



Trouble in the OR REACH Workplace Solutions Case Study

REACH EAP & Workplace Solutions provides Organizational Development consultation and intervention assistance to organizations experiencing productivity issues related to lack of teamwork and interpersonal conflict among staff members. These specialized services have been utilized to a greater degree by hospitals, medical centers, and similar service organizations for whom effective leadership, cooperation, and teamwork are essential for the accomplishment of their mission.

What follows is a case study of an intervention facilitated by a Workplace Solutions Organizational Development consultant with the medical staff of a medical facility Operating Room.

Project

The Vice President of Patient Services of a medical center made the request for Workplace Solutions, the consulting division of REACH EAP & Workplace Solutions, to conduct an evaluation of their Operating Room (OR) staff issues. Over the past year, there have been a number of complaints from OR staff and an overall dissatisfaction among nursing personnel. The purpose of the evaluation was to determine why there was such a high turnover rate of professional staff, as well as an overall increased level of conflict and negative behaviors. Workplace Solutions entered into an agreement to conduct the evaluation, analyze the data, and develop a proposed plan of action.

Overview of Process

- Conduct a series of interviews with employees of the Operating Room
- Conduct interviews with the Director of Surgical Services
- Conduct interviews with Nurse Managers, Physicians, Physician Assistants, OR Techs, Nursing staff and any other staff randomly identified
- Conduct interviews with the Vice President of Patient Services
- Conduct interviews with Director of Human Resources
- Observe the Operating Room during surgical procedures

Observations and Findings

Over a thirty day period, discussions were held with staff of the Operating Room. Some of these staff members were identified by the Director and Nurse Manager to be interviewed. Other staff members were randomly approached and requested to discuss what they believed were issues that may be correlated to a high turnover rate of nursing staff.

It is apparent that there were a number of well qualified and dedicated staff who are passionate about, not only the services they provide, but also the desire to make their Surgical Services the very best in the area. There are many in this group that have been a part of the hospital system for twenty-five years or more.

Most of the staff was unhappy, however, with the direction that the present leadership was taking the department. In fact, many of the personnel interviewed believed that the department was very stagnant and was not progressing in a positive way at all. A number of personnel including new hires related that they are in the process of looking for new jobs. Many of the new nurses who are still in orientation complained that they are not getting a good orientation and are concerned and even fearful of being put in charge of a room when that time comes. There is a consistent complaint by new staff that the negativity is so high in the department that they are afraid if they remain they will become a part of that negativity.

A number of staff verbalized a discontent with the lack of willingness from the leadership to consider new ideas and what they believed to be a more progressive direction for the department to move towards. There were many who felt stuck because there seemed to be no willingness to consider flexible scheduling, an idea that many believed would boost the satisfaction of staff and drastically reduce turnover among the nursing staff.

Although there were a number of long term staff who continue to feel confident in the present leadership, there were more who did not believe there was any leadership at all. Here is a list of what was identified as the common issues throughout the department.

- Staffing structure
- Attitudes
- Leadership
- Flexibility
- Training
- Inconsistency/favoritism
- Communication
- Education

Interpretation of Findings

Overall frustration throughout the Operating Room seems to be directly related to the lack of confidence and lack of strong leadership within the department. On many occasions, staff members identified the "leader" as someone other than the Director of the department. It is clear that the majority of staff have lost confidence in their present leadership. There was an appearance of people feeling stuck and not knowing who to go to for answers. Unfortunately, some of the stronger staff, but not necessarily positive staff member, have manipulated this into an "everybody out for themselves type environment." Subsequently, the stronger personalities have become the decision makers and helped to create an "us versus them" environment.

At this point, the leadership seems to be in survival mode. Putting out daily fires seems to occupy the majority of their time. There seems to be a presence of learned helplessness, which results in no real decision making taking place. Even the structure of the leadership roles seems to have become so blurred that it was hard to identify who is responsible for what. The leadership did not have any appearance of effectiveness in its ability to turn the department around without a true intervention. The focus on "who" is creating the problem rather than what can be done to address the problem seems to have resulted in a power struggle that the only focus is on who will win.

There were a number of capable leaders with in this group who were not being utilized to their full capabilities. If appropriate structures were created and staff was given a clear direction in which the department would like to go, the department will be capable of making a positive turnaround. The most important decision at this time is to identify

a leadership that can gain the respect from the staff, gain buy in to the process, and implement the changes that will need to take place.

Plan of Action

- **Identify Leadership:** What may look like the obvious to do first may in reality happen much later in this process. The true leadership may be identified as the teams are being developed or it may be that the true leader is not found within this group of individuals. This decision does not happen through “reaction to need,” but rather a well thought out plan of what will be a good fit for the department overall.
- **Identify the Team:** This may very well be the most important part of this entire process. The first step is to identify a group of individuals who will participate in a team development process that will in fact become the change agent of the department. This group will be identified from the interviews that have taken place in the department as a part of this process. Before the actual team is chosen, several other interviews would have to take place.
- **Team Development:** The development of the team is a lengthy process that begins with group members coming together on a regular basis to identify how to accomplish buy in from the rest of the staff. Obviously, the initial buy in has to come from the team themselves. The goal was to create a positive leadership within the group who will be able to extinguish the negativity throughout the department by creating trust, commitment and accountability within their peer groups.
- **Create Goals:** As the team develops in to a functional cohesive unit, the real work begins. The leaders were to be challenged to develop goals for the department and give suggestions as to how the goals will be met.
- **Empower the team** to meet the identified goals by teaching their colleagues to work together as a team rather than individually and not getting the results that will improve the entire department.

Several Months Later:

We began to meet with two different groups from the OR department of Surgical services. A volunteer group consisting of OR Tech staff, as well as the surgical team leaders, met on a weekly basis. Of the ten OR Techs who started the initial sessions, seven have remained consistent and active in these meetings. Over a five month period, the sessions with the surgical team leaders had an overall consistent attendance although there were two members absent for a period of time with medical issues. Two other members were inconsistent which made it difficult to really develop a feeling of complete team cohesiveness.

Five months into the meetings, the decision was made to bring the two groups together in an attempt to resolve what had been assumed early on as an “us against them” problem between Techs and nurses. What became clear over several sessions was that there was much more conflict with the surgical team leaders of the nursing staff than between the two groups. The major issues that became apparent are addressed below.

OR Techs and Team Leaders

- The belief that there will always be retaliation if anyone confronts the perceived inequities of the way staff are treated in the department
- These inequities are perceived to be that some staff are given preferential treatment related to who is assigned to what cases, as well as who has the opportunity to have more of a financial gain
- The belief that there are a selected few who are actually the decision makers of the department and that very often retaliation occurs if fairness is questioned
- The belief that staff will be treated fairly based on the relationship they have with a specific group of individuals
- The belief that as long as a few individuals are given the power through delegation of duties by the Nurse Manager, the negativity will continue to grow within the department

Team Leaders- Nurses

- Distrust among several of the nursing staff because of personal relationships within the department
- A belief that if people address "real" issues that the information will be carried back to the Physicians and their lives will be made miserable
- The belief of a few that they are in fact working in a hostile work environment and their perception that they may be physically harmed if they say or do the wrong thing
- A clear division of two groups resulting in complete lack of trust and even the belief that one may sabotage the other

Summary of Findings

These two groups of individuals have taken a huge step in turning around the attitude in their work environment. They have identified a number of problems and worked together to create a more cohesive work environment. There are several major issues that need to be addressed to complete the work to develop a more cohesive and productive team in the OR.

One major problem is that there is a real fear that one of the surgeons has the power to destroy a nurse's career if he chooses to do so. His verbal outbursts in the past have earned him a reputation of "questionable stability" to the extent that several individuals have expressed fear of physical retaliation if they do or say anything that is perceived to be against him or his fiancé, who consequently is a team leader. Whether or not there is or is not a potential for any harm to be inflicted, the mere belief that it is possible continues to create a division between staff. Several staff members did not express any concerns and believed that the issue with the surgeon can be addressed by setting firm boundaries. At this time however, the ability to develop a "trusting" team in the OR has been diminished because of the fear that information will be carried back to the surgeon and that he will retaliate. When staff is requested to put their concerns in writing, they refuse stating that they "are too afraid".

Finally the belief that there are a "group" of individuals other than the formal leadership who make the decisions in the OR has validity and needs to be addressed. This is a problem that has been in existence for several years and may be a lengthy process to turn around. It is evident that specific staff has been delegated jobs that give them a certain amount of power that could potentially be abused. There is a strong belief that, depending on who you are friends with, determines if you are treated fairly.

With the addition of a new OR Director who does not have a history with the department, there was opportunity for change. This would be a huge challenge for the director. The people involved in the issues where he needs to implement major change are also the holders of key information that he needs to understand to effect change in the department. Therefore, the following recommendations were made:

Recommendations

- The Director of the OR needs to meet with the Nurse Manager and reassign job duties that have been delegated to others. This will take away the perception that certain individuals are in charge of the OR and that everyone will “do their fair share”
- The Organizational Development consultant will meet with the Director, Nurse Manager, and the Clinical Coordinator, to facilitate a meeting where the reassignment of job duties will be the focus to determine who will be assigned what for the best interest of the department
- The consultant will meet with seven of the team members who are engaged in a level of conflict that has made it impossible to take the entire group to the next level of team development.
- The consultant will continue to work with the OR director in a capacity which will give him an objective view of what and how changes are affecting team dynamics in the OR
- Booster sessions will be provided for the entire team on an as needed basis
- Encourage the Medical Staff to initiate whatever steps they believe appropriate to address the concerns of staff members, with regards to one specific surgeon’s perceived threatening behavior

Final Outcome:

- The original Surgical Services Director resigned and was replaced by an external candidate
- The original Nurse Manager retired and the Clinical Coordinator took that position, someone who had been the identified leader all along by the majority of the staff
- Through the process of the Team Development meetings, it became easy for the Surgical Director to identify who were his real leaders
- Several members of the staff took other positions
- The OR is now fully staffed
- The turnover has decreased greatly
- The number of surgical procedures were increased
- The OR has been restructured and it is expanding in space by adding a new wing, increasing surgical room capacity by eight

The success of this project was achieved through a long term process. The key was that the Workplace Solutions consultant who provided the original assessment remained as the leader of the project until the completion. The consistency of having the same consultant from start to finish was invaluable as it was imperative that the consultant become a part of the team so the difficult discussions could take place. The entire process, including follow up booster sessions, lasted for eleven months.