

Planned change in modern hierarchical organizations: A three-step model[☆]

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ABSTRACT

Change is often uncomfortable and it is challenging when the need for substantive change emerges in a hierarchical organization. It is critical to consider both processes and people when planned change becomes necessary. Members of the organization may look to existing theories and models that would be helpful to navigate planned change. The authors present the Proposed Model of Planned Change, which is a synthesis of three well-known change theories/models into one cohesive three-step model. This model integrates process, change agent(s), and collaboration with other group members. The authors highlight the model's strengths and limitations in the context of a hierarchical nursing school's curriculum revision as an example. This model could prove useful for similar organizations seeking similar changes, as well as for a variety of organizations in any circumstance where change is desired. The authors will provide a progress report of implementation of this three-step model with lessons learned in a subsequent manuscript.

Introduction

Modern organizations are navigating through an era filled with volatility, uncertainty, complexity, and ambiguity. The healthcare industry is rapidly evolving with new healthcare technologies and recent advancement in science - such as artificial intelligence, machine learning, and gene editing technology - to name a few. The healthcare workforce is shifting with the mass retirement of baby boomers both in the practice and educational fields coupled with an incoming generation of healthcare providers. Understandably, industry standards are also changing. Based on a recent practice analysis, The National Council of State Boards of Nursing (NCSBN) highlighted changes in healthcare and the need for more complex decisions and subsequently the significance of sound clinical judgment (Dickison et al., 2019; NCSBN, 2018). To ensure new-nurses entering practice can make clinically sound decisions, NCSBN will be incorporating clinical judgment measurement model to its next generation of National Council Licensure Examination (NCLEX-RN) that will be launching in spring of 2023 (Betts et al., 2022). Similarly, American Association of Colleges of Nursing (AACN) released Essential Core Competencies for Professional Nursing Education in April

2021 (American Association of Colleges of Nursing, 2021). While these changes are needed and exciting, transformative changes in underlying models and expectations mean extensive changes downstream. These changes are beyond those that came with the COVID-19 pandemic.

Changes are not easy. Changing our routine practices - whether they are organizational practices established by group consensus or personal practices adopted by personal preference - warrants shift away from what feels natural toward an uncomfortable experience of uncertainty or difference. Some changes and their induced visceral responses are unavoidable (Anderson et al., 2019). While occurrence of change may be out of an organization's control, leaders can buffer personnel from the negative impacts of change through intentional planning (Feldmann, 2014). This can be done by preparing its members for the change and shaping the implementation of change with/through shared governance. The way in which changes are presented and implemented can form experience. If changes are recognized as opportunities for new ways of thinking and new approaches to leap forward, changes can invigorate teams.

The purpose of this article is to summarize theories that have been guiding changes in organizations and to present a three-step model to

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guide organizational change with suggestions on ways to implement the model in a U.S. Nursing College in the context of curriculum revision.

Overview of select theories and models considered for planned change

“Change is the only constant in life” is a quote attributed to the Greek philosopher Heraclitus. Yet individuals and organizations may discover that larger intentional changes are necessary for continued quality and growth. Successful change requires thoughtful navigation from the current state to the desired state. Therefore, when implementing a planned change, there are numerous theories for change agents and organizations to consider. The literature is replete with multiple change models, and some of the models are considered classics and tend toward top-down management. Seven frequently referenced change theories/models were considered when embarking on a planned change project at a U.S. nursing academic institution (see Table 1). In summary, three theories/models that drew our attention addressed change with a focus on process (Lewin), the role of formal and/or informal leaders (Lippitt), and group collaboration (Kotter). Two theories/models were complete and were such highly complex models, that they were deemed unwieldy for the specific project (Rogers Diffusion of Innovation and Prosci ADKAR Model and Methodology). Lastly, two models investigated emphasized change on the individual level, and while valuable, were not wholistic enough to meet the needs of the project (Transtheoretical Model with Stages of Change and Bridges Transition Model).

The three models that addressed process, roles, and collaboration/teamwork in change were Lewin, Lippitt, and Kotter. Lewin's classic change model from the late 1940's with the well-known steps Unfreezing, Moving, and Refreezing was the most familiar one. Lewin's model of the change process is likened to unfreezing an ice block, then molding

the unfrozen substance into a new shape, and finally refreezing to retain the new appearance (Lewin, 1947a). Lippitt's theory of change was also considered as it described planned change occurring in seven cyclic phases (sharing some elements with the nursing process): Diagnose the problem, assess motivation/capacity for change, diagnose the client system's problem, establish alternative routes, transform intention into efforts, stabilize change, and terminate the helping relationship. Lippitt's theory places emphasis on the role of the Change Agent(s) (Lippitt, 1973). The third model of consideration was Kotter's, (1996) eight-step method for leading planned change in an organization. Kotter's transformational change has recently been successfully used for substantive change in higher education and is particularly beneficial for faculty engagement (Calegari et al., 2015). The process steps emphasize actions by the Change Agent(s) to assist the organizational group prepare to accept and participate in the planned change (Kotter, 1996) (see Table 2).

Other models and theories also addressed organizational change. In 1962, Rogers presented the Diffusion of Innovation theory which consists of four elements (innovation, communication channels, time, and social system), five stages for individuals with five phases for the organization, and described categories of adopters during innovations. Though the theory is widely applicable, it is complex theory with multiple elements (Rogers, 1962). The Prosci ADKAR Model (awareness, desire, knowledge, ability, and reinforcement) is also widely cited (Hiatt, 2006). The Prosci Methodology now also includes the Prosci Change Triangle (PCT) Model and the Prosci 3-phase process, all of which is very thorough with added complexities (Prosci, 2021).

There were two other models considered and these models emphasized individual change. In 1983, Prochaska and DiClemente introduced the Transtheoretical Model (TTM) and Stages of Change (pre-contemplation, contemplation, preparation, action, and maintenance) to describe how individuals change their behaviors. This theory is most applicable to individuals changing their personal behavior, frequently health behavior (Prochaska et al., 2015). Therefore, the TTM had limited utility in the planned change project. The Bridges Transition Model describes the transitions an individual experiences during change as three stages: endings, neutral zone, and new beginnings. Furthermore, this model posits that organizational change can only be successful if individuals are supported through these expected transitions and the model focuses on managing these transitions rather than the organizational change (Bridges, 1991). This model also focuses heavily on the individual, which had limited usefulness for the planned change project.

Theories used for planned change: integration of Lewin, Lippitt, and Kotter

When comparing selected change theories/models with our specific planned change project at this institution (integration of the 2021 AACN

Table 1
Change models/theories considered for proposed model of planned change.

Name of model/theory	Emphasis of model theory	Rationale for inclusion/exclusion
Lewin Change Model (1947)	Process of change in three stages.	INCLUDED: Focus on overarching process of change.
Lippitt Change Model (1973)	Roles of leaders implementing the 7 phases.	INCLUDED: Focus on shared leadership in the process of change, aligned with Lewin.
Kotter Change Model (1996)	Eight action steps for implementing planned change.	INCLUDED: Actionable steps for members to apply while implementing change, aligned with Lewin and Kotter.
Rogers Diffusion of Innovation Theory (1962)	Four elements, five stages for individuals, five phases for the organization, and categorization of five types of change adopters.	EXCLUDED: Complete with complexities not fitting our purposes to create a nimble three-step model.
Prosci Methodology (including oft cited ADKAR Model) (2021)	Change the organization by managing change in the individuals. Includes the Change Triangle Model, the ADKAR Model, and the Three-Phase Process	EXCLUDED: Complete with complexities not fitting our purposes to create a nimble three-step model.
Prochaska and DiClemente Transtheoretical Model with Stages of Change (2015)	Change of Individual Behavior	EXCLUDED: Aligned with personal health behaviors rather than organizational change.
Bridges Transition Model (1991)	Addresses the individual psychological response to change.	EXCLUDED: Strong emphasis on the individual rather than the organization.

Table 2
Kotter's Eight Step Model of Change (1996).

Step	Process to lead change	Key agents of change
One	Create a sense of urgency	Key Stakeholders, Organizational leaders
Two	Build a guiding coalition	Organizational leaders initiate building the coalition by promoting followers to informal and formal leadership roles
Three	Form a strategic vision and initiatives	Guiding coalition grows, adds key others
Four	Enlist a volunteer army	Guiding Coalition
Five	Enable action by removing barriers	Guiding Coalition
Six	Generate short-term wins	Coalition Leaders and all participants
Seven	Sustain acceleration	Coalition Leaders
Eight	Institute change	Guiding Coalition and Organizational Leaders

Essentials in our Program Curricula), three of the change models - Lewin, Lippitt, and Kotter - seemed most useful, as the vision required a model that addressed process, roles, and collaboration/teamwork. No singular model fit our vision, but three different models each addressed a portion of the planned change project. When synthesizing these models, the beginning, middle, and end points in all three change theories can be combined into one cohesive process model (see Table 3 and Fig. 1).

The basis of this proposed change model reflects the Lewin Change Model themes that focus on the broad process of “Unfreezing”, “Moving”, and “Refreezing” (Lewin, 1947a). Both Lippitt's Change Model and Kotter's Change Model align with Lewin's Theory, though they consist of more discreet steps or phases and differ in focus [Lippitt's focus is the Change Agent(s), and Kotter's focus is group involvement]. Specifically, Lippitt's phases one through three align with Lewin's “Unfreezing” phase, as does Kotter's stages one through three. Lippitt's phases four and five, and Kotter's stages four through seven are conceptually aligned with Lewin's “Moving” phase. Additionally, Kotter's stage eight and Lippitt's phases six and seven both align with Lewin's “Refreezing” (Kotter, 1996; Lippitt, 1973) (see Table 3).

The foundation of the proposed change model is a synthesis and alignment of the change process (Lewin), change agent(s) (Lippitt), and other group members (Kotter) along the continuum of time (tasks *before* the change, tasks *during* the change, and tasks *after* the change/evaluation of the new change). Of these three building blocks of this proposed model, process is the larger component as it encompasses both the change agent(s) and other group members. However, change agent(s) and other group members are equally sized components of this model as the change agent(s) are considered to be on equal footing with the other group members, diffusing organizational hierarchy to facilitate teamwork and breaking down of silos.

Step one: desire a change

Lewin discussed that the first step in change is *Unfreezing*, which results from catharsis, a stimulus that stirs up, often breaking up complacency and long-standing ways of doing (Lewin, 1947b). This process on unfreezing to create change is facilitated when leadership adds forces in the direction of desired change and restrains forces that resist change. In theory, during the unfreezing stage leaders create an impetus for

Table 3
Synthesis of change theories.

Theorist	Tasks, phases, and stages		
	Step one	Step two	Step three
Lewin	“Unfreezing”	“Moving”	“Refreezing”
	- Assess force Fields - Break complacency	Change with group consensus & involvement	Stabilize the new desired state
Lippitt (Lippitt, 1973)	“Phases 1–3”	“Phases 4–5”	“Phase 6–7”
	1. Assess Problem 2. Assess Change motivation and capacity assessment 3. Diagnose Problem	4. Plan goals 5. Implement actions	6. Stabilize Change 7. Terminate the helping relationship
Kotter (Kotter, 1996)	“Stages 1–3”	“Stages 4–7”	“Stage 8”
	1. Establish a sense of urgency 2. Create the Guiding Coalition 3. Develop Vision and Strategy	4. Communicate the vision 5. Empower the group for action 6. Generate short-term wins 7. Build momentum	8. Anchor the new approach within the culture

change by providing information to encourage change (Hussain et al., 2018).

Lippitt's Change Agent Phases one through three align with Lewin's unfreezing. In *Phase one, Diagnose the Problem*, the Change Agent identifies the need for change, creates a plan for needed change, and shares this plan with all affected parties (Lippitt, 1973; Mitchell, 2013). This plan needs to be flexible and responsive to input from the others, though it is also important to provide enough substance to provide some shared direction. In *Phase two, Assessment of the Motivation and Capacity for Change*, a desire or motivation for change is a required element. This desire can originate from an internal or external motivating force. While assessing for organizational motivation, it is important to assess and address change resistance and/or perceived barriers to best harness the full capacity for change. In *Phase three, Assessment of the Change Agent's Motivation and Resources*, the Change Agent(s) are a part of, and not separate from, the organization whether formally or informally. The initiating Change Agent needs to have the capacity for the change project (Lippitt, 1973). Additionally, Change Agent(s) can emerge as a guiding sub-group within the organization, or can be external to the organization (Mitchell, 2013). All need to have the readiness to work together.

The first three stages in Kotter's eight-stage model of organizational change align with Lewin's *Unfreezing* and Lippitt's Phases one through three. In *Stage one, Establishing a Sense of Urgency*, cooperation in planned change requires an impetus resulting in motivation. Key stakeholders must not only hold the vision for change, but the belief that the existing situation must be changed. Both leaders and followers must believe that the efforts to change are necessary, fighting complacency and the feeling that efforts will not produce the desired effects. Outside data and forces may be helpful to provide the needed urgency for change (Calegari et al., 2015; Kang et al., 2020; Kotter, 1996). In *Stage two, Creating the Guiding Coalition*, building an alliance of collaborative leaders who possess the requisite knowledge and skill for the task, as well as have the trust of others participating in the change process/project are needed to communicate the vision, urgency, and direction of change. This guiding coalition identifies and promotes additional leaders from within and outside the group. *Stage three, Developing a Vision and Strategy*, requires that leaders provide a clear and guiding vision of the planned change, as well as a compelling purpose that inspires the motivation to change within the organization. Then through a collaborative process, input from others may build upon this initial vision to create an evolving plan that can be embraced by those involved as it is appealing, attainable, simple, and easy to communicate.

Step two: make the change

Lewin's second step in change is, *Moving*, where change flows from group consensus on the need to change and the perceived value of making a change (Lewin, 1947b). Lewin further theorized that a focus on group change is more effective than making attempts to separate individuals to encourage change. At this stage moving without group consensus is a danger to permanent change. Leaders must provide knowledge, clearly define the change process, clarify misconceptions, and inspire the group (Hussain et al., 2018). Momentum, all participant involvement, and hearing group voice must be sustained during the moving phase.

Lippitt's Change Agent Phases four through five mirror the process of, *Moving*. In *Phase four, Selecting Progressive Change Objectives*, the planned change is further refined with the addition of details such as timetables to set smaller goals that will lead to the overall desired change (Lippitt, 1973). Additionally, organizational movement toward the planned change can be facilitated by the demonstration that the planned change is sensible and supported by the evidence provided, and that it is important to those in a higher position/authority (Mitchell, 2013). In *Phase five, Choose the appropriate role for the change agent*, flexibility in the plan and responsiveness to group voice, and the roles of

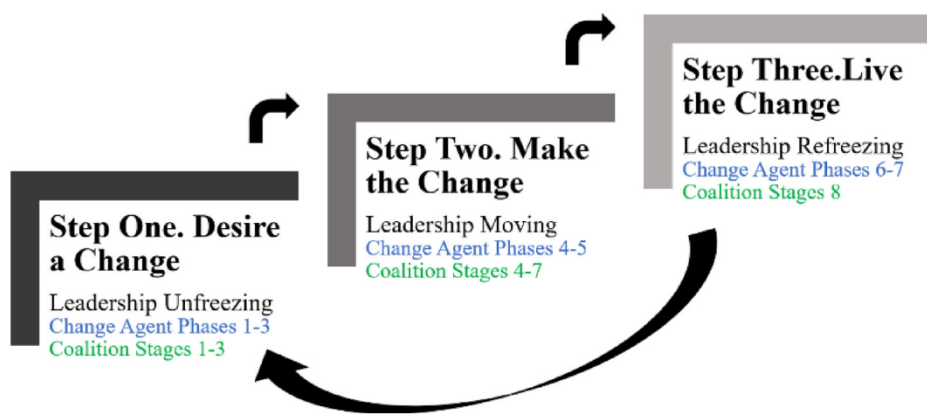


Fig. 1. Proposed model for planned change.

Note. This model shows the application of a Proposed Model of Planned Change that integrates Lewin's Change Model, Lippitt's Change Theory, and Kotter's Change Model. Lewin's Change Model presents change as a process akin to unfreezing an ice block, then molding the unfrozen substance into a new shape, and finally refreezing to retain the new appearance (Lewin, 1947a, b). Lippitt's Change Theory emphasizes the role of the Change Agent(s) occurring in 7 cyclic phases (Lippitt, 1973). Kotter's Change Model emphasizes actions by the change agent(s) to assist the organizational group's preparation to accept and participate in the planned change (Kotter, 1996). The Proposed Model of Planned Change has a temporal element to account for pre-planning, inter-planning, and after-planning/evaluation and highlights the interactive nature of change agent(s) and other group members

through that process.

change agent(s) enable the process of change (Mitchell, 2013, p. 33). The role of the Change Agent(s) might be that of content or process expert, leader in the process, and/or leader of the project (Lippitt, 1973; Mitchell, 2013).

Kotter's coalition stages four through seven corresponds with Lewin's, *Moving*, and Lippitt's phases four through five. In *Stage four, Communicating the Change Vision*, change is thwarted by lack of clarity, confusion, and lack of buy-in from needed participants. Kotter determined that top-down change is rarely effective without broad consensus which includes group investment. Individual efforts behind the scenes will not promote change. Communication of the vision is simple and provides a two-way communication, occurs in multiple formats, and addresses any miscommunications or misunderstandings. Additionally, the leaders' behaviors are consistent with the espoused vision (Calegari et al., 2015; Kang et al., 2020; Kotter, 1996). In *Stage five, Empowering Employees for Broad-Based Action*, leaders enable employees to change by facilitating discussion about possible implementation of new ways of doing things, promoting creativity, and removing historical systems or structural obstacles. In *Stage six, Generating Short-Term Wins*, leaders promote, recognize, and acknowledge expected short-term wins. Participants need to see and celebrate positive short-term wins as part of the change process. Authentic celebration of short-term wins proves that the planned change is worth the effort. In *Stage seven, Consolidating Gains and Producing More Change*, it is important to acknowledge that while the rewards of gains can be motivating, conversely, they can also decrease the sense of urgency and momentum of planned change implementation. To counter any resulting complacency, the leaders can build on short-term wins to create even greater change.

Step three: live the change

Lewin's final step in change is, *Refreezing*, where the desired state has been achieved. To avoid reverting to the previous state requires explicit changes in group priorities and goals that provide new equilibrium (Hussain et al., 2018). Permanent change implies that a new force field is secure against future change (Lewin, 1947a). The forces for and against the permanence or sustainability of change may involve individual, managerial, financial, organizational, political-cultural, or other factors (Shirey, 2013).

Parallel to, *Refreezing* is Lippitt's *Phases six, Maintenance of Change Once it has been Started*, and seven, *Termination of a Helping Relationship*. In *Phase six* supportive resources may be required to maintain momentum for the culmination of the change process/project. Additionally, continued communication with internal and external stakeholders is critical to the planned change transitioning into a new reality. It is also critical that all those involved in the change process/project are enabled

and empowered to test other ideas that may emerge organically as a facilitator of collaboration and motivation (Lippitt, 1973; Mitchell, 2013). In *Phase seven*, the outcomes are evaluated to determine if the desired improvement has occurred at the conclusion of the change process/project. The Change Agent(s) will remain available if needed, though now the organization and its constituents as a whole have the onus of responsibility and ownership for maintaining the achieved outcomes.

Kotter's *Stage eight, Anchoring New Approaches in the Culture*, reflects both Lewin's, *Refreezing* and Lippitt's *Phases six and seven*. In *Stage eight* the improved outcomes are linked to the change vision and collaborative actions. To solidify continued success, this updated mindset must be integrated into the culture of the organization. Regression is likely if the new practices do not replace the practices that led to the need for change. Therefore, it is critical that resources are in place that supports the new mindset and behaviors that created the new success (Calegari et al., 2015; Kang et al., 2020; Kotter, 1996).

Proposed model of planned change used for implementing the 2021 AACN Essentials

Most of the program curricula at a U.S. nursing academic institutions aligns with the previous version of the AACN Essentials for each program -Baccalaureate, Master's, and Doctoral. The 2021 AACN Essentials presented a major shift in expected program outcomes for both the Undergraduate and Graduate programs. The 2021 AACN Essentials presented a Framework, Spheres of Care, Concepts, and Domains with discrete Competencies, and Subcompetencies along the continuum of educational preparation (American Association of Colleges of Nursing, 2021). This shift in professional expectations of new graduates requires an assessment of existing nursing programs, which may also invite curricular revision.

Curricular evaluation and intervention to address any discovered needs for change are each a laborious process that requires the participation of the faculty members. This collaboration ensures a comprehensive evaluation and a well-thought-out group decision on how to best address any identified opportunities. While pre-planning the curricular evaluation and probable programmatic update, it is critical for change agents from within an organization to present a long-term goal with a time-based process to their faculty members. It is important to note that the authors of this manuscript view change agents as leaders, and leaders as change agents. To accomplish this substantial goal, a model of planned change was developed and is presently being proposed based on the synthesis of the three most applicable change theories/models—Lewin, Lippitt, and Kotter—as described.

In this Proposed Model of Planned Change, all three basic elements of

process, change agent(s), and other group members are in continual interaction to achieve a synergist effect for a cohesive and supported end product. This interaction is formal with intention (e.g., deliberate communication from change agents to other group members about the next steps in the planned process of change). This interaction is also informal and spontaneous (e.g., other group members' input and reflection on the direction of the process of change honing the process to meet the emergent needs in collaboration with change agents). Additionally, this proposed model also asserts that planned change is an iterative process to meet conditions and needs. This preliminary Proposed Model of Planned Change is depicted in Fig. 1.

This proposed model can be likened to a metaphor of a planned family road trip. First there needs to be a desire to take a trip and break the inertia of staying at home in a routine. The family needs to discuss and decide upon their shared ideals of the trip, and there must be available resources to make this planned trip a reality. This is *Step one, Desire a Change*.

Step two, Make the Change is the largest part of the endeavor and takes the most time and effort. The logistics of the trip must be broken up into achievable smaller goals. Each family member is given a role and commensurate tasks. As an example, a *navigator* will plan the route and rest points. As each family member takes on their role, they report back to the family if they encounter an issue, as it may have a ripple effect that necessitates all making a slight pivot in the smaller goals to make the trip happen. While traveling, they take some rest stops so all are ready to keep pressing toward the destination. They may even see an opportunity to explore a more scenic route. The family members all work together to decide whether to stay the planned course, or take the detour. Finally, they arrive at their trip destination and now they are getting to partake in all that they had planned.

Step three, Live the Change, in this metaphor is the end of the trip, and the family has made it back home. However, all are now more engaged in their daily lives as they now have changed perspectives based on their experience of the trip together. Their collective experiences have created a shift in their family unit, for the better. And just as the proposed model, it is likely that in the future there will be a desire to break through another episode of inertia and take a trip (see Fig. 2).

Going on a road trip to a revised curriculum: an implementation example

In the example of curriculum revision, the change starts with

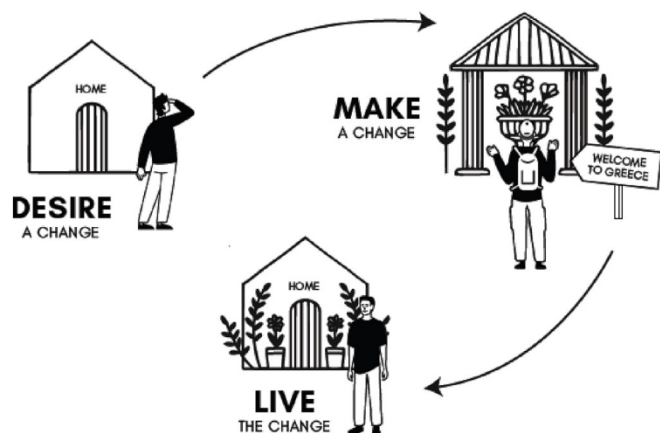


Fig. 2. Roadmap using proposed model of planned change.

Note: This is a graphic representation of the journey experienced when the proposed model is implemented. In Step One there is an internal and/or external impetus and a decision to seek a change. Step Two encompasses the complexity and multiplicity of change and includes setting goals, planning, implementing, and recalibrating as needed. In Step Three, the planned change has occurred and has the potential to become the new status quo.

assessment of the desire to change, the capacity to change, and anticipated problems. This is Step one, *Desire a Change*, of the proposed model. The impetus for initial change can be external, such as the release of the new AACN Essentials and the next-generation NCLEX-RN. Impetus for change can also be internal, such as identified areas for collective improvement by academic leadership and/or faculty members delivering the curriculum. Internal and external impetus can contribute to establishing a sense of urgency to break any existing complacency. Discrepancies in the desire for change between the leaders and the members of the organization, or complacency in either party can present as barriers to change. In these cases, intentional efforts are warranted either by the leaders or members, creating a guiding coalition to establish a sense of urgency to create change capacity. Some members of the organization may not be aware of the new AACN Essentials or the next-generation NCLEX-RN. External impetus may need to be communicated, along with provision of professional development opportunities to increase the level of comfort and competence in curriculum revision or test item writing.

In Step two of *Making the Change*, the guiding coalition can further define the change through creation and communication of visions, goals, and strategies to meet the goals. These activities promote group consensus and involvement. For example, change agents composed of academic leaders and leaders of shared governance can communicate their collective vision for faculty-driven curriculum revision. Examples of specific planned goals are to 1) complete mapping of the curriculum to the New Essentials in the next semester, 2) draft a plan to address the gaps identified from the mapping in the following semester, 3) implement the plan to address the gaps in two years, and 4) evaluate the outcomes of the change within one year post implementation. The mapping activity during the first semester can be further operationalized with monthly activities such as mapping the curriculum to two of the ten competency domains in each month. The vision for change and the progress- exactly where the group is in the process- can be communicated repeatedly in all faculty and staff meetings and through shared platform for electronic communication so the changes could be supported and understood by all. In *Step two* communications, short-term wins can be highlighted and celebrated. Organizational leaders may recognize that individual efforts may not be the most effective way to implement change. To collaboratively implement the changes, all faculty, including clinical faculty, can be empowered through a monthly professional development series that provides informational resources as well as logistical resources such as blocked time, space, and basic needs.

In *Step three of Living the Change*, it is important that the change is sustained. One example of sustained change is delivery of the updated curriculum in each of the classrooms, clinicals, and labs. The new curriculum can now be considered the norm and part of regular practice. Individual faculty are accountable for understanding and delivering the updated curriculum. Normalization of peer-review and peer-support, rather than the helping relationship of the change agent and leadership, can further stabilize the desired state.

Discussion

Organizations require the agility to make change. Foundational changes such as a curricular change requires active participation on the primary stakeholders. The power of melding Lewin's Change Theory with Lippitt's and Kotter's models into one cohesive model is that the strengths of each are retained. Together, these three theories/models address organizational change from leadership, change agent, and collaborative perspectives. Idealists might envision change occurring organically, thereby causing groups to form, influence, and create change. In reality, hierarchical organizations must plan change considering all perspectives (leadership, change agents, and group members). As emphasized in Lewin's change theory, leadership and management are needed to identify the need for change and get the process started

while continuously working to provide resource support. Change agents, as explained in Lippitt's model, are necessary because guiding the process of change requires agents with time to listen to, understand and represent stakeholders while detached from management. As delineated in Kotter's model, modern workers have demanded increasing autonomy and determination. Kotter posits that transformational, organizational all-member change benefits modern workplaces by allowing collaboration. While the proposed three-step model for planned change is limited to the identified overarching themes, it supports successful change through integration of all three perspectives.

Our proposed model may have limitations such as overgeneralizing Lewin's subordinate constructs, or de-emphasizing some of the numerous change agent roles in Lippitt's model. The change models of Kotter and Lippitt are both built on the foundation of Lewin's theory, bringing alignment and synergy into this aspect of the proposed model (Calegari et al., 2015; Lippitt, 1973). This proposed model recognizes that change results from outside forces, particularly in healthcare, education, and industry settings. Lastly, our model grants that change is constant, and one success leads to subsequent organizational modifications. Therefore, this three-step model acknowledges varied perspectives to create sustainability and may be ideal for a wide variety of hierarchically structured organizations.

This proposed model serves as a starting point to guide the process of planned change. Though it may appear to be linear - *Step one, Step two, Step three*, this is not necessarily the intent as change is messy with surprising twists and turns. Though we may believe we have planned for every contingency, our plans are not perfect as life is dynamic and can be unpredictable. Rather than offering a strict recipe or linear procedure, the proposed model provides a flexible framework. Additionally, this model represents the process of change as continual and incremental, while at times punctuated by significant upheavals requiring a radical response. Therefore, this model can be adapted to meet the major disruption to the status quo as well as small cyclical changes.

Conclusion

Due to the urgency of curricular change in nursing education, the authors determined that creating and sharing a proposed roadmap for change could serve other agencies facing similar circumstances. We began implementation of the proposed model for curriculum revision at Menonite College of Nursing at Illinois State University. The authors

will provide a progress report of implementation of this three-step model with lessons learned in a subsequent manuscript.

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