

Introduction

- Quality improvement project to improve professional governance by providing targeted interventions and strategies to the Medical Intensive Care Unit (MICU) council

Background and Significance

- Engagement is a major contributing factor to improving organizational performance (Kutney-Lee et al., 2016; Ong et al., 2017).
- Professional governance is one of the most effective strategies for improving staff engagement through shared decision-making which is important for ensuring quality outcomes and improving patient satisfaction (Hess et al., 2020; Kutney-Lee et al., 2016; Porter-O'Grady & Clavelle, 2020; Sohal, 2020).
- Professional governance structures foster collaborative decision-making between nursing staff and leadership on clinical practice decisions and the unit council serves as the foundation of organizational professional governance (Jordan, 2019; Hess et al., 2020).
- Gaps in unit council professional governance activities in the project site council compared to organizational guidelines.
- COVID-19 has prompted many healthcare organizations to minimize professional governance activities.
- A Council Health Survey (CHS) was conducted to measure unit professional governance (April 2021); lower weighted average scores in unit council structure and unit council membership.
- A SWOT analysis revealed several areas of opportunity.

Clinical Question

To what extent will a gap analysis and targeted interventions improve the professional governance of the medical intensive care unit council, as evidenced by an increase in council health on post-intervention surveys?

Methods

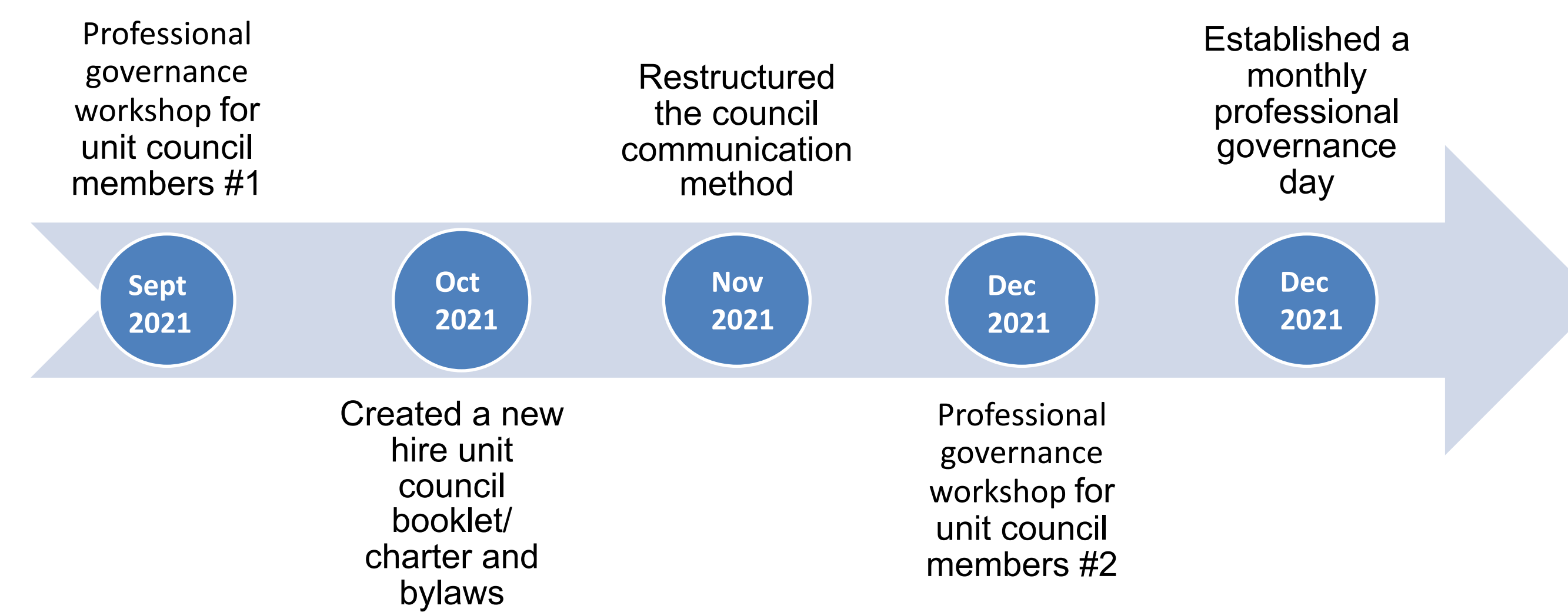
- Design: quality improvement project
- Setting: medical intensive care unit (MICU)
- Sample: 85 MICU nurses (n=85) clinically involved in patient care and on the MICU council. Full-time, part-time, and per diem staff eligible to participate

Instrument

- CHS: 25-item instrument (5-point Likert scale). Measures council structure (3 items), activities (17 items), and membership (5 items) (Rheingans et al., 2017; Hess et al., 2020).
- Post-intervention survey included demographic information and 4 open-ended questions on the efficacy of the interventions.

Interventions

Implemented over 4 months (Sept 2021 to Dec 2021)



Measures and Data Analysis

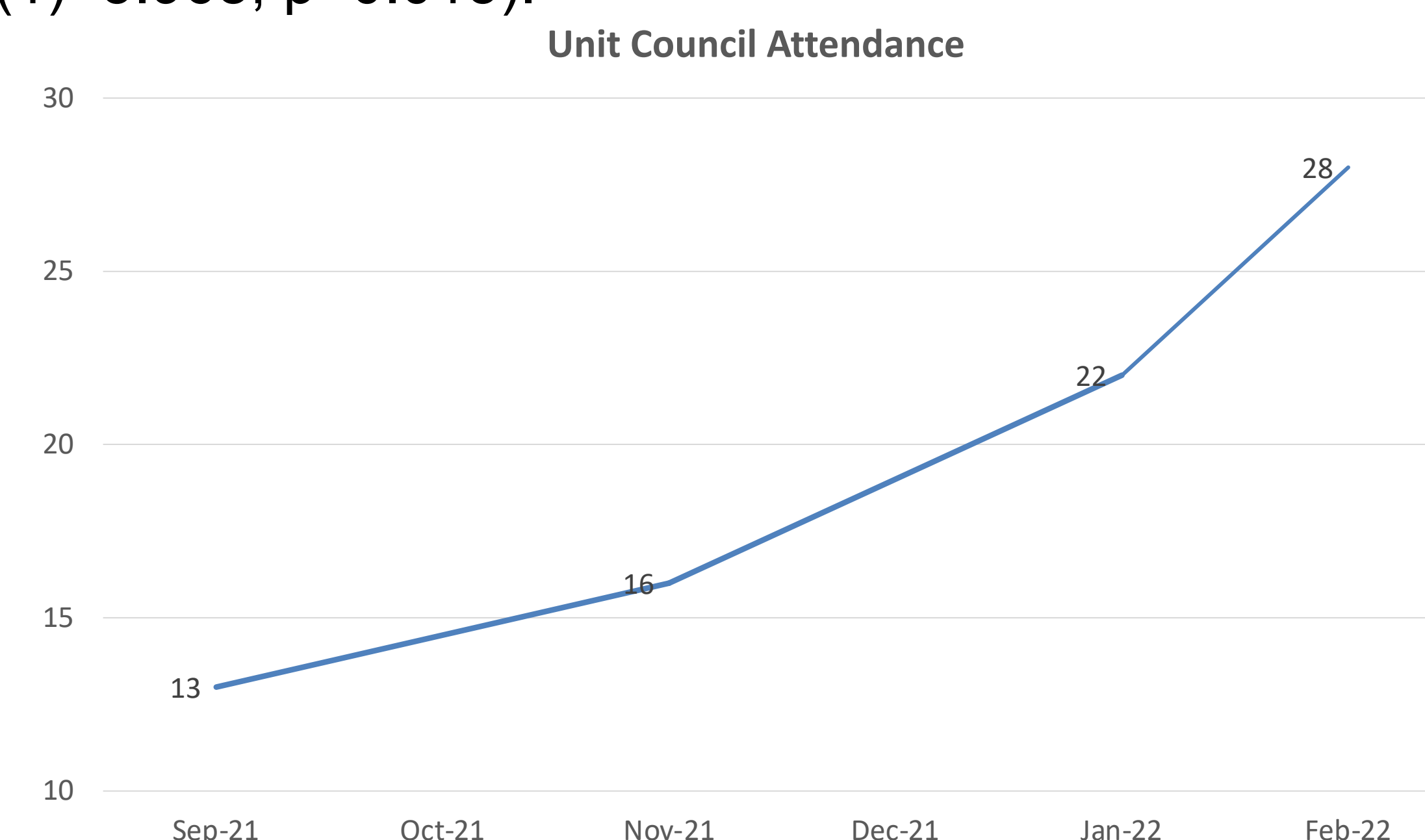
- Data collection: Jan 2022 (3 weeks)
- Survey invitation email sent to all participants; weekly reminder email sent to encourage participation
- Analyzed data using SPSS (e.g., simple descriptive statistics ($p < 0.05$), independent samples t-tests).

Results

The pre- and post-intervention surveys each had 34 respondents (40% response rate). Data completion pre-intervention n=28, post-intervention n=26.

Quantitative Data

- No statistical significance was found between the pre- and post-intervention CHS scores (pre-intervention $M=102$, $SD=17.5$; post-intervention $M=99.2$, $SD=13.9$) ($t(22)=-0.939$, $p=0.358$).
- Significantly greater proportion of less-experienced nurses (1-5 years of experience) in post-intervention group ($p < 0.5$; $X^2(1)=5.968$, $p=0.015$).



Numbers of attendees

- Post-intervention unit council attendance had a 115.4% increase
- Notable trend in less-experienced nurses in attendance—7.6% pre-intervention compared to 42% post-intervention

Qualitative Data

- The interventions provided direction and purpose for the unit council. Promoted new staff engagement and communication.

- Restructuring communication while onboarding new staff helped smooth the inflow of new staff to the unit.
- The updated charter and bylaws were much more inclusive of new staff, and newer staff members felt empowered to become involved.
- The timing of the intervention period aligned perfectly with the inflow of new staff to the unit, making new staff more informed and engaged.
- Several barriers to participating in unit council activities: significant staff turnover and burnout due to the stress of the pandemic, rampant overtime, short staffing, and the burden of precepting new nurses.

Discussion

- Project results are likely the result of a type II error, which means the study failed to reject a null hypothesis. Issues with the sample include the small sample size and differences in the composition of the sample for the pre- and post-intervention surveys
- Significant turnover (over 30%) during project implementation phase
- Project emphasizes the importance of professional governance councils in providing nurses with a decision-making body to sustain the nursing workforce
- Project intervention helped promote the engagement and inflow newly hired nurses

Implications and Next Steps

- Strengthening unit councils will empower staff, improve staff autonomy and engagement, promote knowledge-sharing, improve job satisfaction, and improve clinical practice and patient quality outcomes (Kutney-Lee et al., 2016; Rodó Cobo et al., 2020).
- Identify organizational strategies and clinical practice guidelines to improve unit-level professional governance (Lefchuck, 2019; Ong et al., 2017; Rodó Cobo et al., 2020).
- Develop campus-wide standardized professional governance guidelines (Jordan, 2019).
- Collaborate with Nursing Professional Development Department to create organizational professional governance workshop to prepare council leadership.
- Refine the new-hire orientation process to help newly hired staff prepare for engaging in professional governance activities and for clinical practice in the unit.

Refer to QR code for references:

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