Strategies for change management in healthcare

An Overview of Change by Management for Better Patient Care

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Registered nurses are on the front line in all the hospitals for early detection and prompt intervention when patients' conditions deteriorate. So better patient outcomes and patient satisfaction are influenced by the number of registered nurses available to assess patients on an ongoing basis. So I like to select a change that management could undertake to improve patient care where I work is the staffing patterns. Adequate nursing care delivered directly depends on the nurse patient ratio.

Change can be planned and managed, or it can occur haphazardly (Grohar-Murray & Langan, 2011). Nursing is in the middle of so many revolutionary changes. To bring changes to the workplace depends on nurse's attitude to adapt the change and the learning options and the support from the management. One of the theoretical perspective for the change is the learning dimensions. Continual learning is needed for an accelerated change and it provides ongoing learning of employees. Ongoing learning improves adaptation, resilience, and the hardiness of employees, which in turn result in desired responses to accelerated change (Grohar-Murray & Langan, 2011). Skills that are needed to augment this change are systems thinking, personal proficiency, team learning, shared vision and use of information technology increases the access to needed knowledge.

Normative-reeducative strategy is the most appropriate for nursing because it is the most likely to advance the profession. It is the strategy employed throughout nursing today to incorporate the latest informatics technology

into everyday practice (Grohar-Murray & Langan, 2011). In this strategy the members of the system work out programs of change under their own direction. Definition of the change problem includes the probability that shifts in attitudes, values, norms, and relationships between players in the system and between the system and its external environment (Miles, 2007). There is a mutual collaboration between the members and the management in the development of the final strategy.

There are external and internal factors that influence change in nursing. The internal factors include the patient acuity levels, staff- patient ratio, treatment modules, and the use of modern technologies in nursing. External factors include social and economic factors that influence how nursing is practiced. Nurses are socialized in a unique way during their education and experience in practice and therefore prepared like no other group to monitor nursing practice (Grohar-Murray & Langan, 2011). Nursing strength is found stronger when there is a collaborative effort of nurses in four different roles such as practitioners, educators, researchers, and managers. To have a better change in safe staffing the nurse managers should understand the external and internal factors and make changes which can bring better patient outcomes.

Planned change is a better option in safe staffing. When there is a change to be made in the workplace, it is always good to include the nurses and other health care professionals in the unit for opinions and recommendations. The nurses in the unit better know how is the patient acuity level of the unit, how many assisted personnel working on the unit, which shift is the busiest, how can the structure of the unit to be modified for easy access of supplies etc..

There are many ways of implementing change. However, planned change, which is a purposeful, calculated and collaborative effort to bring about improvements with the assistance of a change agent, is commonly adopted in nursing (Roussel 2006). So the nurse manager should ask the nurses for recommendations how safe staffing can be implemented in the unit. Nurse manager with the help of the nurses in the unit can work out safe staffing by not giving two or more people vacation or holidays at the same time or balancing the schedule without giving more people off on the same day, not allowing the same person for more than two overtimes in one month, leaving the person for burnout, if the unit really needs more nurses, the nurse manager has to plan and explain the reasons and submit to the management. The safety of the patient is everyone's responsibility.

Once a decision has been reached to implement a change, time must be allowed for the sequence of stages designed to reduce resistance and maintain support from others (Grohar-Murray & Langan, 2011). According to Kurt Lewin model of implementing change, there are three stages which are unfreezing, moving, refreezing. During unfreezing, more information and time is needed for the change. The people who are going to be affected are motivated for the change because of the benefits and the people who gave the ideas for the change are commented for their participation. By moving, the second stage of the change process is like a vacuum. This transitional stage when everyone is expected of the change when the old is gone and the new is not in place yet. The third stage of the change process is refreezing. Ongoing monitoring for continued quality must follow refreezing,

because it provides valuable information about the ongoing effectiveness of the change (Grohar-Murray & Langan, 2011).

In the unionized city hospital, everything goes with seniority. When the senior nurses enjoy more vacation and holidays and leaving the younger nurses to work which results in more sick calls and also bad retention of the staff which compromises safe patient care and patient outcomes. Even the overtime is given according to the seniority where some older nurses are happy to do more overtimes by taking easy assignments and leaving the heavier assignments for younger nurses which also results in burnout and poor staff retention. The nurse manager should collect ideas from the nurses for the change and should update the management of what is going on in the unit and the need for hiring new nurses if the unit needs for safe staffing. During the unfreezing stage the staff in the unit should be notified of the equal rights for everyone and the management should be notified about the need to hire more RNs. All the nurses should be motivated for the change. During the moving process, it is hard for the adjustment to the change for the senior nurses who is the majority in the unit. The nurse manager should make fair schedules and assignments and make everybody comply with the change. During refreezing stage the nurse manger should continue to make the best schedules and should check for the effectiveness of the staff and the patient outcomes.

The characteristics and qualities of change agents include experience, success, being respected, leadership skills, and management competencies (Grohar-Murray & Langan, 2011). Change is a long process and is difficult to achieve. The nurse manager who is the change agent should be calm,

positive, optimistic, enthusiastic and able to spend enough time in correcting the problem. The nurse manager's initial responsibility is to establish a plan of action. The nurse manager should inform her staff and management the reason for a change and should be able to show in measurable terms. The nurse manager should notify all the nurses and the management about the modified vacation time, schedules and the overtimes for safe staffing. The nurse manager should plan for each stage of implementation and should anticipate accommodating any new information and change. Not everybody will be satisfied with the schedule or there may be unexpected staff emergencies or sickness so the nurse manager should be able to get the cooperation of all the staff to perform her duties and should give enough time for the change.

According to Lewin's field theory, there are two opposing forces, the driving force and the restraining force in response to a change. Driving forces generate planned change and restraining forces generate resistance to change (Grohar-Murray & Langan, 2011). The nurse manager by all means has to decrease the resistance to the change so the drive can be increased. The most important element in reducing the resistance is establishing trust by giving explanations, requesting input, acknowledging concerns, making changes in small doses, offering to assist, explaining benefits, and acknowledging success (Grohar-Murray & Langan, 2011). The nurse manager has to explain to the senior nurses and the union representatives and the management, the need for safe staffing by balancing the schedules and assignments to avoid unnecessary vacation time for more than two people at a time during the busiest season, to reduce burnout and overtimes and to

improve retention. Staff retention saves lots of money for the management and it improves better patient outcomes. The nurse manager should succeed in the way she/he explain the need for safe staffing, which can decrease falls, medication errors, pressure ulcers, decrease hospital stays, infections and death. Human behavior and interaction is far too complex to be able to gain total support for a change (Grohar-Murray & Langan, 2011). There will be some resistance even with the best explanations given by the nurse manager, but in the long run it will be reduced and can get full support from everybody.

The plan for evaluation is consistent with the overall change design, with outcomes being measured against the criteria found in the statements of purpose and objectives for change (Grohar-Murray & Langan, 2011). The nurse manager should evaluate the changes. The evaluation of safe staffing can be seen with improved patient and staff satisfaction, better patient outcomes, decrease falls, pressure ulcers and infection rates, decrease sick calls, decrease employee turnover, good feedbacks by the patients and the employees. By interpreting the role of evaluation and the outcomes of changes, the nurse manager can improve and make better plans and modifications.

References

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