E. Schein – 1995 article - LA#1

* Looked at Kurt Lewin's *Model of the Change Process in Human Systems*
* Basically: Unfreezing, Moving, Refreezing
* = Unlearning, Moving, Relearning: Dynamic
* Within a Force Field of Driving & Restraining Forces with movement to gain Equilibrium
* Restraining Forces = nebulous, often personal defence mechanisms or group “norms”....deep, psychological
Schein's Elaboration to Lewin

1. Disconfirmation
2. Induction of Guilt or Survival Anxiety
3. Psychological Safety
4. Cognitive Redefinition
5. Imitation and Positive or Defensive Identification with a Role Model
6. Scanning: Insight or Trial and Error Learning
7. Personal and Relational Refreezing
Processes in “Unfreezing”

* **Disconfirmation** – some disequilibrium based on disconfirming information is a prerequisite AND we must care enough about it to respond to it – arouses “survival anxiety” or “survival guilt”

* **Induction of Guilt or Survival Anxiety** – may be counteracted with “learning anxiety” or stress that if we change, we will lose somehow - need help to evolve new norms through:

* **Psychological Safety** needed to balance the perceived disconfirmation
Psychological Safety

* All of the tactics used by change managers or change agents equate to strategies that elicit psychological safety, e.g. Creating a vision, brainstorming strategies, listening to reservations, group work, practice fields, etc.

* Motivation is not enough

* Must also look at the learning and change mechanisms being used =

* Cognitive Redefinition
Cognitive Redefinition

- **Cognitive Restructuring**: How one learns new thought processes, feelings, values, attitudes, reframing, braking, and includes

- **Semantic Redefinition** – words mean something different than what we assumed they meant

- **Cognitive Broadening** – learn a concept can be much more broadly interpreted

- **New Standards of Judgement or Evaluation** - we learn to use a different anchor or scale to judge things by
Effective Planned Change:

- **Use Process Consultation Mode of Inquiry** – access one's ignorance, attune to the client system
- **Joint Ownership** – of change process with client
- **Diagnosis IS Intervention**
- **Process** – flow of continuous diagnosis as well as continuous intervention
- Is highly attuned to own **insights** and personal **impact** on client system
Learning to be a Change Agent

- Best done using a real life Project
- Important to report back to peers, instructor
- Best to be interested, personally involved in selected change, should be meaningful to You
- Should be a realistic “doable” change
- Schein assigned two projects, one Personal & one Organizational Project
- Set goals and reported progress on both
Role of Change Agent Mentor

- Animator, teacher, monitor, coach, consultant
- Provides the structure, tasks, rules, challenge
- Provide various diagnostic models eg Lewin
- Encourage Process Consultation with no formal position power
- Used Dialogue as a strategy for practice and reflection = Praxis
- Empathy Walk – form relationship with someone totally different from you
Diagnosis is Intervention

* During an Interaction eg an Interview, the change agent must be constantly alert for changes in mood or feeling, be sensitive to issues

* It is in that ongoing interaction that the tactical use of inquiry questions, diagnostic questions, action oriented questions, and confrontive questions come into play.

* The goal is elicit information, build trust, and get the target to think diagnostically and positively about the change because their energy is aroused.
Change as Learning

- See “Target” as a “Client” or “learner”
- See “Change Agent” as a “Facilitator” of the learning process
- See the “Desired Change” embedded in a Helping Process that makes sense to the learner
- Especially when the Change Agent operates from a position of Low Status and minimal Formal Power
- Have to also consider their Culture
Chung & Nguyen, 2005

- Applied Lewin's Change Model to create a team to individualize pain management in a Texas magnet hospital of 1,240 beds, 80 cultures
- Goal: Bolster Patient Outcomes and Staff Commitment to Control Pain Better
- After 3 months, patient satisfaction rose from 72.4% to 86%
- Recognized Pain as 5th vital sign
Applied Lewin's Model

- **Unfreezing** or accepting the need to change
- **Recognizing** or moving to a new level to alter the status quo
- **Refreezing** or integrating newly acquired knowledge and behaviours into current practice
- To create a new unit culture for pain management success required the staff to recognize the need for change through an educational approach to ensure consistency in the application of new knowledge.
Stage 1: Unfreezing

- Assessing the problem – Collaboration to improve satisfaction scores, assessment of issues, chart audits, need for education, standardization

- Building a Multidisciplinary Partnership: Pharmacists, Physicians, Nurses, Unit secretaries, Pain resource nurse, Managers

- Crafting the Intervention – teaching modules, in-service sessions, emphasize standards, clarify misconceptions, discussions
Stage 2: Recognizing

- **Tools to Accomplish Change** – information management, computerized report, data review, interdisciplinary approach

- **Pain Rounds** – daily schedule, pain scores assessed, constant education, assess control, give recommendations to physician for Rx changes
Stage 3: Refreezing

- Applying New Knowledge to Improve Pain Outcomes – recommended a quick reference list of pain agents leading to the development of a pocket card with vital pain management info.
- Began to use pain assessment tools such as verbal rating scale, visual analogue, faces pain scale.
- Nurses began including evaluation of pain in electronic health report and linked with other care.
- Outcomes: Tracking Changes