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Pearls of Wisdom

A Perioperative Work Environment Based on Values

Can it be so?

CURRENT STATUS

The current perioperative work environment is often frustrated with many negative, daily occurrences. It is not uncommon to hear complaints of "they just don't seem to care like they used to"; "late yet again"; "sick again – nothing wrong with her yesterday – oh by the way its Monday or Friday, what do you expect- I could have written the sick list names in advance"; "she never prepares for the surgery – doesn't know the anatomy, has not pre-read the pick list, isn't organized, table is a mess, count is mixed up, is not keeping up with the surgeon never mind anticipating with pride and efficiency" and the interminable "stays too long at breaks". This list can go on and on, you have heard it all and uttered the same words. What can we do to turn it around, how do we change the environment to one of - "Yeh, lets get to work!"

The next five to ten years will be trying times. There will be three to four generations of workers in the perioperative environment ranging from the late sixties, retiring, to the keen twenty-something with a whole new vision. The young will get called generation X, Y and Z with a presumptive judgement that they don't have the values we had. I dare challenge you, very few have taken the time to find out what those values are, and how will they fit with the needs of the surgical patient. The values are different, the youth are our future. *How do we keep the passionate, professional flame burning and keep everyone working with enthusiasm?*

WHAT IS A VALUES BASED WORK ENVIRONMENT?

A value-based perioperative work environment is one that clearly exudes a professional passion where nurses excel in knowledge, skill, are quality minded and enjoy humor and create appropriate fun. The environment is founded on strong basic education and continuous learning, striving for continual advancement and excellence. The environment will be noted for being "the place to work", with potential employees clamoring to get hired, not unlike the "Magnet Hospitals" in the USA.

There must be a strong environment of caring that focuses on making each patient a special guest who is going to enjoy this visit. The patient's will remember the kindness, warm blanket, comforting hand, soft voice and caring eyes at a most vulnerable and anxious time.

Colleagues and associate workers will feel valued, appreciated, recognized, respected and fully understand the importance and impact of a job well done. Honest and frequent praise will be received and given freely with meaningful impact. Staff will take more responsibility in doing a job well and are likely to take on more roles, since value is recognized. Feedback will be current, appropriate, positive, and constructive. Deficiencies are dealt with in a manner that produces positive results. Employee's go home, each day, with a major sense of having contributed in a meaningful way, with keen anticipation of return the next day. You say this is utopia- what planet did I come from, or get a reality check!

WHAT IMPEDES A VALUE BASED PERIOPERATIVE ENVIRONMENT?

Needless to say we have all the answers without solutions! Unless we know the root cause we cannot rebuild to create a value based perioperative environment. The reasons are

Continued on Page 24

OH, THOSE BABY BLUES: When you are dealing with a child with PHPV

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In 1995 a mother had concerns about her infant son. She thought she could see a white, crescent moon shape in the upper medial aspect of his left eye. This shape could only be seen when the lights were low and the pupils were dilated. Unfortunately, no one else could see it. She also noticed that her son behaved as if he could not see if she covered his right eye. Instinct told this mother to get answers to her questions. Her family doctor referred her to an ophthalmologist. The ophthalmologist examined the left eye and told the mom that her son has PHPV.

Why does PHPV concern the author of this article? Two reasons. First, is the uniqueness of the condition. Second, is the fact that I was the mother in the introductory story... and the child is my son. As parents we need to be informed and ready to advocate on behalf of our child. As OR nurses we can become advocates for our clients.

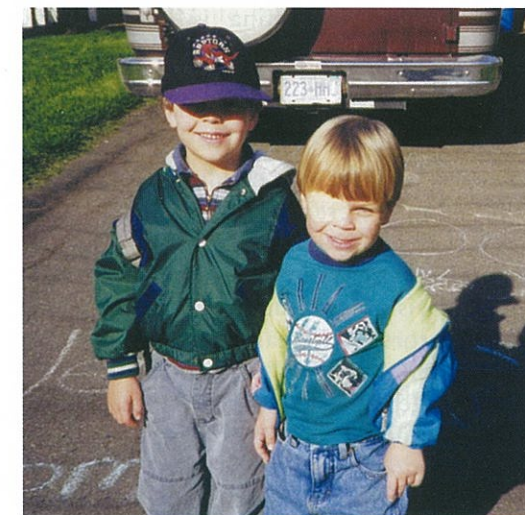
Parents also need to know where to find support, information and resources in dealing with PHPV (and related conditions such as glaucoma and cataracts). As OR nurses we can help point parents in the right direction. In 1993, a group of concerned parents formed the Paediatric Glaucoma Family Association (now titled the Paediatric Glaucoma and Cataract Family Association). Its goal is to improve the quality of life for children with glaucoma and cataracts as well as for their families. They do so by providing information, resources, education, and family support. They can be reached at www.pgcf.org

How does PHPV relate to the practice of perioperative nursing? We can ease parental concerns about the OR experience when surgery is required. In addition, when a surgical patient is a child with compromised vision the emphasis on preventing intra-operative corneal abrasions is even stronger.

UNDERSTANDING PHPV

What is PHPV? PHPV stands for "persistent hyperplastic primary vitreous". By the simplest definition, it is when remnants of the fetal vascular system have remained behind. During fetal development, the spaces within the eye are characterized by luxuriant, but transient, blood vessels. These vessels do not respect the specific chambers of the eye such as anterior chamber or vitreous. The vessels extend from the posterior poles of the eye to the anterior poles of the eye (Goldberg, 1997). This vessel is called the hyaloid artery. As this vessel approaches the lens, it branches out, not unlike the struts of an umbrella. The development of the hyaloid artery begins early in the gestational period. As the fetus approaches the end stages of gestation, the fetal vascular system in the eye has virtually disappeared.

PHPV affects both male and female children. Either eye can be affected but on occasion it can be bilateral. Bilateral PHPV should always be investigated further as it can be associated with various syndromes. From the point of view of this article, we will only look at unilateral PHPV.



Christopher (age 3) patched and his older brother

Photo by D. Atwell

CORL CORRAL (cont.)

many, including stressed and inadequately prepared leaders. Leaders who are constantly pressured with short staff, staff with performance problems, efficiency and financial pressures, endless meetings, employee relations and physician demands find little time to care for themselves never mind the struggling staff. When pressures increase the first thing to go is the value of education, which flies in the face of one the key satisfiers for staff. The stressed leader cannot be the mentor and role model the staff so desperately need to thrive and keep the professional passion burning. The stressed, overworked leader often does not even know what the staff are feeling and need, much less improve the situation. The stressed leader can truly identify with the rat running on a spinning wheel that is ever increasing in speed.

Limiting factors that preclude a value-based environment include negative staff, that have limited interest in change, moving forward and striving for daily excellence. Staff, who set poor examples, are marginal performers, have minimal insight into deficiencies or simply choose to put in time, reduce the value, professional conduct and interest. Staff who "eat their young, their old and their peers", as a daily routine inversely effect a value based environment.

Physician behavior, attitude, demands, expectations and treatment of staff has a major impact on a value-based environment. The level of the cooperation, participation and respectful nature of physicians has a great deal of impact on the staff. Leadership actions, effectiveness, support and expectations related to managing physician behavior aberrance directly influences a "value based environment".

HOW TO CREATE A VALUE BASED ENVIRONMENT

The organization has to espouse to a value-based environment, where staff are a key resource to be valued in order to deliver service

for our purpose of being – the patient! The values concept must be real, evident, and must be clearly a "walk-the talk", not just lip service. The platform is a learning/ teaching environment. A focus on values and culture is practiced.

The fundamental personal values must be identified for each group, especially considering different generations. The values and needs of different work groups and team structures then need to be assessed against the personal, individual and then assessed against the organizational values. The meshing of these three groups of values will be critical to make the utopian workplace where happy, loyal, cooperative and productive employees thrive. Professional passion will thrive once again.

BETWEEN UTOPIA AND NOW

Creating a truly value based environment requires a tremendous amount of time, focus, energy, commitment, skill, resources and effective leadership. Just like eating the elephant, small bites over an extended time are required.

We need to be passionate about our work and our career. Being visible and showing a caring concern for the staff, on a regular basis, is essential. We need to frequently acknowledge their accomplishments and contributions. Staff need to know "how they are doing", with descriptive, positive feedback loops. Nurturing positive values should help in reducing stress and tension. Celebrate small and big successes.

Today's leaders need to role models, that serve as mentors for staff to become engaged, passionate and remain in the system create a value based environment. Take time to stop and smell the roses – they are your staff – they are the leaders of tomorrow! Make it so! 🍁

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