LES TENDANCES HISTORIQUES INFLUENCENT LE FUTUR DE LA PRATIQUE DES SOINS PÉRIOPÉRATOIRES

Auteure : *Patricia Wade, IA, B.S.Inf., CSP(C) est une infirmière en soins périopératoires à l'Hôpital neurologique de Montréal, au Québec. Elle est membre de l'Association des infirmières et des infirmiers de salles d'opération du Québec. Elle fait actuellement sa maîtrise en soins infirmiers avec spécialisation en enseignement à l'Université Athabasca. Cet article a été rédigé dans le cadre du cours Tendances et enjeux des soins infirmiers avancés, donné à la session Hiver 2010.*

RÉSUMÉ :

Cet article examine les tendances historiques qui ont façonné la spécialité des soins périopératoires. Nous nous pencherons sur l'influence exercée par l'éducation, la société et la politique à travers différentes périodes historiques. Après avoir été la première spécialité à être reconnue dans le domaine des soins infirmiers, les soins infirmiers de salles d'opération ont par la suite été supprimés du programme d'éducation en soins infirmiers. Il s'ensuivit un débat qui continue de battre son plein à ce jour à savoir si les soins périopératoires sont simplement une spécialisation ou véritablement des soins infirmiers en tant que tel. De nos jours, le manque d'exposition des étudiants aux salles d'opération, les programmes de préceptorat médiocres et les mauvaises conditions de travail engendrent d'importants défis sur le plan du recrutement et de la rétention. En raison du fait que ces tendances historiques ont mené au déclin des soins périopératoires, il est essentiel que les infirmières et les infirmiers actuels comprennent les facteurs influençant notre pratique et qu'ils s'efforcent tous ensemble d'influencer de manière positive l'avenir de notre spécialité.

KEYWORDS: EDUCATIONAL TRENDS, SOCIETAL TRENDS, POLITICAL TRENDS, PERIOPERATIVE NURSING.

HISTORICAL TRENDS INFLUENCING THE FUTURE OF PERIOPERATIVE NURSING

Author: *Patricia Wade, RN, BN, CPN(C) is a Perioperative Staff Nurse at the Montreal Neurological Hospital in Montreal, Quebec. She is a member of the Corporation of Operating Room Nurses of Quebec. She is currently pursuing a Master's in Nursing, with a teaching focus, at Athabasca University. This paper was written as part of the Advanced Nursing Trends and Issues course in the winter of 2010.*

ABSTRACT:

This paper explores the historical trends that have shaped the perioperative nursing specialty. The educational, societal, and political influences are examined through different historical periods. After, initially, being the first recognized nursing specialty operating room nursing was later removed from the nursing education curriculum. A debate as to whether perioperative nursing was simply a technical skill or actually "real" nursing was beginning and it continues to this day. Today, students' lack of exposure to the operating room, unsuccessful preceptorship programs, and poor working conditions are creating major recruitment and retention challenges. Because these historical trends have led to the decline of perioperative nursing, it is crucial for modern nurses to understand the factors that are influencing our practice and to make collective efforts to positively influence the future of our specialty.

INTRODUCTION:

The operating room is a mysterious and fascinating environment. There is evidence of surgery dating back to pre-historic times. In 1966, a child's skull dating back from the Iron period (1100-800 BC) was found in Iran. It showed evidence of having had a trepanning procedure (burr holes).[1] However, it was not until the late 1800s that medical advancements such as anaesthesia, aseptic techniques, antibiotics, and antisepsis made surgery a beneficial and safer option.[2] As surgery became more complex the need for qualified assistants developed. With the advent of modern medicine, and the scientific paradigm, nurses were considered the most qualified professionals to become surgical assistants. McGarvey, Chambers, & Boore[2] report that by the end of the 19th century, operating room nursing was of such prestige that it had become recognized as nursing's first specialty.

Today perioperative nursing is no longer part of the basic nursing education curriculum and there is a higher average of nurses eligible for retirement.[3] Both the American and the Canadian operating room nurses' associations (AORN and ORNAC) have recently reported major decreases in membership levels.[4,5] With the increase in retirements, and the challenges of recruiting and retaining nurses in nursing specialties, perioperative nursing is at risk of becoming extinct.

This paper will discuss the historical trends that have affected Perioperative nursing and their long-term impact on the recruitment and retention of perioperative nurses. For each historical period, we will review the long-term effects of the educational, societal, and political influences on the perioperative nursing specialty. Nurses should understand these trends to prevent further loss of registered nurses in the operating room and to protect the future of perioperative nursing.

Perioperative nursing was introduced as part of the nursing education curriculum as early as 1880.

1880-1960: The Golden Years of Perioperative Nursing

As surgery gained popularity, in the late 1800s, so did perioperative nursing. The specialty could boast social and professional prestige. In 1947 the operating room nurse's monthly wage was $110.50 as compared to $100.00 for the General Duty Nurse.[6] The additional monetary compensation demonstrates the value placed on perioperative nursing. McPherson[6] noted that only nurses were able to assist in the operating room. They had ultimate responsibility for anything related to the operating room from sterilization of the instruments to assisting the surgeons. During this period various educational, societal and political influences were beginning to shape perioperative nursing's future for years to come.

Perioperative nursing was introduced as part of the nursing education curriculum as early as 1880.[2] Working in the operating room demanded a rigorous aseptic technique and the strict adherence to the asepsis principles. Because of the high technical knowledge, needed to assist in surgery, working in the operating room was considered a reward for senior student nurses. Surgeons expected only staff nurses to assume the role of scrub nurse.[6] In a medical hierarchy, that situated the surgeon at the top, and the operating room nurses had power over the medical staff. Describing an incident in an operating room, during World War I, McPherson recalls "Even if the officer corps had yet to appreciate the principles of sterile surgical conditions, the nursing staff certainly did." (p.85)[6] After the Second World War, however, the graduate nurse's role in the operating room began to be questioned. To nursing educators, and managers, the perioperative nurse's role appeared to be a technical one. By focusing on the technical skills, such as scrubbing, gowning, gloving, and the use of highly technical surgical instruments, the caring aspect of perioperative nursing was overlooked. Students' rotation time to the operating room started, in consequence, to decrease and the specialty began to lose some of its prestige.[2]

In 1965, to ensure high standards of practice and protect the public, AORN introduced the national standards of practice.

1960-2000: The Decline of Perioperative Nursing

In the early 1960s the debate, about perioperative nursing being a purely technical skill, intensified. The technological focus of the specialty was, and still is, considered by many as incompatible with the caring aspect of nursing.[7] During this period the perioperative nurse also began to be stereotyped as the "handmaiden" of the surgeon and thus perioperative nursing became second-class.

In 1965, to ensure high standards of practice and protect the public, AORN introduced the national standards of practice. To promote patient safety, and validate perioperative nursing competence, AORN also introduced the perioperative nursing certification. In 1983, in order to defend Canadian perioperative nurses' interest, ORNAC was inaugurated. In 1986, it published the first Canadian standards of practice and today supports the perioperative nursing certification offered by the *Canadian Nurses Association* (CNA).

During this period, students' perioperative nursing training was centered on technical skills such as the aseptic technique, scrubbing, gowning, gloving, and basic instrument knowledge. This emphasis on the technical aspects of the specialty further fostered the perception that OR nursing was a technical trade and not a genuine nursing specialty.[8] In the late '60s and early '70s nursing education started moving from hospital-based training programs to Colleges and Universities. During this period operating room rotation was abandoned from the academic curriculum.[9] Because students were not being exposed to the specialty they were less likely to choose perioperative nursing as a career after graduation.[10]

Because perioperative nursing was no longer included in the basic nursing curriculum, hospitals were forced to create in-house training programs based on the preceptorship model. These training programs varied in length and quality from hospital to hospital. These preceptorship programs were modeled after the hospital-based training programs of technical skills acquisition. They were not taught as part of a holistic practice based on nursing theory. This further reinforced the idea that perioperative nursing was a technical trade.

In the early 1980s Canadian professional associations set the goal to make the 4 year baccalaureate mandatory as the entry-to-practice education by the year 2000.[11] Misunderstandings about the role of the perioperative nurses had some nursing leaders and managers questioning the value of a highly educated, and more expensive, nursing professionals. Discussions about replacing the RN with other, less trained and less expensive, professionals began.

While these changes in nursing education were happening the reality of nursing employment was also going through some changes. Cyclical nursing shortages, an increased work pace, and generally poor working conditions were, as in all areas of nursing, affecting the operating room's working conditions.[6,12] Willemsen-McBride opined, "Specialty areas, such as the operating room, are even more vulnerable due to the stressful working environment and critical skill set." (p.8)[12] As early as 1997 Beitz & Houck theorized "Perioperative nursing may be self-destructing because new perioperative nurses are not being prepared to replace our generation when we retire."(p.119)[13] Many institutions, blaming the nursing shortage and budget constraints, introduced the role of the operating room technician.[10] Because this is still an emerging trend, and hospitals do not report on the number of operating room technicians (ORT) they hire, there are no precise statistics available on the number of ORTs in Canada. By the beginning of the year 2000 it was evident that the nursing shortage was not going to diminish. In 2002 the CNA predicted a shortage of 78,000 RNs by 2011 and 113,000 RNs by 2013.[14]

Another trend that developed during this period was that of the extended practice. The Registered Nurse First Assistant (RNFA) evolved in the United States and was formally recognized in 1984. Because of differences in health care funding and practices, however, Canada had no formal history of RNFA prior to the 1990s.[15] ORNAC supported the development, in 1994, of the RNFA and ratified a definition of the role that recognized the increasing complexity of surgery and its requirement for a higher level of expertise than the scrub nurse.[15] As a result of intense lobbying, by provincial perioperative nursing associations, RNFA programs were developed, over the next decade, in many Canadian provinces including Quebec (1994), Newfoundland & Labrador (1996) and Alberta (1997).[16] As of 2000, ORNAC reported that all Canadian provinces acknowledged that the role of the RNFA fell within the scope of practice of perioperative nurses.

2000-2010: The Continued Decline of the Specialty

In the early 21st century it became apparent that the specialty was facing major recruitment and retention issues. Perioperative nursing was at a crossroads. A growing body of literature called for changes in the education of perioperative nurses,[17] a return of the operating room rotation to the undergraduate educational curriculum,[18] and greater support for the expansion of the perioperative nursing practice.[19] At this time the specialty was being influenced by the same factors as previous generations but at an increased pace. Willemsen-McBride[12] reported a 55% turnover rate in Canadian nursing and an average training cost between US$50,000 and US$59,000 for perioperative nurses.

Unsuccessful preceptorship programs are expensive for institutions and result in a low level of retention. Willemsen-McBride stated "Current nursing shortages and unsuccessful nursing orientation programs have been major concerns for the past decades because they result in poor retention, reduced quality of patient care, decreased job satisfaction, and high financial costs to healthcare organizations."(p.10)[12] With additional influencing factors, such as the nursing shortage and the increased pressure to meet surgical wait time benchmarks, today's perioperative nursing specialty follows the general nursing trend toward increased sick time and higher job dissatisfaction rates.[20] This situation creates particular challenges for the preceptoring programs on which specialty training, such as perioperative nursing, depends. As discussed by Young,[21] today's perioperative nurses are struggling with heavy workloads, high patient acuity, various instrument processing issues, low morale, and staffing shortages. These factors create particular challenges for both preceptors and preceptees. With all these issues contributing to low staff morale, and the increase in work-related stress, the increased demand on experienced nurses to preceptor new nurses can become overwhelming.

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Another factor that contributed to the decline of perioperative nursing is the lower than average educational level. Perioperative nurses demonstrate the lowest education levels of any specialty in Canadian nursing. Master's and Doctorate prepared perioperative nurses represent only 0.73% of the specialty's practitioners (compared to 3% of all Canadian nurses).[3] Perioperative nurses have the lowest average education level of Canadian nurses – Perioperative nurses with a college Diploma represent 76.41% of the practitioners compared with 62.2% of all Canadian nurses.[3] Today's preceptors, as a result, may not have the educational preparation required to teach the new generation of nursing graduates.

The specialty is also losing experienced nurses at a faster pace than that of the overall nursing profession. Perioperative nurses who were eligible for retirement, in 2008, represented 43.35% of the workforce compared to 39.4% in the general nursing population.[3]

The Canadian Health Act guarantees accessibility to health care for all and Canadians demand timely and fair access to health care services. Surgical wait times were addressed in the 2002 Romanov report on the Future of Health Care in Canada. When discussing these issues, Romanov mentioned that there may not be a sufficient supply of specialists, surgeons, operating room nurses, and technology to guarantee timely access to surgical care.[22] Recognizing the imminent shortage of health care professionals, including operating room nurses, this report proposed "Directions for change" that recommended that the government establish strategies for addressing the supply, distribution, education, training, and changing skills and patterns of practice for Canada's health workforce. This health care report wielded important political influence on the expansion of the perioperative nursing practice. Later reports, published by ORNAC and the CNA, further supported this expansion.[23]

By addressing the need to change the scopes and patterns of practice for health care workers, the 2002 Romanov report, along with others published by ORNAC and CNA, validated the need for the greater expansion of the RNFA role. In 2005, the CNA published a discussion paper on expanded roles for Registered nurses and supported the RNFA role. It stated, "Further development of the RNFA role has the potential to provide avenues for OR nurses to grow within their area of specialization into an expanded role by providing a different career path."[23] Political and fiscal constraints have, however, been major barriers to the development of the expanded role in all provinces.[19]

A final, and key, factor in the future of perioperative nursing is the decreased membership levels observed by professional associations. ORNAC reported, in 2010, a declining membership trend of 10% per year over the previous three years.[5] Murphy also reviewed the declining membership trends within AORN and predicted, "In 10 years, we can reasonably expect AORN membership (now about 40,000) to number about 20,000, of whom 7,000 will be younger than age 50."(p.132)[4] AORN has always had a strong influence on American health policies due to its strong lobbying and powerful membership numbers. Noting the decline in registration, and an increase of the median membership age, Murphy questions the future ability of AORN to influence health policies.[4] This current trend highlights a need for other associations, such as ORNAC, to evaluate current membership levels and the association's future if recruitment and retention strategies are not updated.

The Future of Perioperative Nursing

To avoid the further decline of the specialty, and reverse the current trend, perioperative nurses need to positively influence the educational, societal, and political factors that are shaping nursing and the perioperative specialty. Despite the historical decline of the perioperative nursing specialty there are also some positive changes on the horizon.

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Professional organizations have risen to the challenge by promoting the integration of perioperative nursing in to the BN curriculum.

In an American study on the career preferences of undergraduate nursing students, Happell demonstrated that perioperative nursing was a popular career choice for students.[10] It was, in fact, the third most popular choice, at 16.8%, after Midwifery (26.2%) and Pediatric (22.9%). Capitalizing on this interest is crucial for perioperative nursing. Implementing a perioperative elective for undergraduate students is one method that can maintain student interest in the specialty. Christensen describes the successful introduction of the perioperative nursing program to 4th year undergraduate nurses at the Vancouver Island Health Authority.[9] After the first year there was a 50% retention rate of undergraduate students who stayed on to become OR staff nurses. Christensen further stated, in her conclusions, "The operating rooms are beginning to be staffed with a new generation of nurses that are well educated, specialized, dedicated, and eager to take on the future role of the registered nurse in the operating room."(p.11)[9]

With the continuation of the trend toward higher education in nursing,[24] it is important to emphasize the role of Baccalaureate nurses in the operating room. The operating room is a highly technological environment that presents many risks to patient safety. Breitz & Houck stated "Surgery departments desperately need Baccalaureate graduates to fill demanding contemporary nursing roles and to become perioperative nurse managers or clinical specialists in the reengineered health care system."(p.120)[13] Recruiting undergraduate nurses into the specialty is also justified by Christensen when she discusses the need for perioperative nurses to design, coordinate, evaluate, and deliver care to meet the identified needs of each patient during the preoperative, intraoperative, and postoperative phase of surgery.[9]

In 2008, there were 13,157 students admitted into nursing programs across Canada, representing a 2.2% increase over 2007. The 2007-2008 periods experienced an historical high in admission to Entry-to-Practice Nursing programs.[24] The healthcare system should, as these nurses graduate, experience an increase in staffing levels. The number of Canadian graduates from Master's nursing programs has also been steadily rising (from 427 Master's graduates in 2004 to 723 in 2008).[24] While Baccalaureate educated nurses only represented 22.86% of perioperative nurses in 2008[3] this was, in fact, an increase from the 19.5% represented three years earlier.[25] As more BN nurses enter the workforce this will elevate the educational level of perioperative nurses and should also demonstrate the benefits of higher education on the quality of patient care.

Professional organizations have risen to the challenge by promoting the integration of perioperative nursing in to the BN curriculum. ORNAC has, with its position statements and educational guidelines, been actively promoting the return of perioperative experience as part of basic nursing programs. ORNAC reinforced, in a position statement on perioperative nursing education, that perioperative experience is the primary means by which students obtain knowledge and skills in the management of care for the surgical patient. The association strongly recommends that the perioperative experience become a component of basic nursing programs.[26]

National strategies must be developed to promote and support the recruitment and training of RNFA. Desrosier, in her 2008 succession plan for Quebec's perioperative nurses, proposed reorganizing the operating room's nursing roles.[27] She suggested the enhancement of the scrubbing role, in both public and private settings, in order to include surgical assistance. Her proposal would have allowed all specialty nurses, with a specific permit for perioperative care, to act as assistants in internal service (formerly the scrub role) and as registered nurse first assistants (RNFA). In March 2010, however, she stated that the health regions, as well as nursing managers, had not supported this proposal and considered it too ambitious and costly.[28]

Other provinces have, however, proposed and implemented strategies to develop the RNFA role. In 2007-2008 the Ontario Ministry of Health and Long-Term Care, in an effort to decrease wait times for orthopaedic surgery, funded a program to educate and employ RNFA in a high volume orthopaedic center.[15] This was part of a national objective designed to decrease surgical wait times for joint replacements.[29]

Professional associations have also responded to the issues facing perioperative nursing by developing strategies to maintain and increase membership levels in order to maintain political influence in the area of perioperative nursing practice. AORN recognized "the need for more choices in avenue for participation (in association meetings) is most acute among nurses who have joined our profession since the technology revolution, the same group that is underrepresented and has the highest lapse rate now."(p.134)[4] In 2010 17% of AORN members belonged to the e-chapter when geographical meeting attendance was on average 10%-20%.[3] This indicates that members are following the technological trend and prefer the convenience of internet social networks, such as Facebook and Twitter, to exchange information and ideas with their nursing colleagues. Murphy suggests a more flexible approach to membership status.[4]

ORNAC recently released a Strategic Planning communiqué that emphasized the current challenges faced by the organization and a plan to address those issues at both on a provincial and a national level. It addressed the issues of increasing membership sustainability, the future of the perioperative nurse within the surgical team, the importance of patient safety, surgical wait times, perioperative nursing education, and the lack of representation in health care organizations as it impacts perioperative nursing.[5] ORNAC demonstrated its intention to improve the status of perioperative nursing care in Canada and positively affect the recruitment and retention of nurses in the specialty.

With the political influence of the Romanov report[22] and the importance of primary health care, ORNAC also supports a greater role for perioperative nurses in primary health care. Within this scope of practice, operating room nurses are able to perform direct patient care and to teach and educate patients, family, health care personnel and the community at large. ORNAC also states that Perioperative Registered Nurses should support and/or perform research as well as supervising and managing health care services.[26] Perioperative nurses are in a position to research and report on recurrent surgeries and to promote health by educating patients on ways to prevent the diseases that lead to surgery. By expanding the perioperative nursing practice into the community these nurses can contribute to the overall health of the Canadian population. Perioperative nurses can actively research infections rate and surgical complications by participating in the *Safer Health Care Now*! initiative.[30]

Both American and Canadian perioperative nurses face the threat of extinction if the current trends are not reversed.

CONCLUSION:

Since the establishment of perioperative nursing as the first nursing specialty many political, educational, and societal factors have shaped the practice. Nurses must, in order to control the future of the specialty, understand these factors and take action to regain control of their practice and support recruitment and retention.

ORNAC, in collaboration with provincial operating room associations, must sustain its efforts to return the perioperative rotation to undergraduate nursing programs. Perioperative nurses must also get involved with their provincial associations to promote the development of the RNFA role, influence the development of perioperative nursing education, and improve preceptorship programs. The necessity of Baccalaureate educated nurses in the OR is also beginning to become evident. The focus on patient safety and the expansion of the perioperative nursing role further emphasizes the need for education.

Both American and Canadian perioperative nurses face the threat of extinction if the current trends are not reversed. Perioperative nurses must, in recognition of increased patient acuity and the increased knowledge and critical thinking skills that the specialty requires, stand together and save their specialty.

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