

Implementation of charts regarding hand washing



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The importance of antiseptic hand washing has been recognised for over 150 years (Macdonald A, 2004). It is estimated that 300, 000 patient annually suffer from hospital acquired infection in UK which can result in a prolong stay in hospitals. It also increases the morbidity and mortality rate in UK (NHS Trust UK). It is accepted that hand gel is the most effective antibacterial hand washing agent and its use can reduce the spread of infection, including MRSA (Macdonald A, Teare L, Pratt RJ, 2004). So, I want to implement hand gel and charts regarding hand washing in my nursery to prevent infection in neonates. In my essay, I describe my change, why it is rational, leadership types, role of partnership, my partners and implementation of my change. To institute this change Kurt Lewin's (1951) three steps of change model is used. This essay will present the three stages of change process which includes, unfreeze, change and refreeze and leadership theories, conflict management, and partnership used to implement the change.

Babies born in hospitals in developing countries are at increased risk of neonatal infection due to cross infection in nurseries. In a major review, neonatal infection rates of infection were reported 3-20 times higher than those reported for hospital born babies in industrialised countries (Zaidi AK 2005). Neonatal infection is estimated to cause 1. 6 million deaths or 40% of all neonatal death in developing countries. Neonatal mortality rate under first 28 days of life are as high as 40-50 per 1000 live births in many of the poorest part of the world. Infection is the major cause of neonatal death in developing countries (Lawn JE et al, 2004). In our nursery, we documented that there is a disappointing level of hand hygiene. This is due to increased

workload and shortage of time. So, my change can prevent the cross-infection when we use the hand gels in nursery.

According to Daft (1994), all change is planned and positive and seems to ignore the possibility of unplanned and potentially negative change. However Mullins (1996) defined change as planned is intended to be positive and arise from the need to respond to new challenges and opportunities (Mullins, 1996). Organisation change may be linear or discontinuous. In the present stage nurse in our hospital follows the old pattern of hand washing. They touch another baby without proper hand washing. This is increasing the risk of cross infection. Anti septic hand washing is a crucial aspect in health care. The main barrier for this is lack of resources and support from hospital administration. The existing set up will always result in increased infection rate in neonates. So, antiseptic hand washing and use of hand gel will reduce infection rate. So I planned to put posters and hand gels in my nursery. I plan the change process by using Lewin's (1951) model to install this change. Conflict comes naturally when a change is implemented, because people are not willing to change. Conflict is a natural result of self-interest behaviour. (Kirsch, 1988) Conflict is defined as a clash or struggle that occurs, when a real or perceived difference exists in desires, thoughts, attitude, feeling, or behaviours of two or more parties. Conflict can be internal or external. It can be positive or negative. There are three types of conflict. These are intrapersonal, interpersonal and intergroup. Intrapersonal conflict means inside or internal to an individual. Intrapersonal conflict refers to the tension or stress within individual as a result of unmet needs, expectation, or goal. A change in health care setting can create both stress and opportunity for

organizational growth and expansion. Some nurses are disagreeing with the change and some welcome it for better patient care. Change management is art of influencing people and organisations in a desired direction to achieve an agreed future state to the benefit of that organisation and its stakeholders. (Cameron and Green, 2003) Influence is an essential factor in establishment of plan. It helps to gain co-operation from colleagues, listen you effectively and accept you as a good leader.

A number of models can be used to model a change management process. A popular model is Kurt Lewin's force field analysis. A force field analysis is a useful tool to understand the driving and resisting forces in a change situation as a basis for change management. This technique identifies forces that might work for the change process, and forces that are against the change. Lewin's model suggests that once these conflicting forces are identified, it becomes easier to build on forces that work for the change and reduce forces that are against the change (Cameron and Green, 2003). The difficulty is the assessment of strength or duration of a force, particularly when the human dimension is considered.

To introduce the change from the existing system, I made a well defined plan. I made a plan by using Lewin's model. It can help in the unfreezing stage of the existing system to make the participant aware about, what it is meant for? Plan consists of following things; the need of change, its importance, how it will works? How can it will beneficial for employees and patients? As per the Lewin's (1951) theory, first process for making a change from the existing situation is to unfreeze the present system. For better outcome, we have to rely on the team rather than depending only on

individuals. When a new idea is introduced into an existing system the conflict may arise from every side of the system. Because people always fear from change for many years. Although, it seldom brings about some failure such as losing money and being unsuccessful. Generally change can create new opportunities. It is known that change can enable people to have more successful and happier lives. So when any change is implementing, problems arises. The problems may either be internal or external. The internal problems include time, money, lack of co-operation from staff, organizational policies, availability of staff and others. On the other hand, an external problem includes availability of funds and support from organization.

So, for change I implement three stages of Lewin's model. Change is a planned, designed, purposeful attempt. Firstly I unfreeze the present situation by telling the staff about the dissatisfaction of the situation, which creates condition for change to be implemented. Adequate time is needed for the gradual introduction of new ideas, along with information that can serve as positive motivation for those who are going to be affected by the change. Information should include reason why a change is needed and how the organization and individual will benefit from it, because infection rate is higher in neonate in these days.

The second stage of change process is moving, characterized by a cognitive redefinition of how group goals can be met based on new understanding. The primary activity during moving is re-education. Determining the specific programs needed. Ideally, the second stage does not begin until a roadmap checklist is complete. There is supporting evidence that the proposed change is purposeful, specific, integrated, time sequenced, adaptable, and

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cost effective and has approval. I impressed the staff with the positive aspect of change. This will help me to get success in my change.

A report of project should provide information to avoid problems during implementation of the plan. The second stage requires organising and mobilising the resources required to bring about the change. The third stage of the change process is refreezing. It occurs when there is consistent evidence that the new practice is stabilized, integrated, and internalized by the staff. The third stage involves embedding the new ways of working into the organization. Information regarding posters are given to staff. The availability of hand gel is also sure for staff all the time. Fear of unknown change always causes anxiety among the staff. It can be overruled by using planned change which put a positive impact to improve effectiveness. As the change process progressed, it became evident that a thorough analysis of current resources and various dimensions of organisational change should be carried out (Johnson, Scholes and Whittington, 2005). There is a clear plan for launching and executing the change at a local level. My plan is to implement visual display with A3 size colour posters that emphasised the importance of hand cleaning, particularly hand disinfection and performance feedback. The literature review by Teare (1999) also support my plan. This type of implementation was done in one UK hospital and is successful. I discussed my plan with sister-in-charge, supervisors, administrative staff, senior staff nurses, junior staff nurses and health care work. The NHS Modernisation Agency Improvement Leaders' Guide (DOH, 2004) stresses the importance of taking into consideration the human aspect when planning a change project. Similarly, Walton (1999) argues that change initiatives

should be thought through and planned as far as possible taking into account the psychological bonds that staff forms with their work groups and their organisation as a whole.

It follows then that no precautions had been taken to address resistance to change. Johnson, Scholes and Whittington, (2005) state that there should be a clear communication plan to state how information about the change project will be communicated inside and outside the organisation. In my plan of change the driving force include provision of adequate knowledge for the staff regarding the plan, improvement in patient care, improvement in knowledge regarding antiseptic hand washing, opportunity for more autonomy.

For the implementation of the change I selected afternoon of Tuesday and Friday. Because the nursery is not too much busy in these days. And all staff of nursery is present. So I identified that will be the appropriate time for implementing the posters and knowledge will be provided regarding use of hand gels. I will discuss with the sister-in-charge regarding my plan. And I got permission from the hospital administration. For implementing a change, there is a need of leader. A leader is a person who rules or guides or inspires other. A clinical nursing leader is one who is involved in direct patient care and who continuously improves care by influencing others (Cook, 2001).

Leadership is not merely a series of skills or tasks; rather, it is an attitude that informs behavior (Cook, 2001). In addition, good leadership is consistent superior performance with long term benefit to all involved. So, I requested all nurses in the nursery to help me in implementing posters in nursery.

Leaders are not merely those who control others, but they act as visionaries

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who help employees to plan, lead, control, and organize their activities (Jooste, 2004). Hand gels should be provide to the staff and information regarding use is also given to the staff. Staff can put the hand gels bottles in pockets because the bottles are flat one and easily put in pockets. So, nurse should use the hand gels before touching any baby. Posters are implemented in nursery and the common areas. This can make the nurses aware about the proper hand washing and use of hand gels. for implementation, there is a need of leadership.

Leadership has been defined many ways in the literature. However, several features are common to most definitions of leadership. For example, leadership is a process, involves influence, usually occurs in a group setting, involves the attainment of a goal, and leadership exists at all levels (Faugier & Woolnough, 2002). There are several recognized leadership styles. Autocratic leaders set an end goal without allowing others to participate in the decision-making process (Faugier & Woolnough, 2002). Bureaucratic leadership occurs when a leader rigidly adheres to rules, regulations, and policies. Participative leaders allow staff to participate in decision-making and actively seek out the participation of those involved. This type of leadership allows team members to feel more committed to the goals they were involved with formulating (Faugier & Woolnough, 2002). Laissez faire leadership leaves employees to their own devices in meeting goals, and is a highly risky form of leadership. A more effective form of leadership may be situational leadership. This is where the leader switches between the above styles depending upon the situation at hand and upon the competence of the followers (Faugier & Woolnough, 2002).

There is a difference between theory and style of leadership. According to Moiden (2002), theory represents reality, while style of leadership is the various ways one can implement a theory of leadership the way in which something is said or done. Organizations should aim for a leadership style that allows for high levels of work performance, with few disruptions, in a wide variety of situational circumstances, in an efficient manner (Moiden, 2002). Similarly, there is a difference between management and leadership. Managers plan, organize and control, while leaders communicate vision, motivate, inspire and empower in order to create organizational change (Faugier & Woolnough, 2002).

Outhwaite (2003) cites definitions of transactional and transformational leadership as posited by Bass in 1990. Transactional leadership involves the skills required in the effective day to day running of a team. However, transformational leadership involves how an integrated team works together and the innovativeness of their approach to the work (Outhwaite, 2003). For example, a leader can empower team members by allowing individuals to lead certain aspects of a project based on their areas of expertise. This will encourage the development of individual leadership skills. In addition, leaders should explore barriers and identify conflicts when they arise, and then work collaboratively with the team to resolve these (Outhwaite, 2003). Furthermore, the leader should remain a part of the team, sharing in the work, thus remaining close to operations and being able to understand the employee's perspective (Outhwaite, 2003). I have studied all types of leadership and found that transformational leadership is good for my

implementation. Because this leadership involves all staff and is an effective for health care sectors.

One group of authors described the use of transformational leadership by Magnet hospitals (De Geest, Claessens, Longrich, & Schubert, 2003). This leadership style allows for instilling faith and respect, treating of employees as individuals, innovation in problem solving, transmission of values and ethical principles, and provision of challenging goals while communicating a vision for the future (De Geest, et al., 2003).

Transformational leadership is especially well-suited to today's fast-changing health care environment where adaptation is extremely important. This leadership style is positively associated with higher employee satisfaction and better performance. These, in turn, correlate positively with higher patient satisfaction (De Geest, et al., 2003). One way to facilitate change using transformational leadership involves the use of action learning (De Geest, et al., 2003). Leaders use directive, supportive, democratic, and enabling methods to implement and sustain change. The effects of such leadership will radiate to better outcomes for both nurses and patients.

Transformational leadership focuses on the interpersonal processes between leaders and followers and is encouraged by empowerment (Hyett, 2003). Empowered nurses are able to believe in their own ability to create and adapt to change. When using a team approach to leadership, it is important to set boundaries, goals, accountability, and supports for team members (Hyett, 2003). Transformational leadership is seen as empowering, but the nurse manager must balance the use of power in a democratic fashion to

avoid the appearance of abuse of power (Welford, 2002). Respect and trust of staff by the leader is essential. So I choose democratic leadership and communicate with other staff about the change implementation. I described everything to them and gave them work according to their ability. The posters are made by the junior staff. And plan was made to display the posters in the different areas of nursery and common areas with senior nurses. SO, nurse leaders should have knowledge of management, communication, and teamwork skills, as well as some background in health economics, finance, and evidence-based outcomes (Mahoney, 2001). Personal qualities desirable in a nurse leader include competence, confidence, courage, collaboration, and creativity. Nurse leaders should be aware of the changing environment and make changes proactively. Leaders who show concern for the needs and objectives of staff members and are cognizant of the conditions affecting the work environment will encourage productivity (Moiden, 2003). In doing this, it is important that a philosophy of productivity is established.

After communication, now I implement the posters and hand gels in nursery. The posters were put on the area where maximal visibility occurs during work and during transit within the nursery. The subject on the posters is, cross infection, hand carriage, hand hygiene, hand disinfection and hand protection with gels. The partners are senior nurses, sister-in-charge, supervisors, junior staff nurses and health care assistants. Individual bottles of hand gels were distributed in large amount to nursery. Health care workers are also encouraged to carry a bottle in the pocket. A newly design flat bottle are made to put in pocket. So, staff is educated about hand

hygiene to prevent infection in neonates. Senior management should provide funding to implement this change. And they also gave the permission of permanent use of nursery walls for poster display. According to Jooste (2004), three things that are essential to leadership are authority, power, and influence. Effective leaders of today should use more influence and less authority and power. It is more important to be able to motivate, persuade, appreciate, and negotiate than to merely wield power. Three categories of influence for nurse leaders to use in creating a supportive care environment. These include modeling by example, building caring relationships, and mentoring by instruction (Jooste, 2004). In addition, Jooste lists five practices fundamental to good leadership including inspiring a shared vision, enabling others to act, challenging processes, modeling, and encouraging. For example, a leader may challenge others to act by recognizing contributions and by fostering collaboration. Recognizing contributions also serves to encourage employees in their work. Team leadership moves the focus away from the leader towards the team as a whole (Jooste, 2004). Focus group data from a study of implementing change in a nursing home suggests that nurses want a leader with drive, enthusiasm, and credibility not mere superiority (Rycroft-Malone, et al., 2004). Further, focus group members identified qualities desired in a leader facilitating change. This person should have knowledge of the collaborative project, should have status with the team, should be able to manage others, take a positive approach to management, and possess good management skills (Rycroft-Malone, et al., 2004).

Conclusion:

The health care environment is constantly changing and producing new challenges that the nurse leader must work within (Jooste, 2004). Leadership involves enabling people to produce extraordinary things while being faced with challenge and change (Jooste, 2004). While management in the past took a direct, hierarchical approach to leadership, the time has come for a better leadership style that includes encouragement, listening, and facilitating (Hyett, 2003). This requires nurses to be better equipped with analytical and assertiveness skills (Welford, 2002). Transformational leadership is ideal for today's nursing practice as it seeks to satisfy needs, and involves both the leader and the follower in meeting needs (Welford, 2002). It is also flexible allowing the leader to adapt in varied situations. The leader accepts that things will change often, and followers will enjoy this flexibility. Thus both nurses and patients will benefit. The avoidance of hierarchy and the ability to work in new ways helps organizations put resources together to create added value for both employees and consumers (Welford, 2002). Further, use of transformational leadership allows team nurses to enhance their role as teacher or advocate (Welford, 2002).