Open University of Cyprus

Department of Economics Sciences and Management

MBA on *Enterprise Risk Management*

Master Thesis

Case Study of the Risk Management Plan Ensuring Business Continuity of a Private Healthcare Organisation, After a Manager Change

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The current master thesis submitted for partial fulfilment of the acquisition requirements of the postgraduate programme on Enterprise Risk Management of the department of economic sciences and management of the Open University of Cyprus

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Summary

Public or private organizations today, facing a variety of challenging and complex events. Nonetheless, they must be prepared for every sudden event, or a significant change/reform may occur and ensure the business continuity. The period after the change is crucial for every company so the best prepared and ready they are, the better they will handle it and organisation will go back to normal quicker and smoother. In nowadays Enterprise Risk Management (ERM) and Business Continuity Plan (BCP) are tools that being used from every modern business. The ERM framework helps us to identify the risks, asses the risk, respond to the risk and monitor the process. The BCP is ensuring the existence of processes and services to deal with the risk making sure the firm's survival. In a private healthcare organisation, the two tools are crucial for business success. But how are these connected to a manager change?

Aims:

This study aims to discover if a manager change will affect the business continuity and in which ways and also if people supporting a manager change or not? Also, we are going to try to discover why people do not like a manager change.

Methods:

A data collection carried out in different private hospitals using a semi-structured questionnaire including open questions as well and using questions of the National Audit Office questionnaire on February 2000 – managing business risk in government. Questionnaire results were analysed via SPSS 20.0 using statistical techniques and various charts and tables for data illustration. We also performed a literature review on old papers to compare the results.

Results:

Some essential conclusions came out of this study regarding a manager change and people beliefs. Staff within the organisation think that a manager change will have an impact on business continuity because of the uncertainty after the change and because the new manager will bring new ideas which might affect the business negatively. Also, they do not like a manager change because they are quite happy with the current manager and because the new manager ideas might affect them.

Acknowledgements

I would like to express my gratitude to my supervisor Dimitrios Dapontas for the useful comments, remarks and engagement through the learning process of this master thesis. Also, I like to thank the participants in my survey, who have willingly shared their precious time during the process of answering the questionnaire. I would like to thank my loved ones, who have supported me throughout the entire process, both by keeping me harmonious and helping me putting pieces together. I will be grateful forever for your support.

Table of context

CHAPTER 1
Introduction

The risk is an inescapable part of the everyday decision. For most of the decisions people make the risk is small. But in a business organisation everyday decisions can be crucial for the company's future and the risk is enormous (Buchanan & O Connell, 2006). Massive failures in the business and healthcare sector have underlined the importance of preventing and dealing with organizational severe risks. Healthcare is complicated, and lots of firms facing the risks independently as a patchwork of risk management actions within the horizontal or vertical approach. As a result, one type of risk not so important may receive more attention than another more important risk which goes undetected or unrecognised. Consequences of ineffective management of risks differ from organizational underperformance to catastrophic failures that could threaten the existence of the business(Caldwell, 2012). In healthcare organisations risk is always a massive parameter for business continuity. Recent surveys show that the idea of ERM has been quickly adopted by the business community (J. R. S. Frazer, Schoening-Thiessen, & Simkins, 2008) and as a consequence academic interest in this situation is increasing. Literature has so far linked ERM to firm characteristics. For example, the degree to which a firm adapts to ERM it depends on its size and executive support(Beasley, Clune, & Hermanson, 2005). Through an empirical analysis of senior risk officer appointments (Pagach & Warr, 2007) discovered that financial strength is significant in ERM adoption, with high-leverage firms having more possibilities to apply ERM comparing to firms with low-leverage ratios. Researchers also tried to find out how ERM connects to the structure of the board of directors. In analysing firms of pharmaceutical preparations section, the percentage of independent outside directors does not always influence ERM adoption. Board self-determination has an effect on ERM only when CEO and board chairman positions work separately(Lin, Wen, & Yu, 2012). Changes and reforms within the organisations are increasing the risk of uncertainty making the future unstable. Despite all the potential risk the organisation might face, every company must be prepared and in place to face and treat the risks ensuring the business continuity. In our case study we are going to examine the case of a health care organisation and the risks will face after a manager change. We created a questionnaire for clinical staff to complete aiming to understand in a holistic approach if people don't like a manager change and if possible why.

CHAPTER 2
Literature Review

2.1. Enterprise Risk Management:

Effective risk management nowadays is the most pressing business issue(Moore, 2013). The terms integrated risk management (IRM) and enterprise risk management (ERM) are seen as synonymous. IRM is a framework helping us to understand and prioritize different types of risks a company is facing, to create a short and accurate summary of the most critical risks and then identifying if we need to work even more to bring these risks to acceptable levels(HIROC, 2014). In another approach Enterprise risk management (ERM) is a management tool that includes the methods and processes used by businesses to manage risks connected to the achievement of their objectives(Caldwell, 2012). Understanding the connection between ERM and IRMs is crucial, providing insights on how ERM plays a part in the firm's accomplishment. Given their similar ways in handling risks, the effect of one practice (ERM) depends on the status of the other (IRMs). Focusing only on ERM is not the right approach because, as discussed earlier, IRMs may provoke ERM adoption. In the end, without controlling for IRMs, the actual ERM effect might be merely a reflection of the impact of its underlying IRM drivers, guiding as to a false result(Lin et al., 2012). A typical ERM framework guides management on how to:

- identify adverse events or circumstances relevant to the organization's objectives
- assess the likelihood and magnitude of impact
- determine a response or mitigation strategy
- monitor progress.

A typical issue among boards of directors is the absence of a detailed framework and toolsets helping them to structure an effective enterprise risk management plan. The management's responsibility for enterprise risk management and the board's responsibility for risk oversight has to be defined. Board's role in risk oversight is equivalent at some point to the role of the audit committee. The audit committee does not prepare draft disclosures, financial statements, or look after the system of internal control. Instead of that, the audit committee is responsible for controlling the financial reporting and related internal control procedures.

In the same way, boards of directors don't have to identify, reduce, analyse and monitor a company's risk. More precisely boards are responsible for supervising the risk management systems and processes and at the same time, they have to assess the related results and planning continually. On an excellent board risk oversight process, the board must be confidence in managing as well as access to relative information and effective performance of a board overall is required (Caldwell, 2012). Two main benefits for implementing IRM have been suggested. The number of surprises and losses in the future

are reducing and there is a better allocation of the vital business's resource(J. R. S. Frazer et al., 2008).
While most large companies have shown interest in enterprise risk management (ERM) programs, just a few of those organisations responded to recent surveys claiming to have successfully executed an ERM plan. There are some common mistakes about enterprise risk management(J. Frazer & Simkins, 2007). Some of them are

- Essential risk is a workable basis to ERM.

This is the state that exists when there are no mitigants and usually held up by risk management consultants and influential publications (COSO) because is a useful point to start the ERM plan.

- Risk management is a self-reliant process, independent of business objectives

If we want a practical implementation of the ERM plan, all parts of the program need to know and understand the firm's objectives and goals and how ERM is helping us to bring it about. COSO states that: "Within the context of an entity's established mission, management set up strategic objectives, selects a strategy, and demonstrate aligned objectives cascading through the organisation. This enterprise risk management framework is developed to gain the businesses goals.

- One skill set is enough

No profession or speciality at the moment seems to fit the needs of ERM, because ERM needs many technical and personal skills. And while some firms have a general financial approach to ERM and they are disconnected from operations, others managed by people with operational backgrounds in areas like health and safety. Although the possibility of risk managers to fail in the financial background is high because they are very specific skilled. In concluding assessing these operating risks in the broader context of the company's strategy is required.

- All risks are equally important

Lots of organisations, when implementing ERM plan, fail to recognise clearly enough between bigger and smaller risks. As a result excessive attention will be given, to areas of reasonably low risk.

- Managing upside risk is a routine focus of enterprise risk management.

Lots of strategic risk publications that speaks about upside risks gives the feeling that everybody in the enterprise has to persistently focus on upside opportunities and at the same time thinking of downside risks. But although upside risks are useful and vital sometimes in other times are off topic and a distraction. The time to count and evaluate the upside versus the downside possibility in the ERM process is during the first strategic planning phase.

- Enterprise risk management is a low-level treasury or finance project

Lots of businesses consider ERM as a separate and independent project. To succeed an ERM plan has to be a significant management initiative at the highest levels of the company and a crucial part of the overall projection.

- Risk tolerance is the same as risk appetite

The terms "risk tolerances" and "risk appetite" are described separately by COSO. Risk tolerances are measurable "acceptable changes" from objectives whereas risk appetite is the "broad-based" amount of risk that a firm has the tendency to accept in order to success its mission. Somehow surprisingly, taking in mind the studies on this topic, there is a clear misunderstanding on the terms "risk tolerance" and "risk appetite," with explanations in some cases shifting day to day. Sometimes the terms are seen as synonymous, and in other times one or both are expressed in terms of trading "limits." Risk tolerances must be described as acceptable outcomes on the organisation. The reason of demonstrating the risk tolerances is simple: to make sure everybody in the organisation (managers, staff, board) understands which outcomes the firm can accept and which outcomes the firm cannot accept.

- Risk management can be decentralized and done piecemeal

Number firms claiming to implement ERM plan, handle significant risks independently of one another. In these cases, managers of different types of risks (credit, operational, market) can be useful in observing their different risks, but most of the times they can't understand their effect on the total risk of the firm because of their limitation on influencing and knowing things. On the other hand, by taking a holistic approach, a right ERM system ensures that all type of risks get the same attention ensuring that managers are ready to respond in every risk at any time instead of reacting to surprises.

2.1.1. From Traditional Risk Management to Enterprise Risk Management

The (Modigliani, Franco and Merton H. Miller, 1958) support that in perfect capital markets risk management plan don't have any benefit. Also, the capital asset pricing model (Sharpe, W, 1964) claims that well-diversified investors are able to hold portfolios that will eliminate the idiosyncratic-specific businesses' risks. But, there are different arguments suggesting that risk management can and does add value to the organisation. First of all, in the commercial environment there are many market incompleteness's regarding taxes (Modigliani & Miller, 1963) bankruptcy costs, external capital costs (Froot, Schafstein, & Stein, 1993), and agency costs(Jensen & Meckling, 1976). All these are useful to allow risk management to increase value within the organization. Other disagreements identify the fact that well-diversified investors do not exist and that risk management increases firm value by improving the value of expected cash flows (Nocco, B & Stulz, R, 2006). Different researches had also proved that risk management adds value to the existence of these market imperfections (McaKay & Moeller, 2007). The world has, however, changed rapidly over the last twenty years and the same happened to the role risk management plays within the company. An increasingly complicated layer of connected risks has called for the acceptance of a complete approach to risk management. Corporate risk management has expanded beyond financial and hazard risk mitigation actions like using insurance and financial hedging instruments. We now consider different types of risk such as operational risk, strategic risk and reputational risk. Risk as well, is no longer taking in mind as a process that can be done within the traditional ways of operation that may have existed in the past. In the past risk management actions were compartmentalized and uncoordinated focusing on using insurance and uninspired ways to protect the company against threats and financial risks. Now a holistic approach focusing and aiming to achieve coordinated management of all essential risks the enterprise faces (McShane, Nair, & Rustambekov, 2011). This process the organisation deals with the risk, is generally referred as enterprise risk management plan.

2.1.2. ERM Framework

Below we are going to analyse an ERM framework which is primarily designed to be used by boards of directors(Caldwell, 2012). It is a nine-step framework starting by establishing the context, identifying the risks, analysing consequences, analysing interconnectivity and compounding effects, re-analysing consequences, prioritising, assessing risk tolerance, choosing the response strategy and monitoring.

- Establish the context:

Understand the current conditions our business operates from an external, internal and risk management point of view. Very significant to understand the risk environment is to understand the current conditions the business performs. These conditions include macroeconomic environment, geopolitical risks, the basis of competition, size and strengths of competitors and characteristics of the industry, markets and customers.

- Identify the risks:

Document material threats to the organization's achievement of its objectives and value of its assets. We are going to focus on five risks categories. Strategic risk (unpredictable market performance, selection of ineffective strategies), financial risk (capital structure and capital availability), organisational risk (leadership quality, cultural alignment), operational risk(customer dissatisfaction, product failure, service quality), external risk(macroeconomic volatility, industry structural change).

Strategic risks and especially selection of ineffective strategy need to be quickly identified because at the best they can cause underperformance and at the worst the can threat the organisation's survival. The most common strategic plan being used is the S.W.O.T (Strengths, Weaknesses, Opportunities, Threats) analysis. A compelling analysis should measure competitiveness against the factors that make enterprises successful. Also has to be data-driven and fact-based and the interpretation should be as objective and unbiased as possible.

- Analyse consequences:

Measure the impact of the risk and likelihood of happening. We are focusing on three dimensions to quantify how severe the impact is for the organisation, to assess the probability of happening and to determine the ways to eliminate the risk through different response strategies. Severity can be classified into four categories starting from very high that threaten the viability of the organisation and moving to less severe categories high, moderate and low that have no material effect on the business

- Analyse interconnectivities and compounding effects:

Aggregate risks and understand relationships, interdependencies, and the compounding effect of simultaneous occurrences

- Re-analyse consequences:

Re-calibrate and create probability distributions for the outcomes of connected risks

- Prioritize:

Put risks in order of importance, depending on severity, the likelihood of occurrence and potential for mitigation

- Assessing risk tolerance:

Determine the entity's capability, tolerance and appetite for potential consequences of risk

- Choose a response strategy:

Develop plans to avoid, reduce or control, share or insure, accept, or, in some instances, potentially exploit risks

- Monitor:

Continually measure and monitor the risk environment and the performance of the risk management strategies

2.2. Business Continuity Plan

Business continuity management (BCM) is a tool that can be used to provide greater confidence that the outputs of processes and services can be delivered in the face of risks. It is concerned with identifying and managing the risks which threaten to disrupt essential processes and associated services, mitigating the effects of these risks, and ensuring that recovery of a process or service is achievable without significant disruption to the enterprise(Gibb & Buchanan, 2006). There are different frameworks for BCP but all of them have very similar stages- phases. The main phases are

1. Programme initiation
2. Project initiation
3. Risk analysis
4. Selecting risk mitigation strategies
5. Monitoring and control
6. Implementation
7. Testing
8. Education and training
9. Review

2.2.1. BCP Framework

We are now going to describe every phase in more details starting with programme initiation.
A BCM programme should be a senior manager responsibility who should also help to create and develop a charter for BCM. A charter is a strategic document which provides the factors for specific steps and guidelines for their delivery. This should be announced and publicised in documents, like the annual report, to make the investors feel confident regarding the organisation's approach and readiness to deal with risk. The charter will require data from businesses most parts and should be generated by a team of representative stakeholders including the chief information officer (CIO). When the programme charter has been specified the team has to develop a programme plan. This programme plan will specify, what, when and how specific BCM projects will be initiated, who will run them, and how they will be financed. The organisation needs to assess how critical the specific processes are in order to identify where investments should be guided. Gathering the stakeholder views to complete the expectations outlined in the programme charter and business strategy is mandatory.
Project initiation:
After we outline the programme, the essential projects can be set up by following standard project management methodologies. At the same time, regarding the programme charter we have to collect a significant amount of background data and information in order to begin each project plan. The expected outcomes of the project need to be clarified from the goals of the project and should reflect the expectations of the key stakeholders in the process. The related objectives have to be specific, attainable measurable, relevant and time-based targets which can be used to measure the degree to which the project plan is meeting its goals.
Risk analysis:
Risk analysis can be divided into three phases: risk identification, risk evaluation and business impact analysis (BIA). This requires the team to identify events, the causes of

these events and calculate the consequences of these events. Starting with the risk identification where risks need to be classified and separate into categories e.g. naturally occurring risks or artificial risks and the mitigation strategies associating with each category will be created too. Then the risk evaluation where we are focusing on estimating and evaluating the possibility of a risk to happen, how often can be happened and the business impact of the risk.
Selecting risk elimination strategies:
In this phase we identify and evaluate all the techniques to deal with the risks identified. We have two types of techniques: 1) techniques which deal with risk and 2) techniques reacting to risk events through disaster recovery plans
Monitoring and control:
In this phase we need to ensure that communication, command and control structure are in place and the requirements of the plan are translating into action.
Implementation:
This phase is adding in place some improvements and also making sure that the business continuity plan is combined with the systems development life cycle where new projects are being initiated.
Testing:
We should carry out tests on the plan regularly to see whether the plan is still relevant and delivering results. A report should be created to evaluate the effectiveness of the plan and underline areas that need improvement.
Education and training:
This phase is ensuring that the business continuity strategy has been communicated and passed around to the workforce when the same time education and training ensuring the objectives are being achieved.
Review:
This phase is to ensure that business continuity management strategy is responsive to changes in business requirements.

2.3. Manager Changes in Healthcare

Healthcare organisations are complex and any change within the business especially a manager change can be significant for business survival. To manage a change as smooth as possible, managers and other decision-makers must understand how a change occurs so they will create the ideal environment for the change to come. During this process we can find two types of individuals. The change agents and the change targets. Change agents are the persons entrusted with the responsibility to effect the change on policy and practice. Those individuals are policymakers, managers or management consultants. Change targets are those being identified as part of the change process like employees. Sometimes individuals can be agents and targets at the same time (Antwi & Kale, 2014).
To implement a change successfully we have to gain commitment and overcome any resistance. This can be achieved by knowing the motives of the affected individuals and understand if the feeling for the change is negative or positive.(Lamb & Cox, 1999). To secure commitment the individuals have to understand the positive factors related to the change. Resistance to a change is connected with many factors making the issue very complicated. Managers have to select an optimal strategy, combining approaches that suit both the situation and the individuals involved.

2.3.1 Change Management Models

The current literature identifies two core ways of change management. The planned change management and emergent change management. The planned change management approach identifies that to adopt new behaviours in business successfully the old ones must be abandoned. We have to underline that planned change assumes that the change targets within the business agree with management's vision of change and the process followed for the changed state. That's only in theory because in practice this scenario almost never exists because staff in business have different needs and believes and of course comes from a different background. Also, planned changed emphasising on the role of managers forgetting the employees' part in the change process (D. Bamford & Daniel, 2005).

On the other hand, the emergent change idea identifies that changes are linked to market forces, systems of management control and the shifting nature of the businesses' borders and relationships. Emergent change is a 'bottom-up' approach. Unlike the planned change model which is empathising on pre-planned processes underscoring the management role, the emergent change believes that the nature of the change is complex and the speed of the change is so fast making the manager job to identify the changes and find the best strategies to implement them in time very difficult. A perfect approach is to give some decision making authorities to employees making the manager's job much easier (D. R. Bamford & Forrester, 2003). In summarising, both the change agents and change targets have to understand that to successfully achieve the change a variety of factors need to be considered such as organisational (internal) and environmental (external) circumstances leading to a change (Burnes, 2004a).

2.3.2. Planned Change Models

For the planned change we have four theories identified: field theory, group dynamics, action research and the 3-step model. These theories are seen as independent but actually they are a unified whole with every theory playing a part for a better understanding of the planned change (Burnes, 2004b).

Field theory analyses the context in which the behaviour of a group exists. Specific conditions maintain the context. These conditions are group behaviours affecting group outcomes and individual behaviour as well. The group environment is continually changing because the forces affecting the group are changing. The manager has to identify those forces but first needs to understand individual behaviour.

Group dynamics examine the causes, modifiers and consequences of forces at work within groups (Burnes, 2004b). Group dynamics examine the characteristics of a group leading to specific behaviours and also trying to find out why these behaviours are reacting to the forces that having an impact on the group.

Action research is a self-determined process involving a change planning stage, including actions and examining the processes and consequences of a change, then reflecting on those and at the end re-planning to repeat the cycle. Action research must take place at a group level following processes to eliminate the resistance and maximize the effectiveness (Antwi & Kale, 2014).

The 3-step model provides a three-step process to a change: unfreezing, moving and refreezing (Burnes, 2004b). The first stage is the destabilization of the status quo by creating the need for a change and make sure that the staff appreciate the need for the change. To break down the status quo, we need to disconfirm its validity, create a quilt and psychological safety. We have to explain why the status quo is unsustainable, create the impression that a change is necessary and reduce the individual's fear for the unknown(Schein, 1996). The second stage, moving, gets things from the field theory and group dynamics to identify what we need to change and then create our strategy. Refreezing is the stage stabilizing the new status quo. New behaviours need to be congruent with the overall group personality. Refreezing is making sure that individuals don't go back to old behaviours.

2.3.3. Emergent Change Models

At the moment the most common models of emergent change are: Hinings and Greenwood model of change dynamics, Kanter et al.'s "Big Three" model of organisational change and Pettigrew's process ((Pettigrew, 1987).
The Hinings and Greenwood model states that change is an interplay of organisational context and processes focusing on five factors: situational constraints, interpretive schemes, interests, the dependence of power and organisational capacity. In order for this model to succeed managers must be able to create commitment and their vision must be communicated. The "Big Three" model states that there are three types of motion, three forms of change and three roles in the change process. Three types of motion are the environmental motion, intraorganisational components motion and intraorganisational individuals' motion. Forms of change stand for the ability to identify the change, coordinate the change and control the change. The three roles are changing strategist, change implementer and change recipient. The Pettigrew's process support that the change should be analysed based on three dimensions: context, content and process. Managers in this model have to be well educated of the organisational context and make sure that the content of the change agrees with the parts involved in the change (Nilsen, 2015).

2.3.4. Change Management Models in Healthcare

We are now going to analyse five models developed from a healthcare context. Lukas et al.'s organisational model for transformational change in healthcare systems, Canadian health services research foundation (CHRSF)' evidence-informed change management approach, Canada Health Infoway's change management framework and the National Health Service (NHS) change management guidelines.
Lucas et al.'s model identified four elements in a healthcare organisation. Mission, vision and strategies, culture, operational function and processes and infrastructure. Changing any of these is what Lucas et al.'s named as a change in a healthcare organisation. Five ways are suggested to make the change more natural and smoother. The impetus to transform, leadership commitment to quality, improvement initiatives that actively engage staff in meaningful problem solving, alignment to achieve consistency of organisation broad goals with resource allocation and actions at all levels of the organisation and integration to bridge traditional intra organisational boundaries between individual components (Lukas et al., 2007). For a successful change, managers need to understand and identify the need for a change and at the same time staff needs to carry out short-term improvement initiatives to maintain their effects. Also, managers need to make sure that these initiatives agree with organisational goals. CHRSF model has four stages: planning, implementing, spreading and sustaining change. During the

planning phase we have to understand the context of the change meaning that we need to know our supporters or enemies and who is affected more from the change. Furthermore, we must clarify how ready the business is for the change in all levels. After this phase managers need to implement the change, acting based on the planned approach possibly improving effectiveness, efficiency and the impact of scientific approaches. Spreading the change has to do with influencing the businesses culture by introducing new customs. Finally sustaining the change has to do with monitoring and adjusting the change (Dickson, Lindstrom, Black, & Gucht, 2012). Next model Canada health Infoway change management framework has six elements. Governance and leadership, stakeholder engagement, communications, workflow analysis and integration, training and education, and monitoring and evaluation (Canada Health Infoway, 2013). Governance and leadership are the mechanics guiding the course the business. Stakeholder engagement is the process to involve people who can affect or affected by succeeding the businesses objectives. Communications is the ability to deliver the right message, to the right person, in the right way, at the right time (Lukas et al., 2007). Workflow analysis and integration aim to effectively unify people, process and technology. Education is the process which we provide instruction in order to affect the knowledge or skill development. And finally, during monitoring and evaluation we assess the impact of an action on the impact audience. The NHS change management guidelines is a six-step approach to successfully implement a change. During the first step Know where you are going and why, managers have to create a business case, select the project team and mobilize organisational leadership (Phelan, 2010). The business case is essential to understand the benefits and downsides of the change initiative. The business case must give a rough idea of project outcomes, benefits, achievements, risks and mitigating strategies. For a successful change initiation, the project team must have a variety of skillsets. Summarizing the first step sets the groundwork for the change initiative and secures the commitment from managers by making sure that all the resources necessary for the project are in place. The second step, analyse and design include the consideration of designing options, develop of a delivery strategy and understanding the impact of the initiative on all stakeholders. To achieve this, the change managers must seek advice from the stakeholders ensuring minimal resistance to the new strategy. The third step, gaining commitment involves the preparation for implementing the change as well as making sure the stakeholders are ready for the change. A pilot test to assess the readiness for change is handy in this stage. Step four, delivering the change execute all change related actions. By keeping the stakeholders informed of the change progress and any successes will prevent resistance. The last two steps, reinforce and sustain the change initiatives. To reinforce the change, we need to review the work process and get feedback. To sustain the change, we have to measure the change outcome against businesses goals and create measures for continuous improvement. The last model we are going to discuss is the Institute for healthcare improvement's triple aim framework. The triple aim framework is focusing on improving patient experience of care, improving the health of populations and reducing the per capita cost of healthcare (Institute for Healthcare Improvement, 2009). Part of this framework is the triple aim concept design, a step by step approach to the desired health system improvements. These steps are described in five fields: individuals and families, the redesign of primary care services and structures, prevention and health promotion, cost control and system integration.

2.3.5. Significant Factors for Management Change Models and Comparison with the Healthcare Organisational Change Management Models

After analysing the management change models four essential elements are being identified. Firstly, the environmental circumstances. External conditions are forcing the business to initiate a change. Second is the organisational harmony. An intersection of interests between individuals and units within the business, who have the same mission and work together for the same goal. Power dynamics refers to the hierarchy of influence within the business. Managers need to understand which individuals or units have the power to influence decisions and get an opinion from them before they initiate the change, increasing the chance for a successful change. Last essential element is the organisational capacity. Businesses have to make sure that all the necessary resources needed for the change are available. Additional to the essential elements we have two more useful elements. Nature of change which refers to the components of the change initiative and process for change which refers to the practical components of a change initiative. Knowing the elements for a management change in theory, we can identify that none of the healthcare organisational change management models gives a holistic approach to change management as described in the literature. CHSRF's model misses the organisational harmony, the Canada health Infoway include power dynamics, organisational harmony and process for change, the NHS model is missing the external conditions and the organisational harmony and finally the triple aim framework only considers external conditions, organisational harmony, organisational capacity and power dynamics.

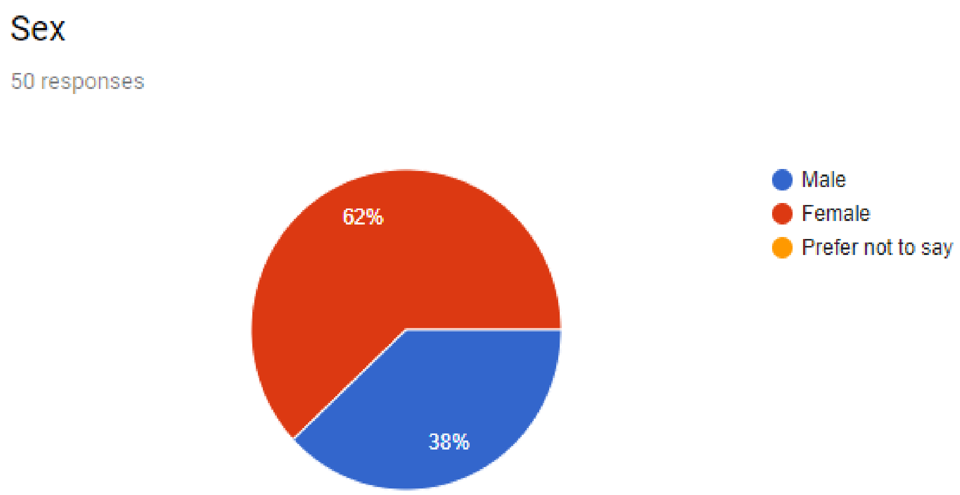
CHAPTER 3
Data Analysis

3.1 Sample Characteristics

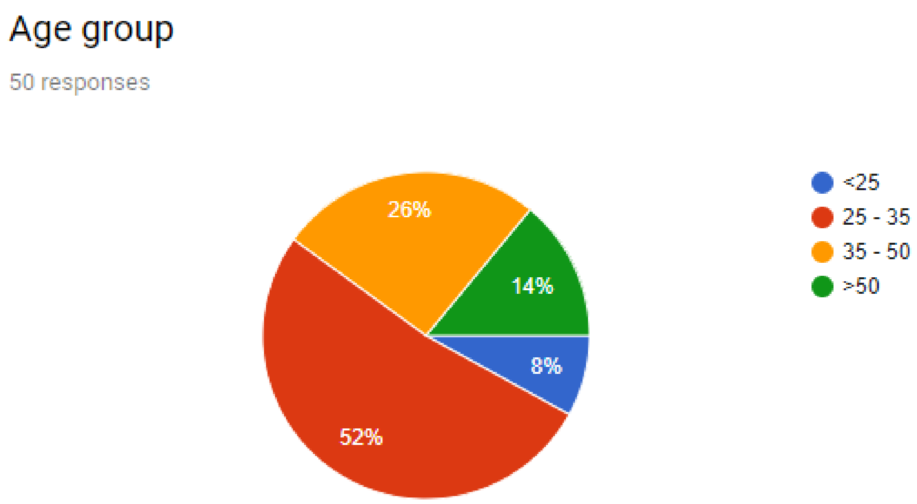
Our sample included 50 participants. All of them clinical staff working in a private hospital around the UK. By clinical staff we mean nurses, ODP (operating department practitioners) and health care technicians. During the last count of registered nurses and midwives in September 2017 we know that there are 585 thousand and 796. Also, we know that the registered ODPs are 13 thousand and 639. We are not going to include midwives who are 21 thousands 597. So, our population target is 577 thousand and 838. So we ran a test with the sample size for the population and with a 95% confidence level we have a margin error of 14%. Margin error is the plus-or-minus figure usually reported in a newspaper or television opinion poll results. For example, if you use a margin of error of 4% and 47% percent of your sample picks an answer, you can be “sure” that if you had asked the question to the entire population, between 43% (47-4) and 51% (47+4) would have picked that answer confidence level tells you how sure you can be of the error of margin. It is expressed as a percentage and represents how often the actual percentage of the population who would pick an answer lies within the margin of error. Also we didn’t focus on a specific age group because we wanted to cover the whole population target. The participants were informed that the answers would be used only for the purpose of this thesis and nothing is going to be published. Most of the survey was multiple choice questions except the three open questions. Limitations for our sample are non-clinical staff and clinical staff who works in non-private hospitals.

3.2 Analysis of the Findings

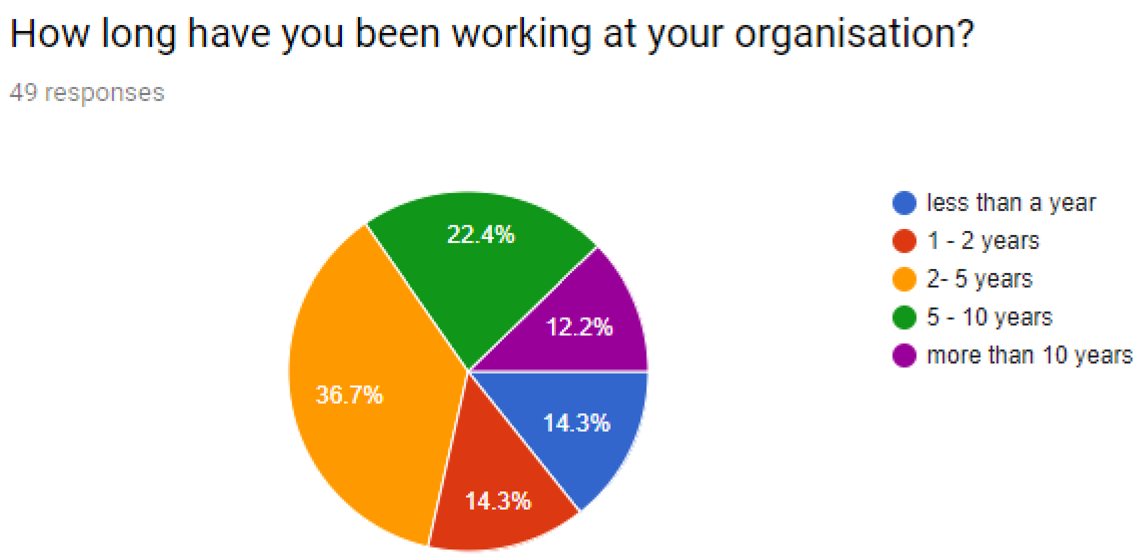
From the answers on the survey and especially the open questions some fascinating points came out regarding people’s reaction to a manager change. After graphing and analysing all the answers on this chapter, only the information considered relevant and useful for the goals of the project are going to be discussed in the discussion chapter. The survey can be found on the appendix part.
Our sample includes fifty participants. All of them are clinical staff of different private hospitals and different specialities. Starting with the demographic data which are not really important in our case 31(62%) out of 50 are female staff and 19(38%) are male. This is something expected because is well known that in healthcare sector female staff is more than male staff.



Moving forward to the age of our sample most of our participants 26 out of 50 (52%) are aged between twenty-five to thirty-five years old, 26% aged between thirty five to fifty years old. Private healthcare organisations prefer to employee young staff full of energy and enthusiasm to meet their expectations. Private businesses are very busy environments and their survival depends on the profit they do. So, hard workers are going to make this happen.



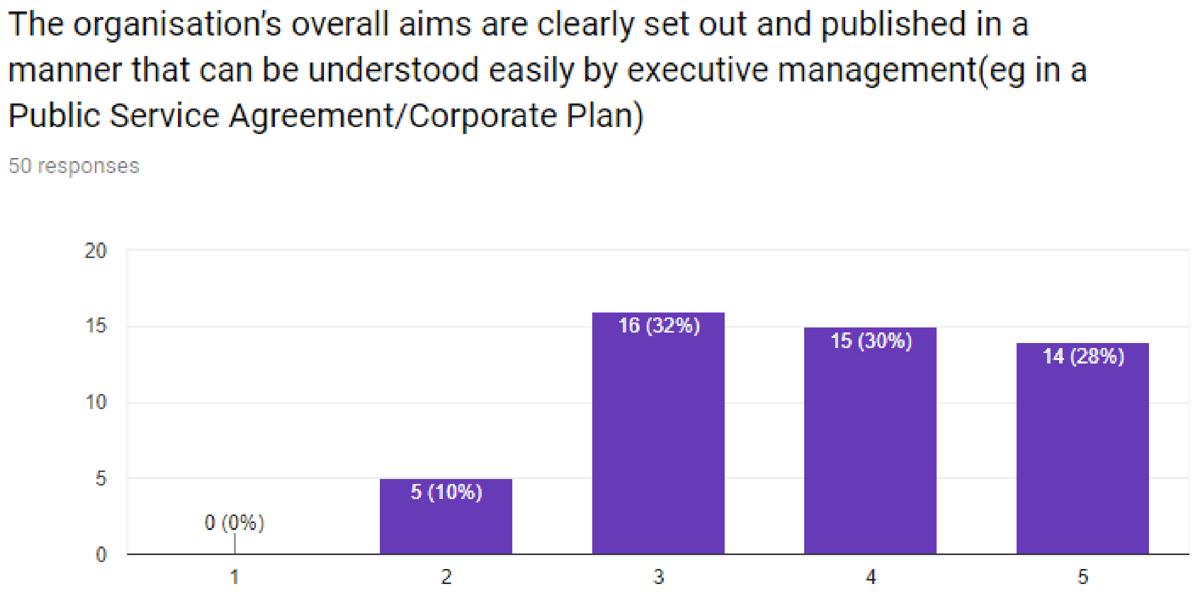
Next chart about the duration of the service in the organisation which 18 out of 50 have been in the organisation between 2 to 5 years and 11 out of 50 between 5 to 10 years. Only a small percentage of employees (12%) have been in the company for more than ten years. Although is beneficial for a business to have employees within the company for many years, to support changes in the company, to inspire and help new employees and be able to help with anything the company might need, most of them might lose interest and instead of being a big advantage for the company, they are going to cause troubles and problems.



In the first part of the survey we have some generic questions regarding business plan and targets and how those targets escalated to the staff.

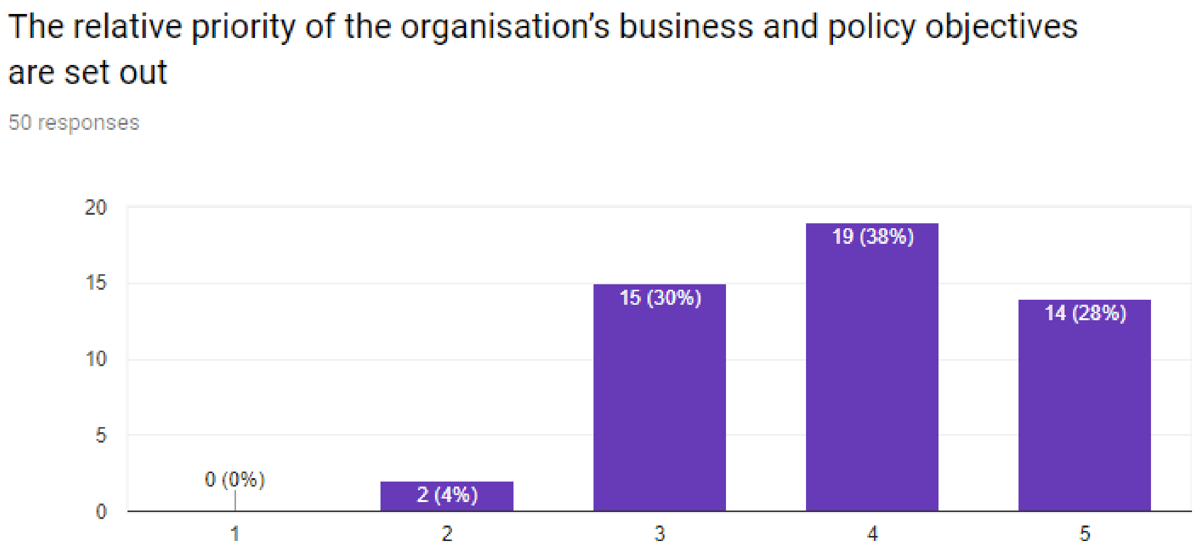
In table one we start with a generic question by examining if the organisation's overall aims are clearly set out and published in a manner that can be understood easily by executive management. With 29(58%) out of 50 agree and 16(32%) neither agree nor disagree.

Table 1



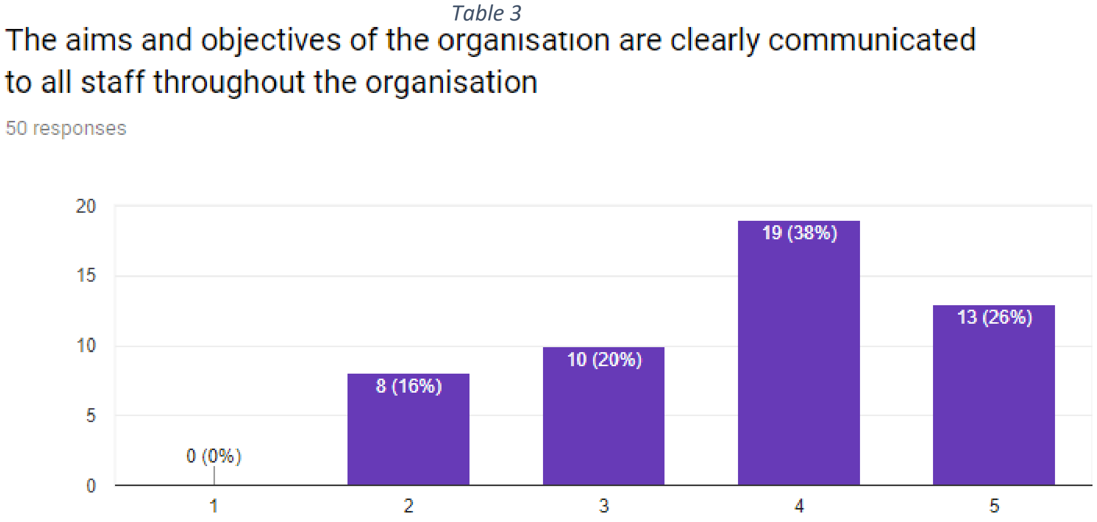
The second table shows that the relative priority of the organisation's business and policy objectives are set out with 33(66%) agree with that. This is something the modern organisations do to approach their staff and let them know the targets of the organisation so they can work together to achieve them.

Table 2



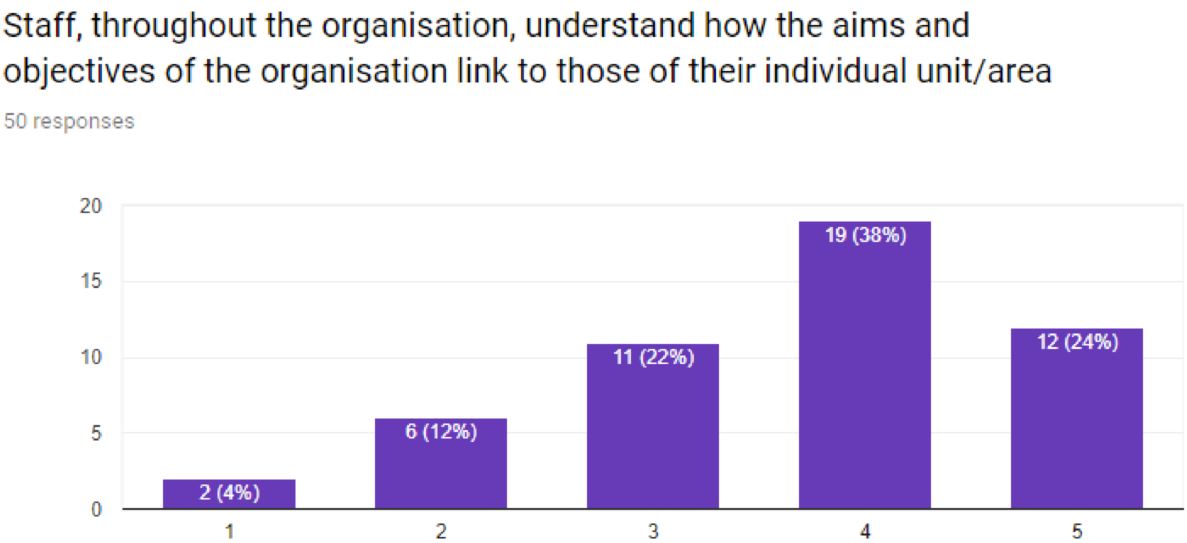
In table 3 we have a very good point on how today's health care organisation's aims and objectives communicated to all the staff. No answer for strongly disagree and 32(64%) out of 50 answers agree and strongly agree. Very important for companies to be able to communicate the goals of the company to the staff so all individuals understand their role and in which way they can help the company to succeed.

Table 3



Next table number 4 with 29(64%) staff throughout the organisation understand how the aims and objectives of the organisation link to those of their individual area. A very good point for any company is the staff to understand how the organisation's aims link to their individual area helping the business to achieve them.

Table 4



Furthermore, in table 5 we can see that the staff understands how the organisation's aims and goals link to their personal objectives. This is a crucial point for the organisation's survival. People work more proactive and more efficient if they know and understand how their personal goals are linked with the business goals. Of course, important is to review the link between those goals and we can see that in table 6 there is at least one annual reviewing of those aims with 32 out of 50 (62%) agree with that.

Table 5

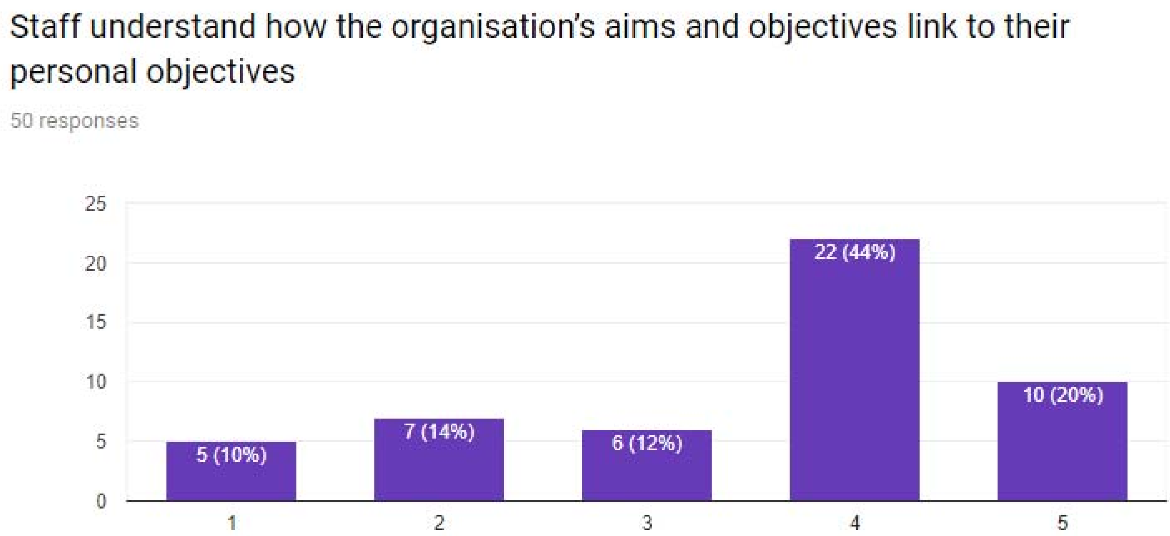
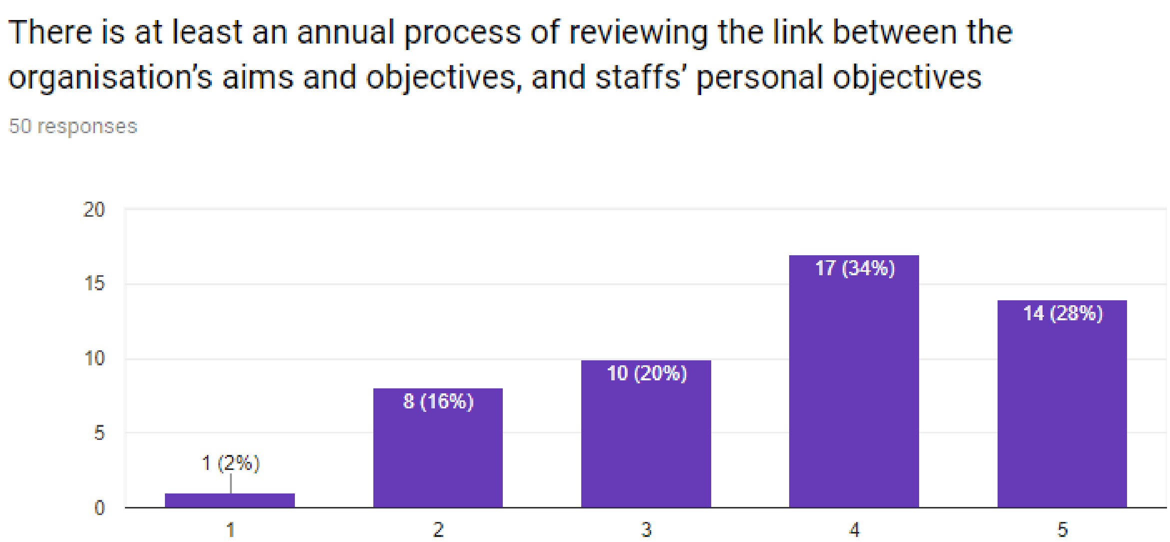


Table 6



The most important part of the survey is the second part where we are referring to a manager change. On the first question (table 7) with 43(86%) out of 50 we get the answer of the existence of a clear hierarchy in the organisation which is very important and useful when dealing with issues. Every kind of business needs to have a clear hierarchy so everybody knows where to go and speak when there is an issue. Every department, every specialty need to have their own leader. This leader then is going to escalate the issue to a more senior staff if there is a difficulty dealing with it. Also, on table 8 manager's responsibilities are clear with 37(77%) out of 50 mentioning that. Staff needs to understand that managers have lots of responsibilities and not just sitting in an office doing nothing. Then, they are going to appreciate and respect them even more.

Table 7

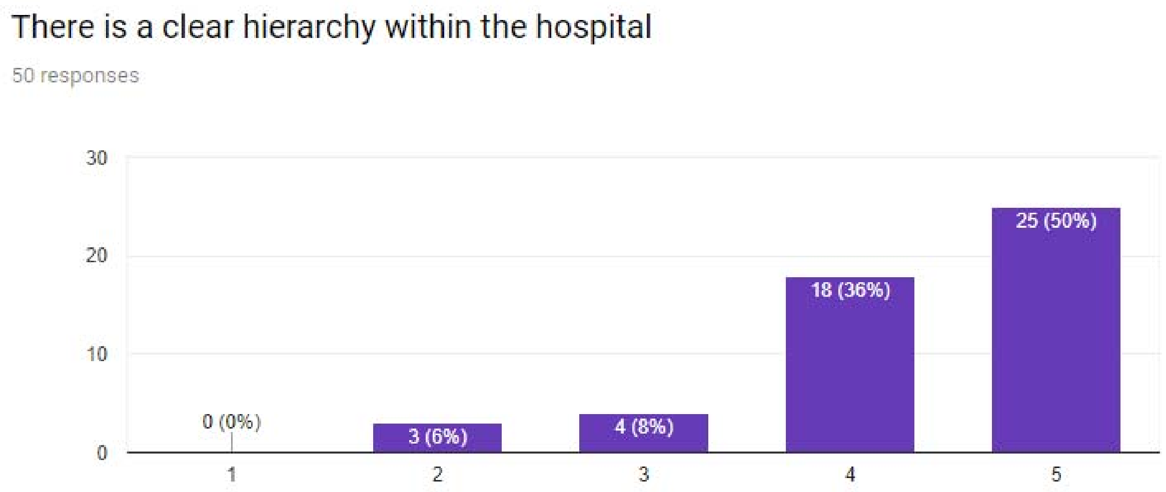
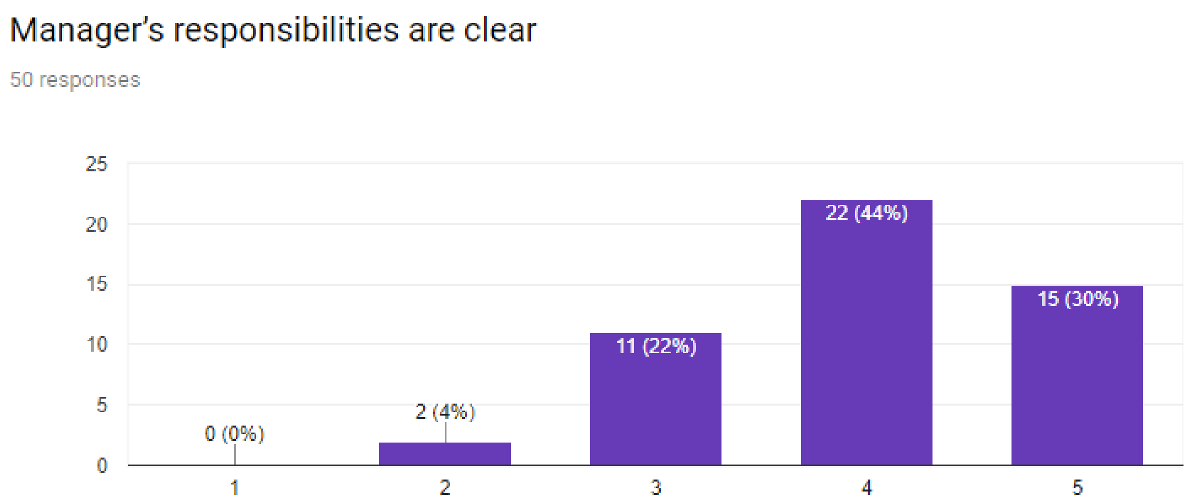


Table 8



The next two tables referring on how easily approached the manager is and how effectively is dealing with employer's issues. On table 9 we see that managers are easily approached with 38(76%) out of 50 answering agree and strongly agree. Very good point showing that managers care about staff's issues and have their door always open for them. On table 10 with 29(58%) out of 50 mentioned that the manager is dealing with employer's issues effectively. This is a very positive outcome for our organisations showing that people appreciate the effort of their managers.

Table 9

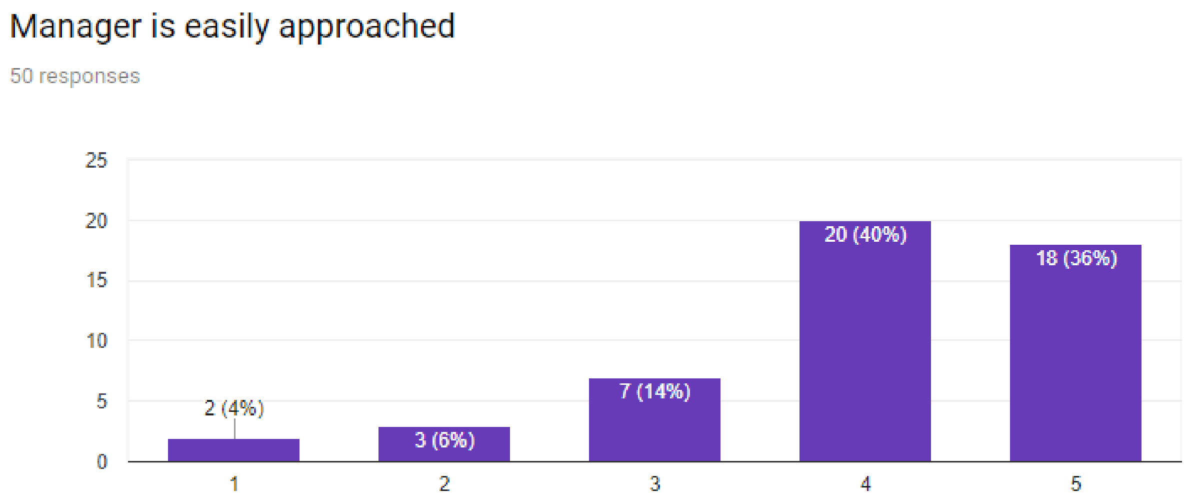
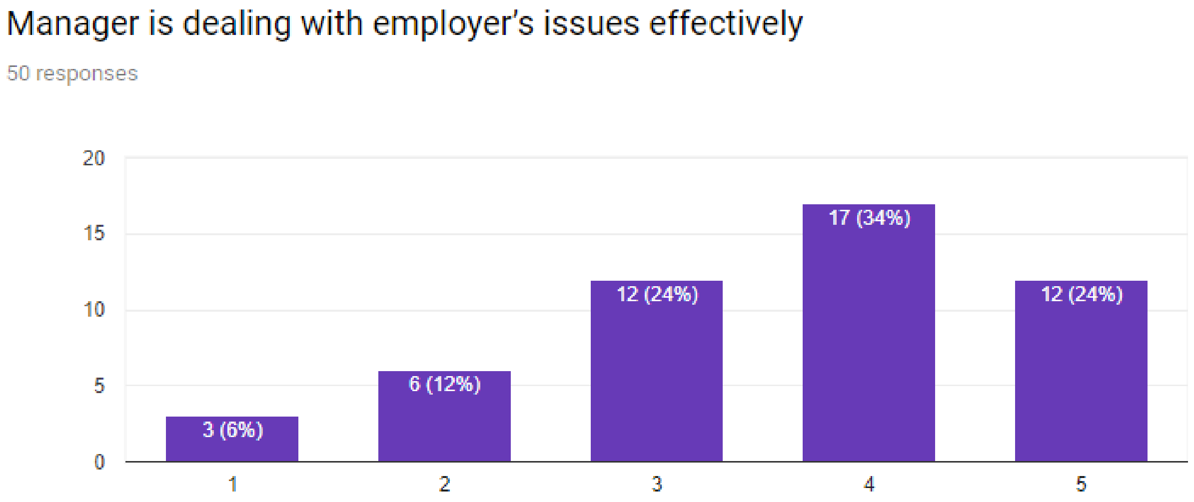
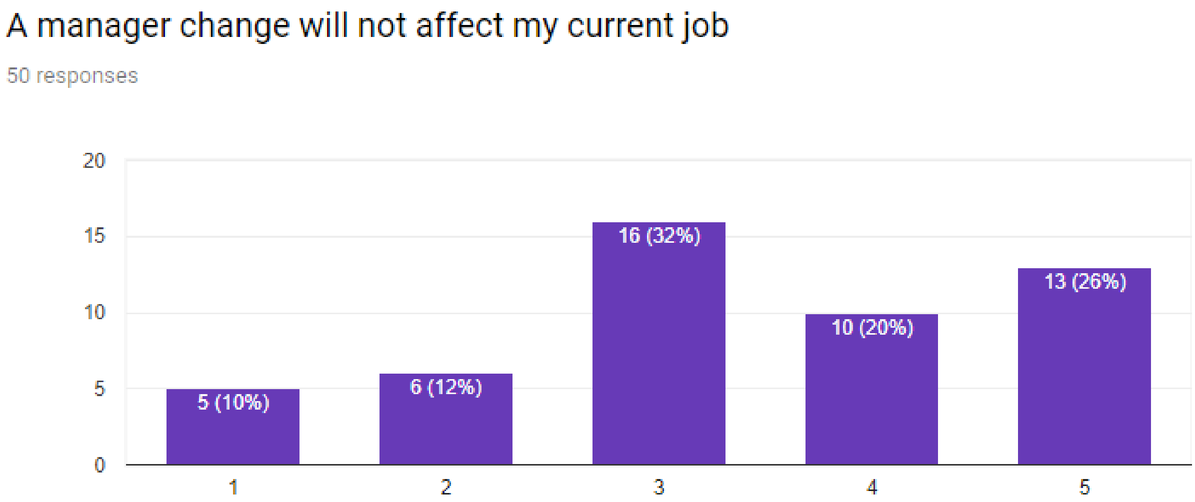


Table 10



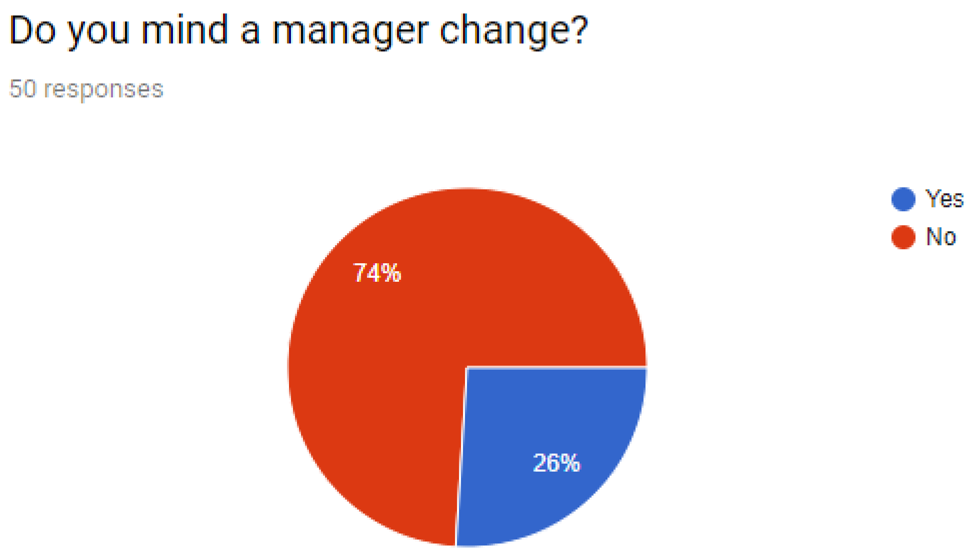
Next table number 11 we have an interesting question. We asked the staff if they believe a manager change will affect their job. 23(46%) out of 50 think their current job will be affected by a manager change and 11(22%) out of 50 thinks that nothing will change. Although this depends on every individual we can identify that most of the participants care about a manager change and probably they don't want it to happen.

Table 11



A very interesting and useful for our purpose is the next chart (figure 1) and the answers we had, because we can understand in a better way why staff don't like manager change.

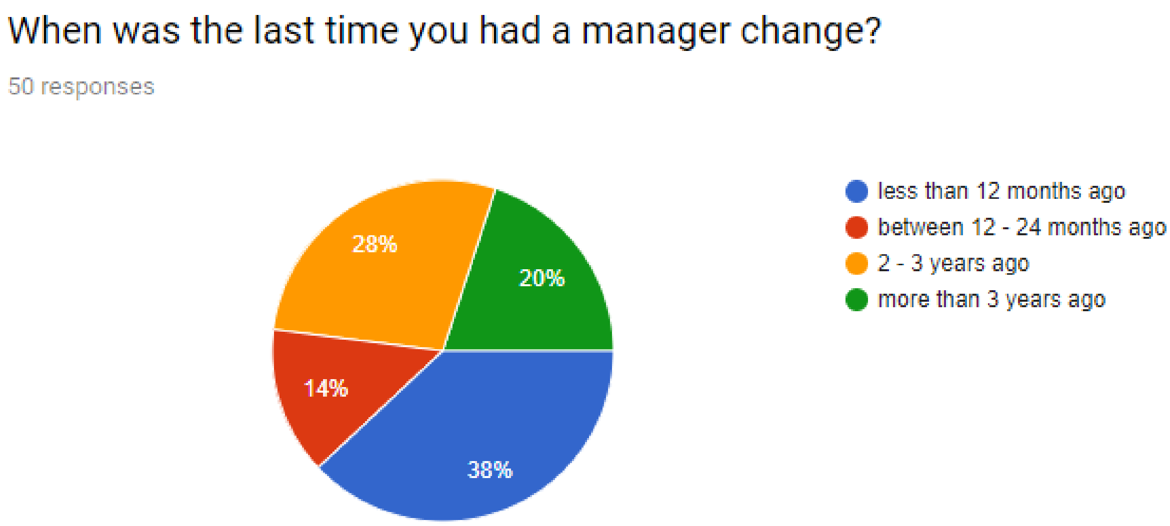
Figure 1



13(26%) out of 50 answered yes and ten of them explained why. In the responses we get we have the fact that people don't like changes and also they don't want the manager to change because might have a negative impact on their job. Other people support the current manager because is very efficient and helpful. Others don't like the changes positive or negative that the new manager will bring. Also the current manager inspires and motivates. In general people mind a manager change because they are very happy and satisfied with the current manager and because a new manager will bring changes which might be negative.

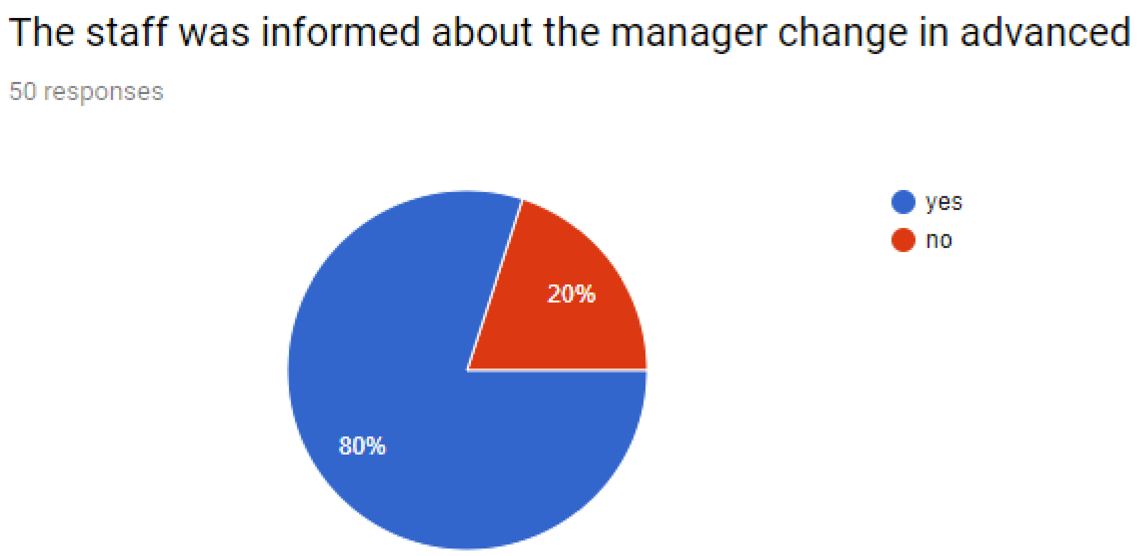
The next figure shows when was the last time the staff had a manager change. Most of the participants 19(38%) out of 50 had a manager change within the last year, some of them 7 out of 50 between one to two years, 14 out of 50 between two to three years and the remaining 10 more than three years ago.

Figure 2



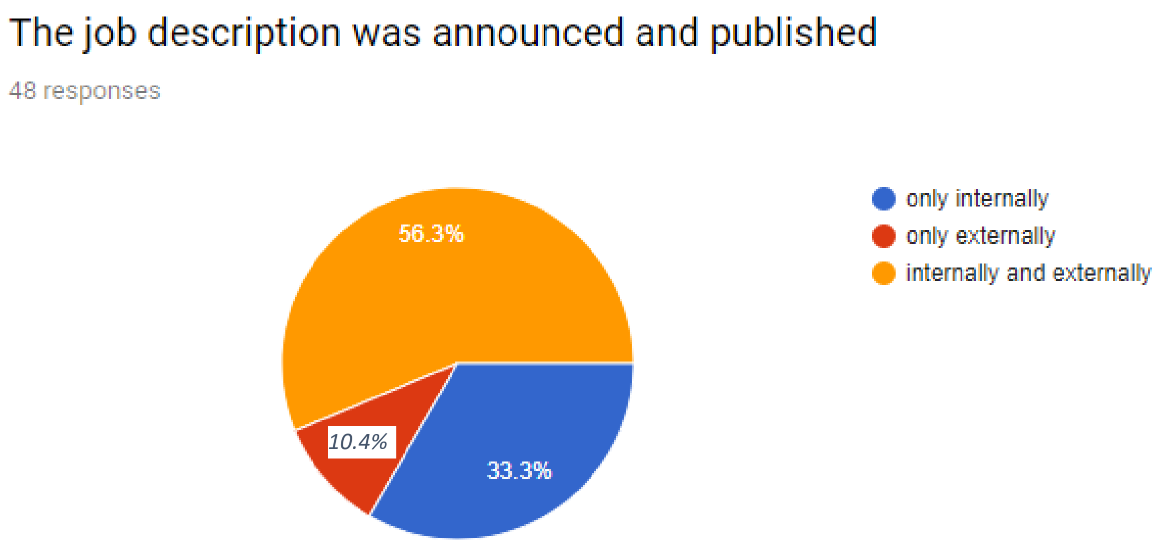
Next figure we asked the staff if they were informed about the manager change in advanced. 40(80%) knew about the change. The remaining 10(20%) didn't know so we asked them why and we have some answers like lack of communication, the current manager left suddenly, management unit didn't know who the next manager is and the decision was not to tell the staff about it.

Figure 3



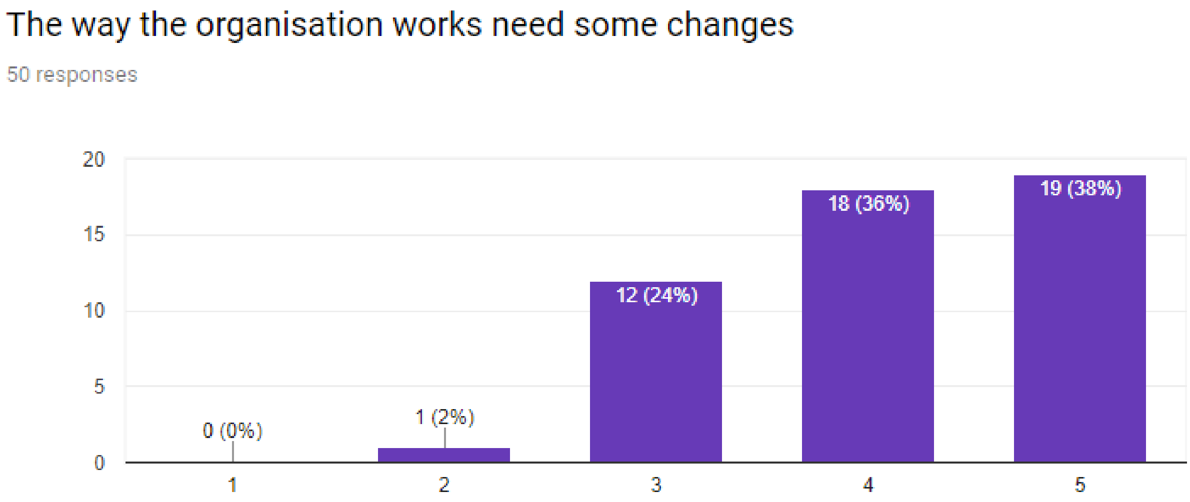
The last figure of this part was about the job description and if it was announced internally or externally. 27(56%) out of 50 said internally and externally, 16(33%) out of 50 only internally and the rest 5(10%) only externally.

Figure 4



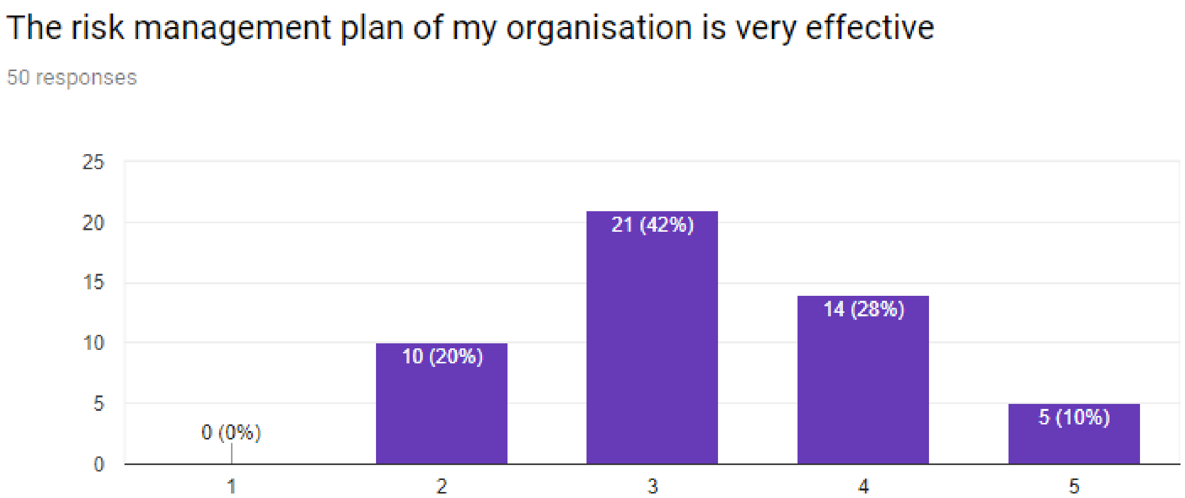
The next part of the survey was about the organisation's risk management process. The first question (table 12) was about changes in the way the organisation works at the moment. With 37(74%) out of 50 a huge percentage, staff thinks that the organisation need changes on the way it works. Businesses can create a survey every year and take employee's opinions and ideas about thinks that need changing or any suggestions to improve company's performance.

Table 12



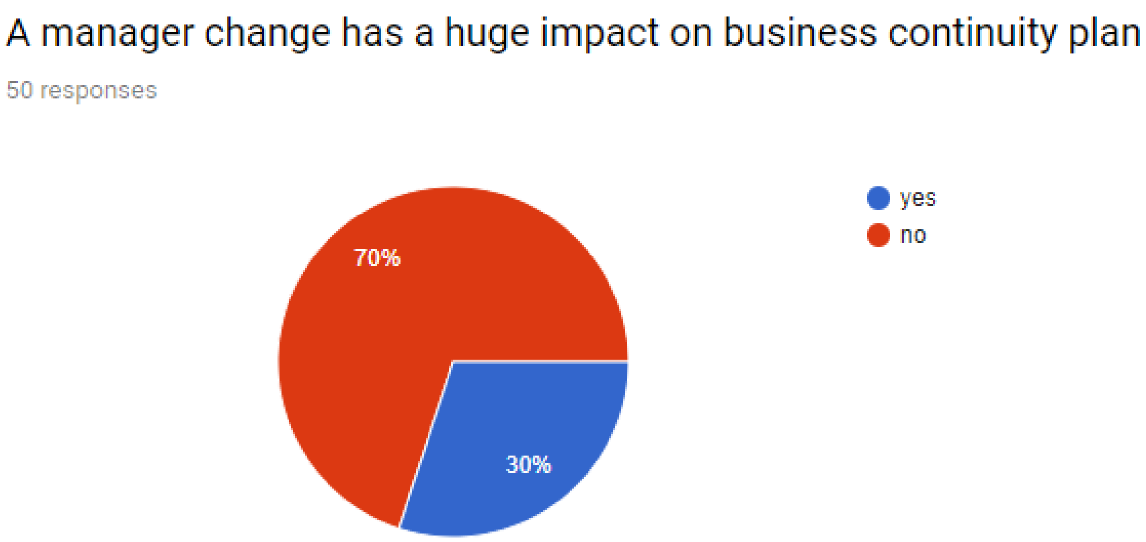
The next chart table 13 is about how effective the risk management plan of the organisation is. 21(42%) are not sure, 19(38%) things that are effective and 10(20%) said is not effective. In this chart, employees are not sure about the effectiveness of the risk management plan. This is not something we want in an organisation. Every individual must feel safe and sure about the firm's risk management plan, work in a healthy environment and believe that the company knows how to deal with a potential risk.

Table 13



Next table is the most important chart of the survey and we examine if a manager change has a huge impact on a business continuity plan. 35(70%) said no but the rest 15(30%) said yes so we asked why. The answers we have are very important and interesting. Two answers are about uncertainty, other is about the continuity of the protocol, the new manager will start something from the beginning so it will destroy the plan from before and a new manager will bring new ideas in the organisation.

Table 14



Finally, a non-parametric check was performed to check whether there is a statistically significant difference between the demographics of the participants and the main part of the questionnaire. The non-parametric audit found that there was a significant statistical difference between the variables "How long have you been working at your organization?" & "Manager is dealing with employee's issues effectively" (sig. = 0.040 < 0.05).

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of The organisation's overall aims are clearly set out and published in a manner that can be understood easily by executive management is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,109	Retain the null hypothesis.
2	The distribution of The relative priority of the organisation's business and policy objectives are set out is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,056	Retain the null hypothesis.
3	The distribution of The aims and objectives of the organisation are clearly communicated to all staff throughout the organisation is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,083	Retain the null hypothesis.
4	The distribution of Staff, throughout the organisation, understand how the aims and objectives of the organisation linh to those of their individual unit/area is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,052	Retain the null hypothesis.
5	The distribution of Staff understand how the organisation's aims and objectives link to their personal objectives is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,227	Retain the null hypothesis.
6	The distribution of There is at least an annual process of reviewing the link between the organisation's aims and objectives, and staffs' personal objectives is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,052	Retain the null hypothesis.
7	The distribution of There is a clear hierarchy within the hospital is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,527	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
8	The distribution of Manager's responsibilities are clear is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,473	Retain the null hypothesis.
9	The distribution of Manager is easily approached is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,124	Retain the null hypothesis.
10	The distribution of Manager is dealing with employer's issues effectively is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,040	Reject the null hypothesis.
11	The distribution of A manager change will not affect my current job is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,943	Retain the null hypothesis.
12	The distribution of The way the organisation works need some changes is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,266	Retain the null hypothesis.
13	The distribution of The risk management plan of my organisation is very effective is the same across categories of How long have you been working at your organisation?.	Independent-Samples Kruskal-Wallis Test	,440	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

And there was a correlation between the two "How long have you been working at your organization?" & "Staff throughout the organization understand how the aims and objectives of the organization link to those of their individual unit-area"

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26,619[a]	16	,046
Likelihood Ratio	26,759	16	,044
Linear-by-Linear Association	3,237	1	,072
N of Valid Cases	49		

CHAPTER 4
Discussion

This chapter will provide an analysis and evaluation, describing the current's study results and comparing them with the current literature trying to give a holistic approach on how to ensure the business continuity after a manager change in a private healthcare organisation.

4.1 Manager Change and Business Continuity

Regarding the first aim of the study about manager change and how is affecting the business continuity we have some critical points. People believe that business continuity is affected by a manager change because the period after the change is uncertain, the continuity of the protocol is not guaranty, the new manager will bring new ideas in the business which is not always bad or good and finally he will start something new wasting probably the previous manager job. Analysing the answers we have and starting with the first one, the period after a change is uncertain, we know that this is always going to be the case. After any change in any aspect of our lives we have an uncertain period until everything is back to normal again. This is the primary reason why people don't like changes. It's in our nature to prefer the stability and the environment we used to be. Furthermore, a different perspective but connected with the previous belief is that the new manager might not be on the same line with the previous one, so the protocol might not be followed. On this point of view, if the business has no significant issues and is working under normal conditions the continuity of the protocol has to be ensured especially during the early stages of the change. Some of our participants stated that the new ideas the new manager will bring might affect the business continuity plan. This is a two-faced coin because the new ideas might be catastrophic for the company especially if they don't get the staff's impression but on the other side, they can also be beneficial and efficient for the company. The last answer stated that the new manager will start something new, wasting the previous manager job. It is much easier and more helpful when you want to start something new to start on the basis of the previous – current condition – ideas and gradually move to your approach. This way is going to be adapted much more accessible from the staff and they are not going to fight it.

4.1.2 Manager Change and Staff's Beliefs

Our second aim was to discover if people mind a manager change. Of course, is in our nature not to like changes but we wanted to find out why. People believe that a manager change will have a negative impact on their job. As mentioned earlier people like to settle down even if they are not in the perfect environment because they feel safe. They have the perception that a change will only affect them negatively and not positively. In a different approach, people support the current manager because is inspiring and motivating and others because the current manager is efficient and helpful. This is quite normal because if the staff is satisfied with the current manager will not like and support a change.

4.2. Questionnaire Significant Points

From our results we have the fact that there was a statistically significant difference between the variables 'how long have you been working at your organisation' and 'manager is dealing with employee's issues effectively'. This is an interesting point showing that staff treated by managers unequally depending on the duration they work within the company. Managers might deal with employees issues effectively only during the first period they are in the company to make them feel welcome and also to make a good impression. After a while they might not deal with issues in the same way because they know that when somebody is in a job for a while is not easy to quit the job and find something new. Also, staff who work within the company for a long time they might be able to solve their issues effectively and quicker on their own. A more important correlation exists between the two variables 'How long have you been working at your organization?' and 'Staff throughout the organization understand how the aims and objectives of the organization link to those of their individual unit-area'. Knowing the aims of business and how they are connected to the staff individual unit area is significant to succeed as a business and is very helpful to initiate the change (Nilsen, 2015). In our survey we can see that people working for a long time in the organization understand how the aims of the business are linked to their area but quite new staff can't understand it. Businesses have to ensure that all the staff know the organization's goals and make it clear how these are connected to an individual unit within the business. Initiation of the change can be smoother if we connect the company's goals with the manager change.

CHAPTER 5
Conclusion

This study aimed to identify if people don't like a manager change and why as well as how to ensure business continuity after a manager change. Taking the results of our survey we can tell that people don't like a manager change either because they are happy with the current manager or because they like to be settled in the same condition they used to be. Also, people believe a manager change can affect business continuity because of the uncertainty after the change and because they think that the new manager will bring new ideas which are going to refute the previous ones leading to a catastrophic result. Regarding other essential findings of the survey a very positive outcome for our organizations showing that people appreciate the effort of their managers is the fact that managers are dealing effectively with employee's issues. Although there is a difference between dealing with issues of staff who work for a long time in the business and staff working for a short time within the business. Also, the answer to the question about the existence of a clear hierarchy in the organization is fundamental and useful when dealing with issues. Another useful point is that the manager's responsibilities are clear making them work proactively and the staff appreciate them more. For ensuring the business continuity after the change we can start by making the staff a part of the change. We can take opinions and beliefs from the staff avoiding the chance to fight the change. Also we have to know exactly who is going to be affected more from the change and get prepared for different scenarios. If we know our strengths and weaknesses we can prepared better for initiating the change.

5.1 Limitations

Several limitations of this study are that the number of people took part in the survey is not big enough to reduce the margin error and giving us the opportunity to make easier assumptions for the whole population. A good reason for that is the fact that the available time for the current dissertation and the data collection period was specific and limited. Also, some participants did not have the time to answer open questions due to the high workload in a private hospital. Furthermore people might be suspicious to give an honest opinion about their current manager.

5.2. Future Research

A future study could investigate in more detailed the manager change in a non-private hospital and check if there are similarities to the private hospitals. Also an investigation can be made separating nurses from operating theatre practitioners (ODP) and health care assistants to clarify if there is a different approach in different specialities within the same company.

APPENDIX A
Questionnaire

MANAGER CHANGE IN HEALTHCARE ORGANISATION

The current questionnaire is aiming to identify how clinical staff is reacting to a manager change and what is the risk management process the business follow to make the change as smooth as possible. All the data collected by this survey is going to be used for academic reasons only. No demographic data is going to be published anywhere. The current survey takes up to ten minutes to complete and your corporation will be appreciated. Thank you very much.

OBJECTIVES OF THE ORGANISATION

- The organisation's overall aims are clearly set out and published in a manner that can be understood easily by executive management (e.g. in a Public Service Agreement/Corporate Plan)

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- The relative priority of the organisation's business and policy objectives are set out

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- The aims and objectives of the organisation are clearly communicated to all staff throughout the organisation

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Staff, throughout the organisation, understand how the aims and objectives of the organisation link to those of their individual unit/area

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Staff understand how the organisation's aims and objectives link to their personal objectives

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- There is at least an annual process of reviewing the link between the organisation's aims and objectives, and staffs' personal oobjectives

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

MANAGER CHANGE

- There is a clear hierarchy within the hospital

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Manager's responsibilities are clear

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Manager is easily approached

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Manager is dealing with employer's issues effectively

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- A manager change will not affect my current job

	1	2	3	4	5	
strongly disagree	○	○	○	○	○	strongly agree

- Do you mind a manager change?

○ Yes

○ No

- If yes, why

……………………………………………………………………..

- When was the last time you had a manager change?

○ less than 12 months ago

○ between 12 - 24 months ago

○ 2 - 3 years ago

○ more than 3 years ago

- The staff was informed about the manager change in advanced

○ yes

○ no

- If no why do you think that happened?

………………………………………………………………………….

- The job description was announced and published

○ only internally

○ only externally

○ internally and externally

ORGANISATION RISK MANAGEMENT PROCESS

- The way the organisation works need some changes

	1	2	3	4	5	
strongly disagree	◯	◯	◯	◯	◯	strongly agree

- The risk management plan of my organisation is very effective

	1	2	3	4	5	
strongly disagree	◯	◯	◯	◯	◯	strongly agree

- A manager change has a huge impact on business continuity plan

◯ yes

◯ no

- If yes give a couple of reasons

....

DEMOGRAPHIC DATA

- Sex

◯ Male

◯ Female

◯ Prefer not to say

- Age group

◯ <25

◯ 25 - 35

◯ 35 - 50

◯ >50

- How long have you been working at your organisation?

◯ less than a year

◯ 1 - 2 years

◯ 2- 5 years

◯ 5 - 10 years

◯ more than 10 years

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