

2. Reading skills:

Begin a do-it-yourself project of personal development. Try reading about your profession at least 30 minutes a day - every day. Seek out the best books on nursing available and begin by learning everything expected in the O.R. field. Try to apply, on a daily basis, one new skill, one new way of doing and planning professional care.

3. Listening skills

Try listening to audio cassettes while you drive to work. There are numerous subjects available, and if not accessible, find out where the last O.R. conference was. Most conference agendas are taped.

4. Invest in yourself

Invest approximately five percent of your annual income into your most valuable asset - yourself. Don't waste your professional life learning by trial and error. Pay for a seminar, workshop or a conference. They are well listed in the various nursing journals, especially the *Canadian Operating Room Nursing Journal*.

5. Social

Watch the company you keep. Associate with winners: positive, optimistic, upbeat people with goals, purpose and direction to their lives. Observe top people in your professional group and seek them out. Ask their advice on books, tapes, and courses for on-going professional development. Watch people in the upper echelons. Note how they dress and how they adhere to dress code policy.

Observe the way they utilize their time and the way they treat their nursing colleagues.

Pattern yourself after the people you admire most. You will become like them, especially their positive, success-oriented and professional manner.

6. Health

Guard your health. Enthusiasm is one of the vital ingredients if one is to be in top form. This important and observable attribute is possible only when you are well rested and in good physical shape.

Get enough sleep. You can't nurse properly if you are not well rested. Start your day with a nutritious breakfast. Avoid poor eating habits. Remember, you are a professional role model. Ideally, exercise at least three times a week. Exercise develops the stamina for your long working hours.

7. Communication skills:

Start by investing in a good nursing/medical dictionary. Continually improve your vocabulary. It

is an inexpensive and easily acquired skill, and it will be appreciated universally. It will develop your confidence, your self-esteem and it will be well utilized when writing and speaking in public.

Conclusion

Collegiality is a critical factor in achieving the goals of respect and trust. As well, the ability to share and defer judgments are contingent on collegiality. This is essential if we are to reach the highest level of professional behaviour in the operating room. ■

About the author

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Education

Promoting OR education

The need is now!

By Joan Donald, R.N., B.Sc.N., M.A.

Probably no field of nursing has been as bombarded by the technologic and pharmacologic explosion as that of operating room nursing. In order to cope, our educational base has had to encompass many subjects. As never before, in order to meet the challenges of the future, we must be prepared. Education, an essential, on-going pursuit for all of us, prevents us from clinging to the past. At the same time, it allows us to embrace the future.

Basic nursing education

During our basic nursing education programs we were taught various skills and gained a practical and clinical knowledge base. We were taught the importance of adequate patient assessment as applied to the nursing process, and we all know the value of patient teaching. How we communicate has become as important as when and to whom we communicate. As members of the operating room team, the techniques we have been taught enhance our participation and role, a role that is integral to the providing of the best patient care possible.

University education

Because of the pharmaco-technological revolution in medicine and health care, I am convinced that nursing is ready to move ahead and plan, organize and participate in the transition to university-based education. Toward this end, we desperately need standardization of nursing education.

Nursing graduates from all types of programs are required to write a standard registration exam. Should they not, then, be educated with a standard curriculum in a standard program?

As Baumgart and Larson noted in a published discussion about the future of nursing in Canada...

"As the only major health occupation which has not standardized entry qualifications and required a university degree for its basic preparation, nursing is in a disadvantaged position." (1)

Whether we like to admit it or not, we have to meet our colleagues on the same level. University credentials serve to enhance nursing power, particularly when negotiating with other power groups. We have a responsibility to be prepared for the future and ensure that we have input into what any nursing education program will contain. More importantly, now is the time to make our views known and to influence the contents of nursing education at the university level.

The O.R. experience

The Operating Room Nurses Association of Canada feels that the basic nursing education program must include operating room experience. No other area of the hospital provides the opportunity for learning aseptic technique, anatomy and physiology, pharmacology in action, and on and on the list goes. There is no better educational set-

ting than the operating room environment from which to learn an appreciation for what the patient goes through during the surgical experience.

As well, wouldn't it be wonderful to know that a nurse who graduates from a university-based nursing program has OR experience whether she studies in B.C., Alberta, Quebec or Newfoundland?

How do we achieve this goal - or any other goal in this high-tech world - with the increasing emphasis on academic credentials? If we are to fully demonstrate our value and influence others, we must equip ourselves with the tools to do so. We need to have a greater understanding of the following areas of expertise and learning:

- research methodology
- computers
- pharmaco-dynamics
- proposals/guidelines for submissions to administrators and government
- financing and budget management
- forecasting and future planning
- teaching methodology
- the assertiveness and confidence required to approach decision makers and influence them in a positive way in order to achieve our goals.

"Real" patient care

In discussing the image of the operating room nurse, Roller mentioned that...

"One perioperative nurse wrote that her nursing instructors could not understand how she could use her BSN degree in the OR because it (the OR) has a surgeon-oriented and technical atmosphere." (2)

We have to dispel the myth that perioperative nurses do not participate in "real patient care." We have a responsibility to change this perception of OR nursing. Strategies for changing the perceived image of OR nursing are suggested by Roller:

1. Portraying a positive image
2. Acting professionally
3. Interacting with patient/family
4. Networking
5. Presenting in-services
6. Educating the public
7. Informing the media
8. Becoming involved

The complexity of clinical judgements required in nursing is not temporary or stagnant. The de-

mands for the future can only increase. Thus, as operating room nurses, we must be dynamic, both in our practice and in our quest for knowledge.

This quest for learning is a lifelong process. As we race into the 21st century, the need for a greater knowledge base is increasingly evident. By augmenting our basic education, we increase our ability to interpret and predict. Staying on top of things is more difficult with each passing day. We have to grab every opportunity to learn, i.e., attend every workshop that we can, participate in every inservice program provided, etc. More and more we are being challenged to project what our needs will be over the next five to 15 years.

New techniques

I don't know the experiences of all perioperative nursing personnel, but my crystal ball gets cloudy from time to time, particularly when a totally new surgical technique looms on the horizon. Just think, for instance, of the impact that lasers have had on us over the past few years.

We have to learn to read the statistical charts and develop graphs for predicting trends. Other disciplines are just as pressured in this regard. We must utilize our networking system in the nursing, academic, administrative and government communities. We have to share insights with colleagues, and offer to teach and share expertise and enthusiasm for the nursing profession with others.

Professional responsibility

I believe O.R. nurses have the dedication and commitment to achieve their goals and ensure that educational needs are met. The Code of Ethics for Nursing published by the CNA in 1989 states...

"Nurses should engage in continuing education and in the upgrading of skills relevant to the practice setting." (3)

Can any nurse feel competent and comfortable to do otherwise? Even the Recommended Standards for Operating Room Nursing Practise compiled by ORNAC states...

"Operating room nursing practice requires a base of knowledge that is current and practical for meeting the needs of the surgical patient." (4)

In standard #3.2.6, we further read...

"The nurse in the operating room actively seeks opportunities for professional development."

And in 3.3 of the Recommended Standards...

"Operating room nurses are required to comply with the Code of Ethics of their profession."

If we are to comply with this code, then we will engage in continuing education.

Number Five of the American Nurse's Association code for Nurses asserts that...

"The nurse maintains competency in nursing." (5)

This obligates the nurse to maintain competency. Most nurses obviously believe this to be essential, and this is evident by the number who regularly attend workshops, seminars, courses, national, provincial and regional meetings.

The O.R. role challenged

The role of the nurse in the OR has frequently been questioned and challenged. The attempt by the American Medical Association, for example, to see introduced the Registered Care Technologist jeopardizes our value and very existence in the OR. We must continually be on guard and equipped with the knowledge and skills to stay on top and thwart attempts to be subverted.

Linda Groah, a renowned writer and educator in the nursing field in both Canada and the United States has stated...

"In the future, research will be an important component of professional operating room nursing. Clinical research projects designed to identify patient outcomes and to test the body of knowledge used in implementing patient care are vital (in order) to validate the perioperative role." (6)

Conclusion

Operating room nurses must be viewed as professionals who are intelligent, creative, assertive, progressive and committed to quality nursing care. I am convinced that we are progressing toward that common goal. Our commitment to OR nursing will provide us with the cohesiveness and dedication to learning that will be required to meet the future head on. Though perioperative nursing continues to be a challenge, its rewards are many. ■

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