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SURGICAL CONSCIENCE AND ITS ROLE IN PATIENT SAFETY AND CARE

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ABSTRACT

Honesty and integrity in surgical practice environments is a cornerstone to infection prevention and control practices to assist in reducing the numbers of infections and providing optimal patient outcomes. The cost of ignoring a surgical conscience directly affects the patient.

A surgical conscience is a vital necessary element of safe, ethical, competent surgical patient care, and is related to optimal patient outcomes, including the prevention of surgical site infections (SSI). It is often described as an inner "voice" reminding you of the correct thing to do in a surgical environment.

This paper explores how surgical conscience is part of our practice and the role it plays in patient safety and best practices.

INTRODUCTION

Perioperative training/education programs usually include discussion and information associated with what a surgical conscience is, how it's used, and its immeasurable value when used consistently and constantly. It is often described as an inner "voice" reminding you of the correct thing to do in a surgical environment.

Using a surgical conscience consistently is not easy for any perioperative nurse whether novice or experienced. Noting a hole in the sterile packaging of a surgeon's favourite retractor when setting up for a case, only to realize it is a one of a kind and needs to be re-sterilized, tests one's surgical conscience and influences decision-making. Does one ignore the compromised sterility of an item or unwrap it and send it to be re-sterilized? Both choices have impacts and the one that adheres to surgical conscience is often the one with the most immediate negative reaction.

Situations like this are not the best way to begin a day in an OR theatre with a surgical team. It is, however, in the best interest of this patient and helps to prevent a potential SSI if you remove the packaging and send it out for re-sterilization. This is an example of using a surgical conscience.

Perioperative practice standards allude to the use of a surgical conscience in both the circulating and scrub roles.

Our surgical conscience influences many day-to-day decisions in the perioperative environment. As nurses we are expected to "provide safe compassionate, competent and ethical care" and as well we "intervene, report and address unsafe" practice or conditions [1(p.8)]

CONTEXT

In Canada, nursing bodies establish a Code of Ethics for their membership. The first portion of the Canadian Nurses Association (CNA) Code of Ethics (2017) involves nursing values and ethical responsibilities for the provision of safe, compassionate, competent, and ethical care.[1] Ignoring or overlooking of breaches in sterility, principles of asepsis, or other aseptic techniques is considered a violation of this ethical code. Additional regulatory components are also in place for the protection of the public.

Adhering to our surgical conscience is a solemn responsibility in the practice setting. It is crucial to patient safety. It is also a sacred trust.[2]

The use of surgical conscience is displayed by consistently demonstrating ethical behaviour, always supporting patient safety, and doing what is known to be the right thing even if no one is watching.[3]

The surgical conscience should be considered part of the foundation on which aseptic practices and techniques are safely implemented and used by all members of the surgical team.

Current ORNAC Standards consider the use of a surgical conscience by perioperative nurses a required competency when providing physical patient care in the circulating roles and the scrub nurse role.[4] This is done in any surgical setting by using a surgical conscience consistently and constantly. As patient advocates our surgical conscience is crucial.

Current ORNAC standards include the "uses a surgical conscience to maintain and monitor the integrity of the sterile field" when providing physical patient care.[4(p1-18)]

The surgical conscience is considered the most vital assistive tool for students/learners within perioperative settings. It helps teach critical decision-making skills.

BACKGROUND

Perioperative practice standards allude to the use of a surgical conscience in both the circulating and scrub roles. The ORNAC Standards guides perioperative nurses to practice in a manner that "uses a surgical conscience to maintain and monitor the integrity of the sterile field,"[4(p1-18)] and in the scrub role "uses a surgical conscience to monitor aseptic technique throughout the procedure."[4(p1-19)]

Definitions and descriptions

Goodman & Spry (2017) note that:

> "Like integrity, a surgical conscience is what you do when no one is looking."[5(p.101)]

It is:

> "An inner commitment to strictly adhere to aseptic practice, to report any break in aseptic technique, and to correct any violation, whether or not anyone else is present or observes the violation. A surgical conscience mandates a commitment to aseptic practice at all times."[5(p.359)]

The surgical conscience discussed in Phillips & Hornacky (2021) is an:

> "Awareness that develops from a knowledge base of the importance of strict adherence to principles of aseptic and sterile techniques." [6(p.1)]

The above the definition used within the Glossary of the current *ORNAC Standards*.[4]

These further explanations, by Phillips & Hornacky (2021), help describe the

more advanced or honed surgical conscience:

> "When personal experience increases within the surgical settings it applies to all forms of standards of related to patient care with an intraoperative focus as it relates to ethical situations within a surgical setting."[6(p.12)]

> "A surgical conscience grows, evolves, easily uses the principles of asepsis, and evolves with such qualities as selflessness, self-discipline, and consistently uses sterile technique no matter what the task is."[6(p.16)]

Girard (2007) suggests a personal surgical conscience includes knowledge, self-awareness, intelligence, courage, bravery, and the fortitude to make an ethical and moral decision that benefits the patient.[7] Girard also describes the use of a surgical conscience should occur even when others were not watching. While the concept is taught it cannot be forced. While the consistent use cannot be guaranteed it is hoped that it will become ingrained behaviour that is never ignored or put aside for any reason.[7]

Sadler (2012) describes a surgical conscience as the concept of a conscience as it applies to all the activities individuals and surgical team members perform inside a surgical suite/OR theatre.[8]

The definitions are similar, based on a conscience, and all can apply to any surgical setting at any time.

Patient Safety

Surgery is a lifesaving element of healthcare and perioperative nurses play an integral role in achieving optimal surgical patient outcomes. Global expectations of healthcare, nursing, physicians, surgeons, and surgery include accessible, efficient, effective, and safe care that reduces the risk of dying via common conditions and is often the only therapy available to alleviate disabilities.[9] The COVID-19 global pandemic has brought a renewed scrutiny to patient safety. Canadians have become more aware of the need for reforms in certain areas of our healthcare system. Recent examples are the need for reform in long-term care facilities, the immense, continuous pressure on healthcare systems, and the reality of the system's capacity and the reality of its overload.

The 2004 Canadian Adverse Event Study highlighted and noted a rate of 7.5% of hospital patients had an adverse event resulting in an unintended injury. 37% of these events were classified as preventable.[10] Since then initiatives were launched locally, regionally, provincially/territorially, and nationally to reduce these preventable events and their impact on patient safety. Data from Ontario, published in 2019, showed a reduction of their harmful and preventable adverse events to 5.9% for 2015-2016 which is less than the national 2004 study.[11] There is still much room for improvement. Following our surgical conscience can help us do better at preventing such events as SSIs.

Chambers (2013) notes there is a relationship including several factors related to medical errors such as "possessing a keen surgical conscience as well as excellent aseptic technique" to assist in optimal patient outcomes.[12(p.109)] Chambers also notes the necessity for personal awareness of what is going on around you inside the OR theatre is how each person will incorporate asepsis into our daily surgery related activities.[12] When, however, inadvertent contamination occurs there are no flashing lights or other warnings to draw attention to the contamination being aware of what is going on in a theatre the team notes and rectifies inadvertent contamination as soon as it is safe to do so. Surgical team members must rely heavily on their learned aseptic practices, principles, and their surgical conscience to recognize, speak up, and rectify breaches.

Nicolson, et al. (2018) found preventing SSIs was a patient safety concern (along with other interesting data).[13] Although this study response number was quite small 113/5251 (2.2%) of eligible respondents in both the circulating and or scrub nurse roles, it is an indication that some important issues, including entrenched practices and not following recommended best practices or evidence-based practices, do pose safety issues for personnel and patients. These authors also noted ~~a~~ negative culture of the (OR theatres) or bullying affected how personnel performed and determined more research is needed to show the importance of evidence-based practices is needed as well as the affect it may have on the use of best practice.[13] Personnel who feel intimidated and don't speak up have a direct effect on patient safety.

Kolawole & Ilesanmi (2018) noted many nurses do have knowledge and understanding of a surgical conscience as it relates to aseptic practices and principles. There may, however, be gaps between the knowledge of it and the practice of it.[14]

The Institute of Health Policy, Management, and Evaluation, at the University of Toronto, published a document including strategies for the improvement of patient safety including ones associated with infection prevention strategies.[15] These strategies may be seen as factors to assist in the consistent use of a surgical conscience by individuals and the team to act on surgical conscience:

- A focus on patient safety culture is required;
- Remove the focus from blaming or shaming someone or a team; and
- Using an interprofessional approach.

Infection control and prevention

Precautions and practices (i. e. contact precautions) that are routinely implemented for various patient populations are put in place to decrease

Strict adherence to a surgical conscience is necessary to fulfil an individual's professional obligation...

the spread of microorganisms in healthcare settings. The adherence to these precautions is further supported when a surgical conscience is discussed, taught, and applied.

Perioperative nurses are expected to follow all practices which help prevent the spread of disease and infections by following evidence-based practices, i.e., hand hygiene, traffic controls, wearing surgical masks, dress codes, and principles of asepsis. These practices and rationales are taught in basic nursing and intended to become ingrained over time and practice. The principles of asepsis, and aseptic techniques, include recognizing and rectifying any breach as soon as it is safe to do so. This practice depends on use of surgical conscience and, unfortunately, is not always rigidly adhered to inside an OR theatre.[16]

Goodman & Spry (2017) note that "regardless of the source of the aseptic practices, they are only as good as the surgical conscience of the individual practitioner."[5(p.100)]

Barriers to using a surgical conscience

Barriers to surgical conscience may include a lack of knowledge and understanding of a surgical focused conscience or be associated with work-related issues such as time constraints on the case or a fear of running late,[14] lack of cooperation among the team or fear of repercussions from other team members, an awareness of limited supplies or equipment availability, being afraid to speak up to intimidating or senior team members, or viewing an incident as an isolated one, one where no one will notice, or one that might waste supplies. Some may feel uncomfortable being the "picky" person or worry about being seen as a finger pointer or time waster. All these factors may result from a lack of understanding around the role and purpose of a surgical conscience, limited education regarding a surgical conscience, or past experiences with having an acknowledged breach ignored or challenged.

How to support the use of the surgical conscience

Being a patient advocate and keeping patient safety in the forefront is a vital component of nursing and, in the perioperative setting, being an advocate is a crucial element of patient safety and infection prevention and control. Surgical patients are extremely vulnerable and rely on the team to care for them and keep them safe during all stages of the surgical journey. Applying a surgical conscience and being accountable for our nursing practice protects the patients in our care, assists in achieving better outcomes, and helps prevent SSIs.

Strict adherence to a surgical conscience is necessary to fulfil an individual's professional obligation to provide surgical patients with safe, ethical, and competent care and provide an opportunity for an optimal outcome. It requires personal self-discipline in order to apply it consistently whilst working in a surgical environment.

Sheets (2015) suggested practicing with a surgical conscience is of the utmost importance and requires the following aspects of teamwork:[17]

1. Working together;
2. Helping each other;
3. Shared responsibility;
4. Emphasizing and prioritizing patient safety;
5. Continual monitoring of all practices and individuals;
6. Compassion for each surgical patient;
7. Acting as a team player;
8. Keeping the patient as the priority;[9].
   Maintaining professionalism;
10. Keeping standards high;
11. Adhering to aseptic techniques; and
12. Addressing any issues as soon as it is safe to do so, including after the case if necessary.

Mentoring, guiding, and sharing knowledge with new perioperative nurses and team members about the

importance of consistent application of a surgical conscience is another duty perioperative nurses need to recognize.[4] This includes providing continuing professional development opportunities, updates, reviews, or new evidence-based practices relating to perioperative and infection prevention and control practices on a regular basis.[3] This assists perioperative nurses and surgical teams in remaining current on ways to deliver safe patient care in surgical settings. The use of team simulated training sessions with a patient safety focus during surgery is also another way in which to increase the understanding and use of a surgical conscience when team members acknowledge a breach and work to rectify it.[26] This would then increase the acceptance of pointing out breaches and addressing them during surgeries. In turn all surgical team members may well be more comfortable and forthcoming when acknowledging breaches during all surgical procedures.

DISCUSSION

One 2018 study on surgical conscience concluded that every caregiver should behave as if they, or someone they love, is the patient. In those cases we would naturally want all surgical team members to develop and apply surgical conscience and to speak up consistently on our behalf in any surgical setting (i.e. OR theatre, sterile storage areas, etc).[14]

Patient safety is a shared duty that requires teams and individuals to work collectively toward a safer environment.[18] Communication, teamwork, and collaboration are three aspects that help individuals use a surgical conscience consistently. By communicating in a calm, cool, and polite manner, when a breach has occurred we work together to rectify a breach as soon as it is safe to do so. Acting in this manner will help all team members improve patient safety and decrease the numbers of SSIs or perioperative adverse events that impact on safe patient care.[11,19,20]

Team communication in an OR theatre setting is often problematic for a variety of reasons including noise levels or distraction from a critical moment in a procedure. Appropriate data, such as a breach in aseptic technique, must be provided to the team, in a timely manner, in order to allow the team to act on it and work toward an optimal surgical outcome.[21] Communication is an essential part of teamwork and good communication within the interdisciplinary team is essential. Poor communication increases the potential for error and may impact patient outcomes.

Teamwork has a positive impact on safety and outcomes and the lack of it is associated with poorer patient outcomes.[22] Teams have the potential to accomplish more together than each team member does as an individual. Teamwork may advance safe patient care as well as encourage active participation from the entire team.[23]

Collaboration, as part of an interprofessional team, assists with safe patient care, helps complete the work in a timely manner, and promotes the sharing of knowledge and/or expertise, for the benefit of both team and patient.[25,24]

CONCLUSION

Surgical conscience is dependent on a network of elements and practices woven together as well as the individual will to optimize patient safety even when faced with barriers. This aspect of professional perioperative nursing behaviour needs to be practiced diligently to assist in optimal surgical patient outcomes. A personal commitment to this obligation is key to patient safety and best practices.

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