



Chapter 05

*Nursing Management in Blood Sample Collection.
Organization, Preanalytical Phase, and Quality of Care
(English Version)*

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Operational recommendations and areas for improvement

Recomendaciones operativas y áreas de mejora

Limitations and scope of the findings

The results presented should be read in light of certain conditions that limit their scope. First, the sample size was limited and confined to a specific institution, which restricts the possibility of transferring the findings to other healthcare contexts without considering the particularities of each organization, its staffing, its protocols, and its work culture.

Second, the analysis was based on the perceptions of the nursing staff, which provides relevant interpretive value for the daily experience of the process but does not allow for direct comparisons of these perceptions with objective indicators of clinical laboratory performance. Standardized metrics of good practices, noncompliance rates, systematic records of preanalytical errors, or other institutional indicators that would allow for a more accurate characterization of the functioning of the diagnostic circuit were not incorporated.

These limitations do not invalidate the value of the study, but they clearly indicate the type of interpretation that is appropriate: this is a diagnosis applied to practices and operational dynamics, which guides recommendations and opens up a broader evaluation agenda for future research.

Summary aimed at improvement and recommendations

The findings of this research converge on one central point: the practice of blood sampling is carried out in an environment where standardization does not appear to be fully established. The absence—or lack of knowledge—of formal protocols and guidelines creates conditions for variability, leaving critical aspects of the preanalytical phase subject to individual criteria, informal transmission of knowledge, and routines that may differ between shifts and teams.

Consistently, training gaps were also identified in relation to essential components of the preanalytical process, reinforcing the need to incorporate systematic training and refresher courses. In highly complex units, where decision-making depends on timely analytical information, these gaps have clinical and organizational relevance.

A particularly significant finding was the association between sample collection time and result issuance time. This relationship suggests that delays cannot be interpreted as isolated events but rather as part of an interdependent circuit that requires effective coordination between nurses and the laboratory. Improving these times requires concrete operational strategies: the definition of responsibilities, clear communication circuits, priority criteria for critical patients, and real-time tracking mechanisms.

Within this framework, chapter 5 aims to transform the findings into lines of action: accessible standardization of the procedure, strengthening of staff training, and review of the sample transport and processing circuit. Rather than proposing a single solution, the objective is to establish a set of verifiable measures that reduce variability, improve process traceability, and sustain more consistent conditions for diagnostic safety.