# Importance of effective leadership and change management in healthcare

**A Report**

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## Abstract

This report evaluates the importance of effective leadership and change management in healthcare and, using theories and examples from practice, appraises how a change in practice can be implemented in an effective manner. The change that is discussed in the report is the inclusion of radiologists in a multi-disciplinary team that was constructed to handle a specialist area of care. The report finds that if change is framed from the perspective of improving patient care, then barriers to change will be removed and staff will tend to work towards the successful design and a sustainable implementation of the change.

## 1.0) Introduction

This report evaluates the importance of effective leadership and change management in healthcare and, using theories and examples from practice, appraises how a change in practice can be implemented in an effective manner. The change that will be discussed in the report is the inclusion of radiologists in a multi-disciplinary team that was constructed to handle a specialist area of care. The report also identifies and analyses the leadership behaviours and skills that are required to influence and to implement the required change.

Additionally, the report makes recommendations for individual professional development and evaluates the transition to the role as a Registered Nursing Associate, reflecting upon my own professional development needs and demonstrating achievement of the required scope of practice for the role of Registered Nurse Associate.

The report has seven main sections (aside from the Abstract, the Introduction and the Conclusion): a background to the change and an analysis of the importance of effective leadership and change management in healthcare; an analysis of the leadership behaviours and skills used to implement the change; an exploration of relevant change models; an analysis of enablers and barriers to change; an exploration of the implementation of the change and the utilisation of the change team and the multi-disciplinary team; an exploration of how change can be sustained; and the last section (prior to the Conclusion) which provides a reflection on transitioning to Registered Nurse Associate.

## 2.0) Background to change and the importance of effective leadership and change management in healthcare

Regarding where I am located in reference to this change, I am a Trainee Nursing Associate (TNA) about to transition to the role of Registered Nursing Associate. My role as part of the change came about because I was involved in one of the departments offering the specialist care and became involved (albeit indirectly) in the process of setting up the multi-disciplinary team that would, from then on, be responsible for delivering this specialist care in this new way.

### *2.1) Importance of effective leadership*

Effective leadership is fundamentally important for the effective management of change because leadership is needed to oversee the whole of the change management process from assessing the need for the change, identifying what change is needed, developing the plan for implementing the change, assessing organisational readiness for the change, developing a change impact plan, creating a plan for communicating the change to staff, managing any resistance to the change that might arise, identifying and managing the main stakeholders for the change and developing staff training plans so that staff can be educated in why the change is necessary and then trained in any necessary new skills that the change requires (Sfantou et al., 2017).

Without effective leadership, this whole process would be impossible because it is the leader that gives direction and form to the whole change process (Hao, 2015). As Sfantou et al. (2017) discuss, without effective leadership, the change management process will not be effective or effectively monitored which can lead to a diminishing quality of care for patients. Ineffective leadership has been identified as a causal factor in certain incidents within the NHS including the Mid Staffs scandal (Boseley, 2010): effective leadership is therefore necessary to ensure that the NHS provides a quality service which meets the needs of the population.

Effective leadership is also needed to ensure that the culture on the ward is open to change and that the change is continually appraised to ensure that the change is providing benefits to patients (Stanley, 2017). As Stanley (2017) notes, effective leadership in healthcare is based on translating values into action which means that leaders must abide by their professional values whilst ensuring that the necessary changes are brought to fruition through action.

This process requires a centralised leadership to make the strategic decisions about what broad changes are necessary but also requires leadership at all levels throughout the organisation because the change will need to be implemented by all staff members, during all of their interactions with patients and all of their day-to-day functions and responsibilities. Effective leadership, whilst being centralised by nature

(to drive the change from the top down), needs to be at all levels across the organisation otherwise it will be difficult to successfully implement the change and especially difficult to maintain the change once implemented.

In this way, effective leadership progresses the rest of the staff because the central leader defines a set of expectations for how all staff should behave, creating an organisational culture through these expectations (Sarros et al., 2012) which, in turn, shapes how individual members of staff behave and how they behave, in particular, in response to the change. By setting high expectations, the leader sets an intention for the organisation which all staff are expected to meet: in this way, staff are expected to function at their highest level which progresses them professionally and personally (Goker, 2018).

In the case of change and change management processes, for example, the leader would set the expectation that all staff members would adopt the change and that adopting the change would require staff members to respond effectively to the new conditions and new requirements that the change brings about (Weber and Joshi, 2000). This would mean that the staff would need to improve their own attitudes, skill sets and the execution of their day-to-day tasks and responsibilities which would progress staff (even if staff, at first, find the change difficult which causes resistance to the change).

### *2.2) Importance of effective leadership for change management in healthcare*

In terms of what is needed for leadership to be effective and for leadership to provide benefits for all staff, it is clear that the leader needs to be respected by all staff and that the leader needs to have a good grasp of what the organisation needs in terms of potential changes and how to implement these changes with minimal disruption but offering maximal potential benefits to the organisation and to patients. It is also important that the leader is open and transparent about the changes that are needed and can justify the need for the change in ways that make sense to members of staff. This requires the leader to meet their duty of candour with all staff so that the leader is seen as authentic and honest which, in turn, generates trust in the leader.

These qualities all align with the transformational leadership style (Hutchinson and Jackson, 2013). Transformational leaders encourage collaboration and partnership between members of staff (Bass and Rigio, 2006), which encourages greater levels of collaboration within multi-disciplinary teams and also tend to lead by defining a shared vision (goal) and then inspiring all staff to want to achieve this shared vision (Collins, 2020).

Transformational leaders also speak with, and actively listen, to all team members with a view to iteratively honing the change management process through the incorporation of the ideas and suggestions of others (Doody and Doody, 2012). In this way, through encouraging a cascading chain of actions that support the successful implementation of the change, the transformational leader involves everyone in the change management process, making it less likely that resistance to change will prevent the change from being implemented effectively (Murphy, 2005).

Transformational leadership is one of the most effective ways of leading a change amongst the variety of different leadership styles (Bass and Avolio, 1994). Authoritative leadership, for example, whilst it might be effective at implementing the change in the short term, generally leads to resistance and rebellion from staff who feel their opinions are not being heard which, in the long-term, can lead to failure of the change, to high levels of dissatisfaction amongst staff and to high levels of burnout and staff turnover (Asim et al., 2021).

Transactional leadership which, similarly, might lead to apparently successful short-term adoption of the change will, in the long-term lead to low staff morale (because staff feel they are simply pawns and not appreciated for the work they do, which leads them to feel despondent and lacking purpose (Sarros and Santora, 2001)) which will, in turn, lead to a long-term reduction in the success of the change (Mansaray, 2019). Transformational leadership is, therefore, in most circumstances the most effective leadership style with which to effect positive and sustainable long-term change (Eisenbach, 2019).

### *2.3) The change*

The change centred around the inclusion of radiologists in a multi-disciplinary team that was constructed to handle a specialist area of care. As Neri et al. (2021) discuss, radiologists are generally included in multi-disciplinary meetings for cancer patients but not for other patients and, even when they are included, they generally arrive at the meetings without having had a chance to review the patient's images in advance. The change involved the inclusion of the radiologist in the multi-disciplinary meetings for the particular specialism and the setting up of a messaging system so that the radiologist could be reminded to review the patient's images prior to the meeting.

This change involved not only a change to the usual way of handling a specialist area of care (through the inclusion of the radiologist in the formal multi-disciplinary meetings for this specialist area) but also involved individual members of staff needing to work within a newly formed multi-disciplinary team. The change was, therefore, challenging not only from a professional point of view but also from the points of view of interpersonal relationships and learning how to work together as part of a multi-disciplinary team.

Effective change comes from the evidence base. In this case, as Neri et al. (2021) outline, if the radiologist fails to assess patient images prior to the multi-disciplinary meeting, this can mean that all of the time of all the other members of the multi-disciplinary team is wasted which places time constraints on their work throughout the remainder of their working day. By assessing images in advance, and providing feedback on patient images to all members of the multi-disciplinary care team prior to the multi-disciplinary meeting (via the implementation of virtual radiology rounds), this not only saves time during the multi-disciplinary meeting but can also aid in the provision of a diagnosis within a shorter time frame which can improve patient care (Fefferman, 2016).

As Lesslie and Parikh (2017) confirm, the simple act of including the radiologist within multi-disciplinary meetings for this area of specialist care, messaging the radiologist with a reminder to review the patient's images prior to the multi-

disciplinary meeting and then allowing the radiologist to alert other members of the multi-disciplinary team to the feedback from the images prior to the meeting saved time for all members of the multi-disciplinary team, improved the speed and accuracy of the diagnostic process and improved the quality of patient care in terms of speeding up the diagnosis and the application of interventions post-diagnosis.

### *2.4) How the change was precipitated*

The change occurred as a suggestion from the leader in collaboration with other members of the multi-disciplinary team and a member of the radiology department who had noticed that patient images were not being assessed, and notes made on them, until the multi-disciplinary meeting. This, of course, meant that the notes on the patient's images from the radiologist were not being relayed to other members of staff until the multi-disciplinary meetings which was causing a delay in the diagnostic process for patients and in the initiation of interventions for the patient which represented a lapse in the quality of care provision and, as a result, potentially in the safety of care delivery. Both staff-led and patient health needs therefore led to the implementation of this change by considering the impact of the change from the perspective of patient safety (Seljiemo et al., 2020).

## 3.0) Leadership behaviours and skills used to implement the change

Regarding the leadership skills and behaviours that were used for the change, the leader of the change (once the need for the change had been highlighted to them by the member of the radiology department) firstly confirmed that the change was indeed necessary (showing initiative) and then set about to determine how the change could be implemented (showing a willingness to speak with others and to listen to the opinion of others).

This process required excellent interpersonal skills and management skills because any change represents a threat to the status quo and there will always be members of staff who resist change because they fear what the change might mean for them personally and for their professional roles and workload. In this case, the change leader was effective in communicating the need for the change to all members of

staff who then got on board with the change relatively quickly and easily. The skills and behaviours utilised by the change leader (who adopted a transformational leadership style to manage the change process) were therefore successful in establishing a new baseline that all staff would need to conform to.

The leadership behaviour and skills – essentially transformational in nature – were commensurate with the change being made (which was one that had been staff-suggested and which would benefit patients) and were also in line with the expectations for the staff as a whole and the organisational culture (of commitment to service excellence) which meant that the change was readily accepted and implemented with few challenges or issues.

## 4.0) Change models

This section of the report will identify and critically analyse two models that have been developed to describe change – Lewin's change management model (Lewin, 1951) and Kotter's eight-step model of change (Kotter Inc, 2022) – and will then pick one model (Kotter's model) explain why this change model is most appropriate to describe the change process that occurred.

Lewin's change management model (Lewin, 1951) has three main stages: unfreeze, change and refreeze: during the "unfreeze" stage, the organisation is using the pre-change systems and is frozen in place, unaware of the need for the change; during the "change" stage, the organisation is introduced, by the leader, to the need for the change and the change is explained to staff at which point the implementation of the change begins and any resistance to the change appears which is dealt with by the change leader so that the resistance does not affect the implementation of the change; during the "refreeze" stage, the change has been implemented, any objections and resistance to the change have been successfully dealt with and the organisation has, at this point, successfully implemented the change so the organisation moves to a new equilibrium.

Lewin's model is, essentially, an over-simplification of how change occurs because it does not explicitly identify how the organisation should attempt to implement the

change nor what to do if challenges to the change arise. Ketter's eight-step model of change attempts to fill in the gaps in Lewin's model, identifying eight steps that need to be fulfilled in order to ensure the successful implementation of change: 1) create a sense of urgency; 2) build a guiding coalition; 3) form a strategic vision; 4) enlist a volunteer army; 5) enable action by removing barriers; 6) generate short-term wins; 7) sustain acceleration; and 8) institute change (Kotter Inc, 2022).

Kotter's eight-step model of change (Kotter Inc, 2022) is a more complete representation of both what happens when change is suggested (because resistance will naturally arise due to the human trait of being fearful of the new) and how to anticipate this resistance and overcome it as an essential part of the change management process. Understanding Kotter's model of change and how it synergises with transformational leadership approaches (through, for example, the formation of a strategic vision and the enlisting of a volunteer army) can enable successful change management, showing how fundamentally important it is to use a change model when implementing change.

The skills and behaviours of the leader of the particular change being discussed in this report that were utilised more effectively at the different stages of the change, to influence the outcome of the change, with reference to the Ketter's model of change included the characteristics of the transformational leader discussed in the previous sections of the report.

The leader was respected by all staff and had a very good grasp of what the organisation needed in terms of potential changes and how to implement these changes with minimal disruption but offering maximal potential benefits to the organisation and to patients. In this case, the leader recognised that including radiologists in multi-disciplinary meetings, and allowing multi-disciplinary team members to access the images and radiologists notes for the images – in a virtual round format – would a) reduce the amount of time wasted in the meetings and most importantly b) speed up the diagnostic process and the application of interventions which would improve the quality of patient care.

The leader was also open and transparent about the changes that were needed and was able to justify the need for the change in ways that made sense to members of staff. This meant that any reservations that other members of staff had about the change were addressed in a timely and succinct manner, not leaving room for doubt to sabotage the change. The duty of candour that the change leader fulfilled led to the leader being perceived, by all staff members, as authentic and honest. This generated trust in the leader so that all staff members were willing to trust in them to design, implement and assess the impact of the change.

## 5.0) Enablers and barriers to change

In relationship to the required change, certain barriers are anticipated which included a lack of clarity regarding the change, poor communication about the change, resistance from staff (because they think the change will require more effort from them or because they simply fear change), lack of employee involvement and/or will for the change, strategic issues which meant the change might not be implemented as planned/desired, lack of organisational support and/or change fatigue.

The driving forces for the successful adoption of change (i.e., the enablers of change) were the fact that the change was staff-suggested which meant that it was obvious to all clinical staff why the change was needed, the fact that the leader did an excellent job of outlining the need to change to all non-clinical staff and to support staff, the excellent change management leadership skills of the change leader and the fact that the change was, essentially, a problem-solving device (i.e., it offered a solution for how to stop wasting time in meetings and how to reduce the time to diagnosis/intervention for patients requiring this specialised area of care).

Lewin's force field analysis can be used as a tool to plan the change with regards to the barriers and driving forces of the change, with a view to speeding up the change (by removing barriers). Lewin's force field analysis (Lewin, 1951) describes the current level of performance of an organisation as an equilibrium between the driving forces that are propelling the organisation forwards and the restraining forces (for example a lack of successful change implementation) that restrain the organisation and halt its growth.

In the current case, with reference to the change being discussed in this report, as shown in the figure in Appendix 1, the force field analysis shows that there are more individual barriers to the change but that the enablers of change are more powerful drivers than the barriers are restrainers. This, coupled with the fact that the change leader was a highly successful transformational leader, meant that, even despite the large number of barriers, the change was successfully implemented.

Using Lewin's force field analysis is important when designing for the process of implementing change because it is necessary to know the barriers and enablers to change to be able to understand what factors might prevent the rolling out of the change implementation plan according to plan. By identifying all potential barriers and then drawing up a timeline for change (such as the one shown in Appendix 2 with the specific actions identified in the GANTT Chart in Appendix 3), the barriers (and the estimated time it would need to overcome them) can be included in this timeline.

This is fundamentally important so that they do not prevent the desired change from being rolled out according to the original timeline. This is an important consideration for healthcare in general and especially for a change like the one being considered in this report which has a direct impact on care delivery, specifically the time for diagnosis and the application of interventions.

## 6.0) Implementation of the change and the utilisation of the change team and the multi-disciplinary team

Additional to the use of an appropriate leadership style and tools such as Kotter's eight-stage model of change and Lewin's force field analysis, it was also important for a change team to be assembled and the multi-disciplinary team to be included in the implementation of the change (as the change affected them directly). The "change team" was assembled in such a way that the staff member who suggested the change was positioned centrally and all other important members of staff (in terms of implementing the change) formed part of the team. This included an IT department member (to set up the messaging), a senior member of the multi-disciplinary team (so they could divulge the information about the change to the

other members of the multi-disciplinary team) and auxiliary members of staff (including myself) to communicate the change widely across all staff members).

The team was led using assertive communication, enabling effective teamwork (by allotting every team member a task and motivating them to carry out this task through reference to the shared vision of implementing the problem-solving change), using delegation where necessary (with accountability) and utilising emotionally intelligence leadership (from the transformational leader) at all times. The evidence base suggests, for example, that emotionally intelligent leaders are more effective (Landry, 2019) and that targeted delegation can improve team functioning (Fiscella, 2017).

## 7.0) Sustaining Change

Sustaining the change, in this case, was assured through a renewed commitment to quality service delivery from both members of the change team and members of the multi-disciplinary team: by focusing on the shared vision (i.e., the delivery of better quality care to patients through the quicker diagnosis and intervention enabled by the change), the team members were constantly motivated to ensure the change was a success. The use of transformational leadership, with its identification and centralisation of the shared vision, ensured that the change was adhered to and was sustainable. This ensured improvements in patient satisfaction and ongoing patient satisfaction due to the commitment to excellence that this one change encouraged from all members of staff (due to the organisation-level commitment to excellence that the leader encouraged through the establishment of this organisational culture (Sarros et al., 2012).

## 8.0) Transitioning to Registered Nursing Associate

In terms of demonstrating completion of the ongoing record of achievement and all NMC requirements for the role of Nursing Associate, I have achieved the required scope of practice for the role of Registered Nurse Associate and this has been documented appropriately (Benner, 1984).

Regarding recommendations for individual professional development via an evaluation of the transition to the role as a Registered Nursing Associate, reflecting upon my own professional development needs I can see that I am lacking in certain leadership qualities: I currently, for example, do not have the vision to understand what changes could improve the quality of patient care.

I also lack confidence in my professional abilities and qualities. Whilst I realise that this will all improve with time and experience, it is frustrating to feel this way, especially when I see leaders such as the one discussed in their report who are working at the "top of their game" and who are able to lead so effectively. I plan to reflect on my progress regularly, to seek a mentor and also to foster curiosity so that every experience becomes a learning experience (Eason, 2010).

## 9.0) Conclusion

In conclusion, this report has evaluated the importance of effective leadership and change management in healthcare and, using theories and examples from practice, has appraised how a change in practice can be implemented in an effective manner.

The change that was discussed in the report is the inclusion of radiologists in a multi-disciplinary team that was constructed to handle a specialist area of care. The report has found that managing change is a complex issue but that, using the appropriate change management tools (in this case Kotter's eight-stage model of change) and an appropriate leadership style (in this case transformational leadership), then change can be managed effectively.

Effective change management recognises that barriers to the change exists but attempts to reduce the effects of these barriers by highlighting the enablers of change and also bringing all staff on board through a) a set of expectations which define the organisational culture as one that embraces change and sees change as a way of progressing staff and b) identifying a patient-centred shared vision that encourages staff to work through their apprehensions about change and to work to effect change successfully.

The identification and involvement of team members who will help to effect the change successfully is also important to the sustainable implementation of change: as in this case, if the change is framed from the perspective of improving patient care, then team dynamics will tend to favour the successful design and implementation of the change.

In conclusion, whilst change can be a source of stress and frustration for staff, leading change effectively, as described in this report, can remove barriers to change and can lead to the successful implementation of change which improves the quality of care delivery and also patient outcomes.

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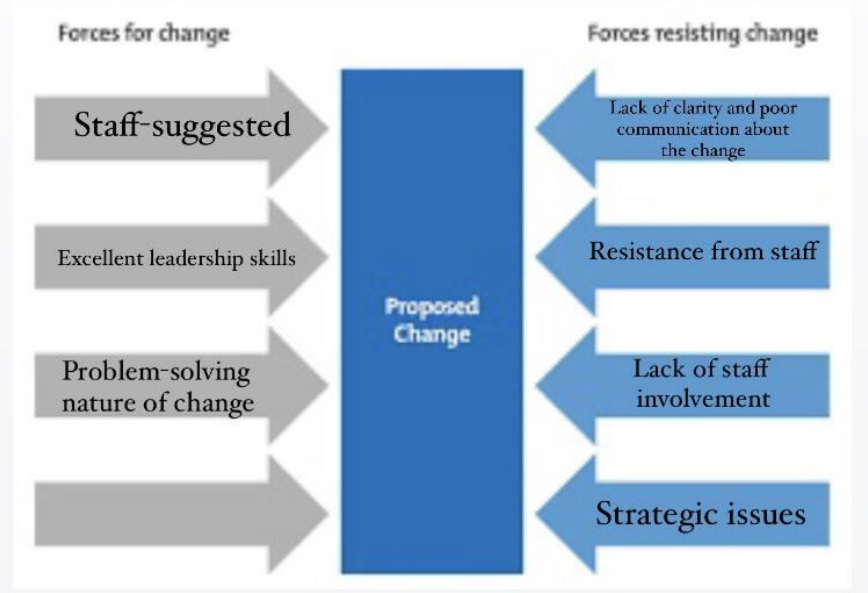
## Appendix 1: Lewin's force field analysis.



## Appendix 2: Timeline for the change

| Time | Change process |
|---|---|
| July 2021 | **Radiology department member identified the need for the change**<br><br>The change was first communicated to the change leader and the change leader decided the change was necessary to improve the quality of care for patients in this specialist area. |
| August 2021 | **The change leader met with the radiology department member to outline a plan for the change**<br><br>The change leader scheduled time to meet with the radiology department member a number of times to get an understanding of how the change would impact care delivery (particularly time to diagnosis) and how the change would also impact the length of multi-disciplinary meetings. |
| September 2021 | **The change leader had identified the main stages of the change and had identified who should be involved in rolling out the change**<br><br>The change leader took around six weeks to determine that the change was not only viable but also necessary. Once this was established, the change leader began to outline which members of staff should be involved in the rolling out of the change (including IT staff, staff leaders and the member of the radiology department). |
| October 2021 | **The change leader developed an outline of the plan and a change impact plan to assess the viability of the change**<br><br>The change leader took time to develop a thorough outline of the change plan (including an analysis of the barriers and enablers of change using Lewin's force field analysis method) so that the viability of the change could be investigated further. |
| November 2021 | **The change leader created a communication plan for the change management process**<br><br>Once the change had been established as fully viable, the change leader developed a communication plan to let all staff members know of the change and to anticipate, within communications about the change, the resistance and challenges that might come from staff and which might represent a barrier to the successful implementation of the change. |
| January 2022 | **The change leader assembled the change team and the** |

| | |
|---|---|
| | **members of the multi-disciplinary team were identified**<br><br>The core change team was assembled for the first time and tasks were delegated to each team member to facilitate the rolling out of the change. |
| February 2022 | **The change leader met with the change team (which included the leader of the multi-disciplinary team)**<br><br>The change leader met with the change team to define the content of the change and the ways in which the change communication plan might need amending, with a view to ensuring that all core "change team" members were in agreement about how to roll out the change. |
| March 2022 | **The change team met to identify barriers to the change**<br><br>The change leader, concerned about the potential barriers to the change, met with the change team to specifically discuss this issue, prior to rolling out the change communication strategy which signalled the beginning of the change process. |
| June 2022 | **The change communication strategy was rolled out**<br><br>The change communication strategy was finalised and then rolled out, making all staff members aware of the change.<br><br>The change leader started that they had an "open door" policy for staff to raise any concerns they might have. |
| July 2022 | **The multi-disciplinary team met for the first time**<br><br>The new multi-disciplinary team met for the first time, the change leader leading this meeting and fielding any questions/concerns the team members had. The main aim of the change leader leading this meeting was to establish the patient-centred and problem-solving nature of the change. |
| August 2022 | **The change was rolled out (i.e., the messaging system was used for the first time).**<br><br>The change was rolled out and, once the change was rolled out, the impact of the change was closely monitored by the change leader. |

## Appendix 3: GANTT chart

Building on the timeline shown in the table in Appendix 2, this GANTT chart shows the specific actions that were taken to implement the change.

| | Months | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Identifying the change | | | | | | | | | | | |
| Identifying the change leader | | | | | | | | | | | |
| Identifying the main stages of the change and who should be involved in rolling out the change | | | | | | | | | | | |
| Finalising the change plan | | | | | | | | | | | |
| Finalising the communication plan | | | | | | | | | | | |
| Assembling the change team.<br><br>Identifying the members of the multi-disciplinary team | | | | | | | | | | | |
| Meeting with change team | | | | | | | | | | | |
| Rolling out communication strategy | | | | | | | | | | | |
| Multi-disciplinary team meet | | | | | | | | | | | |
| Change rolled out (messaging system used for first time) | | | | | | | | | | | |