**\*\*\*PLEASE USE THIS SCENARIO/INFORMATION TO BUILD A POWERPOINT PRESENTATION, PLEASE ADD ANY ADDITIONAL INSITE OR RESOURCES AS NEEDED\*\*\***

In my experience as an advanced registered nurse (ARN), I have encountered a situation where the management decided to use one fewer resource nurse on the unit, resulting in increased stress and workload for the floor nurses and patient care technicians (PCTs). In addition to providing direct patient care, the resource nurse provides guidance and support to other nurses on the floor. These changes may be made to reduce costs, increase efficiency, or align with organizational objectives. There is however a lack of clarity regarding the goal of this change and it may not have been properly communicated to the staff. PCTs and floor nurses have expressed dissatisfaction with the workload, the timeliness of completing tasks, and the bias displayed by the resource nurse. There are a number of ethical, social, legal, economic, and political implications to the practice change, including:

* Ethical: The change may compromise the quality and safety of patient care, as well as the professional values and standards of nursing practice. The change may also create moral distress and burnout among the staff, affecting their well-being and job satisfaction.
* Social: The change may affect the relationships and teamwork among the staff, as well as the trust and satisfaction of the patients and their families. The change may also impact the reputation and image of the organization in the community.
* Legal: The change may increase the risk of errors, adverse events, and litigation, as well as the liability and accountability of the staff and the organization. The change may also violate the labor laws and contracts, as well as the rights and responsibilities of the staff and the patients.
* Economic: The change may have short-term and long-term financial consequences for the staff and the organization. The change may reduce the expenses and increase the productivity of the unit, but it may also increase the turnover, absenteeism, and recruitment costs of the staff, as well as the length of stay, readmission, and complication rates of the patients.
* Political: The change may reflect the power and influence of the management and the stakeholders in the organization, as well as the external forces and policies that shape the health care system. The change may also create conflict and resistance among the staff and the patients, as well as the need for negotiation and collaboration.

My role as an ARN is to facilitate and lead the change process in an interprofessional and dynamic health care environment. An individual who has the authority to direct and guide change is referred to as a change agent. In addition to identifying a vision and rationale for the change, this individual is a role model for nurses and other health care professionals. In order to fulfill this role, I must:

* Assess the current situation and identify the problem, the need, and the readiness for change.
* Develop a plan for change, including the goals, objectives, strategies, timeline, resources, and evaluation methods.
* Communicate the plan for change to the key interprofessional stakeholders, both internal and external, that should be involved in the change efforts. These may include the management, the staff, the patients, the families, the unions, the regulators, the insurers, the suppliers, the media, and the public.
* Implement the plan for change, using an appropriate change theory or model that could be used to achieve results. One of the most influential change models in nursing is Lewin’s Change Model, developed by Kurt Lewin, a renowned psychologist. [This model consists of three key stages: unfreezing, changing, and refreezing](https://nursejournal.org/articles/meet-a-resource-nurse/)[2](https://ancc.confex.com/ancc/ANCCMagnet2015/webprogram/Handout/Paper14993/p512.pdf). The stages of Lewin’s Change Model include:
  + Unfreezing: This stage involves creating a sense of urgency and motivation for change, by challenging the existing beliefs, attitudes, and behaviors, and by providing evidence and information to support the need for change.
  + Changing: This stage involves implementing the new beliefs, attitudes, and behaviors, by providing education, training, coaching, and feedback to the staff, and by involving them in the decision-making and problem-solving processes.
  + Refreezing: This stage involves stabilizing and sustaining the new beliefs, attitudes, and behaviors, by reinforcing and rewarding the positive outcomes, and by integrating the change into the organizational culture and policies.
* I chose Lewin’s Change Model because it is simple, logical, and widely used in nursing practice. It also addresses the ethical, social, legal, economic, and political implications of applying the change management strategies to practice change, such as:
  + Ethical: The model respects the autonomy and dignity of the staff and the patients, and promotes the principles of beneficence, non-maleficence, justice, and fidelity in the change process.
  + Social: The model fosters the collaboration and participation of the staff and the patients, and enhances the communication and trust among the stakeholders.
  + Legal: The model reduces the risk and liability of the staff and the organization, and complies with the laws and regulations governing the change process.
  + Economic: The model optimizes the use of resources and maximizes the benefits and outcomes of the change process.
  + Political: The model balances the power and interests of the stakeholders, and aligns the change process with the vision and mission of the organization and the health care system.
* Evaluate the outcomes and impacts of the change, using quantitative and qualitative data and methods, and provide feedback and recommendations for improvement.

The impact to the organization if the change initiative is unsuccessful again may be detrimental, as it may lead to:

* Decreased quality and safety of patient care, resulting in poor patient outcomes and satisfaction.
* Decreased morale and performance of the staff, resulting in high turnover, absenteeism, and burnout.
* Decreased reputation and competitiveness of the organization, resulting in loss of revenue, market share, and accreditation.
* Increased errors, adverse events, and litigation, resulting in increased costs, penalties, and damages.

If the change is unsuccessful, the interprofessional team could take the following steps:

* Identify and analyze the root causes and barriers of the failure, using tools such as fishbone diagram, SWOT analysis, and gap analysis.
* Revise and modify the plan for change, based on the findings and feedback from the evaluation.
* Re-engage and re-educate the stakeholders, using effective communication and persuasion techniques, such as storytelling, testimonials, and demonstrations.
* Re-implement and re-evaluate the plan for change, using the same or a different change theory or model, depending on the situation and context.

Some additional factors that may drive upcoming organizational change for the organization are:

* Technological innovations and advancements, such as artificial intelligence, robotics, telehealth, and electronic health records, that may improve the efficiency and effectiveness of health care delivery and management.
* Demographic and epidemiological changes, such as aging population, chronic diseases, and pandemics, that may increase the demand and complexity of health care services and needs.
* Cultural and social changes, such as diversity, equity, and inclusion, that may influence the expectations and preferences of the staff and the patients.
* Regulatory and policy changes, such as health care reform, quality standards, and accreditation criteria, that may affect the funding and accountability of health care organizations and providers.

As an ARN, my role as a change agent is to anticipate, monitor, and respond to these factors, by:

* Keeping abreast of the latest trends and developments in health care, and updating my knowledge and skills accordingly.
* Assessing the impact and implications of these factors on the organization and the practice, and identifying the opportunities and challenges for change.
* Developing and implementing evidence-based and best practices to address these factors, and evaluating the outcomes and impacts of the change.
* Collaborating and communicating with the interprofessional team and the stakeholders, and advocating for the best interests of the staff and the patients.