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Resistance to Change: A Concept Analysis

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Abstract

AIM. The purpose of this concept analysis was to explore the concept of resistance and provide an operational definition for nurse leaders.

BACKGROUND: While resistance has been deemed a major barrier to the implementation of successful practice change in the popular literature, specific evidence as to how it is a barrier within health care organizations is lacking.

DESIGN: Walker and Avant's ¹ model of concept analysis was used to analyze the concept of resistance.

DATA SOURCES. Literature searches utilized the Cumulative Index for Nursing and Allied Health Literature [CINAHL], PsychARTICLES and Google scholar.

CONCLUSION. Resistance is defined as an individual's behavior in response to perceived or actual threat in attempt to maintain baseline status. It may be preceded by and amplified through mistrust, fear and communication barriers, ultimately influencing the implementation, quality, and sustainability of the change. Historically resistance has been viewed with negative connotations due to its potential impact on organizational success. However, resistance is a normal response to a threat to baseline status. Nurse leaders prepared with knowledge of resistance, including the antecedents and attributes can minimize the potential negative consequences of resistance and capitalize on a powerful impact of change adaptation.

KEYWORDS. Resistance, change, nurse leaders

Resistance to Change: A Concept Analysis

Introduction

Rapidly changing regulatory requirements, continuous innovations and emerging knowledge in healthcare create a system that is constantly undergoing change. In this dynamic environment, a healthcare organization's agility to change is key to its survival.²⁻³ Whether planned organizational initiatives or spontaneous evolutions, nurses and nurse leaders are working in complex, challenging environments that can be unpredictable and difficult to preemptively manage.⁴ Due to these challenges, it is estimated that more than half of organizational change projects are unsuccessful⁴ and even the most experienced leaders are vulnerable to this failure rate. Why do leaders have difficulty managing change? According to Lewin's Change Theory, change occurs in three phases; unfreezing, change and freezing.⁵ Since change requires individuals to unfreeze their current process, they hold the power to adopt to changes and subsequently drive organizational outcomes.⁶ Their resistance can be a barrier to implementing change² as leaders' attempt to adapt to organizational driven strategies.⁴ Further complicating matters, resistance is not reserved for only large changes, as individuals may resist smaller initiatives.⁷ However, according to Lippitt, Watson and Westley's and Havelock's theories of change, the change agent plays a critical role in the successful adaptation to change⁸ and often nurses leaders fulfill the role of change agent.⁶ Moreover, according to Roger's Diffusion of Innovations Theory, successful change occurs with strong communication over a period of time⁹ and communication with staff is a primary responsibility of nurse leaders. As important as understanding resistance is to current nursing leadership, little has been written in the past decade on this topic.

Due to the impact resistance can have on an organizational change, it has been historically classified with negative connotations. Individuals that display resistance to change are deemed defiant and noncompliant.¹⁰ However, resistance is not inherently bad.¹¹ It has been suggested that perhaps change cannot occur without some level of resistance.¹² Although challenging for nurse leaders to accept, resistance is a normal and predictable reaction to change⁷ and has a stronger association with human nature characteristics than employee engagement and commitment. According to Dent and Goldberg's¹³ classic work, individuals resist the unknown as well as the loss associated with the change, which is inherently different than just resisting the change. Therefore, it is the consequences of the change that are meaningful for individuals, not simply the change. In a time of rapid change in healthcare, it may be time to adjust the lens in how resistance is viewed and see it as common part of the change process. By increasing awareness and understanding of the behaviors associated with resistance, leaders can support individuals in understanding the typical emotions and feelings associated with change.²

The purpose of this manuscript is to present the results of a concept analysis on resistance in the context of healthcare organizational change. This information is important for nurse leaders as health care delivery is dynamic and ever changing and leaders are charged with executing organizational strategies to effect improvements in health care delivery. These organizational changes are often positive and aimed to improve the quality, safety and efficiency of health care resulting in enhanced experiences for patients and staff. However, despite these anticipated positive outcomes, leaders are often met with resistance when change is introduced.

Method

Walker and Avant's¹ recognized process of concept analysis was utilized to generate an operational definition for the concept of resistance. The process consisted of choosing a concept;

identifying the aim of the analysis; providing examples of current use of the concept; describing the attributes; constructing a model and contrary case; determining the antecedents and consequences; and defining empirical referents.

Results

Aim of the Analysis

It is important to understand resistance as it is deemed a major barrier in the implementation of successful change in both literature and practice. Furthermore, it is difficult to improve or minimize a behavior without clearly defining it first. By furthering the understanding of resistance, from both the perspectives of those who experience and those who manage change, nurse leaders will have an enhanced ability to mitigate and minimize resistance. While there are many unknowns about the future of healthcare, it is certain that change will be ever present and resistance management will be a valuable skill.

Uses of the Concept

Etymologically, the word resistance originates from mid-14th century old French *resistance*. The late Latin *resistentia* eventually evolved to the Latin *resistere*, meaning to “make a stand against, oppose”.¹⁴ By 1939, the definition had expanded to imply an “organized covert opposition to an occupying or ruling power”.¹⁴ This update occurred because Resistance, aka Underground, referred to the groups that formed in Europe during World War II to secretly fight against the Nazis.¹⁴ Today, a broader definition of resistance is “the act or power of resisting, opposing, or withstanding; the opposition offered by one thing, force, etc., to another.”¹⁶

Identification of how the concept of resistance is currently understood and expressed is a critical step underpinning the literature review and attribute selection.¹ Resistance is often used to describe scenarios when something or someone becomes impervious to the effects of an

outside force, thwarting or minimizing its influence in order to maintain a baseline state. In the attempt to treat illness, this is demonstrated in several situations such as antibiotic and insulin resistance. This ability to withstand the effects of an outside influence or force is also demonstrated in such states such as water resistance and electrical resistance. For example, when an outside force attempts to penetrate another object, it can resist the effects such as fabric staying dry when exposed to water or an electrical current not passing through glass or porcelain. Resisting the effects of an outside force also occurs in military resistance in which one group defends against the unwanted power or force of another group. Contrary to the goal of minimization or elimination of resistance, the dance between exposure to an outside force and resistance may result in strengthening the original state of resistance, such as in resistance training. In resistance training, the muscle becomes stronger in response to weights, an outside force. The congruent theme among these examples is a baseline status and subsequent behavior in response to an external influence. The response to this change, resistance, is the attempt to maintain that baseline status.

Concept Attributes

Identified through a literature review and evaluation of current and historical concept use, the defining attributes of resistance are behaviors aimed at impeding or ceasing change. These behaviors are in response to a perceived or actual threat and are an attempt to maintain baseline status. While there are many antecedents to resistance, as will be discussed later, the only true attributes are behaviors used to stop or slow change. According to Walker and Avant,¹ few concept attributes, if identified properly, are all that are required to distinguish one concept from others.

Specifically, the behaviors that may be demonstrated include any oppositional act that is in response to a change or perceived threat to baseline status.^{10,17} These behaviors are often not helpful¹⁰ and therefore could include anything, as perceived by a leader, that would disrupt the change.^{10, 12,18}

The first two attribute behaviors that may be evident to leadership are overt behaviors and covert or hidden behaviors.^{7, 19} Overt behaviors are behaviors and actions that are easily observed or detected.²⁰ In contrast, covert or hidden behaviors include those actions that cannot be directly observed and can only be detected through self-reporting or inference.²¹ For example, a nurse leader may encounter a refusal to adapt to the change (overt) or a false pretense of agreement (covert) when the employee has no intention of changing. While both of these scenarios can be difficult for a nurse leader, they would be preferred over malicious obedience, a third resistant behavior. Malicious obedience occurs when individuals are compliant with leadership directives despite knowledge that the change will not be successful, and may even result in harm.²² Malicious obedience is an intentional act, that based on the leaders' observations looks like the directive is being followed but is in eyes of the individual is meant to discredit a flawed implementation strategy or the actual initiative itself. Rather than provide feedback and suggestions to help drive successful change, the individual's obedience is aimed to discredit the leader (common in flawed initiatives) or the implementation strategy (common in good initiatives). All three of these behaviors (overt, covert, and malicious) are aimed at preservation of baseline status during a change process.

Case Examples

Model case. This model case illustrates the attributes of resistance (overt, covert, and malicious behaviors) and is constructed to demonstrate a clear example of resistance.

The emergency department in which Tom works recently announced the organization's transition to an electronic health record (EHR) platform. Tom, a registered nurse for over ten years, is afraid that the transition to electronic charting will impede his workflow and he will no longer be able to manage his patient care assignment. Additionally, he does not trust that his leadership team will provide adequate support during the transition. Tom elects not to attend the in-services offered and therefore is unable to utilize the EHR platform beyond basic navigation. Since Tom remains a novice in electronic documentation, he continues to be frustrated with the interface further reinforcing his negative assessment of the EHR. His patient care documentation in the EHR is minimal and does not meet organizational standards. Tom is also very vocal with his peers about his dissatisfaction with the EHR and soon many of peers have adopted his viewpoint and the department's implementation of the EHR stalls.

Tom is concerned about the impact on his job performance and does not appreciate the potential positive impact on quality, safety and efficiency. Tom passively resists the implementation by not receiving adequate training and subsequently thwarts successful roll out of the EHR. This example is a classic case of resistance because the attributes of covert (electing to not attend in-services), overt (vocalizing dissatisfaction) and malicious behaviors (minimizing EHR documentation) were used to stop or slow change are present.

Contrary case. The following is a contrary case because it does not include any of the three attributes of resistance. In fact, it includes behaviors that are opposite of the resistance attributes.

Jan is a nurse in an emergency department where bedside nurse-nurse report has recently been implemented. It has been common practice to give report at the nurses' station and

this is a major change for the nursing staff. Jan is compliant with the new practice, encourages her peers to participate in bedside report and shares with her manager strategies to help the transition be successful. Jan she feels it is her job to support her nurse manager's initiatives. She also does not anticipate the change will impede her nursing practice.

This is an example of a contrary case because Jan does not demonstrate resistance through overt, covert, and malicious behaviors. In fact, her behaviors demonstrate support for the change.

Antecedents

In a concept analysis, antecedents include items that occur or are present prior to the concept itself and are distinct from attributes.¹ During the analysis of the antecedent phase for resistance two categories emerged, one conceptualized as core antecedents and the other as reinforcing antecedents. Core antecedents include baseline status, proposed change, and feelings of a threat (perceived or actual) which all lead to resistance. Continuing, resistance is reinforced through fear of change, mistrust towards leaders and perceived communication barriers. These antecedents are not linear in nature, they can overlap and serve to synergistically reinforce each other. For example, a perceived threat can heighten fear and vice versa.

Baseline status. Change, and resistance to it, cannot occur without an established preceding baseline status. The conceptual link between baseline status, a core antecedent, and resistance can be attributed to the classical work of Lewin.⁵ Specifically, Without a baseline in which the system or person is operating under, there is no potential, actual or perceived threat to the person; and consequently, no subsequent resistance mounted.

Proposed change. The proposed change, also a core antecedent, may range on the continuum from implementing a simple change to daily workflow to a large, sweeping organizational change such as implementing a new care delivery model. For resistance to occur, an awareness of the proposed change must have spread to the individuals who will be impacted by the change.

Feelings of a threat. For the behavior of resistance to occur, there must be the presence of a perceived or actual threat to one's baseline status. Without this core antecedent, a threat, the individual would not have concerns about the impact the change.^{12, 13, 23} With a proposed change, individuals may be acutely aware of the impact it will have on them. As individuals become aware of the threat to their baseline status, their perception of the change becomes personal and internalized. Prior to the actual change it is these impactful consequences anticipated by the individuals, not the change itself, that people resist.^{19, 24}

Fear of change. While fear is related to losing one's baseline status it also acts as a reinforcing antecedent in that because of its presence it continually provides the fuel to reinforce other antecedents. This fear may be personal, such as concern about one's ability to function in his or her previous or new role once the change is implemented.^{13, 23, 24} This functional inability may be related to not being able to produce the same quality of work.^{19, 23} Typically, mistrust and communication gaps influence the perception of the threat and further escalate fear.

Mistrust towards leaders. In several studies, there is clear evidence that the level of trust individuals have in their leaders accounts for the variation in a person's level of resistance.^{4, 13} Specifically, in situations where persons have no trust, there is a significant amount of resistance present. Lack of trust, sometimes termed trust deficit, is a reinforcing antecedent. For example, if individuals did not trust that they would be protected from potential negative

consequences of the change and supported by their leaders, they have a greater perception of the threat and increased feelings of fear. In addition, this trust deficit can be magnified in the presence of perceived communication barriers.^{4,13}

Perceived communication barriers. In some instances, the precipitating factor of resistance is due to a simple miscommunication.^{4,13} Poor communication about the change can result in an individual's filling in their own knowledge gaps about the change, creating inaccurate understandings and misperceptions of the change initiative, including planning, and execution failures.²⁴ These failures contribute to mistrust and subsequently more resistance.⁷ Threats, fear, mistrust and communication have symbiotic relationships and can create greater levels of resistance as they gain synergy.

Consequences

After resistance to the perceived or actual threat has occurred, there are several primary possible consequences including a) change is not implemented, b) change is implemented initially but not sustained, and c) change is implemented and sustained. In some cases of extreme resistance, the response to the perceived threat may be so strong that the change is never implemented. To a lesser degree, resistance can diminish the effectiveness of ongoing change efforts, eventually producing less than hoped-for outcomes. If resistance is present when change is introduced the system can revert slowly back to baseline status. For example, the change may be introduced in the morning but is no longer in effect by the end of the day. Or it may revert more slowly over time. If so, this backward movement is then commonly referred to as drift. Whether a speedier time back to baseline status or slowly drifting back to baseline, it has been noted that lack of ongoing feedback from staff to nurse leaders about the implementation process can diminish the effectiveness of the ongoing change process.⁷

Interestingly, even with resistance present, it still is possible for change to be happen and for the organization to achieve desired outcomes. Resistance may be an opportunity for staff to communicate to nurse leaders about the flaws in the proposed change and implementation process, thereby providing suggestions to improve the change process. Improving the change process, can in turn strengthen sustainability.

Empirical Referents

Resistance is defined as behavior aimed at impeding or ceasing change. It is preceded by a baseline status and perceived or actual threat. Resistance may be amplified through mistrust, fear and communication barriers and influences the quality, existence and sustainability of the change.

Empirical referents provide a mechanism for measuring the occurrence or presence of a concept.¹ In the literature of both psychology and organizational science, much of the focus on resistance has been on an individual's pre-existing psychological personality traits. Such traits are measurable with instruments such as Oreg's Resistance to Change Scale.²⁵ However, for the purpose of this concept analysis direct observations would be recommended in order to capture the presence of behaviors (attributes) that seek to preserve baseline status. Additionally, a qualitative approach including participant interviews would be beneficial to capture individuals' perceptions of their baseline status, the proposed change, and any threats anticipated or realized, (core attributes), as well as any of the reinforcing attributes of mistrust, fear of change, and communication barriers.

Conclusions

Resistance is defined as behavior aimed at impeding or ceasing change. It is preceded by a baseline status, the proposed change, and a perceived or actual threat. These core antecedents

may be amplified through mistrust, fear of change, and communication barriers which influence the individual's behaviors and ultimately whether the change is implemented and sustained or not. Historically, resistance has been viewed with negative connotations due to its potential impact on organizational success. Individuals that demonstrate resistant behaviors are typically deemed noncompliant and problematic. Furthermore, resistance is treated as something pathological that should be eliminated. However, resistance is a normal consequence whenever there is threat to one's baseline status from a proposed change. Leaders should be prepared that resistance shall always be present to some degree even in transformational leadership driven environments.

Figure.



FIGURE 1 Resistance to change conceptual framework [Color figure can be viewed at wileyonlinelibrary.com]

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