Change management models essay

Introduction

We cannot even endeavor to evaluate and comprehend change management models until we thoroughly understand the meaning of ' change'. Even though there is no general definition of change, we would correlate it with words such as alteration, transmutation, metamorphosis, evolution, rejuvenation and modification. Hughes (2006) has used a generic definition which is " any alteration in the status quo". Even far back as 500 BC Heraclius quoted that " change is constant" it occurs everywhere. It is a defining force in our life, and could be argued that a state of continuous change has almost become routine Luecke (2003). Change is extremely important it will not disappear nor dissipate; it has been studied and researched for many years by different organizations each with the same intention, which is to achieve the ' perfect' effective organizational change which will last (Todnem 2005). Some leaders become successful in implementing change while others fail (Strickland, 1998). Mourier (1998) reported thatfailurerates are as high as 60 percent; this is comparable to the 63 percent failure rate for all organizational change reported by Shaffer and Thompson (2002). Therefore organizations will continue to search for the perfect change literature, which achieves the inevitable (Balogun and Hope Hailey, 2004). Efficient management of changes at every level is crucial to the success of a Healthcare organization (Todnem 2005). They have been faced with extraordinary changes due to major developments in clinical practice and reorganization within the work place (Upton and Brookes 2000). Due to the various ways in which organizational changes can be managed, we are in need of a standardized model which can be applied to different

scenarios. Due to the risks involved, the Healthcare industry needs such universally applicable, efficient change management models now more than ever. In this paper, we discuss various change management models and their feasibility in Healthcare.

Three important change management theorists:

William Bridges stressed on the importance of people in managing change in an organization and stated that the process of change should begin at a personal level (Campbell, 2008). This is vital when working within a staff team as resistance plays a role in the outcome and effectiveness of the change (Paton et al, 2008). In his seminal work titled ' Managing transitions', organizational consultant Bridges accurately identifies change and transition as two distinct processes. He describes change as being situational and states that change, does not necessarily involve transition of people (Bridges, 2003). However, he describes transition as a 3-phase process. The first phase is called ' Denial' where people initially resist the change and express anger, shock and disappointment.

The next phase is the ' Neutral Zone' where the reactions of people are less strong and they are ready for the transition at a subconscious level. In the final phase is called the ' New Beginning', the initial scepticism makes way for hope and enthusiasm and people begin to accept the change with a positive outlook.

Bridges (2003) recommends regular interaction andcommunicationwith the employees in order to achieve a smooth transition. Being given time to

adjust and prepare for the change minimizes resistance (Bernhard and Walsh, 1995).

Example given

Without implementation

Introduction of electronic risk assessment formNo training, or enforcing staff of benefits, not involving them in processResulted in resistance from staff With implementation

Introduction of electronic risk assessment formExcellent training, staff involved able to understand necessity of new systemResulted in no resistance, letting go of old system, change went smoothly, clinical governance achieved

Additionally, he proposes steps such as rewarding the employees contributing to the transition, implementing efficient temporary systems until the transition is complete and setting benchmarks with continuous improvement in order to achieve positive results from the transition. His recommendations have been instrumental in smoothing the process of transition across various Healthcare organizations.

However, excluding very simple changes, most changes are multidimensional in nature (Campbell, 2008). Therefore, the change management model has to effectively reach all the impacted areas of the organization. Moreover, various people involved in the change process will have different suggestions and opinions about the cause and the possible

results, and changes originating due to external factors such as the economy, recent technological developments are seldom predictable. In such cases, the recommendations of Bridges are not enough.

When looking at theorist LaMarsh she proposed a structured change management approach. LeMarsh (1995) argues that due to the inherent resistance of humans to change, several exceptional ideas and innovative technologies are not adopted and eventually end up being failures. In order to overcome this resistance, she recommends that the people involved in the change process be recognized first. R. Turner, (2003), would agree with this as he recognises the importance that people involved in the change process need to be hightlighted. Buono (2010) observes that the directed change approach suggested by LaMarsh and R Turner (2003) can cause serious damages if used inappropriately. Due to the unpredictable reactions of the employees who resist the change, organisation members are left to handle emotions such as anger, sadness and loss. Next, since resistance originates from different reasons, (Hargie et al 2004), recommends gathering information about the reasons triggering the resistance from every level. However, she also accurately predicts a temporary decline in the performance of the organization during the implementation of the change at the same time leading to confusion. Therefore, none of these approaches were sufficient by themselves in handling change management challenges in a healthcare organisation. However, the most radical development in the field of change management came in the form of Kotter, aHarvardprofessor. In his best-selling book titled ' Leading Change' (Kotter, 1996), he proposed

an eight-step change process (shown below) which marked the beginning of a new era in managing changes.

Kotter's Model described in the box below

Step 1Establish a sense of Urgency

Kotter (1996) states that successful implementation of a change requires that a majority of the management wholeheartedly support the idea. This can be done by creating a sense of urgency, communicating openly, which will de activate resistance. Once people support the change Kotter states, that this will come automatically.

Step 2 Form a powerful collation

In order to convince people that change is necessary, a management with strongleadershipis necessary. Build a team of believers by explaining the benefits and inevitability of the change. Once this is done the change can be implemented.(Kotter 1996)

Step 3 Create a shared vision

The best way to get people to support an idea is by convincing them so that their support is voluntary and not forced. Therefore, people who are responsible for implementing and executing the change need to be told about the reasons and the vision behind the change and how it can result in common good. (Hughes 2006).

Step 4 Communicate the Vision

If people are to participate in the change process with enthusiasm, they need to be motivated and told about how the change can result in a great future for the organization. This is the most important step of all since this is when resistance will be encountered from various corners of the organization (Day 2007).

Step 5Empower the people to act

Since resistance is expected to arise from different levels of the organization. Change leaders must be prepared to identify the root of the concerns raised and answer them convincingly. This way, all obstacles can be removed in a systematic and effective manner The employees should be allowed to voice opinions and express their concerns. The concerns should not be suppressed since an organisation can grow only if it has motivated and dedicated employees (Day2007).

Step 6 Plan for and Create Wins

Creatingmotivationis difficult without showing people rewards, by bringing in a ward system you are rewarding them for good work, or victory. This will inspire motivation, and gratitude towards the organisation. Ensuring the change goes even smoother.

Step 7 Change improvement check points

Kotter (1996) states that " several changes end up being failures" When looking at change there must not be an end, it is a continual, constant process which should always be checked on, or adapted. To allow the change

to last. As it's not just time that changes, everything else can.

Step 8: Institutionalize new approaches

Along with introducing the change, the change leaders must also ensure that the change is incorporated at all levels. It must become the default methodology for all segments of the organization and not just a one-off thing. In order to accomplish this, the change leaders need to clearly explain the employees the relationship between the recent achievements of the organization and the newly adopted practices. By doing this, any change can be sustained irrespective of the initial resistance it encountered.

Among the three profound thinkers and approaches discussed above, Bridges and Kotter have been widely discussed due to the effectiveness and versatile of their approaches. Each approach has its share of merits and demerits. While Bridges observes change as a phenomenon, individual level, Kotter attributes an emotional and situational component to the process of change and proposes ways to manage these components in his eight-step approach. Bridges, in his approach, discusses the important steps and concepts involved in the change process (Campbell, 2008).

When looking at the reorganisation of shift pattern, let us observe how the approaches of Bridges, and Kotter would be implemented. Bridges (2003) and Bernard and Walsh (1996) would gradually implement the change by ending the old shift pattern, ensuring the staff get use to the loss and then implement the new shift pattern. Whilst Kotter at this stage, would create a sense of urgency, reinforce the need for change and communication effectively to all members of the multi disciplinary teams who may cause

resistance. The next stage, a major difference exists between the approaches of Bridges (2003) and LaMarsh (1995) and that of Kotter (1996). Bridges and LaMarsh continue to use a top-down, directed change approach where the involvement of the staff is minimal. However, Kotter suggests that the staff be completely involved in the transition. This requires gaining the confidence of the staff by communicating with them and convincing them about the effectiveness of the new shift change. Moreover, Kotter is less severe about the pre-set time line of the transition and stresses more on the successful completion of individual stages in order to ensure the success of the complete transition.

Conclusion

Healthcare organizations are complex (Day, 2007) due to several interrelated components which interact with each other in an unpredictable manner. Moreover, since the Healthcare industry depends on government funds, economic scenarios too can cause different changes. Therefore, it is important that they have a standard change management model in place so that they can efficiently manage changes as and when they occur. We have discussed the approaches of three profound thinkers who have contributed significantly to the field of change management. While each approach has its share of advantages and disadvantages, the eight-step approach proposed by John Kotter is more feasible in the present scenario. This is due to the fact that the emotional involvement of employees is crucial for the successful management of a change. Kotter's eight-step approach achieves this with the help of transparency and communication. The example of the

implementation of shift change proves that in implementing a change successfully, Kotter's diplomatic approach of allowing the employees and the patients to actively participate in the implementation and allowing them openly voice their opinion proves to be more effective in limiting the resistance.

In this direction, the dominant, bureaucratic approaches of Bridges and LaMarsh fail since the changes are implemented in terms of changing processes and systems. Since these approaches do not care about the effects on people involved, changes are literally forced on the patients and employees.

References
· Balogun, J. & Hope, V., (2004) Exploring Strategic Change. 2nd Edition. Harlow:
FT/Prentice Hall.
· Bridges, W., (2003) Managing Transitions: Making the Most of Change. Making the most of change. 2nd Edition. Cambridge: Da Capo Press.
Buono, A. F. & Kerber, K. W., (2010) Creating a Sustainable Approach to Change: building organizational change capacity [Online]. Available from http://www. freepatentsonline. com/article/SAM-Advanced-Management-Journal/233607213. html [Accessed 04 May 2011].
· Campbell, R. J., (2008) Change Management inHealthCare doi: 10. 1097/01. HCM. 0000285028. 79762. a1.
CliffsNotes. com, (2011) Causes of Organizational Change [Online]. Available from http://www. cliffsnotes. com/study_guide/topicArticleId-8944, articleId-

8884. html [Accessed 4 May 2011].

Day., K. J., (2007) Supporting the emergence of a shared services organisation: Managing change in complex health ICT projects.

Gittins., N. & Standish, S., (2010) Planning and implementing change in healthcare: a practical guide for managers and clinicians.[Online]. Available from http://www. hlsp. org/LinkClick. aspx? fileticket= e5YB-ctXUXw %3D&tabid= 1570. [Accessed 10 May 2010].

Golden, B., (n. d.) Transforming Healthcare Organizations [Online]. Available from http://www. longwoods. com/content/18490 [Accessed 4 May 2011].

Hiatt, J. & Creasey T., (n. d.) The Definition and History of Change Management [Online]. Available from http://www. change-management. com/tutorial-definition-history. htm [Accessed 4 May 2011].

Hughes, M., (2006) Change Management: A Critical Perspective. Chartered Institute of Personnel and Development. ISBN: 1-84398-070-3.

Iles, V., & Sutherland, K., (2001) Organisational Change. A review for health care managers, professionals and researchers. London: National Co-ordinating Centre for NHS Service Delivery and Organisational Research and Development.

Kotter, J. P.,(1996) Leading change. Boston: Harvard Business School Press.

Kotter, J. P. & Cohen, D., (2002) The Heart of Change. Boston: Harvard Business School Press.

Doyle, M., (2002) Changing the way we change. Journal of Human Resource Management. 12 (1), 3-16.

Leyland, M., Hunter, D. & Dietrich, J., (2009) Integrating Change Management into Clinical Health InformationTechnologyProject Practice DOI:

10. 1109/CONGRESS. 2009. 28

Mourier, P., (1998) How to Implement Organizational Change that Produces Results. Journal of Performance Improvement, 37(7), 19-29.

Schaffer, P., & Thompson, D., (2002) Transformational Leadership in the Context of Organizational Change. Journal of Organizational Change, 12(2), 80-88.

Strickland, F., (1998) The Dynamics of Change. London: Routledge.

Taylor, F. W., (1911) The Principles of Scientific Management, New York and London: Harper & Brothers.

Todnem, R., (2005) Organizational Change Management: A Critical Review. Journal of Change Management, 5(4).

Warrilow, S., (2009) John Kotter's Guiding Principles for Leading Change [Online]. Available from http://www. strategies-for-managing-change. com/john-kotter. html[Accessed 4 May 2011].