

Operating Room Nurses Association of Canada 22ND NATIONAL CONFERENCE

Regina, Saskatchewan – May 8th-13th, 2011

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The 2011 Conference Program Committee is currently accepting submissions of abstracts for paper or poster presentations at the **22nd ORNAC National Conference**.

Submissions are welcome in the fields of perioperative clinical practice, education, professional development, research, and administration! The theme of the Conference is:

“Elevating the Field of Perioperative Nursing”

Abstracts will be considered for presentation in one of the following forums:

Poster: A visual display to be displayed at the conference.

Paper: A 25 minute presentation by the author(s) and 5 minutes for questions & answers.

Posters will be selected based on relevance and implications for perioperative nursing as well as conformity with the Conference theme.



Proposals are welcome for presentations in either English or French.

The deadline for submissions is September 30th, 2010.

Criteria, forms, and submission details are available via email at abstracts@ORNAC.ca.

Unsigned, incomplete, or late submissions will not be processed.

L'Association des infirmières et infirmiers de salle d'opération du Canada 22È CONFÉRENCE NATIONALE

Regina, Saskatchewan – du 8 au 13 mai 2011

APPEL DE SOUMISSIONS

Le Comité du Programme de la Conférence 2011 accepte maintenant la soumission de résumés de discours et de présentations visuelles (affiches) pour la **22e Conférence Nationale de l'AIISOC**.

Les soumissions sont bienvenues dans les domaines de la pratique clinique perioperative, de l'éducation, du développement professionnel, de la recherche, et de l'administration ! Le thème de la conférence est le suivant :

“Rehausser le champ des soins périopératoires”

Les résumés seront évalués pour présentation dans une des formes suivantes :

Poster: Une présentation visuelle. Les affiches seront exposées à la conférence.

Paper: Un discours de 25 minutes présenté par son auteur(e) ou auteurs (es) suivi d'une période de 5 minutes pour les questions.

Les affiches seront choisies selon leur pertinence et leur implication aux soins périopératoires tout en respectant le thème.

Nous vous invitons à soumettre vos résumés dans le langage de votre choix, soit en anglais ou en français.

La date limite pour les soumissions électroniques est le 30 septembre 2010.

Les critères détaillés pour les soumissions et les formulaires sont disponibles au courriel suivant : abstracts@ORNAC.ca.

Aucune soumission non-signée, incomplète ou en retard ne sera considérée.



CONFLITS DANS LA SALLE D'OPÉRATION : LUTTE ET FUITE OU CROISSANCE ET COMMUNICATION

Auteure : Cheryl Stella C. Okoli, IA, B.Sc.Inf, M.Sc.Inf., réside à Calgary, en Alberta, et travaille comme infirmière autorisée de salle d'opération pour les chirurgies générales au Foothills Medical Centre. Elle est membre de l'ORNAA, elle assume le rôle d'infirmière responsable de la spécialisation sur le stimulateur cardiaque (Pacemaker) dans la même institution et elle agit à l'occasion comme préceptrice auprès du nouveau personnel en salle d'opération. Elle assume aussi les responsabilités d'infirmière de liaison en salle d'opération. Elle vient d'être acceptée au programme de pratique infirmière à l'université Athabasca. Elle a vécu en Afrique, en Asie et en Amérique du Nord et elle fait du bénévolat avec de jeunes délinquants et prévoit travailler et œuvrer comme bénévole auprès des Premières nations dans un avenir rapproché.

RÉSUMÉ :

Le conflit n'est le domaine de personne en particulier. Il prend sa source chez un individu et se propage chez les autres par effet domino. Les conflits parmi le personnel infirmier autorisé et les techniciens en salle d'opération, et entre les infirmières et les infirmières, est courant dans les salles d'opération. Le milieu opératoire se compose de plusieurs personnalités, chacune préconisant des méthodes différentes pour offrir des soins aux patients. La communication efficace est essentielle pour prévenir et résoudre les situations de conflit.

Les normes de l'AIISOC relatives à cet article figurent dans la publication *Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés* (9^e édition) de l'Association des infirmiers et infirmières de salle d'opération du Canada (AIISOC) de juin 2009, section 3, p.218, Normes 3.2.4.

CONFLICT IN THE OPERATING ROOM: FIGHT AND FLIGHT OR GROWTH AND COMMUNICATION

Author: Cheryl Stella C. Okoli, RN, BN, MSN, lives in Calgary, AB and works as a General Surgery OR nurse at the Foothills Medical Centre. She is a member of ORNAA and serves as a resource nurse for the Pacemaker specialty at the same institution and occasionally preceptors new OR staff. She also serves as a surgical liaison nurse. She has currently been accepted into the nurse practitioner program through Athabasca. She has lived in Africa, Asia, and North America, and volunteers with Young Offenders and the First Nation population.

ABSTRACT:

Conflict is partial to no one. It ranges from within an individual and spirals in a ripple effect to others. Conflict among Registered Nurses (RNs) and Operating Room Technicians (ORTs) and between fellow RNs is prevalent in the operation room. The OR environment is filled with a number of personalities, each possessing varying methods for the implementation of patient care. Effective communication is key to preventing, and resolving, conflict situations.



By/par J. Porteous

Dealing with Conflict in the Workplace

CONFLICT (cont.)

What is conflict? According to Cox, “there is no universally accepted definition of conflict.”¹ Is it a bold statement to suggest that “conflict” is synonymous with fight, flight or even growth and communication? This question will be addressed in this article.

With the right approach, conflict can provide a channel for communication and growth. Kelly says that,

“nursing requires a guiding definition of conflict that is positive and comprehensive so that conflict is embraced constructively”²

The benefits of conflict can be positive as Grossman and Valiga remind us when they say that some of the results of conflict are “growth, an ability to accept that what was can no longer be, and collaboration, which builds healthy relationships.”³ Cox also lists the positive benefits of conflict when she says “conflict is constructive when it improves the quality of decisions, stimulates creativity and innovation, encourages interest and curiosity among group members, provides the medium through which problems can be aired and tensions released, and fosters self-evaluation and change.”¹

Envision this... a Case Study:

Marcy is a twenty-five year old nurse. She has practiced as an operating room nurse for about three years. She is a keen learner, her key learning style is visual in nature, and she seeks rationales for certain tasks that need to be performed. She is vibrant and cheerful but, because of her inquisitive nature and tendency at times to question authority, some describe her as a non-team player.

Imagine being assigned to work with Marcy in the theatre for a day. The team has adequate staffing including two other staff members, one of whom is an ORT and one of whom is an RN, with over seven years experience, who is deemed to be the senior RN in the theatre.

In light of the information provided, what is the best way to plan the day in order to avoid negative conflict situations? What is the most

effective way to address the following situations?

1) **Communication dealing with the division of labour.** Suppose a thoracotomy with lobectomy is scheduled for the first case of the day. Marcy loves scrubbing in for thoracotomies but has not done so for approximately 6 months. She would really like to scrub in on this particular case in order to maintain and boost her expertise in the procedure. The potential conflict situation is that, by default, an ORT usually scrubs in on the first case of the day, as scrubbing is an ORT’s primary job. What factors should be taken into consideration and why (e.g. who does what and why)?

2) **A difference of opinion.** Imagine being the senior nurse who wants a task done a certain way despite the fact that it could be done in another manner. What is the reaction to Marcy asking why it can’t be done in another manner – that is, why not do it her way?

3) **A miscommunication occurs during the day.** Which of the following is the best course of action and why?

- a. Talk directly to the to the person it occurred with;
- b. Talk to another staff member(s) about what happened; or
- c. Go straight to the clinician or your manager?

The purpose of these questions is to help the reader problem solve and utilize critical thinking skills to analyze the case study. The answers will be provided at the end of the article.

Understanding and Resolving Conflict

The following theories/concepts can help shed light on understanding the people we work with: Parse’s *Theory of Human Becoming* and the *Generation Gap Theory*. It is important to note that, for the purpose of this article, generalizations are being made and it is crucial to emphasize that each conflict situation will be unique.

Continued on Page 13

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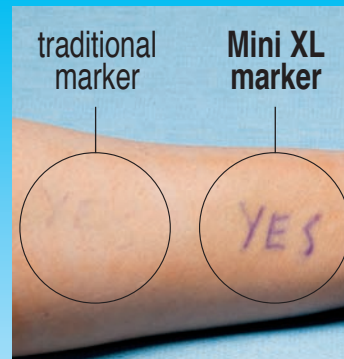
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CONFLICT (cont.)

Parse's Theory of Human Becoming

Parse's *Theory of Human Becoming* can be summarized as "the process of coming to know. It is an ongoing inquiry designed to discover and understand the meaning of lived experiences."⁴ As this definition is analyzed, a few key words stand out. They are: 'process,' 'coming to know,' 'ongoing,' 'inquiry to understand,' and the 'meaning of lived experiences.' The author understands these terms as:

- A 'process' indicates a dynamic, and not a static, action;
- 'Coming to know' suggests a process of realization... an epiphany if you will;
- 'Ongoing,' again suggests a continuous motion, action, or process;
- 'Inquiry to understand' can be likened to the process of an investigator on a mission to find out the truth. The analogy of viewing an object through a magnifying glass comes to mind. The magnifying glass magnifies the object and helps it be seen in a better light or as it truly is. In the same way magnifying a conflict situation through inquiry, in an effort to resolve the conflict, will help everyone see it in its true light and not through the bias of assumptions or pre-conceived ideas; and
- 'Meaning of lived experiences,' suggests being interested enough in somebody else's life to ask questions in order to understand what an experience means to them. This helps create an understanding of their unique perspective of things. The old idiomatic phrase 'Don't judge a book by its cover' is a great description of this issue.

Application in the OR

How can this strategy be applied in the OR? As one example, imagine a novice operating room nurse, Brian, who is seen by his team members as not taking the initiative in helping the other circulating nurse, Agnes. While Agnes is positioning a patient,

prior to surgery, Brian just watches. Agnes feels overwhelmed and silently 'stews' over the fact that she is doing all the work while Brian just 'stands there.' Once the case is in progress, Agnes feels the need to address the issue with Brian in an effort to prevent the festering of frustration and creation of grudges. Brian's response is 'I learn better by watching first and then doing.' Brian's learning style is one of 'reflective observation,' a style characterized by watching and listening.⁵ Because Agnes took the time to inquire and seek Brian's unique perspective she has developed an understanding of his behaviour. She learned from her discussion with Brian that although she might have 'jumped in' and helped had she been in his position, not everyone is like her or learns in the same way as she does.

Generation Gap Theory

The commonly accepted theory of a generation gap refers to different people born at different points in history or eras. It classifies or categorizes individuals on the basis of the period of their birth. It is assumed, and expected, that when individuals from differing eras come together at work conflict will often arise due to different experiences and perspectives. It is important to reiterate the fact that generalizations are applied here and not every individual fits the norm for his or her respective era.

This theory is based on four main generational categories: the traditionalists; the baby boomers; the Xers generation; and the millennials.⁷ Each is examined below:

a) Traditionalists (born before 1946)

These employees, also known as the Veterans generation, live out a work ethic that was influenced by the dark days of the Great Depression. Through hard work and a willingness to make personal sacrifices for the greater good of an organization, this generation fuelled the economic boom. Deeply patriotic, Traditionalists are characterized by fiscal restraint and a strong work ethic. They are also loyal and have faith in institutions.^{6,7}

Dealing with Conflict with Traditionalists: The notion "No news is good news" is

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synonymous with the Traditionalist view.⁸ When addressing conflict situations with this group of people it is most effective to present the change as an evolution, not a revolution.⁷ In the health care arena, for example, the tendency is often to usher in the use of electronic patient records and gradually eliminate the art of paper charting. An example of such an update is the introduction of a computer based patient information entry system to operating rooms in Calgary, Alberta. Studies have shown that traditionalists struggle with computer skills and the new system caused much strife in some institutions. The purpose of the computerized system could be explained to this group as a means of keeping up with technology, and improving efficiency, and not as a means to weed them out in order to accelerate the retirement process!

b) Baby Boomers (1946 - 1964)

The succeeding generation has faith in its ability to change things for the better. And this group has had the sheer numbers to do it. As such, this generation is optimistic and idealistic. Baby Boomers are extremely competitive because they've had to be, due to their large numbers.^{6,7}

Dealing with Conflict with Baby Boomers:

For this group of individuals present the issue as the glass being half-full and not half-empty.⁷ For instance, borrowing the example of the electronic charting it might be deemed a hassle to input patient information into the computer and deal with technical difficulties that may result in information being lost. However, on further examination, the benefits, relating to speed, legibility, and accuracy, outweigh the risks.

The Baby Boomers prefer 'ceremony' such as the introduction of objective annual pay-for-performance appraisals, certificates and awards, and the use of medals and other insignia to symbolize superior performance.⁸

c) Generation Xers (1965-1981)

Gen Xers grew up seeing every major institution, from the stock market and big business to marriage, called into question. As a

result, they learned to trust themselves rather than institutions. While they are a resourceful and independent generation that is comfortable with change their defining trait is skepticism.^{6,7}

Dealing with Conflict with Gen Xers

This group puts more value on work/life balance than is the case with previous generations.⁷ Transactional incentives, such as an RN agreeing to assume a colleague's on-call duty in exchange for a similar trade later on in the month in order to meet his/her own needs, or an ORT staying overtime to finish off a case in a theatre because the RN had previously allowed the ORT to go home early, help prevent animosity and foster harmony which leads to job satisfaction. The Generation X-ers are most likely to step into the Baby Boomers' positions when the boomers retire and wise managers are creative enough to cater to the negotiations of this group, especially when it comes to providing incentive in the form of flexible work schedules versus increase in pay. Gen Xers crave feedback and their best rewards are autonomy, freedom and meaningful work.⁸

d) Millennials (1982-2000)

The youngest generation currently in the workforce, this group (also known as Gen Y, Nexters, or Echo Boomers) has seen more at an earlier age than most of those in previous generations, thanks to the internet and 24 hour media.^{6,7,8} Individuals from this group are go-getters. They require immediate feedback and want "structure, guidance, and extensive orientation."⁹

Dealing with Conflict with Millennials:

This group needs work to have meaning and to be able to contribute to the larger picture.⁷ This group loves to rock the boat. Some jump out of the boat or some just remain in it and question the status quo. It is very important that they be heard and not just be seen. Their ideas must not be shrugged off as youthful exuberance. In the operating room an individual in this group who is always asking questions is not necessarily seeking to be rebellious and it is best to try to understand his/her rationale.

5A's of Conflict Resolution

The 5A's of conflict resolution (Assess, Approach, Analyze, Assert, and Agree to disagree), as developed by the author of this article, can provide a guide for any conflict situation (see figure 1). They are examined individually below:

Assess

In 'assessing' the conflict situation the following questions are asked: How important is this **situation and does it need addressing?** If yes, is this a good time to bring up the issue? If the answer to this last question is yes, then the next step (Approach) is taken. If the answer to the second question is no, then proceed to the next step when the time is right for the issue to be addressed. (See Figure 2)

Approach

It is best to 'approach' the person you have a conflict with privately and in a non-threatening manner or environment. If you do not feel comfortable approaching the person alone, take someone with you as an observer and, if need be, as a mediator. Be sure to explain to the other party that another person is coming along not as a means to gang up but rather as a means of support for both of you. If you feel threatened by or afraid of the individual be sure to tell them how they are making you feel, but be sure to do so politely.

Analyze

In 'analyzing' the conflict situation, look for ways in which things may have been misinterpreted or misconstrued. Ensure you hear each side of the story as there really are two sides to every story.

Assert

When 'asserting' do not be aggressive. Pelusi says "the golden mean of assertiveness resides between the extremes of passivity and aggression. Straightforward communication always beats cowering or commandeering."¹⁰ Try not to use any words that could be construed as an attack on the other person's

personality. Focus on the issue at hand, and the resulting feelings, without bringing up past problems or perceived personality flaws. For example don't say 'You belittled me when you took that instrument away from me to demonstrate' rather say "I felt belittled when the instrument was taken from my hand for the demonstration."

Agree to disagree

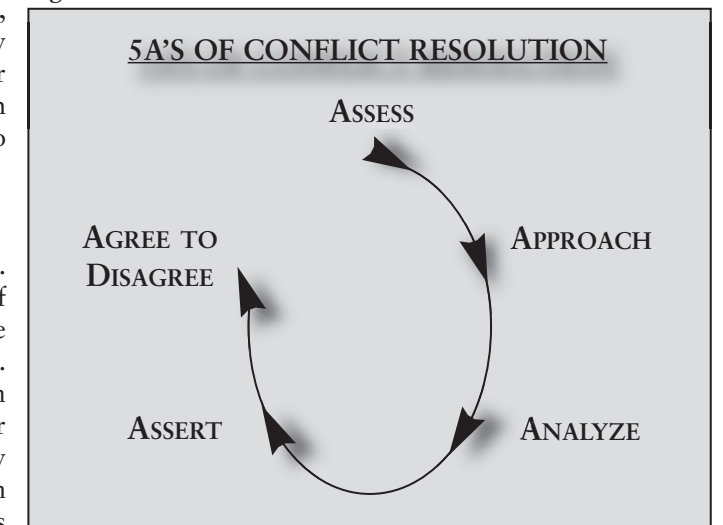
It has been popularly said that 'two heads are better than one' but then again it has also been said that 'too many cooks spoil the broth.' Which adage is correct? Both are, but it is all a matter of perspective. We sometimes won't see eye to eye in conflict situations and sometimes the wise thing to do is to agree to disagree for the sake of peace.

Case Study Answers

The following answers to the case study questions were developed based on the author's application of the theories mentioned above as well as from feedback provided by staff at the Foothills Medical Centre (FMC), Peter Lougheed Centre, Alberta Children's Hospital and the Canmore General Hospital, during presentations in the respective facilities, by the author, on conflict resolution.

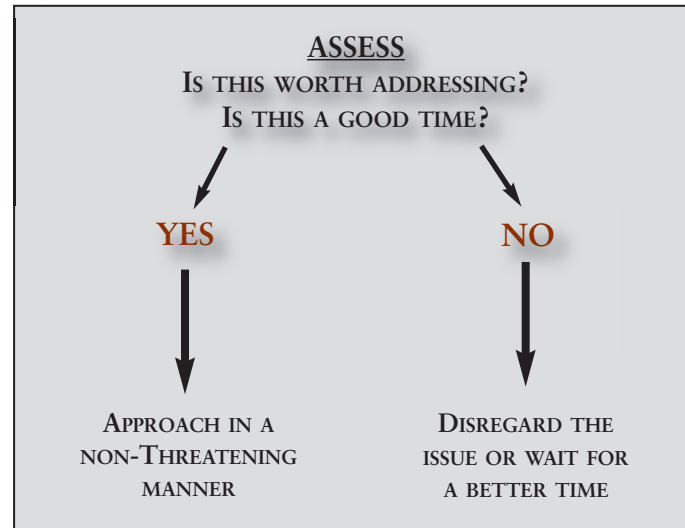
1) **Communication dealing with the division of labour.** What factors would you take into

Figure 1.



CONFLICT (cont.)

Figure 2



independently. Secondly, the patient's safety is of paramount importance. Does the surgeon anticipate a difficult operation? If so, it may not be a good idea for Marcy to scrub in since her last thoracotomy was about 6 months ago. This decision adheres to the following competency for ORNAC's standard for providing physical patient care in the scrub role: the perioperative nurse "is vigilant, attentive, and responds appropriately to complications and unexpected events during the surgical procedure."¹¹

After weighing the risk/benefit ratio of Marcy scrubbing in, with respect to the factors mentioned above, the best decision will be made and, with adequate rationales provided, no conflict situation should arise.

consideration and why? (e.g. who does what and why?)

Response: Effective communication is an, if not the strongest, asset, in the smooth operating of any theatre. It not only ensures the safety of the patient but facilitates the methods by which both inter and intra health care professionals provide such care. It is imperative that staff members decide at the beginning of the day who wants to do what.

Marcy explained her rationale for desiring to scrub in on the thoracotomy. It is up to the other members of the theatre to grant her request if possible.

Various factors such as the need for breaks, acuity of the patient, and learning needs of the staff play crucial roles in determining who gets to do what and in turn help prevent or diffuse a potential conflict situation. Not every ORT can circulate independently in all institutions. In a facility like the Foothills Medical Centre only an ORT with the designation of Licensed Practical Nurse (LPN) can circulate independently (with the exception of pacemaker cases). Since this particular staff member bears the title ORT and not ORT/LPN, it means that the second RN will have to sacrifice his or her coffee break to meet Marcy's request as the ORT cannot circulate

2) Suppose a **difference of opinion** exists, say the senior nurse wants a task done a certain way despite the fact that it could be done in another manner. What is the reaction to Marcy asking why it can't be done in another manner – that is, why not do it her way?

Patient safety should take precedence over all other options that might be considered. Critical thinking should be employed and should govern how the senior nurse responds to Marcy. It has been observed that the "important indicator of critical thinking is the ability to provide the rationale for one's judgment."¹² In addition to utilizing critical thinking, decisions must not breach the ORNAC standards and other legal and ethical regulating standards (CNA Code of Ethics for Registered Nurses).

As long as Marcy can provide a rationale for her choice, and this choice adheres to the above mentioned conditions, the senior nurse should be flexible and open to change. If the senior nurse is adamant that his or her way be adhered to this must be communicated in a mature and non-threatening manner.

Continued on Page 18

ISABELLE ADAMS AWARD FOR EXCELLENCE IN PERIOPERATIVE NURSING

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CONFLICT (cont.)

Marcy may also need to become more adept at the appropriate timing of her questions. She should not appear confrontational in spite of her inquisitive and keen nature.

- 3) A miscommunication occurs during the day. Which of the following is the best course of action and why?
- Talk directly to the to the person it occurred with;
 - Talk to another staff member(s) about what happened; or
 - Go straight to the clinician or your manager?

Answer

Talk first with the person directly involved in the miscommunication {Option (a)}. This mode is more respectful and honest. It gives the individual a chance to explain. In addition, it should be done quietly, privately and in a non-threatening environment. Talking to another staff member may be necessary as a means of venting (venting needs to be done in the right spirit and not as a means to gossip or backbite) and clarifying/validating the situation.

Conclusion

Effective communication has the tendency to diffuse conflict. Lyons and Block say that “effective communication involves being able to produce contextually appropriate language and understand the nuances of a given situation.”¹³ However, conflict may also arise despite the presence of effective communication. In such rare, and enigmatic, cases, the positive perspective should be adopted by considering the event as a vehicle for growth. Relaxing and embracing the conflict situation, rather than fighting against or fleeing it, will usher in an opportunity for growth and communication. This change in paradigm, with respect to conflict, will foster harmony in the operating room.

In Martin’s words,

“in this new workplace, no generation’s needs or expectations have a monopoly. Everyone must be flexible, techno-savvy, and knowledgeable, focusing on getting great work done every day”¹⁴

that of the Millennials or Gen Y’s? Martin says that, “although Yers are high maintenance, they have the potential to become the highest-producing workforce in history.”¹⁴

If Martin¹⁴ is correct, all team members from all generations need to understand and work together in the operating room to not only foster harmony but most importantly to provide the best possible care to the patients. It will, therefore, be highly desirable in any conflict situation that the following mindset prevails in the minds of both parties, ‘I reach out my hand to you, the onus is upon you to take it or not!’

The original version of this article, a comprehensive manual, with the title “Conflict Resolution in the Operating Room: Fight, Flight or Growth and Communication (A manual for new employees)”, by this author, is available, according to the College & Association of Registered Nurses of Alberta (CARNA) librarian, at the CARNA library. The manual can be likened to a reference tool in which a coach mentors a student along the journey of conflict and includes a wide range of images to illustrate the various concepts of conflict prevention, management, and resolution.

ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (June 2009). *Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice* (9th edition) in Section 3, page 218, Standard 3.2.4

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Continued on Page 26

Capture the Vision of Perioperative Nursing

Win a FREE Trip to the 2011 22nd ORNAC NATIONAL CONFERENCE



Imagine having free registration, hotel accommodation, and travel to the ORNAC National Conference in May 2011 in Regina SK! All ORNAC members are invited to enter the ORNAC Writing Contest and be eligible for just such a prize. ORNAC is hosting this Writing Contest in celebration of Perioperative Nurses Week and as an opportunity for perioperative nurses across the country to reflect upon why they chose this career path.

ORNAC is hosting this Writing Contest in celebration of Perioperative Registered Nurses and as an opportunity for these nurses to reflect upon where they, in collaboration with ORNAC, see perioperative registered nursing positioned in the future. Contest entries, in the form of a reflective essay, should comprise 500 to 1500 words on “Elevating the Field of Perioperative Nursing – Visioning for the Future”.

Entries must be received by November 15, 2010 and should be submitted to awards@ornac.ca or mailed to Anita Esson ORNAC Awards Chair at 1769 Queen Street East, Sault Ste. Marie, ON, P6A 2G8.

AUTHOR ELIGIBILITY FOR THIS CONTEST IS AS FOLLOWS:

- ❖ Must be a perioperative registered nurse and active member of Provincial Perioperative Group/Association as of 31 March, 2010 as identified on the ORNAC National Database;
- ❖ ORNAC Board of Executive/Directors are not eligible; and
- ❖ Prizes are only available to a single author essay.

THE FOLLOWING THREE PRIZES WILL BE AWARDED:

- 1st: Registration, hotel and travel to the 2011 ORNAC Conference and one copy of the ORNAC Standards.
- 2nd: Registration and hotel for the ORNAC 2011 Conference and one copy of the ORNAC Standards.
- 3rd: Registration for the ORNAC 2011 Conference and one copy of the ORNAC Standards.



THE WINNERS, AS SELECTED BY THE ORNAC AWARDS COMMITTEE,
WILL BE NOTIFIED BY DECEMBER 15, 2010.

FOR COMPLETE CONTEST DETAILS PLEASE VISIT WWW.ORNAC.CA.

CONFLICT (cont.)

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