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Quality and organizational culture in Medically Assisted Reproduction Unit

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EDITORIAL ARTICLE

QUALITY AND ORGANIZATIONAL CULTURE IN MEDICALLY ASSISTED REPRODUCTION UNIT

Organizational Culture (OC) constitutes a collective phenomenon, which reflects the personality of a Medically Assisted Reproduction Unit (MARU), shaped by the interaction of the traits of the Health Professionals comprising it, of the organizational structure and organizational ethics. It provides Health Professionals with a sense of identity and recognition, while the clear identification of values and expected behaviors, common to all, creates bonds between employees and enhances dedication to MARU's vision and mission. OC influences MYSA's effectiveness and efficiency because it can give it a competitive edge, it can improve the way the organizational structure works, and it can increase Health professionals' aim to achieve the Unit's goals.

The main characteristics of OC, related to MARU functioning are the adaptability, the involvement considered as the desire to cultivate employees' competencies, the responsibility and the sense of commitment to MARU. Consistency is the third trait of OC and is interpreted as the definition and consolidation of the values and systems, of those that constitute the basis of a strong culture. Finally, the mission is the fourth trait of OC and is interpreted as the definition of a long-term strategic direction for it, showing its importance and its aims through progressive and measurable goals.

OC has been related to elements that contribute to the quality of services. In this way organizational culture and quality are two intertwined concepts, with the former being the broader whole within which the latter develops. Quality at MARU means providing the best available care for the infertile couple, which means doing what is needed, at the right time, in the right way, ensuring the best result, in a confidential and respectful way. Quality Management in MARU involves designing, developing quality goals, setting quality standards, monitoring through the use of indicators, and acting with the participation of everybody. MARU, according to the National Medical Assisted Reproductive Authority (NMARA) should be certified according to ISO 9001 and EN 15224.

With a view to achieving and establishing the objectives of a MARU, parameters, concerning professional performance, suitable use of resources, patient satisfaction and clinical risk management, should be pinpointed. Specifically, MARU's goals involve providing fully personalized care, conforming to the requirements of medical science, so as to maximize the hopes for childbirth, the respect of the clients' needs for confidentiality, privacy and individuality, the adaptation to their needs, the profession's practice in a responsible, ethical and highly professional way, in order to ensure the society's consensus and confidence in assisted reproduction techniques.

Key Performance Indexes (KPIs) are performance measurement tools concerning specific individuals and activities, in order to achieve the quantitative, strategic and operational goals that have been set. Key Performance Indexes (KPIs) include Structure, Process and Outcome Indicators. In particular, clinical Indicators (CLPs) for MARU include patient satisfaction, ultrasound development of the follicles, endo-crinological response of the ovarian stimulation, the recovery of mature ova, hypo-calcemia of endometrial hypotension, the birth of healthy babies, the age of women, the cause of infertility, the

women's body mass index (BMI), the anti – Mullerian Hormone (AMH), the follicular hormone (FSH), the stimulation protocol, the duration of the stimulation, the Birth Number to the embryo transfer (ET), the number of Births to thawed number (THAW), the number of Births to the insemination number (IUI), the number of canceled ovaries (OR) to the number of total ovaries (OR).

Laboratory Indicators (L-KPI's), which are considered to be extremely important and reliable for the successful operation of a MARU, include 70-80% egg retrieval, sperm retrieval, 75-90% mature egg retrieval rate, 60-80% normal fertilization rate, 5-20% poor and non-fertilization rate, 80-95% embryo development and quality rate, 25-80% blastocyst formation, 2nd, 3rd day of embryo transfer (ET) at a rate of 10% -32%, 4th, 5th, 6th day at 15-42% rate, Cryopreservation, Advanced Cooling endometrial implantation at a rate of survival of more than 25%, Survival rate of sperm, ova and embryos cryopreservation, survival rate from embryo biopsy.

It constitutes and it is considered an important responsibility of the MARU medical and nursing leadership to inspire the vision of the quality of the services provided to patients, through a process of continuous improvement, which does not constitute a threat to employees, but which is an opportunity for professional and ethical integration. "Quality" has been a human quest since ancient times and it is equal to virtue, continuous improvement, and "forever excelling". Humanism is the ideal part of the spiritual and moral cultivation of man, which aims at the full manifestation and realization of human potentials. In this way of correlation, as far as it concerns the couples experiencing the problem of Infertility, the ultimate goal of MARU should be to shortly achieve a healthy child birth, with the utmost care, morale, respect and safety.

References

1. Kilmann, R.H. (2011) Quantum Organizations: A New Paradigm for Achieving Organizational Success and Personal Meaning. Newport Coast, CA: Kilmann Diagnostics, 97–107.
2. Bourandas, D., (2002) Management, theoretical background-contemporary practices, Ed. Benou. (Book in Greek)
3. Beckford, J. (2016) Quality: A Critical Introduction. Book of Business & Economics.
4. Bellou, V. (2008) Identifying Organizational culture and subcultures within Greek public hospitals. Journal of Health Organization and Management, 22(5):496-509
5. Suderman, J. (2012) Using the Organizational Cultural Assessment (OCAI) as a Tool for New Team Development. Journal of Practical Consulting, 4(1):52-58.
6. Zioga, M.A. (2014) Quality in health setting. University of Piraeus, Department of economics, MSc Diploma thesis in Greek.
7. Ieronimaki, C. (2007) Prenatal and preimplantation diagnosis: Comparison of policy and legislation, National School of Public Health, MSc Diploma thesis in Greek.
8. Koulouri, A. (2018) Quality and organizational culture in health services, European University of Cyprus, University of West Attica, MSc Diploma Thesis in Greek.

9. ESHRE Special Interest Group of Embryology and Alpha Scientists in Reproductive Medicine, The Vienna consensus: report of an expert meeting on the development of art laboratory performance indicators. 2017, The Author(s). Published by Elsevier Ltd on behalf of Reproductive Healthcare Ltd.

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