

Applied Change Management A Tale of Three Wards

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Change management as a ward manager

Starting point:

- Three wards of one surgical department on one floor
- Management structure: two ward managers and three clinical nurse managers
- Little collaboration on the floor
- Very self-contained teams
- Antipathy among the teams
- No common nursing staff shortage management
- High accrued liability because of overtime and remaining vacation time
- High downtimes because of sick leave and no compensation scheme
- Little support for change:
 - "We've always done it this way!"

Plan

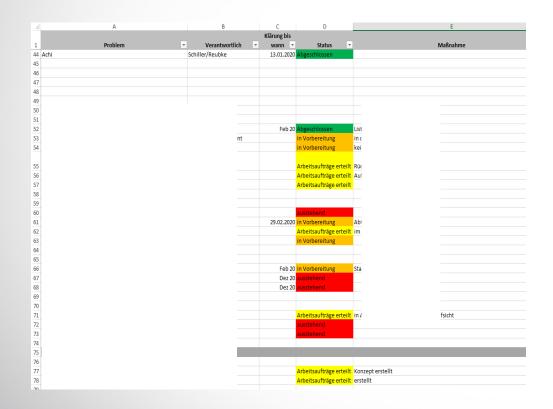
Analysis of the current state

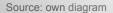
- In team meetings
- Via observation
- By participating in work and by letting nursing staff take a survey
- SWOT-Analysis
- By collecting data for a report and evaluation
- Process analysis

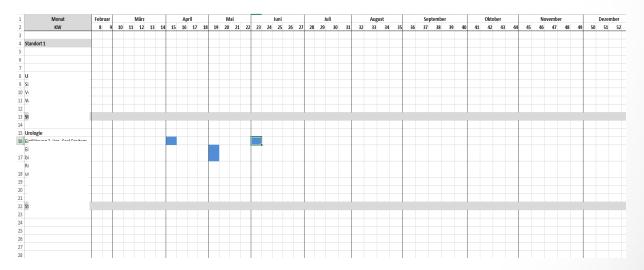
List the results and establish a need for change:

- Develop action plans (including prioritization)
- Develop time schedules
- Develop a document matrix for structuring documentation

Plan







Source: own diagram

- List and prioritize necessary measures
- Develop weekly / monthly schedules
- Develop an action plan



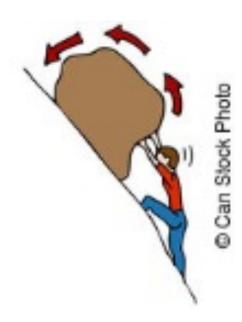


Source: own diagram

- Daily routine of the ward
- Visualization of clustered activities
- Utilization:
 - Search for peaks and plateaus of work
 - Goal: a more targeted staffing plan for nurses



- High effort
 - Of personal commitment
- Critical thinking
- Toughness
- High expertise, social skills, methodological competence
- Management skills
- Strategic thinking
- Leadership skills



Source: image 4



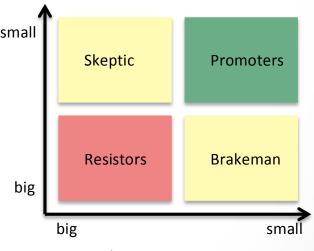
- Staff:
 - High nursing staff assignment in the morning shift
 - Low nursing staff assignment in late and night shift → overtime
- Process analysis:
 - Imperfect work distribution
 - Very high peak periods → high workload → nursing staff shortages are imminent



Find change agents:

- Approach ward managers
- Clinical nurse managers in surgical department
- Nursing staff in annual meeting with ward managers
- Involve members of the nursing team in workgroups
- Identification of unofficial leaders in nursing team
- → involve them

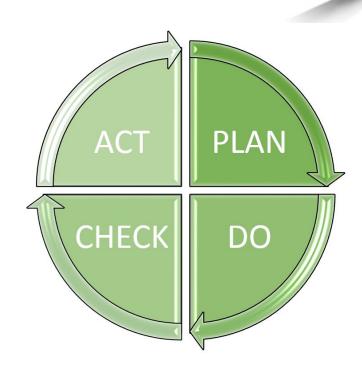
Personal reservations



Objective reservations

Plan

- Define targets
- Ensure transparency
- Create visions
- Leadership and management



Source: image 2

Implementation

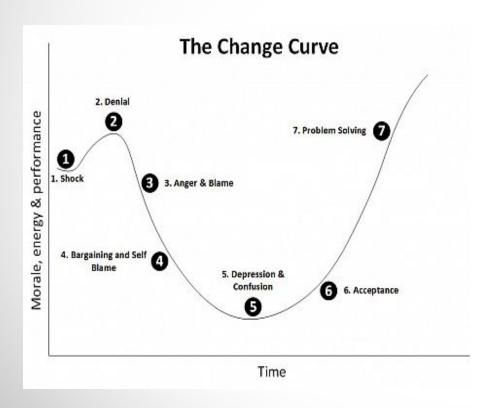
- Objective agreements in annual meetings
- Management by delegation
- Management by objectives (present and commit to annual objective agreements / ideas for the year)
- Found a "workgroup structure" with one representative of each team for process development
- Cluster problems and tackle them in workgroups



Resistance (passive & active):

- Threating involvement of staff association
- Stop of communication if change agent enters the room
- Leaving room if change agent enters the room
- Resistance by dragging (professional change should always be justified by legal regulation)
- Direct and open protest:
 - "No, we won't do this!"
 - "This just doesn't work!"
 - "We've always done it this way!"
- Announced sick leave
- Ignoring instructions
- Conspiring against change agent

Phases of change



Options of regulation during change:

- Continuous support
- Repeat vision
- Ensure transparency
- Visualize success
- Leadership
- Achieve success fast
- Involve important processes



Duration of change process: six years

Organization:

- Lower accrued liability significantly
- New concepts to manage nursing staff shortages (additional nursing staff on days that are predicted to have a high workload)
- Nursing staff management according to expected workload
- Shift times adapted to periods of peak activity
- Centralized working processes include all applicable wards (admission processes)
- Reducing patients' length of stay

Final results

Professional:

- All processes and documents are revised
- Standards of nursing care are revised
- Two certifications are completed successfully (including a specific certification for surgical & oncological care)
- Standard of nursing care is improved
- Lean processes with high professional nursing competence
- Design an internal strategic training concept

Nursing staff-related:

- Wish for change / ideas originate from team
- Nursing staff is flexible
- Good cooperation of the three wards
- Change is adopted



- Nursing staff adopt change by
 - Job rotation, enlargement, enrichment
 - Nursing staff development
- No change without the nursing staff
- Compensate those who lose something during the change process to keep them involved and included

Never stop change (CIP: Continual Improvement Process): take breaks - or slow down otherwise a big change can feel overwhelming and is not sustainable

Check if your managers can support change



Thank you very much for your attention!



- Image 1: https://lead-conduct.de/2014/06/04/change-management-wie-mitarbeiter/
- Image 2: https://www.marketinginstitut.biz/blog/pdca-zyklus/
- Image 3: https://organisationsberatung.net/change-management-modelle-im-vergleich/
- Image 4: http://cdn.xl.thumbs.canstockphoto.de/canstock5321919.jpg