User Involvement in Change Management: A Review of the Literature

Executive summary for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO)

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prepared by

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Executive Summary

Background

Plans for modernising the NHS aim to improve the quality of care that is provided by ensuring that services are focused on the needs of patients. Involving service users in the process of change is seen as central to achieving this aim. While the potential value of user involvement (UI) in the NHS has long been recognised, previous initiatives have proved difficult to implement. The involvement of service users in the private and voluntary sector has a longer history. In the private sector the survival and growth of a company may depend on its ability to identify and meet the preferences of service users; some voluntary sector services have been created by users to meet needs not addressed by other providers. At a time when health service managers have been given a statutory duty to consult users when planning changes to services, information about how successful UI can be achieved is urgently required.

Aims and methods

We set out to review literature on user involvement in change management across a range of sectors in order to identify factors that promote successful UI. We sought to critically review the literature in order to consider the relevance of these factors for current efforts to involve users in change management in the NHS. Our focus was on change at a local level in order to inform practice within hospital and primary care trusts.

We sought to identify relevant literature through an electronic search of databases and web sites, a hand search of relevant journals and libraries, and contact with experts in the field. Papers that addressed study aims and were published in English between 1980 and 2002 were included in the review. Data extracted from these papers formed the basis of a thematic analysis.

Results

Our electronic search of databases generated over 3000 reports for possible inclusion in the review. Examination of the title and abstract of these reports resulted in 806 papers that were examined in detail and considered for inclusion in the review. We identified a further 168 papers through hand searching journals and libraries, 80 from references cited in other papers, 29 from contact with experts, 10 from user and patient groups and 15 from web sites. Information drawn from these 1108 papers, of which 344 are cited in this report, forms the basis of this review. We found little evidence of independent research in any of the sectors that we examined. Most of the reports were discussion papers that
illustrated points raised with reference to brief case studies. What research we did find was mainly from health, social and welfare sectors. This was generally in the form of qualitative process evaluation of user involvement initiatives or surveys of service users and providers involved in this process. Methods of involvement that focused on obtaining the views of users (such as surveys and focus groups) were seen throughout the sectors we examined. In the public sector forms of involvement that required a greater degree of commitment from users (such as deliberative approaches, meetings with user groups and co-opting users into management meetings) were also found.

**User involvement in health care**
The drive to involve users in changes to health care services in Britain and elsewhere has generally been seen as emanating from central government. User involvement has been promoted as a means of improving the effectiveness of services, improving public perceptions of service quality, enhancing accountability, and empowering disadvantaged/excluded service users. We identified evidence of a large number of different methods for involving users across a range of different settings. These included time-limited methods, which aim to obtain user perceptions and preferences, and longer-term strategies that depend on building relationships with groups of service users who are asked to participate in ongoing service review and/or change initiatives. A large number of factors have been presented as facilitating and hindering successful user involvement. Pre-eminent among these are the need for service providers to be clear about the aims of involvement and ensure that service users know what these are. Organisational and professional resistance to UI, and concerns about the ability of service users who take part to represent the views of service users in general, have also been discussed. We found a relatively small number of reports that attributed changes in services to the involvement of service users. The impact of these changes on service quality has not been evaluated.

**User involvement in other public sector services**
Data extracted from reports of UI in other public sector services have much in common with data in the health care context. However, local government services have placed greater emphasis on involving local residents who may not be service users. Greater emphasis has been placed on complaints procedures within social services, and there has been discussion about the role that co-production can play in increasing the effectiveness of other public sector services. Organisational and professional resistance are frequently cited obstacles to user involvement. Problems encountered when trying to manage expectations and (often conflicting) demands of users have also complicated the involvement process. While further consideration may need to be given to the most effective methods for engaging carers, older people and children, a range of studies have suggested that these groups are at least as able and willing to contribute to this process as other groups of service users.

**User involvement in the voluntary sector**
We found very few reports detailing user involvement in the voluntary sector. Methods for involving users are those encountered in the public sector, though there is greater evidence of user-led services. Findings from surveys of providers of voluntary sector services challenge the view that user involvement is more widespread or more successful than in other sectors. Voluntary sector services that succeed in achieving their initial aims may struggle to expand and professionalise the services they provide while maintaining meaningful contact with their service users.
User involvement in the private sector

Involving users and potential users in change management within the private sector is considered an essential part of maximising customer loyalty and growth. In contrast to the health care sector, less emphasis has been placed on how to involve users, with greater discussion of how their views can be translated into changes to goods and services. Methods for obtaining information from users have generally been based on surveys, monitoring complaints and direct observation of customer behaviour. While there is increasing interest in the development of methods that enable users to contribute to the design of products and services, we found no evidence of user involvement in structural or policy changes within companies. Reports describing efforts that companies have made to develop user-focused services emphasise the importance of clarity of organisational aims, the influence of leadership, and organisational responsiveness to change.

Methods for gathering user feedback, systems for making front-line staff aware of the results of feedback, and financial and other rewards are judged necessary to make user-focused organisational goals relevant to employees. As front-line staff have most direct contact with users, they are seen as an important source of information about user experiences of services. Staff empowerment is also judged necessary in order to ensure that the concerns of service users can be directly addressed at the point of service delivery. A variety of reports have attributed increased demand for services, higher levels of user satisfaction and increased customer retention to changes that were based on the experiences and demands of service users. However, the quality of evidence presented in these reports is generally poor.

Discussion

Throughout the sectors, we examined a common factor motivating user involvement in the process of change: identifying and responding to what users want can lead to improvements in the quality of service provision. We found widespread agreement that clarity about the aims and limits of involvement was an essential prerequisite to achieving successful UI. A range of aims for involving users in changes to public sector health care currently exist. These include the belief that UI can enhance local democracy, improve accountability, empower service users, improve public health, and raise public perceptions of the quality of care that is provided.

A wide range of methods for involving users in public sector health care in Britain have been used. We found very few examples of ways to involve users in other sectors that have not already been used in the NHS. User involvement in the private sector concentrates on enabling service users to express their individual preferences rather than on efforts to engage them in ongoing changes to services. While users of NHS services register their concerns about the services through responding to surveys and sometimes making complaints, the willingness of large numbers of NHS service users to contribute to ongoing change through methods such as membership of formal bodies is still uncertain.

Frequently cited barriers to successful UI in the NHS include professional and organisational resistance. Evidence from other sectors suggests that these problems are not unique to health care settings. While the attitude of front-line staff has been seen as an obstacle to UI in the NHS, reports from those seeking to develop user-focused services emphasise the importance of utilising the
knowledge that staff have about the needs and expectations of service users and ensuring that staff are empowered to respond to problems encountered when delivering services.

There is general agreement that in order to achieve sustained involvement of users it is important to provide adequate time and resources to enable users to make their contribution, and to ensure that those taking part receive feedback on how their contribution affected service delivery. Emphasis in the literature on the process, rather than outcomes, of UI suggests that users often do not have the information to judge whether their participation made a difference. Attempts to identify and where possible meet the expectations and preferences of service users are generally seen as being in the interests of private sector companies and their employees. Providers of public sector health care services are required to balance the views of users with other pressures including targets set by central government, the need for clinical governance, and the views of medical, nursing and other health care professionals. Implementing changes suggested by service users that are cost-neutral and make services more efficient is a relatively simple task. Implementing changes that require reallocation of resources becomes more difficult, especially if these conflict with nationally defined service priorities. In such instances the validity of user views or the representativeness of service users who participate may be questioned. The relative absence of evidence about the impact of implementing changes suggested by service users means that service providers are also unclear about the consequences of responding to users’ views.

Conclusions
Clarity about the aims of UI in the NHS is required at national and local level. We did not identify methods for involving users in other sectors that have not already been used in the NHS. Factors that promote and hinder successful UI in the NHS have been explored through case studies, surveys and the application of qualitative research methods. Barriers to UI identified in the NHS literature are remarkably consistent with those reported in other public sector services. While available evidence suggests that UI has led to changes in service provision, the impact of these changes on service quality has not been examined. Findings from our review of UI in the private sector emphasise the importance of factors other than obtaining the views of service users that are necessary for the development of user-focused services. Enhancing the capacity of NHS trusts to successfully manage change, and greater involvement of front-line staff, will also be required if the aim of developing a patient-centred NHS is to be achieved.

Recommendations for future research

• Independent evaluation should be undertaken of the impact of changes based on implementing the views of service users, including quantitative comparative research and economic evaluation of the costs and benefits of different methods of involving users.
• Research is required to identify when and how service users in different treatment settings are most willing and likely to contribute to the process of change within the NHS.
• Action research should be conducted in order to maximise organisational learning with regard to the implementation of new methods for involving service users (such as user involvement in electing boards of governors of Foundation Trusts and systems for supporting sustained user involvement in Patient and Public Forums).
• Research is also required to evaluate innovative methods for developing patient-focused services: these include research aimed at improving change management in the NHS and an examination of the impact of involving front-line staff in initiatives aimed at improving patient perceptions of the quality of care they receive.
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