# Leading Change When Implementing Advanced Practice Nursing

# 12

## Contents




**Abstract**

The healthcare services of many countries are undergoing major changes, which require clear leadership. The introduction of new advanced practice nursing roles is a big change that affects all the healthcare staff involved, and such change be met with resistance. Accordingly, visionary leadership and a leader's ability to lead change become central to the process. Change is not a clear-cut concept but has instead many different dimensions. According to Kotter (Leading change, Harvard Business School Press, Boston, MA, 1996), the change process as seen in organizations can be described in eight steps. In the three-dimensional model for leading change in healthcare, leading change in a clinical context is to lead relationships, processes, and cultures, with the patient's best as the primary objective. In all change processes, the change leader's dialogue with staff about a common vision and concrete objectives is a prerequisite for success. Advanced practice nurses often shoulder leadership responsibility and therefore have the possibility to contribute to the development of healthcare services that truly benefit the patient and the patient's needs and desires.



**Keywords**

Change management · Leadership · Advanced practice nursing · Vision



© The Author(s), under exclusive license to Springer Nature Switzerland AG 2021



L. M. Fagerström, *A Caring Advanced Practice Nursing Model*, Advanced Practice in Nursing, https://doi.org/10.1007/978-3-030-53555-1_12

The healthcare services of many countries today are undergoing major and profound changes on both the primary and specialist healthcare service levels, which often entails an increase in the demands placed on healthcare staff's competence and skills. Implementing change is no easy task for healthcare service leaders, where "human resources" in the form of professionally skilled staff are the most central resource for services and their outcomes. Leading the development of competence in staff-intensive healthcare organizations is a demanding task, because healthcare organizations are traditionally often characterized by (inter)professional group hierarchy. By the very nature of the services offered, patients themselves already make great demands on healthcare services, and these demands and needs will increase in the future. Consequently, the development of new healthcare service and treatment forms are needed. The introduction of advanced practice nursing into an organization, with its expansion of nurses' professional practice, necessitates changes in established professional roles. This in turn requires a change in the organization's thinking, actions, cultures, and values. Those who lead change (change leaders) therefore need not only both the knowledge and will to lead these changes but also a vision and purposeful willingness to implement them.

Leading change in a clinical context is to lead relationships, processes, and cultures, with the patient's best as the primary objective (Fagerström and Salmela 2010; Salmela 2012). In all change processes, a condition for success is the change leader's dialogue with staff about what the common vision and concrete objectives for the change are.

## 12.1 Advanced Practice Nursing as Management's Vision

The introduction and implementation of new advanced practice nursing models require not only a change in traditional interprofessional boundaries but also a change in inter-gender boundaries. The nursing profession continues to be female dominated, and nurses are often expected to play an assistive role, primarily for those trained in medicine (e.g., physicians), in traditional models. Traditionally, physicians make the decisions related to patient care, while nurses provide the care and assist the physicians. The introduction of the advanced practice nursing function changes how healthcare services are delivered and organized and thereby also requires that changes be made to organizational and treatment structures. In the advanced practice nursing function, care and clinical decision-making related to patients' nursing and treatment are combined into a new functional whole, which leads to "added value" for patients. Yet the advanced practice nursing function also requires a radical change in thinking in terms of attitudes: in the nursing profession, in other healthcare professional groups, among healthcare service leaders and the general public.

Healthcare services are often described as complex, interdisciplinary, and highly specialized knowledge organizations, with a structure and leadership steered by politics, administration, and various professional groups. In complex organizations,

collaboration is by virtue both necessary and a condition for good outcomes (Brommels 2001; Norbäck and Targama 2009). To implement advanced practice nursing models, both the decision and will to actively work on changing healthcare service roles are required: among nursing leaders, organizational leaders, and politicians.

The expansion of nurses' independent professional practice involves utilizing the (resource) potential to eventually reduce or shorten hospital stays (cf. Keeling 2009). The increased efficiency and availability of services, everyday cost savings, and the release of medical resources can also be noted here, all of which benefit patients with more challenging medical problems (Lindblad et al. 2010). Nevertheless, the expansion of nurses' professional role gives rise to discussion, both within the profession and among other professional groups. According to Norbäck and Targama (2009), this is about daring to ask questions and revaluating work methods to change established professional roles and ingrained traditions. The introduction of advanced practice nursing entails a change in habits and practice, and, as with all other changes, such changes will most likely be met with resistance. Realizing the vision of advanced practice nursing will be a major challenge for leaders in today's healthcare systems. Only once leaders take their responsibility and "burn for" advanced practice nursing can one say that they are willing to fight for patients' better treatment, which can be realized through advanced practice nursing and advanced practice nurses' specialized knowledge and expertise.

During a change process, it is essential to have a clear and shared vision for those activities considered meaningful, and this vision should be based on key fundamental values. The vision can be considered a tool whereby an organization's management can motivate and inspire different professional groups and give guidance on and direction toward the objective being sought. Nurse managers advocate not only for themselves but also for other nurses and the nursing profession (Borthwick and Galbally 2001; Thorpe and Loo 2003).

The vision must be "brought down" to a concrete level, e.g., who does what and how, so that healthcare staff can contribute to the change process. To develop actions and changes, the vision must be anchored in the organization's management, in one's own profession and among other professional colleagues. This requires dialogue and information on the objectives and measures used to increase healthcare staff's engagement and sense of participation. This also requires monitoring of the follow-up of the change process and milestones part of the process (Salmela and Fagerström 2008; Fagerström and Salmela 2010).

## 12.2 Change as a Phenomenon and Concept

To realize change, both internal drivers, e.g., individuals or organizational groups that lead and drive individuals' interests, and external drivers underlying the changes are needed (Sveningsson and Sörgärde 2007; Norbäck and Targama 2009). External drivers can be changes in activities or services, new forms of knowledge, or various

technological, medical, medical, technological, and pharmacological advances. They can also be changes in economic, political, cultural, or demographical circumstances. Given that circumstances are continuously in flux, one must remember that it can be difficult to realize a planned change or development when the drivers also are changing.

Change as a *phenomenon* is difficult to classify or categorize (Sveningsson and Sörgärde 2007). A phenomenon has its starting point in subjectivity and is based on discretion. A phenomenon can also be understood as an extraordinary event. Change as a phenomenon follows a human being throughout his/her entire life. Human beings experience many changes and extraordinary events in their personal lives, and even own health and life situation change throughout one's life.

Change as a *concept is not clearly defined in nursing literature and therefore should be clarified. Change as a concept is value neutral in comparison to the concept of development, which often includes an appraisal of the purpose of the development. Koort's substance-oriented research methodology is one method used in nursing science research for concept analysis and conceptual investigations, through which the content and extent (dimension) of a concept can be investigated* (Koort 1975). In Koort's methodology, analysis consists of four parts: etymological analysis (examination of a term's genesis or original meaning and transformation), semantic analysis (examination of different dictionaries and thesaurus), discrimination analysis (exploration of closely related concepts; leads to a matrix phase, paradigm phase, and interpretive phase), and testability analysis. As part of the lexical investigation, i.e., those words and linguistic expressions linked to the meaning of the concept, material is taken from dictionaries published within a certain timeframe.

As part of a semantic analysis, researchers in a theoretical study applied Koort's methodology in light of Katie Eriksson's approach for concept determination to investigate the word "change" (Salmela et al. 2007). There the ontological determination resulted in two main contents of meaning (dimensions) for "change": transformation and shift (exchange or barter; Salmela et al. 2007). The most important concepts in the first dimension were "conversion," "change," "reform," and "development," whereas the most important concepts in the second dimension were "fluctuation" and "variation." The researchers concluded that change as a transformation entails that someone or something undergoes a reforming (a transformation or metamorphosis). This occurs through a transformation or renewal of something or through giving something another meaning. Change as development entails a divergent or altered pace for an action or thing that is characterized by instability. In the overall hermeneutic interpretation of the concept, and which can be used by nursing leaders, the researchers found that the concept of change can be understood as coming from either external or internal to an organization and that change as action requires a certain form. To realize lasting change, thought patterns must be changed through the transformation of thoughts, perceptions, and values (Salmela et al. 2007).

The results and analysis of the concept of change above can be compared to Ahrenfelt's (2001) model of change. According to Ahrenfelt, there are two different

types of change: first-order change and second-order change. In first-order change, no deeper changes occur. A relationship or situation changes without much thought being applied or without the solution to solving the problem being changed. This means that the old pattern of thoughts is still used. In second-order change, conversely, thoughts and perceptions of reality have changed, and because of such change, actions are changed. Reality is understood in a different way, and, using this new pattern of thoughts, new solutions to old problems are found. In Ahrenfelt's model, an organization is characterized by the fact that it is an open, living system undergoing continuous change and is influenced by the milieu and environment in which it exists. Also Alvesson (2001) highlights that a transformative daily life and transformation in daily life are a type of culture and, thereby, an activity.

## 12.3 Theoretical Perspectives on Leadership During Change

The objective of leadership during change, so-named change leadership, is to achieve good outcomes. Each change is unique, and a change leader should take into consideration the present circumstances and factors that affect the situation in the change context (Ahrenfelt 2001, 2013). As a change leader, conscious decision-making is needed if one is to truly realize lasting change, i.e., second-order change.

In Blake and Mouton's (1985) Managerial Leadership Grid, renamed the Leadership Grid®, a change leader should realize the objectives for a change process through others by mobilizing human resources in an integrated system. As seen in the *leadership grid*, to achieve an objective, a leader must adapt his/her leadership style to prevailing conditions or circumstances, i.e., to the tasks to be done and the individuals in the organization (Northouse 2007; McKee and Carlson 1999). The change leader must concentrate on steering outcomes, i.e., production and relationships (human beings) (Blake and Mouton 1985; Carlson et al. 2006). Relationships and tasks are equally important in achieving good outcomes (Northouse 2007).

Blake and Mouton's model was designed to help explain how organizations can achieve their objectives through two factors: concern for production and concern for people (Northouse 2007). Tasks and relationships are equally important in achieving good outcomes. In concern for production, one sees how important it is that the people/staff achieve the goals of the organization. In concern for people, the change leader cares and is concerned with the people/staff in the organization. This increases staff's engagement and creates trust that is based on respect.

Extrapolated to a healthcare system, the change leader's responsibility is to develop new healthcare services, realize policy decisions, follow decision-making outlines, and take responsibility for issues related to different types of processes (treatment and change) and staff workloads (Blake and Mouton 1985; Northouse 2007). The change leader should guide and facilitate the work being done to achieve the performance objectives while simultaneously maintaining and developing relationships and teamwork (Yukl 2006).

To gain insight into how an organization works, the change leader must also understand how staff think, follow, react, and act. It is the people in the organization who largely determine the outcome of change processes (Alvesson and Sveningsson 2007). To succeed in change and development work, the change leader must work closely with his/her colleagues. The change leader's role is to coordinate his/her colleagues in a targeted manner and with an emphasis on the purpose of the change.

A change, and especially a planned change, can be considered a process that includes a variety of events and measures that develop over a period. Leading change is to lead processes (Ahrenfelt 2001; Jacobsen 2005; Fagerström and Salmela 2010). In a process organization, which modern healthcare systems are, change leaders should focus on people, processes (Ljungberg and Larsson 2001), and the organization's prevailing culture and values. The cultural dimension plays an important role in change, which is not clearly seen in Blake and Mouton's Leadership Grid®. In other words, leading a culture is also an important dimension in the change process (Salmela et al. 2012).

## 12.4 The Eight Steps of the Change Process

The introduction of advanced practice nursing, with its new models and roles, entails profound organizational changes. How is one to succeed as a change leader in leading second-order change? As a well-recognized American professor at Harvard Business School and a specialist in change management and leadership, Kotter (1996) emphasizes the importance of the leadership role during the various phases of a change process. Leadership largely consists of communication, which must also be rooted in the vision of change (Kotter and Cohen 2002). The real challenge, however, lies in changing people's actions and activities and getting them to see reality so that it affects their actions. Kotter maintains that emotion is the real "heart" behind change.

Kotter created what he called the eight-step process for leading change, the steps that a change leader should take into consideration if they want to succeed in realizing change. Note that the order of these steps is interchangeable.

**Eight-step process for leading change:**

1. *Create a sense of urgency*. Through honest and open dialogue, staff should gain the feeling that there is a rush or a crisis. Compelling arguments can be used to help staff understand the need for change, and the importance of that something needs to be done to solve the problems delineated.
2. *Form a powerful coalition* (cf. PEPPA framework; see Chap. 13). Bring together a group of key individuals who have the right qualities and sufficient "power" to guide, lead, and manage the change. These key individuals should also have a trusting and dedicated approach to each other and the specific task they are given.

3. *Create a vision for change.* Create a compelling and clear vision through which a direction is clearly given. Steer efforts using a clear strategy that reveals how the vision is to be achieved but which nevertheless does not preclude flexibility.
4. *Communicate the vision*. Communicate/convey a simple vision that is repeated in many forms, to promote understanding and convince. The goal is to get as many people as possible to act in a manner that makes the vision become reality.
5. *Remove obstacles*. Barriers that block the desired actions/activities, both on the individual and organizational levels, should be removed. This can be done by developing structures, providing training, giving customized information, or developing staff systems that support the vision and by confronting those resisting the change.
6. *Create short-term wins.* Give people a "taste of victory" early on. Short-term wins can be small but can contribute to nurturing staff's confidence in the change. Such wins help reduce cynicism, pessimism, and skepticism. However, do not forget the long-term objective; remember to maintain the drivers behind the effort.
7. *Build on the change. From* short-term wins, the change will gain both direction and speed. Continue to implement changes one by one so that the vision becomes reality, despite perhaps unsolvable problems. Continue to seek new ways to maintain the pace of the change.
8. *Anchor the change.* Ensure that staff continue to act in the new (changed) way, despite eventual opposition from "tradition," by allowing new ways of working to take root in the reformed organizational structure. A new supportive culture creates the foundation for new ways of working.
   (Adapted from Kotter 1996)

## 12.5 The Three-Dimensional Model of Leading Change in Healthcare

Similar to other contexts, in healthcare change leaders should lead change processes both cognitively and emotionally and should create a framework for change by communicating it as a positive challenge. Change leaders' ability to effectively communicate change through all change processes is of great importance. Change leaders should lead relationships and work for the entire team and not, e.g., solely focus on individual advanced practice nursing roles. At the same time, change leaders should emphasize the change process and prevailing culture (Reay et al. 2003; Carter et al. 2010; Fagerström 2011; Salmela et al. 2012, 2013).

The three-dimensional model of leading change in healthcare is in part based on Kotter's theory of leading change and is in part a further-developed version of Blake and Mouton's (1985) Managerial Leadership Grid model, which is concerned with both production and people (Salmela 2012; Salmela et al. 2012). In the three-dimensional model, there is a focus on good patient care, and its three dimensions are leading relationships, leading processes, and leading a culture.

The change leader is responsible for leading performance, outcomes, and staff. To achieve a change process outcome, a change leader must work through others. Consequently, the model incorporates the view that human relationships are of great importance during a change process; the effective change leader should guide and facilitate efforts to achieve objectives while simultaneously maintaining relationships and teamwork (Fagerström 2011).

Because change can be considered a series of events that develop over a period of time, change can be seen as leading processes (Kotter 1996; Ahrenfelt 2001; Fagerström and Salmela 2010; Fagerström 2011). Each change is unique, so a change leader must take the circumstances and context into account. The change leader's leadership style should also be adapted to the unique time or situation, and change leaders must even be able to switch the role they play, especially in difficult times. Consequently, there are no universal tools or solutions through which change can be led; leading change is more about putting together the pieces of a puzzle (composed by knowledge and changes). Consequently, more than one solution or path to change exists (Yukl 2006; Fagerström 2011; Salmela 2012; Salmela et al. 2012).

When leading change in the form of leading relationships, results, and processes in the healthcare setting, change leaders' actions also stem from their core values, norms, assessments, and ideals (Blake and Mouton 1985; Fagerström and Salmela 2010; Salmela et al. 2012). Change leaders' leadership style should correspond to the ethics inherent to healthcare professions and, furthermore, to the history and culture of an organization (Fagerström and Salmela 2010; Salmela et al. 2012). Schein (2004: 20) defined organizational culture as:

> *A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught new members as the correct way you perceive, think, and feel in relation to those problems.*

A healthcare organization's culture is characterized by how those in the organization interpret the care reality, how they relate to the care work, and how they act and interact with others (Fagerström 2011). The culture reveals which frames of reference are relevant for the nursing staff's common thought patterns and values. Metaphorically speaking, the culture can be viewed as "social glue": which sticks things together and creates an identity through cohesion. Culture can also be understood as a compass that provides direction (Salmela 2012). One of the challenges that change leaders face during change is the maintenance of a clear and distinct ethos in the caring tradition. Aside from the change process, the change leader must support staff's ethical foundation and a caring culture that is based on charity and should further develop an evidence-based care culture (Eriksson and Nordman 2004; Lindström et al. 2006; Salmela et al. 2013).

The implementation of new advance practice nursing models affects the power relationships that exist between professions, because a change in work processes and functions can cause anxiety, uncertainty, and stress on all levels. Staff's reaction

to a change can be similar to the patterns seen with traumatic events, e.g., denial, anger, grief, and adaptation (Yukl 2006; Fagerström 2011). Change leaders often ignore the emotional aspect of change and how change can affect a person. Researchers have shown that a lack of education in leading change processes among nurse leaders is a barrier to implementing a new role in healthcare. Knowledge of change as a phenomenon is especially important for nurse leaders, as this enables them to understand and facilitate a change process (Salmela et al. 2013). Despite discontent and negative attitudes, the change leader should take into consideration staff's willingness to participate and should maintain relationships and teamwork by guiding, motivating, and demonstrating norms and standards. Change leaders must invite others to communicate and to engage in an open dialogue with mutual feedback and must create an atmosphere where reflection and discussion are taken into consideration. This helps create a sense of security and modulates possible feelings of uncertainty and/or resistance to change. It is in the change leader's fundamental attitude and in relation to both patients and healthcare staff that the change leader's ethics are reflected. They are even reflected in the change leader's responsibility to serve the cause of caring (Fagerström 2011; Salmela 2012).

The three dimensions of nursing leadership during change in healthcare can be illustrated through the following interpretative pattern (Salmela 2012: 56) (Fig. 12.1):

Advanced practice nurses lead change and contribute to change, which is part of the work inherent to the introduction of new models of care. Change leaders and advanced practice nurses as leaders must work with nursing staff to implement change. Advanced practice nurses are clinical experts and often in a position where

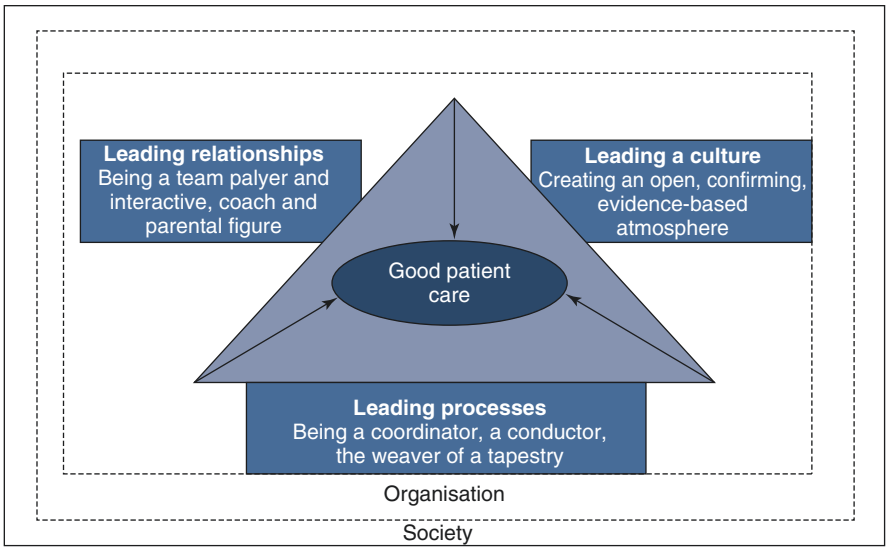


**Fig. 12.1** Interpretive pattern:—a three-dimensional model of the main tasks and roles of nurse leaders during a changes process (Salmela et al. 2012: 429)

they can coordinate and lead interdisciplinary teams through restructuring processes in clinical practice (Saxe et al. 2007; Fagerström 2011; Elliott et al. 2013).

## 12.6 Understanding Change and Resistance to Change

Understanding is important to realizing a change process, but one must remember that resistance is also present alongside change. The change leader can encounter resistance, despite several individuals or more demonstrating understanding for the necessity of the change. Understanding for change acts like a driver for the change process, while resistance to change acts like a counterforce to the process. Nevertheless, resistance can also be used and transformed into positive engagement.

How each person interprets and perceives reality affects his/her actions in an organization and is dependent on the person's background, experience, and position. The basis for decision-making and actions is composed of a person's thought patterns and how he/she interprets which he/she experiences. Both emotions and cognitive aspects influence a person's thought patterns (Ahrenfelt 2001). Thought patterns can be considered a description of the reality that a person perceives as being the "true" reality. It is also possible to consider thought patterns to be patterns of understanding, which can differ between professional groups. One should therefore strive to (re)consider whether certain changes can be realized. Human beings' patterns of understanding are emotionally rooted, which can lead to difficulties with and resistance to change (Ahrenfelt 2001, 2013; Jacobsen 2005; Norbäck and Targama 2009).

For change to become something real, tangible, and adapted to a healthcare unit or organization, the initiative for the change must be "translated" and made concrete. The change leader should aim to identify both the drivers for and counterforces to the change prior to initiating the change, so that the drivers and active support can be steered and/or the counterforces and active resistance can be reduced.

Resistance to a change process is a normal and healthy reaction, i.e., it is a defense mechanism used when a person does not understand or encounters a threatening situation: a way to address fear and anxiety (Ahrenfelt 2001; Jacobsen 2005). Usually there is resistance to the social and psychological consequences that change can entail. The change leader can use the engagement of those who are critical to the change to their advantage, because such can be transformed into an active and positive engagement in the change.

The degree of resistance varies depending on how clear the initiative for the change is, its content and the size of the change, as well as the structure of the change and its timeframe (Ahrenfelt 2001, 2013; Jacobsen 2005). The change leader must actively listen, even to criticism, which can be very instructive. The objectives of the change should be communicated repeatedly, both to individual healthcare staff members and healthcare staff as a group. But this should be balanced with allowing staff to process and "digest" the information they are given and turn it into useful knowledge. The objective is to change both individuals' and the overall group's understanding of the task.

## 12.7 Advanced Practice Nurses as Change Leaders

To contribute to the development of healthcare services so as to benefit patients, advanced practice nurses often shoulder responsibility as change leaders. As change leaders, advanced practice nurses can influence their colleagues' thoughts, feelings, and values, by influencing and steering how reality is perceived and developed in accordance with a certain worldview. A change leader's influence over nursing staff's approach to tasks is dependent on time as an aspect (the timeframe for the change) as well as the organization's social and cultural contexts (Cutcliffe and Bassett 1997; McPhail 1997; Alvesson 2001; Chenoweth and Kilstoff 2002; Jacobsen and Thorsvik 2002; Jacobsen 2005; Carney 2006; Kane-Urrabazo 2006; Alvesson 2007; Alvesson and Sveningsson 2007). The change leader's explicit and implicit understanding of the change and his/her underlying worldview also influence the change itself (Shanley 2007).

Leading change and renewal are a part of advanced practice nurses' daily care work. Both the change leader and the advanced practice nurse can develop and create opportunities to implement a change through a realistic approach and sufficient preparation. The planning of a change includes defining how the change will be implemented and what is included in the change and identifying what is necessary to make the change successful. The timeframe for the planning and implementation of a change should also be focused on. The change leader should communicate how the change will impact services and activities and should communicate the objectives linked to the change. Both the change leader and the advanced practice nurse should therefore have knowledge of change as a phenomenon, knowledge of the emotions that change can give rise to, and knowledge of the most important factors that influence change (Kerfoot 1996; Cutcliffe and Bassett 1997; McPhail 1997; Jacobsen 2005; Engström 2009).

As noted previously in this chapter, there are no universal tools or solutions whereby change can be led to suit all. Again, it is more about putting together the pieces of a puzzle—the various skills and relationships the change leader and the advanced practice nurse have with their colleagues – because change processes can differ so greatly (Cutcliffe and Bassett 1997; McPhail 1997; Ahrenfelt 2001, 2013; Shanley 2007).

Change leaders must always take various factors into account, including the politics, administration, culture, and various professional groups that steer the organization's structure and leadership. Change leaders should continuously observe and assess healthcare staff's attitudes, actions, knowledge, and feelings. Differences between the change leader's, the advanced practice nurse's, and other staff's/colleagues' motivations for and understanding of a change can exist, especially when work tasks are reorganized. A so-named motivational gap can arise, which must be leveled out. It is therefore important that neither the change leader nor the advanced practice nurse project their own understanding onto others without first understanding how their colleagues have understood the information about and message on the change.

To achieve lasting change, the change leader's leadership style and attitude toward staff and services are important. The change leader should be brave, flexible, humble, be willing to learn, meet colleagues with respect, have humor, think critically, and address and resolve both challenges and resistance (Cohen 2006). The change leader's role also includes acting as an objective observer. The change leader allocates resources, develops new ideas, helps bring the process or action forward, and brings together those who seek to drive the process forward and those who seek to solve problems. The change leader challenges and acts as an advocate, educator, advisor, or coach, all according to need (Bennett 2003). Other healthcare staff, however, can take on different roles in the change process, and it is therefore important to identify these roles and, as a change leader, respond to them (Lorenzi and Riley 2000).

To achieve their objective, the change leader and the advanced practice nurse should work and develop the change in collaboration with their colleagues. As change leaders, in addition to their administrative and clinical work, both the change leader and the advanced practice nurse should unite and integrate their colleagues' resources and efforts. They should furthermore collaborate on guiding, motivating, and supporting their colleagues and setting norms and standards, all to develop evidence-based practice. Because all staff are affected in one way or another, a leadership that counteracts uncertainty and conflicts and which leads and steers during times of uncertainty is needed to succeed with a change (Salmela and Fagerström 2008).

The change leader and the advanced practice nurse should seek to meet the new requirements that emerge during the entire process and, despite worry and negative attitudes, work together to harness staff's willingness to participate and be engaged in the change. To achieve the desired outcome, the change leader should focus on the staff and lead the transformation (the change) emanating from ethical values. The unifying link between the change leader and the staff should be common goals and values. If needed, the change leader should defend the cultural ethos that is required for the realization of good healthcare services. To provide high-quality healthcare services, the change leader has a responsibility to create a culture characterized by care by focusing on patients' nursing and care needs (Fagerström and Salmela 2010).

The real challenge is to also collectively ask questions, criticize, and discuss which change leader has not seen or has not thought about regarding the change. Doing this can lead to lasting change. A living communication, where there is a dialogue and exchange of information between leaders, advanced practice nurses, and others in the healthcare team, is of greatest importance. Yet it is also important to create an atmosphere where reflection and discussion are valued. A respectful atmosphere tones down and reduces uncertainty and resistance (Fagerström and Salmela 2010).

Norbäck and Targama (2009) maintain that both the change leader and the advanced practice nurse face a challenge when implementing changes that benefit patients, i.e., when they develop activities that are based on patients' needs and perspectives. The change leader and the advanced practice nurse together must raise

awareness of and demonstrate the need for change, and they should support the change process in a credible and convincing way and on a broad front. The implementation of advanced practice nursing as a vision should be crystalized for the entire unit's staff and for all working in the overall organization. The implementation of advanced practice nursing roles can entail a dramatic change, and the process can periodically be perceived as being chaotic. Each change is a learning process. The change must even be anchored on a higher organizational level, so that it is possible to receive help and support from key persons in the organization when needed during the actual implementation (Carnall 2007).

In summary, the points presented in this chapter regarding how to lead change during the implementation of advanced practice nursing should be considered in light of the processes underlying change:

- Leading change in clinical contexts is to lead relationships, processes, and cultures, with the patient's best as the objective.
- Awareness of the need for change should be raised in a credible and convincing way.
- The need for change should be anchored with the organization's senior and upper management, own colleagues, and other professional groups.
- A common vision, an objective, and a strategy for change should be developed.
- Change is influenced by an organization's culture and common values, through which the patient, who is placed at the center of care, should be emphasized.
- The content, scope, timeframe, objective, and outcome of the change as well as the measures needed to achieve the change should be defined.
- Key responsible staff, who can act as drivers and catalysts, should be selected.
- All change is a learning process, and through a learning process, thought patterns can be changed. This in turn can lead to changed behavior.
- Create a forum for dialogue, follow-up, and the continuous evaluation of both milestones in the change process and the change process outcomes.

## References

Ahrenfelt B (2001) Förändring som tillstånd. Studentlitteratur, Lund

Ahrenfelt B (2013) Förändring som tillstånd: att leda förändrings- och utvecklingsarbete i företag och organisationer. Studentlitteratur, Lund

Alvesson M (2001) Organisationskultur och ledning. Liber AB, Malmö

Alvesson M (2007) Företagskultur och organisationsidentitet—stödjande normsystem eller hjärntvätt? In: Alvesson M, Sveningsson S (eds) Organisationer, ledning och processer. Studentlitteratur, Lund

Alvesson M, Sveningsson S (2007) Ledarskap—hjältemyter och inflytandeprocesser. In: Alvesson M, Sveningsson S (eds) Organisationer, ledning och processer. Studentlitteratur, Lund

Bennett M (2003) Implementing new clinical guidelines. The manager as agent of change. Nurs Manage 10(7):20–23

Blake RR, Mouton JS (1985) The managerial grid III. Gulf Publishing, Houston, TX

Borthwick C, Galbally R (2001) Nursing leadership and health sector reform. Nurs Inq 8(2):75–81

Brommels M (2001) Undvik kapitalförstöring. Hälsoforum 2000–12.06.2000. Social och hälsovårdsministeriet. Social och hälsovårdsministeriet, Helsinki, p 12
Carlson B, McKee RK, Robinson C (2006) Purpose, courage and power. Grid International, Austin
Carnall C (2007) Managing change in organizations, 5th edn. Pearson Education, England
Carney M (2006) Health service management. Culture, consensus and the middle manager. Oak Tree Press, Cork, Ireland
Carter N, Martin-Misener R, Kilpatrick K, Kaasalainen S, Donald F et al (2010) The role of nursing leadership in integrating clinical nurse specialist and nurse practitioners in healthcare delivery in Canada. Nurs Leadersh 23:167–185
Chenoweth L, Kilstoff K (2002) Organizational and structural reform in aged care organizations. Empowerment towards a change process. J Nurs Manag 10:235–244
Cohen S (2006) Change agents bolster new practices in the workplace. Nurs Manage 37(6):16–17
Cutcliffe JR, Bassett C (1997) Introducing change in nursing. The case of research. J Nurs Manag 5:241–247
Elliott N, Begley C, Kleinpell R, Higgins A (2013) The development of leadership outcome-indicators evaluating the contribution of clinical specialists and advanced practitioners to health care. A secondary analysis. J Adv Nurs 70(5):1078–1093
Engström AK (2009) Ledarskap och medarbetarskap vid strukturella förändringar i hälso- och sjukvården. Nyckelaktörers och medarbetares upplevelser. Doctoral dissertation. Nordiska högskolan för folkhälsovetenskap, Göteborg
Eriksson K, Nordman T (2004) Den trojanska hästen II. Utvecklande av evidensbaserade vårdande kulturer. Rapport 2. Institutionen för vårdvetenskap, Åbo Akademi, Helsingfors och Nylands sjukvårdsdistrikt, Åbo
Fagerström L (ed) (2011) Avancerad klinisk sjuksköterska. Studentlitteratur, Lund
Fagerström L, Salmela S (2010) Leading change. A challenge for leaders in Nordic health care. J Nurs Manag 18:613–617
Jacobsen DI (2005) Organisationsförändringar och förändringsledarskap. Studentlitteratur, Lund
Jacobsen DI, Thorsvik J (2002) Hur moderna organisationer fungerar. Studentlitteratur, Lund
Kane-Urrabazo C (2006) Management's role in shaping organizational culture. J Nurs Manag 14:188–194
Keeling AW (2009) A brief history of advanced practice nursing in the United States. In: Hamric AB, Spross JA, Hanson CM (eds) Advanced practice nursing. An integrative approach. Saunders Elsevier, St. Louis, MO, pp 3–26
Kerfoot K (1996) On leadership. The change leader. Pediatr Nurs 14(5):311–312
Koort P (1975) Semantisk analys och konfigurationsanalys. Två hermeneutiska metoder. Studentlitteratur, Lund
Kotter JP (1996) Leading change. Harvard Business School Press, Boston, MA
Kotter JP, Cohen DS (2002) The heart of change. Real-life stories of how people change their organizations. Harvard Business School Publishing, Boston, MA
Lindblad E, Gillsjö C, Hallman E-B, Lindblad U, Fagerström L (2010) Experiences of the new role of advanced practice nurses in Swedish primary health care. A qualitative study. Int J Nurs Pract 16:69–74
Lindström U, Lindholm L, Zetterlund JE (2006) Theory of caritative caring. In: Marriner-Tomey A, Alligood M (eds) Nursing theorists and their work. Mosby Elsevier, St. Louis, MO, pp 191–223
Ljungberg A, Larsson E (2001) Processbaserad verksamhetsutveckling. Studentlitteratur, Lund
Lorenzi NM, Riley RR (2000) Managing change. An overview. J Am Med Inform Assoc 7(2):116–124
McKee R, Carlson B (1999) The power to change. Grid International, Austin, TX
McPhail G (1997) Management of change. An essential skill for nursing in the 1990s. J Nurs Manag 5:199–205
Norbäck LE, Targama A (2009) Det komplexa sjukhuset. Att leda djupgående förändringar i en multiprofessionell verksamhet. Studentlitteratur, Lund
Northouse PG (2007) Leadership. Theory and practice, 4th edn. Sage, Thousand Oaks, CA

Reay T, Golden-Biddle K, Germann K (2003) Challenges and leadership strategies for managers of nurse practitioners. J Nurs Manag 11:396–403
Salmela S (2012) Leda förandring genom relationer, processer och kultur. Doctoral dissertation. Vasa, Åbo Akademi University, Åbo Akademis förlag
Salmela S, Fagerström L (2008) When two health care organizations are merged into one—staff attitudes in a change process. Int J Public Adm 31:1380–1402
Salmela S, Fagerström L, Eriksson K (2007) Begreppsbestämning av förändring i relation till hälsoprocesser. Vård i Norden 86(27):20–25
Salmela S, Eriksson K, Fagerström L (2012) Leading change—a three-dimensional model of nurse leaders' main tasks and roles during a change process. J Adv Nurs 68(2):423–433
Salmela S, Eriksson K, Fagerström L (2013) Nurse leaders' perceptions of an approaching organizational change. Qual Health Res 23(5):689–699
Saxe J, Janson SL, Dennehy PM, Stringari-Murray S, Hirch JE, Waters C (2007) Meeting a primary care challenge in the United States. Chronic illness care. Contemp Nurse 26:94–103
Schein EH (2004) Organizational culture and leadership, 3rd edn. Jossey-Bass, San Francisco, CA
Shanley C (2007) Management of change for nurses. Lessons from the discipline of organizational studies. J Nurs Manag 15:538–546
Sveningsson S, Sörgärde N (2007) Organisationsförändring—från ingenjörskonst till tolkning. In: Alvesson M, Sveningsson S (eds) Organisationer, ledning och processer. Studentlitteratur, Lund
Thorpe K, Loo R (2003) Balancing professional and personal satisfaction of nurse managers. Current and future perspectives in a changing health care system. J Nurs Manag 11:321–330
Yukl G (2006) Leadership in organizations, 6th edn. Pearson Education, Upper Saddle River, NJ