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**Driving Sustainability: Boundary Shaking and Core-Competencies in Change
Management for Private Healthcare Industry, Sri Lanka**

***Keywords** – organizational change management, boundary shakers, internal change agents (ICAs), insider action research (IAR), sustainability*

Introduction

Change management skills are essential for organisations to adapt to rapidly changing business environments, emerging markets, technology advancements, and intensified global competition. Internal change agents (ICAs) play a vital role in implementing and managing strategic and operational changes in the workplace (Caldwell, 2001). However, there are limited scholarly studies that focus on ICAs and boundary shakers (Balogun et al, 2005; Blossing, 2015; Buono and Subbiah, 2014; Hartley et al, 1997; Wylie, Sturdy and Wright, 2014). This study aims to explore the perceived impacts of boundary shaking practices on change projects undertaken by the boundary shakers and identify the core competencies required by boundary shakers in successfully managing change projects. There are significant gaps in the literature on the core competencies of internal change agents (ICAs) and boundary shakers. Despite the crucial role ICA's play in organizational change, there are limited articles that explore their competencies, as scholarly studies have primarily focused on external change agents (Dunphy et al, 1993; Gilley, 2005; Nikolaou 2007), while few other studies that have considered ICA's (Buchanan and Boddy, 1992; Caldwell, 2005).

Relevance of this Study

Challenges exist in organizations, where ICAs are expected to drive and lead change initiatives as and when required. And for ICAs to succeed in their roles, there are a range of skills and knowledge required such as business acumen, relationship-building skills, analytical skills, and leadership skills to name a few. The focus of this study is to bridge some of the gaps by identifying the core competencies required for successful ICAs and boundary shakers; therefore, Durdans private hospital, based in Sri Lanka was used as the case study in investigating the phenomena. Cagney (2015) discusses the concept of action research, which shares commonalities with IAR (i.e., Insider Action Research) and ICAs. The IAR framework, developed by Coghlan and Brannick (2005) builds on this concept by identifying

five critical elements that ICAs must possess to be effective agents of change. These five elements are **Insight**, i.e., having a deep understanding of the organization and the context in which it operates; **Action**, which involves taking effective action to address issues and implement change; **Resilience**, being able to withstand challenges and setbacks in the change process; **Influence**, i.e., having the ability to influence and persuade others to support the change initiative; and **Learning**, being able to continuously learn and adapt to changing circumstances and new information. This framework emphasizes the importance of ICAs having comprehensive and adaptable skill sets to navigate the complexities of implementing cultural change. It also aligns with the boundary shaking practice concept discussed by Balogun et al. (2005), which emphasizes the need for agents of change to challenge established norms and boundaries to create effective change. Action research involves conducting research and acting simultaneously to solve real-world problems (Coghlan and Casey, 2005). Similarly, ICAs and IAR emphasize the importance of conducting insider research and collaborating with others to identify and solve workplace problems. The transfer of knowledge to others is crucial in both IAR and action research, as it allows for the dissemination of findings and promotes learning and development. Furthermore, self-reflection is a critical element in both IAR and action research, as it empowers individuals to evaluate their actions, improve performance, and create a positive change in the organisation (Raelin and Coghlan, 2006). IAR and ICAs share commonalities with action research, emphasizing the importance of research, collaboration, knowledge transfer, and self-reflection in implementing and managing organizational changes (Coghlan, 2001). Collaborating with others is a critical element of IAR, as ICAs must work with various stakeholders to implement changes successfully. Insider research, an important element of IAR, enables ICAs to gather information within organizations to inform their decision-making. Transferring knowledge to others is also essential, as ICAs must share their expertise and insights with others to ensure that the change is sustained over time. Planning the change involves developing a comprehensive strategy that aligns with an organization's goals and values, while self-reflection enables ICAs to continuously learn and improve their skills. ICAs and IAR have commonalities because they both recognise the importance of leveraging insider knowledge and building relationships with stakeholders to implement successful organizational change. So, by using the IAR framework, researchers can better understand the specific skills and competencies that ICAs need to possess to be effective agents of change. This can inform the development of training programs and other interventions that can support ICAs in their role as boundary shakers.

Methodology

A case study approach was adopted to explore and generate an in-depth understanding of the various procedural, operational, and behavioural changes carried out at a large private hospital in Sri Lanka. We aim to answer the following research questions:

RQ (1) *What are the perceived impacts of boundary shaking practices on change projects undertaken by the boundary shakers?*

RQ (2) *What are the core competencies required of boundary shakers in successfully conducting change projects?*

To answer the above questions, we explore the perceived impacts of boundary shakers and boundary shaking practices that have been incorporated in the change programme. This will help us identify the core-competencies required by ICAs to successfully conduct a change

programme that can influence and inspire others to drive and embrace positive change. To be considered for inclusion in the sample criteria for the ICA subgroup, the participants had to meet the following requirements. Firstly, they must be middle to senior-level managers from any departmental background with a proven track record of implementing or facilitating change programs from an interdepartmental perspective at the request of senior management. Secondly, they must hold a position of authority within their respective organisations, authorised to make decisions regarding boundary-shaking practices. Lastly, they must have experience and expertise in effectively implementing change projects within their organisations, with or without formal educational qualifications in change management. Our empirical evidence comprised of two sets of semi-structured interview questions with the ICA's and change recipients. Twenty semi-structured interviews were carried out and transcribed, following which a direct content analysis approach using the software, ATLAS.Ti was used to analyse the text-based data. When compared to other software packages like Nudist and NVivo, ATLAS.Ti seemed to be more versatile, and it assisted the researcher to adhere to the direct content analysis procedure in which coding, categorising, creating diagrams, building reports, as well as code co-occurrence matrices could be effectively created. This inductive approach alongside a supplemental deductive approach, allowed for the discovery of new themes and patterns that provided a robust and comprehensive understanding of the change process in the workplace. The coding primarily comprised of manifest codes, and the abstraction process was such that condensed codes were grouped into sub-codes, after which, latent coding was used to group together the categories and sub-categories.

Sri Lanka is a diverse country with a complex history of ethnic and political conflict, which presents challenges and opportunities for boundary shaking and boundary spanning. While the geographical location of a study that is set out in South Asia can have limitations due to cultural-induced complexities, it can also help explore the unique cultural and social context of the country. The methodological direction taken in this study adds significant value to the existing literature on boundary shaking and boundary spanning from an intercultural perspective, which also sets our study apart from other studies that are more West centric.

Brief Overview of Findings

The findings of the study highlight the ambiguities and complexities around the work of boundary shakers and their influence and importance in successfully implementing a change programme. The perceived impacts of boundary shaking practices were concluded into seven categories, namely – (i) **increased motivation**, (ii) **effective communication**, (iii) **empowerment through recognition**, (iv) **increased interdepartmental collaboration**, (v) **empowering personal development of staff**, (vi) **accountability**, and (vii) **improved patient care**. **Increased motivation** was a common theme identified by the change recipients, where boundary shakers empowered staff to participate in decision-making processes, leading to increased employee morale and job satisfaction. **Effective communication** practices resulted in increased transparency, improved collaboration, and trust-building between different departments. **Empowerment through recognition** emerged as a significant impact of boundary shaking practices, where staff were acknowledged and rewarded for their contributions to the change process. **Increased interdepartmental collaboration** resulted in better alignment of goals and strategies between departments, resulting in improved service delivery and patient care. Boundary shakers also empowered the personal development of staff, which resulted in skill development, knowledge sharing, and enhanced employee engagement. **Accountability** was another critical impact identified, where boundary shakers

implemented performance monitoring systems that improved transparency, accountability, and performance management. **Improved patient care** emerged as a significant impact of boundary shaking practices, where patient satisfaction rates and outcomes improved significantly. Furthermore, the study identified six main categories of core competencies required of boundary shakers, namely – (a) **business domain**, (b) **communication**, (c) **people skills**, (d) **personal characteristics**, (e) **team management**, and (f) **desired skills**. And each of these had sub-categories within them. The **business domain** competence includes knowledge of the healthcare sector, financial management, and quality management. **Communication skills** include the ability to listen, articulate ideas, facilitate discussions, and provide feedback. **People skills** include emotional intelligence, empathy, and conflict management skills. **Personal characteristics** include self-awareness, adaptability, resilience, and creativity. **Team management skills** include the ability to delegate tasks, build trust, manage team dynamics, and resolve conflicts. **Desired skills** include project management, data analysis, and strategic thinking. The findings highlight the importance of boundary shakers in successfully implementing change programs, emphasizing increased motivation, effective communication, empowerment through recognition, interdepartmental collaboration, personal staff development, accountability, and improved patient care (Balogun et al., 2005; Sturdy & Wylie, 2011; Randall et al., 2019; Richter et al., 2006). This research contributes to the understanding of internal change agents (ICAs) in boundary spanning and shaking roles in the healthcare industry of Sri Lanka, addressing a gap in non-Western settings (Balogun et al., 2005; Sturdy & Wylie, 2011; Randall et al., 2019). Moreover, our findings contribute to the existing knowledge base and the ongoing meaningful debate on ICAs. Through this, we hope to direct organisations to invest in coaching, which can empower individuals to serve as role models and create the ripple effect required for sustainability and success in the organizations.

Conclusion and Directions for Future Research

Our study aims to provide a comprehensive understanding of the role of boundary shakers and the competencies required by them, in successfully implementing change programmes. We believe future research could explore the role of boundary shakers in different organisational contexts, which could also be extended to explore the impact of coaching on boundary shakers. Coaching is a valuable tool for developing leadership skills, and enhancing emotional intelligence, communication skills, and overall performance, which are critical competencies for boundary shakers (Grant & Cavanagh, 2007; Jones et al., 2016; Kilburg, 2000). Secondly, our study highlights the importance of boundary shakers in positively impacting the culture, processes, and policies in the workplace. For instance, we found that effective communication and interdepartmental collaboration were some of the key perceived impacts of boundary shaking practices. In this regard, future research could adopt a different angle to investigate how leadership can facilitate and empower boundary shakers to enact change, as well as its impact on the success of change initiatives. Furthermore, exploring specific mechanisms through which boundary shakers facilitate collaboration, can provide better understanding on how it can impact change management outcomes. However, despite its valuable contributions, this research has a few limitations that should be acknowledged. Firstly, the study focuses on the context of Sri Lanka, which may limit the generalisability of the findings to other regions. While it addresses the under-researched context of Sri Lanka, the experiences and challenges faced by ICAs may vary across different countries and cultural backgrounds (Brion et al., 2012; Subbiah, 2014). Secondly, this research explores ICAs in the healthcare industry, which may not be directly applicable to other industries due to the unique nature of healthcare organisations and the specific challenges they face

(Alexander et al., 2016). In conclusion, throughout study, we aim to address the gaps that exist in understanding how ICAs can advance in their role as agents driving change, to successfully help organizations adapt to rapidly changing business environments, and to foster innovation. By leveraging the skills and knowledge of ICAs, organizations will be better equipped to achieve their business goals.

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