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## **Developing innovative services and managing change**

**Graham Walton**

### **Introduction**

Health care library and information services (LIS) face continual change. Nationally, geographical boundaries are altered and layers of management are introduced or jettisoned to impact ultimately on individual LIS. Locally, mergers between hospitals occur with previously unrelated library services being amalgamated. Within individual organisations, the reporting lines for the library can be completely changed resulting in new line management with different ideas and approaches. The librarian can find themselves part of a new umbrella structure with new colleagues and processes. Existing co-operative schemes can end with LIS being forced to locate new collaborators and partners. Software companies can develop new interfaces to databases necessitating wholesale changes to user education and documentation. As health professionals embrace evidence based practice, a new portfolio of services is required to support this trend. A larger organisation can decide that the library needs to physically move to new accommodation. The range of external environmental factors that can impact on libraries was documented in a complete issue of *Health Libraries Review* (Day and Walton, 1995). Most of the changes that were identified were unavoidable and required a response from the health LIS.

This chapter explores change within the health LIS context and demonstrates the centrality of innovative practice. The drive to innovate has existed for many years.

Indeed Machiavelli was aware of the pressure in the Middle Ages.

*There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate new order of things*

Machiavelli's vision was limited by his failure to acknowledge that innovation can be managed as part of the change process. Innovation and change management are complex and intertwined concepts. Many books, articles and research projects have explored innovation and change. This chapter aims to provide a broad introduction to key trends and concerns. The nature of change in the 21<sup>st</sup> century is described together with the imperative this places for innovative service development. There then follows an exploration of creativity within the context of innovation. Approaches to the facilitation and management of innovative services are outlined. The chapter concludes by discussing resistance to change, and ways in which such resistance can be overcome.

### **Nature of change**

Charles Handy (1991), the management guru, tells us:

*Thirty years ago most people thought that change would mean more of the same, only better. That was incremental change and to be welcomed. Today we know that in many areas of life we cannot guarantee more of the same ... [we] cannot even predict with confidence what will be happening in our own lives.*

Uncertainty engendered by rapid and unpredictable change is evident for anyone working in health care. Lloyd and King (2002) review changes faced by health

services across the world. Unparalleled change has occurred to structures, procedures and personnel. Woodsworth (1992) argues that LIS are the point where the impacts of change (be they political, educational or organisational) are most acutely concentrated, and where information technology is the most potent change agent of all. This impact is further emphasised by Drake (2000) who proposes that technology is the prime driver in the ways that people work, seek information and communicate. This accelerated technological change is even more heightened when it occurs at the same time as growing expectations of high-quality services and shrinking budgets (Paul, 2000). Health LIS wrestle with challenges resulting from moving to electronic delivery whilst at the same time working with the same (at best) resource level and having to demonstrate service quality

Management writers such as Drucker and Handy argue that people have to develop an increased understanding of change. In the past ten years change has become discontinuous and not part of a pattern. Technological, economic and political factors contribute to this discontinuity. Standing still at times of discontinuous change is simply not an option. People need to consciously manage this current unpredictability and future instability (Johannessen, Olsen and Olaisen: 1999). The health librarian cannot escape from the double pressures of the intense turbulence of the health sector and the LIS sector itself.

### **Innovation and service development**

If a health care LIS does not alter its services and show innovation its manager faces the real danger of their services becoming obsolete. Drucker sees innovation as involving the application of knowledge to produce new knowledge. The European Commission (1996) has concluded that innovation is to do with:

- Renewal and enlargement of the range of products and services and the associated markets
- Establishment of new methods of production, supply and distribution
- Introduction of changes in management, work organization and the working conditions and skills of the workforce

All of the above are practical issues that impact on health LIS who are faced with users looking for an ever-increasing range of services to support them in their clinical work. LIS staff have to establish how such services can be developed and expanded to meet these needs. The Internet has transformed the way that services are supplied and delivered as they are increasingly being developed electronically and distributed via the World Wide Web. This requires changes in the ways in which LIS are managed and structured together with the need for LIS staff to acquire new skills.

Within this context, innovation is concerned with the successful implementation of creative ideas that generate value and address unmet needs or gaps. Innovation starts with creativity whereby novel ideas are produced. These creative ideas are then sieved to identify those that will lead to new services in the library, or new ways to organise the library or new ways to manage the services. Berwick (2002) has investigated innovation in health care and he argues that various key factors will influence

acceptance of change. Individuals have to feel that the innovation will help. It also must be compatible with a person's values/ beliefs/ past history and current needs. The more simple an innovation is, the more likely it is to be accepted quickly. It should be piloted initially at a small-scale level to establish its likely level of achievement.

### **Role of creativity in innovation**

Creativity is the process of human thought that can lead to new ideas (Burke, 1994). When creativity is not present in an organization, the potential for new ideas is lost (Amabile, 1998). Ensuring that health LIS staff are creative in their work increase a library's ability to respond to new and diverse situations. As information technology takes over many clerical tasks the levels of creativity displayed in the service and staff become increasingly important. Creativity can bring new ways of seeing things together with new ideas. There are three stages in the creative management process: the identification of the idea, the development of the idea into something tangible and then the introduction of the development into the service. The truly creative ideas have lasting impact and are perceived as being worthy by others. Being different is not enough; the outcomes of creativity have to be appropriate and practical. Kletke et al (2001) have identified those conditions where creativity is shown in problem solving:

- The product must have novelty and value
- The thinking is unconventional

- The thinking requires motivation, persistence and high intensity over a period of time
- The initial problem is vague or ill defined so problem solving is part of the solution

For creativity to flourish requires a climate conducive to creative thinking. Processes must be put in place whereby these ideas can be communicated and procedures are required to ensure the innovations that result from the creativity can be managed. In these days of uncertainty there needs to be a structured way to solving problems and using creative approaches to provide these solutions. The first stage is to redefine and analyse the problem. Once this has been achieved then different ideas must be identified to take this forward. Kesselman (1994) has considered various techniques for generating ideas from within the library context. A process is then needed to evaluate and select the ideas. After the chosen idea and solution has emerged then it needs to be implemented. VanGundy (1988) has produced a useful book that lists various creative approaches around this problem solving structure.

A librarian has to become sensitive to, and aware of, external events as well as recognising patterns and trends in their working environment. This allows intuition to become very effective in creatively developing services.

### **Managing the innovative process**

Machiavelli's perceptions on the importance of innovation have been alluded to, along with his lack of insight on the ability to manage the process. This section explores how innovation and creativity can be managed in library and information

services. Innovation is not achieved by flipping a switch but is hard work. Neither is it to be seen as a response to a crisis or a way to fight fires. It is more appropriate if it is built into libraries as a *modus operandi* and is consciously managed. Four separate features contribute towards embedding innovation within a library service: role of leadership, mixture of skills/ team members, structure and understanding of environment. Institutional creativity and innovation is seen as the desired target. When this occurs, the organisation has harnessed the power of individuals to make a creative benefit across the board that is greater than the sum of individual efforts.

### ***Role of leader in innovative practice***

Tensions exist in the difference between leadership and management. Management is concerned with the maintenance of the existing organisation (Kotter and Schlesinger, 1979). Leadership, on the other hand, is more concerned with change. A leader is expected, first and foremost, to develop the vision as to where the library is heading. Akeroyd (2000) proposes that the key factor in changing to electronic provision is the leader's clear/articulated vision. Paul (2000) identifies the attributes of the library manager necessary to allow innovation to flourish. They need to be candid, highly communicative and open to participation by others in decision-making processes. An ability and willingness to co-operate extensively on an equal basis with other staff members is also important. They should lead by example by showing initiative and innovation themselves. Managers have to be prepared for resistance and be prepared to begin change with their staff. As Hayes (2002) points out, they need to keep the systems operating effectively (manage) as well as simultaneously vitalising the system to ensure that it will remain effective over the longer term (lead).



### *Team skills mix and innovation*

Innovation cannot be expected to develop and be diffused unless an appropriate mixture of skills and team members are present. Successful, innovative teams are made up of people from different backgrounds, who have different angles to issues and who are not clones. Having a team completely made up of creative individuals would not be productive. Assembling the mixture of different characteristics required by a performing team will permit multiple approaches and will increase the cross-fertilisation of ideas. Personality characteristics will also influence the adoption and spread of change. They can be divided into five main categories (Berwick: 2003):

- Innovators (2.5% of population): they are the fastest adopting group. They are not opinion leaders and can be seen as mavericks. They are small in number
- Early adopters (13.5%): They are opinion leaders and have resources and risk tolerance of new things
- Early majority (34%): They learn from people they know and watch the early adopters. They are more prepared to hear about innovations relevant to their current, local situation rather than more general innovations
- Late majority (34%): The late majority look to the early majority first. When an innovation appears to be the status quo, it will be adopted as long as there is local proof. Scepticism may abound
- Traditionalists (16%): for this group the point of reference is the past.

Being aware of these different attitudes towards innovation will help team members to both appreciate and work around any variances that will emerge. Innovation will occur where there is diversity of perspective, expertise and experience.

### ***Organisational structure and innovation***

For many years libraries have relied on hierarchical bureaucratic organisational structures (Walton and Edwards, 2001). Bureaucracies are typically created for stability and not for creativity and innovation. Innovation makes it increasingly important that mechanisms exist to allow interaction within the organisation.

Collaboration between different units and wide employee participation is central. In large organisation there is greater depersonalisation and a decrease in lateral/ vertical communication. The challenge is to address those barriers that bureaucracies and large organisations can present to innovation. This can be done by setting up project teams involving members from different disciplines or by introducing a matrix structure. The small size of many health libraries provides an inherent advantage for innovation.

### ***Awareness of outside world and innovation***

A fourth strand to managing innovation is awareness and understanding of the outside world. Libraries tend to focus on short-term pressures and immediate objectives and actions (Hudner: 2002). Such a focus can limit the development of a deep understanding of how the world is changing. A health librarian requires a detailed knowledge of the following: customer, services/ products, market, competition, technology, competencies and trends in society as a whole. Haldane (2003) illustrates

how intelligence about health LIS user behaviour can inform and develop improved services. Information, ideas and intelligence must be brought back into the library from outside. The climate within the library then has to be managed to allow this awareness to feed into the innovation and creativity. If people are controlled and threatened then innovation will not flourish. Attending meetings and conferences, along with involvement in professional activities, can help in gathering this intelligence. Being aware of issues being faced by different health professions is also invaluable.

## **Resistance to innovation and overcoming the resistance**

### ***Reasons for resistance***

It is not easy to integrate innovation into strategic and management processes in LIS (Hudner: 2002). There will resistance at various levels to the applications of innovative ideas and approaches. Some see innovation and change as a threat because it represents the unknown. It may challenge the status quo and is not welcomed by those with powerful vested interests in maintaining the current position. Introducing innovation can also mean an extra workload. One study on innovation in the NHS convincingly showed that resistance was a reaction against the burden of additional work (King and Andersen, 1995). Resistance exists at the individual, the group and the organisational level. At the individual level, people resist change because of a mixture of personality factors and prior experiences. Those people who have had previous negative experiences of change may very well set up barriers. They may lack trust in colleagues, they may misunderstand the purposes of the changes and they may have different perspectives on the change. Others may suffer from ‘change fatigue’

and struggle to find the energy and enthusiasm to become engaged in innovative practice. Others may find that their own personal self-interests are threatened by the proposed innovations. If people feel that they will lose something of value they will resist the change (Hayes, 2002). Innovation can be seen to be a threat to power and influence.

Resistance can also occur as part of the group process and dynamics. The ‘groupthink’ phenomenon, identified by Janis (1982), can occur when a group does not have power. Any change from outside this group is seen as a threat to the status quo. Other factors that can influence group resistance are their level of involvement in the innovation process and their level of self-determination. At the organisational level, factors contributing to resistance are the structure, the culture and the strategic direction chosen for the institution.

### ***Overcoming resistance***

The seminal investigation on overcoming resistance to change and innovation was produced by Kotter and Schlesinger (1979). They identified six methods for dealing with resistance to change:

1. Education and persuasion: people need to be educated about the need for innovation and change. Ideally an unbiased presentation of the facts should allow a rational justification of action. Another approach is to encourage people to develop an awareness of the fallibility of current practices so they can see more clearly the need for change.

2. Participation and involvement: if people are involved in the innovation process, they can develop a shared perception of the need for change. Decision-making can also benefit from wider input. Participation in the process can lead to people accepting innovations because they 'own' them as a group.
3. Facilitation and support: Resistance can manifest itself as fear and anxiety in the individual. If people are provided with training in new skills, given time off after demanding periods or listened to and provided with emotional support they may become less resistant.
4. Negotiation and agreement: Rewards can be given for those behaviours that facilitate change. If it is clear that an individual will lose out after the change, then a reward strategy can overcome their resistance.
5. Manipulation and co-option: a person can be given a key role in the design of the innovation with the purpose of securing their endorsement (rather than gaining from their expertise). Manipulation is the attempt to influence others to change and it can involve the deliberate biasing of messages. The manipulation and co-option approach can lead people to feeling tricked.
6. Direction and reliance on explicit and implicit coercion: managers of innovation and change can use their power to withhold valued outcomes from people in order to motivate them to change. This approach may result in a willingness to comply and go along with the changes, but long-term commitment may be low.

The final two are not recommended as they can be counter-productive and result in negative outcomes.

## **Conclusion**

This chapter has examined change management specifically from the perspective of innovation (and creativity). Health libraries are being challenged in all areas of work where uncertainties abound. Librarians cannot assume that they will navigate these changes by chance or by inaction. Others could take over roles that have traditionally been the remit of health librarians. Having started with a quotation from history this chapter will end with an even earlier one. In AD 288 a worried Roman called Servaeus Africanus wrote:

*It is apparent from the accounts alone that a number of people, wishing to batten on the estates of the Treasury have invented titles for themselves whereby they procure no advantage to the Treasury but swallow up the profits*

The imperative is to always ask "What is the next step?". Innovation is not reformation, it is about introducing useful change. Consciously managing this change, when introducing innovation and creativity, increases the likelihood that the health library will continue to meet its users' needs.

## **Key points**

- Change is unpredictable and varied and forces health LIS to be innovative
- Innovation and creativity is about generating value and addressing unmet needs or gaps

- Innovations can be managed by developing the leadership role, having a diverse team, making structures less bureaucratic and by having an in-depth knowledge of the outside world
- Resistance will occur to innovation and change at personal, group and organisational levels
- There are various approaches that can be taken to overcome resistance to change

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