Proposing a change to oral care for patients undergoing chemotherapy

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Abstract
Oral mucositis is a common side effect for patients living with blood cancers receiving high dose chemotherapy. However, studies have shown that maintaining good oral care during chemotherapy can help reduce the likelihood of this painful condition developing. This article will explore the importance of effective leadership to successfully implement a change in practice. Its aim is to improve the oral care of patients undergoing chemotherapy and reduce the risk of oral mucositis. By implementing this change in practice, health care professionals can have a positive influence on patient care, incorporating the evidence-base of good oral care management.

Keywords
Mucositis, Oral Care, Chemotherapy, Change Management, Leadership,

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Introduction

Oral care in patients with blood cancers undergoing chemotherapy is an area of particular interest to me. I have witnessed the poor management of oral care in patients receiving chemotherapy and the negative impact it can have on their experience in hospital. During treatment, patients are prescribed various mouthwashes, gels and sprays with limited guidance on how and when they should be used. As a result, I found many patients and health care assistants neglected mouth care or did not use the mouthwashes as prescribed as they were unsure how to use the various treatments.

Care plans should include mouth care for those receiving high dose chemotherapy (Health Education England 2016). Despite this, there are no national clinical guidelines or protocols published by the National Institute for Health and Care Excellence (NICE) to support the delivery of high standards of oral care for patients receiving high dose chemotherapy. This is an important issue in nursing due to the risk of patients in this group developing oral mucositis. Riley et al. (2015) found that over 75% of patients receiving treatment are affected by oral mucositis, causing inflammation and ulceration of the mouth, leading to severe pain and difficulty eating and drinking. Due to this condition patients often need artificial hydration and nutrition. Additionally, these patients have a weaker immune system, so there is a high risk of them developing life-threatening infections through these ulcers. These complications can lead to a prolonged stay in hospital and disruption to patients' cancer treatment, meaning they are not receiving the best possible treatment. However, studies have shown that maintaining good oral care during chemotherapy treatment can help reduce the likelihood of oral mucositis (McGuire

et al. 2013; Lalla et al. 2010).

This change aims to implement a system in clinical practice which will improve oral care thus reducing the risk of oral mucositis in this group of patients.

The Change Management Process

Effective management is essential during periods of change. Change management is described by Stanley (2016) as the way we deal with or direct change. The change management process involves using tools and models, which entails recognising the need for change, analysis of the available options, preparation and planning for the change, identifying strategies for implementing the change, evaluating and monitoring its impact and sustaining the change (Gopee and Galloway 2017). It is important to plan the process of change in detail as this can impact on the success rate, as well as helping to avoid unexpected issues/challenges. Having a plan that details every step of a proposed change, and timescales, enables you to check whether you have thought of everything including resources and support needed and whether milestones are reached (Hewitt-Taylor 2013). This is supported by Persily (2014) who claims that changes often fail due to lack of planning and change agents taking an unstructured approach to implementation.

Leadership

In addition to good change management, effective leadership is also needed for change to be successfully implemented and sustained. Gopee and Galloway (2017) define leadership as individuals who can influence and motivate so that goals can be achieved

in the workplace. Conversely Barr and Dowding (2016) believe that leadership can be viewed from various perspectives such as a characteristic trait, the qualities a person may have or the effect someone has on group behaviour.

When analysing the literature on both leadership and management, it is evident that both concepts are beneficial when used together to implement change. Daly, Speedy and Jackson (2015) state that the two concepts must be integrated for managers and leaders to function and implement change effectively. This is underpinned by the Nursing and Midwifery Council (NMC) Code of Conduct (2018) which states that nurses must provide leadership to ensure people's wellbeing is protected and to improve their experiences of the healthcare system.

Leadership and management can be interchangeable in the workplace. Kelly and Tazbir (2014) state that positive and effective leadership is often apparent through the leader's characteristics or personal traits, their leadership styles or leadership behaviours. There are two main leadership styles: transactional leadership and transformational leadership (Gopee and Galloway 2017). These leadership styles refer to the particular ways in which individual leaders conduct themselves in leadership positions.

Transactional Leadership

Transactional leadership is described by Gopee and Galloway (2017) as a style of leadership in which leaders aim to achieve organisational goals, following policies and

procedures by setting clear objectives and expectations for followers. Rewards and incentives are used to enhance employee performance and influence staff motivation. In that respect, Barr and Dowding (2016) describe transactional leadership as more of a 'give and take' working relationship between leader and follower, dealing with the basic needs of the organisation rather than the needs of the followers.

A limitation of this leadership style is that higher demotivation and attrition arise when individuals don't feel empowered. There are limited opportunities to make suggestions, which can lead to resentment, increased resistance to change and high staff turnover (Tirado 2013). However, Hartley and Benington (2010) argue that transactional leaders are underestimated and possess important leadership skills and traits such as being authoritarian, directive and focussed as well as clarifying what is expected, focusing on expectations and giving feedback on whether followers are meeting objectives. These skills are particularly useful in organisations where the followers are focussed on achieving clear task objectives or in emergency situations.

Findings from a meta-analytic review conducted by Clarke (2012) suggest that transactional leadership is positively related to improved patient safety, linking it to compliance with rules and regulations, monitoring while taking proactive steps to implement corrective actions.

Transformational Leadership

A transformational leader can inspire and influence followers to work towards common

goals. Curtis, de Vries and Sheerin (2013) claim that the power of transformational leaders comes from their ability to empower, stimulate and motivate others to achieve exceptional work without giving orders. Holly and Igwee (2011) identify transformational leadership as comprising intellectual stimulation by encouraging new ideas, individual consideration of followers, stimulating creativity, leading by example and instilling pride and motivation in followers. In addition, Jasper and Jumaa (2016) suggest that transformational leaders are visionary, self-aware, balanced and confident in breaking professional boundaries to develop a multi-disciplinary team approach to patient care.

Transformational leadership contributes to nursing practice and is associated with improved patient care and high-performing teams. A concept analysis of transformational leadership in nursing conducted by Fischer (2016) revealed that transformational leadership creates a supportive environment, improves job satisfaction and morale resulting in significant reductions in staff turnover and greater job performance. All of which was found to be linked to improved team performance and patient care. Transformational leaders motivate staff to see the good in proposed changes, so this style of leadership can help to reduce resistance to change. There is limited research identifying the potential issues of transformational leadership style. However, Hutchinson and Jackson (2013) suggest that depending on their motivation and vision, transformational leaders can influence changes to poor practice.

Transformational leadership is viewed as the most effective leadership style when implementing change because, while it recognises the importance of rewards, it also

engages followers emotionally and intellectually. However, many believe that effective leaders have both transformational and transactional characteristics, using a combination of the two styles enhancing and complementing each other (West et al. 2015; Hartley and Benington 2010). Applying the right leadership style throughout the various steps of change will influence the implementation and sustainability of the change.

Effective leadership is important when planning change to ensure high-quality care. There must be direction, and effective leadership ensures everyone is clear about what they are required to do. Effective leadership has been linked with good service delivery and patient care as the primary outcome (Armit et al. 2015). Alternatively, poor leadership has been associated with suboptimal clinical outcomes for patients. Francis (2013) raised concerns about the leadership and organisational culture that allowed a large number of patients to be harmed unnecessarily. He also highlighted the lessons that can be learnt to succeed in developing effective leadership and a culture that puts patients' needs first. A key message from this report was that clinical teams perform best when their leaders value and support staff, enable them to work as a team and ensure that the primary focus is on patient care (Frances 2013).

The results of an online leadership self-assessment which I completed suggested that my preferred leadership style was transformational; however, my score for transactional leadership style was only slightly lower. Leadership styles will be discussed at each stage of the change management process to ensure the most effective leadership style at each stage.

Model of Change

I have decided to use Kurt Lewin's (1951) model of change management to implement my proposed change in service delivery. I have chosen this model because it is simplistic and easy to follow and although this model was developed many years ago, it remains relevant today. This model has been criticised for being overly simplistic (Brisson-Banks 2010), but as a novice to change management, I feel this would best suit my change of service delivery. I considered using other models of change management such as the Plan-Do-Study-Act (PDSA) cycle; however, research has criticised the complexity of its use in practice (Reed and Card 2015). Lewin's model involves a three-stage process entailing unfreezing, change/movement and refreezing.

Unfreezing

The first stage of this model involves a lot of preparation and planning to create an ideal environment for the change to take place. Cummings, Bridgman and Brown (2015) state that it involves preparing the team to accept that change is necessary and altering the present stable equilibrium which supports existing behaviours and attitudes. Resistance to change is more likely to arise during the unfreezing stage. Some members of the team may try to resist the change even if the change will improve patient care, due to potential disruption and discomfort. Therefore, the central theme of this stage is to shift people from this 'frozen' state to an 'unfrozen' state (Daly, Speedy and Jackson 2015).

The transformational leadership style will be used for this stage as research suggests this

style is most suited to dealing with conflict and resistance (Doody and Doody 2012). Moreover Bach and Ellis (2015) suggest that this style is ideal when preparing people for change as it enables leaders to inspire people through motivation to share the same vision.

The first step I will take is to arrange a meeting to get management approval for my proposed change. Full backing is required from the management team as change will be difficult without their approval. Gopee and Galloway (2017) emphasise the importance of obtaining full management support as this will have a significant influence on the successful implementation and sustaining of the change.

During this stage, I will also arrange a meeting with the haematology-oncology team to explain the need for change and what I am proposing to change and implement in practice. Stanley (2016) suggests that all staff who will be affected by my change should be consulted and respected or resistance will be inevitable. This consultation is crucial to the success of my proposed change. I must get the team on board and motivate them to accept that my change is necessary. Any change in practice may increase stress, fear and uncertainty within the team, so understanding the purpose of my change is critical in its success. The British Medical Association (2017) suggests using evidence to demonstrate my reasoning for change. Therefore, I will present research to the team which links good oral care management with a reduced likelihood of oral mucositis developing. In addition this change aligns with the need to practice effectively on the basis of best evidence available and best practice (NMC 2018). I will ensure that the team is fully involved and has the opportunity to give feedback and raise any concerns. Stanley

(2016) supports this, stating that not allowing people to have significant participation in the change process will leave them feeling undervalued and result in resistance to the change.

Lewin (1951) suggests using tools in the change management process such as a SWOT analysis and a force field analysis. A SWOT analysis was undertaken. This tool was used to highlight the strengths, weaknesses, opportunities and threats that my change will have on the haematology-oncology unit, which allowed any potential obstacles to be highlighted and dealt with. Barr and Dowding (2016) claim that a SWOT analysis needs to be performed with team involvement whenever possible as together they can be more objective.

Change Management

The second stage involves the development of new attitudes and behaviours, and the implementation of the change (Gopee and Galloway 2017). Bach and Ellis (2015) believe that effective communication and support is critical at this step as this is the time when most people struggle with the new reality. Barr and Dowding (2016) also highlight that effective communication is needed at this stage to help overcome resistance and add that the team should be reminded throughout implementation, of the reasons for the change and how it will benefit them once fully implemented. I will use a transformational leadership style at this stage as this approach is believed to be especially effective during times of change (Fischer 2016). During this time the team will require a lot of motivation and support to help alleviate stress and fears.

During this stage, information booklets will be available to educate patients, alongside mouth care daily record sheets. The team will be expected to adopt the new documentation and use it as instructed. Audits will be used to monitor the change. Hewitt-Taylor (2013) supports the use of audits to monitor any change, stating that they will establish whether agreed best practice is being followed. Barr and Dowding (2016) add that audits will determine the effectiveness of the documentation while enabling amendments to be made as needed.

Refreezing

The final stage is about reinforcing and stabilising the change after it has been implemented in practice. Efforts must be made to sustain the change. The change needs to be cemented into the organisation's culture and maintained as the acceptable way of managing oral care (Hewitt-Taylor, 2013). The role of a link nurse is recommended by the Royal Collage of Nursing (2012) to act as an acknowledged contact person, a role model and visible advocate for a change. Link nurses can be very effective in sustaining a change such as this.

Cummings and Worley (2014) recommend using rewards and acknowledgment of individualised efforts to reinforce the change. Taking this into account a transactional leadership style will be beneficial during this stage as the use of rewards and incentives may encourage staff to use the new documentation and challenge those who do not. Cummings, Bridgman and Brown (2015) argue that this refreezing step can be too rigid

and inappropriate due to the continuous need for change. However, without the refreezing stage, there is a high chance that people will revert to the old way of doing things.

Conclusion

Effective leadership is crucial as it helps maximise efficiency and is needed for change to be successfully implemented and sustained. The success of this change relies on commitment from everyone involved. Additionally, those implementing the change must be prepared to overcome any obstacles that may arise. Effective leaders exhibit specific skills and attributes to implement change such as excellent communication skills, empathy, confidence, flexibility and the ability to motivate.

There is clear evidence of the link between effective leadership and a range of important outcomes within health services. These include improved patient satisfaction, reduced patient mortality, improved staff well-being and improved overall quality of care. By implementing this change in practice, health care professionals can positively influence patient care by incorporating evidence-based practice of good oral care management. This improves consistency of care while promoting an intervention of proven benefit against oral mucositis. Additionally, if these changes prove successful, they could be proposed to other haematology-oncology units, improving patient care in other areas by sharing knowledge.

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