

# The Perioperative Nursing Workforce Program in NSW: How a professional perioperative nursing association meets one of its mandates

## Part 1

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### Abstract

The need to review and change the way nursing care is delivered in perioperative settings is predicated on nursing workforce shortages, the changing, increasingly technologised and risk-prone OR practice milieu, and increasing demand for surgery. In responding to members' concerns about these issues, the NSW Operating Theatre Association Inc. (NSW OTA) in conjunction with and with sponsorship from the NSW Chief Nursing and Midwifery Officer, initiated and oversaw the development of a program, called the *Perioperative Nursing Workforce Program* (PNWP). The aims of this program are to make better use of human resources, to improve the way care is provided and thus improve patient outcomes; and to empower perioperative nurses so they are capable of independently improving their working environment. The program, which takes a practice development approach, program participants and some of their projects are presented in this paper.

### What is known about the topic

- The role of perioperative professional nursing associations is to write standards for practice and to assist in the professional development of their members.
- Practice development is hypothesised to assist clinical nurses to 'see' their work contexts afresh and to implement changes to improve patient care by focusing on patient-centredness and the use of credible evidence.

### What this article contributes

- It describes the contents and the implementation of a perioperative nursing workforce program, initiated by the NSW OTA and auspiced by the Chief Nursing and Midwifery Officer, NSW Health.
- The PNWP uses the tenets of practice development (PD) to achieve its aims and this is possibly the first use of PD in perioperative settings, and on a statewide basis.

### Introduction

Professional associations may be defined as those whose primary purposes are to protect and enhance the interests of the service delivery organisations, and their professional and non-professional workers. They perform a number of functions, including gaining support through political lobbying, providing education and developing standards for practice, care givers, resources and the environment<sup>1</sup>. Additionally, they may establish and enforce codes

of ethics and conduct, and stimulate and promote the professional development of practitioners. Some also focus on ensuring their members' financial and general welfare<sup>2,3</sup>. The discipline of nursing has many professional associations that meet some or all of these criteria<sup>4,5</sup>. In the case of clinical speciality organisations such as the NSW Operating Theatre Association Incorporated (NSW OTA) their focus is (broadly speaking) promoting perioperative nursing, developing professional standards and competencies for practice and providing educational opportunities for perioperative nurses<sup>6</sup>.

The need to continue supporting perioperative nurses and developing perioperative nursing practice remains as cogent as ever<sup>4</sup>. The demand for surgery and for competent perioperative nurses to care for surgical patients is not static; indeed, the demand is growing<sup>7</sup>. The aim of this paper is to discuss the evolution and outcomes of a project initiated and conducted by the NSW OTA in conjunction with endorsement and sponsorship from the NSW Chief Nursing and Midwifery Officer (CNMO) Debra Thoms. It is an ideal example of a professional perioperative association responding to and supporting its members, as the latter grapple with the challenges of providing a high level of perioperative nursing care, in straitened times. The paper will overview the background to the project, titled the *Perioperative Nursing Workforce Program* (PNWP), describe the philosophy underpinning it, address program content and highlight some of the individual team PNWP projects.

## Background

Following the initial meeting with Debra Thoms in early 2009, to raise their concerns with staffing shortages and increasing demand, and in light of the (then) recently released NSW Health *Patient safety and clinical quality program report, 2004–2005*<sup>8</sup>, which highlighted the number of sentinel events that occur in the perioperative environment, perioperative nurses across NSW indicated their willingness to review their practices. This was necessary in order to make changes and to make better use of available resources to optimise surgical patient care. Consequently, Debra Thoms sponsored Professor Mary Chiarella to devise a program to meet the needs of NSW perioperative nurses. Representatives from the NSW OTA executive committee subsequently met with Professor Mary Chiarella to discuss a perioperative nursing workforce project. A key question posed during the meeting was, “What are the current aspects of perioperative nursing that might be improved?”

NSW OTA members identified a number of issues in the perioperative setting that might be investigated with a view to changing practice, and improving perioperative patient outcomes. These ideas coalesced into the PNWP, and it aims to achieve two outcomes:

- a) **Make better use of human resources**, to improve the way care is provided and thus improve patient outcomes.
- b) **Empower perioperative nurses** so they are capable of independently improving their working environment.

It was determined that these project outcomes were ideally addressed by using a practice development approach.

## Practice development

Practice development (PD) has been used as a term to describe various methods for developing health care practice, particularly in the context of nursing development and practice, for more than 20 years. It has been associated with key concepts such as workplace culture, person-centredness, and practice context and evidence, to name but some of them<sup>9</sup>. Proponents of PD make several claims about its efficacy: PD results in the development of increased effectiveness in person-centred practice; it changes workplace culture; it improves practice; develops leadership skills; enables judicious use of evidence and more besides<sup>9,10</sup>. It is, however, not without its detractors<sup>11</sup>. According to Garbett and McCormack<sup>12</sup> (p.88) practice development is a:

*“... continuous process of improvement towards increased effectiveness in patient-centred care. This is brought about by enabling health care teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous continuous processes of emancipatory change that reflect the perspectives of service users and service providers.”*

Notwithstanding such concision in the above definition, the literature ably demonstrates that the term ‘practice development’ is used widely but inconsistently still<sup>10</sup>, may represent activity at the research/practice nexus<sup>13,14</sup>, or be associated largely with educational endeavours<sup>15</sup> or audit activity<sup>12</sup>. That said, the definition provided by Garbett and McCormack<sup>12</sup> underpins the PNWP, and the actions of those involved in the PNWP observe its key tenets, namely:

- agreed ethical processes
- stakeholder analysis and agreed ways of engaging stakeholders
- person-centredness
- values clarification
- developing a shared vision
- workplace culture analysis<sup>16</sup>.

## The program

The PNWP is a year-long program that facilitates the development of skills in the nursing teams enrolled in it, to critically examine their practice, implement evidence-based change in their complex working environments and then learn how to evaluate these changes. The program was devised and is led by Professor Mary Chiarella, with the assistance of five NSW OTA members (the NSW OTA guidance team) and includes attendance at four workshops held in Sydney at approximately three-monthly intervals. The workshops each have a specific aim; namely:

Workshop 1 – Getting started: “Identifying the problem”.

Workshop 2 – Planning for change.

Workshop 3 – Achieving change.

Workshop 4 – Getting recognised.

During the workshops, PNWP team participants (the participants) are introduced to data collection and analysis methods such as process mapping, doing clinical audits, the use of patient stories<sup>13</sup> and observation of practice techniques<sup>15</sup>. It is crucial to the success of their endeavours that the changes participants wish to implement are changes that will improve nursing practice and patient care, and that are relevant and not whimsical. In later workshops, participants are introduced to change management techniques, develop presentation skills and networking capabilities, and learn how to evaluate their project. On completion of the program, they write a report for their Director of Nursing (DON). It is also intended that PNWP teams will present their project findings at the 2011 NSW OTA annual conference.

Between the workshops, the participants initiate and manage their individual projects, gaining buy-in from the wider perioperative team. The participants are given structured templates which assist them in terms of the processes and activities they must address, back in the workplace. These templates include time lines and are completed and submitted to their guidance team member on a regular basis. The PNWP teams are further supported and assisted, via email, phone

and site visits, by guidance team members, each of whom has specific oversight of and responsibility for three teams, with Professor Mary Chiarella providing overall leadership.

## Implementation

Invitations from the NSW CNMO were sent to all perioperative units in NSW public hospitals via their Area Directors of Nursing (ADONs), seeking interest from perioperative nurses to participate in PNWP. In their application, perioperative nurses were required to state expected/anticipated goals from their participation in the PNWP. That is, they needed to do a little thinking about practice and some background work, before applying to join the program.

Subsequently, under the auspices of the Nursing and Midwifery Office (NaMO), NSW Health (co-funders of the project, along with the NSW OTA), 18 teams of perioperative nurses from public hospitals across NSW were successful in gaining a place in the year-long program. That is, each Area Health Service (AHS) has two teams participating in PNWP, and each team comprises one senior and one less experienced perioperative nurse.

The program commenced with the first workshop held at the 3M Innovations Centre in Sydney, in November 2009. During this workshop, PNWP participants were introduced to several approaches and techniques that would enable them to review their nursing practices and identify which work and which do not, with a view to changing practice and/or the organisation of care.

Following the workshop, the teams returned to their workplaces and commenced activities aimed at generating interest, enthusiasm and gaining 'buy-in' from their colleagues in the multidisciplinary perioperative team. By the end of the year, all teams had identified (at least, provisionally) those aspects of their unit's work practices that they wished to improve/modify and/or change; they had gained the support of other colleagues and set up meetings; and they had identified possible ways and means by which their practice changes might be made. A sample of several proposed projects/changes follow:

- One team, in response to their chronic shortage of suitably experienced staff to work after hours caring for patients undergoing complex surgery (such as neurosurgery, cardiothoracic surgery) have created a skills and knowledge enhancement program for inexperienced perioperative nurses.
- Another team is collecting data and initiating roster changes, in order to improve staffing in the post-anaesthesia recovery unit (PARU) as well as to better utilise the current resources in this area.
- A third team is looking at ways to reduce (or eliminate) the number of late starts (and subsequent over-runs) of their elective lists, which currently do not meet the NSW Health key performance indicator for this activity.

There are other, equally worthy projects/changes under way and the PNWP teams have gathered data via audits, process mapping and so forth, to both quantify and verify the changes they seek to make, in readiness to develop and implement planned changes to practice.

## Conclusion

In conclusion, the NSW OTA believe the PNWP represents a significant professional activity which aims to change perioperative practice and improve surgical patient outcomes, by empowering

perioperative nurses in NSW to initiate and manage change in their operating suites. This paper outlined the rationale for the PNWP, explored its philosophical underpinnings and described the program as well as its implementation. It also discussed the first workshop, and the early outcomes and projects of some of the participating teams. A future paper will explore participants' experiences of the program and will discuss strategies to evaluate the PNWP.

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