



Maudsley
Learning



Health Education England

Organisational change and development



Organisational change and development

“The only thing that is constant is change” – Heraclitus

This section provides an overview of approaches to organisational change and development, including background theories and examples for implementing MECC in mental health settings. This acknowledges that successfully implementing MECC requires consideration of the mechanisms of change within organisations, and adoption of evidence-based approaches to facilitating this change. The following information is intended to be used and adapted locally by individuals implementing MECC in mental health settings. This allows the integration of important local context and understanding. This section aims to promote thinking and strategies that complement other MECC documents, such as the implementation guide.

Organisations are complex systems. The influence of both internal and external factors means that organisational change and development is inevitable and necessary. In recent years, there has been global rapid change affecting everyone, including healthcare systems, organisations, services and staff. Evolving societal attitudes, changing financial climates, and rapid technological developments are a few examples of recent shifts within healthcare and mental health services. For organisations and services to continue meeting population health needs, it is imperative to embrace change and development.

Organisational development and change theories first emerged in 1940s and originated from behavioural sciences, including psychology and sociology. Kurt Lewin was a pioneering leader in organisation change theories. Lewin invented the three-step change model of ‘unfreezing’, ‘changing’ and ‘refreezing’ – using the analogy of changing the shape of an ice cube. This framework is still used today and provides a fundamental basis for many other organisational change management theories.

There are many reasons why an organisation may implement a change management or development strategy. This document will focus on how theories and approaches can be used to implement MECC successfully, with a particular focus on Kotter’s theory of change.

Organisational development

The definition of organisational development varies depending on context and industry. Broadly, it is described as “the application of behavioural science, knowledge to the planned development, improvement and reinforcement of organisational strategies structures and process” (Arnold et al., 2013). Organisational development has become an important and reflective practice. It is implemented to develop and maintain a certain level of performance for the whole organisation, or a particular department or service. Hurley et al (1992) highlights five core values of organisational development:

- Empowering staff to act
- Creating openness in communication
- Facilitating ownership of the change process and its outcomes
- The promotion of a culture of collaboration
- The promotion of continuous learning

These five values incorporate the human side of an organisation, however there are other fundamental principles to consider:

- Maximising value from organisational resources
- Strategy, goals, values, and purpose
- Staff development
- Managing change

Organisational development implements interventions in a systematic way that creates an alignment with the principles outlined above and improves performance. Organisational development and organisational change are closely linked. Specifically, organisational development focuses on planned, systematic efforts to increase an organisations performance which aids the implementation of organisational change.

Organisational Change

Organisational change is a complex process involving both organisations and the individuals within them. It is usually implemented due to external and internal pressures and generally focuses on processes within an organisation. These can include: changing operations; technologies; whole structures; and organisational structures, and investigates the effects these changes have. Overall, organisational change encompasses two main approaches:

1. The behavioural approach through individuals and groups, changing attitudes and behaviours of employees through the process of communication, decision making, and problem solving.
2. The non-behavioural approaches through polices, structure technology, and physical environment of the workplace.

Traditionally, approaches to organisation change follow a linear rational model involving a series of simple, predictable steps that can be planned and managed (Collins, 2005). This approach has been criticised as limited due to its view of change. Change is considered a momentary experience which must be stabilised and controlled, rather than seeing change as a continuous natural phenomenon.

There are currently several original and updated theories of organisation change:

- [Lewin's change management model \(1951\)](#)
- [Kotter's 8 step process for leading change \(1996, 2004\)](#)
- [The McKinsey 7-S model \(1970\)](#)
- [Prosci ADKAR change management model](#)
- [The Burke-Litwin change model \(1992\)](#)

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- Bekhard and Harris change management (1987)
- [Graetz & Smith's Philosophies of Change Approach \(2010\)](#)

Lewin's three-stepped approach to change management (1951) was the first pioneering theory to be developed. Lewin's approach is still widely used, receiving both praise and criticism (Burnes, 2004; Cummings et al, 2016, Hussain et al, 2018). Kotter's 8 step process for leading change focuses less on process and more on the people behind the change.

Healthcare environments are centred around people, including staff, patients and service users, families and carers and other stakeholders. Concurrently, patient centred care, service user involvement, public and community engagement, and continuing professional development are concepts in healthcare with a similar ethos. NHS employees and patients are at the heart of its core values. This suggests that Kotter's approach (1996, 2004) may be an appropriate approach to organisational change and implementing MECC.

Kotter's theory of change and 8 step process

Kotter's theory of change and 8-step process for leading change encompass four key principles in combination with 8 steps for successfully implementing change.

Leadership and senior management are paramount to creating the right culture to implement change. They ensure alignment with the core values and vision of the organization and promoting employees to action change in an innovative way.

- Head and heart relate to giving meaning and purpose to actions that contribute to collective goals, also referred to as 'hearts and minds'.
- "Have to" and "want to" highlights the need for employees to feel included and motivated so they create and promote change beyond their everyday responsibilities.
- Involve as many people as possible acknowledges that people required to build momentum and make change happen. Thus it is important to engage people across the organization as widely as possible.

Building on these principles, the diagram below highlights Kotter's 8 step process for leading change, separated into three distinct phases.



Phase 1 - Creating a climate for change

1. Creating a sense of urgency
2. Building a core coalition
3. Forming a strategic vision

Phase 2 - Engaging and enabling the whole organization

4. Creating a sense of urgency
5. Building a core coalition
6. Forming a strategic vision

Phase 3 - Implementing and sustaining change

7. Sustaining acceleration
8. Setting the changes in stone

Step 1: Creating a sense of urgency

Building urgency during change management is multifaceted. This does not just mean “we need to get this done now”, instead it should be viewed as creating windows of opportunities to empower change. Change management often fails due to a lack of urgency being created and sustained (Mosadeghrad & Ansarian, 2014).

Identifying engagement opportunities will help to build urgency and energise individuals to promote change. It is important to highlight successful outcomes, and that consequences of failure are communicated openly and effectively. For mental health settings, it is paramount to encompass service user involvement and other stakeholders when identifying opportunities. This will motivate the workforce and guide actions. Lastly, Kotter highlights that 75% of the organisation’s management needs to be on board with implementing change.

It is important to spend a considerable amount of time on the stage of creating a sense of urgency before moving on to the following steps.

Example for implementing MECC in mental health settings

Creating urgency

[Create a MECC steering group](#). This should include: the physical health lead in the organisation, the service user involvement lead, a service user, someone within senior leadership, and relevant stakeholders. The steering group needs to be passionate and knowledgeable about MECC and want to promote the implementation across the organisation. This will help create and sustain a sense of urgency.

The steering group must communicate crucial information to the whole organisation, including key facts about the positive outcomes of MECC. For instance, improved physical health in mental health settings, the potential to reduce early mortality rates in patients with severe mental illness (SMI).

An opportunity to communicate this could be after a serious incident where a physical illness was not identified quickly in a patient with SMI. Another example as an opportunity to communicate about MECC is after the release of a national report such as the NHS Long Term Plan. To maintain a sense of urgency it is important to communicate the importance of MECC at each window of opportunity.

Step 2: Building a core coalition

As a sense of urgency develops across the organisation, it is important to identify a core coalition team. This usually involves managers across all levels of the organisation. Building a core coalition is an important step to engage employees beyond management and include the wider organisation to help accelerate change. This facilitates new avenues to share, communicate, and synthesize information across the whole organisation. It also creates opportunities for working in new ways driven from the ground up by motivated individuals.

Selecting the right members for the core coalition is imperative, as they will guide change management through the following steps. It is important to remember that the core coalition team does not always need to be managers. Rather, anyone within the organisation who has leadership skills, knowledge of the change required, emotional commitment, and passion for change could be involved.

The more individuals you have involved in creating change, the more successful it is likely to be. Therefore, it is important that those involved in the core coalition team are able to identify challenges across teams and departments within the organisation. It is also important to communicate this with the core team so that they can be identified and addressed during these early stages. This which will help to accelerate and sustain change.

Example scenario for implementing MECC in mental health settings

Building a core coalition

The steering group invites managers of each department, service and corporate function within the organisation to a consultation session. At the meeting, they talk through the slide deck on MECC showing the importance of the intervention. The managers are given a resource pack to share with their team. The managers go back to their team and share the information.

This includes how the organisation plans to implement MECC, the importance of service user engagement and improving physical health in mental health settings. The managers ask for a volunteer to be a MECC lead and others to be advocates and champions of MECC. A map of MECC leads is created and shared across the organisation, with support for these individuals coordinated and provided by the steering group. Service users should be involved in this process, either as part of this consultation session or in a dedicated concurrent session.

Step 3: Forming a strategic vision

Creating a clear strategic vision will help engage and motivate employees to take relevant action. It is important to consider the core values which are driving change at this stage, which should align to the organisation. When forming a strategic vision, it is important to consider the

past, present, and future to demonstrate the need and purpose of change. From the vision, strategic initiatives can be created and should include targeted and coordinated activities that can be executed effectively.

Example scenario for implementing MECC in mental health settings

Forming a strategic vision

A vision statement should be short, simple, direct, and applicable to staff at all levels of the organisation:

“Improving physical health in mental health settings”

As well as reviewing ‘where the organisation is now’ and ‘where we want to be’, examples of targets and activities could include:

- A target to increase the use of health screening tools by a certain percentage e.g., 20%

This will involve tracking the use of health screening tools each month/quarter/year, and reporting progress back across the organisation. SMART goals can be a useful framework at this stage.

Step 4: Getting everyone on board

It is important to involve as many employees as possible when implementing change. Without large scale involvement from all levels of the organisation, effective and sustained change will not occur. Once you have created a vision, it is important to promote this at every opportunity and include it in all aspects of operations. For example, within training sessions, appraisal and performance reviews, and regular team briefings.

Communicating the vision statement as well as activities surrounding change management is critical. This will help to embed the message of implementing change and encourage employees to incorporate it into daily activities. Communicating regularly will provide an opportunity for employees to discuss the topic regularly with others and address any concerns in an honest and open way. Additionally, it provides a platform to recognise the effort of individuals who are driving change, encouraging others to do the same. This will help to drive motivation, sustain a sense of urgency and continue momentum for delivering change.

Example scenario for implementing MECC in mental health settings

Getting everyone on board

The steering group comes together and creates a communication strategy, collaborating with comms experts within the organisation. The steering group discuss:

- Frequency of updates e.g., weekly, bi-weekly, monthly
- Staff communication channels e.g., newsletters, intranet, email

- Service user's channels e.g., service engagement sessions, social media, local networks
- What information will you communicate, relating to vision and targets
- Who is responsible for delivery of this strategy?

Once this process has been agreed they will implement it as soon as possible, reviewing the strategy every 6 months to ensure it remains effective. Furthermore, an IT system could be created where staff can volunteer to become more advocates of MECC. This can also be included in their appraisal as part of professional development.

Step 5: Removing barriers and reducing friction

This is a crucial stage, as changes and their impact begin to emerge. When considering barriers, it is important to identify local contextual factors, why past initiatives may have failed, and at what stage. This is so that solutions can be implemented to ensure this does not happen again. Barriers can occur in a multitude of ways and it is imperative to regularly review these as they can be intermittent or continuous. Some of the most common barriers include employees; hierarchy; bureaucracy; management practices; regulations, and procedures.

When trying to remove barriers, it can be beneficial to recognise and reward individuals who are facilitating change. Concurrently, identifying employees who may be obstructing change is also needed. This is so extra training or conversation can be had to help them see the importance of the need for change. By doing all of this, it allows a sense of freedom which empowers employees to work across boundaries and create impactful change.

Example scenario for implementing MECC in mental health settings

Removing barriers and reducing friction

The steering group and MECC champions create an anonymous survey advertised in the bi-weekly newsletter inviting staff to give feedback about their experience of MECC. The communication allows MECC leads and the steering group to hear positive experiences of MECC, any organisational barriers, service barriers, or issues with service users. It invites staff to explain what might help them overcome these barriers.

At the next MECC meeting, the feedback is reviewed by the MECC leads and steering group. Solutions are identified, a report is created and communicated through the same channels. Furthermore, MECC leads can take this back to their department/team and share this information. This happens on a continued basis. Learning from previous initiatives and local context can be factored in also.

Step 6: Generating short-term wins

Celebrating success can maintain motivation for change. Early in the process of change management, progress can be identified, tracked and communicated across the organisation. Successes should be both short-term and long-term so that employees can recognise both

small and big wins. Furthermore, showcasing and communicating success across the organisation can help sustain change as it has a greater impact across the whole organisation. This will create greater meaning for everyone involved.

Successes can include demonstrated behaviour change, meeting targets, lessons learned, overcoming barriers, achievements succeeding goals, and achievements demonstrating change which align with the vision. Incidentally, healthcare staff often report a lack of sharing and celebrating successes by their teams and organisations.

Example for implementing MECC in mental health settings

Generating short-term wins

Example of short-term successes:

- Within each department, every time a staff member incorporates MECC into conversation with a service user, it could be recorded, and shared with their team. This means it is recognised as positive behaviour
- A whole team has attended training on MECC
- A staff member recruits a service user to become a MECC champion
- A staff member records where and why they have signposted a service user to a physical health service
- New starters are required to attend training in MECC

Example of longer terms successes:

- The steering group have been successful in recruiting a MECC lead in every department within the organisation
- There is an increased use of health screening tools across different departments
- The whole organisation is aware of MECC

Step 7: Sustaining acceleration

Initial successes can be built upon to develop depth and momentum to emerging changes, generating new actions, initiatives and goals which addressing barriers. Broadly this can be achieved by revisiting and continuing the previous steps with moving towards embedding activities in mind. As successes continue to be evidenced and communicated, it should be demonstrated that these map onto the strategic vision to continue guiding action.

This will begin to integrate into organisational culture, sustaining positivity in creating change. However, losing sight of the original vision commonly occurs after demonstrating successful wins, engaging a broad audience, and interacting with competing interests within the organisation. Should urgency and momentum begin to decline, previous stages can be revisited, and communications can be bolstered. This also provides an opportunity to engage new employees across the organisation and develop new ways of thinking and innovation.

Example scenario for implementing MECC in mental health settings

Sustaining acceleration

The steering group have asked HR and managers to include a section of MECC into job descriptions. When recruiting new employees, they are aware that their role will involve MECC and be part of their everyday responsibilities.

Basic awareness training of MECC becomes mandatory training for all staff and is included within appraisal which becomes part of personal and professional development.

Step 8: Setting the changes in stone

Organisational change occurs once new behaviours and actions are repeated over a long period of time. Old habits can be hard to shift and can resurface, so maintaining change needs to become core to the organisation's values and vision. Embedding new behaviours, actions and successes to build towards long term goals and improved performance should be closely linked to organisational values and strategy. This should be communicated clearly.

Increasingly, organisational processes and culture can be shifted to integrate MECC, using both staff behaviours and organisational policies to achieve this. Moreover, consistent and continued management and leadership is crucial to continue to embed change, in collaboration with senior leadership teams.

Example scenarios for implementing MECC in mental health settings

Setting the changes in stone

Within the first year of implementing MECC, senior leaders and the steering group have evidenced that mortality rates caused by physical illness have declined. Service users are more engaged with care, treatment and service delivery, demonstrated by key metrics.

Senior leaders and the steering group demonstrate their passion and motivation to continue the growth of MECC intervention to the whole organisation. They communicate and exemplify the positive behaviour change and benefits that MECC has had on the organisation and thank staff for their participation.

This brief introduction to organisational development and change aims to promote local efforts to implementing MECC, led by people who understand their organisation and context. Not only that, but also while holding in mind key principles and steps to successfully achieve change.

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