PRE-TEST QUESTIONS:

1. Jes - Which of the following best describes "Innovators" in the context of adopting new healthcare practices?
    a. They prefer to wait until a practice is widely accepted before trying it.
    b. They are the first to adopt new ideas and are willing to take risks.
    c. They are skeptical of new ideas and require peer pressure to change.
    d. They adopt innovations only when they have no other options left.

2. Jes - Who among the following would most likely be considered an "Early Adopter"?
    a. A nurse who tries a new medical device as soon as it is available.
    b. A nurse who waits until a practice becomes mandatory to adopt it.
    c. **A nurse who carefully reviews evidence and adopts a new guideline after** seeing its benefits.
    d. A nurse who continues using traditional methods despite new innovations.

3. Elai- Which type of knowledge involves understanding how to effectively use an innovation?
    a. **How-to-knowledge**
    b. Awareness-knowledge
    c. Principles-knowledge
    d. Decision-knowledge

4. Elai- What is the primary focus of the confirmation stage in the innovation-decision process?
    a. Learning about the innovation
    b. **Seeking support for the adoption decision**
    c. Implementing the innovation
    d. Replacing the innovation

5. Yanna - In Complex Adaptive Systems Theory, which type of behavior emerges without a clear leader or central control?
    a. Adaptive Behavior
    b. **Emergent Behavior**
    c. Cooperative Behavior
    d. Reactive Behavior

6. Yanna - What characteristic refers to the ability of agents to change and learn over time?
    a. Coevolution
    b. **Adaptation and Learning**
    c. Emergence
    d. Interactions

7. Karen - In the Transtheoretical Model of Behavioral Change (Prochaska and DiClemente, 1983), which stage is characterized by an individual recognizing that their behavior may be problematic and beginning to weigh the pros and cons of making a change, but often feeling stuck due to ambivalence?
    a. Precontemplation
    b. **Contemplation**
    c. Preparation

     d. Action
8. Karen - What is the purpose of developing a vision in Kotter's Change Model?
     a. To clarify how the future will be different from the past and how the change can be achieved
     b. To give employees detailed instructions on daily tasks
     c. To assign employees new roles and responsibilities
     d. To increase awareness of potential obstacles to change
9. Dani - The nurse-manager of a hospital unit facilitates a change in protocol by presenting research supporting the proposed change. This demonstrates which behavioral strategy of change?
     a. Power-Coercive
     b. Rational-Empirical
     c. Normative-Reeducative
     d. Emotive-Temperamental
10. Dani - Which of the following is NOT a responsibility of the change agent during the Movement phase?
     a. Develop a plan
     b. Evaluate the change
     c. Implement the change
     d. Make others aware of the need for change
11. Tan - Which of the following approaches was demonstrated in this scenario: Uses social norms and peer influence to drive change?
     a. Power-Coercive Approach
     b. Normative-Reeducative Approach
     c. Rational-Empirical Approach
     d. Linguistic-Observant Approach
12. Tan - Which determinant of successful change describes how well an innovation aligns with the user's needs, values, or lifestyle?
     a. complexity
     b. observability
     c. relative advantage
     d. compatibility
13. Marianne - What is the primary difference between mandated and proactive change?
     a. Mandated change is initiated by external forces, while proactive change is initiated within the organization.
     b. Proactive change is always more difficult to implement than mandated change.
     c. Mandated change does not involve staff input, while proactive change is always staff-led.
     d. Proactive change is required by law, while mandated change is optional.
14. Marianne - How can a nurse leader address mandated change resistance?
     a. Ignoring the concerns of the staff
     b. Providing no information until the change is implemented

    c. **Involving staff early in the process and providing training**
    d. Asking staff to implement the change on their own

POST-TEST QUESTIONS:

1. Jes - The "Early Majority" is characterized by which of the following behaviors?
    a. Adopting innovations immediately when they are introduced.
    b. **Waiting for evidence of success before adopting new practices.**
    c. Preferring to stick with traditional methods over new ones.
    d. Adopting innovations only when they become the last available option.
2. Which category of innovation adopters is likely to adopt a new practice only when it becomes absolutely necessary or no other options are available?
    a. Innovators
    b. Early Adopters
    c. Late Majority
    d. **Laggards**
3. Elai- A university professor is evaluating a new learning management system (LMS) after learning about it from a colleague and attending a training session. What stage of the innovation-decision process is the professor in?
    a. Knowledge Stage
    b. Persuasion Stage
    c. **Decision Stage**
    d. Implementation Stage
4. Elai- A high school teacher has started using a new educational app but feels uncertain about its effectiveness and seeks advice from fellow teachers who have used it successfully. What stage of the innovation-decision process is the teacher experiencing?
    a. Knowledge Stage
    b. Persuasion Stage
    c. Implementation Stage
    d. **Confirmation Stage**
5. Yanna - In a technology company, different departments constantly modify their strategies based on how other departments evolve. This is an example of which characteristic of Complex Adaptive Systems Theory?
    a. Emergence
    b. **Coevolution**
    c. Adaptation and Learning
    d. Agents and Interactions
6. Yanna - A group of nurses collaborates to manage patient care by sharing tasks and communicating regularly to ensure smooth operations. What type of behavior does this illustrate in Complex Adaptive Systems Theory?
    a. Emergent Behavior
    b. Adaptive Behavior
    c. **Cooperative Behavior**
    d. Autonomous Behavior

7. Karen - What is the key focus during the Maintenance stage of the Transtheoretical Model?
    a. Acknowledging the problem behavior
    b. **Preventing relapse and sustaining behavioral changes**
    c. Weighing the pros and cons of behavior change
    d. Taking small steps toward behavior change
8. Karen - What is the final step in Kotter's Change Model, where new behaviors and processes are reinforced to ensure long-term success?
    a. Create short-term wins
    b. **Institute change**
    c. Enable action by removing barriers
    d. Sustain change as a continuous process
9.
10. Dani - A change in protocol has been proposed at a community health clinic. Which of the following actions by the nurse-manager best supports a power-coercive change strategy?
    a. **Providing incentives to nurses who are willing to adopt the change**
    b. Informing that most of the nurses are eager supporters of the change
    c. Presenting the advantages of the proposed change together with the research that supports it
    d. Recognizing and addressing possible points of resistance before it can be raised by the nurses reluctant to the proposed change
11. Dani - A medication error related to a communication gap in handoff processes prompted the quality-improvement team to investigate and find solutions to the problem. This is under which phase of Lewin's Change Theory of Unfreezing, Movement, and Refreezing?
    a. Refreezing
    b. Movement
    c. **Unfreezing**
    d. Change
12. Tan
13. Tan
14. Marianne - How does skepticism often arise in the context of resistance to change?
    a. Due to the fear of job loss
    b. **As a result of past experiences with unsuccessful changes**
    c. Due to a lack of formal education
    d. When leadership imposes the change too slowly
15. Marianne - What is the best initial step for a nurse leader to take when encountering resistance to a mandated change, such as a new patient care protocol?
    a. Enforce the change immediately without discussion
    b. **Provide clear rationale for the change and involve staff in the transition**
    c. Allow staff to choose whether they want to adopt the change or not
    d. Delay the change to allow more time for adjustment

Change and Innovation
- A. Theories of Change and Innovation (3 People)
  - a. Nonlinear change theories
    - i. **Complex Adaptive Systems Theory** - <mark>YANNA</mark>
      - Complex adaptive systems (CAS) theory was proposed by John Holland in 1994 and mainly studies the mechanisms of a system's complexity and system emergence. The core of the theory is "adaptability produces complexity", and the adaptive interaction of microscopic agents can produce macroscopic complexity phenomena. Composed of elements, called agents, that learn or adapt in response to interactions with other agents.
      - The theory believes that the system is a dynamic network composed of interacting and adaptable agents. Adaptive agents are capable of "learning" and "growing" in order to obtain the maximum benefits.
      - *Characteristics*
        - a. Nonlinearity
          - i. Relationships between agents are often nonlinear, meaning small changes can have disproportionate effects.
          - ii. Interconnectedness of Agents
          - iii. Feedback loops
        - b. Agents and Interactions
          - i. Agents: The individual components of a CAS, which can be people, organizations, or other entities. Each agent has its own goals and behaviors.
          - ii. Interactions: The ways in which agents communicate and influence each other, which can lead to complex behaviors and system-wide phenomena.
        - c. Emergence
          - i. The system exhibits properties and behaviors that arise from the interactions of agents, rather than from the individual agents themselves. This can include patterns, trends, or behaviors that are not directly predictable
        - d. Adaptation and Learning
          - i. Adaptation: Agents adjust their behaviors based on experiences and interactions, allowing the system to respond to changes in the environment.
          - ii. Learning: Over time, agents can learn from past interactions, leading to improved strategies and behaviors that enhance the system's resilience.
        - e. Coevolution
          - i. Mutual Influence: Agents evolve in response to each other, creating a dynamic where the actions of one agent can influence the evolution of others.
          - ii. Interdependencies: The evolution of agents is intertwined, leading to a complex web of

relationships that can enhance the system's adaptability.

- ● *Types of Behavior*
  - a. **Adaptive Behavior**
    - i. Adaptive behavior refers to the ability of individuals or groups to adjust their actions and strategies in response to changes in their environment.
    - ii. This is a feedback loop of modifying behavior that changes the parameters of other components in the environment.
    - iii. The cycle of adaptation creates innovation and continuous change in the industry. The speed at which these natural processes work require a new and different kind of competence that can handle the complexity of fast moving markets, technologies, and industries
    - iv. Example: Adaptive behavior in nursing refers to the ability of individuals and teams to adjust their practices in response to changing circumstances. This might involve shifting approaches to patient care, adopting new technologies, or responding to feedback. Leaders must model and encourage adaptive behaviors, creating an agile workforce capable of navigating complex situations.
  - b. **Emergent Behavior**
    - i. Emergent behavior encompasses the spontaneous and innovative responses that arise from team interactions.
    - ii. In a typical CAS, the "interacting agents" exhibit the traits of emergent behavior where there is no visible leader and the whole system is driven by a collective force
    - iii. In nursing, this can lead to creative problem-solving and the development of best practices that improve patient outcomes.
  - c. **Cooperative Behavior**
    - i. Cooperative behavior in a complex adaptive system enables organizations in an industry to change, evolve, and grow rapidly.
    - ii. It enhances the system's ability to evolve and adapt. In industries, for example, companies may collaborate to share resources or knowledge, which can lead to rapid innovation and growth.
    - iii. A cooperative culture enhances the overall functioning of the healthcare system and contributes to better patient outcomes.

ii. Diffusion of Innovations Theory

- Rogers' *Diffusion of Innovations* theory, studied for over 30 years, explores how innovations are communicated through channels within social systems, focusing on technology, hardware, and software in various disciplines.
- **5 Steps of Diffusion of Innovations Theory - ELAI**
- *Rogers (2003) defined the innovation-decision process as an activity where individuals seek and process information to reduce uncertainty about an innovation's advantages and disadvantages.*
    1. *Knowledge*
        i. The innovation-decision process starts with the knowledge stage, where individuals become aware of an innovation and seek to understand it. Key questions include "What is it?", "How does it work?", and "Why is it important?" (Rogers, 2003, p. 21).
            1. **Awareness-knowledge** is the basic understanding of an innovation's existence, prompting individuals to seek more information, adopt it, and acquire other knowledge types.
                a. Example: An educator discovers a new online learning platform, Google Classroom, through a colleague's recommendation, prompting further exploration.
            2. **How-to-knowledge** emphasizes using the innovation effectively. Wetzel (1993) points out that even skilled educators may struggle to implement technology without guidance, making this knowledge crucial for adopting complex innovations.
                a. Example: After deciding to use Google Classroom, the educator attends a training session that teaches them how to create assignments, communicate with students, and track progress. This guidance enables them to effectively implement the platform in their teaching.
            3. **Principles-knowledge e**xplains how and why an innovation works. While individuals can adopt innovations without it, lacking this understanding may result in misuse. Sprague et al. (1999) note that educators struggle with technology due to unclear integration strategies.
                a. Example: The educator learns about the principles of blended

learning, which explain how online and in-person teaching can complement each other to enhance student engagement and learning outcomes. Understanding these principles helps the educator effectively integrate Google Classroom into their overall teaching strategy.

2. *Persuasion*
    i. The persuasion stage follows the knowledge phase and involves forming attitudes toward an innovation, which may not lead to adoption (Rogers, 2003). This stage is more emotional, with feelings influenced by uncertainty and peer reinforcement. Individuals often value trusted colleagues' evaluations over expert opinions (Sherry, 1997) while gathering feedback.
    ii. Example: After learning about Google Classroom and attending training, the educator initially feels skeptical. However, discussions with colleagues who share positive experiences, emphasizing improved communication and student engagement, shift their attitude from doubt to enthusiasm, increasing their willingness to adopt the platform.

3. *Decision*
    i. During the decision stage of the innovation-decision process, individuals choose to adopt or reject an innovation.
        1. Adoption means full utilization, while rejection indicates non-adoption.
    ii. Innovations allowing partial trials often lead to quicker adoption. Active rejection occurs after trial, while passive rejection happens without consideration.
        1. Active Rejection: An educator tries Google Classroom but later decides to switch back to their previous online platform due to poor integration with their curriculum.
        2. Passive Rejection: A teacher learns about Google Classroom but never explores it or attends training, choosing to continue with traditional methods instead.
    iii. In collectivistic cultures, group influence may shape decisions, but the next step remains implementation.
    iv. Example: After exploring Google Classroom and attending a training session, the educator must decide whether to adopt it. They weigh the

platform's benefits against a colleague's struggles with integration. Ultimately, they choose to adopt Google Classroom after a successful trial using it for a few assignments, confirming its effectiveness for their teaching.

4. *Implementation*

    i. In the implementation stage, an innovation is actively used, though uncertainty about outcomes may require support from change agents. This stage ends the innovation-decision process as the novelty fades. Reinvention allows users to modify innovations for better fit, promoting faster adoption. Rogers distinguishes invention (creating new ideas) from innovation (using existing concepts).

    ii. Example: The educator begins using Google Classroom in their teaching but initially feels uncertain about its effectiveness. To reduce this uncertainty, they seek help from a tech support colleague. As they implement the platform, they customize features to better fit their teaching style, representing reinvention. Over time, Google Classroom becomes a standard part of their classroom practices.

5. *Confirmation*

    i. In the confirmation stage, the individual seeks validation for their earlier decision to adopt the innovation. According to Rogers (2003), conflicting information can lead to reconsideration of the decision. However, individuals typically look for affirming messages that support their choice, making attitudes vital at this stage.

    ii. Discontinuance can happen in two ways

        1. **Replacement Discontinuance**: The individual abandons the current innovation for a superior one.

            a. An educator initially adopts Google Classroom but later discovers a newer platform, such as Microsoft Teams, that offers advanced features better suited to their teaching style. Impressed by the benefits of the new platform, the educator decides to stop using Google Classroom and fully transition to Microsoft Teams, demonstrating replacement discontinuance.

        2. **Disenchantment Discontinuance**: The individual is dissatisfied with the

innovation's performance or finds it doesn't meet their needs, leading them to reject it.

    a. After adopting Google Classroom, an educator seeks validation by reading positive testimonials from successful users. They discuss experiences with supportive colleagues, which boosts their confidence in the platform. However, if they encounter significant negative feedback indicating that Google Classroom doesn't meet their needs, they might choose to switch to a different learning management system, demonstrating disenchantment discontinuance.

➢ 5 Categories of Innovation Adopters - <mark>JES</mark>
➢ Introduction: "In healthcare, adopting new practices and innovations is crucial for improving patient care. Everett Rogers' Diffusion of Innovations theory outlines five categories of innovation adopters. Let's explore each one and see where we, as future nurses, might fit in when new changes come our way."

1. Innovators
   i. Description: "Innovators are the first to adopt new ideas. They're risk-takers and love trying out new technologies or practices. In nursing, they might be the ones testing a new medical device or digital health tool before anyone else."
   ii. Example: "Think of a nurse who's always excited to trial a new telemedicine app before it becomes popular. They're the pioneers who set trends."

2. Early Adopters
   i. Description: "Early adopters are opinion leaders and embrace change but more cautiously than innovators. They adopt new ideas when they see a clear benefit, often influencing others to follow suit."
   ii. Example: "In a hospital, these are the experienced nurses who quickly start using a new evidence-based practice guideline after reviewing the latest research. They serve as role models, encouraging others to adapt."

3. Early Majority
   i. Description: "The early majority adopt innovations just before the average person. They need to see evidence of success and tend to wait for the 'bugs' to be worked out."
   ii. Example: "Imagine nurses who start using a new electronic health record system after hearing

positive feedback from colleagues. They prefer reliable innovations that have been tried and tested."

4. Late Majority
    i. Description: "The late majority adopt new ideas after the average person. They are skeptical and may only change when there's strong peer pressure or policy mandates."
    ii. Example: "These might be nurses who finally switch to a new pain management protocol after it becomes the hospital standard. They wait until change is inevitable."

5. Laggards
    i. Description: "Laggards are the last to adopt an innovation, often because of strong preference for tradition or limited exposure to new ideas. They adopt changes only when it becomes absolutely necessary."
    ii. Example: "Think of nurses who still prefer using paper records instead of electronic systems, only switching when it's the only available option."

➢ "Understanding these categories helps us recognize where we and our colleagues might fall when it comes to adopting new practices in nursing. This awareness can help us be more effective in leading change and improving patient care."

B. Planned Change (2 People) - <mark>Karen and Dani</mark>
    a. Models and Stages
        i. Lewin's Change Theory of Unfreezing, Movement, and Refreezing
            ● Determined three phases through which the change agent must proceed for a planned change to become part of the system
            1. Unfreezing
                a. The change agent persuades group members to change, or when guilt, anxiety, or concern can be evoked
                b. Members of the group become discontent and aware of a need to change, which may result from internal or external forces
                    i. Internal Forces: obsolescence of production and service, new market opportunities, new strategic direction, shift in sociocultural values
                    ii. External Forces: regulators, competitors, market forces, customers, technology
                c. At times, members may be afraid of discontent (unfreezing) and thus put significant effort into simply comforting those experiencing stress related to the possible change
                d. Responsibilities of the Change Agent:
                    i. Gather data
                    ii. Accurately diagnose the problem
                    iii. Decide if change is needed
                    iv. Make others aware of the need for change

2. Movement or Change
    a. The change agent identifies, plans, and implements appropriate strategies, ensuring that driving forces exceed restraining forces
    b. Recognizing, addressing, and overcoming resistance may be a tedious process, and whenever possible, change should be implemented gradually
    c. Responsibilities of the Change Agent:
        i. Develop a plan
        ii. Set goals and objectives
        iii. Identify areas of support and resistance
        iv. Include everyone who will be affected by the change in its planning
        v. Set target dates
        vi. Develop appropriate strategies
        vii. Implement the change
        viii. Be available to support others and offer encouragement through the change
        ix. Use strategies for overcoming resistance to change
        x. Evaluate the change
        xi. Modify the change, if necessary
3. Refreezing
    a. The change agent aids in stabilizing the system change in order for it to become integrated into the status quo
    b. If refreezing is incomplete, the change will be ineffective and pre-change behaviors will resume
    c. As change requires at least 3 to 6 months to be accepted as part of the system, the change agent must remain involved until the change is completed
    d. Responsibilities of the Change Agent:
        i. Support others so that the change continues
ii. Behavioral Strategies Of Change
    ● Depend on the power of the change agent and the level of resistance expected from the subordinates
    ● Rational–Empirical Strategies
        a. Assume that resistance to change results from a lack of knowledge and that humans are rational beings who will change when presented with factual information documenting the need for change
        b. Provides current research as evidence to support change
        c. Used when there is little anticipated resistance
    ● Normative–Reeducative Strategies
        a. Assume that humans are social beings, more easily influenced by others than by facts
        b. Makes use of group norms and peer pressure to socialize and influence people to support change
        c. Does not require a legitimate power base from the change agent, as power is gained through skill in interpersonal relationships

          d. Focuses on noncognitive determinants of behavior, including roles and relationships, perceptual orientations, attitudes, and feelings
- Power–Coercive Strategies
   a. Assume that people often are set in their ways and will change only when rewarded for the change or forced by some other power-coercive method
   b. Involves the application of power by legitimate authority, economic sanctions, or political clout of the change agent
- Often, the change agent makes use of approaches from each of the three behavioral strategies to increase the chance of successful change

iii. Lewin's Change Theory of Driving and Restraining Forces
- People are kept in a state of equilibrium or status quo by the simultaneous action of driving forces (facilitators) and restraining forces (barriers) operating within any field
- Driving Forces
   a. Forces pushing the system toward change
   b. Includes the desire to please one's boss, eliminate a problem that is undermining productivity, get a pay raise, receive recognition
- Restraining Forces
   a. Forces pulling the system away from change
   b. Includes conformity to norms, unwillingness to take risks, fear of the unknown
- The balance between driving and restraining forces must be altered, such that driving forces are increased or restraining forces decreased, for change to occur in the system

iv. 5 Stages of Change Model or Prochaska and Diclemente's Transtheoretical Model of Behavioral Change (1983)
- Individuals progress through a series of stages of readiness to intentionally change a problem behavior
- It is part of their broader Transtheoretical Model, which not only assesses an individual's readiness to act to eliminate a problem behavior but also includes strategies and processes of change to guide the individual through the stages.
   a. Precontemplation
      i. Individuals in this stage are unaware of or have limited awareness of the problem or lack insight into the consequences of their negative/addictive behavior.
      ii. It is important to understand that a person in this stage is in complete denial and even tends to defend their actions.
   b. Contemplation
      i. Individuals recognize that their behavior may be problematic, and will initiate a more thoughtful and practical consideration of the pros and cons of changing the behavior, with equal emphasis placed

on both. Even with this recognition, people may still feel ambivalent toward changing their behavior.

    ii. The ambivalence and indecisiveness that occur in this stage cause people to remain stuck in "contemplation" for at least six months.

c. Preparation

    i. At this point in the change process, the person can easily acknowledge that a behavior is problematic and can make a commitment to correcting it. Now, there is an acknowledgment that the pros of change behavior outweigh the cons. People start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life.

d. Action

    i. Individuals have recently changed their behavior (defined as within the last 6 months) and intend to keep moving forward with that behavior change.

    ii. While in this stage, people gain confidence as they believe they have the willpower to continue on the journey of change. They continue to review the importance of the behavioral change while evaluating their commitment to themselves.

e. Maintenance

    i. Here, individuals have maintained total abstinence from the adverse behavior for more than six months. As people progress through this stage, the more confident they become in their ability to sustain the positive lifestyle changes and the less tempted/fearful they feel of relapsing.

    ii. People in this stage work to prevent relapse to earlier stages.

f. Relapse

    i. change behavior will take a spiral or recycling of stages rather than a linear progression.

    ii. Clients in this stage have lapsed back to old behavior and are easily recognized by their frustration, disappointment or feelings of failure.

    iii. At the risk of demeaning one's achievement up to that point, relapse should not be viewed as a failure. It should be considered an excellent opportunity to revaluate one's triggers, reassess one's motivation for change, reassess old/new barriers to achieving the goal, and plan for stronger contingency plans. It is essential to recognize the possibility of relapse and acknowledge it as a potential for growth and improvement. stage have lapsed back to old behavior and are easily

recognized by their frustration, disappointment or feelings of failure.

    v.   Kotter's Change Model

- It empowers organizations to accelerate organizational change through proper planning, mobilizing employees, removing friction, and instituting change into a company's culture.
- Steps

    a. Increase urgency

        i.   It's human nature to maintain the status quo and have some form of resistance to change. However, a sense of urgency can often spark the initial motivation to initiate a change implementation process.

        ii.   It's critical to communicate the need, and reason, for upcoming change projects for employees to understand it as a solution to an existing problem or risk.

    b. Build a guiding team

        i.   A volunteer network needs a coalition of committed people – born of its own ranks – to guide it, coordinate it, and communicate its activities.

        ii.   Your guiding coalition comprises people you choose as your support system, including managers and supervisors under effective change leadership.

    c. Develop the vision

        i.   Clarify how the future will be different from the past and get buy-in for how you can make that future a reality through initiatives linked directly to the vision.

    d. Enlist volunteer army of change agents

        i.   Large-scale change can only occur when massive numbers of people rally around a common opportunity. At an individual level, they must *want to* actively contribute. Collectively, they must be unified in the pursuit of achieving the goal together.

        ii.   Change must be understood and supported for it to be successful – without effective change management communication, the change initiative is likely to fail. As a change practitioner, you must:

            1. Talk often about your vision and change implementation plan

            2. Address employees' concerns transparently

            3. Apply your vision to all operational aspects – from training to performance reviews

            4. Lead the change by setting an example

    e. Enable action by removing barriers

        i.   Remove the obstacles that slow things down or create roadblocks to progress. Clear the way for

                    people to innovate, work more nimbly across silos, and generate impact quickly.

               ii.   Identify these obstacles as early as possible and rely on available resources to break them down without disrupting other business areas.

        f.   Create short term wins

               i.   Implementing change is a long and cumbersome process. To keep your employees motivated throughout their change journey, you must recognize and celebrate short-term wins and achievements.

               ii.   Wins are the molecules of results. They must be recognized, collected, and communicated – early and often – to track progress and energize volunteers to persist.

        g.   Sustain change as a continuous process

               i.   Kotter argues that many change projects fail because victory is declared too early. Real change runs deep. Quick wins are only the beginning of what needs to be done to achieve long-term change.

               ii.   Press harder after the first successes. Your increasing credibility can improve systems, structures and policies. Be relentless with initiating change after change until the vision is a reality.

        h.   Institute change

               i.   Articulate the connections between new behaviors and organizational success, making sure they continue until they become strong enough to replace old habits. Evaluate systems and processes to ensure management practices reinforce the new behaviors, mindsets, and ways of working you invested in.

C.   Determinants of Successful Change - <mark>Tan</mark>

    a.   Relative advantage

        i.   The perceived superiority of an innovation over existing products; greater advantage speeds up adoption

        ii.   If it's much better than what exists, people adopt it faster

        iii.   *Example:* EMRs replace paper charts because they offer easier data access

    b.   Compatibility

        i.   How well an innovation aligns with users' needs, values, or lifestyle; closer alignment boosts adoption

        ii.   If it fits people's habits, they'll adopt it faster

        iii.   *Example:* Smartphones and smartwatches caught on quickly due to everyday use for communication and other purposes

    c.   Complexity

        i.   The ease of understanding, purchasing, and using an innovation; simpler products are adopted faster

        ii.   The easier it is to use, the quicker it's accepted

          iii.   *Example:* Online banking grew quickly because it's easy to use
- d. Trialability
  - i. The extent a product can be tested before commitment; more trialability accelerates adoption
  - ii. If people can try it first, they'll adopt it faster
  - iii. *Example:* Free software trials help users decide to buy, testers, samplers
- e. Observability
  - i. The visibility of an innovation's benefits; higher observability increases adoption likelihood
  - ii. If people can see the benefits, they adopt it faster
  - iii. *Example:* Fitness trackers became popular as users saw health benefits
- f. Reference: Sridharan, M. A., Maheshwari, P., & Mundhada, P. (2021, December 7). *Rogers Five factors*. Think Insights. https://thinkinsights.net/strategy/rogers-five-factors/

D. Barriers to Change (Marianne)
- a. Level of Resistance: a natural reaction that can occur at various levels depending on the context of proposed change. If understood, these levels help leaders anticipate
  - i. Mandated
    - ● Mandated changes are imposed by external forces, such as government regulations or organizational directives. These changes often result in higher levels of resistance as they are perceived as non-negotiable and beyond the control of the workforce.
      - a. Example: A nurse leader is tasked with implementing a new electronic medical record (EMR) system due to new healthcare regulations. Nurses resist the change because they feel it will increase their workload and reduce time spent with patients.
  - ii. Proactive
    - ● Generally less emotional than mandated change
    - ● Proactive changes are initiated from within the organization, often with a view to improving processes or patient outcomes. Resistance to proactive changes can still occur, but it's generally lower than mandated changes, as there may be more buy-in from staff.
      - a. Example: A nurse leader proposes a new patient triage system to improve efficiency in the emergency department. Although the staff agrees with the benefits, they express concern about the increased responsibilities during the initial adjustment period.
  - iii. *Lines often blur between the two changes because proactive change launched by one group may be perceived as mandated change by another.*
- b. Reasons for Resistance (Hullman)
  - i. Preservation of status quo
    - ● Individuals may be satisfied with the status quo as their needs are met and any change may bring about negative outcomes
      - a. Example: Nurses in a hospital are used to traditional methods of documenting patient care. When the nurse leader introduces a new digital documentation tool, they

resist because they are comfortable with the current
system.

    ii.   Threat
- Views change as a threat that may affect them in significant ways. It may lead to loss of a job, a decrease in salary, changes in level of responsibility and authority, changes in circles of interaction, etc.
  - a. Example: The nurse leader should provide clear communication on how the new system will enhance care and simplify processes, offering training and mentoring to help staff transition smoothly.

    iii.   Costs far outweigh the benefits
- When staff perceive that the costs (time, effort, resources) of implementing change are higher than the benefits, resistance increases.
  - a. Example: A nurse leader introduces a new patient care model that requires additional documentation. Nurses resist because they feel the extra work isn't justified by the model's potential benefits.

    iv.   Mishandling of the change process
- Individuals may view the need for change but a negative approach by management or the change agent may create mistrust and negative feelings associated with the process
  - a. Example: A nurse manager announces a change in patient scheduling procedures without prior consultation or explanation. Nurses feel blindsided and resist the change.

    v.   Skepticism
- Individuals believe in the effort but still believe that change is unlikely to succeed
  - a. Example: A nurse leader proposes a new teamwork model to improve collaboration. However, the team is skeptical because a similar model was tried before but failed to produce results.

c. Type of Change Proposed
    i.   Technological changes
- This type of change involves implementing new tools, devices, or systems that improve patient care, enhance data management, and streamline workflow.
- Encounter less resistance than changes that are perceived as social or that are contrary to established customs or norms.
  - a. Example: Nursing staff may be more willing to accept a change in the type of IV pump to be used than a change regarding who is able to administer types of IV therapy.

    ii.   Behavior change
- Behavioral changes in healthcare often involve altering how healthcare professionals work, interact with each other, and provide care. These changes are essential for improving patient outcomes and team dynamics.
- A person's behavior is much easier to change than an entire group's behavior.

a. Example: The nurse leader proposes stricter adherence to hand hygiene to reduce hospital-acquired infections (HAIs). This involves creating a culture where hand hygiene is a non-negotiable priority. Some staff may overlook the importance of this change or perceive it as unnecessary if infections are not immediately apparent.

   iii. Attitude level change
- Attitude changes focus on transforming the perspectives and motivations of healthcare staff to align with best practices, compassion, and accountability in healthcare.
    - a. Example: The nurse leader observes that some staff are task-oriented rather than patient-centered. The proposed change is to shift the focus towards understanding patient needs and engaging with them more holistically. Shifting deep-seated attitudes, especially among experienced staff who may feel set in their ways.

   iv. Knowledge level change
- This change focuses on increasing the knowledge and expertise of healthcare professionals to enhance patient care and overall performance.
- A person's knowledge level is much easier to change than attitudes.
    - a. Example: The nurse leader identifies a need for the team to enhance their knowledge in advanced wound care techniques, ensuring faster patient recovery and better outcomes. Time constraints for learning, and reluctance due to the perception that current knowledge is sufficient.

d. Subordinates' values, education levels, cultural and social backgrounds, and experiences with change (positive or negative): Diversity among the nursing staff influences their reactions to change. A nurse leader must consider these factors when managing resistance. Involves a challenge to the beliefs that underpin our lives threatens the security of the individuals involved and these types of changes are much more apt to result in resistance

   i. **Values**: Nurses who value patient-centered care might resist changes they perceive as reducing the quality of patient interaction.

   ii. **Education Levels**: Nurses with less experience or education may resist changes that introduce new, complex systems or procedures, feeling unprepared or overwhelmed.

   iii. **Cultural and Social Backgrounds**: Cultural norms and social backgrounds can shape how nurses perceive authority and change. In some cultures, questioning authority is discouraged, while in others, skepticism toward change may be more common.

   iv. **Experiences with Change**: Nurses with positive past experiences with change may be more open to it, while those with negative experiences may be more resistant.

   v. Example:
- A nurse leader introduces evidence-based practices (EBP) for wound care. Senior nurses resist because they feel their traditional methods are more effective based on years of experience.

Meanwhile, newly graduated nurses are more receptive to the change due to their recent education on EBP.
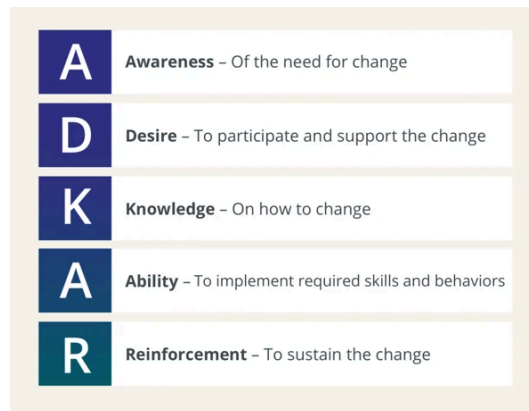
E. Change Agent - <mark>Tan</mark>
   a. What is a change agent?
      i. According to Marquis and Huston (2017):
         ● A change agent is an expert in planned change and skilled at implementing change strategies while addressing human emotions.
         ● They connect and harmonize all organizational elements impacted by the change.
         ● In organizations, managers often act as change agents, leading the transition process.
      ii. According to Hauck (2024):
         ● Catalyst for change
         ● Sometimes called change influencers, change champions, or agents of change
   b. Qualities of a good change agent
      i. According to Hauck (2024), there are five essential skills for effective change agents
         ● Communication and influence
            a. Excellent speaking skills to advocate change
            b. Excellent listening skills to ensure understanding
         ● Empathy and emotional intelligence
            a. Able to perceive and understand anxieties caused by changes
            b. Able to manage resistance behaviors and alleviate stress while creating a more supportive environment
         ● Strategic thinking and problem-solving
            a. Strategic planning, risk assessment, and complex problem-solving
            b. Sees bigger picture, able to anticipate roadblocks
         ● Adaptability and resilience
            a. Can come up with strategies as needed
            b. Able to demonstrate resilience in the face of setbacks
         ● Collaborative leadership
            a. Serves as a bridge between leadership and the rest of the organization
            b. Involves empowering others, facilitating teamwork, and building consensus

F. Recommendations for Effective Change or How to Handle Resistance or Barriers to Change - <mark>Tan</mark>
   a. Three classic strategies for effecting change by Bennis, Benne, and Chinn (1969, as cited in Marquis & Huston, 2017) include rational-empirical, normative-reeducative, and power-coercive approaches:
      i. Rational-Empirical Approach

- Uses evidence and research to persuade people to adopt change by showing its benefits.
- Assumes that resistance is due to a lack of knowledge and that people, as rational beings, will change when presented with the right data.
    ii. Normative-Reeducative Approach
- Focuses on altering social norms and leveraging peer influence to drive change.
- Assumes that people are social creatures who are more influenced by the expectations of their group than by facts alone.
    iii. Power-Coercive Approach
- Enforces change through authority, policies, or rewards and punishments.
- Assumes that people will resist change unless they are compelled by force or incentivized.
    iv. Example:
- Rational-Empirical: change agent may present the latest research on cancer and smoking
- Normative-Reeducative: change agent might have friends and family encourage the person to stop smoking
- Power-Coercive: change agent might refuse to ride in the smoker's car if the person smokes while driving
    v. Reference: Marquis, B. L., & Huston, C. J. (2017). *Leadership roles and management functions in nursing* (9th ed.).
   b. The Prosci ADKAR Model

A Awareness – Of the need for change
D Desire – To participate and support the change
K Knowledge – On how to change
A Ability – To implement required skills and behaviors
R Reinforcement – To sustain the change

       i.
       ii. Offers change agents a structured guide to assist individuals through each stage of the change process
       iii. Reference: Hauck, T. (2024, August 1). *Change Agents: Catalysts for Organizational growth*. Prosci. https://www.prosci.com/blog/change-agent
G. Leadership Roles and Implications in Nursing Management (1 person) - JC
   a. Baka pwedeng yung Lewis Change Theory dito parang ADPIE
       i. Unfreezing - Assessment/Diagnosis (Problem Identification)
       ii. Moving - Planning/Implementation (Analysis, Forming Solutions, and Implementation)
       iii. Refreezing - Evaluation (Evaluation)
   b. Complex Adaptive Systems in Nursing Practice
       i. Enhancing Nursing Leadership and Management

ii.   Viewing the Healthcare System as a Complex Adaptive System (CAS)
iii.   Supporting Collaborative Work and Decision-Making
iv.   Adapting to Change and Uncertainty
v.   Improving Patient Outcomes
vi.   Fostering Innovation

Link to Canva PPT:
https://www.canva.com/design/DAGS9Pgy4oY/autyyoglglRMS_UdxFy78g/edit?utm_content=DAGS9Pgy4oY&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Link to Pre-test/Post-test:
https://quizizz.com/admin/quiz/67068654b17d8a6ee5b9fee7/edit?at=6706880e33d26b6d4007696d&MCQ_saved=true