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Date July 21, 1975

THE INTRODUCTION OF PLANNED CHANGE IN A NURSING HOME SETTING

by

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Abstract

The purpose of this clinical project was twofold: (a) to implement planned change in a nursing home setting using the change model, Social Action Process, and (b) to determine the applicability of the model in a nursing home setting. The change factor was the placement of the sophomore students from a baccalaureate school of nursing in the agency. Serving as a teaching institution was a new and expanded role for the nursing home and caused some changes within the nursing service.

This author grouped the steps of the model into six major stages: (a) assessment of the prior social situation, (b) recognition of the legitimizers, (c) process of diffusion and definition of problems, (d) commitment to action and mobilization of resources, (e) implementation, and (f) evaluation.

The first stages of the project began during the summer of 1977. This author contacted the nursing home staff and established a relationship with them as an external change agent. During the summer, numerous meetings took place with all levels of the nursing staff. The information about the forthcoming change (i.e., placement of the students) was shared with all of the staff.

During the academic year of 1977-1978, approximately 170 sophomore students completed their clinical assignments at the nursing home. Throughout the year, many formal and informal conferences were held with all levels of the nursing home staff to facilitate communication and to obtain feedback about the change.

Final evaluation of the acceptance of change at the nursing home was conducted during the spring of 1978. The staff expressed their acceptance of change and their wish to continue working with student nurses. The students also indicated that they had a positive learning experience at the nursing home.

It was quite clear from the experiences gained during this project that the application of the model of planned change was beneficial in successfully introducing change in a nursing home setting.

The Introduction of Planned Change in a Nursing Home Setting

Chapter I - Introduction

Introduction

Many times, a person reserves a favorite place in his memory from his childhood. Perhaps, the memory is of a corner in a garden or a favorite adult next door. He dreams of returning to it someday, and hopes to find it just the same. But, it never is. The secret hiding place in the garden had been cleared for a pool; the huge chair which sat in the favorite room when he was four years old seems to have shrunk. And the robust tower of strength of a person that he remembered has changed to a quiet and stooped old man. People become upset with such a change and become saddened; then they may realize that they, too, have changed.

The one factor which endures is the truth that few things stay the same. Change is one constant in the lives of people. Are they to be powerless and helpless victims of change, fearful of the uncontrollable future and of being swept away by it? Or, are they confident participants in the changing and shaping of the future? This began to pose an intriguing question.

As an awareness of the process of change began to take place, many scholars became interested in studying the phenomenon. A number of investigators of human behavior were intrigued by the dynamic nature of man's interactions with his environment and also by the process of change itself. They began to believe that, perhaps, it was possible to understand the nature of change so that its direction might be controlled. The findings of these investigations led to the development of valuable tools in coping with change. From these studies, theoretical bases were developed by which the direction of change could be shaped for a more desirable outcome.

The application of the notion of planned change is now becoming more widely accepted in many of the helping professions. Stevens named a few of the reasons for the rapid changes occurring in health care systems: (a) rapid changes in health care technology, (b) changes in the societal expectations for the health care providers, and (c) changes in the roles of the practitioners (1976, p. 71).

Nursing is one of the integral parts of the vast and rapidly changing and developing health care system. One of the major functions of the nurse is to assist clients in becoming more self-sufficient in coping with health matters,

whether it be achieving and maintaining the optimum level of health or coping with illness and suffering (Travelbee, 1971, p. 22). In addition, the nurse has the responsibility of keeping up with rapidly advancing health care technology in order that he or she may assist clients to take advantage of the latest in man's knowledge about maintaining wellness or coping with illness. The conceptual framework of planned change offers some practical solutions to the problem of coping with change that today's practitioners of nursing must face.

Statement of the Purpose

The purpose of this clinical project was twofold: (a) to implement planned change in a nursing home setting using a change model originated by Beal and Bohlen (1975), and (b) to determine its applicability in the nursing home setting. The change factor was the placement of groups of sophomore nursing students from a baccalaureate school of nursing in the agency as a part of a learning experience in a clinical nursing course.

Serving as a teaching institution was a new role for the nursing home because it had never been used as a clinical laboratory for any nursing program. Having student nurses participate in the delivery of some of the patient

care inevitably caused some changes within the nursing service.

Contribution of This Project to Nursing

The major contribution to be anticipated from this clinical project would be that of adopting an approach for implementing a process of planned change in a long-term care setting based upon a change model from another discipline. If the application of this model is effective, it might be used in other nursing settings for the successful introduction of planned change. Lippitt defined the characteristics of planned change as (a) moving toward a more positive state, or (b) moving away from the negative state (1958, p. 8). It is a process by which carefully planned steps are implemented to achieve a successful outcome of change.

Until recently, the quality of professional nursing practice in long-term care facilities (nursing homes) was, unfortunately, substandard in many cases. The societal attitude that there was little that could be done for the aged population influenced the quality of care given. In addition, the trend of placing emphasis on youth in our society left the impression for many that employment in a nursing home setting was rather unchallenging and depressing

work. In many institutions, the ever-present problem of the shortage of qualified professionals still lingers on, endangering the quality of patient care (Burnside, 1976, p. 11).

The segment of the American population over 65 years of age is increasing at a phenomenal rate. In comparison to the turn of the century at which time only three million people in the United States were age 65 or older, it is predicted that, by the year 2000, there will be approximately 28.8 million persons over 65 years of age living in the United States (Burnside, 1976, p. 5).

Today's practitioners in nursing must recognize the needs of this rapidly increasing segment of our consumers, and must plan to deliver the quality of health care the consumers deserve now and into the next century. Change is needed in the long term care setting now to improve the quality of care and to reverse the negative image of the facilities. It is an exciting and challenging project. And, with the application of the dynamic process of planned change, the professionals in nursing practice may begin to meet these challenges with confidence and success.

General Procedures

In the spring of 1977, the owner of a private nursing home contacted the School of Nursing, Montana State University. He offered his facility as a resource for providing education for its nursing students. His invitation was accepted and the decision was made to use the facility as one of the clinical laboratories for sophomore students.

It was anticipated that the new role of being a teaching institution would introduce many changes involving most of the personnel, especially those in nursing service. To plan for the successful outcome of change (i.e., gain acceptance of the students by the staff and create a positive environment for the learning experience), it was decided that this author would assume the role of a change agent, utilizing a model of planned change.

The model of planned change which was chosen for this project was based on over four hundred research studies, and was originated by George M. Beal and Joseph M. Bohlen of the Department of Rural Sociology, Iowa State University (1975, p. 1). The model, Social Action Process, consists of several steps. For use in this project, this author grouped them into six major stages. The stages are not irreversible and are not isolated entities. In many in-

stances, "backtracking" is necessary. During each of the six stages, the originators recommend that "mini-evaluations" of the progress take place. The mini-evaluation consists of: (a) evaluation of the progress, (b) search for a more suitable alternative, (c) choice of one of the alternatives and (d) implementation of the alternatives chosen.

The six major stages of the Social Action Process are:

1. Assessment of the Prior Social Situation

In this step, a system (a group, an organization or a community) becomes aware of the need for change or an impending change. Persons who wish to lead the change process study the characteristics, existing conditions, and organizational structure of a system. Information-gathering takes place in systematic manner and a diagnosis is made about the problems or a situation (MSU Cooperative Extension Service, 1975, p. 3).

2. Recognition of the Legitimizers

A legitimizer is a person who influences the decision-making process in a system. Informal as well as formal power structures are recognized at this time, and the opinion leaders of all levels are identified. The leaders are approached for their input into planning of change and

their sanctions are sought (MSU, 1975a, p. 7).

3. Process of Diffusion and Definition of Problems

At this time, the public becomes involved in the change process. Techniques such as the appointment of a program development committee, surveys and questionnaires, as well as channeling of complaints are used to diffuse the information about the impending change throughout the system (MSU, 1975a, p. 7). The originators of the model suggest the use of a diffusion set to spread the information and to define the need for change to the public. Persons that serve as the diffusion set are the leaders with abilities to "sell" and possess the zeal for the task. Selection of the wrong persons could end the process at this stage (MSU, 1975a, p. 8).

4. Commitment to Action and Mobilization of Resources

Definite commitment by the participants in the change process is obtained. The originators advise that the change agent obtain public commitment if possible. All available resources (materials, people and time) are mobilized to move to the next stage (MSU, 1975a, p. 13).

5. Implementation

This is the action stage. Based on the foundation laid by the preceding steps, the action steps are taken to implement the change (MSU, 1975a, p. 14).

6. Evaluation

Although ongoing evaluation of the progress is a part of every stage, a final evaluation of the effectiveness of the change process is recommended. Some of the questions asked are:

> Did we accomplish what we set out to do?
> Were the methods we used the best?
> Did we make good use of our resources?
> Why were we successful here?
> Why did we fail here?
> What experiences did we gain that we might use in another program? (MSU, 1975a, p. 16).

The six stages were implemented as follows:

1. Assessment of the Prior Social Situation

As stated earlier in this chapter, this author assumed the role of an external change agent in this project. Care was taken from the beginning to clarify the role of an external agent to the members of the nursing home. Because of the temporary nature of the relationship, an external change agent must remain an external resource and not assume a permanent role in the client system with which he or she is working. One of the most important roles of

an external change agent is to assist the client to become self-sufficient in coping with change (Havelock, 1973, p. 173).

Beginning in the summer of 1977, contact was established with the nursing service staff at the nursing home. Factors for consideration in the initial assessment included: (a) formal and informal power structures, (b) channels of communication, (c) leadership, (d) characteristics of subsystems within the organization, and, (e) method of coping with change in the past (e.g., tendency to ignore change and slow or fast adoption of change). Also, the initiating set within the system was identified and its help committed during this process.

2. Recognition of the Legitimizers

As the social situation became known, this author identified official and unofficial legitimizers (leaders) in the structure. This process was not limited to the persons in nursing service, but included other subsystems such as housekeeping and clerical workers. The legitimizers were contacted early in the change process for their input and sanction.

3. Process of Diffusion and Definition of Problems

The process of diffusing the idea of forthcoming change (i.e., placement of the student nurses) began during this stage. Target population for diffusion was the entire staff at the nursing home. Information shared with the staff included: the date that the students were to arrive, the number of students in each group, how the patient assignments were to be made, and what tasks students were capable of performing. Feedback from all participants was encouraged and solicited during all of the stages of change in general, and during the diffusion stage in particular.

The first step of this stage was to schedule meetings with personnel on all three shifts. This author felt that the staff on all shifts should have access to all of the information although only the personnel on day shift were affected directly by the assignment of student nurses. This author and a faculty member met with the staff, and information was diffused to the workers. Nursing home staff was given the opportunity to ask questions and make suggestions. It was hoped that the legitimizers would act as a source of information after the meetings and explain the plans to the workers. Special care was taken not to

inconvenience the staff on evening and night shifts and the meetings were held during their working hours and at convenient times for the staff.

4. Commitment to Action and Mobilization of Resources

During the diffusion stage, nursing staff of all levels (registered nurses, licensed practical nurses and nurse-aides) identified their learning needs related to patient care and gave input about the use of resources available through the school of nursing, such as videotapes and cassettes. They also identified the areas of their expertise and were encouraged to act as resource persons. The idea of using resource persons was conceived while planning to obtain commitment to the project from the nursing staff of all levels. The potential resource person would agree to work closely with the students and would become a source of information about the patients, procedures and other pertinent factors. As the involvement of the nursing home staff on all levels increased, this author planned to expedite free flow of communication between the nursing home personnel and the school of nursing. Informal chats with the staff, conferences with the staff in planning student assignments and frequent visits with the opinion leaders were held to further facilitate

the establishment of a working relationship.

5. Implementation

During the stage of implementation, this author assisted the leaders at the nursing home in the orientation of the student nurses. One of the methods used in the ongoing effort to involve all of the nursing service personnel, was to share the course content of the students dealing with basic nursing care procedures. The staff identified a particular area that they were interested in and this author assisted the Director of Inservice Education in planning and conducting the classes and individual learning experiences. This author also visited the nursing floors frequently (once or twice weekly) and sought out resource persons for their feedback.

6. Evaluation of the Outcomes of Planned Change

The final evaluation for the academic year of 1977-1978 was conducted during the spring quarter of 1978 utilizing feedback from all participants in this project. Staff at the nursing home, faculty members at the school of nursing and the students who had completed clinical assignments at the nursing home were contacted, and interviews and a questionnaire were used to elicit information.

The factors to be considered in the final evaluation

included: (a) acceptance of the student nurses in the work-setting by the staff, (b) acceptance of changes in work assignments for the staff, (c) influence of student placement on the quality of patient care, and (d) the attitudes of the staff toward continuing use of the nursing home as a teaching institution.

This author then began the process of termination of the relationship. It was a gradual step. This author identified the persons within the nursing service who acted as the stabilizers of the change process and encouraged direct communication between the nursing service and the school of nursing without the assistance of an external change agent.

Delimitation

This author recognizes that the time factor for this clinical project was limited. It was not possible to evaluate the long-term effect of planned change as the project was completed in a relatively short period of time -- within twelve months.

Limitations

This author recognizes the following limitations of the applications of experiences from this clinical project:

1. The nursing home used in this project was owned

and operated by an individual. The operational policies were determined by the owner within the guidelines provided by the federal and state governments. There were no publicly-appointed governing bodies as in the case of the institutions supported by public funding. Relationships of the external change agent with a publicly-owned facility may be influenced by differences in the organizational structure.

2. The length of employment at the nursing home ranged from just a few weeks to two years at the time of initial contact. According to Tobin and her associates, the amount of resistance to change is related to the identification with the present job and with the stability of the present employment. More resistance can be expected from workers who have held a job for a long period of time and are stable in their present positions (Tobin, Hull, Yoder and Scott, 1974, p. 29). It might be expected that the amount of resistance to change would be less in a nursing home with relatively high rate of turnover as compared to a more stable institution with low rate of turnover.

3. At the time of the initial contact, the position of the Director of Inservice Education did not exist as such. There was a nurse who acted unofficially as the in-

service person and oriented new employees. The new position of the Director of Inservice Education was established during the summer of 1977. The fact that a newly hired employee was filling a newly created position uniquely affected the change process. The Director of Inservice was in a new environment operating with only a few previously established guidelines. She was very open and flexible in working with the school of nursing, thus creating a positive atmosphere for introduction of change.

Definition of Terms

Unless otherwise specified, terms defined in this chapter which relate to the model, Social Action Process, are adopted from the publication, Springboard to Community Action, originated by George M. Beal and Joe M. Bohlen and published by Cooperative Extension Service of Montana State University.

1. Social System - it is any system in which the members interact with each other and are interdependent upon each other for accomplishing a goal. A social system also interacts with its environment and other social systems.

2. Planned Change - change which comes about through a carefully planned series of processes which are designed to make both acceptance by and benefit to the people participating in change more likely (Havelock, 1973, p. 5).

3. Initiating Set - people who feel that the change is needed or persons who foresee signs of an imminent change.

4. Legitimizers - persons whose approval the system seeks in making decisions. These persons may or may not be directly identified with the formal power structure, but sanction by these persons leads to the public acceptance of the idea.

5. Diffusion Set - several groups of people that are identified as the persons with the "salesman" abilities who would explain the innovations to the general public. They are recognized by others as the action leaders.

6. Client System - an individual, a group, community or a culture that is being helped. In a definition used by Bennis et. al., the change agent may be found within the system or outside of the client system (Bennis, Benne and Chin, 1961, pp. 16-17).

7. Change Agent - a person who facilitates planned change. He or she can be an internal change agent employed by the system which is seeking change, or an external agent interacting with the system but not being a part of it (Havelock, 1973, p. 5).

8. Resource Person - for the purpose of this paper, a resource person is one who volunteers to work with the student nurses providing information about the patients, nursing procedures and other pertinent information.

9. Professional Nurse - for the purpose of this paper, a professional nurse is a nurse who is granted a license to practice professional nursing by the state licensing board. The educational preparation may be an associate degree, a diploma from a school of nursing, or a

baccalaureate degree.

10. Long-term Care Facility - the terms "long-term care facility," "chronic care facility," and "nursing home" are used synonymously for a facility which is designed to care for the patients with long-term disabilities and illnesses.

Summary

Characteristics of change and management of change processes have become the focuses of investigation in many disciplines of the behavioral sciences. The knowledge gained from these studies has become a valuable tool for those who deal with change and implement innovations for the benefit of the people.

Nursing is an integral part of the vast and rapidly changing system of health care. In addition to coping with many changes occurring within the profession, a nurse functions as a change-agent in assisting his or her clients in changing their behavior to achieve and maintain an optimum level of health. Therefore, it becomes crucial that a practitioner in nursing become proficient in guiding the change process.

The clinical project to introduce planned change in a nursing home setting was first conceived as the school of nursing at Montana State University began to use a nursing home as a teaching institution.

The approach to the introduction of planned change in this project was based upon a model, Social Action Process. In this project, this author divided the steps in this model into six major stages: (a) assessment of

the prior social situation, (b) recognition of the legitimizers, (c) process of diffusion and definition of problems, (d) commitment to action and mobilization of resources, (e) implementation, and (f) evaluation.

In the next chapter, this author will review some of the literature related to: (a) theories and models of planned change, (b) implications of planned change for nursing, (c) evaluation of planned change, (d) role of the inservice educator as a change agent, (e) characteristics of nursing homes in the United States, and (f) roles and functions of student nurses in the nursing home setting.

Chapter II - Review of Related Literature

Introduction

The purpose of this clinical project was twofold: (a) to implement planned change in a nursing home setting using a change model, Social Action Process, originated by Beal and Bohlen, and, (b) to determine its applicability in a nursing home seting.

The review of related literature was divided into six major categories:

1. Theories and models of planned change
2. Implications of planned change for nursing
3. Role of the inservice educator as a change agent
4. Evaluation of planned change
5. Characteristics of nursing homes in the United States
6. Roles and functions of student nurses in the nursing home setting

Theories and Models of Planned Change

As investigators from various disciples of the behavioral sciences began to study human interactions, they became increasingly aware of the dynamic nature of the process of change. The effect of change on individuals, small groups, and organizations has become the focus of

much interest and research in recent years.

One of the early observers of change was Kurt Lewin who originated the Force Field Theory during the decade of 1930 - 1940. Lewin stated that a system existed in a field acted upon by two opposing forces, namely, the driving force and the restraining force. The driving force was a force striving for change, whereas the restraining force acted as a counter-force to maintain balance. When the balance was tipped between the two forces, unfreezing occurred. The locomotion (ability to move) depended upon the existing barriers and the degree of motivation of the driving and restraining forces. The stage of refreezing occurred as the system stabilized the change and achieved a new state of equilibrium (Lewin, 1948, p. IX).

The notion of planned change was first described by Lippitt, Watson and Westley in 1958. In Lippitt's theory, an organization is viewed as a dynamic system. Lippitt differentiated planned change from the natural phenomenon of maturational processes or an accidental change. He defined the characteristics of planned change as the system's effort to (a) move toward a more desirable state or (b) get away from an undesirable state of existence. Lippitt's notion of planned change relied heavily on out-

side help (the external change agent interacting with the client system) in a consultant role (1958, p. 8).

The external change agent has several ways of helping the client system depending upon his or her orientation. Some of the focuses of assistance are toward:

1. Making an assessment of the nature of relationship among the members of a system.

2. Determining the relationship of a system with its environment,

3. Evaluating the internal resources of a system (Lippitt, Watson and Westley, 1958, p. 11).

Five phases of change, as cited by Lippitt, incorporated Kurt Lewin's Force Field Theory and further differentiated its stages (unfreezing, moving and refreezing). They are:

1. Development of need for change (unfreezing).

2. Establishment of a change relationship.

3. Clarification and diagnosis of the problems.

4. Choosing the alternatives of action.

5. Implementation of change efforts (moving).

6. Generalization and stabilization of change (refreezing).

7. Termination of relationship between a change

agent and the client system (Lippitt, et. al., 1958, pp. 132-142).

Warren Bennis regarded planned change as the application of knowledge from the behavioral sciences in solving problems of society. He viewed planned change as the aplication of theory to practice and identified the distribution of power. He stated that in planned change power is equally distributed between the change agent and the client in contrast to the coercive or forced change in which power is unbalanced (1966, p. 83).

Both Lippitt's group and Bennis depended heavily on the expert help of an external change agent to bring about a successful change for the client system.

In his study of organizational behavior, Argyris stated that the accurate prediction and control of human behavior is possible only after conducting a thorough and detailed diagnostic study of the existing situation. Argyris was one of the early advocates of the systems approach to solving organizational conflicts. By understanding how change in one subsystem affects others, Argyris claimed that it is possible to solve some of the conflicts among the subsystems (1957, pp. 5-7).

Morin claimed that one of the most crucial factors in

the change process is the personal attributes of a change agent. He identified some of these attributes to be: (a) security in his or her professional esteem, (b) a dynamic and stimulating personality, (c) openness and flexibility, (d) ability to work with others, and (e) leadership qualification and skills (1975, pp. 43-45).

As the pace of change in industrial technology began to accelerate, the management in business and industry began to take interest in learning about planned change. Smalter stated that one of the major responsibilities of an executive is the successful management of change. He identified some of the factors that influence the outcome of planned change:

1. Psychological obstacles must be observed and overcome. Some of the barriers to change are: (a) time, (b) political motives, (c) strong identification with the present job function, and (d) a wish for status quo in production (making the same stable products).

2. Goals of achievement must be set high to allow growth. Most corporations operate at only a fraction of their potential.

3. Attention must be paid to the changes in environment and their impact upon the business.

4. Long range goals must be set. A once-a-year long range planning session is an excellent way to set goals. Many managers operate with only short-term objectives and tend to forget the far-sighted planning.

5. Strategic plans must be documented. Unwritten plans in an executive's head do not invite cooperation from others.

6. Participation in planning of change is more effective than a mere consent.

7. Planning for change should be done with a realistic view of available resources as well as strategies.

8. An efficient flow of information needs to be planned and not be left to chance.

9. Creativity and innovation must be deliberately encouraged (Smalter, 1967, pp. 1-9).

Drawing from the theories and models from many previous research efforts, Havelock established a change model for educational institutions. By his definition, a change agent is any person, whether internal or external, who is interested in improving the system.

Havelock's model of planned change consists of six major stages:

1. Building a relationship with the clients even if

a person is already familiar with the system.

2. Diagnosing the situation or a problem.

3. Acquiring relevant resources.

4. Clarifying the alternatives and choosing the solution.

5. Gaining acceptance of the methods chosen.

6. Stabilizing the change and generating self-renewal (1973, p. 5).

Another model of planned change was introduced by Beal and Bohlen of Iowa State University and was adopted for use in the bulletin, Springboard to Community Action, published in 1975 (MSU Cooperative Extension Service). The model, Social Action Process, is utilized widely today by many change agents in variety of settings. The steps of the Social Action Process are:

1. Assessment of the prior social situation.

2. Identification of the problem (or situation).

3. Utilization of initiating sets in building relationships in the system.

4. Recognition of the legitimizers.

5. Initiation of the process of diffusion to spread information about change.

6. Definition of needs and explanation of needs to

the client system.

7. Commitment for action.
8. Mobilization of resources.
9. Implementation of the change itself.
10. Evaluation of change.

The originators recommended that four "mini-steps" of evaluation be incorporated into every stage of the change process: (a) evaluating the progress, (b) search for a more suitable alternative, (c) choice of one of the alternatives, and (d) implementation of the alternatives chosen (MSU Cooperative Extension Service, 1975, pp. 2-16). The use of this model in the clinical project will be discussed in detail in chapter III.

Implication of Planned Change for Nursing

Rodgers claimed that one constant in the era of rapid progress and expanding technology is that radical and rapid changes are occurring at all times (1974, p. 160).

Beland (1970) maintained that a nurse is a change-agent regardless of the environment in which she or he practices. A nurse must: (a) cope constantly with rapid progress and changes in the health care technology, and (b) act as a change-agent in assisting his or her clients in changing their behavior to cope more successfully with

their health matters (1970, p. 41). She stated, "If nursing is to survive, the members of the profession must be prepared to accept and effect change" (p. V).

One of the resources utilized by nurse managers in coping with change is the process of planned change. Stevens regarded the skills in management of change as one of the major assets of a nurse leader. She explored some of the myths in relation to planned change and listed some of the common errors made by the administrators:

1. If more people attend short workshops to learn about change techniques, the process will go smoothly.

2. A change in nursing techniques can be instituted by simply increasing the number of inservice classes.

3. Testing feasibility of a change on a small scale is time-consuming and unnecessary in most cases.

4. Written communication (such as a memo) is all that is necessary to inform the staff of the change.

5. If an idea is a good one, it will work regardless of how it is introduced (1976, p. 71).

Stevens also stressed the importance of understanding the dynamics of resistance in order to cope with it effectively. The stages of resistance as defined by Stevens are: (a) undifferentiated resistance from various sources,

(b) polarization of the resisters and the advocates of change, (c) conflict, (d) gaining of strength by the advocates, and (e) beginning of the acceptance of change by the adversaries (1976, p. 72).

Stevens also listed the stages of acceptance as: (a) awareness of a new idea or innovation, (b) interest and seeking of information, (c) evaluation of the new idea, (d) mental trial of the idea, (e) actual trial on a small scale, and (f) the adoption, adaption and integration (1976, p. 73).

Bennett regarded change as an inherent characteristic of society. Changing technologies and changing social expectations for the health care providers act as the driving forces in changing the dimensions and scope of nursing practice (1966, p. 4).

In his opinion, some important factors to keep in mind in relation to planned change are:

1. The attitude of the leader toward people is more critical in many cases than the change itself.

2. A leader must recognize the fact that any change will evoke fear in many persons. Support from the leader during the periods of change is crucial in achieving a successful outcome.

3. The participation of the people involved in a change is the key to a smooth introduction of change, and it also lessens the resistance.

4. A leader must tend to the informational as well as emotional aspects of a change. Free flow of information and encouragement to express feelings about information given are both important for the successful outcome of change (Bennett, 1966, pp. 4-5).

Individuals, families and communities are constantly dealing with internal and external changes in their environment. A change is often taken for granted, and the inter-relatedness of several factors within a changing environment is not clearly identified. People frequently learn to simply respond to change rather than to initiate it or to control it. As rapidly occurring change demands more resources than the person (or a system) possesses, a crisis arises. It is crucial that a nurse understand the dynamics of change as well as the inter-relationships of the variables in the client's environment in order that she or he may assist in the search for satisfactory alternatives (Menke, 1977, p. 52).

Viewing the nursing service as one of the subsystems which make up the total system of a health care institution,

Arndt and Huckabay described the phases of a change model designed for use by a nurse administrator:

1. Input - a constant flow of information received by a nurse administrator from both the external and internal forces.

2. Sensing - continuous effort by the nurse administrator to sense the need for change as well as to discard the information which is not pertinent.

3. Conceptual acts - formulation of the strategies for planned change. The nurse identifies the conceptual framework for planning the strategies.

4. Physical acts - implementation of planned change. Some of the important considerations in this phase are: (a) time available, (b) resources at hand, and (c) scope of needed change.

5. Evaluation - monitoring the outcome by the use of the feedback. The final evaluation may be accomplished by: (a) measuring the outcome against the objectives set at the beginning (by gathering the service data such as the number of people served and the improvement in the quality of care), or (b) by determination of the trend of improvement over time. The trend of improvement may be measured in three dimensions: (a) the indication that the improve-

ment has occurred, (b) the magnitude of the improvement, and (c) the permanence of improvement (1970, pp. 155-167).

The Evaluation of the Outcomes of Planned Change

According to Beal and Bohlen, the evaluation of change should be an ongoing effort throughout every stage of change.

> Evaluating a program after it is completed is like shooting an old artillery cannon. In the old-style cannon we used to set the powder charge, put in a certain number of bags, set the time fuse, and pull the lanyard. Then we were through. There was nothing else we could do about it. The shell was in flight and we just hoped it would hit the target. Now, however, we have guided missiles. Using one of them is like evaluating a program in process. We can shoot the missile -- and direct it in flight, orient its way, calculate for wind velocity, calculate for movement of the object at which we are shooting, and calculate for local conditions. In fact, we can recall it if we want to. This is actually evaluation in process! (1975b, p. I3E15)

Some of the pertinent questions suggested by Beal and Bohlen to be asked in these mini-evaluations are:

> Did we get the job done? How well did we do it? What should we be doing now? Why were we successful? Why did we fail? (MSU Extension Service, 1975b, p. I3E14).

They further suggest that eventually, a total program evaluation should be conducted after the completion of the steps for planned change. Some of the questions to be asked in the final evaluation may include:

> Did we accomplish what we set out to do?
> Were the methods we used the best?
> Did we make good use of our resources?
> Why were we successful in some parts?
> Why did we fail in some parts?
> Would we plan differently if we were to do it over?
> What experiences did we gain that we might use in another program?
> Where do we go from here? (MSU Cooperative Extension Service, 1975a, p. 16).

Havelock stated that the evaluation need not be rigorous and detailed research data but should be an objective appraisal which is preferably performed by an informed but uninvolved party. He stated that the evaluation process (final evaluation) is one that the change agent should not do himself, but should encourage others to take part in (1973, p. 135).

As cited by Arndt and Huckabay (1975), one of the methods of evaluating the effectiveness of planned change is by gathering the service data. The quantitative data (such as the number of patients served) is readily available in most institutions as the statistical data of each service. Another type of service data is a measurement of the quality of service delivered.

There are several tools available in the nursing profession today to quantify the quality of service provided. One of the tools is the Slater Nursing Competencies Scale

which determines the quality of care given by a nurse. Another is the Quality Patient Care Scale originated by Wandelt and Ager. It is commonly referred to as the Qualpacs, and measures the sum total of care received by a patient (Bloch, 1975, p. 259).

Role of the Inservice Educator as a Change Agent

One of the responsibilities of an inservice educator is in improving the performance of the workers to meet the goals of the nursing service. He or she must be adept at utilizing the knowledge and skill of planned change in order to bring the desired behavioral changes in the learners (Kaye, 1976, p. 177).

In addition to the improvement of job performance, today's educator must consider individual staff development to foster growth and consequent professional maturity. It is not enough to simply provide opportunities for skills training. An educator must meet the needs of each individual in the system (Tobin, Hull, Yoder and Scott, 1974, p. 4). The inservice educator who is involved in the development of the staff is constantly working with some elements of change. He or she is a change agent who assesses the present situation, identifies the need, plans and implements change as well as evaluates the outcome

(Tobin et. al., 1974, pp. 28-29).

Simonds identified three issues of extraordinary importance to nursing practice. They are: (a) quality, (b) accountability, and (c) professional responsibility. He states that the inservice educator as a change agent is:

> ... one who interfaces with the issues of quality and accountability and the education and change processes which must inevitably occur. In your jobs in hospitals and related institutions, you are in key positions within the health care system to effect changes in knowledge, attitudes and practices which are so intimately involved with quality assurance and accountability (1975, p. 5).

Inservice education in the chronic care setting has been neglected for a long time. Yet, the need for making changes to improve the quality of care in the long-term care institutions is an urgent one. According to Hameister, one of the reasons for the neglect comes from the negative societal attitude that working in nursing homes is an unchallenging and unrewarding task. He cited the findings by the Senate Special Committee on Aging in 1971 which found that the responsibility of care was left to the untrained aides and orderlies in many institutions. Hameister pointed out the role of the inservice educator as that of the change agent in changing the negative image

and improving the quality of patient care in the nursing home settings (1977, p. 7).

The emphasis on coordinating inservice programs with the actual work experiences in the nursing home setting was cited by Clark. She suggested the use of a program planning committee involving the nursing service personnel who are giving direct patient care. The committee members assist the inservice educator in developing a staff education program which is closely related to the work setting at the long-term care facilities (1975, pp. 44-47).

Characteristics of Nursing Homes in the United States

During the twentieth century, the number of Americans over 65 years of age increased at a phenomenal rate. At the turn of the century there were approximately three million persons over 65 years of age in the United States. By 1970, the numbers increased to 21 million - an increase of about 700% from 1900. It is estimated that, by the year 2000, there will be approximately 28.8 million persons over 65 living in America (Burnside, 1975, p. 5).

As of 1971, there were 22,004 nursing homes in the United States, with total capacity of 1,201,598 beds. Of these, 12,871 nursing homes with 917,707 beds provided some form of skilled nursing care. An additional 3,560 homes

with 192,347 beds provided assistance in personal care (such as cooking meals and housekeeping), and some nursing care such as assistance with bathing and assistance in taking medication. This meant that over three-fourths of the nursing homes provided some form of nursing care for the residents. There were approximately 40,160 registered nurses employed on a full-time basis and an additional 26,274 employed on a part-time basis in the nursing home setting. Although a significant number of registered nurses were employed in the long-term care setting, very few considered themselves as specialists in Geriatric Nursing (Burnside, 1976, pp. 8-11).

Burnside states that the nursing profession is still influenced by the negativistic view held by society toward the elderly. The view that there is little that can be done for the elderly except to provide "warehousing" type of care definitely influences the attitudes of nurses toward practicing in the long-term care setting. Even today, nursing homes do not attract competent practitioners and suffer from the lack of qualified professionals (1976, p. 11).

The negativistic attitude cited by Burnside was also described by Spagnolia. He theorized that the reason for

this attitude stems from the change in values which accompanied the industrialization of this society. In a pre-industrial society, life-experience was regarded as the guiding wisdom for man. In an industrial society, value is placed on productivity. Therefore, the wisdom of the aged gained from experience was displaced by productivity and strength of youth. Spagnolia stated that the negative attitude toward the elderly dominates the elderly person himself, and also permeates the nursing homes. And until the emotional and psychological needs of the elderly are considered, the "caring" for the aged will not be complete (1976, p. 12).

Beverley classified the level of care given in the nursing homes in four categories: (a) assistance in personal care, (b) custodial care with daily assistance in self-care, (c) supervised nursing care, and (d) twenty-four hour skilled nursing care. Categories (a) and (b) are considered to be for persons who are semi-independent in their abilities to care for themselves. Assistance with special diets, speech therapy, occupational therapy and rehabilitative therapy are some of the activities available in these categories of care. In categories (c) and (d) continuous nursing service, assistance with special equip-

ment such as cardiac and respiratory care, physical therapy and physician services are provided. Services in the latter two categories are available in intermediate and skilled nursing care facilities, and as such received reimbursement from Medicaid and Medicare (1976, p. 102). Beverley stressed the importance of selecting the resident facility in the right category for the elderly person, in order to benefit from the appropriate level of care available.

Beverley claimed that the trend of utilizing nursing homes is on the increase. One of every five persons over 65 years of age spends some time in a nursing home. Therefore, making the right choice in selecting an appropriate facility becomes a significant problem for the aged and their families. The helping professional that works with the elderly clients needs to be skillful in the selection of the right home for the client (Beverley, 1976, p. 100).

Roles and Functions of Student Nurses in the Nursing Home Setting

Although caring for the aged is far from being new in the nursing profession, the identification of Geriatric Nursing as a speciality is a comparatively new phenomenon

in nursing. In 1970, the American Nurses Association published the Standards for Geriatric Nursing Practice and thus established Geriatric Nursing as an identifiable specialty in nursing practice (American Journal of Nursing, September 1970, pp. 1894-1897).

In a study conducted by Moses and Lake in 1968, 138 nursing schools participated in a survey dealing with present and future curriculum developments in Geriatric Nursing. Only 18 out of 138 (approximately 13%) had courses in Geriatrics at the time of the survey, although many incorporated the care of the elderly into other course content such as Medical-Surgical Nursing and Public Health Nursing. When questioned about the future plans, 15 additional schools stated that they planned to add Geriatric Nursing to their curriculum (1968, p. 41).

Because of the newness of the specialty of Geriatric Nursing, publications on the subject of student nurses in long-term care facilities are not abundant. In one situation, however, many new perspectives of total patient care were brought to light in 1975 as a result of the placement of a group of sophomore nursing students in a Veterans Administration Nursing Home in Pittsburgh, Pennsylvania. Rocerto described the situation as being extremely produc-

tive. The students used the principles of re-motivation. They assisted in changing the color schemes of the interior from a drab and neutral shade to a brighter combination of colors. They brought in some domesticated animals to visit the residents and stimulated some residents by the familiar touch of the animals. They designated responsibilities for the care of some house plants to the residents, and encouraged participation in relearning some of the basic skills of daily living such as the operation of an elevator and dressing themselves. The students' enthusiasm and participation in care in turn stimulated the nursing staff in the reassessment of what was previously considered as tedious and non-stimulating work. The staff participated actively in the reassessment of the quality of patient care, while the students gained more insight into the problems faced by the Nursing Home personnel (Rocerto, 1975, pp. 702-703).

Summary

In this chapter, this author discussed some of the information from the literature in the areas pertinent to the clinical project of introducing planned change in a nursing home setting, including a change model originated by Beal and Bohlen.

The categories of review were divided into six areas: (a) theories and models of planned change, (b) implications of planned change for nursing, (c) evaluation of planned change, (d) role of the inservice educator as a change agent, (e) the characteristics of the nursing homes in the United States, and (f) roles and functions of student nurses in the nursing home setting.

In the next chapter, this author will describe the implementation of planned change in a nursing home setting.

Chapter III - Implementation of the Clinical Project

Introduction

The purpose of this clinical project was twofold: (a) to implement planned change in a nursing home setting using a change model originated by Beal and Bohlen, and (b) to determine the applicability of the model in the nursing home setting.

In the previous chapter, some of the general information concerning the clinical project was discussed, and the review of the related literatures was presented.

In this chapter this author discusses the steps of planning, implementing and evaluating the clinical project.

Assessment of the Prior Social Situation

During the Spring Quarter of 1977, the owner-operator of a nursing home located near Montana State University contacted the School of Nursing and offered his facility for use by the school as a part of the clinical laboratory. The offer was accepted and the decision was made by the school administration to use the nursing home as a teaching institution to provide learning experiences for sophomore students enrolled in N225 Nursing Process I.

This nursing home is a private facility which deals

primarily with elderly patients and those with chronic diseases and disabilities. The facility is located in a town of approximately 25,000 population plus the state university with an enrollment of approximately 10,000 students.

The nursing home has a bed capacity of 102, with an occupancy rate of approximately 75 to 85%. Ages of the residents varied from 60 years of age to 98 years of age at the time of the project.

There are two nursing units at the facility. The upper level unit has a bed capacity of approximately 50, and is used primarily for the ambulatory residents that need little assistance in the activities of daily living. The lower level unit has a 52 bed capacity and is designed to care for less independent residents requiring close supervision and continued nursing care.

The nursing service personnel consisted of two professional nurses in administrative positions, a geriatric nurse practitioner and 28 other personnel performing direct patient care duties at the time of initial contact. There were 10 registered nurses, 3 licensed practical nurses and 15 nurses aides providing direct patient care on three 8-hour shifts. Approximately one-third of the nursing staff

employed in all three categories was working on a part-time basis. At the time of initial contact by this author, the length of employment at the nursing home for the nursing staff ranged from a few weeks to two years.

There were services such as recreational activities at the facility at the time of this project, with a full-time activity director, a part-time assistant and some volunteers. A variety of activities ranging from flower-making to painting and needlework were offered to the residents. A physical therapist was available for the facility on a consultant basis, and a pharmacist served the nursing home regularly. A physician was available on call.

On the nursing units patient care assignments were handled by the use of the team nursing method. The charge nurse functioned as a team leader and made patient assignments for her team. An aide normally cared for the same patient for a period of time (2 to 4 weeks) to provide for continuity of care. In fact, it was considered a status symbol to earn a "permanent" patient assignment as the aides became more skillful in all aspects of patient care. The RNs and LPNs administered all medications for the floor. All of the nurses employed at the nursing home were

assigned to a permanent shift and usually did not rotate from one shift to another.

The staff-patient ratio on the day shift on the lower level unit was approximately 1:7. Since most of the residents on the upper level unit did not require such assistance, one nurse supervised the care with the assistance of one aide.

Other subsystems at the nursing home were: (a) housekeeping, (b) laundry service, (c) business office, (d) dietetic service, (e) part-time service of a beautician, and (f) maintenance service.

As the plans for utilization of the nursing home were being formulated, it was decided that this author would function in the role of an external change agent in preparing the staff for the anticipated arrival of the student nurses. This long-term care facility had never been used as a teaching institution, and the staff was understandably concerned about their new role.

After reviewing the literature in relation to planned change, this author and the faculty advisor chose a model, Social Action Process, which was originated by Beal and Bohlen because of two factors:

1. The model was designed to be used in a social

system of any size, such as a club, a community or a city (MSU Cooperative Extension Service, 1975a, p. 3).

2. Because of its intended use in a community, the model was designed to be workable in the heterogeneous setting involving many different members of a community (MSU Cooperative Extension Service, 1975a, p. 4).

It should again be emphasized that the steps of planned change were not used as isolated and irreversible blocks of unrelated actions. During many of the stages, it was often necessary to stop and conduct the interim evaluation, and "backtracking" was necessary in many instances. Six major stages were considered as the general recognition of the progress at any given phase of the project.

In July 1977, this author contacted the Director of Nurses at the nursing home. The get-acquainted meeting was extremely informal and was very cordial. Another appointment was made to meet with the administrative staff including the Assistant Director of Nurses.

The Director of Nurses was a diploma program graduate with a bachelor's degree in psychology. She had completed a didactic phase of a Geriatric Nurse Practitioner program recently, and was in the clinical phase of her training at

the time of the initial contact. The following observations were made by this author during the second meeting with the administrative staff:

1. All administrative staff expressed their enthusiasm and excitement in regard to the oncoming change. They felt that the placement of the student nurses would: (a) provide more individualized attention for the residents, (b) stimulate the patients by the presence of new and young persons, (c) stimulate the staff in learning new techniques, and (d) be good for the nursing home record in general. They were open to any suggestions that might improve patient care.

2. The Director of Nurses was young and was in a learning situation herself. She was, therefore, very understanding of the need to provide the students with a good learning experience. At the time of the initial meeting, she was carrying a dual load consisting of administrative responsibility, and a clinical specialty. She was extremely busy and had to "budget" her time carefully.

3. The Assistant Director of Nurses was returning to school for his graduate work and was to resign his administrative position during the summer. The nurse who was responsible for the orientation of the new personnel was to

assume the position of Assistant Director of Nurses.

4. The new position of a part-time Director of Inservice Education was to be filled during the summer.

5. This nursing home was no exception to having the problem of high rate of staff turnover. The Director of Nurses expressed her concern about the problem of always having to train new staff.

6. The facility at the home was exceptionally bright and cheerful. It was modern, attractive and well-kept. There were some beautifully decorated calendars posted on the wall showing the activity schedule, and the residents were encouraged to wear their own street clothes.

A plan was made for this author to establish a close working relationship with the person who would fill the position of new Director of Inservice Education, and to share resources available through the school of nursing with the nursing home. This author discussed the role of an external change agent with the Director of Nurses. It was important that the external change agent interacted with the client system as an outside resource but did not become a part of the system, the reason being that the role of an external change agent was that of a temporary helper to assist the client in becoming more self-sufficient in

coping with change.

During the course of planning strategies for change, the idea of utilizing individual members of the nursing staff as "resource persons" was conceived. On August 15 and August 18, this author conferred with the new Assistant Director of Nurses to discuss the feasibility of the idea. She endorsed it and work was begun to identify and clarify the role of the resource person. A decision was made to utilize the resources of all of the nursing staff rather than limiting it only to the professional nurses. The initiators felt that the students would be working with many different types of health care personnel in their careers and needed to gain an understanding of the potential resources. It was also felt that everyone had areas of expertise and contributions to make toward the quality of patient care.

A kit containing information about the clinical course in which the students were enrolled was assembled. A section containing a checklist including the possible areas of learning needs for the nursing home staff was also included in the kit. The material was made available to all of the nursing staff for inspection, and every staff member was encouraged to participate in the project as a re-

source person.

Recognition of the Legitimizers

The process of recognizing the legitimizers and soliciting the input from them began in the month of August.

During that time, several administrative changes occurred. The anticipated resignation of the Assistant Director of Nurses became a reality, and a new Assistant Director was hired. She had served as an inservice person in the past, and was familiar with the operations of the nursing home. In addition, a person was hired on a sixteen-hour-a-week basis as the Director of Inservice Education. This author began to work closely with the Director of Inservice Education and discussed the role of an external change agent with her. The working relationship was to be that of a client utilizing the outside resource, in planning inservice programs for the nursing staff, and in working with the student nurses.

Recognition of the informal power structure was easier than was expected. Information was openly shared about the persons (registered nurses, licensed practical nurses and nurses aides) who functioned as the legitimizers in the nursing home.

For two reasons, this author believed that it was cru-

cial that the informal power structures be properly identified and their input be included. One reason was that the daily patient assignments given to the students directly affected the workload of the informal legitimizers (licensed practical nurses and aides) who were involved in direct patient care. The students participated in performing such tasks as giving assistance in feeding and transporting the patients inside the nursing home - tasks ordinarily assigned to LPNs and nurse aides. The second reason was that the decision to offer the facility for nursing education was mandated by the owner and was not a staff decision. Some of the nurses had reservations about the change, and it was important that any possible cause for their anxiety be alleviated. The legitimizers were contacted early in this process and were asked to participate in the planning.

Process of Diffusion and Definition of Problems

During the summer quarter, this author planned and held numerous meetings with different segments of the nursing service. During the month of August, meetings were held with the charge nurses from both of the nursing units. Information about the placement of the student nurses was shared at these meetings. The staff was encouraged to ask

questions and to make suggestions, and a substantial amount of input was obtained in this way. Examples of the input were suggestions about patient assignments for the students and ways in which communication could be facilitated between the nurses and the school of nursing.

After the meetings with the charge nurses were completed, the process of meeting with all personnel on all three shifts began. These meetings were scheduled during the late evenings and at night to fit in with the work schedules of the staff. During these meetings, each person was invited to explore the role of the resource person and to participate in the role. An explanation of this author's role in this project was offered again to the staff, and the relationship was established. To the pleasant surprise of this author, most of the persons that were recognized as the legitimizers volunteered to act as resource persons. They identified the areas of their expertise related to basic patient care, and also openly expressed their interests in learning more about other techniques of patient care. They were also very open in expressing their views on possible areas of need and problems which might arise with the arrival of the students, and, in addition, offered some constructive suggestions.

Commitment to Action and Mobilization of Resources

By the end of September 1977, two weeks prior to the arrival of the students, this author felt that the information about the placement of the students had been shared with all of the staff. Methods of daily assignments, tasks that the students were to perform on the unit and the ways of communicating with the staff about the patients were all brought up and discussed at these meetings. Commitments to work with the students were made as the resource persons were identified. Details of utilizing the physical facility (such as rooms for conferences) were worked through. The mechanics of how to keep the staff informed about the patient assignments were devised. A list containing the patients' names that would be assigned to the students as well as the specific nursing tasks that the students were to perform was posted on each unit at least one day prior to the students' arrival. This allowed the nurses to plan their work in advance and insured an appropriate student experience.

Implementation

Three groups of nursing students with ten in each group began their clinical assignments at the nursing home during the week of October 4, 1977. Working closely with

the new Director of Inservice Education, this author assisted in conducting the orientation of the students to the clinical setting.

The students began their daily assignments at 7:00 A.M. each day, with each group spending one morning a week at the nursing home. They were assigned to the same patient for the duration of their course, if possible. If a different kind of experience was needed to satisfy the course requirements than the patient assignment could provide, the student was given another assignment for the task. For example, if a student was to obtain a patient history and the patient could not furnish it, another patient was assigned to the student for the purpose of history-taking. The students participated in various aspects of patient care such as assisting with ambulation, giving baths and assisting with feeding the patients.

Throughout the Autumn Quarter, this author visited the nursing home one to two times a week in addition to assisting with the inservice programs. Communication between the staff and the school was continuously reinforced, and feedback from the personnel was solicited. Problems were identified as they arose and possible alternatives were discussed. One of the problems identified during November

was the morning report for the students. The night nurse began her morning report to the day shift at 6:45 A.M. The day nurse felt that she could not provide adequate patient care if she had to repeat the report to the students after their arrival at 7:00 A.M.

Two alternatives were considered since earlier arrival time for the students was not feasible due to the conflict of the meal schedule at the dormitories. One of the solutions was to put the night report on tape. It could then be played back to the students after they arrived. Another alternative was to have the instructors arrive at 6:45 A.M. and participate in the report. They then would brief the students as they arrived. The staff preferred the second solution since they were not comfortable with the taping of reports. The problem was alleviated in this manner. Later in the Autumn Quarter, the students themselves elected to arrive early for report and to make other arrangements for their meals.

Another concern was voiced by the RNs. Many of the nurses were graduates of the Montana State University, and the prospect of having their former instructors on their units was rather threatening to some. They felt that the instructors might find some modifications in nursing pro-

cedures and might not approve. Assurances from the faculty that modifications were often warranted to meet patient needs and that they were acceptable if they were based on sound principles seemed to ease their anxiety. The fact that they were able to voice their feelings seemed to help. As the Autumn Quarter progressed, the atmosphere became more relaxed.

Some of the expressed needs of the nursing staff which guided the planning for inservice classes were to learn more about: (a) range of joint motion exercises, (b) basic skin care, and (c) positioning of the patients. Since these three factors represent a triad of nursing intervention in maintaining optimum level of mobility and integrity of the skin, this author suggested that the programs be presented as a three-topic unit with emphasis on the interrelationships of the three topics. The Director of Inservice Education agreed with the concept, and this author assisted in the presentation. It was very heartwarming to see the staff absorb the information and express eagerness toward continued learning opportunities.

The students had mixed feelings as they began their clinical assignments. A negativistic attitude of our society toward the long-term care facilities for the

elderly still influences many people, and some of the students had expected the clinical assignment at the nursing home to be a dismal and depressing experience. But as the time progressed, communicating with and caring for aging persons was recognized as a rewarding and positive kind of experience by many.

During the Winter Quarter of 1977, enrollment in the clinical course N225 increased. It was necessary to expand the clinical hours to five days instead of three. At first, the staff felt some anxiety at the thought of having more students, but they soon found that the experience was not as hectic as they had anticipated.

At the end of the Autumn and Winter Quarters, conferences were held at the nursing home with participation of the faculty members and the nursing home staff. At the end of the Autumn Quarter, feedback at the meeting indicated that the staff was in process of "getting used to" having the students. The opinion of the Director of Nurses by the end of the Winter Quarter was that the change was becoming well-accepted by the majority as a routine. Except for some expected and occasional individual problems, she felt that the role of the facility as a teaching institution was beginning to be considered a norm in the system.

One of the most frequent questions asked at the beginning of the project by the staff was, "What can the students do?" or "How will they fit into our daily routine?" By the end of the Winter Quarter, the staff was becoming accustomed to the presence of student nurses as part of their daily routine. During the interim between the Winter and Spring Quarters, the most frequently asked question from the staff was, "When will the students be back? We sure miss them."

During the winter, the Director of Nurses resigned her administrative position to assume her assignment as a Geriatric Nurse Practitioner on a full-time basis. Former Director of Inservice Education became the new Director of Nurses. The transition was smooth and the change did not create any problems in terms of the student learning experience.

Final Evaluation of the Outcomes of Planned Change

In addition to the interim evaluations recommended for each stage of the Social Action Process, a final evaluation of the outcomes is recommended at the completion of planned change process (MSU Cooperative Extension Service., 1975a, p. 14).

Final evaluation for the clinical project of intro-

duction of planned change in a nursing home setting was conducted during the Spring Quarter, 1978. The administrative and nursing staff at the nursing home was asked to complete a questionnaire to determine their reactions to the placement of student nurses in their agency. This author contacted the Director of Nurses to obtain her permission to distribute the questionnaires and the Director of Nurses volunteered to distribute them to the nursing home personnel.

All of the administrative staff members responded to the questionnaire. At the time of the distribution of the questionnaire, 24 nursing service personnel were employed in non-administrative positions. Of twenty-four, 10 persons (42%) responded (2 RNs, 2 LPNs and 6 nurse-aides).

The staff was asked to rate the following factors on the scale of 1 to 5, with 1 being very negative and 5 being very positive:

1. Over-all experience of having student nurses at the facility.

2. Effect of the placement on work satisfaction.

3. Effect of the placement on the quality of patient care.

4. Effect of the placement on daily workload.

5. Effect of the placement on the work environment.

6. Satisfaction of being a resource person.

7. Desire to be a resource person in the future.

Appendix A displays the questionnaire distributed to the staff.

The following are the summaries of comments from the nursing home staff:

1. The owner-operator believed that having nursing students was a very positive experience. In his opinion, it increased the quality of patient care given by the staff, it was a good learning opportunity for the staff and also contributed moderately to the enhancement of job satisfaction for his staff.

2. The nursing home administrator believed that having student nurses was a good and stimulating experience and she, too, believed that it increased the quality of patient care.

3. Two office personnel believed that it was a very positive experience in general, increased the quality of care and did not add significantly to their workload.

4. The Director of Nurses believed that it was a very positive experience for all concerned. She believed that the staff was given good learning opportunities.

5. Two registered nurses believed that the placement of student nurses contributed positively toward their job satisfaction. They also felt that it was a stimulating and positive over-all experience and contributed to the quality of patient care. Both of the nurses reaffirmed their desire to act as resource persons again.

6. Eight nursing service staff (two licensed practical nurses and six nurse-aides) responding believed that having the students was a slightly positive to very positive experience. It contributed to their job satisfaction. All of the respondents believed that having the students contributed positively to the quality of patient care. Five out of eight believed that it gave them extra time to give a more personal touch to the care of their own patients.

All of the nurse-aides and LPNs felt that it was a good learning experience. Three stated, however, that the student assignments caused confusion at times, especially in the beginning of the year. They stated that the confusion was related to the individual assignments such as transporting the patients and assisting in giving baths.

7. All of the resource persons stated that they enjoyed working with the students. All except one reaf-

firmed their desire to volunteer for the job again.

In addition to answering seven questions, the staff also added some comments. Many of the respondents expressed their approval of having student nurses in the agency.

One hundred sophomore students who completed their clinical assignments at the nursing home during the Autumn and Winter Quarters of 1977 were also asked to respond to a brief questionnaire. Thirty-seven responded.

The students were asked about their experiences in terms of:

1. Previous work experience in a nursing home.
2. General helpfulness of the staff.
3. Helpfulness of the nursing staff according to their job categories.
4. Students' perceptions of the quality of learning experience.

Appendix B displays the questionnaire given to the students. The questionnaires were distributed to the students in the classrooms by this author during the Spring Quarter, 1978.

Table I

Ratings of Degree of Helpfulness of the Staff and Positiveness of Learning Expience as perceived by the Nursing Students in N225 - Nursing Process I

N=37

Question	Ratings				
	1	2	3	4	5
Helpfulness of staff	0	12 (32%)	3 (8%)	15 (41%)	7 (19%)
Helpfulness RN	8 (22%)	9 (24%)	11 (30%)	8 (22%)	1 (2%)
Helpfulness LPN	1 (2%)	9 (24%)	11 (30%)	11 (30%)	4 (11%)*
Helpfulness Aide	0	4 (11%)	3 (8%)	18 (49%)	12 (32%)
Quality of Experience	0	3 (8%)	3 (8%)	21 (57%)	10 (27%)

* 1 student (2%) had no opinion.

1 - very negative, 2 - slightly negative, 3 - no preference, 4 - slightly positive, 5 - very positive

The data presented in Table I shows the numbers and percentages of students responding in each category.

The following are the findings from the questionnaires given to student nurses who completed their clincal assignments at the nursing home during the Autumn and Winter Quarters of 1977:

1. Of 100 sophomore nursing students who completed their clinical assignments during the Autumn Quarter and Winter Quarter of 1977, 37 (37%) responded to the questionnaire.

2. Of 37 respondents, 20 (54%) had previous work experience in a nursing home setting and 17 (46%) had never worked in a nursing home.

3. Twenty-two (60%) believed that the staff was helpful in varying degrees. None believed that the staff was not helpful at all.

4. Eight (22%) believed that the RNs were not helpful at all (very negative), 9 (24%) felt that the RNs were not helpful (slightly negative), 11 (30%) had no preference, 8 (22%) felt that they were slightly helpful, and 1 (2%) felt that the RNs were very helpful. A possible contributing factor to these negative ratings might have been the response of students to one particular nurse.

5. Only 1 (2%) of the students believed that the LPNs were not helpful. Fifteen (44%) believed that they were helpful in varying degrees.

6. None of the respondents believed that the nurse-aides were not helpful. A majority of the students (30 - 81%) say the aides as very helpful persons. At the time of this project, one-third of the aides were students at the university. It is possible that nursing students identified with the aides for this reason and were able to establish rapport with them.

7. A majority of 31 students (84%) believed that the quality of learning experience was of a slightly to very positive nature. None of the respondents believed that it was a very negative experience.

The faculty advisor, who also functioned as an instructor for the clinical nursing course N225, was given a questionnaire similar to the one given to the students. Her response was very positive. She believed that the staff of all categories was very helpful, the assignments definitely contributed to the quality of patient care, and gave an unequivocal "yes" to the positiveness of over-all experience. Comparing with her past experiences, (she had a long and outstanding background of working in rehabilitatation setting) she stated that it was an outstanding experience. She believed that the students were very well-received and felt that problems were solved as they arose without people feeling threatened.

At this writing, this author believes that the nursing service personnel at the nursing home have accepted the change and have become quite skillful in working with student nurses and clinical instructors.

This author's task of assisting the nursing home staff in the introduction of planned change as an external change

agent was accomplished. Because of the precautions taken during the project (remaining as an external resource and not becoming a part of the system), there were minimal disruptions as this author began to terminate her relationship with the nursing home by encouraging direct communication between the staff and the school of nursing.

Summary

During the Spring of 1977, facility at a private nursing home near Montana State University School of Nursing was made available for use as a clinical laboratory by the school. A decision was made to begin using the facility starting in the Autumn Quarter, 1977.

The nursing home had never been used as a teaching institution and the new role brought some changes. To successfully introduce the change and gain acceptance of the students by the staff, the idea of utilizing a model of planned change was conceived by this author and the faculty advisor. The model, Social Action Process, was chosen for this project because of its applicability in working with a comparatively small organization. This author assumed the role of an external change agent.

The steps of planned change were organized into six major stages: (a) assessment of the prior social situation, (b) recognition of the legitimizers, (c) process of diffusion and definition of problems, (d) commitment to action and mobilization of resources, (e) implementation, and (f) final evaluation of the outcomes.

The project was started during the summer of 1977. Numerous meetings and conferences with all levels of the

staff beginning with the Director of Nurses were held, and information about the plan of the placement of student nurses was shared with the staff. The staff was encouraged to give input and to participate in planned change. The role of resource persons was identified and many of the staff volunteered as resource persons for the students. Problems on a day-to-day basis were discussed and decisions were made to solve them with the mutual agreement of the staff and the school of nursing. Many of the students, who had some reservations about working with the elderly in an institution, found the experience to be very positive while the staff found the presence of the students to be an asset for patient care.

The final evaluation for the clinical project was conducted during the Spring of 1978. The nursing home staff responded very favorably to the results of the change and indicated their desire to continue working with the students. The students also indicated that they had a very positive learning experience.

In the final chapter, this author will discuss some of the implications of this project, and make some recommendations for a future project.

Chapter IV - Conclusions and Recommendations

Introduction

The purpose of this clinical project was twofold: (a) to introduce planned change in a nursing home setting using a change model, and (b) to determine its applicability in a nursing home setting.

In previous chapters, an overview of the project, a review of some of the related literature and the report on the actual implementation of the project were discussed. In this chapter, this author will share some of the conclusions drawn from this clinical project and make recommendations for future projects.

Conclusions

There are several questions Beal and Bohlen list as the questions to be asked by the evaluator at the completion of a project of introducing planned change. Some of these questions are applicable in drawing conclusions from the experiences of this clinical project:

1. "Did we accomplish what we set out to do?" (MSU Cooperative Extension Service, 1975a, p. 16).

This author believes that the goal of this project - acceptance of planned change - was achieved. At the time of the distribution of the questionnaire to the nursing

home staff, 24 persons were employed in nursing service in non-administrative positions. Of twenty-four, 10 persons (42%) responded. 100% of the administrative personnel (the operator, three administrative staff members and the Director of Nurses) responded to the questionnaire. A majority of the respondents from the nursing home believed that the placement of student nurses was a positive experience, it increased the quality of care, enhanced job satisfactions and stimulated their work environment. The staff enjoyed the experiences of being resource persons, and indicated their willingness to volunteer in the future. The students and a faculty member also felt that the staff (especially LPNs and nurse-aides) were helpful to them and that the quality of learning experience was of a positive nature.

2. "Did we make good use of our resources?" (MSU Cooperative Extension Service, 1975a, p. 16).

Perhaps, the human resources might have been utilized more effectively. One of the comments heard on the nursing units was that the resource persons were not utilized enough. Resource materials from the nursing school were utilized regularly and effectively in providing in-service education to the staff.

3. "Were the methods we used the best?" (MSU Cooperative Extension Service, 1975a, p. 16).

Use of the model proved to be beneficial in the successful introduction of planned change. A majority of the nursing and administrative staff indicated their acceptance of change and expressed their desire to continue working with student nurses. From these findings, this author concludes that the change model, Social Action Process, was applicable for use in the nursing home setting. However, this author does not believe that there is just one best method for introduction of planned change and believes that the goal may be accomplished in many different ways depending upon the skills of the persons utilizing the method as well as the characteristics of the client system.

Recommendations

The utilization of nursing homes as teaching institutions is a relatively recent phenomenon in nursing education. There are several recommendations
deavor in this area, based on the experiences from this clinical project:

1. This author recommends that,
No. 3 be omitted or modified in the questionnaire given to the students. Scale of 1 (very negative) to 5 (very positive) may be misunderstood by the respondents because of

the ambiguity of the question. Perhaps better definition of the scale is needed to clarify its meaning if question No. 3 is to be used.

2. Distribution of the questionnaires to the staff should be conducted in person rather than delegating the task to the Director of Nurses.

3. A comparative project should be conducted at a larger and/or publicly-owned institution to compare the outcomes. A replication of this project at a long-term facility with a different organizational structure would serve to refine the change model for wider application in nursing settings.

4. A follow-up evaluation should be conducted at the same institution after a longer period of time to evaluate the long-term effects of this planned change upon the same facility.

5. One of the effects of change in the system of nursing service is upon the quality of care it provides. In the final evaluation, the staff unanimously stated that the placement of student nurses improved the quality of patient care. A study to measure whether or not the quality of care improved and to determine the relationship between the presence of the students and the quality

of care would be beneficial in planning the future of nursing education in the long-term care setting.

6. One of the findings of the final evaluation was that the students perceived nurse-aides as very helpful persons. At the time of this project, one-third of the aides were students at the university. A study to determine the contributing factors for these positive ratings by the students may be of benefit to the educators in creating a positive environment for student learning experience.

7. As stated previously, use of nursing homes as teaching institutions is a relatively new trend in nursing education. More information is needed about its effects upon student nurses. Would experiences in nursing homes as students serve to inspire nurses to become clinical specialists in Geriatric Nursing? Would they change the understanding and behavior of nurses in working with elderly patients? If such changes do occur, would they be negative or positive changes in nurses' attitudes toward the elderly? Answers to these questions would have implications for the future development of the specialty of Geriatric Nursing.

APPENDIXES

Appendix A

The Questionnaire Distributed to the Nursing Home Staff

MONTANA STATE UNIVERSITY
SCHOOL OF NURSING

Job Title _____

To the Personnel at the Nursing Home:

We would like to thank you for your cooperation in making the students' experience at the Nursing Home a positive and meaningful one. You helped! Now, we would like to evaluate the progress of Autumn and Winter Quarters, and would appreciate it very much if you would take a few minutes to answer the questions below. There are five possible choices for each answer except No. 6.

1 - Very negative, 2 - slightly negative, 3 - no preferences, 4 - slightly positive, 5 - very positive.

Over-all

1. Was the experience of having the nursing students:
   1 2 3 4 5
2. Did the placement of the students make your work more satisfying?
   1 2 3 4 5
3. Did the assignment of the students to the patient care increase the quality of patient care in your opinion?
   1 2 3 4 5
4. Did the assignment of the students give you more time to give the residents to whom you were assigned your personal touch in care?
   1 2 3 4 5
5. Do you think that having the students (nursing or other) in your work area is:
   disturbing ____ confusing ____ makes no difference ____
   stimulating ____ a good learning experience ____
6. Those of you who acted as resource persons, did you enjoy being a resource person in general?
   1 2 3 4 5
7. Would you consider being a resource person again?
   Yes ____ No ____ Maybe ____

Comments/suggestions: Please feel free to add any comments that may be helpful in planning for the next year.

Thank you very much. We hope that your experience in having the students was a positive one. Hope to be working with you again.

Appendix B

The Questionnaire Distributed to Student Nurses

To the students who participated in N225 _____Quarter:

We would like to evaluate your experience for the clinical placement at the Bozeman Convalescent Center, and would appreciate your taking a few moments to answer the questions below. There are five possible choices to each answer except question No. 1.

1 - very negative, 2 - slightly negative, 3 - no preference, 4 - slightly positive, 5 - very positive

1. Did you have experience in working with the elderly people in a nursing home before your course assignment in N225 at the Bozeman Convalescent Center?

Yes _____no _____

2. Do you feel that the staff in general was helpful to you?

1 2 3 4 5

3. Please rate the degree of helpfulness of the nursing staff for your learning experience:

R.N.	1	2	3	4	5
L.P.N.	1	2	3	4	5
Aide	1	2	3	4	5

4. Do you feel that the quality of learning experience from your assignment in N225 was:

1 2 3 4 5

Comments: Feel free to add any comments that may help in planning for the next year.

Thank You.

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