

Change in Health Care Organizations

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Organization theory has developed through major epochs of classical, human relations and contingency approaches, all of which have contributed to the accumulation of knowledge about implementing change (Nelson 2003). The demands of an ever-increasing competitive and changing environment are driving the need for enhanced understanding and knowledge about how to lead and manage organizational change rapidly, efficiently and effectively (Nohria and Beer, 2000). Every kind of organization must change and innovate to survive. New discoveries and inventions quickly replace standard ways of doing things (Draft, 2004).

How can we make change happen? What factors govern the way change unfolds? What frameworks could enhance the effective implementation, and maximize the positive returns (in the broadest possible sense) of change efforts? These are some fundamental questions that continuously are informed by organization science scholarship, but that nonetheless persist in the study and practice of change in organizations (Pettigrew et al., 2001). Change in organizations is governed by a multitude of simultaneously present forces, which act and interact in different ways and with different intensity when change efforts are analyzed over time - between their initiation and their at least partial completion that results in some kind of assessable outcome. Attempts to understand organizational change occupy a central place in the development of organization theory (Miles, et al., 1997). It is crucial to focus on assessing the importance of external as well as internal driving forces and inhibitors, managerial as well as employees' cognitions and actions, and strategic, structural and organizational variables influencing the unfolding of change.

Current theory development has concluded on *four fundamental "motors" of change*, for which, however, the empirical underpinning remains limited, particularly from comparative research in a larger number of organisations. *Our ambition is to build on the most recent achievements in the area and contribute to the field by developing measurements and empirically test the influence of those different, sometimes converging sometimes diverging, forces that govern the unfolding of change.* We investigate change processes with respect to the assumed presence and complementary interplay of the four change motors evolutionary, life cycle, dialectical, and teleological synthesised by Van de Ven & Poole (1995). We briefly review typologies of change and models of change processes and introduce the four change motors.

Life-cycle process theory: A life-cycle model depicts the process of change in an entity as progressing through a necessary sequence of stages or phases. The specific content of these stages or phases is prescribed and regulated by an institutional, natural or logical program prefigured at the beginning of the cycle. A life-cycle motor drives change through a former pattern that is either immanent in the developing entity or imposed on it by external institutions (DiMaggio & Powell, 1983).

Teleological Process Theory: A teleological process views change as a cycle of goal formulation, implementation, evaluation, and modification of actions or goals based on what was learned or intended by the organizational unit or entity that underwent the change. This cycle emerges through purposeful enactment or social construction of an envisioned end state among individuals within the entity (Van de Ven & Poole, 1995).

Dialectical Process Theory: In dialectical models of development conflicts emerge between entities espousing opposing theses and antitheses that collide to produce a synthesis, which in time becomes the thesis for the next cycle of a dialectical progression. Confrontation and conflict between opposing entities generate this dialectical cycle. Change emerges from a dialectical motor through efforts to deal with contradictions, conflicts or tensions within or around the unit undergoing change (Van de Ven and Poole, 2004). The event sequence of the Dialectical motor unfolds through thesis - antithesis, conflict, synthesis and again thesis - antithesis. Its generative mechanism is that of pluralism, confrontation and conflict.

Evolutionary Process Theory: An evolutionary model of development consists of a repetitive sequence of, selection and retention events among entities in a designated population. This evolutionary cycle is generated by competition for scarce environmental resources between entities (e.g., organizations) inhabiting a population (e.g. a sector of activity) (Van de Ven & Poole, 1995). The evolutionary motor drives change through the core process of variation-selection-retention. In this familiar explanation, variations in existing unit characteristics occur and those that enable the unit to complete for scarce resources in the environment are selected for survival (Van de Ven and Poole, 2004).

The Healthcare System: Pressures for Change

A huge organisational change that the Greek Government is being implemented in the healthcare sector is the Operational System of Information Society. The main subject of our research is to recognise how this major change effort unfolding within the organizations and how the development process will be affected by the presence and interplay of the four "change motors" namely Life cycle, Teleology, Dialectical and Evolutionary. Quantitative and qualitative research methodologies based on a sample of Greek hospitals which have introduced Information Society initiative programs, will serve as an empirical platform.

The healthcare system is composed of a complex net of entities, activities and processes - at the core of which, inevitably, are the clinical processes - and involves a wide range of participants (Stahr et al., 2000), with each of these aspects bringing to the system a different set of needs, priorities and evaluation criteria. Structural change has been a constant feature of the healthcare sector for many years. Improving the management of change in the public sector, particularly in health, is vital if the dysfunctional effects regularly created are to be minimized. The organizational change process needs to be managed in a way that is sensitive to the impact of organizational change on the whole organization and appropriate to the contingent environmental conditions at the time.

The Operational Programme "IS" is the main level for implementing an overall national strategy leading to the Information Society. Major institutional actions are being implemented in parallel with supplementary measures under the operational programme. In its progress toward the "IS", Greece faces a series of challenges. In order for the country to be able to benefit from developments, it should confront for the country to capitalise on new developments, certain weaknesses that prevent investment and the creation of new economic activity must be overcome. Information Society has formulated, with specific objectives and implementation procedures.

It is of high importance to examine the factors that affect the way that change unfolds with the planning and implementation of the IS operational Programme in the healthcare sector. The introduction of an organizational change like integrated information systems and the access of hospitals and health centres to the national telecommunication infrastructure will strengthen the effectiveness and efficiency of continuous health care as regards the diagnosis, treatment and rehabilitation of the patients. Furthermore, both at the level of the hospital and health unit, as well as of the Health system in general, the operational cost can be decreased with rational management procedures.

There are seven Regional Health Administrations today (former Regional Health and Welfare System) which are mainly implemented by the Information Society. The strategy of the Ministry of Health and Social Solidarity concerns:

- The introduction of information systems for the support of the Regional Health Administrations;
- The gradual completion of the introduction of information technologies to the secondary/ tertiary (Hospitals) and primary health care (Health Centres and personal doctors).

The development and operation of the Integrated Health Information System in the Regional Health Administrations aims the introduction of information and communication technologies to the field of health. The Integrated Health Information System will directly contribute to the support of institutional and organisational interventions and reforms and indirectly to the upgrading of the quality of services, the restructuring of internal procedures and the provision of services for the citizen.

There is continuous improvement of the situation with the use of new technologies in certain sectors of the field of health with projects that are either in the process of completion or will be completed in the immediate future. It is also anticipated that integrated information health systems will be established in the Administrations of Health Regions and its 130 Hospitals, Health Centers and Regional Clinics of their region. These systems concern all the steps of the patients care allowing for a more effective use of the resources and the improvement of the qualitative and effective administration of hospitals as well as the provision of better services to the patient on the basis of scientifically documented knowledge.

Due to the new online health services which speed up the search for data about patients and their medical history, new diagnostic applications and new technological equipment, the Information Society is providing practical support to prevention, diagnosis and treatment. The regional structure of the health system with 7 regional health systems also determines the allocation of major projects of health services under the Information Society Operational Programme. The project seek to improve services provided to citizens and professionals overall and to improve management of national health system resource procedures. Our research is driven by the apparent need for developing theoretical explanations to the unfolding of change that integrate content and process, and that are inclusive as far as different driving forces or influencing factors are concerned.

What is more, this research will focus on assessing the importance of external as well as internal driving forces and inhibitors, managerial as well as employees' cognitions and actions, and strategic, structural and organizational variables influencing the unfolding of change. The ambition of the research is to build on the most recent achievements in the area and contribute to the field by developing measurements and empirically test the influence of those different, sometimes converging sometimes diverging, forces that govern the unfolding of change. The obvious problematic then becomes to identify and analyse how and why change efforts unfold as they do in order to inform both theory and practice of a more appropriate way of holistically embracing the phenomena of change.

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