

Applied Leadership and Management in the Workplace

Module Assignment Submission

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Introduction

This assignment will look at how change affects an adult social care organisation in Wales. It will first look at the internal and external factors that can cause change, using PESTLE and SWOT to help identify the main pressures facing the organisation. It will also consider how these pressures can affect staff, workplace culture and the organisation's ability to work effectively. The assignment will then look at the introduction of digital care records and eMAR as an example of a workplace change. It will identify the main people affected by this change and consider how they should be supported. Finally, Kotter's Eight-Step Model and Lewin's change theory will be used to explore how leaders can manage change effectively and help staff adapt to new ways of working.

Critically analyse the current forces for change in the organisation's micro and macro environment that can impact workplace culture and capability

Organisations are affected by changes both inside and outside the workplace. These can include government policies, financial pressures, staffing difficulties, new technology and changing expectations from people using services. Within adult social care, organisations must respond to these pressures while continuing to provide safe and effective care. However, change can be difficult when it challenges established ways of working. Schein (2010) explains that workplace culture develops through shared beliefs and practices over time. Scandura (2018, p. 91) also identifies that organisational change can affect employees, technology, formal structures and the working environment. This means that organisations must consider not only why change is needed but also whether staff have the skills and support to respond to it.

PESTLE analysis can be used to identify the political, economic, social, technological, legal and environmental pressures affecting an organisation. The pestle table applies these factors to an adult social care organisation in Wales.

PESTLE.

Factor	Current pressure for change	Impact on culture and capability	Evidence
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Political	Welsh policy encourages greater use of digital care and information sharing.	Staff need to adapt to new systems and ways of working.	Welsh Government (2023)
Economic	Financial pressure, staffing costs and recruitment and retention difficulties.	Increased workloads can affect morale and leave less time for training and change.	Social Care Wales (2025)
Social	Greater expectations for dignity, independence and person-centred care.	Staff need flexibility and confidence to respond to individual needs.	National Assembly for Wales (2014)
Technological	Digital care records and eMAR are changing how information is recorded and shared.	Can improve communication but requires digital skills and staff support.	Welsh Government (2023) Scandura (2018)
Legal	Care providers must meet regulatory requirements and demonstrate safe practice.	Strengthens accountability but can increase recording and administrative demands.	National Assembly for Wales (2016)
Environmental	Organisations face pressure to use resources more efficiently and reduce unnecessary waste.	Digital records may reduce paper use but technology also requires equipment and energy.	Welsh Government (2023), digitalisation context

The table shows that these external pressures do not operate separately. For example, government support for digital care creates a technological opportunity but also requires financial investment and staff training. Pettigrew et al. (2001) argue that organisational change should be understood within its wider context. This is useful because focusing on one pressure alone could hide problems elsewhere. A new system may improve efficiency in the long term but create difficulties during implementation if staff are already dealing with heavy workloads.

Political and technological pressures are particularly relevant to the organisation because of the introduction of digital care records and electronic medication administration records (eMAR). The Welsh

Government (2023) aims to improve the use of digital technology and information across health and social care. Digital records could make information easier to access and improve communication between staff. However, technology alone does not guarantee better care. Staff need the confidence and skills to use it correctly.

This highlights the importance of organisational readiness. Weiner (2009) argues that readiness for change depends partly on whether employees are committed to the change and believe they are capable of carrying it out. An organisation could therefore invest in an effective digital system but still struggle if staff do not feel prepared to use it. This means that training and support should be considered part of the change rather than something added afterwards.

Economic and workforce pressures can make this more difficult. Recruitment and retention remain important issues within social care and can place greater pressure on existing employees (Social Care Wales, 2025). When there are staffing difficulties, employees may need to take on additional duties or work extra shifts. This can reduce the time available for training and learning new procedures. There is therefore a possible conflict between the need to improve efficiency and the organisation's ability to introduce change. A system designed to save time may initially add pressure if staff are expected to learn it alongside their existing workload.

Social expectations are another important force for change. The Social Services and Well-being (Wales) Act 2014 places importance on wellbeing and involves individuals in decisions about their support (National Assembly for Wales, 2014). This encourages organisations to provide person-centred care rather than expecting every individual to fit the same routine. Staff therefore need good communication skills, judgement and the ability to adapt.

However, increased flexibility can also make frontline roles more complex. Organisations must balance personal choice with safe and consistent practice. Too many rigid procedures could restrict person centred care, while too little guidance could result in inconsistent standards. Organisational capability therefore involves more than having enough employees. It also depends on whether staff have the knowledge and confidence to make appropriate decisions.

Legal and regulatory pressures also encourage change. The Regulation and Inspection of Social Care (Wales) Act 2016 provides a legal framework for the regulation and inspection of social care services (National Assembly for Wales, 2016). This places pressure on organisations to demonstrate safe practice, good governance and accountability. Accurate digital records may support this by providing clearer evidence of care and medication administration.

However, there is a risk that staff become too focused on completing records rather than seeing documentation as part of good care. Meeting regulatory requirements does not automatically create a positive workplace culture. Leaders therefore need to ensure that recording systems support care rather than becoming an administrative task that employees complete simply to demonstrate compliance.

Environmental pressures are less direct but still relevant. Care organisations use energy, transport, equipment and other resources. Digital records may reduce paper use, although electronic systems also require devices, electricity and financial investment. Environmental benefits should therefore be

considered alongside practical costs rather than assuming that digital change is automatically more sustainable.

PESTLE provides a useful overview but also has limitations. The factors frequently overlap. Digitalisation, for example, is a technological issue but is also affected by political decisions, funding, legal requirements and employee skills. PESTLE can therefore help identify pressures but cannot fully explain whether an organisation is capable of responding to them. The organisation's internal environment must also be considered.

SWOT analysis can be used to examine internal strengths and weaknesses alongside external opportunities and threats. Helms and Nixon (2010) explain that SWOT is widely used in strategic planning, although its usefulness depends on how the information is used rather than simply creating four lists.

SWOT factor	Example within the organisation	Impact on change	Evidence
Strengths	Experienced staff with good knowledge of service users and everyday care.	Experienced employees can support colleagues and help identify practical problems.	Barney (1991); Schein (2010)
Weaknesses	Different levels of digital confidence, communication difficulties and limited training time.	Staff may adapt at different speeds which can result in inconsistent use of new systems.	Scandura (2018); Weiner (2009)
Opportunities	Digital records, staff development and improved sharing of information.	Could improve communication, recording and organisational capability.	Welsh Government (2023)
Threats	Recruitment and retention difficulties, financial pressures and increasing demand.	Higher workloads could reduce staff capacity to engage with change.	Social Care Wales (2025)

One of the organisation's main strengths is its experienced workforce. Barney (1991) argues that valuable internal resources can contribute to organisational success. In social care, staff knowledge is particularly valuable because experienced employees understand service users and everyday working practices. These employees could be trained as digital champions and help colleagues during the introduction of eMAR.

However, strengths are not always straightforward. Employees with considerable experience may also be comfortable with established routines. Schein (2010) explains how established assumptions become part of organisational culture. Staff may therefore be highly capable under the existing system but less confident when familiar routines are changed. This shows why a strength can sometimes contribute to a weakness during organisational change.

The organisation could use a SWOT conversion approach by using its strengths to take advantage of opportunities or reduce threats. For example, experienced staff who are confident with technology could support colleagues who need more help. This would use existing workforce knowledge to support the opportunity created by digitalisation. However, asking experienced employees to support others without giving them enough time or training could simply increase their workload.

Employee involvement could also improve readiness for change. Armenakis et al. (1993) argue that employees' beliefs and attitudes are important when preparing an organisation for change. Managers should therefore explain why eMAR is needed and allow staff to raise concerns before and during implementation. Holt et al. (2007) similarly found that readiness is influenced by whether employees believe the change is appropriate and whether they feel capable of carrying it out.

A supportive culture may also make it easier for employees to admit when they need help. Edmondson (1999) found that psychological safety can support learning by making employees more comfortable speaking openly within teams. This is particularly relevant when staff are learning a digital system because employees who are worried about appearing incapable may avoid asking questions. Leaders should therefore encourage staff to report mistakes and difficulties so that problems can be addressed. However, a supportive culture cannot replace practical resources such as training time and suitable equipment.

SWOT itself also has limitations. Helms and Nixon (2010) show that although SWOT is widely used, simply identifying strengths, weaknesses, opportunities and threats does not tell managers what action to take. For example, recognising that staff have different levels of digital confidence achieves little unless managers respond with suitable training and support. SWOT should therefore be used to guide decisions rather than treated as the final answer.

Overall, the organisation faces several connected forces for change. PESTLE shows how government policy, financial pressures, social expectations, technology and regulation influence the organisation from outside. SWOT shows that the organisation's ability to respond depends on internal factors including staff experience, communication, confidence and workplace culture. Teece et al. (1997) argue that organisational capability includes the ability to adapt and develop skills in response to changing circumstances. Therefore, successful digital change depends on more than introducing eMAR. The organisation must also develop its workforce and create an environment where employees feel able to

learn and adapt. This suggests that the strongest response to external change is one that combines new systems with staff involvement, appropriate training and clear communication.

Evaluate how organisational stakeholders can be efficiently led through complex workplace change

Complex workplace change can affect people differently depending on their role and how much the change affects their work. Within the care organisation, the introduction of digital care records and electronic medication administration records (eMAR) is an example of complex change. Although it involves new technology, it also changes how staff record information, how managers monitor care and how service users' information is stored and shared. Scandura (2018) explains that organisational change can affect employees, technology and formal working arrangements. Leaders therefore need to manage the people affected by the change as well as the new system itself.

Stakeholders are people or groups who can affect or are affected by an organisation and its decisions (Freeman, 1984). In this organisation, internal stakeholders include senior managers, registered managers, team leaders and frontline care staff. External stakeholders include service users, families, healthcare professionals, commissioners, regulators and the technology provider. Each stakeholder has different needs and levels of influence, so using the same approach with everyone would not be effective.

Mitchell et al, (1997) suggest that stakeholder importance can be considered through power, legitimacy and urgency. Senior managers have considerable power because they can approve resources, training and changes to working practices. Regulators and commissioners also have influence because the organisation must meet required standards. Frontline employees may have less formal power but are extremely important because they use eMAR during everyday care. Similarly, service users may have limited organisational power but have a legitimate interest because their care and personal information are affected.

Stakeholder analysis for the introduction of digital care records and eMAR.

Stakeholder	Main interest in the change	Level of influence	How leaders should involve them
Senior and registered managers	Quality, cost, safety and compliance	High	Involve closely in planning, resources and reviewing progress

Team leaders and senior care staff	Supporting staff and putting the system into practice	High	Involve in planning and use as change champions
Frontline care staff	Major changes to everyday recording and medication practice	High during implementation	Consult, train and provide practical support
Service users	Care quality, privacy and continuity of care	High interest but less formal power	Explain relevant changes and involve them where appropriate
Families	Confidence in the safety and quality of care	Medium	Provide information and respond to concerns
Regulators and commissioners	Safety, standards and accountability	High	Provide evidence that requirements are being met
Technology provider	Successful operation of the system	Medium to high	Work together to provide training and resolve technical problems

The table shows why leaders should not judge importance only by formal power. A care worker may have little influence over the decision to purchase eMAR but can have a major influence over whether it works in practice. Mitchell et al. (1997) also explain that stakeholder importance can change. Frontline employees may have limited involvement when a system is purchased but become central during implementation. Stakeholder analysis should therefore be reviewed throughout the change rather than completed once at the beginning.

Kotter's Eight step model provides one way of leading these stakeholders through change. Kotter (1996) identifies eight stages which include creating urgency, developing a guiding group and vision, communicating the change, removing barriers, creating short-term wins, maintaining progress and

making the change part of organisational culture. The model is useful because it gives managers a clear structure for change rather than simply expecting employees to accept a new system.

Creating urgency would involve explaining why eMAR is necessary and how it could improve medication safety, communication and access to information. Armenakis et al. (1993) argue that preparing employees for change involves influencing how they understand the need for it. Staff may therefore be more willing to engage when they understand why the change is happening rather than simply being told that the organisation is going digital.

However, urgency needs to be handled carefully. Social Care Wales (2025) found that 20% of respondents to its workforce survey intended to leave social care. Increasing pressure on an already stretched workforce could therefore create anxiety rather than motivation. Leaders should explain the problems the change is intended to solve without making staff feel that previous working practices were their fault.

Kotter (1996) also recommends developing a group to help lead the change. In this organisation, this could include managers, senior care workers and respected frontline employees. This is important because managers understand organisational requirements while care staff understand what happens during everyday practice. Employees could therefore identify practical problems that senior managers might overlook.

The organisation also needs a clear vision for the change. The aim should not simply be to "go digital". Instead, leaders could explain that eMAR is intended to improve medication safety and access to information. Communication should also be two-way. Employees should have opportunities to ask questions and raise concerns. Oreg et al. (2011) found that employees' reactions to organisational change can be influenced by both individual factors and the way the change is managed. This means that concerns should not automatically be treated as resistance.

For example, an employee who is confident in providing care may feel anxious about using unfamiliar technology. Their concern may identify a genuine training need rather than an unwillingness to change. Holt et al. (2007) found that readiness for change is influenced by factors including whether employees believe a change is appropriate and whether they feel capable of managing it. Leaders should therefore identify why an employee is struggling before deciding how to respond.

This links to Kotter's stage of removing barriers. Barriers could include limited digital skills, insufficient equipment, workload or lack of training. Social Care Wales (2025) found that 87% of care workers responding to its survey believed they had sufficient training to perform their jobs effectively. Maintaining this confidence during a major change is important. Practical demonstrations, opportunities to practise and accessible support may be more effective than simply giving employees written instructions.

Kotter (1996) also recommends creating short-term wins. Leaders could show staff early examples of how eMAR has improved access to information or reduced recording problems. This could demonstrate that the effort involved in learning the system has a practical benefit. However, early success should not be confused with complete acceptance. Employees may use a system because it is compulsory without

believing that it is an improvement. Leaders therefore need to continue listening to staff after the initial implementation.

The final stages of Kotter's model involve maintaining progress and embedding the change into organisational culture. Digital recording could become part of staff induction, supervision and ongoing training. However, Kotter's model also has limitations. Appelbaum et al, (2012) found support for individual parts of the model but questioned the evidence that all eight stages need to happen in a fixed order. Stouten et al. (2018) also argue that popular change approaches are not always supported by equally strong research evidence.

This is particularly relevant in social care because change is rarely predictable. Staffing problems, service user needs or new requirements could force managers to revisit earlier stages. Kotter therefore provides useful guidance but should not be treated as a strict set of instructions.

Lewin's approach provides a simpler way of understanding change. It is commonly described through three stages, unfreezing, changing and refreezing (Lewin, 1947). Unfreezing would involve helping staff understand why existing paper records need to change. This does not mean suggesting that previous practice was poor. Instead, managers would explain why a different approach is now needed and prepare employees to move away from familiar routines.

The changing stage would involve introducing eMAR and allowing staff to develop confidence using it. Training and feedback would be particularly important during this period. Edmondson (1999) found that psychological safety can support learning because employees are more comfortable speaking openly and asking for help. This is relevant when staff are learning eMAR because employees need to feel able to report difficulties or mistakes without automatically fearing criticism.

Refreezing would involve making digital recording part of normal working practice. Policies, induction, supervision and audits could reinforce the new approach. However, Lewin's model has been criticised for appearing too simple for organisations that experience continuous change. Burnes (2004) argues that some criticism comes from reducing Lewin's wider work to only three basic stages. Lewin's work also considered group behaviour and wider social processes.

A permanent "refreeze" may be unrealistic within social care because technology, regulations and service user needs continue to change. However, some stability is important. Medication procedures cannot constantly change without giving employees time to develop consistent practice. Refreezing can therefore be understood as creating enough stability for a new practice to become established rather than suggesting that the organisation should never change again.

When the two theories are compared, Kotter provides more detailed guidance for leading people through change. It places greater emphasis on areas such as communication, involvement and maintaining progress. Lewin provides a simpler explanation of moving away from established practice, introducing change and making new behaviours normal. However, neither model should be followed rigidly.

Rafferty et al, (2013) argue that readiness for change is affected by both individual and organisational factors. This means that employees may understand why eMAR is needed while still lacking confidence

in their ability to use it. Simply following the stages of a change model does not guarantee that stakeholders are ready. Leaders need to adapt their approach depending on the concerns and abilities of the people involved.

Overall, effectively leading stakeholders through the introduction of digital care records and eMAR requires more than choosing one change model. Kotter provides useful detail for planning, communicating and maintaining change, while Lewin helps explain how employees move away from familiar practices and establish new ones. Both have limitations and need to be adapted to the realities of social care. Stakeholder analysis is therefore important throughout the process because different groups require different levels of involvement and support. Leaders who combine clear direction with staff involvement, appropriate training and ongoing communication are more likely to achieve lasting change than those who simply instruct employees to follow a new system.

Conclusion

In conclusion, organisational change within social care is influenced by a range of internal and external pressures. The PESTLE and SWOT analyses showed that workforce pressures, financial challenges, regulation and digitalisation can all create a need for change. However, the organisation's ability to respond also depends on its workplace culture, staff skills and communication. The introduction of digital care records and eMAR shows that successful change involves more than introducing new technology. Different stakeholders are affected in different ways and therefore need appropriate involvement and support. Kotter provides a useful structure for planning and leading change, while Lewin helps explain how staff can move away from established practices and adapt to new ones. However, neither model should be followed too rigidly. Overall, effective change requires flexible leadership, staff involvement, clear communication and appropriate training while continuing to provide safe, high quality and person centred care.

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