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Araştırma Makalesi ● Research Article

A Study on Clinical Governance and Awareness in Quality Standards in Health from the Perspective of Nursing Management

Hemşirelikte Yönetim Açısından Sağlıkta Kalite Standartlarında Klinik Yönetişim ve Farkındalığı Üzerine Bir Çalışma

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Abstract: The main purpose of the study is to examine the knowledge levels, awareness, evaluation and solution suggestions of nurses, who are seen as the focal point in the implementation of clinical governance, in the implementation process, and to contribute to the literature. The population of the research consists of 716 nurses working in Sivas Health Services Application and Research Hospital. Questionnaires were administered online and face-to-face. The responses of 122 nurses were included in the study. The study was carried out with a mixed method, and qualitative and quantitative research methods were used. In the study, there were 4 demographic questions, and 9 questions about education, work, and knowledge level. The barriers to clinical governance practices were obtained from the literature, itemized as 4 items, and communicated in Likert question type, and 2 open-ended semi-structured interview forms were used to determine opinions and suggestions. As a result of the analysis, the need for training came to the fore at a rate of 87.7%. The obstacle of the need for education and organizational culture change was found to be higher in clinical governance practice in those who worked for 15 years or more (p=0.001). Training programs for clinical governance practices are important for quality and safe health care. By emphasizing the importance of the subject in the field with this study, it is recommended to create solutions for the obstacles and difficulties in front of clinical governance and to make plans for this. Ethics committee approval dated 19.06.2023/16 was obtained from Sivas Cumhuriyet University Social Sciences Scientific Research Ethics Committee for the study.

Keywords: Quality in Healthcare, Clinical Governance, Nurses, Awareness

Öz: Klinik yönetişimin uygulanmasında odak noktası olarak görülen hemşirelerin, uygulama sürecindeki bilgi düzeylerini, farkındalıklarını, engeller ve zorluklar ile ilgili değerlendirme ve çözüm önerilerini incelemek ve literatüre katkıda bulunmak çalışmanın temel amacını oluşturmaktadır. Araştırmanın evrenini Sivas Sağlık Hizmetleri Uygulama ve Araştırma hastanesinde çalışan 716 hemşire oluşturmaktadır. Anketler çevrimiçi ve yüz-yüze uygulanmıştır. Araştırmaya 122 hemşirenin yanıtları dâhil edilmiştir. Çalışma karma yöntemle

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gerçekleştirilmiş, nitel ve nicel araştırma yöntemlerinden faydalanılmıştır. Çalışmada 4 adet demografik, 9 adet eğitim, çalışma ve bilgi düzeyine yönelik sorular yer almıştır. Klinik yönetişim uygulamalarının önündeki engeller, literatürden faydalanılarak elde edilmiş olup, 4 adet olarak maddelenmiş ve likert soru tipinde iletilmiştir, görüş ve önerileri belirlemek amacıylada 2 adet açık uçlu yarı yapılandırılmış görüşme formu kullanılmıştır. Yapılan analizler sonucunda %87,7 oranında eğitim ihtiyacı ön plana çıkmıştır.15 yıl ve üzeri çalışanlarda diğerlerine göre klinik yönetişim uygulanmasında eğitim ve örgütsel kültür değişimi gerekliliği engeli daha yüksek oranda saptanmıştır (p=0,001). Klinik yönetişim uygulamalarına yönelik eğitim programları kaliteli ve güvenli sağlık hizmeti için önemlidir. Bu çalışmayla da alandaki konunun önemi vurgulanarak klinik yönetişim önünde engel ve zorluklara yönelik çözümler oluşturulması ve buna yönelik planlamalar yapılması önerilmektedir. Çalışma için Sivas Cumhuriyet Üniversitesi Sosyal Bilimler Bilimsel Araştırma Etik Kurulundan 19.06.2023/16 tarih ve sayılı etik kurul izni alınmıştır.

Anahtar Kelimeler: Sağlıkta Kalite, Klinik Yönetişim, Hemşireler, Farkındalık

Introduction

Clinical governance, which emerged as a result of problems and increasing public concern about quality and safety in healthcare, is a policy implemented by the UK Government to improve the quality of care in the national health service (Roland et al., 2001: 188). The concept of clinical governance can be defined as a framework within which health institutions are responsible for continuously improving the quality of the services they provide, creating the best environment in which clinical care will develop, ensuring maximum benefit from the service provided, and maintaining this high-quality care (Scally and Donaldson, 1998: 62; Macfarlane, 2019: 174). The purpose of clinical governance can be summarized as the systematic unification of practices to improve quality (Halligan and Donaldson, 2001: 1413). Clinical governance plays a key role in improving healthcare and delivering quality healthcare (Som, 2009: 99; Gauld and Horsburgh, 2020: 183). UK in the 1990s, with the rapid technological developments in the field of health and advances in clinical management, there was a confusion of concepts in the definition and delivery of quality. Concurrent service failures during bone tumor diagnosis in Birmingham, during pediatric cardiac surgery in Bristol, and cervical scans in Kent and Canterbury highlighted the need for improvement in quality. The declines in the field of service quality have brought many improvements to the agenda in this area, and many institutes and commissions have been established to improve health. As a solution to the difficulties experienced in this process, clinical governance has been proposed as an important tool in achieving accountable quality in improving the field of quality. Clinical governance is seen as a cultural shift in a whole system that provides sustainable, accountable, patient-centered, safe, and quality service delivery and all the tools to develop institutional capacity (Nicholls et al., 2000: 173). Clinical governance provides a framework for nurses in evidence-based medical practice to achieve excellence in clinical care. Clinical governance, which provides both hospitals i.e. health institutions, patients, and nurses with structures to improve the quality of health care in order to prevent the problems experienced in the health system (as in the case of Bristol) from happening again, also ensures that clinical efficacy frameworks are put into operation throughout the organization in order to develop, maintain and monitor quality standards (McSherry and Haddock, 1999: 114). Excellence in nursing care; leadership and management can be assessed in the same sense as patient safety, quality, clinical governance, and evidence-based practices (McSherry and Warr, 2008: 133). Within clinical governance, which plays an important role in promoting quality and patient safety culture in healthcare, the executive nurse plays an active role. The executive nurse works with leading clinicians and the executive team through good communications to ensure good clinical governance and plays a vital role in delivering effective, efficient, safe healthcare using their professional and clinical expertise in concert with the entire team (Lúanaigh and Hughes, 2016: 135). Having a general level of knowledge and awareness about clinical governance, which is of great importance for quality in health, is of great importance in terms of effective, efficient, and safe delivery of health services by increasing its applicability. In this study, it was aimed to determine the level of knowledge and awareness of nurses about clinical governance, which is considered as a comprehensive umbrella concept in health quality, and to contribute to the literature on the improvement and development of practices in this field by taking their opinions and suggestions.

Materials and Methods

The universe of the study; The population of the study consisted of 716 nurses working at Sivas Cumhuriyet University Health Services Practice and Research Hospital. The data of 122 nurses who voluntarily agreed to participate in the study and expressed their opinions were evaluated. The study was carried out with a mixed method and both qualitative and quantitative research methods were used. The study included 4 demographic questions and 9 questions about education, work, and knowledge level. In the literature, McSherry et al. (2012), Wallace et al. (2001) 4 Likert-type items were conveyed about the obstacles to clinical governance in their studies, and 2 open-ended semi-structured interview forms were used to determine their opinions and suggestions.

Quantitative Research

In the statistical analysis of the data obtained from the study, frequency, and Chi-Square (Cross tab) analyses were used. Accordingly, the literature used a form consisting of 4 items for "barriers to clinical governance " (McSherry et al., 2012; Wallace et al., 2001). Items of this form are designed in 5 types of Likert (1=Completely Agree, 2= Agree, 3=Undecided, 4=Disagree, 5=Disagree at All). The Disability level in Clinical Governance was determined according to the Likert scoring and 1-2.5 was considered a high-level disability, 2.51-3.5 was considered a medium-level barrier, and a 3.51-above was considered a low-level disability. Accordingly, the scoring obtained within the scope of the research is presented in Table 3.

Qualitative Research

A semi-structured interview form was prepared by the researchers to reveal the topics of "Obstacles and Challenges to Clinical Governance Implementation" and "Solution Proposals for Clinical Governance Implementation Obstacles and Challenges". The interviews were conducted with a total of 122 nurses, including the Manager/Responsible nurse consisting of 32 people, and the clinical nurse consisting of 90 people. *"The interviews were conducted on a voluntary basis, and it was declared by the investigators that the identities of the nurses who participated in the interview would not be disclosed."* Within the scope of these interviews, 178 code data were collected from the textual data obtained on the topic of "Clinical Governance Obstacles and Challenges to Implementation". On the other hand, within the scope of "Clinical Governance Implementation Obstacles and Solution Proposals for Challenges", 233 code data were obtained. These code data were thematized by the researchers and 15 themes were created on "Barriers and Challenges to Clinical Governance Implementation" and 14 themes on "Proposed Solutions for Clinical Governance Implementation Obstacles and Challenges". While the coding was done, "3 readings were made on the textual data set obtained by the researchers". In this direction, attention has been paid to the data set by making repeated returns in order to process the coding process in a very dynamic way. Codings and themes have been carried out in the literature with attention to qualitative research methods (Kvale, 1994; Morse, 2016; Silverman, 2016; Eysenbach and Köhler, 2002; Miles and Huberman, 1994; Baltacı, 2019). As a result, the encodings were evaluated descriptively, and the frequencies and percentages of the themes obtained were included (Table 9; Table 10).

Findings

Table 1. Demographic Distribution of the Nurses Participating in the Research

Age		
Groups	n	%
22-32 Years	31	25.4
33-43 Years	33	27.0
44-54 Years	54	44.3
55 Years and Older	4	3.3
Gender		
Female	106	86.9
Male	16	13.1
Marital Status		
Married	89	73.0
Single	33	27.0
Education Level		
High School	7	5.7
Associate Degree	6	4.9
Undergraduate	74	60.7
Graduate (MS/MSC-PhD)	35	28.7
Working Department		
Internal Clinic	44	36.1
Surgical Clinic	20	16.4
Intensive Care	7	57
Urgent	5	4.1
Surgery	3	2.5
Administrative Unit	11	9.0
Quality Or Training Unit	9	7.4
Polyclinic	15	12.3
Special Unit Nurse	8	6.6
Working Position		
Manager/Responsible Nurse	32	26.2
Clinical Nurse	90	73.8
Career Year		
1-5 Years	16	13.1
6-10 Years	18	14.8
11-15 Years	17	13.9
15 Years and Over	71	58.2
Professional Year at the Current Employing Institution		
1-5 Years	31	25.4
6-10 Years	17	13.9
11-15 Years	19	15.6
15 Years and Over	55	45.1

When the demographic data of the nurses that are participating in the study were examined, the participants in the 44-54 age range were higher with a rate of 44.3% (n= 54), the female participants were 86.9% (n=106) more, the married participants were 73.0% (n=89), and when the educational status was examined, 60.7% (n=74) of the undergraduate graduates. Participants working in the Internal Clinic were found to be 36.1% (n=44) more likely to be. When examined according to the study positions, Manager/Responsible Nurse was found to be 26.2% (n=32) and Clinical Nurse was 73.8% (n=90). The examination made according to the occupational year found that the nurse participation was higher in 58.2% (n=71) of 15 years and above. In the examination made according to the professional year in the current working institution, it was determined that the nurse that are working for 15 years or more participated in 45.1% (n=55).

Table 2. General Level of Education and Awareness of Clinical Governance

	N	%
Have you received training in Quality Studies?		
No	23	18.9
Yes	99	81.1
Are you trained in Clinical Governance?		
No	78	63.9
Yes	44	36.1
Do you know enough about Clinical Governance?		
No	34	27.9
Partly	65	53.3
Yes	23	18.9
Is Clinical Governance adequately implemented within Quality in Healthcare standards?		
No	49	40.2
Partly	55	45.1
Yes	18	14.8
Do You Need Training Planning for Clinical Governance and Practice?		
No	15	12.3
Yes	107	87.7

Nurses whose opinions were taken about their general knowledge levels on Clinical Governance were found to have significantly higher education rates on quality studies (81.1%), when examining whether they received training on clinical governance, 63.9% stated that they did not receive any training. Knowledge levels were again significantly lower (27.9% are not informed, 53.3% are partially informed). When asked about the adequate implementation of clinical governance within the quality standards in health, 40.2% answered that it is not applied sufficiently, and 45.1% is partially implemented. It stated that 87.7% of the training needs for clinical governance and its implementation.

Table 3. Barriers to Clinical Governance

	Avg	**Q.S.**
Information technology, lack of funding, and time	1.72	0.79
Negative attitudes towards research related to evidence-based practice	2.07	0.89
The necessity of training and organizational culture change	1.83	0.85
Cultural resistance to change	2.02	1.04
n=122		

As can be seen in Table 3, the mean score in information technologies, financing, and lack of time was 1.72±0.79, the mean score in a negative attitude towards research related to evidence-based practice was 2.07±0.89, the mean score in the necessity of education and organizational culture change was 1.83±0.85 and the mean score in cultural resistance to change was 2.02±1.04. When these values are taken into consideration, it is determined that all expressions have a high level of obstacle score average.

Table 4. Information Technologies, Lack of Finance and Time in Clinical Governance by Working Position

			Information technology, lack of finance and time					X^2	p
			1	2	3	4	5		
Your Working Position	Manager/Responsible Nurse	n	16	11	2	2	1	10.165	0.038
		% Lack of information	29.1%	22.0%	14.3%	100.0%	100.0%		
	Clinical Nurse	n	39	39	12	0	0		
		% Lack of information	70.9%	78.0%	85.7%	0.0%	0.0%		
	Total	n	55	50	14	2	1		
		% Lack of information	100.0%	100.0%	100.0%	100.0%	100.0%		

1=Completely agree, 2= agree, 3=I am undecided, 4= Disagree, 5=Disagree at all

In the examination conducted according to the work position, the responses to the information technologies, financing, and time inadequacy identified in the literature as obstacles to clinical governance were answered at a higher rate (70.9%-Completely Agree) in clinical nurses than in executive nurses. Accordingly, information technologies, lack of funding, and time are seen as greater obstacles in the implementation of clinical governance for clinical nurses (x^2=10.165; p=0.038).

Table 5. Training in Clinical Governance by Experience Duration and the Need for Organizational Culture Change

			The necessity of training and organizational culture change					X^2	p
			1	2	3	4	5		
Your Period of Experience in the Institution You Work For	1-5 years	n	10	12	8	1	0	31.953	0.001
		% Replacement requirement	20.8%	21.8%	66.7%	16.7%	0.0%		
	6-10 years	n	8	8	1	0	0		
		% Replacement requirement	16.7%	14.5%	8.3%	0.0%	0.0%		
	11-15 years	n	4	9	1	4	1		
		% Replacement requirement	8.3%	16.4%	8.3%	66.7%	100.0%		
	15 years and over	n	26	26	2	1	0		
		% Replacement requirement	54.2%	47.3%	16.7%	16.7%	0.0%		
	Sum	n	48	55	12	6	1		
		% Replacement requirement	100.0%	100.0%	100.0%	100.0%	100.0%		

1=Completely agree, 2= agree, 3=I am undecided, 4= Disagree, 5=Disagree at all

As a Barrier to Clinical Governance by Duration of Experience, it was found to be significantly higher in those with 15 years or more of experience in the need for training and organizational culture change, at 54.2% (Completely Agree). Accordingly, the necessity of training and organizational culture change in the implementation of clinical governance for those who have 15 years or more of working time in the institution where they work is seen as a greater obstacle (x^2=31.953; p=0.001).

Table 6. Training in the Implementation of Clinical Governance and the Need for Organizational Culture Change

			The necessity of training and organizational culture change					X^2	p
			1	2	3	4	5		
Do you think that Clinical Governance is adequately implemented within the Quality of Healthcare standards?	No	n	32	14	2	1	0	29.941	0.001
		% Necessity for training and organizational culture change	66.7%	25.5%	16.7%	16.7%	0.0%		
	Partly	n	14	31	7	2	1		
		% Necessity for training and organizational culture change	29.2%	56.4%	58.3%	33.3%	100.0%		
	Yes	n	2	10	3	3	0		
		% Necessity for training and organizational culture change	4.2%	18.2%	25.0%	50.0%	0.0%		
	Sum	n	48	45	12	6	1		
		% Necessity for training and organizational culture change	100.0%	100.0%	100.0%	100.0%	100.0%		

1=Completely agree, 2= agree, 3=I am undecided, 4= Disagree, 5=Disagree at all

Do you think that Clinical Governance is adequately implemented within the Quality of Healthcare standards? The answers to the question were made on the necessity of education and organizational culture change, which is seen as an Opinion and Barrier to the Implementation of Clinical Governance with the cross-tabular (2x2) method. Those who felt that Clinical Governance was not adequately implemented within the Quality of Healthcare standards answered 66.7% (Completely Agree) (x^2=29.941; p=0.001).

Table 7. Cultural Resistance to Change in the Implementation of Clinical Governance

			Cultural resistance to change					X^2	p
			1	2	3	4	5		
Do you think that Clinical Governance is adequately implemented within the Quality in Healthcare standards?	No	n	26	13	6	3	1	16.718	0.033
		% Cultural resistance to change	61.9%	24,.%	42.9%	37.5%	20.0%		
	Partly	n	14	30	5	3	3		
		% Cultural resistance to change	33.3%	56.6%	35.7%	37.5%	60.0%		
	Yes	n	2	10	3	2	1		
		% Cultural resistance to change	4.8%	18.9%	21.4%	25.0%	20.0%		
	Sum	n	42	53	14	8	5		
		% Cultural resistance to change	100.0%	100.0%	100.0%	100.0%	100.0%		

1=Completely agree, 2= agree, 3=I am undecided, 4= Disagree, 5=Disagree at all

Do you think that Clinical Governance is adequately implemented within the Quality of Healthcare standards? The answers to the question were made between the cross-tabular (2x2) method and the cultural resistance to change in the Perspective on the Implementation of Clinical Governance and the Barrier. Here, 61.9% (Completely Agree) were found among those who thought that Clinical Governance was not applied within the Quality in Healthcare standards, that is, those who answered no (x^2=29.941; p=0.001).

Table 8. The Necessity of Training and Organizational Culture Change in Clinical Governance and Practice

			The necessity of training and organizational culture change					X^2	p
			1	2	3	4	5		
Do You Need Training Planning for Clinical Governance and Practice?	No	n	5	3	5	2	0	14.749	0.005
		% Necessity for training and organizational culture change	10.4%	5.5%	41.7%	33.3%	0.0%		
	Yes	n	43	52	7	4	1		
		% Necessity for training and organizational culture change	89.6%	94.5%	58.3%	66.7%	100.0%		
	Sum	n	48	55	12	6	1		
		% Necessity for training and organizational culture change	100.0%	100.0%	100.0%	100.0%	100.0%		

1=Completely agree, 2= agree, 3=I am undecided, 4= Disagree, 5=Disagree at all

Do You Need Training Planning for Clinical Governance and Practice? In the cross-tabular (2x2) analysis between the need for training and organizational culture change in Clinical Governance and Practice Training Planning and Disability question, an 89.6% (Completely Agree) rate was found to be significant in those who answered yes (x^2=14.749; p=0.005).

Table 9. Thematizing Clinical Governance Practice Barriers and Challenges

Code No	Themes	n	%
K1	Management Support	16	9.0
K2	Deficiencies in Teamwork	10	5.6
K3	Hierarchical Barriers	6	3.4
K4	Lack of Knowledge (Towards the Concept of Clinical Governance)	18	10.1
K5	Lack of Time	16	9.0
K6	Lack of Job Satisfaction and Motivation	4	2.2
K7	Lack of Education	21	11.8
K8	The Nurses Have the Whole Burden	12	6.7
K9	Resistance to Change	7	3.9
K10	Failure to Consult the Opinions of Employees	4	2.2
K11	Lack of Professional Awareness	3	1.7
K12	Lack of Materials and Elements	19	15.7
K13	Physical Conditions and Limitations of Opportunities	9	5.1
K14	Work Intensity	12	6.7
K15	Corporate Culture Related to Quality Standards and Practices Has Not Been Formed	12	6.7

Encoding data: 178

Individual responses to Clinical Governance Practice Barriers and Challenges are in line with the obstacles and challenges in the literature. In this study, 15.7% of the lack of materials and personnel, 11.8% of the lack of education, and 10.1% of the clinical governance concept of the lack of knowledge came to the fore.

Table 10. Thematization of Solution Proposals for Clinical Governance Implementation Obstacles and Challenges

Code No	Themes	n	%
K1	Training planning should be done more systematically	70	30.0
K2	Solutions for Time Constraints Should Be Produced	5	2.1
K3	Making the Necessary Planning and Supports for Teamwork	39	16.7
K4	Planning of Applications and Assignments by Including All Health Workers	7	3.0
K5	Being Open to Innovations and Change	4	1.7
K6	Obtaining Employee Opinions	9	3.9
K7	Increasing Professional Awareness and Responsibility	9	3.9
K8	Providing Equipment, Materials, and Adequate Financing Support	10	4.3
K9	Increased Management Support and Involvement	16	6.9
K10	Reducing the Workload of Nurses	5	2.1
K11	Creation of the Necessary Corporate Culture for Quality Values and Practices	24	10.3
K12	Giving Opportunities to People Who Are Experts in the Field and Do Their Job Well	18	7.7
K13	Adequate nurse and staff planning	7	3.0
K14	Ensuring Increasing Employee Motivation	10	4.3

Encoding data: 233

As a result of the individual interviews we have made for the Solution Proposals for the Barriers and Difficulties in Clinical Governance Implementation, 30% of the lack of training in this field has been eliminated, stated that training plans should be made and this should be done within a certain system and order, 16.7% made the necessary planning and support for teamwork, and 10.3% established the necessary corporate culture for quality values and practices.

Discussion

In the study, which was shown as an obstacle to clinical governance and was found to be significant as a result of the analysis, the mean score of information technologies, lack of finance, and time was 1.72±0.79, the mean score of negative attitude towards research related to evidence-based practice was 2.07±0.89 The mean score for education and organizational culture change requirement was 1.83±0.85, and the mean score for cultural resistance to change was 2.02±1.04. Considering these values, it was determined that all expressions had a high level of disability score average.

In the nurses whose opinions were taken about their general knowledge level about clinical governance, the rate of training for quality studies was found to be significantly high (81%), and when it was examined whether they received training on clinical governance, 64% stated that they did not receive training Their level of knowledge was found to be significantly low (28% not knowledgeable, 53% partially knowledgeable). In response to the question about the adequate implementation of clinical governance in health quality standards, 40% responded that it is not implemented adequately, while 45% responded that it is partially implemented. As for the need for training on clinical governance and its implementation, 88% stated that it was necessary.

Clinical nurses found the lack of information technologies, lack of finance, and lack of time among the barriers to clinical governance significantly higher than executive nurses (71%). It is noteworthy that the length of experience is very important. For those with 15 or more years of service in their organization, the need for training and organizational culture change is seen as a greater obstacle in the implementation of clinical governance. Of the participants who think that clinical governance is not sufficiently implemented within the quality standards in health responded 67% strongly agree with the necessity of training and organizational culture change. Participants who think that clinical governance is not sufficiently implemented within health quality standards responded that 62% strongly agree with the barrier of cultural resistance to change. Of those who strongly agreed with the need for training and organizational culture change, 90% needed training planning for clinical governance and practices.

When the responses received from individuals regarding the barriers and challenges to clinical governance implementation were thematized, 15 items were coded and 178 data were obtained. It was observed that these coded items were in parallel with the barriers and challenges in the literature. Wallace et al. (2001:79), and Bazargani et al. (2015:238) emphasized the general lack of resources and lack of training for clinicians and managers as challenges and barriers to the implementation of clinical governance. In this study, the lack of materials and personnel with a rate of 16% is one of the emphasized themes. Lack of training, lack of information, and confusion constitute significant barriers to clinical governance (Flynn and Brennan, 2020: 29-30). In the study, lack of training with a rate of 12%, and lack of knowledge about the concept of clinical governance with a rate of 10% came to the fore. Management support and lack of time were mentioned by 9%, nurses having all the burden by 7%, work intensity and lack of institutional culture related to quality standards and practices by 7%, deficiencies in teamwork by 5.6%, physical conditions and limitation of facilities by 5%. Resistance to change was 4%, hierarchical obstacles 3.4%, lack of job satisfaction and motivation, lack of consultation with employees, and insufficient professional awareness 2%.

Challenges and barriers to the implementation of clinical governance include a general lack of resources in terms of money, time, and manpower, resistance to change in organizational culture, lack of training for clinicians and managers, resistance to professional responsibility and teamwork, increased bureaucracy, lack of supervision and manpower, difficulties in implementing consultant evaluation, and general lack of knowledge (Wallace et al., 2001: 79-80). It was also stated that the barriers to the implementation of clinical governance are related to the development of interprofessional relations, the regulation of relations between management and clinic, the planning of governance and leadership training needs, and the lack of timing in governance practices (Gauld and Horsburgh, 2015: 1). The results of this study are largely in line with the barriers and challenges to clinical governance practices seen in the literature. Similarly, in a different study in which the opinions of nurses were taken, it was reported by nurses that nurses were the focal point in the implementation of clinical governance, manager commitment was low, and physician support and contribution were lacking. Again in this study, blame culture, and increased work stress were cited as difficulties, and issues related to staff training, development, and patient safety were emphasized (Sadeghi-Bazargani et al., 2015:183).

In this study, as a result of thematizing the solution suggestions for the barriers and challenges to the implementation of clinical governance as a result of individual interviews, 14 codings were made and 233 data were obtained. 30% stated that the lack of training in this field should be eliminated and training plans should be made and that this should be done within a certain system and order, 17% stated that it was important to make the necessary planning and support for teamwork, and 10% stated that it was important to create the necessary corporate culture for quality values and practices. Giving opportunities to people who are experts in their field and do their job well was found by 8%. More management support and participation were found by 7 As in our study, Hogan and Basnett (2007: 622) emphasized the need for managerial support and involvement. Providing equipment, material, and adequate financial support, increasing employee motivation, taking employee opinions, and increasing professional awareness and responsibility were found to be similar to each other by 4%. In order to implement clinical governance, it is important to make plans for the results obtained as a result of the study. Planning of practices and assignments by including all healthcare professionals were found to be 3%, and similarly, Flynn and Brennan (2020: 29-30) emphasized that good distribution of roles and tasks in clinical governance practice is important for the effective and efficient implementation of clinical governance. Making adequate nurse and personnel planning, producing solutions for time constraints, reducing the workload of nurses, and being open to innovations and changes were included in the solution suggestions and analyzed as thematic items.

In a different study, Buetow and Roland (1999: 188) emphasized that for the effective implementation of clinical governance, necessary manpower, and equipment arrangements should be made, and supportive specialist training and planning should be done for the obstacles and difficulties in clinical governance practice. It is also considered important that making efforts to establish clinical governance locally, together with the policy to be implemented throughout the country, and creating

professional planning and regulations for governance can create solutions for obstacles and difficulties, and it stands out in studies (Gauld and Horsburgh, 2015: 1). In a study conducted with nurses, it was emphasized that for the successful implementation of clinical governance, the necessity of cultural and organizational change, the elimination of the necessary deficiency in financial resources and human resources, the participation of personnel, creation of the infrastructure in the institutions, the creation of a common vision, and the commitment of the manager (Bazargani et al., 2015: 238).

At the point of effective and efficient implementation of clinical governance, it is seen as an important issue to find a solution to conceptual confusion and to eliminate the confusion. For effective clinical governance, it is considered important to have a distribution of duties between the roles of serving, management, and governance at the forefront, and it is stated that the lack of clear determination of roles and responsibilities has negative consequences. It is emphasized that there is a lack of knowledge in defining and sharing roles and responsibilities in the clinical governance implementation process (Flynn and Brennan, 2020: 29-30). In order to effectively carry out clinical governance, which is an important concept for establishing and implementing quality standards in health, it is important to have senior management and commitment, to provide adequate resources, provide technical support, and prevent nurses from leaving the quality agenda in achieving long-term results for patient care and quality improvement (Hogan and Basnett, 2007: 622). Introduced as a bridge between managerial and clinical approaches to quality, clinical governance policy is seen as part of the overall strategy for monitoring, improving, developing, and securing national health services (Buetow and Roland, 1999: 188). In order for clinical governance to be implemented effectively, it is necessary to make the necessary manpower and equipment arrangements and to ensure that it is built on solid foundations by making supportive specialty training and planning. Obstacles and difficulties in clinical governance practice should be determined by ensuring that situation assessments are made correctly in hospitals, and it is possible to successfully improve the safety and quality of clinical governance in health services by choosing methods for changing and regulating them (Mousavi et al., 2014: 494). Nurses also have a great role to play in providing quality service and providing the best possible patient care. Nurse managers are important in increasing the motivation of their colleagues by providing good governance, encouraging them to be entrepreneurial and innovative at the point of practice, and managing them by directing, activating, empowering, and providing resources, and adapting to change and new practices successfully (McSherry et al., 2012: 16). Clinical governance, which increases accountability and responsibility in providing high-quality, safe care throughout hospitals, brings with it some obligations at the point of implementation. In order to achieve success in clinical governance, which administrators, physicians and nurses will consider as part of their daily activities, it requires the willingness and ability to work with staff at all levels, and it requires being aware of an evolutionary process that needs a cultural change (Sadeghi-Bazargani et al., 2015: 188). Currie and Loftus-Hills (2002) emphasized in their study that institutional culture change, which is shown as one of the most important issues in the implementation and sustainability of clinical governance, is not as easy as shown in the literature. They stated that leaders, managers, and personnel have difficulties in this regard. They stated that nurses drew attention to the three most important key issues regarding the implementation of clinical governance and explained them as follows; They stated that it is important to raise awareness among the front-line personnel, that clinical governance should not be seen as an extra workload, and that it should be considered as a part of the workload. In order to be more open to clinical governance, they emphasized the change in corporate culture as the second issue and argued that more communication and cooperation should be established between clinicians and administrators, patients and professionals, and professional groups as the third issue (Currie and Loftus-Hills, 2002: 40).

Again, in studies on clinical governance in Turkey, it has been stated that the clinical governance climate is high among nurses who have knowledge about clinical governance practices, which are important in quality health service delivery, to make training plans for this area, to eliminate the lack of information and to make the necessary arrangements (Köroğlu, 2018), and that more studies on clinical governance are needed (Cihangiroğlu et al., 2016). It has been emphasized that a clinical governance climate is important for the realization of organizational development and a supportive clinical

governance climate increases job satisfaction in nurses (Gürdoğan, 2012), and the importance of a clinical governance climate in providing better quality service in health services and increasing patient safety culture (Eraslan et al., 2022).

The results obtained as a result of the study are similar to the results of the limited number of studies in the literature on clinical governance awareness and the obstacles encountered. So, Ravagahi et al. (2014), showed in their study on governance awareness among clinical personnel that clinical governance awareness is low and the main obstacles to implementation are lack of appropriate management and leadership, inappropriate organizational culture, lack of knowledge and insufficient training (Ravaghi et al., 2014: 41). Similarly, Ziari et al. (2015) stated nine prominent themes in clinical governance practice and stated that these are lack of human resources, lack of funding, deficiencies in registration and documentation, inconsistencies in organizational culture, lack of awareness and training of employees and managers, deficiencies in policies and procedures, inconsistency in implementation and evaluation, lack of coordination and weakness between sectors (Ziari et al., 2015: 103). The importance of clinical governance should be emphasized due to many factors such as continuous quality improvement, reduction of medical errors, and patient safety. The lack of knowledge about the field should be eliminated, necessary and sufficient training programs should be planned to create a corporate culture, and necessary resources and management support should be created. Ensuring the development of clinical governance is important for healthcare professionals to implement clinical governance effectively, efficiently, and safely (Secker-Walker et al., 2023). The necessity of promoting and developing health governance, especially clinical governance, both theoretically and practically, is emphasized by the studies carried out (Ramos, 2023: 2).

Conclusion

Having general knowledge and awareness about clinical governance, which is of great importance for quality in health, is of great importance in terms of providing effective, efficient and safe health services by increasing its applicability. For this reason, it is recommended to create solutions for obstacles and difficulties in clinical governance and to make plans for this. Studies have been carried out in Turkey in areas such as clinical governance climate, its effect on patient safety culture, and its effect on job satisfaction, but there is no such study area as clinical governance knowledge and awareness level, obstacles and difficulties in clinical governance practice, and solution suggestions. This reveals the originality of our study. With this study, it was aimed to create awareness by eliminating the lack of knowledge in this field, and by emphasizing the importance of the subject, contribution was made to other studies to be carried out.

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