In raising their concerns with staffing shortages and increasing demand in early 2009, and in light of the (then) recently released NSW Health ‘Patient safety and clinical quality program report, 2004–2005’, which highlighted the number of sentinel events that occur in the perioperative environment, perioperative nurses across NSW indicated their willingness to review their practices, and to make changes where possible, in order to make better use of available resources to optimise surgical patient care. In response to these concerns, the NSW OTA executive committee initiated the Perioperative Nursing Workforce Program (PNWP), which aimed 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.

Subsequently, under the auspices of the Nursing and Midwifery Office (NaMO), NSW Health, 18 teams of perioperative nurses from public hospitals across NSW were successful in gaining a place in the yearlong program. That is, each Area Health Service (AHS) had 2 teams participating in PNWP, and each team was comprised of one senior and one less experienced perioperative nurse.

Under the leadership of Professor Mary Chiarella and a guidance team composed of five current or former members of the NSWOTA Executive committee, the program included four full study days. A range of guest speakers shared their expertise during these facilitated workshops, which were held on Saturdays in Sydney at approximately three-monthly intervals from November 2009 through to September 2010. See the table below for the workshop content or themes.

### Table: Workshop themes

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<th>Workshop theme</th>
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<td>Workshop 1 – Getting started: Identifying the problem.</td>
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<td>Workshop 2 – Planning for change.</td>
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<td>Workshop 3 – Achieving change.</td>
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<td>Workshop 4 – Getting recognised.</td>
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During the first workshop, PNWP team participants (the participants) were introduced to data collection and analysis methods such as process mapping, clinical audits, the use of patient stories and observation of practice techniques. It was crucial to the success of their endeavours that the changes participants wished to implement were changes that would improve nursing practice and patient care, and were relevant and not whimsical. That is, they first had to identify and then quantify what could be changed and what could not, in order to change practice and /or the organisation of care. In later workshops, participants were provided with education on implementing and managing workplace change; they were taught presentation skills and how to develop networking capabilities, and they learnt how to evaluate their projects. The final study day addressed issues around sustainability beyond the duration of their original project, and included education on formal report writing.

In between each workshop, participants had a series of directed activities to undertake, which were designed to both guide and prompt them during the project. Throughout the program and following the final workshop, the PNWP facilitators maintained support for the teams. This included at least one field visit (and in some cases more) to each of the sites where the teams they were supporting worked. Following the submission of a project report to their Area DONs in early 2011, the final activity that teams were to complete was a short presentation of their project and its outcomes in March 2011, at the annual NSW OTA Conference and Trade Exhibition.
Thirteen teams completed the program, undertaking an eclectic range of projects, some of which have clear-cut end points; others were ongoing in nature. Although the projects varied in nature, it was possible to group them into several broad categories, these were:

- **Addressing skill mix/task reallocation** (four projects)
- **Changing rostering practices** (three projects)
- **Clinically-focused projects** (three projects)
- **Equipment management** (three projects).

Five teams were unable to complete the program due to lack of time and other resources. Two publications have arisen from the project to date including one written by the project team. The second paper was a case study outlining one team’s individual project. Further manuscripts are on the drawing board.

A range of data sources and stakeholder views were accessed during 2011-12 as part of a comprehensive evaluation of the PNWP project. Evaluation results showed the majority of PNWP stakeholders deemed the program successful, with all but one team indicating that their project objectives were met. Program facilitators were more skeptical because the way the PNWP was fashioned and evolved was costly, and limited its utility. Although the program provided the tools (in the form of knowledge and understanding) to empower nurses so they could change their work environments, these fundamental program aims were only weakly identified in the evaluation data. These evaluation findings underpin the recommendations made about the future of programs of this nature. The full report is available at:

All operating suites are imbued with their own cultural, social and political elements, and external issues further mediate these. The PNWP teams who demonstrated empowerment and effected change understood this, and the milieu of their workplaces, better than most. That said, the PNWP enhanced all participants’ professional development and confidence, and gave them insight into their perioperative nursing practice.

**References**

1. Professor of Nursing, Sydney Nursing School, University of Sydney and member, Nurse and Midwives Board, Australia.
2. NSW OTA Guidance Team Members: Jenny Cubitt, Jed Duff, Dr Lois Hamlin (team leader), Karen Jones and Jane Waldron.

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