

for Complex Problems of Cardiovascular Diseases» (650002., Kemerovo, boulevard named after academician L.S. Barbarash, p. 6, Russia), popsan@kemcardio.ru, ORCID: 0000-0002-5162-0029; **Oksana V. Kusch** – Dr. Sci. (Med), Senior Scientist, Head of the Quality Department of the Research Institute for Complex Problems of Cardiovascular Diseases (650002., Kemerovo, boulevard named after Academician L.S. Barbarash, p. 6, Russia), kovaov@kemcardio.ru, ORCID: 0000-0002-8646-7810; **Galina V. Artamonova** – Dr. Sci. (Med), Professor, Deputy Director for Research, Head of the Department for Optimrization of Medical Care in Cardiovascular Diseases at the Federal State Budgetary Scientific Institution "Research Institute of Complex Problems of Cardiovascular Diseases" (650002, Kemerovo, Academician L.S. Barbarash Boulevard, 6, Russia), artamonova@kemcardio.ru, ORCID: 0000-0003-2279-3307

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Experience of change management in Russian and global healthcare: theoretical models for real practice

Anton A. Glushkov^{1,2}, Mikhail T. Yugay^{1,3}, Georgy G. Melkonyan², Stanislav N. Zhirkov³

¹ Federal State Autonomous Educational Institution of Higher Education "National Research University "Higher School of Economics", Myasnitskaya St., 20, Moscow, 101000, Russia

² State Budgetary Institution of Healthcare of Moscow "Hospital for War Veterans No. 3 of the Moscow City Health Department", 4 Startovaya St., Moscow, 129336, Russia

³ State Autonomous Institution of the Republic of Sakha (Yakutia) "Republican Hospital No. 1 - National Center of Medicine named after M.E. Nikolaev", Sergelyakhskoye sh., no. 4, Yakutsk, 677019, Russia

Abstract. Modern healthcare is in a state of constant change. Numerous models for managing organizational change have been described to date. Practical experience is represented by a number of studies; the number of publications in the PubMed database in 2000 was less than 1,000, while in 2022 it reached 12,500. The most frequently used models were those by Lewin and Kotter, with numerous applications of the McKinsey 7S and ADKAR models also described. While international studies describe the application of a specific model in healthcare practice, domestic literature emphasizes general recommendations and methods for implementing change in healthcare organizations. Experience shows that the application of models in healthcare practice can help managers solve specific management problems to achieve the goals of a healthcare organization, which is a key factor in the successful functioning of an organization in the constantly changing conditions of the modern world.

Key words: organizational change model, healthcare organization, change management, management effectiveness, management

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Introduction. Over the past decade, scientific and technological progress, both globally and in Russia, has led to an increase in the volume of information in all areas of human activity, and healthcare is no exception. Therefore, with the advent of new technologies and methods for predicting and treating diseases, including artificial intelligence-based solutions, the need has arisen to create and implement new organizational and process models and approaches. Implementing such changes requires a balance: maintaining stability while ensuring development. Furthermore, staff resistance to adopting new models hinders the implementation of development projects [1].

The importance of change management in healthcare today cannot be underestimated. Regulatory restrictions, accessibility and quality of treatment, high

public expectations for results in public healthcare institutions, and intense competition in the private sector all place healthcare organizations in a position of direct dependence on the effectiveness of change management [2].

The head of a healthcare facility is responsible for achieving high performance within a healthcare organization. To achieve this, they must understand the organization's internal mechanisms, comprehend the nature of organizational change, and be able to manage change processes and direct them in the right direction. Possessing a methodology and deep theoretical knowledge in the field of change management is not just a desirable skill but a vital necessity for a modern leader [3].

The purpose of this work is to analyze foreign and domestic models of

change management in medical institutions for selection of the most optimal model and its application.

Discussion. Organizational change in a healthcare facility, as in any organization, involves a shift in the characteristics of its elements (be it structure, processes, or results), arising from the need to adapt to changing conditions and leading to the organization's transition to a new state [4]. To improve organizational performance and increase efficiency in achieving results, it is necessary to implement change management based on the creation of a knowledge system that begins with selecting the most optimal target model from a variety of possible options for a given time period.

In the context of dynamic changes, a healthcare organization must be an open system and interact harmoniously

with the external environment [5]. Public healthcare institutions are in a more challenging position due to the high demands on quality and safety of healthcare. The work of a public sector healthcare organization is influenced by such external factors as such as demographics, educational level, environmental and public health conditions, regional disease incidence, and much more. Therefore, management must have a comprehensive understanding of both its own organization and external threats and prospects in order to make informed management decisions and effectively implement changes that can bring the organization to a target state consistent with the new conditions [2].

There are many change management models described in the scientific literature, however, today, the most common are a small number of widely used models. Thus, Lewin's model ("Lewin's theory") described in the work of M.R. Shirey (2013) includes only three steps to achieve management effectiveness: 1) Unfreezing - creating an understanding of the need for change in people; 2) Changing - active implementation of changes and 3) Refreezing - establishing and strengthening the new state of the organization [6]. J.S. Rakich et al. in their work describe a change management model that consists of four key steps. The first is identifying the need for change, similar to that in Lewin's model. The second and third steps - planning the implementation of changes and their implementation in meaning repeat the second step of Lewin's model. The fourth step is evaluating the changes themselves [7]. Further on there are more complex models. Thus, Rogers's theory of diffusion of innovations consists of five phases of change, which sequentially involve five categories of employees. The first phase is knowledge, it includes training and informing the staff, and the main employees who embody this phase are "innovators" (2.5% of employees); the second phase is conviction, when innovators attract new colleagues, "early followers" (13.5% of employees) to changes; the third phase is decision, here the "early majority" (34.0% of employees) accept the change after careful analysis; the fourth phase is implementation, after which the "late majority" (34.0% of employees) accept the change, seeing how the "early majority" accepted it; the fifth phase is confirmation, "laggards" (16.0% of employees) employees accept the change when it has become necessary, and all employees realize the necessity and benefits of the implemented change

[8]. The ADKAR model, developed by Jeffrey Hyatt, also consists of five steps of change management and, according to its name, goes through the following steps: A - Awareness - communicating to employees why and how changes are occurring; D - Desire - after achieving an understanding of the need for change, the goal of this stage is to create a desire to support the changes and show employees the advantages and benefits that they can bring; K - Knowledge - at this stage, employees are provided with the necessary information about how future changes will be implemented and what each employee needs to do to achieve the goals; A - Ability - providing employees with resources, including the development of skills and abilities that are necessary for the successful implementation of the planned changes; R - Reinforcement - consolidation of changes through regular feedback, monitoring, evaluation of results and support of employees [9].

Lippit and Knoster propose a model of six key elements: vision, skills, incentives, resources, action plan, and consensus, which are essential for successful change implementation. The absence of any of these elements leads to negative consequences: without vision, confusion results; lack of skills leads to anxiety; without incentives, sabotage occurs; lack of resources leads to frustration; without a plan, false starts occur; and without consensus, changes are slow or rejected [10].

According to the McKinsey model, also known as the 7S model, an organization can be viewed as a system of interdependent elements - three hard elements: Strategy, Structure, System - and four soft elements: Skill, Style, Stuff, and Shared Values. In the context of organizational change, as in the previous model, each element is important; however, the difference with this model is that all elements mutually influence each other, and for the successful implementation of change, not only the presence, but also a balance of all seven elements is necessary [11].

John Kotter's leadership concept is an algorithm for overcoming employee resistance to change and includes eight sequential steps. The first step is creating a sense of necessity and urgency for change. The second step is building a team of leaders capable of implementing the changes. The third step is creating a vision of the future and a clear plan for achieving it. The fourth step is communicating this vision to employees and their conviction in the need for change. The fifth step is removing barriers to

change implementation. The sixth step is celebrating small victories for achieving short-term results to motivate employees. The seventh step is consolidating the successes achieved. The eighth and final step is anchoring the changes in the organizational culture and implementing them into daily work [12].

Experience with the application of the described change management models in healthcare organizations can be found in numerous published works, both foreign and Russian. Levin's model has been successfully applied in perinatal traumatology in the United States (New York State) and is described in the work of I. Abd El-Shafy et al. [13]. In the early 2010s, the American College of Surgeons Committee on Trauma (ACS COT) set a target value of no more than 10.0% for the proportion of non-surgical pediatric admissions to trauma centers in the United States. However, it soon became clear that in 2011, the proportion of non-surgical pediatric patients admitted to trauma centers in the United States was 30.0%, which served as the beginning of the implementation of the Levin model. Over 4 years of work, a 10-fold decrease in the proportion of such patients was noted, and ultimately it amounted to 3.0%. In addition, the number of bed days for such patients decreased by 21.0% - from 3.78 to 3.0 bed days, which became another positive result of the application of the Levin model in the field of American pediatric traumatology.

In a Boston family clinic (USA), an increase in narcotic analgesic abuse by patients was noted as a result of their overprescription by family physicians, who were swayed by patients demanding opioids. R. Sokol et al. proposed a solution to this problem by changing the procedure for prescribing opioid analgesics and subsequent management of such patients [14]. The introduction of rules for the rational prescribing of opioid analgesics and the correct treatment of addiction (Chronic Pain: "The Rules") in the studied clinic led to the achievement of the stated goals: the correctness of opioid analgesic prescribing and increased effectiveness of patient management. As a result of the introduction of quality-of-care indicators and the evaluation of medical records using information technology, a policy was adopted providing for mandatory training of clinic personnel in responding to narcotic analgesic overdose.

Rogers' model, described by S. Tetef [15], was used in a program to implement bronchial thermoplasty at a hospital in Southern California (USA). According to the study, hospital administration, us-

ing Rogers's theory of diffusion of innovations, developed a strategy, identified financial risks/benefits, and created a model for implementation. The author notes that the application of the chosen model has improved the effectiveness of bronchial thermoplasty treatment for asthma.

In the UK, M. Burden described the application of the Kotter model [16]. In a study of patients undergoing breast surgery, the incidence of infectious complications increased from 0.5% in 2012 to 2.2% in 2014, compared to the Public Health England (PHE) target of 1.0%. The Kotter model, proposed to physicians, enabled the implementation of an improvement strategy and fostered collaboration within the physician team, which resulted in the achievement of the stated goal of reducing the incidence of infectious complications. Over a 6-month period of this project, the incidence of complications decreased from 2.2% to 0.7%.

During the COVID-19 pandemic, the ADKAR model was applied and described by J. Balluck et al. [17] at the non-profit healthcare network Texas Health Resources (Texas, USA). In the hospitals of this healthcare organization, nursing care was provided through the so-called "primary nursing" model, where one nurse cared for a specific patient, which ensured an individualized approach to the patient, increased patient trust, and improved treatment quality. However, during the COVID-19 outbreak, the number of patients increased sharply, and the nurse had to care for a larger group of patients. Then, the hospital management decided to switch to "team nursing," for which the ADKAR model was applied. The process of implementing this model varied across healthcare institutions, but the basic principles and implementation strategies were the same. Management determined what information a participant in the "team nursing" model needed and who should communicate this information to other employees (implementation of the first step A - awareness). Next, management determined the readiness of nurses to accept the new model and participate in it. Initially, the team was hesitant due to fear of a new, unknown infection, but a gradual understanding of the reasons for the changes and the fact that a new infection needed to be addressed differently led to a willingness to work under the new conditions (implementing the second step, D – desire). Management then conducted staff training on the "team nursing" model, including courses for nurses and department

managers aimed at understanding the new model (implementing the third and fourth steps, K – knowledge and A – ability). Following this, daily shift handover meetings were organized to assess the team's skills, collect feedback, and reinforce the new routine (implementing the fifth step, R – reinforcement).

The application of the McKinsey 7S model was described in the work of M.W. Ngwenya et al. [18]. The authors of the article reveal the relevance of the problem of high mortality from preeclampsia in pregnant women in the countries of Southern Africa. Scientific strategies based on the McKinsey 7S model were developed and applied in health facilities of the Mpumalanga province. In the conducted work, priority areas were identified for the hard element "System" and three soft elements "Capabilities", "Employees" and "Style".

The "Systems" element identified deficiencies in the facility's condition (power outages) and staff equipment, including a lack of Wi-Fi, personal computers, and smartphones among medical staff. The "Employees" element revealed a high workload coupled with understaffing, particularly among midwives. A weakness in the "Skills" element was the extremely low level and complete lack of digital literacy among medical staff. The "Style" element, based on survey results, revealed that medical facility management had not taken any proactive steps to implement digitalization or develop a culture of openness toward employees.

As noted earlier, there are numerous international articles describing the application of specific change management models in healthcare organizations. The review of application and consideration of change management issues in the Russian Federation differs from global practice. Domestic publications present few change management models with quantitative data analysis. However, in most cases, they describe organizational change management in manufacturing, industry, or public and municipal administration.

Theoretical approaches to managing organizational change using the models of K. Levin and J. Kotter were described in the work of E.S. Aubakirov [19]. In his article, the author reveals a systems approach applied in management in general, describes the features of managing organizational change, the main theoretical approaches, and the possibilities of applying models in practical healthcare.

In 2023, a team of authors from the State Budgetary Institution "Research Institute for Healthcare Organization and

Medical Management of the Moscow Department of Healthcare" published a paper on change management in primary health care [20]. It describes key models of organizational change, the experience of implementing policies to strengthen primary care, and the specifics of change management in Moscow medical institutions. Recommendations are provided for motivating staff to learn, overcoming resistance to change, and providing information support at all stages of change in the organization of primary care.

Change management in inpatient settings is described in the article by I.A. Tyrov et al. [21]. The paper presents the stages of digital transformation implementation in Moscow healthcare organizations and also cites the results of research on the theory of R. Maurer and J. Kotter, in a situation where staff are unable to accept innovations in the initial stages of the model due to established working methods and uncertainty about the future.

The work by S.N. Alekseenko et al. describes the results of the transition of the medical institution "Goryachiy Klyuch City Hospital" of the Ministry of Health of Krasnodar Krai to a new change management method for the provision of primary health care to the population [22]. An anonymous survey was conducted at the hospital to determine the attitudes of employees toward the innovations, based on the results of which recommendations for change management were formulated based on the theory of E. Goldratt. The authors conclude that changes should be introduced continuously using lean manufacturing (kaizen) - preserving the advantages important to employees, appointing competent persons responsible for project implementation, starting with short-term projects that yield tangible results, celebrating even small victories with the transition to larger and longer-term projects, informing and supporting staff throughout the process, and providing constant encouragement.

Conclusion. Thus, an analysis of foreign and domestic scientific literature revealed that the models of K. Levin and J. Kotter are the most commonly used change management models in healthcare institutions. Specific approaches to change implementation were identified: while foreign studies primarily describe the use of specific models, Russian publications focus on general recommendations based on their own methods for implementing change management in healthcare institutions.

Based on our research findings, we selected a direction for further work in

the field of domestic healthcare organization. We identified the need to justify the choice of a model for solving a specific management problem, as well as to leverage the experience and successful results of studies describing the implementation of this model to achieve the stated goals.

Reference

1. Campbell R.J. Change management in health care. *The health care manager (Frederick)*. 2008; 27(1): 23-39. <https://doi.org/10.1097/01.hcm.0000285028.79762.a1>.
2. Barrow JM, Annamaraju P. Change Management in Health Care. In *StatPearls [Internet]*. StatPearls Publishing. 2022. URL: <https://www.ncbi.nlm.nih.gov/books/NBK459380/>.
3. Whitlock J. Transformational change and development. *Health Organizations: Theory, Behavior and Development*. Sudbury, MA: Jones and Bartlett. 2009: 291-310.
4. Thompson JM Understanding and managing change: implications for public health management. *Journal of Public Health Management and Practice*. 2010; 16(2): 167-173. <https://doi.org/10.1097/PHH.0b013e3181c8cb51>.
5. Riley BL, Taylor SM, Elliott SJ Organizational capacity and implementation change: a comparative case study of heart health promotion in Ontario public health agencies. *Health Education Research*. 2003; 18(6): 754-769. <https://doi.org/10.1093/her/cyf051>.
6. Shirey MR Lewin's theory of planned change as a strategic resource. *JONA: The Journal of Nursing Administration*. 2013; 43(2): 69-72. <https://doi.org/10.1097/NNA.0b013e31827f20a9>.
7. Rakich JS, Longest B., Darr K. Managing health services organizations and systems. *Baltimore: Health Professions Press*. 2000. URL: <https://archive.org/details/managing-healthse0004long/mode/2up>.
8. Bowen CM, Stanton M., Manno M. Using Diffusion of Innovations Theory to implement the confusion assessment method for the intensive care unit. *Journal of Nursing Care Quality*. 2012; 27(2): 139-145. <https://doi.org/10.1097/NC-Q.0b013e3182461eaf>.
9. Hiatt J. ADKAR: a model for change in business, government, and our community. *Prosci Learning Center Publications*. 2006. URL: <https://archive.org/details/adkarmodelforcha0000hiatt>.
10. Mitchell G. Selecting the best theory to implement planned change. *Nursing Management (Harrow)*. 2013; 20(1): 32-37. <https://doi.org/10.7748/nm2013.04.20.1.32.e1013>.
11. Bounjerte I., Khalidy S., Mazouzy I., et al. Evaluating organizational performance in healthcare: a mixed-method study using the McKinsey 7S framework. *BMJ Open Quality*. 2025; 14(2). <https://doi.org/10.1136/bmjopen-2025-003317>.
12. Carreño AM An Analytical Review of John Kotter's Change Leadership Framework: A Modern Approach to Sustainable Organizational Transformation. Available at SSRN 5044428. 2024. <https://doi.org/10.2139/ssrn.5044428>.
13. Abd El-Shafy, I., Zapke, J., Sargeant, D., et al. Decreased pediatric trauma length of stay and improved disposition with implementation of Lewin's change model. *Journal of Trauma Nursing*. 2019; 26(2): 84-85. <https://doi.org/10.1097/JTN.0000000000000426>.
14. Sokol, R., Schuman-Olivier, Z., Batalden, M., et al. A change management case study for safe opioid prescribing and opioid use disorder treatment. *The Journal of the American Board of Family Medicine*. 2020; 33(1): 129-137. <https://doi.org/10.3122/jabfm.2020.01.190223>.
15. Tetef S. Successful implementation of new technology using an interdepartmental collaborative approach. *Journal of PeriAnesthesia Nursing*. 2017; 32(3): 225-230. <https://doi.org/10.1016/j.jopan.2015.05.118>.
16. Burden M. Using a change model to reduce the risk of surgical site infection. *British Journal of Nursing*. 2016; 25(17): 949-955. <https://doi.org/10.12968/bjon.2016.25.17.949>.
17. Balluck J., Asturi E., Brockman V. Use of the ADKAR® and CLARC® change models to navigate staffing model changes during the COVID-19 pandemic. *Nurse leader*. 2020; 18(6): 539-546. <https://doi.org/10.1016/j.mnl.2020.08.006>.
18. Ngwenya MW, Muthelo L., Mothiba TM Adoption of McKinsey 7s model in development of strategies to enhance the utilization of digital health in early detection and treatment of pre-eclampsia by gravid women at the rural context: Mixed-method study. *Nursing Open*. 2025; 12 (3): e 70162. <https://doi.org/10.1002/nop.2.70162>.
19. Аубакиров Е.С. Управление организационными изменениями в организациях здравоохранения. *Проблемы современной науки и образования*. 2024; 8(195): 12-17. URL: <https://ipi1.ru/images/PDF/2024/195/PSME-8-195-.pdf>.
20. Старшинин А. В., Безымянный А. С., Аксенова Е. И. и др. Управление изменениями в первичной медико-санитарной помощи: исследовательские компетенции врачей и критическое мышление М.: ГБУ «НИИ ОЗММ ДЗМ». 2023. URL: <https://niioz.ru/moskovskaya-meditsina/izdaniya-nii/monografi/>.
21. Тыров И. А., Токарев А. С., Небытова А. К. и др. Управление изменениями в процессе внедрения цифровых технологий в медицинских организациях стационарного звена: опыт города Москвы. *Национальное здравоохранение*. 2021; 2(2): 47-54. URL: <https://doi.org/10.47093/2713-069X.2021.2.2.47-54>.
22. Алексеенко С. Н., Арженцов В. Ф., Верменикова Л. В. и др. Особенности управления изменениями в медицинской организации в рамках реализации федерального проекта "Создание новой модели медицинской организации, оказывающей первичную медико-санитарную помощь". *Кубанский научный медицинский вестник*. 2019; 26(5): 18-28. <https://doi.org/10.25207/1608-6228-2019-26-5-18-28>.

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Information about the authors: Anton A. Glushkov – surgeon, State Budgetary Healthcare Institution of Moscow Hospital for War Veterans No. 3 of the Moscow City Health Department, glushkov.anton2404@gmail.com, <https://orcid.org/0000-0001-6864-2577>; Mikhail T. Yugay – Ph.D. of Medical Sciences, Associate Professor, Department of Healthcare Management and Economics, National Research University Higher School of Economics, Scientific Consultant, State Autonomous Institution of the Republic of Sakha (Yakutia) Republican Hospital No. 1 – M.E. Nikolaev Scientific Center of Medicine, <https://orcid.org/0000-0001-9965-380X>; Georgy G. Melkonyan - Dr. Sci. (Med), Chief Physician of the State Budgetary Healthcare Institution of Moscow Hospital for War Veterans No. 3 of the Moscow Department of Healthcare, <https://orcid.org/0000-0001-7234-4185>; Stanislav N. Zhirkov – General Director of the State Autonomous Institution of the Republic of Sakha (Yakutia) Republican Hospital No. 1 – M.E. Nikolaev National Center of Medicine

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