

LA JOIE DES SOINS PÉRIOPÉRATOIRES

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Cet article est adapté d'un discours du même titre présenté par l'auteure à la conférence mondiale sur les soins aux patients World Conference on Surgical Patient Care – One World – Working Together, à Barcelone en Espagne le 29 septembre 2005.

RÉSUMÉ :

Quand une infirmière commence sa carrière dans le domaine des soins périopératoires, elle entre dans la salle d'opération et elle ne quitte jamais. Est-ce qu'elle rentre chez elle?

Qu'est-ce qui nous attire?

- nos expériences d'étudiant?
- un emploi choisi plutôt au hasard?
- un désir profond de travailler dans la salle d'opération?
- un changement de carrière?

Quelle que soit la raison de notre arrivée, plusieurs choses nous gardent dans la salle d'opération : le travail d'équipe, les amitiés, les défis, la camaraderie et l'apprentissage continu de nouvelles habiletés.

Pour certains, c'est la poussée d'adrénaline qui accompagne chaque individu en crise franchissant le seuil.

Où c'est peut-être parce que nous nous sentons que nous soignons vraiment et que nous pouvons agir dans le meilleur intérêt des patients. Nous nous rendons compte que les patients se fient à nous dans un moment où ils sont vraiment vulnérables et qu'ils sont incapables de parler pour eux-mêmes.

Qu'est-ce qui crée une infirmière périopératoire, et qu'est-ce qui la garde?

Au moyen d'un questionnaire de recherche qualitative distribué à des infirmières et infirmiers assistant à une conférence nationale sur les soins périopératoires, l'auteure a analysé les commentaires de ceux-ci touchant leurs émotions, leurs attitudes et leurs connaissances afin de déterminer ce qui crée un professionnel de soins périopératoires et ce qui la garde dans le domaine pendant de nombreuses années.

Les résultats, accompagnés d'observations personnelles de l'auteure, sont présentés dans l'article.

THE JOYS OF PERIOPERATIVE NURSING

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ABSTRACT

When we join perioperative nursing we enter the swinging doors of the operating suite and never leave. Have we come home?

- Are we drawn by -
- Student experience?
 - A job to go to by random assignment?
 - A long desire to work in the OR?
 - For a career change?

Regardless of the reason for our arrival, many



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THE JOYS OF PERIOPERATIVE NURSING (cont.)

things keep us in the OR including the teamwork, friendships formed, the challenges, the camaraderie, and the constant learning of new skills.

For some it is the adrenaline rushes with each crisis and trauma that comes through the door.

Or maybe it's because we feel we truly are nursing and able to act for the patient. We realize that patients have placed their trust in our care during a very vulnerable time when they are unable to speak for themselves.

What creates and keeps a perioperative nurse?

Using a qualitative research questionnaire, given to nurses attending a national perioperative conference, the author obtained feedback from nurses on their feelings, attitudes and knowledge in an effort to determine what makes a perioperative nurse and what it is that keeps them there for so many years.

The results, along with the author's personal observations, are outlined in this article

30 years ago a young nurse needed a challenge and entered the world of the operating room.

Today that young nurse is somewhat older and has seen many changes over the years. Many procedures of yesterday are seldom performed today. Instruments that were commonly used are now on display in hospital museums.

As the author of this article, that nurse wondered why she, along with so many other nurses, spent her whole career in the OR. Why has she been able to avoid the burn out, exhaustion, stress, and disillusionment that we read about due to too few nurses responsible for too many patients. What of the stories you hear of lack of resources, money, and support. Why do OR nurses stay?

I enjoy all the challenges, and even some of the frustrations, involved with working in this specialty, but why do other perioperative nurses stay? Over the years I



Photo by/par C. Newland

A student learns how to set up the arterial lines in the OR.

have worked with many nurses. Some have only stayed a short time but a large number have stayed for years.

To find some answers the author submitted a questionnaire to the nurses attending a Perioperative Nurses College Conference in New Zealand. They were asked a number of questions, some requiring yes or no answers, others asking for opinions about topics. Approximately 250 nurses received questionnaires in their conference bags with a 28% response rate at the end of the conference. See Appendix 1 for the full questionnaire. Various journals were also consulted for information related to this topic.

Why do we enter through the swinging 'authorized personnel only' doors of the operating suite and never leave?

For some it was their **student days**, spent in the OR, that were made even more exciting because of the nurses they worked with. They described it as being different, fascinating, exciting, challenging, interesting, stimulating, stirring the adrenaline during emergencies, and offering lots of learning opportunities.

The best experiences seemed to be when OR nurses mentored and preceptored, gave explanations, supported, created a friendly and helpful environment, guided, and taught. Comments provided on the questionnaire included:

*'I gained so much interesting knowledge and experience and I got to work with a great group of people and had heaps of fun'*¹

*'Loved it. Was part of workforce. Knew that was what I wanted to do. Was one year through my training so had to wait 2½ years to get back.'*¹

Mardell [1998] states that nurses' chose working in the operating theatre as a career because they had enjoyed their theatre allocation during their training. That the experienced nurse, when observed by the student, was well organized or well prepared very cool and calm, she had everything to hand, and she knows where everything is.²

But we must not forget that some students have a negative experience. This happens when we offer no explanations, create an unwelcoming and unsupportive environment, and do not take the time to teach or involve the student in patient care or the work of the OR. The result is the other type of feedback seen on the questionnaire, including:

*'Only spent one day in the theatre watching a tendon repair on a hand. No one explained what was happening and I stood back and could not see anything. Did not know where to stand or what was being done'*¹

As one of the respondents to Letvak's [2003] study stated "What's gonna happen when your older nurses go out and there is just nobody here to train the new ones?"³

For others it was a **job to go to** as a nurse either when they first graduated or when they started at a new hospital.

*'Initially I was sent there as a staff nurse – I had no choice but was told if I didn't like it after 3 months they would place me somewhere else. I loved it and stayed'*¹

Yet others always wanted to be there

'It was the first choice for me even before I

*commenced my training. My first experience of theatre only enhanced this'*¹

And for some it was a **career change**

*'It is different, very different from ward work – after 12 years working in a ward setting I wanted something different.'*¹

Anderson [2002] in asking, 'What drew her to the OR?' suggested it was the sense of family that develops as teams of nurses' work together developing good relationships and communication skills.⁴

And Watson [2002] described the perioperative surgical suite as an environment unlike other areas of the hospital where team members may spend eight hours or more together on any given day. Relationships among team members develop because of this unique situation and can result in family-like interactions. Surgical team members frequently become so comfortable with each other that they discuss topics most coworkers might feel uncomfortable addressing.⁵

If you are working well together as a group every one has an understanding of what needs to be completed. As pointed out to me by a



Photo by/par C. Newland

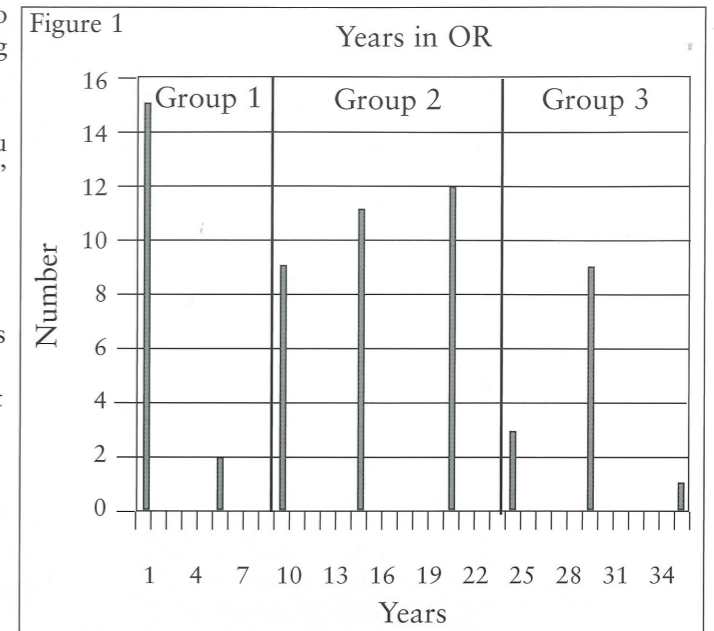
2005 Hospital Operating Room Nurse Invitational (HORNI) Regatta crew (St. Paul's Hospital) comprising OR nurses and anaesthetists. This annual sailing regatta is a fun way to showcase the close relationship that develops between health professionals.

THE JOYS OF PERIOPERATIVE NURSING (cont.)

student nurse, 'You all know what to do and you all assume a role without doing what another member is doing'.

The question 'How long have you worked in Perioperative Nursing?' showed 3 distinct groups (see Figure 1):

1. The new perioperative nurse just starting his/her career. At least 25% have been in the OR from 10 months to 10 years. They have the excitement of new challenges to meet not only in their work lives but also in their personal lives.
2. The more experienced perioperative nurse. About 50% have worked in the field of Perioperative nursing from 11 to 25 years. Over time they have seen many changes, new techniques, procedures, instrumentation and more paperwork.
3. The final group is the grand dames and dons of the OR. Approximately 25% have between 26 and 37 years of perioperative experience. They have seen many changes in procedures, techniques and products, over the years. Letvak noted that the older generation of OR nurses are still challenged and energized by being in the OR. They are respected by the members of their close-knit teams.³



adrenaline rush with each crisis and trauma that comes through the door. One perspective on this was offered:

*'I love all the drama with colleagues and patients that I could wish for. I have seen the results of the good we do and the relief we give.'*¹

The positive aspects that seem to keep nurses in the OR (in order of number of survey selections) are:

- Teamwork, constant learning and challenges were the top three;
- The patient – getting to care for one person completely;
- Camaraderie and friendships formed;
- The hours;
- The atmosphere;
- The adrenaline rush;
- The supportive environment;
- The drama of the OR; and
- The opportunity to do what is felt to be real nursing.

But as Hunter [2004] noted in a study on what it means to be a perioperative nurse, "as long as there's a patient involved then I'd say that it is nursing."⁶

Now that you have arrived in the OR, **What keeps you there?**

Is it the teamwork or the sense of family and belonging? Perhaps the strength of friendships formed or the workplace camaraderie? Maybe it is the challenges or the opportunity to constantly learn new skills? In what areas does perioperative nursing fulfill your expectations? One perioperative nurse commented:

*'It was all the drama for excitement, camaraderie of team spirit, welfare and wellbeing of both patients and colleagues to enthuse my mind to develop, learn and communicate in education.'*¹

Do you enjoy, despite the long hours, the

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THE JOYS OF PERIOPERATIVE NURSING (cont.)

In order to keep a balanced perspective, it is important that we also address what nurses perceive to be the negatives of the profession.

Number one on everyone's list was staffing shortages. Shortages have an impact on many areas include time available for education/study, ability to take vacation time, homelife, and workloads/stress levels. Comments about negatives included:

*'Short staffing - is a MAJOR problem leading to increased stress levels.'*¹

*'Not knowing when you are going to get home.'*¹

Dunn [2003] has suggested that there may be a direct relationship between the effects of stress at work and a decline in job satisfaction. He goes on to suggest that there is a need for better therapeutic methods of communication that might be related to reductions of stress and increased success in nurse recruitment and retention.⁷

The next most common negative related to the other personalities in the OR. Comments included:

*'Doctors mainly playing games but also nurses play games too'*¹

*'Being in a confined area all day with some personalities can be hard work.'*¹

Other areas of complaint included:

- Lack of resources
*'Very poor resources - monetary vs. safety / patient care. Monetary always wins out.'*¹
- Lack of patient contact
- Crisis incidents and poor social life.
*'On call, weekend work + unsocial hours do not make for a harmonious lifestyle and relationships outside work.'*¹

How are we there for our patient?

Are we really nursing, acting and caring for our patients who have placed so much of their trust, in our care at their most vulnerable time?



Photo by/par C. Newland

John caring for patient - hands-on care of the patient undergoing surgery.

Bull [2004] noted that even though the perioperative nurse has only a brief engagement with their patients, the pressure on them to act as advocate is intense, because many of their patients are unconscious or in a particularly alien environment. This means they are likely to be in greater than usual need of an advocate.

This complexity of caring for, communicating with, and advocating on behalf of a patient is complicated by what can be described as the 'disappearing patient' - the fact that in many cases the actual patient is forgotten about by scrub team members due to a focus on the surgical site.⁸ One nurse reminds us of our role:

*'I try to remember that each patient is someone's loved one and that if any of my loved one's ever needed to attend the OR, I'd want someone to take extra special care of them for me.'*¹

Daley-Hachey [1999] in describing her experience as a patient in the OR said:

"I became the recipient of things that cannot be scientifically measured or validated. It was in the words and actions of the nurses who dealt with me that I learned first hand that nurses do care.

I was in the process of leaving the nursing profession as the sense of purpose that once

inspired me to do my best was gone. I was surprised to rediscover that purpose in the OR of all places. Somewhere I assumed the nurses were as cold and sterile as the environment in which they worked. How wrong my assumptions were.

Every touch of the hand, every smile, every word spoken whether in social chit chat or in explaining what happened next helped to alleviate much of my fear. These gestures, simple and automatic, had a tremendous significance on my personal experience. I felt cared for.

*I now am sure that what 'chicken-hearted' nurses provide is far greater than any technical task. It is a human service that touches others in a way that cannot be measured objectively."*⁹

Duffy in his 2004 editorial about 'The value of our practice' pointed out that we are given the ability not only to see the wonders of the body but to see the wonders of the individual patient too. Be aware that patients allow us to see and be part of their physical body. It is a special recognition to be trusted with something so personal as we make a difference in people's lives every day. We really do change the world a little bit each day.¹⁰

What makes, or is, a perioperative nurse?

We are the descendents of one of the oldest nursing specialties - its professional development began around 1880.

Many writers and researchers have, over years, looked at the subject of what defines a perioperative nurse. It is made more difficult because of our 'invisibility behind these doors.'

Hunter [2004] describes it as 'the hidden side of nursing' due in part to the major barrier of protecting the individuals who are undergoing surgery from potential contaminants in the outside environment. This isolates the operating room staff, and their caring actions, from others in the healthcare facility. It often leads to misinterpretations of the perioperative nursing role by managers, other nurses, the general public and even by OR nurses themselves.

Outside the theatre doors there is the theoretical

assumption that, due to the greater than average degree of reliance upon technology, there is a high chance that care of the patient loses the personal touch. This assumption throws into question the personal element of other areas of nursing which also rely on technology.¹¹

Chad [2000] recognizes that there are many pieces in the puzzle of an OR nurse. The role is multifaceted and some feel that the actual caring behaviour 'is just so ingrained and so easy and natural that I don't even think about what I'm doing.'¹¹

Perioperative nurses worldwide can argue that, as a specialty nursing group, they ensure safety, efficiency, and sterility in the OR. Arguments can also be made that they provide an ethos of holistic and humanistic care in an otherwise highly sterile and technological area.

Chad's 2000 study of how we perceive our world noted we see ourselves as members of a team and that we use teamwork to accomplish good practice and good outcomes.¹¹

And Welch [2003] describes these teams as being dynamic, with flexible boundaries, and of having the ability to change to meet economic and patients' needs.¹³ In theatre nursing each team member has a role to play, both individually and collectively, for the benefit of the patient.

The team dynamic in the OR is unlike any others in the hospital and should be valued, nurtured, and constantly improved to increase positive outcomes of surgical care.

Even though, from the outside, it appears that this environment is dominated by medical and technical ethos, nursing has a significant and equivalent impact upon the experience of the individual.

We see ourselves as assertive, flexible, empathetic, organized, compulsive, and caring and we are willing to accept the good and the bad parts of working in the OR.¹²

"To work in an OR is exciting, frustrating. It can be frightening and exciting.

THE JOYS OF PERIOPERATIVE NURSING (cont.)

Sometimes, everything goes well and it's great. Sometimes nothing goes right."¹²

"We are a different breed of nursing – it is different from any other, and I think that is what has made it easy to stay. There is such variety of things going on; it keeps you from getting burned out"³

The perioperative nurse is a time manager who experiences brief yet intense interactions with the person undergoing surgery. They assess pre-operatively for physical and psychological signs and symptoms that may have a bearing upon the surgical procedure and/or outcome in a very short timeframe, to determine the most appropriate nursing intervention, be it the use of presence, touch or humour.

As nurses our knowledge of infection control and aseptic techniques is evidence based, ensuring accountability in our practice. We require knowledge of anatomy and physiology to be able to be competent at the table. We have the ethical and professional obligation to ensure the protection of the patient from the incompetence of other members of the operating team.

McGarvey [2004] defines the role as a combination of technical knowledge and expertise associated with the sophisticated instruments, techniques and drugs in current use, and the basic nursing skills acquired through training and experience that are vital to the care, physically and mentally of the patient and to protect them from physical harm, while still considering their personal dignity.¹⁴

Parker [1999] describes the technological knowledge as so skillfully practiced that it seemed almost second nature to the nurses. When the nurse described situations in which they were performing technological tasks, but were focused on more complex patient care issues, the knowledge was labeled 'embodied knowledge'.¹⁵

The calmness and the capability of many a theatre nurse in moments of crisis has

undoubtedly saved many lives. The indirect care we provide is paramount, as has been demonstrated by an ability to connect with, and to respond to, patient needs in the midst of the highly technological, stressful environment of the OR.

Siefert [2000] acknowledges that it is well known that perioperative nurses not only have challenges, but that they also have the capability to deal with them using the unique knowledge base that is necessary for achieving successful surgical outcomes. In the world of ever-increasing sophistication of technology employed to treat patients OR nurses have maintained high levels of critical thinking skills.

In addition to the necessary capabilities of flexibility, knowledge of technology and effective delegation, perioperative nurses have also developed, and refined, skills of coordination and facilitation of care.¹⁶ We also show a sense of professional responsibility toward our practice that is expressed in our desire to be competent, responsible, self-directed, and independent.

Ulmer [2000] states that perioperative nurses are uniquely suited to turn chaos into clarity as they assemble a myriad of supplies, equipment, and people for a single patient event – an



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Spring Bonnet 2005 offers a bit of light relief to welcome spring and showcase the nurses' hidden talents. All bonnets were made out of items found in the OR.


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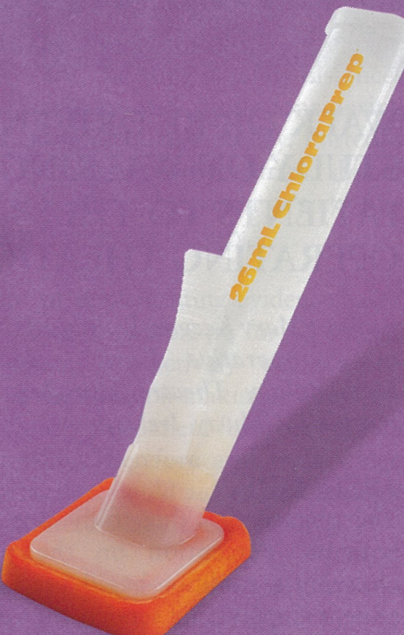
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THE JOYS OF PERIOPERATIVE NURSING (cont.)

uncomplicated surgical procedure. We are vitally essential to the process.¹⁷

As Knight noted in 1988, and again in 2004, the concepts of total patient care and continuity of nursing care are irrelevant if the patient's surgical experience is eliminated from the study of the practice of nursing.¹⁸

"I'm mad because you won't take credit for the role your care plays in my well-being, and I'm mad because you continue to undervalue your contributions to me. Just before I fell asleep it was you who took my hand and told me you would make sure everything went well, and I believed you. You have meant so much to so many. Everyone will come to understand that you are the keeper of the standards of quality of my surgical care." [1999]¹⁹

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APPENDIX 1

This questionnaire was conducted at a Perioperative Nurses College Conference in Wellington New Zealand in 2003. Participants were given opportunity to add comments after each question and statistical information was also collected. Approximately 250 nurses received questionnaires with a 28% response.

THE JOYS OF PERIOPERATIVE NURSING

1. Can you remember your student days in the operating room? Was it a good experience? Yes No
Why and how?
If not a good experience can you tell me what the OR Nurse did to prevent you enjoying it?
2. What attracted you to Perioperative Nursing as a field of nursing to work in?
3. How long have you worked in Perioperative Nursing?
4. Has this been continuous or have you had time out? Continuous Time out
Reason:
5. Has it fulfilled your expectations? Yes No Why and how?
6. Do you intend spending the rest of your Nursing Career working in Perioperative Nursing?
Yes No
7. What has kept you working in Perioperative Nursing [the positives]?
The teamwork Friendships formed The challenges The camaraderie
Constant learning The hours Adrenaline rush The patient
Real nursing Supportive environment The drama The atmosphere
8. What are the negatives about working in Perioperative Nursing?
The hours Personalities Crisis incidents Poor resources
Short staffing Lack of patient contact Affect on home life Poor social life
9. What has changed since you came to Perioperative Nursing? Procedures Equipment
10. Are you a specialist or generalist in Perioperative Nursing? Specialist Generalist
If a specialist what field do you work in and why?
11. If a general Perioperative Nurse what field do you most enjoy working in?
12. How are you there for the patient?
13. Have you worked in other fields of nursing before coming to Perioperative Nursing?
Yes No What fields?
14. Did you have a mentor / preceptor / role model who has encouraged you to develop and expand?
Yes No How ?
15. Have you travelled and used your perioperative skills? In New Zealand Overseas Where?
16. It has been stated by the ill informed that Perioperative Nursing is not nursing and that we are running away from life. Do you agree Disagree
17. That you are a technician Agree Disagree
Isolated from the world Agree Disagree
Not using your nursing skills Agree Disagree
Not using your nursing skills Agree Disagree
Prefer patients asleep/non entity Agree Disagree
Limits friendships formed Agree Disagree
Decreased communication skills Agree Disagree
Don't challenge yourself Agree Disagree
What you do is task orientated Agree Disagree
You are the patient advocate Agree Disagree