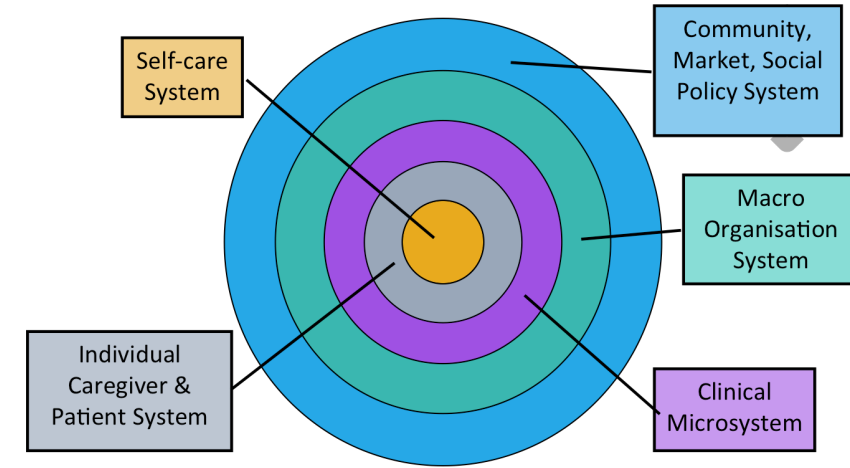


How can we describe change?

- Where does the *impetus* for change come from (internal or external)?
- What is the *scope* of the change (at what level(s), what scale – small, incremental or organisation or system wide, how fast)?
- What is the *timing* (proactive vs reactive, planned vs emergent, slow versus rapid)?
- What are the *goals* of the change (to improve performance, efficiency, effectiveness, accessibility, appropriateness, equity, quality, safety, culture, collaboration, competencies)?
- What *processes* are used to effect change?
- What are the intended (and potential unintended) *outcomes*?

Levels of change

- **Individual** - Who? Does their profession matter?
- **Team / Unit** - Culture, location, rules, accountability, leadership, communication,...
- **Organisation** - Restructure, personnel, authority, reporting, culture
- **Health system** - Policy, finance, regulation, structure
- **And beyond...** Society? Government? The environment? The economy?



Historical perspectives on change

- Scientific management – organisations as machines (1900s)
- Hawthorne studies – Human relations movement (1920-30s)
- Industrial psychology – Organisational culture and context (1950s)
- Survey *feedback* – data collection from employees' perspectives (1950s & 60s)
- Sociotechnical systems – interdependency of social and technical systems (1960s)
- Organisational development – action research
- Complexity theory – non-linear, emergent change, complex adaptive systems (1990s)

More ways to describe change

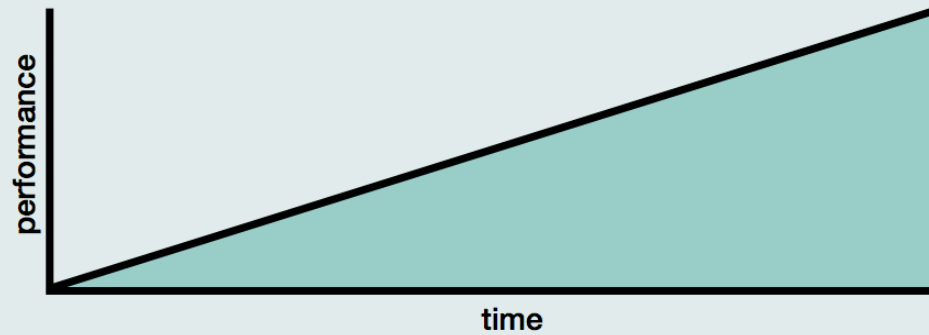
- Planned or emergent
 - Episodic or continuous (Weick & Quinn, 2999)
 - Sequential or spasmodic
 - Fundamental or symbolic
 - Incremental or evolutionary
- Managed or unmanaged
 - Proactive or reactive
 - Strategic or operational
 - First-order or second-order (micro or mega?)

Figure 1: Perspectives on change

Adapted from Ackerman (1997)

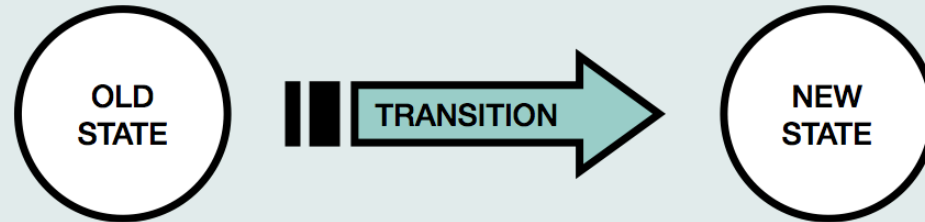
Developmental change

Improvement of existing situation



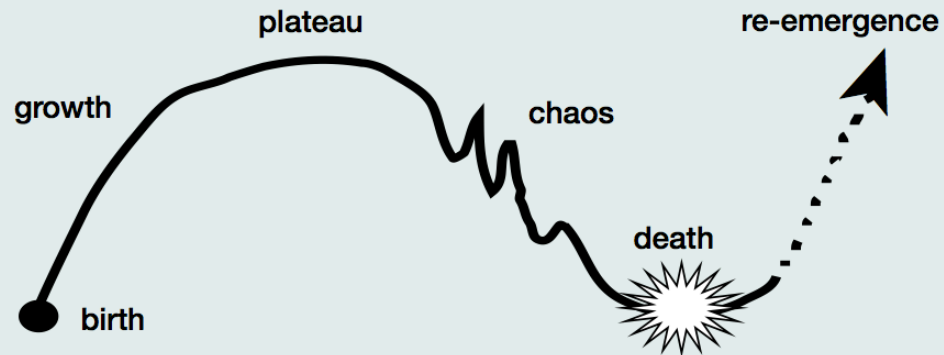
Transitional change

Implementation of a known new state;
management of the interim transition state over a
controlled period of time



Transformational change

Emergence of a new state, unknown until it takes
shape, out of the remains of the chaotic death of
the old state; time period not easily controlled



Source: Iles & Sutherland
(2001) *Organisational
change: A review for health
care managers,
professionals and
researchers*. London School
of Hygiene & Tropical
Medicine: London. (p. 16)

Planned Vs Emergent Change Approaches

Planned change

Change as pre-planned

More prescriptive

Aimed at transition between fixed states

Developing processes, timetables, objectives

“Top down” approach

Managers as controllers of change

Emergent change

Change as rapid, complex

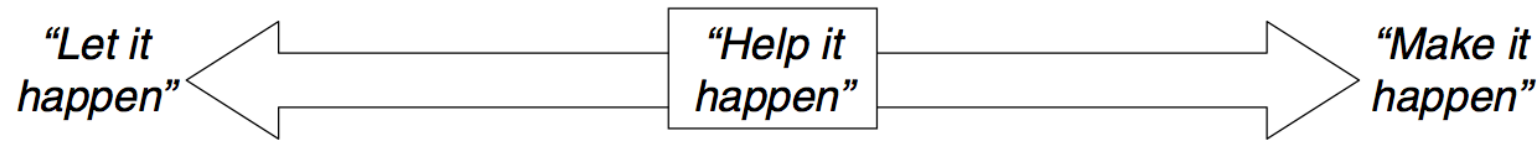
More analytical

Aimed at understanding the complexity of organisations

Developing a range of alternatives to guide decision-making

“Bottom up” approach

Managers as *facilitators* of change



Defining Features

**Unpredictable,
unprogrammed,
uncertain, emergent,
adaptive, self-
organizing**

**Negotiated,
influenced,
enabled**

**Scientific, orderly,
planned, regulated,
programmed,
systems “properly
managed”**

Assumed Mechanism

**Natural,
emergent**

Social

Technical

Managerial

Metaphor for Spread

**Emergence,
adaptation**

**Knowledge
construction,
making sense**

Diffusion

Negotiation

**Knowledge
transfer**

**Dissemination,
cascading**

**Re-
engineering**

Source: Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P. & Kyriakidou, O. 2004, 'Diffusion of innovations in service organizations: systematic review and recommendations', *The Milbank Quarterly*, vol. 82, no. 4, pp. (p. 593).

FIGURE 2. Different Conceptual and Theoretical Bases for the Spread of Innovation in Service Organizations

The background is a dark gray color. It features several thin, light gray lines that intersect at various angles, creating a geometric pattern. These lines are scattered across the frame, with some entering from the top and others from the bottom, creating a sense of dynamic movement and structure.

Change models and frameworks

There are multiple change models ...

- A(wareness) D(esire) K(nowledge) Ab(bility) R(einforcement) (ADKAR)
- Beckhard (or *Gleicher's Formula*):
 - Dissatisfaction x Vision of what is possible x First steps to vision > can overcome Resistance
- Bridges: Managing the transition
 - ending; neutral zone; new beginning
- Bullock and Batten: *Planned change*:
 - exploration; planning; action; integration
- Burke and Litwin: Causal model of organizational performance and change
 - External environment; mission and strategy; leadership; organizational culture; structure; management practices; systems; work unit climate; task and individual skills; individual needs and values; motivation; individual and organizational performance.
- Carnall: Change management model
 - manage transitions effectively; deal with organisational culture; manage organisational politics

There are multiple change models (cont.)

- Cameron and Green: *Change Management Model*
 - establish need; build change team; create vision and values; communicate and engage; empower others; notice improvements and engerrise, consolidate
- Hinings and Greenwood: Model of Change Dynamics
- Judge: *Organisational Capacity Model*
 - Organisational trust – trustworthy leadership, trusting followers; lateral leadership – involved mid-management, capable champions; systems thinking; communicating; accountable culture; innovative culture
- Kanter et al.'s: “Big Three” Model of Organizational Change
 - Three motions (organizational external motion, intraorganizational components and the individuals as they vie for power and control); three changes (identity, coordination and control); roles (change strategist, change implementer, change recipient)

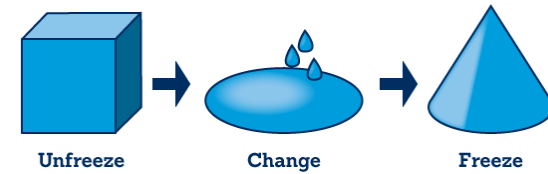
There are multiple change models (and so on...)

- Kübler-Ross (1970): Change-Grief Model
- Lewin (1951): Four elements including three steps
 - Field theory, group dynamics, action research and three steps
 - unfreeze; change; freeze
- Lippitt (1958): Phases of Change Theory
- McKinsey (1980) *7 S model*
 - Hard elements - strategy, structure, systems; soft elements - shared values, skills, style and staff
- Michie (2005) Theoretical Domains Framework (Updated by Cane et al 2012)

Some more popular models of change in healthcare

1. Lewin's 3 steps
2. Kotter's 8 steps
3. PDSA cycle (API model of improvement)
4. Bridges' transitions
5. The SCARF model (Rock, 2008)
6. The Behaviour Change Wheel (Michie et al, 2011)
7. ACI Process for developing Models of Care

Lewin's (1947) 'Change as 3 Steps'



Unfreezing

Destabilising the status quo, creating need and buy-in for change

Moving

Draws on field theory and group dynamics to identify what needs to change, the context (group norms etc), who is involved, what drives them, and then, to implement, observe, test, and adjust the change iteratively through **action research**.

Re-freezing

Re-stabilising the group again at a 'quasi-stationary' equilibrium

- Mainly referring to change at the group (rather than individual) level
- Also: groups are in a continual process of adaptation, rather than a steady or frozen state – tension between continuity and change.
- The model has been developed and popularised mainly by other theorists after Lewin's death (e.g. Lippit, Schein, etc.), to become a 'foundational model' of change management (Cummings et al, 2016)

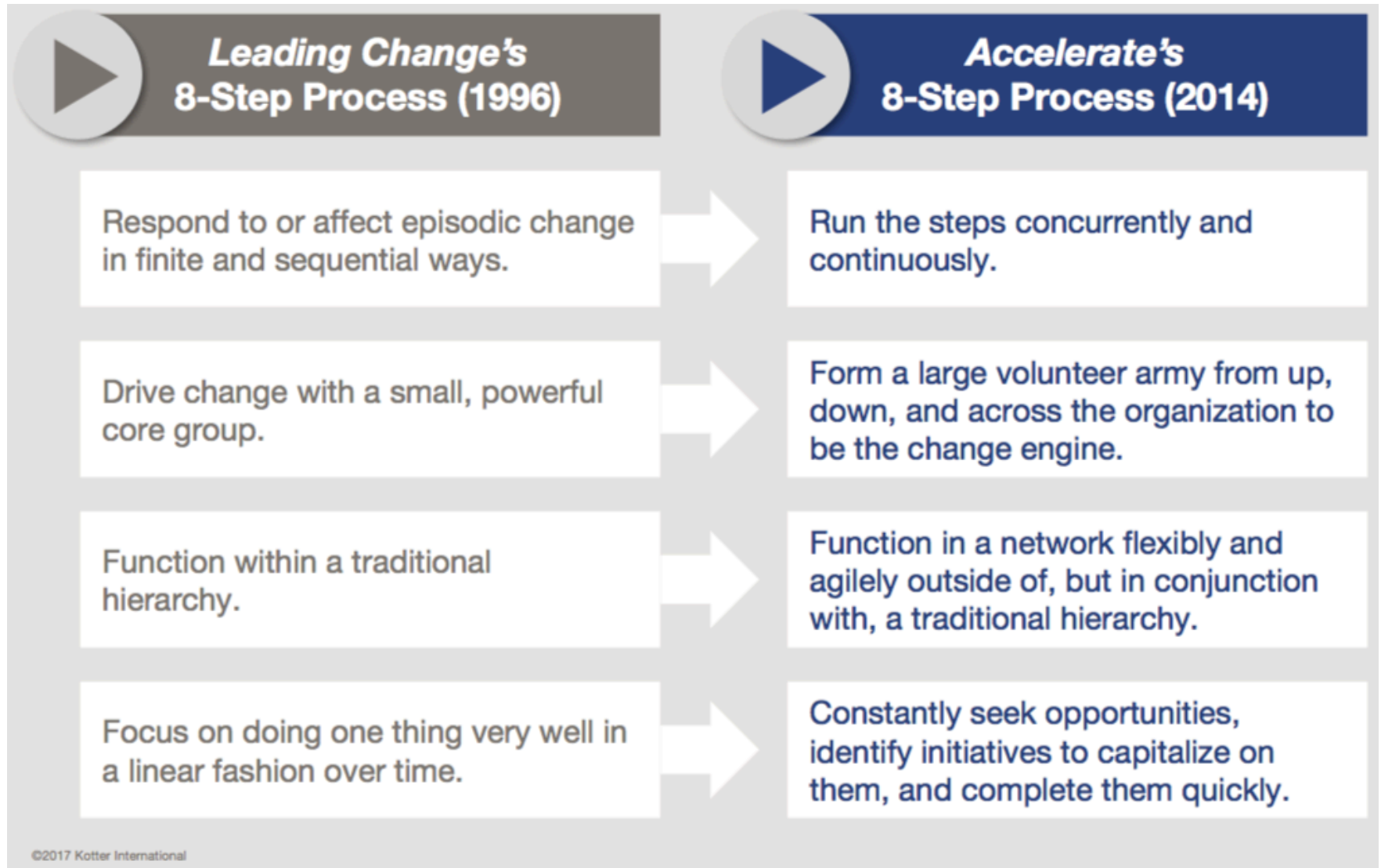
Kotter's 8 steps (1996)

Creating a climate for change	1	Establish a sense of urgency
	2	Create a powerful guiding coalition
	3	Create a vision
Engaging and enabling the whole organisation	4	Communicate the vision
	5	Empower others to act on the vision (Remove obstacles, encourage creativity)
	6	Create short-term wins
Implementing and sustaining change	7	Consolidate improvements (Don't let up)
	8	Institutionalise changes (Make it stick)

Kotter's 8 steps (updated in 2014)

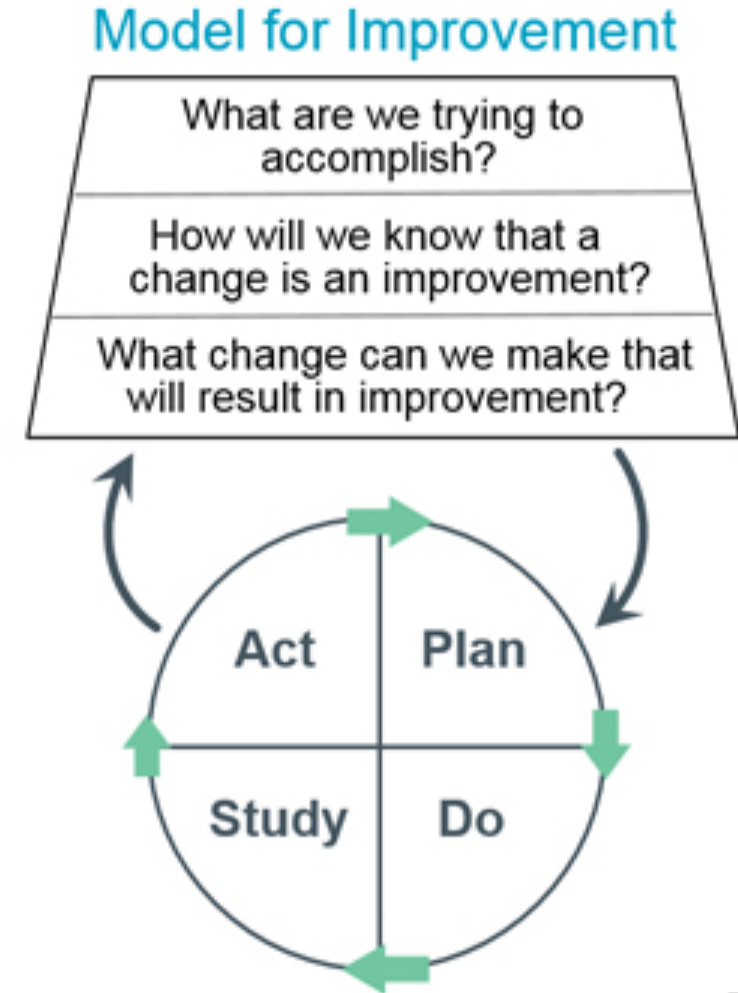


Differences between versions



Plan-Do-Study-Act (PDSA) cycles

- An iterative, experimental approach
- Based on early theory of learning (Dewey, 1933) and originated as Shewhart's (1939) cycle for understanding production as a system:
specification → production → inspection → re-specification → etc etc
- Developed by Deming into PDSA form, then later, extended by the Associates in Process Improvement (API), to the current 'Model for improvement'
- See the Institute of Healthcare Improvement website for resources:
<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>



Plan-Do-Study-Act (PDSA) cycles

Step 1: Plan

- Plan the test or observation, including a plan for collecting data.
- State the objective of the test.
- Make predictions about what will happen and why.
- Develop a plan to test the change. (Who? What? When? Where? What data need to be collected?)

Step 2: Do

- Try out the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Begin analysis of the data.

Step 3: Study

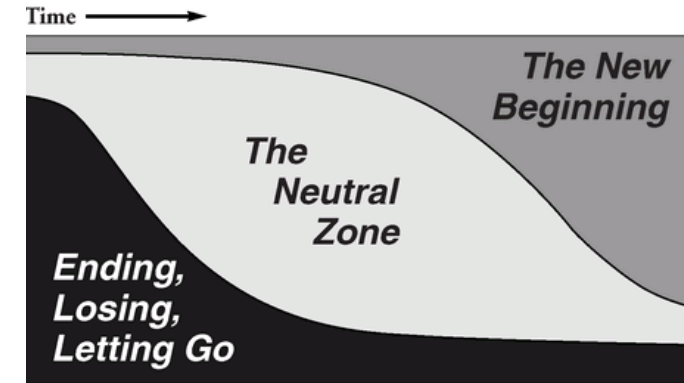
- Set aside time to analyze the data and study the results.
- Complete the analysis of the data.
- Compare the data to your predictions.
- Summarize and reflect on what was learned.

Step 4: Act

- Refine the change, based on what was learned from the test.
- Determine what modifications should be made.
- Prepare a plan for the next test.

Bridges' Managing Transitions (2002)

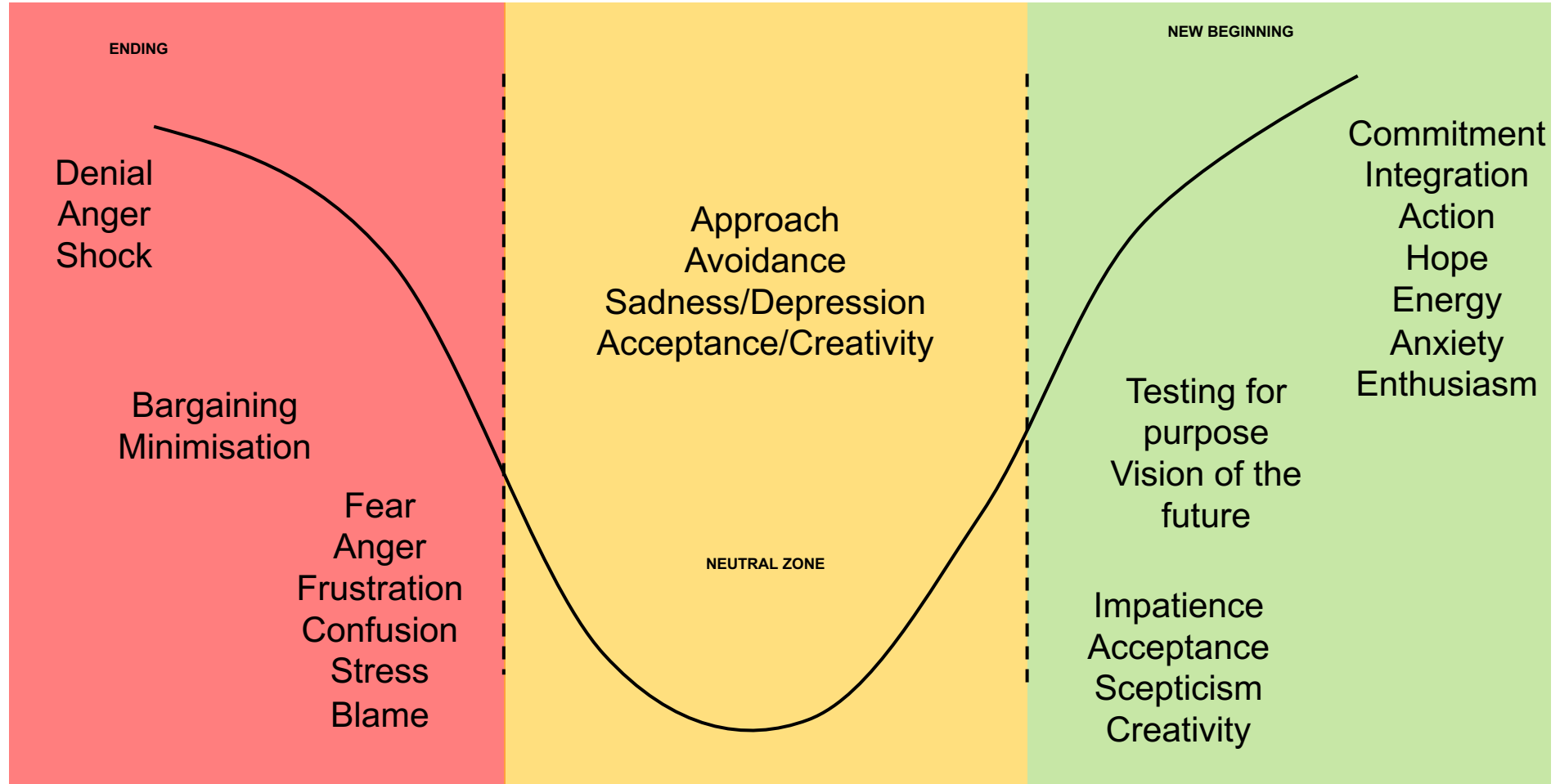
- Managing **transition**: from old to new ways of doing things
- Focusing not on the *outcome of the change*, but the **ending of the old situation** – helping people deal with their losses.
- Transition as psychological: “a three-phase process that people go through as they internalize and come to terms with the details of the new situation that the change brings about.”
- Neutral zone: where the old way is gone, but the new is still unfamiliar.
- Phases overlap, and often changes spin off from changes...



Bridges, W. (2002) Managing transitions: Making the most of change, [There is an e-copy in the library.]



Bridges' managing transitions (2002)



SCARF model

Status – relative importance to others

Certainty – ability to predict the future; familiarity

Autonomy – sense of control over events

Relatedness – sense of belonging (friend vs foe)

Fairness – fair exchanges between people

- A model of motivation: minimising of threat, maximising of reward, based on research in psychology.
- The SCARF factors are those that activate reward or threat responses in social situations – useful to consider how change can threaten/reward these factors in stakeholders.

THE SCARF MODEL

ANTICIPATING ORGANIZATION STRESS

Have you ever felt that your life was in immediate danger? You remember feeling a burst of adrenaline as your heart race, and you moved into action or froze in your tracks. Research shows that other situations, in which there is no physical danger, can trigger a similar response. This "fight, flight, or freeze" response decreases the ability to plan, make rational decisions, and perceive subtle social and cognitive signals. To avoid stress reactions from interfering with your next organization change, pay attention to the five areas of threat identified by David Rock.



1 WHEN ALL IS WELL

People are recognized for their standing and position

People experience familiar patterns that lead to safe, predictable outcomes

People make decisions about important matters that affect them

People are treated as colleagues and as part of the group; they know that they're among friends

People see that the organization treats everyone with fairness and respect



2 HOW TO PREVENT A THREAT RESPONSE

Identify and draw on people's areas of expertise

Encourage people to master new skills

Reward acquisition of new skills

Share plans and goals

Explain what will stay the same amidst change

Break complex tasks into smaller, manageable tasks

Reduce ambiguity whenever possible

Give people the latitude to make their own choices

Allow staff to organize their own work and set their own hours

Set a goal and allow people the authority to choose how to accomplish it

Design projects that involve collaboration

Connect in person rather than by email

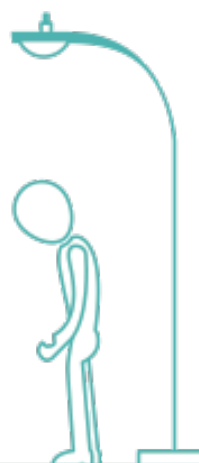
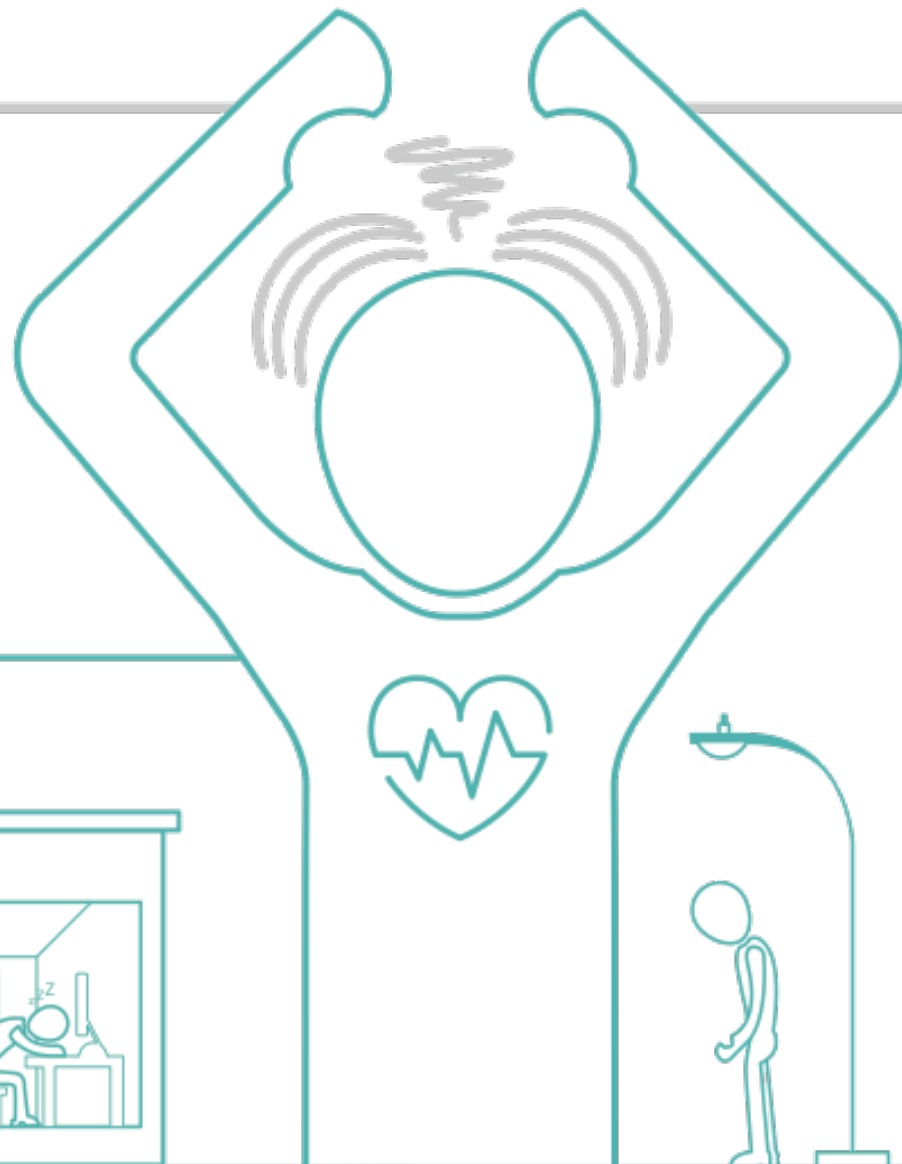
Favor inclusion over exclusion whenever it makes sense

Avoid situations that bring negative, public attention to individuals

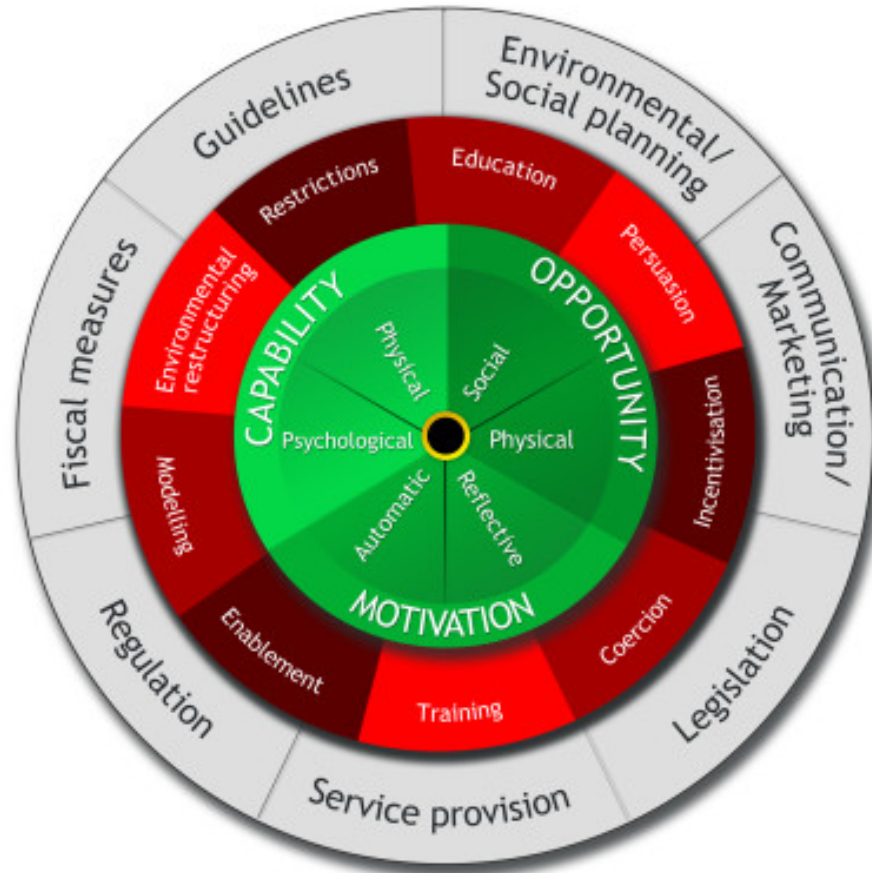
Allocate rewards and privileges based on clear, objective criteria

Spread information quickly, clearly, and widely

Share the rationale behind tough decisions



The Behaviour change wheel (2011)



The Behaviour change wheel (2011)

Group of experts reviewed and evaluated 19 frameworks of behaviour change interventions.

- Developed a new framework – the Behaviour Change Wheel (BCW) that was more comprehensive, and linked to a model of behaviour (COM-B)
- The BCW is used to describe *and* design policy and interventions to change behaviour.

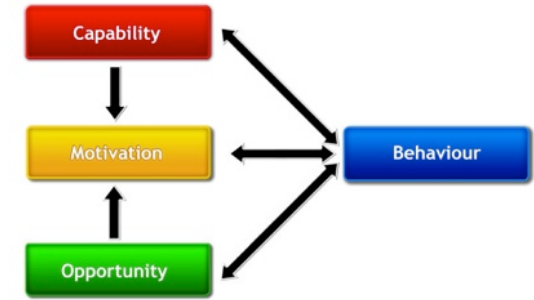


Table 2

Links between the components of the 'COM-B' model of behaviour and the intervention

Model of behaviour: sources	Educa-tion	Persua-sion	Incentiv-isation	Coercion	Training	Restric-tion
C-Ph					√	
C-Ps	√				√	
M-Re	√	√	√	√		
M-Au		√	√	√		
O-Ph						√
O-So						√

Agency for Clinical innovation

Process Flow Chart for developing a Model of Care (MoC)

This document is used to illustrate the process for developing a Model of Care. It encompasses the work owned by the project manager and the functions that the Clinical Redesign and Implementation Team assist with.

