Calling all nurses to action: local changes can transform healthcare

As productivity and quality move higher up the political agenda, we must frame the challenge for change in a way that compels and connects to nurses’ values, says Lynne Maher

While many of us welcome change, I am sure all readers can think of an individual or group whom they think has resisted it at some stage. However, rather than considering “them” (as resisters) and “us” (as advocates), I would like to propose that every one of us think differently about how we help people to understand the need for improvement and what their personal contribution means, and help them to believe that the improvement is going to make a difference to patients.

There is no doubt that change through innovation and improvement will continue to be a fundamental part of everything nurses and midwives do for the foreseeable future, because we need to continue to improve quality and safety, create better experiences for patients and reduce costs.

Often I hear the need for change articulated in a way that has little meaning to many of us, for example, reduce X by 30% or increase the capacity of Y by 10% and take the savings out. Of course, we can all work it out but when these words are uttered, many people already doing the best they can hear the message that the work they are doing is just “not good enough”. It is no surprise then that when faced with this we do not feel motivated to change.

I am not for a moment suggesting that we do not use metrics and measures, as they are incredibly important. But rather than simply stating a target for improvement, we need to give staff the context and support to make changes.

The recent work on high impact actions for nurses and midwives provides a simple illustration. One of the eight actions, focusing on improving end of life care, is described as “important choices – where to die when the time comes”. Since we would all want to be able to make a choice about place of death, this sentence means more to us than a statement such as “increase by 20% the number of people who are able to die at home”. Of course, we do need to understand what we are aiming for; the addition of information such as the fact that 55% of patients with cancer would prefer to die at home but only 25% actually achieve this (NHS Institute for Innovation and Improvement, 2009) helps us to work out what we need to achieve locally.

Using this approach, nurses and midwives have been able to translate improvement needs into local goals, they have been able to design and implement change to local processes and create meaning and context for themselves.

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Sharing success to breed success is another important factor and sharing case studies widely has proven to be an effective way to inspire others to adapt and adopt excellent practice from elsewhere. As this continues we see the beginnings of a movement by nurses to radically transform healthcare for their patients. Look around, join the movement, and make a difference.

For more information on high impact actions, see www.institute.nhs.uk/hia

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REFERENCE

NHS Institute for Innovation and Improvement (2009) High Impact Actions for Nursing and Midwifery. tinyurl.com/high-impact-choice