



## **AORN Position Statement on a Healthy Perioperative Practice Environment**

### **POSITION STATEMENT**

AORN is committed to supporting healthy perioperative practice environments. Key components of a healthy perioperative practice environment are

- collaborative practice;
- a communication-rich culture;
- accountability;
- adequate staffing systems;
- expert, credible, and visible nursing leadership;
- shared decision making at all levels;
- encouragement of professional practice; and
- recognition of the value of nurses' contributions.<sup>1,2</sup>

### **RATIONALE**

A healthy perioperative practice environment can be 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.<sup>1</sup> Members of a highly functioning perioperative team communicate, collaborate, and respect each other's roles and skill sets. A positive practice environment encourages safe patient care practices, promotes optimal patient outcomes, and fosters a desirable workplace.<sup>2</sup>

### **Collaborative Practice**

Contributions of all perioperative team members are acknowledged.<sup>3</sup> The perioperative team is committed to respecting a diversity of ideas and persons (eg, culture, gender, ethnicity, generation<sup>4</sup>).<sup>3,5,6</sup> 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.<sup>3</sup> Disruptive behaviors (eg, incivility, bullying, horizontal/lateral violence) interfere with interprofessional and intraprofessional cooperation and partnerships.<sup>7</sup> A collaborative workplace promotes perioperative nurse retention and sustains the effectiveness of the health care organization.<sup>8,9</sup>

### **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.<sup>10,11</sup> Communication between perioperative team members is

- clear,
- accurate,
- timely,
- respectful,
- inclusive,
- open,<sup>12</sup> and
- trusting.

Communication skills include

- self-awareness,
- conflict management,
- negotiation,
- advocacy,
- listening, and
- techniques for delivering critical information.<sup>8,10,11,13-15</sup>

### **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.<sup>16</sup> All members of the perioperative team are accountable for their own actions. Role definitions and expectations of the perioperative team are clearly delineated.<sup>17</sup>

### **Adequate Staffing Systems**

The health care organization provides adequate staffing to meet patients' needs, including at least one perioperative RN circulator dedicated to every patient undergoing an operative or other invasive procedure.<sup>18</sup> The complexity of the procedure, individual team members' competencies, patient acuity, patient monitoring requirements (eg, moderate sedation), trauma, or the use of complex technology (eg, laser, minimally invasive techniques) may require scheduling more direct care personnel with specific competencies.<sup>19</sup> On-call staffing plans minimize extended work hours and allow for adequate recuperation.<sup>19</sup>

### **Expert, Credible, and Visible Nursing Leadership**

The nurse leader is a skilled communicator,<sup>20,21</sup> team builder,<sup>21</sup> change agent, mentor, and role model for collaborative practice.<sup>1</sup> The health care organization commits to the systematic and comprehensive development of nurse leaders.<sup>1,22</sup> Perioperative RNs demonstrate leadership skills at every level of the health care organization.<sup>2,23,24</sup>

### **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.<sup>23,25,26</sup>

### **Encouragement of Professional Practice**

Ongoing education, professional development,<sup>27</sup> 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 perioperative RNs. 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.<sup>28</sup> Active participation in professional associations is encouraged and promoted. Resources are allocated to support nursing education, research, and professionalism.<sup>23</sup>

## 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.<sup>19</sup> The health care organization has a program in place to formally recognize excellence in perioperative nursing practice.

## 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.

*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.

*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.

## References

1. AACN Standards for Establishing and Sustaining Healthy Work Environments. Aliso Viejo, CA: American Association of Critical-Care Nurses; 2005.  
<http://www.aacn.org/wd/hwe/docs/hwestandards.pdf>. Accessed January 28, 2015.
2. Nursing Organizations Alliance. Principles & Elements of a Healthful Practice/Work Environment; 2004. American Organization of Nurse Executives.  
<http://www.aone.org/resources/leadership%20tools/PDFs/PrinciplesandElementsHealthfulWorkPractice.pdf>. Accessed January 28, 2015.
3. Exhibit B: Perioperative explications for the ANA Code of Ethics for Nurses. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:711-732.
4. Leiter MP, Price SL, Spence Laschinger HK. Generational differences in distress, attitudes and incivility among nurses. *J Nurs Manag*. 2010;18(8):970-980.
5. Hahn JA. Managing multiple generations: scenarios from the workplace. *Nurs Forum*. 2011;46(3):119-127.
6. Statements on Principles. American College of Surgeons. <https://www.facs.org/about-ac/s/statements/stonprin>. September 1, 2008. Accessed January 28, 2015.
7. Lachman VD. Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *Medsurg Nurs*. 2014;23(1):56-58.
8. Clark RC, Greenawald M. Nurse-physician leadership: insights into interprofessional collaboration. *J Nurs Adm*. 2013;43(12):653-659.

9. Laschinger HK, Wong CA, Cummings GG, Grau AL. Resonant leadership and workplace empowerment: the value of positive organizational cultures in reducing workplace incivility. *Nurs Econ*. 2014;32(1):5-15.
10. Guideline for transfer of patient care information. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:583-588.
11. Gillespie BM, Chaboyer W, Murray P. Enhancing communication in surgery through team training interventions: a systematic literature review. *AORN J*. 2010;92(6):642-657.
12. Garon M. Speaking up, being heard: registered nurses' perceptions of workplace communication. *J Nurs Manag*. 2012;20(3):361-371.
13. Gillespie BM, Chaboyer W, Longbottom P, Wallis M. The impact of organisational and individual factors on team communication in surgery: a qualitative study. *Int J Nurs Stud*. 2010;47(6):732-741.
14. Blake N, Blayney F, Loera T, Rowlett C, Schmidt D. A model of authentic leadership to support a healthy work environment. *AACN Advanced Critical Care*. 2012;23(4):358-361.
15. Saxton R. Communication skills training to address disruptive physician behavior. *AORN J*. 2012;95(5):602-611.
16. *Nursing: Scope and Standards of Practice*. 2nd ed. Silver Spring, MD: American Nurses Association; 2010.
17. Parsons ML, Newcomb M. Developing a healthy OR workplace. *AORN J*. 2007;85(6):1213-1223.
18. *AORN Position Statement on One Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure*. 2014. AORN, Inc. [http://www.aorn.org/Clinical\\_Practice/Position\\_Statements/Position\\_Statements.aspx](http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx). Accessed January 28, 2015.
19. *AORN Position Statement on Perioperative Safe Staffing and On-Call Practices*. 2014. AORN, Inc. [http://www.aorn.org/Clinical\\_Practice/Position\\_Statements/Position\\_Statements.aspx](http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx). Accessed January 28, 2015.
20. Hartung SQ, Miller M. Communication and the healthy work environment: nurse managers' perceptions. *J Nurs Adm*. 2013;43(5):266-273.
21. MacPhee M, Wardrop A, Campbell C. Transforming work place relationships through shared decision making. *J Nurs Manag*. 2010;18(8):1016-1026.
22. Cummings GG, MacGregor T, Davey M, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud*. 2010;47(3):363-385.
23. Standards of perioperative nursing: standards of perioperative administrative practice. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:703-707.
24. Standards of perioperative nursing. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2015:693-708.
25. McDonald SF, Tullai-McGuinness S, Madigan EA, Shively M. Relationship between staff nurse involvement in organizational structures and perception of empowerment. *Crit Care Nurs Q*. 2010;33(2):148-162.
26. Newman KP. Transforming organizational culture through nursing shared governance. *Nurs Clin North Am*. 2011;46(1):45-58.
27. Tame S. The relationship between continuing professional education and horizontal violence in perioperative practice. *J Periop Pract*. 2012;22(7):220-225.

28. Sanders CL, Krugman M, Schloffman DH. Leading change to create a healthy and satisfying work environment. *Nurs Adm Q.* 2013;37(4):346-355.

**PUBLICATION HISTORY**

*Original approved by House of Delegates, Chicago, IL. March 2009*

*Revision: approved by the Board of Directors, February 2015*

*Sunset review: 2020*