Abrupt Organizational Transformational Process Hinders Collaborative Innovation Initiatives!
(Simply pushing harder within the old boundaries will not do (Karl Weick))

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Abstract
This paper evaluates organizational change management process within a healthcare organizational environment to ensure and support collaborative innovation and leadership. The results are useful from the perspective of policy formulators and care providers. To keep the pace with the global competitive environment in the field of health care, this paper carries an effort to support the health and social care transformation within the targeted region covering, Vaasa, Laihia and Vähäkyrö, (i.e., areas situated in the northern part of Finland), through smooth change management. The results of the research offer assistance in abstracting the options to prepare ground for innovation so to ensure ideal change process for quality health and social care solutions.

Keywords
Change management, Collaborative innovation, leadership, creativity, unfreezing, refreezing

1. Introduction
Globally health care sector is considered as industry. This industry has strong penetration into the public and private sectors of any economy just like the normal industrial setups. However, keeping in view of its scope and nature of operations, this industry holds significantly different meaning for the concept of service quality towards their internal customers (i.e., regulators, management and staff members etc.) as well as external customers (i.e., patients, their families, suppliers and competitors etc.). The reasons that make it different from other service industries are the complexity within its operational systems design, the level of seriousness to have motivated staff members and the sensitivity of its products and profits (i.e., medical treatments, reputation and good will and financial returns respectively). In addition, the latest advancements in the frontiers of medical science, impact of globalization, increased level of public awareness as well as the growing fiscal constraints, especially due to the wave of global recession since 2008, are few extremely justifiable reasons for the people to raise their level of expectations and demand for the quality health care services. The above facts call for continuous improvements within the systems by the regulators and management to achieve high-quality service that promises highly safe and efficient healthcare facilities to the target customers (i.e., patients, their families etc.).

Henceforth, the paper will therefore examine the outcomes of the current level of ongoing initiatives by the Ministry of Health, Government of Finland’s for the health care reforms in the geographical location of Vaasa region and its neighboring localities of Laihia and Vähäkyrö. The idea behind the ongoing research initiative is to guide an effective, efficient and smooth Change Management process to ensure and implement Collaborative Innovative Management within the targeted environment. Scope of the current research investigation engulfed the current organizational situation from the following dimensions to suggest leadership solutions to manage the change process:
The ideal outcome here is to offer Collaborative Innovativeness and Change Management leadership solutions for all the stakeholders involved in the process; i.e., Staff, Customers and the Service providers or the management etc. The above will guide and ensure the novel leadership options in collaborative innovation process for organizational improvement.

2. Literature Review

Kurt Z. Lewin, known as the father of social psychology and the leader to focus on the ‘Group dynamics and Organizational development’ in addition to be the one for introducing the term ‘Action research (AR), soon after World War II. According to him, ‘Action research (AR) is a dimension of research that helps the researchers to create knowledge about a social setting while trying to alter it to suit the targeted goals (Eden and Chisholm, 1993). In this connection, Lewin is well regarded as a pioneer to suggest one of the initial models of Change Management. Lewin’s notion of 3-Step model for Change Management is as follows:

After Lewin, there are many other theorists who have investigated and carved out the theories and models to successfully manage the process of organizational changes for organizational sustainability, provision of better and innovative services or work styles as well as to gain competitive edge etc. Almost all the change management experts have stressed on the need to have better and continuous and effective communication process across all the hierarchical levels throughout the change project (Davis, 1989). Since, lack of proper communication supports those organizational actors who want to resist the change (ITIL, 2000). The recent literature suggests three primary mechanisms underlying successful innovation through collaboration:

- **Activation of capabilities:** The first mechanism refers to the process of developing innovations as a group effort. This requires the group members to combine and access their complementary capabilities. Such unification process of relevant capabilities is supported by numerous theoretical insights to suggest ways to activate the relevant capabilities (Arino and de la Torre, 1998). The knowledge on the topic suggests that the methods of mutual learning, frequent interaction, and trusting relationships are the few of the list.

- **Deep and broad innovation search trajectory:** In the light of innovation theories, the search trajectory is explained as the sequence of re-combinations of existing knowledge, technologies, and related resources (Nelson and Winter, 1982). Combining the innovation search theories with the deep and broad search trajectories ensures greater levels of innovation. Deep trajectories stimulate innovation till the level of useful combinations is reached, and the broad trajectories trigger innovation by introducing novelty.

- **Mobilization of diverse participants over time:** According to Reagans and Zuckerman, (2001), “Diverse participation” is associated with concept of innovation and firm performance in multiple dimensions. A study conducted by Klein and colleagues (2006) in the trauma unit emphasizes the leader’s role in the light of the concept of diverse participation. The study involving the observation of 175 patients’ treatment
confirmed positive effects of the said mechanism wherein the senior leaders (i.e., expert doctors) repeatedly delegated and reverse the leadership role to their junior leaders, generated reliable performance as well as built the skills of novice to the team members.

The list below is based on existing literature highlighting the process of Collaborative Innovation

- Leadership role in generating the mobilization of diverse participants over time is considered vital for the innovation process. Few research studies on creative project teams emphasize the complementary role of stable structures in dynamic participation (Human and Provan , 2000).
- The interactions between departments within the organizational setting are necessary for creating overall intensely participative work environment. The broader alliance literature suggests that collaborations with efficient governance forms and between partners with extensive collaboration experience, dedicated alliance functions and trusting relationships are also likely to be high performing (Kale, Dyer, and Singh, 2002).
- Resources and technological collaboration are central to organizations’ value creation and the progress of society. Technology collaborations are inter-organizational relationships focused on the joint development of technological innovations (Stuart, 2000). These relationships use a collaborative approach to innovation that involves combining knowledge, technologies, and other resources across organizational boundaries.

Social, economic, competitive and technical pressures are the few significant factors that are forcing organisations to reinvent and reengineer the methods through which they offer their services. However, introducing any kind of change in the organisation can have serious repercussions (Morton, 1991). Such pressures are either generated by the internal sources (i.e., from management to enhance the systems efficiency, reduction in costs and to improve the product and services quality) or by the external sources (i.e., pressure from competitors and customers to offer more for less. (Collerette et. al, 2002).

To combat the above, the organizations opt for the introduction of new technological solutions. Advent of a new technology or any new technique requires increased levels of in-house technological skills and new knowledge (Heiss and Jankowsky, 2001). Such requirements serve as the basis for the typical reaction to resist the change associated with the new technology in the natural form of fear, anxiety and uncertainty (Trader-Leigh, 2002). These are considered as the natural obstacles faced by the organizations heading towards implementing the change in their techniques or technologies etc. for efficiency and organizational improvement (Prosci, 2002). However, it is a fact that successful organisations do not stand still (ITIL, 1999). Therefore the management experts look for effective change management techniques to support the change process for the organizational improvement and sustainability.

The people aspect of the change program focuses on that how the employees view, experience and respond to the change process which is commonly acknowledged as one of the major reason for the project failure (Prosci, 2002). Critical technological changes or innovations usually anticipate resistance by the employees, especially when the suggested organizational changes affect or alter values and visions related to existing order (Trader-Leigh, 2002). Though, in most of the cases, managers focus on the business side (e.g., the need or the scope of the project, the processes, or the implementation of the change solution etc.) that require any transformation rather than giving much consideration to the people side of the change program (Prosci, 2004).

Henceforth, one of the significant models to successfully implement the change process within the human side of the organizational management scenario is ADKAR Model (Kotter, 1995). This model is devised by a change management theorist, Prosci who is known to take part in more than 700 companies that underwent radical change process. ADKAR Model is considered as a change management diagnostic tool that can be helpful to not only gauge the employee resistance levels, but to facilitate those employees overcome the change process positively by offering supportive change management plans for them (Prosci, 2013).

ADKAR is a five step process with the following sequence:

a) Awareness- first step of the ADKAR model identifies the level of awareness among the employees, with regards to the situation and the need for the organization change. According to Kotter (1995) the most successful organizational change efforts start with effective communication on the potential crises.

b) Desire- By the employees to not only support but to participate in the change process. This they will surely do by overcoming their fears of job loss or the pressures to handle new or additional tasks, discontent with the current state of affairs, imminent negative consequences, hope and trust on for the leadership, hope in future, affiliation and sense of belongingness with the aims etc.

c) Knowledge- About the way to change. Through acquiring new or additional education or training, examples and role models or open access to the knowledge and resources etc.

d) Ability – to enhance, acquire techniques, skills and behaviours, coaching, mentoring and attaining the strength to remove barriers etc.
e) Reinforcement- to develop the strength to sustain the change, personal recognition, compensation for change, and incentives and rewards etc.

To implement the change successfully it is recommended that the employees not only go through all the five stages of the ADKAR model but also go through in the established sequence of the steps as well as allowing the comfort level to be reached. (Bocklund, 2002). The ADKAR model has the 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).

Figure 3: The process flow of ADKAR Model for Organization Change Management

2.1 Methodology and Model used

In the case study, the research methods of especially devised questionnaires and interviews were used to obtain the feedback of the selected sample of 34 respondents from targeted localities- (i.e., Laihia and Vähäkyrö), representing different hierarchical levels (i.e., senior management, line management and staff etc.) as well as different operational setups (i.e., physiotherapy units, child and mother care units, dentistry units or the general physician units etc. In the current study, ADKAR Model for change management was used to suggest and ensure smooth and effective change process within the targeted locations.

3. Results and Discussion

The parameters picked to analyze the feedback process to finalize the research activity were as follows:

- Current situation of collaborative innovation approaches in the target environment;
- Motivation through all parties (i.e., staff, customer and service providers) participation,
- Current model(s) of governance deployed for collaboration,
- Behavior patterns of the involved parties (i.e, staff, customer and service providers),
- Current level of openness within the environment or network (internal/ external with reference to all the involved parties(i.e., staff, customer and service providers)
- Preferred methods, techniques and technologies for innovative collaboration

The following table reflects the employee’s feedback gathered from Laihia and Vähäkyrö locations and arranged in a manner to highlight the current situation, the associated gaps hindering the process of collaborative innovation as well as the process of change management:

<table>
<thead>
<tr>
<th>Focused Dimensions Through 04 C’s.</th>
<th>Sub-dimensions</th>
<th>Current situation</th>
<th>Observed gaps towards collaborative innovation and change management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judged through collaboration and organizational culture</td>
<td>Relationship Pattern within or among departments,</td>
<td>Casual attitude towards collaborative innovation process. (Response examples)- Contribute to the innovation process where possible, current resources are limited.</td>
<td>No special efforts made to create options for creativity and innovation.</td>
</tr>
<tr>
<td></td>
<td>Support form of colleagues in implementing collaborative innovation process.</td>
<td>‘Limitation within the scope of service area- Health care Vs. commercial enterprise’.</td>
<td>- Lack of control on resources and openness.</td>
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<tr>
<td></td>
<td>Respects others opinions.</td>
<td>‘Innovation can be managed only if more workforces be provided.</td>
<td>- Lack of time and eagerness for creativity.</td>
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<td></td>
<td></td>
<td>Monthly routine meeting are the source of exchanging work related ideas, however, it takes weeks and months to arrange a meeting for some out of routine exchanges of views.</td>
<td>- Secrecy is well supported.</td>
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<td></td>
<td></td>
<td>Usual examples of discussions on new idea; during coffee breaks or lunches.</td>
<td>- 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.</td>
</tr>
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<td></td>
<td></td>
<td>Mostly, nature of work develops the social connection patterns within and among departments: (i.e., mother care</td>
<td>- 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,</td>
</tr>
</tbody>
</table>
Judged through general issues in operations.

- Patient satisfaction, willingness and collaboration or vice versa in in collaborative innovation process
- Team’s activity for generating innovative ideas
- Effectiveness – In-house availability of expertise for innovation
- Ageing population
- Staff turnover - high, average, low,
- Decision making process top, down bottom,
- 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-tap within the work processes as the result of collaboration among different locations (Laihia, Vähäkyrö and Vaasa) by referring to the time duration of six months to one year. Some respondents highlighted the delayed processing for 3 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
- The collaborative feeling for providing quality services to patients is available among the workforce 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.

2.Confidence: Judged through employee support.

- From the supervisors for collaborative innovation,
- From health professionals
- From higher management
- From colleagues
- From customers (patients)
- Personal thought process reflected some trust with in the internal environment but lacks confidence 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.)
- Lack of time and resources,
- Hard to create positive linkage among different departments within one locations so its 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.

3.Commitment: Judged from the point of view of the assigned tasks.

- Time availability for offering innovation
- Profitability of innovation in the work place
- Human Resource shortage
- Productivity in the work place
- External relationship (customers, partners, regulators etc.)
- Incentive creative ideas
- Efficiency level: staff capacity for innovation 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.
- Extensive room for improvements as compared with the national and international bench marks
- 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.)
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- Hard to create positive linkage among different departments within one locations so its 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),
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- 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.Creativity: Judged through general issues in operations.

- Patient satisfaction , willingness and collaboration or vice versa in in collaborative innovation process
- Team’s activity for generating innovative ideas
- Effectiveness – In-house availability of expertise for innovation
- Ageing population
- Staff turnover - high, average, low,
- Decision making process top, down bottom,
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- 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/
The table.1 reflects current state of affairs in the third Column, through the respondent’s feedback analysis against the four Cs (i.e., care, commitment, confidence, and creativity) separated in the first column. Henceforth, this activity offers an opportunity to the authors of the paper to compare the current weak areas with the observed gaps towards collaborative innovativeness and overall change management process in the last Column of the table. On the basis of the respondents feedback analysis following comparative results are achieved:

Figure 4: Reflects results on four Cs are attained by the respondent’s through their verbal desire verses the actual effort level

The graph reflects comparative results obtained by the research sample on the four dimensions of care level, commitment level, confidence level and creativity, revealing the gap between the respondents' desire and their actual effort level for each level. The above graph revealed that the respondents verbally supported each dimension at higher level (i.e., 92%, 83%, 84%, 93% for care, commitment, confidence and creativity respectively) while they exerted approximately the half amount of their actual effort in the first three dimensions (i.e., 45%, 55% and 48% for care, commitment and confidence respectively). However, the gap exceeded the maximum at the creativity level which was only 29%.

4. Discussion
Introduction of innovation or any new technology solution in the organizational setup bring change in the environment. Various types of employee reactions or behaviour patterns can be identified when the organizations underwent any change process e.g., few employees adopt change very comfortably, while some wish for the old trends with clearly defined roles and responsibilities (Fender, 2004). Organizational changes are generally meant for sustainability, growth, competitive advantage and improvement. However, if such changes are not planned smartly by the organizational leaders, these can pose great dangers starting from the symptoms of resistance to change by the employees till the forms of strikes, slowdowns sometimes causing systems failures and financial losses. Henceforth, the management experts value careful planning while implementing organizational changes.

However, few theoretical/ researched based critics of change argue that the organizational changes may head towards centralizing the power and authority instead of promoting the sense of decentralizing and smartly distributing the power which is a key for efficient working. Furthermore, hierarchical changes and restructuring usually promote deep sense of ‘lack of trust’, ‘feelings of insecurity’ and ‘lack of cooperation’ among the staff and require counteracting therapies of change management etc. to regain the levels of organizational efficiency, which further involve huge costs and time and additional attention of the regulatory bodies.

Change is a natural phenomenon and only the fittest survives the evolution process. Henceforth it’s not intelligent to resist change but to pare better for it to compete against the forces of modern world. Same is the case in the current research exercise. While the modern world is introducing highly innovative and creative ways in the healthcare sector, the current research activity revealed very low levels of team’s initiatives to grasp changes and showing self-efforts to introduce innovativeness and creativity. Therefore, we will discuss few selected responses from the sample population to see the health of the change management scenario in the current research activity in the light of ADKAR Model for change.
One respondent in the study suggested that the “Time and limited resources are the main challenges we face. The Superiors encourage the new ideas but implementation of an idea to practice is lacking. Customer orientation is highly required especially through spreading information on annual social events). Currently, basic level group activities are going on i.e., time management techniques, departmental meetings twice in a month, resource allocation techniques – match the right resource to the right job. He reported that the local employees were not been taken in confidence or been involvement during the process of organizational changes. Here the response temperament was noted as provocative. The key remarks that can reflect the work dissatisfaction were “What the nation requires from us?– The nature of work is different from the one in at any commercial setup”. Furthermore, the remark on trust level was when a respondent “associated the work environment as female dominant work place with gossip prone setup. It reflected the employees’ shaky level of trust within the environment”. In general, the respondent showed disconnect towards the organizational change, reflected discouragement by refusing to discuss it in detail.

Another respondent’s attitude showed more enthusiasm to adapt change and creating room for activities related to collaborative innovation by offering support for younger colleagues. However, lack of trust toward the ‘TOP’ (management) was present in the responses due to not being involved in the change related decision making process. Here a clear reflection of feeling less important than the ones in the bigger setup. The respondent showed greater regard for ‘confidentiality’ within internal environment but critical towards the ‘Top’ or external environment (i.e., bigger regional setup, regulators or the customers) for the same. Here the response temperament revealed contradictory and critical approach. Contrasts are reflected between what is being practiced and what is being preached, within the internal environment. However, self-initiatives for creativity or innovation in approach was noticed by the use of techniques like balanced scorecard for take-off. Provided assistance for making the management plan, (i.e., grabbing the bull by the horns, small efforts for incremental changes in performance improvement make huge difference). Admittance of being non-creative at the workplace but appreciates the past practices. The respondent reflected trust in the seniors` during the process of sharing knowledge and new ideas. The respondent’s responses revealed closeness towards the internal environment and resistant towards the external collative locations- (i.e., authority locations). According to the respondent, the problem areas were lack of resources, monetary policy and lack of support from the decision makers. Though, the respondent was not being involved in the organizational change process but showed less resistance as compared with the more experienced staff members. Here the key remarks noted were that “Thinking about new ideas is easy but implementation is difficult - time is a limitation to collaborate for innovation. For the remark related to the organizational process of information flow “First think and then take it to the supervisors – Physiotherapy is an independent task so the personal authority is available” reflected lack of trust on seniors.

In addition, one respondent pointed out the lack of freedom or control over the current work situation place and appreciated the past practices. The respondent reflected trust in the seniors’ during the process of sharing knowledge and new ideas. The respondent’s responses revealed closeness towards the internal environment and resistant towards the external collative locations- (i.e., authority locations). According to the respondent, the problem areas were lack of resources, monetary policy and lack of support from the decision makers. Though, the respondent was not being involved in the organizational change process but showed less resistance as compared with the more experienced staff members. Here the key remarks noted were that “Thinking about new ideas is easy but implementation is difficult - time is a limitation to collaborate for innovation. For the remark related to the organizational process of information flow “First think and then take it to the supervisors – Physiotherapy is an independent task so the personal authority is available” reflected lack of trust on seniors.

In addition, one respondent’s response suggested sense of independence in the working approach, high level of trust on supervisor, in case of sharing new ideas and time and resource management are regarded as strong challenges in the current work scenario. According to the respondent’s response load of work is a main constraint to offer something new. He further mentioned that joint operations and work collaboration between distant reporting location (i.e., Vaasa) is another challenge to cope with. It seems that the respondent was trying to appear relaxed through his funny response style to reflect that nothing could be done otherwise. All the above selected response patterns points towards the employee’s behavior of resistance towards the current organizational change efforts. The reason behind all of the above responses is that the organizational change planners and implementers failed to devise an effective change management plan prior to introducing the organizational transformational elements. The absence of proper communication for the change policies; taking the teams onboard and making them to own the change initiatives are the subparts of the missing whole.

All most 90% of the respondents reported the lack of communication prior to the implementation of the change process. Almost 87% have reported that they were not been taken into confidence and not been involved in the change exercise, while the management was busy in devising the change management policies. Henceforth, the workforce of the targeted organization does not own the process. According to Bocklund, (2002), to manage the organizational change process successfully at the work scenario, it is recommended that the employees not only go through all the five phases of the ADKAR model but to pass through each stage in the established sequence.
However, in the current study we view that change exercise got disrupted at its first stage i.e., Awareness, as almost all the respondents show their discontent and dissatisfaction over the enforced change process and its need.

Figure 5: The process flow of ADKAR Model for Organization Change Management in the current organizational scenario

The above figure reflects that the organizational change efforts met with an excessive amount of resistance from the workforce. The reason behind the above is that the change process planning was faulty if we follow the notion of ADKAR based change management model since the employees were not prepared for the process and the change implementers failed to take them and their fears into account. The employees are seen stucked at the initial stage of the ADKAR model, i.e., Awareness. Henceforth, the later stages including employees’ desire formulation for change process; potentially and technically making them able to cope with the change, through the actions like employee’s knowledge formulation, ability enhancement and protection of their interest etc., were met with extensive resistance.

In the light of above, following are the few suggestions to support the current change process within the target organizational setup:

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Current Work scenario</th>
<th>Suggestions for operations management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dominant Leadership process with controlled decision making.</td>
<td>Rotating Leadership Process:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1) Alternating decision control between partners to access their complementary capabilities,</td>
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<td></td>
<td></td>
<td>(2) Zig-zagging objectives to develop deep and broad innovation search trajectories,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Fluctuating network cascades to mobilize diverse participants over time.</td>
</tr>
<tr>
<td>2.</td>
<td>Poor interaction among various sub-units.</td>
<td>To develop as greater as possible interactivity level among the work force</td>
</tr>
<tr>
<td>3.</td>
<td>Lack of succession Planning</td>
<td>Succession planning related policies may be designed that the seniors must train their successors.</td>
</tr>
<tr>
<td>4.</td>
<td>Excessive work load</td>
<td>Job rotation policies may be devised so that all the employees within the department learn the set of skills and tasks assigned to different roles. Henceforth, at the time of need ( shortage of staff or the absence of a member) the others can handle the tasks comfortably.</td>
</tr>
<tr>
<td>5.</td>
<td>Minimum initiatives and support for innovation and creativity.</td>
<td>Policies may be devised that offer Incentives, encouragement, promotion and support to the employees taking initiatives for the activities related to innovation and creativity.</td>
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</table>

In addition to above, following can be taken as the suggestions for the overall health care sector reforms within the targeted geographical locations to achieve the competitive edge:

Communication system adjustment among targeted locations (i.e, Vaasa, Laihia and Vähäkyrö).

- Employees should be taken on board while crafting any further polices or procedures.
- Empowering the doctors more so that may control the administrative structure directly.
- To develop a system where the senior doctors are made responsible for the training of the reporting staff (i.e., junior doctors or the nurses etc.). This is also known as succession planning.

Technology based innovative solutions for the provision of healthcare services are the latest trend in the global Health care scene due to the following reasons:

- It ensures greater levels of efficiency of hospitals and customer satisfaction in addition to patient safety issues. Henceforth, this fact justifies the creation of intense demand for healthcare innovative technological products and services.
- Devise a ICT system to support that it can facilitate the processes of ‘lean’ and ‘Just in Time’ concepts in data management so to support doctors’ decision-making processes,
- Healthcare informatics be used as a key or the development and enhancement of Increasing staff (Nurses and Juniors health care staff) awareness through education,
The systems in the Health care units at various levels (the Primary, Secondary or the remaining levels) are integrated for streamlined management and improved patient safety in terms of patient data with regards to diseases and treatments etc.

The key methods of telemedicine and mobile health technology be incorporated to make the health care system more innovative with a wider outreach or the underserved populations,

The health care systems should be supported by the concepts of data standardization, data sharing and governance with in the Health care network throughout the targeted geographical location; i.e., Vaasa, Laihia and Vähäkyrö.

The expected results from the above suggestions are:

The “Positive points” will be that the steps will boost better administrative control, sense of cooperation among different parts of the targeted work locations, strengthening of communication process, enforce better time management and cost efficiency to support the change process in the current scenario.

However, the only “negative point” of the above suggestions is that too many changes in the work systems can sometimes make them complicated to understand and may result in complete collapse or failure. However, the incremental changes within the parameters of the above suggestions can nullify the negative impact.

5. Conclusion

The change process in the current research activity got disrupted by the lack of planning before incorporating the change exercise. The ADKAR Model of change highlighted the weak area and point of collapse. The suggested measures are to strengthen the confidence level of the workforce for the success of the change process that can further enforce and support the innovativeness and creativity in the work environment. Furthermore, few alliance studies support that when competitive tensions are reduced, partners are more likely to activate their relevant capabilities (Katila, Rosenberger, and Eisenhardt, 2008) which is required in almost all the three mechanism of innovation, which are introduced in the earlier part of the article. Henceforth, it is concluded that if the management leaders require some innovation process to be introduced within their organizational environment, they should first prepare the ground within the targeted environment by implementing healthy change management process, so that the co works own the change process from their hearts. Innovation and creativity flourishes in the work environments where the team workers absorb the change comfortably and welcome the new ideas by adding some more from their side.

5.1 Future avenues

Our current exercise will open new ways for the researchers and management experts:
- To explore the comparative role of ‘Change process’ if existing among different natures of organizational (i.e., Industrial, service etc.)?
- To investigate and suggest the best practices for the incentive plans for employees while managing organizational change process?
- To devise as well as to tailor research tools to cope with specialized work situation related change process issues?

References

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**Biography**

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