



# Evaluation of how a real time pre-registration health care curricula was managed through the application of a newly designed Change Management Model: A qualitative case study

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## ABSTRACT

**Background:** Curricula change in nurse education is of international importance. The pace of such change has been continuous and has triggered criticisms of inadequate preparation of practitioners. There are no change formulae for managing curricula change and despite a raft of change methods, globally change success remains low. A lack of a unified voice, undue focus on cognition, and arguably no existing models for academia and a literature gap contribute to change challenge. A new Change Management Model designed from research with emotion as its underpinning philosophy is evaluated.

**Objective:** Evaluation of a newly designed Change Management Model through a real time pre-registration health care curricula change.

**Design:** A qualitative case study was adopted. The single case study was the new pre-registration health care curricula.

**Setting:** This study took place in a Faculty of Health and Social care in one HEI in the UK.

**Participants:** Four senior academics and fifteen academics across professions and specialisms involved in the curricula change took part in the study.

**Results:** The findings suggested that leadership operated differently throughout the organisation. Distributive and collective leadership created a critical mass of people to help deliver the new curricula but academics felt excluded at the strategic level.

Emotion at the strategic level inhibited innovation but boosted engagement, emotional relationships and creativity at the operational level. Face to face communication was favoured for its emotional connection. A top down approach created an emotional disconnect and impacted inclusiveness, engagement, empowerment, vision and readiness for change.

**Conclusion:** Testing the new model widely not only in organisations, practice and team changes but personal change in improving health and wellbeing could be beneficial. The continuing gap in knowledge on the link between emotion and curricula change, practice and organisational change and therapeutic value of the model also warrants further research.

## 1. Introduction and Background

Curricula change in nurse education is of international importance and vital for producing practitioners fit for future health challenges. In the United Kingdom (UK) such change has triggered criticism of inadequate preparation of practitioners. However, improved curricula changes are expected in 2019 (UK Council of Deans of Health, 2016).

With continuous curricula changes and a perceived crisis in nurse education (Darbyshire and McKenna, 2013) there remains a gap in knowledge of how curricula changes are managed. Studies have evaluated the process, content and outcome (Roxburgh et al., 2008).

Whether particular change approaches could improve the quality of nurse education and patient care is unknown. Equally, what impact change has on academia, and whether emotional and cognitive readiness for change could advance the quality of nurse education and patient care is not yet fully known.

The success rate of change in organisations universally is relatively low (Jacobs et al., 2013), despite a plethora of change approaches. Successful change management is potentially hindered by a lack of consensus on how best to achieve change. There is a heavy focus on cognition and no specific universal nurse education formulae to guide change.

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## 2. Context of this Study

The ACW Change Management Model was developed from doctoral research to support change. The aim is to restore the focus of change management towards addressing emotion. Emotion is the philosophical foundation of the model. The underpinning principle in applying this model in practice involves ensuring emotional and cognitive readiness for change (Chowthi-Williams et al., 2016).

A real time pre-registration health care curricula change was occurring in a Higher Education Institution (HEI). The executive team established a steering group and a project manager was commissioned to lead the curricula change. A work stream group was established comprising strategic leaders across all branches and professions, who led on curricula themes and, operationally acted as guiding teams. Academics formed the majority of staff. Their role was at the micro level and involved contributing to curricula themes and developing modules. The researcher was a member of a curricula theme group and developed a module within a branch curriculum. Approximately one hundred and fifty people were involved in this change.

The purpose of this paper is to report on the application of the ACW Change Management Model to this change process.

## 3. Background Literature

### 3.1. The Philosophy of Emotion

There is no consensus amongst philosophers on the conception of emotion. A presumption is made that when change is recommended, cognitive reaction is rational, whereas an emotional response is irrational (Weiss and Cropanzano, 1996). Ancient philosophers viewed emotion as something that controlled humans as opposed to vice versa. Perceptions changed with David Hume (1711–1776) attributing respect to emotions as did Fredrick Nietzsche (1844–1900) who ‘described passions as themselves having more reason than Reason’. Later, Edmund Husler (1838–1960) and Martin Heidegger (1927–1962) emphasised individuals’ experiences (Solomon, 1993, p. 8).

The various theories reflect the lack of consensus. James-Lange’s theory posits that emotion is physiologically based: a bodily reaction occurs, and the emotional response is linked to the interpretation of the physical effects. However, the Cannon-Bard theory proposes that physiological changes and emotions occur concurrently (Strongman, 2003). Schachter and Singer (1962) alternatively suggest that thinking and reasoning follow the physiological response after which emotion emerges. However, Lazarus (1991) believes an initial stimulus is followed by thought, resulting in both a physiological and emotional reaction, influenced by personal experience, culture and other factors. Early philosophers such as Descartes and Aristotle associated cognition with emotion. Contemporary philosophers believe cognition has a principal role in emotion (Solomon, 2003).

Empirical evidence indicates that without emotion, reasoning in decision making is impacted (Damasio, 1994; Churchland, 2007) while emotion itself is vital in decision making (deSousa, 1990). ‘Each emotion is imbued with its own signal or intelligence’, in essence humans are in control of their emotion and use it ‘always for a reason, always to communicate something’ (Cooper and Sawaf, 1997, p37). Addressing emotion is about self-control, the essence of will and character (Goleman, 2006).

## 4. Change and Emotion

The literature on change and emotions in curricula change is scant. Organizational change and emotion are inter-connected (Jordan, 2005). Emotion affects implementation of change (Daus et al., 2012) and strong emotions can impact rationality and impede change information (Kirsch et al., 2015). Adverse emotions can emerge into mistrust and resistance (Klarner et al., 2011). Aggression, anxiety,

apprehension, fear, job insecurity and increased workload are experienced during continual organizational changes (Kiefer, 2002; De Klerk, 2007) leading to reduced productivity and affecting performance (French, 2001). High levels of occupational illnesses, poorer health and potential mental health problems are also evident (Greubel and Kecklund, 2011; Bamberger et al., 2011).

In nurse education, uncertainty over new roles and accompanying anxiety are generated by a university system which appears to devalue caring (Smith and Allan, 2010). Within health care, change has a negative bearing on staff, engendering a sense of loss and how the grieving process is experienced (Holm and Severinsson, 2010). The insecurity of change affects employee morale, productivity and elevation of stress levels (Arnetz and Blomkvist, 2007) and it leads to poor health outcomes and possible work disability (Virtanen et al., 2010).

## 5. Change Management and Emotion

Managing emotions can contribute to constructive change management (Piderit, 2000; Steigenberger, 2015). Both helpful and detrimental emotions are connected with commitment, resistance and support for change (Seo et al., 2012). Optimistic assessment of change is associated with positive emotion (Shin et al., 2012), helps employees to cope with change (Avey et al., 2008), and improves trust and emotional commitment. Emotional health, well-being, compassion and contentment of people at work are interconnected (DOH, 2009) and change management is best achieved from ‘within’, reflecting the need for engagement, involvement and emotional connection (West and Dawson, 2012; Ham, 2014, p. 47).

The quality of leadership in managing emotions is fundamental (Fox and Amichai-Hamburger, 2001) and high emotional intelligence allies with successful leaders who promote the use of emotions effectively in work (Goleman et al., 2002; Antonakis et al., 2009). Emotional intelligence can predict readiness for change (Norshidah, 2012) assist people to better adapt and cope (Huy, 1999), discouraging job insecurity (Jordan et al., 2002) and stress (Ashkanasy and Daus, 2002). Collective and distributive leadership during change should include everyone (Ham, 2011).

Communication can improve psychological well-being and job satisfaction (Terry and Jimmieson, 2003), although delivery and timing of change need to be considered (Yongmei and Perrewé, 2005). Change reaction is influenced by emotion, cognition, communication, and involvement in decision making (Wittig, 2012). Consequently, change leaders need to communicate effectively (Durdy, 2014). Cultural change is vital here (Ham, 2014) and leaders should be tasked with developing, anchoring, and adjusting this (Dawson, 2003; Cortvriend, 2004) with change needing to be sustained to prevent any decline (Martin, 2012).

## 6. Conceptualisation of ACW Change Management Model

The ACW Change Management Model emerged from research and can be conceptualised as a ‘hub and spokes’ model, the ‘hub’ being the emotional centre of the model. The synergy and interconnectedness of emotions between the hub and spokes is key to managing change, allowing change agents to consider emotion throughout the change process. Emotion then, is the philosophical foundation of the model (Chowthi-Williams et al., 2016). See Fig. 1.

Current change approaches focus on changing people’s thinking, i.e. cognition (Kotter, 2008; Kotter and Cohen, 2002, 2012; Rafferty et al., 2013). The ACW model not only acknowledges the role of emotion in change (Kotter and Cohen, 2012), but includes a focus on cognition, as these are complementary (Pessoa, 2008), and this cognitive-affective aspect of change can be underestimated by facilitators (Erturk, 2008). The collaboration of the rational and emotional mind is fundamental ‘with emotion feeding into and informing the operations of the rational mind and the rational mind refining and sometimes vetoing the inputs

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