

PRESENTER: **Sandra Galura**

## INTRODUCTION

- More than half of QI projects fail (Project Management Institute, 2018; Ewenstein et al., 2015)
- Heightened interest in sustainable QI in the perioperative setting
- Importance of supportive infrastructure is critical.
- Role of perioperative nurse manager has yet to be defined.

## AIMS

1. Describe current state of the perioperative nurse manager role in QI
2. Describe the individual and organizational factors that impact nurse manager engagement in QI

## METHODS

1. Sixty-one managers participated in a cross-sectional survey (72% completed entire survey).
2. Fourteen managers completed an interview
3. Survey components
  - Quality Improvement Survey (QIS)
  - Implementation Climate Scale for Nursing (ICS)
  - Quality Improvement Nursing Attitude Scale (QINAS-R)
  - Nurse Manager Practice Environment Scale (NMPES)

## RESULTS

- **Demographics:** Managers averaged 9.5 yrs. of leadership experience, with most responsible for Phase I & Phase II PACU.

### Survey

Variable	n	Mean	SD	Min	Max	Mode	Median
QIS - Preparedness	61	1.99	0.670	1	3	2.00	2.00
QIS - Participation	55	3.63	1.196	1	5	4.00	3.90
ICS - Total Score	41	2.60	.679	1.28	3.89	2.78	2.67
QINAS-R	42	146	11.02	125	164	155	149.5
NMPES - Culture of Patient Safety	37	4.73	.812	2.93	5.93	4.27	4.87
NMPES - Constructive Manager/Director Relationships	34	4.70	1.11	2.17	6.00	6.00	5.00
NMPES - Culture of Generativity	37	4.58	.890	2.83	6.00	6.00	5.00
NMPES - Adequate Budgeted Resources	38	3.76	1.33	1.25	6.00	3.75	3.75
NMPES - Culture of Meaning	37	4.72	.827	2.00	6.00	5.00	5.00
NMPES - Nurse Manager /Physician Relations	38	4.25	1.15	1.00	6.00	4.67	4.5
NMPES - Nurse Manager / Staff Relations	38	5.10	.698	3.33	6.00	5.00	5.00
NMPES - Fair / Manageable Workload	37	4.25	1.28	1.00	6.00	4.00	4.33

Note: Numbers(n) vary because some variables have missing data

### Interviews Themes

- Aim 1: Flexible, collaborative leader of quality improvement
- Aim 2: Organizational culture, resources, and practice environment



**Perioperative nurse managers are active participants in QI; however, better QI preparedness for the nurse manager role, and better organizational systems, practices, and resources are needed to support their involvement.**



Take a picture to download more detailed study results & references.

✉ [sandra.galura@ucf.edu](mailto:sandra.galura@ucf.edu)

**Title:** *The Perioperative Nurse Manager's Role in Quality Improvement and Factors Impacting their Engagement: A Mixed Methods Study*

Sandra Galura PhD, RN, <sup>1</sup>  
Nora Warshawsky PhD, RN, NEA-BC, CNE FAAN <sup>2</sup>  
Laura Arkin, MSN, APRN-CNS, ONC, ONC-A, CCNS, FCNS <sup>3</sup>

<sup>1</sup> University of Central Florida, <sup>2</sup>Press Ganey, <sup>3</sup> Orlando Health, UCF Doctoral Student

## Barriers

- Role preparation for QI activities
- Organizational context for implementation of EBP (education, rewards, recognition)
- Budgeted/available resources

## Facilitators

- Participation in QI
- Attitudes about QI
- Nurse manager practice environment / staff & physician relationships

## DISCUSSION

- Most managers conveyed working for organizations that prioritize EBP implementation, and positively perceived their role in QI and their work environment as a nurse manager
- Most perioperative nurse managers were only somewhat prepared to participate in QI activities.
- Educational support and recognition/rewards for using EBP were lacking.

## FUNDING

CCI Research Foundation - Grant



UNIVERSITY OF  
CENTRAL FLORIDA  
[nursing.ucf.edu](http://nursing.ucf.edu)