Notes from Papers

Auguste J (2013) Applying Kotter’s 8-Step Process for Leading Change to the Digital Transformation of an Orthopedic Surgical Practice Group in Toronto, Canada. J Health Med Informat 4: 129. doi:10.4172/2157-7420.1000129

1], and

offset the financial burden of converting to a fully digital clinic which is estimated to be in excess of $75,000, the clinic must engage in and adopt a paper-free global operational process. In addition the affiliates hospital’s medical staff members have received a mandate to switch to dedicated electronic communication between external practice official and the hospital (Table 1).

Each step in Kotter’s [2] model was then addressed individually by the author with the group (Figure 1). Step one [2] to communicate urgency, was achieved by emphasizing the deadlines from Ontario MD [1] for funding and from the affiliate hospital for digital communication during individual interviews with all staff. Step two [2], building a guiding team, was carried out through the engagement of a physician champion and an administrative champion to communicate the vision and serve as role models to educate, encourage, and provide feedback to other members during the process. Steps three and four [2] to create a vision and communicate it for buy-in were achieved through create a vision and communicate it for buy-in were achieved through the use of multiple channels (email reminders, face to face meetings, individual interviews and electronic feedback from the EMR program demonstrating functionality and familiarity with the program). Step five, the removal of obstacles [2] in order to enable action was addressed through individual one-on-one in-services on the use of Accuro EMR in medical practice; and through a one-on-one in-service with the author and each team member on the specific use of the program in orthopaedic practice. Finally Kotter’s sixth step was addressed—creating short term wins that provide momentum--through a meeting with an OntarioMD [1] representative and the physician champion (author) to review EMR application and provide final approval of grant funding [2]. Kotter’s seventh step maintaining momentum--was addressed through the confirmation of threshold adoption by a representative through the confirmation of threshold adoption by a representative from OntarioMD [1]; and feedback from our affiliate hospital health records department confirming digital integration between the clinic and hospital [2]. Kotter’s eighth step--incorporating change into the culture [2], will proceed through “nurturing” a new culture of digital practice [3]. OntarioMD [1] and representatives from Accuro ® EMR publish weekly “tips and tricks” via email for optimizing EMR use. These have been incorporated into a summary presentation by the administrative champion at each subsequent monthly staff meeting. In addition, the destruction through shredding of all remaining paper forms was scheduled in conjunction with a major clinic social event to celebrate the achievement of our digital transformation goal.

According to Guba and Lincoln [5], open-ended interview questions which constitute qualitative inquiry, s used in interview questions which constitute qualitative inquiry, as used in this research, should not be judged by criteria such as reliability as it this research, should not be judged by criteria such as reliability as it is considered subjective.

Results

Several barriers identified by Boonstra and Broekhuis [13] include resistance to organizational change. Cohn et al. [3] found that physician engagement and consensus building are primary determinants of an effective EMR implementation program. In a case analysis of a hospital-based EMR implementation in Cohn’s article [3] success was found to be multifactorial and included seeking early physician participation, providing sufficient resources to carry out the transformation, and using a logical framework of to carry out the transformation, and using a logical framework of implementation. Cohn et al. [3] used Kotter’s 8-step change model to implementation. Cohn et al. [3] used Kotter’s 8-step change model to “defrost” and then to “embed” EMR into daily practice. According to Cohn et al. [3], 95% of the case hospital physicians now use the EMR system, and the hospital has helped three other similar facilities adopt EMR technology.

According to Ray [14], change models are effective tools to bring about organizational transformations-- Kotter’s [2] model representing one such tool successfully implemented in health care systems [14- 16,3,17,2] found that change has both an emotional and situational component, and methods for managing each can be expressed in stepwise fashion. Kotter’s [2], model expressed as an eight step process (developing urgency, building a guiding team, creating a vision, communicating for buy-in, enabling action, creating short-term wins, communicating for buy-in, enabling action, creating short-term wins, reinforcing, and making it stick) addresses organizational, individual and even environmental barriers to change [2]. Campbell [16], introduces Kotter’s philosophy of organizational change, referencing introduces Kotter’s philosophy of organizational change, referencing situational and emotional components of change that should not be underestimated by managers. He suggests addressing EMR integration into physician offices through a process of incremental phases to avoid overwhelming organizational members [16].

el, Aiken and Keller [18], claimed that failure to create organizational change results from a lack of understanding of certain aspects of human nature which they lack of understanding of certain aspects of human nature which they consider predictable. Reasons for unsuccessful change include failure: to recognize differences in motivation; to use employee-driven change messages; to communicate a balanced message of the pros and cons of change; on the leader’s behalf to act as role models for effective change; to overestimate the impact of influential organizational members in resistance to change; to recognize that money is not members in resistance to change; to recognize that money is not necessarily a motivating factor in change; to recognize the impact of necessarily a motivating factor in change; to recognize the impact of employee perceptions; and to recognize the impact of environmental factors external to the organization [18]. By identifying potential barriers prior to implementing Kotter’s model [2], it may be possible to barriers prior to implementing Kotter’s model [2], it may be possible to incorporate counter measures to avoid resistance. Kotter [2] notes that transformation efforts require organizations to follow a series of steps--none which should be skipped. In the 2007 The Best of Harvard Business Review reprint of his original 1996 article Kotter [2] describes potential process errors including a lack of urgency, no guiding coalition, lack of communication of the vision for change, failure to identify and remove obstacles, to identify success along the way, to prematurely declaring victory and lack of anchoring for change into the culture. Motivation plays an integral role in facilitating organizational change [19]. According to Kurt Lewin [20], who originally presented change [19]. According to Kurt Lewin [20], who originally presented his classic work in 1947, organizational change requires motivation and must follow the steps of unfreezing, moving and refreezing to effectively create transformation.

In

review of the literature concerning EMR adoption in healthcare systems, it appears that end-user engagement could be improved by addressing awareness of the digital alternatives, through customization of the EMR program to meet individual surgeon needs, and by employing specific motivational strategies to enhance surgeon participation [12]

Kotter [2] warns us that failure to successfully implement organizational change may occur if we do not address potential barriers organizational change may occur if we do not address potential barriers or consider individual motivational factors [2]. Failure to change may also occur if we do not create an atmosphere of urgency, or fail to embed the change into organizational culture [2]. Barriers to EMR adoption have been identified to include issues related to finances, technology and training, time constraints, psychological resistance or habit, and even social factors [13].

Finally, according to Schermerhorn [19], the use of a self-managing team in the clinic’s digital transformation effort may lead to a more rapid process of change.

Kotter’s 8 Step Process for Leading Change is therefore an effective tool to bring about transformational change in the implementation of electronic medical records in a community orthopedic surgical practice office.

Battilana, J., Casciaro, T. (2013) Overcoming Resistance to Organizational Change. *Management Science 59*(4), pp. 819–836, ©2013 INFORMS Retrieved from: <http://dx.doi.org/10.1287/mnsc.1120.1583>

We distinguish two types of potential opponents: outright resistors who have a purely negative attitude toward a change initiative, and fence-sitters who have both positive and negative attitudes toward a change and are therefore ambivalent about it (Oreg and Sverdlik 2011, Piderit 2000, Pratkanis 1989). If not preempted or converted, both potential fence-sitters and resistors, whose opposition toward the change may range from passive inertia to active hostility (Giangreco and Peccei 2005), may ultimately derail the change initiative (Balsano et al. 2008, Kaplan 2008, Kellogg 2011, Markham 2000), particularly when they yield influence in the organization.

but the influence achieved through cooptation can be directed toward garnering support for new ideas as much as it can be used to preserve the status quo in an organization (Gargiulo 1993).

In principle, however, both change agents and their close contacts may use affective cooptation to influence each other.

social interaction between change agents and potential opponents makes the psychic cost of disappointing the change agent particularly high for her close contacts, for two reasons. First, by launching a change initiative, the change agent effectively requests others’ support.

Second, by launching a change initiative, change agents publicly commit to implementing the change and, therefore, face consistency pressures (Gerard and Rotter 1961, Rosenfeld et al. 1984).

Because fence-sitters see potential benefits in the change initiative, any reluctance a change agent may feel about disappointing fence-sitters to whom she is close to is offset by the awareness that fence-sitters value aspects of the change.

Hypothesis 1. A change agent’s strong ties to potentially influential fence-sitters increase the likelihood of change adoption.

The intensity of a negative attitude toward a change initiative is shaped in part by the content of what is being resisted (Jermier et al. 1994).

First, more divergent changes represent a greater threat for resistors, strengthening their opposition (Dent and Goldberg 1999). The result is likely to be a dampening of the benefits change agents draw from affective cooptation, because in this case complying with the change agent’s request for support requires resistors to override their intense opposition to the change solely for the sake of their relationship with the change agent. Second, pushing through a more divergent change increases the psychic cost for change agents, who may become reluctant to disappoint a close contact who sees only the downside of a change with the potential to alter substantially the functioning of the organization.

We hypothesize, therefore, that the effect of closeness to potentially influential resistors on change adoption is moderated by the degree to which the change initative diverges from the institutional status quo in the organization’s field of activity and the intensity of the resistance that this divergence implies.

Hypothesis 2. The less the change diverges from the institutional status quo, the more a change agent’s strong ties to potentially influential resistors increase the likelihood of change adoption.

It had a budget of more than £60 billion and employed more than one million people.

The first week of the program focused on developing individuals’ skills to improve their effectiveness in their immediate sphere of influence and leader ship within clinical bureaucracies. The second week focused on developing participants’ strategic change capabilities at the levels of the organization and the community health system.

Results

The coefficient for mean tie strength with endorsers, in particular, suggests that closeness to potential influencer who are positively disposed toward the change does not provide a change agent with distinctive advantages. unlikely to change their behavior, because their attitude toward the change is positive from the start.

The coefficient for mean tie strength to fence-sitters is positive and statistically significant supporting Hypothesis 1.

(Model 3) is not statistically significant. This result indicates that a change agent’s strong ties with potential resistors of the change initiative do not directly increase the likelihood that the change initiative will be adopted in the organization.

These analyses indicate that the association between closeness to resistors and change divergence follows the predicted crossover interaction pattern.

the change agent’s strong tie to the senior consultant who opposed the project did not help her to convert him.

This change agent, who was trying to implement a divergent change, thus successfully leveraged her closeness to some of the fence-sitters to turn them into endorsers of the project.

Discussions

Organizational scholars have long recognized that change agents need to build a coalition behind the change they initiate (Kanter 1983, Kotter 1995) and that the effectiveness of such a coalition can be hampered by the failure to incorporate key players (Cyert and March 1963/1992, March 1988, stevenson et al. 1985).

First, we find that strong ties to potentially influential fence-sitters increase the likelihood that an organizational change will be adopted, irrespective of how divergent the change is. Second, we find that the effects of strong ties to potentially influential resistors on change adoption are contingent upon the extent to which the change diverges from the institutional status quo.

As the degree of divergence increases, however, not only does closeness to resistors have decreasing positive effects on change adoption, but it can have detrimental effects too, as the intense disapproval of close contacts increases the psychic toll change implementation takes on the change agent, dampening her own drive toward change.

We show that cooptation, as a basic process for managing opposition, can rest on affective foundations and not just the instrumental ones generally emphasized in the literature. The change agent can win the support of those with the potential to derail the change by leveraging their benevolence and the power of personal approval—affective mechanisms that underlie the political impact of strong ties on organizational functioning.

our study advances the body of work on organizational change in three ways. First, it provides theory and evidence of the benefits of change agents’ closeness to fence-sitters and resistors for change adoption.

our findings on the contingent effect of strong ties to resistors on change adoption indicate that the business principle that efforts to convert resistors of change are futile (Block 1987) should not be applied indiscriminately to all types of change. Conversely, our findings also indicate that there are limits to the popular wisdom suggesting the importance of closeness to those who constitute a potential threat to the attainment of one’s objectives, as expressed in the oft-cited adage “keep your friends close and your enemies closer.” We find that, in the context of more divergent organizational change initiatives, close ties to resistors may not facilitate change adoption, and may in fact hamper it, which suggests that the strategy of trying to keep your potential “enemies closer” may be counterproductive when the divergent nature of the change intensifies their resistance.

Our study contributes to resolving this dichotomy by bridging the individual and organizational levels of analysis in examining the influence of individual actors’ informalities in organizational networks on the likelihood of change adoption.

Our study contributes to filling this gap by specifying theoretically and documenting empirically the influence of network characteristics on a change agent’s ability to implement change in organizations.

Rieley, J. (2015) What to Do When Employees Are Gaming the System: Overcoming Resistance to Change*. Global Business Organizational Excellence. ©2015 Wiley Periodicals, Inc*. Wiley Online Library (wileyonlinelibrary.com) Retrieved from DOI: 10.1002/joe.21653

two key concepts: As the magnitude of change increased, so did employees’ ability to resist the change.

As the level of commitment to change increased, so did employees’ ability (willingness) to change, thus decreasing the overall impact of the change and any potential resistance to it.

Two main steps were taken to ensure that the implementation process worked. Step one was to identify the key influencers in the organization.

The second step of the process, which took place a month later, was to shut down some of the other communications vehicles that had been in use so that staff members would have to increasingly adopt the new system.

Behaviors can gradually shift over time, but time is a precious commodity. By creating an environment in which behaviors were encouraged to shift in accordance with revised organizational structures, the company’s leaders ended up saving both time and money and also came to reduce the level of managerial turnover.

Have a clear picture of the organizational dynamics at play before tackling any implementation. Also be sure to get a handle on what those dynamics are expected to be during and after the process. Without this knowledge, unintended consequences pop up, damaging both the process and the behavioral structure of the organization.

• Talk to the people who will be influenced by the implementation process. Although this group of people may not rank high in power, they are the ones most likely to know how work actually gets done in the organization and, because of this, know how to avoid roadblocks to implementation.

• Work with the key influencers throughout the organization, regardless of their seniority, tenure, or union affiliations. Developing a rapport with key influencers will save time, effort, and distress.

Sharma, N., Herrnschmidt, J., Claes, V., Bachnick, S., De Geest, S., Simon, M. (2018) Organizational readiness for implementing change in acute care hospitals: An analysis of a cross‐sectional, multicenter study. *Original Research: Empirical Research – Quantitative. on behalf of the Match RN - Study Group*. Retrieved from: https://doi.org/10.1111/jan.13801

What are the key findings?

• The results highlight that nurse-reported organizational readiness is a multilevel construct that varies between hospital and unit levels.

• Organizational readiness for change implementation is positively associated with unit-level characteristics, that is, supportive leadership and nursing foundation for quality of care.

How should the findings be used to influence policy/practice/research/education?

• These findings could guide hospital managers and policymakers to consider organizational readiness as a prerequisite for change implementation.

• The link between work environment characteristics and readiness for change suggest that a positive work environment supports successful change.

how certain factors of organizational cultures—especially interprofessional relations, supportive leadership and open organizational systems—are more likely to foster positive attitudes towards change. Moreover, contextual factors, for example, policies, plans and organizational resources, leadership and participative planning processes are associated with successful organizational change (Attieh et al., 2014; Eby, Adams, Russell, & Gaby, 2000; Weiner, 2009). Mangundjaya (2013) found a significant correlation between supportive leadership and readiness for change, especially about change commitment. In addition to contextual and structural factors, individual factors influence readiness for change (Benzer et al., 2017).

As we were interested in a generic ORIC form, we defined change as “alterations to clinical practice, such as the implementation of research results, the improvement of processes, or the introduction of new procedures or technologies, in practice development and quality improvement projects.”

Discussion

Our analyses indicated that the better the nursing work environment is rated the greater the readiness for change,

Therefore, key components of the nursing work environment, for example, supportive leadership and nursing foundation for quality of care, enhance readiness for change.

These results agree with Lehman et al. (2002) and Weiner et al. (2008) finding that well - trained staff with adequate resources have higher work - related efficacy and are more likely to adopt changes.

Conclusions

By helping determine organizations ’ ability to adapt to change, readiness for change assessment enables fuller preparation to implement measures whose benefits include improved efficiency, lower healthcare costs and improved quality of care.

and nursing foundation for quality of care shows that a positive work environment is an important precondition for change.