

CHAPTER - 9

ADVANCES IN MEDICAL SURGICAL NURSING: EVIDENCE-BASED PRACTICES INNOVATION IN PATIENT CARE

Nursing leadership and advocacy in medical surgical units

Mrs. Nirmala¹, Prof. Devi Nanjappan², Prof. Snehalatha Reddy³

¹ Assistant professor, Department of Medical Surgical Nursing,

Smt.Nagarathnamma College of Nursing,

Rajeev Gandhi University of Health Sciences Bangalore, Karnataka, India

Phone Number: 7483263022, Email: nirmalareddy112233@gmail.com

² Principal, Department of Medical Surgical Nursing,

Smt.Nagarathnamma College of Nursing,

Rajeev Gandhi University of Health Sciences Bangalore, Karnataka, India

Phone Number: 7204646708 Email: principalanr@acharya.ac.in

³ Department of Medical Surgical Nursing,

Smt.Nagarathnamma College of Nursing,

Rajeev Gandhi University of Health Sciences Bangalore, Karnataka, India

Phone Number:9291235070 Email: Sneha.reddy1976@gmail.com

Abstract

Nursing leadership and advocacy are at the heart of effective patient care in medical surgical units. In these dynamic and often high-pressure environments, nurse leaders guide teams, foster collaboration, and drive quality improvement. They are responsible for decision making, mentoring staff, and ensuring evidence-based practices are upheld. Beyond managing patient care, they advocate for fair working conditions, patient rights, and policy advancements that shape the future of health care. Effective nurse leadership is essential for promoting teamwork, reducing burnout, and maintaining a high standard of care. However, challenges such as staffing shortages, emotional and physical exhaustion, and resistance to change can hinder their efforts. Nurse leaders must engage in continuous education, develop strong communication skills, and actively participate in healthcare policy discussions to create a balanced

and supportive environment. By championing both patient welfare and staff well-being, nursing leaders ensure that medical-surgical nursing continues to evolve. Their commitment to advocacy and leadership helps shape a healthcare system that is both compassionate and effective, ultimately improving patient outcomes and fostering professional growth within the nursing community.

Keywords: Nursing leadership, nurse advocacy, medical surgical nursing, evidence based practice, patient care

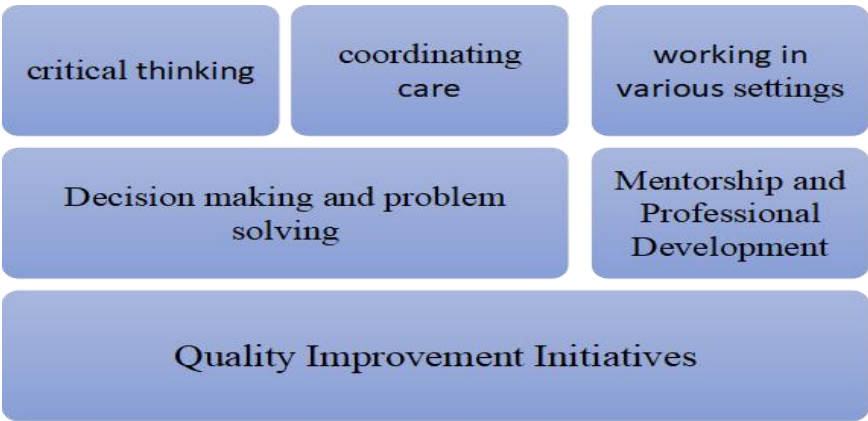
9.1 INTRODUCTION

Global health demands have set new roles for nurse leaders. Nurse leaders are referred to as nurses, nurse managers, or other nursing staff working in a health care context who attempt to influence the behaviour of individuals or a group based on goals that are congruent with organisational goals they are seen as professionals armed with data and evidence, and a commitment to mentorship and education, and as a group in which leaders innovate, transform, and achieve quality outcomes for patients, health care professionals, organisation, and communities. Effective leadership occurs when team members critically follow leaders and are motivated by a leader's decision based on the organisation's requests and targets. On the other hand, problems caused by poor leadership occurs may are essential in medical surgical units, as they create an environment where patient care thrives and the team feels supported. Strong nursing leaders provided guidance, ensure smooth coordination and foster collaboration among health care professionals. This is crucial in fast paces settings where patients often have complex medical needs. advocacy ensures that patients voices are heard and patients' rights are respected, especially during vulnerable times. Nurses plays a key role in bridging communication between patients, families, and the medical team, ensuring care is both effective and compassionate. For the staff, good leadership promotes a culture of teamwork, learning, and resilience, reducing burnout, and improving job satisfaction. By championing both patient and staff need, nursing leaders create a balance where quality care and professional growth go hand.

Medical surgical nursing is practiced in several settings across the health care industry, including hospitals, outpatients' settings, in homes, via telemedicine and other nontraditional settings. As the only national professional organisation representing the voice of medical surgical nursing, our strategic mission for patients and their access to high quality, affordable health care includes developing and promoting nursing leadership to improve health care. For every health care policy, advisory leadership role here practical patients care expertise and professional credibility would be valuable medical surgical nurses are prepared to fulfil the need. In addition to their advanced academic and professional education, their national professional association, makes valuable numerous leadership development opportunities for its members. They include AMSN engagement on the multidisciplinary nurses on boards coalition, clinical and professional leadership development education and training, the nightingale challenges initiative for early career nurse's certification board. Every nurse is a leader, and everyone can benefit from more use of nursing leadership nurses have credibility as leaders because people believe they are in it for their patients, not for themselves. Nurses represent the largest share U. S health care workforce and are the health care professionals with whom patients have most contact. Medical surgical nurses should be regularly called upon to serve in policy, adviser and leadership roles.

9.2 The Role of Nurse Leaders in Medical-Surgical Units

Figure 1



Who is medical surgical nurse

A medical surgical nurse is a registered nurse who specialises in caring for patients with a wide range of medical conditions. They are often considered the backbone of hospital nursing, as they handle patients with diverse health issues. From preoperative care to post operative recovery, these nurses are involved in nearly every aspect of patient care, making their role incredibly versatile and demanding.

Critical thinking

One of the most crucial skills for a medical surgical nurse is critical thinking. This involves the ability to assess patient condition rapidly, identify potential complications, and take appropriate action. For example, if a patient suddenly shows signs of sepsis, the nurse must quickly recognise the symptoms and initiate treatment protocols. Critical thinking is not just about quick decision making also involves long term planning and anticipating future health care needs.

Coordinating care

Medical surgical nurse often serves as the primary coordinators of patient care. They work closely with doctor, specialists, and other health care professionals to ensure that each patient receives comprehensive and cohesive care. This coordination involves everything from scheduling surgeries and diagnostic tests to managing medication regimens and discharge planning.

The role of technology in care coordination

With advancement in health care technology, medical surgical nurses now have access to electronic health records and patient management systems that facilitate seamless care coordination. These tools allow nurses to track patient progress, communicate with other health care providers, and update treatment plans in real time ensuring that all team members are on the same page.

Working in various settings

Medical surgical nurses work in variety of settings, each offering unique challenges and opportunities for professional growth. Medical surgical nurses spend a significant portion of their time. These units cater to patients who require hospitalization for surgeries, acute illness, or chronic illness management. Nurses in these settings must adopt at handling high patient volumes and managing complex care plans. Outpatient units provide care for patients who do not require overnight hospitalization. Medical surgical nurses in these settings often handle pre operative and post operative care, minor surgical procedures and routine check-ups. Speciality units such as oncology, cardiology, and neurology, require nurses with specialized knowledge and skills, Medical surgical nurses in these units often undergo additional training to mange the unique needs of their patients.

Decision making and problem solving

Decision making is the process of making choices by evaluating alternatives. It requires analytical and critical thinking skills, alongside an understanding of te implications and consequences of each option. Problem solving entitles identifying, analysing, and resolving problems in a systematic manner. It often requires innovative thinking and the ability to apply learned concepts to the novel situations.

Mentorship and Professional Development

Supporting nurses through mentorship, continuous education, and leadership training. Guiding the nurses for enhancing their knowledge and skills through the in-service education for nurses and continuing nursing education can improve the skills of the nurses.

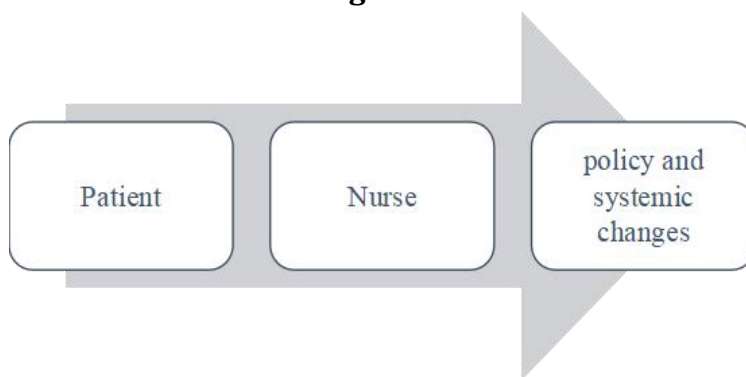
Quality Improvement Initiatives

Leadership efforts to improve patient safety, reduce hospital acquired infection, and improve workflow efficiency. A Healthcare Quality Improvement (QI) program is a set of focused activities designed to monitor, analyse, and improve the quality of processes to improve

the healthcare outcomes in an organization. By gathering and analysing data in key areas, a hospital can effectively implement change. Many programs are organization-wide, ongoing, and long-term. Concerned specifically with a hospital's more cyclical activities, these programs aim to continually increase levels of performance, such as improving patient safety or lowering patient mortality.

9.3 Advocacy in medical surgical nursing

Figure-2



9.3.1 Patient

Patient advocacy is a fundamental principle of nursing practice and plays a crucial role in ensuring patient safety, dignity, and well-being. In the surgical setting, patient advocacy becomes even more critical as patients are often invulnerable states, undergoing complex and potentially life-altering procedures. Surgical nurses are in a unique position to advocate for patients throughout their surgical journey, from preoperative preparation to postoperative care. This review article aims to discuss the importance of patient advocacy in surgical nursing and to provide strategies for advocating for patients undergoing surgical procedures to ensure they receive the best possible care. Key aspects include preoperative advocacy, intraoperative advocacy, and postoperative advocacy, with a focus on optimizing outcomes and ensuring patient safety. By advocating effectively, surgical nurses can ensure that the patients' needs are met, their rights are respected, and their overall experience is improved.

9.3.2 Nurse as advocate

We identified four primary themes in the discourse on nursing advocacy: responsibility to support patient autonomy regarding treatment decisions, responsibility to protect the patient from the physician, responsibility to act as an intermediary between the physician and the patient, and responsibility to support the well-being of the patient.

Responsibility to support patient autonomy regarding treatment decisions

In 1975, lawyer George Annas observed patients had limited rights in the hospital due to the nature of the physician-patient relationship; physicians had control of medical information and at times made decisions that were inconsistent with the needs of the individual patient. To improve this relationship, Annas proposed the role of a patient advocate, whose “primary responsibility is to assist the patient in learning about, protecting, and asserting his or her rights within the health care context.” (p201) Annas noted that nurses were ideally suited for the role of patient advocate because nurses provide moment-to-moment management of patient care, which includes addressing the majority of patient questions and concerns.

Responsibility to protect the patient from the physician

Concerns about the physician-patient relationship also led to the notion that nurses should protect the patient from the physician. According to Allmark and Kluczynski, “...the growth of the idea of advocacy is, at least in part, a response to a perceived need to empower patients, particularly against doctors.” (p33) Here the importance of empowering patients is in the context of *against* the doctor: nurses are not only to act for the patient, but also may need to push back against the doctor if necessary to protect the patient’s needs and desires. Working against the physician for the good of the patient can put nurses in difficult situations.

Responsibility to act as an intermediary between the physician and the patient

Aside from protective purposes, the nurse also needs to work with the physician and the patient to ensure understanding between them. O'Connor and Kelly investigated nurses' perceptions of advocacy and described, "The essence of advocacy for most of the participants interviewed was the role of the nurses acting as intermediaries for patients or, as one participant described it, 'bridging the gap.'" (p462) In this role, the nurse translates information from the physician to the patient or vice versa.

Responsibility to support the well-being of the patient

In nursing discourse, the nurse also has the responsibility to work toward the patient's well-being. According to Winslow, "more than any other health care professionals, nurses tend to be concerned with the well-being of the *whole* patient." (p35) This goes beyond the medical model—which is primarily concerned with eliminating disease processes—to include a concern for psychological, emotional, and spiritual well-being. Nurses aim to help patients live as fully as possible and "reach out for a plenitude of being that is always possible, in spite of biologic limitations against which medicine is helpless." (p9) Even when medical treatments are exhausted and can no longer provide a cure, nursing care enhances the patient's functional abilities and sense of well-being throughout the illness.

9.4 Responsibility to prevent harm to the patient from surgery

The discourse suggests that surgeons would not operate if they believed the operations would be unsuccessful or result in a bad outcome. By not operating, surgeons are protecting patients from burdensome treatments. According to Cassell, "It is perhaps easier for a surgeon not to operate and accept that the patient has a fatal condition than to operate, find the same thing, and then have to 'let go' without having 'fully atoned' for the increase in pain and suffering wrought by the knife and the scissors, the clamps and the retractors." (p77) When surgeons do not

operate, they understand that subsequent patient death results from disease. However, if the surgeon did perform the surgery and the patient incurred pain and suffering before dying, the surgeon would then be responsible for not only the death, but also the pain and suffering that resulted from the surgery.

9.4.1 Policy and Systemic Changes

There are persistent and pervasive inequities in health outcomes along racial, ethnic, socioeconomic, and geographic lines in the United States. Given that many of these disparities have their roots in structural inequities, addressing them requires attention to the broader policies that can impact health outcomes. These include policies that influence access to care, policies that influence quality of care, and policies that influence broader social and economic context such as community development, education, and job opportunities.

The most powerful determinant of access to care in the United States is insurance coverage. The United States is alone among industrialized nations in not offering its citizens universal health coverage, and, as a result, major gaps remain that impact individuals' ability to pay for the health care they need. Prior to passage of the Affordable Care Act (ACA) in 2010, the uninsurance rate in the United States was roughly 15%–20%. The ACA had four major features aimed at increasing insurance coverage: the “individual mandate,” a requirement that individuals purchase health insurance or face federal fines; a series of reforms aimed at insurance companies, such as requiring that companies cover individuals without discrimination based on preexisting conditions and eliminating lifetime caps on benefits; the expansion of the Medicaid program to all individuals earning less than 138% of the federal poverty level; and the creation of insurance exchanges, government-run marketplaces where individuals could purchase health insurance, often subsidized, on the individual market.

There is also policy efforts aimed at improving the quality of care delivered; these policies impact equity both directly and indirectly. A large consistent body of research has demonstrated that the quality of care

delivered in the United States is uneven, with many missed opportunities for optimal treatment, and that suboptimal care is more often delivered to people from racial or ethnic minority backgrounds who live in poverty, lack insurance, face other socioeconomic challenges, or live in rural areas discussed earlier, some of these inequities are related to access issues, but a great deal are also related to the infrastructure available to deliver care in historically disinvested areas and at struggling hospitals.

9.5 Challenges in Leadership and Advocacy

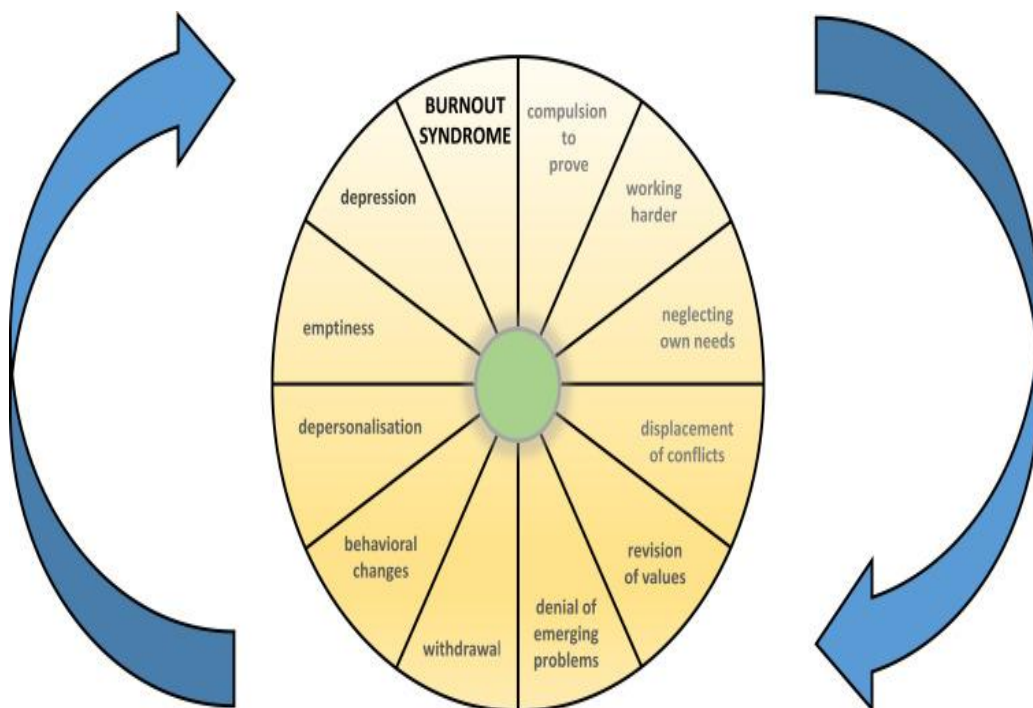
Staffing shortage

Across industries, headlines scream of a critical situation: staffing shortages. But what exactly does this mean, and how is it impacting the world around us? This blog dives deep into the issue, exploring its causes, consequences, and potential solutions, with a specific focus on the healthcare sector in 2024. A staffing shortage simply means there aren't enough qualified people to fill open positions in a company or industry. It's like having a bunch of empty seats at a table, but not enough people to fill them all, even though you might have invited everyone you know.

Burnout and Stress

Burnout is a work-related stress syndrome resulting from chronic exposure to job stress. The term was introduced in the early 1970s by psychoanalyst Freudenberger and has subsequently been defined by Maslach et al as consisting of three qualitative dimensions which are emotional exhaustion, cynicism and depersonalization, reduced professional efficacy and personal accomplishment. Burnout can occur in any kind of profession. Healthcare workers, and especially perioperative clinicians seem to be at particular risk for burnout. This may have significant negative personal (substance abuse, broken relationships and even suicide), but also important professional consequences such as lower patient satisfaction, impaired quality of care, even up to medical errors, potentially ending up in malpractice suits with substantial costs for caregivers and hospitals.

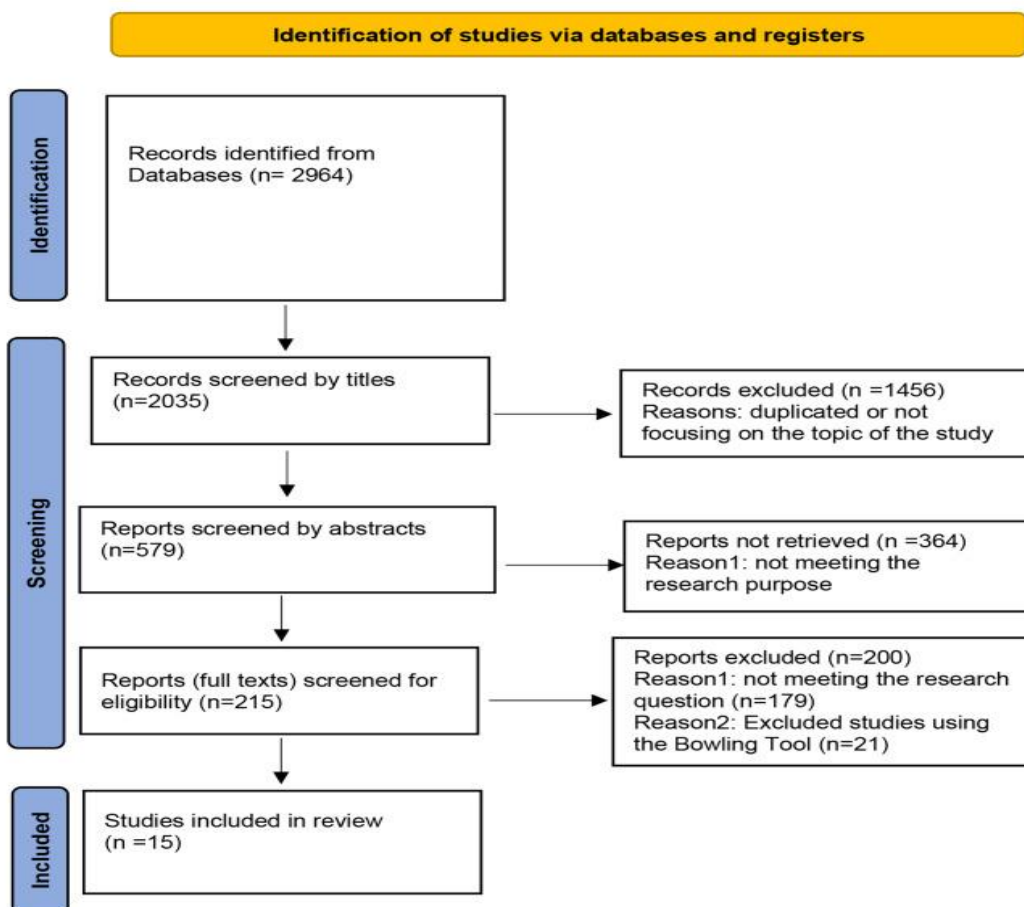
Model-1



12-stage model for the development of burnout as described by Freudenberger.

Resistance to Change

Generally defining the concept of “resistance to change” is not easy. but based on the literature; resistance is defined as the informal and covert behaviour of an individual in response to a perceived or actual threat to maintain the status quo. In other words, resistance is defined as failure to do anything that is asked by managers from employees. Also, behavioural resistance is known as a prevent or stop change, which can ultimately be the main cause of change failure. However, sometimes the nature of resistance can finally be a valuable resource for achieving change.



Flow chart-1

Ethical Dilemmas

When caring for human lives, the decisions you have to make as a nurse are anything but black and white. In addition to taking vital signs and doing dressing changes, there is a realm of tough choices and ethical dilemmas that nurses have to face every day.

1. Patient Autonomy vs. Beneficence

Balancing a patient's right to make decisions about their own care with the nurse's duty to promote their overall well-being. Let's say a patient diagnosed with diabetes refuses to take insulin, despite it being essential for controlling their blood sugar levels and preventing serious complications.

2. Confidentiality vs. Duty to Warn

Struggling with maintaining patient confidentiality while also considering the potential harm to others if vital information is not shared. Imagine a scenario where a nurse working in a mental health facility becomes aware that a patient with a history of violent behaviour has confided in the nurse about their plan to cause harm to their former partner. The nurse finds themselves in a challenging ethical dilemma: on one hand, they have a duty to maintain the confidentiality of the patient's personal information, and on the other hand, they have an obligation to protect other people from harm.

End-of-Life Care

Managing the ethical complexities around decisions about withdrawing or withholding life-sustaining treatment, considering the patient's wishes, quality of life, and family dynamics. For example, consider the situation where a nurse is caring for an elderly patient with a terminal illness. The patient expresses the desire to die a peaceful death without aggressive interventions. However, the patient's family opposes this and wants "everything medically possible" to be done to save the patient's life. The nurse finds themselves in a complex ethical dilemma, torn between honouring the patient's wishes and respecting the concerns of the family.

Resource Allocation

Facing the difficult task of distributing limited resources fairly and ethically among patients, especially during times of scarcity or emergencies. Consider this scenario: During a severe flu outbreak, a nurse working in a hospital emergency department faces the ethical dilemma of resource allocation. The hospital is overwhelmed with patients, and the available resources, such as beds, ventilators, and medications, are limited. The nurse must make decisions about which patients receive the resources, balancing the needs of the patients in their care while also considering the needs of other patients in the hospital.

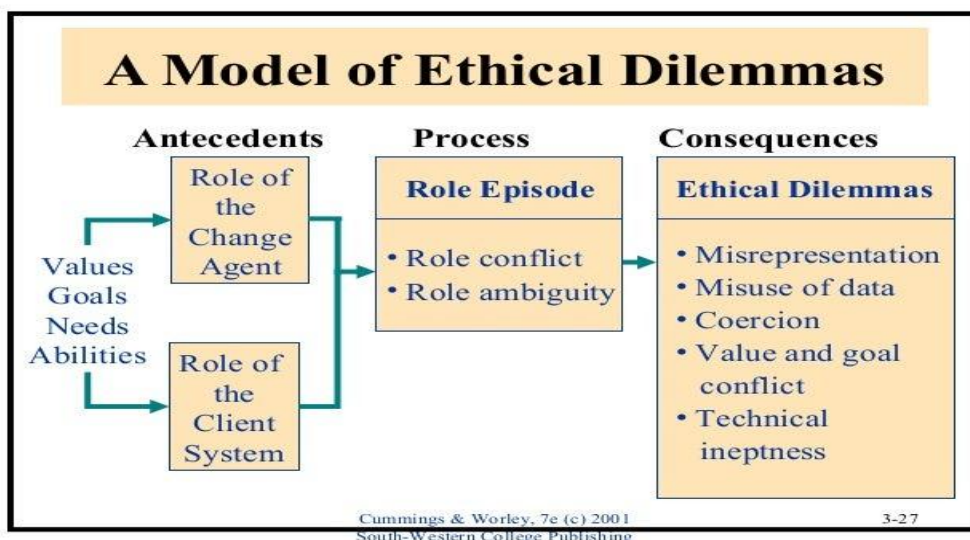
Informed Consent

Ensuring patients have a clear understanding of the risks, benefits, and alternatives of proposed treatments or procedures before they provide consent. Here's an example of how this ethical dilemma could occur: A nurse assists a physician who is rushing to obtain informed consent for a surgical procedure despite the patient's pain and anxiety. However, the nurse quickly recognizes the patient's limited understanding of the procedure's implications, raising ethical dilemmas regarding informed consent.

Cultural and Religious Beliefs

Navigating conflicts between a patient's cultural or religious values and the standard practices or protocols of healthcare. In a multicultural society, nurses often encounter ethical dilemmas when a patient's cultural or religious beliefs clash with the standard practices or protocols of healthcare. An example is when a nurse is caring for a patient from a cultural background who strongly believes in traditional healing methods and is hesitant to accept Western medicine.

Model- 2



The **Model of Ethical Dilemmas** explains how role conflicts and ambiguities between change agents and client systems, influenced by values and goals, lead to ethical dilemmas such as misrepresentation, coercion, and misuse of data. Clear communication and ethical leadership can help mitigate these issues.

9.6 Strategies for Effective Leadership and Advocacy in Medical-Surgical Nursing

Nurses play a crucial role in leading healthcare teams and advocating for their patients, especially in fast-paced medical-surgical units. Here are some practical ways to strengthen leadership and advocacy skills:

9.6.1 Never Stop Learning

Healthcare is constantly evolving, so staying updated is essential. Take part in leadership workshops, attend professional conferences, and pursue certifications that boost both your confidence and expertise. Whether it's a course on conflict resolution or evidence-based practice, continuous learning helps you grow as a leader.

9.6.2 Communicate with Confidence and Clarity

Good communication isn't just about talking—it's about listening, understanding, and making sure everyone is on the same page. Encouraging open discussions with your team ensures better collaboration and, ultimately, better patient care. When advocating for patients, speak up confidently, ensuring their needs and concerns are heard and addressed.

9.6.3 Base Decisions on Solid Evidence

Relying on research and data helps nurses make informed decisions that improve patient outcomes. Instead of just following tradition, look at the latest studies, best practices, and clinical guidelines to ensure your patients receive the safest and most effective care possible.

9.6.4 Get Involved in Policy and Advocacy Efforts

Healthcare policies directly impact patient care and nursing practice, so why not have a say in shaping them? Join professional organizations, participate in hospital committees, or connect with policymakers to advocate for positive changes in healthcare. Even small actions, like signing petitions or attending meetings, can make a big difference.

By continuously learning, communicating effectively, using evidence-based practices, and getting involved in policy, nurses can become strong leaders and advocates in their field. Leadership isn't about having a title—it's about making a meaningful impact every day.

Table:1 Impact of Nursing Leadership and Advocacy in Medical-Surgical Units

Category	Key Findings	Percentage/Statistical Data
Impact of Leadership on Patient Outcomes	Increased Patient Satisfaction	Higher satisfaction levels reported under relational leadership
	Reduced Adverse Events	Notable decrease in medication errors, restraint use, and hospital-acquired infections
	Lower Patient Mortality Rates	Some studies indicate a correlation, but findings are inconclusive
Facilitators of Nursing Advocacy	Effective Communication	81% of nurses consider it a primary enabler
	Problem-Solving Abilities	69% emphasized its importance
	Readiness for Patient Care	60% noted preparedness as a key factor

Category	Key Findings	Percentage/Statistical Data
Barriers to Nursing Advocacy	Fear of Job Risk	81% of nurses feared advocacy could jeopardize their jobs
	Poor Team Coordination	79% cited lack of cooperation as a major hindrance
	Low Self-Confidence	69% reported poor self-image as an obstacle

This table provides a clear and structured summary of the statistical data related to nursing leadership and advocacy in medical-surgical units.

Conclusion

Nursing leadership and advocacy make a real difference in medical surgical units. When nurses have supportive leaders who comminate well and foster teamwork, patient satisfaction goas up, decrease errors, and overall patient care improves. However, many nurses struggle with speaking p their patients due to fears of job loss, poor team support, or lack of confidence. By addressing these challenges through better training, open communication, and a culture that values nursing voices health care organisations can create safer, more effective environments for both patient and staff. At the end of the day, when nurses feel empowered to lead and advocate, everyone benefits patient receive standard care, and hospitals function more efficiently

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