

Change Management as a Challenge



Change management is an important topic when it comes to any kind of digital product or solution since technological development constantly proceeds. Especially in the healthcare sector where it is necessary to regularly evaluate and update solutions for different needs to assure and to improve quality¹ it is recommended to establish a change strategy.

There are many different models for analysing change management and materials regarding resistance to change:

In the following, three different change management models are explained in detail, among others a more traditional simple method (Lewin's Change Management Model), one model that views change as a stepwise process (Lippitt, Watson, and Westley Phases of Change Theory) and a "new age" one like the Nudge theory. The more traditional viewpoint is that change is a controllable process and can be directed with organized action. In contrast the more recent ideas view change as something that is constant and look at how to approach it as such.

Lewin's Change Management Model

The model describes change as a three-stage process. The first stage, called "unfreezing" is characterised as a "survive or die" situation where old habits, processes, mindset and defence mechanisms (resistance to change) all must be surpassed in order to allow for the change process to take place. The second stage is the change or transition or "moving" itself. This is described as a period of uncertainty and confusion where the "old ways" are challenged but the new way to do things has not yet settled. The third and final stage is "freezing". In this period the new habits "sink in" and the system comes back to balance.



Figure 1: Lewin's Change Management Model

Lippitt, Watson, and Westley Phases of Change Theory

Created in 1958 as an extension of the Lewin's three stage model, Lippitt's model is seven-stage process. The model introduces the role of change agent- the outside factor (e.g. a consultant) that can identify the need for change within the institution and act as a catalyst to that change. The consultant can then create a plan for change and facilitate the overall process. Another option is that the system itself identifies the need for change, but this process is much slower happens only when the system is severely malfunctioning.

The seven steps of the model are:

1. Diagnose the problem (done by the change agent or by the organization itself)
2. Assess the motivation and capacity for change
3. Assess the resources and motivation of the change agent. This includes the change agent's commitment to change, power and stamina.
4. Choose progressive change objects. In this step, action plans are developed and strategies are established.
5. The role of the change agents should be selected and clearly understood by all parties so that expectations are clear.
6. Maintain the change. Communication, feedback and group coordination are essential elements in this step of the change process.
7. Gradually terminate from the helping relationship.

Nudge Theory

The idea of this concept is to make the choice that the individual makes a "default" choice by building an ecosystem that's encouraging and supportive of that choice. The "nudge" is defined as a small push that encourages a desired behaviour in an individual. The concept is linked to the work of Kahneman that states that there are two "systems" that influence information processing and decision making in humans- the fast system and slow system. The fast system is automatic, involuntary and easily influenced by environmental factors. The slow system is reflective and takes into account the individual's goals and intentions. In situations with pressure, stress and time constraint, the fast system hijacks the decision-making process which can lead to the making sub-optimal decisions. This is what happens when a bad habit is perpetuated. The goal of this approach to CM is to use nudges, to influence the automatic process of the fast system to make the desired decision. This in turn helps break the habitual behaviour that is most resistant to change. The criticism of the theory states that the theory is manipulative and that this can create ethical concerns in different cases of application.

Further examples of change management models include the McKinsey 7 S Model, the Nadler Tushman Congruence Model, Kotter's change management theory, Bullock and Batten planned change model, the ADKAR model, Bridges' Transition Model, Kübler-Ross Five Stage Model, Maurer 3 Levels of Resistance and Change Model, Beckhard and Harris Change Equation, PDCA, Hinings and Greenwood's Model of change dynamics and Kanter's "Big Three" Model of organisational change.

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Since the traditional models of CM focus on the role of organization's management in assuring the desired change takes place, they have been criticised for being top-down, authoritarian and unperceptive of the complexity of relations within and outside of the organization. However, through application of Blueprint personas, the well-established principles of CM, taken from business, have been and applied to transformation of healthcare services such as through redesigning care pathways; revamping education and training approaches for healthcare professionals and informal carers; and introducing new technologies.

The modern healthcare CM literature builds on good practices of the existing traditional models and integrated different aspects of nano, micro, meso and macro level of organizational change from the business-oriented CM models. The predominant viewpoint shared today is one where organizations and systems are complex dynamic systems with many actors with different intentions. In this context, change is described as reactive to the ever-changing environment, "real-time" and iterative. It cannot be pre-planned as many factors might emerge in the process that are uncontrollable. Sometimes small changes might be enough to achieve great results.

Importance of Change Management for Transforming and Supporting Person-centred Care



In the case of person-centred care, change management is important as each patient has different needs and requirements and therefore reacts differently to changes. Especially when they need to change their lifestyle fundamentally, difficulties can arise. Stakeholders need to consider this when implementing or revising their digital solutions for person-centred care and healthcare professionals need to identify barriers and develop a change plan.

Examples of change needs in Blueprint personas:

Nikos was diagnosed with metabolic syndrome and a mild lung disease. He is an occasional smoker and has a family history of CVD. Due to his work, he is very stressed and resists to many changes. Therefore, it is necessary to find a solution that incorporates his condition and circumstances of life and that would be customised to his working hours and affordable. Solutions in this case might be the use of online tools, a personalised diet and training plan and regular meetings with GPs. These meetings could be used, inter alia, to inform Nikos ahead time of the planned change and to include him in the planning and execution of the changes.

Procolo has several health concerns such as hypertension, diabetes, bladder epithelial cancer, BPH, knee arthrosis and serious problems with sight and balance. He insists on going to the office and working every day to feel alive and not useless. After experiencing multiple health-related episodes he has trust problems towards health professionals. He needs to change his lifestyle and learn how to trust health professionals. The solution might also include the use of technology and a personalised diet plan. Considering Procolo's trust issues, a change management approach should consider to include him at an early stage in the planning of the necessary changes.

Key Issues Regarding Change Management



Identifying service gaps is the first step in recognising the need for change.

Assessing the need for change: After recognising the need for change, it is necessary to assess the need in order to plan next steps and the exact procedure.

Identifying and approaching stakeholders: When planning the exact procedure, the relevant stakeholders should be identified and contacted. A good change strategy can only be achieved by involving all relevant partners.

Change strategy: Simple solutions are in many ways the best choice. They are easy to operate and therefore it is easier to avoid resistance to change. Besides, they optimize the cost-effectiveness.²

Communication: For successful change management communication is crucial to communicate well with all relevant actors and to do it transparently.³

Awareness raising: Education, training and information are significant ways to avoid resistance to change.

Evaluation: Regular evaluation of strategies and feedback makes it possible to constantly improve the strategies. It facilitates to take into account necessary changes that future users of the solutions will have to embrace.

Collaboration: Changes in the health system are best implemented by engaging all stakeholders and by integration on all system levels.⁴

Supporting Mechanisms and Tools that Help Address the Topic



Communication tools: For easy and quick exchange of information between all actors it is possible to use online communication tools. This can be messaging systems, social networks, video conferencing or VOIP.

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Online platforms: Information is very important, especially to prevent resistance to change. Online platforms like websites, mobile apps and community forums are a good way to inform, to raise awareness and to encourage exchange between different groups of people. Such platforms are also a good way for health professionals to collect patient data, to control how patients react to changes and to respond to changes. In this case, data protection is of course an important issue.

Policies: Policies on how to implement new strategies in healthcare provide guidance on how to establish a change strategy.

Research papers: Research findings on how changes can be implemented and how people react to changes help to create a change plan. For example, the change management models described above are some good starting points.

Education: Continuing education is important to be up to date regarding change management strategies. There are several educational institutions which provide seminars for change management.

Main Stakeholders Concerned



The key stakeholders for change management are the following:

Research institutes: Research on change management constantly proceeds. There are always new findings on how people react to changes and how to deal with it.

Government: Political decision-makers create the legal basis and provide policies and recommendations based on research and previous experiences with change management.

Vendors/suppliers: The companies offering digital solutions for person-centred care communicate with healthcare providers, professionals and users about new solutions/ changes and make suggestion on how they can be integrated in the daily life of patients.

Healthcare providers and healthcare professionals engage with vendors to be up to date and create strategies based on research and policies on how to integrate these solutions and changes into care delivery and their patients' lives.

Patient groups can give their feedback to the stakeholders mentioned above on how patients embrace changes. They also play an important role in communicating news and information to the patients as well as in strengthening cohesion between people with similar health concerns.

Users/Patients integrate changes with their own change management strategy into their daily life. Individual users and patients can act as “ambassadors” or “champions” of change.

Examples, Good Practices and Evidence of Impact Relevant to the Topic



An example of a good practice in the field of digital tools in the health care sector that is relevant to change management is the Croatian website <https://mcs.hr/rjesenja-i-usluge/zdravlje-net/>. It is a data collection tool and a messaging system between patients and doctors to help manage patients' conditions, to make time management in the health system more effective, to make care for patients with chronic conditions better and simpler and to facilitate the monitoring of patient feedback. The tool makes it possible for patients to quickly communicate with the doctor if there are problems with the implementation of new tools and behaviour and to give feedback. The doctor can thus observe how changes are implemented by the patients and react in case of a negative reaction.⁵

Potential Funding Sources



1. In the context of the Horizon 2020 Framework Programme, the European Commission offers several funding opportunities for research and innovation action in the field of digital innovation for health and care.
2. An important part of the European Regional Development Fund (ERDF) is to improve access, use and quality of ICTs and amongst others it will prioritise the strengthening of ICT applications for e-health.⁶
3. One of the objectives of the European Social Fund (ESF) is to improve education and investments are also committed to activities improving education in health care.

References and Guidance Documents



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Endnotes



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