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How can the type of figurehead of change in health care institutions improve change effectiveness?

Change management is a current topic in the health sector. Health care institutions need to work efficiently and cost effectively. They need to adjust to continually changing contexts in the working environment. For achieving good communication that reduces any resistance and increases commitment by employees, research in organizations shows that it is of great importance which person - the figurehead communicates this change message (Larkin & Larkin, 1996). A figurehead, is the person that is presented in information sources as the most important person for communicating change to employees. This figurehead is important for creating an atmosphere to change, for accompanying the change process and for making sure that the process will finally be a success (Yukl, 2003). There is a preference among employees to receive information from their frontline manager instead of hearing it from higher management (Larkin & Larkin, 1994). However, usually employees hear the first words about the change from the managing board. For reducing resistance to change, frontline managers should be a better choice when selecting the figurehead of change. This research is one of many steps to give a more consistent line, which helps health care institutions to change more efficiently, and more successfully. This study answers the question **How does the figurehead of change influences the success of organizational change?+**

In many organisational changes the traditional communication approach is used: the message is broadcasted via mass media, town hall sessions, videos and intranet. The message focuses on values, or even worse - the facts of the change are wrapped in nice stories about a bright future and success. But how can we bring a powerful message across, that focuses on the facts of change? Who is the right person to tell this story? What are the key characteristics of the figurehead of change? To create sustainable change communication is a key succesfactor. If we can find a better way to bring the change message across to the employees we can increase the success of organizational change.

First the characteristics of the figurehead of change processes in health care institutions were analyzed. Hereto a desktop analysis was conducted to identify who is the figurehead that health care institutions represent. In the second part of the study the effect of the characteristics of the figurehead, such as trustworthiness and loyalty to is measured against the success of planned organizational change.

The success of organizational change is measured at employee level, via acceptance of and support for organizational changes. As these are generally viewed as critical for the success of planned organizational changes (Herold, Fedor, & Caldwell, 2007). Resistance to change is the next element, as resistance to change by employees can be an significant deterrent for effective organizational change (Cummings & Worley, 1997).

METHODS and RESULTS

This research consists of two parts. The first part was a (desktop) analysis to identify who is the figurehead that health care institutions represent.

For the second part . research at employee level, 300 digital questionnaires are distributed in five health care institutions who have gone through a organizational change. The questionnaire consists of different measurement scales, that are all valid and reliable scales. The characteristics of the figurehead were measured by three different constructs; namely the trust in and loyalty to, the likability and credibility of the figurehead. A five item scale was used to measure Trust in and loyalty to the figurehead. Examples of these scale include %feel a strong loyalty to the person who informed me about the change+, and %dhave full confidence in the integrity of the person who informed me about the change+. Likability was measured by four descriptors arranged on a five point semantic differential scale and are anchored by the following descriptors: critical/tolerant, considerate/inconsiderate, popular/unpopular, and likeable/not likeable. Credibility was measured by two different scales. Examples include %The person who gave me information about the change, makes sure that I have sufficient power and authority to accomplish assigned objectives+.

The success of the change is measured using three different constructs, namely readiness for change, commitment and resistance to change. Examples of readiness for change items include %During the change I am willing to free up time for the introduction of the change+, and %During the change I am willing to convince my colleagues that this change process is useful+. Commitment was measured via affective commitment. Examples of affective commitment items include %feel at home in this organization+and

%b feel emotionally attached to this organization+. Resistance to change was measured via affective resistance, the cognitive resistance, and the resistance which is manifested in the behavior. Examples of these scale include %the change makes me upset+, and %b protest against the change+.

To measure the constructs of the attribution theory, distinctiveness, consistency and consensus are taken into account. Gender, level of education, managerial position, contract size, type of employment, time working in current job, same line manager as before the change are used as controls.

The results of the first part of the research (desktop analysis) show that the health care institutions do not consciously choose a figurehead. Furthermore it has been shown that the health care institutions have difficulties with presenting their figurehead in the communication statements. Health care institutions want to, for example, present the line manager as a figurehead, but then use the manager as the sender of communication statements. This approach is not yet structured enough.

From the survey we have found that the perception of the figurehead's characteristics is positively related to change readiness and negatively related to change resistance, but is not positively related to affective organization commitment.

Next to that it became clear that consensus among different figureheads and consistent change messages strengthens the positive relationship between figurehead characteristics and affective organization commitment and change readiness.

Third finding is that distinctive change messages strengthened the positive relationship between figurehead characteristics and affective organization commitment. We found a

moderation effect; when consensus between different figureheads the relationship there is an increased effect on the relationship between the characteristics of the figurehead on affective organizational commitment and change readiness.

Other remarkable results from the survey are that the frontline manager is perceived as most reliable and trustworthy source of information, where the Board of management is mentioned as second. And when HR or Communications are presented as figurehead, they are not recognised as such.

DISCUSSION AND CONCLUSIONS

From the desktop analysis we can conclude that health care institutions are interested in the use of a figurehead for their change processes but they still need help to adapt their ideas properly. From the second part of research it can be concluded that reducing resistance for change, frontline managers are the best senders of the change message.

But how can we change a very hierarchical organization, with two major groups of employees (doctors vs staff) with a big power difference?

Especially in health care institutions the use of figureheads in organizational change projects can help to create sustainable change. Nurses receive the message from the nurse manager, and the doctors receive the same message from their manager.

The next phase will be to describe the ideal figurehead in health care institutions, make a kind of job description and train or coach the figureheads in their role. Only then the change will be sustainable and can be the basis for the next upcoming change. Since the health care industry will be flooded in an avalanche of changes in the next years, to survive both governmental forced changes, patient driven changes, increased competitiveness in the market and the influence of patient power (knowledge and organization).

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