



## Lewin's Theory of Planned Change as a Strategic Resource

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*This department highlights change management strategies that may be successful in strategically planning and executing organizational change initiatives. With the goal of presenting practical approaches helpful to nurse leaders advancing organizational change, content includes evidence-based projects, tools, and resources that mobilize and sustain organizational change initiatives. In this article, the author explores the use of the Lewin's Theory of Planned Change as a strategic resource to mobilize the people side of change. An overview of the theory is provided along with a discussion of its strengths, limitations, and targeted application.*

The American Organization of Nurse Executives identifies 5 nurse executive competencies to include communication, knowledge, leadership, professionalism, and business skills.<sup>1</sup> Within the category of leadership is the requirement that nurse executives demonstrate proficiency with change management.

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Most often, successful change initiatives use change theory or a planned approach to implement organizational shifts. Change management relates to the “process, tools, and techniques to manage the people side of change to achieve a required business outcome.”<sup>2(p2)</sup> Although there are a multitude of change theories to frame the change process, nurse leaders must understand the nuances related to appropriate theory selection to apply, lead, and manage sustainable change. Shanley<sup>3</sup> argues that nurse leaders should not dismiss change management theory as unnecessary. Those responsible for organizational success must appreciate the different approaches to managing change and match these approaches to their particular circumstances optimizing the best strategy for success.<sup>3</sup>

This article explores the use of Lewin's Theory of Planned Change (TPC)<sup>4,5</sup> as a strategic resource to mobilize the human capital aspect of change. An overview of the theory is provided along with a discussion of strengths, limitations, and targeted application.

### Overview of Lewin's TPC

#### Background

Kurt Lewin, a social psychologist of the early 20th century, is known as

a pioneer in the study of group dynamics and organizational development. Among his many accomplishments is the early development of force field analysis (FFA) as a framework for identifying and examining the factors or forces influencing a situation.<sup>4,5</sup> Force field analysis “maps out the totality and complexity of the field in which the behavior takes place”<sup>6(p311)</sup> and then uses this information to guide actions. An FFA specifies forces as either driving (helping forces) or restraining (hindering forces) movement toward a goal. Lewin's approach postulates that behavior is a function of the group environment or field.<sup>6</sup> Lewin's view is “that if one could identify, plot and establish the potency of (driving and restraining) forces, then it would be possible not to only understand why individuals, groups and organizations act as they do, but also what forces would need to be diminished or strengthened to bring about change.”<sup>6(pp981-982)</sup> This important FFA framework forms the foundation of Lewin's 3-stage TPC commonly referred to in the phases of unfreezing, moving (or transitioning), and refreezing.<sup>5</sup>

#### Elements

*Unfreezing*, the 1st stage, involves getting ready for change. This stage



entails a change agent such as a nurse leader recognizing a problem, identifying the need for change, and mobilizing others to see the need for change. Unfreezing may begin with nurse leaders conducting a gap analysis illustrating discrepancies between the desired and current state. Creating a sense of urgency for change is part of unfreezing. A solution is then selected, and preparation for moving away from a current reality or equilibrium ensues. This stage is the basis of what Lewin calls the FFA,<sup>5</sup> which requires identifying the factors for and against change. Successful change necessitates strengthening the driving forces and/or weakening the restraining forces.

*Moving or transitioning*, the 2nd stage of Lewin's theory, entails looking at change as a process rather than an event. Transitioning is the inner movement that individuals make in reaction to change and requires unfreezing or moving to a new way of being. This stage necessitates creating a detailed plan of action and engaging people to try out the proposed change. Often, this stage is difficult because it has uncertainty and fear associated with change. The transition stage involves coaching to overcome fears and clear communication to avoid losing sight of the desired target, which is a new and improved reality.

*Refreezing*, the 3rd stage of the theory, demands stabilizing the change so that it becomes embedded into existing systems such as culture, policies, and practices. In refreezing the change, nurse leaders consider the FFA to accentuate the driving forces facilitating change and counteract the restraining forces getting in the way of change. With refreezing the new change, this dynamic produces a new equilibrium, which is then recognized as the new

norm or higher level of performance expectation. This 3rd stage is important because locking in or institutionalizing change will be crucial to its sustainability over time.

### **Evidence**

Lewin's TPC has traditional application in the social sciences and organizational development. A brief review of the literature demonstrates that the theory is also used extensively in clinical nursing practice,<sup>7,8</sup> nursing education,<sup>9,10</sup> educational administration,<sup>11</sup> nursing research,<sup>12</sup> and healthcare operations.<sup>13</sup> The structure and processes of Lewin's theory assist in avoiding the common pitfalls that thwart change initiative success<sup>9</sup> and offer a framework to guide change. The use of FFA concepts provides for a better understanding of how to design detailed action plans and decision matrices for change.

Much of the literature that addresses Lewin's 3-stage theory focuses on unfreezing and moving. To a lesser extent, however, the change management literature speaks to Lewin's refreezing stage, which deals with sustainability. In a synthesis paper on sustainability, the authors<sup>14</sup> conclude that sustainability is dependent on multiple factors, at different levels of analysis, and include individual, managerial, financial, leadership, organizational, cultural, political, procedural, and contextual. These factors are significant because before initiating change, they cannot always be determined. Tools to assess staff perceptions of change sustainability are available in the literature,<sup>15</sup> as are measures to determine readiness for change.<sup>16</sup>

### **Strengths**

The strengths of Lewin's TPC are that it is versatile, practical, sim-

ple to use, and easy to understand. Because the theory represents one of the oldest change management models in existence, there is much experience with this framework. Lewin's work, particularly the field theory element, continues to be relevant today.<sup>17</sup>

The theory is considered most effective when used in a top-down approach to change. In this scenario, senior members of an organization and other formal leaders drive and support change. The literature suggests that change to be successful requires champions to drive it.<sup>3</sup>

### **Limitations**

Although Lewin's theory is a commonly used change management theory, it may not always be appropriate. The theory is criticized for being too simplistic, quaintly linear, and framed from a static perspective.<sup>6</sup> Positions vary from "for" to "mixed" to "against" regarding the perceived linear aspects of Lewin's theory.<sup>6</sup> Some postulate that today's healthcare systems are nonlinear and dynamic; thus, change happens more quickly than Lewin's theory accommodates. Others argue that complexity theories are more dynamic and emergent than the TPC.<sup>6</sup> However, some indicate careful interpretation of Lewin's original theoretical work is a back-to-the-future experience that illustrates Lewin's propositions as consistent with those of more contemporary complexity theorists.<sup>6</sup>

Lewin's TPC is considered a rational-linear change management model. Because change is often complex and unpredictable, it is not always possible to frame it from an unfreezing, moving, refreezing perspective. Desirable change may not be driven from a top-down perspective and may need to be more



organic and bottom-up to be accepted and internalized.

### Targeted Application of Lewin's TPC

#### Exemplar

To apply Lewin's TPC, Figure 1 shows targeted use of the theory. In this hypothetical example involving the creation of a leadership development program for a successful 200-bed community hospital, the change project is top-down driven. The change initiative resulted from identification of a future need to grow internal nurse leaders and address succession planning in the nurse manager role. Figure 1 represents the use of an FFA to identify pertinent driving and restraining forces needed to pursue the goal of a ready future leader pipeline. Concurrent with the FFA, senior leaders and current middle managers developed a detailed plan of action to engage potential charge nurse participants. They held town hall meetings with staff nurses to describe the anticipated nurse manager needs for the hospital's next decade of operations and beyond.

Using Figure 1, the driving forces for the desired change include anticipated retirement of nurse managers over the next 5 to 10 years, competition from larger hospitals for nurse manager talent, and higher costs associated with recruiting external talent as compared with using a growing your own approach. The identified restraining forces are lack of staff nurse motivation to assume formal nursing leadership roles, resistance of nonnursing departments for allocating leadership development resources to nursing, and noncompetitive nurse manager compensation when compared with larger competitors in the marketplace. Using Lewin's framework and understanding these forces in this application, nurse leaders should strengthen the driving forces and weaken the restraining forces.

To strengthen the driving forces, nurse leaders enlist a team of collaborators to develop a detailed plan of action emphasizing communication. The plan focuses on creating a sense of urgency for why the leadership development program is needed. Senior leaders may present a grid

and graphs documenting an aging workforce and the anticipated demands for filling the nurse manager role given projected organizational growth in services. Documentation could also be shared to demonstrate that internally developed candidates stay with the organization longer, have lower turnover costs, and can be productive more quickly than individuals not familiar with the institution and the culture.

To weaken the restraining forces, nurse leaders provide support structures in the nurse manager role to make it more desirable for staff nurses to aspire to these positions. In addition, clarification is given to other departments that the leadership development program is being pilot tested in the nursing division, with full anticipation that it can also be implemented in other departments after the trial period with nurses. Lastly, the nurse leader engages the human resources department to examine management wages relative to competitors in the marketplace and based on identified inequities moves to adjust the nurse manager salary structure as needed.

Lewin's TPC is selected for this example because it is best used in highly stable environments (eg, hospital is currently successful) when there is time to implement deliberate, small-scale changes (eg, not addressing urgent situation and having time for planning). In highly unstable environments and under emergency situations, grounding change using Lewin's theory may be counterproductive. In this hypothetical hospital's top-down approach to succession planning, the senior leaders are the champions driving the change. The senior leaders, in response to staff feedback for more leadership development opportunities, conceive an initiative that

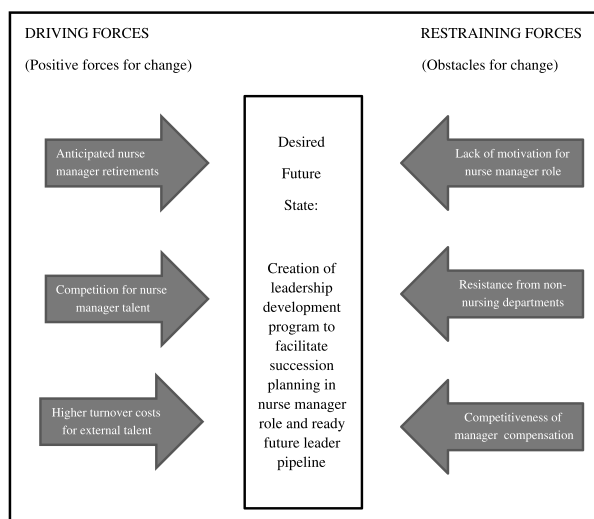


Figure 1. FFA for leadership development exemplar.



coincides with their workforce development efforts (eg, win-win situation for nurses, leaders, and hospitals).

## Other Considerations

Using change management models facilitates the people side of change. Approaching change management without also incorporating project management activities needed to monitor change can be compared with navigating without oversight and controls. Regardless of the change management theory or framework, any change to processes, systems, organizational structures, and/or job roles requires both a technical side and a people side.<sup>2</sup> Positioning for successful change also requires effective leadership and sponsorship.<sup>2</sup>

## Conclusion

This article explores the use of Lewin's TPC as a strategic resource to mobilize the people side of change. Robust evidence exists regarding the efficacy of Lewin's 3-stage theory.<sup>17</sup> Although this theory dates back to the early 20th century, the premises still apply today and form the foundation for other more modern change management frameworks. Understanding the theory along with strengths and limitations is important for its targeted application. Lewin's framework is best used with change that is planned, where the initiative starts as a top-down effort,

and when there is stability and time to produce change. Moving an organization to a future desired state also requires incorporating both change management and project management principles.

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