

Clinical Nurses' Perceptions of Change Agent Competency for Quality Improvement in Nursing Practice: A Qualitative Study

Kamonpan Ramkaew, Sasitorn Phumdoung,* Nongnut Boonyoung

Abstract: Changes in the healthcare system directly impact the nursing profession. Nursing is a vital profession, and nurses face many challenges and the need for changes in healthcare. This first-time study aimed to describe the change agent competency of clinical nurses from their perspectives in the Thai healthcare context. The researchers conducted a qualitative descriptive study. In-depth interviews were conducted among 12 clinical registered nurses in a Thailand Quality Award recipient super-tertiary university hospital in southern Thailand using semi-structured interviews, audio-recording, and observation record forms during October to December 2021. Purposive and snow-ball sampling were used to select participants. Using content analysis, seven themes of change agent competency were revealed: 1) improving quality of care, 2) commitment to achieving change, 3) clinical ability, 4) enhancing engagement in improvement, 5) using information efficiently, 6) knowing how to seek useful resources, and 7) improving after receiving feedback contributing to the conceptual structure of change agent competency. Trustworthiness was assessed using member checking and peer debriefing to ensure the quality of the study. The findings are helpful for nurses and health leaders to better understand the potential of nurses as change agents in reforming practice. The findings of this study also form a foundation for nurse educators to incorporate change agent theory and practices in education and training. However, since this was a first-time study on the topic with clinical nurses in Thailand, much more research is needed, including developing a standard tool to measure and develop change agent competency of Thai clinical nurses, given there is no such instrument in the country

Keywords: Change agent competency, Clinical nurses, Competency, Quality improvement, Qualitative description, University hospital

Received 1 April 2024; Revised 12 July 2024;
Accepted 14 July 2024

Introduction

Changes in the healthcare arena occur inevitably and unceasingly, including changes in nursing practices due to the demand for innovation and evidence-based policy, the changing profile of populations, emerging and re-emerging infectious diseases, and technological advancement.¹⁻³ Healthcare policies in Thailand, such as the 20-year National

Kamonpan Ramkaew, RN, PhD (Candidate), Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. Email: kungpsu@gmail.com; kamonpan.r@psu.ac.th

Correspondence to: Sasitorn Phumdoung, RN, PhD, Professor, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. Email: sasitorn.ph@psu.ac.th; sxp78@yahoo.com*

Nongnut Boonyoung, RN, PhD, Associate Professor, Former work at, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. Email: Nbsrilekar@hotmail.com

Strategic Plan (2018–2037) has emphasized more development and implementation of various strategies to effectively deal with rapid change. All these strategies aim to create a sustainable healthcare system

corresponding to the Sustainable Development Goals (SDGs).⁴ The changes in nursing practice impact the provision of direct and/or indirect care to patients, families, communities and society.⁵ All nurses must act as change agents⁶ to make and manage change.⁷ Change agents in nursing practice aim to improve clinical care.^{6,8} The competent clinical nurse is a registered nurse who has expertise at the bedside and has encountered many changes.⁹ Successful change management depends on various strategies and factors, including being a change agent.^{10,11} Consequently, there is an urgent need for clinical nurses to expand their role to be a change agent and a stimulator for turning routine or passive behaviors into proactive nursing practice that leads to continuous improvement in the healthcare system.^{6,12}

In Thailand, the Thailand Nursing and Midwifery Council (TNMC) has defined nurse competency as the knowledge, ability, and attitude of registered nurses in eight aspects.¹³ Meanwhile, clinical competency refers to the ability of a nurse to integrate knowledge, skills, and attitude together with professional values to clinical situations in different circumstances.¹⁴ Change agent competency is the key to a successful driving force for organizational transformation.¹⁵ The responsibility to make a change may be filled by a clinical nurse, a registered nurse who has expertise at the bedside.⁹ As a change agent, the clinical nurse can facilitate a smooth change and work to ensure positive outcomes for delivering high-quality care.^{8,16}

Clinical nurses' change agent competency helps to improve cost-effectiveness. It impacts satisfaction with care, family burden, better access or improved accessibility, decreased hospital readmission, and quality of life (QoL).^{8,17} However, there are limitations to the evidence regarding the change agent competency of clinical nurses in Thailand, and most of the literature focuses on the change agent competency of advanced nurse practitioners. Thus, it is necessary to understand and describe change agent competency through the perceptions of competent clinical nurses. The beneficial findings of this study provide information

that can assist the development of change agent competency of clinical nurses and lead to implementing change for quality improvement of nursing care and the healthcare system.

Review of Literature

Change agent competency generally includes knowledge, skills, and personality traits.¹¹ Literature reviews indicate that the clinical nurses' change agent competency consists of four domains: a desire to change, persistence, clinical ability, and multidisciplinary engagement. First, desire to change recognition focuses on the significance of change based on clinical nurses' perception of transforming by cooperating with a facility care delivery model.¹⁸ Clinical nurse change agents have awareness and a sense of the hidden problems. Also, they become dissatisfied with the status quo and strongly need to start challenging the usual status or way of doing things to manage clinical situations.^{16,19} It is essential for clinical nurse change agents to increase the positive outcomes of nursing delivery.²⁰ Second, persistence is defined as clinical nurses' enthusiasm to identify opportunities and set goals to accomplish change. This domain also relates to clinical nurses' potential to overcome difficult situations and obstacles. They attempt and are eager to initiate creative ideas for various solutions and suitable methods for the optimal new nursing practice.²¹

Third, clinical ability relates to the competency of clinical nurses to initiate change because of the breadth of experience and expertise in their particular area. This is a vital element for achieving change in clinical care.¹⁹ It encourages clinical nurses to accomplish their potential and enhance people's health and health services.²² Last, resistance is the key barrier to implementing change and failure.²³ The crucial performance of clinical nurses as change agents is to inspire other members to increase awareness and understanding of the changes and to promote their commitment and willingness to change.²³ Therefore,

interdisciplinary engagement is an interpersonal process that includes setting goals, sharing various ideas for decision-making, and working together to solve nursing care problems. This process enables clinical nurses to increase their competency as change agents for professional engagement to drive a smooth change.²⁴

It is crucial to investigate the change agent competency of Thai clinical nurses based on their perceptions of the topic. The understanding gained in this study is useful for capturing the change agent competency of competent clinical nurses as a foundation for broadening knowledge about the topic, future education, testing and recognition of nurses as change agents, and better responding to the current and forthcoming healthcare needs in Thailand.

Study Aim

The purpose of this study was to describe change agent competency from the perception of Thai competent clinical nurses.

Methods

Design: This study was part of a larger study that has not yet been published, entitled “Development and Psychometric Evaluation of a Clinical Nurses’ Change Agent Competency Scale in Thailand.” In the study phase reported here, we used qualitative descriptions of clinical nurses’ change agent competency that were free from theoretical or conceptual foundations to elucidate the topic’s practical descriptions. We followed the consolidated criteria for reporting qualitative studies (COREQ).

Participants and Setting: The participants were 12 Thai competent clinical nurses who had worked for at least five years in different units at Songklanagarind Hospital – a Thailand Quality Award (TQA) recipient/super-tertiary university hospital in the South of Thailand. This facility is well-equipped with advanced technology and many specialist healthcare professionals responsible

for clients with difficult and complex healthcare conditions. The participants were registered nurses who: 1) were accepted as a change agent by their co-workers and/or persons with higher authority, 2) were involved in change processes by developing a new nursing practice, guideline, protocol, best practice, or innovation, or engaged in research activities, 3) had received recognition with rewards as a change agent by their organization or the nursing profession, and 4) had graduated with at least a bachelor degree in nursing. The participants worked in different areas, including medical, surgical, orthopedics, pediatric, critical care and outpatient units.

Ethical Considerations: The study commenced after approval was obtained from the Ethics Committee of the Faculty of Nursing, Prince of Songkla University (Approval no. PSU IRB 2021–St–Nur021 (Internal), August 9, 2021) and the Human Research Ethics Committee of the Faculty of Medicine, Prince of Songkla University (Approval no. REC.64–450–19–6 dated October 7, 2021). Potential participants were informed about the purpose of the study, their rights, benefits, voluntary participation, and confidentiality before they signed the consent form. Before each interview, the primary investigator (PI) made an appointment to meet the participants face-to-face to introduce the researcher, the objectives of the interview and the study, and their rights, especially their willingness to participate in the study, their right to not participate or to withdraw from the research at any time.

Data Collection: The PI conducted in-depth interviews for three months, from October to December 2021, beginning with three participants recruited with the assistance of the head nurse in the ward. The PI explained to the head nurse the inclusion criteria and the characteristics of change agents derived from the literature reviews. The head nurse identified the first three participants; then nine others were recruited using the snowball technique. All were interviewed until data saturation was reached. The process of data collection began by informing the participants of the nature and

purpose of the research, obtaining consent forms and letters of information in layperson language, asking for permission to collect the data and assuring the privacy and secrecy of their data.

We aimed to capture rich data using in-depth interviews, an observation form and audio recordings. Semi-structured interviews were held at the participants' preferred location, 40–60 minutes for each interview. Each participant was interviewed 1–2 times and had a second interview of about 10 minutes, if the researcher had some questions after transcribing the initial interview. The interview guide included a demographic data form and semi-structured questions. The form was developed by the PI to record data of the participants, covering age, gender, education level, work experience, job position, and working unit. Three experts using the qualitative approach inspected the open-ended questions: 1) Please tell me (could you tell me?), have you participated in any project that has brought change to your unit/ward/department/hospital to improve the quality of care? And what are these changes? 2) In your opinion, are the characteristics of change agent competency of a clinical nurse that can make a change in their nursing/job? Further probing questions were asked to obtain a sufficient description based on the participants' responses.

Data Analysis: The in-depth interviews were transcribed verbatim and analyzed using Crist and Tanner's content analysis²⁵ to interpret them. Before analysis, each transcript was returned to each participant

to check the accuracy of the information. The PI coded all information from the data related to clinical nurses' change agent competency. Twenty sub-themes emerged from the participants' codes and statements. After that, relevant sub-themes were merged to become seven themes.

Trustworthiness: Credibility and dependability were used to obtain trustworthiness and confirm the quality of the content in this study. Credibility was assessed using member checking, and dependability was assessed using peer debriefing methods.²⁶ The analyzed and interpreted data were sent back to all participants to assess the interpretation made by the interviewer and for them to suggest changes if they were unhappy with it or because they had been misreported. The PI performed member checking throughout the ongoing data collection and data analysis. The credibility of results was accomplished when the conceptual descriptions were recognized as valid by those who had successful change experiences and by three experts in qualitative research. Data saturation was reached with the twelfth participant because the data presented redundancy, and PI had achieved findings representative of the phenomena.

Findings

Table 1 shows the characteristics of participants. Seven themes and 18 sub-themes of change agent competency of Thai clinical nurses emerged from data analysis (see **Table 2**) and are described below:

Table 1. Characteristics of participants (N = 12)

ID	Age	Marital status	Education	Years of experiences	Unit
1	57	Married	Bachelor	34	Outpatient
2	58	Married	Bachelor	33	Orthopedics
3	47	Single	Master	24	Neonatal intensive care
4	47	Single	Bachelor	24	Surgery
5	39	Single	Bachelor	16	Intensive care
6	30	Married	Bachelor	8	Intensive care
7	43	Married	Bachelor	20	Operation
8	55	Married	Bachelor	22	Intensive care
9	53	Single	Bachelor	21	Intensive care
10	47	Single	Bachelor	24	Surgery
11	53	Married	Bachelor	20	Outpatient
12	49	Single	Bachelor	26	Intensive care

Table 2. Sub-themes and themes of change agent competency of Thai clinical nurses

	Sub-themes	Major themes	Description
1.1	Solving the problem at hand	1. Improving the quality of work	Clinical nurses' change agents can assess risk and a problem and their awareness and intention to improve clinical practice. Positive outcomes increase pride and professional dignity by enhancing acceptance from patients, families, and other professionals.
1.2	Seeking weakness of work		
1.3	Awareness to enhance professional and organizational value-added work		
2.1	Revision work takes time	2. Commitment to achieving change	Clinical nurses who are change agents have invested their time in revising work. The process of change faces many barriers. Some participants felt bored by the lack of progress or failed; however, they endeavored to achieve successful change.
2.2	Many barriers to achieving change		
2.3	Endeavoring to achieve successful change		
3.1	Acquiring critical new knowledge	3. Clinical ability	Participants demonstrated their ability by integrating updated nursing knowledge and skills based on their area of work after learning about in-depth causes, effects, and suitable solutions for development.
3.2	Creating new ideas		
3.3	Can identify the solution to the problem		
4.1	Appreciating others	4. Enhancing engagement in improvement	Clinical nurses can potentially encourage others to be involved in change processes.
4.2	Persuading others for improvement		
4.3	Communicating effectively		
5.1	Searching for evidence systematically	5. Using information efficiently	Participants as change agents searched, collected and synthesized data related to quality improvement, including evidence-based practice, existing nursing practice and innovation.
5.2	Analyzing data		
6.1	Ability to seek useful and available resources in the clinical setting	6. Knowing how to seek useful resources	As change agents, the participants sought resources, built up relationships, and consulted experts who could contribute knowledge and suggestions.
6.2	Learning to put effort into building relationships with experts		
7.1	Positive perspectives towards comments and suggestions.	7. Improving after receiving feedback	The clinical nurses, as change agents, were open-minded about feedback and welcomed and utilized comments and suggestions from others to provide better nursing care.
7.2	Using feedback to provide better care		

Theme 1: Improving the quality of the work

This refers to the participants' ability to assess risks and problems and their awareness and intention to improve clinical practice. Positive outcomes increase pride and professional dignity and are enhanced by acceptance from patients, families, and other professionals. This theme comprises three sub-themes:

Sub-theme 1.1: Solving the problem at hand

Solving the problem at hand mainly focuses on the potential to assess a problem in nursing care and the characteristics of a participant who possesses awareness and intention to solve this. Solving a problem brings a sense of improvement, and the expression of this is shown in the following responses:

"I realized the impact of the problem and thought about how to solve the problem... aim to solve the problem. Sometimes, we transferred a patient who had traction between beds, which led to higher pain. I assessed and detected the problems at my work, and I wanted to solve the problem." (ID1)

"The x-ray related to the safety of the newborns, the parents, and our staff. Previously, the x-ray film was able to check completeness immediately... [but] The newborns received the x-rays many times. This process enhanced many problems, such as risk to the newborns, and the parents. Therefore, the problem needs to be solved for improvement." (ID3)

Sub-theme 1.2: Seeking weakness of work

This refers to the need to improve nursing practice and not waiting until the problem is discovered. For example:

"I was dissatisfied with existing nursing practice, which encouraged me to create new nursing practice. For example, medicine administration consisted of eight steps, [and] although the nurses provided medicine to the patients on time and there was no incidence. However, I considered that I wanted to reduce the eight steps to five steps. The vital benefit was a decrease in workload." (ID2)

Sub-theme 1.3: Awareness to enhance professional and organizational value-added work

The participants explained the perception of individual characteristics crucial for quality improvement. They have self-awareness to enhance professional values through developing new nursing practices, which leads to acceptance from the patients and interdisciplinary teams. Their perspectives are as follows:

"I often created new things because it positively influenced my unit, nursing profession, and patients." (ID1)

"We need to realize the benefits of development for organization and the nursing profession. I initiated the method to increase the effectiveness of IV catheter insertion. I created the innovation. The patients appreciate my nursing skills and respect the value of our profession." (ID4)

Theme 2: Commitment to achieving change

The process of change takes a lot of time, and many barriers occur. Some participants felt bored or failed to obtain the potential to reach the aims of change; however, they endeavored to achieve successful change. This theme comprises three sub-themes:

Sub-theme 2.1: Revision work takes time

This refers to the characteristics of a participant who is enthusiastic to achieve improvement and spends much time to achieve successful improvements, especially time for revision. The rationale for time taking included that the participants had a routine workload that triggered them to be exhausted, so they had no energetic passion for revision. Therefore, participants took more time to succeed in change. Participants explained this:

"Revising our work took more time, so I was bored. The suggestion from the expert sometimes triggered me to fail. I was so tired after working. I thought everyone knows that nurses had many things to do during shifts. I wanted to take a rest and revised my improvement later. So, I spent much time to complete it but I attempted to revise many times to achieve my goal." (ID6)

"Revision of work took more time or suggestion from the experts. I sometimes was bored and failed because I thought that I had no ability to do it. However, my goal activated me to the effort because I desired to accomplish my goal." (ID10)

Sub-theme 2.2: Many barriers to achieving change

The participants described that they met several barriers when making changes in practice.

However, from their perspectives, it was important to deal with these barriers. They realized the benefits of successful change and considered that barriers are common during any improvement. For example:

“I thought that the process of success must deal with many obstacles, such as workload, limitation of time, or lack of a consultant, so all of these reasons made me consider stopping the improvement of nursing care. In my opinion, I thought the barriers were the challenges because change was not easy and the barriers were general things during the process of change.” (ID3)

“There were barriers, which triggered us to give up and stop the project, such as workload, or lack of cooperation from co-workers. I thought that positive thinking was important because I imagined successful innovation would be useful for the patients. So, my goal inspired me to complete it I tried to get rid of the barriers.” (ID6)

Sub-theme 2.3: Endeavoring to achieve successful change

This refers to participants’ characteristics of commitment to accomplishing their goals.

“In my opinion, I was able to do everything... it was not hard, so I always committed to myself that all obstacles can be crossed by myself.” (ID6)

“My goal activated me to make the effort to accomplish my goal. I thought that this is related to a personal characteristic and I did not give up to doing anything. I committed with myself that I was able to do it.” (ID10)

Theme 3: Clinical ability

This refers to participants’ performance in integrating updated nursing knowledge and skills based on their area of work after getting knowledge of in-depth causes, effects, and a suitable solution for development. This theme comprises three sub-themes.

Sub-theme 3.1: Acquiring critical new knowledge

This relates to participants acquiring new knowledge that assists them in understanding the problem and foreseeing the various solutions. The crucial ability is the search for significant knowledge and information to incorporate into practice, for example:

“The search for new updated knowledge assisted me to increase my understanding of the problems and easily think of the appropriate solutions.” (ID5)

“The first step of planning is collecting data related to my project of interest. I attempted to find various sources, such as searching research and academic publications, and video presentations, and consulting the experts. I received the rich data and new knowledge.” (ID7)

Sub-theme 3.2: Creating new ideas

The participants explained that integrating nursing knowledge and understanding of the area of practice is vital to creating new ideas to solve problems. Their ideas were expressed in the following quotes:

“I obtained different knowledge experiences from other nurses and other contexts. Finally, I utilized the data set to create a new idea for producing innovation.” (ID5)

“Creative new ideas were important to develop new nursing practice. I needed to imagine various solutions and tried to do them. Finally, I reached the appropriate method to solve the problem.” (ID8)

Sub-themes 3.3: Can identify the solution to the problem

This refers to combining participants’ knowledge and nursing skills in a particular area to deeply understand the problems and identify a suitable solution. This is expressed in the quotes as follows:

"The lack of clinical knowledge was not able to support my understanding and ability to assess the problems of nursing care." (ID3)

"The clinical knowledge and skills highly impacted to change nursing care because it helped me to understand the overview of the problem in my context that led to creating the solutions. (ID11)

Theme 4: Enhancing engagement in improvement

This relates to the participants' potential to encourage others to be involved in the change process and comprises three sub-themes:

Sub-theme 4.1: Appreciating others

Everyone has individual value, so the nurse, as a change agent, respects and sincerely appreciates these people to be a key driver of change. The following participants' viewpoints are as follows:

"We needed participation, so I always appreciated the others as they were key persons for achievement." (ID1)

"I always participate in others' projects and innovations because I think that everyone is my family member, and my unit is my home. Co-workers were impressed with my support. Therefore, others returned support for me to change nursing practice." (ID5)

Sub-theme 4.2: Persuading others for improvement

All participants emphasized that the ability to persuade others is vital to encourage participation in change. The significance and the benefits of changes to co-workers need to be stressed. This ability enhances their willingness to engage in the various processes of change. This is expressed in the quotes as follows:

"Change is not easy, but I attempted to persuade my co-workers to participate in my project. I persuaded them that they were the key persons for achievement, so their participation was important to improve nursing care." (ID2)

"Persuasion is important for involvement in my work. I tried to present the benefits of improvement and persuaded them that the best quality of care could not be achieved without them." (ID8)

Sub-theme 4.3: Communicating effectively

This is a crucial skill to convey information. The change agent must continuously convey information regarding all change processes to others. They must also have the skill to inform via many communication channels because these help to provide complete information, for example:

"Communication was significant for informing about the innovation because it was useful to increase staff's understanding." (ID6)

"I informed others about the details of the innovation including the significance and method of usage through various communications, such as face-to-face, small group, and line group." (ID10)

Theme 5: Using information efficiently

This refers to the ability of participants to search, collect, and synthesize data related to their quality improvement, including evidence-based practice and existing nursing practice and innovation. This theme comprises two components:

Sub-theme 5.1: Searching for evidence systematically

The participants gathered information related to improvement. All information was categorized and used for the change process. They also apply evidence to practice after obtaining updated knowledge. It can be used to develop possible improvement solutions. The expression of this ability is shown in the following responses:

"I searched the statistics of the problems from Thailand and worldwide. The literature was reviewed to gather data, and I broadly sought out the best available evidence." (ID2)

“I collected all data and divided the types of data...causes, effects, shift of incidence, and suggestions.” (ID7)

“Utilization of evidence-based practice was not focused on searching the publication, but it increased my understanding of the process of improvement based on other’s knowledge.” (ID4)

Sub-theme 5.2: Analyzing data

This sub-theme concerns participants’ abilities to synthesize and analyze new information for creating a novel nursing practice. Their skill in analyzing data is explained as follows:

“After collecting the data, I analyzed all the data, which helped me to create the solutions.” (ID2)

“All data were useful because they helped me to think of the benefits or limitations of the new nursing practice.” (ID4)

Theme 6: Knowing how to seek useful resources

This refers to participants’ ability to seek and build relationships and consult the experts who can contribute knowledge and suggestions. This theme comprises two sub-themes:

Sub-theme 6.1: Ability to seek useful and available resources in clinical setting

Sometimes, participants assess patients’ problems and desire to solve problems. However, they have some limitations, such as knowledge, methodology, or the process of improvement. They need to seek support from others who can assist them in increasing their knowledge and performance for improvement. The expressions of participants about this are:

“I was developing a guideline of post-operation care of bypass. I knew that the doctor was an expert, so I contacted and requested him to provide fruitful knowledge for developing the new nursing guideline.” (ID5)

“I was not able to search academic publications and write the proposal. Fortunately, the nursing lecturer was teaching her students in my unit. I consulted her and she willingly assisted me to search the journals, and suggested the books and provided the comments.” (ID11)

Sub-theme 6.2: Learning to put effort into building relationships with experts

Participants described that a good relationship is important when consulting others to support them in achieving the goal of change. They applied skills to build relationships with formal and informal contacts. For example:

“I had new ideas to create innovation, and I was able to draw the prototype. Our hospital had an innovation department. So, I contacted the staff to learn the process of consultation. Then, I made an appointment and met the innovator. I attempted to explain the problem, the solution, and my ideas. I met him many times to discuss together and this led to a good relationship. He gave me many channels to consult him anytime, such as via LINE application, telephone, and e-mail address.” (ID11)

“My innovation related to chemotherapy and it was important to be concerned with mechanical properties. The doctor was an expert in oncology and also had knowledge of mechanical properties, but I did not personally know him. So, I contacted my co-worker who had been working with him. She informed him about my project and requested him to provide significant information, and he was willing to help me. I contacted him by phone and introduced myself, then he made an appointment to discuss it together. The doctor told me that I tried to meet him many times, so he was familiar with me, so he gave me an LINE ID to contact him anytime.” (ID12)

Theme 7: Improvement after receiving feedback

This refers to participants' characteristics of being open-minded, accepting comments and suggestions from others, and utilizing feedback to improve new nursing methods to be most appropriate and feasible. Analysis of the participants' views are described in two sub-themes as follows:

Sub-theme 7.1: Positive perspectives towards comments and suggestions

This relates to participants' characteristic of having a positive perspective towards comments and suggestions from others since these provide valuable information to improve their nursing practice. Their expression is presented in the following responses:

"Our staff provided comments and suggestions which were valuable information for further development." (ID7)

"I request my co-workers to re-assess because new nursing practice could not be complete without suggestions from my co-worker." (ID9)

Sub-theme 7.2: Using feedback to provide better nursing care

Participants described they produced a new version of nursing practice based on feedback from others. This information could be applied to analyze the cause of problems, create new ideas, and adjust nursing practice to finalize the most appropriate version. Examples of this expression are:

"The evaluation consisted of irritation, the effectiveness of fixation, and comfort. I adjusted the material around 2-3 times for the most appropriate product." (ID6)

"We adjusted it three times and made minor changes many times based on comments and suggestions from patients and staff, such as comfort, practical use, and tightness." (ID9)

Discussion

This study presents rich findings comprising seven themes with 18 sub-themes exploring the change agent competency of clinical nurses in Thailand based on registered nurses' perspectives.

Improving the quality of work was the most important competency of nurses being change agents since clinical improvement cannot be successful without them in healthcare.²⁷ All participants mentioned this competency and shared that it was the initiative process in improvement. Skills and characteristics are crucial components of this: competency through having a positive viewpoint of professional values, using skills to assess the problems, seeking new solutions, and intending to improve the quality of care.^{15,19, 22, 28-30} Most international publications have reported that improvement emerges from a nursing problem, which stimulates clinical nurses to design and redesign practices. Positive outcomes improve quality of care and decrease time wasting time and cost.^{22,28,31} Additionally, a significant outcome of being a change agent is enhancing professional confidence, independence, and pride, becoming more aware of professional conduct and care diligence, and enhancing the profession's identity for social acceptance.²⁸

The change agent plays a crucial role in leading change to improve care.³² Indeed, the process of change challenged our participants. This process is complex but can be facilitated by recognizing the importance of change from others, enthusiasm and the skills to deal with difficulties in management to achieve the goal. Clinical nurses, as change agents, adopt a positive perspective to challenge the barriers to achieving the change.³³ They are also dedicated to revising new solutions many times to find the most appropriate nursing practice. Importantly, participants have spent time on both routine care and developing new nursing practices. They make extreme efforts to complete these activities sufficiently.²²

The change agent must continually learn new knowledge because it is very useful to adapt updated knowledge to respond to rapid changes in the current healthcare transformation.³⁴ Critical new knowledge is important to develop nursing practice.³⁵ It also enhanced the understanding and ability of nurses to assess and identify problems in their work.^{8,22,28,30-31} The participants must continuously update their knowledge because they need to be able to prioritize significant problems. Although they may have deep knowledge and skills in their context, which assists them in assessing the problems, they also try to search for new knowledge through various channels. Fruitful knowledge is utilized for creating new ideas for solutions to innovate new nursing practice.^{8,18,21,28,31}

Successful change to innovate new nursing practices results from the participation of co-workers, so engagement is a key component for improvement.³⁰ All participants emphasized that the change process could not occur by themselves but significantly relied on support from others. Clinical nurses as change agents must take on the role of advocate by motivating and encouraging others to drive a change.¹⁰ However, presenting the significance of changing nursing care is complex and challenging them to obtain acceptance from co-workers.¹⁵ They indicated that communication is vital for effectively driving the force of change; however, a lack of communication is a barrier to successful change.^{2,15}

Knowledge and communication skills are significant components in increasing participation because these components assist the trust and willingness of co-workers.^{10,15} Communication is utilized during the change process because it is useful to clearly describe the importance of change, which affects the quality of care and work.^{10,31} Based on the literature, clinical nurses often meet resistance to change from co-workers. Still, most of our participants mentioned that resistance was not a barrier because their head nurses supported the development of nursing practice. So, nursing leaders encourage other staff to be involved in the improvement

process by taking on the role of team member for change and providing ideas and suggestions.^{19,22,31} However, our participants emphasized that the skills to provide value and respect others are vital for engagement because these enhance trust and good relationships between the change agent and co-workers.⁶ Consequently, it is necessary to apply good communication skills from the beginning of change.¹⁵

Using information efficiently was described as a competency of clinical nurses by the participants who were change agents in Thailand. The process of collecting data supports the significance of improvement. It consists of statistics about incident reports, numbers of patients who have the problems, and opinions of patients and healthcare workers.^{21,22,31} This information clearly emphasizes the need for change. Clinical nurses, as change agents, apply evidence-based practice to define, create, and implement nursing practice for quality improvement.³⁶ Thus, knowledge and skills to search academic publications are crucial; in particular, evidence-based practice is vital because it is useful for improving clinical care by analyzing organizational knowledge and awareness of the importance of the relevant evidence for clinical decisions.^{22,31}

Co-workers' participation in clinical units is also vital, but nurses sometimes increase their knowledge in specific areas unrelated to nursing knowledge. Therefore, the ability to cooperate with people outside units is also necessary. Our participants sought experts with a lot of information and knowledge to guide the development of new nursing practices, such as engineers, innovators, or lecturers in other disciplines. Building relationship skills is significant because it assists them in receiving involvement from specialists who support flourishing and accomplishing change.^{22,31}

Co-workers are often requested to try out new nursing practices many times to identify the best new nursing procedures to develop better care and work.^{22,31} Thus, an important personal characteristic of participants is to be open-minded to receive feedback from co-workers after implementing a new nursing procedure. Our

participants also had a positive perspective toward feedback, as this is valuable information for further improvement. Participants also have the skills to adjust new nursing practices based on the results and suggestions from co-workers.²²

Limitations

This study was conducted among clinical nurses in one university hospital in Thailand, so it cannot be claimed that their perception of change agent competency represents the perception of every clinical nurse. Although this research study was conducted in one hospital, the participants had been working in different units and departments, so they might have different perceptions of change agents, which might limit the transferability of findings.

Conclusion and Implications for

Nursing Practice

For the first time, this study's findings revealed a rich understanding of clinical nurses' perceptions of change agent competency in Thailand, quite different from that reported in the literature about nurse practitioners. We believe the findings help inform nurses and health leaders who aspire to reform health care and develop nurse practitioners and protocols. We hope our research will inspire and inform other clinical nurses in their endeavors to be successful change agents. Importantly, we encourage nurse educators to find ways to incorporate change agent knowledge, skills and processes in education and training.

Recommendations for Future Research

It is crucial to gain a better understanding and evidence of change agent competency in various contexts in Thailand to clarify and define the important concepts of this competency. More research is required about nurses as change agents in clinical practice in

Thailand, both qualitative and quantitative studies, including developing a scale to measure the change agent competency of Thai clinical nurses. It is necessary to study change agent competency based on the different roles and responsibilities of clinical nurses in other settings and other countries because the findings might differ from the perceptions in this study.

Acknowledgements

The authors warmly thank the clinical nurses at the studied hospital who contributed their valuable time to the study. This study was funded by a scholarship under the Strategic Scholarships Fellowships Frontier Research Networks (specific for the Southern Region) from the Thai Ministry of Higher Education, Science, Research and Innovation.

References

1. Akkadechanunt T. Nurses' competency and public healthcare innovations in Thailand 4.0 era. *JTNMC*. 2019;34(1):5-13. Available from: <https://he02.tci-thaijo.org/index.php/TJONC/article/view/143076/122940> (in Thai).
2. Valdez A. Leading change in the International Year of the Nurse and Midwife. *Teach Learn Nurs*. 2020;15(2):A2-4. Available from: <https://doi.org/10.1016/j.teln.2020.01.003>
3. Wolgast KA. Nurses leading innovation. *Nurs Clin North Am*. 2020;55(1):xv-xvi. doi: 10.1016/j.cnur.2019.12.001.
4. National Strategy Secretariat Office, Office of the National Economic and Social Development Board. *National Strategy 2018-2037 (Summary)* [Internet]. 2018 [cited 2024 June 7]. Available from: https://www.bic.moe.go.th/images/stories/pdf/National_Strategy_Summary.pdf
5. Araki M. Patient-centered care and professional nursing practices. *J Biomed Res Clin Investig*. 2019;1(1):1004. Available from: https://www.medicalpressopenaccess.com/upload/1571591847_JBRCI-1-1004.pdf
6. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020-2030. *The future of nursing 2020-2030: charting a path to achieve health equity*. Flaubert JL, Le Menestrel S, Williams DR, Wakefield MK, editors. Washington (DC): National Academies Press (US); 2021. doi: 10.17226/25982.

7. Huber DL, editor. Leadership and nursing care management. 6th ed. Elsevier eBook; 2018. Available from: <https://evolve.elsevier.com/cs/product/9780323449069?role=student>
8. Bondurant PG, Armstrong L. Nurses: leading change and transforming care—expert opinion. *Newborn Infant Nurs Rev.* 2016;16(3):155–60. doi:10.1053/j.nainr.2016.07.004.
9. Lockhart L. Retaining nurses at the bedside. *Nursing Made Incredibly Easy!* 2019;17(4):56. doi: 10.1097/01.NME.0000559591.66125.65.
10. Smith C. Beyond the bedside: empowering nurses as change agents. *Am Nurs J* [Internet]. 2019 Nov 21 [cited 2024 June 7]. Available from: <https://www.myamericannurse.com/beyond-the-bedside-empowering-nurses-as-change-agents/>
11. Gerwing C. Meaning of change agents within organizational change. *J Appl Leadersh Manage.* 2015/2016; 4:21–40. Available from <https://www.econstor.eu/bitstream/10419/156751/1/17107-66665-1-PB.pdf>
12. Salmond SW, Echevarria M. Healthcare transformation and changing roles for nursing. *Orthop Nurs.* 2017;36(1): 12–25. doi: 10.1097/NOR.0000000000000308.
13. Thailand Nursing and Midwifery Council [TNMC]. Competencies of registered nurses [Internet]. 2018 Feb 23 [cited 2024 June 7]. Available from: <https://www.tnmc.or.th/images/userfiles/files/004.pdf> (in Thai).
14. Hui T, Zakeri MA, Soltanmoradi Y, Rahimi N, Hossini Rafsanjanipoor SM, Nouroozi M, Dehghan M. Nurses' clinical competency and its correlates: before and during the COVID-19 outbreak. *BMC Nurs.* 2023;22(1):156. doi: 10.1186/s12912-023-01330-9.
15. Ericson-Lidman E, Strandberg G. Change agents' experiences of implementing a new organizational culture in residential care for older people: a qualitative study. *Nord J Nurs Res.* 2021;41(3):149–57. doi:10.1177/20571585219959.
16. Fukada M. Nursing competency: definition, structure and development. *Yonago Acta Med.* 2018;61(1):1–7. doi: 10.33160/yam.2018.03.001.
17. Rafferty AM. Nurses as change agents for a better future in health care: the politics of drift and dilution. *Health Econ Policy Law.* 2018;13(3–4):475–91. doi: 10.1017/S1744133117000482.
18. Wong Q, Lacombe M, Keller R, Joyce T, O'Malley K. Leading change with ADKAR. *Nurs Manage.* 2019;50(4): 28–35. doi:10.1097/01.NUMA.0000554341.70508.75.
19. Innes BS. Common characteristics of nurse change agents [dissertation]. [Washington]: Seattle University; 1989. Available from: ProQuest Dissertations and Theses database (UMI No: 8925348).
20. Schenk E, Butterfield P, Postma J, Barbosa-Leiker C, Corbett C. Creating the nurses' environmental awareness tool (NEAT). *Workplace Health Saf.* 2015;63(9):381–91. doi: 10.1177/2165079915592071.
21. Hole GO, Brenna SJ, Graverholt B, Ciliska D, Nortvedt MW. Educating change agents: a qualitative descriptive study of graduates of a Master's program in evidence-based practice. *BMC Med Educ.* 2016;16(1):71. doi: 10.1186/s12909-016-0597-1.
22. Chontawan R, Akkadechanunt T, Pornwiang Y. Nursing competency in developing health promotion innovation: a case study of Ban Hong Hospital. *Nurs J.* 2015;42:163–70. Available from: <https://he02.tci-thaijo.org/index.php/cm nursing/article/view/57312/47525> (in Thai).
23. DuBose BM, Mayo AM. Resistance to change: a concept analysis. *Nurs Forum.* 2020;55(4):631–6. doi: 10.1111/nuf.12479.
24. Williamsson A. Change agents and use of visual management tools in care process redesign [dissertation]. [Stockholm]: KTH Royal Institute of Technology; 2018. Available from: <https://www.diva-portal.org/smash/get/diva2:1261420/FULLTEXT01.pdf>
25. Crist JD, Tanner CA. Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nurs Res.* 2003;52(3):202–5. doi: 10.1097/00006199-200305000-00011.
26. Lincoln YS, Guba EG. *Naturalistic inquiry.* Thousand Oaks (CA): Sage; 1985. doi:10.1016/0147-1767(85)90062-8.
27. Cadwell H. Becoming a change agent in healthcare: the key to meaningful improvement [Internet]. 2022 May 25 [cited 2024 June 7]. Available from: <https://www.healthcatalyst.com/insights/becoming-change-agent-healthcare-system-needs>
28. Ninpeng N. Change agent in the 21st century. *J Nurs Health Care.* 2017;35(1):16–9. Available from: <https://www.tci-thaijo.org/index.php/jnat-ned/article/view/84639/67383>
29. Nilsen P, Seing I, Ericsson C, Birken SA, Schildmeijer K. Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant nurses. *BMC Health Serv Res.* 2020; 20(1):147. doi: 10.1186/s12913-020-4999-8.

Clinical Nurses' Perceptions of Change Agent Competency

30. Mooney L. Beyond the bedside: Empowering nurses as change agents. ANA. 2019. Available from: <https://www.myamericannurse.com/beyond-the-bedside-empowering-nurses-as-change-agents/>
31. Rattanapatumwong B. Creating organizational changes experienced by expert nurses in general hospitals, Southern Thailand. [master's thesis]. [Songkla]: Prince of Songkla University; 2012 (in Thai).
32. Munn Z, McArthur A, Porritt K, Lizarondo L, Moola S, Lockwood C. Evidence implementation projects using an evidence-based audit and feedback approach: the JBI implementation framework. In: Porritt K, McArthur A, Lockwood C, Munn Z, editors. JBI handbook for evidence implementation. JBI, 2020. Available from: <https://implementationmanual.jbi.global>
33. Salmela S, Eriksson K, Fagerström L. Leading change: a three-dimensional model of nurse leaders' main tasks and roles during a change process. *J Adv Nurs*. 2012;68(2): 423-33. doi: 10.1111/j.1365-2648.2011.05802.x.
34. Schuhmacher C. The vital role of change agents in healthcare (r)evolution [Internet]. 2023 Oct 29 [cited 2024 June 7]. Available from: <https://www.linkedin.com/pulse/vital-role-change-agents-healthcare-revolution-christian-schuhmacher-g5hrf>
35. American Association of Colleges of Nursing [AACN]. AACN launches new initiatives to maximize academic nursing's role in shaping health policy [Internet]. 2015 Oct 23 [cited 2024 June 7]. Available from: <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/21523/>
36. Moore S, Stichler JF. Engaging clinical nurses in quality improvement projects. *J Contin Educ Nurs*. 2015;46(10): 470-6. doi: 10.3928/00220124-20150918-05.

การรับรู้สมรรถนะผู้นำการเปลี่ยนแปลงของพยาบาลไทยระดับปฏิบัติการที่มีความสามารถทางคลินิกต่อการพัฒนาการปฏิบัติการพยาบาล : การวิจัยเชิงคุณภาพ

กมลพรรณ รัมแก้ว ศศิธร พุ่มดวง* นงนุช บุญยัง

บทคัดย่อ: การเปลี่ยนแปลงในระบบสุขภาพส่งผลกระทบต่อวิชาชีพการพยาบาล ซึ่งเป็นวิชาชีพที่มีความสำคัญทางสุขภาพ พยาบาลต้องเผชิญกับการเปลี่ยนแปลงทางด้านสุขภาพจากหลายปัจจัย การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อบรรยายการรับรู้สมรรถนะผู้นำการเปลี่ยนแปลงของพยาบาลระดับปฏิบัติการที่มีสมรรถนะในบริบทของประเทศไทย โดยใช้การวิจัยเชิงคุณภาพแบบบรรยาย ใช้การสัมภาษณ์แบบเจาะลึกพยาบาลวิชาชีพระดับปฏิบัติที่มีความสามารถทางคลินิกจำนวน 12 ราย ที่ปฏิบัติงานในโรงพยาบาลมหาวิทยาลัยระดับตติยภูมิขั้นสูงที่ได้รับรางวัลคุณภาพแห่งชาติ โดยใช้คำถามกึ่งโครงสร้าง บันทึกเสียงและใช้แบบบันทึกการสังเกต เก็บรวบรวมข้อมูลตั้งแต่เดือนตุลาคมถึงเดือนธันวาคม พ.ศ. 2564 ใช้วิธีการสุ่มผู้ให้ข้อมูลแบบเฉพาะเจาะจงและลูกโซ่

จากการวิเคราะห์เนื้อหาพบว่าสมรรถนะผู้นำการเปลี่ยนแปลงมี 7 ประเด็น คือ 1) พัฒนาคูณภาพการพยาบาล 2) อดทนมุ่งมั่นให้สำเร็จ 3) ความรู้ความเข้าใจในงานที่ปฏิบัติ 4) ร่วมแรงร่วมใจกับผู้ร่วมงานในการพัฒนา 5) จัดการข้อมูลสำหรับการใช้ในการพัฒนางาน 6) ่วิธีแสวงหาแหล่งประโยชน์ และ 7) ใช้/นำข้อเสนอแนะในการพัฒนางาน ซึ่งเป็นกรอบโครงสร้างของสมรรถนะผู้นำการเปลี่ยนแปลง และตรวจสอบความน่าเชื่อถือของข้อมูลโดยกลุ่มตัวอย่างและผู้ทรงคุณวุฒิ ผลจากการศึกษานี้เป็นประโยชน์สามารถใช้เป็นข้อมูลพื้นฐานทางการศึกษาเกี่ยวกับผู้นำการเปลี่ยนแปลงและการฝึกอบรม เนื่องจากเป็นวิจัยเรื่องแรกในประเทศไทย ดังนั้น ควรได้มีการทำวิจัยเพิ่มเติม รวมถึงการพัฒนาเครื่องมือวัดสมรรถนะผู้นำการเปลี่ยนแปลงของพยาบาลไทยระดับปฏิบัติการต่อไป

Pacific Rim Int J Nurs Res 2024; 28(4) 747-761

คำสำคัญ: สมรรถนะผู้นำการเปลี่ยนแปลง พยาบาลระดับปฏิบัติการ ความสามารถทางคลินิก การพัฒนาคุณภาพ การวิจัยเชิงคุณภาพ โรงพยาบาลมหาวิทยาลัย

กมลพรรณ รัมแก้ว นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ E-mail: kungpsu@gmail.com
ติดต่อที่: ศศิธร พุ่มดวง* ศาสตราจารย์ สาขาวิชาการพยาบาลมารดา ทารก และการดูแลครรภ์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
E-mail: sasitorn.ph@psu.ac.th; sxp76@yahoo.com
นงนุช บุญยัง ผู้ช่วยศาสตราจารย์ อดีตรองอธิการบดีประจำสาขาวิชาการบริหารการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
E-mail: Nbsrilekar@hotmail.com