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Clinical Governance; How Been Understood, What Is Needed?

Nurses' Perspective

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ABSTRACT

Introduction: Clinical Governance (CG) is an overarching concept, using organizational capacity, safeguards high standards of the health services and provides a safe care for patients. The aim of this research was to study nurses' perception about Clinical Governance.

Materials and Methods: A qualitative study was done with Focus Group Discussions (FGD). Purposeful Sampling was used to select the objectives including 65 participants. Actually 7 FGD's were held. Content analysis was used to extract the meaningful themes.

Results: Nurses believed that patient centeredness and evidence based practice is the core of the CG concept. Also they mentioned that cultural change, staffs training, adequate financial and human resources are required to successfully implementation of CG in hospitals.

Conclusion: Spreading up a shared vision about CG and providing the required infrastructures in hospitals would be facilitate CG initiatives. Proper commitment of the managers and staff participation could lead an effective CG implementation.

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Introduction

Nowadays strategies to improve quality of care play an important role in healthcare policy in the world.

There is evidence of variation in quality of care (1, 2) in most healthcare systems and this has prompted governments to seek improvements in quality of care.

The United Kingdom (UK) government, based on a series of national standards and guidelines, has set a framework for monitoring and improving the quality of health services, called "clinical governance" (3-5). It combines both managerial and professional approached to provide high quality health services (3, 5, 6). Safety, effectiveness and accountability are under the concept of Clinical Governance (CG) (7). As it is a flexible and comprehensive framework, some other countries have used CG to improve their health services quality (8). In Iran, clinical governance has been introduced as a national framework to improving the quality of services in hospitals from 2009 (9). Accordingly, each hospital; must ensure that quality improvement processes are in place, best practices are shared, poor clinical performance is addressed and high quality data are gathered to monitor and improve the services quality (10, 11). Successful implementation of CG requires effective leadership by clinical staffs who provide daily care and proper commitment from the managers (12).

Considering nurses role in the daily care of patients and CG advantage, as an opportunity to all staffs in all levels to have a voice, they would have an excellent viewpoint about quality improvements in hospitals (13, 14). So their attitudes and perspectives about quality

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improvement, nature and philosophy of clinical governance could have important role in their experiences of implementation of CG in their hospitals.

Lynne Curries' reported that nurses believed that organizations must do more to increase their clinical staffs understanding about CG and its philosophy (15).

Also an evaluation of clinical governance in West Midlans Region by Hartley and revealed that in addition to the proper attitude and knowledge about quality improvement and CG and it is required to provide the infrastructures such as financial supports (16). Linda Cronenwett and suggested that quality and safety are as essential competencies of a nurse and they must have enough knowledge and perspective to provide a safe and high quality care for patients (17).

The aim of this study was to explore the perception of nurses about clinical governance.

Materials and Methods

This is a part of a vast study called Tabriz Clinical Governance Research Project (TCGRP) (8). This part was a qualitative study using Focus Group Discussions (FGD) to collect data. All participants must have had at least BSc degree in nursing, ability to explain their perceptions and have willing to participate in the study.

Purposeful Sampling was used to select the objectives including 65 participants. Actually 7 FGD's were held (2 for teaching hospitals, 1 for private hospitals, 1 for social security and military hospitals, 1 for township hospitals and 2 mix FGDs) between February and April 2014. Discussions were well planned, the FGD environments were well suited and after discussions completed notes were checked with participants for completeness. Each FGD's lasted about 90-120 min. Ethical consideration such as keeping findings confidential and giving the choice to participants to withdraw from study any time they want were conveyed to participants. Two main questions were asked:

1- What is your perception about quality improvement and clinical governance?
2- Which infrastructures, in your viewpoint, are required to successfully implement clinical governance?

Content analysis was used. Field note was made by one of the researchers. All FGDs were recorded by MP3 player and then typed word by word. Before analysis all recorders were checked with the notes, taken in the FGDs.

Completed notes were sent to the participants' representatives, which were selected by the participants every FGD session, to assess its completeness. All of the notes were read several times and themes were given codes, by 2 independent researchers, in order to make them as meaningful as possible. This study was approved by ethical committee of Tabriz university of Medical Sciences.

Results

With the participation of 65 nurses, two major themes were emerged including " Quality improvement and clinical governance concept", and "Required infrastructures for clinical governance".

Theme I: Quality improvement and clinical governance concept

Being Customer centeredness

Almost all the nurses thought that focus on patients (and community) and their preferences is the cornerstone of quality improvement and CG. They have mentioned that major initiatives which lead a customer focused hospital were: Optimizing use of resources, patient rights observance, promoting public health, reduced costs, steering the organizational culture to more attention on patients and attempts to improve patient satisfaction.

Being ideal

The nurses believed that thinking about ideals and the best practice is the core component of quality improvement concept. With this in mind, processes standardization based on the knowledge and benchmarking the best practices, would eliminate personal interests in care provision and reduce medical & nursing errors occurrence.

Continuous quality improvement and clinical governance

Some participants believed that the philosophy of clinical governance is continuous quality improvement.

They said that the reason to introduce CG in their hospitals was to regularize and standardize the care processes, improve the safety of patients and staff and also more specialized treatment which are continuous quality improvement principles. One of the participants said that: "I believe CG wants to say that: Everyone should do one activity or procedure to same form to increase the quality. All personnel are faced with specified standards, not personal interest".

Opaque Philosophy of CG in hospitals

However some nurses have noted that the lack of transparency of clinical governance philosophy in their hospital has lead to staff confusion. "Its philosophy was not well explained to us. There is no transparency."(Nurse)

Unclear philosophy of CG and health authorities persuasion to implement it, has led stress for staff and bad vision about CG initiatives. "It is too late and health authorities want to reach results very early." (Nurse)

Theme II: Required infrastructures for clinical governance

According to the opinions of participants, clinical governance, to be effective, needs some infrastructures to merge CG in hospital structure.

Enabler infrastructures

These infrastructures, according belief of participants, were:

Adequate staff training

Required educations to the various groups, involved in the implementation of CG, must be provided. Skill based learning were an important part of staffs' educational need. Also nurses mentioned that CG must be in the nursing and other medical fields' educational curriculum. Participants said that "Clinical governance should be start from university. The reason is that students gain the necessary trainings and know that when they enter in the hospital, they need to do the subjects which they have learned. We've been engaged for several years in clinical treatment, while we now have to documentation. We cannot properly care for patients"

Systematic assessment of organization performance

Performance assessment is a major initiative to improve organizational performance. This required defining processes standard guidelines and continuous monitoring of performance in hospitals.

Organizational culture

Cultural change is a base for every movement especially in quality improvement initiatives. In order to CG success, top managers' commitment and cooperation and their tendency to support the staffs were needed. In addition, the perception of clinical and logistic staffs about quality improvement must be changed.

Executive infrastructures

Some infrastructures are needed to support CG activities which were: Adequate financing, supply necessary nursing staff, use of specialized and identified manpower (using specialized staff for clinical governance), identify formal position for CG officer in the hospital organizational chart and employing managers with expertise in Health Services management.

Discussion

Thinking and acting according to the ideals, more attention on patients and continuously improving the services quality was introduced as quality improvement and CG concept, by nurses. In addition two major categories of infrastructures were identified to CG success. Evidence-based practice by professional groups in hospitals had been known as a principle in quality improvement and CG (14, 18-21). Literature had revealed that, under the CG concept, a patient-centered culture would be spread in hospital through good communication, sharing information and more supportive care (22, 23). Also Currie has mentioned that nurses believed that CG was a overarching framework including a range of initiatives including risk management and quality improvement activities to safeguard patients and staff, using evidence-based guidelines and standards (15). In a same way, participants of this study mentioned that CG and quality improvement concepts focused on patient centeredness, best practices and safety. As an interesting result, unclear philosophy of CG in hospital, had mentioned by nurses. Similarly, primary care practitioners were unsure about the concept of CG and its activities (24). Murray study has shown that NHS staff had not has a uniform level of knowledge about CG (25). Also Currie mentioned that frontline clinical staffs in NHS required raising awareness in CG concept (15). Staff education and training was employed as a fundamental step toward CG development in Tabrizi study (26). Greenfield said that divergence in CG is referred to reflect the understandings about it (27). Also its successful implementation, in longer term, is required to changing the paradigm for health professionals (28). Lack of clarity about CG concept in hospitals, would be consequent the continuous confusion and resistance from clinicians and nurses (29-31). However, all quality improvement initiatives to be successful needs to board on some infrastructures.

Jeffery studies results have showed that organizational infrastructures and financial support were significantly affect the quality improvement initiatives at hospital-level. They concluded that if the hospitals intent to successfully implement quality improvement activities, they must attend to the context in which the efforts will be placed (32). In addition, senior primary care managers of NHS considered cultural change as an important enabler to CG implementation (33). The same results was obtained in Saadati study about accreditation implementation in Iranian hospitals (34). However, Campbell had identified three major CG barriers including structural barriers, resource barriers (lack of staff or money) and cultural barriers (blame culture) (35). Nurses in our study have mentioned that cultural change, staff education and performance assessment could be as a three enablers to effective CG implementation. Also they regard that with a lack in staff and inadequate financial support, CG implementation would not be successful.

Conclusion

Like other quality improvement frameworks, clinical governance successful implementation, requires understanding the philosophy and the concept by staffs and providing basic infrastructures. As an evolutionary change, CG needs cultural changes. It must turn into a priority for everyone in hospital and they have to apply CG in their every-day works. Leaders' willingness to facilitate and staff participation are key principles to successfully implement CG in hospitals.

Strengths

Nurses from all types of the hospitals were participated in the study. Researchers were independently acting so the participants could trust them.

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