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After graduating with a degree in Pharmacology in 2002, Helen qualified as a Registered Veterinary Nurse in 2005. She began a nine-year stint as a locum nurse working nationally and internationally, developing experience in referral medicine and surgery, charity practice, emergency nursing and exotics. During this time she spent five years on the BVNA council in a variety of roles, culminating in her being awarded honorary membership in 2016.

In 2013 she qualified as a human-centred nurse; after two years working on intensive care, she moved to the transplant team supporting patients pre- and post-transplant. Currently she works at Addenbrookes Hospital, Cambridge on the Transplant High Dependency Unit.

Helen remains a Registered Veterinary Nurse and has developed a strong interest in the principles of One Health and chairs the Veterinary Nursing Futures One Health Committee. She regularly lectures and writes about concepts and ways of working that may be shared between the professions to support clinical and professional practice. Her first textbook, on Veterinary Nursing Care Plans, was published earlier this year. She is currently working on an MSc in Healthcare Management. Email: helen_ballantyne@yahoo.com

An introduction to change management theory for veterinary nurses: part one

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ABSTRACT: There are many reasons why a change in practice may need to be initiated. While the need for change may be explicit and essential, implementing new ways of working within an established team can be challenging and if mishandled may lead to high levels of stress among staff members. There are robust tools available to support the implementation of change in the workplace. This article does not seek to recommend any particular model to use, but aims to act as an introduction to elements of change management theory to encourage Veterinary Nurses to seek out information to support their practice.

Keywords: Change management; implementation of change; change models; clinical governance

Introduction

Veterinary nurses are well placed to support changes in practice, both clinically and non-clinically. Taking on the challenge of introducing changes to established working methods can be a rewarding project that may improve practice standards and provide personal professional development for those involved.

This article, the first of two about change management in healthcare, will introduce the reasons changes in practice might be initiated. It goes on to present a selection of models and tools frequently used by human-centred nurses to support changes in practice. In the second article the practical applications of these models and tools will be presented within the context of the veterinary nursing profession.

Why might change be needed in veterinary nursing practice?

There are several reasons why established ways of working within veterinary nursing may need to change (Table 1).

Clinical governance and evidence-based practice

The RCVS code of conduct for Veterinary Nurses is clear. It declares “Veterinary Nurses must ensure that clinical governance forms part of their professional activities” (RCVS, 2018). To adhere to this, nurses must look at their practice and ensure that it is comparable to the highest evidence-based standards available, and crucially, if it is not, take steps to alter it.

Evidence-based medicine (EBM) is described as an integration of the use of the best research available with clinical expertise, patient values and circumstances. These are principles laid down by David Sackett within the context of human medicine in the 1990s (Ballantyne, 2017). The key point of this particular definition is the reference to integration. Evidence-based practice cannot be applied blindly, without consideration of the patient, the owner or the facilities and skills available within the veterinary team.

Obtaining robust evidence for veterinary nursing tasks may be challenging, but sources are increasing through the publication of research within peer-reviewed journals. The emergence of

Table 1. Potential reasons for changing practice.

Reasons for a changing practice
Clinical governance and evidence-based practice
Purchase of a new piece of equipment
Responding to client feedback
Addressing an error/problem/near-miss incident
Implementation of a business case

increasing levels of evidence associated with nursing tasks has led to significant changes in practice, one clear example being the ongoing studies and discussions surrounding the restraint of cats in the veterinary environment (Moody, Picketts, Mason, Dewey, & Lee, 2018). Furthermore, as the Veterinary Nursing profession moves forward, perhaps towards advanced skills and qualifications, it is to be hoped that more evidence will be available.

Seeking out opportunities for continuing professional development (CPD) is one of the most prominent applications of clinical governance and it may be suggested one of the most common ways that Veterinary Nurses learn of new and improved methods of working that they subsequently wish to introduce to their practice.

Purchase of a new piece of equipment

An obvious need for change is the updating of equipment as technology develops, or existing equipment fails. One example of this is the increasing use of laparoscopy within veterinary practice. This involves new techniques for all staff involved through associated use, cleaning and storage protocols.

Response to client feedback

Client feedback is largely broken down into two forms, invited and uninvited; both can be useful. Just like clinical governance, there is little point in inviting client feedback if there is no intention to introduce change. Uninvited feedback should also be approached positively as clients have a unique perspective on the service they are receiving and may present ideas of working that have not been considered by the practice team, but might fill a gap in the market or support animal welfare. One example of this may be the increasing number of nurses who run patient events for particular groups of patients, e.g. diabetic evenings, where information

may be shared with owners and support offered as they care for their diabetic pet at home.

Addressing an error, or a “near-miss event” in practice

Once an error in practice has been identified, it is important that steps are taken to prevent its happening again and so therefore a change in practice may be required. Extending this concept further, the UK National Health Service (NHS) has robust steps in place to deal with “near-misses” (Shaw, Drever, Hughes, Osborn, & Williams, 2005). These are potential errors that are spotted by staff members and highlighted so that lessons may be learnt and mistakes prevented. As outlined in the RCVS Strategic plan 2017–2019, there is a drive to address the blame culture which can exist within veterinary practice. Recording and dealing with near-misses can be a robust step in addressing this issue. Highlighting near-misses allows staff to learn as a group from the experience and think about how errors may be prevented, rather than having to react to a potentially devastating error. An example taken from the author’s experience is the preparation of a male cat for an ovariohysterectomy; luckily, the error was discovered before the surgical procedure was started. Careful consideration of this near-miss as a practice team, with no one person being held to blame, led to the successful implementation of a change in practice: the use of a surgical safety checklist.

Implementation of a business case

The need for change to improve business-related outcomes can be a strong reason for change. One example of changing practice recently highlighted by the VN Futures Action Group (2016) is the identification of Veterinary Nurses as potential income generators rather than as cost centres. This has involved a change in mind-set, which is ongoing in progress and consisting of number of strategies, including practices starting to charge for nursing services to generate income.

Why is change management so important?

There has been a large range of research and investment put into the theory of

managing change within the NHS. The principles of implementing change successfully have been introduced into undergraduate nursing training and it is often a very large part of both clinical and non-clinical post-graduate nursing qualifications.

There are three main reasons that the NHS has identified the need for successful change management strategies. Firstly, there has been change in patient demographics to an older patient group often with comorbidities, where patients have more than one medical condition running concurrently. This has resulted in the need for new healthcare models to handle the complexity of these patients and focus on health promotion and management rather than acute care. Secondly, patient expectations have evolved, more advanced treatments are available and with increasing healthcare literacy and an emphasis placed on patient involvement and patient choice, healthcare providers have to provide a service that fulfils patients’ needs and decisions. Thirdly, the NHS is operating in an environment of increasing delivery costs and decreased resources; therefore, sustainability measures around costs and outputs are under constant assessment and change. It is not unreasonable to suggest that the veterinary profession may also succumb to such dramatic alterations in its standard healthcare model. Just like the human-centred health service, it will find itself needing to change to respond to the needs of increasingly complex patient groups.

No matter how relevant or important the reason behind the need for change, managing that change effectively can be challenging. Data tell us that one in three improvement changes within human-centred healthcare fail after implementation (NHIS, 2008). It has been established within human-centred healthcare that if change is managed suboptimally, it can have negative effects on staff turnover, patient outcomes and budget targets (Allen, 2016). Other issues identified with poor change management include higher levels of hostility in the workplace, low morale and higher levels of staff bullying (Tvedt, Saksvik, & Nytrøø, 2009). It is entirely probable that the same negative effects may be seen in veterinary practice should change be implemented without due care and planning.

Recent initiatives within the veterinary profession have highlighted the need

to be mindful of the mental health of employees and the RCVS Mind Matters project (RCVS, 2014) aims to help address some of the well-being issues within the profession. Those involved with implementing changes have a duty of care to ensure they understand the negative effects that poor change management can cause. There is evidence that using an appropriate change theory or model to provide a framework for implementation, management and evaluation of change can support staff and result in a sustainable change (Pearson, Vaughan, & Fitzgerald, 2005).

What change implementation models are available?

There is a huge range of models and tools available to support projects to change practice in healthcare. Most of them stem from the principles of change management laid down by Lewin in 1947. Lewin's (1947) model consists of three stages that must be gone through before a change is established in practice.

1. Unfreezing (establishing change is needed)
2. Moving (the initiation of the change)
3. Refreezing (when change is normalised)

More contemporary change models range from the basic PDSA (plan, do, study, act) cycle (IHI, 2017), to the more detailed NHS change model (NHS England, 2012), both of which are used widely within the human-centred nursing sector. The NHS change model consists of eight components to be considered when implementing change and there are a number of resources available to support its use. Mitchell (2013) suggests that some change management models may be compared to the nursing process of assessment,

planning, implementation and evaluation (Yura & Walsh, 1967). Specifically he compares the nursing process with Lippitt's seven-stage change theory (Lippitt, Watson, & Westley, 1958) (Table 2) and the PDSA cycle can also be linked to the same format.

As the nursing process is a commonly used model within nursing of both animals and people, the idea that it may be used as a basis for managing change is interesting. As a familiar model of caring for a patient, perhaps the option of using this better-known model could facilitate a smoother implementation of change, particularly in veterinary nursing where the use of such tools and models is less prevalent.

Conclusion

There are a number of additional change management tools and resources available to support a change in practice. This article recommends no one model in particular, only informs that evidence has proven that using a tool can improve the chances of a change being implemented permanently.

There are many resources online that are used widely by the human-centred healthcare sector that are equally relevant to veterinary nursing. It is simply personal preference as to which model is used. It is vital to understand that poorly managed change in professional practice life can lead to stress and anxiety in the workplace, which as well as causing significant poor quality of life for those affected may also contribute to increased absenteeism and poor productivity. Based on this, it might be proposed that those involved with managing change in practice have a duty of care to both the employees and the business to manage it in the very best way they can, with care and comprehension of the potential issues.

Disclosure statement

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Table 2. Comparison of the nursing process, PDSA cycle and Lippitt's theory.

Nursing process	PDSA cycle	Lippitt's theory
Assessment		Phase 1 – Diagnose the problem Phase 2 – Assess motivation/capacity for change Phase 3 – Assess change agents motivation/resources
Planning	Planning	Phase 4 – Select change objective Phase 5 – Choose role of change agent
Implementation	Doing	Phase 6 – Maintain change
Evaluation	Studying	Phase 7 – Terminate helping relationship
	Act	

Multiple Choice Questions

- Which of the following are potential reasons for changing practice?
 - Acquiring new equipment
 - Responding to client feedback
 - Addressing an error or near-miss
 - All of the above
- How many phases are in Lipitt's Theory?
 - 4
 - 5
 - 6
 - 7
- In which year was the principles of change management model by Lewin established?
 - 1941
 - 1947
 - 1951
 - 1957
- Lewin's change management model consists of which three stages?
 - Ready, steady, go
 - Unfreezing, research, refreezing
 - Unfreezing, moving, refreezing
 - Stop, change, go
- Which change model includes the stages plan, do, study and act?
 - Nursing process
 - Lippitt's change theory
 - PDSA
 - Lewin's model
- Which of the following was not one of the main reasons the NHS identified the need for successful change management strategies?
 - Changing patient expectations
 - To appease medical unions
 - Changing patient demographics
 - Increasing costs and decreasing resources
- Data highlights that one in three improvement changes within human-centred healthcare fail after implementation.
 - True
 - False
- Outcomes often associated with poor change management in the workplace include:
 - Decreased hostility, low morale and increased bullying
 - Decreased hostility, high morale and decreased bullying
 - Increased hostility, low morale and increased bullying
 - Increased hostility, high morale and increased bullying

For the answers to the MCQs, please go to: <http://www.bvna.org.uk/publications/veterinary-nursing-journal>



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