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Collection of Change Management Models – An Opportunity to Make the Best Choice from the Various Organizational Transformational Techniques

"Excellence is never an accident. It is always the result of high intention, sincere effort, and intelligent execution; it represents the wise choice of many alternatives - choice, not chance, and determines your destiny." — Aristotle

Syeda Asiya Zenab Kazmi *and* Marja Naarananoja

Abstract — **Present day's crucial corporate competition proving the real time presence of `Darwin's theory - Survival of the fittest` in the global industrial scenes. Consequently, the managers are pressed hard to take smart steps for organizational continuous improvement. The above causes organizational chaos, since humans have the innate habit to resist the change.**

The article suggests the logic over the change leader's selection of the best suited transformational criteria from the variety of change management models for smart organizational transformation process. The study results support the selection of ADKAR Model being one of the best to deal with the OSUVA case conditions due to having an ability to highlight the problem areas at each change process stage through barrier point identification perspective.

Keywords- ADKAR Model, change management, organizational chaos, organizational transformation.

1. INTROUCTION

An institution can be regarded as a biological organism which, in an ever vibrant environment, requires effective focus on continuous improvement, through transformation, so to remain existent and propagate (Black 2000). To absorb the current days' tough corporate competition, organizational change management is considered as a vital solution to carve out smart organizational transformational plans. Organizational change management is not only to maximize the collective benefits for the people involved in the change process but for the overall change process sustainability (Prosci, 2002). The very initial and common most reactions, after the advent of any change within any organization, are the workforces' fear, anxiety and uncertainty, further taking the form of strong resistance towards that alteration (Trader-Leigh, 2002).

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This article offers insight for the change leaders and managers facing transformational corporate scenarios due to the advent of new innovative improvements or the technological advancements. The very aim of the paper is to offer support and guidance on models and methods that are currently available in massive variety to assist the organizational change process. For the above, the authors of the paper have used the OSUVA project case, an health care change initiative, taken up by the public sector support (i.e, Ministry of Health, Finland, and the Group of researchers from the public sector research institutes) for health care reforms through working process improvements covering the geographical locations of Vaasa, Laihia and Vähäkyrö, north of Finland. The research task for the current study originators was to initially gauge the impact of the earlier injected innovative initiatives with in the sample localities by the public sector policy formulators and suggest the rationally appropriate change management model for support and sustainability of the collaborative innovative process.

A. Research setting

Current study is a collaborative effort between the public sector policy formulators (i.e., Ministry of Health, Finland, Industrial Management, Production Department, University of Vaasa) focusing on to suggest healthcare reforms highlighting collaborative innovation and its continuous improvement thereafter for change process maturity. The localities, for which the change process is targeted, are the Vaasa, Laihia and Vähäkyrö, situated in the north of Finland. The proposed collaborative innovative change process was injected in to the work scenarios constituting upon Physiotherapy, Dental Units, Child and mother care, general physician services at the targeted localities. Here, it may be noted that the services like, administration, physiotherapy, psychologist service and supporting service are jointly managed in the two relatively distant targeted localities.

B. Literature Review

Change management takes the help of basic frameworks and mechanisms to manage any organizational change effort with the aims to maximize benefits and minimize the change impacts on the targeted workforce and avoid interferences (Kotter, 2011). However, the culture, pressures and reasons for change differ from one organization to another (Kotter, 1995).

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The few among the reasons enforcing organizational transformations are; the new technological inventions and innovations, forces of the external competition, customers' demands or the changing expectations of the workforce (ITIL, 1999). Normally, the introduction of change within the organizations can have strong repercussions (Morton, 1991). Though, the usual reaction of the employees to change is `resistance, however, it is acknowledged that the management who understands and prepares plans to cope with such employee concerns generally develops an instinctual protective reaction (Born, 1995).

C. Methodology

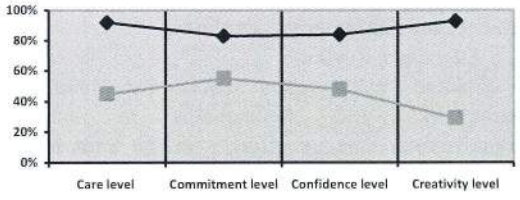
In the case study, the research methods of especially devised questionnaires having the open-ended queries, informal interviews and group discussions were combined. Feedback from the selected sample size of 35 respondents representing the targeted localities- (i.e., Laihia and Vähäkyrö) was obtained. The selected sample represented the cross hierarchical levels (i.e., senior management, line management and staff etc.) as well as different operational work units (i.e., Physiotherapy units, Child and mother care units, Dentistry units or the general physician units etc.

The questions used in the research inventory were prepared to cover the aspects of care (i.e., well-being), commitment, creativity and confidence to gauge their current levels of the presence in the working environment, so to select the suitable research model of change management to support the collaborative innovation management for organizational sustainability and continuous improvement.

As a process method, the authors selected few much known models for change management and matched those against the feedback received from the samples to choose the best match so to proceed with the selected one as the core source model for the change management initiatives in the OSUVA project. Said action of the authors was in line with the core theme of `Action Research` as well as the considerably the best option for preparing the ground for Collaborative innovation initiatives to sustain and continuously grow within the targeted project environments.

II. RESEARCH RESULTS AND DISCUSSION

The implementation of research questionnaires and interviews on the sample offered the following results:



(Fig I.: Reflects results on 04 Cs are attained by the respondent's through their verbal desire Vs. the actual effort level.)

Above graphic representation revealed that the respondents verbally supported each dimension at higher i.e., 92%, 83%, 84% and 93% for care, commitment, confidence and creativity levels respectively. However, respondents' practically exerted approximately the half amount of actual effort in the first three dimensions (i.e, 45%, 55%, and 48% for care, commitment and confidence respectively). In addition, the gap exceeded the maximum at the creativity level (i.e., 29%).

Comparative analysis was done to investigate the current work situation and the gaps between the desired levels of chosen dimensions (i.e., Care, Commitment, Confidence and creativity. Results were obtained through the feedback gathered while the interviews, questionnaire and open discussion sessions with the target sample representing Laihia and Vähäkyrö localities.

1. **Care Dimension:** The element of Care was analyzed on the basis of respondents remarks on organizational team's behavior pattern towards collaboration and cultural aspects, the results are as follows:

Table I.
Key Response Areas Reflecting the Dimension of Care And Associated Gaps Towards Innovation Management.

Current organizational situation	Observed gaps towards collaborative innovation and change management
-Casual attitude towards collaboration aspect-(Response examples)-`Contribute to the innovation process where possible, resources limitations. -Limitation within the scope of service area- Health care Vs. commercial enterprise -Innovation can be managed only if more workforces be provided -Monthly routine meeting are the source of exchanging work related ideas, however, it takes weeks and months if to arrange a meeting for some out of routine exchanges of views. -Usual examples of discussions on new idea: during coffee breaks or lunches. -Mostly, nature of work develops the social connection patterns within and among departments: (i.e., Mother care Units staff, Physiotherapy or dental care units etc.) -One respondent associated female dominant work environment with gossip prone setup reflects shaky level of trust. -Secrecy is also well regarded.	-No special efforts made to create options for creativity and innovation. -Lack of control on resources and openness. -Lack of time and eagerness for creativity. -Secrecy is well supported. -Thought process among majority that there is not much room for Innovation and creativity since `Health care services are different than any commercial activities like selling the `Bakery items or Vegetables` etc. -Visible gap between the senior and junior level work related approaches within one departments or among different in one location as well as the Different units (i.e., Laihia, Vähäkyrö and Vaasa) -Incidents are clear where the issues remained untouched and under discussed to ovoid argument. (i.e., contrasting approach towards brainstorming to think about and create something new and innovative.

2. **Team confidence Dimension:** The element of team confidence was analyzed on the basis of organizational team's behavior patterns in terms of team support. The results are as follows:

Table II.
Key Response Areas Reflecting the Dimension of Team confidence And Associated Gaps Towards Innovation Management.

Current organizational situation	Observed gaps towards collaborative innovation and change management
-Personal thought process reflected some trust with in the internal environment but lacks employee's confidence level externally. Responses Examples: 'when new idea arises- think if worthy enough then share directly with supervisors or colleagues. -However, customer orientation required.	-Trust level is visible for supervisors and colleagues within the same departments but weaker level of Trust outside the departments, even within one location as well as the other locations. (Decision makers and policy implementers etc.) -More reservations towards Health professionals and Higher management for being left out in the process of policy making change implementation. -Trust and commitment is generally intact at different levels among colleagues but mostly secrecy is preferred, that can hamper the creativity and innovation process. Extensive room for improvements in offering quality services to Customer is available through innovation techniques as compared to the international bench marks (i.e., ehealth, telemedicine, epromotion etc.)

3. **Teams´ commitment Dimension:** The element of team commitment was analyzed on the basis of organizational team's behavior patterns in terms of organizational tasks. The results are as follows:

Table III.
Key Response Areas Reflecting the Dimension of 3. Teams´ Commitment And Associated Gaps Towards Innovation Management.

Current organizational situation	Observed gaps towards collaborative innovation and change management.
-Old problems i.e., shortage of staff and of resources. -For special meetings - require month in advance, -However, usual departmental meetings take place once in 2 week. -Customer orientation is highly required for dissemination purposes.Example of one suggestion by a respondent - Information regarding health care services can also be provided in the form of ---publicity campaign during annual events for better understanding and customer ease etc.	-Lack of time and resources, -Hard to create positive linkage among different departments within one location so it's obvious that the combined services flow through different work locations that can hamper the services quality manifold (i.e., connecting service operations within Laihia, **Vähäkyrö and Vaasa).** -New process slow down the work process (Negative effects of-Red-tapism).-Staff capacity for to handle the current work load is suffering heavily. (i.e., Combined Physiotherapy operations at different locations) -External relations (Customers, partners and Regulators) are quite weak and have adequate room for improvements as compared with the national and international bench marks. -General feeling of disconnect is prevalent among the local staff towards the policy makers supporting the notion of being left out and ignored during major crafting policy involving their work life.

4. **Teams´ initiatives for creativity Dimension:** The element of team´s initiatives for creativity was analyzed through the organizational team's behavior patterns towards organizational operations. The results are as follows:

Table IV.
Key Response Areas Reflecting the Dimension of 3. Teams´ Creativity Initiatives And Associated Gaps Towards Innovation Management.

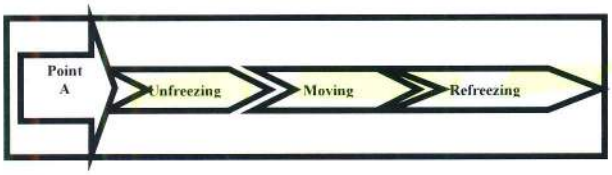
Current organizational situation	Observed gaps towards collaborative innovation and change management
-No adequate time margin for creativity due to hectic work routine and limited resources (i.e., Outsourced or eternally provided resources at some locations.) -Respondents' clear hint towards the Red-Tapism within the work processes as the result of collaboration among different locations (Lahia, Vähäkyrö and Vaasa) by referring to the time duration of ' six months to one year. Some respondents highlighted the delayed processing for three months etc. -More load of customers is expected due to the aging population as compared to the ratio of service providers at different locations, especially in the changed policy scenario. -The extended length in the operations hierarchy created 'Red Tapism's negative effects, resulting in slowing down the service quality for the Customer.	-The collaborative feeling for providing quality services to patients is available among the workforces within the internal environments (i.e., -Physiotherapy, Mother and child care, dental care) but hampered at some locations due to time, resources as well work control crossover (Ref. Physiotherapy Services). -The resource allocation and provision is one of the major issues but not controlled locally. -The ratio between the services staff and the number of customers/ patients is incompatible. -Work process delays due to the lengthy hierarchical controls.

An in-depth analysis of the feedback received from the target sample gave a clear picture of employees' discontent from the management´s change initiatives, mistrust and strong feelings of being not taken into board while forming organizational innovative plans. The above was the reality that made the authors of the article feel that at current stage of the change process within the target localities should be managed through some relevant change management model that can highlight the level of

barrier points so to resolve them collaboratively effectively to move forward. In addition, the critical nature of healthcare work demands mentally healthy and emotionally relaxed workforce to provide safe and steady service output.

Henceforth, to match the above results and organizational knowledge, the authors went on to explore globally acclaimed change management related theories and models to either choose one or extend the earlier models to match the research situation and make the target community adapt the collaborative innovation process in true spirit. In the next paragraphs the readers can view that how the authors explored the earlier change management related work within their available reach and resource level.The first considerable effort was made by Kurt Lewin in 1951 described to manage change managed in three-stage process. **Unfreezing**, the first stage as he termed, involved overcoming inertia and smashing the existing "mind set". Defense mechanisms have to be bypassed. Then comes the next stage termed as `**Moving**`, where the `change` occurs. This stage is normally associated with the phase of chaos and confusion, since it is with almost all of us `human` that we resist our old habits when we are challenged. The last stage introduced by Lewin is called as `refreezing`. This stage is associated with the time when a new mind set is crystallizing so much so that one's comfort level is achieved just like it was before the Unfreezing stage.

Lewin's notion of 3-Step model for Change Management is as follows:

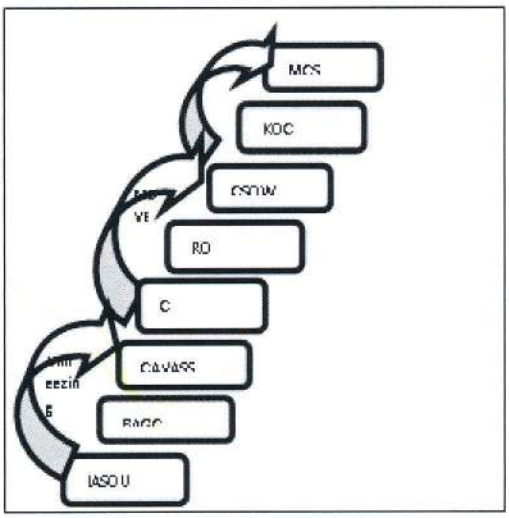


(Fig.II. K. Lewin Change Model- 1947)

Though the lewin´s model is extremely significant and the base model to almost all the later theories models but we cannot use it for the OSUVA project for being too simplified for relatively modern work scenarios like the Lahia and Vahakoro where the complex ego issues has visibly present in the team members´ behaviours. In addition, Lewin´s model got much criticism for including the last and final step of some positive reinforcement to encourage and permanently sealing the change at point B.

After Lewin, in 1969, Elizabeth Kubler-Ross introduced her model of change management in her book "On Death and Dying" tiling it as `Phases of Grief`. The stages in the model rather `emotional framework that include; apprehension, denial, anger, resentment, depression, cognitive dissonance, compliance, acceptance and internalization. According to her, such phases an individual faces when confronted with the tragedy just like the loss of the family member or the friend. However, for the current project scenario, it is not suitable on account of first being too rigid and secondly being too emotionally deep from the employee-organizational relationship. Since, it is not true in the case of each employee to be to experience all the phases. Furthermore, in case of too much grief, there remains always an option for the employee to quit the organizational environment. Henceforth, such model is also not suitable for the OSUVA case situation.

The next popular change model was introduced by a Harvard-professor John P. Kotter in 1990, with the hard effort of observation for almost 30 years. Kotter´s Change Management Model is as follows:



(Fig III. Kotter´s 8 stage Model for Change Management)

According to the Kotter model for managing disruptive changes the process involves eight parts to constitute a whole. These includes ; INSTILL A SENSE OF URGENCY (IASOU), by recognizing the imminent crises or opportunities; BUILD A GUIDING COALITION(BAGC),by establishing a capable team to handle the crisis; CREATE A VISION AND SUPPORTING STRATEGIES (CAVASS), incorporating a viable sense of purpose and direction; COMMUNICATE (C), with the team members openly to create the atmosphere of trust among them; REMOVE OBSTACLES (RO), i.e., anything obstructing the change process to empower the team; CREATE SOME QUICK WINS (CSQW) , like reinforcements and support to the team; KEEP ON CHANGING (KOC), by taking the steps to make the change moves constant ; MAKE CHANGE STICK (MCS), by taking steps to make the change `nailing deep enough` to stay permanently.

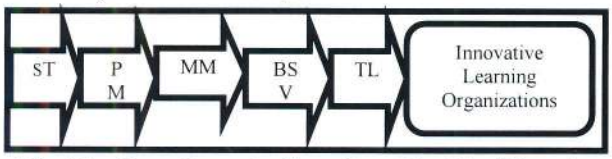
In kotter´s change ladder, we find a similarity of the model with that one of Lewin by having first three steps reflecting the `Unfreezing process`, next three to the `Move' and the last to `Refreezing`. Though very rational model but still not suitable for OSUVA project environment where the steps like BUILD A GUIDING COALITION, CREATE A VISION AND SUPPORTING, COMMUNICATE, REMOVE OBSTACLES and CREATE SOME QUICK WINS have been completely skipped while implementing the

collaborative innovation initiatives at the earlier implementation of the project. In addition, the main criticism on Kotter change model was that he, throughout his dissemination activities relating to the model, avoided any discussion highlighting that how this high level approach ties into Project Management.

W Edwards Deming, organizational transformation and innovation management expert had introduced the 6th level of organizational maturity in his Learning Stages model. According to Edward, "Long-term commitment to new knowledge and innovative philosophy is required from the organizational management that seeks transformation. Shy and the fainthearted people asking for quick results, are doomed to disappointment." He supported collaboration to install the sense of ownership among the organizational worker to result organizational regeneration for success and stability.

At around the same time Peter Senge developed perhaps the most convincing theory of change. With the publication of Peter Senge's 1990 book *The Fifth Discipline,* highlighting the concept of the 'learning organization', the concept of `Top Down Model of organizational strategic control and command` lost its worth. His revelation of a learning organization as a team that is continually augmenting its capabilities to create what they want to create, has not only promoted as the `Strategist of the Century' by the *Journal of Business Strategy* but also provided the foundations for the birth of numerous change management theories and models, incorporating the need of build shared organizational vision through team collaboration.

His theory involved the steps:



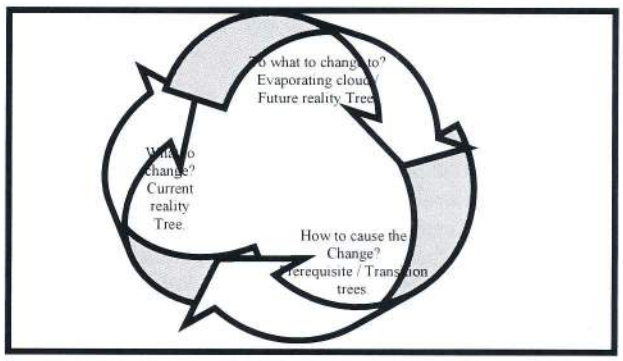
(Fig IV. Peter Senge's Five Step Model of learning Organizations)

In the above figure the process includes the five steps; Systems thinking (ST), Personal Mastery (PM), Mental Models (MM), Building Shared Vision (BSV) and Team Learning (TM) to establish an Innovate Learning Organization. The above model explains that the organizational policy makers must recognize the organizational workers as the agents, capable to adapt innovative alterations to introduce within the structures and systems of which they are a part if they own it. Hence the disciplines argued by Peter in his model, are actually to generate a sense among the policy implementers to see parts to seeing wholes, from seeing people as helpless reactors to seeing them as active participants in shaping their reality, from reacting to the present to creating the future' (Senge 1990).

The insight obtained in the above paragraph clarified two conceptions; Firstly, the Top down Model of strict hierarchical commend and t system is not a viable management strategy to support innovativeness and creativity in organizational operations and secondly, the organizations grow and transform itself for betterment and sustainability through systemic collaborative thinking strongly installed among the team members, working across the hierarchies and with the support of mutual trust and openness. Henceforth, The Top Down model was not recommended to be followed in the current OSUVA project´ working to incorporate innovative change plan in the target working locations at Lahia and Vahakoro.

However, Edward and Peter´s theories related to organizational team collaboration for innovation and change management are the guiding principles to choose a model to proceed for suggesting collaborative innovation and finalize smooth change management process in the OSUVA project plan to include the elements of mutual trust, joint efforts to carve out organizational improvement plans with the help of group sessions and open discussions with the target employees working at Lahia and Vahakoro target regions.

Later insights on the change management solution options done in the global scenario convinced the authors of the this paper to select one from the three ,i.e., TOC, KAIZEN and ADKAR Models. Frank Patrick´s TOC process for change management is about a cycle of logic which is as follows:

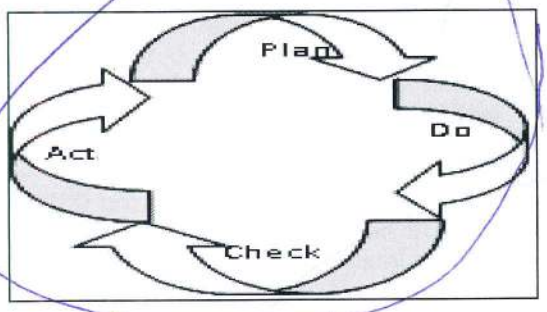


(Fig.V Frank Patricks TOC Change Management Model)

The process involving the starting point of `Problem identification`, then moving to selecting 'suitable solution` and finally selecting the suitable way to proceed for implementing the suitable solution. The model got recognition through its linkage with numerous multinational organizations especially KPMG and PricewaterhouseCoopers.

KAIZEN is another successful change management tool with its well-known PDCA Model. Its success stories include its implementation in TOYOTA Company and so many private sector health care centres, globally.

KAIZEN´s four stage action sequence i.e., Plan-Do-Check-Act is displayed as follows:



(Fig. VI. KAIZEN Change Management - PDCA Model)

However, the reason behind not following KAIZEN for OSUVA project due to the case situation where the earlier abrupt changes already made the target work force aggressive. In addition, the targeted work environments (i.e., Laiha, Vahakoro) face the management style which is strictly bureaucratic in nature and hinders free flow of communication. Now, quick actions are required to clear the impact of earlier haphazard innovative injections.

KAIZEN and TOC change management models are criticized for being slower approaches wherein their impacts occur continuously over the lifetime of the organization (Richard, Sidney 1982). These are recommended for continuous organizational improvement and relatively not much aggressive to handle fast change processes.

The referred models make the improvement process easier and more palatable by making such changes small and incremental until it becomes natural, or better yet, people don't really notice there's been any change the Japanese concept of 'Kaizen' places the emphasis on process rather than outcome, as the most effective means of improving a service or product (Liker, Meier, David 2006- Maurer, 2004). It requires a number of conditions to be achieved for the success of the models´ impact i.e.," Managers must create an environment in which people are enthusiastic to identify deficiencies and work together to right them. Fear must be abolished" (Smith, 1990).

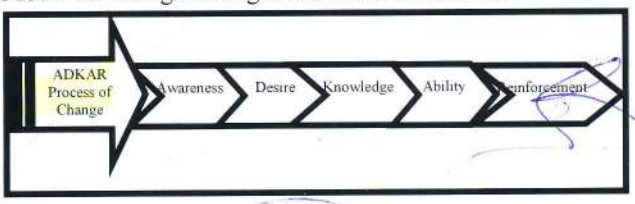
Initially TOC was introduced as a method having targeted focus on the manufacturing operational setups.

However, later on, with the introduction of the Drum-Buffer- Rope (DBR) scheduling system with an additional support of the five-part process of continuous improvement collaborated with the TOC performance measurement system as the key highlights of the method. Afterwards, with the developed Thinking Process (TP) tools by Goldratt in 1994, the TOC became more effective instrument to help organizational strategist to tackle organizational behavior or policy constrictions. And of course with the inclusion of TP tools, the TOC became more useable for almost all ranges and natures of organizational setups.

The latest version of TOC includes a six part logical set namely, Current Reality Tree (CRT), Evaporating Cloud (EC), Future Reality Tree (FRT), Negative Branch Reservation (NBR), Prerequisite Tree (PT), and Transition Tree (TT) of logical tools to enables managers to tackle nonphysical constraints (i.e, policies, behaviors, or measures) Goldratt (1994).

All the insight provoking theories and models from the globally acknowledged theorist in the field of organizational change management inspired the authors of the paper. However, keeping in view the nature work practices and environmental conditions of the target organization (i.e., public sector healthcare units in Laihia and Vähäkyrö) convinced the authors to adopt ADKAR

Model for change management which as follows:



(Fig.VII. Prosci´s ADKAR Model to manage organization change)

As the name suggests, each alphabet refers to each stage of ADKAR (i.e., **Awareness-** *making the employees aware of the need for change*, **Desire-** *creating the desire in the employees for the change*, **Knowledge-** *supporting the employees with the required knowledge base*, **Ability-** *enhancing employee´s skill level* and **Reinforcement-** *and finally rewarding the employees for displaying required behaviour so it may last longer*).

III. CONCLUSION

To finally reach to the research conclusion, the authors have explored the maximum level of information relating to the following aspects of the OSUVA case, so to match the current problem situation to select the most relevant study model for effective change management:

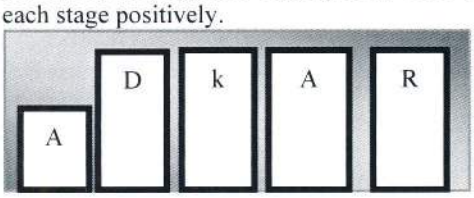
1. Current work situation of the target locations (i.e., the knowledge related to the work conditions, work distributions and reporting hierarchical loops and channels),
2. The earlier efforts by the policy formulators to enforce collaborative change initiatives. An over impact of earlier change initiatives on the employees´ practical work efforts and on their emotional well-being,
3. And keeping in view the sensitive nature of work out put required by the healthcare workers in the domain of service quality and level of responsibility which demands mentally fresh and physically fit workforce

The results of the study revealed employees discontent, mistrust, strong emotional barriers and feelings of being ignored while forming organizational innovative plans.

In addition, the case analysis revealed that fact that the target employees of the work localities are blocked at different levels of change process. For example, the feedback analysis identified that young workers of the work localities are blocked at advanced levels of change where they fear to confront with the new knowledge and ability adaption while the senior members of the workforce are struggling at the initial levels of change process. According to them, the old ways were more comfortable and desirable options.

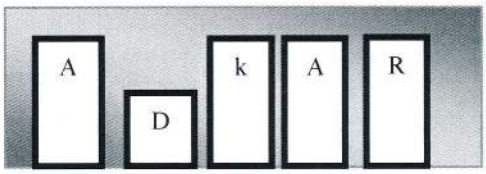
Consequently, the above facts justify that to streamline the process of collaborative innovation in the OSUVA case context, for effective change management, ADKAR is the relatively viable model due to the following reasons:

- ADKAR model has strong ability to judge the level of "readiness" among the employees at each phase of the change process and also helps the management to devise compatible action plan to develop readiness (Prosci, 2002). This ability is especially required in the OSUVA case conditions where the employees had already developed strong resistance for the change.
- In addition, the organizational environment as well as the work practices was unsupportive towards establishing open communication flow which is a prerequisite to promote positive change in the earlier referred change theories and models.
- ADKAR model offers an option of "barrier point," that provides the opportunity to clearly identifying the obstacle faced by the team member. This makes ADKAR a strong tool to help the organizations to support the change process by helping their employees to cross over each stage positively.



(Fig. VIII. Showing point barrier at ***Awareness*** stages)

The above figures reflected that when `Awareness` is the barrier point in the change process, then one will see little or no evidence that the change is taking place.

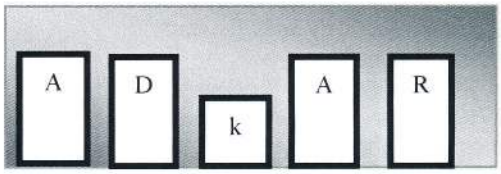


(Fig. IX. Showing point barrier at **Desire** stage)

The above Figure IX, reflects a barrier point at `Desire` level. The said situation reflects that the employees have no desire to change his or her working behaviour in accordance with the organizational change initiatives. This is the most obvious, yet important, observation: It reflects that the change is not happening with this person.

This is what the authors of the case study had witnessed in the OSUVA project. The majority of the employee's feedback, through the interviews and questionnaire response reflected `Desire` the barrier point.

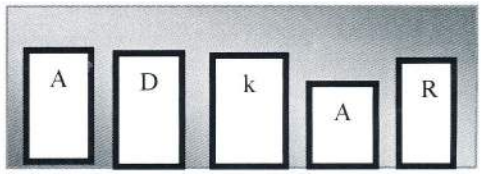
It also reflected that the change leaders in the OSUVA project failed to take proper initiative to create the desire among the case subjects to change, prior to implementing the hard change practices. Henceforth, the behaviour sensitization element prior to the actual change practices implementation was found missing that has harmed the smooth transformational process.



(Fig.X. Showing point barrier at `***Knowledge***` stage)

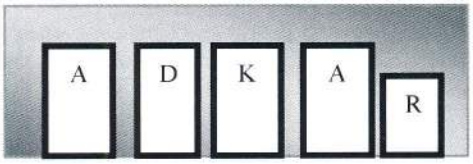
Figure X, above reflects the barrier point at `Knowledge` stage, while the organizational change process. At such point the often react by admitting that they lack the necessary skills to cope with the change initiatives.

Hence, it's the responsibility of the management to support the workforce through sessions of open communication and activities of knowledge enhancement techniques.



(Fig. XI. Showing point barrier at `*Ability*` stage.)

Figure XI, reflects the barrier point at `Ability` stage, during the organizational change process. At such blockage point the employees continue to seek help from their manager or co-workers and resist independent responsibility taking in official tasks etc.



(Fig.XII. Showing point barrier at ***Reinforcement***` stage)

ADKAR provides the reasons to understand that when the employees lack recognition, reward and reinforcement for change, then one should expect a decline in their enthusiasm and energy level around the change, and even in few cases employees tend to simply revert back to old ways of doing work and causing the collapse of the change process.

Though, the ADKAR process doesn't provide the solution for organizational continuous improvement through innovative ways but it offers solutions to identify barrier points at each stage of change process, if created by some inappropriate or faulty management approach. It helps to clear up the hurdles from the core and move forward effectively and efficiently.

A. Managerial Implications

The research pattern introduced in the case study emphasized that what should be the rational process to select any theoretical method or criterion from the variety of available choices to deal with the organizational issues collaboratively.

This will help the policy formulators or the plan implementers to view the significance of rationally matching the target situational factors before carving out any operational plans involving the work teams to achieve procedural success, operational control in addition to obtaining the chances of greater success harmony and sustainability through the team support.

Henceforth, the study provided a general framework for the management experts as a solution for maximum involvement and skill utilization of their human resources through continuous learning and capacity building to ensure industrial operational effectiveness.

B. Future Research Avenues

Our research effort can open following avenues for further research and testing:

- How to process of `Sense making` can support the managements during the process of organizational transformation?
- How successful the organizational change process can be if implemented through transformational leadership?
- Why the routine management practices are considered to be insufficient to lead organizational innovation process?
- What is the significance of strategic thinking while initiating organizational innovative drives?

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Table I.

Key Response Areas Reflecting the Dimension of Care And Associated Gaps Towards Innovation Management.

Current organizational situation	**Observed gaps towards collaborative innovation and change management**
-Casual attitude towards collaboration aspect-(Response examples)-`Contribute to the innovation process where possible, resources limitations. -Limitation within the scope of service area- Health care Vs. commercial enterprise -Innovation can be managed only if more workforces be provided -Monthly routine meeting are the source of exchanging work related ideas, however, it takes weeks and months if to arrange a meeting for some out of routine exchanges of views. -Usual examples of discussions on new idea: during coffee breaks or lunches. -Mostly, nature of work develops the social connection patterns within and among departments: (i.e., Mother care Units staff, Physiotherapy or dental care units etc.) -One respondent associated female dominant work environment with gossip prone setup reflects shaky level of trust. -Secrecy is also well regarded.	-No special efforts made to create options for creativity and innovation. -Lack of control on resources and openness. -Lack of time and eagerness for creativity. -Secrecy is well supported. -Thought process among majority that there is not much room for Innovation and creativity since `Health care services are different than any commercial activities like selling the `Bakery items or Vegetables` etc. -Visible gap between the senior and junior level work related approaches within one departments or among different in one location as well as the Different units (i.e., Laihia, Vähäkyrö and Vaasa) -Incidents are clear where the issues remained untouched and under discussed to ovoid argument. (i.e., contrasting approach towards brainstorming to think about and create something new and innovative.

Table II.

Key Response Areas Reflecting the Dimension of Team confidence And Associated Gaps Towards Innovation Management.

Current organizational situation	Observed gaps towards collaborative innovation and change management
-Personal thought process reflected some trust with in the internal environment but lacks employee's confidence level externally. Responses Examples: 'when new idea arises-think if worthy enough then share directly with supervisors or colleagues. -However, customer orientation required.	-Trust level is visible for supervisors and colleagues within the same departments but weaker level of Trust outside the departments, even within one location as well as the other locations. (Decision makers and policy implementers etc.) -More reservations towards Health professionals and Higher management for being left out in the process of policy making change implementation. -Trust and commitment is generally intact at different levels among colleagues but mostly secrecy is preferred, that can hamper the creativity and innovation process. Extensive room for improvements in offering quality services to Customer is available through innovation techniques as compared to the international bench marks (i.e., ehealth, telemedicine, epromotion etc.)

Table III.

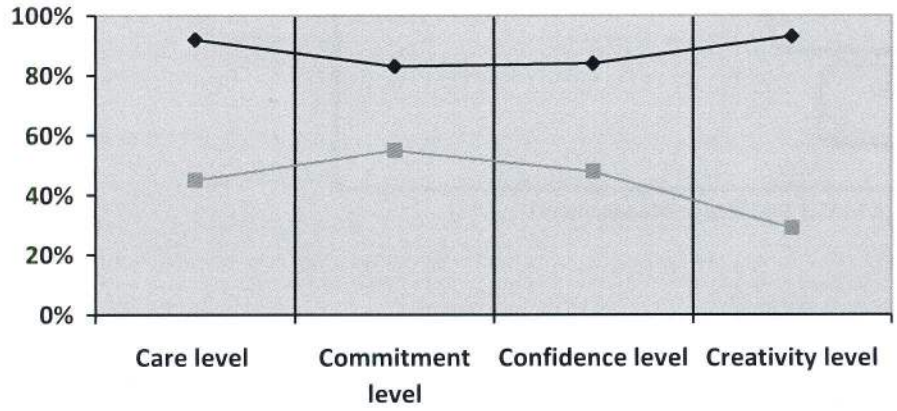
Key Response Areas Reflecting the Dimension of 3. Teams' Commitment And Associated Gaps Towards Innovation Management.

Current organizational situation	Observed gaps towards collaborative innovation and change management.
-Old problems i.e., shortage of staff and of resources. -For special meetings - require month in advance, -However, usual departmental meetings take place once in 2 week. -Customer orientation is highly required for dissemination purposes.Example of one suggestion by a respondent - Information regarding health care services can also be provided in the form of ---publicity campaign during annual events for better understanding and customer ease etc.	-Lack of time and resources, -Hard to create positive linkage among different departments within one location so it's obvious that the combined services flow through different work locations that can hamper the services quality manifold (i.e., connecting service operations within Laihia, Vähäkyrö and Vaasa). -New process slow down the work process (Negative effects of-Red-tapism).-Staff capacity for to handle the current work load is suffering heavily. (i.e., Combined Physiotherapy operations at different locations) -External relations (Customers, partners and Regulators) are quite weak and have adequate room for improvements as compared with the national and international bench marks. -General feeling of disconnect is prevalent among the local staff towards the policy makers supporting the notion of being left out and ignored during major crafting policy involving their work life.

Table IV.
Key Response Areas Reflecting the Dimension of Three Teams' Creativity Initiatives And Associated Gaps Towards Innovation Management.

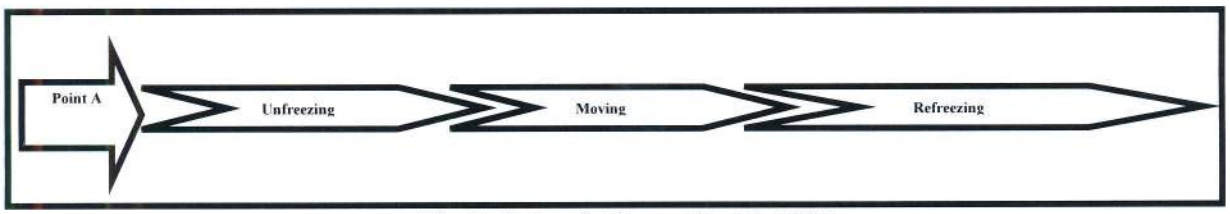
Current organizational situation	**Observed gaps towards collaborative innovation and change management**
-No adequate time margin for creativity due to hectic work routine and limited resources (i.e., Outsourced or eternally provided resources at some locations.) -Respondents' clear hint towards the Red-Tapism within the work processes as the result of collaboration among different locations (Lahia, Vähäkyrö and Vaasa) by referring to the time duration of ` six months to one year. Some respondents highlighted the delayed processing for three months etc. -More load of customers is expected due to the aging population as compared to the ratio of service providers at different locations, especially in the changed policy scenario. -The extended length in the operations hierarchy created `Red Tapism`s negative effects, resulting in slowing down the service quality for the Customer.	-The collaborative feeling for providing quality services to patients is available among the workforces within the internal environments (i.e., - Physiotherapy, Mother and child care, dental care) but hampered at some locations due to time, resources as well work control crossover (Ref. Physiotherapy Services). -The resource allocation and provision is one of the major issues but not controlled locally. -The ratio between the services staff and the number of customers/ patients is incompatible. -Work process delays due to the lengthy hierarchical controls.

Figure I.



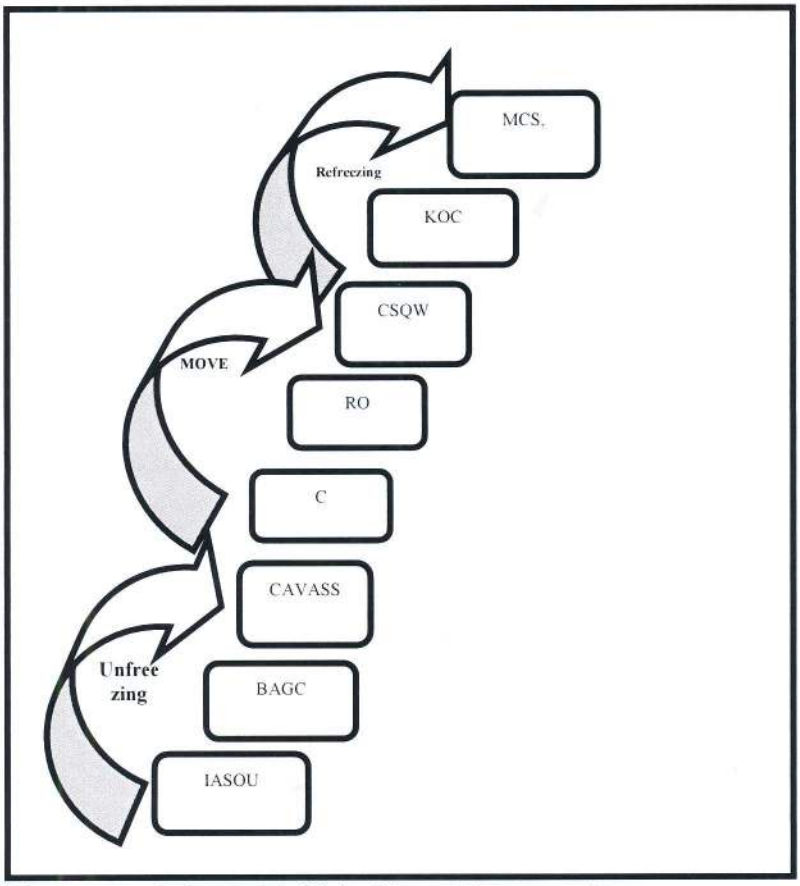
(Fig I.: Reflects results on 04 Cs are attained by the respondent's through their verbal desire Vs. the actual effort level.)

Figure II.



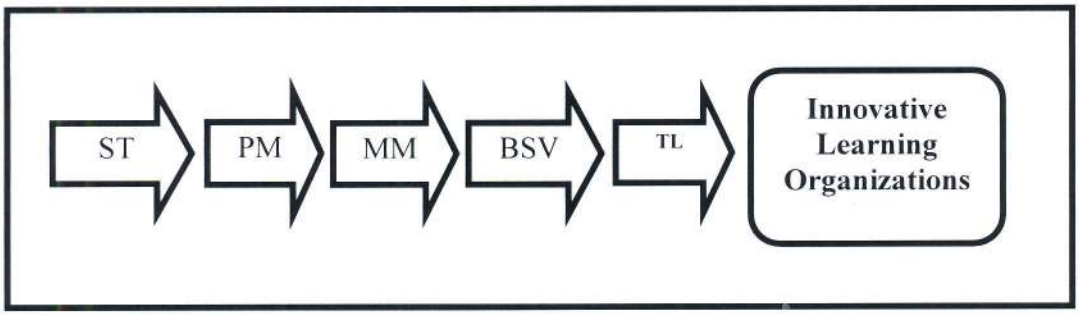
(Fig.II. K. Lewin Change Model- 1947)

Figure III.



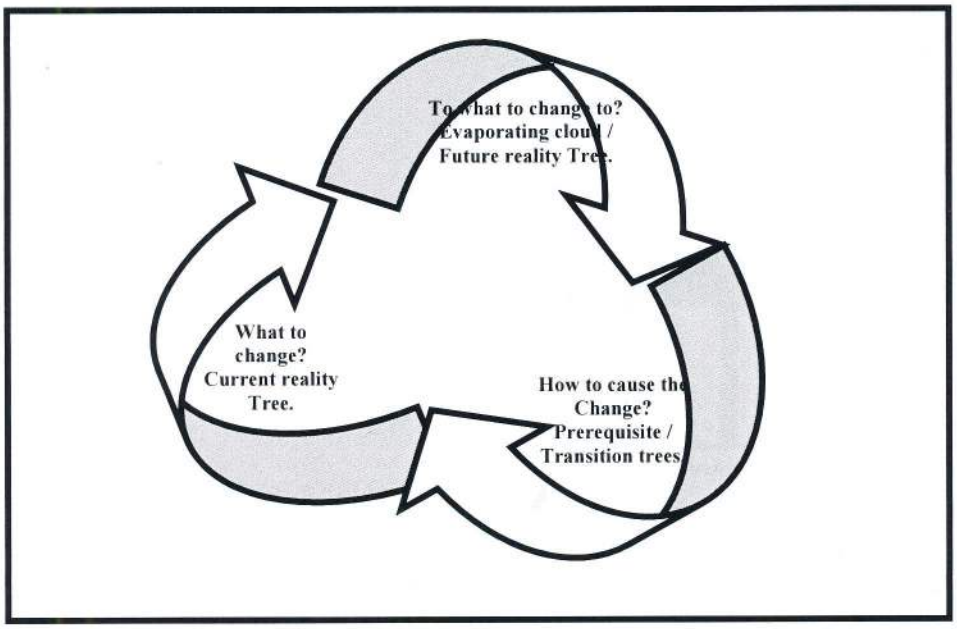
(Fig III. Kotter´s 8 stage Model for Change Management)

Figure IV



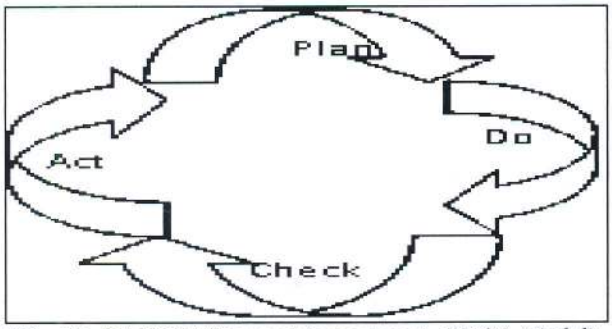
(Fig IV : Peter Senge's Five Step Model of learning Organizations)

Figure V.



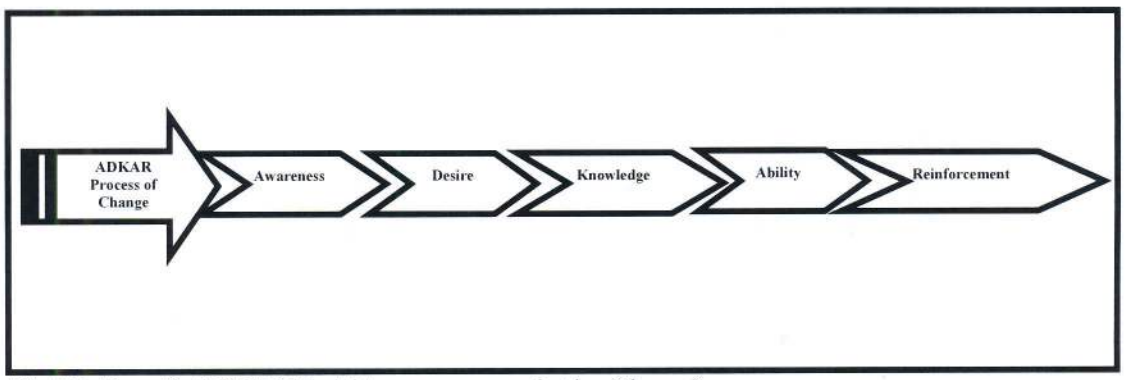
(Fig.V Frank Patricks TOC Change Management Model)

Figure VI.



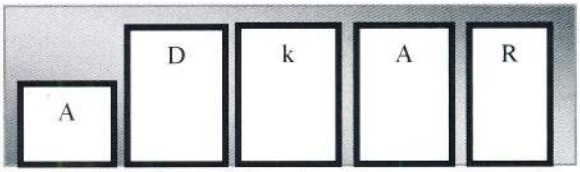
(Fig. VI. KAIZEN Change Management - PDCA Model)

Figure VII.



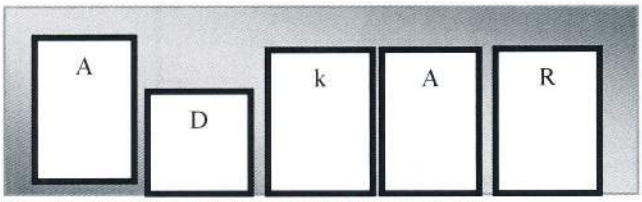
(Fig.VII Prosci´s ADKAR Model to manage organization Change)

Figure VIII.



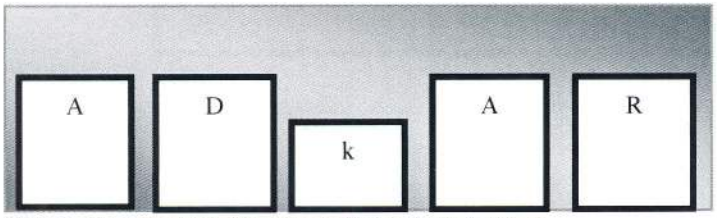
(Fig. VIII. Showing point barrier at ***Awareness*** stages)

Figure IX.



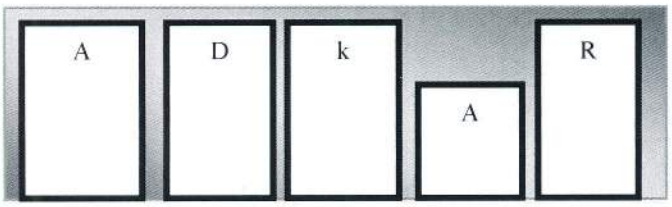
(Fig. IX. Showing point barrier at **Desire** stage)

Figure X.



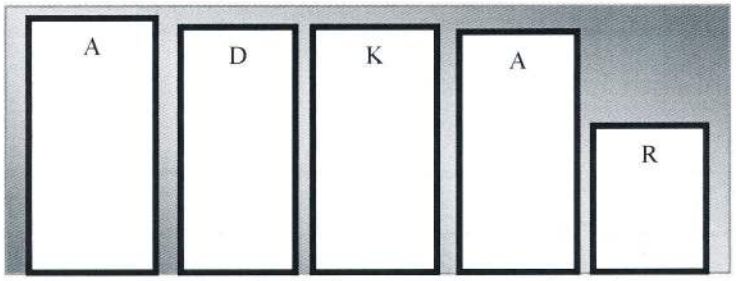
(Fig.X. Showing point barrier at `***Knowledge***` stage)

Figure XI.



(Fig. XI. Showing point barrier at `***Ability***` stage.)

Figure XII



(Fig.XII. Showing point barrier at ***Reinforcemen***t` stage)