

NR 534 Week 6 Discussion: Change model for Restructuring

You are the CNO of your current healthcare organization and have been told that the current organizational structure of the department is "top heavy," resulting in financial loss for the institution in the last fiscal year. You've been instructed to flatten the line to reduce expenses. You must decide how you will do it and how you will implement it.

Describe the decision-making framework or model you will choose and the rationale for choosing it. Of the three models—Kotter, or Rogers—which would you choose to use and why?

What makes the other two less useful? What influence did your leadership profile have on your choices?

Professor and Class,

For this week's discussion, we have to choose a change model for restructuring a department with too many leaders, which has caused a revenue loss for the prior fiscal year. Since this change process will involve a series of change steps, the Kotter model is the best project.

As an executive, it is essential to have a process to find critical elements to solve problems. One must gather all necessary information about the problem/issue that needs fixed/changed. A leader's knowledge, skill, and attitudes must align with the organization's values in all decision-making projects using a theoretical approach. The next step is to develop an evidence-based plan to correct the concern. Marquis & Huston 2017 describe the guided process called the patient or population, intervention, and time frame (PICO/PICOT) in this week's reading. PICO/PICOT is an evidence-based system to direct the investigation.

evidence to correct the problem.

When making changes, a leader must have skills high in thinking out of the box, drive and possess resolution, and is aligned to situations requiring change. It is essential to choose the theoretical model that aligns with the needed changes that involve the lives of patients and families who need medical care. Therefore, any changes in the appropriate number of staff must include a series of steps, which continue to deliver top-quality, safe- effective care.

Mohammadi et al., 2017; Samson-Fisher, 2004 defines Rogers's theory of diffusion and innovation change model he embraced and permits focusing on apparent modernized characteristics in getting others to adapt. For this situation or medical advancement. We are changing the amount personnel to maintain safe effect top quality evidence-based care, how the organization can cut unnecessary employees' position without affecting the quality of care. The Plan Do Study Act (PDSA) model (Katowa-Mukwato et al., 202; Taylor et al., 2014 as a process in improving quality systems by repeatedly testing trials of the needed change's which is not a quality improvement project.

As the CNO, it is imperative to have qualities in building relationships, which form partnerships in implementing change in the organization's culture. The CNO also has responsibilities in being fiscally responsible in generating revenue for the organization. Information that the organization is losing revenue due to the leaderships department is paying out too much money on positions that may not be necessary and tasked with looking at ways to restructure its leadership and ancillary personnel. Needleman et al., 2002, research shows that suitable staffing of patient care departments attests to patient care quality and considerable healthcare costs. Kotter's model works for this issue as it is 8 step process designed to guide leadership to focus on cutting unessential roles in the organization and restructuring organizations' leadership responsibilities and leadership.

Eliminating position in any organization is a complex issue and requires delicate methods of thinking when affecting change. Steps assist leaders to: "establish a sense of urgency, create a guiding coalition, develop vision and strategy, communicate vision, empower broad-based action, generate short-term wins, consolidate change, and produce more gains, and anchor new approaches in the culture" (Caulfield & Brenner, 2019, p. 514; Kotter, 2012, p.23). As the CNO, I would include my administrative team, and human resources positions which are unessential, and areas that can be combined with a single executive director, providing director leadership to lower-level staff.

References

Caulfield, J. L., & Brenner, E. F. (2019). Resolving complex community problems: Applying collective leadership and leadership to problems within social system networks. *Nonprofit Management and Leadership*, 30(3), 509–524. <https://doi.org/10.1177/0898010119854441> (external site.)