

Increasing Work Resilience of the Quality Manager (QM) in Order to Improve Their Effectiveness in Contributing to Program Success

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Topic Significance & Study Purpose/Background/Rationale: Resilience, in the traditional view, encompasses recovery in the aftermath of change or a stressful event; however, social science is expanding the scope to focus on recharge. The capacity to be resilient during change is a critical skillset for hematopoietic cell transplant, cellular therapy, and cord blood bank (HCT/CT/CBB) Quality Managers (QMs). With continually expanding roles, the QM's ability to rebound and recharge from stressors will increase their effectiveness.

The American Society for Blood and Marrow Transplantation (ASBMT) Administrative Directors SIG Quality Working Group and the Foundation for the Accreditation of Cellular Therapy (FACT) Quality Management Committee are collaborating on a project to identify opportunities to support increasing QMs' resiliency.

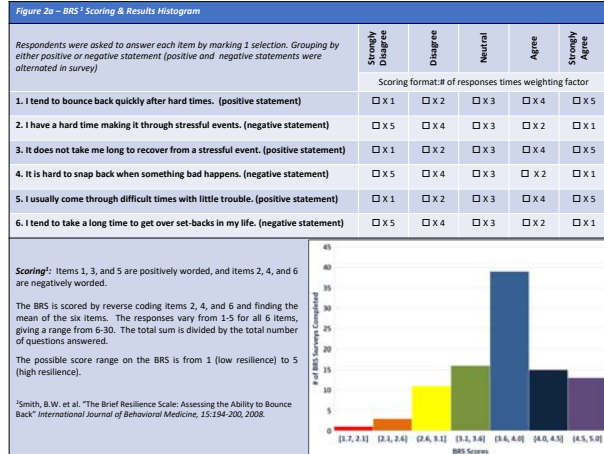
Methods, Intervention, & Analysis: A 59-question electronic survey was developed, targeting HCT/CT/CBB QMs, to collect data on personal resilience and perceived benefits of improved resilience. For the purposes of assessing possible work stressors, QMs were asked for information about their role and responsibilities, program size and complexity, and the nature and quality of interactions with others in the program such as their direct supervisor and the program director. At the end of the survey, respondents were asked to rank selected resources for increasing resiliency.

The survey was distributed to the BMT Quality Roundtable Google group and the ASBMT Administrative Directors SIG listservs, and FACT-sponsored Quality Boot Camp attendees. The anonymous survey was designed to prevent duplicate responses.

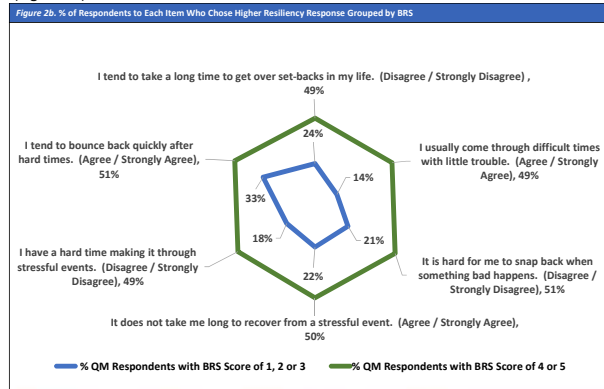
As of January 1, 2018, 130 surveys were returned. The majority of responses were received from QMs supporting HCT programs located in the U.S. Some respondents did not answer all questions. Respondents who were not primarily HCT/CT Program QMs and did not complete a "Brief Resilience Scale" (Figure 2a) have been excluded from this analysis.

Findings & Interpretation: The six items of the Brief Resilience Scale (BRS) are presented in the table below (Figure 2a). The following instructions were used to administer the scale: "Please indicate the extent to which you agree with each of the following statements by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree."

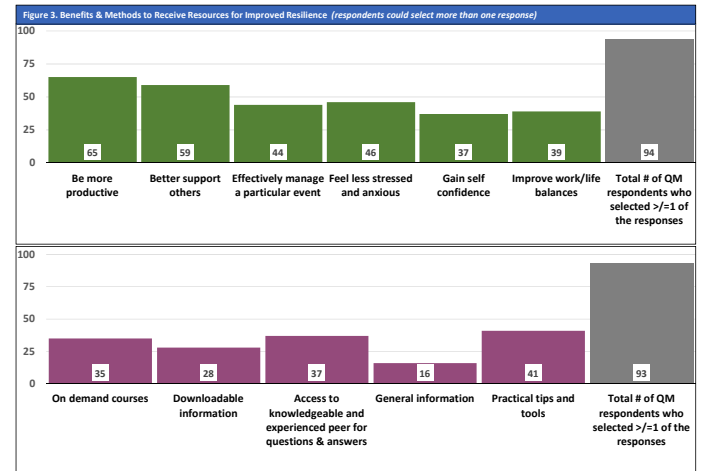
As of January 1, 2018, 98 QMs completed a validated Brief Resilience Scale (BRS) which yielded a mean score of 3.82 with a median of 4 (1STD = 0.67); range being 1 = low resilience to 5 = high resilience. The actual respondent range limits were 1.67 to 5.



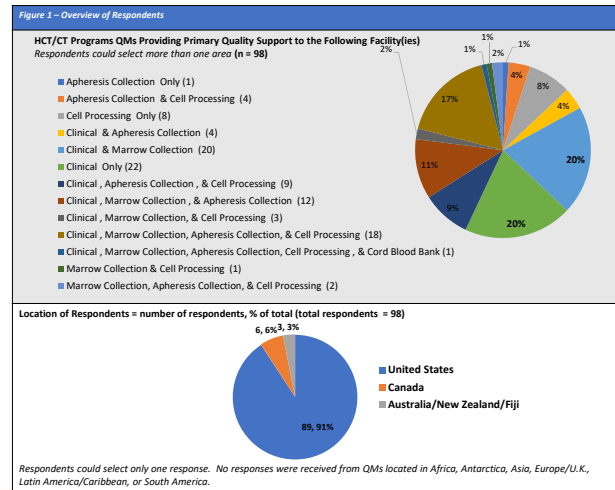
Findings & Interpretation – continued: Using the median BRS score of 4 as a point of demarcation, the relative percent of respondents for each item were analyzed (Figure 2b).



Findings & Interpretation – continued: Respondents ranked their perceived benefits of improved resilience as well as their preferred access to resources to improve resilience. Almost 70% of QM respondents reported that improved resilience would promote increased productivity. (Figure 3).



Discussion & Implications: QMs are essential to effective quality programs which, ultimately, impact patient outcomes. Key drivers for increasing QM resilience must be identified and deployed in order to recruit and retain proficient personnel. Program administrators must understand the complexity and responsibility of the QM role and be engaged in supporting appropriate QM staffing levels, professional development and increased resiliency. ASBMT and FACT will continue to collaborate on identifying opportunities to support increasing QMs' resiliency.



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