agencies, or the faculty."

"But these people, once again like the co-dependents, never get enough no matter how much is given to them. These are the people who look in the mirror rather than out the window. They only see the world as a reflection of themselves, and so they are very ego-centric. The world revolves around them."

The "appliance" nurse

The next person described as an organizational neurotic was said to be the equivalent of the organizational couch potato. In some nursing circles, this person is referred to as the "appliance nurse. This is the nurse or health care worker who works to buy a new washing machine, or put a roof on the house.

"Now, I don't mean to patronize or denigrate people who work for those reasons. It doesn't mean they can't be competent, nor does it mean they can't make a contribution. But on the other hand, their commitment is somewhat limited. They do the job, they are loyal - and they keep earning more by seniority and by staying alive."

Move on, out and up!

What do we do about these organizational neurotics or addicts? In answering the question, del Bueno said there were three choices in her view of the world: "moving on, moving out, and moving up."

"There comes a time when one has to make a change, and this is relevant even to ordinary everyday things like meetings. Mrs. del Bueno recommends that if one is blocked against getting anywhere at near a solution to any given problem, **move on.** There is a time to move on.

The next maneuver - **moving out** - involves getting people to leave the position. Maybe other people can do the job. New people can bring in new ideas. Moving people out and others in will shake things up.

At this juncture, the role of a consultant was described as one who "blows in, blows off and blows out." The speaker admitted that an advantage of being a consultant is that he/she doesn't have to live there. "The negative thing about being a consultant is that you can't make things happen. Only the people that are there can make things happen. People need to be helped to see the world from a different perspective, to become more sophisticated. There are lots of ways to see and view things. These views may not be all right, they may not all be good or all valuable, they may not even work at all, but at least a **moving up,** figuratively and literally, will provide people with the chance to think about things in a different way."

Weeding the garden

There are many metaphors that one can use for an organization or for a discussion of employee retention. The one Dr. del Bueno said she likes to use is the garden - the organization as a garden.

"One can ask about the organization just as one asks about the garden. Is it overgrown with weeds? Now weeds may look healthy, they may even be attractive. But weeds choke out functional plants and flowers. Weeds do not serve any real purpose. They consume enormous quantities of vital resources. With organizations, it's dysfunctional neurotic people who also consume enormous amounts of energy, time and effort. Like weeds, they serve no real purpose ultimately."

"Weeds are difficult to remove, just as these organizational neurotics are. In order to remove weeds, one has to dig very, very deep as the roots are strong. If you use a lawn mower, all you do is lop off the top. You are merely using an intervention or strategy which is generalized and equitable."

"Like the organizational neurotics, weeds serve one purpose - they keep the gardener busy. They also keep people like educators busy because we often conclude, erroneously, that the problems are educative: give them a class, a course, a seminar, send them back to school and they will be O.K. Wrong."

"Sometimes in an organization, dramatic and drastic interventions must be taken. We may even have to let the garden lay fallow. We may even have to remove certain units or services temporarily - only to get rid of the weeds temporarily. This will allow some new regeneration."

"The cost of turnover has been sighted many times. People go on and on about how expensive turnover is. Yet, the cost of advertising, of recruiting people, and training them can be as much as ten to twenty thousand dollars per person. This is a considerable cost which I do not mean to denigrate or make it sound less important."

"However, the cost of retaining the kind of people I have just described (the organizational neurotics) are enormous. They may be competent, they may be loyal, but they impede progress and change. They discourage other people who are enthusiastic and who are interested in doing things differently. Again, the costs here are enormous. They are lost opportunity costs, and these costs in the long term are far greater than the cost of retention." ■

Author

Dr. Dorothy del Bueno, R.N., Ed.,D., is a professor of nursing administration in the School of Nursing at the University of Pennsylvania. She is a well known educator, consultant, speaker and author. She is the author of *Power and Politics in Nursing Administration: A Case Book.*

Early Nasogastric Tube Removal After Abdominal Aortic Surgery

By D. Cameron, M. Lovell, W.G. Jamieson and K. A. Harris

Introduction

Controversy exists concerning the length of time that nasogastric tube drainage is necessary after abdominal aortic surgery. The purpose of the tube is to reduce gastrointestinal distention, prevent gastric dilatation and potential respiratory complications. Classic surgical teaching suggests that the tube not be removed until bowel sounds are present and or the patients have passed flatus. This classic teaching is now challenged. This study was conducted to determine the need for routine prolonged nasogastric decompression following aortic surgery.

Material and Methods

A 14- month case control study of 52 patients, who underwent elective repair of abdominal aortic aneurysms (AAA) or aortic bypass procedures by members of the Division of Vascular Surgery were used in this study. The study group consisted of 26 patients, and this group had their nasogastric tube removed at the same time the endotracheal tube was removed, usually 12 to 14 hours post operatively. The control group consisted of 26 patients, who underwent the traditional protocol of three to four days post operative nasogastric decompression. The study group was compared with the control group for abdominal distention, prolonged nausea/vomiting and the number of patients requiring reinsertion of the nasogastric tube was documented. The mean age of the AAA patients in the study group was 70±8 years, ranging from 55 to 84 years of age. The mean age of the aortic bypass patients was 61±9 years, ranging from 46 to 75 years of age. The mean age of the AAA patients in the control group was 70±7 years, ranging from 57 to 80 years of age. The mean age of the aortic bypass was 59±8 years, ranging from 43 to 70 years. The data was entered on a computer data base and results were compared using the unpaired student t test.

Results

The study group, totalling 26 patients, demonstrated that nasogastric tube removal with the endotracheal tube did not compromise bowel function as only one patient required reinsertion (3.8%), due to vomiting and abdominal distention. No other gastrointestinal or respiratory complications were noted. The control group, underwent the traditional protocol of 3 to 4 days of postoperative nasogastric decompression; none of this group developed gastrointestinal or respiratory complications following tube removal. The mean hospital stay was reduced from 15.2±5.2 in the control group to 12.1±2.5 days in the study group with a mean reduction of 3.1 days. (Fig 1) Patient comfort is also enhanced without a nasogastric tube.

Discussion

Nasogastric decompression has been the standard protocol following abdominal surgery for many years. Since its use by Levine[1] and Wagensteen,[2] it has been accepted that routine decompression of the gastroin-

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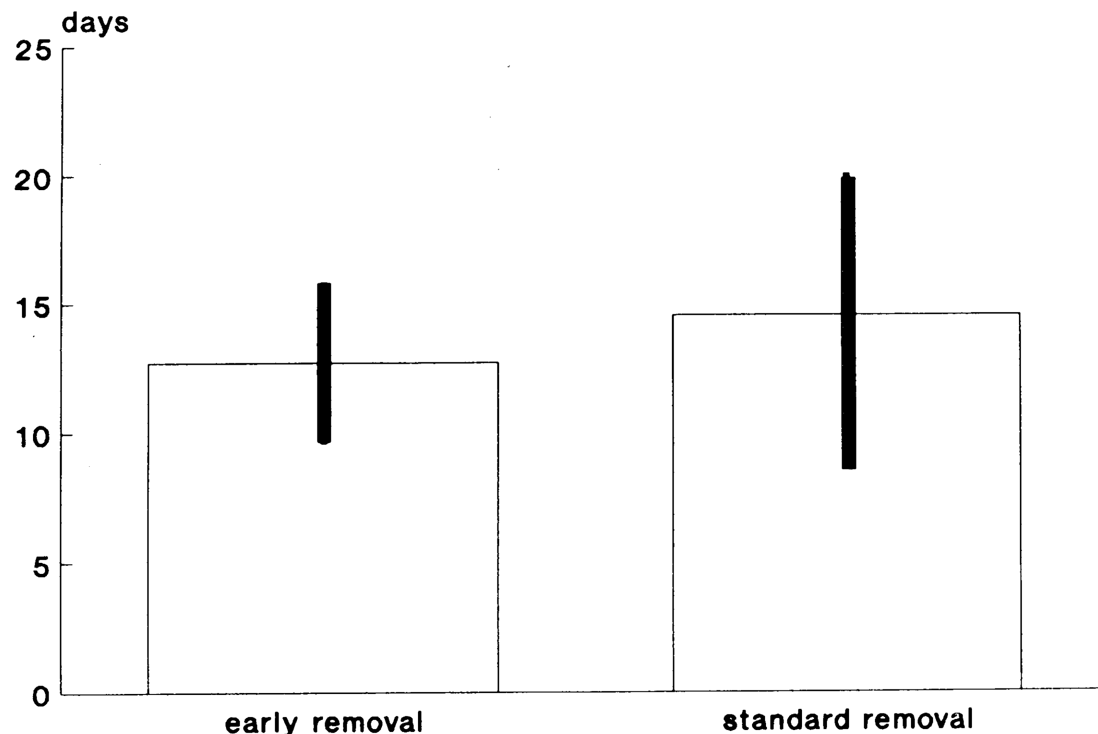

Figure 1

testinal tract will decrease the complications of paralytic ileus secondary to abdominal operations.

A very common complaint of patients with nasogastric intubation is discomfort from the tube causing sore throats, nasal irritation, difficulty coughing and expectorating mucous. As Livingston states in his paper patient discomfort is worsened by nasogastric tubes.[3]

Patients tend to inhibit coughing and expectorating mucous as the nasogastric tube deters the patients ability to deep breathe and cough effectively, therefore increasing the probability of the patient developing atelectasis or pneumonia. This increases recovery time and hospitalization cost. It is accepted that most major aortic surgical procedures require lengthy anaesthesia, and the patient experiences decreased total lung capacity and tidal volume. As well, the anaesthetic agent inhibits bowel motility.[3]

In a prospective study by Savassi- Rocha et al,[4] they concluded that gastric decompression did not show any benefit in duration and intensity of paralytic ileus and has not decreased the incidence of complications of colorectal operations. They concluded in their study that tube decompression of the stomach had no effect on the duration or degree of ileus and had no advantages to outweigh patient discomfort. They recommended the ommission of routine post operative use of nasogastric decompression and the nasogastric tube should be restricted to instances of acute post operative gastric dilatation and or vomiting caused by impaired emptying of the contents of the stomach tract.

The nasogastric tube seems to contribute to a patients general feeling of unwellness. It could be argued that the greater number of invasive tubes a patient experiences during the post operative period, the greater the psychological effect on the recovery attitude and goal towards a state of wellness. Hospitalization time is decreased, and this becomes an important advantage with rising hospital costs and days of constraint.

TABLE 1:

Aortic Procedures, Study Group

	OVERALL		REINSERTION	
	NUMBER	PERCENT	NUMBER	PERCENT
AAA	17	65%	0	0%
Aortic	9	35%	1	11%
TOTAL	26		1	3.8%

TABLE 11:
Control Group

	OVERALL
Number	
AAA	17
Aortic	9
TOTAL	26

Conclusion

We recommend that patients undergoing aortic surgery can safely have the nasogastric tube removed in the early post operative phase, at the same time the endotracheal tube is removed. Hospitalization time is shortened by a mean of 3.1 days, and patient comfort increased by early removal of nasogastric tubes. In our study 96% of patients did not require reinsertion of the nasogastric tube.

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