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1 A Phenomenological Study of the Lived Experiences of Hospital-Based Physical Therapy Department Leaders' Most Successful Change Management Initiative

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A Phenomenological Study of the Lived Experiences of Hospital-Based Physical Therapy

Department Leaders' Most Successful Change Management Initiative

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APPROVAL FOR SUCCESSFUL DEFENSE

Joseph Patanella has successfully defended and made the required modifications to the text of the doctoral dissertation for the Ph.D. during this **Spring**, **2024**.

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ABSTRACT

A phenomenological study of the lived experiences of hospital-based physical therapy
department leaders' most successful change management initiative

Problem: Change management initiatives are consistently employed in healthcare to promote
quality care. Of concern is that not all initiatives are successful. Individuals involved in
successful change management can offer insight to those approaching initiatives.

Purpose: The purpose of this phenomenological study is to describe the lived experiences of
hospital-based physical therapy department leaders' most successful change management
initiative.

Methods: The research design was a qualitative approach. A phenomenological research design
was employed, using the voice of a group that has lived through the phenomenon of a successful
change management initiative (SCMI) as part of their work history (Creswell & Creswell, 2018).

The phenomenon of interest was SCMI, which was explored using hospital-based. Physical
Therapy management leaders who participated in positive change management initiatives were
recruited from the RWJBH Rehabilitation Directors Council, The CHPTD Council of hospital PT
Directors, and the APTA NJ Board Members.

Results: In summary, this study surveyed the experiences of hospital-based physical therapy
leaders with their most successful change management initiatives. It found that successful physical
therapy leaders had acquired knowledge, importance, confidence, and perceived readiness.
Something else that emerged from the participants' voices was that they had to be successful
because this was their job; they had to do it for their work. The essence here is that necessity drove
success.

Conclusion: By exploring the perceived readiness of physical therapy leaders and their teams, hospitals can acquire valuable awareness to help them integrate change management initiatives into their annual change strategies. We live in today's ever-changing healthcare system; over 70 % of change management initiatives fail. The findings from this study suggest that hospitals should focus on getting employees ready for the new change initiatives before they launch them to increase their chances of a successful rollout. Something else that emerged from the participants' voices was that they had to be successful because this was their job; they had to do it for their work. The essence here is that necessity drove success.

Keywords: Successful Change management initiatives, Essence, Epoche, Bracketing, Reflexivity.

Chapter I. Introduction

1.1 Statement of the Problem

It has been said in health care that the only constant is change (Kotter, 1996). When it comes to change, there is a cruel irony: change is inevitable, and it is just a matter of whether it is planned, timely, delayed, intentional, or controllable (Shore, 2014). Umiker (1997) claims that resistant behavior is the only reason a change management initiative will fail in an organization. Change is the only constant in our world of health care today. Globally, healthcare is experiencing rapid change. (Lai, 2019). This massive change is occurring at a pace never seen before in healthcare. These changes include financial pressures, new and improved technologies, and workplace operational changes (Huston, 2015). These modifications affect healthcare leaders and professionals in their communities. Both must be ready to manage and sustain successful change initiatives to survive (Gagnon, 2014; Weiner, 2009).

Today's healthcare leadership must be open to exploring and implementing change management strategies that provide operational improvements for patients and employees while maximizing the desired business outcomes required to meet the healthcare market's needs (Weiner, 2009). Change management is a method of helping people and organizations with the change process. The definition of change management is a systematic approach to dealing with the transition or transformation of an organization's goals, processes, or technologies. Change management aims to implement strategies for effecting change, controlling change, and helping people adapt to change. TechTarget.com. The goal is for change to be long-lasting and successful. It is all about getting employees to do their jobs differently to achieve the desired outcome. The significant organizational changes facing healthcare leaders today are improving

the quality of patient care, increasing patients' satisfaction scores, and ensuring the hiring and retaining of a superior workforce while decreasing cost, growing market shares, improving efficiency, and developing new and revised policies and procedures on an ongoing basis (Shea, 2014).

In health care today, clinicians and administrators must be flexible to deal with daily changes. Of concern is that 70% of all change management initiatives failed (Kotter, 1996). Surprisingly, 7 of 10 change initiatives vital to the company's success do not achieve their intended results (Kotter, 1996). Additionally, after six months, 80% of all change management strategies are not used as intended, 46% are not on schedule, and 28% are abandoned before conclusion (Miller, 2001). Change in health care is continuous and fast-paced, leaving little time for front-line workers and administrators to rest and recover before the organization starts its next change initiative (Buchanan et al., 2005). Acknowledging that 70% of change management initiatives fail and that change needs to happen quickly and be maintained, hospital leadership needs to understand how best to infuse and support change management strategies before undertaking change management initiatives (Kotter, 1996).

The principal investigator (PI) has been a licensed physical therapist since 1996. During that period, he was involved in many change management initiatives and led multiple initiatives. The one commonality they all share is a very high failure rate. This high failure rate has led the PI to want to understand what factors are necessary to make change management initiatives successful.

Much research exploring change management in health care has been conducted in the nursing realm (Grant et al., 2010). While findings provide some insight into other healthcare

professions and practice areas, we cannot assume that all departments within a healthcare system, including the physical therapy rehabilitation department, would respond similarly. To date, there appears to be limited research identifying successful change management practices undertaken in the physical therapy rehabilitation area of health care. Thus, researchers must explore successful change management practices in this area so that evidenced-based change management initiatives can inform change in physical therapy rehabilitation environments and the communities they serve.

1.2 Purpose Statement:

The purpose of this phenomenological study is to describe the lived experiences of hospital-based physical therapy department leaders' most successful change management initiative.

1.3 Central Research Question

How do hospital-based physical therapy leaders describe the lived experience of managing their most successful change management initiative?

1.4 Sub Research Questions (SRQ)

SRQ1. How do hospital-based physical therapy leaders describe what (factors) impacted their most successful change initiative?

SRQ2. How do hospital-based physical therapy leaders describe how they acquired knowledge regarding managing successful change management initiatives?

SRQ3. How do hospital-based physical therapy leaders describe how they prepared for their most successful change management initiative specific to their most successful change management initiative? Was your preparation different from your non-successful change management initiatives? If so, can you tell me in which ways?

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SRQ4. How do hospital-based physical therapy leaders describe their attitude toward (importance of) their most successful change management initiative at the start of the initiative?

SRQ5. How do hospital-based physical therapy leaders describe their confidence (ability) in executing their most successful change management initiative at the start of the initiative?

SRQ6. How do hospital-based physical therapy leaders describe their readiness to engage in the change management initiative at the start of their most successful change management initiative?

All SRQs were created by the PI and ensured, via a Delphi review process of 3 doctoral-prepared individuals, that 80 percent agreed that the open-ended questions were non-leading, purposefully sequenced in the IGQ, and written (Creswell, 2013).

Chapter II. Review of the Literature

2.1 Historical Background

When at-risk patients are given the ultimatum of changing their lifestyle or dying, the fear that comes with change is a significant factor in acceptance or rejection. Patients have difficulty making lifesaving changes even with the knowledge that their life expectancy and quality may be dramatically altered (Shore et al., 2014, p. 275). Only one out of four patients suffering from cardiovascular disease and diabetes mellitus has the resilience to stick with a program designed by the physician, including lifestyle changes and a medication regime (Jin et al., 2008; Julius et al., 2009). Change is tremendously difficult for people, and many patients have been quoted saying they would sooner "die than change" (Shore et al., 2014, p.275).

Change is not only difficult for patients now, but it was also difficult for patients in the past, and it appears as if it will be difficult for patients in the future (Shore et al., 2014). This is even true when the proposed changes have a clearly identifiable positive outcome. Some patients also fear the obscure and unknown and the effort it might take to change and alter their present way of life. (Shore et al., 2014).

It requires excellent resolve and long-term commitment to start new healthy habits and to change old ones. To make long-term changes, the patients' outlook must be that of a marathon runner, not a 5k racer. These changes must last at least one year, not just a few weeks or months (Barna Group, 2011). Only 23% of Americans can sustain their New Year's resolutions long enough to demonstrate long-term gains (Barna Group, 2011). In a study by Barna (2011). 29% of participants reported experiencing minor changes, with 49% reporting no changes specific to New Year's resolutions.

Change is difficult for people, but it is also difficult for healthcare organizations. High-performing organizations have lived by the saying "Innovate or die," but to innovate, one must often change (Shore et al., 2011, p.276). To remain on the cutting edge of the healthcare industry, leaders must innovate and move their organizations forward to meet the ever-changing world of healthcare.

In 2016, 3 million children under the age of five years old died throughout the world. With only 11% of the planet's population, Sub-Saharan Africa accounted for 49% of those deaths (Hategeka et al., 2017). In this study of Sub-Saharan Africa, 171 doctors, nurses, and healthcare workers completed a class on emergency triage, assessment, and treatment (ETAT+) and completed a post-class survey. Nearly all healthcare workers surveyed believed ETAT+ was applicable for treating patients in the Rwandan hospital system and noted its implementation could save infant lives. As of 2017, the ETAT program had not been implemented, illustrating poor change management (Hategeka et al., 2017). The above study is an excellent example of the potential for improved healthcare outcomes if sound evidence-based medicine is effectively implemented into practice. This leaves us to question why. Suppose change is difficult for people and the healthcare organizations they work for. In that case, it is then imperative that we understand change management and how to promote successful change management strategies in the healthcare system (Shore et al., 2014).

One of the seminal works on change management was written by Harvard Professor John Kotter in 1996. Kotter reports that change management fails at a rate of 70%. McKinsey (2008) found that only one in three change management initiatives succeed while two fail. These findings are even more troubling for healthcare organizations because, most often, their leadership is

decentralized, and implementing change in a decentralized organization has been shown to make the process even more challenging (McKinsey, 2008; Shore et al., 2014).

Healthcare professionals must be leaders in healthcare change initiatives to ensure evidence-based, efficient, cost-effective, and user-friendly ways are implemented to treat patients and improve health outcomes (Nilsen et al., 2020). An example of this is the uptake of evidence-based medicine (EBM). EBM searches the literature for patient treatment tools and practices (Timbie et al., 2012). While the practice of EBM has been relevant for healthcare in the United States for over 30 years, small and large healthcare systems have found unusual ways to slow their adoption, with some rejecting its implementation altogether (Timbie et al., 2012). All healthcare professionals and systems must be ready and willing to take the lead in infusing change management initiatives to serve the patients they treat daily best.

Austin et al. (2020) looked at the readiness to change within middle-level managers and front-line providers in health care. Readiness to change is the degree to which the employee accepts and is willing to integrate a plan to change a particular way of doing things. The authors looked at how accepting the employees were to the three determinates needed for a successful change initiative to move forward: task demands, resource availability, and situational factors. (Weiner, 2009). In this study, healthcare professionals found that greater team readiness led to more successful outcomes. Ultimately, if an organization of healthcare employees is not exhibiting the above readiness characteristics, it will be challenging to engage them in change. Although this study only involved healthcare workers, it cannot be generalized; it does provide some insight, given that it was one of only a few studies exploring healthcare industries (Weiner, 2009).

Previous research by Katsaros et al. (2014) indicated two main factors in an organization's readiness to change. The first factor is leadership capacity, which involves top management. Management must be prepared to focus on helping employees develop their creative ideas for the change initiative. They must determine the proper timing of all organizational changes. Training on effective change management and demonstrating a positive attitude toward change initiatives is imperative. The second involves opening the lines of communication between staff and management to help get both on the same page. (Katsaros et al., 2014). Lau and Woodman (1995) state that devoted employees are more willing to go with changes if the employee believes the change will be beneficial.

Today, the U.S. healthcare system is undergoing rapid and unprecedented change. What used to take months to change now happens in a matter of days (Lal, 2019). To survive and thrive in this dynamic environment, healthcare systems must develop readiness skills and learn to embrace constant change. According to the best-selling book by the Heath brothers, successful change is often led by a leader who can influence workers' hearts, minds, and physical environment (Heath & Heath, 2010). This underscores the critical role of the next generation of healthcare leaders. They must be educated and trained to live in turbulent times, with a deep understanding of change management. This is important and vital to their role in driving successful change management in healthcare.

There are several different classifications of leadership today. According to Fisher, evidence-based methods have demonstrated that Transformational leadership can successfully drive organizational change. Focusing on ownership, autonomy, and a culture of accountability is essential. Leaders looking to be transformational must embrace organizational volatility and motivate their respective teams. A leader who wishes to lead with a Transformational leadership

style must first earn his/her team's trust. The leader must involve their respective teams in the decision and change process. It has been demonstrated in healthcare that the transformational leadership style not only motivates workers but will improve overall outcomes (Fisher et al., 2016).

According to a study by Austin et al. (2020) who studied middle management, there is little research on how the change process works on middle managers. There are several layers of management; middle management has a difficult position and is charged with bridging the gap between the executive suite and the employees treating the patients. It is imperative to study middle managers in healthcare because of their role in the change process (Austin et al., 2020).

A qualitative experimental study was conducted at the University of Ottawa, geared toward the frontline providers, middle managers, and their readiness to change. The change they studied was in the context of program integration (Austin et al., 2020). They found that middle managers could distinguish between change management issues before and during a change initiative. Therefore, the findings from this study support the idea that middle managers can have a significant role and contribute to a positive change initiative. Middle managers can be the key to successful communication between employees and executive leadership (Austin et al., 2020). They concluded that no single best and most accepted model of readiness for organizational change exists. However, five common elements necessary in the readiness process were noted. They are as follows.

1. *Discrepancy,* which is the feeling of imbalance between the desired state and the current state.
2. *Appropriateness* is the response to the discrepancy of proposed changes. Are they adequate?
3. *Valence* is how the person sees the changes as worthwhile or beneficial.

4. Self-efficacy is the employee's self-confidence that he/she can participate in the new changes without any problems.

 5. *Fairness* is fundamental to individuals and is divided into two types: procedural and perception. All five elements impact employees' readiness to change (Austin et al., 2020).

In the literature, it is not only intrapersonal readiness that has been explored but also organizational readiness. Several factors contribute to successful hospital/healthcare systems change management initiatives. Nilsen et al. (2020) conducted a study in Sweden that sought to answer the following question: "What characterizes successful organizational changes in health care"? This qualitative research study interviewed 12 registered nurses, eleven doctors, and seven nursing assistants. The findings of the study produced three classifications of successful change. Number one was being prepared for change, the second was valuing change, and the last was having the opportunity to influence change. Being prepared for change was characterized by clear open lines of communication, and time for preparation increased successful outcomes. Valuing change was essential to health care professionals. They wanted to understand better the need for change and how it would benefit both the patients and them. Lastly, they found that the opportunity to influence the change made the initiative the simplest to implement, and they rarely faced resistance from the healthcare workers affected by the change (Nilsen et al., 2020). While this was observed in several nurses, doctors, and nursing assistants, we cannot generalize this to all other healthcare professions; thus, expanding this exploration to encompass other professions and departments in the hospital is essential.

Kaiser Permanente, a prominent healthcare system located in the western part of the US, infused a change management initiative in regions of the United States. "Kaiser Permanente

Unions committed Kaiser Permanente to introduce labor management unit-based teams" (UBTs) (Eaton et al., 201, p.4). These units consist of doctors, administrators, and frontline workers working collaboratively to solve problems and achieve common goals. The study focused on UBTs that were initially underperforming and then demonstrated a substantial improvement (Eaton et al., 2011). These successful UBTs demonstrated five additional characteristics that set them apart from the unsuccessful UBTs: 1. Leadership: 2. Team cohesion; 3. Processes and methods; 4. Line of sight; and 5. Infrastructure and support (Eaton et al., 2011). Specifically, leadership was successful when both management and labor had strong leadership. Both sides were committed to collaboration, and when the leadership style was one of coaching. The study also found that when leadership was transparent with financial data, it helped build trust. Team cohesion was best when doctors were part of the team. They also grew as a team when members could voice their opinions and hold each other accountable for their actions. The study also found that having regular team meetings and posting minutes and messages was vital to success. Processes and methods used performance improvement approaches such as Plan-Do-Study-Act (PDSA) and Rapid Improvement Model (RIM) (Eaton et al., 2011). Line of sight, which referred to user-friendly metrics, budgets, and expenses in this study, was used to help employees better understand the department and hospital's financial data. Assets were needed to acquire mentoring and coaching leaders to implement the change initiative.

2.2 Successful Change Management Studies in Nursing

Nursing literature has numerous research studies on successful change management in healthcare. One successful change management initiative occurred in Portland, Maine Medical Center, a 637-bed tertiary hospital with over 1,700 nurses. This initiative was a magnet nursing enterprise related to the successful implementation of changing a long-standing practice of end-

of-nursing shift reporting. Magnet designation is awarded to hospitals that create an environment that promotes nursing practice, professional autonomy, professional education, Career development, bedside decision-making, and nurses in leadership roles (Grant et al., 2010). This project's nurse champions thought they could improve patient care by conducting nursing shift reporting at the patient's bedside. This group believed that this process would restore the patient-nurse relationship. These nurses used Lewin's change theory as a model for their initiative (Grant et al., 2010). Lewin's change theory can be explained as influencing a mindset, which is referred to as (Unfreeze), changing that mindset (Move), and then solidifying a new mindset (Freeze).

The nurses accomplished their mission by using a five-step process. The first step was to use the Transformational leadership style. Nurse management encouraged the nurses to assume leadership roles in this project. They then introduced a strategy to implement their family-centered care plan at the bedside. The second step in the project was called **Structural empowerment**. This is decentralized, flexible, and flat governance. Nurses can change and improve this organization through units and hospital committees. The third step is **exemplary professional practice**. This was achieved by nurses assessing their practice and adjusting it to be patient-centered and professional. Fourth was new **knowledge innovation and improvements**. The team proactively used evidence-based practices and research to improve patient outcomes. Fifth was **empirical outcomes,** which looked at the data from the project. The nurses found that twelve months after implementation, 97% of the nurses and 100% of the patients had been involved in Partnership Rounding (Rycroft et al., 2004).

In another successful change management initiative, nursing found five evidence-based areas of facilitation. The first is Increasing awareness of the need for change in leadership. These students found that their effort to increase awareness of falls in their hospital led them to think

about system and process change. They found that leadership has a responsibility to help employees understand and recognize the need for change (Jukema et al., 2015). Students facilitate their colleagues in these meetings using a 'Plan-do-check-act process. The participants are also given a voice in the meeting. They later reported that they felt like they were owners of the project and had valuable input (Jukema et al., 2015). Relationship building and communication were keys to progressing and having an increased likelihood of a successful outcome. Student nurses who were on the units and made more significant efforts to get to know the staff and discuss their ideas and projects were more successful. In the end, they reported feeling like owners of their projects (Jukema et al., 2015). The local was crucial when the unit nurses and staff did not value or see a need for change. They did not support it, which made it more difficult for the team to accomplish their goals and complete this change initiative. All staff must understand the problems and why they are being changed (Jukema et al., 2015).

The International Center for Human Resources in Nursing (ICHRN) was founded by the International Council of Nurses (ICN) in 2009 (Reid & Weller, 2010). A critical nurse leadership competency in the ICHRN organization is change management (International Council of Nurses 2009; World Health Organization 2010). ICHRN, as an organization, sees the importance of teaching nurses how to lead and manage changes in healthcare. British Columbia has a nursing leadership program. The program emphasized learning how to lead change management initiatives. The curriculum was organized into four parts. It is a 4-day workshop.

1. Interactive leadership exercises and networking activities.

2. Each event member becomes part of a one-year-long change management project critical to their work system.

3. The program offers mentorship and support to nurses.

4. It also helps them to reach their project/professional goals and learning objectives. This study found that factors such as organizational support, mentorship, and opportunities to practice leadership are significant keys to future success (MacPhee et al., 2012). The universal constant in nursing throughout the world is change. Nursing leadership must find ways to deal with this variable daily. This is a competency that nursing leadership must learn to master to be successful in their profession. (International Council of Nurses 2009; World Health Organization 2010). This research offers a systematic way for nursing leadership to train front-line nurses to lead a change management initiative. The results of this program were outstanding, with a success rate of 77% project completion. The authors attribute the positive results to a hands-on approach, organizational support, and mentorship. ICN believes nurses must be prepared to influence change (MacPhee et al., 2021).

A study by Altman et al., (2016) examined nurses as change agents. The study identifies nurses as the profession leading change in healthcare. There were three noted trends in the research: (1) Empowering nurses, (2) Nurses as change agents, and (3) Providing nurses with a safe and healthy profession (Altman et al., 2016). The author writes that it is essential to empower frontline nurses to achieve a lasting and sustainable positive change management initiative. The authors use social entrepreneurship and have demonstrated how it will help nurses lead lasting change initiatives. Social entrepreneurship comes from businessman Bill Drayton, who coined it in 1960. A social entrepreneur is a change agent who sees opportunities to improve processes, invents new methods, and creates viable outcomes. This person can be a change agent who identifies problems and workable solutions to solve them. The research found that for the solutions to stick, they must persist in the nurse's mind. To achieve this, it is recommended that they use

slogans and logos. In his book Contagious, Jonah Berger teaches how to build a word-of-mouth campaign. Jonah uses the acronym **STEPPS**, which stands for **social currency, trigger, emotions, public, practical value, and stories**. According to Jonah Berger, using these six "STEPPS" will result in an idea spreading like wildfire (Berger, 2013). This concept was used in a change management initiative in Sweden at the First Hill ICU. A social entrepreneurship experiment was used to drop the number of catheter-associated urinary tract infections (CAUTIs). To accomplish this, the department and leadership wore T-shirts to promote their program. This kept the idea alive and in the minds of the hospital staff. They made an energizing video to educate others about their work. This project was an overwhelming success and resulted in a nursing change management initiative with a 92% improvement in CAUTIs over the following 9-month period. It was found that this could not be done without hospital leadership and nurse management support (Altman et al., 2016).

A 2022 systematic review of the data concerning change management in healthcare shows that only a few used evidence-based models and methodologies. The current trend neglects clinician's influence, focus, and emotions toward the need for change (Harrison et al., 2022). Harrison recommends concentrating on the emotional investment in a change initiative to achieve more excellent buy-in from the clinicians on the project. A few predetermining factors to get clinicians to embrace and accept this initiative are as follows: 1. Their perception is that change is needed 2. The individual can change, and 3. They possess change readiness. The authors also found three types of commitment. In the first type of commitment, the employees support the initiative because they know a cost is associated with failure. The second is that the individual feels they ought to be involved in the change because they are obligated to do so. The third is

because the person knows that benefits are associated with a positive outcome (Harrison et al., 2022).

One of the key findings in this study is that a person's Affective Commitment to change plays a significant role in how they will react. The recognized value and benefits fuel the meaning of Affective Commitment in change readiness. Perceived value has long been the motivation and critical determinant in employee change motivation (Harrison et al., 2022). In a meta-analysis conducted in an industry other than health care, the authors found that affective commitment to change is an exceptional predictor of individuals agreeing with and supporting change initiatives. In preliminary studies, the research suggests that affective commitment to change may predetermine change readiness (Harrison et al., 2022).

Very little research on successful change management has been conducted in physical therapy. One of this research project's goals is to learn how hospital-based physical therapy leadership has led to successful change initiatives in their departments. The author wants to determine why these initiatives succeeded when others failed. Were the physical therapy departments in these successful initiatives in readiness? Did readiness even play a factor? The research currently does not offer answers to these and other questions. This study will allow the physical therapy leadership to determine if their initiatives were successful. A physical therapy change management initiative was determined to be successful if the predetermined metrics were achieved. If the initiative's goals were met, the physical therapy leadership could demonstrate a marked improvement in their department's integration of the new change.

2.3 Theoretical Basis for the Study

The conceptual framework that was used to guide the exploration of the lived experiences of hospital-based physical therapy department leaders' most successful change management initiative was discovered by the PI in the literature when reviewing the Readiness Theory by Martin et al. (2019). The PI realized that the authors spoke about readiness and knowledge as two factors impacting successful change management. The PI began to think about the readiness theory, which states that perceived readiness combines three constructs. These constructs are knowledge, importance, and confidence. Knowledge is understanding something with familiarity gained through practice or similarities, such as change management strategies. Importance was also called attitude or relevance. Confidence was known as ability. The combination of knowledge, attitude, and confidence equated to perceived readiness, with attitude and confidence acting as reagents fostering the development of perceived readiness. Therefore, I looked at the readiness theory and used it as my lens to research it from these three constructs in my conceptual model.

The research design for this study is a phenomenological qualitative approach. A qualitative research design allows the researcher to ask open-ended questions. When participants are being interviewed, the interviewer can also ask probing questions to understand the situation at hand better (Creswell, 2013). This project selected a qualitative approach because there is a failure rate of two out of three change management attempts in our US healthcare system (Shore, 2014); (Shore et al., 2011). One of the seminal works on change management was written by Harvard Professor John Kotter in 1996. Kotter reports that change management fails at a rate of 70%. McKinsey (2008) found that only one in three change management initiatives succeed while two fail.

A greater understanding of why change management initiatives succeed is vital to determining what a successful change management initiative will be like. According to a Gallup

poll in 2013, only 30% of the US workforce are enthusiastic about their jobs, committed, and actively engaged. However, 52% do the minimum work required to stay employed at their present job. Lastly, 18% of the US staff are generally disengaged from their jobs and work against their present employers. These employees typically have increased absenteeism and are known to drive away customers.

There is an unprecedented change in the healthcare system today. The speed and rate of change has increased. Changes that took months in the past now occur in only days (Lal, 2019). More than ever, healthcare leaders need to know how to lead successful change management initiatives. One of the goals of this research is to explore what a successful change management initiative looks like and how the process can be repeated. This research initiative will study a successful change management process in a hospital-based Physical Therapy rehabilitation department.

Chapter III: Methodology

3.1 Participants

This research study used two sampling techniques, judgment/purposeful and criterion, to find participants. The definition of judgmental/purposeful sampling is to find people who, in your judgment, can offer the finest information to achieve your research objective and meet the necessary standards (Creswell & Poth, 2018). Criterion sampling involves selecting cases that meet some predetermined criterion of importance (Patton, 2001). The principal investigator (PI) worked with people who, in the researcher's judgment, possessed the needed information and were willing to share it (Kumar, 2014). All participants had to be licensed physical therapists to be included in this research study. They also had to have successfully led a change management initiative while working in a hospital-based Physical therapy department and have oversight of at least two employees. They had to speak and understand English and be at least 21 years old. The researcher prescreened all participants to see if they met the minimum requirements to participate in the research study. If participants met the minimum criteria for study inclusion, they were invited by the PI to participate in the study.

In a qualitative study, no recommended number of participants must be interviewed. The number is determined by reaching a saturation level in the data where no new codes or categories are emerging, which, in this case, was eleven participants (Creswell, 2018). This number is further supported by recommendations for interviewing between ten and fifteen individuals who have experienced the phenomenon of interest (Creswell, 2018; Polkinghorne, 1989).

3.2 Research Design

A qualitative research approach was used to conduct this research study. Specifically, a phenomenological research design was employed. Phenomenological design is rooted in

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psychology and philosophy (Creswell et al., 2018). In this study, the phenomenon of interest was successful change management initiatives, and the interest group was Physical Therapy management leaders who participated in positive change management initiatives. A maximum sixty-minute one-on-one semi-structured interview was conducted to understand better the factors that led to a successful change management initiative.

3.3 Procedures

This study employed a Qualitative phenomenological research approach. Data were collected from open-ended questions via a semi-structured interview. The interview process allowed the voices of the physical therapist leaders to be heard. The qualitative design allowed the data and its analysis to define and explain the physical therapist leader's perspective, enrich the findings, and make the data more meaningful. Utilizing a semi-structured research design allowed the participants much-needed time to express their views. It allowed the researcher to ask probing questions to maximize the participants' emerging ideas and unfolding events. (Creswell 2018). Qualitative research has the potential to be flexible and allows participants to be creative when answering open-ended questions, leading to greater insights. These types of insights can often be difficult to collect when quantitative data is used only. Thus, conducting a qualitative research study enabled the researcher to explore factors that led to successful change management initiatives in hospital-based physical therapy department leaders from the participants' voices.

Following approval of the Seton Hall University IRB, the PI started the subject recruitment process. The target population the researcher looked for was Physical Therapy hospital-based leaders who had led a successful change management initiative in the last two years. At the request of the PI, the Vice President of Operations for RWJBH forwarded the study IRB-approved

solicitation letter to the following three organizations: The RWJHB rehab directors' Council, The CHPTD-Council of Hospital Physical Therapy Directors, and The APTANJ board members.

The PI is a licensed physical therapist in New Jersey and thus has access to many colleagues.

The PI also posted the IRB-approved letter of solicitation (LOS) on the PI's personal Facebook and LinkedIn open-source accounts to reach a wider sample population. The LOS contained a QR code for interested participants to access the study's IRB-approved letter of consent for review. Once the PI received a participant's signed consent form via email, the PI emailed the participant to schedule a maximum 60-minute one-on-one Microsoft Teams interview and confirmed the participant's consent. The interview consisted of twelve open-ended questions designed by the PI. The interview was audio recorded using the audio record function in Microsoft Teams, and the Transcription function was turned on for analysis. The PI used the audio recording to confirm that the automatically transcribed statements were accurate immediately following each interview. The PI used an interview guide, which was created by the PI, to conduct the interviews. The interview guide went through a Delphi Review Process, reaching 80% agreement for content clarity and appropriateness by a panel of three experts in the field. The Delphi Review was conducted between April 7, 2023, and April 22, 2023. Additional probing questions were used as needed by the PI to clarify participants' responses further or to ensure they understood the posed question. After each interview, the PI asked the participant to share the study LOS with anyone they thought might fit the inclusion criteria. Once the interviews were completed, the PI conducted qualitative analysis, seeking codes, categories, and thematic analysis statements (Saldana, 2021), and sought an intercoder agreement with the dissertation chair throughout this process. Interviews were no longer conducted once saturation in the data had been achieved (when no new codes or categories emerged from the participant's voice).

All one-on-one interviews were conducted in a semi-structured format, allowing for more excellent symmetry in data collection (Seidman, 2013). probing only when the researcher needed greater insight or clarification. All participants were assigned a number one through eleven to maintain anonymity throughout the research process. The participants were called a number, not a name, to protect their anonymity. Numbers were assigned to participants in order of their participation in the study.

3.4 Data Analysis

This study used a qualitative approach; therefore, no statistical analysis was conducted. During the qualitative analysis, the PI manually decoded and encoded the responses from the interview questions using paper and pencil on hard copies of the transcriptions to place them into categories and themes. The PI's coding process employed first- and second-cycle coding practices, as described by (Saldana, 2016). In the first cycle of coding, the PI used first-order coding, which is the initial coding and includes analytical memos taken. The second-order coding was in vivo, with direct participant quotes and descriptive codes and phrases based on participant statements. Coding is central to the interpretation of qualitative research analysis. It involves making sense of the tremendous amount of raw data collected during the interview process. Coding involves collecting, organizing, and categorizing data into smaller, more manageable units (Wolcott, 1994).

The intercoder agreement (with the dissertation committee chair) served as an external check during the coding process to help come to a complete consensus on the thematic analysis statements generated. The PI established a narrative journal along with the transcript, which was externally checked by the committee chair. The PI and the committee chair reached a consensus on the codes, categories, and thematic analysis statements generated. Codes, categories, and

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thematic analysis statements in which the PI and committee chair did not reach consensus were collectively reviewed, discussed, and ultimately agreed upon or removed from the analysis. Considering the currently available literature, the PI compared and discussed the study's synthesized data.

Data analysis and interpretation were conducted in tandem once each semi-structured interview was completed (Creswell, 2018). An inductive analysis was used with codes, categories, and themes. The PI used categories with shorthand codes. Then, it was expanded to a maximum of thirty categories and reduced to eleven thematic analysis statements (Creswell, 2018). The data collection process compiled voluminous amounts of information. The spiral described by Huberman et al., (1994) was used throughout the research process: Collect the Data, Organize the data, Read the data several times, and write notes in the ledger. Determine what codes and themes were found, Interpret the information, characterize and picture the information, and determine the overall findings.

Chapter IV. Results

Chapter 4 includes the results of the six sub-research questions and the responses of the eleven participants. These questions were constructed to answer the central research question, "How do hospital-based physical therapy leaders describe the lived experience of managing their most successful change management initiative?"

4.1 Study Participants

Eleven participant leaders from hospital-based physical therapy departments expressed interest in participating in this study. The participant leaders accepted into the study were all over 21 years of age, spoke, read, wrote, and were fluent in English. The participants were all licensed physical therapist leaders who had experienced a successful change management initiative in the last two years. These physical therapists' leaders led at least two employees during their most successful change management initiative. All participants were required to have access to email to communicate with the PI and web-based access for the interview process. All eleven participants lived and worked in hospitals in New Jersey. The therapy leaders all worked in hospital-based physical therapy departments. There were four combination settings, including five participants from an in/outpatient hospital-based PT department, three from an outpatient-based hospital PT department, two from an outpatient hospital-based PT department, and one from an in/outpatient hospital-based IT department. The gender of the study participants was four males and seven females.

Figure 1

Participants Setting and Gender
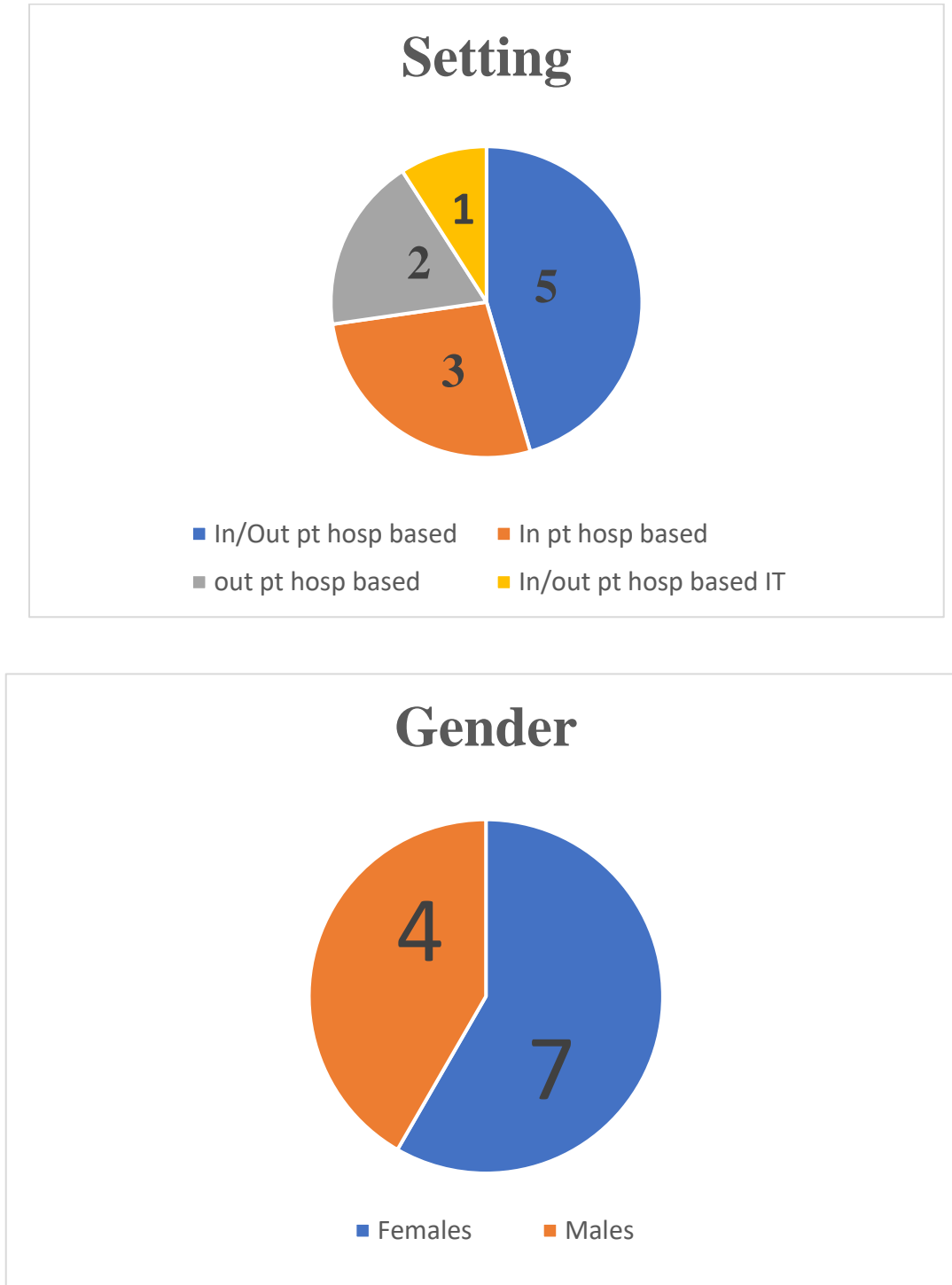
4.2 Coding and Data Analysis

Data was collected through in-depth interviews using the Microsoft Teams recording and transcription systems. The PI conducted eleven individual interviews, which lasted between ten and forty-one minutes; the average length of an interview was twenty-two minutes. Each of the eleven interviews was recorded, transcribed, and analyzed immediately following the completion of the interview. The PI took great care in listening to and transcribing each word the participants said verbatim. Recordings were reviewed several times to ensure their accuracy. The PI greatly enhanced his understanding of the participant's responses to each interview guide question by reading the data multiple times.

To ensure participants' anonymity, each of the eleven participants was coded as P one through eleven. The capital P stood for Participant, and numbers one to eleven were assigned on a first-come-first-serve basis.

The transcripts were then thoroughly examined to find statements that answered the questions. This was accomplished by pulling In-Vivo codes (Participants Quotes) from the transcribed data to help better understand the participants' responses. Coding is an essential part of the qualitative research process, and it requires labeling, organizing, and sorting of data and information (Saldana, 2013). Coding the data permitted the PI to review and link the data for later analysis (Saldana, 2013). Codes were then formed into groups and further analyzed into categories. Thematic analysis statements were then developed to fully describe participants' responses for each interview guide question and associated sub-research question.

4.3 Data Saturation

Data saturation is when the data no longer produces new codes, categories, or themes. (Creswell et al., 2018). To ensure data saturation was met in this study, the PI and a second researcher (dissertation chair) reviewed each participant's coded data to ensure no new codes or categories emerged from the prior coded transcriptions. This continuous evaluation of participant responses showed that no new codes and categories emerged from the transcriptions. After the eight transcriptions. At this point, the PI, in consultation with the second coder, decided to conduct three more interviews to ensure that no new codes or categories would emerge.

4.4 Qualitative Results

Figure 2

The Wagon Wheel of Successful Change Management

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When I reviewed the literature, I found no specific studies exploring physical therapists, leaders managing SCMI, or any factors that might impact an SCMI. However, I found that in other health-related professions, primarily nursing, twelve factors were identified as impactful in SCMI. The 12 Factors are depicted in Figure 2. Upon further review, 3 of these factors are analogous to constructs found in the readiness theory: Knowledge, Confidence, and Importance. Thus, a potential theoretical framework could be identified to be used as a lens to understand SCMI in the context of physical therapy leadership.

Three icebreaker questions were used at the start of the interviews (Table 1). These questions allowed the interviewee to get comfortable with the interviewing process. They were also chosen because they confirmed that the participants had experience leading an SCMI. Finally, the responses to the icebreaker questions offered additional insights.

Table 1

Ice Breaker Questions (IGQ). A, B, and C

IGQA. Please tell me about your most successful change management initiative that you have managed within the last 2 years?
IGQB. What was the goal of the initiative?
IGQC. How was it determined that it was successful?

Table 2 provides the in-vivo codes (Participants' Quotes) and the collective categories from the participant's responses to the Ice Breaker IGQA: Please tell me about the most successful change management initiative that you have managed within the last two years. After analyzing the collective in-vivo codes and categories that emerged from the written response to IGQA, the following thematic analysis statement is proposed to address IGQA. Eight out of eleven participants noted electronic medical record (EMR) EPIC as the most successful change

management initiative, with the COVID-19 Pandemic, Department Flood, and Google Platform being noted by one participant each.

Table 2

Results Interview Guide Questions (IGQ) Ice Breaker Question A

IGQA. Please tell me about your most successful change management initiative that you have managed within the last 2 years?	
In Vivo Codes (Participants Quotes)	**Categories**
"I would say we transferred over to using a new electronic medical record EPIC (EMR)" (P1)	EPIC
"I would say the training for rehab for EPIC." (P2)	EPIC
"We are going through the EPIC change right now" (P3) EPIC (P4), EPIC (P5),	EPIC
"EPIC(P8)	EPIC
EPIC (P9), EPIC (P11).	EPIC
Traverse the issues in the hospital associated with the COVID pandemic." (P6).	COVID 19
"We had gone through a flood within our department after a severe rainstorm." (P7).	Department Flood
"A Google Review campaign in the hospital to try and Increase market share and visibility" (10)	Google Platform

Table 3 provides the in-vivo codes (Participants' Quotes) and the collective categories from the participant's responses to the interview guide question. Ice Breaker IGQB: What was the goal of the initiative? After analyzing the collective in-vivo codes and categories that emerged from the written response to IGQB, the following thematic analysis is proposed to address IGQB. PT Leaders were generally looking for minimal disturbance in their practices, along with open lines of communication, keeping staff safe, maintaining employment, and promoting education as the initial goals.

Table 3

Results Interview Guide Questions (IGQ) Ice Breaker Question B

IGQB. What was the goal of the initiative?	
In Vivo Codes (Participants Quotes)	**Categories**
"The overall goal was to bring our hospital system into a modern EMR." P1	Minimal Impact of Business
"Train end users, how to successfully use the medical EMR." P2	Learning
"Goal to have a successful and timely change with minimal impact on patient care" P3	Minimal Impact on Business
"The goal is to provide better patient care through documentation, better communication P4	Communication
"The goal new EMR, all on one system" P5	Learning
"My primary goal was to learn everything I can." "Keep my staff safe" "save the jobs" P6	Save Jobs
"Continue patient care with the least disruptions." "Maintaining confidentiality: "Restart the entire clinical operations at another site that would be safe." P7	Minimal Impact on Business
"The goal was to improve documentation." P8	Communication
"An integrated EMR, up and running as quickly" "little effect on patient care" P9	Minimal Impact on Business
"To drive business and create exposure for the clinics P10	Save Jobs
"The goal is to have a seamless transition without interruption to our services." P11	Safety

Table 4 provides the in-vivo codes (Participants' Quotes) and the collective categories from the participant's responses to the interview guide question. Ice Breaker IGQC. How was it determined that it was successful? After analyzing the collective in-vivo codes and categories that emerged from the written response to IGQC, the following thematic analysis is proposed to address IGQC. Success was determined by metrics and accurate documentation.

Table 4

Results Interview Guide Questions (IGQ) Ice Breaker Questions C

IGQC. How was it determined that it was successful?	
In Vivo Codes (Participants Quotes)	Categories
"How well my staff understand the new EMR, lower stress level" P1	Precise Documentation
"Metrics Billables units, User satisfaction." P2	Metrics
"Looking at our patient surveys, volume, our productivity, workflow" P3.	Metrics
"Metrics and finances." P4.	Metrics
"Measured by your productivity." P5.	Metrics
"No one got seriously ill or lost their life." P6.	All Other
"Volume and the revenue, maintain our productivity" P7.	Metrics
"Team member able to use EMR correctly P8	Precise Documentation
"Accurately document in a timely manner, charge correctly, resume their full caseload." P9.	Precise Documentation
"We started 0 reviews and ended up with over 805,000-star Google reviews P10.	All Other
"The metrics turnaround times for PT, OT, SLP, we became more efficient." P11.	Metrics

Following the icebreaker questions, the PI continued unpacking the six interview guide questions, which were linked to the study's sub-research questions and provided insight for addressing the study's Central Research Question: **"How did hospital-based physical therapy leaders describe the lived experience of managing their most successful change management initiative?"**

Table 5 provides both the IGQ and the associated SRQ.

Two additional interview guide questions were asked to probe the topic, IGQ7 further- Thinking back to the start of this successful change management initiative, can you describe how ready your team felt to engage in the initiative? and IGQ8- Before we end our session today, is there anything else you would like to share with me that you believe will help us understand what your experience was like in managing your most successful change management initiative in the last two years?

Table 5

Interview Guide Questions/Associated Sub-Research Questions

Interview Guide Questions (IGQ)	Sub-Research Questions (SRQ)
IGQ1. Please describe what you perceived to be the factors that impacted your most successful change management initiative?	SRQ1. How do hospital-based physical therapy leaders describe what (factors) impacted their most successful change initiative?
IGQ2. Please describe how you acquired knowledge regarding managing successful change management initiatives?	SRQ2. How do hospital-based physical therapy leaders describe how they acquired knowledge regarding managing successful change management initiatives?
IGQ3. Please describe how you prepared for the change management initiative associated with your most successful change management initiative? Was your preparation different from your unsuccessful change management initiatives? If so, can you tell me in which ways?	SRQ3. How do hospital-based physical therapy leaders describe how they prepared for the change management initiative specific to their most successful change management initiative? Was your preparation different from you non successful change management initiatives? If so, can you tell me in which ways?
IGQ4. Thinking back to the start of this successful change management initiative can you describe your attitude toward (importance of) implementing the initiative?	SRQ4. How do hospital-based physical therapy leaders describe their attitude toward (importance of) their most successful change management initiative at the start of the initiative?
IGQ5. Thinking back to the start of this successful change management initiative can you describe your level of confidence (ability) to execute the initiative?	SRQ5. How do hospital-based physical therapy leaders describe their confidence (ability) to execute their most successful change management initiative at the start of the initiative?
IGQ6. Thinking back to the start of this successful change management initiative can you describe how ready you felt to engage in the initiative?	SRQ6. How do hospital-based physical therapy leaders describe their readiness to engage in the change management initiative at the start of their most successful change management initiative?

Table 6 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide questions: Please describe what you perceived to

be the factors that impacted your most successful change management initiative. This question was designed to address SRQ1.

Reflecting upon the categories that emerged from IGQ1, the following thematic analysis statement is proposed to address SRQ1. Knowledge accounted for six participants the most extensive factor: This was followed by preparation, training, tutoring, teaching, and education. This included much necessary communication. The leaders were confident and prepared for the initiatives. Their motivation was high, and they valued the changes being offered.

Table 6

Results Interview Guide Questions (IGQ) 1

IGQ1. Please describe what you perceived to be the factors that impacted your most successful change management initiative?	
In-Vivo Codes (Participants Quotes)	**Categories**
" Knowledge about the EMR" "staff feeling that adequate time was spent training" "having their questions answered" "before we went live to the new EMR support afterwards" "modifying the caseload" "learning a new EMR" P1.	Knowledge
"Responsiveness and communication as 2 main factors, willingness to change". P2.	Communication
"Communication, preparation, transparency" P3.	Confidence
"Training was a big factor" "Individual classes or tutoring" P4	Preparation
"communication" "mental preparation" P5.	Motivation
"I had to display a level of Compassion." "Be confident. P6.	Value the Change
"Most important factor was communication with the staff, with the patients" P7.	Communication
"You were training, teaching, and educating" P8.	Knowledge
"Self-training, self-education, experimenting in the playground environment, P9.	Knowledge
"Had sort of a recognition and reward system, an internal almost competition P10.	Motivation
"Manage the emotions" P11.	Confidence

Table 7 This section provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ2: Please describe how you acquired knowledge regarding managing successful change management initiatives. This question was designed to address SRQ2. Reflecting upon the categories that emerged in IGQ2, the following thematic analysis statement is proposed to address IGQ2. Knowledge was acquired through preparation through education, which included classroom time, online, in-person training, and self-study in the office and at home. The leaders also received much support from people in the office via email, phoning colleagues with questions, and just asking for help.

Table 7

Results Interview Guide Questions (IGQ) 2

IGQ2. Please describe how you acquired knowledge regarding managing successful change management initiatives?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Webinar classes, multiple live classes," "supervisors." P1	Preparation/Support
"Two years of extensive training."P2	Support
"Learning on the job, using mentors" "spoke with leaders in the system P3.	Preparation/Support
"Acquired the knowledge from those classes P4.	Preparation
"Training online, in person, at the elbow support. People via email and phone, meetings" P5	Preparation/Support
"I have taken some general management and change management courses and lectures." P6	Preparation
"It was as we went." "You ask for help, you seek help" P7.	Preparation/Support
"You were trained first, taking classes, and then you trained other users." P8.	Preparation/Support
"I asked a lot of questions" "self-teaching and exploring" P9.	Preparation/Support

"We leaned into our resources in the marketing department. 10.	Support
"A lot of different training, P11.	Preparation

Table 8 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ3. Please describe how you prepared for the change management initiative associated with your most successful change management initiative? Was your preparation different from your unsuccessful change management initiatives? If so, can you tell me in which ways? This question was designed to address SRQ3. Reflecting upon the categories that emerged in IGQ3, the following thematic analysis statement is proposed to address SRQ3: Successful: Hospital-based PT leaders described engaging in various educational-based strategies to prepare and engage with leadership for mentorship and clarification for successful initiatives. Unsuccessful: Poor planning and leadership lead to Unsuccessful change management initiatives.

Table 8

Results Interview Guide Questions (IGQ) 3

IGQ3. Please describe how you prepared for the change management initiative associated with your most successful change management initiative? Was your preparation different from your Unsuccessful change management initiatives? If so, can you tell me in which ways?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Preparation, role analysis" "I learned from the past to be as prepared as possible" P1.	Successful Categories
"I think on our successful EPIC initiative, senior management was heavily involved." P4.	Preparation
"They attended classes. They did their webinars." "Lack of leadership, nobody takes control" "#1, the reason for lack of success the nurses were not trained. "#2 was, do not know if the nursing, administrative people were bought in on the project." "Lack of leadership." P4.	Leadership

"We had months to get ready," "We only did abstractions." Having additional WOWs was beyond helpful." "Reduction in the patient load, increase preparedness." P5.	Unsuccessful Categories
"Do a values clarification on those things that you do know and place high or low value on it to make as best a decision as you can P6.	Poor Planning
"Meet monthly with the manager. You were trained first by taking classes, and then you trained others. P8.	Preparation/ Leadership
"(Unsuccessful) They did not know how to create templates or smart phrases because they were not trained." And they did not know how. Nobody followed up with it P8.	Poor Planning
"We screenshot of different tips and tricks" and "spent some one-on-one time with all the staff." I spend probably 2 hours a day. Unsuccessful one I did do screenshots of different tips and tricks" P9.	Poor Planning
"The difference is using something common and everyday versus something that you know is very hospital-centric" P10.	Poor Planning
"Successful CMI, I definitely looked through the switch framework," "break down the process," "practice, just allowing them to take it in bite-size pieces." Unsuccessful CMI "Did not prioritize," P11.	Preparation

Table 9 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ4: Thinking back to the start of this successful change management initiative, can you describe your attitude toward (the importance of) implementing the initiative? This question was designed to address SRQ4. Reflecting upon the categories that emerged in IGQ4, the following thematic analysis statement is proposed to address IGQ4: A positive attitude is essential in an SCMI. It sets the tone for the group to follow. Leaders were found to be helpful, hopeful, Prepared, and Cautious.

Table 9

Results Interview Guide Questions (IGQ) 4

IGQ4. Thinking back to the start of this successful change management initiative can you describe your attitude toward (importance of) implementing the initiative?	
In-Vivo Codes (Participants Quotes)	**Categories**
"I felt fairly comfortable." P1.	Positive Attitude
"Positive and hopeful." P2.	Positive Attitude/Hopeful
"My attitude was all right." P3.	Positive Attitude
"Skeptical to excited at some point." P4.	Positive Attitude/Cautious
"My attitude was being prepared, faced it head on" P5.	Positive Attitude
"Confidence, Coupling that with compassion P6.	Positive Attitude/Hopeful
"It was a positive attitude." "My Attitude was right." P7.	Positive Attitude
"Totally positive, help you to go through it." P8.	Positive Attitude/Hopeful
"My attitude was hopeful." "I was cautious." P9.	Hopeful/Cautious
"Always very positive." P10.	Positive attitude
"My attitude was really very positive P11	Positive Attitude

Table 10 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ5. How do hospital-based physical therapy leaders describe their confidence (ability) to execute their most successful change management initiative at the start of the initiative? This question was designed to address SRQ5. Reflecting on the categories that emerged in IGQ5, the following thematic analysis statement is proposed to address IGQ5: At the initiative's start, confidence levels were generally high to execute an SCMI.

Table 10

Results Interview Guide Questions (IGQ) 5

IGQ5. How do hospital-based physical therapy leaders describe their confidence (ability) to execute their most successful change management initiative at the start of the initiative?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Very confident." P1.	Very Confident

"I was fairly confident," P2.	Fairly Confident
"I have 100% confidence," P3.	Very Confident
"At start 6 out 10," "As we move forward 8 out 9" P4.	Very Confident
"I mean, my confidence level is high, 7/10." P5	Very Confident
"I'd say 3 to 5; as we got into it, ten confidences grew throughout the initiative." P6.	Very Confident
"I felt confident." P7.	Fairly Confident
"I am going to help you to go through it, 8 OK after it started. Gain Confidence" P8.	Fairly Confident
"I was cautious," "Your confidence as the leader grew absolutely." P10.	Cautious
"Good confidence, Prior to going live A 5 after, 8 to like 9 to 10 P11.	Very Confident

Table 11 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ6: Thinking back to the start of this successful change management initiative, can you describe how ready you felt to engage in it? This question was designed to address SRQ6. Reflecting on the categories that emerged in IGQ6, the following thematic analysis statement is proposed to address IGQ6: At the initiative's start, PT leaders generally perceived themselves as ready.

Table 11

Results Interview Guide Questions (IGQ) 6

IGQ6. Thinking back to the start of this successful change management initiative can you describe how ready you felt to engage in the initiative?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Fairly ready" "experience and my preparedness." P2	Ready
"I felt prepared" P3	Ready
"I would say 6 out 10 to start" and "8 out 9 after" P4.	Very Ready
"In the summer, not ready at all, I felt that Friday before, I felt ready. A 9 out10, ready P5	Very Ready
"I have got moved closer to 10, started 5 out 6 as the process started P6.	Very Ready

"I was nervous but ready, 5 to start, I was 9 after it started" P8.	Very Ready
"I felt ready; yeah, 9 or 10 at the start of P9.	Ready
"I felt very ready. I think I was ready from the get-go." P10.	Very Ready
"I definitely felt I was ready, prepared" P11	Ready

Table 12 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ7. Thinking back to the start of this successful change management initiative, can you describe how ready your team felt to engage in the initiative? Reflecting on the categories that emerged in IGQ7, the following thematic analysis statement is proposed to address IGQ7: Approximately 2/3 of the team members felt inadequate for the task. They reported not being ready; in fact, some reported being nervous.

Table 12

Results Interview Guide Questions (IGQ) 7

IGQ7. Thinking back to the start of this successful change management initiative, can you describe how ready your team felt to engage in the initiative?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Felt fairly comfortable starting." P1.	Fairly comfortable
"Very ready. Terms were just ripped, the band-aid off" P2.	Very Ready
"I don't think they ever would have felt ready." P3.	Not Ready
"Extremely nervous" "4 out 10, very, very skeptical" P4 "3 out of 10 P5.	Not Ready/Gain as it went on
"They were not ready, So I don't think they were ready" P6.	Not Ready
"Once we communicated to the team that this was an important aspect of getting restarted" P7.	Fairly Comfortable
"They were not ready." P8.	Not Ready
"Maybe about a 5-team score. They were not as eager to change." P9.	Not Ready
"I think they were a little bit more delayed. I think that traction kind of gained as we went on" P10.	Gain as it went on
"4 out 5 when they started, a lot of doubt" P11.	Not Ready

Table 13 provides the in-vivo codes (Participants' Quotes) and categories that emerged from the participant's responses to the interview guide question. Interview Guide Question IGQ8. Final Question: Before we end our session today, is there anything else you would like to share with me that you believe will help us understand what your experience was like in managing your most successful change management initiative in the last two years? This question was designed to address the voice of the participants. From the leader's viewpoint, the researcher is looking for the essence of what truly makes a successful change management initiative in a hospital-based physical therapy practice. The PI wanted the participant leader to express their viewpoints in areas not explicitly addressed in the questioning.

Reflecting upon the categories that emerged in IGQ8, the following thematic analysis statement is proposed to address IGQ8. Leaders felt that it was imperative that they be prepared before the onset of the initiative and that communication, and a positive attitude were important.

Table 13

Results Interview Guide Questions (IGQ8)

IGQ8. Final Question: Before we end our session today, is there anything else you would like to share with me that you believe will help us understand what your experience was like in managing your most successful change management initiative in the last two years?	
In-Vivo Codes (Participants Quotes)	**Categories**
"Forcing staff to do additional one-on-one sessions prior to the go-live to go through the documentation, that was the most beneficial part." P1.	Preparedness
"Communication and preparedness, a positive atmosphere, a positive attitude. Yeah, we used a blueprint of empathy, poise, and compassion." P2.	Preparedness/Communication/Positive Attitude
"Is that collaboration, Teamwork." P3.	Positive Attitude
"Whole management team gets on the same page, more practice." P4.	Preparedness

I feel like just communication is key. "Overly communicating is better than under-communicating" P5.	Communication
"I had to be comfortable with a much higher level of ambiguity than I was before getting comfortable with that 70% that General Colin Powell talked about because you can be parallelized with trying to get the 100%" P6.	Communication
"The most important was communication," "your personal attitudes and believing in yourself." "Administrative support." P7.	Preparedness/Communication/Positive Attitude
"Being patient." P8.	Communication
"Special education" P9.	Preparedness
"Really listening to staff." P11.	Communication

In summary, this study surveyed the experiences of hospital-based physical therapy leaders who had implemented successful change management initiatives. Based on the participant's voices, it was found that successful physical therapy leaders perceived that they possessed knowledge, importance, confidence, and overall readiness, which is consistent with the readiness theory constructs. Additionally, emerging from the participants' voices was that they perceived they had to be successful because this was their job; they had to do it for their work. Upon reflection, we can infer from their voice that necessity drove success.

Chapter V. Discussion and Conclusions

The purpose of this phenomenological study was to describe the lived experiences of

hospital-based physical therapists' department leaders' most successful change management

initiative. The readiness theory was used as a lens to guide the exploration of SCMI. The

readiness theory infers that for a person to be ready, they must not only have knowledge about

the topic but also perceive its importance and have confidence in their ability. The findings of

this study support that hospital-based physical therapists' department leaders in this study who

led SCMI based on their perceptions did possess adequate knowledge required for the execution

of the project and a positive attitude regarding the importance of the project. Additionally, they

noted that their confidence in their ability to execute change was high. Therefore, this study's

participants perceived they possessed all three constructs identified in the readiness theory. Thus,

we can infer that their successful change management initiatives may have resulted from their

overall perceived readiness. This insight leads us to recognize the importance of ensuring that

leaders of change management initiatives perceive that they are ready (knowledge, confidence,

and importance) if we are seeking success.

Figure 3

Readiness theory
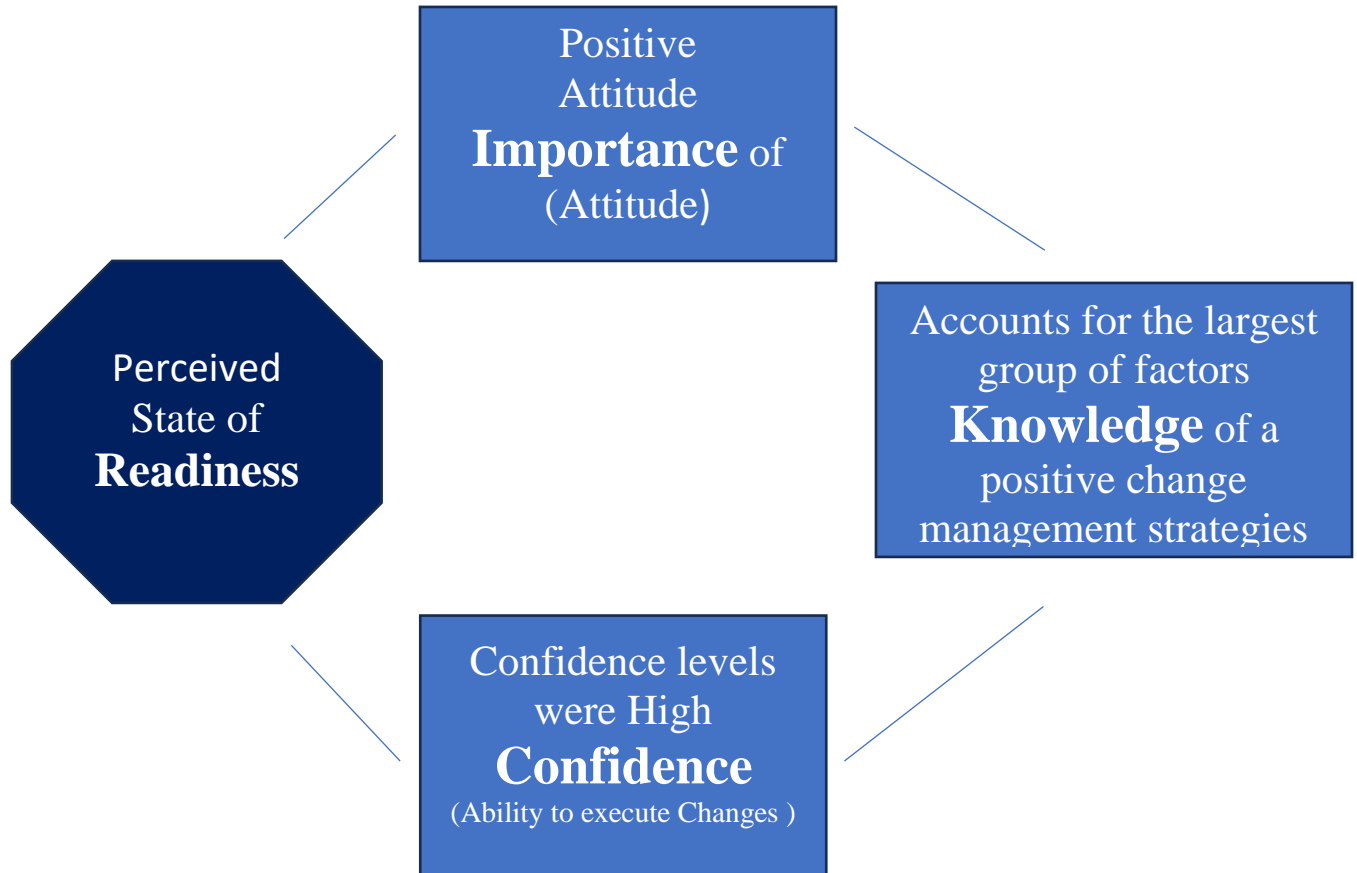
Note. This model reviews the three factors found in faculty's perception of online readiness to Teach; the author compared the three factors found in his research on successful change management initiatives. Adapted from "Examining faculty perception of their readiness to teach online," by F. Martin, K. Budhrani, and C. Wang, 2019, *Online Learning,* 23(3), p.101. CC BY 4.0.

As we investigate the literature to explore how and if this study's findings support prior work, we acknowledge that these findings support the findings of (Grant et al., 2000). who found knowledge to be an important factor in SCMI in a magnet nursing program at a Maine community hospital. When looking at this study's findings' specific importance, we can acknowledge that the findings are consistent with those of (Jukema et al., 2000). who found that context importance is

an important factor in SCMI in an undergraduate nursing program in the Netherlands. When reflecting on the findings of this study specific to one's confidence, we recognize that the work of (Altman et al., 2000). with nurses referred to them as social entrepreneurs as a leader and change agent that sees and fixes what is not working and thus is an example of a person who is showing confidence (ability). Additionally, the research study by (Nilsen et al., 2000). involved physicians, RNs, and RN assistants in the Swedish healthcare system. Identifying healthcare professionals' ability (confidence) to prepare for change can equate with the confidence seen in this current study with PT leaders of SCMI. In summary, while the studies found in the literature did not explore the specific population of physical therapists, they did explore various related health professionals. Thus, their findings provide insights for this work with PT, given that PT is a health professional. Although not explicitly looking at the 3 constructs identified in the readiness theory, Austin et al. in 2000 looked at the importance of overall readiness and found in frontline providers and middle managers that readiness is key and thus is also consistent with the current study findings.

While this current study supports the prior research findings in other health professionals, it is important to identify that prior research did not utilize the Readiness theory and its three constructs, Knowledge, Importance, and Confidence, to guide their explorations. Prior research only explored one of the 3 constructs presented in the Readiness theory, thus limiting their ability to explore readiness fully. This current study recognizes that limitation sought to explore readiness based upon the 3 constructs identified in the readiness theory. The findings from this current study support the idea that successful physical therapy department leaders perceived they had knowledge, confidence, and a positive attitude regarding change management initiatives, expanding our understanding of readiness. Identifying that successful change management team members have knowledge, confidence, and a positive attitude when embarking on a change

management initiative offers leadership clearer direction regarding what factors are important when leading for successful change. Leaders looking to engage in SCMI should do the following before embarking on a change management initiative. First, aid members in acquiring Knowledge specific to the change initiative context, promote Confidence in one's ability to do their job and ensure a clear understanding of the Importance of what they are trying to accomplish.

In their most significant crisis management incidents (SCMI), ten out of eleven participant leaders faced a situation where there was no turning back. The old way of doing things, such as using the old electronic medical record (EMR), was no longer an option. They had to adapt to using the new EMR despite facing challenges such as unfamiliarity, system glitches, and the need for extensive training. For example, in one SCMI, a flood wiped out all the equipment in the rehabilitation department, leaving no choice but to adapt to the new circumstances. The participants felt the pressure to succeed as their jobs depended on it, and the necessity drove their success.

Recognizing that over 70 % of change management initiatives fail in today's ever-changing healthcare system, action must be taken to promote success. By exploring the perceived readiness of all three constructs of health profession leaders and their teams, hospitals can acquire valuable insights that they can use to integrate change management initiatives into their annual change strategies. The findings from this study suggest that hospitals should focus on getting all employees ready for the new change initiatives before they launch them to increase their chances of a successful rollout.

5.1 Theoretical Implications

The participant leaders' voices were heard loudly during the interview. The findings from this study support the currently available nursing literature, which suggests that several factors were found, such as Transformational leadership, being prepared for the change, Knowledge, Confidence, Importance, and Readiness for change. With these same factors also being found in our research, we feel confident that ensuring a state of Readiness is paramount in a successful change management initiative.

In summary, this research leads us to believe that it may be possible to lead a successful change management initiative if you have a team that has acquired the knowledge to understand the initiative, the confidence to play an active part in it, and, lastly, understand the importance of having a positive attitude. Until we have a definitive model for conducting such an initiative, we still run the risk of a 70 % failure rate. Additional research in this area is undoubtedly needed and fast.

5.2 Limitations

There are a few possible limitations worth considering. One is that the study subjects were only working and living in New Jersey. A second is that only English-speaking subjects were allowed to participate in the research project. This study only questioned leaders, not staff physical therapists, on what made the initiative successful. Another possible limitation was the fact that there was limited time spent with the study subjects. In some phenomenological studies, the PI could have met with the study subjects multiple times to possibly gain a greater understanding. Lastly, there is a lack of triangulation because only one source of data collection

was used. For example, the PI only used the interview process to collect data. Surveys and direct observations may have helped gather more information.

Lastly, a limitation of a qualitative study is the small sample size, so we cannot conclude that the results are typically generalizable even though saturation was met.

5.3 Suggestions for Future Research

The initial research was conducted in the field of nursing, and I was uncertain whether the findings would be applicable to physical therapy. After completing the research project, I discovered that the results were similar when comparing my nursing literature review findings to those of my study. These results are promising, and there may be similarities in other healthcare professions.

I recommend conducting similar research involving hospital-based medical physicians and occupational therapists to compare the findings with the literature review and study outcomes. Further research is essential in this area due to the high failure rates in change management initiatives. Currently, there is no existing model for successful change management initiatives, which is greatly needed for healthcare leaders and organizations to adopt.

Lastly, I suggest rephrasing the questions to focus on different areas, such as hospital-based leadership. Comprehending executive hospital leadership's role in successful change management initiatives would be valuable.

5.4 Why is this important

In the book *Built to Last*, Jim Collins (2002) discusses setting an extreme Goal. He calls it a "Bee Hag" Big Hairy Audacious Goal, which he states is a powerful way to stimulate

progress (Collins, 2002). Ensuring SCMI is a vital aspiration given that 70% of all CMI fail worldwide; thus, finding a way to succeed is essential in healthcare to promote quality of care to our patients. Health professionals and their employers must seek to make a positive, impactful difference. Using a model for SCMI described here is a step in the right direction and can be a starting point. More research is needed to test this readiness model across settings and leaders' populations.

5.5 Conclusion

We recognize that in health care today, nothing stays the same. We are constantly in a state of sound change, and we realize that over 70% of all change management initiatives fail. The findings from my work support or acknowledge that successful people, specifically those within the physical therapy department leadership, perceive themselves as ready for the initiative. They perceived they had knowledge, importance, and confidence and used that to be change agents. The first critical factor is that leaders must perceive themselves as being prepared. The second critical factor is developing strategies to ensure they are ready by promoting their knowledge, having the confidence to play an active part in the initiative, and recognizing the importance of having the right positive attitude to succeed.

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Appendix A: Ice Breaker Questions

Interview Guide Questions (IGQ) and potential probes.
Ice Breakers
IGQA. Please tell me about your most successful change management initiative that you have managed within the last two years?
IGQB. What was the goal of the initiative?
IGQC. How was it determined that it was successful?

Appendix B: Interview Guide Questions

Now I would like to ask you a few more questions specifically about that success change management initiative within the last two years that will help us understand your individual experience as a hospital-based physical therapy leader.
IGQ1. Please describe what you perceived to be the **factors that impacted** your most successful change management initiative?
IGQ2. Please describe how you **acquired knowledge** regarding managing successful change management initiatives?
IGQ3. Please describe how you prepared for the change management initiative associated with your most successful change management initiative? Was your preparation different from your unsuccessful change management initiatives? If so, can you tell me in which ways?
IGQ4. Thinking back to the start of this successful change management initiative, can you describe your **attitude toward (importance of) implementing** the initiative?
IGQ5. Thinking back to the start of this successful change management initiative, can you describe your level of **confidence (ability) to execute** the initiative?
IGQ6. Thinking back to the start of this successful change management initiative, can you describe **how ready you felt** to engage in the initiative?
IGQ7. Thinking back to the start of this successful change management initiative, can you describe **how ready you felt** to engage in the initiative?
Before we end our session today, is there anything else you would like to share with me that you believe will help us understand what your experience was like in managing your most successful change management initiative in the last two years?

Appendix C: Seton Hall University IRB approval

October 25, 2023

Joseph
Patanella
Seton Hall
University

Re: Study ID# 2024-494

Dear Joseph,

The Research Ethics Committee of the Seton Hall University Institutional Review Board reviewed and approved your research proposal entitled "A phenomenological study of the lived experiences of hospital-based physical therapy department leaders' most successful change management initiative " as resubmitted. This memo serves as official notice of the aforementioned study's approval as exempt. Enclosed for your records are the stamped original Consent Form and recruitment flyer. You can make copies of these forms for your use.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol, informed consent form or study team must be reviewed and approved by the IRB prior to their implementation.

You will receive a communication from the Institutional Review Board at least 1 month prior to your expiration date requesting that you submit an Annual Progress Report to keep the study active, or a Final Review of Human Subjects Research form to close the study. In all future correspondence with the Institutional Review Board, please reference the ID# listed above.
Thank you for your cooperation.

Sincerely,

Mara Podvey

Mara C. Podvey, PhD, OTR
Associate Professor
Co-Chair, Institutional Review Board

Phyllis Hansell

Phyllis Hansell, EdD, RN, DNAP, FAAN
Professor
Co-Chair, Institutional Review Board
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W H A T   G R E A T   M I N D S   C A N   DO

Appendix D: Letter of Solicitation & Informed Consent Form

Informed Consent Form

Title of Research Study: A phenomenological study of the lived experiences of hospital-based physical therapy department leaders' most successful change management initiative

Principal Investigator: Joseph Patanella Graduate BS, MSPT, PT DPT, MBA- Doctoral Student

Department Affiliation: The Department of Interprofessional Health Sciences & Health Administration, Seton Hall University, School of Health and Medical Sciences

Sponsor: This research is supported by the Department of Interprofessional Health Sciences & Health Administration, Seton Hall University, School of Health and Medical Sciences

Brief summary about this research study:

The following summary of this research study is to help you decide whether or not you want to participate in the study. You have the right to ask questions at any time. The purpose of this phenomenological study is to describe the lived experiences of hospital based physical therapist's department leaders' most successful change management initiative. With 70% of all change management initiatives failing worldwide research is needed to identify factors that may influence successful change management strategies. Specifically, hearing from those who have led these successful initiatives is imperative so that insights can be gleamed for others leading such initiatives. You will be asked to participate in a 60-minute semi structured interview online using the Microsoft Teams platform. There will not be any future contact after the initial 60 minutes.

The primary risk of participation is none.

The main benefit of participation: There may be no direct benefit to you from participating in this study. However, you may obtain personal satisfaction from knowing that you are participating in a project that contributes to new information.

Purpose of the research study:

You are being asked to take part in this research study because you are.

- Over 21 years old,
- You speak, read, and write in English,
- Have experienced a successful change management initiative in the last 2 years,
- Lead at least 2 employees at the time of the successful change management initiative,

- You have access to web-based or email.

You will be one of a possible 15 people who are expected to participate in this research study.

What you will be asked to do: Participate in a one on one 60-minute interview online using Microsoft Teams platform.

Your participation in this research study will include: The purpose of this phenomenological study is to describe the **lived experiences** of hospital based physical therapist's **department leaders'** most successful change management initiative. Upon reviewing, signing, and returning this letter of consent via email to the PI the PI will reach out via the provided email to the participant and schedule a one- on-one interview online via Microsoft Teams with the PI for approximately 60 minutes.

During the interview you will be asked a set of predetermined open-ended questions which may or may not be followed by additional probing questions. The interview will be audio recorded and the automatic transcription function in Microsoft Teams will be turned on to enable the PI to ensure that your words are accurately captured via the automatic transcript will be reviewed with the audio recording of the interview. The video recording function will not be turned on during the interview.

The interview questions have been designed to understand successful change management initiatives from your perspective as a leader of a successful change management initiative. Once this interview is completed the PI will transcribe the interview verbatim and conduct qualitative analysis seeking codes, categories and thematic analysis and seek intercoder agreement throughout. Interviews will take place until no new codes/ categories or themes emerge in the data. Included are two examples of questions from the interview guide questions.

IGQ1. Please describe what you perceived to be the factors that impacted your most successful change management initiative?

IGQ2. Please describe how you acquired knowledge regarding managing successful change management initiatives?

All data will be collected during the one-on-one interview process. No other data will be

collected. The length of the procedures is approximately 60 minutes.

The interview will be conducted by PI Joseph Patanella.

The interview will take place on Microsoft Teams, you can be anywhere you choose to be as long as you have a Wi-Fi connection.

The research will be done at a time and date that is mutually agreed upon by both

parties. There will only be one 60-minute maximum data collection.

Your rights to participate, say no or withdraw:

Participation in research is voluntary. You can decide whether to participate or not to participate. You can choose to participate in the research study now and then decide to leave the research at any time. Your choice will not be held against you.

Potential benefits: There may be no direct benefit to you from this study. You may obtain personal satisfaction from knowing that you are participating in a project that contributes to new information.

Potential risks:

The risks associated with this study are minimal in nature. Your participation in this research may include Data analysis which includes the review of audio recordings conducted via Microsoft Teams, which will be transcribed verbatim using the text transcription function in TEAMS and further manually transcribing for accuracy by the PI. To ensure accuracy, all transcripts will be reviewed by PI and Committee chair. All information shared by participants will not be linked to their identity or be used to identify a participant's identity. Participant's identity will remain anonymous by ensuring that any publication or presentations that may evolve from this study will not mention their name.
Participant's participation in this study will result in no risks to them personally or to the agency in which they are employed. Risks, however, do exist. Participants risk breaching confidentiality if encryption is broken, and personal answers are compromised to an unauthorized third party or parties.

Participation is voluntary, and participants may leave the study and discontinue participation at any time. Participants may also decline to answer any question during this interview. There are no risks to psychological welfare, legal, social, economic, or other privacy that the participant may encounter as part of their participation.

Confidentiality and privacy:

Efforts will be made to limit the use or disclosure of your personal information. This information may include the research study documents or other source documents used for the purpose of conducting the study. These documents may include educational records. We cannot promise complete secrecy. Organizations that oversee research safety may inspect and copy your information. This includes the Seton Hall University Institutional Review Board who oversees the safe and ethical conduct of research at this institution. The PI will use his personal laptop computer for recording interviews using Microsoft TEAMS software application installed. Transcription of the interviews from audio data in Microsoft TEAMS scripts will be done manually by the PI on Microsoft® Word for Microsoft 365 MSO, Version 2111 Build 16.0 (14701.20254) and Office 365 Subscription 2019 Microsoft. The PI's personal laptop requires a login password to access. Upon receiving results from the study any possible identifiers will be deleted by the investigator. You will be identified only by a unique subject number. Your email

address, which may be used to contact you to schedule a study visit will be stored separately from your interview data. Participants emails will be destroyed after the research study is completed. All information will be kept on a password protected computer accessible by the research team. The results of the research study may be published, but your name will not be used.

Data sharing:

De-identified data from this study may be shared with the research community at large to advance knowledge. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee the anonymity of your personal data.

Cost and compensation: There is no payment for your time to participate in this study.

Conflict of interest disclosure: The principal investigator and members of the study team have no financial conflicts of interest to report.

Contact information:

If you have questions, concerns, or complaints about this research project, you can contact the principal investigator Joseph Patanella or Dr. Genevieve Zipp, Dissertation Chair in the Department of Interprofessional Health Sciences & Health Administration, Seton Hall University, School of Health and Medical Sciences at or the Seton Hall University Institutional Review Board ("IRB") at (973) 761-9334 or irb@shu.edu.

Optional Elements:

Audio recordings will be performed as part of the research study. Please indicate your permission to participate in this activity by placing your initials next to the activity below.

I agree_____, I disagree_____, that the researcher may record my audio interview. I understand that audio recording of the interview is done to help with data collection and analysis. The researcher will not share these recordings with anyone outside of the study team.

I hereby consent to participate in this research study.

_____   _____

      Signature of participant   Date

_____

      Print name of participant

_____   _____

Signature of person obtaining consent   Date

      <u>Joseph Patanella</u>   Printed name of person obtaining consent

PLEASE RETURN THIS SIGNED DOCUMENT VIA EMAIL TO JOSEPH PATANELL AT THE EMAIL BELOW.

Joseph.Patanella@Student.shu.edu