

WHY DO NURSES RESIST CHANGE?

It is human nature to resist change and even view change as a threat. Leaders should understand the psychology underpinning this reaction and enlist the help of mentors to overcome barriers to implementing better processes.

Even in the face of evidence, some nurses may resist new procedures and policies. Evolving models of care, rapidly changing regulatory requirements, innovation and technology, and a constant stream of new information and knowledge can present nurses with challenges they are reluctant to embrace. This is even though a constant state of flux in policies are meant to ensure patients are receiving the highest quality care.

Healthcare is a dynamic environment and as such an organization's ability to adapt is crucial for it to survive. No matter if the change is a large, planned organizational overhaul or a spontaneous, smaller-scale evolution, nurses work in a complex environment that makes managing new workflows difficult. It has been estimated that more than half of all organizational change projects are unsuccessful. Even successful and experienced leaders can fail. But why is it so hard to manage change?

HUMAN NATURE

Although resistance to change has negative connotations, it is not always inherently bad. In fact, it has been suggested that change cannot occur without some resistance.¹ It is normal, predictable, and human nature to resist change and not a function of the staff's commitment to their job. Individuals fear the unknown and even experience a type of loss associated with a change. When leaders understand behaviors associated with resistance, they can better support individuals and manage the typical emotions stemming from change.

Resistance comes from a perception of a threat to one's baseline status, researchers note.¹ People become intensely aware of how the change affects them, leading to their taking it personally and internalizing this perception. This fear of change reinforces concerns around the ability to

perform the new function, ultimately causing concerns that one won't be able to provide the same level of competence. Mistrust and a lack of or unclear communication adds fuel to the fire, further escalating fear.¹

Some of the reasons frequently expressed for reluctance to change are familiar²:

- That's the way I was trained.
- We have always done it that way with no problems.
- It's how we do things here; it's our group culture.
- Change is uncomfortable.
- I don't trust the evidence.
- We can't make so many changes at once.
- We are in a hurry so it's easier to do things the way we always have—we do not have time to create new habits.
- There is a lack of resources for us to make these changes.
- We don't feel it will make a difference.
- There are too many competing demands.

Experienced staff can respond to changes in practice as a threat to their comfort and confidence, this can manifest as individuals appearing inflexible or even hostile. The result can be harmful to the entire culture of the facility. In order for positive changes to be accepted, there needs to be a "change agent." When nurses are part of the decision-making process, organizations have a much greater chance of turning "enemies" into allies and at the same time lessening the overall anxiety around the change.³

HOW TO FACILITATE CHANGE

Success is much more likely when a nurse mentor who is supportive of the change is put in charge of an effort.³ This



champion of change can work with staff to implement the change, thereby legitimizing the new practice. Ensure nurses and staff understand the evidence behind the decision to change. Sharing this information in a passive way—distributing journal articles for example—is not effective. More effective are strategies like hands-on technical assistance, training, guides to new procedures, and targeted training.²

Mentors can facilitate sharing evidence so that data becomes meaningful, and nurses can see what why the change is needed and the difference the change will make with their own eyes. Facilities can implement group meetings, “pep talks,” where staff can stalk about evidence for change and the and discuss the benefits.² Then, provide staff with access to further resources that underline the need for the shift in procedure and ensure they have the time to digest the information provided.

It is important for leaders to facilitate a culture of inquiry, meaning, encourage the staff to ask questions and truly show why this is being done. Incorporate evidence in these discussions.

CONCLUSION

Change does not have to be seen as a negative. With the right coaching and mentoring, change can be a chance for nurses to feel empowered to do their jobs even better and with more confidence and satisfaction. When a facility embraces change as a positive staff can follow suit. It’s a cliché but it’s true, the only constant is change. It is important for leaders to be prepared for it and understand why staff members react the way they do and help them welcome the opportunity to improve the quality of the care they provide.

WORKS CITED:

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2. Johnson JA. Why are nurses so reluctant to implement changes based on evidence and what can we do to help? *J Nurses Prof Dev*. 2014;30(1):45-46. doi: 10.1097/NND.0000000000000033.
3. Hader R. The only constant is change. *Nursing Management*. 2013;44(5):6. doi: 10.1097/01.NUMA.0000429006.47269.223.w

Case Study: Sweetwater implementation of ADCs

Sweetwater Hospital Association is a 59-bed, acute care, not-for-profit corporation, which was chartered by the state of Tennessee in 1936. Sweetwater Hospital Association is located in rural East Tennessee and serves parts of Meigs, McMinn, Roane, Loudon, and all of Monroe County. It is the only hospital located in Monroe County, which has a population of approximately 45,000.

THE PROBLEM

- Nurses were hand counting narcotic medications at the end of shifts, a time-consuming and uncontrolled process. This meant that if there was a discrepancy with narcotics, it was not discovered until the next shift. Staff would have to “backtrack” to gather information about waste and other reasons for potential miscount, creating a headache and wasting time.
- Without a 24-hour pharmacy, the facility needed a solution to ensure narcotic and other medications needed for a first dose were available after the pharmacy closes at 11 pm. Before implementing an automated dispensing cabinet (ADC), nurses had no way of reconciling use of floor stock items. Pharmacy techs would have to go up and make a list of what items needed restocked and then retrieve from pharmacy.
- Although long discussed, some leadership and nurses were resistant to ADCs. With new leadership, the facility decided to implement new technology.

THE SOLUTION

- The facility chose the medDispense® L series ADCs. The medDispense® medication management line provides the widest range of interchangeable dispensing hardware available, powered by medLogic,™ a fully integrated software platform.



TouchPoint Medical medDispense® L series

- The L series ADCs provide secure, high-capacity single-item control for up to 324 items in lidded compartments. The available configurations allow for the customization of two drawer sizes and nine compartment sizes. Designed to reduce the risk of medication errors and provide secure storage, medDispense® ensures proper safeguards are in place for each item that is dispensed.
- The medDispense® system incorporates pick-to-light technology enhancing the accuracy and efficiency of medication dispensing. Lights guide the user to the correct cabinet, drawer, and compartment making it easier and faster to locate and correctly dispense the selected items. The time a nurse spends visually scanning drawers and compartments to find the right medication is wasted time.
- The medLogic™ software platform—which is also highly configurable—allows for built-in safeguards such as precounts, patient medication profiles, receipt and label printing and configurable patient and medication searching. The medGuard™ controlled substance inventory management software provides a closed loop restocking process. TouchPoint Medical’s medDispense® features additional software safeguards including allergy alerts, duplicate dose alerts, bar code scanning, look-a-like/sound-a-like alerts, and tall man lettering.

FEEDBACK

- Newer nurses were more likely to embrace the technology. The implementation was successful with the nursing director’s support.
- Now the staff can print a list of what is needed and take the meds to the floor, saving time for the techs. The staff has also stocked the ADC with certain meds that may be needed as a one-time dose for current patients and new admits while the pharmacy is closed. This has decreased the need for any after-hours entry into the pharmacy.
- Nurses cannot grab the wrong drug, making it much safer.
- The system is user friendly and intuitive.
- The medDispense® L series has made the nurses’ job easier.

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