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## Cost -Effective Nursing Practice: Cost -Awareness and Empowerment

By Patti Fisher, R.N.

The unlimited resources allocated to health care in the past, no longer exist. While health care purse strings are tightening, technology continues to advance with alarming speed and a high price tag.

In order to continue providing quality care to their client population health care facilities and their employees must direct their focus towards cost-containment and cost-reduction. An extension of this primary focus will be the use of efficient and cost-effective processes throughout the facility.

Improvement of quality by ongoing change and measuring outcomes, while at the same time containing costs, are necessities. Institutions must also be effective, efficient, and adaptable. Both external and internal factors require examination.

### Abstract

Cost-effective nursing practice is essential to succeed today as resources allocated to health care are declining. Realizing that any change poses a threat to our security, it is imperative that stakeholders be permitted to participate in decision-making processes affecting their work. An honest, open exchange of ideas towards cost-effective practices should be encouraged. Cost-effective behaviours are influenced significantly by negative attitudes with regard to loss of human resources, increased workload, and potential pay cuts. This article describes innovative strategies which could promote successful cost-effective nursing practice, including working smarter, not working harder. Topics addressed are attitude, awareness and empowerment.

Two of the factors which have led to the limiting of resources allocated to health care are the economy and the provincial deficit. Even though, according to several economists, the economy is stabilizing, it will be some time before an upward swing is visible. Health Care is not alone; other institutions and numerous industries (automotive, electronics, communications and chemicals) are also being curtailed by the economic situation.

Administrative management and boards of institutions are responsible for developing strategies to deal with both external and internal issues. There must be organizational transformation at all levels in order to survive the decrease in funding. It could mean the reduction of types of services made available, structural reorganization such as reducing the number of managers, and/or moving towards team management and shared governance. These are decisions over which the majority of employees have no control. Internally there has been a push to decrease both the average length of hospital stay and the number of admissions. Staff reductions and bed closures have become necessary in most health care facilities to meet the tight budgetary demands. Once these decisions have been made and presented to the employees they must find ways to adapt and work within the new structure. For nursing this means a focus on problem-solving, decision-making, providing quality care, doing more with less, and according to Blaney and

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Hobson, working smarter not harder (Blaney, 1988).

Environmental issues have also recently impacted on health care facilities. One of major concern is handling of biohazard waste materials, not only within the facility, but also regarding the transportation and costly disposal at an acceptable landfill site. Governmental policies have prevented a facility's ability to utilize incineration as a means to dispose of waste products. The increased use of disposable, single use only items has placed an added burden on waste disposal.

Many factors have been mentioned over which few employees have control; however, there are those things under the domain of influence that all employees have control over. It is within this domain that nursing has the ability to impact positively on health care. All nurses can influence attitude. Important components linked to attitude are awareness and empowerment.

### Attitude

Cost effective behaviours are influenced significantly by attitudes towards the issue in general. A nurse's attitude toward cost-effectiveness is a function of her beliefs about this issue and its consequence for nursing (Blaney, 1988). Nurses are in a central position, interfacing with the physicians, other hospital departments, and the client. Nurses can no longer "bury their heads in the sand" and believe that someone else will worry about costs (Blaney, 1988). Ignoring the need for cost-containment will only lead to mediocrity and reduced quality.

Frequently the biggest stumbling block, and occasionally the greatest obstacle to cost-effectiveness, is its association with negative factors such as: staff reductions, pay cuts, working longer and harder, reduced resources and decreased quality care. The above factors generally lead to a less than positive attitude towards these issues.

### Implications Regarding Cost-Effectiveness

According to Blaney and Hobson (1988) negative attitudes lead to negative outcomes and also affect and/or possibly block efforts to improve behaviour. Prior to implementing any cost-effective strategies or trying to improve behaviours they recommend an assessment of the prevailing nursing attitudes. They developed a reliable and valid measurement tool which could be utilized to accurately measure nursing attitudes toward cost-effectiveness. Should the results of the attitude assessment scale indicate negative atti-

tudes a concerted effort by management and education is necessary to improve attitude prior to any attempts to improve behaviour toward cost-effectiveness.

### Strategies

People are the key to effective implementation of cost-effective systems. Frequently, negative attitudes are formed due to incomplete, questionable accuracy of information. Ignorance and fear of the unknown lead to distorted perceptions. Success is greatly dependent upon whether people resist or accept the intended strategies. Blaney and Hobson recommend managers and educators utilize the following message characteristics (Blaney 1988).

1. Factual, complete, relevant, current information.
2. Simple, well organized, straight forward structure.
3. Two-sided presentation: both advantages and disadvantages.
4. Frequent repetition of the basic message.

To increase the chance of being successful with implementing strategies to improve attitude the following is recommended (Blaney 1988):

1. Utilize nurses' knowledge base.
2. Give the impression of honesty - not hiding anything.
3. Deal with misconceptions and allow for venting.
4. Repeat the message in different ways - using different media
5. Be persuasive, plan and implement with care.
6. All participate in decision making
7. Point out the fact that someone else may make decisions if they're not successful.

The vital issue, the driving force behind the need for strategies to improve attitude and ultimately cost-effectiveness is this: if the game isn't played, if nurses don't become active participants the organization's ability to succeed, to come on "line" with budgetary demands will fail (Blaney 1988).

### I. Awareness

Awareness includes both self-awareness and awareness of the outside world. By utilizing one's five senses, sight, hearing, smelling, tasting and touching, one develops a perception of the external world. It is important to cultivate that awareness and enhance it with one's intuitive sixth sense; look at the consequences and the implications of nursing practice as it is presently applied. What is the current return? What might it be? Is it, or could it be more "value-added" for

the client, facility and employees?

Medical supplies is an area over which nurses exert a great deal of discretionary control (Blaney 1988). Misappropriation or abuse of medical supplies may occur due to the following:

- Lack of awareness of a problem
- Convenience
- No responsibility - less than positive attitude
- Lack of motivation/ incentives
- Laziness
- Confusion over who has control
- Lack of/poor communication between provider and user (manager/service manager, and nursing)
- Too many "similar" products to choose from.

It is imperative that potential causes be examined and appropriate strategies be implemented to improve such situations. All staff need to be made aware of the importance and inordinately high cost associated with misuse of supplies. This must be supported by all levels within the organization including the provision of a forum for discussion and exchange of ideas.

The following questions will determine familiarity with awareness (Blaney 1988):

1. How much do you think instances of misuse of supplies cost the unit?
2. How does this problem affect you, your unit, and the hospital?
3. Is anyone familiar with a specific situation in which nursing supplies were used in a less than optimum manner?
4. Why do we have problems with inefficient use of supplies?
5. Do most nurses know how much patient care supplies cost?

Another strategy would be to look at areas where duplication of tasks occur, or where variances occur in client needs. Take a look at those "sacred cows", those practices that have been in place forever without regard for changes in clinical practice.

Look at a small change/cost-effective strategy first, then lead into the bigger one(s). Taking small practical steps allow the staff to see a positive impact in a relatively short span of time. This approach is likely to make them more receptive to a larger cost-effective strategy where the overall impact may take longer to visualize and be felt.

Realizing that each department or area has concern regarding its own budget first, it is imperative that one does not lose sight of the global cost, which is the facility's bottom line. For Example: a surgical client

requires intraoperative catheterization and a generic drainage bag is attached. The client is transferred to Post Anaesthesia Recovery Room where hourly urine output is ordered. The previously connected urine bag is inadequate for this type of measurement and a new bag with hourly output measurement capabilities has to be attached. The cost of a generic drainage bag ranges from \$3.60 - \$3.70 while the hourly output measurement bag ranges from \$10.25 - \$10.30 dependent upon quantities ordered. \$3.00 wasted for one item in one procedure.

Another area which could be examined carefully, with the potential to save costs is the use of Intravenous (IV) solution administration sets. Many clients come to the operating room with an IV in place. The solution administration set is often, unnecessarily a blood administration set regardless of the fact that the client may not have had a blood crossmatch ordered by the physician. The difference in cost between a regular solution administration set and a blood set can vary between \$2.00 - \$3.00 depending upon company supplier and anaesthesia demand. These are just two situations, there are numerous others that could be examined. Networking and collaborating with departments where client care overlaps can only benefit all. Assessing policies and procedures on an annual basis to determine their application to present clinical practice could have a major cost savings impact.

Utilizing appropriate hospital committees could be extremely effective in dealing with issues that impact on several departments. Rather than each department/unit addressing similar issues, if such issues were tabled at a hospital wide "Nursing Practice Committee" then resources could be allocated appropriately to examine such issues. A task team/subcommittee of interested members could collect critical data, plan strategies, present a formal report, obtain approval by majority consensus and finally, implementation of the most acceptable strategy. This has the potential to exhibit tremendous cost savings by reducing the amount of time spent on certain issues, reducing duplication of tasks, and reducing the number of employees involved. A value-added benefit would be the provision of more consistent quality of care throughout the facility.

Awareness is the first step of implementing strategies to improve cost-effective nursing practice. The second step, although no less important is empowerment of nursing staff.

## II Empowerment

Before defining empowerment it is important that an overview of "power" definitions be given. Power has several definitions, many of which have less than positive connotations. It is those in power, or those who don't exercise their power to influence others, and the associated outcome which may be seen by others as good or bad (Blaney, 1988). Power is not static: it is a resource in our society which changes as individuals and group relations change (Kidder, 1989).

In an organization, power is also based on a philosophy and a system of ideas which generally include a vision statement, goals and objectives developed by management with input from staff. By ignoring power relationships and failing to use power strategies nursing is often ignored or manipulated by other groups in the organization (Kidder, 1989). As Kidder states: action rather than reacting offers the individual the opportunity to plan participation rather than be manipulated by other power holders (Kidder, 1989).

Empowerment also has various definitions. Empowerment is essentially a process arising from valuing other people (Chavasse, 1992). It is the act of building, developing and increasing power through cooperation, sharing and working together (Voigt, 1990).

Empowerment as opposed to power means that power, through interacting with others results in an increase in power for all involved.

Voigt and Murrell identify several forms of empowerment: education, effective leading, providing and structuring (Voigt, 1990). These forms are described below.

The intended function of education is that, beyond the basic information sharing, the intent is such that basic information will be expanded and built upon in order to create and develop more useful information. Knowledge and information allow for a more accurate understanding of the situation and thus a more thoroughly informed decision will be made.

Managers who believe in abilities of their staff facilitate the organization in profiting from a broader base of talent. This allows employees the opportunity to identify and solve problems on site at the time and place the difficulty occurs. Management must not lose sight of the fact that their staff will not necessarily move forward at the same pace.

Even in light of tightened budgetary belts, empowering employees does mean supporting them with appropriate resources necessary to provide quality client care. Resources include the shared "vision" of

the organization and developmental sessions in order that staff may understand the changes occurring, the process, and how to be more efficient. Empowerment, for staff nurses, does come with an expense attached. That expense is one of ownership, responsibility and accountability for any decisions made and acted upon. Management alone cannot be blamed for situations and decisions made with empowered staff.

The structure of the organization including the policies, procedures, job descriptions, and job analysis should allow for growth and development of all employees in order for the environment to be conducive to empowering. For empowerment to take place there must be a commitment throughout the organization. Voigt and Murrell (1990) describe several factors which will impact on an organization and its employees' ability to empower/ or become empowered. There must be a fundamental belief and trust in people, clearly defined organization values, wide availability of information, a climate of collaboration, humanness and enjoyment, open communication and ongoing feedback in a non-threatening environment.

Look to nursing peers for advice and guidance, for solace, support and encouragement. Recognize the value of independence but also know the wisdom of coming together (Baetz, 1991). Rather than remaining an isolated individual faced with a seemingly unsurmountable problem, alternatives for dealing with difficult situations are much easier to find when collaborating with peers. Valuing others, being able to incorporate others' ideas or solutions as well as build upon them, is a great venue for professional growth and development. Demonstrating responsibility towards others, having a positive approach, and showing evidence of credibility lead to empowerment. Growth and development, including the acquisition of knowledge all lead to higher self-esteem and thus empowerment. No one grows with only an image of themselves (Baetz, 1991).

It is apparent that cost-effective practice and continued provision of quality care will not exist without motivating factors. Nursing staff must be made aware of overuse or abuse of supplies and equipment, and alternative choices. They must be shown both the outcomes and the impact those outcomes have on both their ability to provide quality care as well as their actual jobs.

Change is most often seen as a threat to both security and stability. Established routines, long taken for granted are now being questioned. Productivity may also be questioned in search of inefficiencies and ineffectiveness. Being "busy" does not always liken to

being productive. With reduced resources, measurable positive outcomes are crucial in order to justify the continuance of certain functions or activities. There is a need to get on with dealing with the present changes by moving beyond the theoretical planning and actually doing something about the changes already in place.

Proactive planning, assessing methods of practice and conscientious efforts in cost-containment and cost-effectiveness will place "nursing" in a sound position in the fight for financial resources. Input from both management and staff on what they do, how it benefits the client, and how the staff can improve/increase efficiency and effectiveness are goals which need to be developed collaboratively. From management's perspective, there is a need to determine appropriate utilization of staff. Are their assigned tasks appropriate and productive or do these tasks belong to another group or department? Nursing literature searches, as well as the utilization and application of clinical research will provide a solid base to initiate cost-effective measures at the same time as initiating improved nursing practice.

Communication cannot be overly stressed even when attitudes towards cost-effectiveness are positive. Information regarding reasons for change, and intended outcomes, staff input, empowered decision-making and the ongoing timely method of feedback are all necessary if there is to be a collaborative effort toward ensuring that cost-awareness will lead to cost-effectiveness. Networking with other centres, including specific departments in order to examine their strategies will not only be insightful but may also reduce the amount of valuable time and effort placed on planning strategies. People who can be explicit about their needs increase the chances of their needs being met (Baetz, 1991).

Success is more achievable if there exists an organization and environment of cooperation, communication, active participation, trust, and high expectations from all managers, staff and administrators (Mayberry, 1991).

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