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Showcasing an ORNAC Pioneer

We bring you the words of Muriel Shewchuk, author of one of the first articles in the premier issue of the *Canadian Operating Room Nursing Journal*, now known as the *ORNAC Journal*.

Much has changed in the world of perioperative care since 1983, such as the advancement of laparoscopic procedures, robotics programs for complex surgeries, the introduction of Registered Nurse First Assistants (RNFAs) and Registered Nurse Anesthesia Assistants (RNAAs), and many other amazing improvements that have enhanced perioperative knowledge and provided patients with improved health care experiences. The words in Muriel's article still resonate with today's perioperative nurses. Operating Room or "OR" Nurses are a breed unto themselves. It still holds true today that very few areas of nursing are faced with such intense scrutiny every day – all for the safety of the patient and completely accepted as a part of day-to-day practice and the standards for operating room nurses. Each perioperative nurse is expected to be the eyes and ears of the patient and to advocate for excellence, specifically, to stand for safe practice and be watchful of the patient's journey while under our care. The theme for Perioperative Nurses Week (PNW) of **Empowering Teams, Enhancing Outcomes – Highlighting the critical role perioperative nurses play in fostering teamwork and driving positive surgical outcomes** was as true 40 years ago as it is today. Excellent perioperative practice and caring nurses have always been at the forefront of safe patient care and improved

outcomes in and beyond the operating room. Muriel saw how important it was that perioperative nurses strive "to be the shiny goldfish in the bowl" because of the positive impact that caring and competent perioperative nurses can have on patient results and surgical excellence. This pioneering article, and the theme for PNW, both highlight that ORNAC's Vision "to continue to advance the profession of perioperative nursing by supporting collaborative efforts, fostering continuous professional development, promoting the adoption of evidence-based best practice guidelines, and ensuring excellence in surgical patient care across Canada" were and are at the forefront of perioperative practice and that our history is full of nurses that saw how crucial our profession is to our patients.

Muriel was instrumental in the formation of ORNAC in 1983. She was an integral member of the board for many years, chair of the first awards committee, and co-author of the first *ORNAC Communiqué* (1965-1991). She also designed an ORNAC awards plaque and pin. Muriel was always actively involved with her home province perioperative organization the Operating Room Nurses of Alberta Association (ORNAA), as well as with the Alberta Association of Registered Nurses (AARN), regarding competencies and standards. She was a true leader in perioperative nursing and is remembered for her steadfast support of advancing the profession and safe patient care practices.

– Jennifer Sutton, MN, BN, RN, Secretary ORNAC

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Goldfish in a Bowl

Muriel G. Shewchuk

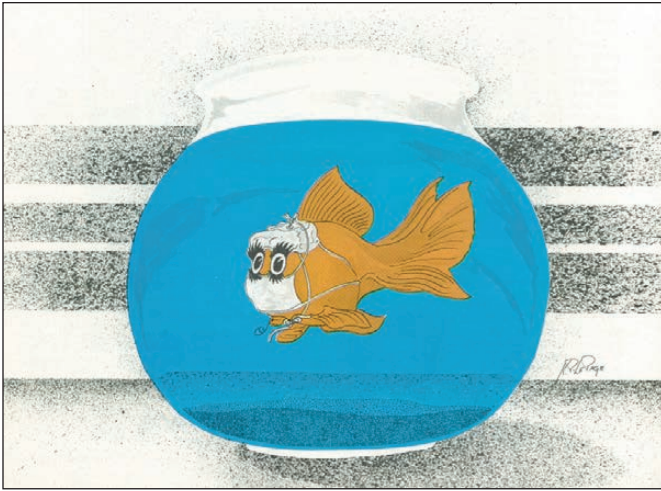
What has a gold fish to do with nursing and patient care? Come with me and gaze through the glass into the world of the operating room nurse.

Nowhere in the field of nursing is a nurse as exposed as in the operating room theatre, where intense, complex, multifaceted patient care is at its height.

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Many nurses, outside the operating room, would probably say, "How can that be?"

Let us set the scene in the morning during the daily assignment of scrub and circulating duties. First, we must review the pre-operative visits, special patient needs, specific needs of surgeons and anesthesiologists, as well as the pressing problems and concerns of the overall department. Shortages of personnel – in terms of quantity and/or quality, equipment – and supplies will avail the nurse of the varying intensities of frustration. Anger, sarcasm, verbal and non-verbal abuse may be forthcoming from any number of anaesthetists, surgeons, and even co-workers and supervisors.



A moment of privacy! The scrub nurse commences her five-minute scrub. Varying degrees of nervousness, lack of complete knowledge, speculation of moods, and behaviours of the forthcoming surgical team, self expectations, and expectations of circulators run through their mind.

Under the eagle eye of the circulator, eyes often in the back of her head, the drying of hands and arms is observed. Where else are you closely supervised on how well you dried between the fingers, how many centimetres the towel is from your dress, and, furthermore, where each hand is positioned on the towel? Now, if only the gown and gloves could magically get their way on – sterile that is – step one would be complete. Already, an astute assessment of skill, coordination, efficiency, and standard of aseptic technique has been made.

Every second now counts, as the sterile set up must be rapidly assembled in preparation for the surgical count. The efficiency of every motion counts. The appropriate placement of each item is critical. As many as three nurses may be dispensing materials on the sterile field. Information overload can rapidly place tremendous stress on the scrub nurse – she must remember all. Observing every move, the placement of each item as its name, use, and how to handle it; what order the drapes will be applied and sutures and instruments, and on and on the scenario goes! “If they hurry me much more, I won’t even remember how to put the surgeon’s gloves on.”

“Oh, help! The patient is being pushed through the door, and what’s more the surgeon is scrubbing already – will I ever be ready in time?”

The all-knowing eyes of the surgeon surveys the room as he scrubs. Who is the scrub nurse? Can she put the drapes on? Will she be a capable, efficient scrub nurse, anticipating his actions (giving him what he needs, not what he asks for) at the

instant of need? Does she know the anatomy, will she have all the supplies should a crisis occur, will it be handled efficiently and safely for his patient?

How about the circulating nurse? Are all her movements purposeful or are they disorganized, inefficient, and perhaps unknowing? What type of atmosphere are the nurses going to perpetuate? Will it be one of distress, hassle, uncertainty, chatter, and upset; or one of calm, collected, organized, and quiet efficiency? The team can be enhanced to perfection or distraught with frustration by these facts.

The anaesthetist plays a major role in the life of the operating room nurse, as well. His speed of entry into the theatre, the introductory remarks or silence, will affect the types of conversation and actions of the nurses. The anaesthetist also easily surveys the room for level of expertise, quality of assistance he will receive, ready availability of supplies and expected efficiency with which the day will proceed.

The patient has arrived, all attention now must be channelled to direct patient care. The data collection, assessment, goal setting, and nursing plan now must be transformed into specific patient care. The pre-induction positioning, the induction assistance, the surgical positioning, skin preparation and draping now must proceed under the critical observation of supervisors, co-workers, surgeons, and anaesthetists.

The intraoperative progress can be greatly enhanced by the highly skilled, educated, caring nurse – truly a goldfish of bright shining colours. The efficiency, preparation, atmosphere, technique, and astute attention to all phases of the nursing process can make each operating room nurse invaluable to the patient, co-workers, surgeons, and anaesthetists. On the other hand, the lack of knowledge, preparedness, efficiency, organization, and insufficient attention to patient care and teaching can make the theatre an undesirable place for the entire surgical team – a dull, unattractive, gloomy, lacklustre fish in a bowl.

It behooves every operating room nurse to strive to be the bright shiny goldfish in the bowl, because of the tremendous overall effect on everyone, including the patient.



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