

Perioperative Team Building Through Decentralization and Empowerment

By Paul Shahroch-Shahi, RN, BSW and Sharon Gabriel, RN, BScN

In our current climate of economic restraints and health care restructuring, the delivery of health care in Canada has had to be reassessed in its mode of operation and the patient care delivery system. The need for assessment, planning, implementation and evaluation of a new proactive format of health care delivery requires a creative approach for health care managers and staff nurses. Nurse managers identify decentralization as a management method of achieving job satisfaction, cost containment, and improved patient care, (Lashinger and Shamian, 1994). Staff nurses identify power sharing as a means through which nurses become empowered through the shared interaction of management in achieving a similar goal or objective within the organization. Working together these goals can result in improved patient care, cost containment and job satisfaction while fostering decentralization and the empowerment process.

The purpose of this article is to discuss the facilitation and implementation of a workplace design in a perioperative setting which allowed for the professional growth and empowerment of a group of perioperative nurses while achieving the aims of decentralization within the organization.

Decentralization

The concept of decentralization within our nursing department was formalized in 1992 and introduced as an objective of the Joint Planning Group (JPG), a subcommittee of the Decentralization Nursing Program (DNP).

The JPG defined decentralization as:

"... A philosophy, a process, and a state of being in an organization that fosters all members of the organization to be responsible, to be initiators, and to collaborate with others

in relation to organizational activities and functions.

Decentralization requires a democratic system in order to build consensus. It also requires effective communication and coordinating mechanisms."

During this period, as well, another ongoing initiative in the Department of Nursing was the restructuring and redefinition of the role of the Nurse Manager, moving from a traditional director and leader to a role as facilitator and communicator. This change in role of the Nurse Manager was essential in order to facilitate the process of decentralization at the unit level.

O. R. Focus Group

Historically, within our perioperative environment there existed a committee of staff nurses elected by their peers, known as the O.R. Focus Group. This committee consisted of eleven members including full and part-time registered nurses and full time operating room technicians. The mandate of the committee was to identify and respond to issues unique to the unit. There had been some success in dealing with some issues, but outstanding and ongoing were the issues of conflict resolution, peer interaction, team work, and

Author

Paul Shahroch-Shahi, R.N., B.S.W. is Team Consultant (Nursing) Laparoscopic and General Surgery, Gastrointestinal Perioperative Clinical Program, Mount Sinai Hospital, Toronto.

Sharon Gabriel, R.N., B.Sc.N, is Clinical Educator, Operating Room, Endoscopy, Elective Out Patient Services, Gastrointestinal Perioperative Clinical Program, Mount Sinai Hospital, Toronto.

daily assignments. An internal review, in April of 1993 by the Associate Director of Perioperative Services confirmed these issues outstanding and endorsed the need to develop a model in which to address those issues and provide an ongoing framework for decentralization. The JPG initiatives were seen as a methodology in meeting the ongoing needs of both the staff nurses and nurse manager. The sharing of the JPG initiatives at the unit level led to consensus by the staff nurses to adopt and formalize the process of O.R. Decentralization. The O.R. staff agreed that the existing O.R. Focus Group with its current membership would initiate the first phase of O.R. Decentralization. The O.R. Focus Group invited the Nurse Manager onto the committee as a facilitator and communicator of the process of decentralization at the unit level, (Lashinger, and Shamian, 1994).

The O. R. Focus Group was given a mandate by the perioperative nurses to develop a workplace design which would incorporate the ideals of decentralization and empowerment which would be implemented for a two-year trial period. The O.R. Focus Group would develop the language, framework for the model, the implementation plan, team membership criteria, service specialties and the education process. The O.R. Focus Group were to present each phase of development back to the group at large to seek clarification and a consensus before proceeding to the next phase. By May, 1993 the committee was prepared to meet the new challenge.

During the initial phase the O.R. Focus Group developed a structure under which the group would operate. The structure included committee duties such as selection of committee officials, quorum numbers, meeting times, and minute taking. Group decisions would be reached through consensus and that information would be shared with all disciplines within the perioperative setting.

The development of a mission statement which defined the group's ideology in broad terms was the first step to defining and identifying concepts and language as it pertained to the group process. From this first step the O.R. Focus Group expanded its conceptual terminology to include empowerment and decentralization.

It was noted that in deciding to implement this process, the first step of empowerment took place amongst the O.R. Staff. Whether this was recognized for what it was, or was inherent as a group trait, it was a milestone in the creation of the empowerment model.

Focusing on the viewpoint of sharing and the Joint Planning Group's definition of decentralization the O.R. Focus Group identified the potential for the empowering process within their workplace design. The act of the power sharing becomes represented as part of the empowerment process when it encourages not only organizational goals but personal mastering as well, (Clifford, 1992).

The O.R. Focus Group concluded that to successfully incorporate an empowerment model within the decentralization process the committee would need to define the terms and content of the meaning of empowerment and decentralization within a perioperative environment. The O.R. Focus Group hypothesized that the growth of empowerment comes at the staff level and the decentralization and power sharing comes from the management level of the organization, (Clifford, 1992).

Empowerment became defined as a process in which the perioperative nurse gains the capacity to interact within the environment which promotes and enhances his or her sense of wellbeing and satisfaction. Through the act of participation and interaction the process of empowerment develops from an identification of control and power to a feeling identified as self and professional autonomy, (Hepworth & Larsen, 1990).

Decentralization was defined within the perioperative environment as an act of power sharing in which participation improves the perioperative environment through shared goals between the staff nurse and management, (Clifford, 1992).

Life Model

The O.R. Focus Group reviewed a variety of theoretical models which incorporated the key concepts of empowerment and decentralization. The O.R. Focus Group identified the Life Model by German and Getterman (1981) as a framework for a workplace design that would foster nursing autonomy and develop strategies to increase job satisfaction and improved patient care.

Throughout this review process the O.R. Focus Group voiced concerns and opinions while struggling to define their role within the group and to the staff nurses. Active ongoing participation in team construction, consensual decision making, improved communication skills, collaboration, and shared responsibility, became characteristics which O.R. Focus Group members began to demonstrate. These attributes be-

CUT, COAGULATION, LIGHT AND SMOKE EVACUATION...

ALL IN ONE SLIM HANDPIECE.



GIVE YOUR EYES A REST

No more eyestrain or adjusting overhead lights, because the ClearCut 2™ electro-surgical handpiece delivers bright light directly to the operative site.

BREATHE A SIGH OF RELIEF

Smoke generated during electrosurgery contains potentially harmful agents.^{1,2} The ClearCut 2 handpiece evacuates smoke plume as close to the operative site as possible, per the AORN's 1994 Standards & Recommended Practices.³

This improves surgeon visibility and provides a safer environment for surgical personnel and patients.

ClearCut 2™

For more information or
a product demonstration contact
Medtronic Surgical Products at
(800) 637-7883

Medtronic 

¹ National Institute for Occupational Safety and Health (NIOSH), Health Hazard Evaluation Report, No. HETA-85-126-1932, Bryn Mawr Hospital, Bryn Mawr, PA.

² Tomita Y, Mihashi S, Nagata K, et al. Mutagenicity of Smoke Condensates Induced by CO₂-Laser Irradiation and Electrocauterization. *Mutation Research*. 89 (1981) 145-149.

³ AORN 1994 Standards and Recommended Practices.

came, by definition, the philosophy of decentralization as defined by the Nursing Department at Mount Sinai Hospital.

Goals

The primary goal of the O.R. Focus Group was the development of a perioperative management model within the framework of the Life Model. To reach this goal the O.R. Focus group reviewed the physical setup of the O.R., the daily staffing needs and assignments, how surgery services were defined by the medical model, and the major thrusts of the Hospital as stated in the Annual Report. The O.R. Focus Group also reviewed and defined the concept of teamwork and team construction within the perioperative environment.

The secondary goal requiring long term implementation was the increased awareness of nurses' ability to present themselves as a unique profession with a specific body of knowledge which directly influences patient care, at the bedside, and for the organization as a whole. The facilitation of self-governance would enhance professional nurses to become empowered within themselves, enhancing both their personal and professional growth.

An important developmental milestone for the group was their verbalization that not all nurses are alike and that the nature of health care delivery is dependent upon groups of people working together to provide specific tasks with expected outcomes. The group realized that multiple variables of personality traits: knowledge, skills, adaptation and coping capacities, would influence the successful integration or disruption for a team formation, (Farley, 1991).

Team Services

A review of the services which needed to be incorporated into the team structure and its relationship to the physical setting became the starting point for the team building process. The O.R. Focus Group redefined the surgical specialties into seven distinct service teams which were related by similar or complementary resources. An example defined orthopaedics as being divided into Sarcoma and Joint Surgery with the specialties of Plastic Surgery and Neurosurgery as complementing the grouping. With this restructuring of service areas done, the O.R. Focus Group reported back to the group as a whole. Where a consensus was achieved in adopting these divisions. Formation of the Service Area was a relatively painless accomplish-

ment and it fostered a sense of achievement of a tangible process as well as increasing the O.R. Focus Group's sense of self and identity through shared power - both components of decentralization and empowerment.

The O.R. Focus Group then reviewed the current O.R. Block Booking times of the services and potential growth of specific service teams. This information would contribute to the decision making process when determining the number of nurses required for a specific service.

Workplace Design

The O.R. Focus Group concluded that a decentralization model based on a team format specific to surgical specialties would meet the needs of the perioperative environment. These Service Teams would incorporate a three tiered nursing structure with team members being divided into three levels of nursing expertise, each being interrelated and connected and functioning as a unit.

The O.R. Focus Group identified and defined three team membership roles: team consultant, team member, and support member.

Team consultants had a mandate represented by a two-year commitment to the position. A team consultant would act as liaison to administration and the team members and deal with issues of team development, conflict resolution, and other service issues. Team Consultants would be expected to have well developed communication skills, leadership qualities and the ability to facilitate team development on a long-term basis. The ability to assess, encourage, and develop other team members to become potential team consultants and resource persons was a specific role expectation for a team consultant.

The next role, team members, represented the core of the service teams. Team members were responsible to the service teams for a one-year term and were seen as upgrading their basic skills to become potential consultants and resource persons.

Support members were the last level of team composition and were identified as individuals who did not seek a long-term position in a specialty area and floated every six months. All team members had access to these three positions providing they met the role expectations and criteria as defined by the O.R. Focus Group in consultation with the group at large.

It was identified by the O.R. Focus Group that individuals with specific areas of focus and different

levels of entry would enhance and foster team development in their area of preference. Commonality of goals and objectives would become a method or tool of team development. The O. R. Focus Group hypothesized that when individuals are able to identify their role and purpose within the organization and identify themselves as part of the process and potential outcome, they internalize feelings of shared responsibility and ownership. This shared vision can empower the individual's perception of self-worth.

Team Goals

The O.R. Focus Group identified five team goals which represented a framework upon which to build the criteria for role expectation of team members.

The team goals were defined as:

1.) Our primary goal will be to provide continuous, individualized perioperative nursing care for the surgical patient.

2.) We will work together as a team of individuals recognizing each others strengths and weaknesses. We will assist each other to "develop" through effective communication and learning.

3.) Participate in available educational and "restructuring" opportunities related to our area of speciality in order to broaden our knowledge and understanding.

4.) Share responsibility in organization and maintenance of instruments, equipment and service specific supplies.

5.) To work collaboratively to create a positive atmosphere within the workplace.

With these goals in mind the O.R. Focus Group divided role expectations into the four categories of nursing practice: Clinical, education, research, and administration.

Clinical Practice

Clinical practice expectations were identified as those skills required of a perioperative nurse in the dual role of circulating of scrubbing expertise. These expectations included knowledge of ORNAC and AORN standards of practice, anatomy and physiology, appropriate documentation and professional membership activities which promoted professional development.

Education

Education expectations were defined as the acquisition of professional knowledge and personal growth in areas of interest. Education was seen as an ongoing process which could be represented by inservice participation, self-directed learning, or formal institutional learning.

Administration and Research

Administration and research expectations were minimal at the team and support member level. Administratively team members were expected to have a working knowledge of perioperative nursing. Team consultants were expected to be able to delegate and run the O.R. Suite for an extended period of time and problem solve issues as they arose. Team consultants were seen as actively participating in ongoing hospital wide research projects, while team members were encouraged to identify areas of potential research in the perioperative setting.

In defining team goals and role expectations the O.R. Focus Group identified the criteria for team members. Both the team and support members had identical membership criteria. The Team Consultant was expected to meet the criteria for team membership plus serve as a role model in professional development. The O.R. Focus Group recognized that what we as nurses defined as the maximum requirements for team membership was not something as professionals we had reached, but was a potentiality which was yet to be fully developed.

Communication

As the O.R. Focus Group was developing its criteria for its workplace design, communications was identified as a cointentional process emerging from the interaction of power sharing between management and staff nurses. According to Pamela Chally (1992) communication is defined as providing the tools of empowerment which lead to a joint actualization of a shared vision between the organization and its team members. This joint actualization process includes, but not limited to, the development of a positive self-concept, ongoing information sharing, positive and negative feedback, providing a supportive and flexible environment for its members, and providing an atmosphere conducive to creativity and the exchange of ideas.

Communication and its empowerment tools provides the movement which connects team members with shared vision and the empowerment process.

Application and Selection Process

For many OR nurses the process of applying to a specialized service in the perioperative environment was a dramatic shift in perspective. Nursing positions were perceived to have been randomly assigned with little reference to staff needs and service team requirements. The OR Focus Group developed an application and selection process based on a workplace design which represented specialty areas, as job competitions

open to all members. The application process became a focus for professional development with a resume, cover letter and statement of intent as the criteria for admission to a team.

To provide support for the perioperative nurses in developing the skills required for the application and selection process, the clinical educator provided a series of inservices focusing on cover letter construction, resume writing and the interview process. There was a great deal of debate during the learning period, but the outcome was the highly polished, professional resumes and cover letters, and well conducted interviews.

The selection process was developed to encourage many staff members to become part of the team building process. The selection committee for the Team Consultants consisted of the Nurse Manager, a member of the OR Focus Group and a staff nurse. The selection for the Team and Support member consisted of the successful Team Consultant, Nurse Manager and an OR Focus Group member. The selection process was not without issue. For many of the nurses this was the first time they had written about their job, articulated their goals and faced an interview conducted by their peers, or they, themselves, conducted the interview.

This opportunity of choice facilitated the individual in developing a sense of identity with the process, accepting ownership for the workplace design, while fostering professional growth and personal achievement, both components of the empowerment process.

In June of 1994, the service teams were implemented for a two year trial. At the end of the first year an evaluation phase would be conducted by a new O.R. Focus Group with potential recommendations regarding the ongoing workplace design.

Outstanding Issues

The O.R. Focus Group was designated to oversee the two year implementation trial period but not to be part of the evaluation process. A new O.R. Focus Group with a new membership of perioperative nurse was to be developed which would formulate and design an evaluation phase with recommendations to be presented to the group at large within a year. During the first six months of implementation several issues were identified which required immediate intervention. These issues were based on staff quotas for specialty teams, scheduling conflicts, and length of

stay for team members, especially the support member position. The original O.R. Focus Group recognized that these issues could not wait for the evaluation phase and that interim solutions needed to be formulated to address these issues.

In January, 1995, the O.R. Focus Group was responsible for initiating the rotation change of support members. Team consultants and support members identified the six month rotation period as being too short for support members, based on the impact of shift work and block bookings. Since not all specialties had been filled by team members the O.R. Focus Group made a decision to fill all team member positions and phase out the support member role until the Evaluation committee made its recommendation.

Transition Stage for New Members

During this time it was recognized that there needed to be a transition stage to facilitate new team members into new service teams. Discussion amongst the staff nurses raised issues including a redefinition of time frames, a redefining and downsizing of some specialty areas to accommodate a smoother transition period. The O.R. Focus Group acknowledged these staff concerns and hoped that they would be demonstrated during the Evaluation process, but felt that the two year team consultant position could accommodate the transition period.

Another outstanding issue during this period was scheduling conflicts between the service teams and the team membership. Blocks of surgical time were not always filled by the designated specialty and on any given day it was possible to have more team members scheduled than was needed. The surplus nurses would then be allocated to other specialty areas. Great resentment arose if team members were floated out of their specialty area. This was an ongoing concern which was addressed at several inservices to find ways of accommodating the problem. It was exciting that nurses were taking ownership of their teams, but disappointing that the team concept resulted in inflexibility.

The O.R. Focus Group recognized that in this current climate of constantly changing health care requirements and professional changes within the nursing profession, tension and anger are a byproduct of this process. During the trial period the perioperative nurses expressed a range of feelings to the O.R. Focus Group. This was seen as a positive reaction to the

Team Consultant Role

NURSING PRACTICE

Understands and follows OR & Hospital policies, practices and standards, and updates as appropriate using ORNAC and AORN Standards.

Demonstrates in-depth knowledge in the day-to-day running of the O.R.

Demonstrates leadership ability.
- Acts as a role model
- Coordinates activities in a positive, pleasant, helpful and efficient manner.
- Communicates effectively with multidisciplinary team.

Ensures prothesis, instruments and equipment are available and in good working order.

Participates in ongoing quality improvement in documentation

Observation and immediate appropriate response to urgent, emergency or complicated situations.

Utilizes appropriate channels to resolve conflicts, concerns and issues.

Acts as a resource person and demonstrates expertise and knowledge in a specific service,

Demonstrates ability to assess, plan and implement urgent, emergency or complicated situations.

EDUCATION

Provides ongoing information regarding specialty areas, updates kardexes, encourages and develops knowledge-based through teaching, i.e. O.R. procedures, complications, outcomes.

Supervises nursing staff and auxiliary staff in the care and handling of equipment and instrumentation safely and aseptically.

Provides an atmosphere for ongoing learning, i.e. self-motivation, cooperative collaboration,

Encourages an awareness of an avenue for publication

Demonstrates the ability to encourage and develop other team members in achieving team leader role.

ADMINISTRATION

Organizes and identifies problems in relation to booking and changes in surgical procedure, anesthesia and individual patient needs. Communicates with all personnel involved.

Organizes and coordinates staff according to procedure and level of knowledge and capabilities.

Provides positive and constructive feedback on job performance of self and nursing team through an objective peer review format.

Ordering, repair and maintenance of prothesis, instruments and equipment.

Assess strengths and weaknesses of team members to provide support as necessary and help to develop a plan to meet those needs.

RESEARCH

Makes all members aware of ongoing hospital and procedural changes and College of Nurse perspective based on ongoing research findings.

Encourages all members to participate in research formation and design, i.e.
- formulation of research topic
- development of research projects
- seeking appropriate avenue for funding
- evaluation of findings
- publication of research results

empowerment process because it established ongoing dialogue between staff nurses and those individuals instituting change, (Hackman).

Conclusion

In conclusion, teams in the perioperative setting are one method to decentralize decision making, empower nurses and provide a basis for restructuring that will move perioperative services into the 21st Century. Perioperative staff nurses are beginning to interact with multidisciplinary teams at the unit, program, and corporate level.

Decentralization is a management model which can achieve nursing empowerment through job satisfaction and autonomy, resulting in improved patient care. The attributes of autonomy and empowerment allow for nurses to facilitate professional growth and achieve ownership of their profession. The result can be an autonomous, self activated professional body of health care providers.

This experience continues to be ongoing with the evaluation phase presently being implemented.

References

- Lashinger, H., and Shamian, J., (1994). Staff Nurse's and Nurse Manager's Perception of Job Related Empowerment and Managerial Self-Efficacy, *Journal of Nursing Administration*, 24 (10) 38-46.
- Chally, P. (1992). Empowerment Through Teaching. *American Operating Room Nursing Journal*, 31 (3), p 119.
- Clifford, P. (1992). The Myth of Empowerment, *Nursing Administration Quarterly*. 16 (3), 1-5.
- Farley, M. (1991). Teamwork in Perioperative Nursing. *American Operating Room Nursing Journal*, 53(3), 730-738.
- Hackman, R., *Groups that Work (And those that Don't)*, Operating Room Nurses, p. 293-308).
- Hepworth, D. & Larsen, J. (1990) *Direct Social Work Practice*. Chapter 16, 453-457.
- Payn, M. (1991). *Modern Social Work Theory: A Critical Introduction*, Chicago: Lyceum Books Inc.

Editor's Note: The authors of this article also presented a similar chart "Team Member Role" with the original manuscript. Both charts were prepared by Mary Ann McDonald and Kay Osmond. Regrettably we do not have the space for the presentation of both charts.

Call for Abstracts

for

1997

ORNAC

National Conference

Ottawa, Ontario

Please forward your Abstract to:

Sharon Ball
Program Committee
2611 Addington Crescent
Oakville, Ontario
L6L 7K6

Please Submit by March 1, 1996

Clinical Resource Coordinator, O.R.

Penticton Regional Hospital is presently recruiting for a permanent full-time Clinical Resource Coordinator, O.R. This position will coordinate nursing practice activities by acting as a resource to staff as well as planning, developing and evaluating patient and staff training programs.

Applicants must be a graduate of an approved school of nursing with current registration with RNABC. A minimum of a baccalaureate degree in Nursing is required plus 5 years' recent clinical experience in operating room, including 2 years of teaching.

Please submit applications to:

Penticton Regional Hospital



Human Resources
Department
550 Carmi Avenue
Penticton, BC V2A 3G6
Phone: (604) 492-9024
Fax: (604) 492-9025