Organizational Transition Management from the CNO Perspective

Ken Nelson III, DNP, RN, NE-BC, CPHQ
Purpose

• To determine the extent to which nursing leaders (Chief Nurse Executives or Chief Nursing Officers) participate in leading change and transition in their organizations
• To determine if their self-reported responses show aspects of a transition management framework
Problem Statement

• Leading and managing change is one of the leader’s most important roles (Stichler, 2011)
• Successfully leading transformational change is the true hallmark of a nursing leader’s success (Stichler, 2011)
• Sustainable change strategies cannot be achieved unless the execution of the strategy is well understood (Shirey, 2011)
• Nursing leaders do not use theoretical approaches to change management but rather focus on the “practical and contextual” nature of change (Hewison, 2012)
• A structured method for implementing organizational transition is vital for success
• There is a gap in how CNOs lead organizational transition, as well as in the effectiveness of methods used
### Background & Significance

<table>
<thead>
<tr>
<th>External Forces of Change</th>
<th>Internal Forces of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Technology</td>
<td>• People</td>
</tr>
<tr>
<td>• Competition</td>
<td>• Culture</td>
</tr>
<tr>
<td>• Regulation</td>
<td>• Competition</td>
</tr>
<tr>
<td>• Economics</td>
<td>• Information Processing</td>
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(Griffin & Moorhead, 2010; Anderberg, 2010).

Often times there is no clear answer in how the change should be managed since there may be no single, clear solution to managing the particular force (Kohn, 2007).
• Patient Safety

  – Directly linked to the leadership within the hospital (Squire, et. Al., 2010)
  – Policy decisions affect safety (Bohan & Lang, 2012)
  – Reaction to both internal and external forces affects safety (Bohan & Lang, 2012)
  – Positive outcomes for patients involves developing trust and relationships in order to sustain successful change (Brookes, 2011)
Background & Significance (cont.)

• Forces of Magnetism
  – Quality nursing leadership, organizational structure, and management style are tied to transition management (McClure, Poulin, Sovie, & Wandelt, 1983)
  – CNO abilities and characteristics support organizations to improve the quality of care delivered at the bedside (Clement-O'Brien, Polit, & Fitzpatrick, 2011)
• American Organization of Nurse Executives (2005)
  – Competencies include change management
  – Promote the use of change theory
  – Differing educational paths of CNOs results in a differing understanding of change management
  – To maintain consistency with CNO competencies, change management theory must be explored
Conceptual Framework

• Marks’s Framework
  – Facilitates adaptation to organizational transition
  – Developed in response to the mismanagement of organizational transition
    • Most transition implementation runs counter to research findings
      • The natural process of human adaptation is ignored
  – Intends to minimize the negative consequences while accelerating transition adaptation
Conceptual Framework

Tasks

<table>
<thead>
<tr>
<th>Levels</th>
<th>Weakening the Old</th>
<th>Strengthening the New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>EMPATHY</td>
<td>ENERGY</td>
</tr>
<tr>
<td>Intellectual</td>
<td>ENGAGEMENT</td>
<td>ENFORCEMENT</td>
</tr>
</tbody>
</table>

(Marks, 2007)
Conceptual Framework (cont.)

• Two tasks
  – Weakening forces for the old
  – Strengthening forces for the new

• Two levels
  – Emotional
  – Intellectual

• The combinations produce four elements for facilitating transition adaptation
Conceptual Framework (cont.)

• Empathy (weakening the old emotionally)
  – Acknowledging that things are difficult and will continue to be for at least awhile

• Engagement (weakening the old intellectually)
  – Creating understanding of and support for ending the old and accepting the new

• Energy (strengthening the new emotionally)
  – Getting people excited about the new reality

• Enforcement (strengthening the new intellectually)
  – Solidifying a fresh set of perceptions, expectations, and behaviors
Methodology

• Structured interviews
  – Convenience sample of CNOs
  – Solicited for telephone interviews
  – Structured interview tool
  – 16/20 agreed to participate (80%)

• Interview Questions
  – Questions derived from Marks’s Framework
  – Opportunity to reflect
## Methodology (cont.)

### Structured Interview Questions as Related to Marks’s Framework

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<tr>
<td><strong>Emotional</strong></td>
<td><strong>Empathy</strong></td>
<td><strong>Energy</strong></td>
</tr>
<tr>
<td>Describe any messaging that went to staff regarding the period of time from the start to the finish of the transition. How was staff able to make their feelings known? How did you respond to their feedback? Is this an aspect of transition that is regularly considered?</td>
<td>What attempts did you make to actually get people excited about the pending transition? Was staff receptive to these attempts?</td>
<td></td>
</tr>
<tr>
<td>As a result of the transition, were any divisions or service lines required to make major changes in services offered or FTE levels? Was one division or service line affected more than others?</td>
<td>How was the “voice of nursing” brought to the table during initial discussion of the transition? How was this voice received by the leadership team?</td>
<td></td>
</tr>
<tr>
<td><strong>Intellectual</strong></td>
<td><strong>Engagement</strong></td>
<td><strong>Enforcement</strong></td>
</tr>
<tr>
<td>How did you convince your direct reports that the change was necessary? Were they able to translate this understanding to their staff?</td>
<td>How were new expectations framed and enforced once the transition was in progress?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Did your leadership team maintain a united voice during the transition? How was this communicated to the organization’s staff?</td>
</tr>
</tbody>
</table>

(Marks, 2007)
### Demographics of the Sample

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Years in Current Position</td>
<td>Range = 0.75-16, Mean = 5, Median = 2.75</td>
</tr>
<tr>
<td>Highest Nursing Degree</td>
<td>BSN (4), MSN (11), PhD (1), DNP (0*)</td>
</tr>
<tr>
<td>Highest Non-Nursing Degree</td>
<td>MBA = 3, MHCA** = 1, PhD = 1</td>
</tr>
<tr>
<td>Location (State) of Organization</td>
<td>WI (8), TN (3), PA (2), OH (2), GA (1)</td>
</tr>
<tr>
<td>Number of Beds</td>
<td>Range = 25-1200, Mean = 352, Median = 208.5</td>
</tr>
<tr>
<td>Number of FTEs</td>
<td>***</td>
</tr>
<tr>
<td>Number of Annual Discharges</td>
<td>***</td>
</tr>
</tbody>
</table>

* = 3 of the MSN graduates are currently DNP students.
** = Master’s in Health Care Administration
*** = Analysis omitted because of incomplete data at the time of this report due to slow response rate from participants.
Findings

• The Transitions
  – Varied responses
  – New construction/remodeling
  – Workflow changes
  – Role responsibility redefinitions
  – Technology implementation
  – Mergers
  – Downsizing
Findings (cont.)

• Empathy
  – According to Marks (2007, p. 726), “the objective of empathy is to make clear that leadership is cognizant of needs, feelings, problems, and views of employees who have lived through a merger, acquisition, downsizing, or restructuring.”
Findings (cont.)

• Questions

  – “Describe any messaging that went to staff regarding the period of time from the start to the finish of the transition. How was staff able to make their feelings known? How did you respond to their feedback? Is this an aspect of transition that is regularly considered?”

  – “As a result of the transition, were any divisions or service lines required to make major changes in services offered or FTE levels? Was one division or service line affected more than others?”
Findings (cont.)

• Empathy (cont.)

  – Fourteen of the sixteen CNOs had a process for receiving feedback from front line staff directly

  – Thirteen of the sixteen engaged staff directly in the transition process

  – Fifteen of the sixteen regularly solicit feedback as part of transition management

  – If downsizing occurred, the CNO involved worked with staff to find new employment
Findings (cont.)

• Engagement
  – “weakens forces against desired change by engaging employees at an intellectual level in understanding the business imperatives associated with needing to end the old and by identifying and eliminating roadblocks to the adaptation process” (Marks, 2007, p. 728).
• Questions
  – “How did you convince your direct reports that the change was necessary? Were they able to translate this understanding to their staff?”
Findings (cont.)

• Engagement (cont.)
  – Early communication and sharing of data
  – Thirteen CNOs utilized affected staff early on
  – Wide range of involvement
  – Two made the appeal to the professional responsibility of nurses to nursing
Findings (cont.)

• Energy
  – “...enables adaptation by strengthening forces for the desired post-transition organization and generating energy for its attainment” (Marks, 2007, p. 730).
Findings (cont.)

• Questions
  – “What attempts did you make to actually get people excited about the pending transition? Was staff receptive to these attempts?”
  – “How was the ‘voice of nursing’ brought to the table during initial discussion of the transition? How was this leadership received by the leadership team?”
Findings (cont.)

- Energy (cont.)
  - Celebrations and events were utilized
  - Three of the CNOs were unable to generate excitement
  - As the “voice of nursing,” each CNO represented the interests of nursing at the executive table
  - Excitement was easy to generate when a clear benefit was seen
  - Eleven of the CNOs described the excitement as building during listening sessions
• Enforcement
  – Enforcement “... solidifies perceptions, expectations, and workplace behaviors that are congruent with the desired post-transition organization” (Marks, 2007, p. 733).
Findings (cont.)

• Questions
  – “How were new expectations framed and enforced once the transition was in progress?”
  – “Did your leadership team maintain a united voice during the transition? How was this communicated to the organization’s staff?”
• Enforcement (cont.)
  – Related to clarity and consistency of messages
  – Expectations framed at all levels
  – Peer accountability
  – Shared governance involvement
  – Thirteen of the CNOs felt the entire leadership team had a united voice
  – Three of the CNOs have had to work specifically with direct reports not staying on message
Findings (cont.)

• Reflection
  – Fifteen CNOs felt the transition went well
  – Involvement at multiple levels was crucial
  – Communication played a large factor
  – Six stated they would have communicated more
  – Five stated they would do nothing different
Limitations

- Limited sample size
- Half of the respondents were from Wisconsin
- Findings cannot be generalized to all CNOs
Conclusion

- CNOs play an important role in leading organizational transition
- Common methods of transitional leadership were found among all the CNOs
- Marks’s Framework is an effective tool for framing organizational transition
References


