



Strengthening the way we navigate change

Description

This is how Medscheme is delivering resilience training, the impact it has had, and the lessons we have already learnt.

Medscheme was awarded a three-year government tender to review the medical tariffs of the Compensation Fund. The project started in March 2021 and will finish in March 2024, with an integral part being the delivery of a holistic change management plan. Unlike most large-scale projects, the change management plan went beyond a well-developed communication strategy that would result in a reduction in resistance to change. In addition, the plan was complemented by a three-year resilience training intervention. Resilience training focuses on building capacity to deal with change and transition.

Defining change and transition

In his change management writings, William Bridges differentiates between change and transition. He defines change as an actual event or phenomenon. Covid-19 was a stark example of traumatic change, a phenomenon that affected all of us.

Bridges defines transition as the psycho-emotional responses we experience because of change. We now know that mental illnesses, especially anxiety, have escalated not only because of transitions related to Covid-19, but also because of so many other simultaneous complex global crises.

The Medscheme Change Management interventions at the Compensation Fund have been focusing on both the changes that the Medical Review Project will bring about as well as the transitions – how we can better deal with the psycho-emotional responses of people to the project changes. Resilience training is a life skill that increases our threshold levels to deal with compound changes as well as our agility to navigate transitions.

Applying the ADKAR and other models

The Compensation Fund has provided Medscheme with a change management framework. This

framework consists of various prescribed organisational development and personal change response models. It has been our task to introduce these models in practical ways to those affected by the Medical Tariff Review Project. There are about 275 directly affected officials spread across all nine provinces of South Africa, and the smaller towns of each province.

The ADKAR Change Management Model represents an acronym of five progressive stages along the change continuum. Using this model, we needed to create AWARENESS of the change first. In this case, we needed to create awareness regarding the appointment of Medscheme to review medical tariffs and how we planned the roll-out to take place. Then we needed to ensure a DESIRE for the project, motivating the benefits in various participative ways. This was followed by ensuring KNOWLEDGE and ABILITY through online and face-to-face briefings, coaching and training, continuously REINFORCING the new thinking and expected behaviours.

Change management is, therefore, an ongoing process. We introduced in practical, experiential ways the various personal responses to change models. Each of these models provides a lens through which resilience can be approached. The Kübler-Ross model, for example, normalises our experience of loss and painful emotions such as grief and anger. Our experience of uncertainty, anxiety and periods of “not knowing” were powerful lessons from the Kurt Lewin and William Bridges models, as well as some of our own models.

Now, in year three, we are focusing on **Workplace agility amidst AI**, given the radical ways in which AI will affect the medical care industry. Three resilience-building topics are explored through online Microsoft Teams sessions this year: neuroplasticity, mindfulness and connection.

In our face-to-face training, we added value by using change management applications as a team-building process. It was clear that after two years of working-from-home arrangements, natural working teams sorely needed to have meaningful conversations about how they have been affected and where they were in terms of their expectations of each other and the organisation. We facilitated powerful team conversations and gathered good data for continued organisational development interventions.

Medscheme facilitated a Change Management Capacity Building Workshop for the Change Agents within the Compensation Fund. A Leadership Paradigm Shift Workshop later this year will bring our three years of resilience training to an end.

Measuring the impact

All Medscheme change management and technical training interventions are bookended by pre- and post-assessments. This has given us the opportunity to demonstrate visually in all our reports to the Compensation Fund the extent to which participants have moved along the ADKAR continuum. To date, feedback from some of the participants has been as follows:

It's okay to not be okay sometimes but not to get stuck.

Share safely so that the iceberg in yourself decreases.

Life is not always good, but our response is important.

I learnt that I need to constantly evaluate my threshold and increase my capacity (to respond well).

I have learnt that it is okay to be overwhelmed as long as you are willing to accept and work through issues and change.

It is vital to work as a team at the workplace, talking about the issues that are deeper and providing a safe space to do so.

It helped me understand that the experience of fears and anxiety are normal.

I learnt that I must take care of myself and listen to myself and that I can bring change.

How to deal with stress and anxiety and identify how it manifests in my body.

I have learnt about dysfunctional behaviour. I learnt to name the problem and address it by name.

I learnt the importance of bringing up the issues affecting the organisation and not putting them under the carpet.

Sharing our learnings

Our Medscheme takeaway from our Compensation Fund journey thus far can be summarised as follows:

1. Organisations need to focus much more on building resilience capacity given the rapid rate of complex changes experienced.
2. Work teams require skilful change management-aligned team interventions to allow for meaningful (re)connection given work-from-home, hybrid and displacement experiences since Covid-19.
3. Neuroplasticity, mindfulness and connection are critical resilience topics for an agile workforce.

Acknowledgement

This article was written by Elna Trautmann, registered Industrial Psychologist and Workstream Lead: Change Management & Communication for the Medical Tariff Review Project. She acknowledges with gratitude the team effort from the rest of project team.

Category

1. Our Subsidiaries