

EXPERIENCE EXCHANGE

Nurse educators: Introducing a change and evading resistance

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ABSTRACT

Nurse educators play a pivotal role in strengthening the nursing workforce by designing, implementing, evaluating and revising nursing educational programs. A brief overview from published literature and expert opinions showed that nurse educators are in continuous attempt to introduce changes to the nursing processes for the sake of improvement. This editorial emphasizes the facilitating role of nurse educators in introducing these changes and describes some change management strategies to evade resistance. Resistance is a leading implication of any change that can take the form of either foot-dragging or sabotage. Change management strategies constitute of interdependent processes and variables, therefore it could be a bit complex. Educators may implement an empirical-rational strategy, as nurses are usually willing to accept a change if it is justified and if its benefits are explained. Another approach could be the normative re-educative strategy which is driven by the socio-cultural norms, where educators take into account the impact of change on the work culture (values, attitudes, skills and relationships among staff). The power-coercive strategy is a circumstantial and time efficient approach where educators can utilize the nursing managerial influence to impose the change, but is often associated with a higher chance of resistance. Planning a comprehensive change plan is challenging and educators must be prepared for unanticipated resistance. Nurse educators are required to be innovative, flexible and knowledgeable to select and implement an effective change management strategy.

Key Words: Nurse, Educator, Transition, Change management, Resistance

1. INTRODUCTION

This editorial emphasizes the facilitating role of nurse educators in introducing a change and describes some change management strategies to evade resistance. It is a brief overview from published literature and expert opinions. The vital role of nurse educators will be highlighted in this letter, a role driven by the imminent need to improve on the quality of health care services. Authors will describe how improvements require certain changes and will elaborate on three change management strategies that nurse educators may em-

ploy to minimize the chance of resistance.

2. NURSE EDUCATORS: ROLES AND EXPECTATIONS

Well educated and experienced nurses are a great privilege to any health care institution. A competent nurse is skilled in practice, critical thinking, decision making, communication and collaboration with other health care disciplines.^[1] Nurse educators are clinical experts whose main role is to make certain that bedside nurses sustain such essential quali-

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fications.^[2] These educators often expose nurses to various care models and clinical bundles. For instance, scheduled verification of skills or clinical competency trainings such as arranging for pre/post surgical procedures, delivering blood transfusions and other numerous nursing processes ensure bedside nurses grasp harder on these skills. Clinical bundles such as ventilator associated pneumonia (VAP) or life support procedures are being updated periodically by international organizations and it is the role of nurse educators to disseminate these updates to bedside nurses. The highest level of compliance is sought with these bundles.^[3,4] In other words, nurse educators play a pivotal role in strengthening the nursing workforce by designing, implementing, evaluating and revising nursing educational programs.

A high degree of work satisfaction has been reported by nurse educators.^[5] One rewarding aspect of their career is when they picture nurses growing in confidence and skills by exposing them to cutting-edge knowledge and evidence based findings; thus promoting an intellectually stimulating workplace.^[6,7] However, concerns related to the time factor, access to information or resources, limited funds for nursing research and continuing education may stress out nurse educators, dissatisfy them and increase the chances of burn outs.^[8,9]

3. THE NEED FOR THE CHANGE

Nurses experience changes at various degrees and levels, as well as from various sources. A change can range from the personal level, to the departmental level, or to the institutional and governmental levels.^[10] At the personal level, educators often get consulted by bedside nurses on some clinical aspects that requires an expert opinion. Furthermore, nurse educators identify departmental managers as influential change catalysts who will assist them in disseminating training sessions to their nurses. Rules and legislations have always been evolving to enhance the quality, safety and satisfaction of health care services.^[11] In addition, accreditations have been requesting from hospitals a strict compliance with preset regulations^[12] that necessitates a high level of contribution from nurse educators. For this reason, any nursing system that fails to change or falls behind up-to-date guidelines, accreditations or continuous quality improvement plans, is considered outdated and with little room for advancement.^[13]

Nurse educators often question themselves. What is a change? Why is a change required? Why are nurses resistant to change? What strategies aid in evading this resistance? What steps can be followed in order to achieve the implementation of this change? A common misconception is viewing the change as a transition. Change is situational, restricted to a specific aspect such as a structure, a team, a role or a proce-

sure. However, transition is referred to as the psychological process that people go through to cope with the new situation.^[14] Change is an external measurable process, whereas transition is more internal and personal.^[15] The quality of the transition might be altered by unclear expectations or lack of knowledge and skill levels. Transition requires a suitable environment and a high degree of planning where the emotional/physical well-being of nurses is not put at risk.^[16]

4. UNDERSTANDING RESISTANCE

Resistance is mainly at the transition level rather than towards the change itself. In other words, people find it hard by nature to let go of the old routine before accepting the newly introduced change.^[17] Competent nurses tend to have a high level of self confidence depending on what they have inherited by experience or what they have been routinely doing on a day to day basis. Sometimes this provides a pathway for an error to rise as nurses are prone to commit mistakes regardless of seniority or experience.^[18] For example; despite the risk of medication errors, some nurses still neglect the double checking of high alert medications,^[19,20] probably because they are still attached to the old ways of practice. They seem to be convinced that they do not need to change.

Nurse educators are required to act as facilitators of a transition or face resistance that can take the form of either foot-dragging or sabotage.^[21] They should be aware that change upsets a pre-established pattern of behavior, and resistant nurses perceive it as a threat to their individual security. In addition, nursing management might be over enthusiastic for a future that is going to be better than the past to an extent they ridicule the old ways of doing things. Unfortunately, this might aggravate the resistance against the change initiated by educators because nurses usually identify with the way things used to be and thus feel that their self-worth is at stake when the past is attacked.^[14]

Nurse educators often find nurses hesitant about changing the way they do things for a number of reasons. Lack of appreciation for the need to change, or considering the change as less priority compared to other issues are early signs of resistance.^[22] The need for a change might be misunderstood or considered as an inappropriate solution.^[23] Nurses might oppose the method of implementing the change, rather than the change itself. Other nurses might feel embarrassed about admitting that their current practice can be improved.^[24] Nurses might also perceive the change as a threat to self interest or display a low tolerance for change.^[25] A more critical cause would be a lack of trust in the nurse educator, manager or the organization based on previous failures in implementing changes.^[26] Finally, nurse educators might report a lack of resources to execute the required change

management plan.^[27]

5. STRATEGIES TO EVADE RESISTANCE

Change management strategies can be either implementing the empirical-rational, normative re-educative or the power-coercive approach. For nurse educators, a successful change may require a combination of these three, as rarely one strategy is sufficient. A fourth strategy called environmental-adaptive strategy has been introduced which suits the radical changes associated with building a new organization and gradually transferring people from the old one to the new one, yet it is impractical at the level of nurse educators.^[28]

Nurse educators are advised to adopt an empirical-rational strategy based on the assumption that nurses are rational and behave according to rational self-interest.^[29] Nurses are usually willing to accept a change if it is justified and if its benefits are explained. In addition, this strategy stresses on the fact that any successful change is driven by the proper communication/delivery of information and the proffering of incentives. According to this strategy, change centers on the balance of incentives and risk management.^[28] Experts picture some employees (nurses) who are willing to change as by-products of the rational-empirical strategy or converts, i.e. people who are convinced in the change. Nurse educators are therefore advised to systemically target these converts, as they may act as influencers for their colleagues.^[28]

The normative re-educative strategy is another approach based on the assumption that nurses act according to their commitment to socio-cultural norms.^[29] Nurse educators are required to take into account the impact of the change on the work culture that is the values, attitudes, skills and relationships among staff. The notion of this strategy states that a successful change is based on redefining or reinterpreting existing norms and developing commitment to new ones.^[28] This is not a time efficient strategy as culture doesn't change quickly, so it serves better in middle and long term strategies,^[28] such as establishing a Magnet Recognition Program which usually takes 3-5 years to achieve.

The power-coercive strategy is when educators utilize the

nursing managerial influence or authority to impose a change on nurses.^[29] Although such strategy might result in a higher chance of resistance, some believe that these circumstantial strategies are beneficial, time efficient and do not necessarily underestimate the work values of nurses.^[30] On the other hand, experts believe this strategy is not productive on the long term. Nurses who are noncompliant with the changes in nursing policies, that define the standards of care, are often subject to disciplinary actions.^[31] Therefore, nurse educators should realize that changes in these policies, such as patient identifiers prior medication administration or patient fall precautions, have an element of this power-coercive approach.

6. CONCLUDING REMARKS

Nurse educators introduce changes to the nursing processes for the sake of improving the quality of health care services and elevating hospital standards. Planning a comprehensive change plan is challenging and nurse educators must be prepared for unanticipated resistance. Nurse educators are required to be innovative, flexible and knowledgeable to select and implement an effective change management strategy. All in all, nurse educators planning to initiate a change should be aware that:

- (1) Change is a good reason for improving the quality and safety of health care services.
- (2) Resistance to change is expected, yet it falls at the transition level rather than against the change itself.
- (3) Nurse educators are the facilitators of transition, as changes normally upset a pre-established pattern and routine of practice.
- (4) Nurse educators need to pre-identify themselves with the perception, attitudes and concerns of nurses towards the change.
- (5) Change management strategies may include one or a mix of the empirical-rational, normative education and power-coercive strategies.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no conflicts of interest.

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