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N443

Journal #4

9 October 2021

One of the topics we addressed in class this week was affecting change in healthcare settings, including a discussion of the Lewin Change Theory and why many nurses resist change. This week, Pexton (n.d.) proposes using Six Sigma principles to facilitate change initiatives in the selected article. The author believes that organizations often fail to make lasting progress because of inadequate preparation (Pexton, n.d.). Specifically, Pexton (n.d.) cites a lack of paradigmatic shift, guidance, or planning for change maintenance as reasons for failure. Pexton (n.d.) asserts that the American healthcare system must evolve to meet a variety of extant and developing challenges. For instance, she identifies staffing shortages, demographic shifts, and quality improvement as some of the reasons change is needed (Pexton, n.d.). As a healthcare worker, I felt the inclusion of clinical staff shortages is especially relevant to current practice; I have noticed that, since the Covid-19 pandemic, maintaining adequate staffing is tougher. Pexton (n.d.) further raises examples of barriers to change in the industry, along with proposed fixes. One example is staff skepticism, to which she offers stakeholder analysis and implementing team-based problem-solving (Pexton, n.d.).

Although I can not qualify my opinion with extensive managerial experience, I agree with Pexton's assessment that inadequate preparation, ideological shift, or guidance can weaken the durability of change. When I think about improvement efforts I have made in my academic and professional life, I am most likely to stick to something if I believe in the goal or see the change as consistent with my values. For example, I struggled early in my career by overextending myself; either agreeing to pick up too many hours or making promises that I wasn't sure I could deliver on. While I knew the behavior wasn't healthy, I continued to find it challenging to say no because I didn't want to feel like I was letting my

clients or coworkers down. Ultimately, I had to alter my beliefs about healthcare before I could change my behavior. Specifically, I came to accept that delivering high-quality care to my clients benefits them more than doing a high volume of work for them. It follows that I should avoid behavior that diminishes my performance, including overextending myself. Once I was able to see saying no as protecting client care rather than letting people down, setting limits became easier.

References

Pexton, C. (n.d.). *Overcoming the barriers to change in healthcare system*. iSixSigma.

[https://www.isixsigma.com/implementation/change-management-implementation/
overcoming-barriers-change-healthcare-system/](https://www.isixsigma.com/implementation/change-management-implementation/overcoming-barriers-change-healthcare-system/)