# Critical Analysis of The Quality Imperative: Implementation

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Most quality improvement (QI) initiatives involve senior leadership determining QI needs, providing brief education to frontline staff regarding QI change, and enforcing adherence by way of collection of quality metric data and benchmarking. Without frontline involvement in process development and implementation, more than 70% of QI initiatives fail due to project complexity, engrained practices, required acquisition of new skills, and lack of positive change culture to sustain measurable improvement (O'Donoghue et al., 2021). Nursing leaders play a pivotal role in developing successful QI projects, with a dedicated commitment to the quality and safety of patients and staff while fostering a healthy change culture through consistent communication. Nursing leadership provides professional development opportunities with a focus on QI, hones a leadership philosophy that promotes internal leadership and succession planning, embraces change but minimizes fear, removes barriers by listening to staff, and understands that transformational changes are the responsibility of all involved. Darr's chapter on the implementation of the quality imperative provides a comprehensive review of process improvement methodologies and tools, and process control, and highlights three crucial quality outcome measures, including productivity and patient and staff safety, which incites curiosity and a desire to learn more about QI in the context of nurse leadership (2021). However, Darr does not investigate reasons for QI failure or leadership's role in unsuccessful QI projects.

### Productivity and Productivity Improvement

Darr deftly covers the relationship between healthcare costs, quality of services, and patient outcomes and satisfaction (2021). Darr discusses a myriad of health service systems and the importance of analyzing these systems to improve quality and patient outcomes, and healthcare delivery while optimizing revenue related to costs. Also, Darr's discussion on

physical plant flows and layouts illustrates how facilities management and supply chain challenges can affect the quality and efficiency of provided services.

However, attention to the changing patient population demographics, healthcare worker shortages, and increased demands on the nursing workforce related to balancing costs would add dimension to this section. Increased patient acuity, the aging population, and the need for more ancillary personnel to safely care for patients have a direct impact on productivity and the quality of patient care. Nursing leadership must engage frontline staff and promote creativity, innovation, and team building to face the growing challenges in providing safe and effective patient care (Roussel, 2019). Additionally, a review of patient-based collaboration strategies that have shown to increase quality healthcare and patient satisfaction, reduce healthcare costs, and decrease re-admissions (Okpala, 2018), would augment this section as well.

**Patient and Staff Safety in Healthcare**

Darr adequately covers the historical timeline of the evolution of current patient safety practices. Weaving in the purpose and success of high-reliability organizations and the culture of safety in the context of patient safety and quality supports this section well.

Darr could have improved this section by expounding on system failures, such as a lack of clear leadership, inadequate staffing levels and education, and equipment issues that can negatively impact patient safety. Because nurse leaders assume a disproportionate amount of responsibility for the safety of patients due to the intrinsic and expected roles of nursing, focusing on how nursing leadership can affect downstream safety and quality events is vital to the implementation of QI initiatives (Bleich, 2018).

Additionally, Darr could have discussed the concept of Just Culture, which balances accountability between processes and individuals, so the workplace culture encourages safety

event reporting without the fear of retribution or punishment (Barkell & Snyder, 2020), which inhibits quality improvement efforts and improvement of patient safety.

**Overlap of Patient and Staff Safety**

Darr comprehensively analyzes the more prominent patient and staff safety events such as falls, surgical and medication errors, equipment failures, needlestick injuries, communicable infections, and various environmental causes of injury (2021).

Although a page was devoted to workplace violence, an obvious omission was the disturbing trend of lateral and upwards violence. Upwards violence is violence directed by a nurse towards a nurse leader. Lateral violence in nursing is harmful or hostile behavior from one nurse directed to another, using negative attitudes or actions. Both types of violence are challenging for nurse leaders who attempt to develop positive infrastructures, which directly affect patient and staff quality and safety. Workplace violence is a significant stressor for nurses in all types of positions and contributes to the worsening staffing shortages, patient outcomes and perceived satisfaction with care and workplace dissatisfaction (Parsons et al., 2021).

Promoting authentic, transformational, and collaborative leadership, a workplace devoid of lateral violence, and shared governance models have a positive effect on the quality of patient care and satisfaction, nurse retention rates, succession planning, and workforce satisfaction (Tate et al., 2023).

Successful nurse leaders develop and nurture favorable workplace environments to collaborate with staff to resolve challenging quality issues and address barriers to QI. While Darr addressed many aspects of QI, some nuanced but prominent barriers to QI were omitted in the chapter on the implementation of the quality imperative.

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