The experience of Dutch intensive care nurses of a planned and an emergent change implementation of an innovation.

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**Background**
For workplace empowerment, which is important for patient outcomes and nurses’ job satisfaction, it is essential that nurses actively participate in decisions about their practice and in the implementation of nursing innovations. In planned change implementation little participation is allowed. In emergent change implementation nurses are invited to participate. Magnet hospital research seems to indicate that emergent change implementation would provide more workplace empowerment and be more attractive for nurses.

**Aim**
1) to describe the intensive care nurses’ experience of the introduction of an innovation using both implementation approaches
2) to identify what aspects of the approaches were positively or negatively valued

**Method**
An innovation was implemented in two groups of nurses using either approach. Thereafter 8 nurses from either group were interviewed. A qualitative content analysis was done of these semi-structured interviews. The found positive and negative appreciation subcategories were further quantitatively analysed by means of frequency manifest effect sizes.

**Results**
Both groups had similar views upon what they considered important in their work, e.g. the feeling of being supported by management was important to the nurses. The quantitative analysis showed a higher ratio of positive than negative appreciation statements in the emergent change group for the subcategories perception of the innovation, of the implementation and of the implementation as a responsibility of the nurses.

**Conclusion**
In the emergent change group innovations and their implementation were seen as a shared responsibility, in the planned change group as the responsibility of the management. Support by management was considered important but this was not limited to a specific type of support.

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**Diagram of operational differences of emergent and planned change approach implementation method**

<table>
<thead>
<tr>
<th>Planned Change</th>
<th>Emergent Change</th>
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<tbody>
<tr>
<td>Protocol was presented as final</td>
<td>Initial protocol presented as start off proposal</td>
</tr>
<tr>
<td>Focus in meetings on proper protocol application</td>
<td>Focus in meetings on normalization of glucose</td>
</tr>
<tr>
<td>Meetings initiated by teamleader</td>
<td>Meetings initiated by teammembers</td>
</tr>
<tr>
<td>Problems are defined by teamleader</td>
<td>Problems are defined by teammembers</td>
</tr>
<tr>
<td>Solutions to the problems provided by teamleader</td>
<td>Solutions to problems provided by teammembers</td>
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**Perception of the innovation**
"But suddenly the new innovation was there"
"Look on the list [protocol], this is the glucose value, so that’s what you have to do."
"you have to adapt the treatment but not according to the exact protocol"
"It is pleasant you can organize it yourself, and that you can use your own insights to manage things with the protocol"
"Foremost those who made the protocol initially and this is mainly the doctor, have to make sure the protocol is right."
"In this protocol everybody goes her own way."
"If I thought it was unwise to apply the protocol the way it was written, I told them so."
"If there is a recurrent problem, yes, then it has to be discussed how to go about it in a team meeting, a task evaluation"
"If you notice a colleague does not do it [the necessary checks], I now feel that you should say something about it"

**Perception of the implementation**
"It is just you know what to do and when, it is just clear."
"It is pleasant you can organize it yourself, and that you can use your own insights to manage things with the protocol"
"If there is a recurrent problem, yes, then it has to be discussed how to go about it in a team meeting, a task evaluation"

**The influence on professional nursing**

**The responsibility of the nurses**

**The influence on the team**