



From Clinical Center to Academic Institution: An Example of How to Bring About Educational Change

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Abstract

Background: The usual scenario for change management in the medical education field is an academic institution creating a patient care facility. The opposite change is however rather rare and challenging. There is not much in the medical education literature on experiences of change management that provides sufficient support to readers who are involved in such process of change.

Methods: We analyzed the experience of a clinical institution that has changed into an academic one. The methods used were archival analysis and interviews with those involved. The raw data were analyzed using a framework derived from the change management literature.

Results: Despite the complex change and the use of a directive change strategy, the change managers' strategic thinking and timely use of different change strategies have helped in eliminating the initial change difficulties. The directive change strategy was turned into an advantage that has facilitated quick implementation.

Conclusion: A directive change strategy is not always a disadvantageous method leading to chaos in the process of change. The educational change management experience gained by King Saud bin Abdulaziz University for Health Sciences can be considered a model for other clinical institutions changing into academic ones.

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Keywords: Change management; Change strategy; Academic institution; Clinical institution; Complexity theory

1. Introduction

Change management is a structured approach to shifting and changing individuals, teams, and organizations from a current state to a desired future state. It is an

organizational process aimed at empowering employees to accept and embrace changes in their current business environment.¹ Change management is a constant in the quickly changing world of organizations. It is a challenging and difficult task that requires involving the right persons, taking the right steps, and very careful planning to reach the desired goals of this change. Unfortunately, effective organizational changes are rare.² The most recent statistics, derived from a global survey of businesses, reveal that only one-third of organizational change efforts were considered successful by their

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leaders.³ This failure is probably related to the inappropriate selection of a particular change strategy.

Several change strategies have been proposed for change management.⁴ However it was noted that once organization managers practice a certain strategy and experience that that strategy is successful, they rarely change it. It appears that “strategic thinking” is not a core managerial competence widely available at most organizations. It appears further that executives hone their capabilities by tackling similar problems over and over again. Change management, hence, is not a task that they face repeatedly. Consequently, most managers do not develop competence in strategic thinking and more importantly in change management.⁵

Expert opinions indicate that utilization of a range of strategies to tackle a change is preferred. In fact, part of the skill of effective change management in a health care setup is to recognize what strategy to employ and when, where, and how to use these strategies.⁴ This decision is usually based on certain issues such as health and safety, accessibility, resources, and cultural considerations.

Five different strategies were proposed to be implemented in case of change management.⁶ The strategy can be “directive” in which the manager uses his authority and imposes change with little or no involvement of other people. It can be also an “expert strategy” that usually involves content expertise to manage and solve technical problems that result from the change. The manager may also utilize a “negotiating strategy” to show his willingness to negotiate and bargain in order to effect change with timely adjustments and concessions. When managers plan to change peoples’ values and beliefs, they opt to implement an “educative strategy,” and, finally, when the senior manager stresses the full involvement of all of those involved and affected by the anticipated changes, he implements a “participative strategy”. As it appears from the description of these strategies, some are more technical and appear to be difficult to implement particularly in an educational environment.⁷ Overall, the choice of the implemented strategy is depending on the type of the task and its complexity.⁸

To deal with the difficult task of successfully bringing about change, complexity theory may provide a road map. Stacey has proposed a matrix that consists of two dimensions with regards to management of organizational change; “certainty” and “agreement”.⁸ While “certainty” in any change management depends on the quality of the information base that facilitates individual and joint decisions, “agreement” represents the degree of understanding, cooperation and acceptance

among the people directly involved in what should be done during the change implementation. The higher the agreement and certainty, the lower is the complexity and difficulty of the required task. Alternatively, the lower the agreement and certainty, the higher the complexity and difficulty of the task. In the extreme situation where both agreement and certainty are very low, we may end up in what is described as “chaos management” of the implemented change. Kotter assumes that what can make such a difficult change nevertheless successful is a stepwise holistic approach followed by the change managers.⁹ Kotter has proposed an eight-step process to carry out a firm and successful change agenda; see the first two columns of [Table 1](#). These eight steps are: (1) establishing a sense of urgency, (2) creating a guiding coalition, (3) developing a vision and strategy, (4) communicating the change vision, (5) empowering others, (6) creating short-term wins, (7) consolidating gains and producing even more change, and finally (8) institutionalizing the new approaches for the future. Change management that follows these steps is likely to be more organized with a higher chance of successful transformation for any organization.

In the medical education literature publications describing institutional change such as the change from clinical center to academic one or vice versa are rare. In real life, the usual change scenario is the transformation of an academic institution into a clinical one. In Saudi Arabia for example, Princess Nora bin Abdulrahman University has established King Abdullah University Hospital to support the training of their already established Medical College, and King Saud University has established King Khaled University Hospital to support the training of their health sciences students. However, it is quite rare and perhaps more challenging to find a case where a clinical institution changed into an academic one. There are some examples around within the Eastern Mediterranean region where the change process that is the topic of this article took place. The American University of Beirut started as a missionary hospital that transformed into a medical school in 1867. The College of Medicine at Cairo University was initially established as a military hospital. Subsequently it was moved to Kasr El Aini as a hospital and then as a Medical College in 1837. These change processes are however never described in the literature and there are no descriptions of the type of change management that would help readers who are in process of similar change.

The aim of the present work was twofold. The first was to describe the history of the particular clinical

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