

## STYLES OF PERSONNEL BARRIERS\*

### CHALLENGING STAFF STYLES

1. Active resisters to a change in practice are pervasive, whether an attending physician, resident physician, or nurse. Successful efforts to overcome active resistance include the following:
  - Data feedback comparing local infection rates to national rates
  - Data feedback comparing rates of compliance with the rates of others in the same area
  - Effective championing by an engaged and respected change agent who can speak the language of the staff he or she is guiding (e.g., a surgeon to motivate other surgeons)
  - Participation in collaborative efforts that generally align hospital leadership and clinicians with the goal of reducing healthcare-associated infection
  
2. Organizational constipators—mid- to high-level executives—act as insidious barriers to change in practice. Once leadership recognizes the problem and the negative effect on other staff, various techniques can be used to overcome these barriers.
  - Include the organizational constipators early in group discussions in order to improve communication and obtain buy-in.
  - Work around the individual, realizing that this is likely a shorter-term solution.
  - Terminate the constipators' employment.
  - Take advantage of turnover opportunities when the constipator leaves the organization by hiring a person who has a very high likelihood of being effective.
  
3. Timeservers are essentially serving out their time, doing the least possible. These staff members are the hardest to overcome. Short of firing them, some suggestions include:
  - Provide daily reminders of the elements of the safety intervention and have an authority figure frequently reinforce the reminders.
  - Promote a culture of excellence.

\*Saint S, Kowalski CP, Banaszak-Holl J, Forman J, Damschroder L, Krein, SL. How active resisters and organizational constipators affect health care-acquired infection prevention efforts. *Jt Comm J Qual Patient Saf.* 2009;35(5):239-46.