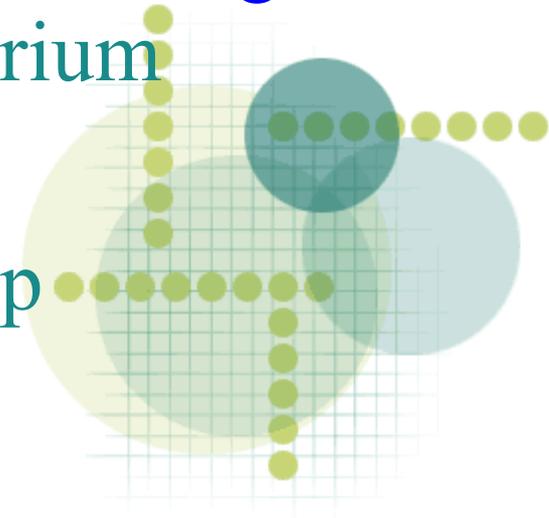


# E. Schein – 1995 article - LA#1

- ★ 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



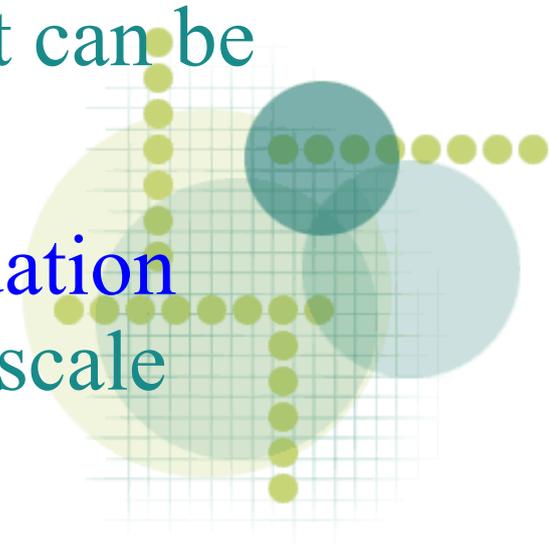
# Psychological Safety

- ★ 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



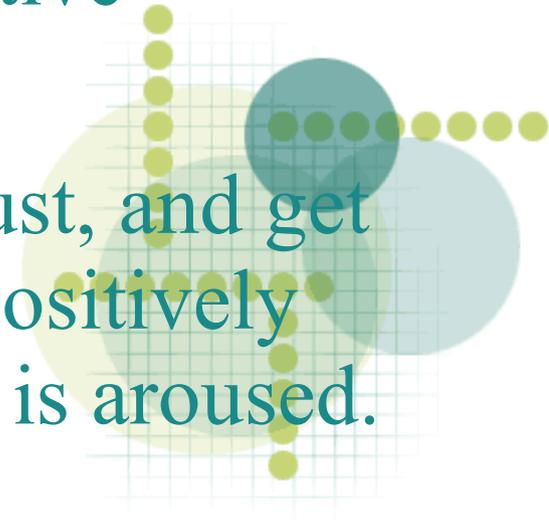
# Role of Change Agent Mentor

- ★ 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



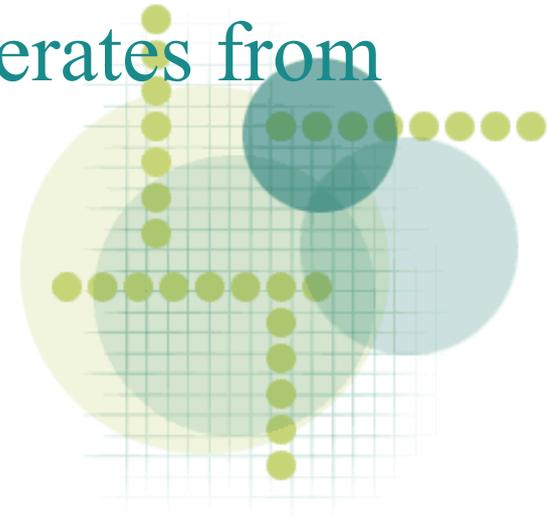
# Diagnosis is Intervention

- ★ 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 5<sup>th</sup> vital sign



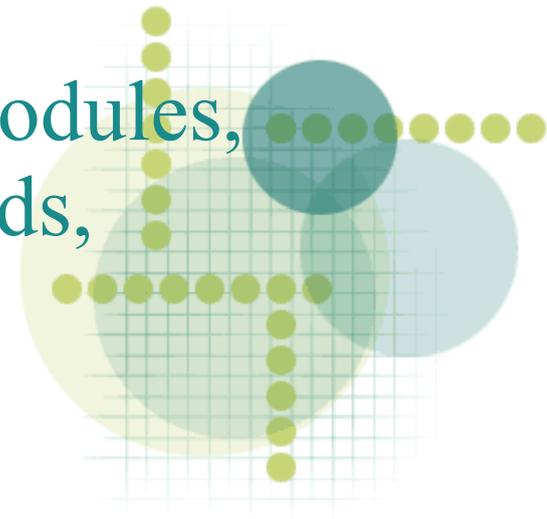
# Applied Lewin's Model

- ★ **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
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