9.9: Change Strategies

According to the classic model developed by Bennis, Benne, and Chinn (1960), three strategies can be used to facilitate change. The characteristics of the change agent and the amount of resistance encountered will determine which of the following strategies should be used.

1. **Power-coercive** strategies are based on the application of power through legitimate authority (Sullivan, 2012). Little effort is used by the nurse leader to enforce change, and staff has no ability to alter the course of the change process. Power-coercive strategies can be used when change is critical, time is limited, there are high levels of resistance, and there may be little or no chance of reaching organizational consensus (Sullivan, 2012).

2. **Empirical-rational** strategies assume that providing knowledge is the most powerful requirement for change (Sullivan, 2012). This strategy assumes that people are rational and will act in their own self-interest when they understand that change will benefit them. It can work well if the change is perceived as reasonable or beneficial for individuals.

3. **Normative-reeducative** strategies assume that individuals act in accordance with social norms and values that influence their acceptance of change (Sullivan, 2012). The nurse leader focuses on individual's behavioural motivators such as roles, attitudes, feelings, and their interpersonal relationships as an effective way to implement change in the health care environment.