The Role of Nurse Leaders in the Sustainability of Change

by

Tracy Thiele

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TABLE OF CONTENTS

ABSTRACT

There is limited research examining the experiences of nurse leaders in the sustainability of change. The current literature found that nurse leaders have focused on the role of creating/leading a change in practice, and the strategies and solutions necessary for the creation of the given change (Buonocore, 2004; Morjikian, Kimball, & Joynt, 2007). Scattered amongst the literature are insights and empirical research that looks into why there is not sustainability in a change/innovation. The purpose of this qualitative, descriptive study was to develop an understanding of nurse leaders' roles, experiences, successes, and failures in the sustainability of change. Roger's (2003) Diffusion of Innovation Theory provided the conceptual framework for the study. The experiences of eight nurse leaders, from a variety of roles representing positions of formal and informal power, were explored. The findings of this study revealed nurse leaders' perceptions of strategies required to maintain changes in nursing practice; and provides valuable insight into the roles, experiences, and perspectives of nurse leaders in the sustainability of change.

Keywords: leaders, change, sustainability, qualitative research, descriptive

LIST OF APPENDICES

LIST OF TABLES

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Chapter 1: Introduction

Statement of the Problem

United States of America President Barrack Obama stated that, "Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change we seek" (New York Times, 2008). Today represents a time of great change (Gilbert & Bower, 2002), of endless change (Porter-O'Grady & Malloch, 2007), and nurse leaders need to be able to take the lead. A nurse leader must be both an entrepreneur, an agent of change, and to be able to recognize the need for change; that change can be more of an opportunity than a threat (Hibberd & Smith, 2006). Nurse leaders are able to help create a positive working environment in which nurses are ready to take risks and be active participants in change and the implementation of change (Hibberd & Smith). The nurse leader is faced with a vertical learning curve where s/he must solve problems that have never occurred before, recognize and prevent errors, and prepare the team for the unexpected (Beauman, 2006). Nursing leadership emphasizes the importance of validating change and the results of change (Porter-O'Grady & Malloch). The nurse leader paves the way for others to achieve greatness and a significant amount of literature is dedicated to the process of planned change and the role of leadership in creating and sustaining change (Harding, 2010; Morjikian, Kimball, & Joynt, 2007; Buonocore, 2004; Adamson & Kwolek, 2008; Hargreaves & Fink, 2003; Werbach, 2009).

It is a popular misconception that once a change has been planned and implemented, the act of change is complete. Properly, change should be seen as never completed, but as an ongoing process that needs to be created and managed (Bruhn,

2004). Change is an ongoing commitment that involves diffusion of the idea. Change is always occurring within health care, whether it is the update of a hospital policy or the implementation of an evidence based practice technique. Nurse leaders need to act as agent of change, to implement changes that will benefit nursing practice and improve quality of patient care. Change does not always come easily and is often followed by resistance from many involved. The change process disrupts the normal balance that is occurring in a group so a certain level of resistance is to be expected (Curtis & White, 2002). The challenge in change is being able to see past this resistance, motivate nurses to understand the reason for change, and involve them in the process.

Evaluation and sustainability need to occur to have successful and ongoing change. How do you sustain the continuous change that so much hard work, time, and energy have been utilized to create? Is it possible for change to be sustained over time? What are the experiences of individuals who have accomplished change?

Research Problem

Research indicates that, in general, approximately 70-75% of change initiatives fail (Zigarma & Hoestrka, 2008; Bunker, 2006; Beer & Nohria, 2000; Orgland & Von Krogh, 1998). Leadership is seen as key to sustaining change (Mantel & Ludema, 2004; Bradley et al., 2005). There is no special formula that makes leading change easy, every leader is unique, and the organization in which they work also brings about different experiences (Bruhn, 2004). Leaders in organizations, from a variety of disciplines and occupations can learn, grow from and base their actions on varied past experiences with change initiatives. For this study I will examine the experience of nurse leaders, from a

variety of roles representing positions of formal and informal power. A nurse leader is one who leads by example, who is able to inspire others, to support others in the accomplishments they may face. For example the position nurses leaders hold can be of an official leadership role or a front line staff nurse who influences and mentors others, an educator and facilitator.

McCartney and Hanlon (2009) believe that health care professionals play a large role in the sustainability of change, but that further evidence is needed on how sustainability is achieved. They further emphasize that, although leaders are everywhere, in a variety of workplace environments, learning from health care leaders and their perspectives is necessary due to their contribution to the ongoing health and well-being of the population, throughout the spectrum of health care. Mantel and Ludema (2004) conducted a study on sustaining positive change in the corporate sector over a period of 9 years. Mantel and Ludema concluded that more needs to be known, that researchers would love the opportunity to "compare notes" with others who have also studied the same topic of sustainability of change.

Of particular importance when discussing the creating and sustainability of change is the business based change improvement techniques of LEAN. The basics of LEAN thinking are not new and can be traced back to the work of an American, William Edwards Deming who, in the 1950's worked with leaders from Toyota, including Taiichi Ohno, to map out the mechanics of improvement and the transformation journey that occurs during the change process (Young & McClean, 2009; Miron, 2010; Herring, 2009). The essence of LEAN methodology is to determine the value added components of a particular process, eliminate any unnecessary steps or waste in the process, refine,

create opportunity, and seek perfection (Fine, Golden, Hannam, & Morra, 2009; Young & McClean). What is new to the application of LEAN thinking and the continuous improvements involved in LEAN, is the implementation of LEAN within the context of health care (Herring). In health care LEAN thinking can be established to seek improvement through continuously reducing waste (may be operational or service design), unevenness of care delivered, and overburden of staff while continuously enhancing the goals/missions of health care with all members of the health care team's capabilities (Miron, 2010). There are eight identified areas of waste that can be applied to acute healthcare, plus a variety of other work place settings: (a) over production, duplicating documentation; (b) waiting, idle time; (c) transportation, including patients, staff, and material movement; (d) processing, including wrong processes and machines; (e) overstocking and hording of inventory, lack of organization of current inventory; (f) movement, unnecessary bending, reaching, and/or searching; (g) defects, inspection and rework of processes and equipment; and (h) under utilization of human potential, and un-tapped knowledge of problem skills people poses (Miron; Fine, et al.; Black & Miller, 2008).

There are five principles of LEAN thinking: define what is considered valuable for the individuals you are serving, develop a value stream, assess flow and pull, and strive towards perfection (Fine, et al., 2009). Defining the value, from the perspective of the customer, is a concept that is central to LEAN, and in health care would be considered what the patients want and need from their visit to the hospital (Young & McClean, 2009; Fine, et al.). The development of a value stream is a process in which the team determines what is considered value added and what is non-value added (Fine,

et al.). Value added is any activity that directly meets the needs of the customer/patient and non value added is anything that consumes the resources and time and takes away from the ability to participate in activities (Miron, 2010; Young & McClean; Liker, 2004). The fifth principle of LEAN thinking is striving for perfection which implies ongoing, continuous work required to always improve upon the process (Mann).

In the process environment of LEAN, little work has been done to understand factors which sustain the improvements and changes that occur in and as a reward of the rapid improvement events (Bateman, 2005). Rapid improvement events (RIE's) also known as Kaizen events, are concentrated on extensively reviewing the proposed improvement to be made through a short period of time (Fine, et al., 2009; Liker, 2004). "In health care, these week-long events provide the opportunity for front-line workers from different disciplines to work together to rapidly plan, implement, measure and adjust improvement" (Fine, et al.). Over the long term, organizations that have committed themselves to the LEAN process are finding it difficult to sustain these changes over time and have identified inadequate leadership as a potential barrier to further success (Bateman).

MacGuire (1990) contends that the only way to truly understand, grasp the implications of, and measure change is to be involved in the process of and experience change. Nurse leaders who face the process of change in their work settings and their experiences can provide invaluable knowledge, not just to nursing, but to other disciplines in a variety of workplace settings.

Purpose of the Study

The limited research examining the experiences of nurse leaders in the sustainability of change warrants attention and further research. Upon review of the current literature available, the contributions of nurse leaders have focused on the role of creating/leading a change in practice, and the strategies and solutions necessary for the creation of the given change (Buonocore, 2004; Morjikian, Kimball, & Joynt, 2007). The purpose of this study is to develop an in-depth understanding of nurse leaders' roles, experiences, successes, and failures in the sustainability of change. This study also will explore what is required to maintain new and ongoing working practices. The following broad question will be used to guide the study: "What are the experiences and roles of nurse leaders in the sustainability of change?" This inquiry will also provide further insight into the following research questions:

1. What are the techniques and strategies nurse leaders use in creating sustainability in the change process?

2. What challenges or barriers do nurse leaders discover during the sustainability of change?

3. Why have some organizational changes persisted, while others have failed?

4. What is needed to achieve ongoing sustainability of a new or improved work practice?

Significance of the Study

Knowledge obtained from the nurses leaders participating in this study will provide valuable insight into the experiences of nurse leaders involved in creating and

sustaining change in their area of expertise. This knowledge can be useful as a guide for other and future nurse leaders working in this sometimes uncertain environment of creating and sustaining change. This study will be distinctive as the focus is on the exploration of the topic of sustainability in nurse leaders by collecting data at a leading health facility that has committed to the business-based change process of LEAN.

Theoretical Approach

"Getting a new idea adopted, even when it has obvious advantages, is difficult." (Rogers, 2003, p.1). Theories and models exist that look at the process of change. The Diffusion of Innovation theory provides a framework of how, why, and at what rate new ideas spread through cultures and/or organizations. Rogers' theory is grounded in a variety of cross-cultural studies specifically looking at the adoption, implementation, and ultimate sustainability of change (Edwards, Feldman, Sangl, Polakoff, Stern, & Casey, 2007). Diffusion of an innovation occurs through a five-step decision making process. The decision making process occurs through a series of communication channels over a period of time among the members of a similar social system (Rogers, 1962). Rogers categorizes the five-step process as: knowledge, persuasion, decision, implementation, and confirmation.

In the first stage, knowledge, an individual is first exposed to an innovation but lacks information about the innovation; an individual acquires certain understanding of how the innovation functions (Rogers, 1983). Rogers explains that the search for further knowledge of the innovation depends on characteristics of the decision-making unit, such as socio-economic characteristics, personality variables, and communication behaviour.

At the persuasion stage, the individual formulates a positive or negative mind-set toward the innovation (Rogers, 1983). The perceived characteristics of the innovation are seen to affect an individual's decision and help to explain their different rate of adoption. The characteristics of an innovation are: relative advantage (degree to which an innovation is alleged to be better than the current idea or practice), compatibility (how well the innovation is perceived to suit the values, beliefs, and needs of the social system), complexity (the difficulty of comprehending or utilizing the innovation), trialability (degree to which an individual can try the innovation on a small scale), and observability (extent to which the results of the innovation are evident to others) (Rogers).

The decision stage occurs when an individual engages in activities that lead to a choice to adopt or reject the innovation, while the implementation stage occurs when an individual puts an innovation into use (Rogers, 1983). The final stage is confirmation in which an individual finalizes his/her decision to continue using the innovation, uses the change it to its full potential, sustains the innovation/change, or rejects it (Rogers).

Not all individuals in a social system adopt an innovation at the same time (Rogers, 1983). Rogers categorizes adopters of an innovation as: innovators (first to adopt an innovation, venturesome), early adopters (respectable, leaders with whom you check before implementing an innovation), early majority (will adopt a new idea just before the average member of the social system after deliberate consideration), late majority (will adopt an innovation after the average member of the society, skeptical), and laggards (last to adopt an innovation). Important to note is that the adoption of an innovation follows an s-shaped curve when plotted over time.

Chapter Summary

This chapter outlined the significance for the study by providing details on the statement of the problem, discussed the research problem and, the purpose of the study. The Diffusion of Innovation was presented as the theoretical approach that will help guide and shape this study.

Healthcare is always changing and evolving, which leads to more knowledge to be discovered about the role of nurse leaders in the sustainability of change and the experiences and lessons of these individuals. This study will give a voice to the nurse leaders who are committed to the ongoing work of sustaining change and hopefully assist leaders of various disciplines in the task of sustainability.

Chapter 2: Literature Review

Review of the Literature

The literature reviewed for this study spans a variety of disciplines including: business, nursing, philosophy, engineering, education, medicine, social work, and psychology to ensure a multidisciplinary representation of the literature. While there is abundance of literature related to change, what is change, and a variety of strategies available that demonstrate the sustainability of change (majority of literature from popular literature and not research based), there is limited literature related to nurse leaders, their roles, and insight into the sustainability of change. The following bibliographic databases were used to locate empirical (quantitative or qualitative) research and popular literature on change, sustaining change, leading change, nursing leadership and LEAN: CINAHL, Scopus, AgeLine, PsychINFO, Bison, Academic Search Premier, Business Source Premier, and Emerald. Relevant articles also were identified by manually searching references, bibliographies, and topic pertinent journals from search results. The literature review will be presented under the following main topics and focus on empirical research findings: a) the concept of change; b) leaders leading change c) defining sustainability; d) data and strategies for sustainability.

The Concept of Change

Change is pervasive, everywhere we look change is occurring. Change is part of the evolutionary cycle of everyday life (Wiest, 2006). Whether an individual is changing their clothes to head to the gym, the summer leaves are changing to the colors of fall, team members are implementing a new policy at work, or stopping by the local store and

getting change back from the cashier, change exists and everyone experiences it. However, do we truly know what defines change, and what enables change to exist? W. Edwards Deming, an American statistician, once said that, "It is not necessary to change. Survival is not mandatory" (Lemke & Coughlin, 2009). If change has such a hold on our life understanding change is important. The etymology of the word change comes from the Latin cambiare – to exchange, dating back to the 13th century (Mish, 2008). According to the Merriam-Webster dictionary (2008), change is defined as: 1) "to make different in some particular way, to make radically different, to give a different position, course, or direction to," 2) "to replace with another, to make a shift from one to another," 3) "to undergo a modification of," 4) "to exchange for an equivalent sum of money," and 5) "to put fresh clothes or covering on" (Merriam-Webster's Collegiate Dictionary, 2008, p.206). To truly inform change, to make change occur and be sustained, a basic understanding of how change is informed and develops is crucial. Developing a mind set on the basis of change will facilitate the solid ground work necessary to inform change initiatives and further research studies, including this study.

Change appears in varied contexts within the literature, although, as a concept is rarely defined completely within the environment where change may occur. Change is usually represented so that the reader understands clearly the definition of what change is used. The philosopher Aristotle represents an extraordinary case of an individual understanding the whole of the concept change, as change was one of the chief subjects of his work. He believed that change is the actualization of someone's ability to the extent as s/he may be able (Corish, 2009). The process of change uses tools or techniques that are the most useful at a given stage for moving individuals forward in

their readiness for change (Banyard, Eckstein, & Moynihan, 2010). Change does not have a discrete beginning and ending but is a series of continuous transitions that overlap one another (Hamric, Spross, & Hanson, 2009). The business perspective of change represents a template for other disciplines which starts with a formal planning process that includes a reason why the need for change, followed by a identifying the change process (Morjkian, Kimball, & Joynt, 2007). Change is a continuous and complex process (Makinson, 2001).

If change is considered to be a continuous process then change takes time. Educators contend that change takes time and must be nurtured throughout the process (Wartowski, 2009). In order for positive improvements to exist, change must occur, and for that change to occur, there has to be a significant amount of time dedicated to this process (Davis, 2009). If time is sacrificed to speed the change process, the desired improvements sought may not be created to the anticipated level initially planned leading to the possible negative feelings of resentment towards the change initiative. For example, when critical care nurses evaluated a change in an eye care plan, they acknowledged that the speed with which the change took place and the requirements for time management were factors in the change process (Laight, 1995). Philosophers discuss that perhaps time truly is change (Stanford Encyclopedia of Philosophy, 2002). Aristotle rebutted by arguing that there is no time without change, but that time is not change (Corish, 2009). Aristotle confirmed this statement by further elaborating that change is distinct from time because change occurs at different rates, whereas time does not (Corish).

Motivation is the positive force motivating change and restraint is the negative force. Motivation is necessary for change as it supports some of the attributes of change (process, resistance and time) and antecedents (the decision for change to occur and the presence of a change agent) of change. Developing motivation by providing disconfirming data showing the need for change, establishing the gaps between existing and desired states, and using individuals' emotions to motivate will facilitate a safe context in which change occurs (Erwin, 2009). When individuals are engaged and motivated, new capacities for change can be developed (Wilson, 2010). Motivation is an important element for the change agent as motivation is necessary to apply different interventions, strategies, and approaches throughout the change process to encourage individuals to be involved and continue the process (Carpenter, 1998).

Change is not always received in a positive manner. According to Schifalacqua, Costello, and Denman (2009), General Electric stated that two-thirds of quality change processes fail because of the prevailing culture and the resistance of the people to change. Resistance is one of the strongest barriers to change discussed across various disciplines, including arguments regarding the lack of need for change, lack of time to participate, and change not being viewed as a priority or valid need (Erwin, 2009; Bennett, 2003). Resistance to change is typical and universal across the process of change, as change disrupts the homeostasis or balance of the setting so resistance should be expected (Wiest, 2006).

Prior to the enactment of change there has to be action in the form of a decision that the need for change is apparent (Morjikian, Kimball, & Joynt, 2007). The initial step prior to the onset of change is the recognition of the need for change (Erwin, 2009).

Euripides, a tragedian of classical Athens, believed that nothing had more strength then the necessity, the need (Davis, 2009). Management techniques outline a six-stage process of change in which the first step is assessing the need for the potential change (Makinson, 2001). When an action plan is established to contribute to improvements in health care, the first step in the process is the desire and need for change in current practice (Bennett, 2003).

Important for the process of change is the presence of an agent of change. Although a need for change may be indicated, if there is not an agent to start the process of change, change may not occur. The change agent can be viewed as having the responsibility to motivate, manage, and facilitate the process of change (Laight, 1995). The literature emphasizes the agent of change as a leader, a champion, and a visionary; the change agent is an individual who can assess the need for change and move the process forward (Bunonocore, 2004; Morjikian, Kimball, & Joynt, 2007; Wiest, 2006).

One of the key principles identified by social work literature is that individuals need to have something to hold onto that is stable, because change causes disequilibrium (Pearlmutter, 1998). For example, when an influential nurse decided to take the reins and implement an insulin drip protocol in her department, the final step after the implementation of change was the re-establishing balance by adapting to the change (Buonocore, 2004). Philosophers contend after an instant of change there is an inconsistent motion for change to establish a continuity condition (Stanford Encyclopedia of Philosophy Online, 2002). Lewin's Model of Change points that after a change, a refreezing process occurs in which new changes are integrated and stabilized, that equilibrium is re-established (Riddle, 1994).

A theme in the literature contends that when change is occurring, transformation has occurred. Something different has happened which leads to disequilibrium. In order for the change to be considered or adapted, balance must be re-established (Buonocore, 2004). A decision will be made to re-establish the equilibrium, either by adopting the change fully, abandoning the change, or accepting the change in a modified way (Buonocore). A school in Illinois discussed how they to set new goals and created an environment for the continued movement of change that would transform their then stagnant system of communication and improvement (Wartowski, 2009). Philanthropists believe that when something changes with the aim of improvement, transformation occurs to accomplish the wanted change (Edwards, 2009). Business experts frame transformation as the goal in the change process ensuring that the company is able to survive in a competitive market (Miles, 2010). Transformation ultimately occurs if change is implemented.

What can be observed is the process of change in itself. The only way to truly understand change, to grasp the implications of change and measure change, is to be involved in the process of change, to experience change (MacGuire, 1990). Theories and models exist that look at the process of change. The most well known theory is Lewin's theory of planned change that provides a basis for considering the process of planned change (McEwen & Wills, 2007). Similar to Lewin's theory, Everett Rogers' theory of diffusion of innovations articulates the process for an innovation when adopted in a setting (Orr, 2003). Nursing leaders emphasizes the importance of validating change and the results of change (Porter-O'Grady & Malloch, 2007). Sequentially to increase the success of implementing change Dannemiller and Jacobs (1992) give details for a

formula for change planning that takes into account factors such as discomfort, vision, first steps, and resistance in order to clearly understand where best efforts should be placed to succeed (Hibberd & Smith, 2006). Models and theories of change exist but empirical testing of these models needs to be conducted to move the field of organizational change forward (Melnyk & Fine-Overholt, 2005).

Summary. This section provides an overview and meaning of change. What is clear from the literature is, although change occurs within a variety of disciplines and situations, there is no clear, explicit definition of change. A clear, working definition of change would be beneficial.

Leaders leading change

Leaders in a position to influence members of their organization to produce change are seen as change agents. "The leader is an agent of change, responsible for providing others with a vision of change and ensuring that their response to the demand for change is appropriate" (Porter-O'Grady & Malloch, 2007, p.12). Not only does a leader inspire individuals with their words to change, but also demonstrate through their actions, and their behaviour, the benefits and process for change (Porter-O'Grady & Malloch). The benefits of these actions can work further to assist individuals through the unknowns of change, as well as assist individuals who resist change. Even though a perceived change may be seen as beneficial, there are always individuals who will perceive change as a threat. Leaders of change also have to work to help these individuals to understand change as an opportunity rather than a threat by working to create a trusting work environment that staff feel is safe to take risks (Hibberd & Smith, 2006).

Tools for successful leaders of change include being the ability to foster creativity amongst themselves and their team members, and see that there is more than one solution to any task (Harding, 2010). Creativity may not always mean utilizing ideas never used before.

Hibberd and Smith (2006) reintroduced diagnosing change, an inventive strategy for leading and managing change discussed by Dannemiller and Jacobs (1992). Dannemiller and Jacobs proposed that a formula of change can be used to help leaders determine if further resources are needed to make the change initiative successful; the formula is: D (dissatisfaction) x V (vision) x F (clarity of first steps) > R (resistance). As long as the combined total of discomfort or dissatisfaction with the status quo, the vision of the preferred future, and the clarity of the first steps are greater than the resistance to change, the proposed change will have a greater chance of being accomplished (Hibberd & Smith). This basic change formula was implemented as a basic conceptual framework to aid the work of approximately 200 Ford Motor Company employees to create change that would strengthen the company's position within the industry (Dannemiller & Jacobs, 1992). For an example if Eric, a unit manager that wanted to look at changing the documentation of goals set for patients at admission, he could discuss the proposed change with his team and use the formula to access his level of need for change. If currently 70% (0.7) of the team were dissatisfied with current procedure, 30% (0.3) have a vision for the future, and 20% (0.2) of the first steps were established, combined with a value of 60% (0.6) of the team resistive at first to the change, Eric realized that currently as a leader of change he will have to strengthen his plan for change to overcome the anticipated resistance. However, there are limits to how realistic the concept of

implementing a formula to lead change is within today's society. One question that needs to be asked is, with the fast pace of today's ever evolving society realistically would a manager have the time to use a basic conceptual formula? The alternative to this argument is if time is spent concentrating on the ground work to a change initiative, reviewing all aspects and components, would this lead to further successful change later?

Agents of change do not necessarily require the prerequisite of a formal leadership position in their facility. Senior leaders play an important role as change agents within their organization. However, the support and recognition of other internal change agents who work to convey dedication to the change process are required (Holton, Glass, & Price, 2010). Leadership for change is seen as an activity, not particularly as a position of power, in which the leader engages others to participate in activities to overcome the unknown and resistance that may accompany change, leaders mobilize individuals to make progress against this resistance and overcoming the unknown (Cohen, & Todesco, 2009). Leadership exists at all levels of an organization and each leader plays a role in seeing change occur. Previous studies have highlighted the significance various leadership roles portray in creating change. This study will explore more in depth the roles of formal and informal leaders for change.

Summary. In this section of the literature review the role of leadership as an agent of change is outlined, whether a formal or informal position of leadership, in the creating of change. Lacking from the literature is empirical research which describes strategies that leaders, and in particular nurses leaders, use in change endeavours. The majority of strategies in the literature are based in popular literature and not supported by empirical research.

Defining Sustainability

Before any review of the strategies and ideas evolved around the sustainability of changes, there is value in understanding how sustainability of change is defined. This premise is briefly explored in the literature. Mantel and Ludema (2004) define sustaining change as, "an intentional moving toward a collectively and continually defined future while remaining poised and responsive to the surprises of the present" (p. 312). Other researchers define sustainable change as continual presence in which all or the majority of the components of a practice are visible within the program or intervention of an organization (Virani, Lemieux-Charles, David, & Berta, 2009). In the corporate sector sustainability is defined as aspects of improving environmental, financial, and social performance while, throughout the process, maintaining balance (Holton, Glass, & Price, 2010).

The research literature does not describe sustainability as black and white. Rather the description of such change is more ambiguous due to the fact that the concept of sustainability may acquire different meanings dependent upon context and time (Buchanan, et al., 2005). Sustainability occurs when new ways of working and improved conditions become the norm, including the mind set and systems surrounding the change (Buchanan). When the change that has occurred is examined, what should be visible is that no reversion has occurred back to the old processes (continuance improvement should be seen over time); that the change has withstood any challenges and variations (Buchanan, et.al).

Summary. As previously outlined with the definition of change, in order to create sustainability, basic knowledge is required on what is sustainability and how would the concept be defined.

Data and Strategies for Sustainability

Amongst the literature are insights and empirical research that examines why sustainability in a change/innovation is difficult. Although the literature discusses ideas and strategies to overcome, few studies perceive sustainability as a mindset that has to be woven into the culture at the beginning of any type of change initiative, creating a culture of continuous improvement (Adamson, & Kudek, 2008; Edwards & Roelofs, 2006; Paine-Andrews, Fisher, Campuzano, Fawcett, & Berkley-Patton, 2000). Change cannot be sustained if a collection of ideas are initiated without a careful, thought out plan which includes plans from the beginning regarding how to facilitate change and methods to ensure the change is sustained.

Sustainability: the empirical knowledge. There are various tools described to overcome hurdles to change and improve the longevity of a change including having the commitment and ongoing engagement of senior leaders within an organization (Holton, Glass, & Price, 2010; Bradley, Webster, Baker, Schlesinger & Inouye, 2005; Bateman, 2005). Not only is the commitment of senior management highlighted, but also the need of senior management to engage employees so that ongoing improvements and changes become part of all involved, and commitment and ownership occurs at the delivery level (Holton, et al.).

Involving front line staff throughout the process is an additional factor in sustaining change (Paine-Andrews, et al., 2000). The involvement of staff is not only about staff input, but also requires creation of strong, trusting, and transparent partnerships in which staff can jointly participate in decision-making (Edwards & Roelofs, 2006; Holton, et al., 2010). An empirical case study that explored sustainability of community health initiatives revealed that there was an increased success of an adoption of a change if the change was initiated by staff, or a combination of staff with any formal project leads (Paine-Andrews, et al.). Edwards and Roelofs (2006) further build on this idea in their study exploring innovations to maintain health projects through the use of local champions who lead integration efforts and provide support for sustainability. Involving front line staff was implemented in clinical education of hospital staff by having "super-users" or trained individuals on a unit/ward that would disseminate the knowledge to others with whom they worked. This approach has many benefits by lessening the burden on educators or project leads to disseminate the knowledge and skills necessary as well as expanding the change agents for that particular area. Local champions provide a strong and healthy social system which promotes information exchange (Penna, et.al, 2009).

Ongoing commitment from all levels within an organization aids the change initiative to become a part of the routine and provides some local ownership (Holton, Glass, & Price, 2010; Paine-Andrews, et al., 2000; Umar, Litaker, & Terris, 2009). Local ownership leads to further possibility of the users considering the perspective of the change as valuable to the organization and contributing to staff buy-in for the initiative (Paine-Andrews, et al.). Another goal of local ownership is setting clear objectives and

goals for improvements that focus on the change (Holton, Glass, & Price). The development of objectives and goals in itself can have some of the biggest impact on the sustaining of change. Identification of the need for resources in the continued growth of change is important. Possible resources included training opportunities, support, and funds necessary to make the changes (Holton, Glass, & Price, 2010; Penna et al., 2000; Bradley, Webster, Baker, Schlesinger, & Inouye, 2005; Umar, Litaker, & Terris, 2009).

Case studies from four concrete industry companies describe how sustainability is managed by focusing, not only on strategies, but also stages of sustainability. This research describes various stages and recommendations to build on their work investigating how leaders manage sustainability. Suggested is that the change process first begins with compliance with the change. A focus on compliance can introduce engagement towards the change, strengthening the chances of sustainability by introducing tools, techniques, and overall understanding of the change initiative (Holton, Glass, & Price, 2010).

Once compliance with the change is sufficiently attained leaders, within the organizations believed that the next developmental step towards sustainability includes efficiency in the change initiative (Holton, Glass, & Price, 2010). The move from compliance to efficiency is a gradual, planned process that represents incremental steps to continually improve (Holton, et al.). Important to consider is the efficiency in the cost of the change (is the change economically valued?), and the socio-efficiency (the social impacts). Crucial to the efficiency of sustained change is the monitoring of performance(s) so that improvements can be implemented.

Summary. This section reviewed the empirical research which examined strategies and ideas documented regarding the sustainability of change. A weakness in the literature is the lack of empirical research providing strategies for leaders to use to sustain change within their organizations, particularly within healthcare. A purpose for this current study is to elicit and provide further knowledge of strategies and information on sustainability. The next two sections will highlight two strategies, conversation convergence and reservoirs of knowledge, of particular interest to sustainability techniques.

Conversational convergence. Mantel and Ludema (2004) published research on sustaining change, called conversational convergence. The study was based on 9 years of data collection with members of World Vision. Through the use of appreciative inquiry (facilitated approach to organizational planning and change, method that involves all levels of an organization), they discovered that the creation of conversational convergence, conversations focused on moving towards uniformity, towards the evolving goals and directions of the organization were important to sustaining change (Mantel & Ludema, 2004). Conversational mapping is a methodology that tracks the patterns of change that occurred through semi-structured interviews, reviewing historical documents including notes from large group meetings, and participant observation. All the data collected were grouped and themes created to develop a conversation map (Mantel & Ludema).

These researchers discovered that change was sustained by ensuring that all perspectives involved in sustainability share an understanding that change is incremental, evolving, directed, and influenced through conversations. Mantel and Ludema (2004)

contend that the role of the change agents is to mold conversations of the change initiative at all levels, including individual and organizational. Three principles of sustainability were uncovered for positive change: shaping the conversations; engaging in appreciative leadership; and applying appreciative principles to organization design (Mantel & Ludema, 2004). All principles had an equal reinforcing effect on each other (Mantel & Ludema).

There are a variety of opportunities to shape the conversation within an organization. When change agents are able to identify the various paths and streams that conversations take within the organization and interpret the directions of these conversations the vision, direction, and obstacles faced in the change are decipherable, shape the conversation by simply listening to the existing conversational streams (Mantel & Ludema, 2004). Knowing what is happening within the organization; knowing that the conversations are leading towards the innovation not hindering it, encompass how conversations are critical tools in creating and sustaining change. Change agents are then able to join conversations of possibility and opportunity by nurturing and encouraging conversations that are beneficial to the goal of change, leading to creativity and imagination, attracting others to the future (Mantel & Ludema). Individuals can easily become consumed by the vortex of negativity and resistance that can lead to conversations that can destroy the vision and lead to activities which may be perceived as negative, such as formal audits. Important to be aware of, is to not try to silence the voices of others, even of a negative type. Silencing these thoughts can lead to even stronger resistance to the change (Mantel & Ludema). Shaping the conversation is about creating opportunities to hear from all individuals within the organization from senior

management to front line staff to be able to develop a whole picture of the conversations of change. Individuals must be able to welcome all willing participants into the change and be aware that change is always evolving, not to "get stuck" on the idea of how something has been done in the past (Mantel & Ludema).

Mantel and Ludema's (2004) research found that appreciative leadership is about leaders believing in the possible, approaching others with unconditional positive regard, even if this means sometimes going beyond the boundaries traditionally set within the organization and taking the initiative to include others in change process. Sometimes change agents may not always find maintaining a positive attitude towards change easy. What is important is that, even though change agents may have moments of doubt and feel discouraged, they need to remain in a positive stance.

Appreciative organizational describes developing processes for shared vision and goals, continuous appreciative inquiry and leadership, colloquial building of the organization by including others (Mantel & Ludema, 2004). This approach provides opportunities for individuals to join in the process of change, no matter what "stage of the game" of the change process and also strengthens abilities to create change. Through the inspiring work of change agents, there are opportunities to introduce others into the world of being a change agent and strengthen others by expanding to include more change agents, in more areas, contributing to the vision of the organization.

Summary. Three principles of sustainability were described in this section as necessary for positive change: shaping the conversations; engaging in appreciative leadership; and applying appreciative principles to organization design. However, each

explanation tends to overlook the fact that various degrees of these strategies are already visible within organizations, in particular healthcare. The core issue is leaders need to see these principles as strategies and the degree to which the strategies are used to their advantage. Speaking to leaders of change directly can provide possible clarification for the use of conversation, appreciative leadership, and organization design in the sustainability of change.

Reservoirs of knowledge. Reservoirs of knowledge "are commonly conceptualized as repositories or mechanisms that serve to retain knowledge within the organization's memory" (Virani, Lemieux-Charles, Davis, & Berta, 2009, p. 92). These authors discuss knowledge as the tool necessary for ongoing change. Maintenance of change that has occurred focuses on reservoirs of knowledge including; people, routines, artifacts, relationships, organizational/information space, culture, and structure. Sustainability is at risk if the knowledge of the change fades. Reservoirs of knowledge are discussed within studies that focus on organizational change and how organizational memory may play a part in change (Virani, Lemieux-Charles, et al.). Threaded throughout the empirical and popular literature regarding sustaining change are strands of information verifying the impact of knowledge required to solidify a change initiative.

People as a source of knowledge reservoir requires observing social networking and individuals learning, remembering, and sharing the knowledge necessary for the change to be continuously maintained (Virani, et al., 2009). Also related and dealing with individuals is the knowledge reservoir of relationships. Virani et al. identify patients and staff relationships as a possible reservoir of knowledge. By using the relationship between staff and patients, increases the likelihood of staff staying committed to the

change. By informing patients of the change practice that staff should be utilizing in their care, the hope is that patients may speak up, ask questions, and inform staff if they do not see them adhering to the process. An example of this concept is the use of a white board in each patient's room to communicate between staff and patients basic care information. If a patient notices that the white board is not being properly updated, the patient could remind staff to do so stimulating the knowledge of the change initiative for staff.

The four remainder knowledge reservoirs deal with what an organization can plan to provide for staff as resources to aid in the transformation process. Routines are known to many in health care as standard working practices (Virani et al., 2009). For example, when the Winnipeg Regional Health Authority developed a new notification of death form, the newly completed form was circulated to users in a pre-prepared package with various other tools and forms already used by staff. Integrating the new change initiatives with the standard work practices can increase the likelihood of the new changes becoming part of the standard work. The integration of the new practice with the current practices provides less of a culture shock to the change and eases the new in with the old work standards.

Artifacts provide written documentation that are available for staff to use, for example, policies, reports, or educational manuals (Virani, et al., 2009). Organizational information space provides staff with the physical space needed to share or learn the information, to trigger the use of a specific practice, however also providing temporal space for staff to process the data (Virani et al.). Opportunities exist for organizations to use the knowledge reservoir of artifacts, to display education on the precise topic

undergoing the change innovative (i.e. a bulletin board). Another possible use of artifacts for knowledge retention is a skills lab where staff can go to learn and practice the required skill, especially if the change deals with "hands on" clinical care.

Structure, as a knowledge reservoir, addresses roles of an individual within the team or the team itself, reporting opportunities and appraisals (Virani, et al., 2009). In some psychiatric facilities, staff use a checklist to monitor a patient's potential level for violence using a basic scoring technique of 0 for the behaviour not present or 1 if the behaviour is present. To monitor the completion of this task, staff need to complete the proper checklist per shift and chart the results, if significant. Suggested practice is that staff complete the checklist for the first 3 days of a patient's hospital stay even though completion can be ongoing to monitor compliance with the standard work practice.

Summary. The use of knowledge reservoirs provides organizations ample opportunities and tools to facilitate the longevity of the change initiative. Many of these tools are used in health care facilities and other organizations to work towards the shared vision of embedding change in practice. The extent to which knowledge reservoirs are used in health care, or use of unilaterally or jointly is unknown. Of interest to this research is the potential uncovering of the extent to which nurses leaders use various knowledge reservoirs and whether knowledge reservoirs are a strategy for sustaining change.

Chapter Summary

This chapter developed the concept of what change is, discussed the role of leaders as agents of change, reviewed sustainability of change, and provided an overview of the strategies regarding sustainment of change from the empirical literature.

Bateman (2005) identified the need for further development of how organizations are able to maintain original improvements made during LEAN Kaizen events. Bateman's observation is warranted and should also include change projects that may not have occurred following a Kaizen event. There may be rich data uncovered from discussion regarding various change initiatives as well as specific LEAN event outcomes. There is paucity of scientific inquiry investigating the roles and experiences of nurse leaders in the sustainability of change. Since the scientific literature focuses on the strategies available for sustaining change (such as, inclusion of front line staff and empowering leadership) this study may shed new light on nurse leaders in this complex process. In addition, an examination of nurse leader's role in the change process may contribute to the development of leaders in other disciplines who engage in change initiatives.

Chapter 3: Methodology

Overview

The purpose of this study was to explore the experiences and roles of nurse leaders in the sustainability of change. To achieve this purpose, a deep discussion of the research topic was developed, which led to expansion and understanding of the phenomenon being explored. The strategy of qualitative research was seen as an appropriate method for achieving the answers to the research questions in this study. Johnson and Waterfield (2004) state that qualitative research is widely accepted as a research method to explore the complexity of human behaviour and experiences. Qualitative research is seen as the research method of choice to understand various experiences in health research (Pringle, Hendry, & McLafferty, 2011). "Qualitative method is particularly well suited to studying the complex and fluid process of organizational change" (Bradley, Webster, Baker, Schlesinger, & Inouye, 2005, p. 1460). The following chapter further explores the research approach for this study and provides details on the study participants, data collection, and analysis methods. This chapter reviews the ethical considerations deemed significant and the methods used to ensure the trustworthiness of the research data and findings.

Research Approach

Qualitative research is viewed as invaluable for exploring the complexities that exist today within ever-changing health care environments (Smith & Firth, 2011). Qualitative research "begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2007, p. 37). This

study further explored sustainability within the process of change and qualitative research assisted in this process, as qualitative research methods are used when a problem or issue requires further exploration (Creswell, 2007). There are a variety of qualitative research characteristics, but two in particular stand out as contributing to the research approach applicable to this study: participants' meanings and holistic account (Creswell).

Participants' meaning can be considered the core of qualitative research. Throughout the research process the goal is a clearer understanding of the participants view, meaning, experiences, and thoughts on the phenomena in question. Participants' meaning is not about exploring what the researcher's thoughts are on the subject or what research literature already exists on the subject. Rather, participant meaning is about finding new meaning through the participants. The discovery of this meaning is important to this study as literature already exists (both empirical and published) on the change process and sustainability of change. However, little research is available on the perspective of nurse leaders and their role and knowledge to add to this field. Sharkey, Meeks-Sjostrom, and Baird (2009) investigated how to develop and sustain nurses' excellence over time and concluded that historical leadership and clinical strength of the nursing staff have produced a strong groundwork of organizational robustness towards nursing excellence. However, the main weakness of the Sharkey et. al. (2009) study is the failure to address how nurse leaders play a role in the sustainability of change. Edwards, Feldman, Sangle, Polakoff, Stern, and Casey (2007) look at sustainability issues from a different view arguing that sustainability demands further attention and effort as stakeholders have invested time and money in projects, specifically dealing with safety and quality improvements in health care, that should not go to waste. Reviewing

literature outside of health care, Hargreaves and Fink (2003) stressed the magnitude and role of school leaders in supporting and sustaining learning through education initiatives.

A holistic view is another characteristic of qualitative study in which researchers try to achieve a complex, encompassing view of the problem of study to develop a complete picture (Creswell, 2007). Obtaining a holistic view is an attribute of particular value to this study as it supports embracing the essence of the participants who are nurse leaders in a variety of roles and sketching a picture from their experiences. Having a complete view of the experiences in the research study leads researchers to see the what (textural) and how (structural) meanings of participants, or the essence (Creswell, 2007).

This study used a qualitative description approach to explore the experiences of nurse leaders in the sustainability of change. Sandelowski (2000) stated that "descriptive study is the method of choice when straight descriptions of phenomena are desired" (p. 334), while Polit & Beck (2008) declared qualitative descriptive as, "the careful description of ordinary conscious experience of everyday life – a description of "things" as people experience them" (p. 228). Lux, Hutcheson, and Peden (2012) present the case that utilizing qualitative description involves a lesser amount of interpretation of the data, which is a methodology of choice for a phenomenon that has not been fully researched. This particular study design will provide depth and understanding to the research questions sought to be answered.

Study Participants

Purposive sampling was applied in the recruitment of study participants as this technique starts with a purpose in mind and the sample is thus selected to access a

particular subset of the group of interest. Potential participants were nurses who participated in a LEAN rapid improvement event (RIE), also known as Kaizen event or were actively involved in the implementation and diffusion of the changes that resulted from an RIE. By volunteering to be part of a RIE these individuals showed an active interest in change that leads to improvement in patients for whom they care. Volunteers for RIE events are seen as leaders of change by peers, members of the interdisciplinary team, and patients. Participants selected were in a formal leadership position or self-identified as an informal leader. Many individuals are seen as nurse leaders, from a variety of roles, and not always in a position of formal power. Participants led by example, that is they inspired other colleagues, and supported others in the accomplishments of the tasks that occur during the change process and during the ongoing sustainability of the change initiative. Inclusion criteria also included working as a nurse for at least 1 year. New nurse graduates face various other transition experiences and are not as eligible to provide the needed information to answer the study questions.

The sample size was determined when data analysis revealed that saturation occurred. Saturation occurs when the researcher is not able to find any more new information on the subject of investigation (Polit & Beck, 2008). Saturation was determined for this study when interviews with participants were yielding redundant information. For the purpose of this study nine participants were interviewed.

At the time of the interviews, the age of the participants ranged from 35-64 years, with one study participant more than 65 years old. The average age of participants was split between two age ranges; 3 participants were in the 35-44 age range and 3

participants were in the 45-54 age range. Two participants stated their age situated in the 55-64 age range. The majority of study participants (6) completed their Bachelor of Nursing, whereas only one had a Master's degree in Nursing. Two participants completed a Diploma in Nursing. All nurses practiced nursing for more than 10 years.

The investigator had the opportunity to meet with the Chief Nursing Officer (CNO) and Chief Executive Officer (CEO) to discuss the study and how to gain access to data at their facility. The CNO, the gate keeper and contact from the hospital where data were collected, assisted in providing the letter of invitation to all nurses who met the criteria for participation (see appendix A). The use of purposive sampling ensured that the participants met the criteria for the study and provided the researcher with the opportunity to elicit information from rich cases that produced data aimed at answering the research questions (Johnson & Waterfield, 2004). When each participant contacted the investigator indicating an interest to participate in the research study, further explanation of the study, their role in participating, and ethical indications were discussed via telephone or email. Arrangements were made for a mutually convenient date, time, and location where the interview took place.

Data Collection

The principal method of data collection for this study was semi-structured interviews. "The individual interview is a valuable method of gaining insight into people's perspectives, understandings, and experiences of a given phenomenon and can contribute to in-depth data collection" (Ryan, Coughlan & Cronin, 2009, p. 309). Semi-structured interviews allowed the researcher to work from a more flexible interview style

giving opportunities to explore in more depth comments that arose during the interview (Ryan, et al., 2009). The interview guide was developed from gaps that were noticed in the research literature. From these gaps the researcher based questions in an attempt to add to the current body of knowledge. Questions were also formatted from research studies on the topic of interest that were conducted in other disciplines and work environments, other than nursing and health care. The template of questions was restructured using the study's conceptual framework (see appendix B). The semi-structured interviews were audio taped and transcribed by a hired transcriptionist. The researcher checked for accuracy of the transcribed tapes by listening to the audio tapes of the interviews while simultaneously reading the completed transcription of each interview.

In order to use the full scope of the semi-structured interviews, understand the terminology and work environment where the interviews were conducted, and explore in more depth the experiences of the study participants, the principal investigator took part in a Kaizen event conducted at the centre where the study data were collected, attended LEAN 101 training (a concentrated course that teaches the philosophy, goals, and strategies of LEAN), and various groundwork meetings of LEAN team leaders preparing for upcoming Kaizen events occurring next within their department. The bulk of the learning experience evolved around representing "outside eyes" to the Kaizen event. This role is represented by an individual who does not have prior knowledge of the area in which the Kaizen event is occurring, allowing for an unbiased view to be "brought to the table". The importance of this role is to help the Kaizen event team to look at their organization with a new set of eyes as at times it can be difficult to see changes obviously

visible to outsiders (Black & Miller, 2008). The "outside eyes" can bring knowledge to the table of various work practices and policies from their organization which can provide further assistance in the change task faced. This ground work conducted by the researcher helped develop an understanding of the process of change incorporating LEAN methodology.

Data Analysis

"Qualitative content analysis is the analysis strategy of choice in qualitative descriptive studies" (Sandelowski, 2000, pg. 338). Content analysis is the organization of research data into categories and themes that emerge from the narrative data (Polit & Beck, 2008).

Data analysis started with the researcher listening to the audio-recorded interviews, comparing the audio tapes with the transcribed interviews to ensure the data were transcribed accurately. The interview transcriptions were reviewed multiple times to identify the significant statements. In quantitative analysis the data are categorized in a pre-existing set of codes, whereas in qualitative content analysis the data are categorized in categories that are derived from the data (Sandelowski, 2000; Lux, Hutcheson, & Peden, 2012). The categories and themes are based on shared concepts that emerge from the data (Milne & Oberle, 2005). The outcome is a descriptive summary of the research data that is comprehensive and organized in a way that accurately displays the data (Sandelowski).

Trustworthiness. The subject of validation—ensuring that the study is truthfully answering the questions it seeks—is often the topic of debate when dealing with

qualitative research. To mitigate any discrimination against the findings from qualitative research, it was important to build validation strategies. Creswell (2007) recommends engaging in at least two procedures to strengthen trustworthiness. This study employed the validation strategies of member checking and peer review.

Member checking involved the sharing of the data analysis with study participants from whom the original information was collected to reflect, confirm, and comment on the accuracy of the results and act as a final reassurance that the meaning of what participants were trying to share was developed (Creswell, 2007; Doyle, 2007). The format in which member checking can be conducted is through one-on-one interviews or through the use of a focus group.

For purposes of this study, member checking occurred with two study participants. Of the two study participants who participated with member checking, one participant indicated in the primary study interview that her nursing position was a position of informal leadership while the second study participant had a nursing position that encompassed both formal and informal leadership. For member checking the preliminary analysis of the description of the emerging themes was discussed to receive their views and thoughts. The two participants who took part in member checking both confirmed the themes and categories identified in the data analysis.

For this study, peer review also was conducted with the researcher and her thesis chair. Peer review provides ongoing insight and accountability into the methods, meanings, and interpretations of the study data (Creswell, 2007; Doyle, 2007). In essence, peer review is being able to keep the researcher honest and true to the study and

to what the study participants are trying to share (Creswell, 2007). The thesis chair independently read one transcript and met with the researcher to discuss emerging themes.

Ethical Considerations

Prior to data collection this research proposal received ethical approval from the Education Nursing Ethical Review Board (ENREB) at the University of Manitoba and from the Research Review Committee from the tertiary hospital where data for this study were collected. All participants who volunteered to participate in this study were informed that their rights as a study participant are protected and signed a consent form prior to interviews (see appendix C). The participants in this study were advised that their participation was voluntary, and if, at any time they wished to withdraw from the study, they could do so. Participants in the study also were made aware that they could decline to answer any questions during the interview. This study posed no serious ethical inconveniences to any participants.

Potential participants received a recruitment letter (see appendix A) that included a description of the study. The potential participants contacted the researcher by email or telephone to confirm participation and arrange a meeting at a mutually convenient time and location. Issues related to confidentiality and anonymity were discussed prior to the commencement of the interview and the consent was reviewed and signed by the participant. Participants were informed that their name would not appear on the transcripts or anywhere throughout the analysis (numbers were assigned) and in the thesis, any publications, or presentation from the study. Individual responses were

presented in aggregate form so that it is not possible to identify participants. Transcripts and audio recordings from the interviews will be stored in a secure location for 7 years. Access to the audio recordings was restricted to the investigator, the transcriptionist hired for this study, and the thesis advisor. Participants were given the opportunity to request a summary report of the study findings.

Chapter Summary

This chapter has described the methods used to conduct a qualitative study exploring the experiences and roles of nurse leaders in the sustainability of change. The strategies of conducting semi-structured interviews using horizontalization analysis are suitable for an investigation of this nature and how they were applied to this study.

Chapter 4: Findings

The findings of this research study are presented in the following chapter. The participants' perceptions of their roles as formal and informal leaders for change are explored in further depth. The experiences of nurse leaders in the implementing and sustaining of change are described in the following two themes: creating change and sustaining change. Each theme has several categories and subcategories that emerged. There are a few noted similarities in the subcategories of the themes creating change and sustaining change. These two themes (creating change and sustaining change) are not grouped together to accurately represent the data as participants were clearly and specifically discussing either change or sustainment in these instances, hence the development of two separated themes.

The leadership view of the participants is presented first in the chapter to develop an understanding and clarification of participants' view points of leadership. Understanding how the participants see their role as a leader affects how they also see their role in the creation and sustainability of change. Participants' leadership views provide important ground work to situate the two study themes.

Leadership view

This section describes in depth the roles of participants as formal and informal leaders for change. In the beginning of the interview process study participants had an opportunity to discuss in detail their current nursing role and the journey through their career. Through this opportunity to reflect on their role in nursing, participants were asked to elaborate on if they felt they currently were in a role that represented a position of formal or informal leadership. Of the 9 participants who were interviewed, 6 stated

that their role had aspects of both formal and informal leadership, while 3 declared that their positions were an informal leader.

> *I would have to say a little bit of both because I am responsible to supervise a group of nurses and staff members during my shift. But I'm also working alongside of them when I do that. So it's a bit of both.* (Participant 1)

Examples of dual leadership roles were provided by participants. For example, when participants were called upon for input into staff performance appraisals this participation was perceived as a formal leadership aspect of their position. As informal leaders, participants took pride when staff felt comfortable to approach them for advice and guidance, particularly with regards to the coaching of new LEAN events and initiatives:

> *I'm often looked to informally for just some ideas and opinions and confirmations of different processes that we use.* (Participant 1)

When describing formal leadership, participants tended to focus on their role and what tasks are assigned or developed by them in these roles (formal responsibilities and a job description). For those participants, formal leadership translated to being able to do what is needed to manage staff, for example hiring and input into performance appraisals. Formal leadership extends beyond just the concrete task of managing staff, but having the reassurance that participants hired the appropriate staff and prepared them to succeed in their role.

> *You have leadership responsibilities and they're formal in the sense that you need to continue to educate yourself and understand your leadership abilities and your leadership style. And knowing when to move in and out of styles of leadership depending on what the circumstances are. And provide a role model for the team that you're leading.* (Participant 8)

Mentoring staff is seen as a formal part of a leadership role, but also, involves aspects of informal leadership. Mentoring staff through coaching was considered more

of a formal role when directly related to LEAN Rapid Improvement Events in which staff were educated regarding the new change process to be implemented. Informal mentorship dealt with being able to see the full potential in others.

> *But also informal as mentoring ... part of my role is to identify those with leadership skills and specialized skills and make sure that we stretch them [staff] and we prepare them...we also want them to grow to their potential.* (Participant 7)

Participants envisioned their roles as having both types of leadership aspects (informal and formal). Participants descriptions of their informal leadership qualities varied throughout the participants, but all declared leading others, being there for them, mentoring the way to create change, and developing leadership qualities as aspects of informal leadership.

> *Informally, I think you, you look at, the modeling that you do for people, the way you conduct yourself, the way you look at, being open to new, to change ... also I want to make sure that people are open to bring their ideas forward. So part of being informal sometimes is about allowing other people to bring forward things because that's, I've got lots of people that are real leaders here.* (Participant 3)

As more time was spent in the formal role, comfort levels as a leader started to grow and develop, and the importance of having aspects of both formal and informal leadership was seen as vital and appreciated. Informal leadership was described as more of a presence on the unit, *walking around leadership* (Participant 6). Walking around leadership did not come from a position of authority but being able to informally say "thank you", "great work", and "what you do is appreciated".

> *I think that it's really important to have those conversations, one-on-one with staff, to have those relationships. To be able to walk onto a unit and call someone by name, talk to someone just about, patient care and how their day is going and what they're done. Listen to and comment on something, like an aspect of their care is absolutely important.* (Participant 6)

The three participants interviewed who asserted that their role was specifically as an informal leader identified they did not have staff who directly report to them.

> *It's very informal. I have no one to really manage, other than myself.* (Participant 5)

However, these three participants described their informal leadership role as being able to provide the tools necessary for others members of the healthcare team to accomplish what needed to be accomplished and care for patients using the best evidence. The informal leader enjoyed giving control to staff and ensuring staff they were doing what they were supposed to be doing. From a negative perspective, an informal leader stated that not having staff directly report to them had the opposite effect. Frustration develops when a leader does not have a say in whether staff should develop or utilize a new change in practice, creating difficulties and extra effort.

> *I find myself trying to be an informal leader. Why? Because nobody has to report to me. So I don't have any, I don't want to use this word, power over anybody. People don't have to report to me so that means I really have to be very diplomatic to be able to ask people to do what I want them to do, because technically they can say, well you're not my boss, I don't have to listen to you. If they don't want to agree with me, they simply say, "Oh I'm not interested". They turn around and walk away.* (Participant 4)

One participant expressed the desire to clarify and re-create her role to more of an informal leadership position (in a role with both formal and informal aspects) as this type of role was seen as being more approachable.

> *Some people would probably say I'm formal, but I think I'm informal. And that's what I want because I need to be approachable. I want my door that people can come in and talk to me if they've got concerns. If they've got questions, I don't want them to sort of feel, feel that I'm, if they ask a bad question, that it's going to show up on their performance appraisal or something like that.* (Participant 9)

This section outlined the views of participants on formal and informal leadership to provide increased understanding, clarity, and the knowledge base to explore the study themes.

Theme 1: Creating Change

In this theme numerous categories emerged, including participants describing how change was defined by their experiences, the role of the change agent in creating change, factors affecting experiences of change, the difference between the success and failure of change initiatives, and strategies for overcoming issues in implementing change initiatives.

Table 1: Theme 1 - Creating Change

Describing Change
- Positive Descriptors
- Negative Descriptors
- Neutral Descriptors

The Change Agent
- Advocate
- Communicator

Factors Affecting Experiences of Change
- Attitude
- Past
- Support

The Difference Between the Success and Failure of Change Initiatives
- Level of Commitment and Value
- Communication and Clarity
- Evaluation Process
- Pace of Change
- Resistance

Strategies for Overcoming Issues in Implementing Change Initiatives
- Model the Way
- Being Part of the Process
- Getting Buy-in
- Early Adopters

Back to the Future
- Change Re-examined

Describing change. Change took on many views and has multiple components. Succinctly described by a participant is a view of what change is.

> *Change is a difference from before, new way of doing things, a new way of doing old things.* (Participant 4)

When discussing and describing change, definitions emerged into three subcategories; positive, negative, and neutral descriptors.

Positive descriptors. Positive descriptors are words that at first were thought to have a good effect, marked with optimism, and represented the positive point of view. Participants described change with great enthusiasm and anticipation, and were excited about what change could bring and expressed feelings of anticipation and hope.

> *Change can hold out a lot of hope. You can have a lot of hope that the future's going to be better. It can, you think wow, we could maybe do x, y, z. So change can be very exciting even when you don't know exactly how it's going to evolve. What you're hoping you'll get from it can be very exciting.* (Participant 3)

Change opened doors for a variety of different options, paths, and opportunities that might not have existed prior to improve patient care.

> *We can do things better and different that's going to make our work life and give us tools, that's going to make it better for our work life. And better ultimately for that patient and their care.* (Participant 6)

Negative descriptors. Negative words at first imply unfavorable prospects. Participants chose to depict these descriptors, not because they found change to be unfavorable, rather they drew from their experience in leading change, and how others were affected by change. Fear, challenge, and resistance were categorized as negative descriptors.

Change can occur at a faster pace than normally experienced within healthcare when organizations are committed to the LEAN philosophy. A faster pace of change can present a challenge.

> *It's going to be difficult and challenging but in order to get where you want, change is going to have to occur.* (Participant 5)

The negative descriptor of challenge not only described the change that may be implemented, but also can represent the members of the group involved in the change.

> *Change makes people uncomfortable. And it's a challenge because you're having to work with a diverse group of people to take and change them so we're all moving in the same direction.* (Participant 7)

Individuals dealing with change felt fear and reacted to this fear by resisting the change, as the unknown of what was happening invokes such feelings. The fear can be of not knowing how their role may change, how they were to adapt to this change, why the change was occurring, and how the change was going to affect their work while providing valuable, worthwhile care to patients.

> *Change is not easy, especially if you're part of, I need to feel that I've got a say. That can be scary for people.* (Participant 3)

Resistance was thought by participants to be, in part, created due to the fear of change.

> *I get lots of push-back from the staff and it's a challenge for sustaining and change is challenging. It's threatening to some people. Why are people threatened by change? It's a personality thing. I think it's a mindset. I think there's resistance because they're afraid of the unknown.* (Participant 9)

Neutral descriptors. Neutral descriptors do not depict emotions of either a negative or positive effect, as the word implies, remaining neutral. Examples of neutral descriptors included continuance and process.

Continuance was seen as an ongoing transition from one process or opportunity progressing to something different. Continuance was discussed when describing change in that there is always some type of change occurring. The change did not specifically have to be in practice, it could be a change in the health of patients who were changing. The key issue was that change was ongoing.

> *I see change as a continuum. So I think you're always, in health care, always in a state of change because there's always something, whether it's an initiative, new equipment, new supplies, new procedures, things are constantly being updated.*

> *So I see change as something that is a continuum. Something starts and progresses through with that change.* (Participant 2)

Leaders saw change as a continuance in healthcare and if this concept could be embedded into the standard work philosophy, then there could be a decrease in the negativity towards change.

> *It's constant ... it's really just part of everything. It's just part of what we do every day. And we look at it that way, it becomes less scary. It becomes something we can utilize as opposed to utilizes us.* (Participant 3)

The process of change was experienced by health care employees across a variety of different settings. To experience a process was to undergo a type of change and there were a variety of situations and factors that could influence the process.

> *I really do see it as a process that happens, for whatever reason, whatever is the instigator of the change. It's a process that's happening and there's lots of, multiple factors involved within that process.* (Participant 2)

The change agent. Participants asserted that part of their role was to enable staff to work effectively as they planned, implemented, and experienced change, increasing capacity to accept future changes. The role of a change agent was described by participants as a communicator and advocate.

Advocate. The role of advocate implied not only seeing the change succeed, but also supporting staff, especially when staff made a suggestion for a change initiative, providing the tools staff needed to make the change occur. Comments were made about the advocacy role as an agent of change:

> *I believe very much [in] empowering, that everybody knows it's not a top down responsibility. That it is a unified group responsibility. And we all, anybody can champion it [change initiative]. And that you grow those leaders who are passionate about it because units change and you don't want to lose key people, you want to make sure you have multiple key people on place so that it continues.* (Participant 7)

Communicator. The role of a change agent involved aspects of supporting the team in various change initiatives and part of the support was making sure they had the right knowledge to accomplish their change goals.

To help facilitate the changes, and to support the team. (Participant 8)

Information flowed both downward to staff on the units and upward towards senior leaders within the facility. Being involved with change included communicating with front line staff regarding the information they needed about what change was occurring and how to get involved.

My role was to really provide the information as to what happens. (Participant 5)

A communicator also told senior leaders how the change was going, what was happening on the units, and communicated any other important information related to the change initiative and process.

> *One of my fundamental roles in doing this work is being in charge of communications, as well as the change management initiative. And really my job is to say, yes or no, this could work by keeping a very open mind. By not getting constrained or not hitting a barrier based on geographical constraints or physical constraints or any of that stuff. If we can do it in a perfect world, and it's the right thing to do, my job is to show how we can do that.* (Participant 1)

A participant discussed that due to all the change occurring within the work environment, sometimes at a rapid pace, it was important to communicate and educate staff on the new change initiative.

> *My role would be whoever's doing it [change initiative], is to participate or to visit that event, throughout the week that they're doing the event so that I have a visible appearance and give interest and support both on the pre-event work, during the event, and post-event work. Going as they were doing some of the progress checks or some of the experimentation, going with and just showing an interest, giving a very visible, visible, support.* (Participant 6)

Importance was placed on supporting staff development and growth. Being able to encourage staff when they became involved with change, to express their own ideas and suggestions was also significant.

> *Staff were giving us feedback and comments and we were changing the form based on their feedback. And I think that also helped. Se we were listening to what they wanted.* (Participant 2)

Factors affecting experiences of change. Participants discussed factors that affected their experiences of change. These factors included attitude, past experiences, and support.

Attitude. Attitude toward change expressed by others in the work place can have a positive or a negative effect on experiences of change. Being approached out of curiosity by a staff member not directly involved with the change initiative was positive.

> *That's [when approached by a staff member not involved with the change initiative] very enlightening for me and very positive.* (Participant 1)

Negative attitudes towards change also existed. The importance when interacting with an individual challenging the change in a negative view was to help the individual become involved and hopefully change their views on the whole change situation. Involvement in the solution encouraged engagement and was positive.

> *I find it very challenging when someone will say, "Well we can't do that period" and don't offer a solution. So my role is whenever I hear that from someone, I ask them for how we can do it then.* (Participant 1)

Honesty was another attitude that had an effect on participants' experiences with change. Through the LEAN process, events were planned that worked towards a vision that was created so individuals involved could see and be part of what was happening. The process was shared and celebrated centre-wide. Staff felt safe to ask a leader a question about the change or appropriately challenge the change. In the past a participant

expressed concerns about a change initiative that had "hidden agendas" and felt that, to this day, still influences how open she is to what others may say to her.

> *So for me the biggest thing going forward from that with other change was how honest [individuals in charge of change initiative] are, what is the real thing behind this change.* (Participant 3)

Past. Participants described the importance of drawing on past experience to help guide them in being an agent for change. What happened in the past affected how participants go forward with a new change initiative.

> *I have learned from history so that's probably what influences me the most is just being, seeing how change has been done poorly, how it's been implemented and then you have huge resistance and you can't undo it. And then seeing other things that have changed. I don't think that anything has ever been smoothly, has gone smooth for change. I think all the change that is always, it's never been sort of you expect it to just flow nicely out there. If never does. There's always lots of rocks that push you different ways. And so i think I'm expecting that more now.* (Participant 9)

Drawing from their past experiences also provided participants with an opportunity to learn from other leaders implementing change.

> *Listening and watching individuals kind of start the process for change ... really watch and learn from them in how individuals at that level would like to see change happen. And how it trickles down from that level to everyone beneath them. So it's kind of listening and learning what works and what doesn't work.* (Participant 5)

Support. Leaders contended that support from senior leaders was needed to be able to mentor others on how to achieve change.

> *If you don't have support from individuals [senior leaders within the organization], how can you build what building blocks need to go up. Because one person can't see all the stuff that need to be taken to get there. If you don't have that support, then it's hard to reach your, reach the initiative, the state where you want to be at, your goal state.* (Participant 7)

The difference between the success and failure of change initiatives.

Participants articulated differences between change initiatives that succeeded or failed.

Factors that contributed to the success and failure of change initiatives emerged: level of commitment and value, communication and clarity, evaluation process, pace of change, and resistance.

Level of commitment and value. Commitment and support had to be organization-wide and involve all levels of leadership and team members. A solid commitment to the LEAN process ,for the change that was occurring, and to the individuals building change was important for the success of the change initiative.

> *It's the support from the individuals above you and the buy-in from the people that need to make the change. So I think more importantly it's the support from the people above. If you have that support, I think you're more likely to succeed. By having the support of the individuals that need to make the change, it'll come quicker. And it'll be accepted more readily. I think it'll be a success in that way.* (Participant 5)

There needed to be value "for the people" involved for a change initiative to be successful. If a change was deemed to be valuable, buy-in was more likely to occur from the people who needed to make the change.

> *If they [team members] feel it's [the change initiative]important or they feel if will make a difference for what they're doing in terms of caring for the patient, I think that's what's most successful. I think the big one is the need to have value for the people involved. So the people that are involved in the change have to see, understand why the change is come about and have to be involved. So be able to have feedback, not just say, here is the change but do they have the ability to say, this doesn't work for me. (Participant 2)*

Communication and clarity. Proper preparation and communication was vital for success. If the need for the commitment to the change was not articulated properly or clearly, it could result in the failure of an otherwise successful change. Communication needed to be clear regarding why the change was occurring and sharing the rationale with all staff who the change will affect.

> *Bad change happens when you have a breakdown in communication.* (Participant7)

Communication involved sharing information with all team members involved or who can be affected by the change, even if they were not able to participate in the change process.

> *I think the changes that can fail are the ones where you don't consult the people who are doing the work.* (Participant 8)

Leadership needed to have a vision of the change so that the need for the change could be understood. If staff understood where the change was coming from and what the expectations of them were, they had something sound with which to work.

> *I think leadership needs to have a common picture or be on the same page to help support change. You have to have a vision I guess of what that change is going to be and if people within a team have different vision or can't agree I think that makes a big difference in how you can roll out change.* (Participant 2)

Evaluation process. Participants were positive and optimistic that taking the time to properly evaluate the change process can assist in success.

> *The big difference is that once they [team members] start the change, they monitor the change to make sure that we're still supposed to be going the way we're going. And if not, why? And let's figure out why we're not getting there. Or do we need to retool and make some, the goal different ... and was the goal really realistic. Should it be actually another goal? Really look at it and just not, here's the process, let's follow it and then kind of forget about it. Let's really do this properly and let's get to some type of conclusion.* (Participant 5)

Pace of Change. With the pace of change (the speed with which the change occurs and is implemented, including how close together change initiatives occur), the concentration of work efforts was often placed on the "roll out" of the initiative and starting another change initiative, such that resources were not allocated to sustaining the previous change. Pace of change was expressed by participants as an issue in change.

> *The issues I guess I've observed is recently, or most recently, with all the LEAN initiatives, the issues I have observed is the pace of change. You can ask people to accept change. However when the changes become so frequent that you can't keep up with what has changed because so many things are changing constantly, I think that becomes a problem or becomes an issue. And that also falls into the sustainability of the process. So you can start one item over here. Get it rolling, but if no one's actually watching it follow through and then we're starting another one and then another on and another one. We can start 10 things, great. But do we actually finish 10 things great.* (Participant 2)

For participants, being able to point out that your team needed time to adjust, that changes were happening too fast, or that the pace was not realistic, all were contributing factors to success.

> *I think just trying to focus on the pace of change which I'd mentioned before is pretty important because I think you have to do things well when you're rolling things out and when you're following them up. So my big thing is I guess you can do a hundred things but doesn't mean you're doing a hundred things well. I would prefer to do less things but know that they're all being done pretty well.* (Participant 1)

Resistance.

The importance of engaging the early adopters (these are the first individuals involved in a change occurring, often this is self directed) was seen as a critical factor in the creation of change and being able to include the resisters to the change.

> *I think it's important to try to sort of gain those people early [early adopters] and try to explain the purpose of the change and see if they [early adopters] see value in the change* (Participant 2).

Resisters to change may not be just one individual but can be a group or even a different culture that was created in clinical areas.

> *I find that the younger generations who are more computer friendly and literate and want to learn more about algorithms and different ways, different medical modules, they are the ones who are much easier to change. I think it's the older generation who have had to learn the hard way by doing more groundwork and doing more on the spot learning and things like that. I think those are the ones that are more, more resistant to change.* (Participant 1)

Strategies for overcoming issues in implementing change initiatives.

Participants were able to articulate the differences between what made a change a success or a failure, including providing strategies for overcoming these issues. These strategies included: model the way, being part of the process, getting buy-in, and early adopters.

Model the way. Participants spoke about modeling the way (setting an example for others to follow) for themselves, senior management, and informal leaders. They noted being a model for change as a useful strategy when the change was seen as accepted by many different team members.

> *Modeling is huge for all of us. You know it really is about so many different factors but modeling is really important. So if you, as a leader, want to be heard, you need to be listening. If you want this change to go through, you need to, you need to be passionate about the change as well...not just be worried about the change and the results, you need to be invested in the whole process.* (Participant 6)

Being part of the process. The opportunity to be part of the process of creating change helped staff to appreciate the hard work and commitment required for the change to become a reality.

> *I think for transformation to be really successful, you have to do the process of the change. And you have to understand it and it can't just be someone parachuting it into your unit.* (Participant 3)

To include resisters in the process can benefit the change occurring. Resisters can express their thoughts that possibly could lead to a better way of looking at the process. Some participants identified that sometimes working one to one with resisters allowed all parties to be involved and generated a chance to suggest ideas. Participants articulated willingness to take the time to hear what resisters say as there may be value to their ideas and suggestions.

> *Often the biggest resisters are the ones who actually can come up with some good solution because they already have a preformulated idea in their mind of what we need to do. But they just haven't come forth for whatever reason.* (Participant 1)

Getting buy-in. Buy-in signified the commitment of interest to the change and the agreement to support and be involved in the change process.

> *In order for change to be successful, you need the buy-in of the people above you and the people that you're trying to make change happen for. If you don't have the buy-in or the players, then it's really difficult if they don't understand why the need to change.* (Participant 5)

Part of getting buy-in was ensuring staff were coached regarding the change and had the knowledge they needed to sustain the process. The mode of the coaching was important; the different styles and approaches to coaching had to be creative. A strategy often outlined was to work one on one with someone, sometimes a resistor, to help win staff over to the process.

> *I have found a good way to impact is to use case studies to give real life examples* (Participant 9).

Working with staff to accept the change increased the likelihood others would follow. Working one on one with staff was an effective means of communication.

> *So that is our primary way we talk to people but we back it up with something in writing that is standardized so that there's not a lot of area open for interpretation* (Participant 1).

Suggested modes of presenting the written information were quick reference paperwork (cheat sheets), visual cues (posters not randomly in halls but placed in pertinent places to the initiative), and use of the empty space on the bathroom walls to post important information.

One strategy articulated to gain staff buy-in was audits of the change implemented. In this initiative the junior staff appreciated the guidance and structure the

new change would create. Receiving buy-in from more senior staff within the organization was the issue.

> *For the senior staff, they felt that their method was superior. And so what we did was we actually had nurse auditors outside of the department do a chart audit. And what we were looking at is basically the quality of the charting. And we showed through the audit that the charting wasn't as good as we had perceived, or some of the staff had perceived it to be.* (Participant 2)

Early adopters. Everett Rogers' theory, diffusion of innovation, asserts an early adopter is a person who embraces new initiatives before most others do (Rogers, 1983). Participants were asked from their perspective on change, were they able to identify "early adopters" to a change initiative and describe the opportunity to use early adopters to assist in the implementation of change.

Participants identified early adopters to help either in the coaching process (to distribute the knowledge and teach members of the team about the change initiative), and have these individuals be part of rapid improvement events.

> *It's often easy to identify those people who may be an early adopter and in my experience of change, we've sort of been doing [this]*. (Participant 2)

The participants identified the importance of maintaining a balance, to ensure ongoing sustainability by creating a working group that involves other members of the team, not just the early adopters.

> *Sometimes they [staff] just got great ideas and sometimes they are just, sort of just do it but you sort of still want to also inform people that a change is happening and that you communicate it and there's clarity and things. Definitely even in setting up and selecting your team you may have the ones that are going to be a challenge, not so they get into head to head but you need those people too because if you see change and they become that believer in that event , they will influence the adoption, the overall adoption and sustainability. So you do need your early adopters. You need some of the ones that are in the middle, could go either way. And you need a percentage of the ones that are going to have difficulty seeing it.* (Participant 6)

Participants also stressed the importance of early adopters as champions and one participant learned from her mistakes of not doing so.

> *By myself, I tried to implement change and I'm still working on it and this is slow going.* (Participant 4)

Back to the future. Participants were provided with an opportunity (during the study interviews) to reflect on past initiatives and comment on how they would use their experiences to positively affect change in the present. As the name of the sub category implies, participants looked back on past experiences and used the knowledge gained to inform current changes by exploring change re-examined – lessons learned.

Change re-examined – lessons learned. Participants in the study revisited a change initiative that was not successful in which they were involved. They drew from these experiences to identify various recommendations to help ensure successful change.

> *You need to always reflect and we need to reflect both individually and as a team. And learn from that and don't beat yourself up on it. Just how can we approach it differently...I think being open and human is.* (Participant 6)

The recommendations for creating sustainable change included ensuring stakeholder involvement and utilization of early adaptors.

Stakeholder involvement. One lesson learned was to make sure all the key stakeholders were part of the change process. If individuals making the change were not working with those whom the change would affect, then subsequently the change would have a higher likelihood to fail.

> *There was no relationship between the people who were making the decisions and the people that were doing the work.* (Participant 8)

Looking back at one instance when all the stakeholders were not involved the change, participants realized they were negatively affecting peers' practice even though the change would make their practice easier.

> *I don't believe there were physicians around the table and we didn't have physician buy-in. We had, they didn't see the value if it. And it was a [change] that added more work. It didn't take away. So I think that we should have nixed that right from the beginning and come up with something different. And I think the team wasn't. Often we are putting, we're implementing things that impact physicians and we're not getting, and their voice isn't around the table. Or it's sporadic around the table. So that's a huge problem. So I would look at the key stakeholders who that impacted and get their feedback before.* (Participant 9)

Early adopters. A valuable lesson learned was to recruit early adopters and help them see their leadership potential in facilitating and sustaining change. One participant shared a story that reflected her role as an early adopter and being a catalyst for change:

> *When I was being trained in this department, one of the older nurses who'd been here for a long, long time had said to me, whatever you do (because we had hallway medicine at the time) don't look the patients in the eyes. And I thought, "Huh, I've been a nurse for 5 minutes and you're telling me not to look people in the eyes". And the reason she said that is because as soon as you make eye contact, you're somebody. They're going to draw on you to do something for them. And when that happens, you therefore cannot get to your other intended job. So you might have to pass six stop signs and in this case it might be a patient who's stopping you. Your six stop signs to get to your goal. And that has struck with me ever since because I thought back then "if you're hitting six stop signs before you meet your goal, why is that happening?" So I know I was born to do change initiatives because I'm looking at how can we get rid of the stop signs. And I don't mean get rid of the patients but I mean now can we ensure that they have what they need so I can walk by.* (Participant 1)

In theme one, creating change, participants divulged their thoughts on what change meant to them including factors that personally affected their experiences and views of change. Participants described the role of a change agent, while affirming key differences noted between the success and failure of change initiatives. Strategies to create successful change were described in theme one.

Theme 2: Sustaining Change

The second theme that emerged from the data was sustaining change. While participants discussed change and sustainability, the themes of creating and sustaining change are noted to have a few underlying similarities. These similarities observed strengthen the participant's views of sustainment as a continuation of the original change. The separation in the two themes is warranted as participants state specific strategies in creating sustainable change and struggles that affect sustainability. Describing sustainability and participant's role in sustaining change are also subcategories in theme two.

Table 2: Theme 2 - Sustaining Change

Describing Sustainability
- Challenge
- Continuation

Participants' Roles in Sustaining Change Initiatives
- Supportive Presence
- Attentiveness

Strategies in Creating Sustainable Change
- Staff Buy-in and Involvement
- Modeling the Way – Leadership Commitment and Presence
- Dedicated Resources

Struggles Affecting Sustainment
- Work Cultures and Personalities
- Faulty Communication
- Resisters

Back to the Future
- Sustainability Assets
  - Dedicated Team
  - Doing the Homework – Preparation and Explanation
- Sustainability – the Ideal State
  - Everyone on Board
  - Time

Describing sustainability. When discussing and describing sustainability, participants spoke about the challenge of achieving sustainability which involved a continuation of the change initiative. The subcategories that describe sustainability were challenge and continuation.

Challenge. The subcategory of "challenge" appeared when discussing aspects of the definition of sustainability. Challenge were described as endurance and the testing of participant's ability.

> *Challenging ... it's [sustainment of a change initiative] challenging ... it's ongoing ... and forget it if you think it's ever going to end.* (Participant 1)

Continuation. Participants articulated that they believed sustainability required continuation of the change.

> *Sustainability I would define as a process that has continued, not in a perfect state but a process that is continued without someone having to monitor it.* (Participant 3)

The following comment reflects the views of participants supporting continuation as a descriptor for sustainability.

> *Maintaining and continuing the process. That means keeping up with and supporting the change ... so things don't go back to the way they were before.* (Participant 4)

Participants expressed that ongoing sustainability required ongoing monitoring. Traditionally, monitoring occurred in the form of audits (of the change in practice implemented). Although audits are still conducted, the mindset of staff has shifted towards progress checks. Progress checks look at how teams had worked towards their goal (e.g., 100% completion of a clinical admission form for every patient 24 hours after admission) and what they needed to do to reach a goal.

> *I don't have to be watching and monitoring and reminding people. Now are there other things that periodically, do we periodically remind people let's not get too*

> *much. Sure. But overall, it's happening 24/7 without me saying anything. That's sustainability.* (Participant 3)

Through continuation, the drive for excellence was an aim for standard of practice (always striving for improvements that lead to excellence in practice). To achieve excellence, changes occurred to better nursing practice (best practice and/or evidence based practice), and these changes needed to be sustained.

> *Sustain is always moving towards excellence.* (Participant 8)

Participants' roles in sustaining change initiatives. Participants perceived their role in sustainability as a supportive presence and attentiveness to how well the change was being maintained. While describing their own relationship with sustaining change initiatives, one participant acknowledged that:

> *I don't think it's [sustaining change] my role per se. I think it's all our roles* (Participant 1).

While the consensus was that participants do have a role in sustaining change, the challenge articulated was making the time to ensure a change initiative was sustained.

> *I think that my role should be, there definitely should be some role in sustaining change. However, I think that that is time that's not really built in necessarily. Not that I'm not thinking about it. Definitely, I think work load and the number of initiatives in this role.* (Participant 2)

Supportive presence. Participants were aware that staff required ongoing support, not only for making the change happen, but to also keep the change going.

> *To support the staff ... staff support ... and being very visible to help them ... being visible and present, and non threatening.* (Participant 9)

Attentiveness. The participants spoke about being conscious of how change initiatives were developing or stalling, and how to help staff be aware so progress continued towards sustainability.

> *Always continuing on to let them know what the expectation is. Because humans are humans, and so some things may start waning so you need to kind of keep your eye on the work. And come back to the team, even ask them why it's not, what's gone on here that we're changing.* (Participant 8)

Strategies in creating sustainable change. Participants outlined strategies in creating sustainable change, including: staff buy-in and involvement, leader commitment and presence ("Modeling the Way"), and dedicated resources.

Staff buy-in and involvement. This strategy in creating sustainable change required staff to feel there was some importance to keep the change going. In creating importance, staff needed to be involved in the ideas to create the change and see the value.

> *My personal feeling is that if you can get people to see the value and to make ownership in the change, then they'll want to continue with it and not just let it fizzle ... if the people have bought into it and they take ownership into it, I think they'll continue on because they can actually see the progression.* (Participant 5)

When discussing staff buy-in and involvement, two types of motivation, intrinsic and external motivation, were discussed by participants to facilitate buy in.

> *So if they're externally motivated you've got to give them external motivating, motivators, rewards. And so whether that be through gifts or lunches or celebrating successes will often point out that things that folks have done, in front of their peers that are, things that are great.* (Participant 1)

Achieving staff buy–in and involvement occurs more readily when the change was simple. If the change was intuitive and built into the workflow, sustainment could occur.

> *I think for ongoing sustainability it comes back to making it simple, making it intuitive and making it something that works for people within workflow.* (Participant 2)

Modeling the way – leadership commitment and presence. **"**If you're going to talk the talk, you've got to walk the walk". Participants believed modeling the way was vital for change to occur and be sustained.

> *If it's not something you're willing to do yourself, you can't expect others to do it* (Participant 1).

Another participant stated:

> *When you have your leadership and you're seeing that they're committed, they're seen that they're supporting ... we're committed. We believe that this process is good. We're working with you [staff] to sustain it.* (Participant 3)

Dedicated resources. Dedicated resources were required to sustain change, including knowing that support exists from leadership at all levels. Resources also included physical resources, such as computers, and staff time.

> *I mean literally everything. I mean money. I mean office time. I mean somebody who can do the work, where they can do it. Do we have computers, do we have space, we need all that. You've got to set people up for success. You can't say how long is this going to take and then give them half the time to do it because they're not going to get it done.* (Participant 1)

More specifically, time was addressed as a valuable resource needed:

> *I think there needs to be time set aside for that just as much as there is time set aside for the roll out that must occur by this date. And I don't see that happening as much as there's a lot of priority put on roll outs and setting out initiatives and change ... but not so much priority on taking time and making time to help sustain processes.* (Participant 2)

Dedicated resources facilitated the sustainment process. On the other hand, if for some reason those resources were not available, that could have a negative effect on the change initiative and hinder the sustainability process.

> *"That [lack of resources] has proven to be one of our barriers [for sustainment], for sure. (Participant 1)*

Participants articulated the importance of taking the time to actively plan for sustaining the change.

> *"Planning for how you are actually going to sustain change and actually actively planning that out because I don't think we do that well right now". (Interview 2)*

Even with an extensive coaching model developed to educate team members, participants still thought that education was a resource lacking in some aspects. Participants described the coaching model as the leadership support person (usually a member of management) supporting the rapid improvement event and being a lead person in charge of the event. The lead person identified team members as coaches who were responsible for a certain number of staff members' education on the rapid improvement event outcomes.

> *I honestly still think, I still believe that this [deficiency of sustainment] is lack of knowledge. I think that the nurses that we can access here or I can access easier are the ones who work days. And you always have problems with accessing the nursed who only work weekends or they're casual or they only work straight nights. So they [evenings and night staff] don't have the same access to information like the ones from days. And I think that's mainly the reason.* (Participant 4)

Struggles affecting sustainment. Participants were aware that there were elements that would stall sustainment including: work culture and personalities, faulty communication, and resisters. These three factors all created varying degrees of challenges to maintaining a change initiative.

Work culture and personalities. Participants elaborated on how workplace personas, cultures, and individual personality can create hurdles in sustaining a change.

> *Personalities, culture of the place. This is a very difficult process, very tedious process, very frustrating. I wish I had some magical solutions. I don't. And I guess this is winning one person at a time.* (Participant 4)

Nurses have knowledge that expands beyond their traditional role, knowledge that others might not see as their role. Being able to use this knowledge expanded traditional work place personas of what a nurse role was.

> *Nurse leaders are really stuck. They're stuck in that there's only so much that they can change. And for the most part, in my opinion, it's a lot of nursing. But I think nurse leaders have a lot of knowledge. They have a lot of experience in things outside of just nursing.* (Participant 5)

Participants also explained that there was disillusionment and a disconnect between the roles of nurses and physicians, directly affecting work place culture. As one participant stated, "*we need to get everybody on the same field"* (Participant 5). Another participant explained that physicians are involved with LEAN and rapid improvement events, but usually there was only one physician on the team compared to a larger number of other team members, such as nurses or health care aides.

> *I find that's what I see here is that one of the disconnects is the nurses and the physicians. There's really a big disconnect. And you can't get nurses to teach the residents or the med students or the attending or the physician group* (Participant 5).

Other participants supported the disconnect with comments such as:

> *Now we have a group of physicians who refuse to be coached by a nurse which I think is an interesting phenomenon because we have health care aides coaching nurse but we have physicians who refuse to be coached by nurse. So we haven't fixed that yet. So what we have, our problem currently is that we have communication channel for physician's that is not repeatable, reliable, frequent enough. So that's a big, big, big barrier. And I suspect that if we don't address that, we'll have some of the same problems again.* (Participant 1)

Multiple changes in staffing also created a barrier to sustainability of change.

> *Recruitment and retention is going to affect ... when you introduce new people into the team which is great but when you lose ... you lose ground a little bit and if that happens more on one shift, on the night shift or on the evening shift your balance might be a bit off in your novice-expert type of ratios. So sometimes you, so it really is about looking at all of those dimensions.* (Participant 6)

Faulty communication. Proper communication involved sharing the vision, discussing expectations, including staff in the conversations, and ensuring the message was understood.

It's about giving the message the right way. (Participant 8)

The method which communication took was just as important as the message. Participants expressed the need to think of how to use the changes in technology to their advantage.

> *I think there's different mediums that can be done. The social network, there's different ways that can be used to engage this generation ... create a Twitter that has pungent points that needs to be changed and get it out there. I don't think we're using the resources that capture this generations' way of learning ... I don't think we're using good energy, education strategies or tactics to engage the learners.* (Participant 9)

Resisters. Resisters played an important part in sustaining change. Participants wanted to understand why some team members were resistant. The characteristics of resistors were described differently, depending on the individual.

> *There's the resister who's negative. There's the resister who is really just a really good critical thinker and maybe have a lot of intuitiveness about a situation that you kinda really have to weed out where they're coming from ... You need someone who, it's like these are my real concerns about them and really tease them out. Because that's when you can grow the most ... is the outside thinker.* (Participant 7)

Possible rationale for resisters is that they did not understand exactly what was happening, or they might have some legitimate reason to examine the change.

> *Negative feedback stays with you a lot longer than positive feedback. You never hear the positive feedback. As a culture and as society, we focus way more on negative things than we do on positive things. So those resisters can very much be a curtain to what's seen, to be able to see the possibilities.* (Participant 1)

Theme two encompasses the participants' concept of sustainable change, reviewed hurdles that can be faced in the work environment, and highlights strategies to create sustainable change. Participants discussed their ongoing role in being supportive of staff and attentive of how the change is evolving, both considered vital for change to occur and be sustained.

Back to the future. As previously described in theme one, back to the future is a category that represents participant's reflection on the past experiences to positively affect change in the present. Participants looked back on past experiences and used the knowledge gained to inform current changes by exploring sustainability assets and sustainability - the ideal state.

Sustainability assets. Sustainability assets were determined by participants as valuable in the sustainment of change. These assets were some of the most important tools, resources, or individuals required to continue a change initiative. The strongest asset identified was having a dedicated team, while doing the "homework" (evidence to support the change occurring) also was considered an asset in sustainability.

Dedicated team. The support and hard work from a dedicated team was seen by participants as the most valuable asset for sustainable change. The tremendous respect and admiration vocalized by participants toward their teams was clear.

> *It's the staff that become your biggest asset. And if you, if you give them that, if they know that, if they know that they're the people that at the end of the day are the most important thing, and it works for them, they are going to be your asset.* (Participant 3)

Part of the team dedication was their understanding of the value and importance to strive towards excellence.

> *The strongest asset would be if the staff value it. If it's something that impacts the staff and it improves their, and makes their job easier then they see value in it.* (Participant 9)

Doing the homework – preparation and explanation. Participants also were aware of the importance of being prepared and having the knowledge to "back up" any change decisions. Participants commented that knowledge helped with resisters and showed them that the change was evidence based and not just "dreamed up" by one individual.

> *Having, having the knowledge. Having the support of research so I can easily e-mail journal articles to individuals.* (Participant 4)

Sustainability – the ideal state. When team members were involved with a LEAN Kaizen event they had an opportunity to understand the current state, the change initiative being explored, and define an ideal state. The review of the ideal state provided direction for improvement suggestions and aided in the creation of a plan that would support the change initiative heading towards the ideal state. The thoughts expressed by the participants for an ideal state of sustainability were: everyone on board and time.

Everyone on board. For participants their ideal state for sustainability involved the fact that staff would all be in favor of the change, "everyone's on board", with the growing potential to always have ideas of change, to bring those forward to discuss and implement.

> *Every single person who works here knows that there's probably something I gotta hear about today. What it is and seek it out. That would be incredible.* (Participant 1)

In LEAN after a Kaizen rapid improvement event, coaches (usually individuals who have been involved in the change event) mentored a few other team members so that they may also teach others how the new change initiative will improve practice. As part of the coaching method the education of others is shared, instead of being dependent on one member of the team to conduct the education necessary for the change initiative. To further solidify the participants' ideal state of sustainability having "everyone on board" included the coaching model.

> *I think in my perfect world, I would have my six mentees coming to my coach and saying "what's new?" "what do I need to learn?" "what are we doing?" versus us coming. The downward approach ... I'd rather see the upward approach because that to me would mean that we have achieved our goal.* (Participant 1)

Continuing with the theme of wanting "everyone on board" participants discussed that if the human factor could be removed (all the different personalities), if everyone was open to change and listened before making any judgements or voicing opinions, change could have a chance.

> *If I could eliminate that [human factors], that would be magic.* (Participant 4)

Being part of getting "everyone on board" included time to work together, the simple thought if everyone could just "play nice" team members could get where they wanted to go more quickly and still accomplish all that needed to be done.

> *If that whole idea would trickle down to everyone, I think that would make huge differences in, you know, from everyday work to change to everything, if everyone just played nice. We don't have to get along, let's just play nice.* (Participant 5)

Time. Time was discussed by participants as desirable for sustainment. Time ensured there were enough resources for the team to get "*well oiled"* (Participant 2) in a process. Getting "well oiled" in a process could include participants having an opportunity to slow down, ensure all was going well before they "*whoosh"* (Participant 2) to a next priority and opportunity.

> *I think sometimes that people intend to come to work every day to do their very best and sometimes we get caught in that time trap that we don't have enough time to do everything that we need to do* (Participant 6).

The concept of a time machine was briefly discussed but later discarded. Participants did not want to turn back time, rather participants wanted time for every change initiative. Participants explained they were always prioritizing in their role. Prioritizing was part of the leadership role but every change was important to someone, and to be able to have the time to make everyone feel their work was important, helped contribute to ongoing sustainability.

> *There are initiatives where there are huge values. You can see immediately if we do that, then this is going to happen. And that's huge! So you know that that's a big one. That's really important to make sure we do it well. And at the same time there might be multiple other ones ... and so it becomes hard if they're [change initiatives]all supposed to be just as valuable, how do you prioritize.* (Participant 2)

Time was discussed from a different angle than in previous themes by participants. Taking the time to slow down and appreciate your work environment and see what was right in front of participants, taking time "in the moment", instead of thinking about what is next on the work agenda for the day.

> *So if I had a wish, it would be to slow down enough that when I see the moment, I carry through on that thought and don't just put it into my head and use it somewhere else down the line but take that moment. And I think those kinds of moments for a staff member, you know, can mean a lot. And they understand that you're paying attention even when you don't necessarily look like you're paying attention.* (Participant 3)

Time included being at the right place at the right time with the right tools needed to make patients' lives better. Time required a participant to always have the ability to meaningfully touch base with staff on all shifts, to provide and deliver the tools they needed to deliver safe standard work that was easier not harder.

> *I wish the same for changes that we can put forward that it's there for the right reason and that we're able to sustain it.* (Participant 6)

"Back to the future" focused on what the participants learned from their past experiences of change and how these experiences informed future change. Clear views emerged from participants who had solid contributions from all team members with change initiatives, time for planning, implementing, and celebrating moments.

Chapter Summary

This chapter outlined the developed themes of creating change and sustaining change that emerged from the data. The two themes have a few noted similarities within

categories and subcategories and were not grouped together to accurately represent the data. This data displayed the complexity of creating change and sustaining that change, while highlighting the importance of leadership and team work for any accomplishments to succeed.

Chapter 5: Discussion

Overview

The purpose of this study was to explore the experiences and roles of nurse leaders in the sustainability of change. While literature exists describing the roles of nurse leaders in actively creating change, there is limited research available exploring the role of nurse leaders within the context of sustainability of change. This chapter will discuss significant findings of this study, the connection to current research literature, and how the findings of the study add to the change literature.

Theoretical Approach

The theoretical approach used to help guide this study was Everett Rogers' Diffusion of Innovation. Concepts from Rogers' theory guided the semi-structured interview questions (see Appendix B) and were apparent throughout the study findings, validating the use of the theory for this study.

Rogers' (1983) theory discusses a decision-making process that an individual will follow over time to adopt a change. In the knowledge and persuasion stage, an individual is first introduced to the change and starts to formulate either a positive or negative viewpoint. Participants discussed factors that affected their experiences with change, which in turn can shape their view on change to either a positive or negative. Participants drew from their past experiences with change and looked for support from their leaders at various levels within the organization in order to make a conscious decision on whether the change initiative was favorable for adoption.

The viewpoint of team members depends partially on the knowledge that an individual receives. Team members who have the knowledge they need to make an informed decision whether to adopt a change in practice is a factor that can make the difference between the success and failure of a change (the importance of communication and clarity of), and during struggles affecting sustainment of change (faulty communication). Within the knowledge stage, the future of the implementation of the innovation depends on characteristics of the decision-making unit (Rogers, 1983), which was reflected by participants as struggles affecting sustainment (work cultures & personalities). Also important to consider are the characteristics of the innovation itself: relative advantage (the ability for participants to see the change improve current practice), compatibility of the innovation to the values and beliefs of the social system (does the change pertain to the vision of the organization?), trialability, and observability (conducted through progress checks, a strategy for successful change) (Rogers, 1983). All the above stated characteristics of innovation are verified through the findings, specifically when study participants outlined strategies in creating sustainable change. The change should be simple and incorporated into team members' work if leaders wanted staff buy-in and involvement in sustainment of the change (Rogers, 1983; Wright et. at., 2006).

The Diffusion of Innovation theory also concentrates on the time it takes for an individual will adopt a change in practice; not everyone will adopt a change at the same time (Rogers, 1983). Study participants directly referred to early adopters, resisters, and being able to involve individuals across the change adoption spectrum to achieve change sustainability.

Diffusion of Innovation is a useful theoretical approach that guided and shaped this study. This section presented the findings through the use of Rogers' theory for this study.

Describing Sustainability

Two distinct descriptors for sustainability appeared from the findings: continuation and challenge. Findings indicated that sustainment was defined as a continuation of the change initiative over time. Historically within literature when change was discussed, implementation and sustainment of change were two separate entities. In this study, participants articulated sustainment as a continuation of the change implementation. Change and the sustainment of change are not separate, rather a continuing process. The process does not always need to be in a perfect state, as long as a continuous effort existed to support the change initiative to improve and grow. Initial planning of a change also should include how the change will be sustained (Edwards & Roelofs, 2006). Edwards, Feldman, Sangle, Polakoff, Stern, and Casey (2007) further validate this finding by stating, "sustainability must be carefully designed and planned in the early stages of a project" (p. 38). While maintenance of the change may need to occur to aid in the continuation (i.e. evaluation of the change initiative), the important issue is that the change was adopted by all members of the team affected by the change and became part of the standard work, accepted into the natural flow of the work day.

The use of challenge as a descriptor for sustainability represented the work that needs to be dedicated to ongoing sustainment. Edwards and Roelofs (2006) articulate that "maintaining the conditions for change is challenging" (p. 45). Participants reflected

that sustainment does not occur without equal work in the creation of the change and the ongoing commitment for the change to be continued.

This section presents a research based definition of sustainability, from the view points of nurse leaders with support from the literature. The specific defining characteristics of continuation and challenge discussed by study participants will add to the existing body of knowledge through further clarification of the definition of sustainability.

Leaders' Role in Sustaining Change

Participants articulated that sustainment was the role of all members of the team, although specific roles do exist for leaders in the change process. Study participants defined a supportive presence and attentiveness as leaders' roles in sustaining change. The non-empirical literature on sustainability emphasizes the engagement and commitment of leaders as a key role in the longevity of change (The Joint Commission Benchmark, 2010, Hargreaves & Fink, 2003, Lubin & Esty, 2010). This commitment does not necessarily mean that senior leaders take the lead in change initiatives, but provide the necessary environment, support, and tools needed for all team members from various roles within the facility to be able to contribute to the sustainment of change to their full potential.

The role of supportive presence of nurse leaders embraces many of the same qualities that describe informal leadership. Supportive presence is being there for staff throughout the change process, a physical presence. This physical presence provided staff an opportunity to engage with leaders, ask questions, and in return, leaders could also show their support by making inquiries of staff, being curious, and being involved in

various degrees with the change (i.e., evaluation). The presence of the leader needed to be in a non-threatening manner. "Important characteristics of leaders in the clinical setting include visibility, accessibility, open discussion and support of nurses in the provision of quality care through high standards and strong relationships with staff" (Duffield, Roche, Blay, & Stasa, 2010, p. 25). Non-empirical literature contends that leaders should not hide behind their paperwork; a good leader is visible (Tyler, 2008). Having a presence creates a visible leader, when staff see leaders more often, they become comfortable opening up and discussing issues and successes. This support also facilitates supporting the change itself.

The findings described the importance of leaders being attentive. Leaders must strive to have a supportive presence, but also need to be aware of how the change is progressing, how sustainment is progressing so leaders are able to go back to staff and discuss what is happening with the change initiative, and what is needed to get "back on track" if deviation from the new process occurs. If deviation occurs, staff should be reminded of the value of the change and expectations for them. The role of leaders as being attentive for the sustaining of change is not currently visible in the research literature.

This section further explores the nurse leaders' role in change initiatives. Study participants identified having a supportive presence and being attentive as two important roles for leaders to demonstrate throughout the change and sustainment process. Current literature also was incorporated into this section to support the study findings.

Strategies in Creating Sustainable Change

The findings indicated three main strategies to overcome issues that leaders might use to create sustainable change. These strategies are: staff buy-in and involvement, leader commitment and presence (modeling the way), and dedicated resources. Employing a number of strategies together were required for sustainment (not just one strategy exists), as multiple approaches are required to meet the end goal and vision.

One strategy to create sustainable change used by study participants was including all team members and getting them involved in the change process. Varying degrees and options for involvement of team members in change initiatives exist, including involvement in change development, education, or progress checks. The concept of including members throughout the spectrum of change is not new. Porter-O'Grady and Malloch (2007) describes the most effective changes as originating from the "centre" (the point of service), involving workers who are most affected by the initiative.

This study further verifies and stresses the importance of ensuring all members of a team are involved, including the grass roots. The opportunity to participate created a feeling of ownership of the process. When team members felt they had a stake in the change, there was an increased capacity to see the change succeed. "A system will thrive only if those at the point of service own the decisions that are made there" (Porter-O'Grady and Malloch, 2007, p. 67). Team members who have a vested interest due to involvement wanted to see the change sustained and successful. A further benefit to getting involved in the process of change was that team members developed an understanding of the work that went into preparing for a LEAN event and coaching the change. This understanding can lead to a more open mind and acceptance of additional

changes that occur in the future, as team members develop an awareness of the work necessary to a successful change and will support team members who own the process.

Part of getting staff involved with the process of change is the issue of staff buy-in so that the change survives over time. Involvement provided staff with ownership (internal motivator); when staff saw the progression of their work and they wanted the process to continue. Sustainment needed to come from the staff. A qualitative study reviewed health care providers' attitudes and practices on adolescent immunization. One of the main practice implications discovered to achieve high immunization rates was the necessity of, not only buy-in of parents and adolescents, but also staff providers (Humiston, et al., 2009). These authors outlined the key factors in securing staff buy-in: organizational recommendations, cost of immunizations, and reimbursement to practitioners.

Consistent with the process of buy-in and involvement discussed in the literature, the findings in this study revealed not only the importance of ownership (internal motivator) but also external reinforcements (e.g., draws). The leaders and their team can add the component of fun back into the work force. Change should not always be seen as work, but as an opportunity to improve. Some suggestions included rewards and recognition from leaders and especially peers.

Study participants indicated that one of the most important strategies for creating change was "modeling the way" which included all leaders - senior management and informal leaders. Modeling the way is a concept introduced by Kouzes and Posner (2012) as a key leadership practice to facilitate change within an organization. Study

participants thought if leaders were actively involved with the change, living what leaders said, others would follow and demonstrate the change. Kouzes and Posner (2012) further describe a leader who models the way ensures that their actions stay true to their stated vision. This study further exemplifies and supports Kouzes and Posner (2012), as a leader who is willing to take part and be actively visible demonstrates strength, support, and commitment. By modeling the way, leaders had more physical visibility, provided increased opportunity for staff to engage with them, ask questions, learn from each other and work towards meeting the shared communicated vision. Executive leadership needed to be more personable and present than in the study participants' past experiences. If staff saw that leaders were committed, they too were committed to seeing the change through from beginning to sustainment. This finding was stressed during member checks, which noted the difference between sitting in a chair in your office, agreeing to the change, as compared to a physical presence. A leadership presence provided a better chance that the change would occur and be sustained. The staff saw that the leader was "on board", not just heard that they were. "The trust that leaders acquire by walking their talk encourages innovative behaviours by employees, minimizes the potential for discrepancies between expectations and reality, reinforces their perceived integrity, strengthens the confidence that employees have in the appropriateness of future interactions, and reinforces the bond between the leaders and employees" (Porter-O'Grady & Malloch, 2007, p. 316).

An important strategy identified in the findings was ensuring staff had the resources they needed for ongoing change. The literature identifies resources such as training opportunities and funding (Stockdale, Sherin, Chan, & Hermann, 2012; Holton,

Glass, & Price, 2010; Penna et al., 2000; Bradley, Webster, Baker, Schlesinger, & Inouye, 2005; Umar, Litaker, & Terris, 2009). Resources can encompass many aspects including money, office time, and staff. The findings of this study indicated that not having dedicated resources was a barrier to creating sustainable change. The necessary resources were normally secured for the coaching and "roll out" of the change, but resources also needed to be allocated for sustainment; change and sustainment were not separate but a continuation of each other. For example, when staff were coached and taught about the new change, leaders may believe that all staff were ready to adopt this change. Realistically there were always changes in staff and resources to be allotted (eg. staff on weekends, nights, or those new to the environment).

Time is a resource that is not easy to secure, and is not often mentioned in the literature as a sustainability strategy. Time needed to be allotted for staff to adjust to the difference in the process that were occurring and adopt the change into their practice. Study participants expressed that too much emphasis was concentrated on creating change based on a calendar of events, limiting the time needed for the initiative. There needs to be room to actively plan for sustainment and leave room for adjustment of timelines. When time is dedicated to sustainment the stronger the change initiative can be. If not, there is the possibility that the change will not flourish and be described as another initiative that did not last.

Three strategies were outlined in this section for the creation of sustainable change: staff buy-in and involvement, leader commitment and presence, and dedicated resources. Study participants added to the existing body of knowledge by further elaborating on the three strategies.

Struggles Affecting Sustainment

The participants identified elements that interfere with sustainment, including work culture and personalities. This particular finding was interesting to explore due to the various dynamics these issues represented. Many of the coaches who helped in the implementation of the change did not see that they had a part in sustaining the change. After the initial blitz of educating staff on the change process many coaches felt their role ended at this point, unless they believed they had leadership qualities. Some staff were comfortable handling any issues that might arise and any resisters or push back received; while other coaches just deferred these issues back to the leaders. As a leader, building and supporting the growth of leadership qualities in team members is critical; front line nurses need to realize their leadership responsibilities and qualities. Thomas (2012) implemented a staff satisfaction survey and from the results created an educational session. The session focused on leadership development of charge nurses and the need for mentorship to continue for leadership growth. Duffield, Roche, Blay, and Stasa (2012) also highlight the necessity of education and mentorship to help nurses develop critical leadership qualities. Development of leadership qualities in front line staff and others was a point highlighted by study participants during member checking.

Within the work environment varying different work cultures existed. The variations in work culture can create difficulty in making a change, as work practices can be ingrained in work cultures. Study participants anticipated that any change that directly changed a work culture is a "hard sell" and clearly affected sustainment. The personalities of individuals could also impact change; for example participants articulated that staff with similar personalities might form work cliques. These cliques made change

difficult to be introduced and for a solid unity and vision to be created. Frequently these work cliques formed their own thoughts towards proposed improvement and change, a development not stated in literature. Work cliques made it hard for other team members by making some feel like outsiders within the work environment and team. Barton et. al. (2011) state in their non-empirical publication that work cliques "can lead to a lack of trust, insecurity about job, lack of respect and appreciation, and the feeling of being left out (p. 32). Work cliques created a certain environment that affected others by not being open to new initiatives; even if the initiatives were changes seen to be an improvement to the current practices. Ramirez, Oetjen, and Malvey (2011) identify leaders as requiring an understanding of the sociocultural components within the work setting as one of the puzzle pieces to sustainment of change.

Another part of the work culture mentioned by participants was staff turnover. Staff leave for other jobs, maternity leaves, term positions in other areas of the hospital, casual staffing; all factors contributing to staff turnover. The challenge in change sustainment occurs as time was spent on teaching all the new team members the processes. Little time to work on sustaining change occurs because team members were still working on establishing the change. To address the issue of frequent staff turnover one hospital ensured that multiple staff share roles in a change initiative as to prevent any stalls to the initiative if team members were to leave (Bradley, Schlesinger, Webster, Baker, & Inouye, 2004).

The data revealed interesting conversations around the relationships that exist between nurses and physicians. Participants noted that there was definitely an improvement with these relationship over the years. Historically, physicians were the

head of teams within healthcare, and even today, some physicians refused to be coached on a new initiative by nurses. On the other hand, some nurses also did not want to get involved teaching physicians, residents, and medicine students. An interesting point was that nursing staff were coached by health care aides in some instances, and the refusal to teach and learn from each other was a dynamic that did not surface. A possible explanation could be because physicians had not been involved in as much depth as nursing staff in some process changes and might not be fully aware of the situation. Nursing is one of the largest healthcare teams employed by hospitals and led to more availability to be able to attend LEAN events. Perhaps physicians were not reluctant to be involved, the opportunity did not always exist.

These developments of the relationship between nurses and physicians initially was a surprise for one study participant during member checking as she was certain none of her comments contributed to this particular topic. The conflict between nurse and physician relationships was not something that had crossed her mind however she also commented that it does not mean this discord did not exist nor had value to the discussion. She further elaborated to support this finding that when she trained there was a certain culture; which is changing, that the conflict between nurses and physicians is slowly getting better but progress is still necessary. Saint et al. (2009) suggest that changes involving physician behaviour benefit when a physician champions the proposed change, including a visible presence. Another possible solution to the strain is daily communication between the two professions, incorporating collaboration in daily practice (Wanzer, Wojtaszczyk, & Kelly, 2009).

The second element the findings revealed as a struggle affecting sustainability was faulty communication. Essential for sustainment is that staff are aware of what is expected of them and what vision is the focus of the change. The vision should not be a one-way communication of information to staff; staff need to be involved in conversations and creating the vision. This process of inclusion mitigates the problem of top-down leadership. Faulty communication addressed not only what the message is, but what form the communication takes. The findings articulated the need for nurses to be more familiar and explore the various new technologies for communication, such as Twitter. A social network exists that can be used to leaders' advantage to assist in sustainment of a change. "Many nurses have yet to embrace information technology in the workplace, even if they use a computer at home" (Kirkley, 2004, p. 56).

Participants discussed that resisters to change can interfere with an ongoing initiative. Refusal by a resister to contribute to or change a work practice affects more than just the resister's own work practice. Whereas leaders model the way for change, resisters' actions can provide a model for other staff, potentially leading other team members away from the advantages of the change.

The findings of this study identified work cultures and personalities as one of the struggles affecting sustainment. Encompassed within work cultures and personalities are the concepts of work cliques and changes in staffing which were discussed and connected to the literature. The relationship between nurses and physicians also was addressed as an issue affecting sustainment. The findings also revealed the elements of faulty communication and resisters that can influence sustainment.

The Difference Between the Success and Failure of Change Initiatives

The findings indicated the differences between successful change and change that fails as: level of commitment and value of the change initiative by all team members and leaders, communication and clarity, evaluation phase, pace of change, and resistance.

The level of commitment and value are part of the differences between successful and unsuccessful change. The ability to get team members committed depends on whether they observed any value in the change. The value had to benefit team members (how is it going to make work life easier) and patients. The level of commitment must be visible from the grassroots up (front line staff), through all levels of the team, including senior management. Macphee, Wardrop, and Campbell (2010) articulated that leadership and staff who work together share in the decision making and accept responsibility can increase team pride, solidify teamwork, and help promote healthy workplace relationships between all team members. Findings of this study indicated that teamwork is especially important when adopting LEAN principles. The time and dedication required for LEAN can be cumbersome at times; however knowing that LEAN works, that there is support and commitment from all levels to improve, and that systems are in place for ensuring that LEAN will be sustained over time will help staff "buy in" to the concept and success ensues. Cozart, Horvath, Long, Whitehurst, Eckstrand, and Ferranti (2011) studied the importance of leadership commitment from various levels, including service workers championing the change at the beginning of a quality improvement project, in order to not hinder the success of the quality initiative.

Proper, clear communication was identified as another distinguishing factor in the success or failure of a change initiative. Participants discussed the importance for the

team to understand where the change was coming from, why the change was occurring, and how the change supported the shared vision of what was to be accomplished. If leaders were split with different reasons for the change, this split in communication can affect the way the change was implemented. Unity provided a further solid base on which the change is built. Most important was sharing information with team members; the team needed to understand the expectations required of them. Even if team members were not actively involved with the change planning, clear communication needed to be in place so that all affected by the change could be informed and have an opportunity to express their thoughts and views through different venues. Where no specific literature could be identified that discussed the implications for change initiatives if leaders were split in communication to team members, some literature discusses the importance of effective communication in change initiatives. Bouckenooghe (2012) discovered a correlation between communication from leaders and team members' commitment to change. His study observed that team members demonstrated a lower commitment to change initiatives if there was a decrease in communication from leaders (Bouckenooghe, 2012)

A tool identified by study participants that helped to increase the success of a change was the evaluation plan. The evaluation phase monitored the change to ensure teams were going in the preferred direction of the change. If the evaluation indicated that changes were not going as originally planned, the evaluation data provided an opportunity to explore what was wrong and what adaptations needed to occur to make the change more appropriate in the area of implementation and continued progress. Routine monitoring of outcome measures, "is an essential aspect of assessing the impact of

organizational wide initiatives to improve patient care" (Brennan, Sampson, & Deverill, 2005, p. 274). The evaluation process provided an opportunity for leaders to highlight what was done and how the change was making a difference. In turn, the evaluation led to more buy-in and support from team members for the initiative. Study participants indicated that the term audit was misunderstood and staff provided feedback that the use of the term audit was a negative "spin" and looked at what was wrong. When dealing with evaluation, staff prefer the terminology of progress checks which implied that progress was made and looked at what needed to be done to continue.

Another important factor for success identified by participants was examining the pace of change. If another change was introduced before the team were able to adjust, absorb, and implement the previous change, issues occurred with sustainment of the change. Leaders had to be able to adjust team priorities. Participants reflected, "Do leaders want to implement a large amount of change, or slow down and take the time to implement a change and put the energy in to sustain same?" Part of the role as a leader in change was being able to identify when the pace of change was occurring too fast and advocating for the team when success only could occur if the pace was adjusted and made more realistic.

The findings indicated that leaders should concentrate their efforts not only on the early adopters, but also spend some time with the resisters, as they can be the difference between change initiatives that succeed or fail. A recent study examined resisters' effect on acquired infection prevention strategies and found that including resisters early in decision-making improved communication and made it easier to obtain buy-in and overcome resistance (Saint, Kowalski, Banaszak-Holl, Forman, Damschroder, & Krein,

2009). Study participants thought if resisters were given the information they needed earlier, there was a better chance that the resisters would adopt the change. Resisters may not be one person in particular, but a group or culture. Findings indicated that more resistance was seen with the older generation of nurses. This finding was not related to the quality of work, but with technology and the pace of available information at the time of nurses' education. Younger generations of nurses are used to emailing, texting, and getting journals from home on the computer to get results faster; whereas some members of older generations were used to learning on the job. Generational gaps represented a cultural aspect to consider when examining change. Ensuring that leaders are tailoring education to the needs of both generations, including learning styles, can contribute to further success (Gallo, 2011). Non-empirical literature states, "Leaders will find themselves preaching to the choir if they understand multigenerational needs, provide flexible training, and steer their organizations toward technology that quickly and effectively enhances patient safety and fits into the workflow of their nursing staff" (Geisen, 2009, p.50).

Understanding the differences between the success and failure of change initiatives early in the change process can benefit leaders in change processes. This section incorporated existing knowledge with the findings from this study to provide insight for leaders on how the level of commitment and value of the change by team members, communication, evaluation, pace of change, and resistance can affect the success or failure of change.

Sustainment Assets

The research literature discussed in Chapter 2 examined various techniques and strategies which facilitate change sustainability. From the viewpoint of a leader creating change, the question asked was: "what really were the core assets needed for sustainment?" The findings indicated that the most important asset needed for ongoing sustainment to change practice was a dedicated team. Without the support and dedication of the team working together to make a change endure, sustainability was hard to attain. When a team took ownership of a change process, the knowledge that the change benefited their patients and them, the change was more likely to succeed. If everyone within a team setting believed they had some say or part in the change, then team members took on a role that was dedicated to seeing that the change thrived and was sustained.

The other sustainment asset revealed in the findings was preparation and background knowledge of the change initiative, including the benefits and barriers that may result from the change. If members of the health care team were asked why the change was important, the answer of "it's better for the patients we care for" was a valid answer, health care is moving towards evidence-based practice. Staff wanted to know what other information was available regarding why they should make this change and reassurance that a change was occurring due to a team decision, not by a few individual ideas. Preparation and knowledge regarding the change initiative enabled leaders to answer any inquiries that may have arisen or provide knowledge, in a variety of forms (research literature, reports from other health care facilities indicating the success they found). To the individuals asking for information on the change, provision of the

material showed leadership dedication and preparation. Visible leadership dedication and preparation regarding the change initiative helped others to "come on board", accept the change as a good thing, and eventually help lead to further sustainment of the change.

Currently within the research literature there is a paucity of information from the viewpoint of a leader creating change regarding the core assets needed for sustainment. The findings from this study outlined the importance of having a dedicated team as a sustainability asset and explored the necessity of preparation and knowledge for change sustainment. The findings from this section will help supplement leaders' current knowledge regarding sustainability.

Reflection

In order to be able to learn about sustaining a change, participants sometimes had to look, not only at victory stories, but also learn from what went wrong. By examining these processes and learning from past experiences, participants could move forward in creating change that is ongoing. Within this study leaders were able to take past experiences and use these experiences to shape their future outlook, implementation, and approaches to change. Reflection was demonstrated by study participants in both study themes of creating change and sustaining change, particular with the sub theme of "back to the future". This concept of reflection on practice was not new, although the integration of this practice as a strategy to create sustainable change was not prominent in the literature.

Reflection is introduced early in a nurse's education as a method for critical thinking and development to facilitate learning (Lasater & Nielsen, 2009; Nielsen, Stragnell, & Jester, 2007). The importance of continued learning through reflection has

been revived, not only for students but also throughout a career in nursing as a criterion for self competency assessments by licensing colleges. Horton-Deutsch and Sherwood (2008) emphasize reflection as a strategy through which leaders develop self-awareness, critically analyze situations, and grow towards emotionally competent leaders. Kouzes and Posner (2012) specifically identify reflecting on past experiences as a tool for leaders to envision the future. Study participants utilized reflection of past experience in their practice of change management to make significant contributions to future change endeavors.

Reflection emerged from the findings as a concept to sustain change that had not been previously identified in the literature. In this study, participants articulated the necessity of reflecting on past experiences and learning from these experiences to inform future decision on change implementation, further supporting the sub theme of "back to the future".

Sustainability – The Ideal State

Within the LEAN enterprise, participants in the event are asked to think "outside the box" to reach and develop what participants believe is the ideal state for the current change process. The concept of thinking "outside the box" is not limited to just LEAN. A pilot study examining organizational factors that contribute to implementing nursing best practices articulates thinking "outside the box" as a leadership strategy to generate staff participation in change initiatives (Marchionni & Ritchie, 2008). The team involved needs to believe that anything is possible and have support from all levels of leadership to make that vision happen. Traditionally leaders thought in silos, causing individuals to limit the possibility of what improvement can occur. One study participant discussed that

if she could think of something, an ideal change state, someone existed who could make the ideal change happen. Fittingly for this study, the sub theme of "sustainability – the ideal state" was discussed by study participants when they thought what would help make possible sustainable change.

The concepts developed through the opportunity of developing an ideal sustainability state were not new concepts. The thought of needing time and having every team member "on board" does not seem unattainable. Interestingly these concepts emerged when leaders discussed reaching ideal sustainability. The fact that leaders discussed these concepts led to a realization that the issues of needing time and having every team member "on board" are still out there. This study highlights the need for further study in these areas for further development within change leadership.

This section of sustainability – the ideal state provided an opportunity to reconfirm concepts of leadership and teamwork that were vital to ensuring the ongoing success of change, that already exist in literature and work practices. This section of the study included concepts from various disciplines to provide leaders from various work environments an opportunity to learn from each other.

Significance of the Study

Planning for sustainability is an important as planning and implementing change. This study is beneficial for leaders within health care to guide new practices and responsibilities in the creation and sustainability of change. While literature exists that addresses the needs for a new nurse graduate transitioning into the work force, (Boychuk - Duchscher, 2008), transition and learning periods are also needed for more experienced nurses moving into a leadership role with creating change. The information presented in

this study is not limited to nurses, but can be advantageous to other disciplines within the healthcare field.

The significance of the study also is not limited to healthcare. During member checking, one study participant addressed the applicability of the study "across the board" to different fields, as the idea of change is not specific to healthcare. The study findings related to creating and sustaining change can be used with different professions.

Further discussion with another study participant during member checking led to the importance in problem solving methodology. This participant noticed differences in opinions of individuals involved in LEAN activities within healthcare who do not have a clinical background. Healthcare presents a unique environment to implement the business philosophy of LEAN, as every patient treated is different, posing a potentially complicated system to standardize work and create change. Throughout a patient's journey in the health care system many professionals and team members are part of the process, and these individuals may have a difference in opinion of what is best for the patient. This study can provide a general understanding of how LEAN and change adoption may differ or highlight similarities from healthcare to various other business models. Currently many LEAN experts have a business background and can assist healthcare organizations in the adoption of LEAN. As one study participant highlighted,

> *"Why it is important for this type of study to go out into the world is if someone is being brought into healthcare to help make change, they have to understand the complexities, not the intimate details, but how LEAN principles can work in healthcare".*

The adoption of a LEAN philosophy is a relatively new endeavor in healthcare. This study can provide assistance to other healthcare facilities considering adopting

LEAN, that the process does work, and can benefit their organization. The study findings outlines these organizations with the benefits and challenges that may await them should they embark on the LEAN journey.

Recommendations for Future Study

This study could be replicated in other settings to provide a more diverse sample of nurse leaders to strengthen the findings and demonstrate transferability of the semi-structured interview guide. Contributions to the area of sustaining change knowledge may highlight differences in the way change and sustainability of change are addressed with nurses that have not been involved with LEAN activities; compared to this study where all participants had to have some level of involvement with LEAN. Furthermore, in this study all participants had a minimum of 10 years experience in nursing. Of particular interest is a replication study with criteria for participants with experience in nursing of less than 10 years. Setting the year of experience provides an opportunity to examine if years of experience in a profession have any effect on the experiences of change.

In addition, further research could be conducted by replicating this study by interviewing front line nurses to elicit their perspectives and experiences in dealing with change. The findings of this study clearly expressed the importance of listening to all involved (stakeholders) who are affected by the change to make change truly successful and sustainable. This study could be conducted with other members of the health care team, not just nurses. The potential exists to hear from the patient's views on change and how they feel change within healthcare betters their care or any concerns which may arise

from a variety of changes occurring at a more rapid pace than normally experienced within healthcare. Further, a research study which compares nurse leaders with those leaders in facilities outside of healthcare who have adopted the LEAN philosophy into their work setting could enhance transferability of the study findings.

Limitations of the Study

Limitations of this study include that the findings are reflective of 9 nurse leaders, from the same organization, participating in this study. Further limitations to this study are that no front line nurses involved with change initiatives participated in the study.

Chapter Summary

This chapter discussed the data with respect to the research questions and conceptual framework. The study findings were considered in relation to the existing literature, highlighting the unique contributions of this study. Other significant findings were also discussed that may not have directly answered the study questions but provided useful information in gaining an understanding of the experiences of nurse leaders implementing and sustaining change; the main goal of this study. This study provided nurse leaders with an opportunity to share their past experiences and knowledge on change and sustainability of change. Leaders within a variety of roles and environments can benefit from the information articulated in this study and strive for sustainable change.

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Appendix A

Recruitment letter and description of the study

Dear Nurse:

I would like to take an opportunity to introduce myself, tell you about my research study (a part of my Master of Nursing program) and to invite your participation. I am a Graduate student at the University of Manitoba, Faculty of Nursing. I have completed all the course requirements for my graduate studies and the final requirement is the completion of a research-based thesis.

I am inviting nurse leaders who have actively participated in a Rapid Improvement Event (RIE) or in the planning of a RIE at your health care facility to participate in my research study. The study explores the role of nurse leaders (in formal or self-identified informal leadership roles) in the sustainability of change. The purpose of this study is to develop an in-depth understanding of nurse leaders' roles, experiences, successes, and failures in the sustainability of change. This study will also explore what is required to maintain new and ongoing working practices. The limited research examining the experiences of nurse leaders in the sustainability of change warrants attention and further research.

Change is an ongoing commitment that involves diffusion of the idea. Change is always occurring within health care, whether it is the update of a hospital policy or the implementation of an evidence-based practice technique. Nurse leaders act as agents of change, implementing changes that benefit nursing practice and improve quality of patient care. For this study I will examine the experience of nurse leaders, from a variety of roles representing positions of formal and informal power. A nurse leader is one who leads by example, who is able to inspire others, and support others in the challenges they may face. The positions nurses leaders hold can be of a formal leadership role (e.g., a unit manager, supervisor, or director) or informal, such as a front line staff nurse who influences and mentors others, an educator, or a facilitator.

I am inviting nurse leaders (formal and informal leaders) who have been in practice for at least one year, and have participated in a RIE (active partaking or planning) to participate in an approximately 1 hour confidential interview with me. During the interview I will ask questions about your experiences with change and your role in the sustaining these change initiatives. The interview will be audio-taped, and I will take notes. During the interview, you may choose not to answer any question. You are free to withdraw from the study at any time. My research study is supported by my thesis committee which includes:

- Dr. Judith Scanlan, Associate Dean, Graduate Program, Faculty of Nursing, University of Manitoba; Helen Glass Centre for Nursing, 89 Curry Place, R3T-2N2, 474 – 9317, Judith_Scanlan@umanitoba.ca;
- Dr. Wanda Chernomas, Associate Professor, Faculty of Nursing; and
- Ed Martin, M.Sc. (I.E.), Vice President, Operations Excellence, StandardAero.

If you would like to participate in this study or have any further questions you can contact me by phone (831-3492) or email (umthielt@cc.umanitoba.ca). Should you decide to participate in this study, I will contact you to arrange a time and place that are mutually convenient for us to meet.

I thank you for considering my request. Please contact me if you are interested via phone or email.

Sincerely,

Tracy Thiele, RPN, Graduate Student
Faculty of Nursing, University of Manitoba

Appendix B

Semi-structured interview guide

The following interview questions will permit me to engage you in a dialogue about (a) change, (b) challenges and barriers to change initiatives and, (c) experiences and roles of nurse leaders in the sustainability of change.

1. Can we begin the interview by having you tell me some information about yourself: a) What is your age range?

   - □ 18-24 years
   - □ 25-34 years
   - □ 35-44 years
   - □ 45-54 years
   - □ 55-64 years

   b) What level of education have you completed?

   - □ Diploma
   - □ Bachelor of Nursing (BN)
   - □ Master's Degree, Type _____
   - □ Doctorate Degree, Type_____

   c) How many years have you been practicing nursing for?

   - □ <1 year
   - □ 1-5 years
   - □ 5-10 years
   - □ 10 + years

2. a) Please describe what your current nursing role is.

   b) Tell me more about how you got to your current nursing role.

3. In your nursing role do you see yourself in a position of formal or informal leadership, please explain?

The next section of questions are going to focus on change and your involvement with change initiatives, no matter how big or small they may have been.

4. a) When you think about change, what are the first words that come to your head? b) How would you describe change?
5. Can you identify the most important and/or difficult change in your experience and describe the change process for me.
6. Can you elaborate on your role in the change initiative(s) we have just discussed?
7. What factors have influenced or affected your experiences of change?
8. What do you feel differs between change initiatives that succeed or fail?
9. Please describe as a leader, or as watching a leader implement change, what were the issues you observed?
10. In Everett Roger's theory, diffusion of innovation, an early adopter is a person who embraces new initiatives before most others do. From your perspective on change, were you ever able to identify "early adopters" to a change initiative whom you championed to assist in the implementation? If yes, could you please describe this opportunity? If no, could you please help me understand why?
11. How would you define sustainability?
12. What do you feel is your role in sustaining change initiatives?
13. What strategies do you feel help nurse leaders in creating sustainable change?
14. What do you perceive as helping the sustaining of a change initiative? What do you perceive as hindering the sustaining of a change initiative?
15. Do you feel there are challenges or issues as a nurse leader in the sustainability of change and if so can you describe them to me? How could one overcome these?

16. Who (individual or group) or what has been your strongest asset in the sustainability of change?
17. Looking back, have you been involved with a change initiative that was not successful and if so what would you do differently?
18. What is needed to achieve ongoing sustainability of a new or improved work practice? If you were given a magic wand that would grant all your sustainability wishes what would they be?
19. Is there perhaps anything else you would like to share regarding change, nurse leaders affecting change, and sustainability of change that we have not had an opportunity to discuss yet? Anything else you want to add or any additional comments?

This concludes our interview for today. Thank you for taking the time to participate. I would like to be able to leave my phone number with you, 831-3492, if at a later date there is something else you might wish to add to the interview.

Appendix C

Consent form for study participants

Research Project Title:
Exploring the Role of Nurse Leaders in the Sustainability of Change

Researcher:

Principal Researcher: Tracy Thiele, RPN, Bachelor of Science Psychiatric Nursing, Faculty of Nursing, University of Manitoba Graduate Student, (204) 831-3492

Research Supervisor: Dr. Judith Scanlan, Associate Dean, Faculty of Nursing, University of Manitoba, (204) 474-9317, Helen Glass Centre for Nursing, 89 Curry Place, R3T- 2N2, Judith_Scanlan@umanitoba.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It will provide a basic idea of what the research project is about and what your participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

About this Project:

This study is funded by a research award from the Sigma Theta Tau International Nursing Honor Society, Xi Lambda Chapter. The purpose of this study is to develop an in-depth understanding of nurse leaders' roles, experiences, successes, and failures in the sustainability of change. This study will also explore what nurse leaders (formal or informal) think is required to maintain new and ongoing working practices. The researcher will be conducting interviews with nurses who have been in practice for at least one year, and have participated in a RIE (Rapid Improvement Event) event, either actively partaking or planning.

My Understanding of the Research Activities:

You understand that if you agree to participate in the research project, you will be asked to participate in one audio taped interview that will last approximately 1 hour (location and time mutually decided upon by both parties). During the interview, you will be asked questions about your experiences with change and your role in sustaining change initiatives. Also, you will be asked basic demographic information. You understand that the interview will be conducted by the principal researcher.

Risks and Benefits:

I do not anticipate that participation in this study will be stressful for you or pose any risk to you. However, should you find you become uncomfortable for any reason, you may request to stop the

interview, to postpone it or withdraw from the study without any penalty. Information gathered for this project will be held in confidence and will only be directly shared with my thesis advisor, members of thesis committee and the interview transcriber.

There are no apparent direct benefits to participants. The benefit in participating will be the useful knowledge gathered from the nurse leaders, providing valuable insight into the experiences of nurse leaders involved in creating and sustaining change in your area of expertise. This knowledge can be useful as a guide for current and future nurse leaders working in this sometimes uncertain environment. You are invited to request a copy of the summary report be sent to you (please complete the last page of this consent form).

Protecting Confidentiality:

The information you provide is confidential, which will be protected in several ways.

1. All interviews will be identifiable by a numerical code only (no names will be attached).

2. You (and individuals referred to during the interview) will not be identified in any records or in written reports from this project. Participants will be identified only as a formal or informal nurse leader.

3. All records will be securely stored in a locked filing cabinet (located in researcher's office) and/or password secured computer files. All files will be destroyed after three years.

4. Only the identified researcher (Tracy Thiele) will have access to the names of the participants.

5. The transcriptionist hired will be instructed on issues of confidentiality and will be signing a confidentiality agreement.

6. Findings will be presented in aggregate form to prevent identification of individual participants. Direct quotations will only be reported after first being stripped of individual identifiers.

7. The findings of this study will be submitted for publication and dissemination in academic journals and at conferences.

8. Should any instances of abuse be discovered during the course of this study, I am obligated to report to the appropriate authorities.

Voluntary Consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the

study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The research has been approved by the Education Nursing Ethical Review Board (ENREB) at the University of Manitoba and by the Research Review Committee at St.Boniface Hospital, where data for this study will be collected. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

In addition, you understand that you may contact Tracy Thiele by phone at (204) 831-3492 or by email (umthielt@cc.umanitoba.ca) if you have any concerns, questions, or need additional information.

_____

Participant's Signature Date

_____

Researcher's Signature Date

I would like to receive a copy of the brief report (1-3 pages). If yes, check here □

If yes, please provide your mailing address or email: