

AORN Position Statement on a Healthy Perioperative Practice Environment

POSITION STATEMENT

AORN is committed to supporting healthy perioperative practice environments.

AORN believes:

Healthy perioperative practice environments

- prioritize workplace safety¹
- encourage a culture of safety¹⁻³
- prioritize collaborative practice⁴⁻⁶
- have a zero-tolerance policy for incivility²
- encourage professional practice⁴
- are committed to accountability in the context of a just culture⁴
- foster a communication-rich culture^{2,4,5}
- value diversity, equity, and inclusion
- cultivate continuous quality improvement²
- recognize the value of nurses' contributions^{4,7}
- promote shared decision making at all levels⁴
- encourage and support professional development and learning⁴
- have expert, credible, authentic, and visible nursing leadership⁴
- promote resilience and well-being of all perioperative team members^{8,9}and
- implement effective staffing plans⁴ that respond to the unique needs of the perioperative team and patient load.¹⁰

RATIONALE

A positive practice environment encourages safe patient care practices, promotes optimal patient outcomes, and creates a desirable workplace.^{4,9,11} Nursing work environments are significantly associated

with patient care quality indicators (ie, patients' 30 day inpatient mortality, failure to rescue, in-hospital cardiac arrest survival, readmission rate, and patient satisfaction).^{9,11,12} There is an inextricable link between healthy work environments and optimal patient outcomes.^{7,9,11} A healthy perioperative practice environment has been defined as a practice setting that is safe, healing, humane, and respectful of the rights, responsibilities, needs, and contributions of all members of the perioperative team.⁷ A strong culture of safety requires an organizational commitment to acknowledging the high-risk nature of health care, providing resources to support safety initiatives, encouraging collaboration across professions, and creating a blame-free environment.

Workplace Safety

Perioperative teams work in an environment where hazards to personal safety exist. Perioperative nurses and other team members can function at their best when their personal safety is protected by robust worker safety programs, including those for eliminating or reducing exposures or protecting personnel during exposure to

- bloodborne pathogens and other biohazardous material (eg, sharps safety);
- transmissible disease (eg, contact, droplet, and airborne precautions);
- surgical smoke and medical gases (eg, waste anesthetic gases);
- musculoskeletal disorders (eg, ergonomic safety);
- hazardous chemicals, medications, and waste;
- radiation, lasers, and electrical hazards;
- safety concerns related to use of new technologies (eg, training, usability, and accessibility);
- excessive noise; and
- allergens (eg, latex).

Culture of Safety

A focus on a culture of safety is an essential component of a healthy practice environment. Perioperative nurses have an ethical responsibility for patient advocacy when patients are at their most vulnerable. When perioperative teams are supported in their efforts to protect patients by a strong safety culture, team members are more likely to speak up for patient safety and trust that safety improvements will follow reporting of near misses and safety-related adverse events.

Collaborative Practice

Contributions of all perioperative team members are recognized and respected in a healthy practice environment.¹³ Members of a highly functioning perioperative team communicate, collaborate, and respect each other's roles and skill sets. A collaborative workplace promotes patient safety and perioperative nurse retention and sustains the effectiveness of the health care organization.^{9,14,15}

Zero Tolerance for Incivility

The health care organization establishes a code of conduct, reporting without fear of retribution, and a zero-tolerance policy for addressing abuse and disrespectful behavior from any member of the perioperative team.¹³ Disruptive behaviors (eg, incivility, bullying, horizontal/lateral violence) interfere with interprofessional and intraprofessional cooperation and partnerships¹⁶ and are a threat to patient safety.

Encouragement of Professional Practice

Ongoing education, professional development,¹⁷ and certification are supported, encouraged, and acknowledged for all members of the perioperative team. Career mobility, equitable compensation, and professional growth options are available to all members of the perioperative team. An engaged, educated, and committed perioperative nursing workforce fostered by a strong leadership team creates a positive practice environment with low turnover and high retention of personnel.¹⁸ Active participation in professional associations is encouraged and promoted. Resources are allocated to support nursing education, professionalism, and research.¹⁹

Accountability

Perioperative registered nurses (RNs) are responsible and accountable for their professional practice to their patients, the perioperative team, the health care organization, and themselves.²⁰ All members of the perioperative team are accountable for their own actions. Role definitions and expectations of the perioperative team are clearly delineated.²¹

Communication-Rich Culture

The health care organization promotes healthy communication and provides perioperative team members with support for and access to education programs that develop communication skills.^{22,23} Communication between perioperative team members is clear, accurate, timely, respectful, inclusive, open,²⁴ and trusting. Communication skills include self-awareness, conflict management, negotiation, advocacy, listening, and techniques for delivering critical information.^{14,22,23,25-27}

Diversity, Equity, and Inclusion

The perioperative team is committed to respecting a diversity of ideas and persons (eg, culture, gender, ethnicity, generation²⁸) in a healthy practice environment.^{13,29,30} This inclusivity supports effective collaboration in the planning and implementation of culturally sensitive perioperative care of diverse populations.

Continuous Quality Improvement

Continuous quality improvement, when implemented in the context of an organizational and departmental culture of safety, can support efficient quality improvements when threats or perceived threats to patient safety are discovered. Organizations with a commitment to continuous quality improvement plan and implement ongoing proactive improvements in processes of care to provide the best quality health care outcomes.

Recognition of the Value of Nurses' Contribution

All perioperative RNs serve as advocates for nursing practice. Perioperative nurses are recognized by their peers and other members of the perioperative team for their performance and the value they bring to the team.¹⁰ The health care organization has a program in place to formally recognize excellence in perioperative nursing practice.

Shared Decision Making at All Levels

To promote quality patient outcomes and further the mission of the health care organization, formal structure exists within the health care organization to support shared decision making among perioperative team members. Perioperative RNs participate in policy development and decision making at all levels of the organization. Nurses who are empowered in the process of developing, maintaining, and implementing professional standards advance the profession and improve clinical outcomes.^{19,31,32}

Professional Development and Learning

Professional development, education, and learning support perioperative RNs in endeavors to grow within the profession and take on additional duties and roles in the perioperative practice setting. Continuing education and access to professional development, learning, and higher levels of education support professional perioperative RNs.

Expert, Credible, Authentic, and Visible Nursing Leadership

The nurse leader is a skilled communicator,^{33,34} team builder,³⁴ change agent, mentor, and role model for collaborative practice.³⁴ The health care organization commits to the systematic and comprehensive development of nurse leaders.^{7,35} Perioperative RNs demonstrate leadership skills at every level of the health care organization.^{4,19}

Resilience and Well-Being Support

Clinician burnout has been identified as a serious threat to public health with one in three nurses reporting high levels of burnout.⁸ Factors contributing to burnout are prevalent in the perioperative setting including heavier workloads, increased patient and procedural complexity, time pressures, and limited resources.^{36,37} Consequences of burnout can include diminished job performance, high rates of absenteeism, job turnover, and intention to leave the current place of employment.^{8,9} Organizational commitment to supporting resilience and well-being is essential to mitigating risks associated with burnout.⁹

Effective Staffing

The health care organization provides effective staffing to meet patients' needs, including at least one perioperative RN circulator dedicated to every patient undergoing an operative or other invasive procedure.³⁸ The complexity of the procedure, individual team members' competencies, patient acuity, patient monitoring requirements (eg, moderate sedation), trauma, or the use of complex technology and procedures (eg, laser, minimally invasive techniques) may require scheduling more direct care personnel with specific competencies.¹⁰ On-call staffing plans minimize extended work hours and allow for adequate rest.¹⁰ See the AORN Position Statement on Safe Staffing and On-Call Practices¹⁰ for more information.

Note: AORN recognizes the link between the work environment and the provision of safe patient care. The American Association of Critical-Care Nurses (AACN) and the Nursing Organizations Alliance (NOA) have each identified components of a healthy work environment. AORN endorses the AACN's "Standards for establishing and sustaining healthy work environments" and the NOA's "Principles and elements of a healthy practice/work environment." AORN acknowledges the work of these documents in the preparation of this position statement.

Glossary

Bullying: Repeated and persistent behavior that may be verbal, nonverbal, or physical that creates a hostile work environment. The perceived power imbalance and behavior diminishes another persons' needs, concerns, or contributions. It is intense, targeted mistreatment of an individual or a group.

Continuous quality improvement: Structured organizational process that involves the interdisciplinary team in planning and implementing ongoing proactive improvements in processes of care to provide quality health care outcomes.

Culture of safety: An organization's shared perceptions, beliefs, values, and attitudes that combine to create a commitment to safety and an effort to minimize harm among patients and health care workers.

Diversity: Refers to the traits and characteristics that make people unique (not limited to race, color, ethnicity, nationality, religion, socioeconomic status, veteran status, education, marital status, language, age, gender, gender expression, gender identity, sexual orientation).

Equity: Seeks to ensure fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups.

Horizontal violence: Chronic disruptive, disrespectful, unkind, or discourteous behavior between coworkers at a comparable organizational level. Behaviors include sarcasm, gossip, sabotage, withholding support or information, ignoring or discounting another's input, insults, condescension, and patronization. Synonym: lateral violence.

Incivility: Disrespectful, rude, or inconsiderate conduct.

Inclusion: Builds a culture of belonging by actively inviting the contribution and participation of all people.

Resilience: An individual's use of personal protective factors to navigate stressful situations or perceived adverse events to effectively cope and reach a higher level of well-being, while enhancing the ability to face future challenges.

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