

Change Management in Long-Term Care

“It should be borne in mind that there is nothing more difficult to arrange, more doubtful of success, and more dangerous to care through than change. The innovator makes enemies of all those who prospered under the old order, and only lukewarm support is forthcoming from those who would prosper under the new. Their support is lukewarm partly from fear of their adversaries, who have the existing laws on their side, and partly because men are generally incredulous, never really trusting new things unless they have tested them by experience.”

Don't miss this!

[Changing Minds](#)

--Machiavelli, The Prince

As leaders in the long-term care industry, we must appreciate that change and transition is continual with our relationships and environments all being “works in progress.” For effective leaders, there are some basic beliefs about change that should be considered.

1. How successful you are at changing others has a lot to do with how much you are willing to be changed yourself.
2. People are everything in terms of success with change and its sustainability.
3. We learn most of our skills in change management from our own individual introspection.
4. Your beliefs as a leader are crucial and more important to managing change than all other strategies.

Long-term care is in a flux of continual change due to the growing older demographics, the workforce conditions and shortages, the growing health care technology, and the changing health care regulation and quality initiatives. As leaders, the recognition that change, and more so, culture change is a daunting task is the first step. Second, the knowledge development around change management models and culture change will help support this inevitable process.

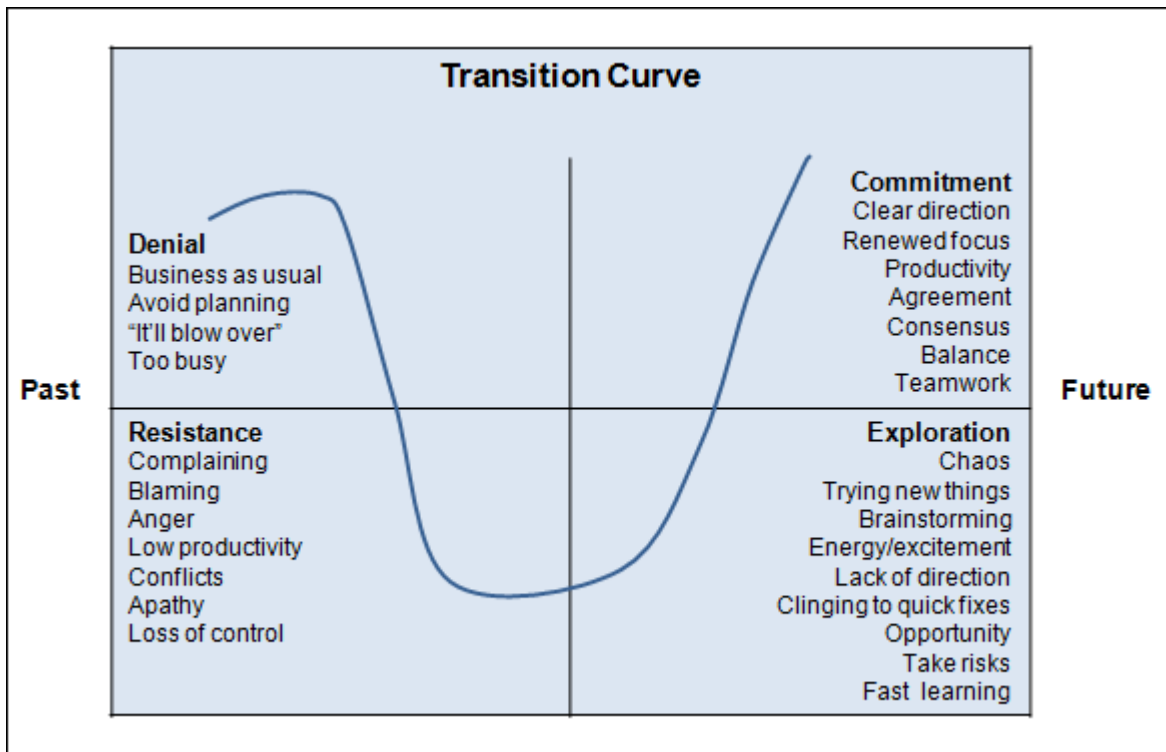
Organizational culture is incredibly powerful and can lead to success or failure for most leaders. Organizational culture can be defined as what is valued, the leadership style, the language and symbols, the procedures and routines, and the definitions of success (Pratt, 2010). Initially, leaders need to assess the current culture and determine if it does support the evolving changes in long-term care. This comparison between “current” culture and what is desirable can be completed with all members of the organization---including employees, current leaders, patients/customers, and governing boards.

Organizational culture can be assessed by focus groups, employee surveys, patient/family satisfaction surveys, and direct observation of the workplace. Queries such as why do you work here, what does the organization value, and how could this be a better place to work are all examples of assessing the culture. By direct observation, leaders can assess the employee attitudes, commitment to keeping the organization in great shape, participation in company activities, quality scores, and employee retention. A review of the mission, vision and values can also provide a leader with some guidance in determining the current organizational culture.

Utilization of Change Theory for Leaders

Leaders serve as the motivator, role model, change agent, and official leader and spokesperson for the desired new culture. Leaders must recognize that the current culture took a while to evolve, will require patience, consistency, and time to change. The use of change management models can help support culture change as well as smooth the path.

Over 75% of change initiatives fail in organizations for many reasons. First, the complexity of an organization is sometimes overlooked with no systematic plan for change that will touch all parts of an organization. Change initiatives fail at times due to the lack of involvement by key stakeholders who must implement the change. For example, planning the transition to electronic health records in a skilled nursing facility would necessitate the certified nursing assistants as well as the nursing leadership to optimize the chance for a smooth transition. Change initiatives also fail at times due to the lack of ongoing attention and engagement by the leader. In summary, changes that are introduced and fail to alter the fundamental culture of the organization will not be successful. Although a crisis or a catalytic event may initiate change,



it must have the people and leaders to sustain it. A planning model for change is a way to assure that you “go slow to go fast” in creating change.

Change Models

Kurt Lewin is sometimes considered the “father of change models” with the introduction of his basic change model consisting of Unfreezing, Implementation and Refreezing. Lewin’s main message was the need to thoroughly assess and prep the environment prior to planned change.

Transformational change models include two different types of change. **Incremental change** is one step at a time, creating gradual separate changes which develop to become major shifts or trends. Sometimes these changes can be very subtle, occurring even while the old conditions remain. **Transformational change** occurs suddenly when something completely new emerges and all the previous rules and reality are different (Schneider, B., Brief, A. & Guzzo, R. (1996). Peter Senge (2000) supports the development of dialogue skills for leaders engaged in change management. “Dialogue” refers to the ability to suspend one’s belief systems and truly listen to others engaged in the change. The use of dialogue is a good change management model in that it supports collective learning and inquiry.

The process of change management or change transition follows a fluid process (shown by the transition curve) which is a useful tool for leaders in long-term care. Initially, many stakeholders or staff may have a negative response to the proposed change and refuse to engage. This “Denial” phase may be due to past history as it relates to change or simply hopeful that it will not progress to implementation. “Resistance” can occur in both overt and covert ways with everything from loss of staff to apathy about the change. “Exploration” of the change is an open process in which stakeholders are willing to pilot, take a risk, try the desired change which hopefully leads to “Commitment” and leadership for the new change. An example of this change process can be seen with the recent long-term transition from business as usual to active care management by Medicare Advantage health plans (Part C). Initially, long-term care organizations ignored the entry into the marketplace by newly formed Part C Medicare health plans which bundled together all Medicare services in a prospective payment model. There was overt resistance with long-term care providers indicating these plans would not survive financially and patients would not enroll in a plan which controlled their access to a closed panel of providers. However, as the early Part C plans documented lower hospitalizations and patient satisfaction, various providers of care became more interested and began the “exploration” process. Today, providers’ networks are strong in the Part C plans with “commitment” to improving health and quality for the frail elderly population.

Leadership Skills for Change Management include being able to observe and do nothing initially. Leaders must have emotional literacy, be willing to change themselves, be able to listen, tell the truth, be flexible with the change, engage the appropriate stakeholders and honor past work that has been done in

respecting the current organizational culture. The most critical part of change management is recognizing the importance of “refreezing” in Lewin’s terms. Frequently, leaders follow through until change is implemented and then move on to the next initiative or project.

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Pratt, J.R. (2010). *Long-term care: Managing across the continuum*. Sudbury, MA: Jones and Bartlett.

Schneider, B., Brief, A., & Guzzo, R. (1996). Creating a climate and culture for sustainable organizational change. *Organizational Dynamics*, 7-19.