



IRIS Insights

The influence of power, authority, and influence when introducing change in healthcare teams

Summary:

This research confirms that leaders at multiple levels of an organisation (i.e. senior management and frontline leadership) can enhance the implementation of change in routine practice. Therefore, **gaining support across leadership levels** is necessary to disseminate broadly and reinforce the importance of a change effort. However, **the hierarchical structure** of multidisciplinary teams can **negatively impact how staff respond to change**. Therefore, **collaborating** with a diverse range of professions is necessary to enhance the collective understanding of the team and to ensure the acceptability, relevance, and fit of the implementation plan.

The Problem:

Despite the evolution of healthcare delivery from care by one physician to care by multidisciplinary teams (MDTs), **interprofessional collaboration remains challenging** in current practice.

MDTs are characterised by numerous healthcare professionals (HCPs), from several disciplines, interacting in highly unpredictable environments to optimise patient care. Each professional group possesses a **unique identity** that responds to their **discipline specific-training** and **clinical experience**. This identity means that despite sharing the same goal of improving patient outcomes, HCPs have **differing priorities, roles, and expectations** about how care should be delivered (1).

The **diverse values** held by each profession implies that the consequences of **introducing change may not be uniformly positive** for each discipline.

Study Aim:

Evaluate the role of **power, authority, and influence** when implementing change within two multidisciplinary healthcare teams.

Summary of Research Findings:

The findings emphasise that:

- introducing change in healthcare teams is an **inherently political process** influenced by **established power structures** (2).
- **gaining support across multiple levels of leadership** is critical to **enhance the credibility** of the change effort and **persuade follower engagement**.
- **the hierarchical power structures** of MDTs can **negatively shape participant experiences** of introducing change in practice as **acceptability** and adoption of the change effort appeared **contingent on staff's role** and **position** within the team hierarchy.
- **silos working** (i.e. when disciplines work and in isolation rather than collaboratively) also **impeded staff understanding** of the change effort as the new practice was promoted within rather than across professional groups.



Implications:

To ensure the acceptability, relevance, and fit of a change effort within diverse settings/teams, we recommend that change agents collaborate with a ***diverse range of professions*** at a ***local-level***.

To ***weaken the traditional status boundaries*** between professions, we recommend including a more ***inclusive undergraduate curriculum***. Incorporating ***interprofessional modules*** will support with reducing the power disparities between professions, improving interprofessional relationships, and ultimately promoting the provision of ***safer, more effective patient care***.

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References:

1. Braithwaite J, Clay-Williams R, Vecellio E, Marks D, Hooper T, Westbrook M, et al. (2016) The basis of clinical tribalism, hierarchy and stereotyping: a laboratory-controlled teamwork experiment. *BMJ Open*. 6.
2. Rogers L, De Brún A, Birken SA, Davies C, McAuliffe E. (2020) The micropolitics of implementation; a qualitative study exploring the impact of power, authority, and influence when implementing change in healthcare teams. *BMC Health Services Research*. 20(1059).