they asked difficult questions. Was the surgeon good? Did he have lots of experience? With the previous surgeon she would volunteer information and feel comfortable saying: "If I had a child I would let him do the surgery". Now she found it hard to give the encouragement she was accustomed to giving. Answers had to be professionally worded. If she said how she really felt - would she lose her job, be sued for slander? Any one of us would have taken those risks if it would solve the problem or stop the program.

The first consideration of a nurse who suspects incompetence must be the welfare of the present patients or potential harm to future patients. The patients' perceived best interest must be of prime concern of the nurses.

Could we tell parents how we really felt? After all, we were not surgeons. Did we have any right to question his skills? Carol was finding it more and more difficult to take a child from their parents' arms, and I was having a more difficult time addressing the questions of NICU and PICU nurses. They were asking: "What's going on in the OR?" Staff no longer wanted to admit these patients as they were so unstable and they did not understand why.

Carol Youngson and Carol Bower had started to document cases in detail. During this period of time we were asking ourselves questions like - What else can we do? Do we quit? Will they hire more junior people to do our job and put the children at even greater risk? Do we go to the media? Will they fire us for that?

Reporting Unsafe Practices

When a nurse reports unsafe practices, she may face a variety of personal and professional harms or burdens. These can include loss of reputation, job security, sanctions for violating the organizational structure or reprisals from coworkers or supervisors. Some individuals who do not report may suppress the injustices, creating unrelieved moral distress, or worse they may leave the profession.

Loyalty to other professionals must be limited by the good of the patient. Therefore, we as nurses had an obligation to take definitive action on the patient's behalf. As nurses we practice according to our code of ethics. However, we are also obligated to abide by institutional policies, rules and expectations. Nurses are expected to be loyal and support the institution where they practice and certainly do not want to expose them to undue embarrassment, loss of credibility, licensure or certification.

We were in a pickle! We did express our concerns to our direct supervisors, Director of Patient Services and to the Head of Children's Hospital. There were some responses in that there was the formation of the Internal Review, a slowdown in surgery, a surgeon available to assist, and the eventual closure of the program. Most of these responses were the result of physicians coming forward and withdrawing services or not referring patients.

Moral Residue

In the end there is the *moral residue.* This is the intrinsic and lasting emotional feelings that remain after the inability to have done the right thing. It is a feeling that arises when disempowered by others, such as supervisors, rules and regulations. Disempowerment may also be internal when one may not have the personal strength to do the right thing or was hampered by fear. George Webster and Francoise Baylis (1999), define Moral Residue as:

> "The situation of compromised integrity that involves the setting aside or violation of deeply held beliefs, values and principles that can sear the heart. The passage of time may blunt the acute distress, the profound uncertainty and fear, the guilt and the remorse, but people who have lived through serious moral compromise, carry the remnants of the experience for many years, if not a lifetime".

We all have some moral residue. Some of us feel guilt and some of us feel we did as much as we could. However, we all still ask ourselves - Did we do enough? Should we have been more aggressive?

Since 1994, we have all required some psychological counseling, some, to a greater extent than others. Some required Leaves of Absense for a period of time, especially around the time of testifying. Some of us had physical signs and symptoms that needed addressing.

At this point in time we all are doing well and carrying on. I wish to leave nurses with these thoughts: We as nurses are our patient's advocates. When we see the system failing, we are obligated to speak up no matter the repercussions. Integrity, when compromised, is gone forever and not replaceable.

Remember, this can happen to any nurse, any where. ■

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[1]George Webster and Francoise Baylis, *"Margin of Error, the Necessity, Inevitability and Ethics of Mistakes in Medicine and Bioethics Consultation,"* 1999, Frederick, Maryland, University Publishing Group.

What Makes Your Day ?

A Study of the Quality of Worklife of OR Nurses

By Dr. Joan Donald, RN, MA(Ed), EdD

In the movie *Dirty Harry,* Clint Eastwood takes aim at a threatening criminal and says: "Go ahead, Make My Day!" Murder was in his eyes and in the intent of the comment.

We can all remember days in the Operating Room when we might have said to a testy surgeon, a demanding anesthetist, or a disgruntled co-worker "make my day!" We can all remember situations where we could have easily killed the people we had to work with. We hated the institution, the government, administration, the boss and the whole health care system.

Interestingly, nurses are naturally caring individuals and such negative attitudes do not sit easily with them. So what does matter to OR nurses ? What affects their daily lives in the workplace? That is the substance of this presentation.

Introduction

Canada spends 48.9% of its Gross Domestic Product on healthcare. In Ontario, the Ministry of Health reports that 40% of its budget is spent on people over age 65. This means almost half of the healthcare budget in Ontario is spent on 12% of the people.

In *"Boom, Bust, & Echo"* we are told that grey power, or the full impact of our aging population in Canada will only occur 20 years from now. If we are spending so much of our healthcare dollars on those over 65 today, what will that same healthcare cost us in the year 2020?

Unfortunately, very little is known about the relationship between health spending and health outcomes, an area that requires research, particularly as it relates to nursing care and outcomes. Fortunately, such research is currently underway at the University of Toronto with such noted researchers as Dr. Jean Reeder, Dr. Judith Shamian, and other noted scholars.

All across Canada people are restructuring and doing their own thing as they attempt to salvage our healthcare system. No doubt, change is inevitable if our healthcare system is to survive. Organizational redesign has become the answer to what ails the healthcare system. As Hastings and Waltz (1995) maintain, extensive time, resources, and organizational effort have been invested in major organizational change despite the almost total lack of systematic study of the effectiveness of such programs on the intended outcomes.

Good Nursing Care

An element of importance to the healthcare system is the quality of worklife of nurses. Links have been made between patient outcomes, health care costs, and the quality of worklife of nurses. Lower patient mortality rates have been identified by Aiken, Smith, and Lake (1994) among a set of hospitals known for good nursing care. While other variables undoubtedly contribute to mortality rates, Prescott (1993) concludes that substantial evidence links staffing to mortality, length of stay, cost, and morbidity outcomes. She further suggests that policy makers should take steps to link cost saving measures to patient and staff outcomes. The introduction of the Patient Safety Act of 1996 in the United States supports this sugges-

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tion and endeavours to address issues of concern. As Walker (1996) reports:

The bill, drafted by the American Nurses Association consists of three major components: disclosure of nursing staff numbers by healthcare institutions, *whistle blower* protection for any nurse who reports unsafe care practices in his or her facility, and economic impact studies of any pending health care provider mergers (p 119).

It is an interesting commentary that, in order to achieve action, nurses' concerns for patient care must be brought to the legislators. Even more interesting is that nurses fear censorship and job loss for doing so. Agencies are beginning to take a serious look at mergers and restructuring and the link between cost saving measures and patient outcomes.

Continually Diminishing Resources

The concept of "more for less" continues to be demanded of the healthcare system. Healthcare professionals are proficient at managing the technical side of the demanded changes however, very little is known about how the change affects the people involved. Nurses continue to provide services to the public with continually diminishing resources. Working with fewer resources results in greater demands on nurses and increases the stress in the workplace. The impact of the work environment can be far reaching and personal, depending on the individual. The worklife of nurses is of particular interest as it relates to the provision of healthcare. My study focused on how organizational and environmental variables affect the quality of worklife of operating room nurses.

A study reported by Prescott (1993) states that, "a recent survey of 663 hospital CEOs asked the executives to rank order ten factors that contribute to hospital quality. Nursing care was ranked as the most important of the ten factors 97.3%" (p. 195). Other variables such as the patient's health status, living conditions, and financial status, together with the resources available to the health care providers are also contributors to patient outcomes. While a number of variables are responsible for patient outcomes and many disciplines are involved, central to hospital patient care is the nurse. Nurses and the care they provide to patients, are pivotal to the resultant patient outcomes. Job satisfaction and a quality work environment contribute to the achievement of positive patient and staff outcomes.

Magnet hospitals have been named for their ability to attract and retain highly qualified nursing staff by providing such things as:

- a visible director of nurses,
- participatory management,
- primary nursing,
- educational opportunities, and
- other factors related to the quality of worklife.

Though morbidity and mortality rates at magnet hospitals may be lower than other hospitals in this comparative analysis, further research is required to identify and analyze other potential contributing variables. However, there is little doubt that attracting and retaining a highly qualified professional nursing staff contributes in a positive way to patient outcomes. Attracting and retaining such nursing staff is thought to be related to the quality of worklife of the employing institution or hospital.

A quality work environment is one in which the goals and needs of the organization are met while at the same time meeting the goals and needs of the employees. From a nursing perspective, the classic definition penned by O'Brien-Pallas, Baumann, and Villeneuve in 1994 defines a quality work environment as:

> "One in which the needs and goals of the individual nurse are met at the same time as the patient or client is assisted to reach his or her individual health goals - and where both outcomes are realized within the cost and quality framework mandated by the organization".

They further acknowledge that quality of worklife is a complex and multivariate phenomenon containing many interrelated parameters. This topic became a study in itself, however, the main thing that all researchers agree on is that close attention to quality of worklife variables by management can foster a more humanistic work environment. The humanistic work environment serves the basic needs of the staff together with the higher level needs of continued growth and improved performance.

Internal Variables

Other internal variables are related to the nature of the work. The organization of day-to-day activities, the degree of technology, the availability of equipment and supplies, as well as administrative issues, such as policies, benefits, and opportunities for advancement are thought to influence nurse and patient outcomes.

Rapid changes in technology, shorter hospital stays and continuous changes in patient acuity and demographics have resulted in client demands on the system that are different than they were five years ago. Reductions in funding have resulted in more community-based services, fewer hospital beds, and changes in care delivery personnel.

Dissatisfaction with the work place has been identified as an important element in the turnover rate of OR nurses. Has the introduction of the multiskilled worker had an influence on this dissatisfaction?

Since the care provided to healthcare consumers is dependent on those who work in the healthcare system such as operating room nurses, satisfaction with the work environment should be considered in order to attract and retain highly qualified nurses which prompted my interest in this subject and resulted in the following research questions.

Research Questions

The questions I decided to ask were:

1. What do OR nurses identify as the significant factors affecting their quality of worklife ?

2. What do OR nurses feel they can influence and/or change in the work environment ?

3. Are OR nurses involved in decisions related to changes in the work environment ?

Subsidiary questions:

1. What effect, if any, does organizational structure have on the perceived quality of worklife of OR nurses ?

2. Does the presence or absence of a formalized nursing department have any effect on the perceived quality of worklife of OR nurses ?

3. Do OR nurses perceive that working with multiskilled workers has any effect on their quality of worklife ?

4. Are OR nurses provided with an opportunity to make recommendations to management for improvements to their quality of worklife ?

First Step - Organizational Culture

When evaluating an organization and the level of satisfaction at its workplace, the first step the researcher undertakes is an examination of the organizational culture.

Culture is a way of explaining and understanding human behaviour, belief systems, values, and ideologies, as well as culturally specific personality types. It has to do with norms, symbols, and rituals.

• Shared values create organizational culture.

Although being a part of the group is important for feelings of belonging and connectedness, it is equally important that the individual feels a sense of compatibility between his or her personal values and that of the organization. One of the things I learned is the importance of *person-culture fit* and the necessity of congruency between an individual's values and those of an organization. Individuals are likely to be attracted to an organization that they perceive as having values that correspond to their own. Similarly, organizations tend to attract individuals who are likely to share their values.

Identifying an organization's culture is the first step in the assessment process. Culture is grounded in an organization's history. It reflects the fundamental values and philosophy that define the organization's view of itself and its ultimate mission. Through informal and formal networks, members learn the values, attitudes, expected behaviours, and social knowledge that define the boundaries of appropriate behavioural responses. This allows members to participate in organizational activities in an appropriate and acceptable way.

Assessing Organizational Culture

An assessment of organizational culture should include:

• **Material symbols** - such as the logo and organizational symbols that recognize status, years of service, or quality performance.

• **Behavioural symbols** - the ritualistic actions that reflect important values or assumptions that are part of the culture. Staff who remain close to their unit during their break so they are available should an emergency occur are examples of such behaviour.

• **Verbal Symbols** - recruitment or advertising brochures, orientation materials, and stories from history and tradition. "While negative stories allow members to distance themselves psychologically from the organization, positive stories convey a sense of unity" (L.Hughes, 1990, p 17).

• **Structural Characteristics** include the internal and external structure of the organization. The physical structure, organizational chart, policies, and procedures which define dress code and expected behaviours are all components of the structural characteristics. Formal and informal channels of communication must be considered when examining these characteristics.

The culture of an organization is steeped in its history. Experiences shared by members are important because they influence decisions based on issues such as whether possible promotional opportunities exist as a reward for loyal service. Cultural values have a significant effect on the voluntary survival

rates of professional staff. Stability in the workplace is inextricably bound to issues of culture and the fit between the individual, held values, and the culture of the organization.

Hospitals and Organizational Culture

Whether we like to admit it or not, organizational culture plays a dominant role in the decision-making process in health care. The allocation of funding, approval of programs, and creation of centres of excellence are examples of decisions which determine the components of health care provided. Decisions regarding life support systems and life extending procedures are made in consideration of the resources available. Since values determine organizational culture, it is crucial that patients and their families examine the values of the health care organization to which they turn for care. If the person/patient's values fit with those of the hospital, there is likely to be less anxiety in a time of need.

People must have confidence in their hospital and its ability to meet their needs as little else matters in life if one does not have health and can't get help when required. When one's very survival is threatened, all aspects of daily living take on new meaning.

Canadians value good health and they have great pride in their health care system.

Methodology of the Study

The basic framework for this research is the case study which consists of the examination of the influence of organizational and environmental variables on the quality of worklife of OR nurses.

A variety of different sources were used to gather the information for this study such as: an examination of all available documentation, interviews, site visits, variations in structural layout of the facility, and other items as appropriate.

Site data collection was completed at a 250 bed acute care hospital located in downtown Toronto. The facility was founded in 1911 and is an academic health centre affiliated with the University of Toronto. There are six operating theaters with 15 Registered Nurses (RNs) and six Registered Practical Nurses (RPNs). At the time of this study, (1996) the hospital had been organized under a Program Management structure for five years. The site was chosen for a variety of reasons such as its:

- affiliation with the University of Toronto and its role as an academic health centre;
- organizational structure which consists of Program Management;
- change activity and the continuing uncertainty of its role in health care;
- staff mix which utilizes both RNs and RPNs;
- interest in research and in being an active participant; and,
- variety of surgical services and medical services offered.

Respondents represent a broad cross section of experience in nursing. In operating room nursing specifically, experience ranges from a low of three (3) years to a high of thirty-one (31) years.

Study Findings

Firstly, I'll share with you what I learned that did NOT have any great influence on the quality of worklife of OR nurses and then progressively look at what DOES matter in their daily life.

Weak or Negligible Influences:

While the literature suggests that organizational structure, leadership, and organizational learning can influence the quality of worklife, findings in this study do not support this suggestion. Respondents are willing to discuss these issues but readily admit that they know little about them, do not concern themselves with them, and are seldom affected by them in the workplace.

OR nurses in this study are preoccupied with operating room matters and have little interest in organizational affairs.

Organizational Structure

One of the motivating factors which prompted my choice of study was the increasing emphasis on restructuring and reengineering as the answer to the current dilemma in health care. Hospitals across the United States and Canada have been rushing to change the work environment and reporting structures. The literature now abounds with the merit of such change. Claims are made by Leatt, Lemieux-Charles and Aird (1994) that there is improved accountability and effectiveness and that decision-making is decentralized to the "point of action" resulting in individual caregivers being empowered to make decisions.

On the other hand, a report published by the Registered Nurses' Association of Ontario (1994) indicates that just the opposite may be true as they note that many program management structures enhance the **centralization of decision-making** with the physician or someone other than the nurse. In addition, they suggest that program management may accomplish the reverse of shared governance which can result in disempowerment of the caregivers.

There is little substantive data in the literature that demonstrates a relationship between organizational structure and decentralization, quality of worklife, or the actual work done at all levels. This is confirmed by a study reported by Hales and Tamangani in 1996. Their study focuses on the differences between centralized organizations and decentralized organizations. Many of the current restructuring efforts in business, industry, and health care claim that the end result is decentralization and increased efficiency.

The findings of the Hales and Tamangani (1996) study concur with findings in this study in that no definitive link between organizational structure and influence in the work place can be established.

Nurses Appear to Absorb the Impact of Changes

The initiatives now underway in Canada focus on reducing costs and improving efficiency through changing administrative structures such as case management and program management. Redesigning the work of the front-line nurse is neither a high priority nor a visible objective *(Donner, Semogas, and Blythe, 1994, p. 14)*. However, very little is known about the impact of the organizational structure on nursing satisfaction. Nurses appear to absorb the impact of changes in the delivery of health care while very little attention is directed to their work environment and the consequences of restructuring.

As the controversy continues, my research examined the impact of organizational design on the quality of worklife of caregivers who are at the point of action in the operating room. As suggested by various scholars, the findings in this study confirm that organizational structure is a weak independent variable with little influence on the quality of worklife of operating room nurses. Not one of the respondents indicates that their daily work environment is affected by the organizational structure of the research site. Quite the contrary, only one respondent even knew what program management was, and she said that it was changing as we spoke. One must conclude that the many claims that program management and other restructuring efforts result in the empowerment of the caregiver, the transfer of decision-making to the point of action, and shared governance are not substantiated by this study.

Leadership

Hospitals are organizations which are made up of a collection of individuals. Learning is essential to change and the role of the leader in organizational learning cannot be minimized. Various authors note the significant role of the leader as paramount if an organization is to learn and progress *(Argyris, 1976; Fullan, 1993; Garvin, 1993; Hodgkinson, 1991; Leithwood, Dart, Jantzi, and Steinback, 1993; Levitt and March, 1988)*. From respondents in this study, it is evident that few are sure who their leader is at the senior level, are not sure what they do, and don't see any influence on their worklives. An expressed concern for a lack of adherence to standards emphasizes the potential impact on patient outcomes when there is no one at the helm directing and monitoring nursing care.

With the introduction of program management and similar restructuring initiatives, functional departments are absorbed into specific programs so that nurses, social workers, physiotherapists, and pharmacists, to name a few, are now reporting to the program director who is generally a physician. Previously, each of these professionals reported to a manager who directed the activities within their specific departments, such as pharmacy or nursing. Nurses reported to a Director of Nursing who provided leadership to the nursing department. Since other disciplines are not familiar with nursing standards, ethics, and care modalities, concern revolves around how these areas will be monitored and professional care to patients ensured.

Results of this research indicate that lack of a formalized nursing department has no direct relationship to the quality of worklife of operating room nurses. However, there is some concern regarding a lack of visible nursing leadership. Donner et al, stated in 1994 that:

> "It is paradoxical that recently, as the trend toward program management precipitates the elimination of the Chief Nursing Officer as a line manager, nursing staff have been complaining that they are left without professional leadership and advocacy in the organization".

Nurses struggle with attempting to balance the tensions between independence and dependence, autonomy and participation, control and subordination. On the one hand there is a desire to have control and be independent, on the other hand there is a desire to have leaders at the top who will further the interest of respondents. Operating room nurses want the VP-

Nursing to use her authority in a way that enhances their daily working environment and rewards. Not only must nurses see themselves as part of their profession, they must also be able to see themselves as part of the organization. While there is concern about the absence of strong nursing leadership at the top, it clearly does not affect the daily working environment of respondents in this study.

Organizational Learning

Attempts to transplant new business management theories of empowered employees to hospital settings have achieved little success as staff nurses continue to lack control over their worklives (Donner et al, 1994). Staff nurses continue to be under represented on hospital committees and rarely are included in decisions regarding services to be cut. Decentralization of decision-making to the point of action, as an offshoot of program management has not happened at the research site; despite their five years of program management as an organizational structure.

While the trigger that stimulates restructuring and change is financial, justification seems to be required on a philosophical and ethical basis. Perhaps this allows agents of change to appease their conscience and the public that they serve.

Hospital organizations are constantly being bombarded by demands for increased fiscal accountability, improved and enhanced services, and increased efficiencies. The resulting information overload necessitates a sorting and selection process on the part of administrators in order to determine to which of the incoming stimuli they will respond. This in turn affects the organizational learning that takes place and, most commonly, learning is triggered by problems. Other triggers that stimulate learning are opportunities and people. The challenge is to learn how to view a problem as an opportunity and the most valued of employees are those that can do just that - view a problem as an opportunity.

The winning organizations of the future will be flexible, adaptable, and efficient, and will learn quickly, observe accurately, and be able to put their learning to use. Learning is a core value for high-performing health care organizations - they are constantly learning and undertaking new initiatives.

As health care becomes more competitive, organizations need ways of linking information about the wants and needs of the consumer with the fiscal and human resources of the organization charged with meeting those needs. This study demonstrates that organizational learning has no direct influence on the quality of worklife of OR nurses.

What Matters to OR Nurses ?

√ Collaborative Decision-Making

One thing that matters to OR nurses in this study is **Collaborative Decision-Making.**

Canada's Medicare system is being bombarded on all sides and in all provinces as governments attempt to bring costs in line with available resources. Health care workers are being asked to do more with less even though patients in hospital are sicker and stay for shorter periods than previously. Most front line workers complain of a sense of frustration in the face of such cut backs.

That nurses want to be respected, valued, and consulted is well established and reconfirmed in this study. Some nurses are feeling well informed and are consulted while others often feel left out. OR nurses would like to know that their opinion is valued and being consulted is important to them. Even if the input does not change the decision made, at least the staff are provided an opportunity to participate in the process. This is important to all respondents in this study. Although most respondents indicate a sense of resignation to the changes in Medicare funding and the situation that they find themselves in, they also have an ability to turn things around and to put them in a more positive perspective. One nurse says that it is fun and a challenge to put your heads together and try to find ways to make do, make it easier, or try to see what will work, given the equipment and the resources available. This is characteristic of the resilient nature of the OR nurses in this study. In every case, the areas that they are able to influence in the work place are; their ability to work with people, being organized, and able to control their environment. Collaborative decision-making is a positive influence on the quality of worklife of nurses and should be encouraged.

√ Multiskilled Workers

Another item that has an influence on the quality of worklife of OR nurses is - Multiskilled Workers.

The multiskilled worker is one who is trained to provide a variety of services. The multiskilled worker does not have professional education and training as their programs are often six to eight weeks in duration. One author's description of the multiskilled worker is found is this commentary on the generic health care worker.

"A more attractive and cost-saving development in the area of multi-skilling and cross-training is the creation of a whole new breed of generic health care worker. This worker would be partially trained in all health care work and well-skilled in none. This new generic health care worker would not have to be licensed and her job description would fit into none of the existing job classifications nor within any of the traditional health care bargaining units. She would be a little bit of a nurse, a little bit of a lab tech, a little bit of a physiotherapist, a little bit of a perfusionist, a little bit of a housekeeper, a little bit of a clerk, a little bit of a porter and a big bit tired". (Richardson, 1994)

This individual works under the direction of the registered nurse who is responsible for them and the duties performed. At a time when patients in hospital are sicker and require a higher level of care, nurses are being replaced by lesser qualified multiskilled workers. This results in additional responsibility for the nurse who remains in the work place. Results from this study confirm that this is happening.

Concerns related to standards of care, patient safety, increased stress in the work place, job security, and loss of professionalism are expressed by various authors and confirmed by nurses in this study. The impact of this trend on nursing in general and nurses individually is one of concern. The more critical issue, however, is how this trend impacts on patient outcomes which is of paramount importance.

Bits and pieces of departments are assigned to programs whose director may be a physician or other health care professional other than a nurse. Therefore, nursing no longer has authority over jurisdictions which were previously under their direct control and for which they were accountable. Currently, in some hospitals, the Registered Nurse (RN) in the operating room is being replaced by the Registered Practical Nurse (RPN), the Operating Room Technician (ORT), or an unregulated worker with varying background, knowledge, and skills. All of these efforts are an attempt at further cost savings, although, depending on the level on the pay scale and the union to which the worker belongs, other workers may result in little or no savings.

If nurses are to get more autonomy and job satisfaction, Rachlis and Kushner (1994) indicate that major system reform is required. They suggest that nurses should be front and centre in such reform for the following reasons:

- **Numbers**: with over a quarter of a million RNs in the country, nursing is the single largest group of workers in the entire system.
- **Contacts:** nurses also have a long tradition as patient advocates, as the profession closest to consumers. A hospital patient may spend only a few minutes with the doctor each day, while nurses are in and out all the time seeing to his/her needs.
- **Commitment to quality**: nurses have a long history of pursuing quality-of-care issues. A 1989 survey found that licensing agencies for nurses were more likely than those for doctors, optometrists, dentists, and pharmacists to have written standards of practice.
- **Nurses are also consumers:** the vast majority of nurses are women, and women are also the most intensive users of health services. (Rachlis and Kushner, 1994, p. 336).

This debate is not unique to the Canadian health care scene. The recent introduction of the Patient Safety Act of 1996, which has been submitted by the American Nurses Association for consideration by various committees under the Supreme Court of the United States of America, underscores concern for the provision of health care by qualified health care providers.

While Canadians have not progressed to the point of introducing legislation which is similar to the Patient Safety Act of 1996, this possibility looms on the horizon. Persons who have been told that they may not disclose that they are an RN, RPN, or an unregulated health care worker may be experiencing an identity crisis, together with a concern for professional standards of practice. These views are echoed by nurses in this study.

The issue of job security is prominent in the minds of health care workers today. Many professions are experiencing job loses as a result of restructuring and health care is no exception. Worrying each day about whether you will have a job tomorrow is very frightening and unsettling and there is little doubt that the introduction of the multiskilled worker is having an impact on OR nurses.

√ The Magnitude of Change has Created a Climate of Uncertainty

The many changes occurring in healthcare have created a climate of uncertainty; uncertainty of Medicare, of hospitals surviving within the system, and of the stability of the jobs of those providing care to

patients. Every individual and every group is in some change process continually. Identifying the magnitude of such change and understanding how the process is handled by the individual and the group in any given situation is not easy. Incremental to understanding the effect of change on the people involved is the challenge of understanding how such change affects the culture of the organization.

In this study there is a good understanding that the driving force for change is a lack of resources and the government's commitment to meeting their targets related to budgetary reductions. On the other hand, the restraining forces are the very pride that the nurses have in the institution, the desire to continue to provide care to the community that they serve, and a concern for continued employment. Education is a key element if the participative strategy for change is to be successful. From respondents in this study it would appear that education and information sharing has had a role to play. The unit manager is credited with keeping the staff abreast of activity and impending changes in the hospital. Time and again respondents note that their Nursing Unit Administrator does a really good job at keeping them informed.

While administrators or managers in health care attempt to juggle their many responsibilities and at the same time consider all of the available information and guidelines for implementing change, there can be little doubt that numerous issues must be weighed, one against the other, in an attempt to make the right decision and condone change. The majority of nurses acknowledge these difficulties and appreciate being informed and involved in planned changes. There is no doubt that change has a significant influence on the quality of worklife of OR nurses.

√ Organizational Culture

The next influence I found that affects the OR nurses daily life at work is organizational culture.

Culture reflects strongly held values and individuals are likely to be attracted to an organization that they perceive as having values that correspond to their own. It's important to have congruency between an individual's values and those of the organization.

Absolute congruency between all individuals and the organization is not possible. Each individual has personal values which reflect his or her uniqueness. However, a measure of person-culture fit helps the person feel a sense of compatibility between their personal values and that of the organization which increases his or her sense of belonging. Some workers draw from their organization's culture to form a personal sense of identity linking themselves to the values of the organization. The core values expressed in the research site's strategic plan (1994-98) are very clear:

- Compassion and care for patients, their families and our staff;
- Honesty and integrity essential to mutual trust;
- Respect for the rights, opinions and dignity of every individual;
- Excellence in all our endeavours.

These same values are reflected in comments made by respondents who doubtless share these views. Compassion and care for patients, their families and the staff are noted as the nurses talk about thinking first of patient care, comfort, and safety. Others say, "I love it, there's nothing else I'd rather do". Honesty and integrity are evident in comments that reflect dissatisfaction with recent cuts to the health care system. Many will not compromise their values or integrity and provide a lesser standard of care.

Respect for the rights, opinions and dignity of others is also evident in the respondent population of the research site. The importance of standards, policies, and procedures is recognized and even though there are various committees that one must go through, it is acknowledged that they are all in place for a reason. These OR nurses attempt to achieve excellence in all their endeavours and it is clear that all respondents are very committed to the research site. Various of these nurses came to work at the site because of its reputation for high quality care and its striving for excellence.

From personal observations of each and every contact at the research site, two conclusions are drawn; the first is a sense of concern for the future of the facility, while the second is a definite sense of pride in working there. Although services have been cut, beds have been closed, and positions have been deleted, these nurses exhibit a dignity and delight in the work that is being done, and all of them have a sense of ownership and belonging to the hospital. A high degree of congruency between the individuals' values and those of the research site is evident which indicates a person-culture fit with a resulting sense of connectedness.

√ Locus of Control

The next item which influences the quality of worklife of OR nurses is locus of control.

Everyone knows that a critical element of perioperative nursing practice is the ability to anticipate the needs of the surgical team. This ability to anticipate the needs of the team during the surgical procedure ensures that all supplies and equipment are in place and available when required. As the surgeon and anesthesiologist are busy concentrating and performing the special skills of their craft, they depend on the OR nurse to provide for their needs and to assist as required. This, in turn, means that the OR nurse must have knowledge of each and every procedure in great detail as well as the knowledge and skill necessary to anticipate what instruments, supplies, and technology may be used and how to use them. It also means that this skill and knowledge base is utilized in conjunction with the unique needs of the individual patient.

The quality of worklife of any practising nurse is thought to be influenced by various characteristics in the employment environment.

> "Issues such as the organization of day-to-day delivery activities, the degree of technology on the unit, and the availability of equipment and materials are hypothesized to influence nursing worklife"

(O'Brien-Pallas, Baumann et al, 1994, p. 394).

Since the highest degree of technology in the hospital resides in the operating room, it would follow that the issues of day-to-day organization and availability of equipment and materials play a higher role in the daily worklife of the OR nurse than nurses working in other units. One nurse expresses confidence in knowing that she can walk into the operating room in the morning and everything is just the way she left it the afternoon before. Another nurse notes that the preoccupation with being organized and trying to anticipate ahead of time is typical of perioperative nursing. A study of interest reported by Hart (1988) links the types of personalities of OR nurses to job satisfaction. It is suggested that not every nurse can work in an OR setting because certain innate characteristics are required. One such characteristic reported is that of an internal locus of control which is associated with the belief that events are the result of one's own behaviour and are under the control of the individual. Internally controlled individuals are described as assertive, independent, and possessing the ability to appreciate internal rewards. An internal locus of control may be an outstanding personality characteristic of OR nurses. They are described as individuals who need the ability to derive rewards and satisfactions from a job well done based on their own appraisal because they often cannot depend upon others for rewards.

A theory of caring that I found by **Carper (1978)** is one that I would love to see researched (maybe my next project) and it states that, "the obligation to care for another human being involves becoming a certain kind of person - and not merely doing certain kinds of things". If that is true, then it may follow that operating room nurses are, or become, certain kinds of people. Possessing personal knowledge of a specialized nature and using it to provide care for another human being who requires surgical intervention without feelings for that person represents only the work of a technician. There is, in my mind, an erroneous perception of OR nursing as merely a technical function. The caring aspect of perioperative nursing is clearly evident in nurses during this study. Comments that reflect concern for the patient's comfort, safety, and well being are numerous and from all respondents. Little things from keeping the patient warm to acting as the patient advocate are taken very seriously and attended to with dedication and commitment. Anything that interferes with the nurse's ability to meet the needs of the surgical patient can have a negative effect on the quality of worklife of the operating room nurse. Locus of control is an important factor in the daily life of OR nurses.

√ Teamwork

By far the most significant influence on the quality of worklife of OR nurses is teamwork.

A dramatic finding of this study is the importance of teamwork. The repeated reference to teamwork is both surprising and meaningful. The open-ended question of this study asked:

What do operating room nurses identify as the significant factors affecting their quality of worklife? While many items were mentioned by various nurses, only the topic of **teamwork was mentioned voluntarily** by each and every nurse interviewed. There is little doubt that group cohesion is one of the internal factors that influence the worklife of nurses. It is an outcome variable that is measurable, yet is one of a group of many characteristics of the work environment that have received the least amount of research attention. The research conducted in this study confirms that teamwork or group cohesion is a major factor in the quality of worklife of operating room nurses. Members of a highly cohesive group are more energetic in group activities, less likely to be absent from group meetings, happy when the group succeeds,

and sad when it fails. Members of less cohesive groups have less interest and concern for the group's activities. Highly cohesive groups have a sense of camaraderie, group spirit, and oneness.

Factors that contribute to the development of cohesiveness are:

• **Motive base of members.** To the extent that a group meets the individual needs of group members, it will become attractive to group members.

• **Incentive properties of the group**. Cooperative group rewards that encourage interaction can stimulate cohesiveness, particularly when members perform interdependent tasks.

• **Expectancies about outcomes.** Individuals will be more attracted to groups when they feel that group membership will in fact lead to the achievement of personal goals.

• **Comparison level.** According to equity theory, individuals perform an implicit cost-benefit ratio of membership and involvement in one group against alternative paths to goal achievement. This factor is particularly salient for voluntary groups.

• **External threat.** External threats to a group's well-being can strengthen the group's cohesiveness by providing a common enemy. Intergroup conflict often promotes intragroup cohesion.

• **Attitudes of group members**. A central tenet of social psychological theory is that individuals are attracted to others with similar attitudes. It follows, therefore, that homogeneous groups should be more cohesive than heterogeneous groups. (Shortell and Kaluzny, 1994, p.150)

However, cohesiveness must be viewed in the context of the situation; while it can be a positive force in most situations, in others it can reinforce counterproductive norms and practices.

> "If a group's norms favour low productivity, then having a highly cohesive group will likely lead to lower, not higher productivity. Similarly, a highly cohesive group may work against a manager's efforts to involve new members in a group or to have the group interact with other groups" (Shortell and Kaluzny, 1994, p. 150).

There is little doubt that group cohesiveness and a sense of teamwork is of primary importance to the respondents in this study. These OR nurses mention wanting to work with team members who share similar motives and expectancies about outcomes.

There is a sense that attitudes cannot be changed. For this reason, nurses look forward to working with members of the group who share similar attitudes while avoiding or simply tolerating others whose attitude may be dissimilar from their own.

Data from answers to subsequent questions attest to the importance of group cohesiveness. The frequent reference to the people thing, strong personalities, and the team confirms the considerable emphasis on teamwork and group cohesiveness. Additionally, the respondents often refer to who **you** are working with, that the OR is a very social place to work, and that trying to work together is very important. One nurse stated that OR nurses are part of a team and that the nurse is only as good as the weakest link in the team. It is clearly evident that teamwork is very important to the OR nurses in this study and that group cohesiveness plays a significant role in their quality of worklife of OR nurses.

At the beginning I mentioned that little has been done to link quality of worklife to outcomes and costs in healthcare. Staff recruitment and retention may well be one of the best cost saving measures available to managers and administrators today. How much does it cost to educate and orient new OR nurses?

Are dollars lost because nurses get burned out, discouraged, or upset with the work environment? We all know these costs are high. Paying attention to the things that matter to OR nurses, the strong influences on their quality of worklife, can pay dividends in the long run.

Summary

From data obtained in this study, the weak or negligible influences on the quality of worklife of OR nurses are:

- Organizational Structure
- Leadership, and
- Organizational Learning.

Things that matter to OR nurses and that influence their quality of worklife are:

• **Collaborative Decision-Making,**
• **Multiskilled Workers,**
• **Change,**
• **Organizational Culture,**
• **Locus of Control**; and the most important influence of all -
• **Teamwork.**

So, now when the question is asked "What Makes Your Day?" The answer is clear - at the end of the day, it all boils down to the most fundamental of all answers - People !

People are involved in collaborative decision-making, multiskilled workers, change, organizational culture, locus of control, and teamwork. These People include the OR nurse, who is involved in collaborative decision-making and all the other items that affect your daily work environment. The people you collaborate with, the people you interact with in the organization, and the people that make up the team - you and everyone around you are responsible for that magic ingredient - Teamwork.

What you say, what you do, and how you behave makes all the difference in the daily worklife of your colleagues. Each and every comment and interaction contributes to the efficiency and effectiveness of the team. Each and every day from this day forward, remember this - remember how important your role is in building a strong and effective team.

At the recent AORN Congress, Joan Rivers shared a favourite saying with us:

"The past is history,
The future a mystery,
Today is a gift from God, that is why it is called the present."

Today is all that we really have - let us make the best of each and every day as we continue to respect and value each member of the team.

Teamwork - our building block of the future - yours, mine, and every other member of the surgical team. Each member can make an enormous contribution - we only need to believe that the "best is yet to be - the best resides in me".

Yes, we can do our part in making our workplace a good one. But we can only do so much. It's time for governments, administrators, and managers to examine the work environment, to identify the kinds of things that motivate nurses to get up in the morning and go to work, and what makes that workplace pleasant enough that they are happy to stay there.

We are hearing about nursing shortages across Canada and the United States. Recruitment and retention strategies are returning to hospitals.

Besides "sign-on" bonuses, it is time for governments and administrators to examine the culture of the workplace.

Questions that must be answered:

• Are nurses included in decisions made?
• Do nurses have what they need to work with?
• Are they given a reasonable workload?
• Are nurses part of a team that values them and their unique contribution to patient care?

In the words of Senator Lucie Pépin (1999):

"We must turn our anger first, into passion, then into action. A hostile or unpleasant workplace must not be tolerated!" With confidence we must be assertive as we look to improve our work environment. Yes, we can do our part, but now it is time for the other stakeholders to pay attention! ■

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