

BARRIERS TO CHANGE: Developing a staff led measure of perceptions of barriers to change on acute in-patient wards.

Questions from the Topic Guide:

What is preventing things from changing in your clinical environment?

What could be done to enable change?

What did the participants talk about?

Theme	No. of refs
COMMUNICATION	215
GENERATION OF IDEAS	300
OUTCOMES	109
RESISTANCE TO CHANGE	1312
PLANNING, STRATEGY	917
SUPPORT & MONITORING	753
TEAM DYNAMIC	991
UNFREEZING, MOVING PAST RESISTANCE	132

As you can see from the table, the most commonly talked about themes were resistance to change and the team dynamic.



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The measure development process:

Research Aim:

We wanted to develop a measure of staff perceptions of barriers to change on acute inpatient wards.

Literature Review

We looked at previous studies about nurses' experiences of managing changes to hospital practices. This produced some ideas for a topic guide.

Reference Group:

The research team which included a senior nurse and a nurse, identified themes from their experiences of barriers to making changes to services. These were incorporated into a flexible topic guide for the interviews.

Interviews:

32 staff from all bands were interviewed for 30 minutes about their experiences of managing changes in acute care. They were asked to explore the various environmental and human barriers that come into play when changes are rolled out. Interviews were facilitated by nurse researcher, Caroline Laker. Participants were paid £5.

Analysis & Measure Creation:

Throughout the interview process, each session was analysed using NVIVO software to identify key themes. The analysis generated items which the participants considered to be most important. These formed the content of the questionnaires.

Expert Panels:

The draft measure was presented to 5 interview participants 3 staff who had not been interviewed for feedback and the measure was adjusted, refined and reduced.

Feasibility Study:

40 members of staff were asked to complete the measure to assess whether it was easy to understand, easy to complete and relevant.

INTERVIEWS - the results...

COMMUNICATION

Staff reported that some changes are difficult to keep up to date with and noted that there is often no feedback about progress.

GENERATION OF IDEAS

The perception that changes are mainly imposed from the top down without considering the individual ward perspective was discussed.

OUTCOMES

Many staff commented that despite initial problems with new changes those that had been successful were often beneficial to service users and to staff.

RESISTANCE

Staff commented that frequent crisis on the ward, the need to manage risk, the high volumes of work (external factors) and differing opinions amongst individuals in the team (internal factors) can all prevent new changes from being delivered. There were references to the amount of changes that goes on in the NHS and discussion around whether staff feel worn down or burned out by it.

PLANNING/STRATEGY

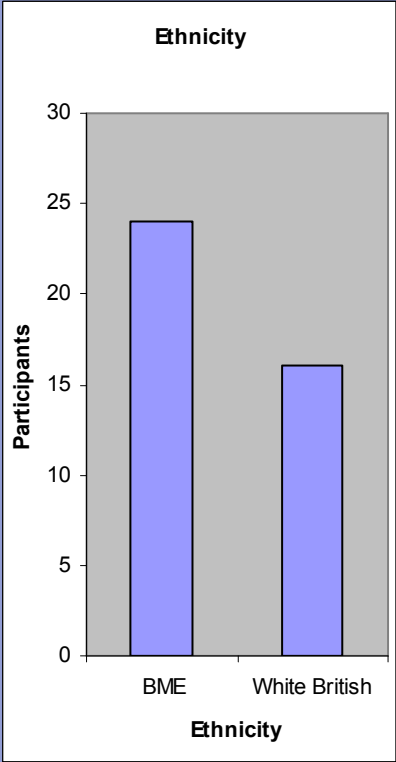
Staff commented that there are often problems sitting down as a team to discuss how to plan changes because of shift patterns, unclear policies and lack of time.

TEAM DYNAMIC

Staff suggested that although some team members are prepared to work hard to ensure change happens equally there are some who are not which hinders success by decreasing motivation.

UNFREEZING, MOVING PAST RESISTANCE

Staff commented that a degree of flexibility is required both from the individual, but also in understanding how to interpret new policy changes so that that can be made compatible with unique ward perspectives.



WHAT IS IN THE MEASURE?

After the expert validation interviews had commented on the measure we were left with 23 items around the 8 interview themes.

The scale was constructed using 6 answer options, in a Likert format from Strongly Agree to Strongly Disagree.

The questions were mixed up so that they did not follow topic headings.

Although the questions were worded around 'nurse perceptions of barriers to change' they were worded both positively and negatively.

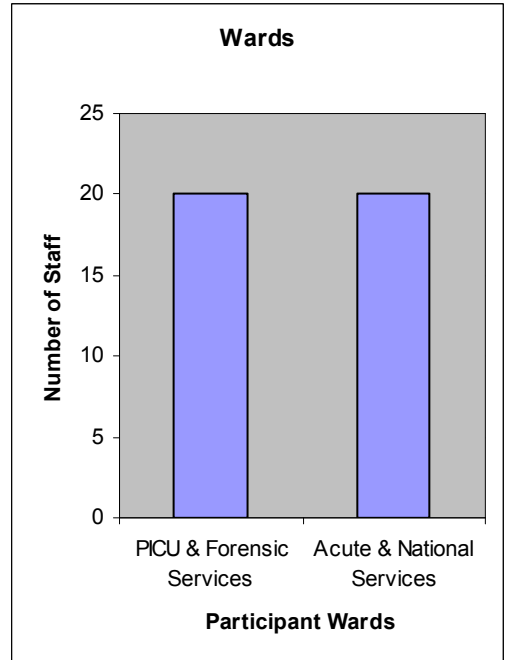
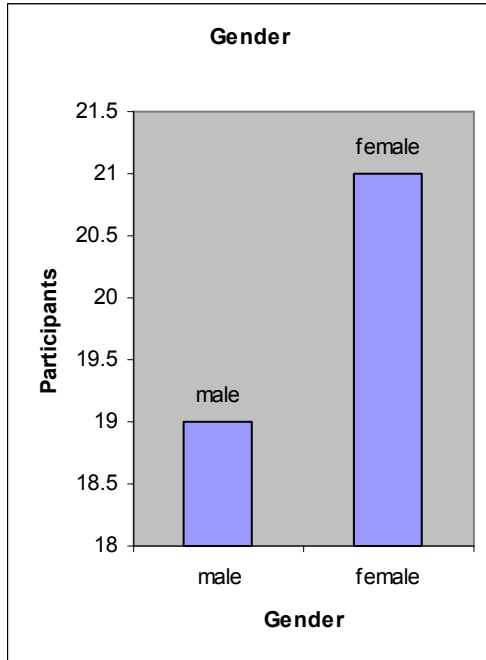
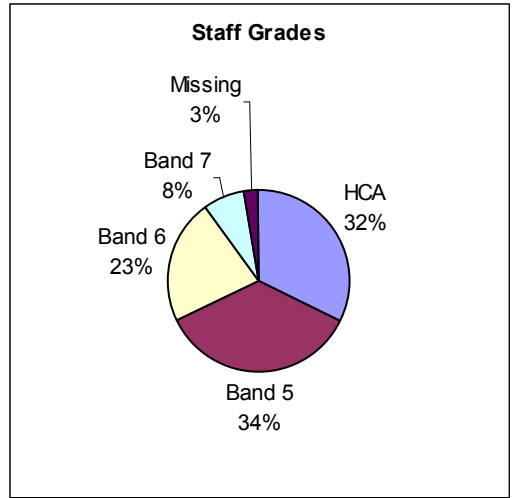
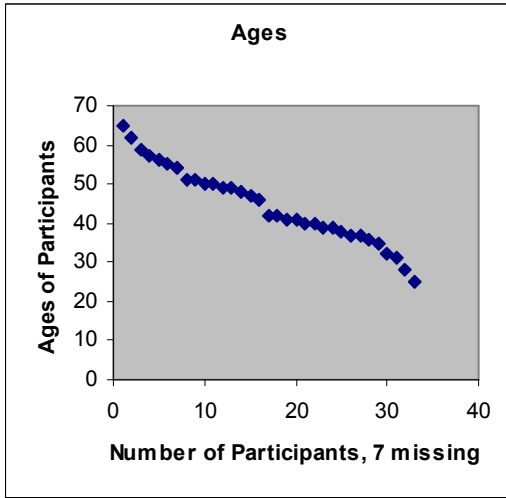
The data showed a real spread in terms of whether individuals felt positively or negatively about change.

There were significant differences in certain groups responses to some questions and more information around this will be reported in due course!

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Results of Feasibility Study



What's next...

The questionnaire is now being given to staff as part of a larger project looking at improving the triage system and the therapeutic environment in acute wards.

Psychometric Testing:

Psychometric testing will be undertaken on a sample size of approximately 300, using 10 criteria including interpretability, acceptability and precision as well as the usual categories of reliability and validity.

Information about the findings will be published in due course.

THANK YOU!

A big thank you to everyone who has taken part in this project so far! It is fantastic that so many nurses have had a say in shaping improvements for the future.

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