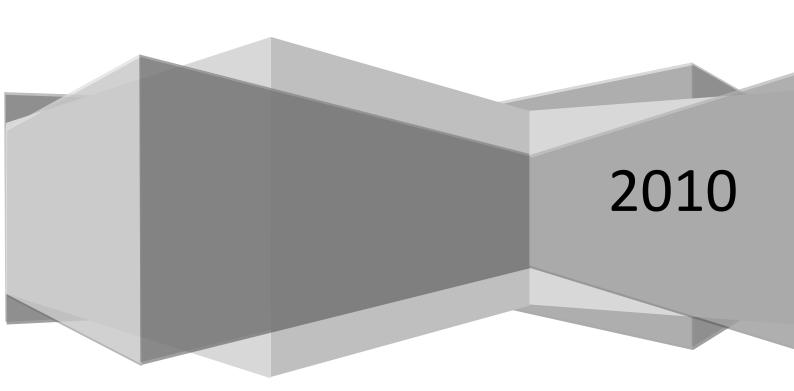# The figurehead of change processes in health care institutions

A desktop analysis of the representation of the visible persons in change processes

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Abstract

A desktop analysis was executed to answer the research question: Who is the figurehead of change processes in health care institutions? The communication statements used to communicate change were analyzed concerning to the following aspects: does the organization want to present a figurehead, are they able to present the figurehead properly, who is the sender of the communication statements and is a proper language level used? It has been found that three of the four participating health care institutions want to work with a figurehead. However this research has shown that the health care institutions have difficulties with presenting the figurehead properly. The communication statements they are using have a proper reading level and make good use of key messages but miss the focus on the figurehead. Limitations of this study are that the sample size is too small and that the participating health care institutions differ in the following aspects: target group, type of change process, and budget for the change process. Even so these aspects are not determining the use of a figurehead they might be a reason for a different handling of the change processes; also because they give different guidelines for the figurehead how to handle the process.

Introduction

'Change' – every manager who wants to run his business successfully deals with it regularly. Recently change gets more relevant in the daily business life (Elfferich, 2008). Business life has become more stressful, circumstances are changing faster. The globalization has brought more competitors on the market and the need to adapt to new situations as fast as possible has been growing (Stieglitz, 2003). Therefore it is of great importance that businesses understand the need to change and that they know how to set up change processes, which help them to compete with others. Without proper knowledge it is probable that the implementation of change will not be successful and that they will waste a lot of money and will not be able to react on time (Geus de, 1988).

The health sector in the Netherlands feels the pressure of adapting to a new environment regularly. Currently, every third business in this sector needs to rethink their strategy and working style because of the big changes that happened, to which they could not adapt yet. In 2006 a health insurance act has been introduced which caused different implementations. The act is called: 'Zorgverzekeringswet' and complements the 'Algemene Wet Bijzondere Ziektekosten'. It provides an obligatory health insurance for everyone who is insured by the 'Algemene Wet Bijzondere Ziektekosten'. This act arranged that insurances need to accept everyone, even patients with chronicle diseases and this in addition has influence on the health care institutions.

Another aspect is the aging of the human population and the increasing individualism in our society. This also leads to higher costs in the health sector. These costs need to be compensated which is one of the reasons why health care institutions are forced to change (Ministerie van volksgezondheid, welzijn en sport, 2010). An additional example of political decisions which has influence on the health sector is the handling of the higher expenses made in 2010. The costs of the health sector have been growing extremely in the last years. In June 2010 the Ministry accepted a saving plan for 2011 and the following years. This leads to the fact that the contributions of the client will be higher but also that it will be worked with health care standards. These standards involve clear description of the steps which should be taken to heal the patient, as well as less space for own ideas and the necessities of the patients. Another reformation is the use of stepped care. Stepped care means to try to heal the patients "step by step", starting with the cheapest and less impairing way of healing (Kabinet eens over de maatregelen in de zorg, 2010).

The German health sector also needs to adapt to changes regularly. In an article of a leading newspaper in Germany the adoption of the "Mindestlohn" is discussed. It firstly got mentioned in the health care sector in July 2010 (Zeit Online, 2010). This means that everyone working in the health gets a minimum payment per hour. And just as in the Netherlands the health insurance conditions changed. The insurances get more expensive for the patients, fewer treatments get paid by the insurance and the patients become more expensive for the health care institutions (CECU, 2009). Also of importance are the diagnostic-related groups (DRG). They lead to a specialization of the health care institutions, so that their services can be produced on a high rate, with high expertise. It is comparable with the DBC system in the Netherlands. This specialization of the health care institutions leads to a focus on the gainful treatments to earn more money (Lauterbach & Lüngen, 2002). As a conclusion the health care institutions need to adjust their way of working to be less expensive and to specialize their workforce to stay competitive.

The comparison of the situation in the Netherlands and Germany underlines that changes occur in every country and that the health care institutions need to react to stay on the market. They feel the pressure to adapt to the external circumstances.

Unfortunately the call for change in this sector is mostly just perceived at the top of the health care institutions (Baird, Beatty, Russel, & Schneier, 1994). Most employees come to their work daily without considering the political aspects or problems the institution is dealing with. Therefore it is important to focus on a good communication to let every employee understand the need for change. Just if the "whole" company wants to reach the same goal the change process might become successful (Gillert, 2007).

Communication to and with the employees is of great importance when managing the change process, because, according to Lewis and Seibold (1998) managing this process is characterized as a matter of managing communication. DiFonzo and Bordia (1998) also underline the importance of communication. They state that "communication is vital to an effective implementation of an organizational change". Most businesses do not seem to have enough understanding about the need of planning the communication of these change processes properly. Mass communication is used in situations where individual dialogues might have much more effect and the wrong persons in the business are used to transfer the information (Larkin & Larkin, 2006). This research examines more precisely how the communication of change processes is currently arranged in health care institutions. Within

communication the focus is particularly on whom they represent in their communication resources as the most important person – figurehead - of the process. The knowledge received via the research might help care institutions in the future to design their communication statements properly and to have a more successful implementation of the changes. The thesis can be seen as a pilot study for further research in this field.

The described conditions lead to the following research question: *Who is the figurehead of change processes in health care institutions presented in the communication statements?*

More questions which will be answered through this research are concerned with the figurehead of change processes in health care institutions and their communication statements. Basically, a comparison will be made between the statements in the literature about the figurehead and the right person to be a figurehead and the situation in practice. It will be figured out what the literature says about who the best person to communicate change is, and what the best way to communicate change is. Then the communication statements of the health care institutions and the choice for their figurehead will be analyzed, which provides the possibility to compare the practical situation with the theoretical background.

As a conclusion the communication statements will be analyzed to answer the following questions:

(1) Are the institutions aware of who should be the figurehead in the change process?

(2) Do they actually represent the intended person as the figurehead in their means of communication?

(3) Who is the sender of the communication resources about the change process?

(4) Do the communication resources have a clear key message and what is the content of these messages?

(5) Does the language used in the communication statements have a proper language level? Proper in this context means that it corresponds to the language level of the addressee who needs to understand it.

Theoretical Background

Defining change processes

Change processes have different origins. There are internal change processes, like a key process overhaul or a restructuring, but there are also external change processes, like a new technology or a change in economy (Lima de, 2009). However, reorganization means a change to the business such as a merger or the implementation of new technologies or working styles do (Ten Have & Ten Have, 2004). Change can also mean a modification of the people in the business, not just of the business itself (Duynstee, 2006). And even if these different types need different approaches to succeed, a study has shown that the basic steps are the same (Kotter, 2008).

Consistent with research the employers' commitment to the change process and high self-efficacy are important variables to make the implementation of change successful (Herold, Fedor, & Caldwell, 2007). In a study by Ashkenas and Francis (2000) it has been shown that companies spent $3.3 trillion in 1999 on change processes but not even half of them reached their strategic or financial goals (Ashkenas & Francis, 2000). That reveals that one important aspect of performing change consists in preparing a good plan beforehand. McKinsey, the world's biggest consulting center, report that 75% of the businesses with a successful change implementation broke the whole transformation process down into smaller, definite and reachable initiatives (McKinsey, 2010). This helps to determine clear steps, to evaluate what has been done and to keep a good overview over the process. Koeleman (2008) also divides a change process into the following phases: problem finding, change diagnosis, change strategy, intervention plan, interventions, and evaluation. And he states that these phases have different needs to make the whole process successful. Also important for a successful implementation according to McKinsey (2010) is, that the companies know their present situation, primarily focusing, on their strengths but also knowing their problems. So that they are able to identify what they precisely want to change. This does not just mean the processes but also the manner of thinking that they, as a company, want to change (McKinsey, 2010).

Importance of communication in change processes

Communication is one of the most important aspects of a change process. It has a big impact on the success of the approach when used effectively (DiFonzo & Bordia, 1998). The communication of the change process to the employees still does not work properly. That is a reason why many of transformations in business fail (Kotter, 1995). The top management

identifies the need for a change but the significant point, to give the change process the chance to become successful, is that everyone in the company understands these needs (Kotter, 1996). This understanding can be created through good communication. Most important is the internal communication in the business. It provides a better understanding for the employers of the process and decreases the anxiety to change, which might make the process more successful (Lipitt, 1997). The "Communication Roy" study executed in 2002-2004 and 2005-2006 shows that businesses which have a good internal communication also have a better performance in general (Wyatt, 2003/2004, 2005/2006). Additionally, a national study has shown that 65% of the participants say that a bad internal communication is the reason for not achieving strategic goals ("Strategie werkend maken. 2006", 2007). These results show the importance of good internal communication. Elfferich (2008) states in his book that internal communication has three basic principles. The first one is that line communication is the backbone of internal communication. The second one states that the management is responsible for the internal communication and the third that personal communication is the most effective communication. The discussion about the best person for internal communication is will be continued in the part: 'Figurehead'.

Figurehead in communication statements

The practice shows that having a person or a group of persons that pull the communication about change processes, leads to a more efficient working manner and a faster throughput of information (Hostmann, Jansen, Sarizeybek, & Verhoeven, 2010). According to Koeleman (2008) the sender of the communication statements is of great importance for the receivers to accept the message. And the person also has different functions or characteristics as a sender. The sender needs to accept the role as sender, know what the target group knows and which information they need. He or she should also have a self-assured personality, and be acquainted with a good leading style. Larkin and Larkin (1994) show that the best people to communicate this change are the supervisors. It has also been shown that the physical distance between the employers (receivers of the communication statements) and the sender is of importance for the perception of the message. If the distance is shorter the employees (receivers) motivation the information and to accept the content is higher (Koeleman, 2008). Larkin and Larkin (1994) also illustrate that the employees prefer face-to-face meetings and that they have more trust and positive feelings in their supervisors than in their senior management. Employees also have regular contact with their supervisors; which makes communication easier. (Larkin & Larkin, 1994)

Communication mediums

Different communication mediums are available to communicate the change process and the point is to figure out, which one to use for which step in the process because the described phases of change processes, mentioned in the previous chapter, require different media channels to succeed (Koeleman, 2006). The different media are mentioned in another book of Koeleman (2008). He distinguishes between: personal communication, internal media, intranet, and audiovisual communication. Lewis and Seibold (1998) propose to create a plan for the content of communication (Lewis & Seibold, 1998). Larkin and Larkin's (1994) answer to this problem is to spend 80% of the amount of time on informing the frontline supervisors and the other 20% on the rest of the organization. Even though it might sound surprising that every employee should be informed even, research shows that concentrating on the supervisors is most effective. When the frontline supervisors understand the process, accept it and entrain the implementation, they will convince the employees (Larkin & Larkin, 1994). In practice, the senior management usually organizes a big conference in order to inform all employees coevally. These big conferences might lead to "intensification of the emotions" of the employees and the "inhibition of the intellect", as LeBon already called it in 1895. Working with huge groups always has an impact on the emotional atmosphere. Studies have shown that people can be convinced more easily in a face-to-face meeting than in a group. In a crowd they can simply take over the arguments and beliefs of the other and can build a strong bulk. Once this bulk is built, the supervisor will not be able to convince them (LeBon, 1999).

Using only folders, videos or the company's newspaper as channels to communicate change is not very effective either. Larkin and Larkin (1996) showed that it has been demonstrated that the employees feel overrun and do not even trust these communication mediums (Larkin & Larkin, 1996). They state that the information is smoothed and manipulated. Larkin and Larkin's advice is to have personal conversations about the transformation processes beforehand and give some additional information, like a video, folder or a newspaper, two weeks later. The just mentioned media channels are good communication media channels, but they do not have enough effect when not complemented with personal communication (Larkin & Larkin, 1994). Furthermore, the handling with new media needs to be done carefully. Not every medium is adequate for each generation. The choice of media needs to be based on the target group of the communication. Also of importance is the general handling of new media gadgets in the business. Information cannot be presented, for example, via SMS,

when the use of mobile phones is prohibited (Koeleman, 2008). But it could be very effective when you have a majority of the workforce 'on the road'.

Key messages in communication statements

Focusing on the right people is essential but giving the correct information is just as important. It is fundamental that the right issue is communicated and that it is communicated in a way that the employers will accept it (Kotter, 1995). Correct in this context means to focus on the amount of information, the language level used, the context and the medium chosen to give information. It has been found that information overload can lead to the problem that the employees need to put energy in filtering the right information instead of using the information (Edmunds & Morris, 2000). The readers of the communication statements seem to make conscious or unconscious, use of a selection procedure of the information. "Selective cognizance" is one process that takes place when reading communication statements, according to Koeleman (2006). Because of personal reading experiences employers only select information that seems interesting to them. That is not just the case concerning the medium through which the information is received but also the content in one report. They know that the most important information can be found in the summary or the conclusion and skip the rest of the text. That is why the sender must take care of where to put which information. Also important is the "selective memory". Employers tend to remember just information that fits into their already existing knowledge. Therefore the sender needs to make sure that the information is clear and understandable for the employees (Koeleman, 2008). It must also be taken into account that employers always make a cost-benefit analysis. So it should be made sure in the communication statement that the benefits outweigh the costs, otherwise there will too much of resistance of the employees (Kotter & Schlesinger, 1979). Using simple language also facilitates the understanding of the message. Research showed that most adults do not understand the instructions that they receive on their work. Giving instructions should be done with short sentences and on the readers' language level, otherwise it will not serve any purpose (Larkin & Larkin, 1994).

Importance of a figurehead

Change processes are dependent on figureheads. Employees need a role model; they need someone who is showing them what the business expects from him and someone who explains what is happening. The figurehead is a connection between the people taking decisions (mostly the senior management) and the employees. He/she helps to translate the

language spoken from the bosses to language everyone in the company understands. Furthermore employees believe in a plan more when they see that the leading staff is also involved in the change and shows a proper reaction on it. It is a figurehead's task to show this reaction (Elfferich, 2008). A figurehead is needed because a mass of people (the employees) will never move into the same direction without clear instructions (Baird, Beatty, Russel, & Schneier, 1994). One of the most difficult tasks of a leader is to initiate change processes and a figurehead can support him/her in this work. A figurehead has an important role in creating an atmosphere to change, to accompany employers in the change process and to make sure that the process will be a success (Yukl, 2003). Another definition of the functions of a figurehead is given by Mintzberg (1979). He states that a figurehead is responsible for social, inspirational, legal and ceremonial duties. Furthermore he/she is a symbol and "must be on-hand for people/agencies that will only deal with him/her because of status and authority". According to Elfferich (2008) clear figureheads are needed to give a clear direction for prospective development directions, without illusions, so that professionalization is possible.

Research shows that employees are only willing to change when the information is received from a trustworthy person (Larkin & Larkin, 1994). This has been analyzed in detail under the topic "Importance of communication in change processes". If the figurehead of the change process is someone else than the senior management, more time can be spent on implementing the change properly and on explaining the change plan to the employees. Taking this time is of great importance because it has been found that employees seem to change more willingly when they understand what is expected from them (Larkin & Larkin, 1996). This knowledge underlines the fact that another person than the senior management needs to lead the change process. A figurehead can have a different viewing on the topic and maintain different relationships with the employees than the senior management.

Who should be the figurehead?

"Change leadership can no longer be confined to a figurehead at the top of the organization who drives change forward" (Coldicott, Cook & Macaulay, 2004). Coldicott et al. (2004) state that everyone who is involved in the change process has the possible ability and capacity to become the figurehead of the process. Of course this does not mean that everyone can be evenly successful; as stated in the description of figurehead characteristics by Elfferich (page 10 in this thesis). Therefore, it is important for businesses to think about this question properly and to not just define a senior manager as the figurehead, because it is the easiest

way. However, this is exactly what is happening in the daily business life. The best example is the use of the frontline supervisors in business. Change processes show that most businesses do not make a good use of them. Mostly the senior management treats them equal to the rest of employees and informs everyone in a mass information session about the upcoming changes (Larkin & Larkin, 2006). This happens, even though research has shown that frontline managers have a close contact with the employees and can influence their attitude and behavior more easily than the senior management (Bednall, Frenkel, & Sanders, 2009). The problem is that there is no clear line to be found in the literature which states from which position the figurehead should be chosen. On the one hand there are (good) arguments to choose the frontline manager. These are: regular contact with the employers, receives more trust from the employers, and more time to focus on the change process. On the other hand there are, concerning to the literature, also arguments to choose for the senior management. The person can be a more authoritarian leader, and receives more natural respect.

Conclusion

The literature research has shown that until now, no straight recommendations have been made about who the figurehead should be. Many theories underline the importance of a figurehead in change processes, but when having a closer look, the ideal definition of who should be the figurehead, is not given. There is the advice to choose the frontline manager and as well as the senior management. Because there is no clear line in the literature and thus further research is necessary. This study investigates who the figurehead really is.

Methods

Participants

Four businesses have agreed to cooperate. The first health care institution works with light mental handicapped persons. The second health care institution also works with people with light mental handicaps and offer them care as well as a good living environment. The second health care institution already is a combination of two foundations that have realized their merger already. The third health care institution is a hospital in a town with 30 000 inhabitants and take care of a lot of different treatments. The fourth one offers a hospital like health care in a neighborhood with 600 000 inhabitants. All corporation health care institutions have had a change process in the last years or are still in the process. They all had the communication statements of the process available. The participating health care institutions had from 200 to

5 234 employees. The smallest institution was health care institution one with 200 employees, followed by the third health care institution with 420 employees, the second health care institution with around 600 employees, and the biggest one was health care institution 4 with 5 234 employees. The percentage of the employees who have been involved in the transformation varied from 12.5% (institution 1), 75% (institution 3), 90% (institution 2), to 95% (institution 4). This shows that the amount of changes to be taken had differed between the health care institutions. The budget for the processes ranged from €6 000 to €10 million. The budget per involved employee also varied significantly. One organization had dispensed €240 per affected employee, another €1 005, while others spend €8 000 or even ~€31 700 for one employee. This confirms the assumed differences between the change processes. The sort of change processes the health care institutions have been dealing with in the last years or are dealing with at the moment differed from a new hospital information system and electronic patient dossier over a merger of institutions to a restructuring of the hospital.

Procedure

The data used in this paper has been gathered through a desktop analysis. The social network for business relations: LinkedIn, was used to contact health care institutions and to invite them to participate in the research (see Appendix A). Furthermore e-mails have been sent to health care institutions all over the Netherlands to find more participants (see Appendix B). The personal networks of the researchers have also been used to find more participating health care institutions, these institutions have been called. Approximately 70 health care institutions were contacted and four agreed to participate. Of course participating in this research project was voluntary and there was no incentive.

To get to know the businesses an intake discourse of approximately one hour has taken place. Health care institutions which have not had time for this dialogue received the questionnaire via the e-mail and got invited to ask all their questions about the project in written form. The questions of the intake discourse can be found in Appendix C.

Hereafter the change processes and the communication statements of the health care institutions were analyzed. The communication expressions of the change process from the health care institutions have been received via mail, personally or by e-mail. Afterwards they have been analyzed to answer the research questions and the sub-questions formulated in the 'Introduction'.

Measurement

Measurements have taken place to analyze the communication statements in order to answer the research questions. The mediums used per institution differed. The fourth health care institution has sent examples from their intranet and some newsletters, both in digital form. The third health care institution has sent an information folder for the patients as well as a book which was made for their anniversary. In the information folder they present every section of the hospital, their doctors and the most important treatments. They also give general information about the hospital, their vision for the future and their mission. The second health care institution sent a combined folder about their merger as well as general information folders which are normally handed out to the patients. The first health care institution has sent patient folders, a newsletter and an overview which shows which communication medium they use for which target group. The newsletter consists of information for the employees about the changes but also about general news of the foundation. For the language analysis one newsletter from the fourth health care institution, the patient folder from third health care institution, the combined folder about the change process from the second health care institution and the newsletter from the first health care institution have been used. The other mediums sent were mostly used to give a general impression about the institution and their communication/representing skills.

To answer the main question of this study; who is the figurehead of the change process, four answer categories had been defined. Therefore it can be distinguished if the figurehead is part of the senior management, a frontline manager, another involved employee or that there has not been a figurehead. The answer is conducted by the total analysis of the intake discourses, the communication statements and the answers to the five sub-questions. The sub-questions have been answered through the following methods.

The first sub-question, if the institutions have an idea about who should be the figurehead in the change process, has been answered by the answers given on question 15 of the intake discourse. Here it has been asked directly whether the institution had an idea about which person the figurehead of the change processes should be.

The second sub-question is a comparison of two aspects. It has been asked if the institution represents the same person as the figurehead as they want to. Through this question it can be figured out in how far they are using their communication statements as they intend to. It has been compared if they represent the same person in their communication statements as the

figurehead as they have been appointing in their answers to question 15 '*Had het bedrijf zelf een boegbeeld voor de verandering voor ogen?*' (Did the health care institution have an idea about who should be the figurehead?). This comparison points out if the same person is of importance.

Through an analysis of the addresser of the communication statement the third research question has been answered. The question was; who is the addresser of the communication statements? Again a division into four sub-groups has been made: senior management, frontline-manager, others and none. With others it is meant every other position/function besides the senior management and a frontline-manager.

To answer the fourth research question; do the communication statements have a key message and what is the content of the key message, the answers of the intake discourse on question 13 was used; 'Wat is in één zin de kernboodschap van de verandering?' (What is, in one sentence, the key message of the change process?). For the statistics we divided the answers into: key message existing – not existing.

 In order to answer sub-question five, the following factors have been used to analyze the language level: length of sentence, load of information, use of foreign words (medical jargon). To measure the length of sentences the amount of words per sentences got counted. 20 sentences chosen by chance have been counted per institution. These 20 sentences have been analyzed to count the load of information. These means how much information is given be a sentence. Thus for every new information given, one point has been counted. Through this it has been tested how rich of information the text is. But to give a judgment if the language level is proper, it is necessary to rely on the analytical skills of the researcher. In this context 'proper' means that it fits to the readers' reading skills. The language skills of the employees have not been tested in this research. The communication material got analyzed from three persons, who counted the load of information from every communication statement. Then the average from the data from the three persons has been used for the interpretation of the load of information. Through using three persons it has been tried to avoid subjective measures and to make the analysis at least a little quantitative. The analysis just gives an impression of the language aspects of the material and it can be said if the health care institutions used different languages for their different target groups, so if it is proper in this context. But this analysis does not give enough information to judge the reading skills of the employees, so no accredited statement can be made. However the readers' educational background is derived

from the answers on question 9 of the intake discourse, were the average education of the involved employers was asked. Thus this gives some identification of the reading skills of the employees.

Statistical Analyses

The different aspects of communication statements cannot be covered by quantitative measures. A qualitative analysis provides the possibility to respect the individuality of the communication statements, the facets of language, the different media used and the way of representing the figurehead. That is why most answers have been provided without statistical analyses. It was used to make tables of the data which has been divided into subgroups (as in the main research question and in sub-question four). Through a correlation analysis it was tested whether the three measured aspects (length of sentences, load of information and use of foreign words) correlate. Additionally it was tested if there is a significant difference between the health care institutions concerning these aspects.

Results

Firstly the general results will be presented in this section. Afterwards the answers to every question will be presented in detail.

Through the desktop analyses it has been found that the health care institutions had different ideas about whom to use as a figurehead. The addresser of the communication statements was mostly the senior manager. Furthermore, all organizations used a key message for communicating the change processes. The reading level of the communication statements differed on the aspect of the load of information and in the use of foreign words but not in the length of the sentences.

Generally, the institutions have sent good communication, which means that it guarantees a good interaction of the readers with the materials, concerning the layout and the body (Palmer, 2002). They all showed that they are using different mediums or at least different contents for the different target groups they want to address. This shows that they think about setting up their communication channels for the change process consciously. Furthermore the design of their communication statements was appealing. All health care institutions made use of a clear scheme of the information. A clear scheme means that they used enough topics, had catching phrases in their material, used different colors, and made use of text size differences.

This makes the information pleasing and interesting. However, the statements were not too colorful of eye-catching so that they all gave the impression of being serious information material of a trustworthy health care institution, which is good.

Sub-question 1 – Who figurehead?

Sub-question one, '*Do the institutions self have an idea about who the figurehead in the change process should be?*' was tested by analyzing the answers of the intake discourse on question 15. Question 15 was set up as follows: "Had het bedrijf zelf een boegbeeld voor de verandering voor ogen?". (Did the health care institution have an idea about who should be the figurehead?). Not all health care institutions made use of a figurehead. However, all participating health care institutions wanted to present one special person as their figurehead. Two institutions, the first one and the third one, wanted to present the senior manager as the figurehead. On the contrary the third health care institution wanted to use their frontline manager as the figurehead. The fourth health care institution did not really made use of a figurehead. In some situations the project manager was of importance but finally they chose for giving more people the importance of a figurehead. They presented the frontline managers, the seniors and the project manager as people with a lot of responsibility and as communication leaders of the change process. All communication statements concerning the change process were designed with a focus on the Tour de France. Directly it was called "Tour de ZIS and EPD", because these are the names of the programs they want to introduce.

Sub-question 2 – Present intended person?

In the comparison made for sub-question two, whether the health care institutions represent the same person as the figurehead as they want and if they are able to use their communication resources in a way that they represent the same persons, it became clear that the health care institutions do not work with a figurehead in their communication statements consciously. Just one health care institution used their figurehead chosen continually in their communication statements, the third one. Here the senior manager gives a short introduction to the material and welcomes everyone. They also make use of a picture of him as well as using a signature with the name of the senior manager. Furthermore they made a comment under the picture which states: Senior Manager. Besides the senior manager is present in almost every newspaper article and can be seen on a lot of pictures. In the communication statements of the first health care institution the senior manager also gives a short introduction to the material and welcomes everyone but he is not present in the rest of their communication

statements. In the newsletter of the first health care institution they do not even state that the woman who wrote the introduction is the senior. That has been figured out through the internet. In the material of the second health care institution they state that almost everyone (client advisory, business council and employers from every section) worked on the plan for the change process. They do not name a specific representative for the change process even though they state in question 15 of the questionnaire that they want to make use of the frontline manager as a figurehead. Health care organization four mentioned in question 15 that they did not want to work with a figurehead directly. They gave the project manager a special role with a lot of responsibility, but they did not have a clear representative for the role of the figurehead. This intention is reflected in the communication statements. The newsletters are addressed from the project manager but furthermore no-one is really present and prominent.

Sub-question 3 - Sender

Sub-question three, 'who is the sender of the communication resources about the change process?' is answered by looking at who the addresser of the communication statements is. Here two categories of people have been used by the health care institutions, the senior management and others. The communication statements of health care institution four have been addressed from the project manager (category 'others'), the health care institutions one and two chose, as well as institution 3, for the senior management.

Sub-question 4 – Key message

For the fourth sub-question, if the communication statements do have a real key message and what the content of these messages is, a distinction was made for using and not using a key message. All health care institutions made use of such a message. But the content, of course, depended on the matter of the change process. Health care institution four stated: 'Wij gaan digitaal', while the first one said: a merger of three organizations. The second health care organization used the key message: 'juridical merger → one organization, one name'. Health care institution three formulated the following key message: 'For the patient, with the patient'. It also can be seen that the implementation of the key messages in the communication statements differed. The key message of the third health care institution can be found directly on the first page of the information material. Health care institution four also represented the key message of the change processes in their communication statements clearly. The key messages of the first health care institution and the second one are less obvious. The meaning

of the key message gets clear through reading the communication statements but the real sentences cannot be found in the mediums.

Sub-question 5 – Language Level

Sub-question five was concerned with the language used in the communication statements. It was analyzed whether the language used is adequate, which means that it is adapted to the readers' language skills. As has been said before, the health care institutions differed their communication materials concerning to the target groups they want to reach. This is a good because the basic knowledge of for example medical jargon is of course a lot higher in a group of doctors than in a group of patients. Furthermore it has been found that all participating health care institutions approximately make use of the same length of sentences (with a mean of 18.05 words per sentence), which can be seen in Table 1.

Table 1

Language Level Factors

Factor	Health care institution 1	Health care institution 2	Health care institution 3	Health care institution 4
1. Length of Sentences	16.40	19.55	18.25	18.00
2. Use of Foreign Words	3	5	32	10
3. Load of Information	7	9	17	10

Table 1 also reveals a significant difference in the use of foreign words, mostly medical jargon. The amount of foreign words within 20 sentences differed from 3 to 32. Also the load of information (how much information is given in the sentences) differed. Through a correlation analysis it can be shown that these two variables, load of information and use of foreign words, correlate significantly (alpha 2-tailed= 0.008). However this data needs to be analyzed carefully, because such a high correlation indicates that the two factors measure the same. But this information may support health care institutions in the decision how to make use of foreign words. Through using them a lot they can put more information in the text, but the consequence is that the text will be harder to understand. This decision needs to be taken in conjunction with the reading level of the target group. The complete data of the correlation analysis can be found below in Table 2.

Table 2

Language Level Factors and their Correlations
Health care institutions (n=4)

Factor	Length of Sentences	Use of Foreign Words	Load of Information
1. Length of Sentences	-	.287	.163
2. Use of Foreign Words		-	.992[**]
3. Load of Information			-

Research Question

Out of these analyses the answer to the main research question can be developed; who is the figurehead of change processes in health care institutions? The given data shows that also in this research we cannot find a clear line in the use of a figurehead. Even so the health care institutions had an idea about using a figurehead they do not implement these ideas in their communication statements. Only one health care institution represents their chosen figurehead in almost all communication statements.

Discussion

Non-technical summary

This desktop analysis has shown that the vagueness of the theory about figureheads is confirmed by the practical realizations. The research question, 'who the figurehead of change processes is', cannot be answered with a clear position or function. Some health care institutions which have been participating in this research worked with the senior manager as the figurehead and others with the project manager. Furthermore it was found that even so the institutions had an idea about who should be the figurehead; they had problems with translating this idea into a good representation in the communication statements. Without the knowledge from the questionnaire it would have been impossible to figure out whom they want to represent as a figurehead. Just one institution was able to present the figurehead properly. On the contrary every participating health care institution made good use of their

communication statements in general. The design and presentation of the information was appealing. The language level was also proper and every institution had different communication mediums for different groups (employer, patient, etc.). They also all made use of a key message in their communication statements. These messages can be found easily throughout the whole communication statements.

Implications of the results

Choosing for a figurehead beforehand and not implementing this idea in the communication statements results in a well informed (senior) management and clueless employees. Kotter already said in 1995 that this can lead to a resistance of the employees to change because they do not understand what is happening and feel overwhelmed (Kotter, 1995). The consequence of such a development might be an unsuccessful change process. This inconsistency can be seen in all beside one institution of this research. They should try to focus on the person that they want to represent as a figurehead and to present this person properly in their communication statements.

A good sign is that most institutions are willing to use a figurehead. This shows that they understand the need for a clear leader (Baird, Beatty, Russel, & Schneier, 1994). But it is also clear that the health care institutions need more assistance to get to know how to use and present a figurehead properly.

The level of the communication statements used by the health care organizations is high. They varied their statements according to the receiver. Employers of every institution get different information than the patient or other affected people. This shows that they have seen the need to adapt the language level and load of information to their target group, as it has been advised by for example Kotter (Kotter, 1995).

The correlation analysis has shown that 'load of information' and 'use of foreign words' is really high. This shows that the two factors are almost the same and it means that one way for health care institutions to make their text easier to read, is to use less foreign words. Then they have less load of information, which makes the text more fluently und understandable.

Furthermore it can be seen that key messages have been used by every institution. Key messages in communication statements help to center the attention of the reader on the most important aspects (Makoul & Schofield, 1999). The use of key messages causes that the institutions make the reader read what they want them to read. Another positive aspect is that

only one institution uses a lot of foreign words in their communication statements. The others try to keep the text readable, which is important because the people can just react to something that they understand (Larkin & Larkin, 1994).

Suggestions for further research

For further research some suggestions can be given:

- The research was set up with just a small number of health care institutions. This should be expanded to make sure that the findings can be generalized.

- The health care institutions differed in a lot of ways. Maybe the results will be clearer if institutions with the same target group are used.

- Health care institutions from two countries have been used. That might have an influence on the results. In further research it should be chosen for (1) an international comparison → this means to use more institutions from both countries or (2) to leave the international comparison aside → this means working with institutions from just one country.

- Different change processes have been analyzed. It might be that the approach of a change process differs depending on the type of change process. Through keeping the variable 'type of change process' stable, it can be checked if it has an influence on the choice of the figurehead.

- The spectrum of the budget was too broad. A spectrum from €80 000 to €10 million is too big to state that the change processes are really comparable. Maybe a smaller spectrum will lead to different results

This research was observational. It might help to combine it with an experimental design to receive more information. When deciding to add an experimental design it should be taken into account that creating a laboratory situation might bring new biases. The qualitative studies are often more meaningful because they analyze a real setting and not an artificial setting. Ideas of what to analyze with an experimental design are:

- In this research the language level was only analyzed. It might help to also ask the receivers through a questionnaire, how they perceive the language level.

- The same is true about the key message. The readers can be asked afterwards what they think the key message of the change process is. This might help to approve the results from the analysis of the researcher.

- It can be analyzed whom the employers receive as the figurehead. This might differ with the idea of the health care institution and with the presentation in the communication statements. Furthermore it can be figured out if there is a difference of success when the opinion agree or disagree.

Conclusion and Comment

Finally the missing line in the theory of change processes (with a focus on: who should be the figurehead) cannot be found. However, this research helps to compose this line through a lot of researches in which change processes are analyzed in detail. It is one step in the right direction and maybe a beginning of a huge number of researches that are concerned with this subject. The desktop analysis showed that health care institutions are willing to work with figureheads but it also detected the problems they still have with doing so. This research might be a stimulation for trainers and advisers to help health care institutions with this implementation, because this help is obviously needed. Working with a good figurehead in change processes supports the employees in understanding what the leaders of the company want. It helps them to be motivated to change and it also helps to give a clear picture to the employees as well as to the public, about what the company is doing and what it wants.

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Appendix

Appendix A

Linked in

Kopje:

Help mee aan mijn afstudeeronderzoek!

Tekst:

Voor mijn Bachelorthese aan de UNIVERSITEIT TWENTE. doe ik onderzoek naar de interne communicatie rond organisatieveranderingsprocessen. Op basis van een analyse van de communicatie uitingen wil ik vaststellen wie het boegbeeld van de verandering is en of die herkenbaar in de communicatiemiddelen gepresenteerd wordt.

Bent u projectleider of communicatie adviseur en wilt u meer weten? Reageer dan per mail. Of weet u iemand die mee zou willen werken, stuur dit bericht dan door.

Alvast bedankt.

Appendix B

E-mail contact

Geachte mevrouw/meneer....,

Hartelijk bedankt voor uw reactie en uw interesse om mee te helpen aan mijn onderzoek. Zoals ik op 'linked in' al aangaf, werk ik momenteel aan mijn bachelorthese op de UNIVERSITEIT TWENTE. Hiervoor doe ik onderzoek naar het boegbeeld van veranderingsprocessen in zorginstellingen door middel van een desktop analyse. Ik ben erin geïnteresseerd om te weten te komen of het bedrijf/ de zorginstelling zelf een boegbeeld voor ogen heeft en wil daarna de communicatiemiddelen gaan analyseren. Hierbij horen folders, (print) intranet, personeelsbladen, video's, e-mails, gadgets, foto's enzovoort.

Hoe kunt u me bij dit onderzoek helpen?

Tijdens een intake gesprek van ongeveer één uur plaats bespreken we het veranderingsproces, het boegbeeld en de communicatiemiddelen. Ook alle andere vragen die u aan mij wilt stellen kunnen hier aan bod komen. Vervolgens wil ik aan de slag met u communicatie uitingen die in het kader van het veranderproces zijn gebruikt.

Na mijn analyse kan ik een korte presentatie op locatie komen geven, als u daar interesse in heeft. Vanzelfsprekend bent u tevens uitgenodigd voor mijn presentatie van de resultaten op de UNIVERSITEIT TWENTE.

Als u akkoord gaat met dit plan van aanpak wil ik u vriendelijk vragen om op deze mail te reageren. Dan zal ik contact met u op nemen voor een afspraak.

Alvast bedankt voor uw medewerking.

Met vriendelijke groeten,

Irina Beinborn

Appendix C

Intake discourse

1. Naam van het bedrijf:
2. Grootte van het bedrijf (aantal medewerkers):
3. Welke werkzaamheden verricht uw bedrijf?
4. Wanneer heeft de verandering plaats gevonden?
5. Wat was het budget voor de verandering?
6. Wat was de tijdsplanning voor de verandering?
7. Op hoeveel medewerkers van het bedrijf had de verandering invloed?
8. Wat is de naam van het veranderproject?
9. Welke opleidingen/diploma's hebben de werknemers in het bedrijf die betrokken zijn bij het veranderingsproces?
10. Was de baas van het bedrijf ook de projectleider van de verandering?
11. Heeft het bedrijf extern om hulp gevraagd voor de verandering?
12. Hoe zag de verandering precies eruit? Wat moest er gebeuren?
13. Wat is in één zin de kernboodschap van de verandering?
14. Hebt u zelf het gevoel dat de kernboodschap duidelijk naar voren komt in de communicatiemiddelen?
15. Had het bedrijf zelf een boegbeeld voor de verandering voor ogen?

Appendix D

Tables

Table D1

Length of Sentences

Health care institution 1	Health care institution 2	Health care institution 3	Health care institution 4
18	27	23	21
16	31	16	16
16	9	10	10
32	9	20	11
15	30	19	25
16	17	14	28
13	13	12	32
26	20	10	9
15	23	16	15
20	14	30	15
14	23	29	17
11	15	22	26
24	18	18	11
13	21	13	15
10	16	7	21
18	18	16	14
12	26	31	27
20	17	17	18
14	28	26	11
5	16	16	18
mean: 16.4	**19.55**	**18.25**	**18**
SD: 5.995	**6.468**	**6.828**	**6.681**

Table D3

Language Level factors and their Descriptive Statistics

Factor	Mean	Std. Deviation	N
1. Length of Sentences	18.05	1.293	4
2. Load of Information	12.50	13.329	4
3. Use of Foreign Words	10.75	4.349	4