



MANAGING CHANGE: HEALTHCARE

Written By



Introduction

Healthcare providers strive towards bringing improvement in the service quality through implementing the different programs of quality management (Brunes, 2014). Customers often tend towards seeking for the high quality of care, while selecting the providers, treatment as well as health plans. For the healthcare organizations, who often desire towards offering the high quality of care and often compete in the international market, select the programs of quality management that are critical for bringing better performance and efficiency (Brunes, 2014). Many studies have been conducted for understanding the effectiveness of these programs like lean, total quality management and six sigma (Brunes, 2014).

At best, UK healthcare system is excellent. Such care includes the early illness diagnosis, prevention, and advanced therapeutic services, which is made available to millions of UK people who are both underinsurance and uninsured (Department of Health (DOH), 2011). Even in the UK, people having the insurance can avail the facilities of Medicaid and Medicare, and they can be the one, who doesn't have any access to proper care. Simultaneously, few people in the UK might be subjected to unnecessary and unrequired items. UK healthcare along with the mixture of appropriate and questionable care along with gaps in attaining success is quite costly (Department of Health (DOH), 2011).

National Health Services (NHS) is putting their continuous efforts for the purpose of limiting the increase in healthcare spending, to meet all the other socially significant requirements, such as housing, education, economic development as well as transportation (Department of Health (DOH), 2011). For the purpose of balancing the initiatives of cost cutting through the efforts to both maintain and enhance the quality and care availability is the key issue and it also needs proper information for the patients, consumers, and

policymakers for the judging the right course (Department of Health (DOH), 2011). While managing the care at NHS, UK, the increasingly and popular strategy is to handle the care. To do so, a full range of administrative, financial as well as educational tools is required for balancing cost, accessibility, and cost (Department of Health (DOH), 2011).

Approach for managing the change

Offering the quality care in the field of healthcare is quite remarkable, and every organization needs to adopt it. Initiatives of quality improvements are the change that relates to the delivery of healthcare service. As per Fulop, Allen, Clarke & Black (2010), healthcare companies emphasize over the rise in the profitability as compared with the improvement in quality, because it might directly impact the service users. The proposed changes are usually considered as the provision for the sanitizers used outside and studying or implementing the hand hygiene at a healthcare organization so that risk of spreading germs could be reduced (Fulop, Allen, Clarke & Black, 2010). In managing the quality of care, NHS has instructed the security guards of hospitals that no is permitted to go to the hospital before using hand sanitizer. Along with this, television, boards, as well as visible banners, should be placed, and nurses should be deputed for the purpose of handling the patients in a better way, and prevent them to get involved in any accidental risks (Fulop, Allen, Clarke & Black, 2010). It is important that waiting room should be equipped so that attendants and patients can take rest.

It is evident that change is the consistent power in every type of connection. In this regard, companies are developing, companies requirements are downsized, and various times, groups have identified the need to build by considering the end goals for the purpose of attaining the objectives (Fulop, Allen, Clarke & Black, 2010). While many relations comprehend the requirement for grasping the change with a particular final goal for meeting the targets. Associations even deal with various battles for bringing guaranteed change, so

that activities are executed efficiently (Fulop, Allen, Clarke & Black, 2010). Exploring how to deal with the procedure of organizational change is necessary for meeting the change activity goal, and paying less attention to all changes. For the purpose of accessing the modification of the healthcare company, many theories are considered as it supports in determining the occurrence of change and how all the changes are implemented (Fulop, Allen, Clarke & Black, 2010). Each and every theory clearly explains all, the phases of change. To analyze the healthcare quality of care changes, Lewin's model can be applied. In nursing practices, change in planning is necessary for the various reasons, but the same could be tested (Fulop, Allen, Clarke & Black, 2010). The significant element of the NHS is their workforce that is getting deficient regularly. Nurses working at NHS are offering better quality care to the patients. Making use of change hypothesis can even support managers and various another specialist for improving the achievement probability (Fulop, Allen, Clarke & Black, 2010).



EssayCorp

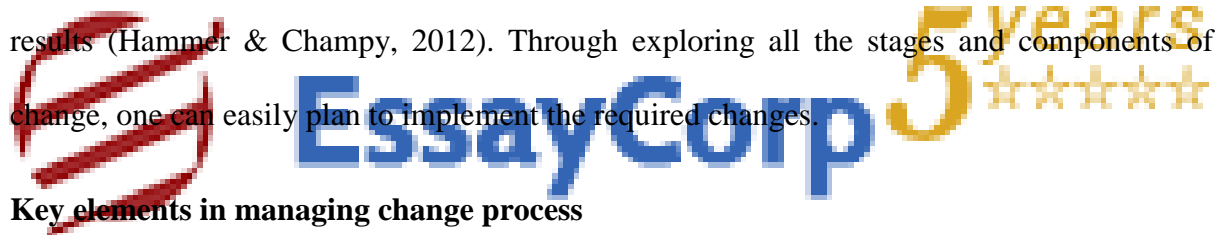
5 years
★★★★★

Hammer & Champy (2012) had explained three stages, which are considered by NHS, before initiating the change. These are unfreezing, which analysis when the change is needed; freezing it mentions initiation of change, and the last is refreezing that tries to develop the stability (Hammer & Champy, 2012). The work of Lewin's referred to in the Lippett's theory that clearly identifies the components of change, such as assessment, planning, implementation, and evaluation.

The first stage is of assessment, and in this medical attendants tries to form a positive patient's appraisal, which fuses the natural events, social interest, wide clinical history and medicinal observations the patient's consideration time (Hammer & Champy, 2012). This stage is considered as the fundamental part of the complete procedure of nursing, in spite of different activities that, are continuously considering the time of patients. This step depends on the Lewin's model unfreezing stage, and even emphasize on change agents framework

(Hammer & Champy, 2012). The next step relates to planning; that mentions professionals at healthcare organization work with relatives, patients as well as multidisciplinary groups for addressing the patient's needs (Hammer & Champy, 2012). Implementation is the third stage, which links with the nurses undertaking as well as documenting the care discussed in the planning stage. It also correlates the unfreezing stage and tries to maintain the change (Hammer & Champy, 2012).

Evaluation is the final stage that happens during the period of care. Evaluation often advances and try to connect with the nursing procedure appraisal time. It also provides the standard examination opportunity (Hammer & Champy, 2012). It also connects with the Lewin's model refreezing stage and mentions that change could be integrated and new strategies could be developed for the purpose of bringing change and to view the expected results (Hammer & Champy, 2012). Through exploring all the stages and components of change, one can easily plan to implement the required changes.



Key elements in managing change process

The main components explained by Senge, Kleiner, Roberts, Ross & Smith (2014), the most important of them is leadership. In the situation, when one requires the change to take place, it is necessary that change should be initiated. For imparting quality care to patients, it is important that communication and staff engagement should be promoted (Senge, Kleiner, Roberts, Ross & Smith, 2014). Through communication, individuals will be able to understand what is happening, and people should comprehend what's going on. The next is the culture of the company that often know the values, quality standards and undertake sense making, which is shared between the groups and individuals (Senge, Kleiner, Roberts, Ross & Smith, 2014).

To improve the quality of care, it is significant that new workforce planning should be initiated, and association should be built for anticipating the position, in which requirements are ascended (Senge, Kleiner, Roberts, Ross & Smith, 2014). All these expectations need to be sued for the purpose of driving the progression and supporting the leaders in selecting the employees, which ought to be prepared. A Certain area of the planning signifies that individuals are coming from medical employees in the process of developing and advancing towards high potential employees (Senge, Kleiner, Roberts, Ross & Smith, 2014). Next important factor that can bring the quality of care is the leadership practice in the company. The concept of change management and leadership goes hand in hand. One of the core achievement element in the better administration of change is the leadership, and the leaders need to persist the improvement and advancement (Senge, Kleiner, Roberts, Ross & Smith, 2014). Leaders are also expected to formulate the strategy by adjusting the vision, values, and strategy of the company. Leadership establishment by nurses is considered as the base that drives the maintenance and brings efficiency in change (Senge, Kleiner, Roberts, Ross & Smith, 2014).

At NHS, employees are expected to prepare, empower as well as help the medical care professionals at each and every level of an organization, as they are the prominent pioneer, which could drive the advancement in the workplace environment (McNamara, 2010). The initiatives taken by the official medical caretaker is essential for the purpose of building the way of life, projects as well as structures (Senge, Kleiner, Roberts, Ross & Smith, 2014). The stress is placed on creating the centre administration such as caretakers, who are imparted with the power to re-engineer forms, power to advance, embracing the profitability for the purpose of upgrading the innovation, building the workload as well as employee's levels for the surrounding (Senge, Kleiner, Roberts, Ross & Smith, 2014). It also includes considering the responsibility towards improving and observing the society of work

environment and outcome of the patient. Locock (2010) mentions about five key elements related to transformational leadership such as enacting, imagining, actualizing, supporting, perceiving, vision, adjusting with the guidance and methodology towards achieving the outcome through leaders, who are interested in making methodology unequal by changing with vision, mission, structure and procedure (Locock, 2010).

At NHS, less service level is mentioned in the group's benchmark over particular size, area of topography, along with remoteness through the various other administration of healthcare that provides the guarantee to access, and offer successful models related to providing the service delivery (Senge, Kleiner, Roberts, Ross & Smith, 2014). Benchmark often incorporate access with the treatment of crisis, prerequisites of drug, necessity of equipment and a wide range of healthcare professionals, that are either visiting or occupant (Senge, Kleiner, Roberts, Ross & Smith, 2014).

Service quality procurement is often kept by appointing the experienced as well as qualified health care professionals, which embrace the proficient enhancement for fulfilling the perceived models and work towards authorizing the health care services (Senge, Kleiner, Roberts, Ross & Smith, 2014). These services try to prepare the service scope and help through management systems and information technology. Assessment, as well as checking, often leads towards deciding over the proficiency, viability, and suitability of planning system related with the workforce. Communicating with the specialist structure of payment also cover up the strategies of retention that help in addressing the, better quality housing, the financial structure of rewards, vocational development access as well as conditions of proper working.

Approach for measuring success of the change process

While measuring the success through the change management process, two steps are included such as monitoring and evaluation (Senge, Kleiner, Roberts, Ross & Smith, 2014). These are the two important measures linked with measuring the success of the change process, as it's helpful in solving the issues related to shortage of health care employees and its principal focus is on nurses. The plan of workforce often bought with the necessary execution piece (Senge, Kleiner, Roberts, Ross & Smith, 2014). It's considered as the fundamental step, which informs whether they are trying to meet the objectives and support in figuring out the guarantee to provide the maintainable employee's supply and to deliver the nursing as well as administration of maternity care (Weil, 2013). As per the world health organization, the planning of workforce often sought the audit did each year (Ywye & McClenahan, 2010). It is running that if significant changes are made, then it might impact the workforce and it's attempted to accomplish. The survey process of workforce plan includes reviewing of execution and calculated data, such as whether the timetable of the project is met or not; a performance that goes against the most important points to be fulfilled like turnover rate and chiefs and administration perspective about the impact of change (Ywye & McClenahan, 2010).

While evaluating the change, workforce planning takes a decision about the effectiveness, viability as well as the relevance of arrangement. Assessment is considered as the necessary apparatus to procure the criticism over venture outcomes and for the purpose of enhancing the mechanism (Ywye & McClenahan, 2010). In the year 2010, it is evident that NCHHSTP had tried to standardize the development of workforce along with capacity building within its strategic plan 2010-15 (Ywye & McClenahan, 2010). To meet the objectives of WDCB, NCHHSTP will try to address the program of the workforce for the purpose of addressing and improving the opportunities for representative's career development. The stress is placed over three top priority areas like maintaining the diverse

workforce by retaining, provisioning the developed staff opportunities and to explore the employees and creating a balance between work life (Hongoro & McPake, 2014).

To evaluate the change process at NHS, UK, certain steps are considered. Firstly it addresses the retention as well as advancement issues are assessed and measured, just like the consistency degree and surveying the requirement of particular abilities; employing the recruitment, meeting administration, overviewing the staff and customers, reviewing the reports, examining the employees information, evaluate the companies execution and measuring the framework just like the balance score card (Hongoro & McPake, 2014).

Approach to incorporating the learnings from the change process into future change management activities

The basic way of dealing with the gains through the process of change in the future administration change, which is undertaken through the shared lessons (Hongoro & McPake, 2014). It implies that the vital lessons related to change process need to be shared with others. Its goal should support in bringing the change so that quality services are given to patients. All these lessons should address the leadership and build a vision for imparting recommendations to the workforce at NHS, UK (Hongoro & McPake, 2014). Training and education camps need to scale for the professionals related to healthcare organizations because it includes competent practice models as well as inter-professional models (Hunt, 2010).

It is important that emphasis should be placed on the retention performance and distribution of employees for imparting quality care. It is again important that emphasis needs to be placed over the retention performance (Hussey, 2010). It is again important that healthcare employees should focus on retention programs. The pressure related with the global healthcare employees market need to be properly managed and should impact on

migration activities (Kruger & Tennant, 2015). Policy makers in healthcare organization should work towards developing the policies related to training, retention, tracking, and address the quality care issues. All these opportunities need to be explored, in which progression in the policy should upkeep the healthcare staff (Kruger & Tennant, 2015).



References

Brunes, B. (2014). *Managing Change: A Strategic Approach to Organizational Dynamics*. Fourth ed: FT Prentice Hall.

Department of Health (DOH). 2011. *The NHS Plan*. London: The Stationery Office

Fulop, N., Allen, P., Clarke, A. & Black, N. (2010). *Studying the Organisation and Delivery of Health Services: Research Methods*. London: Routledge

Hammer, M. & Champy, J. (2012). *Reengineering the Corporation: a Manifesto for Business Revolution*. London: Nicholas Brealy

Hongoro, C., & McPake, B. (2014). How to bridge the gap in human resources for health. *The Lancet*, 364(9443), 1451-1456.

Hunt, B. (2010). Managing equality and cultural diversity in the health workforce. *Journal of Clinical Nursing*, 16(12), 2252-2259.

Hussey, D. E. (2010). *How to manage organisational change (Vol. 28)*. Kogan Page Publishers.

Kruger, E., & Tennant, M. (2015). Oral health workforce in rural and remote Western Australia: practice perceptions. *Australian Journal of Rural Health*, 13(5), 321-326.

Locock, L. (2010). *Maps and Journeys: Redesign in the NHS Birmingham: Health Services Management Centre*. University of Birmingham



McNamara. (2010). *Broad Overview of Various Programs and Movements to Improve Organizational Performance*. Retrieved on 29th October 2016, from http://www.managementhelp.org/org_perf/methods.htm

Senge, P., Kleiner, A., Roberts, C., Ross, R. B. & Smith, B. J. (2014). *The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organisation*. New York: Doubleday

Weil, S. (2013). *'Managing fundamental change'*, Conference paper 7. London: Office for Public Management

Ywe, L. & McClenahan, T. (2010). *Getting Better with Evidence. Experience of Putting Evidence into Practice*. London: King's Fund



EssayCorp 5 years
★★★★★