Title Page

Title: Child and adolescent psychiatric nursing and the ‘plastic man’. Reflections on the implementation of change drawing insights from Lewin’s Theory of Planned Change.

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Keywords

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Abstract

Child and adolescent psychiatric nursing (CAPN) as a discipline has been remarkably slow in the uptake of high fidelity human patient simulation (HFHPS) as an education tool. Assuming HFHPS has potential use, and the issue is one of change management, this paper speculates about how Lewin's paradigm for Planned Change might provide guidance to the specialty discipline of CAPN in development of strategies to promote adoption of HFHPS to education of pre-registration nurses. Kurt Lewin (1890-1947) was a seminal theorist of change, whose pioneering work has had significant impact across many disciplines. His theory of Planned Change has four components – Field Theory, Group Dynamics, Action Research and the 3-Step Model of Change. Each component is considered briefly and then combined within an example of application.
Introduction

High fidelity human patient simulation (HFHPS) is limited in this discussion to the utilisation of a high-fidelity patient simulator. This is defined as “... a computerized full-body mannequin that is able to provide real-time physiological and pharmacological parameters of persons of both genders, varying ages, and with different health conditions” (Nehring et al., 2001 p195).

Internationally, nursing has broadly adopted the use of HFHPS in undergraduate teaching. Psychiatric Nursing has been slow to adopt the new technology. There is no evidence of adoption in the area of psychiatric nursing with a focus on the care of children and adolescents. That psychiatric nurses in general have been observed to be slow to adopt change is thought to be due to their struggle with clear definitions of their collective values as a group. This in turn may impede their action as a group (Bradbury-Jones, 2008; Cutcliffe, 2009 ; Ryles, 1999 ).

This paper proposes that integration of the work of Lewin in the planning of an adoption strategy for CAPN has merit.

High Fidelity Simulation Application in Child and Adolescent Psychiatric Nursing

A systematic examination of published literature identified no examples of the application of HFHPS in CAPN. A search for literature using Scopus was undertaken in order to ascertain the extent of adoption of HFHPS in both psychiatric nursing and in CAPN preparation programmes. ‘Simulation and nursing’ as search terms resulted in 1,421 matches on this data base. This contrasted sharply to ‘Simulation and mental health nursing’ that delivered 57 papers, and ‘simulation and psychiatric nursing’ revealed only 32 articles. Combining the terms ‘high fidelity simulation’ and ‘mental health nursing’ produced three relevant sources. ‘High fidelity simulation’ and ‘psychiatric nursing’ resulted in identification of only a single paper. ‘Simulation’ and ‘child and adolescent mental health nursing’ had no matches identified in the literature accessed via the Scopus data base. ‘Simulation’ and ‘CAPN’ also resulted in no matches. Likewise, ‘high fidelity simulation’ and ‘child and adolescent mental health nursing’ or
‘CAPN’ had no sources matched. Searching Medline, Proquest and Cinahl (Point of Care-Nursing Adviser) databases with the same terms yielded no further references.

Investigation of other sources of references included conference proceedings, reference listings from the International Nursing Association for Clinical Simulation and Learning, Society for Simulation in Healthcare and references from other non-peer reviewed sources, policy documents and opinion pieces. A ‘pearl growing strategy’ (Harter, 1986), that is, examining the reference lists of identified sources from data base searches, was also employed. No further references were found.

At this point, the data search was concluded. Only two papers were identified that explored pre-registration mental health nursing preparation using HFHPS (Brown, 2008; Sleeper and Thompson, 2008). There was no published literature identified that explored the application of this innovative educational approach in the context of CAPN.

Sleeper and Thompson (2008) reported an application of HFHPS in the preparation of nurses for psychiatric clinical placement. This application rehearsed suicide assessment utilising the voice function of the Laerdal SimMan 3G, a HFHPS incorporating real-time programmable physiologically accurate responses and new features such as pupil reactivity and sweating. An algorithm guided nurses’ employment of therapeutic communication skills in a pilot programme that was evaluated by a self-reported satisfaction Likert scale and two open ended fields. The study was limited by a reductionist approach to the clinical challenges that risked parody, through over-simplification of complex, personal and contextualised problems. In addition it had a limited evaluation focus based on self-report and only involved small numbers of participants.

The second article identified in the literature as addressing psychiatric applications of simulation was a broad based literature review by Brown (2008). This article surveyed both a
range of health professions and of simulation types that had been reported as being utilized in psychiatric education and in particular within the preparation of psychiatric nurses. Brown concluded that verbal and non-verbal communication responses were limited in HFHPS. Further he was unable to discover any commercial proprietary applications developed for application of HFHPS to psychiatry. Brown assessed the existing literature as largely descriptive, exposing a technique that was resource intensive and that was evaluated by deficient means.

So, caution would be prudent in turning to HFHPS to resolve the challenges posed by shortfalls in CAPN clinical experience. In the absence of substantial evidence of the efficacy of HFHPS in preparing nurses for practice, CAPN may be well advised to invest in experimental work to establish effective uses of HFHPS. Such experimental investigation might take the direction of utilising the voice function to provide opportunities to rehearse therapeutic interaction, for example. However, enthusiasm need take heed of any unfortunate tendency to parody or reinforce stereotypes. Against this background, how might Lewin’s theories of Planned Change facilitate the adoption of HFHPS by CAPN?

Background and Context of Lewin’s Work

Kurt Lewin (1890-1947) worked in the period prior to World War 2 in both Germany and the United States of America (USA). He taught in the Psychological Institute of the University of Berlin from 1921 in both philosophy and psychology and was a visiting professor at Stanford University for six months in 1930. After the rise of the National Socialist movement in Germany in 1933, Lewin moved to the USA, becoming a citizen in 1940. His work could be regarded as significant, if not seminal, in the field of change theory. He has been credited with being “…the intellectual father of contemporary theories of applied behavioural science, action research and planned change” (Schein, 1988 p.239).
Kurt Lewin was eulogised at his death in the 1947 Convention of the American Psychological Association in the following manner:

“Freud the clinician and Lewin the experimentalist – these are the two men whose names will stand out before all others in the history of our psychological era” (Marrow, 1969 p.ix cited in (Burnes, 2004 p.977).

From the vantage point of the second decade of the twenty-first century, more than seventy years later this might be regarded as quaint and misguided hyperbole. However, Lewin’s contribution has been fundamental to understanding the nature of change and as such has become ubiquitous. Shanley (2007 p.540) noted that ,“…his model has intuitive appeal and became an enduring influence because it was taken up as one of the foundation stones of the organizational design (OD) movement during the 1960s-1980s”.

Kurt Lewin’s focus on change drew from his broader social concerns for resolution of social conflict, a motivation easily understood against the social context of a German Jew in that era (Burnes, 2004 p.979). He maintained that the key element for such resolution was to be found in learning. This enabled individuals, through fresh understandings, to change their views, facilitating resolution.

**Lewin's Theory of Change**

Lewin’s body of work is multi-faceted, his theory of change comprising a number of conceptual theories under the over-arching notion of what he referred to as Planned Change. These theories include Field Theory, Group Dynamics, Action Research and 3-Step Model of Change. Lewin conceived that these were inter-related and necessary components of any change agenda, whether at an individual, group, organisational or even national level. Each will be discussed in turn.
1. Field Theory

Lewin’s contention was that to understand a situation’s status quo, it was necessary to recognize the totality of influences that had formed it. In this discussion, the situation under consideration is the adoption of the new educational technology HFHPS by the CAPN community. These influences were conceptualised by him as a series of forces that affect not only group structures but also the individual within (Lewin, 1952). Group behaviour consists of interactions and forces that are frequently symbolic in nature. This environment is what he termed the ‘field’ and postulated that any changes with it or any changes in any element results in changes in the behaviour of other elements including the behaviour of individuals (Lewin, 1947a).

Lewin suggested that it should be possible to identify, map and measure the strength of these forces at play in the field. Such knowledge would provide understanding and potential to plan change at any level. He did, however, observe that in most circumstances change was a slow process. Nevertheless, in situations of crisis rapid change does occur at individual, group and organisational levels. A new status quo is re-established in the field as equilibrium is struck amongst the forces in play. In recognition of this changeable feature Lewin referred to equilibrium as ‘quasi-stationary equilibrium’ (Lewin, 1947a).

2. Group Dynamics

“It is not the similarity or dissimilarity of individuals that constitutes a group, but the interdependence of fate” (Lewin, 1939 p.165).

Seventy years later, this definition is still generally accepted in discussions of group dynamics. Lewin is commonly credited with being the first psychologist to use the term group dynamics
and to highlight the critical role that the group plays in determining the behaviour of the individual (Allport, 1948; Bargal, Gold, & Lewin, 1992). The preceding quotation from Lewin emphasises (again) his contention that a group is not defined by the homogeneity or heterogeneity of its members rather it is that they respond as a group. The group has a being that is ‘larger’ or independent of the characteristics of its membership alone.

The concept of Group Dynamics helped Lewin explore the twin issues of the nature of a group that determines its responses to certain forces and how these forces may be manipulated to result in desired changed group behaviours. He stressed that an individual was not the unit of influence in group dynamics as the individual in isolation is constrained to conform to the mores of the group as a whole. Thus to effect change within a group, the level of intervention required is at the level of the group. Factors such as group norms, roles, interaction and socialisation can be affected and create disequilibrium that is the precursor to change in group dynamics (Schein, 1988).

In this discussion of adoption of HFHPS as an educational modality by CAPN, there are two possible applications of Group Dynamics. One places CAPN education in the place of the individual in the larger group of nursing education generally. An additional application is that individual educators in the field of CAPN can also be the focus of the model.

3. Action Research

Action Research was a term coined by Lewin (1946) to describe a process that has clear antecedents in Gestalt psychology. These antecedents are shown by the emphasis on effective individual change being predicated on the recognition of the totality of said individual’s situation. This recognition can be gained through reflection leading to fresh insights. In Action Research this is seen in the emphasis on cycles of review.
“[Action Research] proceeds in a spiral of steps each of which is composed of a circle of planning, action and fact-finding about the results of the action” (Lewin, 1946 p. 206).

Action Research clearly draws upon Field Theory in recognising forces that are affecting the groups within which an individual resides. Lewin’s theoretical insights developed in the Model of Group Dynamics are also reflected in Action Research. This is shown by the appreciation of individual behaviour that results from understanding the forces to which groups are subject which in turn shape the individual.

Lewin asserts in this model that effective change must be the result of collaborative and participative processes occurring at a group level. Therefore, all stakeholders must be involved (Allport, 1948; Bargal et al., 1992; Lewin, 1947b).

4. 3-Step Model of Change

Lewin recognised that a shortcoming of action research as a methodology for instituting change in group dynamics was that change was often not sustained.

“ A change toward a higher level of group performance is frequently short lived; after a ‘shot in the arm’, group life soon returns to the previous level” (Lewin, 1947a p.228).

This is significant related to the question of how to keep desired changes in place. Lewin’s conceptualised the 3-Step Model of Change forming the fourth component of Planned Change along with Field Theory, Group Dynamics and Action Research. It is however, not unusual to find it discussed as though it is a ‘stand alone’ theory.

The three steps referred to and required to achieve change are conceived by Lewin (1947a) in the following manner.

Step 1: Unfreezing. The quasi-stationary equilibrium observed in Field Theory must be destabilised (unfrozen) prior to successful change. Old behaviours can be discarded (unlearnt)
only if the status quo of the existing Group Dynamic is challenged. Lewin recognises that this is not easy, and as made evident in Action Research, there is no single intervention suited to all situations.

“The unfreezing of the present level may involve different problems in different cases. Allport…has described the ‘catharsis’ which seems necessary before prejudice can be removed. To break open the shell of complacency and self-righteousness it is sometimes necessary to bring about an emotional stir up” (Lewin, 1947a p.229).

Lewin’s acknowledgement of the significance of his contemporary, US psychologist Gordon Allport, reflects the dynamic interaction of these disparate fields of psychology – organisational design (Lewin) and personality psychology (Allport). Allport’s contributions to conceptualising significant issues bearing on individual behaviour without adhering to psychoanalytic or behavioural paradigms, provided pertinent insights. Allport’s work on attitudes may well have been of particular relevance in this aspect of Lewin’s work (Allport, 1935).

Schein (1996 p.27) expanded on this comment by Lewin to assert that:

“…change, whether at the individual or group level, was a profound psychological dynamic process…unless sufficient psychological safety is created, the disconfirming information will be denied or in other ways defended against, no survival anxiety will be felt and consequently, no change will take place” (p.61).

Schein, has been Professor Emeritus at MIT’s Sloan School of Management where he taught since 1956. He developed two interactive principles posited to govern change in a social setting. The first principle termed ‘survival anxiety’, is the reaction of an individual or organisation to real threat or in some instances, pain. This anxiety arises in response to an imperative to change or experience the consequences of the threat (or pain). The prospect of learning something new, in order to overcome the threat resulting from survival anxiety, also produces anxiety. This new
source of anxiety is what Schein calls learning anxiety. This second interactive principle-learning anxiety-is a process of learning which risks exposure of one’s incompetence. In order to avoid this exposure and its consequential anxiety, the individual or organisation may assert that the change is not important or less problematic than exposure of incompetence. Learning anxiety in this way is the basis for resistance to change. Schein alleges for this resistance to be overcome and change to occur, survival anxiety must be greater than the anxiety engendered by learning. Then unfreezing may occur.

**Step2: Moving (Transitioning).** Unfreezing does not of itself create change, rather, the necessary conditions to learn new behaviours. It does not predict the direction of change nor control it (Schein, 1996 p.62). Lewin notes the diversity and complexity of factors involved in predicting the change. It is in this realm that Action Research plays through an iterative process of cyclical trial and error. This allows change on both individual and group levels, but does not ensure sustainability of the change (Lewin, 1947a).

**Step3: Refreezing.** This refers to the process of re-establishment of a quasi-stationary equilibrium. This new behaviour must be congruent with other influences on behaviour, personality for example or will lead to further disconfirmation (Schein, 1996). Adjustment is required, therefore, at a group level in order for change to be sustained. In organisations this would be seen in policies, procedures and the like, as well as norms and culture (Cummings & Huse, 1989).

**Critique**

Particularly emergent in the 1980s, criticism of Lewin’s work focussed particularly on the 3-step Model of Change. The criticisms mostly pointed to the apparent assumption that organisations work in a stable state; that his theory was suited to only small scale change projects; that power
and political dimensions of organisations were ignored and that it was ‘top-down’ and managerial driven (Burnes, 2004). The latter is surely a curious criticism given Lewin’s avowed concern with consensual change. One might suspect that characterising Lewin’s work as ‘top-down’ and managerial driven may be a misunderstanding of the foundational nature of his contention that in order to achieve Planned Change, all participants must be engaged.

Lewin’s model fell into disuse during the 1980s, given its requirement for a relatively slow rate of change, consensual and learning foundations that were regarded as antithetical to the rapid changes demanded by a global economy. Major emerging contenders in the struggle to analyse organisational behaviour emphasised the cultural, fluid and interactive nature of those organisations that met with success (Collins, 1998; Watson, 1997; Wilson, 1992). Known as the Culture-Excellence school, Burnes (2004 p.988) observed that for them:

“…the world is essentially an ambiguous place where detailed plans are not possible and flexibility is essential. Instead of close supervision and strict rules, organizational rules need to be promoted by loose controls, based on shared values and culture, and pursued through empowered employees using their own initiative” (Watson, 1997).

Proponents of this view, such as Kanter, Stein and Jick (1992 p.10) argued against any notion that organisations have a constant form. Rather they argued that change is constant and fluid with poor definition or overlap between any part that might be conceptualised as a stage of a change process. But this would surely be a limited reading of Lewin as he himself noted:

“Change and constancy are relative concepts; group life is never without change, merely differences in the amount and type of change exist” (Lewin, 1947a p.199).

Other criticisms of Lewin’s Planned Change theory, arose from those who asserted a much greater role for power struggles than consensus building or rational decision-making in
determining the outcomes of change (Pfieffer, 1981, 1992). Postmodernists asserted that although power was central to effecting change in organizations its expression arises from the socially-constructed nature of organizational life (Hatch, 1997). Foucault (1983) noted that power only exists in the act of exercising it. However, power is not an attribute solely of the dominant. Rather, Foucault (1978) asserted it is part of everyday life, employed routinely as a tool in discourse.

The final criticism of Lewin’s Planned Change Theory arose from the work of Pettigrew (1973, 1987, 1990) in particular and is characterised as the ‘processual’ or emergent approach. The single cause prescriptive elements of the 3-Step Model of Change are particularly criticised as failing to reflect adequately the inter-relatedness of individuals, groups, organisations and society (Pettigrew & Whipp, 1993; Wilson, 1992). Change is regarded as a complex multi-faceted process inclusive of rational decision-making, individual responses, and power struggles. It requires acknowledgement of historical and contextual elements. This observed shortcoming in Lewin’s theory could limit its utility if used as a basis for planning the implementation of change. Strategic incorporation of other relevant contextual facets simultaneously could increase the effectiveness of the introduction of change. For example, acknowledgement of the contribution of the dominance of medical-surgical nursing applications when introducing HFHPS to CAPN improves the capacity to introduce this educational innovation effectively.

**Lewin’s Major Legacy**

Action Research applied across a wide range of social situations has been the clearest legacy of Lewin’s work. This work has ranged from addressing conflict between Arab-Palestinian and Jewish youths in Israel (Bargal & Bar, 1992) to extensive work in organizational development (Burnes, 2007). But it must be said that it is in the later arena, organizational re-design, that Lewin’s work finds its greatest expression.
Early work in organisational re-design focussed on group change and was informed by Lewin’s humanistic and democratic approach to change (Burnes, 2004). During the 1970s application changed to the organisational level for introducing planned change, with greater emphasis on organisational culture, learning and radical transformational change (Burnes, 2004 p 988).

**Contribution to Nursing**

The discipline of nursing has increasingly used Action Research as a methodology well suited to bridging disjunction between practice, theory and research (Holter & Schwartz-Barcott, 1993). Of particular interest has been facilitating the uptake of research findings into practice (Funk, Champagne, Wiese, & Tornquist, 1991; Hunt, 1987; Tierney & Taylor, 1991). Natural sciences are recognised as a limited epistemological paradigm for the development of knowledge within nursing. The simplistic cause-and-effect model dominant in the natural sciences is at times a poor fit for the subtle complexity of nursing practice. Iterative interaction between the desired change and interventions that through review and refinement achieve the desired result in a number of steps is more typical of change experienced in nursing than a single and immediately successful intervention strategy. Lewin’s foundations in a humanistic tradition aligns Action Research models as a viable alternative to this naturalistic orientation. This viability is reinforced by four characteristics central to Action Research: collaboration between researcher and practitioner, solution of practical problems, change in practice and development of theory (Holter & Schwartz-Barcott, 1993 p.299).

Holter and Schwartz-Barcott (1993) discussed application of action research to nursing. They identified three main approaches to the use of this paradigm in nursing. Firstly, a technological collaborative approach which is characterised by the external researcher entering practice domains with a predetermined question, and often with a method to explore it. Holter and Schwartz-Barcott (1993) contrast this with a second approach that they term a mutual
collaboration approach. This term is largely self-explanatory where researcher and practitioners
arrive at mutual understanding of the problem and approaches to address it. This approach
strongly resonates with the work of fellow German, Habermas, who conceptualises
emancipatory knowledge as fundamentally created through active collaboration between
practice and expertise (Gordon, 2009; Habermas, 1974). The final approach labelled
enhancement, aims in addition to breaching the distance between theory and practice
problems, to increase practitioners’ recognition of problems in practice.
Overall, however, action research is well suited to nursing application as it embraces nurses in
practice in the research process – defining both the problems and interventions – and by
providing the researcher with direct access to the practice environment.

Baulcomb (2003) also describes the application of insights drawn from Lewin’s force field
analysis. Understanding of forces facilitating and resisting the introduction of changes in a
haematology day unit was improved through the utilisation of this component of Lewin’s
Planned Change Theory. In addition this utilised Lewin’s proposition that change is best
facilitated by learning and reflection to the individual and group’s situation.

Saydak, Mierzwa, Robinson and Lewis (1989) discuss an explicit utilisation of Lewin’s 3-step
model of change in attempts to implement nursing diagnosis. Staff development educators were
instrumental as change agents in identifying the need for change, developing and implementing
a strategic plan to unfreeze, change, and refreeze learning behavior, and in evaluating its
effectiveness. Roberts (1987) examines the definition of the role of the Clinical Nurse Specialist
through the lens of Lewin’s Field Theory. Resolution of the conflict in role for this nursing
position was addressed using insights provided by Lewin’s theory. This was facilitated by
analysis of forces that supported either line or staff placement, allowing change to occur. This
demonstrates the utility afforded by Lewin’s theory in application to dilemmas of change
encountered in nursing practice.
No account of the contribution of Lewin’s Theory of Planned Change and its contribution to the nursing profession would be complete if it failed to acknowledge its formative role in the Emancipatory Practice Development Movement (Wilson & McCormack, 2006). Lewin’s emphasis on consensus is echoed by Habermas’ recognition of the critical nature of emancipatory knowledge in leading to action and hence change.

**Application**

Assuming utilisation of HFHPS is desired in some form in the preparation of nurses for practice in CAPN, extrapolating from its wide uptake in other domains of nursing, Lewin’s Planned Change Theory would recommend an approach inclusive of analysis of the forces that thus far have impeded the embrace of this educational approach. Identifying these elements and forces successful in other domains of nursing that might be utilized to enable change, draws upon the Field Force Theory. When combined with insights derived from Group Dynamics, a planned approach to change might be devised. Implementation might use the Action Research approach to identify, assess and modify the steps for adoption of HFHPS in an iterative manner. Finally the 3-Step Model of Change, would provide a more comprehensive understanding in planning implementation of HFHPS in CAPN through recognition of stages in this process.

**Case example**

The example suggested for implementing HFHPS in CAPN is the teaching of foundational counselling skills. Learning basic skills and age appropriate use of language may be easier for a student using mannequins. One of the identified constraints of HFHPS has been a lack of facial expression. This in fact could be viewed as a strength. The notion of chaining is familiar to most psychiatric nurses. The practice of breaking down tasks and learning achievable elements independently, one-at-a-time is the essence of this pedagogical approach (Skinner, 2005). Learning counselling can be overwhelming related to the polytopic nature of human interaction. Removing the need to attend to facial expression and the complexities of congruity the student
can develop skills related to fluency and dealing with silence. Basics such as use of open ended questions can be rehearsed and practiced.

Once the vision of potential benefit has been articulated by CAPN an adoption strategy based on the work of Lewin could be developed. Field theory could provide the method to explore those forces that maintain the status quo, foundational information required prior to attempting change. What elements have maintained a hesitant approach to adopting HFHPS as an education technique? Group dynamics should make a positive contribution to achieving change by helping to identify both the group and individual drivers and their interactions. The spiralling of iterative steps constituting action research is synergetic with practice in nursing and offers a sympathetic method for the introduction of HFHPS as pedagogy for the introduction of foundational counselling skills in CAPN. Finally the insights offered by the 3 step model of change would assist in systemising an approach for successful implementation of this desired change.
Conclusion

Kurt Lewin’s seminal work has clearly established many of the understandings that still have currency within the field of organisational change. Notwithstanding limitations in accommodating power and some of the chaotic and complex elements of change, Lewin’s work continues to contribute relevant insights to planning the implementation of change.

As such, Lewin’s Model of Planned Change proffers a template to employ in many contexts including nursing. Its potential to provide guidelines to plan introduction of a new technology – such as HFHPS to CAPN – continues to maintain its relevance. Those anticipating the introduction of change could benefit from considering the process through the lens of Kurt Lewin’s Model of Planned Change.
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