THE VITAL LINK

OPERATING DEPARTMENT NURSING IN IRELAND

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OPERATING DEPARTMENT NURSING IN IRELAND

PRODUCED BY THE OPERATING THEATRE NURSES SECTION

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AUTHORS' NOTE

The use of "she/her" throughout the book when referring to nurses and "he/his" when referring to patients should not be interpreted as implying preference, bias or discrimination. It is used to avoid the more cumbersome "he/she" and "his/her" each time, in order to facilitate the flow of the text.
In writing this foreword, I am conscious of the supreme effort of a dedicated group of specialist nurses reflected in the following pages. This unique group, in producing this book have clearly demonstrated, in a practical way, how nurses can work for nurses. A combination of nursing professionals in management and clinical theatre work have shown leadership in nursing, defining their central role in patient care and stating quite clearly their standards and criteria in the operating theatre environment.

The timing of the launch of this book is critical when the hidden intervention of nursing needs to be identified. In today’s world of health and ill health, costs need to be accounted for; this must never be at the expense of patient care at any level.

Anyone who had doubts in relation to quality patient care being met in a cost effective manner will have these doubts dispelled on reading this book.

Every hospital library should have at least one copy, every theatre should hold a copy, the book should be mandatory reading for all student nurses. It is a source of reference and philosophy for those interested in working in the operating department.

As President of the INO, I am particularly proud to have in membership such a lively, hardworking, interest group in the Operating Theatre Nurses Section. “The Vital Link” is not just a first in Ireland but a first in Europe. It is a Blueprint for shaping future theatre nursing and a clear signal of the way forward.

Katharine J. Ganly
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Special thanks to our treasured cartoonist Ann Stritch, Anaesthetic Staff Nurse, Meath Hospital, who produced the fine illustrations for the book.

Kathy Foy, Recruitment and Promotion Officer, INO, for invaluable assistance.
I

INTRODUCTION

The idea for this book came from discussions at meetings of the Operating Theatre Nurses Section of The Irish Nurses Organisation. Over the years it has become obvious that many theatre nurses are worried about the future. This concern is expressed in the context of patient care and from the experiences of those nurses who have travelled and worked abroad.

Operating Department Nurses are sadly, the least likely of all nurses to be known or recognised by the hospital patient or his visitors. In fact, it is true that the theatre nurse goes about her work behind closed doors, clad in unusual garb, masked and silent, often unrecognised even by the rest of her nursing colleagues or by the general hospital staff. The traditional view of the “theatre nurse” is of an assistant to the surgeon. The image is of exclusive expertise and a somewhat remote and anxious pre-occupation with instruments and “scrubbing”. The situation therefore is that the true role of the nurse in the Operating Department is an unknown entity, misunderstood, unrecognised, undervalued and possibly dispensable?

Mindful of this situation and of the need to address the role in a manner which would properly promote operating department nursing, the OTN Section at its meeting in Cavan in 1992 nominated a sub-committee to work on a document which would explain and defend theatre nursing in Ireland. The principal aim is to raise consciousness amongst nurses themselves, medical colleagues, managers and the general population who are potential patients of the Operating Department Nurse.

The book attempts to describe the complex nature of the work of nurses and to create a professional image which is worthy of recognition and emulation. It has been written by a group of experienced Operating Department nurses and in consultation with many colleagues.

Because we now recognise the diverse areas of nursing expertise required to safely function and provide nursing care during the immediate peri-operative period, we have used the term “Operating Department Nurse” rather than the traditional “Theatre Nurse” throughout this book. This implies that the nurse is not just a support worker to the surgeon, but has important roles as an expert assistant to the anaesthetist and as an independent professional nurse, identifying and meeting her patient’s needs during his entire surgical experience.

It has been my privilege to act as Chairperson of the sub-committee and to work with a group of dedicated hardworking people who gave willingly and generously of their own time to bring the publication to fruition. We have been assisted and encouraged by the interest of the members of the OTN Section, Mr. P.J. Madden, General Secretary, INO, the support and participation of the President, Ms. K. Craughwell and the generosity of the Executive Council.

Eileen Malone,
Chairperson,
Sub-Committee OTN Section.
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Operating Department Nurses believe that the individual undergoing anaesthesia and surgery requires nursing care that acknowledges and respects his value and unique attributes as a human being. The nurse maintains the individual's physical and psychological wellbeing, identity and dignity without prejudice of race, religion, health status or any other consideration.

 Appropriately qualified and trained nurses provide care throughout the peri-operative phase in a safe and supportive environment. They are themselves supported by a system of management which facilitates their professional and personal development.

**NATURE OF OPERATING DEPARTMENT NURSING**

Nursing in the Operating Department requires specific knowledge, clinical and technical expertise. The role, behaviour and attitude of the Operating Department Nurse should reflect the philosophy and purpose of nursing in the department. Operating Department Nurses have a unique and specialized knowledge which enables them to work competently in the professional surgical team and to supervise and direct the work of the support staff in the department.

Examination of the nature of Operating Department nursing includes identifying patient care requirements and nursing competencies. The major dimensions of work in the Operating Department includes infection control, patient safety, quality assurance and professional accountability. Explaining and defending the role of the qualified nurse in theatre is becoming more urgent. The introduction of nursing documentation which describes care delivered by the Operating Department Nurses is probably the most significant step in this area.

Nurses recording what they do (i.e. how they nurse) is clearly demonstrating that no other grade can do the work of caring for patients in the professional context.

The nature of nursing in the Operating Department includes all aspects of direct patient care, as well as communication, patient education, advocacy and concern for the environment of care. Infection control measures and staff training to avoid occupational injuries and stress are particular areas of nursing expertise.

In the course of surgery the Operating Department Nurse's role in assisting the anaesthetist and surgeon is an expression of her role as a professional expert in a particular discipline. Being technically knowledgeable makes her alert to potential hazards and quick to anticipate situations requiring attention.

Ideally the Operating Department Nurse should embrace a peri-operative involvement with the patient. While this may not now be feasible in all situations, the principle is to be recommended and should be a stated goal for Operating Department Nurses in the future.

**NATURE OF THE ENVIRONMENT**

Creating a safe environment for the patient in the Operating Department transcends merely ensuring that the patient is secure on the trolley or operating table. The environment of care involves the internal and external environment of the person together with the atmosphere surrounding the patient. The nurse's role is to recognise the potential anxiety of a patient awaiting surgery, his fears about being rendered unconscious, his unspoken fears regarding his prognosis and his trust that the nurse will protect his dignity at all times.

The external environment may influence the patients anxiety state positively or negatively. The nurse's actions to ensure that the patient is cared for in a quiet warm comfortable atmosphere will enhance his sense of security and trust.

The increasing use of sophisticated technology, the developments in minimally invasive surgery techniques and the trend towards day surgery are important environmental considerations for the care of patients undergoing surgery.
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<td>The patient undergoing anaesthesia and surgery is inevitably experiencing some degrees of anxiety or fear. Nursing as an art and a science derives much of its skills and knowledge from the natural and behavioural sciences. The practice of nursing in the Operating Department is directed towards the patient as a unique individual with particular social, psychological and spiritual dimensions which influences his well being. Nursing care considerations extend beyond the recipient of care, to his family or friends who may be involved in his decision to undergo treatment or in his care delivery. This will be particularly important as the move towards day care surgery grows.</td>
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<th>NATURE OF HEALTH AND ILLNESS</th>
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<td>The care of the patient in the Operating Department is focused on the particular physiological condition and the pathology which requires surgical intervention. The Operating Department Nurse through her nursing education, training and experience is uniquely positioned to care for the patient in a holistic manner which reflects the total dimensions of his needs. Observing rapid pulse, raised blood pressure, pallor, sweating, restlessness, the nurse recognises symptoms of stress and anxiety which she can address, often by her presence alone. While others may recognise the nervous patient, it is the nurse who can inform the medical staff, administer sedation, reassure the patient, remove him from intrusive noises or upsetting scenes. The nurse’s knowledge of the patient’s history, underlying illness or previous treatments assists her in delivering appropriate care and in educating and reassuring the patient regarding analgesia etc. These are uniquely nursing activities and interventions.</td>
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The Patient undergoing anaesthesia and surgery is inevitably experiencing some degree of anxiety or fear.
CHAPTER 2
THE NATURE OF OPERATING DEPARTMENT NURSING

Nursing in the Operating Department may be divided into 3 distinct but overlapping areas of patient care. These are the pre-operative, intra-operative and post-operative phases and are often grouped together in the term peri-operative nursing. The role of the Operating Department Nurse has evolved over recent years so that it is now more usual for nurses to assume specialist interest in one of these 3 areas while still capable of functioning as "all round" Operating Department Nurses. The emergence of distinct sub-specialities in the medical world has been emulated by nurses with the recognition of the need to keep pace with the highly specialised or unique requirements in anaesthesia and in the surgical specialities. It is now uncommon for nurses in the major teaching hospitals to cross over between anaesthesia, surgery and recovery. There is demand for nurses with specific certifications in anaesthetic and recovery room nursing or intensive care and operating room techniques. These post basic qualifications are achieved only after a period of intense study and practical experience undertaken in approved hospitals. It is recognised that the knowledge, skills and experience required for a nurse to function safely within the operating department are considerably different for each area. Staffing and skill mix considerations therefore must take these factors into account. The minimum basic requirement for safety and quality care in the operating room is that 3 qualified operating department nurses must be present whenever a patient is undergoing anaesthesia and surgery. In addition, where rapid turnover of patients occurs, such as in ENT, urology, paediatrics, dental etc. or where multiple system procedures involving a high degree of complex technology are carried out, a 4th nurse may be required.

Traditionally, the Operating Department Nurse was perceived as either a scrub nurse or circulating nurse, assisting the surgeon. It is now recognised that the patient requires expert nursing throughout the total peri-operative period. The anaesthetist requires assistance during the total course of anaesthesia, extending to the post operative recovery room and incorporating pain relief management.

Functions such as scrubbing and circulating, which imply knowledge of instrumentation and equipment, are only a part of the Operating Department Nurse's total field of responsibility. She works in collaboration with anaesthetists, surgeons and other colleagues to deliver direct patient care. Accountability is demonstrated by the use of policies, recommended practices and continuing education.

KNOWLEDGE

Professional nursing knowledge gained in preparation for registration must be supplemented by technical and operational expertise which enables the nurse to cope with the range of complex technology which surrounds the patient in surgery. Often, complete reliance is placed by surgeons and anaesthetists in the nurse's knowledge of how pieces of equipment are set up, worked, maintained etc. The expectation and assumption is that the nurse knows and it is her responsibility with the medical staff to understand the equipment and therefore provide safe reliable services. This onus cannot be placed on inexperienced or untrained personnel.

In addition to her professional and technical education, the Operating Department Nurse develops intuitive knowledge from her experiences, she develops a mental repertoire from which her actions, reactions, discretion and decisions are derived. A skilled Operating Department Nurse knows before the request is verbalised what the surgeon needs, what alternatives to suggest, she can even pick up clues from the atmosphere or from the stance of the surgeon and can react appropriately. The expert nurse in the anaesthetic room commands respect and exudes authority when she demands quietness for the patient or forbids intrusion during the time of induction. In the post-operative recovery room, the nurse facilitates safe recovery of the patient by her expert knowledge of the effects of anaesthesia, recognition of adverse signs to be responded to, providing pain relief and finally returning the patient to the care of the ward nurses.

Reference:
Irish Nurses Organisation, Safety and Health in the Operating Theatre, Dublin: INO 1990 p.17.
Creating a safe, quiet environment!
CHAPTER 3
PROFESSIONAL ACCOUNTABILITY
IN THE OPERATING DEPARTMENT

Today the nurse as an independent professional practitioner is fully accountable for his or her actions. This is clearly outlined in An Bord Altranais Code of Professional Conduct for each Nurse and Midwife which states that "each Nurse is accountable for his or her practice." ¹

The following definitions aid in the understanding of this important principle.

"Profession" cannot be defined in terms of any single characteristic. To justify the description a professional group must fulfil all of the following criteria.

- Its practice is based on a recognised body of learning.
- It establishes an independent body for the collective pursuit of aims and objectives related to these criteria.
- Admission to corporate membership is based on strict standards of competence attested by examinations and assessed experience.
- It recognises that its practice must be for the benefit of the public as well as that of its practitioners.
- It recognises its responsibility to advance and extend the body of knowledge on which it is based.
- It recognises its responsibility to concern itself with facilities, methods and provision for educating and training future entrants and for enhancing the knowledge of present practitioners.
- It recognises the need for its members to conform to high standards of ethics and professional conduct set out in a published code with appropriate disciplinary procedures.²

Accountability is an integral part of professional practice, during which, the practitioner, (i.e. Operating Department nurse) has to make judgements in a wide variety of circumstances and be answerable for those judgements. Accountability has also been defined as - "The authority to make decisions within a defined sphere of responsibility."³

Operating Department Nurses are accountable to the patient, nursing and medical colleagues, patients, relatives and the general public, their employer and to An Bord Altranais as the body which regulates the profession. The nurses in the Operating Department are therefore held accountable for a wide range of areas which reflects the span and nature of their work.

PROFESSIONALISM

The Nursing profession demands a high standard of professional behaviour from its members and each registered nurse is accountable for her practice. The Operating Department Nurse must, at all times take reasonable precautions to ensure that from the point of view of her health, he or she is competent to carry out her duties.⁴

COMPLETE PERI-OPERATIVE CARE

The Operating Department Nurse is responsible for ensuring that all patients receive quality holistic care during the peri-operative period. This can be achieved by setting departmental standards using a model of nursing to assess, plan, implement and evaluate patient care. This requires independent judgement on the Operating Department Nurses's behalf.

SAFETY

The Safety, Health and Welfare at Work Act 1989 stipulates that it shall be the duty of every employee while at work to take reasonable care of his own safety, health and welfare and that of any other person who may be affected by his or her acts or omissions while at work.⁵

PATIENT ADVOCACY

During anaesthesia, the Operating Department Nurse is the patient's representative ensuring the acts of daily living are fulfilled on their behalf, thus maintaining confidentiality, dignity, comfort, rights and safety.
COMMUNICATION

The Operating Department Nurse is required to maintain open, honest and ethical channels of communication with the patient and the multidisciplinary teams within the hospital.

ASSISTANCE

The Operating Department Nurse is obliged to provide the highest standard of skilled assistance in relation to surgery and anaesthetics.

EQUIPMENT

The Operating Department Nurse must ensure safe handling, storage and maintenance of surgical and anaesthetic equipment.

DOCUMENTATION

The Operating Department Nurse has a duty to complete the patient register and record legibly and accurately swab and instrument counts and all relevant nursing documents according to hospital policy.

PERSONAL ADVANCEMENT

In order to ensure proficiency, the Operating Department Nurse has an onus to maintain her professional development by updating her skills, pursuing further education and participating in research and development.

TEACHING

The Operating Department Nurse must have a commitment to supervise and teach pre and post-registration nursing students assigned to the operating department.

COLLEAGUES

The Nurse shares the responsibility of care with colleagues and must have regard to the workload of and pressures on, professional colleagues and subordinates and take appropriate action if these are seen to be such as to constitute abuse of the individual practitioner and/or to jeopardise safe standards of practice.

The Operating Department Nurse’s role can in certain circumstances be extended. Future developments in nursing practice, surgical techniques and anaesthesia may provide an opportunity to expand and develop the traditional role of the Operating Department Nurse.

Extending the role of the Operating Department Nurse requires:

- A clear hospital policy
- Adequate education training
- Certification of competence
- Acceptance of the responsibility of the role by the Nurse.

If a Operating Department Nurse holds a qualification which allows her to practice particular skills, she must not assume that this qualification entitles her to perform the duties of her medical colleagues.

Doctors owe a duty of care and if a doctor unreasonably instructs a nurse to perform any task which is not recognised as her duty, then the nurse has a right to refuse.

Failure to meet the standard of the profession defined in the Code of Conduct either by Alleged misconduct, Negligence or Unfitness by reason of physical or mental disability can result in:

- An investigation by the Fitness to Practice committee of An Bord Altranais who will advise, admonish or censure the nurse, the ultimate censure being to strike the nurse’s name from the Register of Nurses.
- Civil proceedings where the nurse may be sued for damages
- Criminal proceedings by the Director of Public Prosecutions.

No Operating Department Nurse should perform any task for which she has not been trained and for which she is not legally covered.

The patient, by willingly entering the operating department, clearly displays his trust in the ability of the surgical and anaesthetic team. As a member of the team, the Operating Department Nurse is bound to honour this trust by meeting her duty of care.
REFERENCES


FURTHER READING


"Pre-operative information-giving was of mutual benefit"
The art of nursing requires a commitment to caring and a desire to meet the needs of patients through appropriate professional interaction. The philosophy of nursing for Operating Department Nurses embodies the guiding principles of caring. The Operating Department Nurse cares through her knowledge, competence, compassion and empathy, by her concern for the environment in which nursing is practised and for the needs of colleagues.

The Operating Department Nurse is the patient's representative when he cannot represent himself during what is for him a most vulnerable time. The nurse must take over his care as he cannot control his environment or express his needs. Nursing care requirements vary as the patient passes through the various phases, pre, intra and post operatively. The Operating Department Nurse's role is complex as it combines the technical knowledge, skills and expertise associated with the sophisticated systems and techniques of modern health care, with the basic nursing skills learned during training. Medical staff rely on the nurse to provide nursing care for the anxious patient awaiting surgery and to continue that care throughout the course of the surgical intervention. The patient when he knows that there are professional nurses in the theatre, is reassured that he will be cared for. Ward nursing staff who get communications and co-operation from their theatre nursing colleagues can further enhance the patients well being in the peri-operative phase.

Each nurse in the Operating Department shares in the responsibility of ensuring that patients needs are met. Where the basic principles of good nursing care are observed, the safety, comfort and personal integrity of the patient undergoing anaesthesia and surgery will be protected and his care will be good.

**PRE OPERATIVE VISITING**

Ideally, the first encounter with the surgical patient ought to be at the pre-operative visit by the nurse from the Operating Department. At this visit, the nurse may learn important aspects of the patient's medical history and may share information with him which will help him to understand the routines associated with "going to theatre".

The value of giving pre-operative information to patients has been known for many years. It has been argued that "pre-operative information giving was of mutual benefit to both patients and staff".1,2

Booth found "Psychological preparation for operation had a positive influence on the patient's post-operative condition."2

Ron Thompson describes pre-operative visiting: "To ensure that the patient is fully informed of the various aspects of treatment leading to an operation, it is imperative that a discussion takes place between the patient and an experienced nurse, a nurse who has the necessary knowledge of transportation, reception ward, transfer procedure and recovery process thus allaying any anxieties or fears the patient may have"3

**THE NURSES AIMS ARE**

- To meet the physical, psychological and spiritual needs of the patient.
- To act as a patient's advocate while in theatre.
- To promote and maintain a safe environment for the patient while in her care.
- To provide continuity of care between ward and theatre.
- To give information to the patient and by doing so isolating any anxiety or fear the patient may have.

The pre-operative period is undoubtedly one of the most traumatic periods of a patients hospital admission. Weschler-Evans argues that the provision of information to patients in the pre-operative period greatly reduces their anxiety.4 It has been also shown that giving information helps reduce the incidence of post-operative pain. This view is supported by classic work.5,6

Therefore when good pre-operative information is given, less anaesthesia and analgesic seem to be required. Mobilization occurs sooner and a general feeling of well being promotes an earlier discharge.
Relatives (particularly parents of young children) may also be very anxious and will welcome the opportunity to meet the Operating Department Nurse.

Helping patients to prepare for surgery improves morale. The knowledge that the nurse may have reduced anxiety in the patient regarding their impending surgery increases job satisfaction.

Communication with the ward staff is necessary in order to arrange a visit. Assessment of the patient will include a physical, psychological and spiritual assessment. Communication with the patient should be simple, giving him an opportunity to ask questions. It is desirable when possible that the same nurse meets the patient in theatre, introduces him to relevant staff and generally reassures him. Following surgery where possible, the patient should be visited post-operatively. This gives an opportunity to evaluate and improve on care, and gives a sense of continuity.7

Implementation of a programme to deliver patient information demands effort and may often prove trying. Problems will occur. Some patients may for a variety of reasons arrive to Operating Department unprepared, the Operating Department Nurse must be interested in the patient's total welfare and must as far as possible meet their needs. Pre-operative visiting is the process through which the Operating Department Nurse assesses her patient's needs. She then plays a vital role in implementing a care plan. This is an important part of developing a model of nursing in the Operating Department.

A MODEL OF NURSING

The word model, while comparatively new in nursing, is often used in everyday language. It can be defined as a pattern or design which may not be the real thing but represents it as closely as possible. In nursing it can be defined "as a framework that we follow reflecting and giving direction to the way we act".8

The care given to patients is influenced by the model held by the nurse who gives the care. However, in very many settings, no generally agreed model is held. Agreeing to base nursing practice on a model will lead to consistency and therefore provide a high standard and quality of care throughout the department. Less conflict will exist and nursing practices will make sense to nurses and other health care workers. Models give direction since the goal of work will be understood by everyone and give guidance to new members.

Many nursing models have been described but they all reflect the same themes - "a recognition of the patient as an individual and who has self care needs that have a right to be met by the individual if at all possible."9 Models vary by the different emphasis given to each component, they are intended to adapt and change to suit the environment.

Some of the common nursing models are named after people who devised them for example, Roper Logan Tierney, Orem, Roy. Whichever model chosen should help the theatre nurse assess a patient needs and plan appropriate care. The nursing model chosen gives the content to nursing whilst the nursing process of assessment planning, implementation and evaluation of care organises the nursing work.

The AORN philosophy of Operating Room nursing states that "each patient is unique and has a right to individualised patient centred care".10 Nurses therefore have a major responsibility in attaining this goal and in assuring that a patient has a safe effective and satisfactory surgical experience. The nurse is not just a support worker to the anaesthetist and surgeon but has an independent role in identifying and meeting the needs of the patient and is an advocate for patients protecting them from hazards. These activities are best represented by a model of nursing.

In conclusion, Swindale commented that "The Nurse who informs the patient about imminent experience of surgery and anaesthesia has a clear understanding of her role and professional responsibilities in the pursuit of excellence in clinical practice."11
REFERENCES


ADDITIONAL READING


...feels cared for
Within the Operating Department there are 4 main areas of nursing:

- Patient Reception Room (Waiting room)
- Anaesthetic Room
- Operating Room
- Recovery Room

**PATIENT RECEPTION**

This is a room or area where patients having arrived from the ward are cared for until the operating room is ready. Using this facility increases efficiency and it avoids delays between cases. It is an important nursing area.

The Operating Department Nurse is the patient’s first contact with the surgical team. Her role is to establish rapport with the patient and possibly his family, in such a way as to reassure and engender confidence.

The nurse ensures that the patient “feels cared for” by this first greeting and by enquiring for his comfort. The waiting area should be warm, quiet and conducive to calmness. In depth interviewing of the patient should be avoided as he may be sedated and privacy must be respected. Safety is ensured by the use of appropriate trolleys and supervision.

The needs of children require special consideration. Where possible parents/guardians are encouraged to accompany children to the Operating Department.

Essential pre-operative checking of the patient and his documentation is the responsibility of the Operating Department Nurse. Her knowledge of the significance of the patient's history, allergies, anxieties or fears will help to ensure that any information which could have a crucial bearing on the patient’s treatment, or which needs to be brought to the attention of the anaesthetist or surgeon is identified. She is required to use judgement, discretion and tact when questioning the patient.

**ANAESTHETIC ROOM**

Induction of anaesthesia is recognised as a critical and potentially hazardous period for the patient. A vital role for the anaesthetic nurse is to care for the patients psychological well being by being sensitive, supportive and allaying anxiety and fear by empathetic statements with clear explanations of all procedures. The anaesthetic nurse should create a caring, warm atmosphere by promoting a quiet and relaxed environment for the patient thus inspiring confidence in the medical team.

The nurse in the anaesthetic room is therefore crucial to the process. As an expert, experienced anaesthetic nurse, she provides nursing care while assisting the anaesthetist in every step of the administration of anaesthesia. This nurse requires to have the appropriate knowledge and skills to enable her to understand, anticipate and react to critical incidents. She is required to have in depth knowledge of the correct storage and usage of drugs used in the Operating Department. It is her responsibility to maintain the custody and register of scheduled drugs according to hospital policy. The anaesthetic room nurse however must not draw up drugs for the anaesthetists’ use except in an absolute emergency and at the request of an anaesthetist.

It is clear therefore that the role of the nurse in the anaesthetic room encompasses:

- preparation of the room
- supplying drugs and equipment
- checking haemo-dynamic monitors,
- ensuring a safe, protective environment
- assisting the anaesthetist
- positioning the patient to avoid nerve damage to relaxed limbs
- avoiding undue exposure of the patient.

In exercising these functions, the nurse is truly acting out a professional, expert and accountable role. The role cannot be adequately discharged by a newly qualified or otherwise inexperienced nurse.

In the anaesthetic room, the nurse protects the patient from unnecessary noise or distress. The stress of illness or surgery often imposes a barrier to communication between the patient and hospital personnel. The compassionate
anaesthetic nurse should prevent this by using
good verbal and non verbal communication
skills. The anaesthetic nurse is a valuable asset
to the smooth running of the operating
department. She must use her interpersonal
skills to liaise with the patient, ward nurse,
delivery ward nurse, Operating Department
Nurse, surgeon, anaesthetist, pharmacy,
laboratory, bio-engineering and purchasing staff.
While assisting the anaesthetist she is ensuring
the safest possible environment for the induction
of anaesthesia and optimum comfort of the
patient and will act to preserve his dignity. She
should see that he is not exposed unnecessarily
and that only authorised personnel enter the
anaesthetic room.

**OPERATING ROOM**

Surgical operations and diagnostic procedures
are carried out with the patient under general,
local, spinal anaesthesia or sedation. A multi-
disciplinary team (anaesthetists, surgeons,
nurses) provides patient care during the
procedure. The role of the nurse extends
through the immediate peri-operative phase i.e.
before surgery commences, during the procedure
and when surgery is completed, ensuring the
completion of dressings and the safe transit of
the patient to the Recovery room. She is also
responsible for completion of documentation.
The scrub nurse primarily assumes
responsibility for preparing, supplying and
accounting for instruments, sponges, implants,
sutures, stapling devices etc. required by the
surgeon. She also guards the sterile field and
must protect the aseptic environment.

The circulating nurse does not scrub to assist
the surgeon but is a crucial member of the
surgical team. Expert nurses in theatre often
decide that they are more valuable to patients
welfare as circulating rather than scrub nurses.
The circulator assumes the role of team leader
responding to the surgical team needs while
managing the care of the patient; organising her
own work and assisting the scrub nurse with her
requirements. The scrub nurse grows from
beginner to competent expert through coaching,
modelling, observation and practical experience.
The mental and manual dexterity required to
competently assist at major surgical procedures
is only learned after a series of practical
experiences under the guidance of an expert
nurse.

Patient oriented care may often be forgotten in
the sometimes frantic atmosphere of high tech
surgery, however the skilled Operating
Department Nurse should have developed
automatic alertness to potential hazards which
may put the patient at risk. Awareness of

**RECOVERY ROOM**

The Recovery room nurse cares for patients who
are unconscious, those who are conscious but
amnesic and those who are fully conscious.
Following admission, the immediate priority is to
ensure that the patient has a clear patent
airway. There is definite need for sensitivity in
interpreting and anticipating each patient’s
needs. Gentle handling of the patient and
explanations that orient him to the situation as
he awakes, help to allay anxiety and fears and
contribute towards a more ideal post operative
period. The role of the nurse is to control the
environment of care to facilitate the recovery
process.

Talking to the patient is an important part of the
recovery room nurses observations, conversation
being a method of assessing the progress of the
return of consciousness. The patient is probably
disorientated in time and place, talking quietly,
slowly and distinctly will help him to understand
what is happening. The patient should be
allowed to recover in his own time, it is
important to avoid loud stimulation. The nurse’s
knowledge makes her alert to potential problems
- respiratory, cardio-vascular, hypothermia and
pain. Her role in the active alleviation of pain
and nausea is paramount. Major advances in
pharmacology and technology have provided a
variety of options for pain control. The recovery room nurse should never consider it acceptable to leave a patient in distress.

The nurse must be conversant with haemodynamic monitoring and ventilators, able to interpret readings and results, to know when to take action, when to call for help and must keep accurate notes on the patient's progress.

The nurse must be competent in the management of the airway and alert to changes in the patient's vital signs which might indicate a deterioration in his condition. When the patient's condition is comfortable and stable he is returned to the care of the ward nurses where a comprehensive written and verbal report is given. The vital link between Operating Department nursing, patient care and ward nursing is thus maintained.

...the nurse ensures that the patient has a clear patent airway...
CHAPTER 6
COMPETENCIES REQUIRED
FOR OPERATING DEPARTMENT NURSES

Competency refers to the knowledge, skills, experiences and abilities required to fulfill the professional role and functions of a registered nurse in the operating department. Determining requisite competencies is an important part of the nurse managers responsibility. It is also vital for the individual nurse in order for her to discharge her professional accountability.

Newly qualified nurses have only had observational experiences in the Operating Department. The mandatory 6 week allocation which the student nurse receives to the department provides a basic insight into the procedures and formalities associated with surgical interventions and is intended to give the student supervised experience in the nursing care of a patient undergoing anaesthesia and surgery.

Registered nurses entering the field of perioperative nursing have attained basic competency in nursing practices and therefore need to develop the specific knowledge and skills of the Operating Department Nurse before being judged competent independent practitioners. Precise definition of competencies is difficult because of the wide variations in the anaesthetic and surgical specialities, however, common universal knowledge and skills should form the basis of the nurses competency objectives.

The beginner Operating Department Nurse requires continued support and mentorship before she can act independently or be assigned to emergency duty hours. It is preferable that the nurse undertakes formal education and training in the speciality of nursing within the Operating Department. however, the scarcity of such courses means that many newly qualified nurses learn "on the job" under the guidance of senior nurses and medical staff. The nurse must become familiar with the peri-operative nursing role and the need to function within a multi-disciplinary team. She must learn the language of the operating department, develop the "surgical conscience" - understand and follow aseptic technique, understand and become familiar with a range of electro-medical equipment. Gradually the nurse begins to participate in the intra-operative procedure.

Making the transition from beginner to competent independent practitioner may be slower, the larger the range of surgery and the greater the number of nursing areas to be covered. To assume the role of Operating Department Nurse requires at least one year of supervised and controlled experience.

The Operating Department Nurse must demonstrate responsible nursing practice in the total peri-operative field - receiving the patient into the anaesthetic room, preparing the correct instrumentation, drugs and other supplies, carrying out the swab, instrument and needle counts correctly, behaving in a manner which preserves an optimum aseptic environment, recognising and anticipating potential patient hazards, keeping proper documentation, developing knowledge of legal and ethical implications of Operating Department nursing practices. The competent Operating Department Nurse with many years of experience enhances patient care by balancing consideration of the needs of the patient with the mechanical and technical aspects of the procedure. The skills of communication, stress and conflict management are superimposed on basic and advanced nursing, clinical and technical knowledge as the nurse becomes more competent.

The novice Operating Department Nurse is at some disadvantage compared with the novice in the ward situation. The work environment, practices, routines, traditions/rituals in operating department are often described as unique, exclusive, and even hostile to the uninitiated. For the nurse who has spent 3 years in the ward situation there is little common ground for the practice of nursing between the ward and the Operating Department, at least, at first glance. A short greeting and identification is often as much personal communication as the nurse may have with the conscious patient. There may be little time to establish rapport and the patient may be sedated and therefore uninterested in conversation. There will not be visitors, enquiries, doctors rounds or any of the trappings of normal ward activity to relate to.

The new Operating Department Nurse may feel lost in the apparent predominance of experts and cold technology.

The challenge for the novice Operating Department Nurse is therefore to learn as quickly as possible how to cope in this environment. It is usual for her to be shadowed
by an experienced nurse and her progress to becoming competent in one area will be paralleled with remaining novice in several other areas e.g. she may competently receive patients into operating department, but may not function independently with the anaesthetist at induction of anaesthesia; she may assume the role of second scrub nurse or circulating nurse but will not undertake the role primarily; she may function under supervision in the recovery room but will not be rostered for emergency hours when sufficient support and supervision is not available.

The work of nurses involves mental as well as physical functioning. It may be in the cognitive skills that the greatest variances will be apparent between the novice and competent Operating Department Nurse. The novice will rely on written procedures and instructions for what is usually done or required, afraid of initiative or experiment. The experienced nurse has greater discretion and judgement, she can rapidly assess the patient or situation and act appropriately without prompting. It is the more experienced nurse who can meet the patient's psychological needs as well as his physiological needs, she is cognizant and capable of addressing overall patient needs while providing technical/mechanical needs in the operative field.

The level of competency attained should not be tied to time span but rather to the demonstrated abilities of the nurse, judged both by the individual herself and objectively by peers and supervisors.

Examples of competencies essential for safe practice within the operating department include:

- Assessment of the patient's health status relevant to his preparation for anaesthetic and surgery.
- Formulation of nursing care plans to incorporate the range of care during the total peri-operative phase.
- Behaviour that demonstrates concern for the physical and psychological welfare of the patient and respects his rights to privacy and confidentiality.
- Implementation of safety procedures for the transfer and positioning of the patient to avoid potential hazards.
- Awareness of the principles of aseptic techniques and infection control.
- Competency in carrying out the proper procedure for swab, instruments and sharps counts.
- Concern for the proper control of the environment for the comfort of patients and staff.
- Behaviour that demonstrates overall awareness of professional accountability and ethical functioning at all times.
- Knowledge of the protocols, policies and procedures of the department.
- Continued interest in personal growth and development, taking all opportunities to increase knowledge and skills.
- Demonstrate effective communication skills.
- Exercise good organisation and management of the resources of the department.
- Demonstrate an interest in teaching and supporting staff and student nurses.
- Express knowledge of the professional, legal and ethical considerations of theatre nursing.
A survey carried out by the Operating Theatre Nurses Section of the Irish Nurses Organisation during 1992 showed that there is an unacceptably high reliance on nurses to carry out non-nursing duties in the Operating Department. Only 5 of the hospitals surveyed for example, employ clerical staff in the operating department; of the 48 questionnaires returned, 23 stated that nurses clean furniture between cases and at the end of the list, the situation out of hours being even worse. When asked about transporting and lifting patients, fetching and carrying equipment, the responses showed that nurses are involved almost as much as porters or orderlies. There was also evidence that very few operating departments have lifting equipment such as hoists or other positioning aids.

Further, out of normal hours, non-nursing staff are not routinely available within many of the departments. It is urgent therefore that discussion on skill mix in the operating department is expanded to consider more appropriate allocation of duties between nurses and others. There is a distinct range of duties which are presently carried out by nurses which would be more appropriately assigned to other grades. When nurses are required to clean, lift and do clerical work, it is at the expense of patient care and indeed may also be at the expense of the nurses physical wellbeing.

...skill mix should reflect appropriate allocation of duties...
The Code of Professional Conduct for each Nurse and Midwife, states that:

"each registered nurse is accountable for his/her practice".

"The aim of the nursing profession is to give the highest standard of care possible to patients". 1

This statement clearly puts the onus and responsibility on the profession to audit its own performance and identify components of quantitative and quality care for its clients and users of its services, both patients and staff.

Quality is not static. It is constantly changing, keeping pace with developments in medicine, nursing and society in general. To maintain the highest possible standards, quality of care must be monitored.

The concise Oxford dictionary definition of quality assurance states:

"it is a process of assuring the consumer of a specific degree of excellence through continuous measurement of a product or service". 2

Ellis states that quality is a measure of customer or client satisfaction. This 'quality' is assured by "a scientific approach to measurement, standard setting and improvement" 3

Quality is everyone's business, not just that of the manager. There are many programmes of quality assurance, most share a common direction involving the same framework - planning, doing, checking, acting and evaluating. The National Association of Theatre Nurses of Great Britain and the Association of Operating Room Nurses of America have both devised and developed systems suitable for use in the operating Department along these lines.

Donabedian in his "Framework for Quality" describes the steps in a quality assurance programme as:

Structure - Pre-requisites for care - physical, human and other resources.

Process - How care is actually carried out.

Outcome - The patients or clients status in terms of health and well being after care is completed as compared to status before care was initiated. 4

Clearly stated objectives for behaviour, conduct and attitude of all nurses is the foundation stone for quality assurance. Keeping in mind that quality is the responsibility of all registered nurses. All Operating Department Nurses should be involved in setting up standards and criteria to ensure that they achieve the agreed objectives.

STANDARDS AND CRITERIA

A standard is an agreed level of excellence and the criteria are the measurable means of determining that standard has been achieved. The objectives in a quality assurance programme should be realistic, focus on real problems, be achievable, be regularly evaluated, dynamic and developmental. The quality assurance programme is not intended to lay blame or find individual fault, rather it is a positive mechanism to increase quality of care, improve job satisfaction for staff and reduce costs without compromising service.

Within the Operating Department, both the clinical and management systems can benefit where quality assurance programmes are introduced. Pre-operative, intra-operative and recovery room care can be monitored following agreed criteria. Each section can be assessed under the headings of:

- Environment
- Equipment
- Personnel - preparation
- Transfer - positioning
- Monitoring
- Nursing care
- Management
- Evaluation

There is increasing emphasis on quality assurance and the time is fast approaching when all those who provide health care will be required to specify standards and quality and indicate systems in place to assure quality.
"Nursing must not allow itself to be shaped by the interests of other disciplines, by political opportunism, the vagaries of public or media opinion or by possible intellectual hobbyhorses it happens to meet along the way."

If we do not monitor ourselves, others will do it for us. Further, it is difficult to envisage how Operating Department Nurses can be professionally accountable if they do not initiate and operate monitoring and review of practices, procedures and policies as part of ongoing quality assurance and evaluation.

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**FURTHER READING**


Infection Control is an essential part of patient care in the operating department. It is defined as "the limitation of the acquisition and spread of pathogenic organisms by using scientifically based means and thorough planning, surveillance, education and research".

Infection control precautions must be part of the nursing care plan. Therefore the Operating Department Nurse must keep abreast of current developments by updating her knowledge, liaising with the Infection Control Team, and implementing effective, up to date policies. Basic requirements of good housekeeping, high standards of cleaning and personal hygiene, care of equipment and strict adherence to aseptic techniques must be taught and enforced as hospital policy.

### UNIVERSAL BLOOD AND BODY FLUIDS PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with H.I.V. or other blood borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach previously recommended by the Centre for Disease Control in Atlanta Georgia and referred to as "Universal Blood and Body Fluid Precautions", or "Universal Precautions" should be used in the care of all patients, especially including those in emergency case settings in which the risk of blood exposure is increased and the infection status of the patient is unknown.

Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood borne pathogens. Isolation precautions should be used as necessary if associated conditions such as infectious diarrhea or tuberculosis, are diagnosed or suspected. (e.g. Enteric or Acid Fast Bac)

### PROTECTIVE CLOTHING

Gloves should be worn when handling blood and body fluids, or when dealing with any situation in which a potential risk exists. Gloves should be changed after contact with each patient and hands washed immediately after gloves are removed. While wearing gloves provides personal protection, it should be remembered that soiled gloves are themselves a source of cross infection. Care is therefore required not to carry our other duties such as telephoning or completing documentation while wearing contaminated gloves.

To prevent exposure of mucous membranes of the mouth, nose or eyes, masks and protective eyewear or face shields should be worn during procedures likely to generate droplets of blood or other body fluids. Gowns and aprons should also be worn.

### SHARPS

All staff should take precautions to prevent serious injuries caused by needles, scalpels and other sharp instruments or devices used during procedures. To prevent needle stick injuries, needles should not be recapped, purposefully bent or broken, removed from disposable syringes, or otherwise manipulated by hand. Instruction and demonstrations on the safe removal and disposal of scalpel blades should be given regularly and to all new staff. Instrumentation techniques should take cognisance of the need for safe handling and passing of scalpels and other sharp instruments to the surgical team. After use all sharps should be placed in puncture resistant containers located as close as practical to the area.

When injury occurs a record of the incident is mandatory.

### PERSONAL HEALTH AND HYGIENE

Staff with exudative lesions or weeping dermatitis should refrain from direct care and from handling patient care equipment until the condition is resolved. All health Care workers who participate in invasive procedures, handle blood or body fluids, should have vaccination against Hepatitis B Virus.
There should be a clear hospital policy regarding the safe disposal of contaminated waste. Waste generated at surgery may unfortunately constitute a hazard to those who are responsible for its transport and final disposal. As the health status of patients may not always be known it is wise to consider all clinical waste in the operating department as potentially contaminated. Nurses, medical staff and technicians owe a duty of care to all other personnel whose work may require them to handle waste. This duty may be discharged by education of staff, adherence to recommended practices and careful attention to safety with regard to arrangements for disposal of all waste materials. Important considerations are the containment of infectious waste, proper segregation (usually through the use of colour coded bags) and identification of waste. It is also important to consider the consequences of careless disposal of sharps - injuries to cleaning and portering staff must be avoided by the correct use of sharps disposal containers.

**FURTHER READING**


According to the Health, Safety and Welfare at Work Act 1989, each Hospital and each department within the hospital, is required to formulate a safety statement.

A Safety Representative should be nominated from the permanent members of the operating department staff. The Operating Department Manager should carry out regular hazard audits internally with the safety representative. The audits should be carried out on a departmental or activity basis as appropriate and recorded on Hazard Control Sheet(s). The hazard audits should be concerned with all aspects of the operations/activities of the operating department and should take account of all of the following potential hazards and any other which may arise:

- Access/egress problems including floors, steps, etc.
- Machinery safety including both working and maintenance risks.
- Manual handling operating/procedures/ lifting techniques
- Electrical safety including distribution network, wiring standards and the like.
- Lighting levels.
- Ventilation.
- Heating and humidity.
- Noise and Vibration.
- Maintenance Operations.
- Fire Safety.
- Use of protective equipment.
- Movement of patients and visitors.
- Handling, storage, disposal and use of:
  - Radioactive material
  - Medical Gases
  - Biologically active materials
  - Chemicals
  - Sharps
- Internal transport systems, transferring of patients etc.
- Security of personnel within the department.

Total elimination of all hazards is an unrealistic objective. However all reasonable precautions are expected to reduce risks. Education of staff in their individual responsibilities is an important factor in health and safety considerations.

In the short term, strict adherence to policy and procedure recommendations, the correct use of protective equipment and apparel are the foundations of safe practice.

The long term goals are to eliminate the hazard at source. Pending elimination of hazards the advice is to

- reduce the hazard,
- contain the hazard at source by recommended procedure
- remove the employee from the hazard source.

Safety is best attained, and maintained by attention to the training and education needs of all staff.

The manager therefore must identify safety training needs, carry out training or arrange as appropriate, and measure the competence of trainees.

It is essential that no person should attempt to undertake a potentially hazardous task without approved instruction and training.

Hazard warning notices should be clearly displayed where gases, chemicals or solutions are in use and where radiation or laser exposure is possible. Such notices must inform staff of action to be taken in the event of accidental spillage, exposure or ingestion.
The explosion of technology...
CHAPTER 10
THE FUTURE

Dramatic and exciting changes are taking place every day in the medical world. Nowhere are these changes more obvious than in the nature of surgical intervention. The explosion of technology and the extension of potential treatment options receive considerable media attention and create a knowledge and expectation amongst the general public. The indications are that this progress will continue, research which will change the face of surgery is ongoing and the whole traditional operating theatre design and setting may have to be dramatically altered to accommodate new procedures and practices. There are many who believe that the trends towards minimally invasive new surgical techniques, and even non-interventional treatments may completely replace surgery as it is known today. Certainly we have already seen the enormous changes in surgical instrumentation, anastomosis techniques, new suturing materials, draping and wound dressing, in fact major changes in thinking have come about almost unnoticed over the last twenty years. This is also reflected in reduced length of stay for patients with concurrent increased use of theatres as more patients are put through the hospital beds. Potential future developments in surgery and its consequences for those who work in theatres are important considerations for managers and hospital planners. Little recognition has been given to date to the role of the Operating Department nurses in facilitating the new technology and learning to come to terms with the virtual revolution that has taken place in the traditional “theatre”.

There is however evidence that the advent of such sophisticated and complicated machinery into the daily lives of nurses has been responsible for increased stress and fear. Often there has only been the briefest of introduction and demonstration to a few key people and the rest are left to learn “on the job”. Nevertheless, it is largely thanks to the nurses that this range of new technology has been successfully introduced and that patient care and treatment has thereby been enhanced.

DESIGN OF OPERATING ROOMS FOR THE FUTURE

“The explosion in minimal access surgery techniques has resulted in maximal invasion of operating theatre space”.1 If one looks at the range of equipment required for Laparoscopic surgery for example, one can see that the space is indeed invaded before there is any sight of the patient or those who actually take care of him! Many of our Operating Departments are unsuitable for today’s activity and therefore may be hazardous both for the patient and for staff. It is essential that any future plans for renovation or for completely new buildings take these factors into consideration. This is best achieved if the planners ensure the involvement of expert experienced Operating Department Nurses before building commences.

TECHNICAL SUPPORT FOR THE OPERATING DEPARTMENT NURSE

Medical equipment has a technical life span which is determined by its initial quality, the effect of environmental conditions, the frequency of use, education of users, supervision during use, maintenance and new developments. It is essential that the nurse has an understanding and a working knowledge of the applications of medical technology. This knowledge enables her to be a safe practitioner and to be alert for potential hazards.

It is recommended that Operating Department Nurses:

- Are involved in planning for future technological developments.
- Participate in product evaluation.
- Have adequate training to use equipment.
- Have access to clear on site instructions, which are written by personnel who are familiar with the product and the clinical environment.
- Have adequate supplies of consummables.
- Have immediate availability of replacement units.
· Have the support of bio-engineering staff on site to:
  Perform electrical safety checks
  Troubleshoot and carry out repairs
  Document fault histories
  Implement planned preventative maintenance
  Evaluate equipment
  Monitor work carried out by external companies
  Educate and train staff
  Assist with research

Failure to implement the systems recommended can lead to poor housekeeping, inadequate servicing of equipment and exposure to hazards both for staff and patients. It will also cause delays, frustration, increased costs and risks, with the real possibility of litigation. It is recommended as essential that a bio-engineer is available as part of the operating department team to allow the nurse to act as the vital link between the patient and the purely technical component of a problem.

**MANAGEMENT OF THE OPERATING DEPARTMENT**

Much debate has taken place across the world as to who is actually in charge of the Operating Department. Several reports have examined the problem mainly due to the concern for efficiency in these times of financial constraint. When there is outcry and political concern about waiting lists for surgery it is often forgotten that the management and control of the operating department facilities in the hospitals is as important as concern about bed availability. Utilization and activity statistics should be mandatory in every operating department and the authority to take remedial action when wasted sessions are frequently identified should be clearly vested in named key people i.e. the nurse manager and a clinician who has the confidence of all relevant staff. All recent reports in the United Kingdom state that the position of operating department superintendent / manager is not suitable for a lay person. While business managers, general managers and others must have an interest in the functioning of the department at a macro level, the day to day management and co-ordination of the work of the operating department must be the job of a senior nurse who has preferably, wide experience in the clinical fields of anaesthetics and surgery in addition to formal management training and qualifications. There is great emphasis on the business management aspects of the job of managing the operating department.

In many cases the Operating Department Manager is already a budget holder with control and therefore responsibility, for financial management. While this has not yet come about across the country, there is no doubt that it is the future trend and it behoves all Operating Department Nurses to take an interest in and become qualified to take on the task.

**MANAGEMENT OF NURSING CARE IN THE OPERATING DEPARTMENT**

The management of nursing care is an activity separate from the management of the Operating Department as a department. Overall management responsibility may be vested in one or two individual managers but nursing care activities require management by each individual nurse. Good management will enhance nursing care and enable nurses to concentrate on nursing. The provision of adequate non-nursing support personnel is an essential requirement in this regard.

Position statements with regard to the relative roles of nurses and non-nurses in carrying out the wide range of duties in the operating department should clearly recognise that cleaning, clerical and general administrative work is not appropriately assigned to nurses. Releasing nurses from those tasks will not make nurses redundant but rather will free them to use their nursing skills and knowledge to attend to the patient professionally.

Nurses must move away from a reactive task oriented approach to nursing care and take a pro-active primary nursing style, visiting patients pre and post operatively, assessing the needs of patients, devising individualised care plans, participating in the care of patients in the anaesthetic room, operating room and recovery room, documenting and evaluating care given.

Without this change, managers, (directors of nursing and general managers) may see wasted or misdirected nursing skills and considering the cost implications, may think about alternative skill mixes. Student nurses may also question the relevance of nursing qualifications and training to the operating department and therefore be discouraged from choosing it as a career. The loss of expert nurses from the operating department would have catastrophic implications for the quality of care in our hospitals. Any attempts to emulate what has happened in other countries must be carefully monitored by the profession; experience in the operating department must always be an integral part of the student nursing curriculum regardless of changes in the education system in the future.
There are many who think that the "theatre nurse" is an endangered species. However, we can take control of the situation by adapting to change, becoming knowledgeable and vocal when debate regarding health service policy is taking place. We must draw on nursing developments to update practices and procedures for patients undergoing surgery. We must grasp the challenge of change with foresight and enthusiasm and use recognised scientific research methods to investigate and develop our role, in the ultimate interest of the patients who come into our care.

**RESEARCH**

Research in nurse education has been influenced by a number of factors including the recommendations of the Briggs Report. The report of the Committee on Nursing suggested that in order for the profession to be research based

- teaching should be based on research findings,
- research should be carried out by nurses,
- units should be set up associated with Institutes of Higher Education and service funds should be made available for research. ²

Being a research based profession it requires that a questioning approach to one's work, be adopted in order to have the ability and willingness to read research and be innovative. It must be acknowledged that each nurse needs to be aware of research in her own practice area and needs a commitment to basing practise on objective research.

A working party report commissioned by the Department of Health states "that there is an urgent need to develop research as an integral part of the nursing service" ³. Given that the service is becoming more specialised, it is vital that ongoing study and research continue, to ensure that development to meet the needs of the service is based on study and evaluation.

**CARE OF THE ENVIRONMENT**

Nurses along with other healthcare professionals are concerned with environmental issues. Pollution of the environment is associated with illness and disease. It is unknown today what the impact of our behaviour will be on future generations. It is therefore important in this discussion to consider aspects of operating department practices which can have potentially harmful effects which may last well into or may not even be evident, until the next century.

National governments are becoming alarmed at the extent of pollution of the environment at all levels and there is an increasing volume of legislation and directives from the European Commission on the subject. The 5th Action Programme of the European Commission which is about to be launched will define legislation on the protection of the environment into the year 2000.

Legislation relating to waste, its generation and disposal will be most significant for hospitals. Questions to be considered in relation to the operating department are:

- how can we reduce the amount of waste generated?
- can changes in practices and policies bring about a reduction of use of materials?
- can re-cycling be safely carried out?
- could energy be recovered through incineration?
- when waste is inevitably generated in the operating department what best practices are recommended to minimise exposure to hazards and pollution of the atmosphere?

The use of sterile disposable gowns and draping systems in the operating department has become a topic for debate over recent years. While there are many good reasons and situations where the use of disposables is desirable, some concern must exist for the amount of waste generated by this practice.

It is also true that the re-using of surgical drapes and gowns is labour intensive and therefore expensive. Laundering procedures can cause pollution by discharging detergents into the environment. There is in addition high energy consumption required for decontaminating, washing and sterilising linen.

Of course other important considerations in the debate are, the effectiveness of the aseptic barrier, storage facilities and value for money implications.

**HOSPITAL WASTE**

Directives are currently being prepared at European Commission level to deal with the safe handling and disposal of hospital waste. It is recognised that the disposal of clinical waste is an urgent issue, it is expensive, incineration of
such waste costs more than £1000 per ton. The fall out from incineration procedures is a source of environmental pollution, it is unpleasant and may be directly harmful to residents in the area of the incinerator and in the community at large.

It is expected that the directives will actually contain a hospital waste cataloguing mechanism which will aid the standardisation of procedures throughout Europe.

In the meantime it is vital that clear policies exist in the operating department for the guidance of staff regarding reduction, segregation and safe handling of waste.

THE EUROPEAN OPERATING ROOM NURSES ASSOCIATION

The Theatre Nurses section of the Irish Nurses Organisation has firmly established its standing as a member of the European Operating Room Nurses Association. The group has grown from small beginnings in 1980 to a membership now of 17 European countries. Each country may send two member representatives to the twice yearly meetings and much valuable work is being done to bring nursing practice in the operating room to a common high standard throughout Europe. The first major document is currently under way on the level of training and education to be recommended for those who work in operating departments. It is interesting that all countries emphasise at these meetings that the role of the professional nurse in this area may be under threat and indeed, in some countries has already been seriously undermined to the detriment of patients and nurses alike. Awareness through these contacts and, reading to keep up to date with worldwide developments are our most important sources for preparing strategies for the future for the operating department nurse in Ireland.

FUTURE TRENDS IN THE ROLE AND FUNCTION OF THE NURSE IN THE OPERATING DEPARTMENT

The scope of professional nursing practice continues to develop and expand in line with changes in medical practice, new technology and research into the causes and treatments of disease. Nurses who are interested, involved and enthusiastic inevitably become anxious to expand their fields of expertise and practice. It is imperative that initiatives such as "first assisting" are carefully evaluated and controlled by the profession in the interest of the patient and to protect the reputation and standing of nurses. Expansion of the traditional roles of nurses is occurring at many levels both in hospitals and in the community.

Nurses need to be alert to the dangers of taking on expanded duties without adequate analysis of the implications of such changes and without appropriate training and education. It is also a matter of concern that in some instances the new function is being delegated to nurses for purely economic considerations or because there is a real or perceived shortage of doctors in certain areas.

If the image and status of the Operating Department Nurse is in need of enhancement it may be more appropriate to promote the nursing role by higher exposure of nursing practice rather than taking on functions more appropriately assigned to qualified medical practitioners. However, it is recognised that many nurses enjoy expanding their roles and are willing to take the necessary training to become competent. Definite hospital policies and a system of professional accreditation are therefore mandatory before steps in this direction are taken.

EDUCATION FOR OPERATING DEPARTMENT NURSES

It is recommended that a nurse who wishes to work in the operating department must undertake a recognised course of studies and practical training. Considerable difficulties exist for nurses wishing to undertaking these courses as they are presently organised. There are limited numbers of places available, nurses must in many cases resign their post in order to take a place in one of the 5 Dublin hospitals who run the courses (study leave or secondment is rarely granted), it is not convenient for nurses with family commitments to live for one year in Dublin.

Better arrangements are therefore needed in order to facilitate and encourage nurses to undertake these courses. At least one teaching hospital in each region of the country should provide the course. The current hospital certification awarded for undertaking the theatre course should be upgraded to a diploma which would be registered with An Bord Altranais.

Review of the content and duration of the existing courses will probably lead to a change to a modular system curriculum which will be in line with modern teaching and learning theories and will provide options for the nurse to specialise within the department and to accumulate credits towards further studies.
IN SERVICE EDUCATION

Future developments in surgery will have many implications for operating department nurses. The increasing use of sophisticated technology, developments in minimally invasive surgical procedures and improved anaesthetic techniques are important considerations when planning in-service education requirements for nurses who wish to function in the operating department. It is the responsibility of each nurse to keep up to date with new developments and knowledge. It is also an important part of the nurse managers' work to ensure that time and opportunities are made available for nurses to attend tutorials, demonstrations and study sessions.

There is a strong case to be made to An Bord Altranais to have mandatory periodic updating for all nurses similar to what has been introduced in other countries.

It is difficult for us to look too far into the future so much is changing all around us everyday. Nurses are renowned for their willingness to embrace new development and for leading the way with change. Many care-enhancing initiatives are taken by nurses who are often best placed to see the need for change. Operating Department Nurses throughout Ireland have seen the successful introduction of what were pioneering procedures in the field of surgery. Life saving organ transplants which have enhanced the quality of life for so many Irish people, major advances in cancer surgery, treatment of epilepsy, correction of congenital deformity, restoration of hearing and sight, plastic, reconstructive and orthopaedic surgery beyond what was envisaged a mere decade ago are now common place.

The recent major progress with minimally invasive surgical techniques in this country have been greatly facilitated by the expertise of Operating Department Nurses.

It is a tribute to those dedicated and enthusiastic Operating Department Nurses that so much has been achieved so rapidly and that in many fields, Ireland is recognised as a centre of excellence and innovation. Without the expertise of the nurse in the operating department the work of anaesthetist and surgeons would be greatly frustrated and progress impeded. What a pity that greater recognition has not come for these nurses. It is obvious that as expert professional colleagues to the medical staff, they are truly the vital link in the surgical chain.

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