

# Change Management in Health Care

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This article introduces health care managers to the theories and philosophies of John Kotter and William Bridges, 2 leaders in the evolving field of change management. For Kotter, change has both an emotional and situational component, and methods for managing each are expressed in his 8-step model (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 a health care organization means that individuals must transition from one identity to a new identity when they are involved in a process of change. According to Bridges, transitions occur in 3 steps: endings, the neutral zone, and beginnings. The major steps and important concepts within the models of each are addressed, and examples are provided to demonstrate how health care managers can actualize the models within their health care organizations. Key words: *change management, information technology, transitions*

*If your time to you  
Is worth savin'  
Then you better start swimmin'  
Or you'll sink like a stone  
For the times they are a-changin'  
(Bob Dylan)*

**T**ODAY'S HEALTH CARE manager occupies an extremely challenging position: how to maintain a competitive edge in the health care market while leading an organization through constant change. Rapid change is occurring as health care organizations (HCOs) strive to adopt new technology such as the electronic health record (EHR), implement quality improvement initiatives, and institute pay-for-performance plans. To deal with this change and help employees transition to new ways of doing things, managers need an edge. Providing this edge are the philosophies of John Kotter and William Bridges, two of the

most widely regarded thinkers in change management. The following discussion focuses on how the ideas of these 2 experts can be used to successfully implement a change management project.

## **KOTTER'S CHANGE MANAGEMENT MODEL**

Kotter believes that organizational change can be managed using a dynamic, nonlinear 8-step approach. The steps in his model include the following:

- Increase urgency
- Build guiding teams
- Get the vision right
- Communicate for buy-in
- Enable action
- Create short-term wins
- Don't let up
- Make it stick

Kotter organizes each of these steps into 3 distinct phases. The first phase is called "creating a climate for change" and includes steps 1, 2, and 3. The second phase, "engaging and enabling the whole organization," consists of steps 4, 5, and 6. The final phase, "implementing and sustaining the change," encompasses steps 7 and 8.

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**SEE ME, FEEL ME, TOUCH ME**

To fully appreciate Kotter's work, the manager must understand 2 prominent ideas about the suppression and engenderment of employee emotions. During any period of change, a manager must deal with feelings of complacency, anger, false pride, pessimism, arrogance, cynicism, panic, exhaustion, insecurity, complacency, and anxiety among employees.<sup>1(p180)</sup> These are all emotions that can undermine attempts at promoting change. As will be discussed below, Kotter's model provides tools for turning these negative feelings into positive proactive feelings such as faith, trust, optimism, urgency, reality-based pride, passion, excitement, hope, and enthusiasm,<sup>1(p180)</sup> emotions that promote change. A second major idea centers on the mindset that a health care manager must adopt before setting out on a change initiative. Kotter identifies the "analysis-think-change" mindset as the traditional method used by managers to initiate change. At this level, the focus is on cognition and rational thought, by presenting individuals with information in the form of reports, PowerPoint presentations, and Excel spreadsheets, which form the basis of analysis. This leads individuals to change their thinking and, ultimately, their behavior. For Kotter, this mindset rarely uncovers the "big truths"<sup>1(p12)</sup> about why change is necessary. Employees do not need 200-page reports to show them why paper patient documentation hinders physician decision making and generates increased risk of medical errors. Moreover, "analytical tools work best when parameters are known, assumptions are minimal, and the future is not as fuzzy."<sup>1(p12)</sup> Finally, according to Kotter, analysis rarely changes how people think, and it does not "send people running out the door to act in significantly new ways."<sup>1(p13)</sup> To drive home this point home, when employees are motivated, it is something that they feel in their hearts and not in their heads that impel them into action.

To instill a feeling of action in employees' hearts, Kotter recommends that a manager

adopt a "see-feel-change" approach. Using this approach at each stage in the model, the health care manager must create a "compelling, eye-catching, dramatic situation,"<sup>1(p11)</sup> geared to helping an employee envision a problem and to identifying a solution to a problem. This creates feelings within employees that help them overcome negative feelings toward change and adopt feelings that promote change. This engenders what Kotter describes as "emotionally charged change behavior or reinforced changed behavior."<sup>1(p11)</sup> When behavior is fueled by emotion, it is more likely to last longer than when fueled by analysis because it will be resistant to negative emotions such as cynicism and rumination, which are driven by analysis and a skewed interpretation of the facts. One caveat is that during the see-feel-change process, analysis and facts will be needed to bolster a dramatic presentation. However, analysis alone will not guarantee the success of a change management project. To further flesh out how the see-feel-change mindset is actualized, each step in Kotter's Change Model will be introduced and discussed from the perspective of a health care manager.

**CREATING A CLIMATE FOR CHANGE****Urgency—let's do it!**

At the end of the movie *Animal House* (1978), John Belushi's character, Bluto Blutarsky, provides a perfect example of how to develop a sense of urgency in a group of complacent, anxious, dispirited individuals. Rather than overwhelming his peers with information—in fact, the little information he does divulge is wrong—as he wants us to believe that the Germans bombed Pearl Harbor, Blutarsky implores his fraternity brothers to believe that the war between the fraternity and the administration is not over until they say it is over. In the end, everyone rushes out of the room and into action to the cry of Blutarsky's "let's do it!"

This is the kind of urgency that Kotter calls for managers to instill in their employees,

“making sure that sufficient people act with sufficient urgency—with on your toes behavior that looks for opportunities and problems, that energizes colleagues, that beams a sense of let’s go.”<sup>1(p17)</sup>

To develop a sense of urgency in an organization preparing to implement an EHR, a health care manager has several options. One powerful option is to create a video presentation showing an angry parent whose daughter has died in the hospital because of a medical error that could have been prevented if the patient’s information was stored electronically rather than on paper.<sup>2</sup> Using another video-based scenario, a presentation that provides examples of treating a patient with multiple health problems using a paper record and the electronic record could be developed. Using the paper record, the attending physician, along with other health care professionals, will have to sift through many paper documents to find the needed information. On the other hand, the electronic record allows the physician to locate information rapidly and even create trend data on the fly. This can reduce the cognitive load placed on the physician and speed up the decision-making process.

A more interactive example would be to find a similar facility that has successfully implemented an EHR product. The manager could then schedule times when staff members (nurses, physicians, residents, and administrators) could visit the facility, with staff members engaging their counterparts. They could ask questions and share stories with each other. In this manner, employees would get a chance to see the product in action, gain firsthand knowledge of how the electronic record could benefit their own facilities, and interact with colleagues who are using the technology on a daily basis. This will heighten a sense of urgency while driving down feelings that prevent change from taking place.

A final example comes from a multispecialty group that found itself in the red because of its prescribing practices under a full-risk capitation contract. To develop a sense of urgency among the physicians in the

group, administrators sent a letter about the need for more cost-effective prescribing along with a photocopy of the \$400,000 check that the group had to pay to the health plan to cover losses. This immediately grabbed the physicians’ attention and changed the way they prescribed medications.<sup>3</sup> To reiterate, the key to developing urgency among employees is to help them see firsthand what or why a change needs to occur.

### **Building a guiding team**

As a sense of urgency grows among employees, managers must turn their attention to the development of a guiding team. Selecting the right members for a team is imperative because these individuals will guide the change management project throughout the remaining steps. Kotter believes that candidates for the guiding team must possess a well-defined skill set. First off, a candidate must have relevant knowledge about the changes that occur in the health care industry. This includes familiarity with the benefits of EHR implementation, various quality initiatives, the reduction in medical errors, and measures for reducing the escalating cost of health care. This knowledge will help team members develop the overall vision for the change management project.

A second skill is the ability to establish credibility with peers. Guiding team members who are perceived as credible will bring a sense of trust to the team, and with trust comes believability. When employees trust individuals in a leadership role, they are more likely to believe what is being communicated and are more likely to be motivated to take action.

A third skill, development of relevant knowledge, focuses on the expertise that an individual has regarding the inner workings of the department, division, or group. This will help remove barriers that hinder people from enacting change within specific areas of the organization. A fourth skill, formal authority, recognizes that the individual has the “managerial skills associated with planning, organizing, and control”<sup>1(p46)</sup> to

identify tasks and procedures that will help the change management project achieve a series of short-term wins.

The final skill, leadership, guarantees that the individual has the ability to develop and communicate a vision and motivate individuals to achieve the vision. Along with these skills, a manager should identify candidates for the guiding team that provide “different perspectives and backgrounds”<sup>1(p45)</sup> from throughout the organization. To achieve this goal, candidates should be selected from horizontal and vertical positions on the organizational chart.

A good example of how a guiding team was developed to facilitate the implementation of a computerized physician order entry system (CPOE) comes from the Ohio State University Health System (OSUHS). This system includes a university hospital, a tertiary medical-surgical care facility, a comprehensive cancer center, a neuropsychiatric hospital, and numerous clinics and physician offices. The OSUHS guiding team included 2 components, a design team and a physician consultant team. The design team included a laboratory technician, a pharmacist, a radiology technician, information systems personnel, nurses, and clinical staff.

Because physicians were to be the primary users of the CPOE system, OSUHS management created a separate physician consultant team, charged with “approving system design and operational policy”<sup>4</sup> that directly affected the CPOE implementation. The consultant team was made up of experts from emergency medicine, oncology, gynecology, pulmonary, cardiology, surgical oncology, surgical transplant, pathology, radiology, and general medicine. Members of this team included both “junior and senior attending staff and fellows.”<sup>4</sup> To ensure project success, OSUHS managers paid for release time to departments who would be losing physicians to the consultant team. Both the design and consultant teams played key roles in validating design elements, policies, implementation plans, and training methodologies for the CPOE project. This example shows how management was able to bring together

a diverse, multitalented group of individuals to form sets of teams to guide a change management project.

### **Get the vision right!**

Daily, health care managers are inundated with information found in trade and research journals, newspapers, conference proceedings, and Internet Web sites calling for their HCO to implement information technology to improve patient safety, reduce medical errors, institute quality control initiatives, increase physician order writing, provide better decision support, reduce transcription errors, and redesign hospital workflow. To produce this type of change, the health care manager, along with the guiding team, must develop a vision expressed in a clear, concise statement about the direction in which their organization is headed. A good vision statement will consider the options that are available when answering questions such as the following:

- What does it mean to be a completely wireless health care facility?
- What does it mean to completely redesign physician workflow to incorporate electronic documentation?
- What does it mean to create a quality-sensitive culture within a health care facility?
- What does it mean to be a paperless HCO?

If a manager and guiding team do not understand the answers to these questions, they will never be able to develop an adequate vision for their organization and successful change will be impossible.

To develop a vision statement, Kotter recommends that the guiding team identify “six or seven broad visions of the future.”<sup>1(p64)</sup> For each vision, identify key dimensions that would help describe the options available for each vision. In health care, sample dimensions include the following:

- Support staff: What support staff would be needed to sustain this vision?
- Health care professionals: How would this vision affect the medical staff?

- Patients: How would this vision affect our patients?
- Care: Under this vision, what kind of care could we provide our patients? What other forms of medicine could be practiced? Could we, for example, develop a telemedicine department? Could we perform more outpatient care?
- Competitors: What are our major competitors doing in this area? Are we keeping pace or falling behind?
- Revenues: How much revenue would be produced if we implemented this vision? Would revenue increase or decrease? Would we experience cost savings in other areas, such as transcription?
- Action steps: What steps must be taken to make this option attainable?

As the guiding team comes together to discuss their vision of the organization, an attempt should be made to “paint pictures of the future.”<sup>1(p65)</sup> In a situation where a guiding team is thinking about how the organization can adopt the use of the electronic record, several pictures may develop, examples of which can be found in Table 1.

For each resulting picture, a brief summary is created and distributed to members of the team. At team meetings, each picture is discussed. To focus discussion and determine the “magnitude of change”<sup>1(p65)</sup> that would take place if a specific picture were

adopted, the design team can debate the following kinds of questions:

1. What would our organization look like under this picture?
2. What technology would we need?
3. Would this affect the care we give our patients?
4. Would this change the demands our patients make on the medical staff?
5. What would our support staff look like?
6. Would our patient mix change?
7. How would present workflow change?
8. How would this affect our medical staff?

Discussions centering on each picture can be an iterative process, and when a specific picture becomes clearer, there will be a natural tendency for the discussion to gravitate toward that picture. When this happens, more options will be uncovered while others will be dismissed until a single picture begins to emerge. Guiding team members will know that they have a compelling picture if it appeals to the heart and motivates members of the guiding team.

One warning that Kotter delivers that can be applied to health care is that many pictures and subsequent vision statements are tied directly to cost containment, greater efficiency, and savings, and these kinds of visions may be a turnoff to many health professionals because they consider their primary reason for being in their specific fields is to be of service. A guiding team,

**Table 1.** Future pictures of the organization

Picture	Scenario
Picture 1: Integrate a hybrid medical record into the facility.	Dictation, laboratory, and x-rays might be available electronically, whereas progress notes, ancillary care, provider information, trend data, and orders remain on paper.
Picture 2: Implement EHR in physician offices.	Install EHR in physician offices and the pharmacy.
Picture 3: Implement EHR as part of an effort to reduce prescription order errors.	
Picture 4: Implement EHR to improve physician order entry.	Install EHR in physician offices, radiology, laboratory, and pharmacy.
Picture 5: Implement EHR to reduce medication errors.	Install EHR in physician offices, pharmacy, nursing stations, and bedside.
Picture 6: Fully implement the EHR within all the departments of the health care organization.	

faced with implementing an electronic record, will focus on how this type of change can improve the service that the organization provides to the patients and families who come to them for care. Adoption of a service-oriented vision statement will raise urgency among staff and motivate them to work as hard as they can to make the proposed changes a reality. The following is an example of a service-related vision statement:

*To serve patients through the implementation of a comprehensive, technologically evolving electronic medical record that will provide reliable, efficient, and affordable health care services by enthusiastic, helpful, and qualified personnel who will strive for better disease management to improve patient outcomes.*

From this example, we see that a guiding team will first develop a set of pictures describing possible scenarios for planning for the adoption of an electronic record. Once a picture is selected, the team will develop a vision statement that can be used to describe the picture to the organization's constituency.

For Kotter, a successful vision statement explains the employee behaviors needed, as well as those that should be eliminated. The vision statement must call on people's emotions and motivate them to take action. A good vision statement can be explained in a "sixty second elevator ride."<sup>5(p77)</sup>

Once the vision statement has been created, the guiding team can begin to flesh out the strategy that will be used to achieve the vision, develop plans to implement the strategy, and fund the budget to pay for the plans.

## **ENGAGING AND ENABLING THE WHOLE ORGANIZATION**

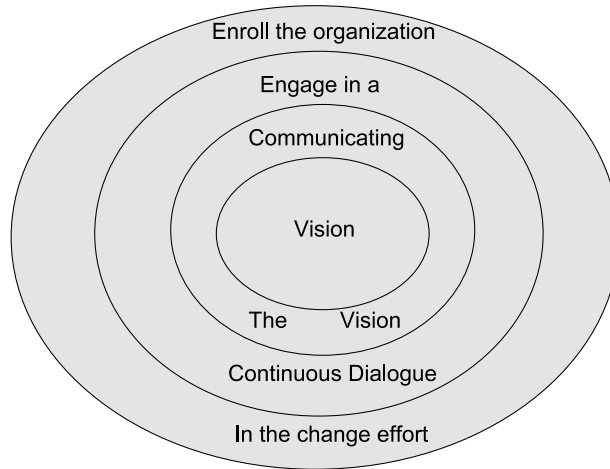
### **Communicate buy-in**

The original *Star Trek* series included an episode titled "Court Martial." In this episode, Kirk is accused by the ship's computer of inadvertently killing one of the members of his crew and must stand trial. In a poignant scene, Kirk confronts his lawyer, Samuel T. Cogley. Kirk wants to know why Cogley has turned his quarters into a library,

when all the information he needs can be found on a computer. Cogley replies that if you want to understand the law, the true intent of the law, you must understand and comprehend the original sources of the law itself, which can be found only in books, not in the synthesized and homogenized legal decisions and precedents found on the computer. This scene highlights the current existential debate taking place between physicians and proponents of EHR systems. Many physicians fear that the EHR, with its practice guidelines and orders sets, will make them obsolete and usurp their power to make case-by-case decisions. This example also highlights the fact that whenever a guiding team announces an impending change, anxiety, anger, fear, and panic among staff and health care professionals will rise. Kotter points out that whenever a change is about to take place, people begin to wonder: "Will this hurt me?"<sup>1(p84)</sup> To quell these negative feelings, the guiding team must develop methods of communication that address these feelings and help employees to "think and act in accordance with the new direction"<sup>5(p91)</sup> that the organization is headed.

To strategically plan for buy-in, a guiding team can adopt a layered approach (Figure 1). The communication buy-in layered approach model is based on the guidelines set forth by Kotter. At the center of the model is the vision for the new HCO. Each successive layer represents a set of strategies to promote the vision statement, detect and overcome resistance, and build commitment toward the proposed changes.

To effectively use the model, a guiding team must identify the individuals or groups, internal and external to the HCO, who will be affected by the change. Examples include physicians, nurses, radiologists, pharmacists, administrators, patients, and third-party payers. For each individual or group, the guiding team needs to create a set of projections that forecast how proposed changes will influence the information needs, concerns, roles, levels of effort, and degrees of commitment of each group. These projections will be useful for developing and selecting appropriate



**Figure 1.** Communicate for buy-in layered model.

messages and channels of communication at each layer of the model.

### ***Feeling the heat***

A guiding team must take the same approach to monitoring change as a thermostat monitors the temperature in a room. Over the course of a change project, different individuals and groups will have a different temperature, represented by their feelings toward the changes taking place at a specific point in time. These feelings, according to Kotter, can be mapped out along a continuum ranging from awareness, understanding, collaboration, commitment, and advocacy. *Awareness* is achieved when an individual or group is cognizant and familiar with the change project. They display *understanding* when they realize the assets, rewards, and perquisites that will be gained once the change project has been completed. *Collaboration* occurs when the individual is willing to endorse or stand behind the change, and they will display *commitment* when they are willing to engage in activities supporting the change. Finally, individuals display *advocacy* when they maintain attitudes and behaviors that support the change process. By adopting the metaphor of a thermostat, the guiding team can use generated projections to tailor specific messages to specific individuals and groups to help move them along the different points in the continuum. This process begins

at the first layer of the communication for buy-in model: communicating the vision.

### ***Communicating the vision***

An effective way to communicate the vision is to develop an engaging story that catches the attention of the change initiates. This step works to maintain the sense of urgency developed earlier in the first step of the change model and to display how achievement of the vision will lead to the continued growth and development of the HCO. A short, inexpensive video presentation showing an interview done with a patient injured by a medical error would provide a concrete example of how the implementation of an electronic medical record can be used to reduce medical and transcription errors and improve patient documentation and treatment.

### ***Engaging in a continuous dialogue with stakeholders***

The goal at this layer is to monitor how change initiates feel about the vision and the change project at specific points in time. Is resistance building up in certain groups? Do certain individuals feel left out of the process? Where pockets of resistance exist, the guiding team can use this information to communicate why the change is necessary and to build commitment and trust among

those groups and individuals resistant to change.

One powerful method described by Kotter for creating a dialogue between the guiding team and change initiates is the question-and-answer (Q&A) session.<sup>1(p84)</sup> Using this technique, a guiding team prepares a set of questions they feel that employees within the organization would ask regarding a proposed change project. For each question, the guiding team develops a short, clearly defined answer. To enact the Q&A session, the guiding team uses role play, with the guiding team taking the role of management and the management taking on the role of the employees asking the questions. Employees play the role of observers. A variation of this practice could have the guiding team develop a set of questions they feel that specific groups, such as radiologists, pharmacists, and nurses, might have regarding proposed changes. For each question, the guiding team could develop an answer, rehearse their roles, and then meet with each group to discuss their concerns.

### ***Enrolling the organization in the change effort***

At this layer, the guiding team needs to increase the commitment that individuals and groups have toward the change project. This means getting change initiates to take action and participate in the change project. New technologies can be a wonderful tool to help get people to take action. For example, Kotter explains how a portal can be designed to provide employees with information they need to do their jobs and to learn why the proposed change is important to the organization. At another level, Web casts can be used to exchange important messages between management and employees describing how the proposed change project will enhance the HCO. Web casts can be used to provide demonstrations of how the adoption of new technologies, such as the EHR, can improve patient care and enhance physician-patient communication. Finally, as Kotter points out, screen savers and desktop wallpaper images can be used to

display messages that employees will see on a daily basis.

Returning to the OSUHS CPOE implementation, we find an effective example of how one HCO communicated for buy-in across all 3 layers of the model. As discussed above, OSUHS developed a physician consultant team charged with designing every order pathway from basic consult to laboratories for their CPOE system. The group would meet daily at 7 o'clock in the morning for 2 hours to discuss prototypes of order pathways. After each meeting, physicians would return to their departments and ask their colleagues to comment on the prototypes. The next morning, they would share those observations with the consultant team and system programmers. This rapid development cycle would continue until the selected pathway was completed. In a conversation with Phyllis Teater, director of Information Systems Applications at Ohio State University Hospital Systems:

*...the frequency and intensity of the meetings made participants zealots. They would take explanations and discussions back to their departments. They became fantastic change management champions. They developed urgency and knowledge about why we were doing something, and they gave clear and concise explanations to the people in their departments why something was done.*

From this example, it can be seen how each layer of the communication buy-in model can be actualized within an HCO managing change. To communicate the vision, members of the physician consultant team meet with each other and with members of their department to discuss the importance of clinical pathways. A dialogue ensues with both groups sharing their feelings regarding the prototypes. Because they were involved in the design of the pathways, members of each department enrolled in the change process by using the CPOE system and the pathways contained within.

### **Empowering action**

As more and more people in the HCO become involved in a change management



project, there will be times when they encounter obstacles preventing them from completing required tasks. These barriers can take shape in various forms and include the supervisor, the system, mental barriers, and lack of information. Because of fear, arrogance, and stubbornness, supervisors are notorious for blocking changes within an organization. The system itself can block change efforts by failing to reward and promote individuals who enthusiastically adopt proposed changes. Individuals, whether they are physicians, nurses, or radiologists, can become roadblocks to change by adopting the attitude that a specific change cannot take place or by wholeheartedly believing that they will never survive the proposed changes. In essence, the barriers exist in their minds and not within the organization. The final barrier, information, comes in 2 forms, knowledge needed to make decisions and feedback on actions taken. When either 1 of these 2 sources of information is missing, individuals and groups will be disempowered from moving forward with proposed changes.

To overcome these barriers, several possibilities exist. For a physician or department head who is an obstacle to an EHR implementation, the design team can present the individual with a diabetic patient's paper chart and the same chart in electronic form. Team members can, after some training, ask the physician to perform several tasks using both forms of documentation. Those tasks include the following:

1. Charting how the patient's weight has fluctuated over a 6-month time span
2. Charting how the patient's hemoglobin A<sub>1c</sub> levels have varied based on the current treatment regimen
3. Developing a list of all the medications that the patient has taken over the course of the year

As in other examples, this approach is based on Kotter's see-feel-change method to altering organizational behavior. Instead of inundating recalcitrant physicians with numbers and facts, this instance provides them with first-hand experience of how the EHR can improve their own and other physician's workflow.

In terms of system roadblocks, an HCO can provide incentives, in the form of bonuses, raises, and promotions, to those individuals who embrace the change effort. This practice will send a strong message to others within the organization that those who embrace change will be rewarded, whereas those who resist will "sink like a stone."

When the roadblock to change is more mental than organizational, the guiding team can rely on the experiences of other individuals, such as colleagues at other HCOs who have gone through a similar change—and survived. These individuals can be brought on as consultants who can reassure and present information that sends the message "I survived this type of change, you can too."<sup>1(p113)</sup>

For the final roadblock, information, one of the most vital pieces of knowledge you can provide someone is feedback on how he or she is performing. All too often, in many organizations, individuals feel that they are already performing their jobs at a high level. Giving them accurate, timely feedback can show individuals how they can improve or use a proposed change to their benefit. Returning to the EHR example, suppose a physician does not want to adopt an electronic medical record because in doing so, he or she will have to abandon the practice of dictation. One possibility to overcoming this barrier is to create an inexpensive video that documents all the steps involved in using a paper record to document a patient encounter. This will allow physicians to see how much of their time is spent documenting patient care as opposed to providing patient care. To provide even more detail and experiential knowledge, physicians can be videotaped using an EHR system, which will allow them to see that much of their documentation can be completed at the point of care, rather than at home, when they could be spending time with their family.

### **Short-term wins**

As the pathways to change are cleared, empowered individuals and groups must be careful to choose and complete tasks that

clearly show that the change management project is succeeding. Completed tasks provide examples of short-term wins that help to further build urgency and momentum within the HCO and to lessen the impact that negative comments made by critics have on the project. To succeed at this step, Kotter advises that guiding teams “achieve visible, meaningful, and unambiguous progress quickly.”<sup>1(p134)</sup>

The OSUHS CPOE installation provides a further example of how short-term wins can be used to drive a change management project. Recall the use of the physician consultation team to create order pathways for the CPOE system. With each completed pathway, the consultation team created a short-term win that signaled to the rest of the organization that the CPOE change project was successfully moving forward. Another related short-term win was a process change made before the implementation of the system. When ordering tests, frequency is an important issue to consider; however, in the current paper ordering system at OSUHS, there was no standard for documenting order frequency. Before moving to the online system, the design team undertook a manual effort to make people write orders with standard frequencies.<sup>4</sup> This change in process provided a short-term win signaling that when people work together, change is possible.

## IMPLEMENTING AND SUSTAINING THE CHANGE

### Don't let up

In mid-August of 1969, the Chicago Cubs had what was thought to be an insurmountable 9 1/2-game lead over the New York Mets for the National League's Eastern Division title. Over the course of the next month and a half, in what has been described by many as one of the greatest collapses in major league history, the Cubs ended the season 9 games behind the Mets and out of the playoffs. To many baseball observers, the Cubs thought they had the pennant wrapped up, a playoff berth was not just a possibility, it was a

certainty. This kind of thinking, “we have won,” can be very detrimental to any type of change project. As short-term wins begin to pile up, people may start to believe that the change project is going to be a success and they start to lose their sense of urgency. To prevent this from occurring, the guiding team can look for external factors that force an HCO to look at its current position in comparison to their competition. For example, an HCO may arrive at the point where it has successfully implemented an EHR. While everyone is standing around, congratulating themselves, the guiding team can remind employees that a competing HCO has not only installed an EHR but is also providing its patients with the ability to create a personal health record, make appointments, view laboratory results, and pay bills via the Internet. This knowledge can help reenergize the group and drive up their sense of urgency. In other instances, the guiding team can look for examples within the HCO that display to employees that the change process is working but is not fully complete.

Once the OSUHS went live with their CPOE system, they developed a special team called the red coats. The red coats were a group of physicians who received extensive training on the CPOE system and in conflict resolution. Whenever physicians or other staff members had a problem using the system, they would call the help desk and a red coat was immediately dispatched to solve the problem. The red coats were also helpful in resolving problems that arose where a belligerent physician claimed that the system was too difficult to use or that the system had caused them to lose all their data or was malfunctioning, again. The red coats would investigate what happened and make a determination as to whether the problem was system or user related.<sup>4</sup>

This highlights the fact that even though the CPOE system was successfully installed, the OSUHS guiding team realized that they would have to deal with problematic end users and unforeseen system problems. By creating a team of physicians dedicated to solving these issues face-to-face, in a personal,

nonconfrontational manner, the OSUHS guiding team created a means for maintaining the momentum of change throughout the HCO. They did not let up!

### **Make change stick**

In many competitive environments, from sports to business, a belief exists that to get people to change their behavior, you must first change the culture. However, according to Kotter, “culture change comes last, not first. . . . Culture changes when a new way of operating has been shown to succeed over some minimum period of time.”<sup>1(p176)</sup> This means that to get an HCO to adopt new technology, such as the EHR or biometric identification systems, you must prove to employees that the technology actually works and reward those individuals who enthusiastically embrace changes made within the organization. You guarantee that employees will continue to use these systems when “a new, supportive and sufficiently strong organizational culture”<sup>1(p161)</sup> is in place that continually reminds individuals and groups that this is the way we do things around here. This is the right way to do something, and this in the wrong way.

To make change stick, the OSUHS developed a practice called “Post Live,” or what they called “Focused Rounds.” In Post Live, an expert was sent on rounds with a physician to help physicians make more efficient use of the system. In some instances, the experts helped develop order sets for physicians when needed or worked to help physicians continually improve how they used the system. This action prevented physicians from becoming immune to perceived flaws and to prevent physicians from saying: “Oh, that is part of the system, it cannot be fixed.”<sup>4</sup> In this example, the OSUHS guiding team created a method that supported the continued use of the CPOE system within the HCO and further enhanced the new culture that developed around the use of the new system.

This concludes the discussion of Kotter’s change management model. Before leaving

this conversation, 1 key point needs to be reinforced. Kotter’s model is not a step-by-step approach to managing change. It is an iterative model, and its use will rely on the skills and knowledge of the health care manager charged with bringing about change within his or her HCO. The model is iterative in that one step can be used to accomplish another step. For example, to create urgency, a health care manager may need to create a series of short-term wins to help employees see that change is possible. These short-term wins generate a sense of urgency among employees and help them to become aware of the need for change. As with most management practices, a carefully thought out plan of action must be developed before any action is taken.

### **ADDRESSING TRANSITIONS**

According to William Bridges,<sup>6</sup> it is not the changes that determine the success or failure of a project, it is the transitions. For Bridges, changes are situational, whereas transitions are more psychological. To illuminate this point, consider the example of a professional making the move from Pittsburgh, Pennsylvania, to Greenville, North Carolina. The change itself is easy to manage. Sell the home, find a new place to live, hire a moving company, locate a new physician, find a bank and a school for the kids. With proper planning, this change can be managed in a relatively straightforward manner. However, the transition involved is much more difficult because it demands that the individual go through a series of internal “repatternings”<sup>6(p5)</sup> that require him or her to drop an old identity and adopt a totally new one. Anyone who has lived most of his or her life in one city and then suddenly decides to move to a totally new city will know that this is not an easy thing to do because, in most cases, people’s identities and way of life are tied directly to where they live and the jobs they perform. With that move, the old identity must be left behind, and to be successful, a new identity must be adopted along with a new way of doing things.

Letting go of the old identity is not easy for an individual because it means letting go of the world as he or she knows it and the security, self-identity, and self-efficacy that come with it. The same processes apply when a change is made within an HCO. Old technology can be replaced with new technology, but the change in technology will bring new transitions for the employees of the HCO. If a health care manager does not manage these transitions properly, the change management project, according to Bridges, will fail. It is important to note that Kotter is concerned primarily with situational change. Although his model contains elements for handling the psychological effects created by change, it is not solely devoted to managing the transitions that occur during a change management project. This task falls to Bridges and his theory of transitional management.

### MANAGING DURING TRANSITION

During a period of transition, Bridges feels that individuals within an organization must proceed through 3 distinct stages if successful change is to occur. These stages include endings, the neutral zone, and beginnings. Recall that for Bridges, changes focus on an outcome: a move to a new city, the implementation of an EHR system, or the development of a quality control program. Transitions differ in the sense that the initial focus is on an ending rather than an outcome. When change occurs, individuals must let go of the world as they know it and prepare to assume a new identity and the tasks associated with it.

The neutral zone is the unfamiliar space that exists as individuals progress from letting go of an old reality to learning how to navigate in the new reality. It is the space that individuals must live in as they transition from being single to being married, from being employed at one institution to another, or graduating from high school and going off to college. As individuals move through the neutral zone, they are akin to a larva that

eventually develops into a butterfly. They must shed old patterns of operating in their world and adopt new patterns. To make a successful change, an individual enters the neutral zone in one form, only to exit transformed into a new being.

The last step, beginnings, is where the individual breaks through the chrysalis, embraces his or her new identity with zeal and with a new sense of purpose, and works hard to make the proposed changes a reality within the HCO.<sup>6(pp4,5)</sup> In what follows, the primary focus will be on the techniques that health care managers can use to help their employees navigate through each stage of the transition process.

### Dealing with endings

Recall the discussion centering on the *Star Trek* episode "Court Martial," in which Kirk confronts a lawyer strongly opposed to the use of a computer to practice law. This same diffidence can be found among physicians faced with the prospect of using an EHR to document patient encounters. In handling these physicians, Kotter would propose that the guiding team communicate how the EHR will help them perform their job more efficiently. Bridges, on the other hand, asks the health care manager and the guiding team to consider what it is that the physician is losing by adopting the EHR. Bridges<sup>6(p24)</sup> explains: "It isn't the changes themselves that the people in these cases resist. It's the losses and endings that they will experience and the transitions that they are resisting." For the physicians, they might feel that they are losing the way that they treat patients. Some of them might voice the concern: "Now, the computer will tell me how to practice medicine!" Others may feel that use of the EHR will disrupt the relationships they have with their patients. The key is to document what people feel they are losing with the proposed change. Bridges, however, warns that what people feel they are losing cannot always be measured in concrete terms. This "includes an individual's sense of competence, chances for

promotions, and strategies that fit their values.”<sup>6(p25)</sup> People go through life with a specific set of beliefs, self-assurance, and anticipation that if their world continues on its present course, certain events will occur. Changes disrupt these beliefs and turn an individual’s world upside down. That is why it is so important for the health care manager and the guiding team to document these beliefs, acknowledge their importance, and make decisions sensitive to those beliefs. This will help move individuals along the path toward committing to the proposed changes.

Another technique that helps move individuals along the path toward commitment is the open acknowledgment of loss and a tolerance for overreaction. As individuals begin to realize that something is going to end in their life, they will go through a natural progression of anger, bargaining, anxiety, sadness, disorientation, and depression. The key is to be sympathetic to these feelings, be willing to discuss to them, provide information to dispel fear of the unknown, and help people understand that if they are willing to deal with the current state of affairs and work through their feelings, they will survive the proposed changes.

### ***Compensating for loss***

Because endings inevitably entail loss, Bridges suggests finding ways to compensate individuals for those things that they feel have been lost. Whether those items are tangible (eg, team membership, monetary rewards) or intangible (eg, status, perceived competence), individuals must be given the feeling or sense that they have some control over the proposed changes. Recall the example of the OSUHS CPOE installation and the use of the physician consultation team. The physicians chosen to be consultants gained status through their participation on the team. Furthermore, physicians from each department gained a sense of control over proposed changes through their participation in the development and approval of order pathway prototypes.

### ***Sending a signal***

To lure a merchant ship into a compromising position, a pirate ship would display the flag of a friendly nation, but once the ship was within close proximity pirates would raise the *Joliet Rouge*, which signaled “surrender or die.”<sup>7</sup> Although the endings being discussed are not as life threatening, at times, individuals need a clear sign that an ending has occurred. This can be accomplished in the following manner. The guiding team can put into words what is going to change and then make that change occur. During the CPOE implementation at OSUHS, rather than doing a pilot test at 1 site, the guiding team made the decision to end the use of paper order entry at all hospitals within the system before switching over to the CPOE system for all electronic ordering. This sent a clear message to all participants that an ending had occurred.<sup>4</sup>

### ***The ending as a continual life process***

The final step in dealing with endings is to remind individuals that endings are one of the only constants we have in life. Nothing is permanent; everything, according to Buddha, is transient. When we reach the age of 5 years, we go to kindergarten, only to graduate to the first grade. This leads to a progression of graduations, which eventually lead to the attainment of undergraduate and graduate degrees. With degrees in hand, an individual joins the workforce, which leads to a job and a set of responsibilities. Over the years, jobs change, and so do the responsibilities. It is important to note that without change, and eventual endings, no growth will occur, and both the organization and the individual will become stagnant, decay, and then eventually cease to exist in a productive fashion. Endings are an important part of life. Once an ending has occurred, an individual will move into what Bridges calls the neutral zone.

### ***The neutral zone***

Professional and personal lives can be marked with both endings and beginnings, which are not always well defined. A space

exists between these 2 points, a space that Bridges calls the neutral zone. In the neutral zone, individuals will vacillate between their longings for the way things used to be and the anticipation and excitement that come with a new beginning. Within the workplace, this vacillation will polarize groups and will manifest the following symptoms: anxiety, lack of motivation, absenteeism, susceptibility to illness, overload, confusion, and failure to communicate. These feelings will have a major impact on both teamwork and loyalty and, if not properly managed, doom an HCO to perpetual internment in the neutral zone. Bridges provides several recommendations for helping navigate the neutral zone, which will be highlighted below.

### ***The journey of a thousand miles begins with the first step***

The key to making it through the neutral zone is to realize that it is a journey, not a single step. When spring training ends and the regular baseball season begins, a team is not automatically a winning ball club. It takes the crucible of a 162-game season to help reorient and redefine a group of individuals into a playoff contender. The same holds true for the example of the professional making the move to Greenville. There is more to the transition than simply moving from Pittsburgh to Greenville. Individuals must begin to let go of their “outlook, attitudes, values, and self images”<sup>(p43)</sup> that defined them as a person living and working in Pittsburgh and begin the process of developing these same qualities as someone working in Greenville. This process is called normalization of the neutral zone, and it begins when individuals and groups realize that the transition from an ending to a new beginning will take time; that feelings of fear, confusion, and ambiguity are natural; and that they must be willing to accept them and work with them throughout their time in the neutral zone.

### ***Metaphorically speaking***

Another important factor to consider is the metaphor used to describe the neutral zone.

Identification of a metaphor is similar to the step in Kotter’s model called “Vision.” For example, if professionals are making the move because of a layoff or job termination, they might adopt either the metaphor of “Loss” or “Life’s a Journey” to describe their neutral zone experiences. Each metaphor colors individuals’ perception of the neutral zone and influences the types of experiences that they are willing to engage in. For example, adoption of the “Loss” metaphor could engender resentment, anger, and fear, causing individuals to question why they must make the move in the first place. They may even say to themselves over and over again: “Why do I have to make this move? It’s not fair!” This attitude will cause individuals to resist change and to be less than proactive when engaging in activities that help them navigate the treacherous currents of the neutral zone. However, when individuals view the changes as part of “Life’s Journey,” they may see themselves as an explorer setting out to discover a new world that provides them with a set of experiences that they would never have encountered if the change had not occurred. In the role of the explorer, individuals will be willing to engage in training programs, work with new individuals, and take on new roles that dramatically reshape who they are.

For the health care manager, the lesson is to provide employees with a positive metaphor that they can use to navigate the uncertainty and ambiguity found in the neutral zone. Some examples relevant to the adoption of the EHR include “Charting a New Course in Health Care” or “Taking Patient Care to New Heights.” These metaphors are not only positive, they also provide employees with an impetus to engage in behaviors that make the metaphors come to life.

### ***7 Points on a compass***

Being in the neutral zone can be like a being ship out at sea without a compass. To provide individuals with direction and to help them get their bearings, Bridges offers the following 7 guidelines. First, try to

protect people from being overwhelmed with change. If changes can be managed in blocks, or what Bridges calls clusters, individuals will not be so overwrought with feelings of "loss and confusion."<sup>6(p45)</sup> Second, consider the fact that when policies, procedures, and organizational charts were created, the organization was relatively stable. Now that a period of transition is underway, think of how they may be updated to help people move through the neutral zone. For example, during the CPOE implementation project at OSUHS, departments with physicians serving on the physician consultant team were compensated for their absence. Furthermore, nurses, information technology staff members, and clinicians were placed on the guiding team on a full-time basis, allowing them to fully concentrate on the transitions, without being distracted by their normal daily routines. Small procedural changes, such as these, can help minimize the impact that the neutral zone has on the organization during periods of transition. Third, much like Kotter's step "Create Short-Term Wins," help individuals and groups set short-range goals that lead to the achievement of projected results. Fourth, do not bite off more than you can chew. Remember, the neutral zone is like being in the fun house at an amusement park, where the floors shake, the walls spin, and images in the mirror do not always reflect a true image. In this state, people will not produce at a high level, so be careful of committing them to tasks they will never complete. Fifth, consider what kind of special training supervisors and managers will need to navigate the neutral zone. Examples include instruction in problem solving, team building, and transitional management.<sup>6(p45)</sup> Sixth, similar to Kotter's "Communication for Buy-in," develop a "sense of connectedness,"<sup>6(p47)</sup> among groups and individuals within the HCO. This can be accomplished through weekly meetings, Q&A sessions, family picnics or special events held at an amusement park, a newsletter or Web site devoted to the transition, and maintenance of the belief that everyone must go through this transition together.

No one receives or should receive special treatment.

The seventh and final suggestion involves the creation of a transition monitoring team. This team should be a composite of the organization that meets on a biweekly basis to discuss how well the transition process is proceeding. The group should have no decision-making authority and will exist for the sole purpose of showing employees within the HCO that the administration is interested in gathering feedback and providing an accurate channel for disseminating information.

One final caveat that Bridges offers involves creativity. Because the neutral zone can place everyone in an HCO in a state of uncertainty, this is a great opportunity to take stock in how things are done. One potent example, especially as it relates to the implementation of the EHR, is to examine current workflow processes and determine how they can be reengineered to work more efficiently on a new electronic system. Far too many times, HCOs will simply remap an old process onto to a new technology implementation, which means that the same old inefficiencies will exist. During this period in the neutral zone, health care managers should allow individuals to use trial and error and experimentation to find new and exciting ways to perform their jobs. Be creative! If individuals feel that they will be punished if they do something new and different and it fails, they will not take the chance, and the HCO will remain stagnate.

As individuals reach the end of the neutral zone, they are ready for the final stage in the transition process: a new beginning.

### **Beginnings**

When dealing with beginnings, health care managers must be careful that they do not become like the kid and the chrysalis, wondering when the butterfly is going to emerge. No matter how long you watch, poke, and prod, the butterfly will emerge in its own time. Much like the butterfly, individuals will emerge in a new beginning when their heart

and mind<sup>(p57)</sup> tell them that it is time and when they are ready to assume their new identity. Therefore, it is important for the health care manager to know where everyone is in the transition process and make sure that the ending and neutral zone phases have been properly planned, or the new beginnings will never occur. In essence, a new beginning cannot be “forced,”<sup>(p60)</sup> only encouraged. To provide encouragement, the health care manager must provide a purpose, a plan, a picture, and a part for the individual to follow to engender a new beginning.

### **Purpose**

The key at this point is to explain the problems that the HCO faces and then explain the solution to those problems. Individuals need to understand the who, what, where, and why behind the problem and the solution and the evidence that states that this is the best solution to the problem.

### **Picture**

One of the unique characteristics of human beings is how a good deal of their motivation comes from the pictures they carry in their minds. For example, one of the most troubling aspects of an ending is that the pictures we have regarding our old identities will cease to exist, and as we move into the neutral zone and a new beginning, we have no pictures of what life will be like in those phases. This can be the cause of a great deal of anxiety. Therefore, it is important for an HCO to provide pictures of what life will be like in the new beginning. To highlight this notion, the science fiction drama *BattleStar Galatica* provides an illuminating example. In the pilot to the series, we find the human race inhabiting 12 colonies. In a surprise attack, the 12 colonies are destroyed and the human race is reduced to 50,000 survivors. In a final scene, after the colonists have escaped their attackers, barely alive, wandering through space, wondering whether it was not better to be killed than to have survived, Commander Adama (Edward James Olmos) provides the survivors with a brilliant

picture of what life is going to be like in the coming months. He tells them that from now on, their goal is to find the lost 13th colony: Earth. Even more stirring is the biblical nature that this picture takes when you remove the letter *a* from the end of Adama's name. With this example, a set of individuals are given a concrete picture of what the outcome of their new beginning is going to look like. Better yet, it provides them with an impetus for reaching that goal: a place to live. This is the power that a well-chosen picture can have on individuals as they enter a new beginning. In a health care setting, pictures can be as simple as a doctor sitting with a laptop showing a patient how his or her blood glucose levels have fluctuated over the past 6 months.

### **Plan**

An effective plan shows an individual or group of individuals how their lives are going to change: when they will receive training, when they will receive the information they need to do their jobs, and the scaffolding they will need to make the transitions to their new identities and new way of doing things. The key here is that the plan is more oriented toward the process that individuals will have to go through to make the transition, not the final outcome.

### **Part to play**

People need to know what role they are going to play in the transition process. If you do not provide them with this information, their imaginations will run wild. Examples of how people can become involved include guiding teams, planning task forces, survey groups, quality circles, and transition monitoring team. The goal is to get everyone involved in the process so they feel part of the team and the transition.

## **CONCLUSION**

In comparing the theories of Kotter and Bridges, it is essential to remain aware that change is both situational and psychological,



and thus, any organizational change is going to impact the identities of the individuals involved in the change process. Ignoring either or both the situational and psycholog-

ical aspects of change will doom any health care manager to being caught in a constant spin cycle of always trying to implement change, without realization of any results.

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