Change management

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Nonprofit organizations are arguably in a perpetual state of change. Nonprofits must constantly scan, analyze, and adapt to the implications of the changing needs of clients, the community, funders, and government policy. Hence, the core competencies and capabilities of nonprofits must include how to effectively manage change. The knowledge, skills, and abilities of employees, volunteers, and managers must include the competencies required to formulate and implement strategies to manage planned and unplanned change. This book brings to the forefront the challenges and opportunities of change by combining insights from practice, research, and theories of change management to examine nonprofits. It incorporates interdisciplinary perspectives to examine the dimensions, determinants, and outcomes of change in nonprofits. It offers managers, researchers, and students case examples on how to develop, implement, and manage change in the context of nonprofits. Readers will better understand the dimensions of change that are unique to nonprofits and how these should be integrated into strategy and day-to-day operations, including reflection for both the change agent and the change recipient.

Vakola M, Petrou P. Organizational Change: Psychological Effects and Strategies for Coping. Routledge; 2018
Organizational change is a reality of 21st-century working life, but what psychological effects does it have on individual workers, and what coping strategies can be used to mediate its impact? In today's turbulent work and career environment, employees are required not only to accept changes as passive recipients, but to proactively initiate changes and demonstrate attitudes, behaviours and skills valued by current employers. As a result, organizational psychologists, both researchers and practitioners, have had to acknowledge and understand the myriad of challenges faced by employees as a result of organizational...
change. In this important new book, an international range of prominent scholars examine the key psychological issues around organizational change at the individual level, including: health and well-being, stress and emotional regulation, performance and leadership attitudes, and implications for the psychological contract. Analyzing and presenting the impact of organizational change, and possible coping strategies to successfully manage change, the volume is ideal for students and researchers of work and organizational psychology, business and management, and HRM.

In: Common Change Theories and Application to Different Nursing Situations [Internet]. Regina, SK: University of Regina Press.

Hayes, John
*The theory and practice of change management* [print book on order for the Library – check the catalogue] MacMillan Education. 2018

In: Research in Organizational Change and Development [Internet]. Emerald Publishing; [307-40].

Dougal D, Lewis M, Ross S. *Transformational change in health and care: reports from the field.*
London: The King’s Fund; 2018
The King’s Fund has been calling for transformational change to respond to the growing pressures and demands in the health and care system. We have argued that transformation is best brought about ‘from within’, led by frontline staff and service users, and that it needs collaborative and distributed leadership styles. To offer insights to help strengthen transformation efforts, we selected four sites that have been recognised as successful transformation initiatives. We interviewed 42 people who were involved in leading, supporting, delivering, receiving or witnessing the changes. Our report presents stories of transformational change drawing on their collective experiences and reflections. Two key
messages emerged. First, there are groups who work tirelessly to achieve great things – the stories are a tribute to their determination, bravery and resilience. Second, there are key considerations for health and care leaders working to achieve transformational change. 

https://www.kingsfund.org.uk/publications/transformational-change-health-care

NHS England. Sustainable Improvement Team and the Horizons Team. 

**Leading large scale change: a practical guide.**

Leeds: NHS England; 2017

A guide to leading large scale change through complex health and social care environments.

https://www.england.nhs.uk/publication/leading-large-scale-change/

Antwi M, Kale M. 

**Change Management in Healthcare: Literature Review.**

Kingston, Ontario: Queens School of Business. The Monieson Centre for Business Research in Healthcare; 2014

This literature review provides an overview of existing research on change management in healthcare to support the identification of key research priorities for effecting change in Canadian healthcare. It was prepared to support the Monieson Centre for Business Research in Healthcare’s Change Management for Healthcare Policy Workshop through funding from a Canadian Institutes of Health Research Planning Grant. The goal of the workshop is to enable interaction between Queen’s School of Business researchers with expertise in existing change management theory, healthcare policy researchers from Queen’s Faculty of Health Sciences and School of Policy Studies possessing knowledge of the challenges facing the healthcare system, and key sector stakeholders, in order to develop a vision for partner-oriented research on healthcare policy reform. The research design consisted of a systematic review of the literature in both healthcare and business contexts of change management. Inclusion criteria parameters for the literature search included years 1990 to 2013 from Canada, the United States and international English-language studies. Search terms included “change management healthcare,” “managing change health,” “change management models in healthcare,” and “healthcare change Canada.” Databases used for searches included ABI/Inform, Business Source Complete, Canadian Electronic Library, CBCA, PubMed, Scholars Portal, Science Direct, and Scopus. The researchers reviewed over 100 scholarly articles, which included publications from the grey literature, and these were further narrowed down to 45 articles that fit the necessary criteria.


Blackman D, O’Flynn J, Ugyel L. 

**A Diagnostic Tool for Assessing Organisational Readiness for Complex Change.**


The purpose of this review, therefore, is to identify and review the research literature that examines the use of practice development as a mechanism for change in healthcare services. It looks in particular at the work undertaken on practice development in the field of nursing, which has in recent years been the prime profession interested in the application and advancement of this approach.

References


AIM: To explore the practice profile and competencies of advanced practice nurses (APNs) and midwives (AMPs), and factors associated with task non-execution. BACKGROUND: Advanced practitioner roles are increasingly implemented internationally. Unofficial role introduction led to confusion regarding task performance. Studies examining associations between APNs’/AMPs’ task performance and competency levels, and factors associated with task non-execution are lacking. METHOD: A cross-sectional study among APNs/AMPs in Flanders (Belgium) explored tasks and competencies in seven domains: clinical/professional leadership, change management/innovation, research, clinical expertise/guidance/coaching, consultation/consultancy, multidisciplinary cooperation/care coordination and ethical decision-making. Task performance and competency level frequencies were calculated. Regression analysis identified factors associated with task non-execution on domain/item level. RESULTS: Participants (n = 63) executed tasks in all domains. Task non-execution related to research and clinical expertise was associated with work setting; task non-execution regarding care coordination and ethical decision-making was associated with competency perception. Several tasks were performed by few APNs/AMPs despite many
feeling competent. Five of ten tasks performed by fewest participants belonged to the leadership domain. CONCLUSION AND IMPLICATIONS FOR NURSING AND MIDWIFERY MANAGEMENT: Supervisors could play an important part in APNs’/AMPs’ role development, especially regarding leadership and tasks executed by few participants. Future studies should provide in-depth knowledge on task non-execution.


Learning health systems necessitate interdependence between health and academic sectors and are critical to address the present and future needs of our health systems. This concept is being supported through the new Canadian Institutes of Health Research (CIHR) Health System Impact (HSI) Fellowship, through which postdoctoral fellows are situated within a health system-related organization to help propel evidence-informed organizational transformation and change. A voluntary working group of fellows from the inaugural cohort representing diversity in geography, host setting and personal background, collectively organized a panel at the 2018 Canadian Association for Health Services and Policy Research Conference with the purpose of describing this shared scholarship experience. Here, we present a summary of this panel reflecting on our experiential learning in a practice environment and its ability for impact.

http://www.ijhpm.com/article_3584_e3e8befb2f4522ba7bed5993193e2e25.pdf


This article identified the role that structured personal reflection plays in enabling and supporting planned organizational change, thereby enhancing change outcomes in a sector facing substantial change in the face of economic threats and challenges. Reflection, in a myriad of formats, supports the management of positive change outcomes by focusing simultaneously at the organization-wide and personal levels. A longitudinal single case study in a nonprofit hospital implementing an electronic patient management system was the research site. Methodologically, data from fifty-six semi-structured interviews involving clinical, administrative, and managerial staff, as well as those tasked with designing and implementing the system, was analysed based on the theoretical sampling strategy of grounded theory. This wide source of interviews ensured that data was obtained from an array of those who were impacted by the changes, directly and indirectly. One of the key findings of the study was the positive role that reflection played in a nonprofit organization, as a direct result of management prescribing formal time-availability for reflection, for both the internal change agent, as well as the change recipients. In this manner, the study identified an integrated reflection framework that may aid organizational and individual attributes in the support for change. Other findings from related research identified a range
of characteristics that require a more substantial focus in planned change models when applied to nonprofits. This article identified the role that structured personal reflection plays in enabling and supporting planned organizational change, thereby enhancing change outcomes in a sector facing substantial change in the face of economic threats and challenges. Reflection, in a myriad of formats, supports the management of positive change outcomes by focusing simultaneously at the organization-wide and personal levels. A longitudinal single case study in a nonprofit hospital implementing an electronic patient management system was the research site. Methodologically, data from fifty-six semi-structured interviews involving clinical, administrative, and managerial staff, as well as those tasked with designing and implementing the system, was analysed based on the theoretical sampling strategy of grounded theory. This wide source of interviews ensured that data was obtained from an array of those who were impacted by the changes, directly and indirectly. One of the key findings of the study was the positive role that reflection played in a nonprofit organization, as a direct result of management prescribing formal time-availability for reflection, for both the internal change agent, as well as the change recipients. In this manner, the study identified an integrated reflection framework that may aid organizational and individual attributes in the support for change. Other findings from related research identified a range of characteristics that require a more substantial focus in planned change models when applied to nonprofits.

https://doi.org/10.18848/2327-798X/CGP/v18i02/1-22

Oygarden O, By RT, Bjaalid G, Mikkelsen A.

Establishing a multidisciplinary day-care surgery department: Challenges for nursing management.


AIM: To increase our understanding of challenges in implementing multidisciplinary organisational models in hospitals. BACKGROUND: Health-service policies internationally are pushing for multidisciplinary and patient-centred organising models but there are challenges involved in moving from profession- and discipline-based organising to the new solutions. METHOD: Qualitative case study, interview and document data collected in real time following the implementation process. RESULTS: It was possible to argue for and against the new department applying either a business-like logic or a professional logic. The respective logics gave different prescriptions for how a hospital department should be organised. CONCLUSION AND IMPLICATIONS FOR NURSING MANAGEMENT: The institutional logics perspective enables managers to understand resistance to new ways of organising work and may be useful in trying to foresee and handle challenges in implementing new organisation models. Managers need to analyse models carefully in terms of which parts may be seen as problematic in their own organisation, and invite all relevant stakeholders into participatory change processes. If the goal is to gather multiple professions and disciplines under one manager in order to increase patient centredness, arrangements must be made for professionals to stay connected to the wider community of practice centred around their specialized knowledge and skills.

https://www.ncbi.nlm.nih.gov/pubmed/?t=iaufhhslib&term=30251756
Kuhlman J, Moorhead D, Kerpchar J, Peach DJ, Ahmad S, O’Brien PB.  
**Clinical Transformation Through Change Management Case Study: Chest Pain in the Emergency Department.**  

**Introduction/Background:** Adults with chest pain presenting to an emergency department are high-risk and high-volume. A methodology which gathers practicing physicians together to review evidence and share practice experience to formulate a written algorithm with key decision points and measures is discussed with implementation, based on change management principles, and results. **Methods:** A methodology was followed to "establish the standard-of-care". Literature and data were reviewed, a written consensus algorithm was designed with ability to track adherence and deviations. We performed a before and after analysis of a performance improvement intervention in adult patients with undifferentiated chest pain in our nine-campus hospital system in Florida between January 1st, 2014 and December 31st, 2018. **Results:** A total of 200,691 patients were identified as adults with chest pain and the algorithm was used. A dramatic change in the disposition decision rate was noted. When the 'Baseline-Year' was compared with the 'Performance-Year', chest pain patients discharged from the ED increased by 99%, those going to the 'Observation' status decreased by 20%, and inpatient admissions decreased by 63% (p<0.0001) All patients were tracked for 30-days for major adverse cardiac event (MACE) or return to the ED within the same system. If the s emergency physicians had not changed their practice/behavior and the Baseline-Year decision rate during the entire Performance-Year was unchanged, then 4563 more patients would have gone to Observation and 7986 patients to Inpatient. The opportunity costs avoided would be approximately $31million (US$. **Conclusions:** For successful clinical transformation through change management, we learned: select strategic topics, get active physicians together, write a consensus algorithm with freedom to deviate, identify and remove barriers, communicate vision, pilot with feedback, implement, sustain by "hard wiring" into the electronic medical record and measure outputs.  

Kreindler SA.  
**The stipulation-stimulation spiral: A model of system change.**  
This paper proposes a general model, based on what is known about the nature of (complex) systems, of how systems-in particular, health care systems-respond to attempted change. Inferences are drawn from a critical literature review and reinterpretation of two primary studies. The two fundamental system-change approaches are "stipulation" and "stimulation": stip(ulation) attempts to elicit a specific response from the system; stim(ulation) encourages the system to generate diverse responses. Each has a unique strength: stip’s is precision, the ability to directly impact the desired outcome and only that outcome; stim’s is resonance, the ability to take advantage of behavior already present within the system. Each approach’s inherent strength is its complement’s inherent weakness; thus, stip and stim often clash if attempted simultaneously but can reinforce each other if...
applied in alternation. Opposite patterns (the "stip-stim spiral" vs "stip-stim stalemate") are observed to underpin successful vs failed system change: The crucial difference is whether decision-makers respond to a need for precision/resonance by strengthening the appropriate approach (stipulation/stimulation, respectively), or merely by weakening its complement. With further validation, the model has the potential to yield a more fundamental understanding of why system-change efforts fail and how they can succeed. 

Konlechner S, Latzke M, Güttel WH, Höfferer E. 
Changing organizations is difficult. In this article, we analyze how sensemaking that follows the initiation of change projects relies on the interplay of prospective and retrospective aspects, and we elucidate how organization members' frames develop over time based on this interplay. Our data, 38 in-depth interviews with nursing and medical staff held at four different points in time, reveal how expectations impact the dynamics of meaning construction in change processes. Our findings demonstrate that the frames through which actors make sense of change initiatives develop continuously, although the expectations embedded in them are 'sticky' to some extent. The degree of 'stickiness' depends on expectations that are formed through initial prospective sensemaking, as these expectations influence actors' tolerance regarding dissonant cues. Change initiatives fail when this tolerance becomes exhausted. Our study contributes to theory on sensemaking and change by elaborating on the undertheorized role of prospective sensemaking during change processes. 

Jones-Schenk J. 
70% Failure Rate: An Imperative for Better Change Management. 
The McKinsey consulting group reports data that 70% of all change management efforts fail. A 30% success rate is troubling, particularly when considering the associated costs in the form of loss of competitive position, confidence of the workforce in leadership, and quality improvements and anticipated costs reductions. The ADKAR Model offers a contemporary set of tools to more effectively address change. [J Contin Educ Nurs. 2019;50(4):148-149]. 

Heath R, Tomaszewski P, Kuri M, Atua V, Phillips G. 
Message in a bottle: How evidence-based medicine and a programme change model improved asthma management in a low-income emergency department in Papua New Guinea. 
OBJECTIVE: To improve asthma care in a complex, low resource, developing country setting. This observational study was carried out in a challenging low-income real-life setting in the ED at Modilon Hospital, Papua New Guinea. The only government hospital in Madang Province, with 258 beds, it provides medical care to a population of nearly 700 000 people of whom 40% live on less than US$1.25/day. METHODS: An asthma management analysis questionnaire followed by action research, with a four-step programme change model (exposure, adoption, implementation and practice), were used to develop and implement new department asthma guidelines. Staff perceptions were gathered via discussion groups and questionnaire. RESULTS: Asthma management initially involved frequent antibiotics, intravenous steroids, multiple short acting bronchodilators (oral, inhaled and nebulised) and limited oral steroids. No spacers, preventative inhaled steroid therapy or asthma action plans were used. On review after new guideline implementation staff felt antibiotic dispensing and concurrent use of multiple short acting oral bronchodilators decreased and spacer, preventer therapy and action plan use increased. CONCLUSION: This project highlights the difficulties experienced with change management, both in general and in a limited resource setting. Lack of data limits conclusions about asthma management improvement. However, positive trends were apparent and make this approach reasonable for those considering change management strategies in a similar setting.


Since Nightingale implied that progress was inherent in good nursing, change has slowly but surely accelerated to a frenetic pace in health care and to a degree in nursing. However, the healthy progress and implications associated with change in the nursing profession are not as readily embraced as this pace may imply. Rather, embracing change at the core of nursing and health care is a challenge as this is a group who it is suggested are not only resistant but also adept at reinforcing the status quo. Using mental health nursing as an example this position paper addresses the concept of change management, explores the facilitators and inhibitors to explain why change is not effectively managed at times. Further, case studies provided exemplify how change in mental health nursing has occurred and demonstrate how the concept of change management effectively has been achieved. Key strategies for change management are outlined in this article, noting the need to be sensitive to the culture and specifics of that organisation, because change takes place within people rather than within the organisation itself. Part of the challenges and strategies faced in the profession are related to the movement of information and knowledge from the point of research to implementation of evidence-based best practice. Leaders, therefore, should adopt change management principles and strategies, to further drive the developments which have changed mental health nursing over a relatively short period.


Camilleri J, Cope V, Murray M.
Change fatigue: The frontline nursing experience of large-scale organisational change and the influence of teamwork.


AIM: To evaluate the experience of change fatigue in frontline nursing staff following large-scale organisational change and determine whether improved teamwork perception scores can mitigate the experience of change fatigue in this population.

BACKGROUND: There is limited published research pertaining to the experience of change fatigue in nursing, despite the rapid rate and volume of change within health care organisations.

METHOD: An online questionnaire was used to survey a cross section of frontline nurses from two distinct cohorts; those that transitioned to a new build hospital in an established team (n = 225), and those who transitioned into a newly reconfigured team (n = 521).

RESULTS: Frontline nurses who transitioned in an established team reported higher levels of change fatigue following large-scale change, compared with those that commenced in a new, reconfigured team (p = 0.013). There is a small significant negative correlation between perception of teamwork and change fatigue scores.

CONCLUSION(S): Regardless of team type, high levels of change fatigue are reported by frontline nursing staff following large-scale organisational change. Established teams have a higher perceived level of teamwork in all domains when compared with a new team in the same change conditions. It is unlikely that the perception of teamwork has any real-world impact upon the experience of change fatigue.

IMPLICATIONS FOR NURSING MANAGEMENT: Change fatigue is a real phenomena experienced by frontline nursing staff during large-scale organisational change conditions. Investing in teamwork training prior to or during large-scale organisational change does not affect the experience of change fatigue.

Byrnes A, Mudge A, Clark D.

Implementation science approaches to enhance uptake of complex interventions in surgical settings.


Achieving practice change in the complex healthcare environment is difficult. Effective surgical care requires coordination of services across the continuum of care, involving interdisciplinary collaboration across multiple units, with systems and processes that may not connect effectively. Principles of enhanced recovery after surgery (ERAS) are increasingly being incorporated into facility policies and practice, but the literature reports challenges with both initial adherence and mid- to long-term sustainability. Greatest adherence is typically observed for the intraoperative elements, which are within the control of a single discipline, with poorest adherence reported for postoperative processes occurring in the complex ward environment. Using ERAS as an example, this perspective piece describes the challenges associated with implementation of complex interventions in the surgical setting, highlighting the value that implementation science approaches can bring to practice change initiatives and providing recommendations as to suggested course of action for effective implementation.

Byrnes A, Mudge A, Clark D.

Implementation science approaches to enhance uptake of complex interventions in surgical settings.
Augustsson H, Churruca K, Braithwaite J.

Mapping the use of soft systems methodology for change management in healthcare: a scoping review protocol.


**INTRODUCTION:** It is notoriously challenging to implement evidence-based care and to update and improve healthcare practices. One reason for the difficulty is the complexity of healthcare and the powerful influence of context on implementation and improvement efforts. Thus, there is a need for multifaceted, flexible change methods that takes these complexities into consideration. One approach that has the potential in this regard is soft systems methodology (SSM). However, little is known about how SSM has been applied in healthcare settings, making it difficult to assess the usefulness of SSM for implementation science or improvement research. The aim of the proposed scoping review is to examine and map the use and outcomes of SSM in healthcare. **METHODS AND ANALYSIS:** The review will adapt the framework outlined by Arksey and O’Malley (2005). Citations will be uncovered through a comprehensive database search of the peer-reviewed literature. Two reviewers will conduct a two-stage review and selection process where the titles/abstracts are examined followed by a screening of full texts of the selected citations. Reference lists of included citations will be snowballed to identify potential additional citations. Inclusion criteria are English language, peer-reviewed empirical papers focusing on the application of SSM in a healthcare setting. Both general information about the citations and information related to the objective of the review will be extracted from the included citations and entered into a data charting form. The extracted information will be reported in diagrams and tables and summarised to present a narrative account of the literature. The proposed review will provide information on the potential for using SSM to affect change in healthcare. **ETHICS AND DISSEMINATION:** No primary data will be collected, and thus ethical permission is unnecessary. Dissemination of results include peer-reviewed publications and conference presentations.


Sartori R, Costantini A, Ceschi A, Tommasi F.

How Do You Manage Change in Organizations? Training, Development, Innovation, and Their Relationships.


The article aims to be a reflective paper on the interconnected concepts of training, development and innovation and the potential they have in dealing with change in organizations. We call change both the process through which something becomes different and the result of that process. Change management is the expression used to define the complex of activities, functions, and tools (such as training courses) through which an organization deals with the introduction of something new that is relevant for both its survival and growth. Training and development are labels used to define those educational activities implemented in organizations to empower the competences of workers, employees and managers in the lifelong learning perspective of improving their
performance. Consequently, we define competences as those personal characteristics that allow people to be effective in the changing contexts of both workplace and everyday life. They are also necessary in organizational innovation, which is the process of transforming ideas or inventions into goods or services that generate value and for which customers will pay. Training, development, and innovation are three different but interconnected functions by which organizations manage change. What is the state of the art of the literature dealing with these topics? Here, is a critical review on the matter.


Nuno-Solinis R.


Worldwide most health systems are facing a series of common challenges characterized by the increasing burden of chronic diseases and multimorbidity, and the accelerated pace of biomedical and technological innovations, on the other side. There is a growing recognition that many changes are needed at the macro, meso and micro management levels to tackle these challenges. Therefore, knowing if healthcare organizations are ready for change is a key issue, as high organizational readiness for change (ORC) has been positively related with higher organizational effort and staff motivation for overcoming barriers and setbacks in change endeavours. In practice, readiness for change is not commonly measured and there is a need of adequate metrics for it. In this commentary, a new tool for measuring readiness change is reviewed, the OR4KT. It has been developed based on a solid theoretical background and with the involvement of experts and potential users in the design and it has been tested and validated in three languages and in different organizational settings. Although its generalizability needs to be further tested, it seems to be a promising and useful tool to diagnose if organizations are ready to implement evidence-informed changes. A broader recognition of the key role that the science of implementation can play in the success of much needed transformations in healthcare provides a good opportunity for the dissemination of the OR4KT.


Mayes ME, Wilkinson C, Kuah S, Matthews G, Turnbull D.

Change in practice: a qualitative exploration of midwives’ and doctors’ views about the introduction of STan monitoring in an Australian hospital.

*BMCH health services research.* 2018;18(1):119.

BACKGROUND: The present study examines the introduction of an innovation in intrapartum foetal monitoring practice in Australia. ST-Analysis (STan) is a technology that adds information to conventional fetal monitoring (cardiotocography) during labour, with the aim of reducing unnecessary obstetric intervention. Adoption of this technology has been controversial amongst obstetricians and midwives, particularly as its use necessitates a more invasive means of monitoring (a scalp clip), compared to external monitoring from
cardiotocography alone. If adoption of this technology is going to be successful, then understanding staff opinions about the implementation of STan in an Australian setting is an important issue for maternity care providers and policy makers. METHODS: Using a maximum variation purposive sampling method, 18 interviews were conducted with 10 midwives and 8 doctors from the Women's and Children’s Hospital, South Australia to explore views about the introduction of the new technology. The data were analysed using Framework Analysis. RESULTS: Midwives and doctors indicated four important areas of consideration when introducing STan: 1) philosophy of care; 2) the implementation process including training and education; 3) the existence of research evidence; and 4) attitudes towards the new technology. Views were expressed about the management of change process, the fit of the new technology within the current models of care, the need for ongoing training and the importance of having local evidence. CONCLUSIONS: These findings, coupled with the general literature about introducing innovation and change, can be used by other centres looking to introduce STan technology.


AIM: The aim of this qualitative research was to explore perceptions of organisational change related to the integration of nurse practitioners from key nursing stakeholders. BACKGROUND: The ongoing delivery of effective and efficient patient services is reliant upon the development and sustainability of nurse practitioner roles. Examination of the factors contributing to the underutilization of nurse practitioner roles is crucial to inform future management policies. A change management theory is used to reveal the complexity involved. METHOD: Qualitative interviews were undertaken using a purposive sampling strategy of key stakeholders. Thematic analysis was undertaken and key themes were correlated to the theoretical framework. RESULTS: The results confirm the benefits of nurse practitioner roles, but suggest organisational structures and embedded professional cultures present barriers to full role optimization. Complicated policy processes are creating barriers to the integration of nurse practitioner roles. CONCLUSION: The findings increase understanding of the links between strategic planning, human resource management, professional and organisational cultures, governance and politics in change management. Effective leadership drives the change process through the ability to align key components necessary for success. Sustainability of nurse practitioners relies on recognition of their full potential in the health care team. IMPLICATIONS FOR NURSING MANAGEMENT: The results of this study highlight the importance of management and leadership in the promotion of advanced nursing skills and experience to better meet patient outcomes. The findings reinforce the potential of nurse practitioners to deliver patient centred, timely and efficient health care.
Lavoie-Tremblay M, Aubry M, Richer MC, Cyr G. 

A Health Care Project Management Office’s Strategies for Continual Change and Continuous Improvement.

*The health care manager.* 2018;37(1):4-10. 

Health care organizations need project and change management support in order to achieve successful transformations. A project management office (PMO) helps support the organizations through their transformations along with increasing their capabilities in project and change management. The aim of the present study was to extend understanding of the continuous improvement mechanisms used by PMOs and to describe PMO’s strategies for continual change and continuous improvement in the context of major transformation in health care. This study is a descriptive case study design with interviews conducted from October to December 2015 with PMO’s members (3 managers and 1 director) and 3 clients working with the PMO after a major redevelopment project ended (transition to the new facility). Participants suggested a number of elements including carefully selecting the members of the PMO, having a clear mandate for the PMO, having a method and a discipline at the same time as allowing openness and flexibility, clearly prioritizing projects, optimizing collaboration, planning for everything the PMO will need, not overlooking organizational culture, and retaining the existing support model. This study presents a number of factors ensuring the sustainability of changes.


Fronzo C. 

Understanding change management: a clinical improvement programme to transform your practice.

*British journal of nursing (Mark Allen Publishing).* 2018;27(Sup6):S3-s4.

Improving the patient experience often involves changing aspects of service delivery. Hollister Education organised a symposium designed to help clinical nurse specialists in urology implement vitally needed change. Camila Fronzo, Editorial Project Manager and Coordinator, MA Healthcare, describes its themes.


Frawley T, Meehan A, De Brun A. 

Impact of organisational change for leaders in mental health.


PURPOSE: The purpose of this paper is to examine the impact of organisational and structural change on the evolution of quality and safety in health organisations, specifically in mental health services. DESIGN/METHODOLOGY/APPROACH: Data were gathered through semi-structured interviews. In total, 25 executive management team members in both public and private mental health services were interviewed and data were analysed using Burnard’s framework. FINDINGS: Three overarching themes emerged: organisational characteristics, leadership and accountability; sustaining collaboration and engagement with stakeholders; and challenges to and facilitators of quality and safety. Taken together, the findings speak to the disruptive and disorienting impact of on-going organisational change.
and restructuring on leaders' ability to focus on, and advance, the quality and safety agenda.

**RESEARCH LIMITATIONS/IMPLICATIONS:** Typical with qualitative research of this nature, the potentially limited generalisability of the findings must be acknowledged. **PRACTICAL IMPLICATIONS:** There is a need for strategies to implement change that are informed by evidence and theory and informed by decades of research on this topic, rather than introduced ad hoc. Change agents must pair effective change management and implementation science strategies to specific contexts, depending on what is being implemented and ensure appropriate evaluation of organisational change to bolster the evidence base around quality and safety and inform future decision-making.

**ORIGINALITY/VALUE:** The study explores an identified gap in the literature on the impact of on-going organisational re-structuring and transformation on the evolution of quality and safety in mental health services.


The challenging nature of change is well documented and adequate preparation before implementing a change initiative is critical to reducing resistance and increasing its chances of success. This article describes a service review conducted in preparation for possible change and improvement at an internationally ranked school of nursing and midwifery in an Irish tertiary education institution. The purpose of the review was to examine organisational structures and work activities, including pressures facing the administrative team that supports the school, and to establish whether operations were fit for purpose and capable of continuing to support the international ranking. The article outlines the importance of change to maintain a competitive edge and the critical role of leadership during change. The background and rationale for the service review are discussed along with the methods used to prepare staff. The article also reports outcomes of the surveys and focus groups undertaken and discusses the main recommendations and changes implemented so far. It also suggests how the outcomes are relevant to clinical practice.


Chowthi-Williams A. **Evaluation of how a real time pre-registration health care curricula was managed through the application of a newly designed Change Management Model: A qualitative case study.** *Nurse education today.* 2018;61:242-8.
BACKGROUND: Curricula change in nurse education is of international importance. The pace of such change has been continuous and has triggered criticisms of inadequate preparation of practitioners. There are no change formulae for managing curricula change and despite a raft of change methods, globally change success remains low. A lack of a unified voice, undue focus on cognition, and arguably no existing models for academia and a literature gap contribute to change challenge. A new Change Management Model designed from research with emotion as its underpinning philosophy is evaluated. OBJECTIVE: Evaluation of a newly designed Change Management Model through a real time pre-registration health care curricula change. DESIGN: A qualitative case study was adopted. The single case study was the new pre-registration health care curricula. SETTING: This study took place in a Faculty of Health and Social care in one HEI in the UK. PARTICIPANTS: Four senior academics and fifteen academics across professions and specialisms involved in the curricula change took part in the study. RESULTS: The findings suggested that leadership operated differently throughout the organisation. Distributive and collective leadership created a critical mass of people to help deliver the new curricula but academics felt excluded at the strategic level. Emotion at the strategic level inhibited innovation but boosted engagement, emotional relationships and creativity at the operational level. Face to face communication was favoured for its emotional connection. A top down approach created an emotional disconnect and impacted inclusiveness, engagement, empowerment, vision and readiness for change. CONCLUSION: Testing the new model widely not only in organisations, practice and team changes but personal change in improving health and wellbeing could be beneficial. The continuing gap in knowledge on the link between emotion and curricula change, practice and organisational change and therapeutic value of the model also warrants further research.  
Carlson EA.  
**Change Management and a Culture of Ownership.**  

Brown D, Xhaja A.  
**Nursing Perspectives on Enhanced Recovery After Surgery.**  
A growing body of evidence suggests that the implementation of an enhanced recovery after surgery (ERAS) clinical pathway can accelerate recovery and reduce length of stay through the use of a multimodal program that includes guidelines for optimal pain relief, stress reduction, early nutrition, and early mobilization. The article discusses the importance of the nursing body in improving institutional compliance to ERAS clinical pathway measures and describes specific nursing barriers observed in the ERAS implementation in an academic medical center.  
Waterworth S.  
**Time and change in health care.**  

**Purpose** The purpose of this paper is to explore the dimensions of temporality that are rarely considered in the literature on leading change. **Design/methodology/approach** The analysis is informed by Adams' (1995) social theory of time encompassing temporality, timing and tempo. This will illustrate the complexities of time as they relate to the individual, teams and organisation. **Findings** This paper demonstrates the multidimensional nature of time: temporality, timing and tempo, and how each of these can contribute to our understanding of the temporal nature and complexity of change within the health system. A framework to inform much-needed research in the area of time and change is presented. **Practical implications** Challenging assumptions that there is only one common time, that is clock time, can provide opportunities for further discussion and understanding of how various people view time and the influence this has on leading and participating in change in health care. **Originality/value** There is limited literature on the temporal dimensions of change at an organisational, team and individual level. The perspective offered in this paper presents the multidimensional nature of time and the influence this has on understanding the temporal nature of change and critically identifies some key areas for future research.  

Lowe G, Plummer V, Boyd L.  
**Integration of nurse practitioners using a change management framework: the way forward.**  

**Objective** The aim of the present study was to investigate and describe the application of a change management theoretical framework in relation to nurse practitioner (NP) role integration. **Methods** A survey formed Phase 1 of a broader mixed-methods study to explore perceptions of the change process involved with integrating NPs into Australian health care settings. The stakeholder participants were NPs, nurse managers and nurse policy advisers. **Results** Key themes were identified adding information about how NPs, nurse managers and nurse policy advisers perceive the integration of NPs into Australian healthcare. The themes correlate to the components of organisational change management necessary to embed NPs into the healthcare workforce. **Conclusions** Healthcare reform is a complex organisational change. Alignment of several key elements is required for the process to be successful. A change management proposal for reframing organisations provides an apt framework for use in the Australian context of reforming workforce to integrate NPs into healthcare teams. The theoretical framework proposes that multiple lenses be applied to change processes, to integrate NPs into the workforce and highlights the need for exceptional leadership throughout such endeavours. **What is known about the topic?** NPs provide safe and efficient care to patients, often in settings where access to health care is limited. NPs have been identified as a key strategic workforce reform initiative to address some of the known healthcare gaps. **What does this paper add?** This paper adds
information about how NPs, nurse managers and nurse policy advisers perceive progress of the integration of NPs into healthcare settings. The findings are contextualised within an organisational change framework and highlight the complexity of healthcare reform. What are the implications for practitioners? The findings provide a novel approach for managing workforce reform and identify the components of change management necessary to embed NPs into the healthcare workforce.


AIM: To explore the characteristics that influence project management offices acceptance and adoption in healthcare sector. BACKGROUND: The creation of project management offices has been suggested as a promising avenue to promote successful organisational change and facilitate evidence-based practice. However, little is known about the characteristics that promote their initial adoption and acceptance in health care sector. This knowledge is important in the context where many organisations are considering implementing project management offices with nurse managers as leaders. METHODS: A descriptive multiple case study design was used. The unit of analysis was the project management offices. The study was conducted in three university-affiliated teaching hospitals in 2013-14 (Canada). Individual interviews (n = 34) were conducted with senior managers. RESULTS: Results reveal that project management offices dedicated to project and change management constitute an innovation and an added value that addresses tangible needs in the field. CONCLUSION: Project management offices are an innovation highly compatible with health care managers and their approach has parallels to the process of clinical problem solving and reasoning well-known to adopters. IMPLICATIONS FOR NURSING MANAGEMENT: This knowledge is important in a context where many nurses hold various roles in project management offices, such as Director, project manager, clinical expert and knowledge broker.


BACKGROUND: Staff nurses are pivotal in leading change related to quality improvement efforts, although many lack skills to steer change from the bedside. The American Association of Critical-Care Nurses (AACN) staff nurse leadership program, Clinical Scene Investigator (CSI) Academy, teaches and empowers staff nurses in leadership skills and change concepts to translate evidence into practice affecting patient outcomes. OBJECTIVES: To describe the curriculum of the AACN CSI Academy that provides staff nurses with the leadership skills required to create unit-based change projects that
positively impact patient/family outcomes. METHODS: The curriculum of the Academy included leadership topics, communication, change concepts, quality improvement methods, project management, and data management and analysis. Each team of participants collected project data to show improvements in patient care. The program evaluation used many data sources to assess the program effectiveness, relating to the professional growth of the participant nurses. The participants assessed project patient outcomes, sustainability, and spread. RESULTS: The first cohort of CSI participants included 164 direct care nurses from 42 hospitals in 6 cities. They rated the Academy highly in the program evaluation, and they reported that the Academy contributed to their professional development. The individual hospital quality improvement projects resulted in positive patient and estimated fiscal outcomes that were generally sustained 1 year after the program. CONCLUSION: With the skills, tools, and support obtained from participation in the CSI Academy, staff nurses can make substantial contributions to their organizations in clinical and possibly fiscal outcomes.


Jones-Schenk J.
**Fostering Personal Power During Change.**
Managing change is a regular part of the role of professional development leaders. This overview of a model for change management includes the review of a tool leaders can use with their teams for understanding, discussing, and reflecting on change. Kotter's change model emphasizes the importance of personal empowerment within the process. Effective change agents recognize the value of diverse teams, different ways of thinking, and the transformative nature of change. J Contin Educ Nurs. 2017;48(8):343-344.


Giussi MV, Baum A, Plazzotta F, Muguerza P, Gonzalez Bernaldo de Quiros F.
**Change Management Strategies: Transforming a Difficult Implementation into a Successful One.**
The implementation of health Information Technologies (IT) contributes to improve quality of care and management processes. In spite, evidence shows that the rates of IT adoption are not the expected ones. Since 2004, Public Healthcare System of Buenos Aires city has been implementing a Healthcare Information System with a difficult adoption in clinical setting. In December 2015, the Government made some changes that allowed the implementation of an Electronic Health Record in 20 Primary Care Centers. This paper describes the change management strategies that were designed in order to transform a difficult implementation into a successful one. The combination of timely approach to change management, good governance and specialized human resources were keys to achieve this goal.

Dredge A, Oates L, Gregory H, King S.  
**Effective change management within an Australian community palliative care service.**  
This article attempts to examine and explore the change management process that was undertaken by the community palliative care service at Calvary Health Care Bethlehem, Australia, to challenge the historical practice of prescribing 'emergency subcutaneous medications' for all patients admitted to the service. It discusses how, using a team approach, change management was effectively facilitated to ultimately enhance service provision and consumer satisfaction. Literature (both national and international) was examined to identify the use of emergency medications in the community palliative care setting. The historical practice of all community palliative care patients being prescribed this medication within the Victoria region of Australia was tested, and concerns and misconceptions of staff and referrers were challenged in regards to this practice. Through working parties, descriptive surveys and staff evaluations, the use of the term 'emergency medication' was changed to 'anticipatory medication' with clear criteria for usage. Change was undertaken slowly and with continued collaboration of staff to ensure effectiveness. Staff survey results identified that the majority were satisfied with the change, and they considered there to be no impact on the quality of care that their patients were receiving. The natural progression of the project, which resulted in positive quantitative and qualitative results, was the facilitation of an education package for carers to educate them on giving subcutaneous medications to the patient. By undertaking change that was slow and methodical with clear communication to all, the community palliative care service was able to embed the changes into everyday practice, and the use of anticipatory medications within the Calvary Health Care Bethlehem community palliative care service is now understood, acknowledged, and adhered to by all staff.  

Champion C, Sadek J, Moloo H.  
**Strategic Change in Surgical Quality Improvement: The Ottawa Hospital (TOH) Comprehensive Unit-Based Safety Program (CUSP) Experience.**  
Strategic change principles are widely cited in business and healthcare management literature, but not in the surgical quality improvement literature despite the need for effective change management skills to successfully enable quality improvement projects. The Ottawa Hospital (TOH) Comprehensive Unit-Based Safety Program (CUSP) model within the Division of General Surgery applied strategic change management principles to support the development and implementation of surgical quality improvement initiatives. Using the TOH CUSP experience, we aim to provide insight and a practical example for surgeons seeking to drive quality improvement within their practice environment.  

Benzer JK, Charns MP, Hamdan S, Afable M.  
**The role of organizational structure in readiness for change: A conceptual integration.**
The purpose of this review is to extend extant conceptualizations of readiness for change as an individual-level phenomenon. This review-of-reviews focuses on existing conceptual frameworks from the dissemination, implementation, quality improvement, and organizational transformation literatures in order to integrate theoretical rationales for how organization structure, a key dimension of the organizational context, may impact readiness for change. We propose that the organization structure dimensions of differentiation and integration impact readiness for change at the individual level of analysis by influencing four key concepts of relevance, legitimacy, perceived need for change, and resource allocation. We identify future research directions that focus on these four key concepts.


Aziz AM.

A change management approach to improving safety and preventing needle stick injuries.


Key drivers for preventing healthcare-associated infection (HCAI) include evidence-based practices and procedures that prevent infection. Among the current guidance for preventing HCAIs is evidence and mandatory requirements for reducing needle stick injuries (NSIs). This article highlights how John Kotter’s model for change could help healthcare workers plan for successful and sustained deployment of needle safety devices (NSDs) and ultimately reduce the risk of a NSI.


Andre B, Sjovold E.

What characterizes the work culture at a hospital unit that successfully implements change - a correlation study.

BMC health services research. 2017;17(1):486.

BACKGROUND: To successfully achieve change in healthcare, a balance between technology and "people ware", the human recourses, is necessary. However, the human aspect of the change implementation process has received less attention than the technological issues. The aim was to explore the factors that characterize the work culture in a hospital unit that successfully implemented change compared with the factors that characterize the work culture of a hospital unit with unsuccessful implementation. METHOD: The Systematizing Person-Group Relations method was used for gathering and analyzing data to explore what dominate the behavior in a particular work environment identifying challenges, limitations and opportunities. This method applied six different dimensions, each representing different behavior in a work culture: Synergy, Withdrawal, Opposition, Dependence, Control and Nurture. We compared two different units at the same hospital, one that successfully implemented change and one that was unsuccessful. RESULTS: There were significant statistical differences between healthcare personnel working at a unit that successfully implemented change contrasted with the unit with unsuccessful implementation. These significant differences were found in both the synergy and control dimensions, which are
important positive qualities in a work culture. CONCLUSION: The results of this study show that healthcare personnel at a unit with a successful implementation of change have a working environment with many positive qualities. This indicates that a work environment with a high focus on goal achievement and task orientation can handle the challenges of implementing changes.

https://www.ncbi.nlm.nih.gov/pubmed/?t=28705155

Geyer K, Altman M. **Want to create lasting change? It’s all about that base.**
The American Association of Critical-Care Nurses (AACN) created the Clinical Scene Investigator (CSI) Academy for nurses at the bedside to develop leadership and innovation skills to create and sustain lasting change that positively impacts patient outcomes. In our 2015 three-part series, we explored how to redefine “nonproductive” time, change leadership, and the formation of the Massachusetts CSI Nursing Delirium Collaborative. In this first part of our 2016 series, we share the Duke Raleigh CSI Academy team’s journey through change management while creating an early progressive mobility (EPM) initiative.

https://www.ncbi.nlm.nih.gov/pubmed/?t=26914384

Allen B. **Effective design, implementation and management of change in healthcare.**
Changes in healthcare organisations are common, and their implementation is often complex and challenging. Change is often implemented suboptimally, and can have several negative effects on staff turnover, patient care and budget targets. To minimise and avoid negative outcomes, a systematic three-stage change process that comprises preparing for change, implementing change, and evaluating and sustaining change can be followed. In the first stage, before commencing any change activities, time and attention should be given to conducting detailed analyses and preparatory work to establish the foundation for the implementation phase. In the second stage, a clear set of multiple implementation tactics are used to ensure the change process is effective. In the final stage, an evaluation of the success of the change is undertaken and measures are put in place to ensure it is sustained over time. It is only by following a methodical change process such as this that changes can be implemented effectively in healthcare organisations.

https://www.ncbi.nlm.nih.gov/pubmed/?t=27745041

**A three-stage process for change management.**
Healthcare organisations are continually undergoing change. If such change is not managed well, it can affect a number of areas, including staff turnover, patient care and on budgetary targets.

https://www.ncbi.nlm.nih.gov/pubmed/?t=27712305
Tonges M, Ray JD, Overman AS, Willis B.

**Creating a Culture of Rapid Change Adoption: Implementing an Innovations Unit.**
This article provides an overview of 1 hospital’s efforts to proactively identify and test new approaches to care delivery through the creation of an Innovations Unit, including the structure and processes of the initiative, the outcomes achieved, and the lessons learned.

Thorpe R.

**Planning a change project in mental health nursing.**
This article outlines a plan for a change project to improve the quality of physical health care on mental health wards. The plan was designed to improve the monitoring and recording of respiratory rates on mental health wards, through the implementation of a training programme for staff. A root cause analysis was used to explore the reasons for the low incidence of respiratory rate measurement on mental health wards, and the results of this establish the basis of the proposed change project and its aims and objectives. The article describes how the project could be implemented using a change management model, as well as how its effects could be measured and evaluated. Potential barriers to the planned change project are discussed, including the human dimensions of change. The article suggests methods to overcome such barriers, discusses the value of leadership as an important factor, and examines the principles of clinical governance in the context of the planned change project.

Shirey MR.

**Strategic agility for nursing leadership.**
This department highlights change management strategies that may be successful in strategically planning and executing organizational change. In this article, the author discusses strategic agility as an important leadership competency and offers approaches for incorporating strategic agility in healthcare systems. A strategic agility checklist and infrastructure-building approach are presented.

Iacono L, Altman M.

**AACN CSI Academy, part 2: Nurses emerge as change leaders.**
Nursing management. 2015;46(8):40-3.
In the first part of this three-part series, we explored how the American Association of Critical-Care Nurses (AACN) Clinical Scene Investigator (CSI) Academy aids clinical nurses in cultivating skills that measurably demonstrate how nonproductive time is a misnomer that interferes with achieving optimal patient outcomes. Join us for part 2, as we examine how the CSI Academy helped one hospital’s neurosurgical ICU (NSCU) nurses achieve zero
CAUTIs.

Ead H.
**Change Fatigue in Health Care Professionals--An Issue of Workload or Human Factors Engineering?**
In the demanding and fast-paced world of health care, it is not uncommon for nurses and other health care professionals to have days where they are pushed to their limits. Despite these pressures, each year, new initiatives and practice recommendations are shared within organizations that the nurses must learn, embrace, and include in their practice. Each new initiative can be additive to the nurse's workload; most changes are not time neutral but require staff to expend an allotment of time from their day to complete. In our efforts to adopt new recommendations, is it realistic or possible to add on to workload and stretched resources in an ongoing manner? The following article provides an overview of how issues such as change fatigue and increased workload need to be addressed. Through use of workload measurement tools and guidance by the principles of human factors engineering, we can better support the provision of optimal patient care in a demanding environment.

DiLibero J, Edwards E, Hanson D.
**AACN CSI Academy, part 3: Introducing the Massachusetts CSI Nursing Delirium Collaborative.**
In the final installment of our three-part series, we reveal how the Boston cohort of the American Association of Critical-Care Nurses (AACN) Clinical Scene Investigator (CSI) Academy launched a collective to improve patient safety and quality outcomes related to delirium.

Taylor DL, 3rd.
**Perioperative leadership: managing change with insights, priorities, and tools.**
The personal leadership of the perioperative director is a critical factor in the success of any change management initiative. This article presents an approach to perioperative nursing leadership that addresses obstacles that prevent surgical departments from achieving high performance in clinical and financial outcomes. This leadership approach consists of specific insights, priorities, and tools: key insights include self-understanding of personal barriers to leadership and accuracy at understanding economic and strategic considerations related to the OR environment; key priorities include creating a customer-centered organization, focusing on process improvement, and concentrating on culture change; and key tools include using techniques (e.g., direct engagement, collaborative leadership) to align surgical
organizations with leadership priorities and mitigate specific perioperative management risks. Included in this article is a leadership development plan for perioperative directors. https://www.ncbi.nlm.nih.gov/pubmed/?otool=iaufhhslib&term=24973182

Detwiller M, Petillion W.
Moving a large healthcare organization from an old, nonstandardized clinical information system to a new user-friendly, standards-based system was much more than an upgrade to technology. This project to standardize terminology, optimize key processes, and implement a new clinical information system was a large change initiative over 4 years that affected clinicians across the organization. Effective change management and engagement of clinical stakeholders were critical to the success of the initiative. The focus of this article was to outline the strategies and methodologies used and the lessons learned. https://www.ncbi.nlm.nih.gov/pubmed/?otool=iaufhhslib&term=24651254

Teo ST, Pick D, Newton CJ, Yeung ME, Chang E.
AIM: To examine the mediating effect of coping strategies on the consequences of nursing and non-nursing (administrative) stressors on the job satisfaction of nurses during change management. BACKGROUND: Organisational change can result in an increase in nursing and non-nursing-related stressors, which can have a negative impact on the job satisfaction of nurses employed in health-care organisations. METHOD: Matched data were collected in 2009 via an online survey at two time-points (six months apart). RESULTS: Partial least squares path analysis revealed a significant causal relationship between Time 1 administrative and role stressors and an increase in nursing-specific stressors in Time 2. A significant relationship was also identified between job-specific nursing stressors and the adoption of effective coping strategies to deal with increased levels of change-induced stress and strain and the likelihood of reporting higher levels of job satisfaction in Time 2. CONCLUSIONS: The effectiveness of coping strategies is critical in helping nurses to deal with the negative consequences of organisational change. IMPLICATIONS FOR NURSING MANAGEMENT: This study shows that there is a causal relationship between change, non-nursing stressors and job satisfaction. Senior management should implement strategies aimed at reducing nursing and non-nursing stress during change in order to enhance the job satisfaction of nurses. https://www.ncbi.nlm.nih.gov/pubmed/?otool=iaufhhslib&term=23890099

Stefancyk A, Hancock B, Meadows MT.
Change in today's health care landscape is a daily, if not hourly, reality. The nurse manager must have strong leadership skills to navigate through change with a focus on the patient and the provision of safe and reliable care. The historical term for those leading change is “change agent.” In this article, the authors introduce the idea of a change coach, building on the nurse manager foundational skill of coaching and weaving this concept into the manager's role in change. A change coach uses the coaching behaviors including guidance, facilitation, and inspiration to inspire others toward change, altering human capabilities, and supporting and influencing others toward change. An exemplar of the nurse manager's role as a change coach in practice is provided using American Organization of Nurse Executives' Care Innovation and Transformation initiative. It is the agile manager that is able to successfully move between the roles of change agent and change coach to continuously transform the environment and how care is delivered.


Shirey MR.

Lewin's Theory of Planned Change as a strategic resource.  

This department highlights change management strategies that may be successful in strategically planning and executing organizational change initiatives. With the goal of presenting practical approaches helpful to nurse leaders advancing organizational change, content includes evidence-based projects, tools, and resources that mobilize and sustain organizational change initiatives. In this article, the author explores the use of the Lewin's Theory of Planned Change as a strategic resource to mobilize the people side of change. An overview of the theory is provided along with a discussion of its strengths, limitations, and targeted application.


Bloom G, Wolcott S.

Building institutions for health and health systems in contexts of rapid change.  

Many Asian countries are in the midst of multiple interconnected social, economic, demographic, technological, institutional and environmental transitions. These changes are having important impacts on health and well-being and on the capacity of health systems to respond to health-related problems. This paper focuses on the creation of institutions to overcome information asymmetry and encourage the provision of safe, effective and affordable health services in this context of complexity and rapid change. It presents a review of literature on different approaches to the analysis of the management of system development and institution-building. There is a general agreement that the outcome of an intervention depends a great deal on the way that a large number of agents respond. Their response is influenced by the institutional arrangements that mediate relationships between health sector actors and also by their understandings and expectations of how other actors will respond. The impact of a policy or specific intervention is difficult to predict and there is a substantial risk of unintended outcomes. This creates the need for an iterative learning
approach in which widespread experimentation is encouraged, good and bad experiences are evaluated and policies are formulated on the basis of the lessons learned. This enables actors to learn their roles and responsibilities and the appropriate responses to new incentive structures. The paper concludes with an outline of the information needs of managers of health system change in societies in the midst of rapid development.


Shirey MR.

**Group think, organizational strategy, and change.**
This department highlights change management strategies that may be successful in strategically planning and executing organizational change initiatives. With the goal of presenting practical approaches helpful to nurse leaders advancing organizational change, content includes evidence-based projects, tools, and resources that mobilize and sustain organizational change initiatives. In this article, the author discusses group think and the effect on organizational strategy and sustainable change.


Macphee M, Suryaprakash N.

**First-line nurse leaders’ health-care change management initiatives.**
AIM: To examine nurse leaders’ change management projects within British Columbia, Canada. BACKGROUND: British Columbia Nursing Leadership Institute 2007-10 attendees worked on year-long change management initiatives/projects of importance to their respective health-care institutions. Most leaders were in first-line positions with <3 years’ experience. METHOD: Consenting leaders’ project reports (N = 133) were content analysed for specific themes: types of projects; scope of projects (e.g. unit or local level, departmental, institutional); influence targets or key stakeholder groups targeted by the projects; leadership successes and challenges. RESULTS: Of study participants, 77% successfully completed their projects. Staff tool and resource development and existing services improvement were major project types. Care delivery teams were the major influence targets. Only 25% of projects were at the unit level. Many projects had broader scopes, such as institutional levels. Participants cited multiple leadership successes, including enhanced leadership styles and organizational skills. CONCLUSION: First-line nurse leaders were able to successfully manage projects beyond their traditional scope of responsibilities. The majority of projects dealt with staff needs and healthcare restructuring initiatives. IMPLICATIONS FOR NURSING MANAGEMENT: Constant change is a global reality. Change management, a universal competency, must be included in leadership development programmes.


Campbell BW.

**Effective change management in a regional Sub-acute Ambulatory Care Services**
Government policies and community expectations in Australia continually lead to calls for healthcare change. These changes are often met with resistance from clinicians and managers. Making change happen requires consideration of the way policies, culture, context, shared vision and leadership can drive or impede change. This reflective case study critically investigates one change process; the evolution of a Sub-acute Ambulatory Care Services (SACS) program in an Australian regional hospital over a 3-year period. The new Community Rehabilitation Services (CRS) program evolved from a merger of Centre and Home Based Rehabilitation (CBR and HBR). Hospital amalgamations, closures and privatisation, and the Department of Health policy relating to SACS, ambulatory care and rehabilitation were some of the key elements explored in this paper.

Varkey P, Antonio K.  
**Change management for effective quality improvement: a primer.**  
Technological and medical advancements have dramatically accelerated the speed of change in the realm of health care. New technology, the changing needs of patients, and economic pressures all contribute to the need for health organizations to modify practices continually. Quality improvement (QI) of current processes is central to these efforts. To best manage the introduction of change through QI in a health organization, a focus on the people side of change is necessary. Change management is any action or process taken to smoothly transition an individual or group from the current state to a future desired state of being. The authors provide an overview of the steps to design and execute QI projects that require change management. Key steps for successful change management include assessing readiness for change, establishing a sense of urgency, assembling the steering team, developing an implementation plan, executing a pilot, disseminating change, and anchoring the change within the organization. Adoption of change management practices increases the odds of success because focus is placed on the people in the organization who make things happen.

VanDeVelde-Coke S.  
**Engaging the forces of change.**  
*Nursing leadership (Toronto, Ont).* 2010;23(4):12-5.  

Thompson JM.  
**Understanding and managing organizational change: implications for public health management.**
Managing organizational change has become a significant responsibility of managers. Managing the change process within public health organizations is important because appropriately and systematically managing change is linked to improved organizational performance. However, change is difficult and the change process poses formidable challenges for managers. Managers themselves face increased pressure to respond to environmental influences and provide the necessary leadership to their organizations in the change process. In fact, managing organizational change has become a key competency for healthcare managers. This article addresses the important topic of organizational change in public health organizations. It provides a conceptual foundation for understanding organizational change and its relationship to healthcare organizational performance, and then discusses the types and nature of change, using some examples and evidence from those organizations that have successfully managed change. A framework for guiding public health managers in the change management process is provided. The article concludes with suggested management competencies to establish a change-oriented organization with the culture and capacity for change.


AIMS AND OBJECTIVES: To identify factors influencing change in two hospitals that moved from taped and verbal nursing handover to bedside handover. BACKGROUND: Bedside handover is based on patient-centred care, where patients participate in communicating relevant and timely information for care planning. Patient input reduces care fragmentation, miscommunication-related adverse events, readmissions, duplication of services and enhances satisfaction and continuity of care. DESIGN: Analysing change management was a component of a study aimed at developing a standard operating protocol for bedside handover communication. The research was undertaken in two regional acute care hospitals in two different states of Australia. METHOD: Data collection included 532 semi-structured observations in six wards in the two hospitals and 34 in-depth interviews conducted with a purposive sample of nursing staff involved in the handovers. Observation and interview data were analysed separately then combined to generate thematic analysis of factors influencing the change process in the transition to bedside handover. RESULTS AND CONCLUSION: Themes included embedding the change as part of the big picture, the need to link the project to standardisation initiatives, providing reassurance on safety and quality, smoothing out logistical difficulties and learning to listen. We conclude that change is more likely to be successful when it is part of a broader initiative such as a quality improvement strategy. RELEVANCE TO CLINICAL PRACTICE: Nurses are generally supportive of quality improvement initiatives, particularly those aimed at standardising care. For successful implementation, change managers should be mindful of clinicians' attitudes, motivation and concerns and their need for reassurance when changing their practice. This is particularly important when change is dramatic, as in moving from verbal handover, conducted in the
safety of the nursing office, to bedside handover where there is greater transparency and accountability for the accuracy and appropriateness of communication content and processes.

Grant B, Colello S, Riehle M, Dende D. 
**An evaluation of the nursing practice environment and successful change management using the new generation Magnet Model.**

AIM: To discuss the new Magnet Model as it relates to the successful implementation of a practice change. BACKGROUND: There is growing international interest in the Magnet Recognition Programme. The latest generation of the Magnet Model has been designed not only as a road map for organizations seeking to achieve Magnet recognition but also as a framework for nursing practice and research in the future. EVALUATION: The Magnet Model was used to identify success factors related to a practice change and to evaluate the nursing practice environment. KEY ISSUES: Even when proposed changes to practice are evidence based and thoughtfully considered, the nurses' work environment must be supportive and empowering in order to yield successful and sustainable implementation of new practice. CONCLUSION: Success factors for implementation of a practice change can be illuminated by aligning environmental characteristics to the components of the new Magnet Model. IMPLICATIONS FOR NURSING MANAGEMENT: The Magnet Model provides an exceptional framework for building an agile and dynamic work force. Thoughtful consideration of the components and inter-relationships represented in the new model can help to both predict and ensure organizational vitality.

Ducharme J, Buckley J, Alder R, Pelletier C. 
**The application of change management principles to facilitate the introduction of nurse practitioners and physician assistants into six Ontario emergency departments.**

In a project funded by the Ontario Ministry of Health and Long-Term Care, MedEmerg facilitated the introduction of three new providers into six emergency departments. A managed change process that included team development was carried out. Increased team awareness and a higher acceptance of the provider roles were some of the key successes. Challenges included role confusion and the learning curve for the new providers. While overall the project was a success, lessons learned included the need for physician buy-in, communication, planning for unintended consequences and management of expectations. The project emphasized the importance of a managed process, including team development, in the implementation of change.

Lehman KL. 
**Change management: magic or mayhem?**
The Nursing Professional Development Educator role includes that of change agent. Much of the literature addresses reaction to change rather than purposeful guidance of the process. This article describes the development of a planned change template. Distilled from change literature, experience in change management, and wisdom from the nuclear power industry, it can assist in avoiding some of the common pitfalls that thwart the success of change initiatives.

Shanley C.  
**Management of change for nurses: lessons from the discipline of organizational studies.**  
AIM: This paper explores the literature on change management from the discipline of organizational studies to provide insights that nurse managers can use in their professional practice. BACKGROUND: The paper will benefit nurse managers by extending the nursing discourse on change management to include wider theoretical and academic perspectives. KEY ISSUES: Important aspects of change management explored are the roles of power and political behaviour, how much change can be planned and controlled, how to combine top-down and bottom-up approaches to change, the role of emotions in the change management process, a comparison of prescriptive and analytical approaches to understanding change, and the connection between theory and practice in managing change. CONCLUSION: While nurses can draw much useful information from within the nursing discipline, they can also benefit by exploring other disciplinary areas. In the case of change management, there are many useful lessons nurses can carry over into their professional practice.

Pearce C.  
**Ten steps to managing change.**  

Morjikian RL, Kimball B, Joynt J.  
**Leading change: the nurse executive’s role in implementing new care delivery models.**  
Implementation of innovative patient care delivery models provides an opportunity to examine how effective nurse leaders are leading change in the healthcare system. The trends and pressures that make change imperative, not optional, are discussed in other articles in this issue. The focus of this article is on how chief nursing officers improve patient safety and increase care quality while managing the complexities of the nursing workforce and controlling costs. The authors examine the leader’s role in the change process, in
particular, the role of nursing leaders. The care delivery model is considered an instrument for change, and the chief nursing officer is a change agent.


Bennett M.

**Implementing new clinical guidelines: the manager as agent of change.**


THIS ARTICLE aims to demonstrate how an increased knowledge of management issues can help improve health care. It focuses on change management, specifically the manager's role in implementing new clinical guidelines on sedation in a paediatric intensive care unit (PICU) setting. An action plan sets out the key stages of the change management process involved in implementing new guidelines (Box 1). There follows a critical analysis of the managerial issues involved in this action plan with a focus on the manager as a change agent.