

Step 9 MAKE IT HAPPEN

OVERCOMING RESISTANCE TO CHANGE Worksheet

Check the box below if you anticipate or experience resistance to the change(s) you are trying to make. It may be for any of the reasons listed below. Identify the source(s), and then discuss how you can seek to minimize, neutralize, or eliminate these causes of resistance.

CAUSES OF RESISTANCE	EXHIBITED BY	ACTION TO REDUCE RESISTANCE
<input type="checkbox"/> The problem the change is trying to correct is not clear to this individual/group.		
<input type="checkbox"/> An alternative solution is preferred.		
<input type="checkbox"/> The proposed change is believed to be unworkable.		
<input type="checkbox"/> The change has unacceptable personal costs.		

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OVERCOMING RESISTANCE TO CHANGE Worksheet *continued*

CAUSES OF RESISTANCE	EXHIBITED BY	ACTION TO REDUCE RESISTANCE
<input type="checkbox"/> The rewards from the change are not sufficient for this individual/group.		
<input type="checkbox"/> There is anxiety about coping with the outcomes of the change.		
<input type="checkbox"/> The change threatens to destroy existing social arrangements.		
<input type="checkbox"/> The change will erode sources of influence and control.		

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OVERCOMING RESISTANCE TO CHANGE Worksheet *continued*

CAUSES OF RESISTANCE	EXHIBITED BY	ACTION TO REDUCE RESISTANCE
<input type="checkbox"/> New values or practices resulting from the change are repellent.		
<input type="checkbox"/> The willingness to change generally is low.		
<input type="checkbox"/> The motives for the change are considered suspicious.		
<input type="checkbox"/> Other interests are more highly valued than the proposed change.		

Note: The concepts in this worksheet were developed as part of the AHA/MHA New Ways of Working Pilot, and come from multiple sources.