“Managing Up” Can Improve Teamwork in the OR

SANDRA LEE SMITH, RN, BSN, CNOR

ABSTRACT

Holding each team member accountable for following policies and behaving professionally in the work environment should be the responsibility of all perioperative personnel, not just the department manager. A culture in which employees “manage up” is one in which they communicate with each other in respectful ways and feel comfortable correcting each other when they see negative behaviors or inconsistencies in patient care delivery. Creating a culture in which employees feel empowered to manage up requires education, support of management, and staff member assertiveness. Ultimately, individual accountability and effective teamwork can help ensure patient safety.


Key words: managing up, teamwork, operating room culture, patient safety.

In many workplaces, employees tend to believe that the manager is responsible for making the department successful. Managers who are most successful get to know the strengths and weaknesses of their employees. They use the strengths to help the department thrive, and they offer guidance or education to employees to improve on areas of weakness. Employees may believe that they are responsible for no one but themselves.1 A perioperative department’s success, however, depends on everyone, and some responsibility for department management falls to the employees.

A perioperative manager cannot know everything that goes on in a busy OR 24 hours a day, seven days a week. The manager may not realize, for example, that an employee is treating others badly, and the manager may not be aware that certain employees are not following hospital policies. In addition, managers are often promoted from within an organization and may have little managerial experience. For some, it can be difficult to adjust to being the boss and stop identifying with the role of staff member. Although the new manager should be provided with educational opportunities to improve his or her management skills, these managers also need the support of their employees to become successful leaders.

Many businesses expect their employees to “manage up,” another term for helping the manager, and ultimately the organization, be successful.1 Employees who “manage up” will hold each other accountable by discouraging negative behavior and ensuring that everyone is adhering to established policies and procedures.

A confident manager is willing to have staff members help manage the behaviors that can affect the work environment and patients’ safety. In turn, the staff members need to know that the
manager will support their efforts to bring consistency and safety to the OR. It takes all the members of the team working together to create a positive and safe culture.

**WHAT MAKES A TEAM?**

An OR team encompasses people in many different roles. There is a director, a manager, specialty coordinators, staff nurses, surgical technologists, orderlies, and other ancillary personnel, and there are the physicians. Because perioperative health care has become increasingly technological, patients are often seriously ill, and ORs are often short staffed, it is imperative that the OR team functions well.

There are many definitions of team, but one that fits the OR is “a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable.”

The circulating nurse, scrub person, anesthesia care provider, surgeon, first assistant, and orderly each have a specific set of skills. Each skill set complements the others. The common purpose is to provide the patient with a safe surgical experience and positive outcome. The team’s common belief should be that none of us is as good as all of us. However, behaviors and actions of some team members can erode the effectiveness of the team.

**BEHAVIORS THAT AFFECT PATIENT SAFETY**

One of the most difficult issues that must be dealt with in an OR is disruptive behavior. Disruptive behavior is not new to the OR, and, because it does occur, the Joint Commission has classified disruptive behavior as a sentinel event. Disruptive behavior is difficult to deal with because it is often displayed by individuals perceived as being in the top levels of the OR hierarchy against those individuals who are lower in the hierarchy.

In addition, the perioperative culture can be one of distrust, intimidation, and sabotage. There are many reasons why this occurs, including that

- individual employees want to stand out as stars and keep information to themselves to do so;
- employees are afraid to appear less knowledgeable, so they sabotage others; and
- long-term employees do not support new employees and leave them to “fend for themselves” as they adjust to working in the OR.

These behaviors can cause members of the team to hesitate to address a patient need or safety concern when one arises. As professionals, we should no longer tolerate a culture that puts patients’ safety in jeopardy. Employees need to be given the support and opportunity to correct behaviors that endanger patients and to hold others accountable for their actions.

Perioperative departments have initiated and supported many patient safety measures such as the Universal Protocol, labeling of solutions and medications on the sterile field, and improving
hand-off communication. If members of the team are not following the institutions policies, staff members need to “manage up” and help these employees to understand the importance of following the policies. The intent is not for some employees to make others look bad but to make the culture safe by holding everyone accountable for clearly expressed expectations and for the success of the team as a whole.

CHANGING PERIOPERATIVE CULTURE
As the perioperative education coordinator for surgical services at Baptist Hospital East, Louisville, Kentucky, I conducted a survey of 25 perioperative RNs and surgical technologists at my facility. Participants were asked questions such as how they felt about helping others do a better job, and how they felt about others helping them do a better job (Table 1).

- Thirty-one percent of survey respondents said that they always were comfortable correcting a colleague if they saw that person make a mistake, and 36% said they almost always were comfortable correcting a colleague who has made a mistake.
- Thirty-one percent said they sometimes felt comfortable correcting a colleague who has made a mistake, and 2% said they were never comfortable correcting a colleague who has made a mistake.
- Sixty-two percent responded that they always (52%) or almost always (10%) expected the manager to give them clear directions for doing their jobs.

### TABLE 1. Survey Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Almost always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I see a colleague make a mistake, I am comfortable correcting him or her.</td>
<td>2%</td>
<td>31%</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>2. I am embarrassed to ask for help with something I am expected to know how to do.</td>
<td>52%</td>
<td>42%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>3. When colleagues are angry or aloof during the day, I tend to ignore them.</td>
<td>10%</td>
<td>52%</td>
<td>36%</td>
<td>2%</td>
</tr>
<tr>
<td>4. When I see a mistake made by another employee, I tell the manager.</td>
<td>16%</td>
<td>76%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>5. I would feel more comfortable correcting others' behavior if I knew my manager would support me.</td>
<td>4%</td>
<td>32%</td>
<td>8%</td>
<td>56%</td>
</tr>
<tr>
<td>6. When I go to my manager with a problem, I also bring solutions.</td>
<td>6%</td>
<td>36%</td>
<td>6%</td>
<td>52%</td>
</tr>
<tr>
<td>7. I am grateful to other employees who want to help me become better at my job.</td>
<td>4%</td>
<td>24%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>8. I enjoy helping my other team members succeed.</td>
<td>80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I interpret policies and procedures as I want to.</td>
<td>10%</td>
<td>28%</td>
<td>10%</td>
<td>52%</td>
</tr>
<tr>
<td>10. I am responsible for my own actions and work ethic.</td>
<td>10%</td>
<td>28%</td>
<td>10%</td>
<td>52%</td>
</tr>
<tr>
<td>11. I expect the manager to give me clear directions for doing my job and what is expected of me.</td>
<td>5%</td>
<td>10%</td>
<td>26%</td>
<td>59%</td>
</tr>
<tr>
<td>12. I expect the manager to solve the problems in the department.</td>
<td>4%</td>
<td>64%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>13. If I were physically or verbally abused by a physician or colleague, I would be comfortable reporting it.</td>
<td>5%</td>
<td>26%</td>
<td>26%</td>
<td>59%</td>
</tr>
<tr>
<td>14. I want to work in a culture that is safe for my patients.</td>
<td>4%</td>
<td>24%</td>
<td>72%</td>
<td></td>
</tr>
</tbody>
</table>
Ninety-six percent said they always (72%) or almost always (24%) are grateful to others who want to help them do a better job.

One hundred percent responded that they always (88%) or almost always (12%) enjoyed helping other team members succeed.

Sixty-four percent said they always (56%) or almost always (8%) would correct other team members’ behavior if they knew their manager would support them.

One hundred percent agreed they wanted to work in a culture that is safe for their patients.

This survey was strictly opinion based; however, it allowed me to identify areas that needed improvement. It raised the question why, if so many employees appreciate being helped and so many enjoy helping others, did 31% of respondents say they only sometimes correct others when they make mistakes and 2% say they never do so? To provide a safe experience for patients, all staff members should feel free to ask questions and call attention to or correct mistakes 100% of the time.

Educating Staff Members
The first step in making a change is to educate staff members about the need for change. In our case, patient safety is the primary goal, and staff members need to know all of the organization’s patient safety goals. This requires identifying and interpreting department-specific patient safety policies. Policies that cover high-risk areas or procedures in the OR should be reviewed first. These include sponge, sharps, and instrument counts; medication safety; care and handling of specimens; safe use of tourniquets and electrosurgical units; surgical site marking; and time-out policies. This education will be an ongoing process as new employees are hired.

Education about these policies should occur when an employee is hired and should be part of an annual review process for all employees.

Interpreting and Explaining Policy
The next step for a cultural change is to define the expectations of the department. For example, there must be a process for interpreting and explaining established policy. Individual interpretation of policies creates the risk for mistakes and misunderstandings. In other words, it should be clear to all employees what the policies are and what they mean. Baptist Hospital East has a standards committee that includes representatives from surgery, labor and delivery, outpatient surgery, and the cardiac catheterization laboratory. The committee members are elected or appointed by their department members. Each month this committee takes an issue, studies our hospital’s policy, and compares it with AORN’s Perioperative Standards and Recommended Practices for accuracy. When a consensus is reached about the best practice, this is shared with the managers. The department managers make comments or recommendations or accept what the committee

---

**OR Introductions**

In an effort to help build stronger teams and ensure patient safety, the World Health Organization recently introduced its Surgical Safety Checklist. Part of this new protocol requires that each member of the team be introduced to the others by name and position before the procedure begins. The intent of this action is to raise collective awareness of team members as individuals and improves team communication. It empowers each team member, regardless of title or role, to speak up when things do not seem to be correct. In speaking up, team members provide one more measure to ensure the safety of patients.

has written. After a policy is approved, the committee shares the information with the staff through staff meetings and e-mails, and some departments have a bulletin board where the policy is posted with its interpretation (Figure 1). Each staff member is required to read and sign the policy interpretation. This ensures that the expectations of the manager on a particular policy are communicated to all staff members.

After a policy is in place and has been interpreted, staff members can take action when a colleague is not following the policy. Safety issues must be addressed on the spot and corrected. Staff members need to feel empowered to correct peers or coworkers when they witness an unsafe practice. A circulating nurse, for example, does not need to report to the manager that the scrub person is not labeling medications appropriately. The circulator needs to address the problem with the scrub person in a respectful way when it happens, for example, by saying, “I need you to label your medication container so I can transfer the medication for you.” Each member of the team needs to feel comfortable correcting another member of the team regardless of their respective positions. Most colleagues are cooperative when directly asked to do something. If hurt feelings, annoyance, or other negative feelings develop because of this feedback, then they should be acknowledged and dealt with so they do not become stumbling blocks for the success of the team and the safety of the patient.

If it becomes apparent that a particular employee consistently fails to follow policy despite direct discussion about it, then the manager should be made aware of the problem. In that case, a helpful approach is to bring some suggestions to the manager about how to positively support that employee to correct the behavior. Managers appreciate employees who are proactive when they express a concern. 8

**Discouraging Disruptive Behavior**

In addition, all perioperative employees need to “manage up” by taking responsibility to discourage disruptive behavior. Although it may not always be appropriate to attempt to address this behavior at the time it occurs (eg, in front of a patient), it should be clear to all employees how to handle incidents so that they or the patients are not placed at risk. Reporting mechanisms should be clear, and it should be clear that employees

---

*Figure 1. Example of bulletin board with policy interpretation.*
have the full support of administrators if they make a report. Intimidating behaviors (eg, eye rolling, gossiping, whispering, saying hurtful things, trying to embarrass someone in front of others), although not overtly disruptive, can be baffling to fellow employees and do not help build a team spirit. Intimidation can cause fear or anger in those at whom it is directed and can contribute to errors that endanger patients’ safety. In the survey conducted at Baptist Hospital East, 48% of the employees said they always (40%) or almost always (8%) ignore colleagues who are acting angry or aloof instead of confronting them. Forty-four percent said they sometimes ignore these behaviors. However, 85% of employees said they would always (59%) or almost always (26%) feel comfortable reporting physical or verbal abuse. A team strategy should be developed to eliminate intimidating behavior. Employees need to be taught to confront intimidating behavior and what can be done to eliminate it. Inservice programs on how to confront certain behaviors can be useful for educating staff members. Along with other staff members at my facility, I am currently developing inservice programs with role playing on how to confront disruptive behavior as an initiative for the coming year. Ignoring disruptive behavior only serves to support it.3

**ACHIEVING IDENTIFIED GOALS**

To achieve department goals, employees need to look at their own practices and evaluate their performances with an eye toward changing negative attitudes or behaviors, if necessary. The best way for an employee in the OR to help his or her manager is to know the job and exceed the job expectations. Employees’ priorities should be in alignment with their manager’s priorities; it is important to know what the manager expects for the department and what employees can do to help the department meet those goals. Health care is constantly changing. Employees need to adapt to and be advocates for change. They need to be willing to take the lead to convince others to change practices when it is in the best interests of the patient and team members. Being able to contribute ideas and suggestions improves how managers view employees and contributes to improving the department as a whole.8

Team members’ successes should be celebrated and publicized within the department or in the hospital newsletter, if one exists. Professional certification should be encouraged and celebrated. If a policy or standard is in dispute and a solution has been reached, then the results should be posted on a bulletin board; recognizing those who helped make the change possible and congratulating all who worked to implement it is crucial. Achievements or improvements, no matter how small, should be recognized to ensure that changes in behavior occur and are sustained. Rewards might be in the form of a free meal ticket for the day or a great parking spot for a month. The important thing is recognition and reward for all successes.6 Welcoming new employees is also important. Staff members should identify ways to make newcomers feel like part of the team so that they can become fully participating members.

**WHY MANAGING UP WORKS**

Directors and managers cannot be in all places at all times. Employees are in a position to help managers succeed. When managers succeed, the team succeeds.
they are competent employees who come to work every day and do a great job. Managers need to support these employees and need to encourage others to become this type of employee. Employees need education on how to make positive contributions and need a clear understanding of their manager’s expectations. Success should be acknowledged and rewarded by the management team. Managers need to model respectful attitudes and behaviors and expect the best from every staff member. They also need to recognize behavior that is not acceptable and use discipline in a fair, prompt, and thorough manner. When employees perform at their best and are respectful of each other, a team spirit can exist. When a team spirit exists, patient safety often follows.

**Editor’s note:** The Universal Protocol is a trademark of the Joint Commission, Oakbrook Terrace, IL.

**References**


Sandra Lee Smith, RN, BSN, CNOR, is the perioperative education coordinator for surgical services at Baptist Hospital East, Louisville, KY. *Ms Smith has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*