

Assignment 3

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23F_MGT0097_310 Leadership & Mgt in Digital Health

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November 21, 2023

The use of incident reporting systems for Quality Improvement (QI) has many barriers, which, in turn, reflects the complex nature of applying new and innovative practices within healthcare organizations. Moreover, it is important to point out that QI efforts are inherently complex interventions that evolve over time. Anticipating that these interventions will function precisely as planned from the outset is both unrealistic and impractical. The dynamic nature of healthcare environments requires adaptability, continuous evaluation, and a willingness to adjust strategies as the intervention unfolds accordingly (Lawton Burns, Bradley, & Weiner, 2022).

These challenges span various dimensions, each contributing to the complexity of fostering a culture of continuous improvement

- **Leadership:** The successful implementation of QI initiatives requires a sustained leadership commitment. Leaders need to navigate the quite demanding task of balancing a sustained leadership, extensive training, wide measurement and data systems, realigned incentives, and supportive human resource practices. Organizational culture, receptive to change, is essential but often challenging to establish (Lawton Burns, Bradley, & Weiner, 2022). Furthermore, as Sfantou et al. (2017) stated, “Leadership is considered a core element for a well-coordinated and integrated provision of care, both from the patients and healthcare professionals. It is essential regardless of where care is delivered (e.g., clinics or inpatient units, long-term care units, or home care facilities), especially for those who are directly involved with patients for long periods of time.”
- **Nature of the Work:** In healthcare, the nature of the work introduces high uncertainty, with potential risks of customer fatality. Clinical discretion plays an important role, adding another layer of complexity. The workforce may exhibit aversion to the experimentation necessary for successful implementation, and interprofessional interactions can be governed by established hierarchies, strong

professional identification, and weak organizational identification (Lawton Burns, Bradley, & Weiner, 2022).

- **Workforce:** The evolving nature of healthcare demands collaborative learning for mastering increasingly interdisciplinary innovations. However, the workforce may resist such collaborative efforts, hindering the seamless integration of innovative practices. There might be little interest among the workforce in participating in organizational improvement efforts, further impeding progress (Lawton Burns, Bradley, & Weiner, 2022).
- **Leader-Workforce Relations:** Transactional exchanges prevalent in leader-workforce relations, coupled with a perceived conflict of goals between leaders and the workforce, can hinder the alignment of collective goals (Lawton Burns, Bradley, & Weiner, 2022).
- **Performance Measurement and Control Systems:** Underdeveloped performance measurement and control systems make it challenging to detect implementation problems promptly. The lack of effective systems for identifying issues and making necessary adjustments compounds the difficulties in achieving successful QI implementation. Additionally, incentives may not align with the goals of implementation efforts, further diminishing their impact (Lawton Burns, Bradley, & Weiner, 2022).

Overcoming the barriers for implementing Quality Improvement (QI) initiatives involves strategic interventions and thoughtful approaches that are specific to the identified challenges.

- **Leadership:**
 - Transformational and resonant leadership styles have been associated with lower patient mortality rates, while relational and task-oriented leadership styles exhibit significant relationships with higher patient satisfaction. Also, The influence of leadership styles extends across various care settings, with

acute care and homecare environments showing a strong correlation between patient satisfaction and transformational, transactional, and collaborative leadership. Notably, transformational leadership contributes to the enhancement of nursing unit organizational culture and structural empowerment. This, in turn, has far-reaching effects on organizational commitment among nurses, leading to elevated levels of job satisfaction, increased productivity, higher nursing retention rates, enhanced patient safety measures, an improved overall safety climate, and positive health outcomes (Sfantou et al., 2017).

- **Nature of Work:**

- Create opportunities for nonthreatening workforce experimentation and adaptation of innovation. By fostering an environment that encourages experimentation without fear of reprisal, healthcare professionals are more likely to embrace innovative practices. Nonthreatening opportunities allow for iterative testing and adaptation, aligning with the dynamic and uncertain nature of healthcare work (Lawton Burns, Bradley, & Weiner, 2022).

- **Workforce:**

- Frame implementation as a learning challenge. Positioning implementation as a learning challenge rather than a rigid directive encourages the workforce to engage in collaborative learning. Emphasizing the potential for professional growth and skill development fosters a positive mindset, making the workforce more receptive to mastering interdisciplinary innovations and participating in organizational improvement efforts (Lawton Burns, Bradley, & Weiner, 2022).
- Increase the attractiveness of the perceived organizational identity and construed external image to generate interest in organizational citizenship behavior. Enhancing the organizational identity and external image makes the organization more appealing to the workforce. By highlighting a positive

organizational identity and aligning it with external perceptions, healthcare professionals are more likely to engage in behaviors that contribute to the overall improvement and success of the organization (Lawton Burns, Bradley, & Weiner, 2022).

- **Leader-Workforce Relations:**

- Incorporate transformational leadership processes for innovation implementation. Transformational leadership, characterized by inspiration, intellectual stimulation, and individualized consideration, creates a conducive environment for innovation. Leaders who embrace this approach can motivate the workforce, align goals, and foster a collaborative culture, improving relations and promoting successful innovation implementation (Lawton Burns, Bradley, & Weiner, 2022).

- **Performance Measurement and Control Systems:**

- Involve the workforce in the development of the system; measure and reward implementation efforts. Inclusion of the workforce in the development of performance measurement systems ensures that the system reflects their perspectives and concerns. By measuring and rewarding implementation efforts, organizations reinforce the value of actively participating in improvement initiatives, aligning incentives with successful implementation outcomes (Lawton Burns, Bradley, & Weiner, 2022).

In the effort to enhance healthcare delivery, a recent investigation led by UC Davis Health has shed light on critical factors that impact clinicians' self-efficacy and effectiveness in spearheading Quality Improvement (QI) initiatives. Drawing insights from the responses of 212 clinicians across 50 countries, predominantly physicians and nurses, the study proposes actionable steps for engaging both clinicians and Quality Improvement staff in elevated QI endeavors:

- **Allocate Dedicated Time for Quality Improvement:** Ensure that clinicians have dedicated time in their schedules specifically allocated for quality improvement activities. This could involve adjusting workload expectations to allow for meaningful engagement in QI initiatives.
- **Provide Mentorship Programs:** Establish mentorship programs that pair experienced clinicians or QI staff with those who are newer to quality improvement efforts. Mentorship can provide guidance, share experiences, and help build self-efficacy among clinicians.
- **Facilitate Participation in a Professional QI Network:** Encourage and support clinicians to participate in professional QI networks. This can involve joining organizations related to quality improvement, attending conferences, and engaging in collaborative networks where best practices and experiences can be shared.
- **Multidisciplinary Improvement Teams:** Encourage clinicians to work within multidisciplinary improvement teams. This fosters collaboration and brings diverse perspectives to QI activities, enhancing their effectiveness.
- **Invest in Professional Development in QI:** Provide formal QI training both within and outside the organization. Support clinicians in obtaining certifications or attending workshops related to quality improvement. This investment can enhance their skills and confidence in leading QI initiatives.
- **Empower Clinicians to Select Areas of Improvement:** Allow clinicians the autonomy to choose areas for improvement that align with their priorities or interests. This fosters a sense of ownership and motivation in the QI process.
- **Cultivate an Organizational Culture Supporting QI:** Foster an organizational culture that values and supports quality improvement. This includes promoting a culture of continuous learning, recognizing and rewarding QI efforts, and ensuring that organizational values align with the principles of quality improvement.
- **Address Barriers to Engagement:** Identify and address barriers such as inadequate time, mentorship, organizational support, and resources for professional

development. By actively addressing these obstacles, organizations can create an environment conducive to clinician engagement in QI.

- **Recognize and Leverage Personal Strengths:** Acknowledge and leverage clinicians' personal strengths, such as problem-solving abilities, reflective practices, and the facilitation of idea sharing. These strengths contribute significantly to effectiveness in QI.
- **Promote Learning from Successful QI Projects:** Share success stories of clinical QI projects that have resulted in tangible improvements. Highlighting these successes can inspire and motivate clinicians to actively engage in QI activities (UCDavis Health, 2020).

Implementing these measures enables organizations to establish an empowering environment that boosts clinicians' self-efficacy and enhances their effectiveness in both leading and participating in Quality Improvement (QI) activities.

References

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