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

**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 & 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.

**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.

**Background Literature**

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 & 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, p8).

The various theories reflect the lack of consensus. James-Lang’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, 2007). Schachter-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& Sawaff, 1997, p37). Addressing emotion is about self control, the essence of will and character (Goldman, 2006).

**Change and emotion**

The literature on change and emotions in curricula change is scant. Organisational change and emotion are inter-connected (Jordan,2005). Emotionaffects 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 organisational 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 & 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 & 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 & Severinsson, 2010). The insecurity of change affects employee morale, productivity and elevation of stress levels (Arnetz & Bloomkvist, 2007) and it leads to poor health outcomes and possible work disability (Virtanen *et al*. 2010).

**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 & Amicharai-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 & Daus, 2002). Collective and distributive leadership during change should include everyone (Ham, 2011).

Communicationcan improve psychological well-being and job satisfaction (Terry &Jimmieson, 2003), although delivery and timing of change need to be considered ( Yongmei & Perrewe, 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 *et al*. 2012).

**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 figure 1

Current change approaches focus on changing people’s thinking, i.e. cognition (Kotter & Cohen, 2002; 2008; 2012; Rafferty *et al.* 2013).The ACW model not only acknowledges the role of emotion in change (Kotter & Kohen, 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 (Ertuk, 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 of emotions’(Goldman, 2006, p9).

The underpinning principle in applying this model in practice involves ensuring Emotional and Cognitive Readiness for Change. This is acquired through assessing change readiness retrospectively, prospectively, or in real time. The model could produce a possible therapeutic benefit whereby the emotional voices of those involved in change can be articulated, acknowledged and addressed.

Figure 1

**Study Aim**

The aim of this study was to examine how a real time pre- registration health care curricula change was managed through an analysis of the ACW Change Management Model across health care curricula in one HEI in the UK.

**Method**

A qualitative design using a single holistic case study approach was adopted. The single holistic case study under exploration was the new pre- registration curricula under development at one HEI. A case study approach enabled the exploration of change management in real time and the context in which it was occurring(Yin,2014).

**Setting and participants**

This study took place in a Faculty of Health and Social Care in a HEI in England. A sample of four strategic leaders and fifteen academics were purposively selected to capture the key players involved in the change process across nursing and non-nursing professionals in the organisation.

**Data collection**

Data were gathered through non-participant observation, semi – structured interviews and documentary analysis. Questions were based on the ACW Change Management Model with the aim of assessing change strategically and operationally. Documentary analysis examined relevant documents and three non- participants observation were undertaken. Nineteen semi-structured interviews with a mean average of forty minutes were conducted by the researcher.

**Ethical considerations**

A University research ethics application was approved. All participants were sent invitation letters with information sheets that provided details about consent, benefits, harm, confidentiality, data protection and the right to withdraw. All participants gave written consent. Data was anonymised and secured safely on a password-protected computer.

**Data Analysis**

Using the framework analysis approach, all data were collected before analysis began. All transcripts were recorded verbatim. Through familiarisation with the data, themes began to emerge, from which a thematic framework was identified. The next steps involved indexing, charting, mapping and interpretation. This process enabled the relevant themes of the study to be generated (Ritchie and Spencer, 1994).

**Findings**

This study used the newly designed ACW Change Management Model to examine how a real time health care curricula change was managed (Chowthi- Williams *et al.* 2016). The findings are presented and exemplars support the analysis and discussion, and are coded based on participants group. Table 1.

Table 1

**Develop Leadership skills across the organisation**

Leadership at the executive, strategic and operational levels supported the pre-registration health care curricula change. The executive team directed the course of the change, however, there was a preference for a more consultative approach amongst all academics rather that a directive one:

*‘One of the things that make it difficult is that we feel we are always being led rather than involved.’ (Y8)*

Strategic leaders across professions and branches were accorded curricula leads for the change. Appointments were based on seniority of roles. It was felt and thought that this group was too selective and should have encompassed a wider body within the academic community:

*‘If you don't have ownership, you don't have any emotions and you don't really care.’ (SL1)*

These leaders additionally steered the curricula change at the micro level within their own branches. Academics felt and thought that strategic leadership showed an inclusive and emotionally connected approach:

*‘We had a good system in our department. She was good and distributed out information, holding individual meetings, the relationship with that person was key. We used that person quite a lot.’ (Q2)*

Strategic leaders indicated that some of their counterparts exhibited a range of mostly negative emotions towards some professions and branches which commonly turned hostile as profession specific issues surfaced:

*‘I think one of the challenges of our organisation is the fact that it’s multi- professional’. (SL3)*

*‘People did erupt’. (SL2)*

**Develop Leadership and management skills of Guiding Teams**

Academics and strategic leaders’ perception of the distinction between the management and leadership roles of guiding teams was very evident. Leadership was ranked as being more important than management capabilities and involving a wider role of engaging and including people in the curricula change:

*‘Leaders can be leaders who are not managers. Leaders need to have good vision, impart that vision and take on board different perspectives.’ (Y12)*

Operationally, guiding team leaders were thought to be more aware of the positive and negative emotional responses of their teams and sought to address any negative feelings that emerged during the change:

*‘The leadership helped actually, as change can be quite stressful, especially if its something you haven’t done before.’( X5)*

**Build the right vision with inter- organisational- wide engagement and involvement**

Vision for the new curricula was viewed as a vehicle for engagement and connection across the organisation. Vision building therefore was thought by all participants to have fallen short in making an emotional connection between the different groups:

*‘People need a vision that has an emotional connection, sometimes if people see the long term path, they are able to move towards that’. (SL3)*

There were efforts to involve users of the service, placement providers and the organisation in building the vision for the new curricula. Opportunities for involvement and engagement were found to be a challenge amongst academics:

*‘I think everybody was keen but there were time limitations and pressure of work. I did not lose any of my other workload.’ (Z14)*

**Create inter- organisational communication forums in the frontline**

Academics felt that having various communication forums helped them to access information of their own choosing, in their time and on a need to know basis. This was felt to be effective with the many competing demands of work:

‘*We already had emails well established, already had meetings, other meetings and events to work together. Actually communication was very good.’ (Q1)*

The communication thought to be most effective were face to face meetings and adhoc conversations occurring operationally. This approach allowed people to make emotional links and greater involvement in the curricula change:

*‘I think emotions are very important on this level, people want to know the people who are leading the change and understand the change.’ (Y11)*

Strategically, communication was challenging amongst strategic leaders. On occasion communication became disrespectful of each other’s professions and branches:

*‘There was quite a lot of fracturing amongst relationships. Some of that continues now.’ (SL2)*

**Creating an empowering environment**

The use of a project management style leadership was thought by academics to have disempowered them within the organisation through lack of involvement at the strategic level:

*‘By changing leadership styles and involving academics and other people to contribute, you get a lot more ideas.’ (Y9)*

A strong sense of feeling autonomous was reported by academics. This was demonstrated through their involvement in developing and leading on modules related to their own profession and branches:

*‘We were involved in decisions who would work on what, who would be particular leads in which modules.’ (X4)*

**Developing organisational values that reflect the importance of all parts of the organisation**

Higher value was attached to the strategic part of the organisation. This was reflected in the membership of the strategic group. Positions of seniority and qualifications instead of interests and a policy of inclusiveness prevailed:

‘*They just do not involve academics in change management. You do not treat academics like that. We are not shop floor people waiting for the boss to come and tell us what to do.’ (Y7)*

Operationally, academics felt a sense of being highly valued and supported within their professions and branches, not only by the curricula leads but by peers and within departments:

*‘I actually feel valued. I voiced my anxieties and they were listened to.’(X5)*

**Creating an academic culture of readiness for continuous change**

Academics felt that change was incessant. This posed a challenge towards creating a culture of readiness for continual curricula change in the organisation:

*‘The speed at which change happens all around is difficult for people to work with.’ (Z13)*

Strategically, it was reported that there was resistance to curricula change and this culture may have inhibited innovation and creativity with the new curricula:

*‘I think that people wanted those involved in developing the new curriculum to think more creatively, think differently but I am not sure ultimately we achieved that.’ (SL3)*

**Using a model of change management that best fits the organisation’s business**

An outside consultant was commissioned to lead the change using a project management approach. There was a clear project plan with aims, objectives and time scale:

*‘Attach a spreadsheet which includes the key tasks for the 4 stages of the Project and the indicative timeline.’ (DA)*

The project management approach was viewed negatively by most participants. It was felt that this model was rather mechanical and not conducive to involvement and engagement in the organisation, especially with different professions and branches:

*‘X was hoping for a more creative and diverse thinking and then everyone was bit surprised at the lack of engagement from some of the professional groups, who clearly did not want to change’. (SL2)*

**Affirm and embed the direction of change in the frontline**

It was reported by most participants that continual changes by statutory bodies, government health care policy, and higher education changes impact on sustainability of such changes and curricula change itself:

*‘There has been a lot of change. I think it feels like it’s too much, too quick and several at the same time, not being able to settle down from one before another comes.’(Y6)*

**Discussion**

This study was undertaken to explore how a real time health care curricula change was managed in one Faculty of Health and Social Care in one HEI. The study used the ACW Change Management Model, a researched based model with emotion as its philosophical foundation.

Leadership operated differently during the change. Distributive and collective leadership created a critical mass of people to help deliver the new curricula. This should involve everyone (Ham, 2011). Academics felt excluded at the strategic level. Fully inclusive engagement and involvement is necessary for effective change (Ham,2014; West & Dawson, 2012).

Leaders had a dual role and showed different emotional competence. Strategic leaders displayed inadequate emotional competence which appeared to have played a significant role around opposition and support for change (Seo*et al*. 2012). These leaders had management responsibilities over the curricula change which could have influenced their emotional reaction (Liu& Perrewe 2005; Kief 2005; Smallon, 2009).

Conversely, at the operational level, these same leaders showed greater levels of emotional competence as guiding team leaders. Here, emotional competence was a source of energy and helped drive the module innovation (Sanchez-Burks & Huy, 2009) contributing to improved working relationships (Goleman,*et al*.2002).

The distinction between management and leadership roles in guiding teams was evident and the leadership role was felt to be more crucial, encompassing a wider repertoire of skills, competencies and qualities. Thus, the style and attributes of leadership in addressing emotions was evident operationally (Fox & Amicharai-Hamburger, 2001).

Vision was viewed as significant and there was wide consultation. However, a vision with deep involvement would have created a stronger sense of inclusiveness and emotional connection amongst academics, thus more people- focused vision might have been more effective (Kotter and Cohen, 2002)

Communication in a variety of forms helped to engage and inform people of change. The most effective and favoured communication was face to face for its emotional connection and was more consistent operationally. The emotional articulateness of leaders appears impactful and influential and arguably more important than the details of curricula change (Humprey, 2002). Communication by leaders about this across the organisation seemed effective in providing information (Durdy, 2014).

A strong sense of empowerment was not evident organisation-wide but was obvious operationally. Academics felt empowered and engaged to develop their own modules and appeared to have an emotional link with their job and a positivity towards their module development (Goleman, *et al*. 2002); Ham, 2014; West, 2013).

Amongst academics the organisation appeared to have attached higher value to its strategic parts. Readiness for continuous change was not sufficiently ingrained. Improving, anchoring and augmenting culture towards readiness for change through valuing everyone can enable more effective change (Cortvriend, 2004; Dawson,2003).

The planned change management approach was strategically focused, and was top down through project management, focusing on outcomes. An emergent approach was evident operationally with academics leading the change from bottom up (Burnes,2014).

Limitations of this study were that it was completed in one Faculty of Health and Social care in one HEI in the UK. Non- participant observation proved a challenge. Applicability to other settings may be limited as the sample was selected purposively.

**Conclusion**

Curricula change in nurse education and change in health care is set to continue. This study sought to examine how a real time pre- registration health care curricula change was managed in one HEI in the UK, through an analysis of the ACW Change Management Model. Emotion was found to be central to the curricula change. At the executive level there was an emotional disconnect with the operational part of the organisation. Strategic leader’s emotional incompetence impacted the change negatively but operationally their emotional competence enhanced the change.

**Recommendations**

The literature on emotions and change, alongside the outcome of this study would suggest benefits to the application of the ACW Change Management Model. A study undertaken in Australia has considered the possible value of this model (Fotinatos,2016). Tools need to be developed and refined for assessing emotional and cognitive readiness for change; retrospectively, prospectively and in real time.

The value of using this model for organisations, team and practice warrants future exploration as well as personal change in improving health and well-being of patients. There is a continuing gap in knowledge on the link between emotion and curricula change, practice change and organisational change, which strongly merits research in this arena.

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