The challenges of change management in Aboriginal community-controlled health organisations. Are there learnings for Cape York health reform?

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Abstract

The health status of Aboriginal and Torres Strait Islander peoples continues to be significantly poorer than Australia's general population. Clearly there is a need for change, hence the renewed interest in transitioning to a community control model for health services as a health intervention. Yet this requires a significant change management process, which is a process developed using Western business philosophies, and may not be applicable for community-controlled services that need to operate within the Aboriginal cultural domain.

This paper examines the literature on organisational change management processes, and features of Aboriginal community-controlled health organisations and Aboriginal management styles. It identifies challenges and synergies that can be used to inform more effective transition processes to a community-control model for health services. The findings also highlight the need for a fundamental systems change approach to achieve such major reform agendas through the creation of a "collective responsibility" to achieve the vision for change, utilising participatory change management processes both internally and externally.

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What is known about the topic?
There is considerable literature available on change and organisation management. While there has been a recent increase in the literature on cross-cultural interpersonal relations in management and the need for effective governance and management of Aboriginal community-controlled health organisations, there is a gap in any detailed analysis of these issues combined.

What does this paper add?
This paper contributes to understanding effective Aboriginal and Torres Strait Islander health intervention strategies through examining Western change and organisational management processes and how they can assist community-controlled health organisations and both non-Indigenous and Aboriginal management staff to undertake major organisational reforms to improve the health of Aboriginal and Torres Strait Islander people in Australia.

What are the implications for practitioners?
The findings of this paper indicate that any health intervention strategies for Aboriginal and Torres Strait Islander communities need to be based on participatory change management processes and a fundamental systems change management approach that recognises change as an inherent quality of a living system, not an imposed driving force, in order to ensure that the interventions will be sustainable.

IT HAS OFTEN BEEN SAID that the surest way to fail in the long term is to continue doing what you have always done.[1] The same can be said for efforts to improve health of Aboriginal people, as demonstrated by the health status of the Indi-

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genous versus non-Indigenous populations. "Over the period 1999–2003, Indigenous males and females died at almost three times the rate of non-Indigenous males and females. Indigenous Australians also had higher rates of mortality from all major causes of death."[2] (page 178)

The need to change the service model to address the discrepancies in health status has led to a renewed interest within Queensland Aboriginal and Torres Strait Islander communities in taking control of health service delivery where

such services do not currently exist. It is well recognised that a sense of control over one's life has a positive influence on health and well-being.[3] Conversely, a loss of control has a negative impact on health. Community-controlled health services are therefore not just an alternative service delivery model to mainstream health services, but rather a health intervention in their own right, given that "vastly better Aboriginal health outcomes are possible with community-controlled and managed primary health care."[4] Since the establishment of the first Aboriginal Medical Service at Redfern in Sydney in 1971, Aboriginal community-controlled health services have been increasing throughout Australia. Their primary goal is to give back control over decisions associated with health outcomes to Indigenous communities across Australia in an effort to improve health.[5]

In Cape York, there are no community-controlled health services. Health services are delivered by mainstream service providers, primarily Queensland Health, the Royal Flying Doctor Service; the Far North Queensland Rural Division of General Practice; and various visiting specialist services. If significant improvements in the health status of Cape York communities are going to be achieved, control of health services must be given back to the communities.[4]

This has led to the Cape York Health Reform project that is being led by the Apunipima Cape York Health Council Aboriginal Corporation (Apunipima). A transition implementation plan has been developed to inform the organisational changes required for Apunipima to take on the role of a community-controlled health service for Cape York in the future.

However, this reform requires a significant change management process, as Apunipima shifts from an advocacy body to a primary health care provider. Yet organisational change management is based on business literature, which is primarily generated from the mainstream Western culture, whereas one of the strengths of Aboriginal community-controlled health services is their ability to manage and deliver health services within the Aboriginal cultural domain.[6] The question must

therefore be asked whether the literature on organisational change management is appropriate, and can be adopted for change processes within the community-controlled health setting.

This paper examines the literature on organisational change management processes and relates it to features of Aboriginal community-controlled health organisations and Aboriginal management styles to identify synergies that can be used for transition processes to enhance community control of health services, such as the one underway at Apunipima.

Organisational change management

There are essentially three phases in organisational change: first the organisation must recognise the reasons and need for change and accept that the previous way of doing things is no longer acceptable; second, the organisation must create and embrace a new vision for the future; and finally, new attitudes, practices, and policies must be put in place.[7]

However, change should not be considered only in terms of the process, but should factor in the context of change in relation to the historical, cultural, and political features of the organisation internally and the external environment.[8] Two key concepts on organisational change have emerged from this thinking.

Models of organisational change

The theory of systems thinking means considering the interrelations that exist between the parts of the organisation and the whole entity of the organisation.[9] Consequently, when applied to the practical application of a change management process, organisational change must be either incremental, dealing with the individual parts in a sequential process; or fundamental and systems based, whereby the whole organisation and its relations with other organisations are affected.[9]

While incremental change may seem easier, it often neglects the interface between the various components and the relationships that parts of the organisation have with other sections or with

external stakeholders.[9] On the other hand the complexities of these interplays need to be considered in fundamental organisational change. It is therefore not surprising that many change management processes fail. One explanation for the increasingly common "failures at change can be traced to a fundamental but mistaken assumption that organisations are machines,"[10] and not the living systems that they are. Living systems need to be able to respond to change to be sustainable. Machines on the other hand only respond to instruction.

Change should therefore be viewed as an inherent quality of an organisation, not a driving force imposed on an organisation. Hence the theory of *learning organisations*, which are described as constantly challenging their beliefs, norms, policies and behaviours in order to improve.[11] Advocates for learning organisations insist that change is essential for successful organisations given that the two processes are interrelated — learning is a change process and change is a learning process.[12]

Guidelines for effective organisational change

According to the phases of change outlined above, the first step in an organisational change process is to ensure that the organisation is receptive to the reasons and need for change. In a functioning learning organisation, this should not be difficult by virtue of its characteristics, but for those organisations that are not accustomed to a continuous improvement process, this can be challenging.

Recognise the need for change

There are numerous reasons cited in the literature for resistance to change. These occur at both an individual and group level within the organisation. Resistance is usually either from change in itself (often called change fatigue), or because resentment develops "due to the increased presence of power and authority as a result of the number and range of instructions that almost inevitably flow from management in implementing change."[9] (page 10)

Depending on their position in the organisation and the information available to them, staff may also have different perceptions or a misunderstanding of the need for change. This can often lead to resistance based on self-interest, where staff and "stakeholders expect to lose something as a result of the change being implemented," or even "fear of being unable to learn new skills or work behaviours."[9] (page 10)

Set a clear vision

System thinking begins with the belief that it is possible to achieve more as an organised group.[10] Change needs to start with exploring and clarifying the intention and desires of the group's members, as principles and purpose provide a shared sense of identity and autonomy to empower contribution to the group goals. The next step is to articulate and commit to these end goals, or organisational "vision". The literature agrees that commitment to a vision is essential at the micro and macro levels of an organisation for staff motivation and change implementation.[9]

Implement a change management process

Change management is the link between the vision and operation of the organisation, "the process by which strategy is actually implemented, and by which changes are actually made to happen." [9] (page 8) There are several ingredients identified in the literature that contribute to an effective change management strategy. The first and foremost is leadership. It is not only important for staff to understand the vision, but this must be constantly reinforced through those in leadership positions. Leaders of change need to "act in accordance with the vision — one needs to 'walk the talk'."[13] (page 173) One of the greatest challenges for leaders of change is to stay committed to the vision, especially in times of resistance.[9]

"The transformational leader is especially concerned to shape the values, beliefs and assumptions that employees have about their tasks; their colleagues and their organisation ... [and] strives to create social situations which dramatically and purposefully communicate messages to others."[14] As this implies, the second feature of an effective

change strategy is communication and shared information. Information should be the medium of an effective organisation, not the currency traded for power.[10] This is important at any time, but is even more critical in a change management process to avoid misinformation that can lead to resistance. For this reason it is also important to communicate face-to-face with individual people during change to prevent rumours and to accommodate individual styles, motivations and readiness for change.[9]

In addition, when different people see information they see different things, which produces integrated and effective responses.[10] Change is therefore successful only when the entire organisation has involvement and participates in the process.[7] Even though it is easier to instruct people what to do during change, involvement of a diverse cross-section of staff "who are hungry for change and learning, innovators with licence to change things and the support of senior management," will produce more effective results and will reduce the resistance to change organisationally.[9] (page 13)

These components of the change strategy also contribute to creation of an environment of trust, which is one of the most challenging aspects of change management.[9] Trust and good relationships dissipate the fear associated with change.[10] This is particularly important in situations which involve changes to working teams, individual positions and staff roles.[9] It is also consistent with the theory of organisations as living systems. Leaders need to demonstrate an ability to care for, and empathise with, staff as human beings with emotions, not machines. "The old-fashioned traits of humility, love, compassion and humour are needed today more than ever in a world where leaders need to have vision, drive and commitment but need to be seen as human and have the frailties that we all have come to expect of individuals,"[13] (page 175) so long as these frailties are perceived as strengths and not weaknesses.

The other aspect to this human factor is supporting staff through change by providing training and development opportunities for their new roles.[9] This will also enhance their ability to contribute to the learning organisation and stimulate new initiatives to complement the change management process.

Another key component of an effective change management strategy is maintaining momentum. Celebrating successes in the early and middle phases of change will build and maintain commitment to the process.[9] Such celebrations can also be used to bring closure to the past and assist those reluctant to change in committing to the future vision.

And last but not least, "have a source of transitional funding available — to provide incentives for change — from physical restructuring to redundancy or early retirement payment and development and training monies for staff."[9] (page 14)

Aboriginal community-controlled health organisations

Aboriginal community-controlled health services "function at the interface of Indigenous and non-Indigenous cultures."[15] (page 127) Their fundamental cultural orientation places them at the interface between the predominant Western management culture and their accountability to the mainstream government sector, which provides their funding and resources, and the Aboriginal domain. "Not to recognise the substantial differences between the cultures runs the risk of undermining the gains already made through the community-controlled health services, reducing them to bureaucratic extensions of the mainstream system."[6] This brings its own set of unique challenges for management.

Features of Aboriginal health organisations

The interface between the two different cultural domains creates tension and conflict for management when they are "obliged to function within a framework of processes and accountability dictated by the dominant culture,"[6] while meeting their obligations and responsibilities to community.[15] There is a dependence on partnerships with mainstream agencies not only to establish referral pathways to other service providers to

provide the increasingly complex range of health services, but also with government funding agencies to optimise access to the vast number of funding streams, required to support delivery of comprehensive primary health care, which does not have its own specific funding source.[15] Management needs to form tactical alliances with the dominant domain to secure funds for their organisation.[6]

The organisations therefore have management processes that are in the middle-ground, providing coordination and support for staff to enable them to meet the goals of the organisation in a cross-cultural context.[4] This results in organisations that operate in a very open system with a strong emphasis on interpersonal relationships. Managers place a higher emphasis on regular communication with staff, through face-to-face contact, at every level within the organisation,[4] and therefore possess "a deep understanding of the complexity of interactions and personal ties."[6]

To form effective interpersonal relationships, both between management and staff and between staff and the community, there needs to be an acknowledgement by all parties of the impact of the past on individuals and the resentment still felt towards the historical abuse received by Indigenous peoples from those in power and authority within the mainstream domain through dispossession and oppression, particularly given the compounding effects that historical traumatic events have on health and wellbeing.[4,6]

Aboriginal social relations are shaped by appropriate displays of emotion.[4] Aboriginal people expect individuals to express their feelings in interactions with others as it helps to define the connectedness in relationships. Non-Indigenous staff need to be mindful that a calm and detached, professional manner is often misinterpreted as a lack of caring. The expression of emotion in an Aboriginal organisation is often discernible in staff as an emotional involvement with the organisation, the communities they serve, and the provision of the services.[4]

This is largely because Aboriginal people place a strong importance on family and community relationships, so both management and staff commonly have a strong personal motivation to assist the communities through the services they provide.[6] Managers and staff in an Aboriginal health organisation are also very committed to social justice values and improving the health status of Aboriginal and Torres Strait Islander people. Their "traditional cultural values of tolerance, adaptiveness, collectivism and an egalitarian approach," may in fact place these organisations at an advantage in the current environment of "new management ideology" and improving organisation effectiveness.[15] (page 129) This commitment is often the only common factor that sees management and staff through in times of difficulty and when confronted with the challenges of operating at the cross-cultural interface. Therefore, "in many ways Aboriginal community-controlled health organisations may be more leader — than manager — oriented,"[15] (page 129) as they frequently take a leadership role in their communities, dealing with other issues, such as social issues, as well as health service delivery.

The value of the concept in Aboriginal social styles placed on "collective responsibility" whereby "decisions are more comfortably arrived at through consensus",[4] also means that Aboriginal community-controlled health services are by their very nature, participatory at all levels, including the Board, management team and staff. This has both its advantages and disadvantages. The advantages are that it increases participation and access to the services by the community, resulting in better health outcomes, and enables the organisation to take up the leadership roles mentioned above. One of the disadvantages is that it requires significant staff and Board development, to provide individuals with the necessary skills and knowledge to perform the wide range of tasks required in the specialised field of health service management and delivery. Collective participation also often results in a complex and time-consuming process that involves interplays between the diverse interests of communities, which can conflict with timeframes and outcomes objectives.[15]

However, the levels of control and accountability demanded by the government funding agen-

cies often requires Aboriginal organisations to develop structures and processes that result in a more directive management culture.[4] This begs the question as to whether there are best practice models for Aboriginal community-controlled health organisations that achieve the necessary balance between the two cultural domains.

Principles for the design of effective Aboriginal health organisations

A recent study of achievements in Indigenous health in Australia indicated there was no evidence to support an exceptional model for Indigenous community control of health services. Instead, it illustrated the need for health service delivery models to reflect the diversity between communities and to adapt accountability and governance processes accordingly.[16] An Aboriginal community-controlled health service with capacity is described as possessing: a clear vision or understanding of its role or purpose; a board and organisational structure that reflects the business and supports the work of the service; a clear delineation of roles and responsibilities supported by policy and procedures, where this is appropriate; a workforce that has the necessary diversity of staff to meet the objectives of the organisation; management structures that provide organisational support; and ongoing professional development for staff.[17]

Thus, the key consideration for the design of a community-controlled organisation is:

> the more that attempts are made to reflect the complexities and subtleties of the values and practices of Indigenous people in formal corporate structures and processes ... the more there is the risk that over time the formal corporate structures and processes will supplant the informal Indigenous ones — a process of the "juridification" of social relations ... From this perspective, there are compelling arguments for establishing Indigenous corporations which leave as much social and political process as possible within the informal Indigenous realm, and do not attempt to codify it within formal corporate structures or governance mecha-

nisms. The focus in these corporations' design and management should be on such matters as developing procedures to ensure effective and accountable relationships and linkages between the corporation and the relevant Indigenous groups."[18] (page 10)

Aboriginal health organisation change management

There are several related characteristics that can be identified from a comparison of these two concept evaluations in relation to managing change effectively within an Aboriginal health organisation. As identified above, Aboriginal community-controlled health services have an adaptive culture. This is one of the strengths of embracing the informal Aboriginal realm as the primary influence for organisational culture, structures and processes. The organisations are operating in an environment which requires that they constantly challenge the status quo, looking for opportunities to respond to the health needs of communities and develop organisational efficiencies to improve health status, and are therefore learning organisations in their own right. It also enables the organisation to respond to changes in the constant flux of funding rounds and resourcing challenges described above.

Yet, individually, resentment towards change can still occur within these organisations, and therefore needs to be closely managed in any change agenda. Management needs to be careful to avoid assuming a role of power and authority instead of treating staff inclusively in the process. It would appear that there are several reasons for resentment of authority. Firstly, those who have been subjected to the historical events of oppression by the Western system, or have family members who were victims of historical trauma, will naturally resent a dictatorial change management style. Secondly, power and authority is also a source of resentment if there are perceptions that traditional family connections are creating factionalism and nepotism, or that family sub-groups are attempting to take con-

trol, or secure the organisational resources, for their own self-interests.[18]

Fear is another common factor for resisting change in Aboriginal community-controlled health services that needs to be closely monitored and managed. Staff may be concerned that they will face "impossible workloads and work challenges that go beyond their experience and training,"[4] or alternatively that "outsiders" will gradually take over control, as there is an increasing need for technical expertise to be recruited to the organisation. While a supportive staff development program would seemingly address these issues and provide a mechanism for local employment, for many Aboriginal people this also creates the fear that they will be ridiculed by their communities for their increased involvement in "whitefella business" through further education.[6] In other cases it is a fear of loss that generates resistance to change. As in other sections of the workforce, "change management has come to mean downsizing and layoffs,"[10] as a response to changes in funding, and the need for efficiencies, imposed by the competitive market model of service provision and purchaser models managed on a contractual basis.

Change fatigue is another issue for many staff of an Aboriginal organisation. Given the constantly shifting environment of these organisations, personal commitment is commonly not enough to retain staff, particularly for those staff who do not have a direct tie to the communities the organisation serves.

Setting a clear vision for the future
"Where change is continuous and not based on a well-articulated vision or on goals that are seen to lead to health outcomes for [community], staff are more likely to be resistant and obstructive to change."[19] (page 203) The "vision thing" that the literature refers to[9] is therefore an imperative for these Aboriginal organisations. Not only should Aboriginal health organisations have a vision, but the vision needs to be collectively owned by everyone in the organisation to ensure there is the "collective responsibility" generated to achieve

the vision and to avoid the change fatigue that can result otherwise.

Implementing the change management process
As demonstrated above, leadership is vital to the momentum of change and commitment to the vision. Aboriginal community-controlled health organisations are very well placed in this instance, given the natural leadership role that management and staff assume within the community, and the personal commitment that they bring to the social justice cause that generates the values within the organisation. Natural leaders will therefore emerge in any significant change process that is recognised as needed to meet the vision of the organisation, for the betterment of community health status. Given the focus on interpersonal relationships and face-to-face communication in the Aboriginal domain, the facilitation of open and transparent sharing of information also places these organisations in a strong position to implement change processes effectively.

The challenges are more likely to be associated with the conflict between broad-scale staff involvement and meeting accountability and timeframe requirements imposed by the dominant Western management realm and external stakeholder expectations. The temptation to circumvent participative processes must be avoided. Participation is not only an imperative to generate the collective responsibility and conscience, but also to ensure that all perspectives and insights are considered in the process, as "the views of even the most junior staff may prove significant because of their links back into the community."[4]

This is also where the learnings from the models of change may be most applicable. Given that systems thinking focuses on the interrelations between the organisation parts and the whole, and fundamental change requires the involvement of partnering organisations, participation in the change process is thus extended from the staff of the organisation to include those from other external agencies as well. This could be interpreted as disadvantageous to the organisa-

tions as they are placing themselves in a situation in which they can be controlled by the dominant domain, or used to legitimise its social control over the Indigenous realm.[6] However, it can also be used as a mechanism "to strategically engage with the social, cultural, economic and political dimensions of the wider Australian society," to address "the severe marginalisation and deprivation of many Indigenous groups and communities. It is also fundamental to achieving meaningful self-determination."[18] (page 9) Another spin off is that the pressure to meet unrealistic demands may decrease as the external stakeholders become involved in the change agenda and gain an improved understanding of the competitive demands on the organisation.

Change management challenges for Apunipima and the Aboriginal health sector

Apunipima is not merely operating at the interface between two cultural domains similar to other community-controlled health services, but is the change agent that needs to consider the change management process within both of these realms. There are some key learnings from this analysis that can be applied to the Cape York Health Reform agenda and the transition process for the Apunipima Cape York Health Council that may also be applicable to other organisations involved in similar processes.

The first and foremost consideration is creation of a vision that justifies the need for change and reflects the end goal that can be used as the tool to generate a collective responsibility for the reform agenda.

The second is the context of change in relation to the historical, cultural, and political features of the organisation internally and within the external environment. While a learning organisation culture will be required within Apunipima to undertake the necessary fundamental systems change approach, there are a variety of external stakeholders. There are the communities that will be recipients of the change and the delivery of services, who are in the Aboriginal cultural domain, and there are the government agencies and mainstream service providers that are not only operating in the dominant Western domain, but may not be learning organisations ready to be involved or willing to engage in such a major reform process. Thus, creating an environment receptive to change not only needs to be generated within the organisation, but also by the external stakeholders.

In preparing for the transition process, there is a need to minimise resistance to change internally through implementation of an inclusive, participative process instead of a dictatorial approach; ensuring that the structures, processes and policy frameworks in the organisations support the informal Aboriginal domain to avoid creation of a bureaucracy and an infiltration of the dominant culture through recruitment of technical experts from the mainstream; developing and training staff to take on the new roles and responsibilities associated with the change within a culturally appropriate supportive environment; and engaging with staff individually to dispel fears of retrenchment or support them through voluntary redundancies, that may be generated by restructures.

In communities, the challenges are likely to be associated with developing inclusive governing processes that prevent perceived factionalism and nepotism; providing development and training opportunities for local people to take on employment or governance roles within the organisation as health services are rolled out; and maintaining open channels of communication to dispel misinformation. Utilising staff with connections to community to provide change leadership support will be critical.

Possibly the greatest challenge will be the external mainstream stakeholders who will have vested interests in this reform. Service providers will have self-interest in maintaining a viable position for themselves as a future provider regardless of the transition to a community-controlled service provider. Government on the other hand will want to ensure that the organisation has the capacity to take on this new role and will not be a political liability. In addition, there is

a need to negotiate for an appropriate level of funding to ensure that the transition process is adequately resourced and supported.

A fundamental systems change approach is therefore going to be crucial to the success of this reform agenda. Creating a collective responsibility to achieve the vision through a participatory change management process both internally and externally will require Aboriginal health service management to not only "walk the talk" but exude the leadership and human qualities required for effective interpersonal relationships required to "walk the tight rope" at the interface of the two cultural domains.

Acknowledgements

Competing interests

Forms to come.

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