



# The use of change theory to facilitate the consolidation of two diverse Bachelors of Science in Nursing programs

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## ABSTRACT

**Background:** Consolidation of resources, programs, and even universities are measures that university systems consider for economic reasons. The transformation and restructuring of two diverse nursing programs utilized an organizational change tool to guide the consolidation efforts.

**Purpose:** Insights on how to use an organizational change model and lessons learned are shared for higher education units that may face consolidation.

**Methods:** The ADKAR Change Management Model, one of many organizational change resources, was advantageous in consolidating two diverse nursing programs when two universities were mandated to become one.

**Conclusions:** Change is inevitable yet when faced with transition and transformation, thoughtful and strong, committed leaders who portray open transparent communication are an absolute requirement for sustained change. To guide the process, the ADKAR Change Management Model is an insightful and worthwhile resource.

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A consolidation or merger is when organizations combine and is defined as an evolutionary process with organizational changes and interinstitutional cooperation that reemerges as a new entity (Ahmadvand, Heidari, Hosseini, & Majdzadeh, 2012). Most consolidations in higher education are involuntary and are for economic reasons or for restructuring of current systems (Skodvin, 1999). The process of consolidation is rarely without disruption as a result of risk, uncertainty, negotiation, and changes in leadership. Furthermore, the consolidation experience contains small and large problems and conflicts that are time consuming and demand a lot of resources especially in the initial phase (Skodvin, 1999). Skodvin (1999) noted that the larger the differences in the entities, the

greater chance of success in the implementation of the consolidation if accompanied by long-term strategies and development plans. Leadership needs to be visible and manage the different subcultures and to create a feeling of joint identity and organizational structure (Skodvin, 1999).

In January 2012, the University System of Georgia Board of Regents announced it would consolidate several state universities as cost-saving measures while improving student access and educational quality if it gained approval from the Southern Association on Colleges and Schools Commission on Colleges (SACSCOC). One such consolidation was between Augusta State University (ASU), whose focus was traditional liberal arts, and Georgia Health Sciences

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University (GHSU), whose focus was graduate health professions. These two diverse universities, located only 5.5 miles apart, were to work cohesively to prepare a prospectus for the SACSCOC October meeting and accomplish the consolidation by January of 2013.

The two universities had only one program in common: both had Bachelors of Science in Nursing (BSN) programs. Nursing leadership was not provided with a “how-to guide” to facilitate the consolidation process although university leadership depended on nursing to be the face and reflection of the success (or failure) of the consolidation. Thus, a sense of urgency was created that challenged nursing leadership to seek resources for success in this endeavor. The purpose of this article is to describe the transformation necessary for the unification of the two diverse nursing programs through the use of organizational change tools, especially the ADKAR Change Management Model (Hiatt, 2006).

## Recognition of Different

After consolidation, the identity of previous institutions ceases to exist and the identity of the new institution takes time to be formed. Although there is not a prescribed method to produce a successful merger, it can best be accomplished by identifying and adjusting preconsolidation cultures with the common goal of attaining shared values, belief, and norms (Ahmadvand et al., 2012; Draper, 1996; Gleibs, Noack, & Mummendey, 2009; Skodvin, 1999). Leadership within the respective programs and at the presidential levels recognized the necessity of providing support and resources in making the integration of these faculties and students as seamless as possible. Faculty differ from business sector employees and need to be engaged in the process thus recognizing their expertise in their respective discipline (Zungolo, 2003). Besides creating a task force composed of nursing faculty leaders, both formal and informal, from both universities, a workshop by Human Resources workforce development personnel introduced key theories related to change. Exploration of the differences between transition and change provided the necessary tools in what at times appeared to be an insurmountable challenge. To move forward with the consolidation of the BSN programs, the task force had to recognize ways the two programs differed and had to communicate very openly about how to handle differences while addressing concerns of faculty.

Key differences in the BSN programs included setting, faculty credentialing, teaching methodologies, and accrediting agencies. The ASU BSN program was situated in a department within a College of Arts, Humanities, and Social Sciences with approximately 160 students, whereas the BSN program at GHSU was within a College of Nursing with 80 students on a main campus and another 40 at a distant campus. With the

more graduate-level focus of education within the GHSU College of Nursing, most faculty were doctorate prepared and were versed in online and simulation education. The majority masters-prepared faculty at ASU were more traditional, delivering face-to-face instruction. Furthermore, each program was accredited by a different agency, each with its distinct standards and foci.

Consolidation evokes change and issues with identity that create a culture clash (Daniels, 2010; Gleibs et al., 2009). These must be taken into consideration and addressed for the consolidation to be successful. In the initial phases to announcements of consolidations, reactions are overwhelmingly emotive—anger, fear, uncertainty, and fear for self (Goldman, 2012). In an effort to increase awareness of the group’s reaction and expression of concerns, an anonymous survey was distributed for faculty to disclose their concerns. One was “loss of identity of the individual programs” and the need for “allaying ASU [faculty] fears of being second rate [when] compared [to] GHSU faculty” since the ASU department of nursing was to be moved into the CON on the GHSU campus. Some faculty mentioned “work overload” because faculty from both campuses would manage their current work assignments and also committee work necessary for consolidation. Critical to faculty concerns were fears of students who “may feel that their education is being compromised.” Both faculties overwhelmingly commented on the need for openness, transparency, and communication at all levels during the process. With the openness, there needed to be recognition of the “expertise and talents” of both faculties and the need for a “feeling of acceptance and freeness to discuss” concerns. Some recognized with this consolidation that there was a potential for “both institutions to become strengthened by the other.” However, not all shared this vision, facilitating the need for well thought out change management.

## ADKAR Change Management Model

The nursing leadership and task force members recognized and embraced the need to achieve buy-in from the two diverse groups. The most effective approach was the development of trust, collaboration, and constant communication (Cohen, Dowling, & Gallagher, 2001; Daniels and Khanyile, 2013; Skodvin, 1999). The ADKAR Change Management Model (Hiatt, 2006) is focused on the individual and what individual needs must be met in order to foster the desired behavior necessary for a new way of thinking and working. The model has five elements that make it a useful tool for planning, implementing, and executing change within an organization: Awareness, Desire, Knowledge, Abilities, and Reinforcement. The nursing task force resonated with the simplicity of the ADKAR model and its noted use in other health care situations,

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