

The Advocacy Role of the Perioperative Nurse

By Loretta Thomas-Aasen, R.N., B.S.N.

The Advocacy Role: An Overview

In 1903 Leila Woodbury made it known to her peers that the "good nurse" was one who informed her patient about the surgical ordeal and supported the patient as an individual. These functions are widely recognized in the contemporary view of the patient advocate.¹

The advocacy role evolved from a critical examination of the ideological base, values, and concepts of perioperative nursing. The role has changed from the concept of skilled manipulation of equipment and supplies to that of preventing illness and maintaining the patient's health status.²

In 1978 in the United States the advocacy role was examined and the five models of nurse patient advocacy were identified:

1. The nurse acts as a counsellor helping the patient by reducing the patient's fears and establishes the patient's feelings of self-control,
2. The nurse assists the patients with health care decisions congruent with personal beliefs,
3. The nurse acts as a watch dog over patient rights,
4. The nurse ensures that quality health care is delivered to the patient such as: family contacting, double checking blood types and medications, and
5. The nurse acts as a representative or spokesperson when patients cannot speak for themselves.³

Perioperative nursing practice is often judged according to how quickly the operating room can be turned over, how efficiently the surgical staff needs are met, and how instantaneously patients can be prepared and moved through their surgical experience.

Perioperative nurses are valued for their efficiency,

time-management skills and of course their technical expertise.⁴

The perioperative nurse has numerous responsibilities besides patient care. These responsibilities include: checking all the equipment, supplies and instruments which are being utilized in the intraoperative environment.

Perioperative nurses have a duty to make sure that all products which are utilized in the operating room environment are safe and promote optimal patient care.

The Patient

The consumer has also become better educated in health care related to health promotion and maintenance. Today many patients exercise their right to be informed of their health status, their right to participate in decisions related to their health care and their right to high quality care. Nurses must be able to intelligently assume the role of patient educator. If the nurse doesn't keep pace with the development of new knowledge the nurse will lose credibility, (Conway 1983).

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Ask Yourself These Questions

- Do perioperative nurses need to justify their existence?
- How are perioperative nurses judged?
- How are we advocates for our surgical patients?
- How can perioperative nurses enhance their advocacy role? (For example - how can we better represent the best interests of our patients and speak on their behalf?)
- How can we improve the image of perioperative nurses?
- How are we keeping pace with advances in technology with regard to patient advocacy?

Perioperative nursing care involves giving your patient prioritized attention during the preoperative, intraoperative and immediately following the surgery in the post-operative phase. Patient advocacy involves protecting the patient and of course the aseptic environment. The perioperative nurse is responsible for assessing the operative environment and ensuring that the surgical team functions according to the policies of the hospital. The nurses' priority is ensuring that the patient receives quality care throughout their perioperative experience.

Preoperatively, the perioperative nurse interacts with his/her patients and their families outside the operating room setting. Consequently, the nurse establishes a positive rapport with the patient and family members.

The perioperative nurse collects and analyzes data pertaining to the patient's health status, makes nursing diagnoses, plans nursing care utilizing the nursing process, and prescribes specific nursing actions according to the chosen conceptual model and finally implements and evaluates the care which is given. The perioperative nurse has the opportunity during the pre-op visit to teach, answer questions and provide support and reassurance to the patient and family members. By performing preoperative visits this signifies to the surgical patient that you care about the person. People are really terrified due to the fear of the unknown. We have an obligation to inform our patients about the surgical environment.

It is hard to do everything in one day. Consequently, we have to commit ourselves beyond our usual work day in order to perform perioperative visits. We must accept the challenge to try and find extra time each day to complete preoperative/post-op visits. By taking the necessary time to complete patient visits we can add to and improve the image of perioperative nurses. Not to mention that preoperative

visits assist in preparing the patient for their operating room experience.

Characteristics of Advocacy

There are two characteristics of advocacy:

1. **Passive mode** - the visiting nurse provides support to the surgical patient as long as the patient's needs are in line with the norms and rules of the institution.

2. **Active mode (autonomous)** - the perioperative nurses' actions are based on his/her personal and professional beliefs and standards that reflect what is morally and ethically right on behalf of the patient - not the institution.

The passive (non-autonomous) perioperative nurse will stray away from making independent judgments and hide behind the institutional policies.

The active (autonomous) perioperative nurse will become involved by making decisions, and providing support and strength towards his/her patient.

In order for the perioperative nurse to effectively perform the advocacy role the nurse must retain the following characteristics - the nurse must have:

- The ability to advocate for others,
- The knowledge of what it means to be an advocate,
- The autonomy to carry out the commitment of caring, and,
- An understanding of nursing as a caring relationship.

There may be conflict related to the perioperative nurses' role as a patient advocate. Stress due to lack of time available, other commitments, and insufficient support from colleagues and physicians may cause conflict. There may be confusion related to who should perform this function. Consequently, all these stresses may only encourage the perioperative nurse to not perform preoperative patient interviews.

For review thus far, the perioperative nursing activities include: knowledge and validation of the plan of care which will include a plan which is patient-focused, and goal oriented. This will include a review of assessment data, nursing diagnoses, intended patient outcomes, and planned nursing actions. The plan will need to be validated with the patient and the members of the health care team.

Preoperative, Intraoperative and Postoperative Routines

The perioperative nurse will prepare the patient for the surgical experience by completing the pre-op visit. This will include:

1. Verifying identification of the patient,

2. Completing the physical assessment,
3. Establishing a rapport with the patient and family members,
4. Explaining all procedures and actions,
5. Being supportive towards the patients need for psychological support,
6. Giving complete instructions regarding postoperative exercises and health maintenance procedures, and lastly,
7. Describing activities and routines to be anticipated in the surgical experience.

Preparation of the operating room is the second last step in the preoperative nursing activities. The perioperative nurse is responsible for assuring the availability of resources to assist with the continuation of planned nursing activities. This will allow for safe, high quality delivery of protected patient care.

Finally, the perioperative nurse must have the knowledge and skills to perform the necessary care for his/her patient. If the nurse is unable to perform specific nursing skills, the appropriate health care personnel must be informed.

Intraoperatively, the perioperative nurse will assess the patient on an ongoing basis. Potential problems are then discussed with the surgical team. Implementation of the plan of care during the intraoperative phase of the surgical experience must be performed. Nursing actions should be client focused and consistent with expected patient outcomes.

Intraoperatively patient safety is extremely important. In order to provide patient safety adequate health-care resources (both in terms of personnel and equipment) will be readily available; aseptic technique must be observed; the physical environment should be inspected and approved; and the principles of physiological and psychological functioning must be observed.⁵

High tech equipment does not calm the uninformed patient, it only adds stress to the situation. It is the perioperative nurse's duty to keep informed of the changing technology especially with regard to the equipment being used in the operating room theatre.

The perioperative nurse is responsible for promoting the patient's right to individualized care and must also demonstrate appropriate, safe and judicious use of equipment and supplies.⁶

Intraoperatively, the plan of care must be executed skilfully and efficiently by the perioperative nurse. The nursing care plan should be modified according to the patient's health status. The nurse is responsible for the coordination and direction of the patient's care.

Therefore, the perioperative nurse must assure continuity of care throughout the preoperative, intraoperative and postoperative periods by utilizing the patient care plan. In the O.R. the perioperative nurse has a primary role, that of patient advocacy.

Documentation of nursing care during the implementation period reflects what has been done for the patient and also includes the patient's response to the actions.⁷

Postoperative nursing activities include: patient teaching, assessment of the patient's compliance with the plan of care and documentation of goal attainment. The perioperative nurse is able to continue to implement the plan of care through helping to prepare the patient for discharge.

As a patient advocate the perioperative nurse provides quality care and will acknowledge that his/her professional and ethical responsibility for patient advocacy, dealing with conflict, and maintaining competence, all of which will make a significant difference in the lives of patients.

It is very important that nurses continue to be patient advocates. In doing so they are allowing the patient to plan their care and both the nurse and the patient can learn from their experiences. Advocacy allows for a positive surgical experience for the patient. However, we must remember that a nurses warm touch and verbalized concern will also assist the patient through their preoperative, intraoperative and postoperative experiences.

The Perioperative Nurse's Role in Promoting O.R. Nursing

In order to discuss the promotion of O.R. nursing we must consider the development of professional nursing in Canada.

Several forces have affected the development of professional nursing. These include: the British military's influence on Florence Nightingale, Christian religious tradition, medicine's dominance of health care, the rapid increase of knowledge in the social and biological sciences, and the escalation of health care costs. We are all aware that Florence Nightingale is recognized as the 'Founder Of Modern Nursing'. Florence was called up into the British army in 1854 so that she could provide women nurses to care for the sick and wounded soldiers in the Crimean war. Consequently, through this service, the British military affected the development of nursing in the areas of nursing functions, responsibilities and authority.

The rapid increase of knowledge in the social and

biological sciences has had a positive impact on the image of professional nursing. Nurses are now seen as intelligent and caring professionals. We have progressed by moving away from our subservient role. As Dr. Josephine Flaherty, Principle Nursing Officer with Health and Welfare Canada stated, "We are no longer handmaidens who do only what other people tell us to do except in an emergency. In emergencies we become articulate decision making, intelligent, autonomous professionals!"

In the October, 1988 issue of *R.N.* Bernice Keutzer wrote, "Nurses who feel their primary duty is to the patient are professionals; nurses who exist to help the doctor will always be technical nurses regardless of their education".

Health promotion and maintenance and the alleviation of illness and suffering is an important feature of nursing. The women's movement has enabled nurses to become increasingly assertive with regard to their professional independence. (Besner, 1983).

However, in the 90's we must consider four factors that have put nurses into a better position than ever before to gain autonomy. The improved status of women, a critical shortage of nurses in some locations, increased consumer input in health-care decisions, and research confirming the profound impact of emotional and social stress on physical well-being.⁸

How can we promote O.R. nursing among perioperative nurses? Think about this question? How can we sell our specialty? In order for perioperative nurses to promote their profession they need to affirm to the public as well as the health care community that perioperative nurses are required to give quality nursing care.

However, how many people ask us what we do? Unfortunately, O.R. training has been removed from basic nursing education, so the majority of general duty nurses are unaware of what perioperative nurses actually do. The Operating Room Nurses Association of Canada (ORNAC) has been trying to encourage Schools of Nursing and Universities to increase the perioperative nursing experience for student nurses. Our outlook towards perioperative nursing makes or breaks us and our profession!

Perioperative nurses should be recognized for their contributions to our health care system. Let me explain the three (A's) which are: perioperative nurses are adaptable, assertive, and aggressive. Perioperative nurses often intimidate other members of the health care team because of our assertive skills.

We are there for our patients, just like our col-

leagues, 24 hours a day - 365 days a year, and that is often a struggle with trying to juggle work and family commitments plus our professional responsibilities.

We can't sell our specialty unless we can think of something good about our career! It is really hard to promote our nursing specialty unless we all come together and take pride in our commitment to the practice of perioperative nursing. Vince Lombardi a professional football coach stated:

"The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavour".

Professional Collaboration

(1) We need to stop our back biting and face situations head on! Everyone can learn something from each other. We shouldn't compare challenge and change. Practice change alone because change is inevitable and there are costs as well as benefits to accepting changes.⁹

(2) Let's get rid of that old saying - "I suffered so you shall suffer". Nurses need to care for nurses. We must stick together, stand up and be counted. By showing we care signifies that we're committed to perioperative nursing.

Let us all take a more positive, supportive, encouraging role and help each other through challenging times!

The image of perioperative nursing is not likely to change until nurses see their role in patient care as being just as important as that of physicians.¹⁰

Perioperative nurses must realize that how we visualize our role affects the overall image of perioperative nursing.

An issue that affects the future of perioperative nursing is the low visibility that perioperative nurses have. Patients have limited contact with OR nurses, thereby have no opportunity to visualize our nursing skills. The lack of public visibility makes it difficult for perioperative nurses to define their unique role and services to the consumer. Therefore, it makes it difficult for the consumer to appreciate the nurses' role as essential to the O. R. experience.¹¹

How do we deal with improving our image? We all need to improve the image of perioperative nursing and guess where that begins - it begins with you!

Being aware of your own personal image can improve the view of perioperative nursing. Be an optimist - an optimist focuses on the positive aspects of any situation or problem. A pessimist has a helpless and hopeless outlook. One way to portray a positive

view is to complete preoperative visits. Introduce yourself to the family members and of course the staff nurses on the ward. This presents a positive image! How we interact with our patients will reflect in how they treat us! We must be cheerleaders for our profession!

If we continue to view perioperative nursing as burdened with problems we then see every situation as a complication. In nursing we spend too much time complaining about and focusing on our problems. What profession, what individual is without problems? ¹²

One way we can improve our image is to quit calling each other girls! We'll never get the respect we deserve. Lynda Miles a Practice Management Lecturer stated, "we must sell our unique strengths and not our weakness".

We must get enthusiastic about our perioperative career. We must have an upbeat attitude. An upbeat attitude is a confident person who is proud of the service being offered. ¹³ Try not to think of your career as a job! We must feel confident that we can deal with most problems. We need to create a positive mental image which will enable us to become more enthusiastic about our perioperative nursing career. Perioperative nurses need to become involved with their professional organizations to let their voice be heard! We must network with other professional organizations in order to become more powerful and improve our image. Networking is an important tool in professional development, thereby allowing you to become informed of the changes in perioperative nursing.

Let's all get involved and promote our National O. R. Nurses Day November 14. We can promote perioperative nursing by encouraging ward nurses to view the operating room, participating in high school career days and offering public tours of the intraoperative setting. We need to present O. R. inservices, educate the public, inform the media and get actively involved with our professional operating room nursing organizations.

Power Enhances Advocacy

Self-esteem is a power resource, it enhances our potential for success. Indicators of impaired self-esteem include - such behaviours as devotion to routine, awe of authority, retreat from initiative, negative self-talk, resistance to change and an oppressed attitude all of which have characterized nurses. ¹⁴ Those nurses with secure self-esteem can withstand major obstacles. One is more powerful with a secure self-

esteem. The major source of power in a professional field is knowledge. We will acquire power by sticking together which will assist us in improving our image among other health professional and with the health care consumer.

Think of this statement by Kalisch & Kalisch, "Every social act is an exercise of power, every social relationship is a power question, and every social system is an organization of power."

What is your reaction to this statement? How you respond will depend on how you view the concept of power. What is power? Power is the ability to do or act, a rather neutral concept. Bertrand Russell offered a more complex definition of power which is: "power is the capacity to alter behaviour or to produce intended effects".

In order for perioperative nurses to have a positive image we need to be aware of the sources and kinds of power available. Therefore, symmetrical power (power which is equal) defines the interaction among peers. Consequently, we choose to interact with people whose behaviour we can affect and who have the power to affect us. This means that we want to do things with them and they want to do things with us. Asymmetrical power (power which is unequal), exists throughout our societal interactions. The seven key elements of power are:

(1) - Base of power - which includes: resources or assets such as knowledge of human functions and needs.

(2) - The means of power - refers to how we use our resources to influence others such as: how we educate the consumer regarding the nature of Perioperative Nursing.

(3) - The scope of power - the specific set of actions we can have individuals perform so that we can increase the image of O.R. Nursing.

(4) - The amount of power - this is when someone will perform a specific action as the result of utilization of the means of power by one person against another. Therefore, there is the probability of being able to effect changes.

(5) - The extension of power - the number of subjects the power holder exercises control over such as: networking - how we can effect change on other professional groups, the public and our patients.

(6) - The cost of power - what are the costs going to be for using our power. What do OR nurses have to give up to utilize their power to change their image?

(7) - The strength of power - what will it cost in terms of resistance by persons with whom you are exhibiting the power on. Therefore, how much will the

group such as other health care providers and individuals give up in order for us to increase our image as knowledgeable health care providers?

Nursing in general has a very strong power base in western society. Nurses have a negative perception of themselves as being only a nurse. However, we are autonomous health professional accountable for our actions. We all need to work together to increase our power base. Maybe our power will increase once the sex-role stereotyping has decreased.

In order to promote our image we need to first think more of each other. I cite the *Commitment To My Co-Workers* from the May, 1990 *AORN Journal*.

"As your co-worker with a shared goal of providing excellent nursing care to our patients, I commit to the following:

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this staff. I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need the advice or help in deciding how to communicate to you appropriately.

- I will establish and maintain a relationship of functional trust with you and every other member of this staff. My relationships with each of you will be equally respectful, regardless of job titles or levels of educational preparation.

- I will not engage in the three B's (bickering, backbiting and bitching) and will ask the same of you.

- I will not complain about another team member; and ask you not to as well. If I hear you doing so I will ask you to talk to that person.

- I will accept you as you are today, forgiving past problems and ask you to do the same with me.

- I will be committed to finding solutions to problems, rather than complaining about them or blaming someone for them and ask you to do the same.

- I will affirm your contribution to quality patient care.

- I will remember that neither of us is perfect, and that human errors are opportunities, not for shame or guilt but for forgiveness and growth."

Conclusion

The advocacy role of the perioperative nurse involves:

1. Performance of the patient advocate role,
2. Providing continuity of care,
3. Coordination of activities, and
4. Focusing on nursing activities.

In addition to the advocacy role, perioperative nurses must promote their specialty by advocating to the health care consumer and his/her professional colleagues, that the perioperative nursing role within the system is required. Perioperative nurses must continue to support their role within the delivery of health care services.

As Norman Vicent Peale said:

"Think enthusiastically about everything; but especially about your job. If you do so, you'll put a touch of glory in your life. If you love your job with enthusiasm, you'll shake it to pieces".

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