

GETTING TO ACCEPTANCE: A MODEL FOR OVERCOMING BARRIERS TO SAFE PATIENT HANDLING & MOBILITY (SPHM) TECHNOLOGY

RECOGNIZING THE ROLE OF ORGANIZATIONAL BEHAVIOR CHANGE THEORY AND REAL-LIFE EXPERIENCE

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BACKGROUND

Sustaining a dynamic and evolving SPHM culture of safety can be challenging, even in the most established SPHM programs. As technology emerges to address specific patient care situations, caregivers are expected to adapt to new technology. With this, resistance to change can occur. In this project, despite a well-organized, positive evaluation and trial, staff members resisted the change to new technology.

OBJECTIVE

This project examines the principles of organizational behavior change and explores the real-time issues that arise when introducing new technology. The goal is to present a model for change in the presence of significant resistance.

METHODS

A comparative study was conducted to include caregivers' narratives pertaining to the introduction of new technology. The narratives were compared before and after the intervention. The intervention was analyzed with the goal of creating a model for change, based on real-life experience that could be useful in introducing SPHM technology into an established SPHM program.

TABLE ONE: RESISTANCE NARRATIVES

"We don't want these and we won't use these. We simply want more ceiling lifts."
Registered Nurse

"We don't need these, why did you bring them in?"
Occupational Therapist

"We are supposed to be preparing our patients to go home, why would we use these?"
Registered Nurse

"This product is not compatible with our other toileting devices."
Occupational Therapist

"What were you thinking when you ordered these?"
Kinesiology Therapist

"This technology is discouraging independence."
Registered Nurse

"Your toilets are ripping the pipes out of the wall, help!"
Engineering

TABLE THREE: EMBRACING CHANGE

"Since getting this new toileting technology our toileting rescues have decreased significantly."
Department Manager

"Can we get this technology for the Endoscopy Unit, we really need it in the patient bathroom."
Department Manager

"I would like a unit for one of my outpatients."
Occupational Therapist

"We ultimately ordered several units for use at home."
Occupational Therapist

"I don't have to call for help any more. I just push the button; I love my independence."
Patient

"I didn't realize how much better this technology could be for the patient."
Engineering

"While installing the toileting technology in a home, the male veteran receiving the technology began crying tears of joy for his new found independence."
Occupational Therapist

TABLE TWO: MODEL FOR OVERCOMING CHANGE

- Technology must meet an actual need
- Maintain communication; listen to barriers
- Relate change to another successful organizational or cultural change
- Address real or perceived compatibility issues
- Address real or perceived environmental issues
- Recognize and share successes!



RESULTS

Narratives were analyzed based on caregiver feedback. Following the positive evaluation, but prior to active attention to the resistance, caregivers and others voiced significant concerns relative to the all-new LiftSeat® toileting technology (See Table One: Resistance Narratives). A step-by-step model for change was created and executed by the SPHM coordinator (See Table Two: Model for Overcoming Change). Barriers were overcome and the technology was overwhelmingly accepted despite initial resistance (See Table Three: Embracing Change).

CONCLUSION

Practical models for change exist. Applying principles of organizational behavior change as well as real-life experience allow for a practical, theory-based approach to a SPHM challenge.

SIGNIFICANCE

Institutionally specific strategies for change exist; however, a SPHM model for change may be valuable in the SPHM environment. Opportunities exist to develop this model further.