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## Where Are You When We Need You?

By Gloria Stephens

"Where are you when we need you", could be a cry from patients in many operating rooms throughout Canada.

For too long, operating room nurses have been silent and impassive when it comes to identifying and overcoming conditions in the operating room that inhibit professional practice.

The Operating Room Nurses Association of Canada (ORNAC) published a position statement "Staffing the Operating Room", 1988, which includes guidelines for staffing an operating room with a rationale. One of the items states: "... Each case or surgical procedure must be staffed by a minimum of two Registered Nurses. Depending on the acuity level of the patient and/or the complexity of the procedure, it may be necessary for additional Registered Nurses to be present in the Operating Room to provide care."

A few years ago the staffing for surgical cases was met by planning for a scrub and circulating nurse for each operating room. This strategy can no longer apply, and everyone, (from government down) must be educated to the reason staffing needs have changed.

Advances in technology have had a major impact on operating room nursing (*Canadian Operating Room Nursing Journal*, Vol.10, No.1, Mar/Apr, 1992). This technology requires monitoring, maintenance and operation of very sophisticated equipment. There are many cases where one circulating nurse cannot meet a patient's total needs and at the same time be responsible to give complete attention to ECG's, lasers, and monitoring equipment. Now many procedures require two circulating nurses, especially during change-over time and/or start up. This is not a new concept as the ORNAC Position statement of '88 clearly states.

Economics is governing our practice and many hospital administrators and governments are looking

for any means to control financial output. Since one of the major cost of health-care delivery is salaries, professional positions are being cut, sliced or replaced with a different category of worker. It is important to make everyone aware of the changes taking place. Colleges in many provinces are developing programs with the thought of producing a more economical employee but not necessarily looking at the level of care required. This may be 'false economy' for several reasons: (to name a few), introducing another strata or layer of worker may cause conflict of job role; communication problems will arise; more coordination will be required; more orientation time; and, potential competence level reduced. Besides these issues, there is always union involvement. These proposed new workers may have a salary that matches or becomes more than registered nurses who are more knowledgeable and flexible because of the broad base education.

It is not a matter of protecting 'turf' as the majority of operating room nurses have a deep, compelling commitment to administering care to the surgical patient. OR nurses truly live by the professional standards recommended by ORNAC.

If we believe in our nursing profession's philosophy, mission and standards then it is time for each and every operating room nurse to look at the forces shaping our future as professionals. It is time to create our own force with aggressive, assertive and dynamic shaping. We must immediately stop being a victim and take on a proactive leadership role. The strength comes from the operating room staff nurse who has the ability and power to create a counterforce that could control these other forces that appear to be shaping our future. Together we must redefine the role and scope of operating room/perioperative nurses, using our

professional skills. (The revised ORNAC Recommended Standards will soon be in print. Within the document, competencies of the professional registered nurse are clearly outlined which may help in redefining the role and scope of the O.R. nurse).

A lot of lip service is given the term "continuity of care" but to make it a reality, we as operating room nurses, must stand up and be counted and fight for the patient's right to have a professional registered nurse provide their care while undergoing the surgical intervention.

We have a more educated public, and the standards of care have improved and are still improving and with this, our patient's expectations are increased, and rightly so.

The time has never been more critical to collectively adapt strategies which will convince administrators and government leaders that in this day of such complex and difficult procedures the person to meet the challenge of quality patient care is the qualified professional registered nurse. If we do this, then the phrase "Where are you when we need you" will not be heard.

Operating room nurses must realize that, even individually, they can be a force to be reckoned with and can play an extremely important role by keeping their eyes and ears open as one monitors what is happening in the health care field. One important role would be keeping the Executives of the Provinces informed as to concerns, suggestions, and changes occurring. There are many avenues to communicate feedback of all descriptions. Some of these avenues may be through your MP, professional registered nurses associations, operating room interest groups and the executive of the Operating Room Nurses Association of Canada. There is always a way to be heard if you truly believe in the importance of the issue.

I believe that operating room nurses in the 90's will provide more intense, expanded, and efficient delivery of care to the surgical patient. During the 90's the role of the perioperative nurse will be redefined and it is up to US if we have an active part in defining this new role and scope of nursing. I know from personal experience that O.R. nurses have the motivation, knowledge and the courage to help shape their future. All that is needed is the vision. The responsibility is yours!

*Gloria Stephens is currently President of the Operating Room Nurses Association of Canada, and a Nurse Clinician/OR, St. Paul's Hospital, Vancouver, B.C.*

## Bursary Fund for OR Nurses Sponsored by ORNAC and Johnson & Johnson

### 1. Purpose of the Fund

To financially assist ORNAC members in furthering their education.

### 2. Factors Influencing Assistance Available

1. Other financial assistance requested and / or granted.
2. Previous bursary funding granted by ORNAC.
3. Length, place and content of educational program.

*Note: Financial assistance is not available for salary replacement.*

### 3. Application Process

1. Fill out application form and submit an application form to ORNAC.
2. Reference letters- two, (2) from most recent employer which states the applicant's professional competence and experience, (ORNAC will request the reference).
3. Reference letter should address applicants potential to succeed in the program.
4. Submit autobiographical to include career accomplishments, education, goals.
5. Proof to be submitted of registration for the program.

### 4. Responsibility of Applicant Receiving Funding

1. Signed contract to be returned to ORNAC Executive within 30 days of receipt of contract, otherwise funding will be withdrawn.

### Criteria For Selection

1. Applicant must be a member of a provincial group for minimum of three (3) years.
2. Primary employment focus - the Operating Room Nursing (staff, education, administration).
3. Applicant has actively participated in their respective Provincial Group and/or with ORNAC. Applicant's participation to be listed & submitted with application form.
4. References (2) indicate the applicant promotes professionalism, is responsible and accountable, and has potential to succeed.
5. Applicant's future plans at the completion of the program must include perioperative nursing.

*\*Perioperative nursing defined in (Rules & Regulations) Information Manual.*

For more information or to apply for the Bursary Fund please contact ORNAC's Awards Committee Chairperson:

**Muriel Shewchuk**  
Director of Nursing, OR/RR/Surgery  
Foothills Provincial General Hospital,  
1403-29 Street N.W,  
Calgary, Alberta  
T2N 2T9

# Preoperative Functional Anxiety:

## A Conceptual Framework

By Marie McEachern, R.N., B.Sc.N., M.S. A.

### Introduction

It is widely recognized that patients who enter the hospital for surgery encounter physical and psychological stressors which elicit a response of anxiety. The ability to cope with anxiety and maintain control affects their postoperative recovery (Lindeman and Stetzer, 1973; Lindeman, 1974; Johnson, 1984).

Traditionally, health care professionals in the operating room have focused their practice on treating the "surgical procedure" and nursing groups of patients according to procedural categories. The problem arises when related physiological and psychological responses of the patient occur which impact the individual's illness and recovery. Neither the patient nor the professional may recognize these additional variables underlying the individual's capacity to cope with the reason for hospitalization.

Nurses can predict the degree of anxiety for the majority of patients based on the predicted outcome of surgery. These can be listed categorically for nursing according to the impact of the surgery on the person and their response. The following is a proposed list of surgical categories for nursing in order of decreasing anxiety based on the author's experience:

1. loss of body part
2. loss of function
3. diagnostic
4. curative
5. cosmetic

Each of these categories potentially elicit a lesser or greater degree of anxiety from the patient depending upon the impact of the surgery on the patient's lifestyle. This will enable nurses to predict the majority of patients who will have a higher level of anxiety preoperatively and consequently a poorer postoperative recovery (Janis, 1958).

In this paper, the author will develop a conceptual framework for understanding the biopsychosocial phenomena of preoperative functional anxiety and the related concepts of coping, personal control and postoperative recovery.

### The Phenomenon of Functional Preoperative Anxiety

Nursing literature defines anxiety as a natural response to certain environmental and psychological factors. It is a feeling of apprehension or dread felt in response to a threatening situation or loss (Carriera, Lindsey and West, 1986). Clinical nursing researchers

### Author

Marie McEachern, R.N., B.Sc.N., M.S.A., is the Director of Nursing, Critical Care, Calgary General Hospital, Calgary, Alberta.

### Abstract

Preoperative functional anxiety is an important phenomenon for the patient undergoing surgical intervention. Functional anxiety facilitates the patient's ability to cope with surgery. Personal control enhances the patient's coping and modifies anxiety to a functional level. The phenomenon of preoperative functional anxiety and related concepts of coping and locus of control have a direct effect on the concept of postoperative recovery. Current research is focusing primarily on preoperative anxiety levels and postoperative recovery. There is a need for further nursing research to develop nursing theory about the concepts of coping and personal control as they relate to preoperative functional anxiety and postoperative recovery. This paper focuses on the development of a conceptual framework for understanding the biopsychosocial phenomenon of preoperative functional anxiety.