Clinical psychologists'

experiences of NHS organisational change

Abstract

Organisational-change experiences of eight clinical psychologists working in the NHS were captured. Three themes revealed the challenges they experienced and how their knowledge and skills have helped them understand, cope with, and respond to change.

The NHS has undergone frequent, extensive change since its inception, with current initiatives designed to reduce NHS spending by £20 billion by 2015 (Audit Commission, 2012). Turpin and Llewelyn (2009) contend that, clinical psychology has also undergone a process of development that mirrors the NHS's evolution. While this has been strongly influenced from within the profession, externally driven organisational change has arguably affected psychologists' professional practice, status and identity to at least an equal extent. Given the current political climate and the lack of research into psychologists' experiences of NHS organisational change, it seemed timely to explore this area to perhaps facilitate psychologists' adaptation to future change, both as individuals and as a profession.

Method

Participants

Participants were recruited from the clinical psychologist stakeholders of Lancaster University's DClinPsy programme. Of the 20 volunteers, eight were selected on a first-come, first-served basis. Seven were practising in the NHS at the time of interview; one had recently left in response to difficult organisational-change experiences. Four had experienced roles that comprised both clinical and managerial responsibilities (see table 1). To protect participants' anonymity no additional identifying details are included.

Participant	Time since qualified	Management responsibilities
1	20+	Yes
2	4	No
3	2	No
4	20+	Yes
5	20+	Yes
6	20+	Yes
7	20+	No
8	7	Yes

Data Collection and Analysis

A semi-structured interview schedule was developed in collaboration with several clinical psychologists. This explored topics including the positive/negative effects of change and how participants responded; how change has been managed by superiors/trusts; and what psychologists could do to influence future change. Thematic analysis (Braun & Clarke,

2006) enabled themes to be identified across the accounts. Codes remained close to the text to help ensure they were derived from the data, rather than being superimposed artefacts of our own experiences and expectations.

Results

The first theme concerned the impact of change processes on the participants and their colleagues; the second described ways they utilised their skills as psychologists to understand and cope with change; and the third captured how they made the most of change experiences and reflections on future change.

The impact of change processes

While participants unanimously agreed that NHS change has been constant, several felt that its pace and volume has markedly increased in recent years. Stress, frustration, exhaustion and tedium had been experienced by the participants and/or observed in their colleagues. This was particularly so in the context of overlapping change initiatives and the seemingly continual drive to do ever more with fewer resources. For some, this had created a culture in which people automatically interpreted new initiatives as a threat: "If staff are completely worked within an inch of their lives, then I think it's unlikely that we're gonna be particularly receptive to change or particularly engaged in it, because it feels like another stressor" [3].

A sense of threat to the jobs of the participants and their colleagues was palpable, with one manager expressing additional discomfort about potentially making redundancies. The most recently qualified psychologists expressed grave concerns about

their long-term career ambitions, for example when senior psychologists were not replaced.

Although relationships within teams sometimes improved during change, one participant described deteriorating relationships as an additional stressor. Some felt marginalised and scapegoated by other multidisciplinary team members during change, particularly when other professional groups were disproportionately affected. A senior participant commented: "I've been on the receiving end of that prejudice […] Some managers have been very angry and upset by the [change] process and that has influenced how they are towards psychologists" [8].

'Emotional contagion' (for example, team members picking up the distress of others) was highlighted as a particular challenge. Some senior psychologists chose not to participate in protracted change-focused conversations, "because there are points at which that stops being helpful to anybody" [5]. Other participants were either unable to avoid such exchanges due to the nature of their roles, or specifically chose to engage in them as a means of offering support. However, some felt unable to take time out of the stressed context that harmed their wellbeing and their ability to support colleagues: "The fact that my colleague doesn't stop for lunch because she's so busy means that I don't stop for lunch, and you so quickly lose the self-care because you're all in this mix of stress together" [3].

Regardless of whether changes yielded positive outcomes, change processes were frequently described as aversive and imposed in the absence of any meaningful consultation. This was condemned, not least because of the perceived loss of focus on staff and service-user interests: "*How* the process of change has happened has been very

unpleasant and detrimental to staff and clients" [8]. Interestingly, the change strategies most positively experienced were those judged most inclusive of staff interests, most service-user-focused and well-planned. Leadership style was also important: "One of the things that you have to do to survive in the NHS is to pick your managers as much as your jobs" [1].

In terms of managing the acute effects of change, participants identified a range of traditional coping strategies: spending time with family and friends, engaging in hobbies, 'switching off' outside work, and talking to colleagues. Participants also focused on the relative stability afforded by their clinical work and utilised their skills as psychologists to make sense of change.

Making sense of change

Although understanding   change was difficult when information was limited, participants frequently utilised their formulation and reflection skills to help them understand, cope with, and respond to change. One stated, "We use the sophistication of a psychological analysis about the organisation, the culture and us" [6]. Interestingly, no participants thought that improving services for the benefit of service-users was a primary motivation for change; on the contrary, most felt that service-users had seldom directly benefitted from change, while some felt certain changes had actually been to service-users' detriment: "All those changes just do make you feel like they're getting in the way of you providing a decent service to your clients" [3]. This lack of a discernible benefit to service-users was sometimes contrasted with the natural evolution felt to have occurred within the profession of clinical psychology.

While recent changes were often ascribed to the ongoing economic crisis, change was generally attributed to political interference, the increasing adoption of the Business Model by the public sector, or by a perceived culture of change within NHS senior management. These points were amplified by the seeming wastefulness of change programmes, a perceived lack of active clinicians' involvement in executive discussions about change, and the lack of discernible recourse to the evidence base for change decisions.

Participants described frequently harnessing their reflection and formulation skills to draw on previous change experiences and to "think [change] through carefully and try and see it from as many angles as possible" [5]. This approach often enabled them to find positive ways to regard a change so they could remain positive and potent. Some also utilised their skills and knowledge to understand and manage the effects of processes such as splitting, prejudice and scapegoating. Others championed developing an awareness of their own responses to, and impact on, change processes: "We have to know ourselves, don't we? And we have to know how *we* manage change […]. We have to have an understanding and appreciation of [this,] whether that's change we're bringing about or [change that's] imposed on us" [6].

Participants' personal and professional values guided their sense-making and responses during change. While all participants conveyed a deep commitment to service-users, this value found expression in different ways. For some it gave them a focus that transcended the vagaries of change processes; for others, the perceived lack of benefit (or possible harm) to service-users was a cause for grave concern. This 'public-sector ethos'

prompted some to prize their role in the NHS, whereas others felt disillusioned with an organisation they felt had lost sight of its core purpose and values.

Overall, those unable to make a change tessellate with their own values were less likely to experience it positively. It was this incongruence between personal and perceived organisational values that ultimately prompted one participant's departure from the NHS.

Positively responding to change

Participants generally found ways to make the most of change or to mitigate its negative effects on their clients, their colleagues and themselves. Being proactive was emphasised, rather than assuming a passive and/or purely critical stance. While the perceived lack of control was particularly stressful for some, others accepted this position and instead focused on possible areas of influence: "It's about looking out for those opportunities for influence rather than […] using a lot of energy resisting something that's going to happen anyway […] Save your energy and do something useful with it" [5]. Some senior psychologists described strategically attending meetings at which change processes were likely to be discussed to influence thinking there, while a recently qualified participant cultivated relationships with senior managers to a similar end. The less experienced psychologists proactively identified appropriate support for themselves outside of their immediate service contexts. Those at all levels of seniority expended effort on trying to maintain the quality of the service their clients received.

Managers described the steps they took to involve, protect and support junior colleagues. "Negotiation, communication and compromise" [6] were identified as the

best tools to help them implement change, eschewing the more patriarchal approach unanimously criticised; one manager described proactively staving off potential job losses by carrying out pre-emptive service restructurings in negotiation with junior staff. Several spoke of the need to validate and contain junior colleagues' feelings of frustration about change.

Some participants capitalised on opportunities presented by change by adopting further responsibilities or undergoing training. However, for one recently qualified participant, these felt like additional burdens in a context that was already very strained.

Finally, participants identified some roles psychologists could play in future change. Although most felt their professional identity to be less certain as a result of certain changes, there was a collective sense that clinical psychologists' professional identity and status have evolved to help them meet the demands of an ever-changing NHS. Furthermore, some felt that psychologists' systemic knowledge and their formulation and research skills could be better utilised, not least to encourage a more explicit and evidence-based service-user focus, "[by saying] 'Right, this is how clients are feeling about their service at the moment, these are the outcomes. We're going to put this in place: do we actually think that's going to improve client care? […] Or, if we've got to cut back, can we look at research?" [8].

Conclusions

These findings broadly echo extant research. Frequent, extensive change is often aversively experienced (Caldwell et al., 2004), however, when it is collaborative, well-planned and well-communicated, experiences can be positive (Bordia et al., 2004), and

these factors may even reduce the sense of personal threat a change poses (Bordia et al., 2004). Good social support may ameliorate negative change experiences to some extent (Martin et al., 2005) but 'emotional contagion' can present difficulties (Bartunek et al., 2006). Evidence of the 'public sector ethos' (Greasley et al., 2009) frequently recurred.

In addition to traditional methods of coping (Callan et al., 1994), psychologists' knowledge and skills, particularly relating to formulation and reflection, may be especially useful for managing change and for identifying opportunities to influence the process or mitigate its negative effects. Cultivating an awareness of one's influence on change processes, or acceptance of the lack thereof (Walinga, 2008), and developing insight into one's own values and likely responses to change, may also be helpful. Furthermore, acceptance that constant change may be synonymous with a career in the NHS appears to be protective. It seems important, however, for this to be tempered with a critical stance regarding change that might conflict with the overall aim of delivering effective services.

Whilst participants often sought to improve the change experiences of colleagues, prolonged exposure to a stressed environment was described as anxiety-provoking and exhausting. For psychologists to remain effective, support provided to colleagues should be boundaried and contained. Furthermore, seeking support from outside a stressed service context may be helpful, especially when autonomy is low.

For those with management responsibilities, implementing change in as collaborative a way as possible and remaining sensitive both to the needs of junior colleagues and to the potential effects of one's own coping style may improve

colleagues' change experiences. Although it may be impossible to choose what change is implemented, it may be possible to influence how this is done.

Finally, psychologists arguably possess a range of skills which could facilitate the successful planning and implementation of change, particularly in terms of considering systemic issues and maintaining the focus on service-users through formulation and conducting/reviewing research. However, this is contingent not only on psychologists judiciously advertising these skills but on organisational contexts accommodating such influence.

Acknowledgements

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