**Role of Nurses as Change Agents**

Globally, regardless of the healthcare setting, nurses are expected to provide safe and quality care to families. However, constrains of resources including technology sometimes makes it difficult for nurses to provide services that meets the standards of high quality care. It is under this premise that efforts are being put in place to ensure that all the stakeholders are consulted to acquire Electronic Health Record (HER) system that focuses on efficiency and effectiveness.  In that respect, every nurse is required to participate in a successful implementation of a new technology system. A nurse facilitator for instance, can act as a change agent and effect the implementation of EHR system (Ross, Stevenson,Lau & Murray, 2016). Therefore, a nurse facilitator has an important role of preparing for implementation of new changes in the healthcare facility. With my position as a nurse facilitator in a small hospital in upstate New York and a part of a team preparing for the implementation of a new HER, I will utilizes the following qualities of Everett Rogers (2010) to enhance the implementation process.

**Everett Rogers Five Qualities of Diffusion of Innovation**

Everett Rogers identified the following five qualities of diffusion for innovation (Relative advantage, compatability, simplicity, Trialability and observable results) (Rogers, 2010). The above qualities are applicable in varied myriad of innovative aspects. As such, the same qualities can as well be used in assessing the attitude of nurses and influence them towards accepting a new innovative system. As a nurse facilitator, I will employ the following techniques alongside Everett Rogers models to encourage the adoption of a new EHR system.

**Relative advantage**

Relative advantage constitutes the degree at which an innovation can be credited as perfect by a specified community or users (Rogers, 2010). This can be evaluated on the basis of economic, social or prestigious or satisfactory advantage. In applying the quality of relative advantage, I will ensure that nurses adopting the new EHR systems are well informed about the benefits of the new EHR system compared the current one. Besides, they will be highlighted on how the new system would enhance their day to day activities. According to Lee (2004), most stakeholders find it difficult to accept a change especially those involving a new system. To avert chances of resistance among the nurses, I will organize for appropriate training among the nurses so as to expose them to benefits associated by the new EHR systems including the merits and demerits that come with its implementation.

**Compatibility with existing values and practices**

This is the extent at which innovation becomes consistent with the values, previous results and the demands of the potential adopters (Rogers, 2010). In an attempt to employ the quality of compatibility, I will ensure that all the nurses are made to understand that the new EHR system is compatible with the exiting organizational culture and practices. As a nurse facilitator, I will demonstrate to them that the new system will allow them to access, store and retrieve record without interfering with their current practices. The above idea compares to sentiments by Greenhalghet al. (2017) who argues that a new system should allow users to improve their current practices without affecting their present activities. Therefore, they should be made conversant that the new system will enhance the rate at which they execute their operations.

**Simplicity and ease of use**

Simplicity is the extent at which an innovation is considered either as easier or difficult to use (Rogers, 2010). It is obvious that that user would find it difficult to understand how to use a new idea, but this often end along the process the process of implementation as users develops new understanding.  To make good use of this quality, I will provide sufficient consultative forum for nurses to contribute ideas of what they expect of the system. In doing so, the interface will be designed based on their requirements thereby enhancing acceptance of the new technology. According to Greenhalghet al. (2017), it is important to solicit ideas of users who are accepted to adopt a new technology as it would enable them to be conversant with user interface. This will also prevent possible chances of resistance.

**Trialability**

This is the degree at which an innovation can be tested and confirmed be free from or lesson of flaws (Rogers, 2010).  A new technology especially those designed for nursing practices can easterly be rejected after it fails the triability process.  Being the nurse facilitator, I will ensure that piloting study of the new system is conducted at least twice prior to implementation. During this period, nursing representative must be made to avail themselves so as to build rapport about the success e of the system.  According to Lee (2004), presenting triability of a new technology before user creates confidence that the innovative technology is free from flaws. Similarly, I will allow for the implementation of the new technology alongside the current system for a period of time before allowing for actual overhaul. Such will enable nurses from other departments to build up confidence that the system can actually work.  As a consequent, they will desire to try the use of new technology.

**Observable results**

This quality dictates that people can easily see the end results of an innovative technology because it is something that involves a practical usage (Rogers, 2010). The more the success of a system based on observable results, the more it is likely to be implemented. According to Gagnon et al. (2015), the nursing staffs play a significant role in then innovative process; they do not work in isolation and are part of the organization that makes part of the larger organizational environment. In that regard, they believe in the observable results for the technology that they use.  To encourage the nursing personnel’s towards adopting the new technology; I will improve user determinants to include vital knowledge or skills needed to support the use of new technology. Besides, I will allow nurses to rate the quality of the system against their perceived expectation. In doing so, nurses would embrace self efficacy towards working with the new innovative technology.

**Conclusion**

In most cases, it is difficult to implement a new EHR system without experiencing challenges. To avoid extreme level of resistance, nurses play a vital role in the implementation of a new technology. With the aid of Everett Rogers model of innovation, I have demonstrated varied strategies that I would employ to mitigate chances of resistance to innovative technology.  I have highlighted that I will I will organize for appropriate training among the nurses so as to expose them to benefits associated by the new EHR systems. I will also make them conversant that the new system will enhance the rate at which they execute their operations. To help in building trust in the new technology, I will allow for the implementation of the new technology alongside the current system for a period of time before allowing for actual overhaul.  Therefore, the above information has shown that utilization of the Everett Rogers (2010) model in the implementation of the EHR can produce significant changes in the healthcare system.

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