

RESEARCH AND THEORY TO
FOSTER CHANGE IN THE FACE OF
GRAND HEALTH CARE
CHALLENGES

ADVANCES IN HEALTH CARE MANAGEMENT

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ADVANCES IN HEALTH CARE MANAGEMENT
VOLUME 22

**RESEARCH AND THEORY
TO FOSTER CHANGE IN
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HEALTH CARE
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PREFACE

We are pleased to share Volume 22 of *Advances in Health Care Management (AHCM): Research and Theory to Foster Change in the Face of Grand Health Care Challenges*. The past few volumes have focused on identifying and setting a research agenda for grand health care challenges (see Preface, Vol. 20, Hefner & Nembhard 2021). Through informed commentaries from prominent scholars in health care management, Volume 21 (Shortell et al., 2022) highlighted the current opportunities and challenges of: health system digitization; diversity, equity, and inclusion; COVID-19; performance improvement; network governance; inter-sector alliances; alternative payment models; and social determinants of health. A common theme across the chapters in Volume 21 was discussion of the organizational change needed to address these challenges.

Many have recognized that healthcare organizations today face the certainty of change as they confront varied grand challenges, all occurring in a broader landscape that scholars describe as radically and rapidly transforming at an unprecedented and accelerating pace (Amis & Greenwood, 2021; Dempsey et al., 2022). Such an environment is characterized by “exacerbated levels of uncertainty,” with people seeing and valuing their work differently as a result (Amis & Greenwood, 2021, p. 585; Wright et al., 2023). As healthcare leaders work to navigate the continual questions surrounding radical change and heightened uncertainty, they require an understanding of effective approaches to organizational change, yet what scholars know about change management continues to evolve.

Management models designed to understand and respond to organizational change have proliferated in the past several decades, with some of the most widely recognized models of change management now common elements in business administration and health administration education, such as Lewin’s (1947) three-step model, Kotter’s (1996) eight-step approach to change, or the ADKAR model for change (Hiatt, 2006). However, scholars are increasingly questioning commonly held views within the change management literature and the models they have shaped, finding empirically that no single model is a universally supported or clearly preferred approach to change management (Phillips & Klein, 2023). For example, they challenge the belief that the vast majority of changes result in failure, instead suggesting that change can yield both successes and failures simultaneously while also calling for a deeper examination and clarification of what we mean when we talk about change success or failure (By, 2020; Hughes, 2022; Suddaby & Foster, 2017). Numerous works have pushed against the assumption that successful organizational change results primarily from the behaviors, characteristics, or strategies of an individual acting as a

change agent in a position of authority, instead highlighting that change leadership can be provided from numerous sources, with intentional collaboration and effective configuration of coordinated change efforts mattering more than the specific sources of leadership functions (Cummings et al., 2016; Ford et al., 2021; Karasvirta & Teerikangas, 2022).

These and other developments in change management scholarship increasingly point to the value of approaches to change management that embrace complex adaptive systems thinking. The rational, standardized, and reductionist approaches to change management that were commonly employed throughout the 20th century are increasingly recognized as inadequate to address the emergent, complex, and wicked problems faced by today's health care delivery system. Transformational change is required and, as systems themselves, organizations must embrace systems thinking in order to realize effective transformation (Beer, 2021; Bryson et al., 2021; Waddock, 2020). A systems view challenges us to focus beyond a single variable or fragment of the system within change; instead, it recognizes the system's interconnected elements and purposes, making sense of it in ways that develop a new understanding of potential transformations, and promoting collective engagement among change agents to identify key leverage points producing sizable effects and long-term solutions (Gersick, 2020; Uhl-Bien, 2021; Waddock, 2020). However, the adoption of systems thinking in and of itself presents a significant challenge to organizations today, particularly among those subject to "short-term pressures for performance" and a general "reluctance to confront inconvenient and complicated truths that might expose deeper systemic barriers" (Beer, 2021, p. 16). In light of this, some may ask: Are today's healthcare organizations up for the challenge? To that question, we find the chapters collected for this volume provide reason for optimism.

In an environment characterized by ambiguity and uncertainty, effective change management can also be seen in the collaboration, coordination, and complementarity practiced among distributed sources of change leadership (Dempsey et al., 2022; Errida & Lotfi, 2021; Ford et al., 2021; Phillips & Klein, 2023). Scholars call for approaches to change management that emphasize the power of empathy, that recognize the importance of taken-for-granted social factors underlying processes of change, that promote the involvement of varied participants, and that foster an openness to engage deeply beyond surface-level changes, such as design thinking (Hvidsten et al., 2023) and leadership-as-practice (Raelin, 2022). Such approaches encourage levels of adaptation, improvisation, and creative problem solving that are commonly aligned with both systems thinking and design thinking (Shay, 2023), leading to more effective navigation of change in the midst of complexity (Hvidsten et al., 2023). Furthermore, the mindsets that connects systems thinking and human-centered approaches to problem solving such as design thinking – including collaboration, curiosity, mindfulness, resilience, recognition of interconnections, and an appreciation for diverse perspectives (Mugadza & Marcus, 2019; Shay, 2023; Shrier et al., 2020) – not only serve as drivers of effective change management, but they also emerge consistently in this volume's chapters as critical approaches to addressing health care's grand challenges.

Therefore, this year's volume examines how health care organizations position for, and pursue, successful sustained change. We organize the chapters into four complementary sections, each a mix of theoretical and empirical contributions to guide organizations in an environment of ever-evolving challenges.

Our first section focuses on persistent drivers of environmental uncertainty to which health care organizations must be responsive. Chapter 1, by Gifford and colleagues, offers a theory-building reflection on the changing ways in which health care organizations must understand and build capacity to thrive in a state of persistent, deep uncertainty. Using a framework that contrasts approaches to buffer against environmental change with efforts to actually incite and be on the leading edge of evolving expectations, authors propose the need for organizations to remain adaptive and – where possible – create potential futures rather than engaging in avoidant, controlling approaches to change. This chapter concludes with advice to organizations on how to move toward an “Adapt and Create” approach using systems thinking and the notion of temporal work – that is, encouraging individuals and teams to break the inertia of path dependency by challenging the linkages between “what was/is done” with what could or should be done.

The subsequent two chapters offer additional tools to organizations seeking to build resilience in the face of persistent environmental uncertainty. Chapter 2, by Reynolds, Price, and Canfield, focuses on the challenge of health care organizations needing to provide timely and accessible services in rural communities. Authors detail a simulation-based approach to model the feasibility and impact of proposed organizational changes as one way to assess readiness and guide subsequent change management efforts. They illustrate via case study how this approach was used to help guide design and implementation considerations for a mobile radiation oncology unit in a rural community. In Chapter 3, authors Hogan et al. detail a theory-driven empirical analysis focused on culture change in nursing homes – that is, highly regulated health care environments plagued by chronic under-resourcing. With the uncertainties caused by such persistent financial constraint, authors seek to identify the types of change management activity that are feasible in this environment and associated with these organizations moving toward a culture of more person-centered care. They find that knowledge management (i.e., the seeking and use of information relevant to guiding organizational functioning) is associated with culture change, and that this relationship is moderated by leadership and measures of staffing ability. These findings offer insights to health care leaders looking to build adaptive systems that support organizational readiness for change despite chronic resource limitations.

The second section of this volume focuses on the mechanisms of change – how leaders within organizations frame and execute change. Chapter 4, by Govers et al., offer a theoretical consideration of why organizational change often fails, using a framework that suggests that leaders too often attempt to change routines without first modifying the underlying principles and beliefs of organizational work. Using an analogy of organizational DNA to detail how principles, beliefs, and routines bind together an organization's core technical capabilities and social

capital, they use an exemplar case to showcase specific aspects of leadership intentionality and action that foster deep successful change. However, successful change also depends on characteristics of the innovation itself, and of the individuals leading the effort. In Chapter 5, Novikov, Singer, and Milstein, use a national survey of clinicians to assess how these characteristics are associated with use of artificial intelligence and other forms of innovation diffusion. Authors investigate how individuals' job aspects associated with connectivity (i.e., professional purview, supervisory responsibility, tenure with an organization) increase knowledge and awareness of innovation such that they are more likely to use and spread care delivery innovations. A key part of this knowledge and awareness building is its association with higher perception of value of new innovations, which may build personal interest in engagement as well as these individuals' ability to facilitate diffusion within their network. Chapter 6, by Tietschert et al., explores the association between management practices and safety culture after implementation of the Safe Surgery Checklist. They use longitudinal survey data from the checklist implementation at 42 general acute care hospitals in a leading hospital network. Their findings suggest that the changes in safety culture encouraged by implementation of the Safe Surgery Checklist are significantly related to changes in management practices, highlighting structured checklist implementation as an avenue for hospital administrators to enhance safety culture in their organizations.

The third section of this volume investigates organizational preparedness and response in the face of acute crisis. In Chapter 7, Carroll et al. investigate the extent to which hospital finances were impacted in Washington state due to the Covid-19 pandemic. They find a significant hit to operating margins across all hospitals for 2020 and 2021, with hospitals that treat vulnerable patients being most affected (i.e., safety-net and critical access hospitals). Both revenues and expenses were adversely impacted by the pandemic. This analysis calls into question what organizations can be doing now to buffer against the financial vulnerability caused by such extended acute disruption. A detailed commentary by Dr Smith in Chapter 8 highlights the cyclical nature of organizational attention to preparedness over the past 20 years, and the threat of complacency that sets in between spikes of large-scale crises. This chapter describes post-event recommendations issued after each recent global epidemic, and finds a lack of depth or substance in the guidance given to organizations to support sustained preparedness alongside normal operations.

The fourth and final section of the volume highlights key ways in which socio-political and demographic shifts are encouraging organizations to reconsider what preparedness means outside of acute crisis. In Chapter 9, Hewitt interrogates limitations of outdated paradigms we hold about health systems and health care delivery. The author details an updated "co-production of health" framework that better reflects the boundary-spanning interorganizational and inter-sector ways that health and value are created for patients and communities. This chapter offers important suggestions for future research that refines and tests this model as a useful way to design and execute transformative organizational change. Chapter 10, by Yeager and colleagues, offers a thoughtful examination of

one way in which a large health system embraced a community-partnered approach to care delivery. This study qualitatively explores efforts to enhance case conferencing for children with complex needs by using parent liaisons to facilitate connection with community resources and social support. Indeed, having these boundary-spanning agents helped organizations offer patients more holistic services that reduced stress for clinicians as well as family members. Authors offer insights into the necessary coordination structures and policy-based payment changes that would help sustain this model of care. Finally, in Chapter 11, Dr Minakshi Raj offers a commentary piece that draws attention to family caregivers as a critical but under-recognized partner in the co-production of health. She details the problems of a fragmented policy landscape and a lack of enabling factors (e.g., time, awareness, connectivity) that allow for meaningful engagement of caregivers. Using a coproduction of health paradigm, organizational leaders should be thinking strategically about how to proactively integrate caregivers as boundary-spanning and value-generating members of the care team.

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