

Change Management – Evidence Review

After interviewing 200 hospital employees and external management consultants in one NHS region Brown (Brown, 1992) came up with the following tips for change management: 1) Plan the changes to be implemented, taking into account both the strategic and operational difficulties 2) communicate the nature of – and reasons for – the change to everyone 3) re-evaluated your change-management style to see if it is sufficiently participative 4) make sure those overseeing the changes have the right qualifications for the job 5) make sure that change managers are flexible and adaptive enough to realise their vision for the new organisation.

Tourish (Tourish & Hargie, 1996) explored the importance of communication for the effective management of change and suggested managers carry out a **communication audit** to gather accurate information about communication practices within their organisation and assess the nature, quantity and quality of internal communication.

Winum (Winum, Ryterband, & Stephenson, 1997) argued that “most attempt to implement change in organisations are less successful than intended because principles and knowledge about the psychology of change are violated or ignored.”

Cline (Cline, 1998) argued that change “is related to grief and produces similar emotions.” Nurse leaders need to understand the stages and related emotions of the change process explaining the ‘change concept,’ anticipating its effect(s) and providing the tools needed to support employees through the change processes.

Lamb (Lamb & Mike, 1999) argued that “the successful implementation of new work methods and practices is dependent upon the willing and effective cooperation of the workforce,” and that “the full, potential benefits of information technology and automation will only be fully realized if the management of change takes proper account of human and social factors, as well as technical and economic factors.”

Faria (Faria, 2000) examined how organisational structure and hierarchy affected change management. Faria found that senior managers and front-line managers had very different views on change and advocated temporarily collapsing hierarchies to allow for “collective knowledge work.”

Lorenzi (Lorenzi & Riley, 2000) argued that people with a low psychological ownership in a system who vigorously resist its implementation can bring a ‘technically-best,’ system to its knees but that effective leadership can sharply reduce the behavioural resistance to change.

Narine (Narine & Persaud, 2003) argued that in order to effect change implementers must first gain *commitment* to the change. This can be done by: 1) Ensuring organisational readiness for change 2) Surfacing dissatisfaction with the present state 3) Communicating a clear vision of the proposed change 4) Promoting participation in the change effort 5) Developing a clear and consistent communication plan. Maintaining commitment can be done by using feedback mechanisms and making the change a permanent part of the organisation’s culture.

Vakola (Vakola, Tsasis, & Nikolaou, 2004) found that there was a relationship between personality traits and attitudes towards organisational change and also a relationship with emotional intelligence. The next year Vakola (Vakola & Nikolaou, 2005) found that highly-stressed people demonstrated decreased commitment and increased reluctance to accept

organisational change interventions. Bad work relationships also had an effect on workers' attitude to change. Organisational commitment was not found to have an effect on the relationship between occupational stress and attitudes to change.

Callaly (Callaly & Arya, 2005) discussed organisational change management in mental health and concluded that "change in clinical systems and practice is facilitated by careful planning and preparation, and by engaging clinicians in all phases of the change process; change will fail if this is not achieved."

Stanley (Stanley, Meyer, & Topolnytsky, 2005) looked at employee cynicism and resistance to change. He found that cynicism about organisational change was distinguishable from scepticism about the change, more general forms of cynicism and trust in management; that change-specific cynicism and scepticism related differently to personal and situational antecedent variables and that change-specific cynicism accounted for variations in employees' intentions to resist change not explained by scepticism, trust, and more general forms of cynicism.

Bordia (Bordia, Jones, Gallois, Callan, & DiFonzo, 2006) studied the influence of rumours during change. Bordia found that negative rumours were more common than positive ones and that employees reporting negative rumours reported more change-related stress compared to those who reported positive rumours or who did not report any rumours at all.

Massey (Massey & Williams, 2006) studied the applicability of the [CANDO](#) business-improvement technique to a health setting. Massey found that CANDO was an appropriate mechanism for developing change agents and creating change in health care but that the capability and competence of the change agent was critical. Specific skills included: developing people outside their normal functional boundaries; redefining values and norms; motivating and energising others; translating terminology; setting the initiative within the wider agenda of change and designing and communicating solutions and new systems.

Stensaker (Stensaker & Falkenberg, 2007) argued that organisations respond to change by transforming the organisation, making symbolic changes, customising the changes to fit the context or corrupting the change and maintaining the status quo. Over time most organisational changes are customised to fit the local context. Individual responses can be characterised as convergent, divergent, unresolved sensemaking, creative and non-compliant.

Shanley (Shanley, 2007) studied change management among managers of old people's homes. He found that there was no clear understanding of how change management fitted into managers' roles and that change management was 'in the background,' of management thinking and practice. The change-management aspects of managers' roles was largely taken for granted, something that led to stress for managers and reduced the effectiveness of the change process. Ways to help managers included developing an analytical approach to change management; recognising change-management competencies and promoting management-development practices that support the management of change.

Campbell (Campbell, 2008) discusses the theories and philosophies of John Kotter and William Bridges. For Kotter change has both an emotional and situational component. His model has eight steps which are: Developing urgency, Building a Guiding Team, Creating a Vision, Communicating for Buy-In, Enabling action, Creating short-term wins, Don't let up and Making it stick. Bridges deals with change at a more granular, individual level suggesting that

change within an organisation means that people must transition from one identity to a new one. According to Bridges transitions occur in three steps: endings, the neutral zone and beginnings.

Jones (Jones et al., 2008) examined the effects of hierarchy on people's attitude to change. She found that supervisory and non-supervisory staff referred more to conflict and divisions and had more negative attitudes to change than executives. Executives and supervisory staff focused more on planning challenges and potential outcomes of the change than non-supervisory staff and executives focused more on participation in the change process and communication about the change process.

Bruckman (Bruckman, 2008) argued that "a primary determinant of the future success of an organisation is its leadership's ability to assimilate change, then formulate and articulate a clear vision, accompanied by implementation of succinct strategic goals and objectives." However, "many leaders rely on instinct and experience rather than a full understanding of the change process."

Nelissen (Nelissen & Martine van, 2008) studied 'survivors,' of an organisational change. He found that positive responses increased and negative ones decreased as time went on although survivors remained ambivalent about the changes. Survivors who were satisfied with management communication scored highly on positive responses and low on negative ones.

Essers (Essers, Bohm, & Contu, 2009) draws parallels between current change practices and "narrative tactics employed by Robespierre during the Jacobin reign of terror to 'extort,' the commitment of participants in the change process.

Yu (Yu, 2009) found that organisational change had a significant negative influence on employees' trust and job involvement. "However, stress-management strategies and an understanding of organisational change can positively influence employees' organisational identification and job involvement."

Buono (Buono & Kerber, 2010) argues that there are three basic, inter-related approaches for implementing change - directed, planned and guided - and that organisations can mix and match to some degree as each has advantages and disadvantages.

Varkey (Varkey & Antonio, 2010) argues that 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." 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 organisation.

Cupisz (Cupisz, Schlosser, & Stiner, 2011) concludes that change is constant and that organisations should not underestimate the power of people because efforts that address the people side of change experience a higher percentage of success. "Addressing the people side of change is a critical success factor as well as one of the most critical challenges in implementing change efforts." Using experienced and skilled change managers can increase a project's likelihood of success - projects with a seasoned change master are more likely to be successful than projects where a novice change agent is supporting the effort. Organisations

need to develop “engaged, confident, capable leaders able to effectively address the people side of change.”

Fickenscher (Fickenscher & Bakerman, 2011) argues that “culture is the most powerful force for driving either the acceptance or resistance of change,” and that “organisations with a history of poorly executed change programmes will continue to struggle with new initiatives.” Leaders need to be intimately involved in driving and supporting the process with both action and words, they need to be “visibly involved and consistent in their actions and ability to hold people accountable.”

Lee (Lee, Ridzi, Lo, & Erman, 2011) studied the links between team learning styles and change management and found that a mix of styles is ideal for successful healthcare change management although a ‘learner ratio,’ that favours convergers and assimilators over divergers and accommodators may be the most effective strategy.

Ford (Ford, 2012) found that there were positive correlations between self-efficacy, distributive justice and procedural justice and organisational change practices.

Decker (Decker et al., 2012) quoted recent estimates that failure rates for change initiatives in organisations could be as high as 93%. “Neither advances in organisational measures, such as culture or alignment, nor attempts to enhance decision making, nor the addition of change-management techniques have led to a dramatic reduction in implementation failure or the attainment of the expected value associated with change initiatives.”

Lunts (Lunts, 2012) studied change management among middle managers in integrated care. He found that middle managers had good project-management and staff-engagement skills and understood the challenges of integration although time and capacity, changes in senior leadership and lack of role clarity were significant hindrances.

Stefancyk (Stefancyk, Hancock, & Meadows, 2013) introduced the idea of a change coach who uses coaching behaviours – such as guidance, facilitation and inspiration – to inspire others toward change, altering human capabilities and supporting and influencing others toward change.

Jourdain (Jourdain & Chênevert, 2013) studied 956 hospital workers in Canada at a time of major organisational change. She found that quantitative overload and role clarity, along with ineffective change management and information-sharing practices “may be the most important contributors to the development of burnout in the context of organisational change.”

Feletto (Feletto, Lui, Armour, & Saini, 2013) studied the implementation of a pharmacy asthma-management service in New South Wales. She found that “systematic management of the practice change using theoretical concepts had not really been undertaken and that many challenges were faced in the implementation of practice change.”

Salmela (Salmela, Eriksson, & Fagerström, 2013) studied nurse leaders’ perceptions of an approaching organisational change. She found that they were positive towards, and actively engaged in, continual change to their units, even though they saw themselves as mere spectators of the change process. They believed that change might benefit patients but their adaptation lacked deeper engagement. They experienced uneasiness and anxiety about being nurse leaders, the future of nursing care, and their mandate as patient advocates and “the

organisations covered in this study were not incorporating their knowledge and experiences into the change.”

Dubois (Dubois, Bentein, Mansour, Gilbert, & Bédard, 2014) studied workers in five health and social-service centres in Quebec where a work reorganisation project had been initiated. Dubois found that a perceived loss of resources was associated with emotional exhaustion, which, in turn, was negatively correlated with commitment to change and positively correlated with cynicism.

Vakola (Vakola, 2014) studied 183 people working for a technology company in Greece which was implementing a large-scale restructuring project. Vakola found that the perceived impact of the change mediated the relationship between the pre-change conditions and work attitudes and individual readiness to change. Employees who were confident about their abilities had a higher readiness to change. Creating a climate of trust and enhancing positive communication also had an influence on people’s readiness to change. Satisfied employees were more ready to change because they weighed the positive consequences of changing as significant and therefore decided to embrace change.

Simoes (Simoes & Esposito, 2014) found that resistance to change reduces “under dialogic communication.”

Abrell-Vogel (Abrell-Vogel & Rowold, 2014) states that followers’ affective commitment to change has been found to constitute a strong predictor of the success of change initiatives in organisations and that several studies have shown that transformational leadership has a positive effect on this. She found that there was a significant effect of the transformational-leadership behaviour “individual support,” on followers’ affective commitment. “Providing an appropriate model,” was shown as only positively contributing to followers’ commitment to change when leaders’ own commitment to change was high.

Holten (Holten & Brenner, 2015) also studied managers’ leadership styles and change management. Both transactional and transformational leadership styles were positively related to the engagement of managers and managers’ engagement was associated with followers’ appraisal of change. However, transformational management had a positive effect on followers’ change appraisal while transactional management had a negative effect.

Harris examined trust and change management. She found that affective-based trust was just as important as cognitive-based trust in influencing affective commitment to change.

Bourne (Bourne, 2015) examined generational differences in responses to organisational change. Five core themes emerged from her phenomenological study which were: communication, employee involvement, understanding how change impact employees, perceptions of change and generational perceptions.

van Rossum (van Rossum, Aij, Simons, van der Eng, & ten Have, 2016) studied change management in an operating theatre. She found that transformational leadership was expected to ensure the required top-down commitment whilst team leadership created the required active, bottom-up behaviour of employees. Professional and functional silos and a hierarchical structure impeded workforce flexibility.

Lacoste (Lacoste & Dekker, 2016) found that top managers’ willingness to apply a ‘soft,’ approach to change ‘leverages,’ emotional connectedness

Allen (Allen, 2016) advocates a logical change process made up of three elements. Firstly time and attention should be given to conducting detailed analyses and preparatory work to establish the foundation for the implementation phase. Secondly a clear set of implementation tactics are used to ensure the change process is effective. Finally, an evaluation of the success of the change is undertaken and measures are put in place to ensure it is sustained over time.

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