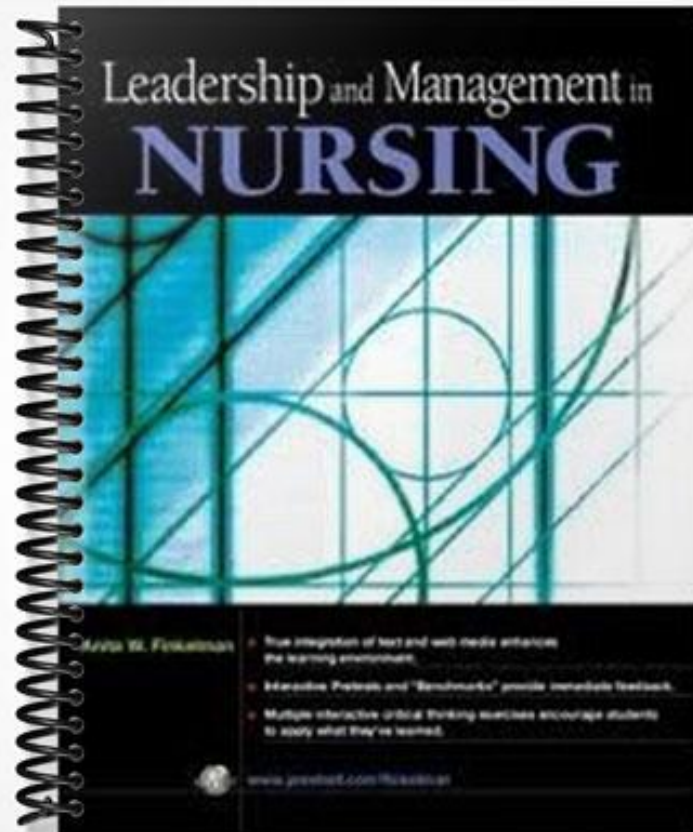


## SOLUTIONS MANUAL



## **Chapter 2: Change and Decision Making**

### **LEARNING OUTCOME 1**

Discuss critical nursing issues related to reengineering, redesigning, re-regulating, rightsizing, and restructuring.

#### **Concepts for Lecture**

1. The five Rs of change in nursing are: reengineering the healthcare organization, redesigning the workforce, re-regulating professional practice, rightsizing the workforce, and restructuring nursing education. Each one of these issues is directly related to change, and requires decision making.
2. Reengineering requires that organizations make fundamental changes in their thinking and structure. Many healthcare organizations have moved toward patient-focused care.
3. Redesigning the workforce has been a critical method for adjusting how work is done. Successful redesigning requires nursing input. Data are required to make changes that address responsibilities, functions, and tasks.
4. Re-regulating goes hand-in-hand with many of the changes to ensure that licensure requirements support changes. Telenursing is one example that has required a new approach to licensure.
5. Rightsizing has caused stress for the nursing profession. The nursing shortage has been impacted by all five Rs, particularly rightsizing (Exhibit 2-1). How many staff are required to do the job is not easy to predict. This is directly related to competencies, educational levels, and concern about retention of staff. A 1996 nurse survey indicated that two out of five nurses would not want their family cared for the hospital in which they worked, and 25% would not remain in nursing.
6. Restructuring education must be related to the changes that occur as a result of reengineering, redesigning, re-regulating, and rightsizing. What types of education and content are required to meet delivery needs for entering nursing staff? What is required to maintain competency that responds to changing needs?

## Lecture Outline in PowerPoint

### 1. Five Rs of Change and Decision Making

- Reengineering
- Redesigning
- Re-regulating
- Rightsizing
- Restructuring

### 2. Reengineering

- Fundamental change, not just fixing
- Discontinuous thinking
- Cross-functional approach
- Futuristic imperative
- Patient-focused care: one result

### 3. Redesigning

- Need for improved efficiency
- Patient-focused care
- Changing staff mix
- Need for active nursing input
- Data and analysis

### 4. Re-regulating

- Licensure and changes
- Purpose of licensure
- Reciprocity
- Change and interstate compact

### 5. Rightsizing

- Downsizing: staff stress
- Reversal: now need staff

### 6. A Staff Survey of Nurses: Concerns (Exhibit 2-1)

- Decrease in continuity of care
- Increase in unexpected admissions

- Variability in view of quality care
- Increase in part-time and temp staff
- Increase use of UAPs
- Increase in work-related injuries
- Increase in workplace violence
- Increase in patient assignments
- Increase in cross-training
- Organizational changes
- Less time to provide care

#### 6. Restructuring Nursing Education

- Academic education
- Continuing education

#### **MediaLinks**

See links in Summary and Applications.

#### **Active Learning**

Think Critically #1

Current Issues #1

Current Issues #2

#### **Suggestions and Strategies for Classroom Experience**

Ask students to identify examples for each of the five Rs from literature and clinical experience.

Students should discuss how rightsizing might be an appropriate decision at one time, and how it might not be appropriate at another, and why.

#### **Suggestions and Strategies for Clinical Experience**

Students could develop a survey by using concerns identified in the 1996 nurse survey (Exhibit 2-1). This survey then could be given to practicing nurses in clinical settings. Analysis can compare whether nurses have similar concerns today.

Students can determine if patient-focused care is used in the clinical sites. If so, ask students to describe how it is applied.

## **LEARNING OUTCOME 2**

Discuss why the concept of change is important in the healthcare environment and to nursing leadership and management.

### **Concepts for Lecture**

1. Change makes things different.
2. Change can be viewed from three perspectives: individual, culture of the organization, and content of the change (Figure 2-1).
3. Change disturbs equilibrium.

### **Lecture Outline in PowerPoint**

1. Change
  - Common in healthcare today
  - Makes things different
  - Atmosphere of multiple changes at one time
2. Interrelated Perspectives of Change
  - (See slide for Figure 2-1)
3. Change and Equilibrium
  - Disturbing the equilibrium
  - Understanding personal response to change
  - Moving away from keeping things the same

### **PPT Visual Slides**

#### **Figure 2-1**

### **MediaLinks**

See links in Summary and Applications.

### **Active Learning**

None from text

### **Suggestions and Strategies for Classroom Experience**

Provide students with examples of change (e.g., change in documentation, move to team nursing, new nurse manager, etc.) and ask them to apply the three perspectives identified in Figure 2-1.

### **Suggestions and Strategies for Clinical Experience**

Students can be asked to identify a change that they observed in clinical, and to discuss how it affected the equilibrium. If they have not observed a change, they could ask a staff member about a change experience and then share that with the clinical group.

## **LEARNING OUTCOME 3**

Discuss external trends and factors that impact nursing practice and healthcare organizations.

### **Concepts for Lecture**

1. There are many external factors that affect change (Exhibit 2-2).
2. These factors affect what nurses do daily and affects their ability to influence the healthcare delivery system.
3. Each nurse has the opportunity to be a change agent.

### **Lecture Outline in PowerPoint**

1. External Forces Affect Change (Exhibit 2-2)
  - Multiple factors related to:
    - Policy, laws, regulations
    - Economics and reimbursement

- Demographics
- Healthcare professional issues and organizations
- Accreditation
- Labor unions
- Pharmaceutical industry
- Consumers
- Technology
- And much more ...

### **MediaLinks**

See links in Summary and Applications.

### **Active Learning**

Think Critically #2

Current Issues #2

### **Suggestions and Strategies for Classroom Experience**

Select one external factor (Exhibit 2-2), and discuss the impact it has on healthcare delivery and change within the system.

### **Suggestions and Strategies for Clinical Experience**

None

### **LEARNING OUTCOME 4**

Define two key change theories.

### **Concepts for Lecture**

1. There are many theories about change. Two are discussed in this chapter: Lewin's theory and Quinn's theory.

2. Lewin's theory, which is also called the force field analysis, is a popular theory. It has three stages, and the focus is on improving or strengthening those forces or factors that can support the change and restraining those forces that interfere with the change (Figure 2-2).
3. Quinn's theory emphasizes that organizations that accept the status quo can experience a "slow death," and that organizations that take on change engage in "deep change."

### **Lecture Outline in PowerPoint**

1. Two Change Theories
  - Lewin's theory
  - Quinn's theory
2. Lewin's Stages of Change
  - Unfreezing
  - Moving
  - Refreezing
3. Force Field Analysis
  - (See slide of Figure 2-2)
4. Quinn's Theory
  - "Slow Death"  
(staff burnout, lack of energy, hopelessness)
  - "Deep Change"  
(transformational leadership to accept and adjust)

### **PPT Visual Slides**

#### **Figure 2-2**

### **MediaLinks**

See links in Summary and Applications.



## **Active Learning**

Summary and Applications: Experiential Exercise #3

### **Suggestions and Strategies for Classroom Experience**

Divide students into teams to identify a change experience that some or all of the students have experienced (might not be related to nursing courses), and then apply Lewin's theory. Provide the students with large newsprint to display their application of the theory. These can then be posted in the classroom, and students can go around and view the work done by the teams.

### **Suggestions and Strategies for Clinical Experience**

None

## **LEARNING OUTCOME 5**

Describe eight key steps in the change process.

### **Concepts for Lecture**

1. The process of change includes eight steps (Figure 2-3):
  - 1-1. Creating a sense of urgency that does not overwhelm staff but so that staff appreciate the need for change. This applies unfreezing.
  - 1-2. Creating a guiding coalition and mobilizing commitment to the process is best done by the change agent(s). This is the person(s) who works to make the change occur, such as a nurse manager, nurse executive, chairperson of a committee, and so on.
  - 1-3. Developing and communicating a vision provides direction for the change.
  - 1-4. Empowering staff to make the change recognizes the importance of staff participation and "buy in" to the change.
  - 1-5. Generating short-term wins helps to move the change along, even for changes that will take time. Staff can see some progress.

1-6. Consolidating and producing more change avoids problems with staff thinking that things are fine and no more change is required when the change process is no longer required.

1-7. Anchoring the new ways of doing things in the organizational culture ensures that change becomes part of the shared values and what needs to be done within the organization.

1-8. Monitoring progress and adjusting the vision as is required, which emphasizes evaluation and recognizing that change never results in decisions that can't change later.

2. Process requires readiness: Staff who are willing to take on the challenge of change; presence of facilitators who can reduce barriers; empathy to work within the environment of change; and active staff participation.

### **Lecture Outline in PowerPoint**

#### 1. The Process of Change

- Create sense of urgency
- Create guiding coalition and commitment
- Develop and communicate vision
- Empowerment
- Generate short-term wins
- Consolidate and produce more change
- Anchor new ways of doing things
- Monitor progress and adjust vision

#### 2. Process Requires Readiness

- Willingness to take on the challenge
- Facilitators to reduce barriers
- Empathy: a key to readiness
- Staff participation

**PPT Visual Slides****Figure 2-3****MediaLinks**

See links in Summary and Applications.

**Active Learning**

None

**Suggestions and Strategies for Classroom Experience**

Assign an example of a change (e.g., new procedure or policy, use of new equipment, introduction of a clinical nurse specialist on a unit, etc.) to a team. (Can use same example for all teams and then compare and contrast results.) Ask each team to apply the process of change to the example. Provide the students with large newsprint to display their application of the theory. These can be posted in the classroom, and students can go around and view the work done by the teams.

Ask students to discuss why it is important to have staff participation in the change process. Display responses on screen via PowerPoint slide that the class develops.

**Suggestions and Strategies for Clinical Experience**

None

**LEARNING OUTCOME 6**

Discuss resistance to change and how it can be handled.

**Concepts for Lecture**

1. Resistance to change, applying Lewin's theory of decreasing the restraining forces, is important to address, as it can be a major roadblock to effective response to change.
2. Change typically means someone will need to give up something or to adapt, which leads to stress for staff.
3. Staff will experience fears and biases due to lack of understanding; perceptual differences when they cannot appreciate the change situation; economic threats due to possible job changes, salary changes, and so on; and social threats when social structure of where and how work is done might change.
4. Change is inevitable, as is resistance to change.
5. Resistance most commonly is due to lack of staff input and participation, and due to the experience of loss.

### **Lecture Outline in PowerPoint**

1. Major Roadblock to Change
  - Resistance to change
  - Someone gives something up or adapts
  - Staff stress
2. Staff Resistance: Concerns
  - Fears and biases
  - Perceptual differences
  - Economic threats
  - Social threats
3. Inevitable
  - Change
  - Resistance to change
4. Key Reasons for Resistance
  - Lack of staff input and participation
  - Experience of loss

### **MediaLinks**

See links in Summary and Applications.

**Active Learning**

Your Opinion Counts #1

**Suggestions and Strategies for Classroom Experience**

Ask students to describe in writing how they respond to change.

Ask students to respond in writing to the following statement: “Change is inevitable, just as resistance to change is inevitable.”

**Suggestions and Strategies for Clinical Experience**

Discuss in clinical conference how resistance to change might apply to a patient who must make changes due to illness. Are there any differences compared with change within an organization and staff responses?

**LEARNING OUTCOME 7**

Identify strategies to improve responses to change.

**Concepts for Lecture**

1. When change is addressed and strategies are developed to respond to change, factors that need to be considered are internal and external policies, regulations and accreditation, organization, and financial issues.
2. Guidelines for coping with change focus on creativity, willingness to look at different approaches, acceptance of need to understand resistance, willingness to consider multiple options, willingness to work together, and commitment (Figure 2-4).
3. The change agent plays a critical role: charismatic, enabling, instrumental leadership, missionary change agent.
4. Nurse managers need to realize that they need not accept change automatically but thoughtfully.

5. Change agents look for opportunities to improve, which means changing and initiating adaptive work, or figuring out the best way to adapt how work is done and still meet work demands.

6. Developing responses to change requires an understanding of the impact of the organizational culture.

### **Lecture Outline in PowerPoint**

#### 1. Strategies for Change: Change Factors

- Internal and external policies
- Regulations and accreditation
- Organization
- Financial issues

#### 2. Guidelines for Coping with Change (Figure 2-4)

- Creativity strategies
- Willingness to look at different approaches
- Acceptance of need to understand resistance
- Willingness to consider multiple options
- Willingness to work together
- Commitment

#### 3. The Change Agent: Characteristics

- Charismatic/provides a vision
- Enabling/lets staff know they can be successful
- Instrumental leadership/gets resources for staff
- Missionary change agent/maintains the vision

#### 4. Nurse Manager and Change

- Not every change needs to be accepted
- Thoughtful response to change from above
- Explanation for non-support

#### 5. Change Agents: MUSTS

- Look for opportunities to improve
- Initiate adaptive work

## 6. What Impact Does the Organizational Culture Have on Responses to Change?

### **PPT Visual Slides**

### **Figure 2-4**

### **MediaLinks**

See links in Summary and Applications.

### **Active Learning**

Think Critically #3

Summary and Applications: Experiential Exercise #1

### **Suggestions and Strategies for Classroom Experience**

Ask students to select one of the coping guidelines identified in Figure 2-4, and explain why it is important.

Ask students to identify examples of change agents that they have encountered (personal life, school, clinical, and so on). How did the person demonstrate that she was a change agent?

### **Suggestions and Strategies for Clinical Experience**

Ask the nurse manager to discuss his experiences with change on the unit with students in a clinical conference.

## **LEARNING OUTCOME 8**

Apply the decision-making process.

### **Concepts for Lecture**

1. Change and decisions are interconnected. Responses to change require decisions. Decisions are used to achieve goals and resolve discrepancies between a desirable situation and the actual situation.
2. Nurses use decisions in a variety of situations, and frequently. Changes in the environment require nurses to set standards, provide direction, minimize waste and redundancy, and reduce the impact of change (Figure 2-5).
3. Decision-making styles: individual, participatory, decisive, integrative, hierarchic, and flexible.
4. Another view of decision making looks at systematic decision makers who are more logical and structured, and at intuitive decision makers who use more of a trial-and-error approach and go with their “gut” responses.
5. Group decision making is growing today, emphasizing that input from several is more effective than that of one person. Group decision making requires facilitation. Brainstorming is one type of group decision making.
6. Types of decisions are programmed decisions, which are repetitive and routine, and non-programmed, which are not routine and may be crises.
7. The key steps in decision making are: recognize and define the problem; gather relevant data or information; identify possible solutions or options to solve the problem; reach a decision; evaluate the results; and test or assess the solutions (Figure 2-6).
8. Critical thinking is important in effective decision making. (Figure 2-7, Figure 2-8).
9. Dichotomous thinking, which is viewing the problem or issue as all “bad” or all “good” in a polarized manner, is rarely successful.
10. Critical questions to ask during decision making consider the issue or problem, facts, unknowns, time, consequences, past responses, reactions, related problems, and assumptions (Exhibit 2-3).
11. Decision-making conditions consider who is responsible for making a decision, her comfort level with making a decision, and her competency in making decisions.
12. Data collection and analysis of data are important parts of making decisions, and there are a variety of methods that might be used. Three common methods are observation, interview, and questionnaire/survey (Figure 2-9, Exhibit 2-4).



## Lecture Outline in PowerPoint

### 1. Decisions and Change

- Achieve goals
- Resolve discrepancies

### 2. Reasons for Planning

- (See slide for Figure 2-5)

### 3. Decision-Making Styles

- Individual
- Participatory
- Decisive
- Integrative
- Hierarchic
- Flexible
- Systematic
- Intuitive
- Group

### 4. Two Types of Decisions

- Programmed
- Non-programmed

### 5. Decision-Making Process

- (See slide for Figure 2-6)

### 6. Critical Thinking Skills

- Knowledge, experience, judgment, and evaluation
- Interpretation
- Affective listening
- Application of moral reasoning and values
- Comprehension, application, analysis, and synthesis
- Awareness of self
- Mistakes happen and we learn from them

### 7. Dichotomous Thinking

- Polarized Thinking

#### 8. Critical Questions to Ask During Decision Making

- Consider the following areas:
  - The issue or problem
  - Facts
  - Unknowns
  - Time
  - Consequences
  - Past responses
  - Reactions
  - Related problems
  - Assumptions

#### 9. Decision-Making Conditions

- Who is responsible for making decision
- Comfort level with decision making
- Competency in decision making

#### 10. Common Collection Methods

- (See slide for Figure 2-9)

#### 11. Collecting and Analyzing Data

- (See multiple slides for examples from Exhibit 2-4)

### **PPT Visual Slides**

**Figure 2-5**

**Figure 2-6**

**Figure 2-7**

**Figure 2-8**

**Figure 2-9**

**MediaLinks**

See links in Summary and Applications.

**Active Learning**

Summary and Applications: Experiential Exercise #1

Summary and Applications: Experiential Exercise #2

**Suggestions and Strategies for Classroom Experience**

Ask students how they would describe themselves as decision makers. This can be done in writing or as a discussion.

Divide the students into teams. Ask them to make a decision (e.g., change the procedure for patient teaching about diabetes, use of new approach to wound care, etc.). How might they use some of the data collection and analysis examples identified in Figure 2-9 and Exhibit 2-4?

Ask students to find examples of the data collection and analysis tools found in Exhibit 2-4 in the text.

**Suggestions and Strategies for Clinical Experience**

Ask students to explain how they use critical thinking in their clinical practice.

Students can identify decisions that are made by RNs (staff, team leader, nurse manager), LPNs, and UAPs. What are the differences?

**LEARNING OUTCOME 9**

Describe the keys to successful planning.

**Concepts for Lecture**

1. Keys to improving planning include the keys related to a variety of factors, such as time, communication, creativity, challenge, and setting priorities.

2. Challenging self, a key to success, requires focus on thinking: critical, conceptual, creative, and intuitive.

### **Lecture Outline in PowerPoint**

#### 1. Keys to Successful Planning

- Time to think through the process
- Include others
- Use creative techniques
- Listen to others and their ideas
- Stay open to different perspectives
- Challenge self
- Recognize broad implications
- Identify relationships
- Balance short-term and long-term priorities

#### 2. Challenging Self through New Thinking

- Critical thinking
- Conceptual thinking
- Creative thinking
- Intuitive thinking

### **MediaLinks**

See links in Summary and Applications.

### **Active Learning**

Current Issues #3

### **Suggestions and Strategies for Classroom Experience**

Ask students to provide examples of the four types of thinking identified as relevant to new thinking.

### **Suggestions and Strategies for Clinical Experience**

Discuss how challenging self through new thinking might affect the student's practice.

How do the keys to successful planning apply to patient care planning? Ask students to apply this to their clinical work.

## **LEARNING OUTCOME 10**

Distinguish between strategic and project planning.

### **Concepts for Lecture**

1. Planning should not be ignored, as it provides direction. Not taking time to plan can lead to ineffective results.
2. A plan is a future vision that is arrived at best by staff participation and that requires multiple decisions.
3. Strategic planning focuses on long-term needs and goals of the organization. It considers the organization's vision, assessment data of the organization's status, and clarification of gaps, with steps to respond to these gaps. A strategic plan might project five years into the future.
4. Project planning focuses on operation or getting the work done. Typically, it focuses on one aspect of the work — for example, a change in documentation, development of a new nursing role, etc. Strategic goals need to be considered, and interdisciplinary planning is the most effective approach.

### **Lecture Outline in PowerPoint**

1. Why Plan?
  - Planning provides direction
2. What Is a Plan?
  - A future vision, best developed with staff participation, and with multiple decisions
3. Strategic Planning
  - Long-term needs

- Long-term goals
- Consider vision, assessment data, and gaps

#### 4. Project Planning

- Focus on operation
- Getting the work done
- One aspect and details to reach goal(s)
- Interdisciplinary planning

#### **MediaLinks**

See links in Summary and Applications.

#### **Active Learning**

Current Issues #4

Current Issues #5

#### **Suggestions and Strategies for Classroom Experience**

Ask students for examples of when they experienced or observed poor planning. What happened?

#### **Suggestions and Strategies for Clinical Experience**

Students can be asked to compare strategic planning and project planning to the nursing care plan. Are there similarities? What are they?