# The Perioperative Nurse Manager's Role in Quality Improvement and the Barriers and Facilitators Impacting their Engagement:  A Mixed Methods Approach

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**Introduction:**  Quality improvement (QI) is the standard approach used to improve the quality of healthcare services and the health of populations; yet more than half of all QI projects fail.

**Identification of the problem:**  Many factors can impact the success of QI initiatives. Executive leadership roles in QI have been described; the roles and responsibilities of managers are not well-defined. With heightened interest in sustainable QI in the perioperative setting, the importance of a supportive infrastructure is critical. The role of the perioperative manager in this infrastructure has yet to be defined.

**Purpose of the Study**:  To understand the perioperative nurse manager's role in QI and the individual, organizational, and contextual factors impacting their engagement.

**Methodology:**  A convergent, parallel mixed methods design was used in this cross-sectional study which surveyed a national sample of forty-four perioperative nurse managers. Personal characteristics, job resources and demands, were assessed using demographic questions. Organizational and contextual factors were assessed using the Quality Improvement Survey (QIS), the Implementation Climate Scale in Nursing (ICS), the Quality Improvement Nursing Attitude Scale (QINAS-R), and the Nurse Manager Practice Environment Scale (NMPES). Data was summarized using frequencies and measures of central tendency. Multiple regression will be used to explain relationships among study variables. Thematic analysis of fourteen semi-structured interviews will be completed along with a review of job descriptions for QI accountabilities.

**Preliminary Results:**  Managers averaged 9.5 yrs. of leadership experience, with most responsible for Phase I & Phase II PACU. Scores for QI preparedness (QIS) averaged 1.99 (SD, 0.67), QI participation (QIS) averaged 3.63 (SD, 1.2), organizational climate (ICS) averaged 3.43 (SD, .69), perception of role in QI (QINAS-R) averaged 146 (SD, 11.02), and NMPES subscale scores averaged 5.53 (SD, 0.99).

**Discussion:**  Most managers conveyed a positive perception of their role in QI and the organizational culture in which they practice, an organizational climate supportive of EBP implementation, and a positive perception of their work environment; however, the majority were only somewhat prepared to participate in QI activities.

**Conclusion:**  Perioperative nurse managers are accountable to participate in QI; focused role preparation is needed.

**Implications for Perianesthesia nurses and future research:**  Incorporate QI competencies into role transition and professional development. Evaluate the impact on QI project sustainability and outcomes.