KWANTLEN UNIVERSITY COLLEGE
BSN NURSING PROGRAM

NRSG 4111: PROFESSIONAL GROWTH 5:
Nurses Influencing Change
September 6th to December 6th, 2006

Course Materials	
Faculty	June Kaminski, RN MSN **Office:** D350 **Phone**: (604) 599-2085 **Voicemail:** 9179 **Email**: junekaminski@shaw.ca or june.kaminski@kwantlen.net
Course Credits & Location:	3.0credits Room**:** Wed am: D328
Required Texts:	No required texts. Readings are all on-line and indicated in each learning activity in these course materials. To easily access readings go to: http://www.nursing-informatics.com/N4111
Course Days and Times:	**S10: Wed.** 0800 to 1150 (1 hour self-guided time)

Course Description:

This course explores ways nurses can influence and create change for the promotion of societal health. Emphasis is placed on selected strategies for enhancing nursing influence on the evolving Canadian health care system.

Ends In View:

Students who successfully complete the course will have reliably demonstrated the ability to:

1. explore their potential as change agents in the community and the nursing profession

2. understand the political process at the local, provincial, federal, and international level for nursing and health care

3. understand and critique issues related to creating and implementing health care policy

4. use change frameworks to strategize for change in the community and the profession

5. develop, implement, and evaluate a strategy for change

6. explore how to transform ideas or policy into effective interventions to promote health evidence-based practice

COURSE STRUCTURE & CONTENT:

The course content consists of the following topics/concepts:

1. Change theories, processes and strategies to empower nurses
2. The Canadian health care system
3. The structure and processes of politics in the context of health care policy
4. Health care reform
5. Lobbying as a change strategy
6. Contemporary issues in the community and the profession related to policy and health promotion

Course Processes

Students will engage in a variety of learning activities to examine change at the micro, meso, and macro levels of society. They will have a variety of opportunities to view themselves as health professionals who have the mandate, knowledge, and skills to bring about change. Educational processes will include lecture-discussion, independent study, individual and/or group work in the use of change theories, and active participation in critiquing case studies, media stories as well as reflecting and debating issues related to change in the community and the profession.

Course Resources

Required readings are listed in the "In Preparation" section of each learning activity. Enrichment readings are recommended to further expand your knowledge about nursing inquiry, and may be listed in the "Reference" section of the learning activities.

Computer Access

Computer access is encouraged for this course, either at home or on campus. There are several areas on campus where student computer facilities are available. Labs in Buildings D and G are

well equipped for student use, some with statistical software installed. Computers in the Learning Resource Center on the second floor of Building D are another possible area to do your work.

You will also need graphical access to the Internet (Firefox or Internet Explorer) to access readings, research studies, databases, and other informative sites for study, practice, and research analysis.

Participants are expected to have or to develop basic computer skills, including wordprocessing, presentation skills, table and graph development, Internet browsing and downloading, email use including sending documents through attachments, and library searches. Each student must have a private email address that can receive attachments.

Policies and Procedures

Students are expected to review the Student Resource Manual, the Kwantlen University College Calendar, and the on-line Kwantlen University College Policies and Procedures for pertinent policies to this course. Grading, Attendance, Plagiarism, Withdrawing from Courses, Student Conduct, Progression of Students, Applying for Awards and Scholarships, Late Assignments, and Cheating are all areas that should be reviewed and understood.

Evaluation

Course grades will be calculated based on the sum of the individual assignment grades received. Students are reminded to review the Kwantlen University College Calendar for the grade criteria and parameters.

Course Assignments

Further information is provided on the individual Course Assignments pages of this syllabus. There are a total of four assignments, selected to give you ample opportunity to explore the process of change in an academic manner.

There is NO final or midterm examination for this course.

Nursing 4111 Nurses Influencing Change

Assignment #1:
Annotated Bibliography

Maximum Possible Mark: **15 marks**
Final Due Date: September 27th, 2006

This assignment will be completed to help you to further develop your evaluation, analysis and scholarly library research skills. The annotated bibliography is a list of citations to books, articles, web sites and other resources related to the process of change. Each citation will be followed by a brief descriptive and evaluative paragraph (annotation), meant to inform readers of the accuracy, quality and relevance of the cited sources. But the annotation goes beyond a mere mini-abstract of the citation. An annotation is both descriptive and critically analytical.

Guidelines

1. Select 15 citations to books, articles, web sites, newspapers, and other resources pertinent to your change topic. Cite each source using APA style (but alter the layout to look like the example below, for easier reading). .

2. Write a concise annotation for each citation. Include:

   a) A short summary of the source including the focus and findings.
   b) A brief evaluation of the quality of the source (accuracy, authority, usefulness)

Example:

Shapiro, T. & Nieman-Gonder, J. (2006). Effect of communication mode in justice-based service recovery. *Managing Service Quality, 16*(2), 124-144.

Like several other studies reviewed, these two authors focused on justice/equity based service recovery using a scenario-based experimental study. A key consideration that was emphasized was the necessity for multi-modal communication processes for clients to access, for ease of contact and complaint registration when service failure occurs. On-line contact using web or e-mail, plus toll-free phone access appeared to be the most popular means of communication for the majority of customers. The authors pointed out that customers are reluctant to complain directly to companies, especially if they are forced to do so in-person. By supplying alternative means of communication, complaint rates increased substantially. This was viewed as positive, since customer complaints help a company examine their own performance, methods of customer communication, as well as facilitated follow-up with clients when service recovery is necessary.

Grade Criteria: Summary and Analysis clearly and concisely written: 1 mark per annotation.

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Assignment #2:
Application of Change Theory Scholarly Paper

Maximum Possible Mark: **30 marks**
Final Due Date: October 18th, 2006

This assignment will be completed to give you the opportunity to apply a selected change theory to a societal change issue of your choice. It will also help you to further develop your scholarly writing skills.

Topic: Your topic should address a current issue in nursing and/or society where change is blatantly needed. You need to clearly identify and research one selected change theory (eg Lewin, Rogers, Bennis, etc.) and apply it to the issue in question.

Audience: Your paper should address a nursing audience. Visualize your paper being submitted to a nursing journal of your choice, and write it with this image in mind.

Format: 10 double spaced pages of text (not including graphics, cover page, appendices or references), 1 inch margins, 12 point font in Times Roman, APA style, use subheadings.

Thesis: Include your thesis statement in the Introduction. Use subheadings to separate different aspects of your paper which support your main thesis. Provide supporting evidence for your thesis throughout the body of your paper, using a logical, well developed, consistent style.

Marking: The total maximum 30 marks will be assessed using the following criteria:

Maximum Mark includes assessment of:

2 - Clear thesis statement.
5 - Comprehensive presentation and application of selected Change Theory.
5 - Clear, logical flow to writing.
3 - Consistent use of APA style.
5 - Format (spelling, grammar, use of quotations, sentence structure).
5 - Uniform consistent paper composition: (introduction, body, conclusion, use of transitionals).
5 - Presentation and analysis of selected nursing or societal issue.

Total: maximum 30 marks

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Assignment #3:

Digital Media Presentation of a Societal Change Campaign

Maximum Possible Mark: **30 marks**
Final Due Date: November 8th, 2006

This assignment will give you the opportunity to explore the general principles and dynamics of the societal change process applied to a selected media medium campaign and creating a digital media presentation to share your exploration. You may work on this project independently or in pairs. Your work will be uploaded to the course website. Your choice of mediums may include:

- A website
- A pamphlet
- A booklet
- A multimedia presentation
- A Powerpoint presentation
- A video
- A photo-story presentation
- A Flash or Swish presentation
- A digital poem (set to music) or song
- An online game
- A blog

Marking: The total maximum 30 marks will be assessed using the following criteria:

Breakdown of Marking Criteria:

7 - Comprehensive presentation and application of key Change Process concepts and processes.

5 - Clear, logical flow to writing

.

3 - Consistent use of APA style.

5 - Format (spelling, grammar, use of quotations, sentence structure).

5 - Aesthetic use of colour, font, white space, graphics, animation, headings, layout.

5 - Effective use of digital software program of your choice (ie Powerpoint, Flash, Swish, MS Publisher, Quicktime, Dreamweaver, Frontpage, CoffeeCup, Pagemaker, Quark, etc.)

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Assignment #4:
Group Presentation: Contemporary Issues in Nursing and the Community

Maximum Possible Mark: **25 marks**
Final Due Date: **November 15, 22, or 29th, 2006**

This assignment gives you the opportunity to further your group collaborative and planning skills as well as skill in presenting a topic in front of an audience. It also affords opportunity to further investigate a selected contemporary issue in nursing and in the community and to plan how the change process could be applied to address the issue.

Guidelines:

1. Form a group of 4 – 5 members. Plan regular meetings to divide the work and plan the session.

2. Select a topic of mutual interest that clearly invites the application of the change process in either the nursing profession, or in the community at large.

3. Prepare a 15 minute presentation including visual aids such as posters, Powerpoint, handouts, etc.

4. Each member of the group should be involved in both the preparation and the presentation. Planning is needed in order to divide the presentation time equitably and efficiently.

5. Prepare a reflective summary to detail the group process used. Include a description of how tasks were distributed in the group, an explanation of how you chose the style and delivery of presentation used, innovations and visual aids used, and the general group dynamics.

Marking: The total maximum 25 marks will be assessed using the following criteria: (all group members given the exact same mark)

5 - Comprehensive presentation and application of key Change Process concepts and processes, addressing the selected contemporary issue.

5 - Clear, logical flow to presentation.

5 - Equitable division of labour (preparation and presentation).

5 - Clarity and style of delivery.

5 - Aesthetic use of visual aids.

5 - Reflective summary (done by group together)

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Fall 2006

SUGGESTED WEEKLY CLASS SCHEDULE S 10: Wed. 0800 – 1150 in D328 (with 1 hr self study)		
WEEK	**THEORY FOCUS**	**LEARNING ACTIVITIES**
1. Sep 6th		Review of Syllabus and Expectations
2. Sep 13th	Change Theory and Process	The Change Process and Selected Theories
3 Sep 20th	Change Theory and Process	Planned Change and Selected Theories
4. Sep 27th	Change Theory and Process ***Annotated Bib Assignment Due***	Adapting to Change and Selected Theories
5. Oct 4th	Change Theory and Process	Context of Influencing Societal Change
6. Oct 11th	Societal Change	The Impact and Influence of Images and Roles of Nursing
7. Oct 18th	Societal Change ***Change Theory Paper Due***	Influencing Health Care Reform
8. Oct 25th	Societal Change	Influencing Health Policy Change
9. Nov 1st	Societal Change	Strategies for Political Action/Change
10 Nov 8th	Societal Change ***Media Project Due***	Nurses as Change Agents
11. Nov 15th	Change Strategies ***Group Presentations Due***	Lobbying and Coalition Building
12. Nov 22nd	Change Strategies ***Group Presentations Due***	Media as Medium for Change
13. Nov 29th	Change Strategies ***Group Presentations Due***	Innovation and Advocacy
14. Dec 6th	`	Wrap up, Summary

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Learning Activity # 1

The Change Process and Selected Theories

"You must be the change you wish to see in the world."
– Mahatma Ghandi

"If you want to truly understand something, try to change it."
- Kurt Lewin

Overview

The theoretical foundations of change theory are robust: several theories now exist, many coming from the disciplines of sociology, psychology, education, and organizational management. Kurt Lewin (1890 – 1947) has been acknowledged as the "father of social change theories" and presents a simple yet powerful model to begin the study of change theory and processes. He is also lauded as the originator of social psychology, action research, as well as organizational development.

Lewin's change theory consists of three distinct and vital stages:

- Unfreezing
- Moving to a New Level or Changing
- Refreezing.

Lewin recognized the role of habit in people's thoughts and actions.

"Unfreezing" involves finding a method of making it possible for people to let go of an old pattern that was counterproductive in some way.

"Moving to a new level" involves a process of change--in thoughts, feelings, behavior, or all three, that is in some way more liberating or more productive.

"Refreezing" is establishing the change as a new habit, so that it now becomes the "standard operating procedure." Without some process of refreezing, it is easy to backslide into the old ways.

Lewin also created a model called "force field analysis" which offers direction for diagnosising situations and managing change within organizations and communities. Lewin assumes that in any situation there are both driving and restraining forces that influence any change that may occur. According to Lewin's theories, human behavior is caused by forces – beliefs, expectations, cultural norms, and the like – within the "life space" of an individual or society. These forces can be positive, urging us toward a behavior, or negative, propelling us away from a behavior.

Driving Forces

Driving forces are those forces affecting a situation that are pushing in a particular direction; they tend to initiate a change and keep it going. In terms of improving productivity in a work group, pressure from a supervisor, incentive earnings, and competition may be examples of driving forces.

Restraining Forces

Restraining forces are forces acting to restrain or decrease the driving forces. Apathy, hostility, and poor maintenance of equipment may be examples of restraining forces against increased production.

Equilibrium

This equilibrium, or present level of productivity, can be raised or lowered by changes in the relationship between the driving and the restraining forces. Equilibrium is reached when the sum of the driving forces equals the sum of the restraining forces.

In general, three categories of change models exist: empirical-rationale, power-coercive, and normative-educative models (see table 1 below). Hohn (1998) identified four different types of change: Change by exception, Incremental Change, Pendulum Change and Paradigm Change.

- **Change by Exception**: occurs when someone makes an exception to an existing belief system. For instance, if a client believes that all nurses are bossy, but then experiences nursing care from a very modulated nurse, they may change their belief about that particular nurse, but not all nurses in general.

- **Incremental Change**: change that happens so gradually, that an individual is not aware of it.

- **Pendulum Changes**: are changes that result in extreme exchanges of points of view.

- **Paradigm Change:** involves a fundamental rethinking of premises and assumptions, and invovles a changing of beliefs, values and assumptions about how the world works.

A change agent is someone who deliberately tries to bring about a change or innovation, often associated with facilitating change in an organization or institution. To some degree, change always involves the exercise of power, politics, and interpersonal influence. It is critical to understand the existing power structure when change is being contemplated. A change agent must understand the social, organizational, and political identities and interests of those involved;

must focus on what really matters; assess the agenda of all involved parties; and plan for action.

Change occurs over time, often fluctuating between intervals of change then a time of settling and stability.

Ends In View

This learning activity is intended to provide learners with the opportunity to:

1. Apply Lewin's Change and Force Field Analysis theories to selected situations.

2. Identify driving and restraining forces that influence change.

3. Apply basic change theories to nursing issues and situations.

4. Distinguish reactive change from planned change.

5. Recognize the role of nurses as change agents.

6. Distinguishes between empirical-rationale, power-coercive, and normative-educative change models.
7. Analyzes Hohn's four different types of change.

In Preparation

1. **Read:** Schein, E. H. (1995). *Kurt Lewin's Change Theory in the Field and in the Classroom: Notes toward a model of managed learning.* Working Paper 3821. Available from: (pdf) http://www.nursing-informatics.com/N4111/schein_lewin.pdf

   or http://www.a2zpsychology.com/articles/kurt_lewin's_change_theory.htm (html)

2. **Read**: Chung, H. & Nguyen, P. (2005). JHQ 161 – Changing Unit Culture: An Interdisciplinary commitment to improve pain outcomes. *National Association for Healthcare Quality.* Online: http://www.nahq.org/journal/ce/article.html?article_id=228

In Practice

1. Participate in class discussion about the Schein paper, focusing particularly on how the students described learned to become change agents, and how Lewin's theory was used to help to shape the course curriculum. Also, consider why Schein summarized that “planned change” should be relabeled as “managed learning.”

2. Chung and Nguyen give a clear account of how they applied Lewin's change theory to improve pain outcomes in a Texan hospital. In small groups, choose a nursing situation or practice aspect where Lewin's theory could be applied to spur necessary change. Draw a model of your work and share with the rest of the class.

3. Using the diagram in Figure 1: participate in class discussion to brainstorm forces that are in play due to the problem of the global nursing shortage.

4. In small groups, refer to the information in Table 1 at the end of this learning activity. Discuss three examples of an appropriate use of each of the three change paradigms (one example for each) and share with the class.

In Reflection

1. Reflect on the class discussions, and notice if your view of the change process has expanded. Jot down your thoughts.

2. What traits (if any) will you need to cultivate to feel comfortable operating as a change agent?

3. Examine your own feelings and thoughts about taking this course. What strategies can you use to feel comfortable with the process of change?

References

Chung, H. & Nguyen, P. (2005). JHQ 161 – Changing Unit Culture: An Interdisciplinary commitment to improve pain outcomes. *National Association for Healthcare Quality.* http://www.nahq.org/journal/ce/article.html?article_id=228

Ellis, J. R. & Hartley, C. L. (2005). *Managing and coordinating nursing care.* 4th ed. Philadelphia: Lippincott, Williams & Wilkins.

Schein, E. H. (1995). *Kurt Lewin's Change Theory in the Field and in the Classroom: Notes toward a model of managed learning.* Working Paper 3821. http://www.nursing-informatics.com/N4111/schein_lewin.pdf

PLANNED CHANGE		
DRIVING FORCES		**RESTRAINING FORCES**
	► ◄	
	► ◄	
	► ◄	
	Seek Equilibrium	

Figure 1: Force Field Diagram (based on Kurt Lewin's Theory)

UNFREEZING
CHANGE
REFREEZING

Figure 2: Kurt Lewin's Change Theory

FORCE FIELD ANALYSIS COMPONENTS (K. Lewin)

Driving Forces

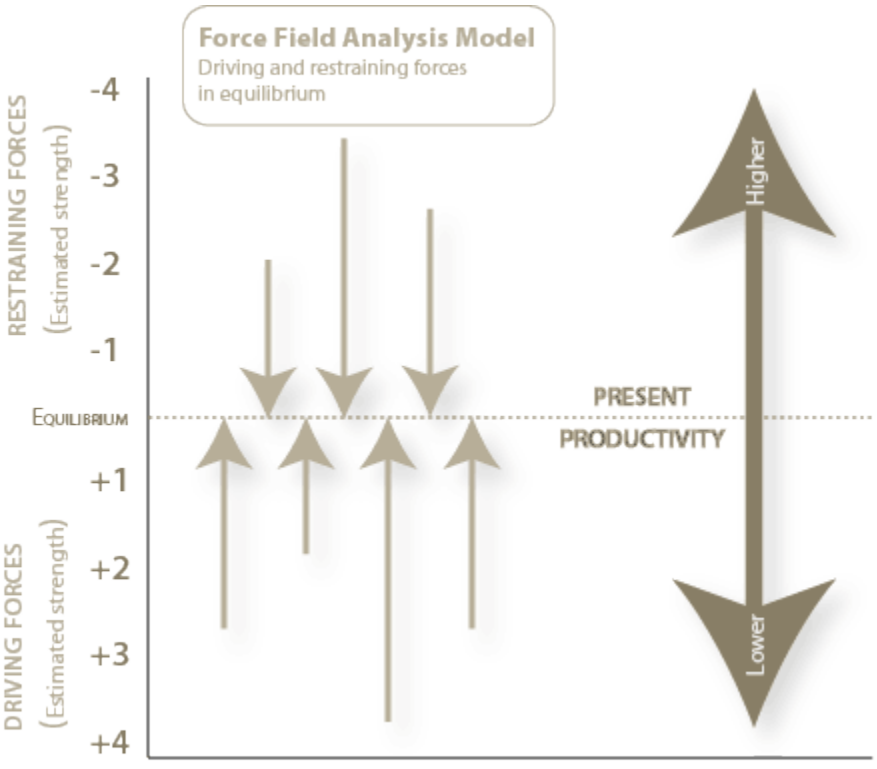
Driving forces are those forces affecting a situation that are pushing in a particular direction; they tend to initiate a change and keep it going. In terms of improving productivity in a work group, pressure from a supervisor, incentive earnings, and competition may be examples of driving forces.

Restraining Forces

Restraining forces are forces acting to restrain or decrease the driving forces. Apathy, hostility, and poor maintenance of equipment may be examples of restraining forces against increased production. Equilibrium is reached when the sum of the driving forces equals the sum of the restraining forces.

Equilibrium

This equilibrium, or present level of productivity, can be raised or lowered by changes in the relationship between the driving and the restraining forces.



Adapted from: © 2005 Accel-Team.com http://www.accel-team.com/techniques/force_field_analysis.html

Change Model Paradigm	*Characteristics*
Power Coercive	Leader orders change, subordinates comply Change agent must have authority Origin of regulations and laws May be used to force a change, ie: desegregation laws May fail due to high resistance
Empirical Rationale	Emphasis on Reason and Knowledge Based on premise that people will change once they realize it serves their rationale self interest Recipients are not actively involved in change process but are educated about the values Often used for technological change Ignores beliefs, feelings, values
Normative Educative	Change only really occurs once attitude, values, skills, relationship changes are made Those affected by the change MUST be involved in the planning Mutual trust and collaboration needed Conflict must be resolved amicably Kurt Lewn's theory is an example

Table 1: General Change Model Paradigms

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Learning Activity # 2

Planned or Managed Change and Selected Theories

"There are two primary choices in life: to accept conditions as they exist, or accept the responsibility for changing them."
-Dr. Denis Waitley

"Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has."
- Dr. Margaret Mead

OVERVIEW

Societal change is often the result of careful planning and skilled management. Theory developed on this kind of change is often categorized as planned or managed change theory. Nurses can become visible and efficient agents for planned/managed change, both in healthcare and society at large. Several viable theories and change tools exist to help guide this process. In this learning activity we will look at several powerful models that have developed from some of these change theories. These include a Planned Personal Change Model as well as the Stages of Change Model, the Appreciative Inquiry Model, the Change Equation, and so on. All of these models serve as useful guides and tools for planning change with individual clients, groups, communities, and organizations.

"Indeed, these are changing times in health care, but they are also exciting ones if nursing chooses to be proactive in its response to these changes at the individual and organizational levels. Creativity will be needed to provide new solutions to problems. Let us look at these changes as opportunities to influence decisions in our organizations. Will you choose to be reactive or proactive?" (Simon, 1999, p. 1).

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Apply change models and methods to nursing issues and situations.

2. Examine how individual assumptions, perceptions, behaviour patterns, and supporting structures can act as barriers to change.

3. Comprehend the complexity of change within organizational, political and national cultures and systems.

4. Analyze the dynamics of planned and/or managed change at a personal, group, institutional, and national level.

IN PREPARATION

1. **Explore:** *The Grandfolkie's Guide to Managed Change* at: http://www.grandfolkies.com/prchan~1.htm

2. **READ:** Cooperrider, D. & Whitney, D. (2002) *A positive revolution in change: Appreciative Inquiry.* Euclid, OH: Lakeshore Publishers. http://appreciativeinquiry.cwru.edu/uploads/whatisai.pdf

3. **READ:** Beisser, A. (1970). *Paradoxical Theory of Change.* http://www.gestalt.org/arnie.htm

4. **READ:** FHI. (2002). *Behavior Change – A Summary of Four Major Theories.* Family Health International.http://www.fhi.org/NR/rdonlyres/ei26vbslpsidmahhxc332vwo3g233xsqw22er3vofqvrfjvubwyzclvqjcbdgexyzl3msu4mn6xv5j/BCCSummaryFourMajorTheories.pdf

IN PRACTICE

1. In small groups, draw a model to illustrate the Paradoxical Theory of Change described by Beisser.

2. Participate in class discussion related to the change theories presented in the preparatory readings. How can these models be useful to nurse change agents?

3. How do the Behavior or Personal Change Models differ from the Organizational and/or Societal Change Models presented? Could they be interchangeable?

4. Appreciative Inquiry is one of the most contemporary of the theories studied in this learning activity. What unique ideas, premises, philosophy does this approach bring to nursing and society at large? Does this philosophy suit the profession of nursing? Does it seem realistic?

5. In small groups create a brief case scenario related to nurses influencing client or societal change, applying one of the models studied. Present your case to the class.

IN REFLECTION

1. Consider which of the models studied would be useful in your change project work for N4141.

2. How could these models be useful to you as an individual for making changes in your own life?

REFERENCES

Beckhard, R. & Harris, R. (1987). *Organizational transitions.* 2nd ed. Reading, MA: Addison-Wesley.

Beisser, A. (1970). *Paradoxical Theory of Change.* http://www.gestalt.org/arnie.htm

Cooperrider, D. & Whitney, D. (2002) *A positive revolution in change: Appreciative Inquiry.* Euclid, OH: Lakeshore Publishers. http://appreciativeinquiry.cwru.edu/uploads/whatisai.pdf

FHI. (2002). *Behavior Change – A Summary of Four Major Theories.* Family Health

International.http://www.fhi.org/NR/rdonlyres/ei26vbslpsidmahhxc332vwo3g233xsqw22er3vofqvrfjvubwyzclvqjcbdgexyzl3msu4mn6xv5j/BCCSummaryFourMajorTheories.pdf

Simon, J. M. (1999). Change: An opportunity for creativity. *Nursing Diagnosis,* Apr – Jun. http://www.findarticles.com/p/articles/mi_qa3836/is_199904/ai_n8830905/print

PLANNED PERSONAL CHANGE	
VISUALIZING 1. Recognize Disequilibrium 2. Weigh the Pros and Cons of Non Change 3. Brainstorm, Envision Goals Desired 4. Reality Check 3. Visualize the Change	
PLANNING 1. Set Clear Goals or Objectives 2. Define Action Plan 3. Identify Resources	
TRANSITIONS 1. Motivate Yourself, Give Incentives 2. Organize, Monitor, Measure (timelines) 3. Communicate Your Intention 4. Deal with Resistance 5. Maintain Some Stability	
EVALUATION 1. Relax, Reflect on Progress 2. Take Baby Steps 3. Review Notes, Plans, Evaluate	

Table 1: Personal Planned Change
(go to http://www.grandfolkies.com/prchan~1.htm for indepth details)

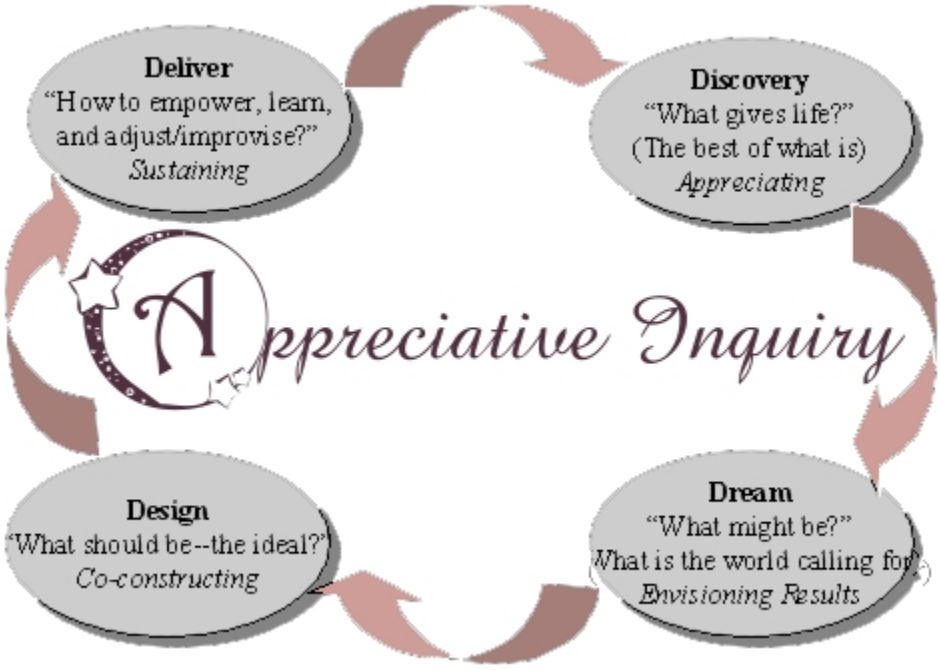

Figure 1: – AI 4-D Change Model for Organizational or Societal Change

Appreciative Inquiry (AI) is a capacity building approach that selectively seeks to locate, highlight, and illuminate the life-giving forces within an organization or community. AI seeks out the best of "what is" to help ignite the collective imagination of "what might be". The aim is to generate new knowledge that expands the "realm of the possible" and helps people envision a collectively desired future and to carry forth that vision in ways which successfully translates images of possibility into reality, and belief into practice. AI is not a methodology. It is a philosophy, an orientation to change, and a way of seeing and being in the world!

The AI 4-D Model entails four stages

(1)***Discovers*** what gives life to an organization; what is happening when the organization is at its best;

(2)***Dreams*** about what might be; what the world is calling the organization to be;

(3)***Designs*** ways to create the ideal as articulated by the whole organization; and,

(4) ***Delivers*** through an on-going and iterative processes. This is not a static solution but rather a dynamic process of continuous change.

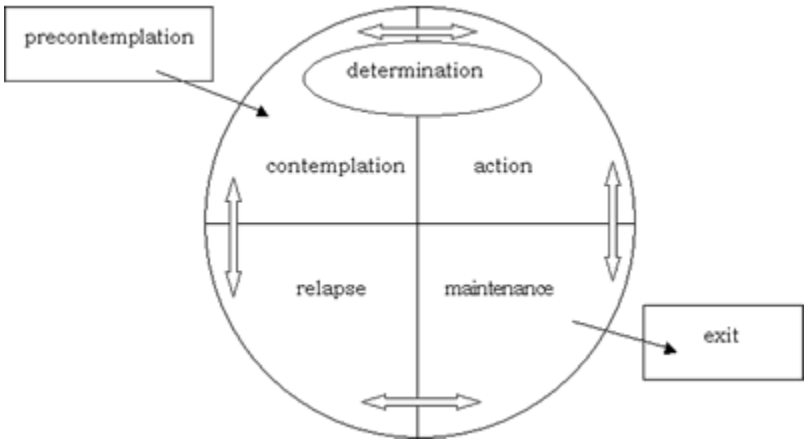

Figure 2: Stages of Change Model

CHANGE EQUATION

(Gleicher, Beckhard, Harris)

C = D x V x F > R

C = Planned Change

D = Dissatisfaction with status quo

V = Vision

F = First Steps

R = Resistance to Change

Table 2: Change Equation Model for Organizational Change

Change Equation Model

It is important to **note** that the three components must all be present to overcome the resistance to change in an organization:

- **Dissatisfaction** with the present situation,
- a **Vision** of what is possible in the future,
- and achievable **First steps** towards reaching this vision.

If any of the three is zero or near zero, the product will also be zero or near zero and the **Resistance** to change will dominate.

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Learning Activity # 3

Adapting to Change and Selected Theories

"Those who expect moments of change to be comfortable
and free of conflict have not learned their history."
- Joan Wallach Scott

"Some make it happen, some watch it happen,
and some say, "What happened?""
- Anonymous

OVERVIEW

Change requires a great deal of flexibility and the ability to adapt. Nurses act both as change agents and as supporters/advocates who assist people to adapt to the myriad of changes that affect their lives. They also participate in influencing social and organizational change on many levels. Entire nursing theories have been based on this adaptation, for instance the Roy Model created by Sister Callistra Roy. The entire theory of evolution is based on this premise as well.

It is important for nurses to recognize why some people and sectors of society adapt very well to change, even chaos, while others do not adapt at all. Organizations, societal groups, including families that accept adaptation and change as a normal, ongoing part of life offer an environment where health, leadership, and excellence can flourish. In a society where change takes place very rapidly and unceasedly, nurses need to ensure that they do not abandon practices that should be preserved. It takes insight, skill, and collaboration to decide on the best adaptive response to any proposed change. Since stress is a natural outcome of any situation that requires adaptation or change, nurses also serve as buffers, agents, teachers, and guides in moving through times of change in a healthy way.

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Analyze the Adaptation components within various change models and apply to nursing issues and situations.

2. Examine how individual assumptions, perceptions, behaviour patterns, and supporting structures facilitate and/or hinder adapting to change.
3. Explore ways that nurses facilitate the adaptation to change process in individuals, families,

groups, organizations, communities and society at large.

IN PREPARATION

1. **READ:** Collerette, P., Schneider, R. & Legris, P. (2003). Managing organizational change – Adapting to change, Pt. 4. *ISO Management Systems,* Jan – Feb. http://www.iso.org/iso/en/iso9000-14000/addresources/articles/pdf/relatedtopic_1-03.pdf

2. **READ:** Quade, IK. & Brown, R. Practicing Active Change. *The Conscious Consultant: Mastering Change from the Inside Out.* San Francisco, CA: Pfeiffer. Chapter One. http://media.wiley.com/product_data/excerpt/08/07879588/0787958808.pdf

3. **READ**: Emery, D. H. (1998). *Managing Yourself through Change.* http://www.dhemery.com/articles/managing_yourself_through_change.pdf

4. **READ:** Kaminski, J. (2000). *Leadership and Change Management: Navigating the Turbulent Frontier.* http://www.nursing-informatics.com/changemant.html

   (#4 is also printed and available at end of this learning activity)

IN PRACTICE

1. Participate in class discussion related to the adaptation to change within individuals, groups, organizations and society at large.

2. In small groups, brainstorm a nursing scenario that applies the Satir Chaos Change Model, paying particular attention to the process of adapting to change throughout the five stages (see Table 1 at end of learning activity).

3. In pairs, discuss how Adapting to Change is demonstrated in the Awakening Phase described in the Collerette, Schneider and Legris paper AND in the Active Change Model described by Quade and Brown. Are these models useful to nursing?

4. In small groups, draw a model (using any components you like!) to illustrate your view of nurses role in facilitating adaptation to change (this can be at any capacity, whether in individual clients, families, organizations, communities or society at large).

IN REFLECTION

1. Assess your own level of adaptability to change. Are you flexible? Adaptable? Resilient?

2. How can you apply the theories studied this week to your change project in NRSG 4141? To your practice?

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Emery, D. H. (1998). *Managing Yourself through Change.* http://www.dhemery.com/articles/managing_yourself_through_change.pdf

Kaminski, J. (2000). *Leadership and Change Management: Navigating the Turbulent Frontier.* http://www.nursing-informatics.com/changemant.html

Quade, IK. & Brown, R. Practicing Active Change. *The Conscious Consultant: Mastering Change from the Inside Out.* San Francisco, CA: Pfeiffer. Chapter One. http://media.wiley.com/product_data/excerpt/08/07879588/0787958808.pdf

Satir, V., Banmen, J., Gerber, J. & Gomori, M. (1991). *The Satir Model: Family Therapy and Beyond.* Palo Alto, CA: Science and Behavior Books.

Stage	Description	How to Facilitate Adapting
One	Old Status Quo	Encourage people to seek improvement, information and concepts from outside the group, organization, or community.
Two	Resistance	Help people to open up, become aware, and overcome the reaction to deny, avoid, or blame.
Three	Chaos	Help build a safe environment that enables people to focus on their feelings, acknowledge their fear, and use their support systems. Help administration avoid any attempt to short circuit this stage with "magical" solutions.
Four	Integration	Offer reassurance and help people find new methods for coping with difficulties.
Five	New Status Quo	Help people to feel safe so they can relax, accept and feel renewed stability.

Table 1: Virginia Satir's Chaos Change Model Stages and Adaptation Tips.

Leadership and Change Management: Navigating the Turbulent Frontier

by June Kaminski, MSN, 2000

Introduction

"Change is no longer an irregular outing, an inconvenient upheaval to be undertaken once every ten years. Change is something we have to learn to live with, to structure and to manage. Change is here to stay, and the winners will be the ones who cope with it."
- (Bainbridge, 1996, p. 4)

Adaptation to change has become a common agenda for organizations of all types - health care, business, social, governmental, educational, and cultural. The later decades of the twentieth century will go down in history as an "era of perpetual change." In all organizations, the effects of change are multifaceted. "New competitors enter the marketplace and sweep away established customer bases, technology changes the rules of how business can be undertaken, legislation demands changes to the way in which products and services are delivered, and deregulation throws up whole new trading blocks and industry sectors. Behind it all the expectations of customers grow as they become ever more knowledgeable and demanding," (Bainbridge, 1996, p. vii).

Traditional ways of doing business are quickly going out the window. Bureaucracy, control, rigidity and functionalism have become outmoded, and are actual obstacles to change management. Perhaps the biggest obstacle is people's attitude toward change, which are often fixed and resistant. Yet, businesses must continue to function as new capabilities and ways of dealing with change after change are cultivated. Capabilities and resources are the heart of an organization, and are all susceptible to changes: the people, the information technology (IT) systems, the procedures and the management characteristics.

Change within organizations occurs on a myriad of levels. New international and national legislation, aware and discerning customers, the global marketplace, sophistication in IT development, new industries, markets and knowledge sectors, a move towards a flexible, short-term workforce and uncertainty about the future all impact on business and social organizations across the globe. The combination of these widespread changes can create a pressure-cooker environment within organizations struggling to adapt and prosper.

The Phenomenon of Change

Lewin (1951) produced the first viable model of change in his force field model. In this model, change was characterized as a state of imbalance between driving forces and restraining forces. If these forces were balanced or in equilibrium, no change could take place. Change is inherent in every context and is a relative concept. "Every phenomenon is subject to change, however apparently stable its nature," (Wilson, 1992, p. 8). That change exists is a predictable notion. "In every industry and business, change ebbs and flows in recurring cycles that to at least some extent can be charted and therefore anticipated and managed," (Nadler & Nadler, 1998, p. 45).

Change is disruptive, messy, and complicated. Even with the best laid plans, events rarely occur exactly as they were predicted. "Real change in real organizations is intensely personal and enormously political," (Nadler & Nadler, 1998). Change processes entail not only structures and ways of doing tasks, but also the performance, expectations and perceptions of all involved parties. Change has become widespread and unpredictable, but is

still manageable (Bainbridge, 1996). An inherent characteristic of change is that it is risky, especially when it encompasses many different sectors within an organization or society. Change can also be planned or emergent. Wilson pointed out that a shift from emergent models of change to planned ones has steadily occurred over the past two decades. A total shift is not advised though, since the political and economic context of the surrounding environment can not be ignored, and must also be adapted to. Strategies to deal with unplanned change are just as necessary as planned ones.

Effects of Change on Organizations

To effectively adapt to change, most established organizations have a daunting task ahead of them in a variety of operational and procedural areas. Business processes must be redefined and redesigned and adapted to specific geographical and cultural settings. The workforce needs to be retrained to be ready for changes in how work is done, what skills and knowledge is needed, and how to relate to global collaborators and customers. The very culture of an organization needs to be reshaped to properly support the new processes introduced. Structures, reward systems, appraisal measurements and roles need redefinition (Bainbridge, 1996). Leadership styles and management procedures must shift and adapt, and ways of relating with customers, suppliers, and other stakeholders need refining. Technological advances and capabilities must be introduced, and preparation of the workforce to work with the new IT structures is needed.

Successful adaptation to change necessitates "an understanding about how to convert and rebuild from the complexities and legacies of the old, as well as generate designs about the new," (Bainbridge, 1996, p. 12). Change necessitates that organizations realistically move beyond antiquated processes, empower and retrain employees, and incorporate advances in IT into the everyday work setting. No longer are organizations reacting to sequential or occasional change. New changes now occur as organizations are in the throes of initiating the change process. Change has become perpetual. In order to cope, organizations need a design process with strategies and guidelines for thriving amongst a multitude of changes. "Real change is an integrated process that unfolds over time and touches every aspect of an organization," (Nadler & Nadler, 1998, p. 6).

The Role and Issues of Leaders in Guiding Change

The creation and design of change processes within an organization is most often a role of the leaders within it. Change processes which encompass human resources, IT adoption and upgrades, tools and techniques, as well as the basic rules and controls within the organization are the mandate of leaders engaged in the management of change (Bainbridge, 1996). It is up to the leaders to make these change initiatives tangible rather than abstract and to awaken enthusiasm and ownership of the proposed changes within the corporate milieu. Leaders are responsible for bridging the gap between strategy decisions and the reality of implementing the changes within the structure and workforce of the organization. A myriad of details and effects must be acknowledged and addressed for successful adaptation to change in all sectors of a firm.

"Underlying this principle is the fact that almost everything in an organization's infrastructure has an influence on some other part of it. Management style affects culture, technology affects the way staff interact with customers, internal communication methods affect how people work together," (Bainbridge, 1996, p. 37). A holistic approach to change management encourages the redesign and adaptation to change at all organizational levels. In essence, process itself can become the platform for change to occur, as well as the

protector of the existent daily operations.

A clear picture of how the business operates currently is afforded, as well as a picture of how the business must plan, schedule, and undergo the change process.

Nadler and Nadler (1998) emphasized the importance of leaders in organizing and maintaining a climate for change within organizations. Although participation of all players is necessary, the role of the leader in the change process is crucial. Dubbed the "champions of change" it is the leaders, - the top management players who keep the change process moving while maintaining the operational integrity of the organization. Adaptive leaders provide direction, protection, orientation, conflict control, and the shaping of norms while overseeing the change process within the corporate structure (Conger, Spreitzer & Lawler, 1999). Priorities need to be set which encourage disciplined attention, while keeping a keen eye focused for signs of distress within the company members.

Steps to transform an organization were identified by Conger et al (1999). The steps included: a) establishing a sense of urgency; b) forming a powerful guiding coalition; c) creating a vision; d) communicating the vision; e) empowering others to act on the vision; f) planning for and creating short-term wins; g) consolidating improvements and producing still more change and h) institutionalizing new approaches.

A new model of organizational learning is important for survival and adaptation in the new century. Learning is a key requirement for both leaders and followers for any effective and lasting change to occur. "Without learning, the attitudes, skills and behaviors needed to formulate and implement a new strategic task will not develop, nor will a new frame by which selection and promotion decisions are made," (Conger, Spreitzer & Lawler, 1999, p. 127). The authors proposed an action learning process, called Organizational Fitness Profiling to help leaders to learn how to skillfully transform the particular business they are managing. Scheduled dialogues with followers provide information on how leadership style and behaviors impact on values, organizational design, strategies, and follower perceptions. Organizational success is a process of mutual adaptation between leader values and behaviors, existing people, culture, and organizational design amidst an environment of continual and prolific change. This profiling process requires that leaders are courageous enough to learn about their own assumptions and values about change, leadership and management roles and tasks. In essence, "...a paradigm shift in management thinking about leadership and organization development is needed," (Conger, Spreitzer & Lawler, 1999, p. 158).

Types and Complexities of Change

According to Wilson (1992) technology has become the engine of change for many organizations. Nadler and Nadler (1998) credited increased competition and globalization as the most sweeping factors in the new global change environment. Eccles (1994) outlined six contexts of change common to the corporate world. Takeover change, injection change, succession change, renovation change, partnership change, and catalytic change were all identified as inherent and challenging for most modern organizations. Takeover change primarily entails a change in management players. Injection change purports a change in CEO or the top senior manager. Succession change is felt when the top management layer is succeeded by current members who move up the ladder as the existent management retires or moves on. Renovation change entails the planned change process set by management, while partnership change occurs when the decisions for change is shared across the spectrum of organizational players. "Finally, and in a different style to the other five contexts, there is catalytic change in which an agency, typically a set of consultants or

advisors, intervenes on behalf of one or more stakeholders, usually the management," (Eccles, 1994, p. 88).

Lasting change must occur on many levels within an organization (Nadler and Nadler, 1998). The people, the work, and the formal as well as the informal organization are all key factions to be considered and worked on. Nadler and Nadler (1998) identified four different types of organizational change. Incremental or continuous change is the orderly sequence of change that is expected as time and growth progress. Step by step continuous improvement is the most logical reaction to incremental change. Discontinuous or radical change is another matter. "Complex, wide-ranging changes brought on by fundamental shifts in the external environment are radical, or discontinuous, changes," (Nadler & Nadler, 1998, p. 50). Discontinuous change requires radical departures in approach and strategy, often leading to a complete overhaul of the organization.

Anticipatory change is done in the absence of threat, and in preparation for anticipated environmental changes. Reactive changes represent the opposite of anticipatory change, and are responses to threats and competition in the environment. Nadler,

Shaw and Walton (1995) warned that the present era is swiftly becoming one of discontinuous change. "The core competency for business leaders in the twenty-first century will be change management," (p. 273). Leaders will need both skill and the motivation to become constant visionary change agents. Discontinuous change profoundly affects three key areas of any organization: leadership capability, organizational architecture, and corporate identity. Improvisation, innovation and visionary awareness will be the name of the game for successful firms. Planned spontaneity and deliberate opportunism will be the key to survival in a turbulent global environment. Changes may occur in several different sectors of an organization simultaneously. Strategic, structural, cultural, technological, merger and acquisition, breakup and spin-off, downsizing, and expansive changes are all common, complex, and challenging to incorporate into the organizational milieu (Nadler & Nadler, 1998).

Leadership Change Tools and Strategies

Bainbridge (1996) outlined a five step process of redesign for organizations undergoing planned change. The five steps included:

a) the design stage to determine overall requirements;

b) the definition stage where the design is specified and documentation of the design stage requirements occurs;

c) the development stage, where new capabilities are cultivated through training, education and restructuring;

d) the dismantling stage, where redundant parts of the organization are removed or converted into new capabilities; and

e) the deployment stage, where new capabilities are introduced into the new organizational environment, both internally and externally.

This design process is accomplished within a carefully arranged change process architecture. "This includes the link to strategic objectives, the definition of measures and the production of the high-level design itself," (Bainbridge, 1996, p. 53). The vision of change must be

expressed as clearly as possible and used consistently to spearhead every step of the change design process, including the specification of design principles. Design principles reflect the context and also the content of both internal and external desired change outcomes. Specification and communication of these principles by leaders are necessary to facilitate adoption and adaptation within the organizational culture. Pettigrew (1987) pointed out the wisdom of considering the content, the context (inner and outer) and the process of change within organizations. There is a need to "explore content, context and process linkages through time," (p. 6).

Strategies of organizational change have become a viable vehicle for business success and the creation of competitive performance. The ability to handle strategic change is now a defining characteristic of successful post-industrial organizations. "The leitmotiv of modern management theory is that of understanding, creating and coping with change. The essence of the managerial task thus becomes one of establishing some rationality, or some predictability, out of the seeming chaos that characterizes change processes," (Wilson, 1992, p. 7).

An open systems approach can facilitate emergent change processes within an organization (Wilson, 1992). The linkages and interdependencies between the organization and the external environment can be used to create a pattern for emergent change adaptation. Galpin (1996) described a process for implementing planned change at a grassroots level, using the strengths and capabilities of the human resources within an organization as the central hub for change. This process included stages of a) setting goals; b) measuring performance; c) providing feedback and coaching and d) instigating generous rewards and recognition. Galpin also outlined the strategic steps leaders needed to employ in order to initiate the change process. These steps were:

- defining the need to change;
- developing a vision of the result of change;
- leveraging teams to design, test, and implement changes;
- addressing the cultural aspects of the organization that will help and sustain change; and
- developing the essential attributes and skills needed to lead the change effort," (p. 123).

Cognitive mapping and computer assistance for group decision support are alternative change strategies that can help to cultivate group support for the planned initiatives (Hendry, Johnson & Newton, 1993). The cognitive maps or strategic belief systems of managers and employees can have a profound effect on how change is planned and implemented. Cognitive maps become a practical tool "by acting as a device for representing that part of a person's construct system they are able and willing to make explicit," (p. 121). However, the cognitive map is "significantly biased by the necessary social interaction, or social gaze, that is the basis of elicitation through interview," (p. 122). Still, cognitive maps can be a strategic tool for negotiation and decision making in the change planning and implementation process.

Flamholtz and Randle (1998) identified strategic transformational planning as a key tool for change in an organization. This process describes the planning necessary to transform an organization into what it needs to become to maximize the fit and reduce the gaps between corporate size, environment, business concept and organizational design. Flamholtz and Randle labeled these transformations as First, Second, and Third kinds. A First kind transformation related to professional management transformation. Planning revitalization

or second kind transformation related to all layers of the corporate pyramid, while business vision transformations (third kind) focused on changes needed to address new markets and the firm's role in the existing markets. All three of these transformations were addressed by using the transformational planning process: a) assessing the environment; b) reviewing the existing business; c) resolving core transformational issues and d) developing the written strategic transformational plan. Organizational managers at the top must exhibit leadership, commitment, and conviction to the change and transformation process (Caravatta, 1998).

Incremental change, often the result of a carefully thought out analysis and planning process, has been the most common form of planned change within organizations (Quinn, 1996). A feeling of control is afforded, enough time and commitment are present, and each step of the process can be trialed and adapted to. However, with the advent of technology and globalization, a deep change is necessary. "Deep change differs from incremental change in that it requires new ways of thinking and behaving. It is change that is major in scope, discontinuous with the past and generally irreversible. Deep change means surrendering control," (Quinn, 1996, p. 3). Deep change on any level entails inherent risk. To adapt to the profound changes of our times, leaders must be willing to go out on a limb, to take some big risks by stepping outside of well-established boundaries.

Effects and Consequences of Change

Noer (1997) cautioned leaders to not rely too heavily on external tools for change. "The futile quest for an external, objective tool is a dysfunctional heritage of the old paradigm; the outgrowth of the erroneous attempt to graft the objectivity of the scientific method onto the subjective phenomena of the human spirit. It is a fundamental mismatch," (p. 15). According to Noer, the leader, as a person, is the most important tool for change. The leader's spirit, insight, wisdom, compassion, values, and learning skills are all important facets in the capabilities to lead others to embrace change and redesign.

To be lasting, deep change must not only be made amidst organizational layers, but within each of the players themselves. Deep personal change can be uncomfortable, yet the need for each member of an organization to become empowered, and internally driven is essential for success in this era of change and evolvement. Quinn cautions that if players are not willing or able to make these deep personal changes, then"slow death" is the alternative. Slow death, "a meaningless and frustrating experience enmeshed in fear, anger, and helplessness, while moving surely toward what is most feared" is the consequence of resistance to change. Burnout can occur if this resistance to change persists, resulting in loss of employment or even destruction of the organization as a whole.

The leader who instigates change within a firm is often subject to speculative suspicion. "Because resistance is so common, learning to overcome it is crucial to managing change at every level," (Nadler & Nadler, 1998, p. 84). The transition stage where the change process is instigated must be handled expertly and with enthusiasm. Leaders must own and align the proposed changes, setting expectations, and modeling and communicating the rationale to all members of the organization. The processes of engaging and rewarding help to motivate members, smoothing the transition period, and attempting to win the hearts and minds of all involved to the change process.

Preparing for and Thriving in the Continuous Change of the Future

Quinn (1996) enthused that "We are all potential change agents. As we discipline our talents, we deepen our perceptions about what is possible. Having experienced deep change in ourselves, we are able to bring deep change to the systems around us," (p. xiii). Leaders

who have embraced deep change personally are able to design change processes that reflect a heroic yet enlightened leader stance, one that imparts enthusiasm and vitality into the other members and creates a new perspective of the logic and wisdom of moving with the flow of change. Nadler and Nadler (1998) described a four part matrix of responses to change: tuning, adapting, redirecting and overhauling. "Tuning" represents an anticipatory change process in response to incremental or continuous change, while "adapting" represents a reactive response. "Redirecting" is an anticipatory response to discontinuous, radical change, while "overhauling" represents a reactive response to discontinuous change.

To survive the effects of continuous change, leaders need to accomplish three major tasks: a) to shape the political dynamics of the change process; b) to motivate change; and c) to manage the transition period (Nadler & Nadler, 1998). Pasmore (1994) identified flexibility as a key trait for successful change implementation. "Another strategy must be employed, one that prepares the organization for continuous change in a world that provides no stability and accepts no excuses for being unprepared; a strategy based on flexibility. Being flexible means being able to change everything, all at the same time," (p. 5). In today's world, this flexibility relates to people, technology, ways of thinking, ways of leading, and to the actual organizational design. The trick it seems, is to realize that once a change is achieved, change is not finished. It is ongoing and perpetual (Hambrick, Nadler, & Tushman, 1998).

"Norms, values, and common operating principles rather than rules and direct supervision will furnish the cohesion necessary to provide direction and coordination," (Nadler, Shaw & Walton, 1995). The effective leader will shape the vision and values of the organization, and spend considerable time in developing team leaders and members. A strongly developed and integrated culture and network of individuals who use their own sense of leadership will boost the organizational capabilities for successful adaptation to changes of all kinds and magnitudes.

Conger, Spreitzer and Lawler, (1999) warned that old ways of shaping behaviors in employees, namely rational persuasion and coercion are outmoded and will not work in the future. In the past these have rarely been successful in perpetuating lasting change. In the future, they could be deadly to any organization. Instead, a change style reminiscent of the behaviors used by Martin Luther King, and M. Gandhi are suggested: an empowering self-modification strategy.

This technique is based more on a moral-relational premise rather than a political-technical paradigm, which "requires the change agent to employ a high level of cognitive, behavioral, and moral complexity," (p. 164). To shake people out of complacent stances, or from taking "the path of least resistance" true empowerment must be experienced. Members must feel both challenged and supported for feelings of empowerment to develop. In effect, this entails leaders who are willing to model the desired behaviors: the ability to walk at the edge of chaos by stepping outside the comfort zone and letting go of control. The internal discipline, vision, expectation and sensitivity of the leader is enhanced, which is apparent to followers and peers alike. "In freeing self from external sanctions through personal modification, the change agent obtains increased understanding, enlightenment, or vision about direction and strategy," (Conger, Spreitzer & Lawler, 1999, p. 170).

Summary

Today's fast-paced environment requires people and organizations to develop the ability to adapt to pervasive change and upheaval (Conger, Spreitzer & Lawler, 1999). "Cutting-edge technology, the triumph of capitalism over communism, a burgeoning global economy, a

billion new entrants to the global workforce, and a surplus of products all feed into an environment that is highly competitive and fast-changing," (p. xxxi). The key to successful organizational change, is heroic and learned change management by competent and visionary leaders. Change can be managed in a top-down style or as a highly participative exercise from all levels of personnel. Change is context specific, meaning that no single change process is appropriate for every situation or corporate entity.

Leaders are responsible for setting the context for change within an organization. A culture and vision must be cultivated that can support the planned changes, and deal with unplanned change. Envisioning, energizing, and enabling are all important strategies for rallying support for change initiatives. Leaders must be able to counsel, teach, coach, and reward employees as they adopt and move through the change process. For lasting change to occur, habits, attitudes, and values at all levels of an organization must be congruent with the vision and goals inherent in the process.

Transformative leaders share fundamental characteristics that allow them to enable organizational members in the change process (Conger, Spreitzer & Lawler, 1999). They are able to generate the energy needed to undertake the change process; use vision to lead; have a total system perspective; create a sustained process of organizational learning embedded in a systemic change implementation process. "They must create a transformative process architecture to orchestrate the passage from current to vision state," (p. 225). As success in the transitional context of change is experienced, comfort and preparedness is developed, equipping the organizational members with capabilities to deal with even greater change. Change has become the name of the game, and the wise leader embraces it with open arms. The success of the corporate entity and the people within it depends on it.

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Kwantlen University College
Nursing 4111: Professional Growth 5:
Nurses Influencing Change

Learning Activity # 4

Context of Influencing Societal Change

"Each time someone stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope."
- Robert F. Kennedy

"Men make history, and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better."
- Harry S. Truman

OVERVIEW

Historically, our health care system has responded to the changing needs of society. For example, public health boards and quarantine practices prior to Confederation (1867) were initiated in response to epidemics of infectious diseases introduced by colonization. Organizations such as the Victorian Order of Nurses and the Red Cross were developed in response to industrialization and the consequent shift away from close community and family networks. The current wave of health care reform has initiated a focus on primary health care as the foundation of the twenty-first century Canadian health care system.

Basically, primary health care is 24 hours a day, 7 days a week, accessible, quality care offered by multidisciplinary coordinated teams of health care professionals. Front-line professionals focus on health promotion, chronic illness management, and the prevention of illness and injury in a collaborative and cost-effective way. Basic principles of primary health care include: accessibility, public participation, health promotion, appropriate technology, and intersectoral cooperation.

Societal and health care system changes have a profound effect on nursing. Internal changes within the profession itself also promote change within the practice and roles of Canadian nursing. Nursing is now practiced in the context of bureaucratic milieu filled with critical internal and external change. In order to successfully practice nursing in Canada, it is necessary to equip yourself with the knowledge and skills to function effectively within an ever - changing environment.

ENDS IN VIEW

This learning activity is intended to give the learner the opportunity to:

1. Explore the context and effects of change in the Canadian health care system, in the health of Canadians, and in the profession of Nursing.

2. Develop an understanding of how careful planning and self development will empower and influence their ability to contribute to the positive development of a strong, fair and smoothly running Canadian health care system.

3. Examine their own knowledge and skill needs to function within the ever changing context of the Canadian healthcare system.

IN PREPARATION

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IN PRACTICE

1. Participate in class discussion related to the multitude of changes evident in the Canadian Health care system, with emphasis on the BC system. Think of a major change that you have experienced repercussions from first hand during your nursing education. Dialogue about the effect this change had on your ability to provide high quality care, the effects on clients involved, and on the health care team members involved. Share your insights with the class.

2. Although written 12 years ago, Judith Haines message to nursing still provides a sound overview of the context of the Canadian healthcare system and gives directives on how nurses can work to change the system for the good of all. In small groups, draw a model of the context and call for action expressed in Haines' paper.

3. The CPRN paper attributes great significance to the Lalonde Report and its influence on shaping Canadian health policy. How has this report also shaped the context of healthcare? How has it influenced the context of nursing practice in particular?

In small groups, brainstorm how the information given on organizational culture help to shape the context of nursing practice. Tie in this article with the context described in the CIHI, CPRN and CNA (Haines) reports. Create a table, case scenerio, or graphic model to illustrate your thoughts and insights and share with the class.

IN REFLECTION

1. In what contexts does change affect you as you engage in Nursing practice ?

2. What predictions for nursing do you have that relate to the changes in the health system?

3. What professional development do you require to be able to practice in the primary health care environment?

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Learning Activity # 5

The Impact and Influence of Images and Roles of Nursing

"Some change their ways when they see the light,
others when they feel the heat."
- Caroline Schoeder

"We must always change, renew, rejuvenate ourselves;
otherwise we harden."
- Johann Wolfgang Von Goethe

OVERVIEW

The word nursing is derived from the Latin word "nutrire" which means "to nourish." From its earliest beginnings, the nursing profession has evolved in response to human need. There have been many images of nurses purported in the media, in movies and books, and in the news. Common images include: "ministering angel," "physician's handmaiden," "oppressive battle ax a la Nurse Ratched," and sexually related stereotypes ranging from rigid prude to sex kitten. Even though these multiple misconcieved images abound, nurses continue to be quite invisible in the media, compared to other cultural groups."The 1997 Woodhull Study on Nursing and the Media, conducted by Sigma Theta Tau International, found that nurses were severely under-represented in print media, including in comprehensive coverage of health care. Of 1,153 health care stories in 16 major newspapers, only 11 carried references to nurses, the study found" (Sussman, 2000, p. 1). Nurses are in the background, seen only by the people who have first hand experiences with them - the patients they provide care for. Operating in the media shadow, nurses function as a very real but transparent infrastructure that keeps the health care system from literally falling apart. Rarely do people hear about their fine intellects, their on-the-spot critical, "life or death" thinking, or their heroic efforts to provide accountable, complex, quality health interventions in a time of chaos and crisis.

Around the world, from the Americas to India, nurses have struggled with a poor image in the general social context. Australian nurses have shared in this misconceived identity: "The public image of Australian nursing has been subject to a plethora of influencing factors since health-care services were first established in this country over two centuries ago, Since its colonial origins, when considered an occupation suitable only for the socially outcast, nursing has evolved through decades of changes and reform. From a position of significant oppression and medical subservience, generations of Australian nurses have fought for public recognition in terms of identity, respect and role acknowledgement" (Bloomfield, 1999, p. 1).

Foskett and Hemsley-Brown found that young people held vague and fragmented views of what nurses were and did in their practice. Misconceptions included:

- Could not visualize where nurses work
- Not aware of career advancement
- Viewed nurse as supportive role to MD
- Most knew at least one nurse
- Idea of "wearing a uniform" was unappealing
- Students of all ages felt nursing "is a girl's job" (1998, p. 1)

A personal survey of thousands of images of nurses on the internet showed that over 80 per cent of the images depicted nurses as white, middle class and often blonde. Most appeared to fall within the age range of 20 to about 35 years old (Kaminski, 2003). Images of these young nurses were almost all female and attractive. Many showed nurses with stethoscopes around their necks (not professionally sanctioned), with caps on (rarely worn by contemporary nurses) with a syringe poised in her hand, ready for administration (injections are being phased out in practice in favor of less invasive administration methods). Even the pictures that portrayed nurses as friendly, caring, professional included some of these visible "myths" associated with nursing. Almost any toy - whether a doll, a teddy bear, a wall hanging, what have you,...if it depicted nursing, there was a cap and a cross evident as identifiable icons. Despite an obvious move to try to convey professionalism in images of nurses, we still have a long way to go to make these images realistic and grounded in true nursing practice. Nursing's identity is still being shaped and shifted - this process is fully visible on the internet, movies, television, books, stories and other media if one looks for it.

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Explore various media and societal images of nursing and transpose the effects these have on their ability to catalyze change within health care.

2. Analyze how images of nursing serve as barriers to role performance and acceptance.

3. Identify proactive ways that they can help to change nursing's image and solidify professional roles.

IN PREPARATION

1. **EXPLORE:** NCCN *Nursing: The Power to Make a Difference* site paying particular attention to the emphasis on nursing image and roles. http://www.nursenc.org/recruitmentandretention/youth/kidspagecover.htm

2. **READ:** Bloomfield, J. (1999). *The changing image of Australian nursing.* http://www.clininfo.health.nsw.gov.au/hospolic/stvincents/stvin99/Jacqui.htm

3. **READ:** Sussman, D. (2000). *Image Overhaul: Media still are off target portraying nurses. Nurse Week, October 23.* http://www.nurseweek.com/news/features/00-10/tv.asp

4. **READ:** Tamlyn, D. (2005). The Importance of Image. President's Message, *Canadian Nurse,* 101 (4). April, p. 1. http://cna-aiic.ca/CNA/documents/pdf/publications/Access_April_05_e.pdf

5. **EXPLORE:** The Center for Nursing Advocacy: Increasing Public Understanding of Nursing. http://www.nursingadvocacy.org/media/media.html – Make a list of suggested changes that nurses can support/initiate provided throughout the site. - be sure to read the *Landmark JAMA study finds nurses to be autonomous, skilled: Nation reels.* http://www.nursingadvocacy.org/news/2005apr/01_jama.html

IN PRACTICE

1. The "Landmark JAMA study" presented on the Nursing Advocacy site presents an unique view of nursing. Participate in class discussion about the important changes that were sparked in the social and political realm from this study. If only,....

2. How do the image and roles of nurses presented on the NCCN recruitment campaign site promote nurses as change agents and activists? How could Canadian nurses use strategies such as this site to advance the nursing profession?

3. What messages are conveyed about nurses in the assigned readings? In small groups make a chart or model to contrast the media and societal images discussed in the readings with the images and roles national Nursing organizations are trying to make available and/or establish in the global social consciousness.

IN REFLECTION

1. What can you do, as an individual, to improve the image and roles of nursing?

2. What feelings and thoughts came up as you read this week's readings? Why?

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The Center for Nursing Advocacy: Increasing Public Understanding of Nursing. http://www.nursingadvocacy.org/media/media.html

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Learning Activity # 6

Influencing Health Care Reform

"When you blame others, you give up your power to change."
– Douglas Noel Adams

"The first step toward change is awareness.
The second step is acceptance.
The third step is action."
- Nathaniel Branden

OVERVIEW

Reforms in Canadian health care are currently centered around primary health care which is hinged on the premise that Canadians require connected collaborative care but also must embrace self-care to a much higher degree than ever before. "...individual Canadians are not merely the consumers of, and the ultimate source of funding for, the health care system, they are also its largest and most important human resource. Harnessing this resource will require a long-term commitment to patient-centered reform. An important first step in this commitment will be to identify and fill the self-care policy gap that currently exists in our overall approach to health....What is now needed is a coordinated policy that reduces the barriers to evidence-based, responsible self-care; empowers Canadians with the knowledge tools they need to practice it; and provides the framework and incentives for health professionals to support it." (NDMAC, 2002, p. 3).

The current situatedness of health care reflects a very interesting pattern – that people in Canada do demand "tools they need to practice responsible, informed self-care" (NDMAC, 2002, p. 10) as well as access flexible, comprehensive health care services from a variety of providers including nurse practitioners, alternative and complementary providers and reliable cutting-edge health information and consultations via in-person, printed, online and telehealth mediums. The Canadian population are more than mere stakeholders in health care reform, they are slowly becoming active participants in the petitioning and planning of health care reform. Nurses are in a unique position to facilitate this new development both as agents of change themselves, and as guides/advocates for individuals, groups and communities working for change.

Primary health care initiatives "look beyond the traditional health care delivery; they link to schools and workplace environments and create partnerships and linkages. They focus on educating the public through health promotion and disease prevention. They encourage all Canadians to take an active role in their health" (CNA, 2002, p. 5). This encouragement is the central arena of 21st century nursing.

Various strategies to implement health care reform have occurred throughout the history of the Canadian health care system (Tuohy, 2003). These strategies can be categorized as:

- "Big-bang" Reform: includes attempts to make major, comprehensive changes to the roles of key players in the system within a short time frame e.g. Parallel public and private (niche) systems

- "Blueprint" Reform: includes the implementation of a comprehensive planned change framework in prescribed stages, e. g. current Primary Health care initiative.

- "Incremental" Reform: does not include a comprehensive overall design, but rather offers marginal adjustments to the roles of some key players, e.g. Hospital restructuring.

ENDS IN VIEW

This learning activity provides the learner with the opportunity to:

1. Analyze the process of health care reform from a Canadian perspective.

2. Recognize the current trends in Canadian health care reform and how nurses play an important part in this reform.

3. Identify strategies that they can adopt to develop health care reformist skills, knowledge, and experience to promote comprehensive client-centered care for Canadians.

IN PREPARATION

1. **READ:** Canadian Women's Health Network (2002). *Women and Health Care Reform*. http://www.cewh-cesf.ca/PDF/health_reform/women-hcrEN.pdf (be sure to do the quiz!)

2. **READ:** Grant, K. (2000). *Is there a method to this madness? Studying health care reform as if women mattered.* http://www.cewh-cesf.ca/PDF/health_reform/method-madness.pdf

3. **READ:** Centres of Excellence for Women's Health Program. (1999). *Privatization and Health Care Reform in Canada: Analytic Glossary.* http://www.cewh-cesf.ca/PDF/health_reform/phrc-analytic-glossary.pdf

4. **READ:** Canadian Nurses Association. (2002). *Primary Health Care: A new approach to health care reform.* http://www.cna-nurses.ca/CNA/documents/pdf/publications/PHC_presentation_Kirby_6602_e.pdf

5. **READ:** The Standing Senate Committee on Social Affairs, Science and Technology. (2002). *The health of Canadians – The Federal Role: Final Report. Volume Six: Recommendations for Reform.* Chapter 4: Primary Health Care Reform. http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/SOCI-E/rep-e/repoct02vol6part1-e.htm#CHAPTER%20FOUR

IN PRACTICE

1. Participate in class discussion related to health care reform history, current trends, and nursing's place in Canadian reform.

2. Read the following statement written by Dr. Anne Stolin, director of Women's Mental health at Mercy Medical Center in Baltimore. Although Dr. Stolin (2000) is a medical doctor, do her insights provide any helpful direction for nurses? Discuss in small groups.

   > "My eyes usually glaze over as I skim the impotent statements that regularly emerge from American Psychiatric Association and American Medical Association leadership. By now we can all anticipate their content, and we have learned that their leadership doesn't lead anywhere. Yet despite the vagaries of politics and the probably wisdom of a pessimistic stance, isn't it nevetheless comforting to know that our leaders remain involved in the politics and process of reform? We simply shouldn't expect our leaders nor our professional organizations, good as they are, to fix too much of it. Although their paternalistic stance can understandably cause us to react in a regressed and childlike fashion and expect too much, their perhaps inevitable failures have generated much of the anger reflecited in the membership today. Let's not be angry, let's be realistic. It is one tough fight, but we should stay hopeful of victory, meanwhile each finding their own way of fighting for our profession and our patients." (p. 2)

3. What sort of reform is now needed in Canada, to meet the needs of the Canadian population stakeholders and to ease the nursing shortage (big bang, blueprint or incremental?) Discuss in pairs or triads.

   Considering that success with any of these modes of reform usually result in sub-sector reform at best, what is the best strategy for nurses who wish to work for health care reform?

4. In small groups, imagine that you are the executive of a local Regional Health Board. Write a one page list of your health reform goals for the region for the next five years and name the key players and stakeholders. Share with the class giving rationale for your choices.

IN REFLECTION

1. Health care reform is often viewed as a political act used only by top administration and political party members. How does the individual nurse fit into the reform arena?

2. What key health foci motivate you enough to spur you to become involved in health care reform? Why?

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Learning Activity # 7

Influencing Health Policy Change

"The biggest room in the world is the room for improvement."
-Anonymous

"You never change things by fighting the existing reality.
To change something, build a new model that makes
the existing model obsolete."
- Buckminster Fuller

OVERVIEW

Traditionally, health policy has been focused mainly on acute care with medicine as the central hub of the health care system. In recent years, in response to the Canada Health Act and other initiatives, a move toward more comprehensive, health and wellness focused policies have begun, at least in theory. "The Committee believes strongly that programs and policies with respect to public health, health protection and health and wellness promotion are critical to enhancing the health of Canadians. We believe that a coordinated and integrated approach is needed and that, once again, the federal government can and should play a leadership role. We believe also that more funding is needed in this area. The Committee recommends that the federal government ensure strong leadership and provide additional funding to sustain, better coordinate and integrate the public health infrastructure in Canada as well as relevant health promotion efforts" (The Standing Senate Committee on Social Affairs, Science and Technology, 2002).

Since health and wellness are the prime foci of nursing, our profession stands in a unique position in influencing policy at both grassroots and political levels. Nurses however are not alone – most allied health professionals feel strongly that health policy must change to encompass primary health care and interdisciplinary collaboration models. "Among the policy and practice communities, it is widely recognized that a strong primary health care (PHC) system is needed to address the challenges of an aging population, and to meet the needs of the increasing proportion of people who experience chronic health conditions. A strong PHC system improves the level and distribution of population health services, buffers the effect of socio-economic factors on health and attains these outcomes at a lower cost than health systems that rely more extensively on secondary and tertiary care. As a result, primary health care renewal has been identified in Canadian policy as a key ingredient in a sustainable health care system," (EICP, 2005, p. 6).

To understand policies and how they can be changed, a technique/process called policy analysis is used. Policy analysis embraces research, clarification, design, advice, mediation, and democratization as distinct activities and uses pairs of these activities to produce six

distinct, though not mutually exclusive styles. These styles include rational, client advice, argumentative, interactive, participative, and process – see Appendix for further details(Mayer, van Daalen & Bots, 2001).

ENDS IN VIEW

This learning activity provides the learner with the opportunity to:

1. Analyze how health policy relates to the process of health care reform.

2. Identify the components of common policy analysis models.

3. Synthesize nursing's role in health and social policy analysis, revision and development.

4. Recognize the importance of interdisciplinary collaborative in both primary health care reform and influencing health policy development/revision.

IN PREPARATION

1. **READ:** Alexander, D. (n.d.) *Organizing for Urban Sustainability: A summary model of social change.* http://www.newcity.ca/Pages/social_change.html

2. **READ:** International Council of Nurses. (2003). *Guidelines on shaping effective health policy.* March. http://www.icn.ch/Guideslines_shaping.pdf

3. **READ:** EICP (2005). *Canadian Policy Context: Interdisciplinary Collaboration in Primary Health Care.* The Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative. Ottawa: The Conference Board of Canada. http://www.eicp-acis.ca/en/resources/pdfs/Canadian-Policy-Context-Interdisciplinary-Collaboration-in-Primary-Health-Care.pdf

4. **READ:** The Standing Senate Committee on Social Affairs, Science and Technology. (2002). *The health of Canadians – The Federal Role: Final Report. Volume Six: Recommendations for Reform.* Chapter 13: Healthy Public Policy: Health beyond health care. http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/SOCI-E/rep-e/repoct02vol6part5-e.htm#CHAPTER%20THIRTEEN

IN PRACTICE

1. Participate in class discussion related to health policy development, analysis and reform.

2. The EICP comprehensively rationalizes how and why health policy and reform are best done using interdisciplinary collaboration. In small groups, brainstorm ways that nurses can work with other disciplines in the Fraser Health Region (or other local region of your choice). Share your ideas with the class.

3. How does the current paradigm shift to primary health care favorably situate nursing in relation to having power, sanction, and influence in policy development and reform?

4. The ICN described how nurses can influence health policy through the four components of:

- the policy process
- policy reform
- the policy environment
- policy makers

In small groups, brainstorm how nurses in BC can influence each of these four policy components.

4. Review the policy analysis models and categories presented in Apprendix 1 at the end of this learning activity. Divide into eight small groups and brainstorm a mini case scenerio in which to apply the assigned model (assignment will be done in class).

IN REFLECTION

1. Which particular health and social policies do you personally feel motivated to influence?

2. Which policies do you hear or see mentioned the most frequently in the news media? Who is addressing these policies?

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Weimer, D.L. and Vining, A.R. 1999. *Policy analysis, concepts and practise*. 3rd ed. Englewood Cliffs: Prentice-Hall.

APPENDIX 1: STYLES OF POLICY ANALYSIS

- **Rational** – the traditional neo-positivistic style in which researchers apply economic and other empirical methods to specific cases and the generation of new knowledge is the analyst's main task. Primary Analytical Task: Research.

- **Client Advice** – where the analyst provides political and strategic advice to clients. Primary Analytical Task: Advice.

- **Argumentative** – where the analyst is actively involved in debate and policy discourse as an distinct independent player both within and outside governments. Primary Analytical Task: Clarification.

- **Interactive** – where the analyst serves as a facilitator in consultations with key players and participants who define their preferred outcome. Primary Analytical Task: Mediation.

- **Participative** – the analyst/researcher serves as an advocate, aggregrating and articulating the interests of silent players in the policy process. Primary Analytical Task: Democratization.

- **Process –** the analyst serves as the network manager, steering the policy process towards a preferred outcome defined as part of the analytic task. Primary Analytical Task: Design.

ALTERNATIVE POLICY ANALYSIS MODELS

1) E.S. Quade (Rand Corporation Analyst)
a. Policy formulation
b. Search for alternatives
c. Forecast the future
d. Model the impacts of the alternative
e. Evaluate, compare, and rank the alternatives

"In a broad sense, policy analysis is a form of applied research carded out to acquire a deeper understanding of sociotechnical issues and to bring about better solutions. Attempting to bring modern science and technology to bear on society's problems, policy analysis searches for feasible courses of action, generating information and marshaling evidence of the benefits and other consequences that would follow their adoption and implementation" (Quade 1984).

2) D. MacRae and J. Wilde (University of North Carolina)
a. Define the problem
b. Determine criteria
c. Generate alternatives
d. Choose course of action
e. Evaluate policy after implementation

"The quality of "expertness" here refers to a claim by a specially trained group to

contribute knowledge or advice. an expert group's claim of authority can be based both on their collective training and on group members' quality control over one another's work. Disciplinary definitions of expertise are not, however, transferred to EAP because most policy problems extend beyond the domain of any one discipline. Moreover, the extension of analytic capacity to citizens and the media can blur the boundaries of "expertise." (MacRae and Whittington, 1997, p. 12).

3) E. Stokey and R. Zeckhauser (Harvard University)

a. Determine the underlying problem
b. Determine the objectives
c. Generate alternatives
d. Predict consequences of each alternative
e. Determine criteria for measuring achievements
f. Choose course of action

4) Urban Institute (Nonpartisan Social Policy Research Group)

a. Define the problem
b. Identify objectives
c. Select criteria
d. Specify the client
e. Calculate the cost of each alternative
f. Assess the effectiveness of each alternative
g. Present the findings

"Evaluators have long desired a sourcebook to help them plan and execute better studies of program implementation. This practical volume sheds light on the various forms and purposes of implementation research, and offers the methodological tools needed to gain a deeper understanding of programs from policymaker, administrator, and client perspectives." (Urban Institute)

5) D. Weimer and A. Vining (Robert La Lollette and Simon Fraser University)

a. Problem analysis
    a.1. Understand the problem
    a.2. Choose goals and constraints
    a.3. Choose method of solution
b. Solution analysis
    b.1. Choose evaluation criteria
    b.2. Specify alternatives
    b.3. Assess alternatives
    b.4. Recommend solution

6) C. J. Hill (Georgetown Public Policy Institute)

a. Define problem
b. Identify alternatives
c. Quantify alternatives

d. Apply decision aids
e. Choose alternative
f. Implement solution

7) C. V. Patton and D. Sawicki (Georgia State University)

a. Verify, define and detail the problem
b. Establish evaluation criteria
c. Identify alternative policies
d. Assess alternative policies
e. Display and distinguish among alternatives
f. Implement, monitor, and evaluate the policy

8) SIX STEP POLICY ANALYSIS (California State University)

1) Verify, define and detail the problem
2) Establish evaluation criteria
3) Identify alternative policies
4) Assess alternative policies
5) Display and distinguish among alternatives
6) Implement, monitor, and evaluate the policy

The policy analyst has responsibilities, to the client, the customer, the self, the profession, the public interest, fairness, equity, law, justice, efficiency, effectiveness, and the practice itself. Who is to define what is good? Whose values or goals should be pursued? What is the right thing to do? Who or what is ultimately to be served? Should the analyst try first and foremost to do good, or to do no harm? Should the analyst give neutral advice, or normative advocacy? Should the analyst be supportive or adversarial?

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Learning Activity # 8

Strategies for Political Action/Change

"The function of leadership is to produce more leaders,
not more followers."
- Ralph Nader

"The basic fact of today is the tremendous pace of change in human life."
- Jawaharal Nehru

OVERVIEW

"Nurses maintain values that promote individualized patient care and collaboration among health care professionals. It is important that nurses are represented in the formation of health care policy and that these values, as well as nursing knowledge and expertise, are shared with politicians and reflected in quality health care legislation that is cost-effective. Nursing's active involvement in the molding of public policy through political commitment is a necessity; it is not enough to wait and see where legislation takes the profession and how changes in public policy will affect patients. If nurses do not become involved and employ a values-laden approach to politics, they have no power over their own future, and health care will suffer from their lack of participation.

Politics is viewed by most in a traditional manner, when in reality, politics involves many facets of everyday life, in addition to the legislative arena. The traditional approach to politics is reactive. Typically, people consider political action to be composed of lobbying, letter writing, voting, and other conventional means of influencing politicians and public policy initiatives. The nontraditional approach to politics is proactive. One component of proactive politics is public education regarding such issues as

* preventive health care,

* staffing levels in hospitals,

* Medicare reimbursement issues, and

* the political structure of the health care system.

Nurses and the general public need to move past the assumption that traditional political approaches are the only way to influence public policy. Non-traditional approaches, such as professional practitioner visibility, membership on local school boards, and involvement in charitable organizations, are extremely effective methods of influencing public opinion regarding nursing's role at the community and national levels." (Des Jardin, 2001a).

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Recognize the diverse arena of political action and involvement and nursing's place within it.

2. Analyze the utility and appropriateness of non-traditional and traditional political activist methods.

3. Appreciate the importance of nursing's active involvement with the development of public policies.

IN PREPARATION

1. **READ:** Des Jardin, K. E. (2001a). Political involvement in nursing – education and empowerment. *AORN Journal,* October. Part 1 of 2. http://www.findarticles.com/p/articles/mi_m0FSL/is_4_74/ai_80159541/print

2. **READ:** Des Jardin, K. E. (2001b). Political involvement in nursing – politics, ethics and strategic action. *AORN Journal,* November. Part 2 of 2. http://www.findarticles.com/p/articles/mi_m0FSL/is_5_74/ai_81161374/print

3. **READ:** CNA. (2000). Nursing is a Political Act – The Bigger Picture. Ottawa: CNA http://www.cna-nurses.ca/cna/documents/pdf/publications/Nursing_Political_Act_May_2000_e.pdf

4. **READ:** Baumgart, A. (1999). Nurses and Political Action: The Legacy of Sexism. *Canadian Journal of Nursing Research, 30* (4), p. 131 – 141. http://www.cjnr.mcgill.ca/archive/30/30_4_baumgart.html

IN PRACTICE

1. Participate in class discussion related to political actions for nurses and nursing students.

2. How can nurses demonstrate political action outside of the conventional political arena?

3. des Jardin (2001a) wrote: **"**Nurses can increase their political power and have a greater effect on all levels of politics, from institutional to federal by using three elements of influence--communication, collectivity, and collegiality." In small groups, think of an example of using these three types of influence in BC.

4. Alice Baumgart listed various issues that impacted on nurses and political action, including:

- socialization
- structural
- sexism

- social norms and power distribution
- blocked opportunities
- tokenism
- public perception of nurses and nurse's work

In small groups brainstorm how nurses can work together to reduce the impact of these issues and improve their political influence.

5. How does the political action by nurses described by the CNA offer guidance to Canadian nurses?

In Reflection

1 Which political issue(s) do you personally feel motivated to influence?

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O'Brien, T. (2002). Lean on me: Nurses discover they can win even Tory support with ads and actions – Canadian Federation of Nurses Unions. *Briarpatch Magazine,* July–q August. http://www.findarticles.com/p/articles/mi_m0JQV/is_6_31/ai_89148735/print

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Learning Activity # 9

Nurses as Change Agents

"If you don't like something change it.
If you can't change it, change your attitude.
Don't Complain."
- Maya Angelou

"Nearly all men can stand adversity, but if you want
to test a man's character, give him power."
- unknown

OVERVIEW

A change agent is the person who seeks to cause or create change. This person may originate the ideas for change or may be an individual who recognizes the value of new ideas originated by others. Nurses may need to be change agents in regard to themselves, their clients, the institutions in which they practice and at a societal level at large. When one understands the process of change and best to adapt to it, they are more likely to become an agent of change rather than a target of change. All those affected by a change are called the targets or stakeholders. The various models studied earlier in this course provide a framework for enabling change, e.g. Lewin's Force Field model or Virginia Satir's Chaos Model.

Effective change agents have a repertoire of applicable skills, (Nickols, 2000) particularly:

- Political skills
- Analytical Skills
- People Skills
- System Skills
- Business Skills

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Apply an understanding of change to initiating change in health and societal contexts.

2. Identify key factors in enabling change and overcoming resistance to change.

3. Develop change management skills and change agent abilities.

IN PREPARATION

1. **READ:** Nickols, F. (2000). *Change Management 101: A Primer.* http://www.zambant.com/pdfs/Change%20Management%20101%20A%20Primer.htm

2. **READ:** Prosci (1996). *Change Management Maturity Model.* Change Management Tutorial Series. http://www.change-management.com/Prosci-CM-Maturity-Model-writeup.pdf

3. **READ:** NCCSDO (2001). *Managing Change in the NHS: Key points for health care managers and professionals.* NHS Service Delivery and Organization R & D Programme. London, UK: London School of Hygiene and Tropical Medicine. http://www.sdo.lshtm.ac.uk/pdf/changemanagement_booklet.pdf

4. **READ:** Dooley, J. (1995). *Cultural aspects of systemic change management.* Proceedings of ASQC Conference, QC95. http://www.well.com/user/dooley/culture.pdf

5. **READ:** President's Advisory Commission on Consumer Protection and Quality in the Health care industry. Adapting Organizations for Change. Building the Capacity to improve Quality, Chapter 12. *Quality First: Better Health Care for all Americans.* http://www.hcqualitycommission.gov/final/chap12.html

IN PRACTICE

1. Nickols outlines a number of skills, abilities and process components needed to become an effective change agent. Brainstorm in small groups how nurses could develop these skills to apply in the workplace and in the health-social arena. Share your ideas with the class.

2. The Prosci Change Management Maturity Model offers a useful framework for assessing and developing planned change in a variety of organizational settings. Think of the setting where your change project is occurring in NRSG 4141. Where does this setting fit in the Prosci Model? What sort of change model/plan did you choose to implement?

3. The NCCSDO publication provides a brief overview of a number of different approaches and models for change management. Which of these approaches would be suitable for the following planned changes? Where does the content in the Dooley reading fit in?

- Switching from a paper based medication administration record to a computerized MAR system.

- Changing organizational governance structures (administration, support clinicians, ward management, human resource personnel).

- You join three colleagues who all wish to lose 20 pounds of body weight within the next six months.

- You wish to spearhead a group who aim to lobby for skateboarding helmet and body pad legislation for all age groups.

- A group you belong to wishes to stop animal testing by drug and vitamin companies.

4. In pairs or triads, write down one change that you would like to work on this year (make this change different from the one you are working on in NRSG 4141). Select a change model that would fit this proposed change.

IN REFLECTION

1. What skills and attitudes do you personally need to develop to be able to function as an effective change agent?

2. How do these skills differ when acting as a change agent for an institution or societal group versus a personal change, or a client change?

REFERENCES

Dooley, J. (1995). *Cultural aspects of systemic change management.* Proceedings of ASQC Conference, QC95. http://www.well.com/user/dooley/culture.pdf

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Learning Activity # 10

Lobbying and Coalition Building

"Being willing to change allows you to move from a point of view to a viewing point - a higher, more expansive place, from which you can see both sides."
- *Thomas Crum*

"Our only security is our ability to change."
- John Lilly

OVERVIEW

All citizens have the right and duty to participate in the legislative process. To become a serious agent for change, individuals need to make their concerns known to local and provincially/federally elected officials for real change to occur.

Lobbying is simply communicating your views on local, provincial, or national policy issues to your elected officials in a timely and effective manner. By doing so, you are making your voice heard and your concerns addressed. The purpose is to get a member of Parliament to vote for you, your goal, or your cause. There are several methods of lobbying. These include face-to-face meetings, telephone calls, letters, or e-mails. Generally, the more personal the contact, the more effective. If you cannot meet with a MP, a meeting with his/her legislative assistant is almost as good.

Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for government officials. It is also important that you lobby those members of Parliament who may support your views as well as those who may not. Lobbying can change votes so it is important that you lobby the people who disagree with you. As well, lobbying supporters provides them with evidence that there are people out there backing their position and allows them to be more active in championing that position.

While individuals can have great impact, there is a greater chance of being successful by forming a coalition. A unified voice on an issue coming from a group with a broad, perhaps provincial or nation wide membership will increase the effectiveness of your advocacy. Join forces with other community groups who want to improve societal conditions and work toward achieving common goals.

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Apply the process of lobbying and coalition building to address nursing and societal issues.

2. Recognize the power for change that lies inherent in their own voice, abilities, knowledge, and vote.

3. Access public resources to familiarize themselves with local and national lobbying and coalition building resources.

IN PREPARATION

1. **READ:** Canadian Nurses Association. (2000). Nursing is a Political Act – The bigger picture. *Nursing Now: Issues and Trends in Canadian Nursing, No. 8*. May. http://www.cna-nurses.ca/cna/documents/pdf/publications/Nursing_Political_Act_May_2000_e.pdf

2. **READ:** Canadian Nurses Association (2005). Nursing on the Political Agenda: Lobbying. http://www.cna-nurses.ca/CNA/issues/matters/lobbying/default_e.aspx

3. **READ:** Canadian Nurses Association (2000). *Working with Limited Resources: Nurses' Moral Constraints.* Ethics in Practice for Canadian Registered Nurses. September. Ottawa: Policy Regulation and Research Division. http://cnaaiic.ca/cna/documents/pdf/publications/Ethics_Pract_Limited_Resources_Sept_2000_e.pdf

4. **READ:** Herrington, A. (2005). *Maslow's hierarchy, societal change and the knowledge worker revolution.* Pateo Consulting. http://www.pateo.com/art6pf.html

5. **EXPLORE:** *Democracy Watch.* http://www.dwatch.ca/

6. **READ:** Wainwright, H. (2002). *Notes towards a new politics: New strategies for people power.* Transnational Institute. TNI Briefing Series. http://www.vcn.bc.ca/citizens-handbook/new_strategies.pdf

7. **VIEW:** International Association for Public Participation. (2000) *Public Participation Toolbox.* http://www.vcn.bc.ca/citizens-handbook/participation_toolbox.pdf

8. **READ:** Cohen, L., Baer, N. & Satterwhite, P. (2002). *Developing effective coalitions: An eight step guide.* Prevention Institute. http://www.preventioninstitute.org/pdf/eightstep.pdf

IN PRACTICE

1. Participate in class discussion regarding lobbying and coalition building in nursing.

2. In the 2000a CNA reading, the can describe a unique and extremely important change initiated by concerned community health nurses related to TB occurrence in homeless Canadians. In small groups, draw a model of the steps taken by this group in this change process.

3. Herrington describes several characteristics of Knowledge Workers in relation to societal change. Nurses are becoming knowledge workers with their degree as entry to practice,

and in the move to develop the profession, discipline and science of nursing. How can the strengths and characteristics of this slowly but steadily group of citizens be tapped to affect critical social change in Canada? How can nurses spearhead this movement towards change?

4. In small groups, brainstorm a social issue relevant to nursing and create a map or table to outline the steps you would take to form a coalition to address the issue. Give your coalition a pertinent name, and identify the key players who would spearhead the initiative. Would this be a short-term or long-term coalition? Why?

IN REFLECTION

1. What societal issues would you be motivated to lobby for? How will you go about it?

2. What current coalitions would you be interested in joining?

3. What issue are you passionate about enough that makes you think about forming a coalition to address the issue?

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APPENDIX 1

What if there were no lobbying?

The growth in lobbying activity indicates an underlying appetite for a greater say in the process of government by groups and individuals. It is fair enough to ask whether lobbying is necessary, desirable or effective. Perhaps the answer to this reasonable question is best addressed by looking at the process of government in the absence of any lobbying. Consider the following scenarios:

The ideal alternative?

- Public servants are apolitical, conscientious, fair-minded and diligent
- Ministers are thoroughly briefed by their public servants and would formulate policy on the basis of rational thought.
- Cabinet make decisions on the advice of the responsible Minister
- Backbenchers are open to and take advice from individuals in the community
- Backbenchers influence Cabinet through party room debate
- Parliament debates the issue free from outside interference or influence
- Decisions and actions are bold, fair and free of self interest
- The electorate accepts the decision as hard but fair and reasonable.

The cynical view?

- Public servants take short cuts and drive their own agendas
- Ministers are ignorant of the facts
- Cabinet doesn't trust the advice given to it by the Minister
- Backbenchers are overwhelmed by the volume and range of information and become more and more isolated
- Backbenchers don't know enough about any subject to have productive input
- Parliament debates issues in a vacuum
- Decisions are made without necessarily knowing their full impact
- The electorate feels confused and frustrated.

What really happens?

- Public servants listen to rational argument and hidden agendas are more difficult to pursue
- Ministers keep their ears to the ground through a wide range of formal and informal contacts
- Cabinet is subject to pressure and scrutiny from various interest groups
- Backbenchers see representatives of groups with focused aims rather than an endless trail of individual, perhaps rambling complaints
- Backbenchers may use the prepackaged arguments of the groups they support to influence their Cabinet colleagues
- All sides of a given issue may be aired publicly before debate in Parliament
- Decisions and actions are influenced by the quality and persuasiveness of the arguments put forward by competing interests
- Electoral response can be more accurately predicted.

In summary...

- Issues are crystallised by those who have a personal interest in pushing for or against an issue
- Opposing interests highlight the strengths of their own arguments and expose the weaknesses of others' arguments
- Competing forces within similar interest groups compel each group to lift its game

(Lobbying Australia, 1995).

COALITION BUILDING

Coalitions offer:

- strength and power in numbers, leading to a wider reach
- added credibility to the health community when it has a coordinated plan, a united front and a consistent message
- a public perception of tangible, broad community support
- media attention and public profile for organizations which they may not otherwise achieve
- increased access to policy makers
- networking and partnership opportunities
- economies of scale and cost-efficiency
- division of labour and reduced duplication
- information
- the exciting feeling of belonging to something greater than the sum of its parts

The Disadvantages:

- conflict is inevitable because of the variety of groups in a coalition and the strengths and weaknesses, as well as personalities, that they bring to the table
- a great deal of time is therefore spent in consensus-building (note that consensus should be defined as "Can you live with it?", not "Do you agree with it?" - otherwise, consensus often becomes the lowest common denominator, which is probably not the most effective approach
- you have to spend valuable time "selling" advocacy coalitions to your organization because few people involved in health charities, public health organizations, etc., understand advocacy
- coalition management can become cumbersome, unless a concerted effort is made to

ensure that there is a convenor who has the resources to share information among the players - at the very least, the job is time-consuming

TYPES OF COALITIONS

Process Coalitions are defined as those in which:

- planning, programming and networking functions on broad-based interests are the focus
- longer time frames and less flexibility result
- considerable interagency administration and communications are inevitable
- output is often hard to measure

Action Coalitions are defined as those in which:

- there is a stronger results orientation
- stakeholders join forces in order to achieve a specific goal or objective
- specific events or issues which require concentrated effort are the focus, such as public policy advocacy, government lobbying, legislative initiatives or media campaigns
- shorter time frames, considerable flexibility among members and more narrowly-focused interests result
- rapid communications and fast-track decision making are of paramount importance
- output is easily measured

(Forsythe, 1997)

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Learning Activity # 11

Media as Medium for Change

"Great changes may not happen right away, but
with effort even the difficult may become easy."
- Bill Blackman

"If you want to make enemies, try to change something."
- Woodrow Wilson

OVERVIEW

As most people are aware, mass media can be used as a vehicle for both social change AND for maintaining the status quo. Mass media is any method of communication that reaches large groups of people quickly and effectively, thus many means of communication can be considered "mass media". Television, radio, print media (magazines, newspapers, journals, pamphlets, flyers, books, letters, etc.), the world wide web, email, chat rooms, advertising, marketing, publicity, photography, documentaries, video, – even theatre, movies, songs, dance, art, storytelling, and so on can all be categorized as media that can be used as a medium for social change. The central criteria is that any of these mediums can be used to get messages out to thousands, even millions of people.

One of the key distinctions of mass media is that it can affect people's perceptions of social norms. The media play a significant role in forming and influencing people's attitudes and behaviour. Media has a central role in mediating information and forming public opinion. The media casts an eye on events that few people directly experience and renders remote happenings observable and meaningful.

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Describe how various media mediums can contribute to a social change program.

2. Recognize how planned change is the foundation for social marketing initiatives.

3. Apply systematic processes to plan potential media campaign ideas for change.

IN PREPARATION

1. **READ:** JHUCCP (2000). *Notes from the Field: P-Process withstands the test of time and continues to evolve and guide design of strategic health communication programs.* Global Health Council. http://www.globalhealth.org/reports/printview-report.php3?id=151

2. **EXPLORE:** Canadian Health Services Research Foundation (2005). *Mythbusters and Evidence Boost.* **Look at these keeping the context of this lesson in mind. Copy one of your choice and bring to class to share impressions.** http://chsrf.ca/mythbusters/index_e.php

3. **READ:** Schmidt, K. (2001). A sharper image: Nurses strive to garner more – and more accurate – media coverage. *NurseWeek,* December 10. http://www.nurseweek.com/news/features/01-12/mediaimage.html

4. **READ:** Agre, P. (1999). *Designing effection Action Alerts for the Internet.* Department of Information Studies, University of California, Los Angeles. http://www.vcn.bc.ca/citizens-handbook/web_action_alerts/alerts.html

5. **EXPLORE:** Community – Media.com: Services and Resources for Community Organizations. *Getting on the Air.* http://www.community-media.com/resources.html

6. **EXPLORE:** Using the Media. *Social Change Media.* http://media.socialchange.net.au/using_media/Contents.html

7. **EXPLORE:** Health Canada. (n.d.) *Seven Steps to a Marketing Plan.* http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tutorial-guide/index_e.html

8. **READ:** Whiteman, D. (2001). *Using Grassroots documentary films for political change: Outreach tips for nonprofits and activist organizations.* Media Rights: Media that Matters. http://www.mediarights.org/news/articles/using_grassroots_documentary_films_for_political_change.php

IN PRACTICE

1. The P Process described in the Global Health article provides one model for planning media features, stories, news, campaigns for health and social change. How does this model resemble the nursing process? How does it provide direction to nurses who wish to utilize the media to encourage public participation in the proposed change?

2. Schmidt emphasizes the work done by a new coalition, Nurses for a Healthier Tomorrow. What is the mandate of this coalition? How does it aspire to help all nurses from around the globe? What modes of mass media could be used to further the mandate of this group?

3. Since the early 1990s, the web and email have become useful tools for lobbying, coalition building and active use of mass media to spur social change intiatives. Agre provides some useful tips for organizing email and web action alerts. Following the guidelines provided in this article, in small groups, draw up an action alert plan (in point form) for a selected issue that requires public participation and support. How does this sort of alert differ from planning another form of media campaign such as a television or newspaper presentation?

4. Community Media also offers guidelines for mass media usage for social change, but the

media emphasized is radio. Radio is one of the oldest forms of mass media used today. What unique strengths and weaknesses does this media offer to nurses? How could radio be used to champion the action alert that you worked on in #3 above?

5. The Social Change Media reading also offers more general rules of thumb for planning a media campaign for change, with a focus on print and "news" stories. They offer the following summary of the steps to use to attain media coverage:

In a nutshell, what you want to achieve by getting your message up in the media is to:

- set an agenda
- get people thinking
- stimulate debate & interest
- soften the ground
- provoke interest
- put decision makers 'on notice'

Are these steps that can be taken by a single nurse? Could this be as effective as a campaign spearheaded by a group or organization of nurses? Why? Give some examples of issues that a single nurse could successfully draw news media attention to. What issues would be best represented by provincial or even national nursing organizations? Why?

6. Form into small groups and choose one of the mass media mediums addressed in the readings. Write up a one page plan to initiate a media campaign to address one of the following issues:

- aboriginal health issues
- crystal meth usage
- nursing shortage
- nursing image
- homelessness
- female genital mutilation
- sexual assault
- fetal alcohol syndrome
- surgical bed waiting lists
- nurse practitioner or registered midwife roles
- primary health care adoption
- emergency room overloads

7. Share your impressions of your selected "Myth Busters" feature with the class. What issues for nursing are addressed in the feature you chose to highlight? How could the media serve as a vehicle to disspell the myth you chose? Would nurses be the best group to do spearhead this sort of media initiative?

IN REFLECTION

1. What skills and abilities would you need to develop to feel comfortable using various media mediums for addressing social change initiatives?

2. Which media mediums interest you the most? Why?

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Learning Activity # 12

Innovation and Advocacy

"Continuity gives us roots; change gives us branches,
letting us stretch and grow and reach new heights."
- Pauline R. Kezer

"You will be more disappointed by the things that you didn't do
than by the ones you did do. So throw off the bowlines.
Sail away from the safe harbor. Catch the trade winds in your sails.
Explore. Dream. Discover."
- Mark Twain

OVERVIEW

Innovation is the process of "looking outside of the box" and coming up with unique new ways of working with complex, convoluted practices. Innovation requires the imagination to envision something which has no precedent, AND the adaptability and awareness to make the vision come true. Innovation hinges on planned change in order to successfully gain adoption and sometimes, a paradigm shift in the stakeholders who will be influenced by the innovation. "Added value" or "enhanced practice" are the key motivators of most innovations in health care and society.

Advocacy is a set of deliberate actions in support of a cause. Advocacy is a political process that involves the coordinated efforts of people in changing existing practices, ideas, and distributions of power and resources that influence social groups and people at large. From this perspective, advocacy deals with specific aspects of policymaking, as well as the values and behavior that perpetuate exclusion and subordination. Thus, advocacy is both about changing specific decisions affecting people's lives and changing the way decision-making happens into a more inclusive and democratic process. Inevitably, advocacy will involve tensions. Activists need to know how to analyse, plan, and manage innovative strategies with a clear understanding of potential risks. Advocacy strategies will vary widely in response to particular circumstances, issues, opportunities, and constraints.

Advocacy should be regarded as a positive force for change. Besides bringing about important change, advocacy also enables citizens to feel that they have a voice. Advocacy empowers people, educates them, and if they are advocating on their own behalf allows them to play a part in determining their own future rather than feeling like pawns in a game controlled by others. Advocacy is not only our responsibility, as citizens, it is our right. Nurses can be key change agents to spearhead new and innovative projects for the provision of advocacy for various health and social issues, and the people affected by these issues.

ENDS IN VIEW

This learning activity is intended to provide learners with the opportunity to:

1. Recognize the roles of innovation and advocacy in spearheading societal change.

2. Analyze the advocacy process and apply this analysis to scenarios that reflect current societal and health issues that require change.

3. Identify strategies that nurses can adopt to initiate innovative advocacy for change.

4. Synthesis the concepts and theories related to change learned in this course and apply them to innovative advocacy and planned change.

IN PREPARATION

1. **READ:** CCOHTA (2004). *Overview of Strategic Renewal in the context of a Canadian Health Technology Strategy, 2004 – 2008.* The Canadian Coordinating Office for Health Technology Assessment. https://www.ccohta.ca/ccohta/CCOHTA_Web_Overview2004-08_Strategic_Plan.pdf

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Chapter 8–10: http://www.careusa.org/getinvolved/advocacy/tools/english_03.pdf
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IN PRACTICE

1. Advocacy is an action directed at change. It is putting a problem on the agenda, providing a solution to that problem, building support for that solution and for the action necessary to implement that solution. Share your NRSG 4141 experience in relation to advocacy and change the process.

2. Rogers suggests that "change can be promoted rather easily in a social system through a domino effect." How can nurses use innovation and advocacy to spark such an effect?

3. The Canadian Nurses Association publication guides nurses in the art of whistleblowing. How can whistleblowing become a form of advocacy? Give examples.

4. In small groups create a chart, table or model to illustrate a how you would plan an innovative advocacy program to address a selected current "hot" health or social issue that requires immediate change (can be local, provincial, national, international). How would you disseminate or diffuse this innovation to the public? To government or other pertinent authority bodies? Share your work with the class.

IN REFLECTION

1. Nurses are critical and creative thinkers who are dedicated to promoting health, wellness, social justice, and holistic living. Who better to serve as innovative advocates for society? How will you use the concepts and theories studied in this course and NRSG 4141 to improve society?

2. In your mind, what was the most valuable knowledge and/or activities studied in this course, in relation to your current or future nursing practice?

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APPENDIX 1

WHAT IS THE ADVOCACY PROCESS?

The effectiveness and success of any advocacy process depends, amongst other factors, on how well the following steps are implemented:

- Identifying and stating the issue
- Collecting the relevant information
- Mobilising interested people
- Raising and managing the necessary resources
- Networking
- Forming alliances
- Forming and sustaining coalitions
- Involving media
- Establishing contacts with government

In summary, Advocacy begins with a problem or with a perception that there is a better alternative to a current condition and seeks to solve that problem and/or implement the selected alternative.

Advocacy is both an art and a science. There are no strict rules for advocacy work. Its approaches must be culturally, socially and politically specific. Widespread participation in an advocacy campaign is generally a precondition for success.

Planning an advocacy campaign is a dynamic process. It involves identifying the issue, developing solutions, building support, and bringing issues, solutions, and political will together to ensure that the desired change takes place. Finally, it involves monitoring and evaluating the entire process.

The steps in planning for advocacy work are:

- Know your issue
- Establish your objective(s)
- Conduct a stakeholder analysis
- Develop a strategy
- Plan the activities
- Identify and mobilise the required resources
- Monitor and evaluate the campaign's progress

It may well be necessary to revisit and revise several of these steps throughout the implementation of your advocacy campaign. Successful advocacy does not proceed in a straight line and rarely unfolds exactly according to plan. Be prepared for unforeseen events and consequences. Be flexible.

Civil society organisations derive their power from:

- their constituency
- their membership
- previous credible campaigns
- their experience
- their ability to analyse issues and events
- their commitment
- their contacts in government
- their ability to mobilise supporters

WHO ARE THE STAKEHOLDERS IN ADVOCACY WORK AND WHAT ARE THEIR SOURCES OF POWER?

Some key stakeholders and their sources of power are:

Government

Election mandate, political authority, access to state resources, access to civil service, access to business, access to donors, access to other governments, membership of international organisations, influence over provincial and local government

Civil society organisations

Constituency / membership base, information drawn from development work, expertise, credibility, access to international networks / sector organisations

Union federation

Membership, money, access to union media, mobilisation skills

Business

Money, capacity to buy intellectual power, access to officials, access to media, power as employers

Religious organisations

Membership, moral authority, outreach

Media

Access to the public, variety of sources of information, communication skills, captive audiences

WHY IS INFORMATION A SOURCE OF POWER?

- Information can be a source of power in advocacy for several reasons:
- Information drawn from advocacy groups' own work can provide them with credibility and with the basis for alternative analysis to counter positions.
- Information or data, which is only available to government institutions can be used by government to influence arguments in favour of their own positions.
- Information provided by advocacy groups to communities regarding their constitutional rights empowers the people in those communities to assert their rights.
- Information collected by advocacy groups from other advocacy groups in regional, national, or international organisations about experiences and policies elsewhere, and used in an advocacy campaign, can help to influence local or national policy decisions.

ADVOCACY TOOLS

In advocacy, each issue demands different approaches and strategies, partners, tactics, methods, resources, materials, and so on. In embarking upon an advocacy campaign, it is important to have the capacity to consider all available options and to make strategic choices amongst them.

We call these options the "tools" of advocacy. Skilled and informed use of these tools results in greater advocacy impact. The most important of these tools include:

- **Information**: Gathering, managing and disseminating information lays the basis for determining the direction of an advocacy campaign. Research is one way of gathering information.
- **Research:** Conducting research and policy analysis uses the information from various sources and develops it into policy options which become the key content of an advocacy campaign.
- **Media:** Various media are used to communicate the campaign's message(s) to the different stakeholders.
- **Social mobilisation:** Mobilising the broadest possible support from a range of stakeholders, including the public at large, is essential to building the influence of the campaign.
- **Lobbying:** Convincing the decision-makers who have the power to make the desired change involves a set of special knowledge and skills.
- **Litigation:** Sometimes, using the court system to challenge a policy or law can reinforce an advocacy campaign.
- **Networks, alliances and coalitions:** Sharing of information and resources, and strength in unity and commonality of purpose are key to the success of advocacy work.

The choice of tools will vary, even in the context of a single campaign. It will depend on:

- The issue at hand;
- The strategic objectives;
- The message to be communicated;
- The stakeholders targeted;

The relevant structures and processes involved;

- The time frame available;
- The resources available;
- The capacities of the advocacy organisation(s) and their allies;
- The overall cultural, social, political and economic context.

Advocacy is a complex task. Its objectives will not be achieved through the use of only one tool or method, but rather will require a carefully designed mixture of approaches. Groups should be flexible throughout their advocacy campaign so that if one tool does not have the expected results, another can be tried.

The Media

The media can be used in various ways to convey a message to different target audiences as part of an advocacy campaign. While stressing the potential impact of the media, we need to first understand issues such as what do the media look for, what actually makes news, how advocacy organisations can interact with different media, and importantly, the type of preparation that is required.

It is essential, for the greatest impact in each case, to be strategic in the choice of media and the formulation of appropriate and clear messages. It is also important for advocacy organisations to develop ongoing relationships with the relevant media organisations and individuals so as to build mutual respect and confidence.

Social Movements

Social movements are mass-based movements of the people which unite the people in a cause which cuts across their traditional barriers. They have played a crucial role in South African history. Mass mobilisation remains an important advocacy tool. The advantages noted above may strengthen an advocacy campaign and speed its success. However, mass mobilisation may also create situations which the advocacy leadership is unable to control and result in problems which damage the campaign. Therefore, as with all other advocacy tools, careful consideration must be given to the benefits and risks before proceeding with mass mobilisation.

Networks, alliances and coalitions

Networks, alliances and coalitions can be potentially powerful tools in advocacy work. However, advocacy groups who are contemplating either forming or joining any one of them must give careful thought to the costs and benefits for their organisation as well as for the advocacy campaign itself. Co-operation and co-ordination require planning, time

and often money. Different forms of co-operation and co-ordination will suit different situations, and advocacy groups should not feel locked into any one model. However, the key principles underlying such relationships -- sharing information, experience and resources; building strength through unity; broadening support on important issues; and so on -- should always be a part of CSO advocacy work.

LOBBYING

WHAT IS LOBBYING?

Lobbying is an organised attempt by an individual, an organisation or groups of individuals and/or organisations to influence on behalf of a particular interest all the stakeholders involved in preparing and passing legislation. Such stakeholders include ministerial advisers and staff, legislative drafters, policy makers, members of Parliament, portfolio committee members, select committees, the staff of various committees, experts and consultants serving those committees, etc. It also means seeking the support of an influential person or persons and providing accurate information which legislators can use in their decision-making. Lobbying is a give-and-take process that also involves gathering new information and analysis, which enables lobbyists to strengthen their own strategies.

WHAT IS THE DIFFERENCE BETWEEN LOBBYING AND ADVOCACY?

Lobbying is only one part of advocacy - one tool amongst many. The difference between advocacy and lobbying can be explained as follows:

ADVOCACY	LOBBYING
Related to specific cause / issue	Related to specific legislation
Group / collective effort	May be individual or collective
Aimed at several stakeholders, both inside and outside of government	Aimed specifically at legislators and government officials
	Aimed at specific interest

Golden rules of advocacy and lobbying

- Get to know the key players
- Get to know the policy-makers
- Get to know the key committees and how they work
- Learn the art of good timing
- Create a political issue
- Observe the five commandments of lobbying:
    1. Always tell the truth
    2. Never promise more than you can deliver
    3. Listen, so that you can understand what is going on
    4. Co-opt, don't bypass staff and advisers
    5. Do not spring surprises when creating alliances

- Prepare properly
- Use the media strategically
- Develop your expertise
- Anticipate what the opposition will do
- Create strategic alliances

(Adapted from Chapter 2 Network, 1995)

Forms of Advocacy

1. Peer Advocate:
A one-to-one relationship between a capable volunteer with a health or social issue and another person with the same issue. The peer advocate supports the individual to make decisions and advocates for his or her rights or interests.

2. Citizen Advocate:
A one-to-one relationship between a capable volunteer and a person facing a health or social issue in which the volunteer advocates for the rights and interests of the other, and provides practical or emotional support. Consider the volunteer who drives the person with a chronic health problem to a physician's office and attends the interview between the doctor and the person with the health problem to advocate on his or her behalf.

3. Ombudsman:
One who acts as an advocate for a person with a health or social issue following the report of a grievance, by investigating, interceding, or initiating action on his or her behalf.

4. Legal Advocate:

One who represents a person in a court of law when his or her rights are threatened or violated.

5. Case Manager:
One who assists the individual in information, referral, and follow up services. Consider the community health nurse or social worker acting on behalf of his or her client.

6. Protective Services:
A service mandated by legislation which provides guardianship, trusteeship, and other advocacy services.

7. Legislative Advocacy:
Using the legislative process to mandate change in the social system in order to secure the rights of persons with health or social issues.

8. Community Organization Advocacy:
Using the community organization process to develop better communication among agencies serving persons with health or social issues.

9. Program Brokerage:
Service development and program expansion that eliminate barriers which obstruct program development. Consider federally funded health or social development programs.

10. Consumer-Action Advocacy:
Groups of parents or adults who have a disability that act as pressure groups to influence groups and advocates toward desired change.

11. Self-Advocate:
Someone who has learned to speak for him or her self and to make his or her own decisions.

(adapted from North Saskatchewan Independent Living Centre, 1999).

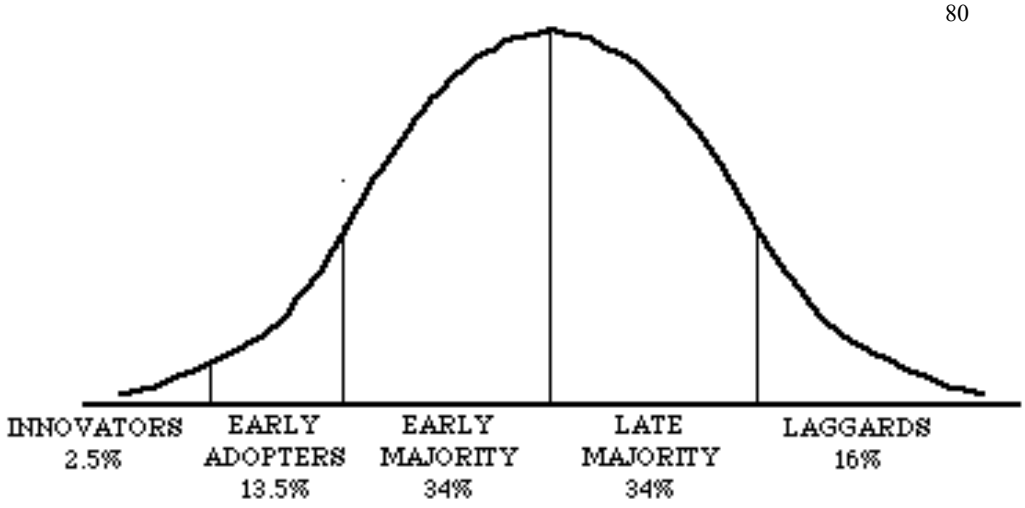

Figure 1. Bell shaped curve showing categories of individual innovativeness and percentages within each category

(Surry, 1997 – Diffusion of Innovation Model with Categories of Innovation Adoptees)