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Exploring Healthcare Professionals' Perspectives on Quality Improvement and Patient Safety Initiatives

Ms. Pauline Grace B. Cadampog[1], Dr. Joel John Dela Merced[2]
https://orcid.or//0009-0007-9706-8456 [1]
https://orcid.org//0000-0002-1459-5274 [2]
St. Bernadette of Lourdes College SBLC[1,2]
pcadampog@sblc.edu.ph[1]
jdelamerced@sblc.edu.ph [2]

ABSTRACT

This qualitative phenomenological study explored healthcare professionals' perspectives on quality improvement (QI) and patient safety initiatives. Using purposive sampling, semi-structured interviews were conducted virtually and analyzed through thematic analysis. Five themes emerged: (1) active participation in QI activities, (2) patient safety knowledge and practices, (3) integration of QI in daily practice, (4) challenges in QI participation, and (5) impact of QI on outcomes. Findings revealed that healthcare professionals consistently engage in QI through monitoring, audits, data use, and teamwork, contributing to improved patient safety and professional growth. Barriers including workload pressures, staff resistance, and resource limitations were identified as significant challenges. Strengthening organizational support, leadership engagement, and continuous training are essential to sustain effective QI and patient safety practices across healthcare settings.

Keywords: *Quality Improvement, Patient Safety, Healthcare Professionals, Clinical Practice, Patient Outcomes, Teamwork, Continuous Improvement*

INTRODUCTION

Quality improvement (QI) and patient safety are critical components of effective healthcare delivery. Despite the establishment of structured frameworks and evidence-based guidelines, the success of QI initiatives depends heavily on the perspectives, engagement, and practices of healthcare professionals. Understanding their attitudes and experiences provides valuable insights into the strengths and limitations of QI programs within clinical settings (Hughes, 2020). Limited resources, high workloads, and inconsistencies in training often hinder the adoption of new practices (Renukappa et al., 2022). This study explored healthcare professionals' perspectives on QI and patient safety initiatives, capturing experiences, perceptions, and insights regarding implementation and impact across clinical settings.

Statement of the Problem

This study sought to answer the following questions: (1) How do healthcare professionals describe their experiences with QI initiatives? (2) What perceptions do they hold regarding patient safety practices? (3) How do they integrate QI into daily clinical practice? (4) What challenges and barriers do they encounter in QI participation? (5) How do they perceive the impact of these initiatives on patient care, teamwork, and overall healthcare outcomes?

Scope and Delimitations

The study focused on healthcare professionals' perspectives within selected healthcare settings and did not include patients or administrative staff. Findings may not be fully generalizable to all healthcare environments due to contextual differences in organizational culture, resources, and policies.

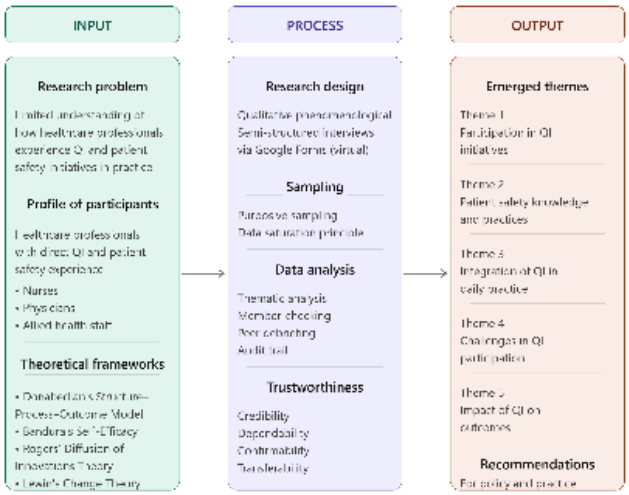
Review of Related Literature

During COVID-19, healthcare personnel applied QI knowledge to develop innovative solutions, with core QI principles persisting despite deviations from systematic approaches (Khurshid et al., 2021). Studies on QI collaboratives in Denmark found active professional involvement positively correlated with institutionalization and improved health outcomes (Carstensen et al., 2024). Patient involvement in safety processes, while beneficial, is hindered by multi-level barriers at the patient, provider, and systemic levels (Sarkhosh et al., 2022). Electronic medical records improve decision-making and interprofessional collaboration despite usability challenges (Torkman et al., 2025). Transparent safety incident reporting remains underutilized due to ambiguous roles, fear of blame, and cultural factors (Dhamanti et al., 2024).

Theoretical and Conceptual Framework

The study was anchored on Donabedian's Structure–Process–Outcome Framework as its primary lens, examining how organizational structure influences QI processes and patient outcomes (Moore et al., 2015). Bandura's Self-Efficacy Theory (1977) contextualized how professionals' confidence influenced their commitment to sustaining QI practices. Rogers' Diffusion of Innovations Theory (2003) explained adoption dynamics of new practices, while Lewin's Change Management Theory (1947) framed enabling and restraining forces affecting professionals' engagement in QI initiatives.

Conceptual Framework



METHODOLOGY

Research Design

A qualitative phenomenological design was employed to explore the lived experiences and perceptions of healthcare professionals regarding QI and patient safety initiatives. Semi-structured interviews captured rich narratives through an online platform (Google Forms), given the constraints on in-person data collection in the Middle East at the time of data gathering. This flexible format allowed participants to respond at their convenience while maintaining depth and integrity of responses.

Data Collection and Sample Selection

Purposive sampling was used to select healthcare professionals with direct QI and patient safety experience — including nurses, physicians, and allied health staff — ensuring diverse perspectives. Data collection continued until thematic saturation was achieved, with no new themes emerging from successive responses. Participants received clear instructions and confidentiality assurances prior to participation. Ethical approval was secured from the appropriate review board before data collection commenced.

Data Analysis, Validation, and Ethical Considerations

Thematic analysis was employed: responses were coded, categories formed, and overarching themes identified through constant comparison. Trustworthiness was ensured through Lincoln and Guba's criteria: credibility via member-checking and triangulation; dependability and confirmability via an audit trail; and transferability via thick description. Ethical principles upheld included voluntary participation, informed consent, anonymized data, secure storage, and strict adherence to beneficence and non-maleficence throughout the research process.

RESULTS AND DISCUSSION

SOP 1–2: Participation in QI Initiatives and Patient Safety Knowledge and Practices

Theme 1 – Participation in QI Initiatives. Participants demonstrated active and sustained engagement in QI through monitoring, audits, safety protocol adherence, and project involvement. QI initiatives enhanced daily clinical practice through increased awareness, accountability, and skill development (Subthemes 1.1–1.2). Structured training and supervisor-guided orientation (Subtheme 1.3) effectively prepared staff, enabling translation of QI knowledge into practice — consistent with experiential learning theory and the PDSA cycle. Participants described roles ranging from outcome monitoring and KPI tracking to project leadership in areas such as discharge efficiency, skin integrity, and medication reconciliation.

Theme 2 – Patient Safety Knowledge and Practices. Participants demonstrated strong knowledge of safety protocols, integrating them routinely as "strict compliance" and "routine integration" in daily work (Subtheme 2.1). Safety practices were perceived as highly effective in reducing errors, improving outcomes, and creating a safer healthcare environment (Subtheme 2.2). Management played an active and supportive role through encouragement of safety reporting, provision of training and guidance, open communication channels, and visible prioritization of safety in organizational activities (Subtheme 2.3).

SOP 3–4: Integration of QI in Daily Practice and Challenges in QI Participation

Theme 3 – Integration of QI in Daily Practice. Participants applied QI principles through daily monitoring activities, data-driven decisions, PDSA cycle application, and proactive risk identification (Subtheme 3.1). Continuous improvement habits included self-

reflection, regular attendance at trainings, seeking peer feedback, reviewing updated policies, and learning from experience (Subtheme 3.2). Teamwork and clear communication were identified as essential enablers of quality care, with coordination, effective information sharing, and mutual support reinforcing team performance (Subtheme 3.3).

Theme 4 – Challenges in QI Participation. Heavy workloads and busy clinical shifts were cited as major barriers, often creating priority conflicts between direct patient care and QI tasks (Subtheme 4.1). Staff resistance to change — reflected in non-compliance and implementation delays — highlighted a motivation gap requiring targeted change management strategies (Subtheme 4.2). Resource limitations, including staffing shortages, lack of updated equipment, limited training opportunities, and technology barriers, significantly hindered effective QI implementation at multiple levels (Subtheme 4.3).

SOP 5: Impact of QI on Patient Care, Teamwork, and Healthcare Outcomes

Theme 5 – Impact of QI on Outcomes. Consistent QI application led to measurable improvements in patient safety, error reduction, faster recovery, and increased patient satisfaction (Subtheme 5.1). QI initiatives also strengthened teamwork through improved collaboration, clearer communication, better care coordination, and increased shared accountability (Subtheme 5.2). At the individual professional level, QI participation contributed to confidence building, skill and competence development, increased work motivation, and overall job satisfaction (Subtheme 5.3) — reflecting the mutual benefit of QI for both patient outcomes and workforce development.

SUMMARY

This study explored healthcare professionals' perspectives on QI and patient safety initiatives through a qualitative phenomenological approach. Five themes emerged, reflecting strong engagement, practical integration of QI principles, positive outcomes, and persistent barriers. Participants demonstrated active involvement in QI activities, strong safety knowledge, and sustained improvement habits. Significant challenges — workload, resistance, and resource constraints — were identified alongside positive impacts including safer patient environments, stronger team dynamics, and meaningful professional growth. Effective QI requires individual commitment, organizational support, and a sustained culture of continuous improvement.

CONCLUSIONS

Healthcare professionals are actively engaged in QI and patient safety initiatives, integrating them into daily practice through monitoring, data use, teamwork, and continuous learning. QI is supported by both individual commitment and organizational systems, ultimately shaping the quality of care delivered in clinical settings. While barriers such as workload pressures, staff resistance, and resource limitations persist, professionals demonstrate resilience in maintaining quality care under constraints. The consistent application of QI practices yields improved patient outcomes, stronger team dynamics, and significant professional development. Strengthening institutional support and fostering a culture of safety are essential for the long-term sustainability of QI initiatives in healthcare.

RECOMMENDATIONS

Healthcare professionals should be provided protected time and role-specific training to enable meaningful QI participation without compromising clinical duties. Healthcare institutions should strengthen policies, allocate adequate resources, and promote safety-focused leadership to sustain improvement efforts. Educators and policymakers should embed QI and patient safety competencies into healthcare professional curricula. Future researchers should expand findings by including patient and administrative perspectives and conducting longitudinal studies to assess the sustained impact of QI initiatives over time.

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