KEYWORDS project management organizational change change management healthcare project change recipient

ORGANIZATIONAL AGILITY, PROJECT MANAGEMENT AND HEALTHCARE REORGANIZATION: A CASE STUDY IN ORGANIZATIONAL CHANGE

ABSTRACT

Canada's healthcare system, like those of other countries, needs to make organizational changes to keep up with our growing understanding of the environment and needs of an aging population. The number, frequency, pace, and kinds of changes are challenging the capacity of decision-makers to deliver effective solutions in which the reorganization of work plays a critical role. The effectiveness of change hinges largely on its psychological acceptance by the people it targets, acceptance that is furthered by their role in defining said change and by the recognition they are given for their contributions at each stage of its implementation. It is therefore reasonable to assert that change implementation can be facilitated through an agile type project approach insofar as its iterative development, validation, and adjustment process enable stakeholders to systematically consider the required adjustments. The use of an agile project management approach that systematically integrates stakeholder concerns and takes into consideration the inherent complexity of the healthcare system when defining and introducing new solutions appears more likely to result in successful organizational change when the focus is on managing the capacity of actors to change, rather than on managing an imposed change. Unlike traditional top-down approaches to organizational change, this kind of approach can come up against a certain resistance to change strategy by managers themselves. This case study will be of value to project sponsors, project managers as well as change managers by inviting them to clearly identify their various responsibilities, to consider a more inclusive and agile project management approach, and by taking account of the psychological acceptance of change by those it impacts.

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INTRODUCTION

The current healthcare environment in both Canada and Quebec is characterized by persistent and growing demand for organizational change. Although initiatives have been numerous, setbacks and partial successes have been frequent *(Rondeau, 2008)*. And despite the abundance of prescriptive literature devoted to the subject, relatively little empirical research has examined how such initiatives are executed and what their impacts are. As a result, there is a dearth of evidence on the relevance, effectiveness, and positive impacts on users *(Dickson et al., 2012; Dellifraine et al., 2010; Iles and Sutherland., 2001)*. This makes it difficult to establish—or even validate—potentially useful conceptual models from other organizations or other environments. In short, faced with the dogmatic discourse of organizational change gurus, the results of empirical research into the issue are much more prosaic *(Dickson et al, 2012; Rondeau, 2008)*.

Research on organizational transformation in the healthcare sector, like organizational change research in general *(Bareil, 2005; Savoie et al., 2004)*, suffers from a narrow perspective focused almost exclusively on issues facing administrators and managers *(Dickson et al., 2012)*. Those on the receiving end of change, i.e., those who must implement and sustain it, are rarely studied. Nonetheless, a systematic review of the literature for 2001–2012 in Canada shows that a growing proportion of experimental approaches involving greater stakeholder participation and a broader range of management participation have yielded more positive results *(Dickson et al., 2012)*. This perspective signals a break with classic top-down approaches *(Rondeau, 2008)*. Analyses of these interventions also found that there is value in measuring the extent to which organizations and individuals are willing and able to change before organizational change is implemented. Such a strategy allows us to better identify approaches most likely to provide effective support for change and help sustain their effects over time *(sustainability)*. This is all the more paradoxical in an environment, where healthcare network managers claim they don't have enough time to consider these two factors before initiating change. It would appear that the number, frequency, pace, and substance of change requests in the health sector seriously defy decision makers' ability to deliver quality solutions. In fact, the sheer number of requests puts tremendous pressure on the recipients of change, namely the clinical personnel who are responsible for providing treatment at the same time that they implement and familiarize themselves with new procedures *(Dickson et al. 2012)*. It has been noted with increasing frequency that change is possible only if those it impacts agree to modify their behavior in the desired manner *(Bareil, 2005)*. In this respect, it would appear essential that greater consideration be afforded to change recipients, since so much hinges on their willing participation. There's nothing linear or generic about managing organizational change, and its complexity is often underestimated *(Rondeau, 2008)*.

This article draws on the results of a study conducted in the healthcare field in the Canadian province of Quebec to demonstrate the need for organizational agility when managing healthcare projects. More specifically, it examines organizational change as part of a pilot project in the long-term care sector, from three perspectives: i) the organizational perspective, i.e. the decision-makers' view about implementation and measurement of efficacy and efficiency; ii) the individual perspective, i.e. the view of change recipients as to the way in which they adopt change; and iii) the user perspective, i.e. the view of service or product users when they are—or could be—affected by change.

The article attempts to assess the extent to which the management team's project-based approach effectively facilitated implementation of the desired change. After starting with a classic project management model, the team naturally evolved toward an agile approach better suited to the environment and experiences of those impacted by change.

1. CHANGE: Modify the presence of nurses in long-term care

The change documented in this study consisted of redefining the physical role of nurses at a long-term care facility *(Residential and Long-Term Care Centre – CHSLD)* during evening and night shifts, replacing them with home-care nurs-

es who were on call to provide virtual support during those time periods, and expanding the role of other care team members *(nursing assistants and orderlies)*. The care facility, along with four other CHSLDs, is affiliated with a health and social services center *(Centre de santé et de services sociaux – CSSS)* providing regular, hospital, and long-term care services to a rural population. The change in the way care was organized was an attempt to address evening and night shift coverage issues resulting from high turnover rates at some CHSLDs and the difficulty of attracting new nurses to work in geriatric care, long-term care, and rural regions. After an initial pilot project, the plan was to extend the new work organization model to other CHSLDs *(n=3)* in the CSSS's territory as well as to other CSSSs.

Given the scope and challenges of this change, the implementation team initially opted for a project-based approach. For the same reasons, this study is looking at the human aspects of change and its management mechanics in order to draw lessons from both an organizational viewpoint and from the perspective of people impacted by the change. The study covers a period beginning with the initial phase of change definition in 2009, and ending in 2013, 12 months after the pilot project concluded. The project management process is shown in **Figure 1** using milestones: presentation of the project to change recipients *(April 2010)*; feasibility study and announcement of the pilot site *(October 2010)*; start-up phase *(October 2010 to March 2011)*; transition to the new work organization model *(April to September 2011)*; and lastly trial of the new model *(October 2011 to October 2012)*. These key events were grouped in five project life cycle phases: i) definition of the solution to be implemented; ii) implementation planning; iii) implement of the solution; iv) management of activities and closure; and v) analysis *(Martin, 2006)*.

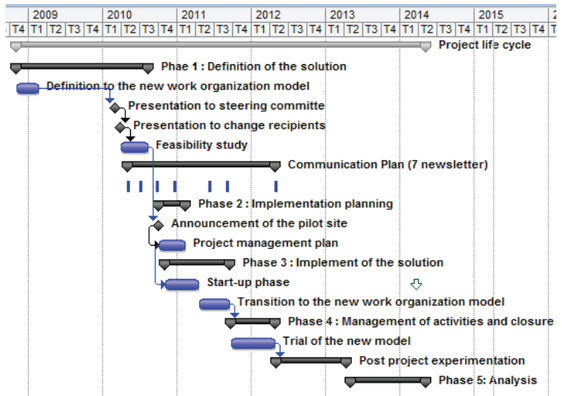

FIGURE 1. *Project management process*

2. Conceptual framework for change management and experiencing change

For the purposes of this study, organizational change is defined as "any lasting change in a subsystem of an organization, provided that this change can be observed by its members or those interacting with the system" *(Collerette et al. 1997, our translation)*. Our exploration of the underlying dynamic of change is based on the concepts of change management and experience of change.

2.1 Change management

The concept of organizational change has been defined in various ways, most of them influenced by the socioeconomic environment in which organizations have operated at different time periods. When the concept of organizational change emerged in the 1950s, change was defined as "moving from one state to another" *(Lewin, 1952)* and framed as a three-phase process *(unfreeze, change, refreeze)* largely unrelated to the dynamic forces driving it.

FIGURE 2. *Four possible dimensions of organizational change (adapted from Dickson et al. 2012)*

Scholars subsequently attempted to highlight this dimension by characterizing change using four models *(Savoie et al., 2004: Van de Ven and Poole, 1995)*: I) life cycle, II) teleology, III) dialectic, and IV) evolution), ultimately suggesting that the driver, or underlying generative mechanism, lay in stakeholders' willingness to cooperate or in the very nature of the social system itself. This process was stimulated by conflicting interests or a process of selection among stakeholders. Others put forward socio-historic approaches *(Savoie et al., 2004; Lehman, 2010)*. During the post-war era, organizational change was more often defined as a gradual development process driven by the inherent nature of the organization. The process was led by rational administrators in a stable, predictable environment. The 1970–80 period was marked by a radical change of perspective that grew out of the need to adapt in a recessive environment. Since the early 1990s, approaches tend to evoke processes founded on innovation, learning, and organizational renewal, as well as the concept of organizational agility, an entity's ability to permanently adapt in response to environments marked by complexity, turbulence, and uncertainty *(Goldman et al. 1995)*.

Analysis of the organizational dynamics of change deployment rests primarily on a frame of reference derived from the systematic review of literature on organizational change projects in the health and social services sector in Canada *(Dickson, 2012)*. This framework, summarized in Figure 2, has four key dimensions: i) preparing for change, i.e. understanding the situation and dynamic, and measuring an organization's capacity for and openness to change; ii) implementing change, i.e. the effort to first define a solution, then put in place means that support its implementation and organizational effectiveness *(planning, training, communication)* and that improve efficiency, allow for reporting and support sustainability; iii) spreading change, i.e., the strategies and tactics developed to introduce change at various levels *(based on the size of the impacted organizations or systems)* with a view to influencing organizational culture; and lastly iv) sustaining change, i.e. monitoring and assessing the effectiveness and success of the change over the course of the initiative and its post-execution sustainability. This framework is consistent with our case study insofar as it included plans for dissemination to other environments and settings.

2.2 The experience of change

The initial assumption *(that change is possible only if recipients consent to modify their behavior as expected)* seemed to justify considering recipient viewpoints. Points of view were considered on the basis of recipients' experiences of change rather than their resistance to change, which has a pejorative connotation. In addition, resistance to change does not correspond to the vision of the individual who must change, but rather to the vision that outside observers—such as decision makers or hierarchical superiors—have of resources impacted by change *(Bareil, 2005)*. This type of approach *(experience of change)* would allow decision makers to take these viewpoints into consideration prior to change implementation, an approach known to facilitate implementation.

The viewpoints of recipients were analyzed using a model *(Bareil, 2008; 2005)* based on the Stages of Concern theory *(Fuller, 1969; Hall, 1979)*. The theory, which has seven phases, is useful for representing change recipients' cognitive and affective reactions as implementation is gradually rolled out. **Figure 3** depicts the phenomenon, showing how adoption of the change by recipients increases as their concerns are resolved. The stages are important determinants of operational effectiveness and efficiency, as well as the materialization of expected benefits. As mentioned earlier, this measure was beyond the scope of the current research.

Phases in the model are: **i) no concern**, where individuals are not preoccupied with the change; **ii) concern about personal impacts**, where individuals worry about the effect change will have on them, their work, their colleagues; **(iii) concern about organizational willingness** where individuals worry about the legitimacy of the change, the impacts it will have on the organization and clientele and on the organization's ability to follow through; **(iv) concern about the nature of change itself**, tied to the implementation process; **(v) concerns about the experience of change** at the time when recipients are increasingly ready to conform to the change, but still have questions about their individual capacity and the collective capacity of the group and its conditions; **(vi) concerns about collaboration** which have to do with the way the transformation is transferred to other departments, and their willingness to cooperate and collaborate; and **(vii) concerns about continuous improvement** which have to do with

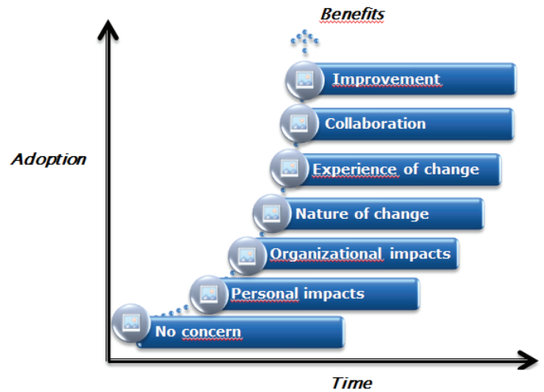

FIGURE 3. *Model showing the Stages of Concern model (adapted from Bareil, 2005)*

interest in innovating or in suggesting new ways of doing things in order to improve on the change.

3. Methodology

3.1 Research design

Our research used a qualitative case study design *(Yin, 2009)*. The design took into account the specific nature and size of the impacted organization, issues related to the change in question, the complexity and multiplicity of interactions inherent to the healthcare environment *(Dickson et al., 2012; Moisdon, 2010; Golden, 2006, Iles et al., 2001)*, and the experimental nature of the change under study. It was also well suited to the research team's multidisciplinary perspective. Further justifying the choice of design was the fact that among empirical studies of the question in the health field, qualitative study findings are among the most useful because they help identify the explicative and potentially prescriptive elements that address the "why and how" of execution *(Iles et al., 2001; Yin, 2009)*.

3.2 Study population

The study population consisted of change managers and recipients. Managers were those involved in defining, planning, and implementing the project. Recipients were members of the healthcare teams working in long-term care or home care *(providing the new remote support service)* and who were directly affected by the work reorganization. The perspective of users was also analyzed in the research framework, but is not presented in this article.

3.3. Collection of data

Data sources

Information came from two data sources. First, a comprehensive analysis of the management documentation produced in support of each phase of the project life cycle was carried out. The following documents were scrutinized: the project conceptual document; project charter; feasibility study; project management plan; schedule *(Gantt chart)*; and employee newsletters. Between February and August 2013, individual and group interviews were conducted with managers involved and members of the affected teams. Semi-directed interview guides were prepared for each category of respondents *(managers/change recipients)* based on the frameworks developed by Dickson et al. *(2012)* and Bareil *(2005)*. Participation in the study was voluntary. Respondent anonymity was maintained during data analysis. All interviews except one were conducted by at least two research team members, and all were recorded.

Recruitment and sampling

Eight managers received personalized email messages outlining the research project and inviting them to take part in individual or group interviews. Seven *(87.5%)* accepted. They were from general management, program management for the elderly, and nursing care management, and held positions as administrators, managers, or coordinators. Three *(3)* chose to participate in individual interviews and four *(4)* in the group interview. All interviewees hold undergraduate degrees in health or management. Three *(3)* also hold master's degrees. They had an average of 9.4 years experience in the organization. The group interview took 1 hour 38 minutes. The three individual interviews ran 49 minutes on average.

Among change recipients, individual letters were sent to all members of the teams affected by the change at the pilot site *(n=36)* inviting them to participate in the study. Those who were interested replied directly to the research team coordinator, who then arranged meetings. Twelve *(12)* individuals *(33%)* agreed to take part in the study. They were nurses, nursing assistants, and orderlies. Six *(6)* respondents chose the group interview; the six others were interviewed individually. Individual interviews took between 30 and 60 minutes and the group session 90.

3.4 Data analysis

Data was analyzed using two theoretical frameworks: the change management model *(Dickson et al., 2012)* and the stages of concern model *(Bareil, 2008)*. This decision was in keeping with Yin's *(2009)* recommendation that the best data analysis strategy for a case study is to use one or more recognized conceptual or theoretical frameworks.

For the purposes of analysis, each interview was summarized, then returned to the participant for validation. At this point, participants were able to add complementary information if they wished. Research team members then categorized information from the validated summaries and the document analysis completed using the dimensions associated with the Dickson et al. *(2012)* and Bareil *(2008)* models. The information was then recorded in a preliminary report presented to change drivers for validation. Some later modifications and clarifications were made possible by this exercise.

4. Results

Results of research into the management team behavior and concerns raised by change recipients were analyzed based on four dimensions of change-related organizational dynamics, namely: i) prepare, ii) implement, iii) spread, iv) and sustain.

4.1 Dimension 1: Preparing for change

Change preparation can be defined as the actions the organization undertakes to understand and prepare the environment for an impending change. This dimension was analyzed from the following perspectives: i) understanding of the context and dynamics of the change, and its conceptual underpinnings, ii) the extent of individual and organizational openness to and capacity for change, and iii) the experience of change recipients.

The context, dynamics, and underpinnings of the change

There was broad-ranging consensus at the outset of the project about the organizational context at the origin of the project design: fear of shortages in the long-term care sector, problems covering some shifts, the lack of nurses on the recall list, and the need to optimize the role of long-term care workers. Management and staff both said they were convinced action was needed to offset nursing recruitment problems in the long-term care sector.

Even though the consensus was clearly expressed and shared by various stakeholder groups, change recipients and their respective representatives and department managers were not consulted during the solution definition phase. Consequently, the proposed response was not necessarily understood the same way by all project participants, as evidenced in the concerns that change recipients expressed after they were presented with the new work organization model.

"We agreed on the same vision — but perhaps not on the same project." — Administrator

However, most managers interviewed felt the proposed work organization model was consistent with the organizational diagnosis. It was based on the expertise of the person responsible for its development, an administrator with many years of experience in the long-term care sector. And as suggested by Dickson et al. *(2012)*, the model was drafted on the basis of the available literature and an analysis of similar experiences carried out elsewhere.

The managers also mentioned having assumed that the job enrichment principle would be conducive to the adoption of new practices. However, they noted that some change recipients may have still been counting on the addition of resources to help shorthanded departments, rather than on changes to the way their work was organized. This illustrates the dichotomy that can arise between a traditional vision of change rooted in asking for more resources, and a vision oriented toward reassessing roles and responsibilities to ensure they correspond as closely as possible to people's expertise, or to what is expected of them in light of their training.

Recipients' openness to and capacity for change

The organization took no prior initiative to measure individual or organizational capacity for change before undertaking the project. However, the project team knew that the group dynamic at the selected pilot site was difficult. Because the site was experiencing the most problems with resource availability, management nonetheless felt that the need for urgent action justified the choice of the site, even though change recipients did not share this perspective. In their view, the difficulties at the implementation site were the result of a previous organizational change that had not yet been fully adopted and accepted. A feasibility study was carried out after the official project presentation, at the repeated request of change recipients and representatives of their respective unions. However, it merely reconfirmed what the initial organizational diagnosis had found: action was needed.

Change planning and the recipient experience

Concerns expressed by change recipients during the preparation phase were primarily focused on their personal situations and the organization. Their main worries were about potential job losses, the effects of bumping on workplace moral, and anticipated increases in workload for on-call

nurses on evening and night shifts. Additional concerns expressed at the change planning stage included the failure to acknowledge nurses' expertise and contribution to long-term care; questions about the ability of nurses, nursing assistants, and orderlies to carry out new roles; the existence of a work atmosphere unconducive to change; and uncertainty as to the impact of the change on residents and as the ability of the pilot site team to follow through. The project team did little to introduce adaptive measures, although the feasibility study did not satisfy expressed needs. The team was required however to provide support with regard to bumping. Together, all of these factors seem to have spurred resistance on the part of change recipients when the project was launched.

4.2 Dimension 2: Implementing change

Change implementation was assessed on the basis of how the organization formally initiated organizational changes. This dimension was analyzed from the perspective of: i) the introduction of methods supporting implementation and effectiveness; ii) the existence of mechanisms that support efficiency, formal reporting and sustainability and iii) the experience of change recipients.

Implementation and organizational efficacy

Managers who were interviewed made it clear that efforts to define and plan the project were inadequate during the lead-up phase, considerably impacting the introduction of the new work organization model. There was no supporting documentation covering the new practices and work organization and the initial implementation generated complaints from a number of stakeholders. The project team responded by committing to working with stakeholders to develop all necessary implementation supports *(work tools and guides, training, consultation and communication activities, and technical and psychological mentoring).* This initiative—which was beyond the scope of the original plan—had a major effect on work efforts and project schedules. The model, which had not been operationalized prior to implementation, had to be operationalized piecemeal as work progressed, creating unanticipated organizational issues for other departments and further expanding the scope of the project. For all these reasons, resources assigned to project coordination and execution were quickly overwhelmed. This also explains why project supervisors focused so intently on technical support issues at the expense of emotional support for change recipients.

Efficiency, accountability, and economic sustainability

With regard to improving organizational efficiency, minor changes were introduced in the structure of the new work organization model. Project reporting did not conform to generally recognized project management practices. Even though this was a pilot project, there was no formal system in place to document it. For example, there were no regular progress reports on implementation. Instead, project monitoring consisted of a regular action item on the agenda of the weekly management committee meeting, more in keeping with a traditional operations management approach. After the fact, the entire management team acknowledged that a project-specific tracking approach—at least one involving progress reports—would have been desirable. The same can be said for project impacts involving safety, quality, and compliance, which were only dealt with indirectly in periodic audit reports from one of the management branches involved.

As for the economic sustainability of the new work organization, the project team had access to comparative data for a number of operational effectiveness indicators *(disability insurance, overtime, unfilled shifts, average length of intervention, etc.).*

Recipients' experiences and change implementation

During change implementation, new concerns emerged and evolved over the course of the six-month project start-up phase as support tools for the new work organization model were developed and impacted resources were trained. Concerns continued to evolve during the transition from the old model to the new at the pilot location *(again over six months).* In addition to the personal and organizational concerns that had emerged during the planning phase, there were new concerns about the organization. They involved the ability of the project team and the organization to sustain and manage change, the unconducive work climate at the pilot site and in other affected departments, and, most of all, doubts about the local care team's readiness to adopt and fully accept the initiative. Generally speaking, concerns about the organization and change recipients subsided as the organization transitioned from the old to the new care model.

Change-specific concerns also began to emerge during the start-up phase. Nurses in particular worried that there was insufficient professional support to allow them to assume their new roles. In the course of the subsequent phases, doubts progressively emerged about the capacity to manage change with the desired rapidity, due to the project's ever-widening scope. The breadth of the transformation stabilized during the trial period. However, the arrival of new managers rekindled worries about support measures for the new work organization. Concerns about the trial naturally surfaced as the transition phase began and continued in some instances until the case study interviews took place. People worried about changing roles and their new tasks, the burden these activities imposed at the start of the change process, and the time required to master them. With the arrival of new resources, the consequences of bumping also gave rise to questions about people's abilities to handle their new duties and fueled concerns about resident safety.

4.3 Dimension 3: Spreading change

To assess the spread of change, we examined involvement in system transformation and support for its dissemination throughout and outside the organization. This dimension was analyzed from the perspective of: i) strategies developed by the organization to sustain the transformation in other systems *(local, regional, national)*; ii) strategies for influencing organizational culture and creating an environment conducive to change, and iii) the experiences of change recipients.

Strategies supporting transformation of other systems

Project implementation at the pilot site was the point of departure for the regional dissemination strategy. An information newsletter was sent periodically to all staff at CSSS head office and all its network establishments to keep staff and change recipients at other implementation sites up-to-date about project status. Managers interviewed contended that the care teams were insufficiently involved throughout the project. The fact that implementation was prioritized at other sites to take retirements into consideration *(to reduce the number of people impacted)* and that a staggered implementation strategy was used seems to have facilitated deployment, compared to the bumping management model at the pilot site. The tools developed and tested during implementation at the pilot site therefore also had a beneficial effect elsewhere, allowing other sites to capitalize increasingly on the experiences reported by first adapters.

Strategies designed to influence organizational culture

Other than the information newsletter, no formal strategy was used to influence organizational culture or openness to change at the pilot implementation site. The publication schedule was gradually scaled back as deployment proceeded at the site, and the last newsletter was issued when the project ended there.

Recipients' experiences and the dissemination of change

It is difficult to reach conclusions about the impact that this information strategy had on project acceptability among change recipients at other sites. Moreover, all change recipients from the pilot site who were interviewed for the study criticized the fact that information presented was always positive, even though they had witnessed interpersonal and organizational problems, as the concerns they expressed indicate. Some felt the newsletter was part of an implicit strategy of influence. While the management team's objective was to be transparent and create positive impressions of the project, it is plausible that implementing proactive strategies based on best discussions between stakeholders during the change definition and planning phases could have prevented such concerns from emerging. In addition, they would have liked to foster communication between individuals who experienced the change at the pilot site and those at other implementation sites.

4.4 Dimension 4: Sustaining change

To assess support for change, we looked at change monitoring and the gradual adjustments made over the course of the project. This dimension was analyzed from the perspective of: i) the existence of methods to monitor and support effective adoption of the change and measure successful implementation, and ii) the experiences of change recipients.

Change adoption monitoring and assessment methods and support measures

Apart from this study, no systematic measurement of the impact and success of the deployed approach was made during implementation of the new care model at the pilot site. The approach's effectiveness and success were therefore assessed after the fact, as part of this study.

A number of measures were used to support implementation and sustain new practices. Various initiatives helped improve efficiency. For example, the use of a guide to help manage calls by nursing assistants to on-call nurses represented a change-related support behavior. In addition, to facilitate their transition from the old to the new department organization model, nurses routinely worked in pairs during their first week in the new environment, to provide mutual comfort and reassurance. The project coordination committee also met with the work teams on "Day 1" of the transformation. A post-project support initiative for new practices gave the CHSLD pilot site care team access on an as-needed basis to a specialist who was available to help them sustain their new work practices. Managers also clearly expressed concern with sustaining these practices. Nonetheless, change recipients emphasized that support for implementation and operational effectiveness was insufficient.

Recipients' experiences and support for change

During the trial phase of the new work organization model *(which spanned fifteen* [15] *months)*, change recipients' concerns focused on collaboration and improvement. Collaboration took the form of discretionary, peer-based personal behaviors that nurses used to support one another. For instance, they would temporarily form two-person teams while transitioning between roles. Participants at the pilot site generally felt that the project was implemented "on the fly," and that they needed to organize among themselves to improve things. They also expressed concern about being able to contribute to improve the change, feeling that their efforts in this regard were being hampered by physical or logistical constraints. At the time of the interviews, the change recipients were still under the impression that nothing had changed with respect to the original

plan for the new work organization model. Aside from normal project support in the form of tools developed to support deployment of the new work organization model, and an attentive ear for change recipients' concerns on the part of some managers, very few modifications were made during this period, especially in terms of psychological support for personnel affected negatively by the change. In this regard, the issue was basically handed off to associations representing those parties.

5. Discussion: Where does project management fit here?

5.1 Defining and planning the project

Analyzed from a project management perspective, the effort undertaken to define the new work organization model was satisfactory insofar as it grew out of previous strategic planning and workforce planning exercises, as well as a diagnosis of the organizational situation that was shared by all stakeholders. Nonetheless, the fact that most of the work to define the solution was done without any input from the change recipients sparked numerous concerns among them. In acting this way, managers deprived themselves of an important source of expertise and an effective mobilization strategy. A review of work by researchers who specialize in the study of organizational change in Canada and abroad and the theoretical approaches to project management *(specifically those involving change management)* clearly shows that getting affected stakeholders involved at the very beginning of the project—i.e., when the solution is first being developed—is key factor to adoption, which in turn is crucial to deployment and success *(Dickson et al., 2012; Bareil, 2008, 2005; Collerette, 2008; Savoie, Bareil, Boudrias and Rondeau, 2004; Rondeau, 2008, 2004, 1999; Iles and Sutherland, 2001).*

Before undertaking a change initiative, decision makers and managers must consider how open individuals and the organization are to engaging and getting involved in change implementation. The feasibility study requested by change recipients and their representatives in this case merely reconfirmed the initial organizational diagnosis that emphasized the need to act. It did not respond to recipients' concerns about the foundations of the newly proposed model, the scope of its impacts on the environment, or the need to obtain evidence about conditions for successful change in similar situations. Theoretically a feasibility study must demonstrate the relevance of the solution and the means used to implement it and ensure that it produces the expected benefits. The study should have allowed the project team to be more proactive in the face of stakeholder needs by providing, in principle, an opportunity to make up for the absence of consultation at the definition phase; this was not the case. It should also have identified deployment support measures for the new work organization model. Similarly, the feasibility study failed to anticipate the actual breadth of the change initiative, both from a material and organizational perspective, and in terms of coordination and management. It is clear that the scope of the effort was not adequately assessed when the project was first decided upon. Some of the organization's managers even ended up as change recipients. Rather than performing this assessment during the feasibility study or planning stage, the project team carried it out when deployment of the new model began. It was only then that the project managers, who were quickly overwhelmed by the magnitude of the initiative and its coordination, support and monitoring requirements, instinctively embraced an agile management approach. Implementation support tools, training requirements, and the type of ongoing support required by those sustaining the model were progressively identified in the course of subsequent iteration loops.

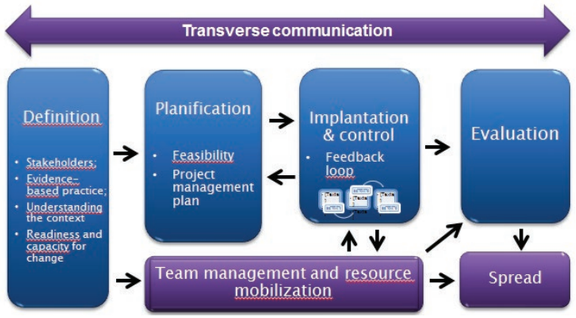

FIGURE 4. *A mature and agile relational ecosystem, to support organizational change*

In project management, project leaders must produce a project manual prior to the implementation phase, which is the actual point at which work begins to produce deliverables and, in this case, supports for the deployment of the new work organization model and the deployment itself. The manual sets out the project methodology, underlying activities, and specific deliverables *(including performance indicators)*, and also determines the schedule, budget, work efforts and risks. In a project-based approach, it is the most important document for project execution. It also serves as the reference for determining whether project requirements *(here the operational characteristics of the work organization model)* are being met and for assessing progress and compliance with the schedule, budget, and resource constraints accepted by the project sponsor; these are among the benchmarks against which successful deployment is measured. In our case study, work on this framework document was abandoned in January 2011—about four months after the project implementation phase began *(September 2010)*—leaving the project schedule *(Gantt chart)* as the only tool for planning and tracking. The schedule included a list of tasks to be completed at each phase of implementation of the new work organization model and at each deployment site, but it did not allow for comparisons between the original plan and actual status at specific milestones.

In summary, when project implementation began, the definition of the new work organization model had still not been validated with change recipients and most project stakeholders, other than managers. Its feasibility had not been demonstrated and its actual scope was vastly underestimated. Lastly, its key deliverables had not been identified. At this phase, only the organizational management indicators had been identified and documented, providing a picture that was relevant solely from the narrow perspective of the organization's operational effectiveness.

5.2 Implementing and closing the project: moving toward organizational agility

Consideration of the dimensions of change implementation, dissemination, and post-implementation support provide an appreciation of the care with which the project team approached the change implementation initiative at the project pilot site and its planned dissemination to three other facilities. However, from a project management perspective, their original intentions faded rapidly once project implementation got underway. By launching the project without proper documentation—and abandoning work on the document only a few months in—project managers went from a project-based approach to something more akin to ongoing operational management.

From an institutional vantage point, we must acknowledge the agility shown by managers, change recipients, and other stakeholders and staff, in adjusting to the lack of planning and taking steps to identify critical deliverables for supporting deployment of the new work organization model. This situation caused turbulence, especially for personnel at the pilot implementation site who, as the project rolled out, had to endure a certain degree of improvisation that changed as new needs surfaced. This situation only exacerbated concerns among change recipients as well as the project coordination team. In this context, it would probably have been useful to systematically document the experience to facilitate deployment at the other sites. Yet even though dissemination began well before the project impact study was completed for the pilot site, the project team does seem to have capitalized continuously and simultaneously on the pilot site experience for the benefit the three other sites.

In hindsight, our study raises questions about which management model is most appropriate for implementing an organizational change of this scope. It would certainly be worth exploring the suitability of the various agile project approaches, inasmuch as they make use of iterative processes to analyze requirements and optimize deliverables for the solution to be implemented, as work progresses and obstacles emerge in the form of stakeholder concerns. Such an approach, shown in **Figure 4**, would also offer the advantage of systematically pacing ad hoc collaborations between project managers and change recipients in a context that closely resembles that of traditional operations management, but maintains classic project performance mechanisms. Such a situation is also more likely to occur when a project coordinator's roles and responsibilities vis-à-vis the process management function and as change agent have never been clearly established, especially in a case where the person also maintains operational responsibilities. If one thing emerges from this case study, it is the importance of thoroughly differentiating and separating operations management, project management, and change management roles so that they are essentially exclusive. Everything hinges on the magnitude of the project, naturally, but overlapping roles do little to foster successful change initiatives, particularly in environments as complex as health and social services. The debate is ongoing, especially over the distinction between the project manager and change manager roles *(Pollack and Algeo, 2014).*

Since this was a pilot project, the project structure should have provided for the production of status reports or some kind of documentation of the pilot experience. Reporting would have made it possible to explicitly identify key events and lessons learned during deployment, facilitating the transfer of expertise to other implementation sites and making it easier to respond to outside queries. Some of the experience acquired in the course of the initiative has nonetheless been shared, at least in part, especially the tools and training that were developed. Finaly, it is possible to ask if a project management office could have been an interesting avenue to support the project team during the deployment and the spreading of the change as it seems to have been in an other clinical environment *(Lavoie-Tremblay & al., 2012; Aubry & al. 2011).*

6. Conclusion

The objective of this case study was to examine to what extent a project-based approach was able to support the definition and implementation of a major organizational change within a long-term care facility *(CHSLD)*, taking into account the experiences of the nurses and other care team members who were the prime recipients of the change. Assessment of the planning and implementation phases revealed that the foundations underpinning the change were inadequate and found major shortfalls in stakeholder consultation and involvement during the definition phases. Because project activities were not planned up front, support requirements had to be

identified in the course of deployment. Even though employees and managers involved in the initiative had demonstrated adaptability and organizational agility as change support tools were being developed, this phase was nonetheless marked by a degree of improvisation that generated serious concerns among change recipients. Most of these had to do with the legitimacy of the change, the future of their jobs, people's ability to take on and fulfill new roles, and lastly, the ability of the organization to lead and sustain the transformation. During the subsequent transition and trial phases, the project team seems to have paid little attention to their concerns about the need for collaboration or their ideas for improving on the new practices, even though recipients felt that project team coordinators had been receptive to their input. From a project management perspective, it is easy to see the consequences that a lack of planning can have on project scope, efforts, and costs. Jettisoning the approach at the start of the change implementation phase resulted in a lack of data for documenting the pilot project, and for measuring its efficiency and effectiveness as work progressed.

In the end, the change was initiated in a conventional manner—i.e., it was imposed top down—instead of using a more original approach based on managing capacity for change, *(Soparnot, 2005)*. And it was implemented as part of the organization's continuing operations rather than as a project management initiative, as originally intended. In addition to the lack of a systematized approach, execution was undoubtedly hindered by the fact that operational, project management, and change management roles and responsibilities were not clearly delineated. This kind of such confusion still occurs all too frequently when change projects are implemented, and will no doubt continue to drive debate about how to divide project manager and change manager responsibilities *(Pollack and Algeo, 2014)*.

7. Implications for managers

These observations have myriad implications for those managing projects that involve organizational change. Generally speaking, we refer to the use of a project approach in an ecosystem marked by mature and agile governance within a sustained relational dynamic. We believe that such projects should be designed in a way that:

- establishes a sustained relational dynamic between stakeholders from the outset;
- involves change recipients at every phase, from definition of the solution through deployment and final assessment;
- puts sufficient effort into validating solution feasibility and concepts, approaches, models, tools and instruments that can be used to support the type of change;
- ensures coordinated—yet mutually exclusive—operations management, project management, and change management for the project;
- clearly distinguishes project team member roles and responsibilities in these three areas;
- employs a hybrid project management approach (conventional during the planning phase, and agile during implementation);
- allocates sufficient time and resources for successful completion of the project;
- requires normal standards for the production of project documentation be followed.

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