Building and aligning energy for change

A review of published and grey literature, initial concept testing and development

Final Report January 2013

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Building and aligning energy for change: a powerful principle for healthcare transformation

We are delighted to make this important review of literature and practice on “energy for change” available to healthcare leaders. This is the first of a series of resources that we are producing, which we hope will help leaders ignite and fan the flames of energy for change and thereby achieve their health and healthcare improvement goals more quickly, effectively and sustainably.

Why do we think that building energy for change is such a powerful principle for healthcare transformation? Simply because when we look at the history of large scale change efforts, we find that the most common reason that leaders fail to achieve their goals is because their change efforts run out of energy; they simply “fizzle out”. On the other hand, leaders who tap into the positive energy for change that exists amongst their people and unleash it for the benefit of achieving organisational goals typically get better outcomes. In an era of quality and cost improvement, the ability to build and maintain energy for change for the long haul is a key requirement for leaders with transformational ambitions for their organisations, communities and patients.

For the past twelve months, we have been working to develop and roll out the NHS Change Model across the English National Health Service (NHS). The change model is about improving improvement across the NHS by aligning different aspects of change. You can find out more about the NHS Change Model at www.changemodel.nhs.uk. In essence, history suggests that in order to build and sustain large scale change, we need to harness intrinsic motivation for change. We need to create hope and optimism and help people feel more ready and confident to build the future. The NHS Change Model seeks to do this through connecting to shared purpose, engaging to mobilise and leading for change.

At the same time, the experience of the NHS over the past ten years has demonstrated the importance of drivers of extrinsic motivation including transparent measurement, incentivising payment systems, effective performance management systems and holding leaders to account to deliver change outcomes. If we are going to deliver improvements at scale for our patients, all of these features also need to be part of our on-going approach to change. However, too often in healthcare, we haven’t been able to achieve a balance between these intrinsic and extrinsic factors in our strategies for large scale change. We have overemphasised the extrinsic factors and sometimes unintentionally killed off the energy and creativity required to deliver improvement.

So, we are seeking, through our work on the NHS Change Model, ways to help leaders align these intrinsic and extrinsic factors for large scale change. The extrinsic factors are typically much more tangible. We can describe payment, performance management and incentive systems and measure their progress and impact. When it comes to the intrinsic factors, things are much less clear. We have searched the evidence base about improving “culture for change”, organisational energy” and “organisational health”. There are multiple models and frameworks which can help. However, most of them are not written or framed specifically for a healthcare audience and most of them are proprietary tools that require a payment for use.
We decided to produce a framework that would help healthcare leaders to improve the intrinsic conditions for change and align them with extrinsic aspects. We want to make it freely available so it can be widely used. After talking to a lot of leaders, we decided that “energy for change” resonated better for our cause than other concepts. The impetus behind this project is our goal to create a simple tool for measuring energy for change at a team, organisational and/or system level. The outcome is an instrument that enables teams to simply and effectively monitor their energy for change, coupled with a facilitation approach that enables them to have discussions and identify ways to manage this energy. Of course, the ultimate aim is to enable better, more sustainable improvements that spread more quickly.

To unleash energy for change, we need to understand it. This evidence and practice review, which included interviews with NHS staff from a range of backgrounds, reveals the existence of five energy domains as well as real-world experiences of how they are manifested in the NHS. We draw on the work of Steve Radcliffe, Tony Schwartz, Stanton Marris, Heike Bruch and Bernd Vogel, and Stephen Vogel as key contributors to the field of energy in the management literature and practitioner field.

We invite you now to join us at the beginning of our journey to understand how as healthcare leaders we can become more effective in building energy for change – for the long haul.

Helen Bevan and Rosanna Hunt
NHS Change Model team
It is widely recognised that the NHS is facing an unprecedented challenge in the need to improve the quality of services provided, and outcomes and experiences for patients and the public, whilst managing the most severe and protracted period of resource constraint in its history (1).

Working alongside the Quality, Innovation, Productivity and Prevention (QIPP) Programme, a new NHS Change Model has been developed, designed to stimulate and support the necessary improvements to health and health care (2). As part of its programme of work, the NHS Change Model Team commissioned Landmark Health Consulting and York Health Economics Consortium (YHEC) to undertake ‘a review of the evidence and practice on Energy for Change including the identification of key factors pertinent to the NHS’.

As a result of this review, it is our recommendation that energy for change is a concept that can play an important role in supporting NHS leaders to meet the challenges faced – by helping to explore, articulate and address critical factors which can enhance or deplete the potential for improvement. In this context ‘improvement’ is used as a broad term encompassing changes that deliver benefits relating to quality, safety and efficiency of services provided by the NHS.

In testing the concept of energy for change with a small but diverse sample of NHS staff and leaders, a common analogy was drawn: ‘you know that when you meet with some people you are left feeling drained and depleted, but with others you leave feeling invigorated, enthusiastic and open to rich future possibilities – that is the essence of energy’.

The idea that people have different aspects of energy, and that the balance between those energies can be considered and, if necessary, rebalanced, has an ancient history. It is found in diverse philosophical sources. Its relevance to the role of organisational leaders was recognised, amongst others, by Peter Drucker, one of the most influential early management theorists, who claimed that: “Your first and foremost job as a leader is to take charge of your own energy and then help to orchestrate the energy of those around you” (3).

More recently, several management theorists (such as Schwartz & Loehr (4) and Radcliffe (5)) have highlighted the importance of energy for leaders and the need to pro-actively manage energy, primarily at the level of the individual, across four domains: physical, emotional, mental / intellectual and spiritual / spirit. Others, such as Bruch and Vogel (6), have explored similar issues and created approaches to test energy at an organisational scale, but these are not specific to energy for change or to the NHS setting.

Developing these theories and concepts further, specifically in the context of improvement in the NHS, a framework of energy for change is proposed which includes a fifth domain, psychological energy, and focuses its attention on the level at which change is most often delivered – that of the team, unit or department. The core aspects of the concept are explained on the next pages.
Energy for change: The concept in four pages

What does it mean?

Our recommended definition is that:

Energy for change is the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals.

Energy for change can exist in several forms – potential or realised, positive or negative, utilised or wasted. In the context of the NHS, the relevant change can be small or large scale, simple or complex, but at its core is its purpose – improving health and health care for people and patients served by the NHS.

What does it comprise?

Energy for change in this context has five domains, as set out below. We recognise that the terms used can have much broader meanings, so it is important to specify the interpretation in the context of energy for change.

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<thead>
<tr>
<th>Domain</th>
<th>Explanation – the energy of:</th>
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<td>Social</td>
<td>personal engagement, relationships, connections between people, collective, ‘sense of us’</td>
</tr>
<tr>
<td>Spiritual</td>
<td>commitment to a common future vision, shared values, higher purpose, confidence in a compelling, meaningful, different future</td>
</tr>
<tr>
<td>Psychological</td>
<td>courage, trust, feeling safe to act, supported to make a change, belief in self and team, organisation or system, and trust in leadership and</td>
</tr>
<tr>
<td>Physical</td>
<td>action, getting things done, making progress, vitality, kinetic force (motion), drive to make things happen</td>
</tr>
<tr>
<td>Intellectual</td>
<td>curiosity, analysis, thinking and cognition, insight, new knowledge, planning and supporting processes, evaluation, logic and evidence direction</td>
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In developing the concept of energy for change, several features are highlighted below.

- **Inter-dependency** – the five domains are closely related and mutually supportive, so high (or low) levels in one domain may support (or detract from) another;

- **Differing proportions** – the appropriate level of each domain will vary according to setting and context, there are no benchmarks or standards to be met;

- **Explanatory not judgemental** – linked to the previous point, the purpose of the concept is to explore the energetic forces for, or against, a change and to enable conversations which can lead to appropriate action. It is proposed to develop an instrument to help identify levels of energy in teams and prompt discussion, investigation and action. It will not be used for judgement of individuals and their teams in the sense of performance management;

- **Energy expenditure and renewal** – the literature repeatedly points to the need for periods of intense energy expenditure to be balanced by the opportunity for reflection and renewal.
Energy for change: The concept in four pages

Why do we need this concept?

The QIPP challenge and the work of improvement bodies, including the NHS Institute for Innovation and Improvement and The Health Foundation, reflect an increasing interest in what can support the replication at scale of approaches or initiatives which have worked and delivered proven benefits in single or isolated settings in the NHS. Evaluation reports repeatedly cite a pervasive and stubborn resistance to spreading and sustaining quality improvement initiatives across the NHS (7). Reports on large scale change also suggest that around 70% of new programmes fail to deliver their objectives (8).

Project failure, or the lack of uptake of a particular idea in the NHS, is often blamed on the mechanics and processes of improvement, such as the specific methodology and the role of project managers with supporting infrastructure and systems. Using the energy for change concept, such factors are primarily in the domain of intellectual energy, often combined, through performance management, governance and accountability, with physical energy.

A further aspect of physical energy is its link to the ‘pace setting’ leadership style, which is over-represented in NHS senior management, as recognised by the NHS Leadership Academy (9). Further work on the change model also highlights the potential for external factors, such as regulation, performance management and system drivers, to dominate intrinsic factors, such as shared purpose, engagement and motivational leadership (10).

The energy for change concept adapted and developed specifically for the NHS, can therefore help redress the balance:

- From attending mainly to intellectual and physical energy – to recognising and responding to other domains of social, spiritual and psychological energy;
- From focusing on the external factors driving change, to supporting the intrinsic factors that make it meaningful and important for the staff involved.

A further distinguishing feature is that energy for change is concerned with a dispersed model of leadership. Some of the literature focuses on the personal energy of an individual leader, usually the most senior person in the organisation. A more shared, dispersed model of leadership, i.e. where ‘acts of leadership can come from anyone in the organisation’ (9) is increasingly recognised as critical to enabling change and improvement given the scale, complexity and diversity of organisations in the NHS.

Improvements in the NHS take place in the context of significant change, from ongoing structural reforms and service transformation to further technological advances affecting recipients and providers of services. However, such external flux should not be seen as an impediment to improvement. In a seminal systematic review of diffusion of innovations, Greenhalgh et al report that: ‘Environmental uncertainty has either a small positive impact or no impact on innovativeness...’ (11).
At what level can it be used?

Energy for change has previously been explored from both individual and organisational perspectives (4) (6). As well as adapting the concept specifically for the NHS, we are focusing on the level at which change is actually delivered – within diverse teams, departments or units in NHS organisations (providers and commissioners) who collectively have a shared improvement mission. It is recognised that energy for change is closely related to other concepts, which we highlight in the report. Frameworks and approaches to support effective change management abound, and many other tools and resources seek to address issues such as leadership style, team roles and personality types. The concept of energy for change builds on these themes and addresses the specific question of what combination of factors can best support improvement in the NHS.

How can it be applied?

Building on the conceptual development of energy for change and findings in this report, the NHS Change Model Team will prepare an instrument to assess or diagnose levels of energy for change. The instrument will be tested in around 20 NHS organisations, developed further, and aligned with a set of approaches to address the issues it identifies. Additional steps will be taken to test and refine energy for change as a concept including creating a video on the topic and wider stakeholder engagement.

What has been the response of initial testing?

The ideas around energy for change have been tested in this review through 12 in depth interviews with staff, from a variety of settings and roles, who have a particular interest in, or responsibility for, the improvements that the NHS Change Model supports. In addition, the concept has been tested with an Advisory Group, and has been tested with a wider audience through social media, including a web seminar with parallel comments, and a Twitter Club discussion. Whilst views varied, the key themes to emerge to date are given below.

• The overall concept resonates well with the challenges faced in the NHS. It is easily understood and may be beneficial in prompting discussions around what hinders and what may best support improvement work;
• Terminology is a major challenge and could be off putting for some people – so the person using the concept must adapt it to different people and settings;
• All five domains ‘ring true’, but their meanings will vary according to the level at which the concept is considered; what has previously been framed in the literature at an individual level needs translating to the context of a team, unit or department;
• NHS leaders and staff may be weary of change and overwhelmed with methods to support it. The added value of this concept and instrument must be demonstrated.

In conclusion, energy for change is a concept which will enable different and sometimes difficult conversations about what can best support improvement in the NHS. It involves exploring a diverse set of factors that influence the force and vigour with which change is pursued. As an approach it deliberately seeks to tackle parts of the change and improvement process that are often under-developed, particularly social, spiritual and psychological domains, to complement the attention given to physical and intellectual aspects. At a practical level it will enable leaders and staff to articulate, explore and address the sense of collective energy in a team with a shared improvement mission.
Acknowledgments

The authors would like to acknowledge the guidance and support given by the NHS Change Model Team and the Advisory Group. We would also like to thank the interviewees whose input was invaluable in the development of this study.
1.1 Objectives of the report

The NHS Change Model Team commissioned a review of evidence and practice on the concept of energy for change from a partnership of Landmark Health Consulting and York Health Economics Consortium. The key objectives of the project were to:

- Collate the Energy for Change evidence from published and grey literature, organise it into themes that are directly relevant to the NHS and present it in a format that allows the text to be directly inserted into an instrument;
- Make recommendations on how to frame the questions posed by the instrument.

1.2 Review approach

The review approach combined three main elements, more detail on which is given in Appendix A:

- Evidence mapping through a rapid, pragmatic search and review of available evidence;
- Development and testing of themes identified from the evidence through in-depth interviews with a small sample of relevant stakeholders;
- Synthesis of findings and recommendations made on the development of the concept of energy for change specifically for the NHS and recommendations on the way in which these ideas can be translated to a practical instrument for use in the field.

The work has been developed in close cooperation with key members of the NHS Change Model Team and has been further shaped by the views of an Advisory Group and other broader testing through social media and other routes.

The energy for change approach will change and adapt to reflect ongoing testing and development within the NHS and the translation of the concept into a practical instrument which will subsequently be linked to a suite of resources to enable leaders to address issues identified.

The remainder of this report is structured as follows:
- Section 2 describes energy for change and related concepts relevant to the NHS;
- Sections 3 to 7 describe the five domains of energy for change and set out evidence, testing and development of each;
- Section 8 suggests how the concept can be put into action.
Section 2
Developing an energy for change model for the NHS
Section 2: Developing an energy for change model for the NHS

2.1 Published models

A body of literature has been formed by a group of authors concerned with the concept of energy for change. Such work has helped to develop models which describe the components of energy for change in a general business context. It builds on a long established idea of segmenting an individual’s energy, which has its roots in traditions as diverse as Buddhism, Hinduism, and Chinese and Greek philosophy.

The models identified and described here centre on the energies that can be harnessed by individuals and groups to support organisational change and improvement. Authors describe the potential impact of using various elements of energy. This research considers published models and, informed by our testing and development in the field, adapts them to form an approach to energy for change theory specifically to support improvement in the NHS.

Steve Radcliffe has considered energy in a work context and he promotes the ‘Future – Engage – Deliver’ model (5) for helping leaders in organisations develop their leadership skills in order to deliver better results, however defined. He maintains that the fundamental skills of leadership are the same for any situation. He identifies four energies: physical, intellectual, spirit and emotional. Each energy is used by leaders in each stage of his model to differing degrees and people need to be able to manage all four.

Radcliffe argues that effective leaders are ‘guided by the future they desire’ and the more commitment the leader has, the more energy will be brought along the way. Engagement is central to a leader’s ability to build alignment, involvement, ownership and team unity. It occurs fastest where there is strong positive emotional energy emanating from the leader. He argues that effective leaders seek to influence the spirit energy of others in order to engage them, particularly through involving others and what they care about in deciding the future. Intellectual energy is used to prioritise issues and make the most of opportunities and physical energy is concerned with ensuring that leaders are physically ready for action. Radcliffe believes that successful implementation of these concepts will enable delivery of the desired future. Energy is utilised at every step to achieving objectives and must be monitored in order to maintain the energy for change.
Tony Schwartz founded The Energy Project (12), to promote harnessing of different types of energies and the fostering of simple rituals that build workers’ physical, emotional and mental resilience. At the core of his model, Schwartz argues:

“Energy, not time, is the fundamental currency of high performance.”

Similar to Radcliffe, Schwartz identifies four separate but related sources of energy: physical, emotional, mental and spiritual. He argues that encouraging and supporting employees’ needs in these areas enables them to feel freed and fuelled and motivated to bring the best of themselves to work each day. He believes that people are most productive when moving between periods of high focus and intermittent rest, thus enabling a higher quality and quantity of output. This is essential to enable rapid change in the desired direction.

Schwartz also acknowledges the role of leaders in the context of energy (13):

“Above all else, a leader is the chief energy officer.”

Fundamentally, leaders must mobilise, inspire, focus, direct and regularly refuel the energy of their workforce. Leaders are the stewards of organisational energy; they invest energy from all the ‘collected cells in the service of the corporate mission’ (4).

Schwartz and Loehr, in ‘The Power Of Full Engagement’ (4), also address energy through engagement of employees. The book describes four key principles for energy management:

- Draw on the four energies (physical, emotional, mental and spiritual);
- Energy renewal;
- Increasing energy capacity;
- Building positive energy rituals.

They argue that making change requires a three-step process of ‘defining purpose – facing the truth – taking action’, with the four energies being used in differing degrees at each step. ‘Defining purpose’ considers how people expend energy in line with their values. ‘Facing the truth’ is helping individuals realise how they currently use their energy. ‘Taking action’ involves making use of positive energy rituals in order to close the gap between how energy is currently managed and how it could be potentially managed.

Schwartz and Loehr (4) describe organisations as reservoirs of potential energy that can be utilised for any intention. They describe how the capacity of an organisation’s energy increases as individuals increase their own capacity:

“A shared sense of corporate purpose, grounded in universal values, is the highest octane source of fuel for organisational action.”
Their ‘Full Engagement Training System’ begins by considering spirit energy and a link to purpose. Mental energy utilisation follows, then emotional and finally physical, i.e. putting it all into action.

Radcliffe also drew upon Alyssa Abbey’s work, ‘Stop Making Excuses and Start Living with Energy’ (14). Abbey considers four energies that must be utilised in making the most of life. Radcliffe argues that less emphasis should be given to mental (or intellectual) energy in the realm of the workplace (5), but he draws on Abbey’s detailed descriptions of the potential of physical, mental, emotional and spiritual energies. In terms of the flow of energy, Abbey argues that energy is one of five elements (along with love, health, joy and purpose) that make up ‘vitality’. Abbey claims there is no formula for sustaining individual energy but everyone should find ways of maintaining both energy and vitality.

Stanton Marris is an organisation which specialises in leadership, change, engagement and organisational design. They consider leadership to be a key element in change and their work promotes the ‘communication of strategy’ and ‘culture of change’ as essential to enabling change (15). They argue that engagement is created through energising and mobilising. Their model identifies four sources of energy: connection, content, context and climate, each having a rational and an emotional element.

Barlow and Barlow (16) provide an alternative view to the general assumption that leaders are the primary change agent in organisations. They suggest that individuals who are prepared for change are able to drive and empower the transformation themselves. Their six stage model of change includes seven psychological resources for individuals to instigate change.

Bruch and Vogel (6) emphasise the importance of leaders actively managing the collective energy of a company. Their model centres on an Organisational Energy Matrix whereby a company’s intensity (high or low) and quality (positive or negative) of energy are assessed and mapped to a matrix. This enables the company to address shortfalls (e.g. withdrawal or complacency) and ultimately to progress to a positive state. In this positive state employees work productively as they are emotionally engaged. The authors stress the emotional, cognitive and behavioural potential of an organisation.

As outlined above, most of the development of management theory around energy has focussed on promoting and harnessing individual energy. In some of the literature this is specifically centred on the energy of the Chief Executive Officer (13). Radcliffe and Schwartz and Loehr have aligned this energy to their particular frameworks to support effective leadership, whereas Stanton Marris and Bruch and Vogel have considered the expression of energy at an organisational level. The following section explores how such concepts have been tested and developed specifically to support improvement in the NHS.
2.2 Energy for change – A model for the NHS

A working definition of energy for change in the NHS is as follows:

Energy for change is the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals.

The proposed model of energy for change is illustrated in the diagram below.

Figure 2.1: Energy for change model
As a contested concept, whose meaning and use may be disputed, it is important to review the interpretation, meaning and relationship of the terms through which we communicate energy for change. The following sections provide this explanation and give practical examples, from the literature and initial testing in the NHS, to bring the ideas to life. Following a brief explanation of all five domains, this section discusses: model development and interrelationships; balance between the energies; the purpose of the concept; perspective and level at which the concept is applied; analogies, leadership and challenges for the model’s development.

The proposed concept of energy for change for the NHS has five components, each of which is explained briefly below. It is recognised that these terms are broad, and have a range of other meanings in a range of contexts, so they are explicitly being interpreted in a specific way for this concept.

- **Physical energy** – is the energy of action, getting things done and making progress. It is the flexible, responsive drive to make things happen, with vitality and kinetic force (motion);

- **Intellectual energy** – is the energy of curiosity, analysis, thinking and cognition. It involves gaining insight, a thirst for new knowledge as well as planning and supporting processes, evaluation, and arguing a case on the basis of logic and evidence;

- **Social energy** – is the energy of personal engagement, relationships and connections between people. It reflects a ‘sense of us’ and is therefore a collective concept that captures a situation where people are drawn into an improvement or change because they feel a connection to it as part of the collective group;

- **Spiritual energy** – is the energy of commitment to a common vision for the future, driven by shared values and a higher purpose. It involves giving people the confidence to move towards a different future that is more compelling than the status quo, by finding the deep meaning in what they do;

- **Psychological energy** – is the energy of courage, trust and feeling safe to do things differently. It involves feeling supported to make a change as well as belief in self and the team, organisation or system, and trust in leadership and direction.

The application of the concept is addressed further in Section 8, ‘Putting the concept into action’. The broad approach will be the development of an instrument to indicate levels of energy, supported by explanatory and promotional materials (including a film), which will be tested in around 20 NHS organisations. As, in effect, hypotheses are being tested in the use of the concept the approach will be adapted according to results. To have an impact on improvement, the instrument must be complemented by supporting approaches to act on findings – to answer the question ‘so what’? A mapping exercise is planned to establish how the current suite of resources of the NHS Institute, NHS Change Team and partners, such as NHS Leadership Academy, and other national or international methods can be used to take supportive action based on results.
2.2.1 Model development and interrelationships

Compared with other models, the main development with our model is the inclusion of psychological energy. When testing this concept with NHS staff, it required explanation but was found to be highly pertinent to the NHS. Participants described psychological energy as being of a different order from the others. It may be seen as resulting from, or highly dependent on the other energy domains.

The five energies are highly interdependent, and may be mutually supportive or destructive. For example, if psychological energy were perceived as lacking, it might be enhanced not only directly through actions to make people feel more supported, but perhaps also by engaging with spiritual energy through a clearer connection of project purpose and shared values. The interrelationships between the five domains are complex. For example, having low energy in a particular domain does not automatically correlate with high resistance to change. And it may be that one domain is less important or favoured in a particular setting and organisational culture. Such issues will be further explored through testing the concept using an instrument to investigate levels of energy for change.

2.2.2 The balance between the five energies

As the literature on individual energy highlights that no one person can have high energy across all domains, similarly having five domains in energy for change does not imply a set, standard balance between the components. Participants were keen to highlight that the appropriate level of each domain will vary according to setting and context, there are no benchmarks or standards to be met. Further, to help in making the case for this concept as a useful approach to support the NHS Change Model, it will be imperative that the new generic instrument to gauge levels of energy is not used for judgement, or assessment of how ‘good or bad’ the energy mix is in a specific situation, or to prescribe an ‘ideal’ level. Reflecting on this balance, one participant stated that:

“This is the beauty of teams – the diversity. Some people will have high emotional energy while others may focus on the intellectual side. But we must not try to narrow the range, or regress to the mean.”

Radcliffe proposes a ‘relationship to results’ pyramid, in which possibilities and ideas, opportunities and priorities, action and ultimately results are all founded on the bedrock of relationships. An imbalance can fundamentally undermine the success of an enterprise. For example, if a change programme is built on too narrow or weak a set of relationships, it is likely to fail. Similarly, an imbalance in the five domains of energy for change can hinder success. For example, one participant highlighted a project which sought to redesign patient pathways.
“The project was too loud and didn’t take people with them. Lots of complicated diagrams were drawn of standardised pathways. But it felt forced on people and the project failed in engagement. So, it is unfinished and not in use. The pathways remain rolled up like unused wallpaper, and have had no impact on practice at all.”

In terms of energy for change the above example illustrates the neglect of social, spiritual and psychological domains. Another participant highlighted the importance of context in determining the appropriate combination of energy domains and stated that:

“Different people and situations will need a different balance of energies.”

Evidence from published and grey literature suggests an imbalance between energy domains usually involves an over-reliance on physical aspects (linked to the ‘pace setting’ leadership style in the NHS) and intellectual arguments. So the case for change, supporting analysis and project planning may be well developed, but the spiritual, social and psychological aspects are neglected. For example, a participant referred to the introduction of a new ‘e-rostering’ system intended to increase productivity and utilisation of ward staff. The initiative involved the purchase of a software system, and the failure to achieve the benefits has been blamed on these technical, intellectual aspects. In this case, the root cause of problems was claimed to be a lack of basic engagement with staff (‘why are we doing this?’) and support (‘how can we help you use the system?’), which in our terms reflects a lack of social and spiritual energy.

2.2.3 Purpose of the concept – ‘To improve improvement’

The purpose of energy change as a concept, to be translated into an instrument and supporting resources, is to give measurement for improvement, not judgement. The fundamental idea is to give voice to a different type of conversation – one which makes explicit what otherwise may be felt or sensed, but not articulated. This is best illustrated by the words of a participant who we interviewed:

“When I heard about this it was like a light bulb going on in my head, it really makes sense. In some departments you have great energy to change things, but in others they are always too busy, have no energy or appetite... Sometimes I think the organisation is almost wantonly ignoring people’s energy.... Even talking about the concept has made me think how precious the energy is in our organisation. Use of an instrument like this will bring it to the fore and start to open discussions.”

The need for the energy for change approach, as set out in the initial ‘concept in four pages’ is further supported by the frequent reference by participants to project or programme failure. For example:

“It is really difficult to keep the energy going and to keep working through it, to keep the changes going.”

“I often see real high energy to begin with, but then it peters out – either it doesn’t happen, it’s really slow or it’s overtaken by events.”
2.2.4 Perspective and application of the concept

We propose that energy for change is applied at the level where change, large and small, complex and simple, is delivered – that of the team, unit, organisation or system. However, the role of the individual in the energy of a team should not be ignored and this is the level at which perceptions are best captured through a questionnaire.

Where authors encourage an organisation-wide perspective, which links to concepts such as organisational culture, their recommendations relate better to a hierarchical model of leadership, rather than dispersed. The focus on the team is taken because of its importance in the collective endeavour of NHS improvement. As explained by one participant:

“As enthusiastic as one person is, you need several people to bring energy.”

To have relevance across the myriad of settings in the NHS, the approach must be easily understood and transferable to all situations, supported by the generic instrument to explore energy levels. Teams may be project teams, or long-term, departmental groups. And the ‘improvements’ that they seek to deliver may be large scale and complex, or small scale and relatively simple. The energy for change instrument may be applied at the start, middle or end of a project, initiative or plan, because it is important that energy is sustained for the duration of the improvement process.

It is important that the concept, the instrument and relevant approaches are made applicable to the broad range of NHS services and settings, from ambulance trusts to X-ray departments, front-line teams to Boards. As one participant in the study stated:

“We want to be able to talk about this [all domains of energy for change] more in the work environment.”
2.2.5 Use of analogies

It has been striking that in discussions with the Advisory Group, interviewees and engagement through social media, frequent use was made of analogies to explain and develop the concept of energy for change. For example, people refer to an engine running (high or low) on fuel, or a bicycle with different components. But the most common analogy has been the reference to physics. This has led to discussion on issues such as; positive and negative energy; potential vs. effective energy; and whether energy cannot be created or destroyed but only its form changed. For example, people referred to the potential to release latent or untapped energy, which is often subdued by external, extrinsic factors.

The use of analogies may be indicative of the need to use examples and more readily understood, concrete ideas to avoid energy for change being seen as an abstract concept. The idea of energy transformation is found in the literature and also through testing with participants in this project. For example, Radcliffe (5) identifies that it is the lack of any energy, positive or negative, that poses the greatest barrier to engagement and change. So, whilst negative energy at least indicates an interest or concern that can be channelled, complete apathy or detachment from a change is more difficult to overcome. One interviewee referred to a song lyric to illustrate the point:

“you cannot be neutral on a moving train.”

A further analogy contends that people and teams are not like computers which operate many programs simultaneously in a linear fashion. While the NHS may be undergoing continuous change, teams cannot keep pursuing multiple initiatives in parallel with equal vigour and success without time for respite, reflection and renewal.

2.2.6 The role of leadership

Many participants and writers stressed the importance of leadership in taking forward the energy for change concept. In particular, the leader has a role in communicating its meaning and relevance for an organisation or team, and is challenged to be a role model, such as in engaging with social and spiritual energies.

Discussions about leadership also reiterated the importance of a dispersed model – moving away from reliance on leaders as heroes, or the image of a fully energised CEO having such an abundance of energy that it flows out to fuel the wider organisation. As promoted by the NHS Change Model and NHS Leadership Academy, leadership in the NHS is a dispersed, broad concept, spanning professions and roles, and exists at all levels of hierarchies. As stated by a participant:

“If the NHS wants to improve well, we need the right leaders creating the right atmosphere and philosophy of change.”
2.2.7 Challenges in adopting energy for change

The two primary challenges in adopting the concept of energy for change are the initial scepticism with which it may be greeted, and the need to demonstrate impact and real effect on improvement. The first was characterised by ‘weariness’ of new initiatives, or approaches which are claimed by their proponents as solutions. Participants also linked this to a learnt disbelief about the scale or nature of change required – ‘just hang on, don’t need to change, things won’t happen, we’ll be alright’. The second challenge spoke to the need to evaluate the impact of the approach and develop a method of measuring its impact as the real proof would come from the testing of the instrument in the field and taking action to address its findings. Illustrative examples include the following.

“There is constant change and reorganisation in the world we are in – it can be very tough for front line staff.”

“Talking to one of the team the other day, everywhere we look we see people relocated to new, different jobs. Some keep going, but others are almost paralysed by insecurity and the prospect of change.”

While such challenges will be addressed through further testing and development, they should be considered alongside the overwhelming support from participants in this study for initial testing. It is recognised that the participants were not a random or representative sample of NHS staff or leaders, but their appetite and enthusiasm for the concept of energy for change was demonstrated by the number who asked to be involved in the next stage of development, or to have early sight of materials to use informally with their teams. Further illustrative quotes include the following.

“It [energy for change] makes perfect sense to me – to test the energy out there in the organisation.”

“We need to give people permission to consider all the elements [of energy for change].”

Even the most enthusiastic participants, however, recognise that the concept will not be universally found helpful or relevant:

“We need at least a chink of an opening – that people feel it may be useful. But sometimes all people need is that prompt, idea or permission to contribute and say ‘this is what is going on for me’.”
2.3 Related concepts

A further issue to emerge from testing and development is that the area of management theory and tools to support improvement may be a ‘crowded pitch’, so a new concept has to demonstrate clearly where it fits and what additional value it bring. As one participant asked “What will entice me to use it?”

The answer to this question lies in three issues: clarity on the purpose of the concept of energy for change and its explanation; understanding where it ‘fits’ in relation to other approaches; and developing evidence that it has been found to be effective in the field. The overall explanation of energy for change has been given above and is expanded upon in later sections, while its impact will be tested through use of an instrument, followed by developing supporting resources. The relationship of this concept with other methods is discussed briefly below.

The literature and discussion with participants identified many methods, instruments and frameworks which seek to similarly support improvement and change management. Whilst a full review of such evidence is beyond the scope of this study, three commonly cited examples are as follows.

- Personality types – such as the Myers-Briggs approach using a psychometric questionnaire and results mapped to a personality inventory (with 16 personality types based on the interaction of preferences) (17);
- Team roles – such as Belbin’s approach to identify behavioural strengths and weaknesses categorised across nine team roles (18);
- Leadership style – such as Goleman’s six styles (19).

Many of these approaches are applied widely in the NHS. For example, the idea of leaders operating a range of leadership styles according to the context and challenges faced is referenced in the NHS Leadership Framework and previously used by NHS Top Leaders. The NHS Leadership Academy developed a self-assessment diagnostic tool which enabled senior managers to assess five core leadership domains: demonstrating personal qualities; working with others; managing services; improving services; and setting direction (20). The diagnostic tool used with senior managers in the NHS identified high levels of ‘pace setting’ style – rapidly accomplishing tasks and delivering excellence – as highly prevalent in the NHS.

Other related concepts suggested as relevant to energy for change include:

- Measurement and management of resilience, such as the Robertson Cooper approach (which is specifically related to psychological energy) (21);
- Discretionary effort, with claims that an individual’s productivity to an organisation is greatly influenced by internal and external working environment (22);
- Burnout, which has been identified a chronic exhaustion of energy and highlighted as a major risk in health care professionals (23).
Building on such issues, it may be appropriate later in the development of the energy for change, as a concept for improvement in the NHS, to map or align it to other approaches. For example, one participant suggested it would be helpful if the results of previous analysis, such as Myers-Briggs and Belbin, could be used to inform how energy for change is considered. As an illustration, the table below suggests the alignment between the Stanton Marris energy sources and the five domains of energy for change.

### Table 2.1: Mapping energy for change to the Stanton Marris energy model

<table>
<thead>
<tr>
<th>Stanton Marris energies</th>
<th>NHS energy for change domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Connection</strong> - How far people have a line of sight between themselves – their work and their values – and the purpose of the organisation as a whole</td>
<td>Spiritual energy</td>
</tr>
<tr>
<td><strong>Content</strong> - How far the actual work people do is stimulating and provides a sense of achievement</td>
<td>Physical energy</td>
</tr>
<tr>
<td><strong>Context</strong> - How far working practices and the work environment itself are supportive and enabling</td>
<td>Social energy</td>
</tr>
<tr>
<td><strong>Climate</strong> - How far the typical “local weather” of the organisation makes people want to give their best and helps them grow to their potential</td>
<td>Psychological energy</td>
</tr>
</tbody>
</table>

In testing the concept some participants in this study struggled to discern the distinction between energy for change and other models, particularly leadership styles. However, most interviewees suggested the new perspectives to be gained from this approach came from its:

- Identification of different aspects of energy – and potential to raise the issue of rebalancing between the domains;
- The collective nature of that energy, so it is being considered at the level of a team;
- Its development specifically for the NHS, and its concern with psychological energy alongside physical, intellectual, social and spiritual energies.

The next sections explore in more detail the five specific energy domains.
Section 3
Social energy
Social energy – is the energy of personal engagement, relationships and connections between people. It reflects a ‘sense of us’ and is therefore a collective concept that captures a situation where people are drawn into an improvement or change because they feel a connection to it as part of the collective group (see Figure 3.1).

3.1 Concept and theory

Schwartz and Loehr (4) consider emotional capacity, as well as physical energy, as the most fundamental sources of energy. Schwartz’s theory (12) identifies high positive energy as the best fuel and directly links employees’ emotions to performance:

“How people feel has a large impact on how they perform.”
Individual and collective emotions impact heavily on one another and it is vital that individuals are constantly aware of their own emotions so as not to damage the group (35):

“Negative emotions spread fast and are highly toxic.”

Schwartz encourages staff to monitor and manage their own moods but to be authentic (35). The expectation at work is to leave personal emotions at home but this suppression impacts negatively on productivity due to a personal preoccupation with emotions that cannot be expressed, leading to less focus (36). On an individual level, he links physical energy to emotions, because exercise improves the quality of thinking, which provides a powerful source of emotional renewal (37).

The research of Stanton Marris into what enables energy and energises people in organisations identified four sources, each with a rational and emotional element (38). This heavy stress on emotions in relation to energy is important for organisations to appreciate:

“Why the distinction between rational and emotional? Because organisations are often good at managing the first and awful at the second.”

Their research also observes an increasing reference by financial analysts to the ability of leadership to energise its organisation when rating its stock. High energy organisations channel the energy of its people collectively, leading to improved results. Leadership has a pivotal role and leaders need to become better at managing collective emotions by creating energy and providing purpose and direction (15).

Schwartz and McCarthy (24) similarly stress the need for individuals to actively take control of their own emotions, to improve the quality of their energy despite external pressures. This is done by assessing the impact these emotions have on their personal effectiveness regularly throughout the day. Confidence, regulation, patience, enjoyment, self-confidence, self-regulation, interpersonal effectiveness, empathy, patience, openness, trust and enjoyment are key emotional factors that directly impact an individual’s emotions (4) and which then affect interaction with colleagues. Other factors affecting the emotional energy of a team are interpersonal interaction, empathy, openness and trust.

Radcliffe (5) argues that leaders need to be constantly aware of and utilise the emotional energy of others, demonstrating how the collective emotional energy of a team can be impacted. At the core of the engagement process is the management of emotional and spiritual energy. It occurs fastest in ‘big relationships’, i.e. where there is strong positive emotional energy. Given the need for the NHS to rapidly harness energy for change, promoting such relationships through intense emotional energy is important.
The critical role of leaders in enabling emotional change through moulding emotions is also addressed by Wilson (39):

“Leaders must be skilled at creating specific kinds of emotional narrative that enable change.”

This relates to issues around how to motivate people to adopt new attitudes and actions. Capacity to change and motivation are engaged through linked emotions:

“Leaders need to tell stories that spark a sense of hope, purpose, urgency, efficacy and solidarity – all are affective states that enable change.”

Wilson argues that the ability for change can be undermined, however, by fear, apathy, inertia, self-doubt and isolation.

Relationships that give an individual positive feelings, connection and a feeling of teamwork and collaboration, influence emotional energy (14). This energy can be initiated by building self-awareness, self-confidence and self-control, as well as by being empathetic and ensuring that others feel valued.

Virgilio and Ludema (27) believe that positive emotions (e.g. interest, joy, hope, pride) can be elicited through organisational members engaging in behaviours that increase autonomy, competence and belonging.

Some writers define emotional energy as the collective emotional energy of a team or organisation, encompassing the range of emotions felt by the group in relation to energy for change. This differs from those authors who explicitly narrate on individual emotional energy in this context. These authors tend to focus more narrowly on the emotional energy generated through or affected by relationships at work. In 2004, the NHS Modernisation Agency stated (40):

“Mobilisation requires significant emotional energy, strong positive emotions driving the movement forward.”

Indeed, the emotional energy of teams and organisations are at the forefront of theory on energy for change. Most authors reviewed for this study consider it a fundamental aspect.
3.2 Testing and development

The idea of emotional energy at a team level was found to be highly recognisable when tested with participants in our study. The term itself generated much discussion, particularly as it is being used in a specific sense, narrower than when more generally applied to human emotions (which might range from joy and happiness to fear and anxiety). The key difference is the concern with a shared energy – which is founded on personal relationships, connections between people in a team and their engagement with a particular improvement. Alternative words, such as ‘connective’ or ‘collective’ energy were tested, but were found to be difficult to interpret and would be negatively considered as jargon. In further developing the approach, the term emotional has been replaced by social, as it captures the shared, collective nature of this energy and its basis in relationships. When exploring the meaning of social energy and the role it has in improvement, participants in the study stated that:

“*It's all about relationships, knowing people are engaged, have a rapport and mutual respect.*”

“*Not enough attention is given in the run up to change to the behavioural, personal aspects of what is happening.*”

“*Openness, transparency and honesty are really important in change processes. It [social energy] is about making it mean something to people, personally.*”

One approach to engaging in collective emotions was identified in the use of patient-level examples to engage people in a particular project. This is exemplified by the much-cited Torbay initiative to integrate health and social care services for older people used a hypothetical ‘Mrs Smith’ (41). The impact of any change, and indeed the importance of particular issues were all assessed with the question ‘so what difference will it make to Mrs Smith?’

When considering the current balance of attention to harnessing specific domains of energy for change, participants in this study saw social and emotional issues as important but often neglected in the NHS. In some ways social energy was seen as ‘taken for granted’ and the handling of collective emotions in a team were noted to be extremely difficult to talk about, in a way which would not be off putting or too personal for team members. But the consequence of this lack of attention to social issues was also highlighted, particularly where change was fuelling negative emotions, for example:

“*Fear is a very negative, short term driver of change. If kept to oneself, it can be corrosive, so we need to encourage people not to internalise but share and support.*”

As reflected in the literature review above, the need to consider social energy as part of a project, particularly in the context of large-scale and complex improvement, has been well recognised. But approaches to stimulate conversations about the level of social energy required were seen, by participants in our study, as limited and the potential to address these issues as highly dependent on the style or emotional vocabulary of a particular leader.
Section 3

3.3 Potential questions for inclusion in the instrument

Before introducing potential questions to investigate levels of energy for change within a new instrument it is important to explore several issues arising from the approach. Building on our review of the concept, theory and practice in the NHS, the following points need to be considered.

- **Perspective** – although the instrument will be completed by individual members of staff, the results should be aggregated at the level of the team as a whole, rather than providing an indication of one person’s own energy. Direct questions should also be included that aim to understand how prevalent and important the different energies are to the team;

- **Terminology** – the wording has to be clear, simple and relevant to a diverse set of NHS staff, teams and settings;

- **Measurement scale** – as described further in Section 8, it is recommended that the Likert scale be used (a five point scale from strongly disagree to strongly disagree, often represented using a visual analogue scale);

- **Questioning route** – the instrument could test how individuals, in the context of their relevant team, perceive energy for change, for themselves and the team, by posing a series of statements, presented in both positive and negative terms, which participants are asked to evaluate;

- **Structure** – the number of statements to be included in the instrument and its detailed structure will be developed by the NHS Change Model Team. A relatively small number of statements should be posed, maybe 20, giving four statements for each domain of energy for change. The interviews held as part of this study included one question intended to explore whether any weighting of the statements would be required. The small number of participants and diverse set of responses suggest that as a starting point for the testing phase no weighting should be applied, but this issue may be explored further through the testing of the instrument.

The points set out above are relevant for the sections showing example questions/statements for the remaining four energy domains, and are not repeated again. A range of other issues need to be explored in the next stage of development, such as the mechanism for deploying the instrument, methods for interpreting results and approaches to giving feedback.

Along with other instructions, the instrument could be introduced with a statement such as:

*Please read the following statements in the context of energy for change. Please indicate how well each statement describes the current situation in your team – the group of which you are a member, which is working to carry out a change.*

Statements for inclusion in the instrument which explore social energy at a team level which participants could be asked to evaluate include the following. We note that most questions could be turned from positive to negative (and vice versa) and a mix of both should be used.

- We feel personally connected with our team’s work;
- There are strong relationships between team members;
- We can control (or influence) our work;
- There is a sense of unity within the team;
- We are working together;
- We are engaged in our task;
- Our work means something to members of the team;
- Our work feels important to us as a team.
Section 4
Spiritual energy
Figure 4.1: Spiritual energy – how it is enhanced and depleted

**Spiritual energy** is the energy of commitment to a common vision for the future, driven by shared values and a higher purpose. It involves giving people the confidence to move towards a different future that is more compelling than the status quo, by finding the deep meaning in what they do (see Figure 4.1).

### 4.1 Concept and theory

In the first stage of Radcliffe’s ‘Future – Engage – Deliver’ model (5), he describes how ‘connecting to purpose’ is important. Leaders need to have an ambition or goal for their team, organisation and colleagues:

> “Powerful and effective leaders are guided by the future that they want. And more than this, the leader is strongest when that future is powerfully connected to what he or she cares about. The more commitment the leader has for the desired future, the more they will persist, the more energy they’ll bring along the way.”
Section 4

The second stage of Radcliffe’s model, ‘Engage’, describes how leaders need to influence the spirit energy of others, whilst emotional energy is also at the core of this concept. Energy for change is about influencing the energies of other people and Radcliffe describes how ‘co-invention’ is a powerful tool for this. He describes this as asking others to invent the future, or an aspect of it, with you.

Owen (42) stresses the importance of spiritual energy in the work environment:

“Spirit is the most critical element of any organisation. With Spirit of the appropriate quantity, quality and direction, almost anything is possible.”

He argues that at a fundamental level, lack of spirit turns simple tasks into large obstacles. Leadership operates in the spiritual domain and although the role may revolve around practical tasks, caring for the spiritual energy of others and the team is most important. He argues that it is not simply a case of controlling it directly, but rather evoking and aligning it:

“Spirit rarely, if ever, responds to answers; rather, it responds to questions.”

Owen believes that questions create a nurturing open space in which spiritual energy can flow. Owen has put this vision into practice through the Open Space principles (43) and has seen how through the creation of space, a phenomena he terms ‘Genuine Community’ occurs. In ‘Genuine Community’ differences (e.g. of opinion, ethnicity, economies, politics) were ‘amplified’ and the people involved were able to treat each other with respect.

Schwartz and Loehr (23) believe spiritual energy is the first energy that needs consideration in any change process. In their ‘Full Engagement’ training system, the process begins with a connection to a purpose:

“This energy gives meaning and significance.”

Once this is established, other energies need to be used to build towards change. Spiritual energy is maintained by the primary spiritual skills: character, passion/commitment, integrity and service to others. These are complemented by supportive spiritual habits, such as honesty, courage and persistence. They argue that being spiritually aligned, as well as physically energised, emotionally connected and mentally focused, means one is fully engaged and can fully sustain high performance.
Schwartz (12) adds that spirit is about identifying deeply held values and establishing a clear sense of purpose. Employees need to feel that their work is important, resulting in more passion, perseverance and improved performance. With time, employees begin to realise that being attentive to their own deeper needs dramatically influences their effectiveness and satisfaction at work (24).

Capturing spiritual energy is particular to the individual and may include developing a perspective on life regarding happiness and understanding (14). Spiritual energy is associated with peace and love and is essentially about:

“inspiration, aspiration, enthusiasm, future vision, hope, joy and meaning to life.”

Achor (44) describes how lasting positive energy can be created through exercises including meditation and random acts of kindness. Meditating enables the brain to focus on the tasks at hand. Bruch and Sattelberger (45) state that space for reflection and dialogue should be made to address spiritual energy, especially during times of pressure.

In his prescription for transforming organisations through employee engagement, Halm (46) observes:

“It is the motivation of human capital that makes a health-care organization come to life.”

Halm says that health-care systems require organisations that thrive and exhibit characteristics of continuous growth:

“They [health-care systems] will need to express excessive levels of energy and an immense capacity for flourishing.”

A great source of energy in public services is dissatisfaction of employees (47). Nurturing spirit energy does not just involve developing positive energy but also harnessing this negative energy, which can be done best through the spiritual domain.
4.2 Testing and development

As reflected in the literature above, the issue of spiritual energy was seen by participants in this study as extremely important in supporting NHS change. The word ‘spiritual’ was seen as having some unintended religious overtones, but no alternative single word could capture the meaning – which was seen as pretty clear and particularly applicable in the public service setting of the NHS. It was thought by many participants that talking about spiritual energy could be off putting in many circumstances, and could create barriers as it may be seen as conflicting with the intellectual paradigm. Some participants suggested that the term may need to be immediately translated, as appropriate to a particular team and setting. The best alternative phrase was suggested to be the energy of a ‘shared purpose’, which aligns with a set of values and unifying belief in a common cause, i.e. to improve the health and health care of the public and patients served by the NHS. Reflecting on the role of spiritual energy and its links with other energies, participants in the study stated that:

“It [spiritual energy] is really important: it’s about a common world view, a shared base. And if we believe or share something we can create a movement.”

“Thinking back to a successful two year change programme – what did it was spiritual energy, the greater good, and the relational side [social energy], which made people go the extra mile to succeed.”

While recognising that not all staff share the purpose and values, participants felt that spiritual energy was an extremely important factor to the vast majority of most people joining and continuing to work in the NHS. Consequently, it could be a highly influential positive force for energy for change, although one which, as with social energy, could easily be taken for granted or ignored. Conversely, if an action was found to work against these values and this purpose, its impact could be severe:

“The times I have felt the most emotionally drained in my career is where I’ve felt my values compromised – not able to challenge practice and change things to improve services for patients.”

Spiritual energy could be harnessed and actively promoted through explicitly linking the context of a particular change or improvement to explicit shared values and common purpose.
4.3 Potential questions for inclusion in the instrument

Statements which could be included in the instrument to explore spiritual energy at a team level and which participants could be asked to evaluate include the following. We note that most questions could be turned from positive to negative (and vice versa) and a mix of both should be used.

• We have a sense of shared purpose;
• We believe in what we are doing;
• We have some common values which underpin our work;
• We are allowed to do our job (vs. we feel coerced);
• The team shares a passion for our role;
• We feel comfortable about what we are doing.
Section 5
Psychological energy
Psychological energy – is the energy of courage, trust and feeling safe to do things differently. It involves feeling supported to make a change as well as belief in self and the team, organisation or system, and trust in leadership and direction (see Figure 5.1).

5.1 Concept and theory

Psychological energy is the least developed of the five concepts in energy for change in the literature reviewed. Several writers refer to resilience, determination and trust in relation to psychological energy, while others emphasise ‘fear’ ‘safety’ and ‘hope’ as the key determinants of psychological energy levels.
Helen Bevan and the Health Service Journal (HSJ) have reported on the debilitating effects of fear in the NHS (48) (49). The HSJ reported that two fifths of acute sector chief executives feel unable to speak out or take risks, with some respondents describing a ‘bullying culture’. Peter Fuda describes anxiety as being contagious and argues that it encourages physical and psychological consequences that are not conducive to change (50). Simon Dodds describes an outcome of fear as being the design of systems in healthcare that protect leaders from blame rather than trying to prevent bad outcomes, resulting in additional cost to the NHS (51). Kwoh and Korn describe the fear that leaders have of sharing information by social media (52).

Bevan describes hope as the antidote to fear, in the sense of leaders:

“having the ideas, plans and motivation to make things happen … and to unleash the energy necessary to take risks, to initiate action and to achieve the outcomes they want for patients and staff” (48).

Fuda maintains that aspiration is the counterpoint to fear and is an important motivator. He states that:

“sustainable change requires the fire of a ‘burning ambition’” (50).

Radcliffe (5) emphasises ‘calm energy’, the idea that unless people are explicitly aware, they may get sucked into doing increasingly more and at a faster pace. This works against being able to regularly review the bigger picture and being able to manage the context. This aspect of what we term ‘psychological energy’ is being actively aware of the pace and status of workload and work related activities. Radcliffe observes how energy can change in an instant as good news or a setback occurs and priorities change. Dealing with these changes psychologically is essential to being aware, and consequently managing, energy, often through resilience.

In a time of change, employees will demonstrate resistance, apathy, grudging compliance, willing compliance, enrolment and commitment, to the future that leaders describe (5). These different levels of engagement each demonstrate a different psychological state in relation to the energy given to change by that employee. Radcliffe states that apathetic employees do not care and are difficult to engage. Those who actively oppose change have energy which can be harnessed and, hopefully, moulded into a positive output.

Achor (44) stresses the importance of positive psychology:

“90% of your long-term happiness is predicted by the way your brain processes the world, not by the external world.”

Lasting positive energy can be created through various tasks that enable someone to explicitly consider their current psychological state. Journaling, random acts of kindness, exercise, meditation are good examples of such tasks, and also to some degree or another touch upon the other energies (e.g. meditation energises one’s spirit).
Lawson and Price (53) believe there are four conditions for changing the psychological mindsets of employees in the context of change management. Firstly they need a purpose to believe in so that they see and agree with the point of change. Secondly, reinforcement systems must be in place so that the structures are aligned with the new behaviour. Next, employees should have the skills to do what is required for change. Finally, they must see people they respect behaving as active role-models. These all occur independently, but combine to change the attitudes and subsequent behaviours of people in organisations.

Silversin argues that there is a psychological contract between employees which needs to be refreshed and reframed as it changes in time (54) (55). The three pillars to the psychological contract are autonomy, protection and entitlement, and these can help to build trust and partnership between physicians and management, as well as supporting the psychological transition associated with change. Stanton also believes that trust is important, particularly for members of NHS boards (56). He argues that there are three components to judgements on the decisions and actions of others: competence; positive intention; and authenticity.

Barlow and Barlow (16) argue that individuals who are prepared for change drive and empower the transformation of organisations. Their six stage model of change includes seven psychological resources required: motivation, self-efficacy, insight, vision, beliefs, trust and balance.

Kotter (57) argues that in order to prevent urgency levels dropping off in a long sustained change effort, leaders need to actively provide short-term pressure. Creating short-term wins is necessary rather than just hoping for them to happen. In successful transformation, leaders actively seek out ways to obtain clear performance improvements, establish goals, achieve objectives and reward staff (through recognition, promotion or financially). The psychological approach of having short term goals maintains energy levels.

Schwartz and McCarthy (24) address the difficulty that distractions present. Whilst many executives consider multitasking necessary due to the countless demands they face, the authors argue that ‘switching time’, as they refer to it, undermines productivity. Being more focussed on a task for a period of time (‘ultradian sprints’) is far more efficient and focuses the mind for other tasks. Schwartz and Loehr (4) state that the mind is used to focus energy. By training the mind through rituals, one can become much more efficient.

Everett (58) claims the synergy between corporate culture and personal presentation is of vital importance since it is an extension of the corporate brand. She believes that the psychological processes involved in interactions between people in a business environment impact upon energy when two people meet and interact.

Rosen (59) specifically identifies anxiety as key to consider in times of change:

“It unleashes creativity and enables executives and managers to stretch beyond current reality into their desired future.”
He argues that exposing a group to just the right amount of anxiety is paramount. This can drive people forward with energy to change without resistance, giving up or wresting control. Goleman’s work on emotional intelligence (60) identifies the importance of motivation and self-awareness. Schwartz’s view is that motivation stems from spiritual energy and that self-awareness plays just as large a role in the physical, mental and spiritual dimensions.

5.2 Testing and development

The idea of psychological energy was questioned by several participants in our study and was seen as being of a different order than the first four domains. It was seen as, more than other energies, being highly dependent on the other sources of energy, and was described by some participants as in some way summative of, or resulting from other energies. The potential for confusion between psychological energy and social energy, and to a lesser extent spiritual energy, was explored.

The description of psychological energy which emerges from this discourse focuses on the levels of trust and safety within a team and its motivation to deliver an improvement. Such energy was also found to be highly dependent on confidence – amongst the team members and in the direction of travel. In relation to issues of trust, particularly in leadership, and belief in change, one participant stated that:

“One project [a reorganisation of provider services from a PCT] saw huge activity, but most people didn’t believe the change would be seen through, and it wasn’t. So you can work really hard on something but have low energy.”

Concerning the importance and role of the psychological energy domain, participants stated:

“It [psychological energy] is that component which makes us all go beyond the norm.”

“It is really difficult to keep the energy going, to keep working it [the improvement] through, to keep making the change.”

“It [psychological energy] feels like the most important energy of all.”

Returning to the use of analogies, psychological energy may be thought of as the ‘ballast’ to ensure that a team with a collective improvement mission has the ability to cope with the ‘knocks’, such as resistance, challenges and cynicism that may be encountered along the way.
A particularly useful construct in considering energy for change is the ‘psychological contract’, a concept used in organisational psychology to describe the relationships between employee and employer. It explores the expectations, beliefs and perceptions which underpin the exchange of labour for contribution inherent in this relationship, and is a dynamic, changing arrangement.

Reviewing the impact on the psychological contract of NHS staff of the on-going organisational change and mergers, Cortvriend highlights several important issues (61).

First, the neglect or breach of the psychological contract can lead to staff reducing their level of commitment and behaviour to support the organisation, especially in the context of major change.

“Importantly, employees working in downsized or restructured organisations are more likely to perceive breach of contract [psychological contract], use violation responses [such as neglecting work responsibilities] and exhibit less loyalty to the organisation when talking to outsiders.” (62)

Second, communication is critical and approaches or styles which neglect psychological energy can have a direct impact on improvement. Cortvriend’s study of human aspects of a merger, and subsequent de-merger of a PCT was found to:

“support the literature in this area, which states that lack of management support, meaningful participation and poor communication have a negative impact on organisational change.” (63)

But the resilience of NHS staff in the face of ongoing organisational change was also apparent:

“That the mean tenure for all participants was 17 years denotes that the psychological contract for these participants may be quite strong despite any breach experienced. Their loyalty to their professions and the general ethos of the NHS resulted in a heavy defence against the media and the public who they felt treated staff in the NHS, and the service they provided, unfairly. This kind of defence mechanism may be an attempt at rationalisation, as most people would seek to diminish the dissonance felt by staying in an organisation in which they may feel undervalued.”

Such evidence provides further support for the concept of both spiritual energy (the ‘general ethos of the NHS’) and for the proactive management of psychological factors in energy for change. A participant in this study highlighted similar issues when claiming:

“Having a high level of resilient momentum and focus are really important.”
5.3 Potential questions for inclusion in the instrument

Statements which could be included in the instrument to explore psychological energy at a team level and which participants could be asked to evaluate include the following. We note that most questions could be turned from positive to negative (and vice versa) and a mix of both should be used.

- We feel weary (vs. enthused) about what we are doing;
- We are confident that we can deliver;
- We have confidence in our role;
- We can sustain our work;
- We are determined and able to overcome setbacks;
- As a team we feel safe to make the changes required;
- There is some momentum to what we are doing.
Section 6
Physical energy
Figure 6.1: Physical energy – how it is enhanced and depleted

Physical energy – is the energy of action, getting things done and making progress. It is the flexible, responsive drive to make things happen, with vitality and kinetic force (motion), as shown in Figure 6.1.

6.1 Concept and theory

Schwartz (12) describes the properties of physical energy as the:

“foundation on which everything else rests.”

He stresses that physical energy is crucial to having and sustaining a high level of performance. Schwartz’s work found that on average workers are not doing most of the things in this realm correctly. Good quality rest, recovery and regular renewal, in the context of the workplace, are integral to providing good physical energy and movement and exercise are also important. Energy can be increased and regularly renewed by establishing rituals with the aim of making those habits unconscious and automatic (24). Schwartz and Loehr (4) list the salient physical habits and skills relating to physical energy.

Radcliffe (5) identifies physical energy as an energy that needs managing – personally and in others – in order to be:

“ready to take action.”
It enables alertness, concentration and commitment and is more keenly felt when it is lacking, contributing towards stress and tiredness. Radcliffe’s ‘pyramid of energies’ places physical energy as the final step before achieving ‘results’. He also describes how physical energy, together with intellectual energy, has frequently already been developed and strengthened in leaders and organisations. This is because physical energy is more easily grasped as an important concept in the work arena, even if not always managed effectively.

Radcliffe relates how physical energy can be best utilised specifically by leaders in the work environment. He encourages leaders to maintain their own personal physical energy but also to directly manage the physical energy of others. This is done through diet, sleep and lifestyle.

Pedlar and Chivers (25) also champion the active approach by leaders and say that in order to make sustainable service improvements in the NHS, people need to be inspired to learn together. Leaders need to demonstrate this through practical action.

Abbey (14) identifies the four ‘S’s that comprise physical energy: stamina, strength, suppleness and speed. These are applicable in a work context and she believes that:

“physical energy tends to be the energy we understand the best, but fail to do the things we know would increase it.”

Towers-Watson argues that employers who support the physical well-being of employees create a healthy work environment (26) which leads to a significant performance lift as well as improved engagement and enablement. Energy for action can be increased by building physical resources (27). This is done through positive emotions which broaden the scope of attention, cognition and action.

Kanter (28) describes how busy people get the most done. She describes their technique as being constantly moving and believes that this does not drain energy, but it has the tendency to build it.

6.2 Testing and development

As reflected in the literature, in testing the domains, physical energy was one of the easiest for people to grasp and with which they feel familiar. As the evidence and advice largely relates to physical energy at the individual level, such as nutrition, hydration, rest and recovery, the issue for energy for change is to translate the ideas to the collective team. To illustrate this, one participant claimed:

“Physical energy is about your own wellness, being healthy, and for the team it means looking after one another, after our shared welfare.”
At the team level, participants reflected on the ‘feeling’ of physical energy as being related to the desire (or not) to act, make progress, and to move forward – a sense of flow. It relates to the idea of motion, being responsive to circumstances, flexible in acting and the drive to deliver an improvement. Exploring these ideas, one participant stated that:

“Physical energy can be reflected in the desire and dynamism to change.”

Similar to the wider literature, many felt that physical energy whilst being well understood was widely ignored. For example, some felt that so called ‘presenteeism’, where a culture develops in which senior leaders, clinical and managerial, work extremely long hours (29) is not uncommon. Reflecting on their specific experience in an NHS Trust, the depletion of physical energy, one participant questioned “can physical energy be less than zero?”

The idea of physical energy was also related by participants to the dynamism and pace of change in the NHS at a macro level. When questioned about the relative attention currently given to different domains of energy in the NHS, many participants in our project repeatedly claimed that physical energy was, partnered with intellectual energy, the dominant current paradigm. It is also reflected in the ‘pace setting’ leadership style which is over represented amongst NHS senior managers. Finally, it is also found in the methods of delivering performance improvement and its associated language of targets, trajectories and timescales.
6.3 Potential questions for inclusion in the instrument

Statements to explore physical energy at a team level and which participants could be asked to evaluate include the following. We note that most questions could be turned from positive to negative (and vice versa) and a mix of both should be used.

- We make time for periods of reflection and renewal;
- There is a feeling of vitality in the team;
- We are making progress and taking action;
  - There is a shared commitment to getting things done;
- We have enough time to work on the change;
- We are able to respond as a team if things around us change.
Section 7
Intellectual energy
Intellectual energy – is the energy of curiosity, analysis, thinking and cognition. It involves gaining insight, a thirst for new knowledge as well as planning and supporting processes, evaluation, and arguing a case on the basis of logic and evidence (see Figure 7.1).

7.1 Concept and theory

Intellectual energy is defined in literature in a variety of ways. Schwartz argues that staff perform better when focused and worse when there are distractions (12). Although intuitive, many theorists stress the need to consciously consider the need to focus, including concepts such as realistic optimism, time management, creativity, visualisation, positive self-talk, positive attitude and mental preparation (4). ‘Switching time’ is one phenomenon that these practised rituals aim to prevent, technology (e.g. telephone, email) being the primary cause. Schwartz recommends improving efficiency by focussing on tasks for 90 to 120 minutes blocks and segmenting different aspects of work, rather than multi-tasking.
Section 7

Radcliffe emphasises the need to harness intellect and use it productively and with forethought, i.e. helping listeners to connect with what you want to engage them in (5). Generally though, Radcliffe thinks leadership and organisations give too much attention to intellectual energy.

Abbey (14), in considering energy in a non-work context, identifies intellectual features such as alertness, learning, analysis and intuition as being important:

“By having high levels of mental energy you can easily move between external and internal focus.”

She believes that people have to set clear goals and objectives and be disciplined over using their time. The brain requires both challenge and downtime and activities that stimulate creativity are important.

Energy for action can be increased by building intellectual resources (27). This is done through positive emotions which broaden the scope of attention, cognition and action. Gorby, Brownawell & Falk think that mental energy is constructed of mood, motivation and cognition (30). They believe a person’s mood is made up of the transient feelings about the presence of fatigue or energy. Motivation stems from an individual’s enthusiasm coupled together with their determination. Their work examines the link between mental energy and diet, highlighting ties between physical and intellectual energy.

In assessing the energy of organisations, Schiuma, Mason and Kennerley (31) believe organisations need to combine the cognitive, physical and emotional capacities of employees and spur them toward achieving business goals. Energy is a driver of cognition, as it affects attention and focus.

While the ultimate aim of energy for change is to support improvement in the NHS, care must be taken not to increase the workload of employees. It has been argued that mental energy decreases as workload increases (32) and the ultimate impact of excessive workload, i.e. burnout, has been identified as a major and increasing risk for health service professionals (23).

On a practical level, Schwartz recommends reducing interruptions by being away from phones and email especially when performing high concentration tasks (4). Mobilising mental energy can be efficiently achieved by focussing systematically on activities that have the greatest long term impact. Schwartz has found that prioritising the most important task for the next day and doing it first makes for one of the best ways to mobilise mental energy.
A report on what makes change successful in the NHS (33) offers practical advice by suggesting that for change to occur swiftly in the NHS, employees should not be averse to imitating or copying existing innovations. Reinventing the wheel is a drain on intellectual energy and there is sense in “piggy-backing” on ideas already demonstrated to be successful. The desire to overcome widespread resistance to sustaining and spreading improvements that have been found to be effective – from one team to others in an organisation or from one organisation to the wider system – is one of the key drivers behind the desire to explore energy for change as a concept to support the NHS.

### 7.2 Testing and development

Intellectual energy was considered by participants as highly relevant and recognisable in the NHS. The term ‘intellectual’ was also considered more appropriate than ‘mental’ energy as it captured its concern with cognition and analysis, and also avoided any confusion around broader concepts of mental health. Intellectual energy involves planning, the evaluation of evidence and construction of logical, well-structured arguments to support a particular claim, i.e. that a certain action is necessary to support improvement. One participant described it as follows.

> “Intellectual energy is what opens the doors – it is what most people expect to see. It is the way that many people, professionals and managers, start the work and judge whether something is worth doing.”

Again the concept is well understood at the wider level of how the NHS operates and organises itself. For example, large scale change projects are based on actions which use intellectual energy, such as reviewing the evidence, preparing a business case and evaluating outcomes. Also, the methods of upwards reporting, governance frameworks and performance dashboards all require intellectual energy in the form of analytical skills.

In the application of such methods, research by Keller for McKinsey & Co (34) highlights what it refers to as ‘inconvenient truths’ about change management, one of which mirrors the argument for rebalancing the focus away from intellectual towards emotional and spiritual dimensions:

> “Inconvenient Truth #8 Employees are what they think. Behaviours drive performance. Mindsets (the thoughts, feelings, beliefs held by employees) drive behaviours....While perhaps inconvenient, when it comes to building capabilities required for change, we believe a balance should be struck between building technical skills and shifting underlying mindsets (to enable the technical skills to be used to their fullest).”
The products of intellectual energy, in the form of evidence and reasoned arguments, are seen as important to support improvement and are closely linked to the culture of professionals in the NHS. The process of seeking evidence, assessing the indicators, acting accordingly and responding to results is seen everywhere from the ward round where it determines treatment for an individual patient, to the Plan-Do-Study-Act process in testing and developing service improvements. But, reflecting on the relative dominance of this domain, participants in the project felt that it was clearly necessary but far from sufficient for making the improvements required in the NHS.

Interestingly, and contrasting with some other areas, no concerns were raised by participants in the project about how expenditure of such energy at an individual vs. team level could be distinguished. It simply was recognised and seen as highly relevant to the way teams of all types and in all settings currently work.

### 7.3 Potential questions for inclusion in the instrument

Statements which could be included in the instrument to explore intellectual energy at a team level and which participants could be asked to evaluate include the following. We note that most questions could be turned from positive to negative (and vice versa) and a mix of both should be used.

- We are challenged to think about what needs to happen;
- We focus on what we are doing;
- We avoid being distracted from the job in hand;
- We are able to be creative as a team;
- We analyse relevant evidence;
- We use information to decide what we should do.
Section 8
Putting the concept into action
Section 8:
Putting the concept in to action

8.1 Reflections on practical application of the concept

Discussions to support development of the concept of energy for change also explored the ways in which an instrument to explore levels of energy across the five domains could be used in the NHS. The consistent messages are given below.

- The instrument should be completed by individuals alone and anonymously. This will encourage open and honest responses, and reduce the risks of the instrument being seen as part of a judgemental performance management process;
- Participants should access the instrument online, in a similar way to the ‘360 degree’ assessment process;
- A small number of questions should be posed and each should be readily, easily understood. To encourage completion it would need to take only 10 to 15 minutes to complete;
- Answers to statements should be given using the Likert scale, so a five point scale from strongly disagree (1) – disagree – neither agree or disagree – agree – strongly agree (5);
- The statements should mix ‘positive’ and ‘negative’ elements for each of the five elements;
- Results should be aggregated and reported back to a team level, and could also be summarised to an organisation or system level.

One specific area of contention, from interviews with participants in this study, concerned whether feedback should be given at an individual level, i.e. so someone could see how they ‘scored’ using the instrument. Some felt this was necessary, to encourage people to participate and ‘make it real for them’. Others thought this was inappropriate, because the whole onus of the concept, and its measurement, is at the team level. On balance, it is our recommendation that feedback should be given only in aggregate form, as the ideas have been developed specifically around collective energy and to encourage new conversations within a particular group. That is not to say that individual energy is unimportant, but there are published analysis and supporting tools available, such as through Schwartz’s Energy Project and Robertson-Cooper’s iResilience.
Other issues to be considered in the use of the instrument include the following.

- As it is to be reported at a team level, it will be important that an individual completing the instrument knows to which group they must relate their responses, given that an individual may be a member of more than one team. Also, there may be a question of critical mass, or the minimum number of individuals who need to complete the instrument, for example to reduce the risk of compromising anonymity;

- The role of the person who mediates in the reporting of results is crucial. This could be the team leader or an independent facilitator. Some participants speculated on whether this could be a trained person, as is the case for 360 degree feedback. Most importantly, the person involved must be skilled in delivering messages and able to encourage an open and curious attitude to the results, and so enable constructive conversations;

- It may be possible to explore whether there is any correlation between perceptions on energy for change and the context, such as organisational type, or even the professions of participants. This issue links to some evidence suggesting that perceptions on the strength of relationships may differ between professionals. Makary et al. (55) found marked discrepancies in perceptions of teamwork with physicians rating teamwork as ‘good’ and nurses as ‘mediocre’ in the operating room.

Reflecting on the potential use of the instrument, participants in the study stated that:

“The biggest question in improvement is ‘how can we help staff with entrenched views to be open to change?’”

“It [the instrument] needs a bit of bite – to really bring out the issues. It should make us ask ‘which types of energy do we engage?’”

“It would be really useful to drill down into how a team works. And if a team is so lacking in some or all of the energies, it may question whether it has the capacity to deliver.”

“An ‘energy for change’ profile would be useful for a collective group, as a starting point for improvement.”
8.2 Conclusions

The overall conclusion of the review of evidence and initial concept testing is that energy for change is a relevant construct and has the potential to support leaders, clinicians and managers engaged in improvement in the NHS. The ideas around describing energy types and how best they can be managed were found to be interesting and invigorating for most participants, and the approach warrants further development. This conclusion was reinforced by the challenge and support given by the Advisory Group. Energy for change is particularly useful in making explicit, or making sense of, issues about how teams can best support improvement projects, which otherwise remain hidden, unexplained or unarticulated.

The approach builds on existing evidence, both theoretical and practical, on measuring and managing energy, most of which focuses at an individual-level, albeit often in an organisational setting. The development of energy for change is part of an ongoing improvement journey, being further accelerated by the NHS Change Model.

In reframing the categories of energy specifically to the NHS, the key advance has been the development of a fifth domain – psychological energy. Its reference to feelings of courage, trust and safety in doing things differently relate directly to having support and belief in the potential for a change to deliver improvement. Such issues are highly relevant to the challenges of NHS improvement and may also be applicable to wider health and social care settings.

A further aspect of the study has been to enhance descriptions of the five domains and clarify the distinctions between them, especially for psychological, social and spiritual energy. Adopting the term ‘social’ rather than ‘emotional’ captures the collective nature of this energy. For psychological energy, the initial use of the terms ‘resilience and determination’ could be conflated with the often dominant pace-setting leadership style. The reframing given above recognises the importance of supporting both a broader balance of leadership styles and a more dispersed leadership model, identified by the NHS Leadership Academy as critical to support the scale and complexity of improvement required in the NHS.

Our final conclusion concerns the use of the concept. Its practical application and attractiveness depends partly on ensuring it is used for explanation rather than judgement. If seen as another aspect of performance management it would not assist those leading and participating in NHS improvement. Its greatest potential is as a method to explore and explain what best supports change and to enable different, maybe difficult, but ultimately constructive conversations within improvement teams.

The ways in which these conclusions and findings can inform the further development of the concept is set out below.
8.3 Next steps

Building on the findings of this study, the next steps primarily concern practical application of energy for change, which has two elements: development and use of a questionnaire, and activities to support its use.

An online questionnaire has been developed and is currently subject to testing in the NHS with a small number of volunteer organisations. Individual participants are asked about their energy for change and that which they observe amongst colleagues. Reflecting the findings above, the answers are anonymous, aggregated at a team level and given using Likert scale responses to a set of statements relating to the five domains. After completing the initial assessment, participants are then given descriptions of the five energy domains and asked to rate personal and team energy levels, using a five-point high / low scale, and to give their views on each domain. Such an approach enables people to learn about the concept and tests how well the domains and the descriptions resonate with them. The questionnaire methods will continue to be refined in response to the results of testing and we recommend that some form of evaluation be built into testing the instrument. The main reason is to develop evidence which can demonstrate the impact of the concept of energy for change when used to support improvement projects in the NHS.

The second stage in the practical use of the questionnaire is facilitating feedback. The ways in which results are given to a team and the skills and capability of the facilitator are critical in managing its impact and effectiveness. For example, a facilitator can encourage the conversation to explore previously unrecognised issues which affect the team's performance. It will be important for the facilitator to challenge the tendency to use results for judgement, and rather encourage an explanatory and forward looking discussion. The person will also need to have a thorough, deep understanding of the concept of energy for change. To support this stage, work is underway to develop the facilitation approach alongside the questionnaire testing. It is anticipated that facilitators may be trained and ‘accredited’ to carry out this role, and have access to a facilitator guide.

Other activities to build and align the concept of energy within the NHS Change Model include wider engagement and communication, to share, promote and most effectively use the approach. Also, a resource mapping exercise will be conducted to capture and make available existing tools and methods to help participants and leaders of teams act on and address findings from the energy for change questionnaire. The NHS Institute has previously developed a wide range of approaches which could be aligned to such results. Resources from the NHS Institute and other sources will therefore provide ideas and assistance on how to address the issues identified by the instrument – and help ensure practical benefits and added value are gained through use of the energy for change concept. It may also be appropriate at some point to develop new tools, as part of a leadership toolkit, to further support the approach.
Appendices
Appendix A

Methodologies

Literature searching

The timeframe for the search and review was limited and a pragmatic approach was therefore required for the literature search. Initial scoping searches indicated that the volume of search results returned by sensitive searches on the key authors / thinkers and concepts of interest would be beyond the scope of this project. In this context it was agreed that the scope of the literature search should be constrained in both the number of information sources searched and the sensitivity of search strategies, and search approaches would be modified in the light of retrieved result numbers. The search was therefore not intended to be comprehensive, but aimed to identify relevant literature from key writers and thinkers, and relevant literature on 'energy for change' and related concepts.

Three main approaches to the search were taken:

1. A focussed search to identify examples of literature by key thinkers and writers in the area. Sources searched were: Health Management Information Consortium (HMIC), Business Premier Source (BPS) and MEDLINE and MEDLINE in Process;
2. A focussed search to identify relevant literature on 'energy for change' and related concepts. Sources searched were Health Management Information Consortium (HMIC), Business Premier Source, MEDLINE and MEDLINE in Process, PsycINFO, Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment (HTA) database, Cochrane Central Register of Controlled Trials (CENTRAL);
3. A focussed search to identify examples of 'energy for change' in use within the NHS. Sources searched were NHS Evidence, OpenGrey and Google.

Searches were carried out between 27/09/12 and 01/10/12.

An unstructured search was conducted which involved collating resources from key authors in the area, as identified in the commissioning brief. Resources were sent through by the commissioning team and identified through websites representing the companies, movements and authors involved. These included videos, opinion pieces, manifestos, twitter discussions and presentations. These were then used as a platform for finding similar resources, i.e. through snowballing.

Literature review

The focused search of the key thinkers and writers produced 335 results. The search on ‘energy for change’ and related concepts retrieved more than 2,000 results, which was then reduced to 1208 by removing those deemed immediately non-relevant. The focused grey literature search within the NHS came back with 32 results. Abstracts on the searches were scrutinised for relevance to ‘energy for change’ with those deemed most relevant being tracked down and reviewed or partially reviewed (i.e. if the article only committed minor space to the relevant theme).
Interviews

To further develop the concept of energy for change, in-depth interviews were held with 12 individuals with a role or interest in improvement in the NHS. The aims were to ‘sense check’ the concept, to explore ideas about how it could be applied in the NHS, and to seek specific examples of how issues relating to energy for change are manifested in practice. A semi-structured interview format was prepared and tested with the NHS Change Model Team, which moved from general questions about the relevance of the concept to specific issues around how a diagnostic instrument could be administered. A topic guide provided prompts to expand on the questions and stimulate input. Open responses were encouraged by invoking the spirit of The Chatham House Rule – assuring people that the information given would be used but not be attributed to any individual.

The non-random sample was selected from contacts provided by the NHS Change Model Team and the authors. The dozen were drawn from a broad spectrum of professions, roles and organisations in the NHS, comprising the following.

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<th>Organisation Type</th>
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<tr>
<td>Director of Human Resources and Organisational Development</td>
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<tr>
<td>SpR and Darzi Clinical Leadership Fellow</td>
<td>London Teaching Hospital, non-FT</td>
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<tr>
<td>Chief Pharmacist</td>
<td>Mental Health / Social Care Trust</td>
</tr>
<tr>
<td>Deputy Director of Human Resources and Organisational Development</td>
<td>Mental Health / Learning Disabilities / Care Trust</td>
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<tr>
<td>Regional Screening Lead for Antenatal / Child Health Screening Services (midwife)</td>
<td>Strategic Health Authority</td>
</tr>
<tr>
<td>Head of Cancer Nursing</td>
<td>Acute NHS Foundation Trust</td>
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<tr>
<td>Assistant Director of Quality</td>
<td>Ambulance Trust</td>
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<td>Chief Officer</td>
<td>Clinical Commissioning Group</td>
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<td>Acute Trust, non-FT</td>
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<tr>
<td>Director of Service Reform and Business Development</td>
<td>Acute NHS Foundation Trust</td>
</tr>
<tr>
<td>Learning and Development Officer (occupational therapist)</td>
<td>Local Authority – County Council</td>
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<td>Director of People and Organisational Development</td>
<td>Acute NHS Foundation Trust</td>
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In addition to the dozen interviews, a discussion was held with a quality and improvement specialist working in Canada who had specific experience of using the concept of energy for change in a health care setting.

Following conduct of the interviews, notes were reviewed and key themes and issues analysed. The outcome was then synthesised with evidence found through the review of published and grey literature.
## Energy for change: Literature search strategies

1. **Focused search to identify examples of literature by key thinkers and writers in the area**

**Database / source:** Health Management Information Consortium (HMIC)
**Interface / URL:** OVIDSP
**Date of search:** 27/09/12

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<th>Results</th>
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**Database / source:** Business Premier Source
**Interface / URL:** EBSCO
**Date of search:** 27/09/12

**S1** AU (Radcliffe Steve or Schwartz Tony or Loehr Jim or Loehr James or Bruch Heike or Vogel Bernd or Marris Stanton or Abbey Alyssa or Owen Harrison or Meyerson Debra or Everett Lesley or Shapiro Andrea or Hamel Gary or Wilson Daniel Gray or Gray Wilson Daniel or Weil Ron or Weil Ronald or Weick Carl or Krause Christina or Watson Towers or Kanter Rosabeth or Moss Kanter Rosabeth or Kanter R* or Moss Kanter R* or Beckhard Richard or Achor Shawn or Miller Liz or Price Colin or Washington Marvin or Hacker Marla or Pedlar Mike)

**Database / source:** MEDLINE and MEDLINE In Process
**Interface / URL:** OVID
**Date of search:** 03/10/12

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2. Focussed search to identify relevant literature on ‘energy for change’ and related concepts.

**Database / source:** HMIC  
**Interface / URL:** OVID  
**Date of search:** 30/09/12

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<td>10</td>
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**Database / source:** Business Premier Source  
**Interface / URL:** EBSCO  
**Date of search:** 30/09/12

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<td>S12</td>
<td>S9 or S10 or S11</td>
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### Appendix B

**Search terms**

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<td>S9</td>
<td>S8 and S4</td>
<td>(901)</td>
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<td>S8</td>
<td>S5 or S6 or S7</td>
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**Database / source:** MEDLINE and MEDLINE In-Process  
**Interface / URL:** OVID  
**Date of search:** 30/09/12
## Appendix B

### Searches

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<td>*Burnout, Professional/</td>
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**Database / source:** PsycINFO  
**Interface / URL:** OVID  
**Date of search:** 30/09/12

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<td>exp organizational development/</td>
<td>3891</td>
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<td>or/5-6</td>
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<td>8</td>
<td>4 and 7</td>
<td>362</td>
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**Database / source:** Cochrane Database of Systematic Reviews (CDSR) / Cochrane Central Register of Controlled Trials (CENTRAL)  
**Interface / URL:** Cochrane Library / Wiley Interscience - http://www.thecochranelibrary.com/  
**Date of search:** 01/10/12

### ID Search

- **#1** MeSH descriptor: [Organizational Innovation] explode all trees
- **#2** ((organization* or organisation* or NHS* or health next servic* or healthcare* or health next care* or public next sector* or business*) near/5 (chang* or transform*)):ti,ab,kw
- **#3** #1 or #2
- **#4** (energ* or disruptiv* next innovat* or burnout* or burn-out* or burntout* or burnt-out*):ti,ab,kw
- **#5** MeSH descriptor: [Burnout, Professional] explode all trees
- **#6** #3 and (#4 or #5)
ID Search

#7 (energy* next for next chang* or organization* next energ* or organisation* next energ* or discretionary next effort* or discretionary next work next effort* or energ* next leadership* or activated next energ* or calm* next energ* or chief next energ* next offic* or energ* next mobiliz* or energ* next mobilis* or individual* next energ* or personal* next energ* or team* next energ* or energ* next engagement* or leadership next engine* or mental* next energ* or intellectual* next energ* or emotional* next energ* or spiritual* next energ* or physical* next energ* or psychological* next energ* or cognitiv* next energ* or contag* next energ* or transformation next engine* or chang* next fatig* or emotional* next contag* or organization* next fuel* or organisation* next fuel*):ti,ab,kw

#8 #6 or #7

[CDSR results subset = 5; CENTRAL results subset = 38]

Database: Database of Abstracts of Reviews of Effects (DARE) / Health Technology Assessment (HTA) database
Date of search: 01/10/12

ID Search

#1 MeSH descriptor: [Organizational Innovation] explode all trees
#2 ((organization* or organisation* or NHS* or health next servic* or healthcare* or health next care* or public next sector* or business*):ti,ab, kw) near/5 (chang* or transform*)
#3 #1 or #2
#4 (energ* or disruptiv* next innovat* or burnout* or burn-out* or burntout* or burnt-out*)
#5 MeSH descriptor: [Burnout, Professional] explode all trees
#6 #3 and (#4 or #5)
#7 (energy* next for next chang* or organization* next energ* or organisation* next energ* or discretionary next effort* or discretionary next work next effort* or energ* next leadership* or activated next energ* or calm* next energ* or chief next energ* next offic* or energ* next mobiliz* or energ* next mobilis* or individual* next energ* or personal* next energ* or team* next energ* or energ* next engagement* or leadership next engine* or mental* next energ* or intellectual* next energ* or emotional* next energ* or spiritual* next energ* or physical* next energ* or psychological* next energ* or cognitiv* next energ* or contag* next energ* or transformation next engine* or chang* next fatig* or emotional* next contag* or organization* next fuel* or organisation* next fuel*):ti,ab,kw

#8 #6 or #7

[DARE results subset =3; HTA results subset = 0]
3. Focussed search to identify examples of ‘energy for change’ in use within the NHS.

**Database / source:** NHS Evidence  
**Interface / URL:** http://www.evidence.nhs.uk/  
**Date of search:** 01/10/12

The following search strings were run:
“energy for change” or “energies for change” or “energy for changes” or “energies for changes” or “energy for changing” or “energies for changing”

“energy to change” or “energies to change” or “energy to changes” or “energies to changes” or “energy to changing” or “energies to changing”

“organisational energy” or “organizational energy” or “organisational energies” or “organizational energies”

“discretionary effort” or “discretionary efforts” or “discretionary work” or “discretionary work”
“energy flow” or “energy flows” or “energy flowing”

“change fatigue”

“resilience to change” or “resilience to changes” or “resilience to changing” or “resilient to change” or “resilient to changes” or “resilient to changing”

Results were assessed for examples of ‘energy change’ in use within the NHS.

**Database / source:** OpenGrey  
**Interface / URL:** http://www.opengrey.eu/  
**Date of search:** 01/10/12

The following search strings were run:
energ* NEAR/5 chang*  
organiz* NEAR/5 energ*  
organis* NEAR/5 energ*  
discretionary effort*  
discretionary work*  
“energy flows” OR “energy flow” OR “energy flowing” OR “energy flowed”  
resilien* NEAR/5 chang*

Results were assessed for examples of ‘energy change’ in use within the NHS.
Appendix B

Database / source: Google
Interface / URL: https://www.google.co.uk/
Date of search: 01/10/12

The following searches were carried out:
“energy for change” site:nhs.uk filetype:pdf
“energy to change” site:nhs.uk filetype:pdf
“energy for change” site:.nhs.uk filetype:doc
“energy to change” site:.nhs.uk filetype:doc
“organisational energy” site:.nhs.uk filetype:pdf
“organizational energy” site:.nhs.uk filetype:pdf
“organizational energy” site:.nhs.uk filetype:doc

The following author names were separately across Google, limited to site:nhs

Results were assessed for examples of ‘energy change’ in use within the NHS.
Appendix C

References

3. Drucker P.