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## RESEARCH ARTICLE

# CATALYSTS OF CHANGE: EMPOWERING NURSING LEADERSHIP THROUGH COLLABORATIVE SYNERGY OF LEADERSHIP STRATEGIES: HCG HOSPITALS, AN ANALYTICAL STUDY

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#### **ABSTRACT**

Background: This research project endeavors to address challenges in patient safety and nursing leadership within healthcare. By delving into nursing leadership competencies, it aims to reshape healthcare practices, mitigating issues such as patient falls, pressure injuries and medication errors. Through proactive measures, including targeted training programs, it seeks to cultivate a transformative patient safety culture. The outcomes are anticipated to establish evidence-based practices and act as a catalyst for continuous improvement in healthcare nursing leadership and patient care. Methods: Embarking on a transformative journey within healthcare, this research embraces Metamorphosed Leadership, blending skills in Amalgated Empowerment for a harmonious environment. It aims to revolutionize healthcare leadership with seven potent forces, ensuring excellence, innovation, and Cultural Competence. The study adopts an Analytical Evaluatory Approach, assessing interventions' effectiveness across 22 units of HCG Group of Hospitals using Non-Randomized Pre-test & Post-test Design. Targeting Nursing Heads & Mid-level managers, a sample of 207 individuals has been selected via Convenient Sampling, with Descriptive Analysis interpreting findings for improved patient safety. Results: The research examined nursing leadership across 22 units of HCG Hospitals, involving 207 individuals with diverse qualifications and experience. Data collection spanned January 2023 to April 2023, followed by interventions from May 2023 to July 2023, aiming to enhance patient safety culture and reduce performance indicators with promotion of Hand Hygiene. Meticulously selected leaders drove outcomes, leading to organizational achievements such as AACI (American Accreditation Commission International Accreditation) and AHPI (Association of Healthcare Providers India) Award of Nursing Excellence. Initiatives like Fall Prevention posters, Safe Injection Posters, development of Drug calculation checklist, extravasation prevention steps and scientific forums fortified patient safety, fostering continual improvement. Successful nursing conclave and conference underscored collaboration, culminating in excellence and future strides for sustained nursing innovation and excellence in healthcare practices. Conclusion: Augmented clinical excellence, seen in reduced pressure ulcers, medication administration errors, extravasation and fall rates, which enhances patient care & enhances nurses' satisfaction, curbing turnover, underscore success. Nursing conclave and conference bolster team building, concluding in a transformative healthcare improvement journey.

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## INTRODUCTION

In the realm of patient safety improvement, leadership is the linchpin, crucial for fostering a secure healthcare environment. Amidst the hierarchical intensity of hospitals, a transformative leader becomes pivotal, wielding the power to engage, motivate, and inspire.

This leader shapes a culture where errors are embraced as opportunities for improvement. This research project intricately explores the interplay of patient safety constructs, closely examining how leadership influences these dynamics. As we delve into these complexities, the aim is to elevate the discourse on patient safety, recognizing leadership as a catalyst for profound positive change. Within the tapestry of effective nursing leadership, the transformative leader emerges as a beacon of inspiration and change. With the ability to engage, motivate, and empower, these leaders cultivate a culture where errors metamorphose into opportunities for improvement. Their visible presence, clear expectations, and commitment to open communication create a safety-driven environment, fostering trust and a blame-free culture. This research project embarks on a journey to unravel the characteristics of transformative leaders, seeking to understand how their impactful influence can shape healthcare organizations and propel them toward excellence.

### **Objectives**

- To craft a comprehensive framework to implement collaborative nursing leadership strategies for ensuring and enhancing patient safety and care within healthcare organization.
- To implement collaborative nursing leadership strategies & measuring its impact on patient care outcomes for improvement.
- To evaluate the efficacy of collaborative synergy of nursing leadership strategies for fostering a culture of safety within healthcare leadership.
- To organize nursing conclave and conference with a view to explore and promote leadership practices for cultivating a patientsafe culture.

# **METHODS**

The research embraced an Analytical Evaluatory Approach, employing a Non-Randomized Pre-test & Post-test Design across 22 units of HCG Group Hospitals in India. Targeting Nursing Heads & Mid-level managers, a sample of 207 individuals underwent convenient selection. Data analysis utilized Descriptive Analysis to interpret findings and assess intervention impact on participant outcomes. This methodology intertwined with transformative leadership, encompassing seven potent forces: Metamorphosed Leadership, Amalgated Empowerment, Quintessential Practice, Progressive Advancements, Pragmatic Outcome, Cultural Competence, and Integrative Research and Evidence-Driven practices. This approach promises to empower nursing leaders, revolutionizing healthcare leadership and enhancing patient safety. This visionary framework aims to cultivate a safe and effective patient care paradigm, promising a future defined by elevated patient safety standards as described below:

**Metamorphosed Leadership:** Transformational leadership was implemented by selecting Pan India NHs & mid-level managers as Pockets of excellence at units using a convenient sampling technique. This approach was aimed at motivating and nurturing our team for positive growth, fostering a blame-free culture for safety, and identifying errors as opportunities for improvement.

**Amalgated Empowerment:** Structural empowerment was emphasized in our units through employee engagement and empowerment strategies. NHs & mid-level managers leveraged recognition of good practice to motivate and empower bedside nurses, fostering open communication and promoting error reporting without fear.

**Quintessential Practice:** Exemplary professional practice was instilled in our units by promoting job satisfaction and staff retention through positive environments and goal promotion. This approach enhanced patient safety outcomes, with leaders actively promoting a supportive culture that prioritized effective interactions and positively influenced patient outcomes.

**Progressive Advancements:** Continuous improvement and innovation in leadership were focused on, in our units through initiatives like Leadership Walk Rounds. These efforts provided visibility for raising patient safety concerns and contributed to error reduction by recruiting skilled staff.

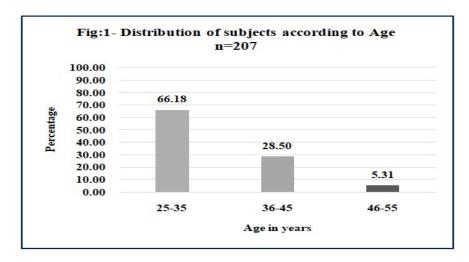
**Pragmatic Outcome:** Our units prioritized clinical achievements, workforce effectiveness, patient satisfaction, and organizational success. Culturally competent care was ensured by reviewing care plans for individual cultural needs and evaluating the team's ability to collaborate with a diverse healthcare team.

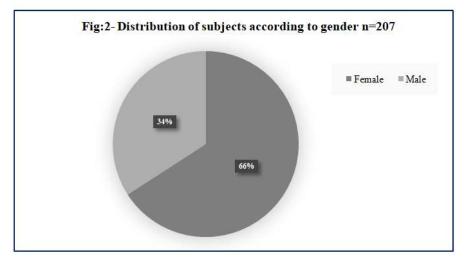
**Cultural Competence:** An inclusive environment was created by reviewing care plans for cultural considerations and evaluating the team's ability to collaborate with diverse healthcare teams. This fostered a safer and more inclusive care environment, ensuring culturally competent care for all patients.

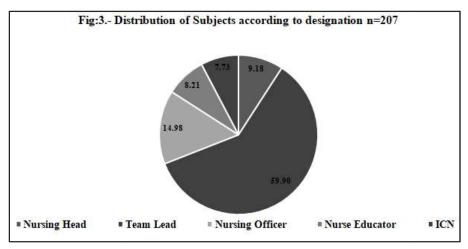
Evidence Driven: Our units emphasized evidence-based practice by empowering cancer care leadership with innovative strategies and evidence-based practices. This approach ensured optimal patient outcomes and fostered a culture of excellence in patient care. The study employed a range of tools and instruments, including an Electronic Incident Reporting System for tracking errors, Fall Prevention Checklist combined with the MORSE Fall Risk Assessment Scale, BRADEN Scale for Pressure Sore Risk assessment, and a comprehensive HAI Bundle Checklist encompassing CLABSI, CAUTI, and VAP. Additionally, an SSI Checklist & Tracker, Hand Hygiene Checklist adopted from the WHO, and Nurses Satisfaction survey employing an 11 Essentials 5-point rating scale were utilized. Moreover, a Nursing Retention Tracker was deployed to monitor staff retention rates. These tools collectively enabled a thorough evaluation of patient safety, nurse satisfaction, and staff retention within the study framework. The study interventions included the implementation of Fall Prevention Poster, Safe Injection Poster, Extravasation Prevention Steps, employee engagement programs, Continuing Nursing Education (CNE) trainings, and fellowship programs to support the study objectives effectively.

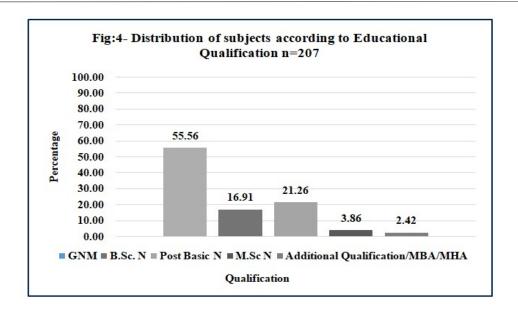
## RESULTS

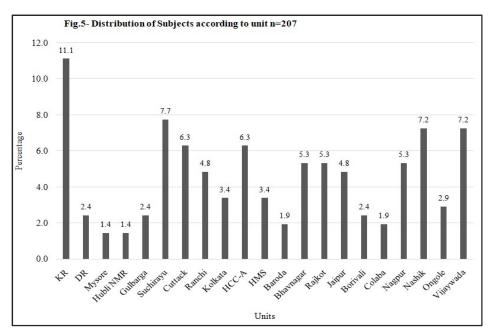
The research delved into the composition of nursing leadership across 22 units within the HCG Hospitals group, encompassing 207 individuals. The leadership roles were categorized, revealing 9.18% as Nursing Heads, 59% as Team Leads, 7.73% as ICNs, 8.21% as Nurse Educators, and 14.98% as Nursing Officers. Educational qualifications were diverse, with 55.56% holding GNM, 16.91% with B.Sc. Nursing, 21.26% possessing Post Basic qualifications, 3.86%with M.Sc. Nursing, and 2.42% having additional qualifications like MBA/MHA. Work experience was distributed, with 14% having 2-5 years, 38% over 5-10 years, and 16% exceeding 15 years. Data collection spanned from January 23 to April 23, followed by intervention strategies implemented from May 23 to July 23 with post-test analysis, spanning August 23 to November 23. Nursing Leaders were meticulously selected, adhering to established policies and protocols, to drive outcomes related to patient safety culture, reducing performance indicators such as falls, pressure injuries, extravasation, medication errors, hospital-acquired infections, and promoting hand hygiene.

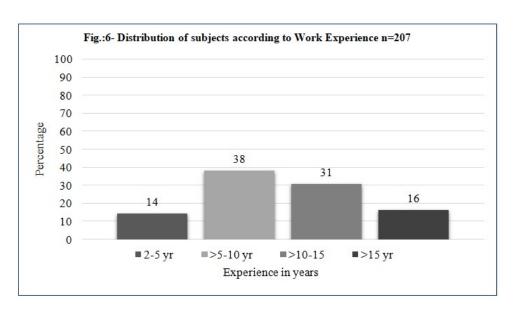












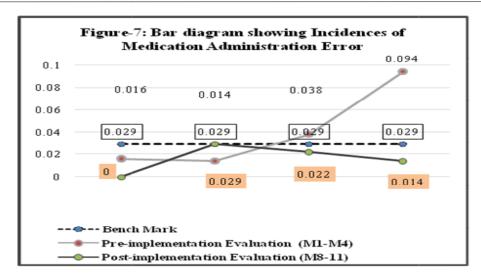


Figure 7. The bar diagram reveals a decline in Medication Administration errors from 0.038 pre-implementation, surpassing the 0.029% benchmark, to 0.014 post-implementation. This highlights the effectiveness of electronic incident reporting, Safe injection poster, and drug calculation checklist in improving patient safety

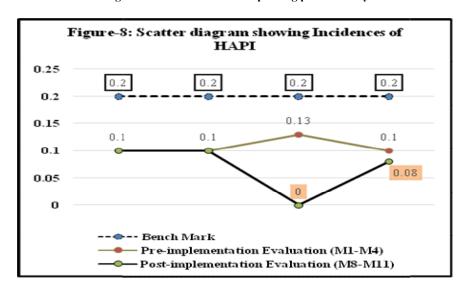


Figure 8. The scatter diagram portrays a reduction in Hospital-Acquired Pressure Injuries (HAPI) from 0.13 pre-implementation, surpassing the benchmark of 0.2 per thousand patient days, to 0.08 post-implementation, showcasing the effectiveness of Braden Scale for Pressure Sore Risk in improving patient safety

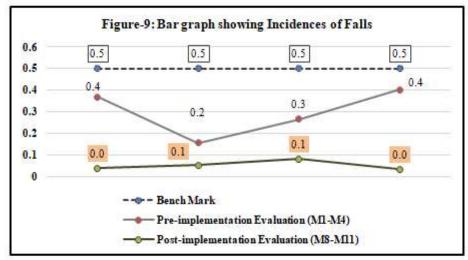


Figure 9. The bar diagram illustrates a notable decrease in fall incidences from 0.4 pre-implementation, falling below the 0.5 per 1000 patient days benchmark, to zero fall incidences post- implementation, which emphasizes the significant impact of the fall prevention poster in bolstering patient safety measures

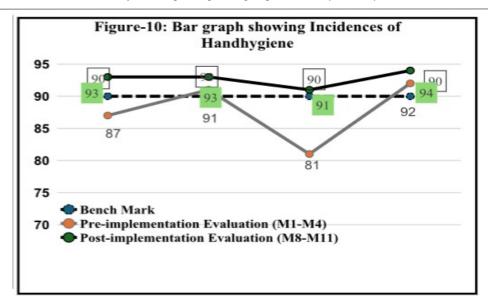


Figure-10. The dynamic bar diagram showcases a remarkable surge in hand hygiene compliance, ascending from 87% to an impressive 94%, surpassing the benchmark of 90%, following the implementation of the WHO hand hygiene checklist, which underscores its pivotal role in fortifying patient safety standards

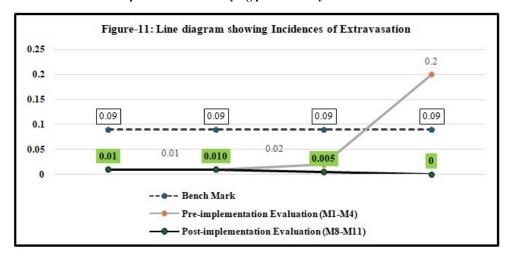


Figure-11: The line diagram illustrates a remarkable decrease in extravasation incidences from 0.2% pre-implementation, exceeding the 0.09% benchmark, to zero incidences post-implementation of Extravasation prevention measuresunderscores the substantial efficacy of these interventions in enhancing patient safety

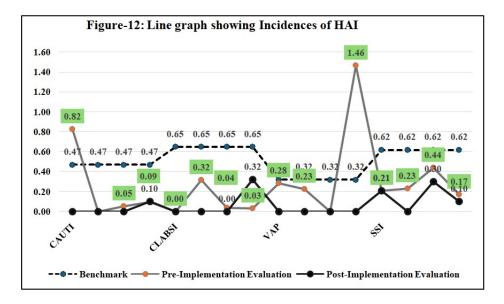


Figure 12. The bar diagram demonstrates a reduction in Healthcare-Associated Infection (HAI) incidences, including CAUTI from 0.82 to 0 (benchmark: 0.47), CLABSI from 0.38 to 0.32 (benchmark: 0.65), VAP from 1.46 to 0 (benchmark: 0.32), and SSI from 0.44 to 0.3 (benchmark: 0.62%), following the implementation of the HAI Bundle Checklist, encompassing CLABSI, CAUTI, VAP & SSI Checklist & Tracker, signifying the effectiveness of these measures in bolstering patient safety

Monthly data capture on the nursing dashboard facilitated safety goals for patient care. Post-test analysis, spanning August 23 to November 23, aimed at achieving optimal results in reducing performance indicators in terms of incidences in reduction of fall, HAPI, Extravasation, Medication Administration Errors, incidences of HAI Bundles & promotion of Hand hygiene. The subsequent month, November to December, was dedicated to organizational outcomes. It involved hosting a nursing conclave to enhance team-building capacities and organizing a nursing conference for research dissemination and promoting nursing excellence. These leadership activities culminated in the anticipation of award achievements. Borivali Cancer Hospital achieved AACI Accreditation, while HCG Cancer Hospital Ahmedabad received the AHPI Award of Nursing Excellence in Best Practices. The strategic leadership initiatives not only showcased a commitment to patient safety but also demonstrated a dedication to fostering a culture of continuous improvement and excellence in nursing services.

## CONCLUSION

The study culminated in a transformative array of tools and initiatives, including Fall Prevention and Cultural Competence posters, an extravasation tracker, and a medication calculation checklist, fortifying patient safety. The fellowship program and scientific forums spurred professional development and knowledge exchange. Notably, Safe Injection Practices and novel interventions like yoga for cancer fatigue were published. Successful nursing conclave and conference underscored collaboration. The pinnacle had reached excellence, securing the AHPI Award and AACI Accreditation. Future strides will sustain nursing excellence, fostering continual improvement and innovation in healthcare practices.

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