4 STRATEGIES FOR BUILDING THE PERIOPERATIVE WORKPLACE OF THE FUTURE

INDUSTRY PERSPECTIVE

An Interview with Susan Root, MSN, RN, CNOR
Manager of Perioperative Education, AORN
The economic downturn of 2008 had an unexpected and positive outcome for many hospitals: A large pool of nurses stayed in circulation and forestalled their retirement. “Many nurses who were considering retirement remained in the workforce because of the economy,” says Susan Root, MSN, RN, CNOR Manager of Perioperative Education for the Association of periOperative Registered Nurses (AORN). She adds, “Some who had retired actually re-entered the workforce.” Now, as the economy continues to rebound, a large wave of Baby Boomers have arrived at retirement age, which is starting to impact specialized clinical roles such as perioperative nursing.

A 2014 AORN Salary and Compensation Survey reports that approximately 50% of perioperative nurses currently in the workforce are 50 years of age or older. “Not only do facilities now face a huge number of retirements over the next 5 – 7 years that will cause staffing shortages, but they should also be concerned about the wealth of knowledge that will be walking out their doors,” says Root. “The retirements and the loss of “native knowledge” will not only be felt at the staff level, but management positions will also be affected.”

According to a 2013 Bureau of Labor Statistics economics news release, the number of RNs in the workforce is projected to climb from 2.71 million in 2012 to 3.24 million in 2022, a 19% increase. While this will add 526,800 nurses into the nursing pool, the Bureau also projects that the industry will need 525,000 replacement nurses during that same time period. Root says hospitals are entering a particularly challenging time with regard to recruiting and retaining OR nurses, and notes that shortages are already starting to occur in some rural areas. “This isn’t felt as much in urban areas where there is better compensation and opportunity for advancement,” says Root. Also, a lack of perioperative exposure in nursing school creates a struggle for hospitals seeking to fill positions. “Most programs only offer a couple of days in the perioperative environment,” says Root.

These factors along with the increase in focus on quality measures tied to reimbursements, present a unique challenge to healthcare leaders. “Doing more with less can only be carried so far,” says Root. Replacing these nurses with adequately trained ones comes at a cost. Root estimates that it can cost about $120,000 to train and prepare a new nurse for the rigors of perioperative care, starting with recruitment through a complete orientation. Moreover, it can take up to a full year to prepare a nurse to function independently for a wide variety of surgical cases. “A lot will depend on the scope of services the facility provides and the opportunities the nurse has to be precepted on these cases,” says Root.

Given the time and expense it takes to develop these specialized roles, along with intense industry competition, hospitals need to take strategic steps to insure they are recruiting, retaining, and developing a strong perioperative nursing team. Here are four strategies for designing an advanced perioperative nursing program.

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1. Be a Futurist: Prepare for Vacancies Now

HR and nurse leaders should be actively engaged in succession planning, says Root. “CNOs need to have a clear idea of what their needs will be over the next five years.” Most importantly, start planning today on how you will backfill for these positions. Using traveling nurses to fill long-term vacancies is expensive and can lead to low staff morale, she adds.

Nurse leaders play a critical role in identifying and cultivating emerging leaders. A strong succession plan involves recruitment, as well as retention. “Facilities should be working to educate new nurses and to find ways to keep older nurses working part time, or whatever it takes to provide time for them to pass on their knowledge to the next generation,” says Root. Instituting ergonomic tools to prevent injuries on the job is also critical. The bottom line, says Root, is that organizations should not wait until they have a vacancy, sharing “This can be a hard concept to get management to understand.”

Collaborating with local universities and schools is critical to ensuring a full pipeline of OR nurses, says Root. “Because nursing students do not get much exposure to the perioperative environment, facilities should partner with schools in their areas to use the OR for clinical placements,” recommends Root. “Perioperative educators should arrange to give presentations to nursing students about the perioperative area. They should also hold career fairs and visit high schools to promote perioperative nursing.” Regarding management positions, Root recommends that healthcare organizations have a good handle on the job responsibilities and span of control for OR directors as newcomers are less likely to assume the overwhelming management load that many OR directors now handle daily.

2. Create a Hiring and Development Plan Specific to OR Nurses

As hospitals look to recruit nurses into perioperative roles or training programs, it’s important to understand the special skills, demands, and challenges that comprise this position. Perioperative nursing makes significant demands on physical strength and stamina. For instance, OR nurses will be tasked with positioning patients and transporting equipment needed for surgery and will sometimes need to stand for long periods of time during surgical procedures. “Perioperative nursing is a fast-paced, sometimes stressful environment in which nurses participate in life-saving decisions,” says Root.

Potential employers should look for individuals who have leadership and problem-solving abilities, collaborative strengths, communications skills, and the ability to be a self-starter. “They should also be comfortable with frequent public contact and have knowledge and proficiency with today’s technologies,” says Root. “Perioperative nurses serve as the patient’s advocate at a time when the patient is totally vulnerable, so they need to be prepared to react quickly and decisively in emergent situations.” Root acknowledges that while some educators view critical thinking as common sense, it is a skill that can be finely honed. Hospitals and educators will need to work with new grads, using case studies or actual situations to reinforce the importance of clinical reasoning.

3. Identify the Right Preceptor Role Models

The perioperative area is fast paced and intense work involving different procedures and pieces of equipment, as well as different types of patients to which a new nurse needs to be oriented. “It’s really important that they have a preceptor who is a good role model for them,” says Root, noting that, surprisingly, the best preceptor isn’t always the most obvious person. “Sometimes the clinical expert in the field may not be the best candidate for a preceptor who is a new grad,” says Root. “Someone who is more on the competent level as opposed to the clinical expert may be a better match for a new student. Usually, they are not as far removed from being a brand-new nurse and will likely have empathy for what the new nurse is going through,” reasons Root. Also they can better guide the student through the specific steps of whatever it is they’re learning.

4. Design Creative Onboarding, Training, and Education Initiatives

Filling positions vacated by boomers will become increasingly more difficult as nursing students today have
little or no exposure to the area and are less likely to select the OR. What additional training does a new RN need to be ready to work in this environment? Root says new nurses require a standardized education program that provides evidence-based, basic perioperative education, an opportunity to practice new skills, and an individualized clinical preceptorship that is measured by successful competency assessment that is both role and scope specific.

“Many facilities try to meet their perioperative needs by only hiring experienced OR nurses. However this supply is quickly drying up. Hospitals will need to be more creative and open to training inexperienced nurses and new grads.” For example, she says, “Residency programs are a great asset in providing the support that new nurses need to be successful.” Root recommends that HR leaders work closely with perioperative educators to provide a standardized education program that will embrace bringing inexperienced nurses and new grads into the OR.

Additionally, she says, orientation programs need to realistically address the time that is needed to fully onboard a new nurse to the perioperative area. OR nurses need to become not only familiar with, but very knowledgeable of all the different specialty areas, including orthopedics, neurosurgery, cardiology, trauma, and many more. New technology is ubiquitous in the perioperative environment. From documentation systems to robotic surgeries to ultraviolet radiation for cleaning ORs, it is everywhere and requires in-depth training.

Because so many nurses are inexperienced when they enter OR training programs, hospitals are starting to get more creative, Root says. For example, one large hospital system that she works with has expanded its perioperative education program and is doing a large portion of it through a centralized “university” on its campus. “They bring in retired OR nurses to help with the hands-on training for the students, and the educator has partnered with the industry to bring in all kinds of equipment and supplies for the students to use,” she notes. “A lot of facilities across the country have really grasped the concept and the importance of standardized education and are putting their entire staff through programs.”

Ultimately, says Root, many of the nurses that are currently practicing in the perioperative area never really had any formalized education. Giving nurses the opportunity to go through a standardized education program brings them up to the same level and the same understanding and knowledge level as new people coming into the field. “They actually appreciate that opportunity.”

Taking Action: AORN and HealthStream Work Together to Help Hospitals Attract Top Talent

AORN is taking critical steps to help hospitals attract, develop, and retain OR nurses, including collaborating with the Versant RN Residency program to implement AORN’s standardized education. Moreover, AORN is reaching out to schools of nursing to address the lack of exposure to the area. “We have developed a group of online modules that can be incorporated into nursing curricula to offer some of the fundamentals of perioperative nursing to students early in their programs,” says Root. “The perioperative setting is an area where there is tremendous emphasis on patient safety, opportunities to explore human factors, and communication theories.”

Additionally, AORN provides Periop 101: A Core Curriculum™, an evidence-based, standardized curriculum available through HealthStream, that helps organizations recruit and retain perioperative nurses, support optimal outcomes for patients, and increase staff and physician satisfaction. AORN also has established the Center for Nursing Leadership, a division that provides resources to support perioperative nurse leaders’ and emerging leaders’ education needs.
HEALTHSTREAM (NASDAQ: HSTM)

HealthStream is a leading provider of workforce development and research solutions for providers throughout the continuum of care. We are dedicated to improving patient and resident outcomes through the development of healthcare organizations’ greatest asset: their people—the professionals on the frontlines of care delivery every day.