1 **Theory of Planned Change**

Debra R. Hanna, PhD, RN
Associate Professor
Molloy College

2 **Kurt Lewin (1890-1947)**
Father of Change theory

- Unfreezing: need to unlock the group from its previous way of functioning
- Movement: need to move the group to the new change or to a new level of functioning
- Refreezing: need to refreeze the group in this newly changed pattern of behavior

3 **Lewin's Classic Change Theory**

- Kurt Lewin (1951) Force field theory: has three stages for change to occur and be successful
- 1. Unfreezing stage (can meet resistance to change)
- 2. Moving or change stage
- 3. Re-freezing stage (sustainability)

4 **Lewin: Unfreezing**

- Need for change is identified, but not necessarily by the ones who will be making the changes
- This requires careful planning and consideration (assess what the obstacles to change could be, when to introduce the change – remember Roy's innovator/stabilizer coping processes)

5 **Lewin: Moving, making the change**

- Announce the plan
- Discuss possible set-backs in advance and the strategies for dealing with those
- Be attentive and responsive
- Expect a sense of grief, loss
- Support those who experience losses in relation to the change

6 **Lewin: Moving, making the change**

- Identify the gatekeepers (stakeholders, key informants)
- Work with and through the gatekeepers as "channels" to making the change

7 **Lewin: Refreezing (sustainability)**

- New changes become fixed patterns
- Capture and report the data that demonstrate the success of the efforts and the change
- Be vigilant: Expect a backwards/forwards progress, but address any backward movement quickly

8 **Two Different Worldviews**
(From Jacqueline Fawcett's book)

- Of Change
- Growth is normal
- Change inherent, natural

- Intra-individual variance
- Progress valued
- Realization of potential is emphasized

2 • Of Persistence

- Stability is natural, normal
- Change occurs only for survival
- Intra-individual invariance
- Conservation & retrenchment emphasized
-

9 **What does Change Theory mean for nurses?**

- Therapeutic goal is often to achieve some kind of change in health status
- If goal is to stabilize the patient (ICU), this is to help the patient survive
- If the goal is to help the patient grow, mature, develop, live life differently, this is a different type of therapeutic goal

10 **Patients' responses to change**

- Compliant vs. non-compliant (obedient vs. disobedient)
- Learned helplessness vs. resilient
- Too fatigued and ill, unable to carry out needed changes independently
- Too poor to engage in self-care activities (homeless, no insurance)
- Vulnerable populations

11 **Resistance to Change**

- When introduced, change will be countered with types of resistance
- Need to encourage questions (build trust)
- Need to promote group involvement, ownership of the change
- Provide reasonable accommodation for the inconveniences (expenses/costs) of change

12 **Resistance to Change**

- People who tried to institute change, especially in work settings, found that the change did not always proceed smoothly or successfully
- The idea that there is resistance to change that must be overcome grew and sticks with us today
- Some people think that there is not resistance to change, but that there are other factors

13 **Kotter's analysis of change**

- John Kotter, Harvard Business School professor, has studied change and developed areas of change theory that had not been mentioned by Lewin
- Kotter's view makes Lewin's theory more clear and practical

14 **Kotter's 8 step plan for change**

- Leading change involves attentiveness to different elements of the organizational design, organizational culture, and organizational goals
- Remember: Orem's conditioning factors mean that the nurse considers what might practically obstruct the patient's ability to engage in self-care

15 **Kotter: Implementing Change (Lewin: Unfreezing)**

- 1] Establish a sense of urgency with compelling reason for the change

- 2] Form a Powerful Guiding Coalition to lead change
- 3] Create a new vision to direct change and strategies to achieve that vision
- 4] Communicate the vision to organization

16 **Kotter: Implementing Change (Lewin: Movement)**

- 5] Empower others to act; remove barriers, encourage risk-taking
- 6] Plan for, create, and reward short-term "wins"
- 7] Consolidate improvements, reassess changes, make adjustment

17 **Kotter: Implementing change (Lewin: Refreezing)**

- 8] Institutionalize New Approaches: Reinforce the changes by demonstrating relationship between new behaviors and organizational success
- Today we would call this eighth step the "evidence"

18 **Planned Change for Patients**

- When patients receive new diagnoses, nurses need to think of the new diagnosis as having a ripple effect among family, friends, co-workers, especially if it is a diagnosis of a serious nature
- The theories of planned change were first developed for organizations, but a patient is embedded within several social groups

19 **Planned Change for Patients**

- Planning change with patients needs a great deal of care
- Even if the change is one that the patient strongly desires, there are many elements of planned change that must be considered, evaluated, and helped
- Change does not happen simply by telling someone what to do, so planning for change involves a very high level therapeutic relationship