

LA FORMATION EN SOINS PERIOPERATOIRES AU CANADA : PERSPECTIVES ACTUELLES ET FUTURES

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RESUME :

Les réalités que connaissent le domaine des soins infirmiers, telles la pénurie d'infirmières, la modification de la formation des infirmières et les réductions budgétaires, ne sont pas sans conséquence pour la formation en soins périopératoires. L'objectif de cet article est d'examiner des techniques pouvant réduire l'impact négatif de ces réalités sur la formation en soins périopératoires au Canada. La manière de fournir cette formation spécialisée doit être réexaminée afin de déterminer si elle intègre pleinement les obstacles auxquels font face le domaine entier des soins infirmiers. Il faut soigneusement analyser l'impact négatif de ceux-ci sur le recrutement et le taux d'attrition dans les programmes de formation périopératoires, sur la formation de généralistes et de spécialistes et sur les niveaux de financement pour pouvoir proposer des solutions positives. Identifier les meilleures façons de contourner ces obstacles exige un dialogue ouvert sur les techniques de formation en soins périopératoires.

PERIOPERATIVE NURSING EDUCATION IN CANADA: CURRENT AND FUTURE PERSPECTIVES

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ABSTRACT

Current nursing issues such as the nursing shortage, recent changes to basic nursing education, and ongoing fiscal restraints have had consequences for operating room nursing education. The purpose of this article is to discuss approaches for lessening the negative effects that current nursing issues may have on perioperative nursing education in Canada. The delivery of this specialty education should be reviewed to determine if it is fully addressing the issues facing the nursing profession as a whole. The resulting negative impact on recruitment and retention in perioperative programs, on generalist and specialty training, and on funding levels require careful examination and supportive solutions. Establishing the best responses to these challenges will require further discussion of perioperative nursing education delivery.

Perioperative nursing education is influenced by some of the same issues affecting the broader discipline of nursing. The current nursing shortage, recent changes to basic nursing education and fiscal restraints in health care can be considered major factors affecting Canadian nursing, and subsequently, the specialty education of operating room (OR) nurses. The purpose of this article is to discuss approaches for lessening the negative effects that current nursing issues may have on perioperative nursing education in Canada.

WHY LOOK AT PERIOPERATIVE NURSING EDUCATION?

First, nursing education should be continually assessed to ensure relevance in the constantly changing health care environment. Educational program structures and new innovations should respond to ongoing challenges.

Second, perioperative program availability varies across the country as indicated by fewer programs in Eastern Canada, with a higher concentration of programs in Ontario and the western provinces¹. In addition, although

general content is standardized, program structures differ in length and institutional affiliation. Programs may be primarily associated with either a college or hospital. These variances are not well explained.

Third, there is limited recent literature on Canadian operating room training programs. Although Christensen² documented a local program's approach to some issues, few Canadian authors compare programs in terms of the successes and the struggles. This makes it difficult for educators to assess their own programs in relation to others.

A proactive examination of OR nursing education could therefore be useful in establishing educators' response to current issues or points of debate in nursing. Delivery of perioperative nursing education for registered nurses should be explored to determine if it is fully addressing the current issues facing the nursing profession as a whole. Some current issues will be briefly reviewed along with their impact on perioperative nursing education. Potential solutions for lessening these effects on education, as well as the implications of the various solutions, will be presented.

CURRENT ISSUES FACING CANADIAN NURSING

GENERAL NURSING SHORTAGE

The phenomenon of the Canadian nursing shortage has been well documented. A severe and urgent crisis has been predicted to worsen in the next few years, hastened by an onslaught of expected retirements³. Provinces are competing with each other for nurses. This is reflective of a global shortage⁴.

The current shortage also affects perioperative nursing services. British Columbia and Ontario are especially challenged by a shortage of OR nurses^{5, 6}. General nursing shortages have been attributed to stressful work environments, an aging workforce, increasing job opportunities for women in other sectors, poor image, unattractive salaries, an increased demand for specialized nursing services, and decreased nursing school enrolments⁷. These factors are evident in the perioperative nursing environment as well.

THE ENTRY TO PRACTICE MANDATE: CHANGES TO BASIC EDUCATION

Canadian nursing has recently seen a change in its minimum educational requirements, from the college diploma to a baccalaureate degree as the entry-to-practice standard. Since 1982, Canadian nursing groups have been in agreement with this standard. As a result, most new nurses will hold a degree. The benefits of this education include a broad-based foundation for safe, interdisciplinary practice in working with individuals, families, groups, communities and populations in diverse settings. Evidence has shown that degree preparation is the safest, most ethical, and most cost-effective way to provide quality care for Canadians⁸.

From a perioperative nursing education perspective, however, baccalaureate education is an issue with challenges that need to be acknowledged. Broad nursing preparation means decreased exposure to the OR specialty and a potential for lack of student interest. Students spending a longer period in basic education carry a heavier debt-load and as a result, may delay their pursuit of specialty education. However, recognizing the higher level of education, and compensating the degree-holding nurses with increased pay, would be a major cost driver.

FISCAL RESTRAINTS IN HEALTH CARE AND EDUCATION

Funding for Canada's universally accessible health system has long been an issue with which all health professionals and governments have had to contend. Romanow's report acknowledged that federal funding has sharply decreased, health care will continue to place increasing demands on provincial budgets, and costs are likely to climb. Romanow also proposed that training of more nurses, over the next decade, will be crucial⁹. Provinces continue to look for a balance that takes into account the limited access to funding and the need for adequate nursing resources.

Educational program directors have been struggling with funding issues as well. Nursing programs that do not possess adequate monies may be required to turn away qualified applicants, further contributing to the nursing shortage. Increases in government funding recently received

by Ontario post-secondary institutions to increase student enrolment and faculty levels¹⁰, may be only indirectly supporting the smaller OR programs. In addition, financial aid available to perioperative nursing students is limited. This may lead to a reduction in student enrolment.

All these issues can affect OR nursing education and how it is received (Figure 1).

IMPACT OF ISSUES ON PERIOPERATIVE NURSING EDUCATION

RECRUITMENT AND RETENTION IN OR PROGRAMS

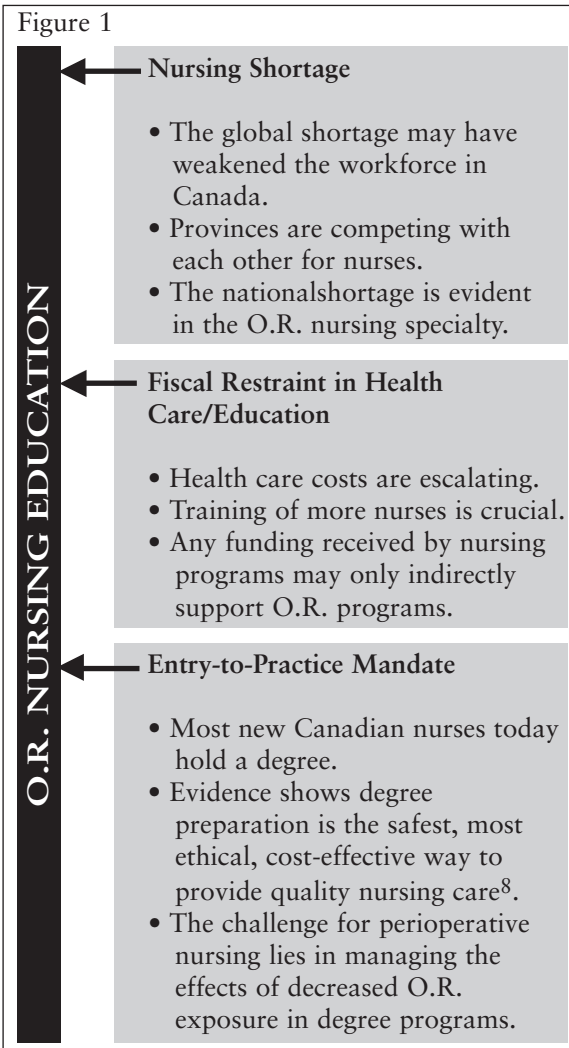
As a result of the nursing shortage in Canada recruitment and retention of registered nurse (RN) students in the perioperative specialty's educational programs have become critical. Highly structured programs involving internet-based and classroom-based courses, as well as many faculty and hospital affiliations require the largest investment and consequently have the most to lose as a result of decreased enrolment. Poor enrolment and retention result in program cuts and thereby increase the shortage.

Students may also be leaving the programs because of difficulty finding acceptable clinical placements. Although preceptors were originally part of the solution to this problem, many nursing education programs are beginning to experience difficulties in recruiting and retaining preceptors¹¹. Nurses already working in an environment of staff shortages may find the demands of teaching and mentoring to be too time-consuming and stressful.

A shortage of nurses has also resulted in a shortage of nursing teachers. The number of qualified faculty will continue to decrease with a rise in retirement rates due to an aging workforce¹². As a result, the number of perioperative nurses qualified to teach in university programs and continuing education will be in short supply.

GENERALIST PREPARATION OF NEW NURSING GRADUATES

It has been observed that "the increase in knowledge required for practice in every area of nursing has necessitated not only a move to generalist entry-level education, but to a



contrasting increase in specialist post-basic requirements¹³. University education for nurses, providing a broad, general preparation, affects perioperative nursing education in several ways.

A gradual decline of OR clinical experiences in nursing school curricula has been recognized. Wagner, Kee and Gray have identified significant themes contributing to this. Among these was the nurse generalist versus the specialist debate¹⁴. The movement towards general preparation involved less focus on purely technical tasks, and more on decision-making and interdisciplinary skills, working with a broader range of clients, integrating research and ethics, and increasing the community nursing and health promotion focus. Meeting the broader requirements of the four-year program has meant little time for specialty experiences.

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At the same time, factors that drive the need for specialization (such as increasing technology and consumer demands for expert care) have prompted the Canadian Nursing Association (CNA) to support specialty certification programs¹². Post-basic training has allowed each nurse the flexibility to choose further educational paths based on her/his own interests. This split general/specialty educational process produces a competent clinical practitioner in a particular field.

Without the opportunity to gain pre-graduation experience in context-based skills, new baccalaureate graduates have reported feeling unready for work¹⁵. Employer expectations that new staff will be able to work in any setting and will have specialized skills¹⁶ have increased new graduates' stress. Although similar to Benner's theory-practice gap, and the advanced novice experience¹⁷, the skills gap can be attributed primarily to lack of specialty education rather than to experience. For the undergraduate student, selected specialty nursing experiences during their basic program may provide the opportunity to focus career options, reinforce nursing skills, and reduce this gap.

INADEQUATE FUNDING

The push to increase the overall funding of nursing education has been focused on producing nursing graduates, not specifically on specialty education. Many OR programs continue to operate using outdated materials. While new technology is driving the increased need for educated perioperative nurses, the technology itself is slow to appear in the training labs due to cost.

In addition, there are few funding options available to students pursuing continuing education. Students often have a low awareness of the financial resources that are available. Mature, perioperative RN students are often working full-time, have family commitments, and are experiencing budget restrictions. Despite the fact that a post-basic course is required in most ORs many nurses do not receive financial compensation from their employer for continuing education. The impact of these issues on OR education requires meaningful solutions.

SOLUTIONS FOR SUPPORTING PERIOPERATIVE NURSING EDUCATION DELIVERY

Solution criteria must be identified to address the issues of recruitment and retention, generalist preparation, and inadequate funding of perioperative nursing education. By increasing the appeal and awareness of OR nursing among basic students, and by appropriately compensating preceptors and nursing, we would take an important step in attracting and retaining perioperative nurses. Demonstrating the relevance of OR nursing skills to the general skill base would aid in the re-introduction of the specialty into the basic curriculum. Solutions that include political action through the Operating Room Nurses' Association of Canada (ORNAC) would increase public and professional awareness of perioperative nursing and help attract funding. The key to any solution should be its ability to be implemented in the current educational system. Re-examining program structures, incorporating OR nursing content in undergraduate curricula, and applying technology in education will all affect education delivery (Figure 2).

OR PROGRAM STRUCTURES

A traditional hospital-based program is often structured as an orientation program and is primarily run by a health care institution. It prepares existing and new RN staff for employment in a particular workplace. Learners in the perioperative setting form a solid relationship between clinical components and didactic course content, such as that suggested by the Operating Room Nurses Association of Canada (ORNAC)¹⁸. These programs are flexible as they are only run when needed. They provide compensation of employees for training, ensure preceptor availability, and provide job placement. These programs may differ greatly in each locale because they meet specific, institution-centred needs. Nurses from these programs who then move to work in a different hospital may need retraining.

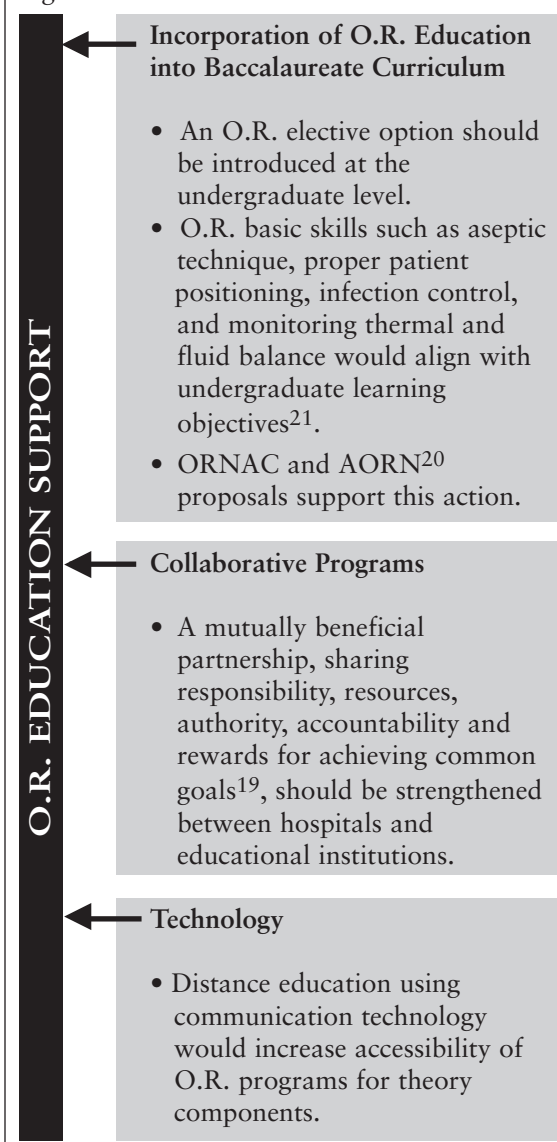
Alternately, educational institution-based programs require more infrastructure and permanence than their hospital-based counterparts but are subject to provincial funding fluctuations. Not specifically affiliated

with one hospital, clinical placements can often be arranged closer to the students' home or work area. This accessibility for the student can be hampered if preceptors are in short supply.

The educational institution may allow students to earn credits towards degree programs, which, while highlighting the relevance of OR nursing, also increases professionalism and encourages continued education. This association is strengthened in more collaborative structures.

A collaborative arrangement is a mutually beneficial partnership of two or more programs

Figure 2



that share responsibility, resources, authority, accountability, and rewards for attaining common goals¹⁹. Joint structures between educational institutions and hospitals, for instance, may address problems such as clinical placement and preceptorships, some funding issues, and the need for perioperative nursing recruitment and program enrolment. Other simultaneous approaches could be useful in satisfying these needs.

INCORPORATION OF PERIOPERATIVE EDUCATION INTO BACCALAUREATE CURRICULA

Re-introducing perioperative nursing at the undergraduate level would increase exposure of nursing students to the OR specialty, as well as showing relevance of OR nursing skills to the basic curricula. American and Canadian professional associations have identified this as part of the solution process.

The statement issued by the American-based Association of periOperative Registered Nurses (AORN) in 2001 and the current draft statement on the "Value of Clinical Learning Activities in the Perioperative Setting in Undergraduate Nursing Curricula"²⁰ demonstrate positive action and support of the relevance of perioperative skills to general nursing education. An OR elective experience would reinforce learning of aseptic technique, proper patient positioning, skin integrity issues, infection control, informed consent, and thermal and fluid balance²¹. These basic concepts are important in providing a broad-based nursing education.

For similar reasons, Canadian perioperative nursing professionals have recommended that the CNA endorse the perioperative experience as an integral part of basic nursing education. ORNAC has emphasized that OR skills, such as multidisciplinary teamwork, using theory in practice, and critical thinking, are beneficial to the basic student²². These political statements support perioperative nursing education by increasing the exposure, relevance, and appeal of the specialty to nursing students.

TECHNOLOGICAL APPROACHES IN OR EDUCATION

Access to specialty education can be

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problematic for working RNs. Because of this, distance education has increased in popularity in Canada and elsewhere. Over the last decade, communication technology and opportunities for direct instructor-learner interaction have expanded. Several nursing undergraduate and graduate programs are now offered partially or completely online or through other non-internet communication technologies²³.

While not all components of OR nursing education can be delivered using technology several programs in Canada are offering theory courses via distance education. The hands-on nature of perioperative nursing and learning, the use of traditional teaching methods, and funding issues have slowed the further use of technology.

IMPLICATIONS OF CURRENT EDUCATIONAL STRATEGIES

ADVANTAGES

Currently, it is difficult to tell if any particular approach, for training OR nurses, is fully addressing the issues faced by the profession. It is possible they are each most effective in their particular region. However, the inter-related aspects of the national nursing issues call for a multi-pronged approach to perioperative education. The advantages of the suggested solutions for supporting Canadian OR nursing education would lie in their combined effects.

The literature shows that collaborative programs between university/college nursing schools and affiliated hospitals have been successful^{1,24,25,26,27}. Incorporating OR nursing as an elective option available to undergraduate nursing students and providing accessible continuing education using appropriate technology would strengthen such programs. This approach would address the negative effects of some current issues, narrow the skills gap and improve patient care. Broader implications of these educational improvements and of attracting new OR nurses would mean that hospitals could increase the number of surgeries performed to reduce long wait times⁶.

CHALLENGES

The question remains: Should there be more educational programs with these combined

qualities? There are several drawbacks to these potential solutions.

Collaborative, OR-friendly programs using technology would have to be demonstrated as beneficial in the context of the Canadian health care system. There is not enough current Canadian evidence to support their ability to affect change. Evaluating the effects of such a program would be a lengthy and expensive process.

Further obstacles to re-setting OR programs would include hiring faculty within collective agreement arrangements, amalgamating curricula, and acquiring funding. These challenges were recently managed by many new diploma and degree program affiliations. Specialty education may be able to follow these examples. Other challenges would be found in evaluating any innovative approaches such as condensed OR education programs²⁸. Looking beyond traditional standards may be the greatest challenge of all.

In any case, OR nursing education should be examined to determine optimal delivery of specialty knowledge and skills in all areas of Canada. A comparison of program experiences would add to the literature and benefit the future of Canadian perioperative education. Nursing shortages, changes in education, and funding cuts will continue. Lessening their impact on OR education is essential.

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