. The new project team leader will say that it's now their project and they're going to do it differently. They won't learn from what's been

done before. Lots of people use projects as stepping stones, but it's interesting that they step off the stone before it sinks."

The working hypothesis I developed was that the underlying source of this resistance to learning was personal survival. People did not want to be associated with failure or learn from other's mistakes. There was also a tendency to continuously introduce change projects. This could be seen as further evidence to develop the working hypothesis that there was resistance to learning because it served as a defence against learning from the past or understanding what was currently happening in the organisation. Once each change project had been started the initial reports were hidden in a cupboard. They did not read previous reports to review what had been done already and to learn from experience, which could have lead to real change. However, people had the impression that they were changing the organisation all the time because they were busy starting up new change projects, although these were not fully implemented.

There was further evidence that past experience was not considered in thinking about change projects:

Joan: "We're only mapping the future. We never map the past. So you don't say this is how it was and this is how it's going to be and where's the gap. You only map the future."

There was also evidence that during consultation exercises with staff the focus was on how things currently are rather than how they could be changed and this was a further indication of the resistance of management to learn from staff.

Joan: "Front-line staff have been asked 'what do you think about how things are now?' but not 'how would you like it to be?' We don't want to learn to do it differently. We would sooner have lots of ineffective communication than one really good piece, because the good piece would actually mean changing the way we operated."

It was stated that there was little investment in training for staff, particularly for the HR professionals who would be taking up a consultancy role:

Susan: "They won't spend money on training the HR people to act as consultants, they just assume that through a process of osmosis, these people will become consultants over night."

There was also evidence that generally people were not provided with the personal development necessary for the new roles they took up and felt unable to admit that this was required:

> **Joan:** "People are not given the personal development to enable them to take up new roles. It is our culture that people have to be right; people can't show any sort of vulnerability and they find it hugely embarrassing to say to their boss that they have certain development needs."

The interviewees also mentioned that the organisation was resistant to learning from their customers how they could improve their service. They had a customer feedback mechanism but it was described as a means to sell more products rather than find out what customers thought about the service they received:

> **Susan:** "Front-line staff said that they want to use the customer survey as a way to learn from customers but their bosses are telling them it's all about getting more business. The idea was to ask customers how satisfied they were with the service, to pick up ideas about what they really think of us, and just report it back. But the line managers turned it into a sales exercise. Customers weren't very pleased when the front-line staff suddenly switched into overdrive about 'would you like an appointment to review your finances?' We actually got complaints out of it rather than anything else. It was just incredible the way it was twisted."

18.2 Evidence of Compliance Learning:

There was some learning in the organisation. However, it appeared to be only at the level of compliance learning:

> **Joan:** "We'll manage the change transition in one half hour meeting with some line managers. We'll say this is how it's going to be and we won't be building any understanding about why it's going to be. Then if people make a mistake they say 'I've told you what to do'."

Another example of compliance learning was the tendency for people to design a change project and then communicate to staff. It was suggested by the interviewees that this behaviour was an example of the task focus of people in the organisation.

> **Joan:** "Communication is seen as the last thing that you do, rather than the first. Because we're such a task orientated organisation the desire is to have all the tasks mapped out before we communicate. Communication is an inverted funnel. We tell the people at the bottom the least and the people at the top the most. We need to turn that upside down."

There was evidence that the leadership team of Directors were not demonstrating sponsorship in support of the changes. They relied on compliance learning, which entailed telling people what to do and not allowing people to give feedback or question the decisions. It was reported that leaders were not modelling the appropriate behaviour themselves, which therefore limited the opportunity for people to learn at the next level of

identification. The result was that there was less scope for people to make the transition from compliance learning, to identification learning and finally to internalized learning.

> Joan: "The Directors pay lip service to the sponsorship of change projects. If you haven't got anybody at the top who's 'walking the talk' and selling the idea to the other senior people in the organisation it gets lost in the maze of everyday business."

There was also evidence of a physical absence of authority figures during the change project to motivate, support and model the appropriate behaviour:

> Joan: "One of our biggest problems is that all the senior managers in personnel are on leave ... while we're going through this development phase, they're not here."

19 Appendix I: Bank Case Study – Evidence of Different Responses to Change

19.1 Evidence of a Sycophant Response to Change:

There was evidence of a sycophant response to change from the Executive Directors in that they were not listening to staff views in terms of any challenges to the proposed changes. It was reported that the Directors did not want to hear any negative feedback about the change projects and this was stopping the projects being implemented.

Susan: "I was involved in a staff survey into the culture, where people were interviewed about why certain things happen in the organisation. One issue that came out was that we don't allow bad news to travel upwards, because we shoot the messenger. The HR Director will pay lip service, saying he wants to know what people think, but the minute anyone expresses a negative thought they're dead in the water. I have, unfortunately, stepped over bodies - people who were going somewhere but then dared to criticise, for example about the system being too slow, how embarrassing it was in front of a customer, and that it was taking two hours to do a simple mortgage interview. They never went anywhere after that. In my opinion this is why change projects go awry or get lost because we do not allow the truth to filter back up the line. We are very top down, command and control, and as long as the troops at the bottom just do as they're told nobody cares."

> **Susan:** "My current role is to review the areas where the project has been put in place and to find out what people think of it. I've already had two very senior people say to me that if it's an entirely negative report it simply won't get published. Which is great, considering that want me to find out the truth."

There was further evidence that people were not encouraged to think for themselves in the organisation and it was said that in particular senior managers were selected on the basis that they complied with the Directors:

> **Susan:** "You are not allowed to have a brain and think for yourself or push your idea upwards, as a culture we're very top down and quite insular."

> **Joan:** "We don't do thinking in this organisation."

Susan: "We're not putting people in senior positions who will actually think about things. We're just putting people up there who will just do as they are told and nod a lot. My line manager is just doing as she's told, not using her brain at all, because she's found that when she uses her brain and questions things, she gets slapped down. And that's a microcosm of what's going on all over the organisation."

The interviewees also presented evidence that when staff identified problems with the implementation of the change programme they felt unable to express this to people in positions of authority. For example, Joan felt unable to give feedback to the HR Director:

> **Joan:** "I think he would see it as quite a serious challenge to his authority and would perceive it as my saying that he wasn't capable of thinking it through in any way."

This indicated that the Directors had a sycophant response to change in that they were not listening to staff. There was evidence that the senior HR managers also had a sycophant response to change. The result was that HR staff perceived any decisions about the changes to the HR role as being imposed by the HR Director and senior HR managers.

> **Joan:** "The senior HR people went off to a country hotel, decided that we'll do it this way - with budgets, cost and head count reduction being the main driver. They came back and told us that this is how it is going to be."

There was also evidence that the response from the HR Director was to fragment the implementation process into discrete tasks, which had the impact of splitting the HR team. The working hypothesis I developed was that this was a defence against the anxiety of bringing the parts together into a whole picture.

Linda: "What you are saying is that he's split the department into different teams of people going to do different tasks but is not planning to bring them together at any point into a whole picture. Whereas your approach is to bring everything together for him into a whole picture and you're saying that has caused some distress for him."

Joan: "Yes, I think that's a good diagnosis because clearly he's gone off on holiday, perfectly happy that he's got teams working on different tasks. The scary bit is bringing that all together. I think it's going to be scary for everybody."

Linda: "Why is it scary?"

Joan: "I think because the vision is lacking; we're bringing together a lot of elements about ... about what? I think that's the bit we don't know. He started with all the tasks but he should have given us the purpose, scope and objectives."

19.2 Evidence of Saboteur Response to Change:

It was reported that when HR staff were given the opportunity to voice their opinions they were resistant to the change to an HR call centre and demonstrated a negative and challenging response to the change:

Susan: "The telephone sales people are all measured on how long their calls take, how many sales they make over how many minutes, and how much down-time they have. The same specification has been used for the HR call centre. When the team heard this they all went up the wall, they said to the HR Director 'are you saying that we're going to be penalised if we spend an hour on the phone helping people sort out their problems, you want us to deal with it in three minutes?'"

Joan: "There is a huge amount of resistance from the people who would be joining the HR advice team. Nobody is really there because they want to be there. At the first meeting they were very negative and challenging whether the HR Director had thought about this and that. His only answer to all this negative stuff was 'you have to let go'."

This final example from Joan illustrates the sycophant nature of the HR Director's response to change and this was further demonstrated when Joan tried to explain to him that people were anxious about letting go of the ways they were used to working:

> **Joan:** "When the HR Director and I we were on our own I explained a metaphor of when he took his young sons to the swimming pool and told them to let go of the side. They would not let go of the side because they were scared. They needed something else to hang on to. He seemed to understand at the time but two days later he sent out a memo which was task focused and his pay off line was 'and don't forget to let go'."

There was evidence that a major response from staff was sabotage. For example, front-line staff were described as subversive in response to the rigid systems and procedures they had to follow:

> **Susan:** "They have to go through a very prescribed method of selling and use a rigid computer system. The system's too restrictive for normal human interaction or human situations and so they find ways round it by subverting and tricking the system."

I was told that when the front-line staff had the opportunity to voice their resistance they sabotaged the consultation process and used the staff survey questionnaire as a mechanism for expressing their hostility:

> **Susan:** "They forgot they'd designed the feedback questionnaire system themselves and really tore into it and said it was a load of rubbish. We pointed out that they'd actually designed it themselves; they seemed to have forgotten this."

It was also reported that there was subversive behaviour from the HR staff, who were planned to be part of the HR call centre:

> **Susan:** "The subversiveness is just amazing. No work's getting done. Everybody's just spending so much time bitching, complaining, arguing,

> undermining the next person, and telling tales. It's just the most horrendous atmosphere at the moment; very depressing, hugely frustrating, and you don't really know what the next day's going to bring, because every day brings another casualty into the office. We've got more people off sick now than we've every had."

The term casualty was used to refer to people with stress related illness or who had been made redundant.

There was evidence that the organisation had a history of avoiding the implementation stage of change projects. One example of this avoidance was where the focus of attention was on renaming the project.

> **Susan:** "The Directors came up with a name for the change project which was abbreviated to initials. People kept making up rude names for the initials and it was decided to change the name. Everybody threw up their hands in horror and said, 'not another name change'. It took eight of us, three weeks to come up with a new name."

The working hypothesis I developed was that this was a saboteur response. The basis of this working hypothesis is that there was collusion from the people who denigrated the name of the project and the people who were involved in the project, who then concentrated on finding a new name. The impact of this saboteur response was that the implementation of the project was delayed.

The clearest demonstration of the saboteur response to change came from the HR professionals. Susan had been asked to facilitate an awayday for the HR Director and the HR professionals who would be moving into the HR advice call centre. During the awayday Susan was in the role of internal change management consultant rather than as part of the HR professional team. She had facilitated the awayday seven days before she took part in the interview. I present below a summary of Susan's description of her experience of what occurred at the awayday:

- The HR Director, who was setting up the HR advice team, approached Susan and asked her to run an hour's brainstorming session as part of a team meeting he was going to run.

- She agreed to this, but in reality Susan spent three days writing the workshop and a day running what she called 'a workshop from hell'.

- The three days of preparation involved Susan meeting with the HR Director and trying various ways to elicit from him what he wanted to achieve from the workshop. She

explained that in the organisation people do not have agendas or prepare for meetings and when she asks people what outcomes they want from meetings they 'think she's gone bananas' and that 'it is as if she is talking another language'.

- Susan eventually managed to find out what he wanted the outcomes to be from the workshop and this was helped by talking to Joan because she had been working closely with the HR Director on the set up of the advice centre.

- However, Joan also had conversations with the HR Director about the workshop when Susan was not present, which meant that the next time Susan spoke to the HR Director 'his thinking had moved ahead from what they had last agreed'. Susan said she had no objections to Joan talking to the HR Director about this, but was puzzled as to 'why they didn't all get together to chat about this'.

- She designed the skeleton workshop, the HR Director made adjustments and she said 'he loved it'.

- She said she had an 'inkling, mainly based on intuition, that some of the people attending were going to be pretty miffed' because the start of the project had been implemented and this was the first time the HR Director had met with staff to communicate or consult them.

- Susan mentioned this to the HR Director and he assured her that he had already had individual meetings with everyone involved. He also said to her that he wanted the meeting to hear their ideas and get their input.

- She suggested that he send some background material to each team member. He wrote a memo, which she described to me as impersonal and full of 'technical jargonized rubbish'. She met with him and suggested that he 'create a level playing field' by explaining why he was sending the material, why they were progressing at such a pace, the purpose of setting up the advice team etc. She offered to re-write his memo for him and he was delighted with the result.

- As preparation for the workshop Susan produced a bullet point list of what the HR Director had agreed and as a reminder of the points that he needed to emphasise in his introduction to the workshop. She also produced a brief synopsis about what her role would be in facilitating the workshop.

- She explained that 'he ignored the brief about her role, talked a load of rubbish for two minutes about what she was supposed to be doing' and made inappropriate comments. He ignored everything that was written down on the sheet of paper and did not explain the purpose or vision for the advice centre.

- She told me, "I'm sure it wasn't malicious, he was very frightened, he was really nervous." She tried to draw his attention to the points on the paper and he did mention a couple but then he suddenly handed over to Susan and sat down.

- Susan was faced with a group of people who looked quite confused. She split them into small groups and asked them to write down their issues and concerns. She could tell from the body language that this would be a 'moaning session' and would take up the whole morning. The groups worked until break and it was planned that they would give feedback to the HR Director in a plenary session after the break.

- At the break Susan tried to prepare the HR Director *that he was likely to face some* negative feedback. She suggested that 'he could reassure them about the work he'd done so far, explain how he sees things working, which should calm them down and help them see things positively, so they can spend the afternoon focusing on moving forward'.

- As Susan explained - 'that didn't happen'. After the break the HR Director moved around the room reading the issues on each piece of flip chart paper that was stuck on the wall. Susan said it must have taken an hour and a half to get past the first piece of flip chart paper because the moaning session was dreadful and the group just attacked him.

- There were three 'main protagonists' in the group who were the most vocal and Susan described them as 'very eloquent people'. She said it was like something out of Shakespeare where everybody gets knocked off at the end and they find blood and dead bodies. She said she was the only person standing, although she was on her knees.

- Susan tried to move the discussion on by summarizing, but she said 'these people wanted to talk and they wanted to be heard – they were not going to be moved along'. Susan said she didn't know what to do and felt 'a bit of a pratt'. She decided that 'when people are this hurt and angry it is best to let them express it' and she tried to do

so by summarizing occasionally so the HR Director might be able to answer a point, but they just wanted to attack him.

- She explained the background to the three main protagonists who were the most vocal people, a man and two women. One man was extremely competitive and wanted to tell the HR Director how he should do things. In a similar way one of the woman made some good points about how he could have done things differently. The basis of her hostility was that she did not get the recognition she deserved for another project she had just completed. The other woman also dominated the group discussion, but Susan had not met before that day and therefore did not know any background.

- The group went over time into the lunch break and still had not completed the task. Susan suggested they continue after lunch. Over lunch she 'desperately tried to re-shape her workshop to try to get something out of the day', but she explained that she did not achieve this. After lunch the moaning proceeded for another hour and a half about the last two flip charts.

- Susan said she felt sad that there were many people in the group who had not spoken. She drew this to the attention of the group and one woman replied 'we don't need to stick to your original workshop Susan, we need to get through these issues'. Susan replied that she agreed but the point she was making was that they had only heard five people's views out of thirteen.

- This encouraged a few more people to speak and a few positive views were put forward. One younger woman bravely challenged the negative views of the male protagonist and the other vocal people 'shouted her down'. Susan intervened and reminded them that her role was to enable everyone to have a voice and they must let this woman finish.

- She described the HR Director as 'permanently defensive' and at one point Susan thought he was going to cry.

- They were planned to finish at 4 pm as some people had to travel to the regions. At 3.15 pm she stopped the discussion and pointed out that they had not covered what they had planned but in particular they had not talked about next steps and did not have an action plan. The group agreed to work on this, however, it took forty-five minutes for Susan to get them to agree to four meetings. They disagreed about dates,

times, who went to what meeting and interrupted the discussion. For example, the male protagonist kept shouting out 'what is the purpose of that meeting?' and Susan had to keep repeating herself.

- She said by the end she was 'jolly cross and valiantly trying not to show it'. She said she had to personally 'close down' so that she did not betray how she felt and had a smile pasted onto her face.

I asked Susan how she felt at the time and she replied 'absolutely furious with them'. She said she was cross at many levels as follows:

- she was angry at the group because she felt they had unnecessarily attacked the HR Director and felt they were not being fair;
- she had not been able to do what she had planned in the workshop, had not done her job and was angry at herself;
- she felt she should have done something differently but couldn't think what to do and that made her feel even more impotent and that she had failed;
- she was angry with the HR Director because he hadn't done anything to protect himself; he just kept saying he didn't know and asked the group to help him, but they attacked him instead;
- she was angry at her friends who were there and particularly Joan because she could have helped but didn't; she felt that Joan understood Susan's role and what the purpose of the workshop was, but she said nothing all day;
- she felt sorry for the HR Director but also angry, particularly when she found out that he had not had individual sessions with them all but had fleeting conversations in the corridor, which meant the workshop was the first time they had heard any information about the project;
- she was cross with the organisation for the stupid situation it was in.

I asked Susan what feedback she had after the workshop and what had happened since. She made the following points:

- A friend who was in the group came over at the end to ask Susan if she could borrow something from her; Susan described her as being 'a bit sheepish' and

although Susan was angry she kept quiet, said she would bring the item into work and made a quick exit; Susan took this behaviour as an implicit apology;

- A few members of the group went to her office afterwards and said to Susan 'that was a waste of time, I don't know why you bothered, the HR Director's a complete idiot, he thinks it will be up and running in six weeks but he has no chance'; Susan responded by saying that they didn't need a facilitator there today and that they should look at their own contributions to see why it was a waste of time;

- Susan said she felt she couldn't say any more to them because she wanted to say they were a 'juvenile bunch of idiots' and that the HR Director was saying in the lunch break that he wished these people were not on his team;

- Susan did then reflect that she would probably feel the same way if she was in their shoes, but her initial reaction was to judge them and she was glad she had nothing to do with the project;

- Since the workshop Susan had not been back to work; she said they probably thought she was 'the facilitator from hell' and that she can't cope;

- However, she added that people had phoned her at home and that the HR Director had asked her to facilitate another workshop on teambuilding because he had realized they were not working as a team. She told him she was too busy to do it.

I pointed out to Susan that although she is critical of the way she facilitated the workshop she must have served some purpose for the group if they were asking her to do another one. She replied 'I'm somebody to throw things at' and went on to describe a phone call from a friend in the group who had said they accept Susan was trying to do a job but the group didn't let her.

I then reflected to Susan that many of the events she had described happening during the workshop were a mirror of what was happening in the organisation, for example:

- you did not finish what you set out to do;

- the leadership was not sponsoring or modelling the appropriate behaviour, i.e. although the HR Director was physically present he did not lead by example;

- Susan was taking up the role of trying to challenge by asking questions such as 'what is the purpose?' and 'what do they want to achieve?' and was being attacked for asking those questions;

- a huge amount of anger was expressed at the workshop and Susan contained it that day, particularly because the HR Directors did not, i.e. the leadership was not containing the anger;

- Susan had been off work since the workshop with stress related illness, which was confirmed by her doctor, and the pain was located in her stomach; She had not had a day's sickness for eleven years and I suggested that the pains in her stomach might be related to the stress of containing the anger for the group.

Susan agreed with all of these working hypotheses and said that it was obvious to her now but she did not see it at the time. She also said she felt better about her role at the workshop because she did serve some purpose in containing the anger.

I then pointed out to Susan that, if the workshop was a mirror of what was happening in the organisation and there was such an intense amount of anger expressed in one group, then what did that say about the amount of anger in the organisation and where was that anger being expressed? She replied that there were a lot of people off sick and many people were so angry that they were leaving the organisation.

Joan had been a participant at the workshop and during her interview she told me her experience of being involved. The main points about her perspective are as follows:

- Joan had sat down with the HR Director before the workshop and, based on her discussions with Susan, suggested to him that he needed to outline his vision of how the call centre would work at the beginning of the workshop as well as the purpose, scope and objectives about the set up phase;

- the HR Director's response to Joan was that 'he did not understand that' and Susan was left to facilitate 'a hell of a meeting' to the extent that by the end Susan was so wound up and furious that she couldn't speak to Joan or anyone else;

- She described the role for Susan was 'as if she was running a kindergarten' because there was no vision, purpose, scope or objectives and Susan couldn't get these out of the HR Director;

- The flipcharts from the workshop had not been typed up and Joan produced a list of unresolved issues, which was sent to him for circulation, but he had not circulated it.

- The HR Director had not checked with Susan how she felt it went. He did pop into the office shared by Susan and Joan to say to both of them how awful the group had been to him, that he had a real battering, how unfair it was and that he didn't deserve it. Joan told me that she thought he did deserve it;

- Most of the comments at the workshops were 'have you thought about x, y and z?' to which he replied he had not thought about anything; after the workshop he had not referred back to the statements made on the flipcharts or spoken to Susan about what was said or asked her to help him understand.