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Health & Medicine, Nursing



Application of Theories in Practice/ Improving Infection Control Practice Utilizing Kurt Lewins theoretical model of change

Nursing al Affiliation) Lewin's change management theory and bar d medical administration in nursing The first step of analysis involves identifying the change focus; most importantly is introducing a bar-code system of medication delivery at a psychiatric facility. Important components of this step are communicating with all stakeholders including frontline nurses and administration. The involvement of front line staff in planning groups and key decision – making processes promotes a feeling of empowerment that helps to overcome their resistance to the change and enables them to understand the importance of the project and how it will benefit the client (Shirley, 2005).

At this stage, discussions with the aim of teasing out the driving and restraining forces will help identify barriers that may need to be overcome. Some of the restraining forces might be; staff resistance to using devices made from computers, little or no knowledge about computers, minimal, or no trust in the organization (Ziegler, 2005).

Driving forces help to move the project to completion such as; adequate financial support and support from top-level management. This exercise actively engages all nurses to work towards accentuating the positive driving forces which ensure accurate administration of drugs to prevent infections in hospital set up and to decrease chances of infections further deteriorating patient's health status. The next phase represents actual change that includes planning and implementation phases of the project. In order to

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implement bar coding across the facility it requires efforts from different teams, including; information technology personnel, pharmacy, nurses, clinical nurse educators and administrators. Some areas to consider include reliability of the equipment, educational training needs, and effects on workflow, organizational culture, and leadership (Broadly, 2007).

Ongoing support of the nurses on the frontline and technology support to all

stakeholders should continue until the change is successfully completed and all users are comfortable with the use of new technology. Once it is complete and operational, an evaluation is done and a detailed review of problems, successes, and challenges encountered throughout the project should be done for future reference. (Deborah A, 2007).

Lewin theory in attitude survey of nurses

Conducting an attitude survey to all staff members in a hospital may help determine whether the moral is quite low and that because of this low morale the risk to safety is quite high. This means with low morale the work output of nurses may not be of good quality hence many patients will be at risk of infections in hospitals instead of being prevented from the infections. This may influence the manager to take action. A manager whose staff is resistance to change tends to identify problems affecting his hospital set up and employees. The manager then involves his employees and patients in discussing to come up with a general overview of his workers including nurses about their attitude at work and their attitudes towards methods of infection prevention.

It is through collection of data from employees and patients that the manager can come up with conclusion of how an attitude of his/her employees affects their ability to provide the best healthcare to their patients. This enables manager to gradually induce measures that will help nurses and other health professionals to change their attitudes. Measure such as getting a positive feedback from the patient about a nurse's positive attitude, the manager should offer a reward to the said nurse. By gradually introducing changes the nurses will tend to resist at first but the will gradually adapt to change and their attitudes improve. The end results if provision of quality healthcare to the patient with zero percent attitude issues (Ruskoff, 2013).

Application of Lewin's theory in working hours among nurses

Most developing hospitals have not yet established proper rules on working
hours of nurses in the hospitals even with a duty roaster available. Most of
nurses working here are volunteers hence they tend to violate certain rules
on reporting and leaving hours. Time management can be a serious issue
when it comes to taking care of critically ill patients who require close
monitoring for about twenty-four hour a day. The manager's role is to
identify the problems, determine reasons as to why certain nurses report on
duty very late while others leave early. This being a problem, the manager
uses various methods like rumors to collect information about his/her nurses.

Information can be collected from other nurses and patients. It is from this information that the manager comes up with solutions to try to solve the weaknesses among his nurses (Ruskoff, 2013). These solutions can include communicating to his/her employees and reminding them about working hours, introducing primary healthcare in that each nurse has a specific

patient to take care of and to meet their objectives on individual basis, offering a reporting time sheet where every nurse can sign in and out. Although these solutions may be passed on to nurses, there is normally resistance to changes by the nurses. Some nurses request sick offs for two weeks, others feud with the manager, others will perform duties that are dissatisfying to the patients and others may request for transfers. Despite having denial for change, with time, some nurses will adapt to new system of time management and soon all of them will adjust and work perfectly for the benefit of patients' health improvement (Tami, 2013).

Reference

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Ziegler, S. (2005). Theory-directed nursing practice (2nd Ed.). New York: Springer Pub.