

Improving Patient Satisfaction Scores in a Hospital Surgery Center: Applying Lewin's Change Management Model

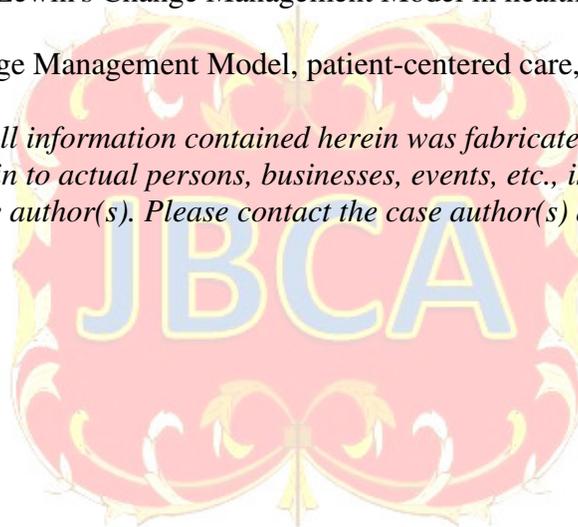
John Cantiello
George Mason University

ABSTRACT

This case study explores the application of Lewin's Change Management Model to improve patient satisfaction scores at Green Valley Hospital's Surgery Center. The hospital has encountered challenges with low patient satisfaction, negatively affecting its reputation and financial performance. A new quality assurance manager was appointed to address the issue and leveraged Lewin's three-step model of unfreezing, changing, and refreezing. As a result, the hospital observed significant improvement in patient satisfaction scores, highlighting the potential applicability of Lewin's Change Management Model in healthcare settings.

Keywords: Lewin's Change Management Model, patient-centered care, organizational change

This is a fictitious case. All information contained herein was fabricated by the author(s). Any similarity contained herein to actual persons, businesses, events, etc., is purely coincidental and is the responsibility of the author(s). Please contact the case author(s) directly with any concerns.



Copyright statement: Authors retain the copyright to the manuscripts published in AABRI journals. Please see the AABRI Copyright Policy at <http://www.aabri.com/copyright.html>

INTRODUCTION

Patient satisfaction has become a critical metric for evaluating the performance of healthcare organizations. Green Valley Hospital is a 300-bed comprehensive healthcare facility located in an urban setting, serving a diverse population. Despite having a dedicated and highly skilled staff, the hospital has been struggling with low patient satisfaction scores, particularly within the hospital's surgery center. This has resulted in a negative impact on the hospital's reputation and financial performance. Hospital leadership is now committed to improving these scores and has hired a new quality assurance manager.

This case study presents choices available to the new quality assurance manager who is tasked with improving patient satisfaction scores. To accomplish this, the administrator leverages Lewin's Change Management Model to identify areas for improvement and implement changes that will address patient centeredness and increase patient satisfaction.

BACKGROUND

Surgery centers often face issues related to patient satisfaction. Some of the common challenges include:

1. **Communication:** Patients may feel that their concerns or questions are not adequately addressed by healthcare providers, leading to dissatisfaction with the overall experience (Doyle, Lennox, & Bell, 2013).
2. **Wait times:** Long waiting periods before, during, and after surgical procedures can contribute to patient dissatisfaction (Bleich, Ozaltin, & Murray, 2009).
3. **Hospital environment:** Factors such as cleanliness, noise levels, and comfort can significantly influence patient satisfaction (Tucker, 2002).
4. **Discharge planning and follow-up care:** Lack of proper discharge planning and follow-up care can leave patients feeling unsupported and dissatisfied (Mira et al., 2014).

Green Valley Hospital's surgery center has been facing challenges related to low patient satisfaction scores for the past year. As a result, the hospital has experienced a decline in patient volume, revenue, and reputation. The hospital's leadership has tasked a newly appointed quality assurance manager with improving patient satisfaction scores to enhance the hospital's reputation and financial performance.

The new quality assurance manager reviewed recent patient satisfaction survey results, which highlighted several areas of concern, including communication with healthcare providers, wait times, and overall experience. The quality assurance manager consulted the literature on healthcare quality improvement and decided to implement Lewin's Change Management Model.

Lewin's Change Management Model

Lewin's Change Management Model, also known as Lewin's Three-Step Model, is a widely recognized framework that outlines a three-step process for implementing change within

an organization (Cummings, Bridgman, & Brown, 2016). The model consists of the following stages:

1. **Unfreezing:** This initial stage involves preparing the organization for change by creating awareness of the need for change, overcoming resistance, and fostering a receptive mindset among employees. Communication and involvement are critical components in this phase (Schein, 1996).
2. **Change:** Also called the transition or moving phase, this stage is when the actual change is implemented. Organizations develop new processes, behaviors, or structures and support employees through training and open communication to ensure a smooth transition (Burnes, 2004).
3. **Refreezing:** The final stage aims to establish the new status quo and solidify the change by reinforcing new behaviors, processes, and structures. This stage ensures the long-term success and sustainability of the implemented change (Lewin, 1947).

Lewin's Change Management Model has been widely utilized and cited in organizational change literature, and it continues to be a valuable tool for understanding and managing change in the modern context (Cummings, Bridgman, & Brown, 2016).

PROBLEM STATEMENT

The quality assurance manager is tasked with identifying the underlying issues contributing to low patient satisfaction scores within the surgery center and with implementing a plan to improve these scores by enhancing patient-centered care within the hospital. The administrator must identify areas for improvement, implement changes, and assess their effectiveness.

SOLUTIONS

Unfreezing

Process: The administrator assembled a multidisciplinary team consisting of doctors, nurses, support staff, and patient advocates to identify improvement opportunities. The team reviewed patient satisfaction data as it relates to communication, wait times, and overall experience.

Result: The collaboration of different stakeholders led to a more comprehensive understanding of the issues at hand and ensured that a wider range of perspectives and expertise was considered. This led to more effective interventions and increased buy-in from staff and patients, ultimately paving the way improved patient satisfaction scores.

Changing

Process: The team developed interventions and timelines for each area. For communication, the team decided to enhance communication training programs for healthcare

providers and staff. For wait times, the team implemented a triage system to prioritize scheduling surgeries based on the severity of their conditions and a process to streamline discharge planning. For overall experience, the team decided to explore ways to promote a culture of patient-centered care, where the needs and preferences of the patient are prioritized. This included educating employees on the importance of involving patients in decision-making processes, respecting their values and preferences, and coordinating necessary care with other healthcare providers.

Result: By addressing each area of concern individually, the team was able to ensure that it is thoroughly addressing the issues contributing to low patient satisfaction scores. This approach created an environment for significant improvements in patient satisfaction scores and a better overall experience for patients.

Refreezing

Process: The team piloted interventions and monitored patient satisfaction scores for three months. Monitoring patient satisfaction scores overtime allowed for the team to make adjustments based on the results.

Result: This approach ensured that the team could continually evaluate the effectiveness of its interventions and make necessary adjustments to optimize outcomes. By monitoring patient satisfaction scores and making data-driven decisions, the hospital leadership team was able to ensure that it was investing resources in the most effective interventions and promoting long-term success in improving patient satisfaction scores.

CONCLUSION

This case study demonstrates the effective application of Lewin's Change Management Model in a healthcare setting, specifically in improving patient satisfaction scores at Green Valley Hospital's Surgery Center. By following the three-step process of unfreezing, changing, and refreezing, the hospital quality assurance administrator was able to identify areas of improvement, implement targeted changes, and establish a system for ongoing monitoring and evaluation. As a result, the hospital saw a significant improvement in patient satisfaction scores, positively impacting its reputation and financial performance.

SUMMARY POINTS

1. Patient satisfaction is a critical component of healthcare quality and has a direct impact on a hospital's reputation, patient volume, and revenue.
2. Lewin's Change Management Model, consisting of unfreezing, changing, and refreezing, provides a structured approach to managing organizational change.
3. In the unfreezing stage, a thorough assessment of the current situation was conducted, leading to the identification of areas for improvement, such as communication, wait times, and overall patient experience.
4. During the changing stage, the hospital administrator implemented targeted changes, including staff training, streamlining appointment scheduling/discharge planning, and employee coaching and education on the importance of patient-centered care.

5. In the refreezing stage, ongoing monitoring and evaluation were established to ensure the effectiveness and sustainability of the implemented changes.
6. The successful application of Lewin's Change Management Model in this case study highlights its potential for use in other healthcare organizations seeking to improve patient satisfaction and overall performance.

DISCUSSION QUESTIONS AND ANSWERS

- 1) Why is it essential to involve multiple stakeholders in the improvement process?

Involving multiple stakeholders ensures diverse perspectives, promotes buy-in from staff, and increases the likelihood of identifying and implementing effective interventions that address the needs of all parties.

- 2) What are some other theories or models that could be applied to improve patient satisfaction scores?

Other theories and models include the Plan-Do-Study-Act (PDSA) Cycle, Lean Six Sigma, Total Quality Management (TQM), and the Model for Improvement.

- 3) How can the quality assurance manager effectively engage and involve the hospital staff and patients in the change process to ensure that the proposed interventions are well-received and successful in improving patient satisfaction scores in the surgery center?

Open communication: The quality assurance manager could ensure that hospital staff and patients are well-informed regarding the purpose and goals of the proposed interventions, and encourage an open dialogue where they can express their concerns and suggestions.

Collaborative decision-making: The team created by the quality assurance administrator could involve key stakeholders, such as doctors, nurses, support staff, and patient advocates, in the decision-making process to ensure that their perspectives and expertise are taken into account.

Continuous feedback: The team could develop mechanisms for collecting and incorporating feedback from staff and patients throughout the implementation process to monitor the effectiveness of the interventions and make necessary adjustments.

- 4) What are the potential barriers to implementing the proposed interventions, and how can the quality assurance manager address these challenges to ensure a smooth transition and long-term success in improving patient satisfaction scores?

Resistance to change: Some employees may be resistant to the proposed changes due to fear of the unknown, lack of understanding, or concerns about the impact on their workload. The quality assurance manager can address this by clearly communicating the benefits of the interventions, providing support, and addressing concerns.

Limited resources: Implementing the proposed interventions may require additional resources, such as time, funding, and additional staff. The quality assurance manager can work with hospital leadership to secure necessary resources and prioritize interventions based on their potential impact on patient satisfaction scores.

Organizational culture: The existing culture within the hospital may hinder the implementation of the proposed interventions. The quality assurance manager can work to create a culture of continuous improvement and patient-centered care by emphasizing the importance of patient satisfaction and promoting collaboration among staff.

5) For each stage within Lewin's Management Model, what alternative choices could the quality assurance manager have made? What are the likely results from those decisions?

Unfreezing

Alternative Choice A: The quality assurance manager could focus solely on the lowest-scoring area of concern.

Result: While this may lead to some improvement, it neglects other areas, potentially limiting overall satisfaction score improvement.

Alternative Choice B: The quality assurance manager could implement changes without consulting staff or patients.

Result: This approach may lead to resistance from staff and could result in ineffective interventions due to lack of input from stakeholders.

Alternative Choice C: The quality assurance manager could rely solely on their judgment without input from other stakeholders.

Result: The quality assurance manager's perspective may be limited. Not considering the input from other stakeholders could result in missed opportunities for improvement or a lack of buy-in from staff and patients. This approach could potentially hinder the effectiveness of the implemented changes.

Changing

Alternative Choice A: The quality assurance manager could implement all interventions simultaneously and quickly.

Result: This approach may lead to confusion among staff and difficulty in determining which interventions are most effective.

Alternative Choice B: The quality assurance manager could implement interventions without piloting or testing.

Result: Without testing, it is difficult to determine if interventions will be effective or have unintended consequences.

Alternative Choice C: The quality assurance manager could implement only minor changes to existing processes and structures.

Result: Implementing only minor changes might not lead to the desired improvement in patient satisfaction scores, as these small adjustments may not adequately address the underlying issues. This approach could result in a failure to improve patient satisfaction scores significantly.

Refreezing

Alternative Choice A: The quality assurance administrator could discontinue all interventions due to lack of improvement in all areas.

Result: This would halt the progress made in the communication and wait times areas and could lead to decreased satisfaction scores.

Alternative Choice B: The quality assurance administrator could continue all interventions without modification.

Result: Continuing the hospital environment intervention without modification may lead to wasted resources on an ineffective intervention.

Alternative Choice C: The quality assurance administrator could implement changes without monitoring or evaluating their effectiveness.

Result: By not monitoring and evaluating the effectiveness of the interventions, the hospital risks continuing ineffective practices and allocating resources inefficiently. This approach could hinder the improvement of patient satisfaction scores and the overall patient experience.

TEACHING NOTES

This case study can be used to teach students about change management, specifically Lewin's Change Management Model, and its application in healthcare settings. The discussion questions can be used to prompt class discussion, small group work, or individual reflection. Instructors may wish to provide additional background information on patient satisfaction and its importance in healthcare organizations or encourage students to explore this topic further through research.



REFERENCES

- Bleich, S. N., Ozaltin, E., & Murray, C. J. L. (2009). How does satisfaction with the health-care system relate to patient experience? *Bulletin of the World Health Organization*, 87(4), 271-278.
- Burnes, B. (2004). Kurt Lewin and the Planned Approach to Change: A Re-appraisal. *Journal of Management Studies*, 41(6), 977-1002.
- Cummings, S., Bridgman, T., & Brown, K. G. (2016). Unfreezing change as three steps: Rethinking Kurt Lewin's legacy for change management. *Human Relations*, 69(1), 33-60.
- Doyle, C., Lennox, L., & Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*, 3(1), e001570.
- Lewin, K. (1947). Frontiers in group dynamics: Concept, method and reality in social science; social equilibria and social change. *Human Relations*, 1(1), 5-41.
- Mira, J. J., Tomás, O., Virtudes-Pérez, M., Nebot, C., & Rodríguez-Marín, J. (2014). Predictors of patient satisfaction in surgery. *Surgery*, 155(6), 961-968.
- Schein, E. H. (1996). Kurt Lewin's change theory in the field and in the classroom: Notes toward a model of managed learning. *Systems Practice*, 9(1), 27-47.
- Tucker, J. L. (2002). The moderators of patient satisfaction. *Journal of Management in Medicine*, 16(1), 48-66.