

Challenges for the journey

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1. First of all, let me thanks to Portuguese Nursing Operation Room Association, the invite to be here. Then, congratulate EORNA, in the person of her President Caroline Higgins; Helena Martins, as Chair of EORNA Congress 2012 and Merja Fordell, Chair of the Scientific Committee.
2. The thematic choice for this event is **Sailing to the future**... a metaphoric and inspiring theme that supposes navigation, movement and a time ahead.
3. I must confess I like metaphors - because they join and intersect different types of beings who, in fact, cannot be gathered. They are a kind of ontological riddle that we can solve (partially at least) - therefore, each metaphor changes or modifies the existing situation and, because of that, is potentially creative: new meaning, new reality. Furthermore, the use of metaphors, as enigmas, is destined to be solved.
4. The chosen metaphor was sailing to the future... and following this concept, we can point out some challenges that we are about to face - and I have 15' minutes to point it out, in a kind of a pre-sight map. So, among a lot of potential challenges, I have **chosen three**, because I think they are the most important for achieving success and give answers to the greater dangers that we will face in the journey.
5. **What do we need to sail?** Perhaps you can agree that we must have:
 - a. a boat or a ship (and an ocean to put it on),
 - b. a crew (meaning the human resources able to face the voyage),
 - c. Skills and special competencies to the necessary performance.
 - d. We may have charts and maps (we'll need it) with specific details about the environment and an almanac to determine our position.
 - e. We need instruments – so, can pick a sextant or an astrolabe but probably we'll prefer a computer and a GPS. ☺

Take notice that the **purpose of navigation** is to ascertain the present position and to determine the speed, direction, etc, to arrive at the destination point.

6. So the first challenge is to **choose where are we going to**, **the meaning and direction for an action** - because we can see ourselves *sailing to the future*, but we need to know where we want to go... Alice, in a famous story in Wonderland, asked to the cat

Would you tell me, please, which way I ought to go from here?

The Cat: That depends a good deal on where you want to get to

Alice: I don't much care where.

The Cat: Then it doesn't much matter which way you go.

Alice: ...so long as I get somewhere.

The Cat: Oh, you're sure to do that, if only you walk long enough.

7. And to face this challenge we need a **philosophical and theoretical framework for perioperative nursing**. So, I'm proposing the importance to develop a very short philosophical overview of perioperative nursing, surrounding nursing ethics and thinking about the working field.
8. Some of you may be uncomfortable about the word «philosophy» but whether or not you recognize it, all nurses have a philosophy of nursing, based on their personal beliefs, values and attitudes, acquired through the professional education, shaped and redefined by nursing practice and life experiences. Thinking about perioperative nursing may force us to examine the basis, the values and principles. Why should we do that? because shared philosophy establishes direction and meaning for an action.
9. Can we define perioperative nursing as the nursing care provided to a client before, during, and after surgery, and also include manage, teach, and research?... So, we have a client there, the focus of our attention.. I've been thinking that a person chooses or accept, most of the times, to be submitted to a surgery... I'm not talking about emergency, but about a planned, programmed surgery. That means, someone accept to be submitted to an altered conscience status induced by anaesthesia. Why? Eventually, because he or she hopes to live better after that, a better quality of life, a better day living... It is a very human expectation, which makes someone facing the pain, the discomfort, the anaesthesia, the surgery... It is clear to all of us that a person under anaesthesia is extremely vulnerable. So, this is the first concept I'm putting in front of you, in a kind of theoretical framework - **vulnerability**, which means that someone, can be physically or emotionally injured. It's a precarious position; exposed or unprotected, defenceless... Vulnerability means ability to be wounded and to face it we found the legitimate claim of all human beings for protection...In an operating room, nurses do that – better, most of the things nurses do, are about a situational and pro-active understanding of *that* person vulnerability. Not in general or in abstract, but that particular case, that specific person.

10. The perioperative nurse's view of a client (I do prefer client to patient) is an important element of a theoretical framework... If we see the client as a rational and mature person, we recognize and give empower. We plan together their care project and give them the freedom to make choices when possible. So, behind the nurse's action, a perioperative nurse, it is the idea of a person and the recognition of the Other, who needs care and is a complex being, a learner, able to develop knowledge and self-awareness. Probably, you're now waiting for me to say "advocacy" and I 'rather prefer **empowering clients** – probably, because is not so used, and we need the concept to strengthening nurse education...

11. Empowerment can be defined as an interpersonal process between the nurse and the patient/client intended to promote healthy behaviours. Some authors describe empowerment as a process where patients develop a critical awareness of the root causes of their problems.

We must consider that:

- a. the client has the prime responsibility for his/her health,
- b. have the ability to make their own choices,
- c. can only be empowered by him or her self, meaning, his/her will;
- d. to succeed, the empowerment process requires a symmetrical relationship built on mutual respect between the nurse and the client,
- e. trust is the foundation of the empowerment process.

Further, empowerment aims to promote and enhance the patients' abilities to meet their own needs, solve their own problems and mobilize the necessary resources to master their own lives. This is a revolutionary approach to problem-solving: it is not so much a question of integrating into existing structures but rather then to change the structure. So, we can add improved self-awareness as the client outcomes and empowering as the nursing process;

12. I'm thinking about **nursing goals**, such as: to assist clients and their significant others through the surgical event; to help promote positive outcomes and help clients achieve their optimal level of function and wellness after surgery...so, client oriented goals. But, if we think critically, we can say that is only **one continuous goal**: to provide a standard of excellence in the care of a specific client before, during, and after surgery. Meaning, it is the best that we can provide, according client needs and best practices. It is, indeed, our **responsibility**.

13. **Responsibility** is the capacity and obligation to answer for our own decisions, acts and consequences. In *classic legal concept*, responsibility was defined by the obligation to repair damage (caused by a mistake or a fault) and by the obligation to suffer punishment accordingly – the common idea is «obligation» that gains the double sense of repairing damage and suffering penalty. In *ethical perspective*, responsibility is bounded to a trusted

charge, and, by that, a kind of obligation facing something vulnerable, that can be perish unless someone, become responsible, take care of. This idea of something *at stake* and *in stake* of surviving refunds the responsibility in fragility of life...

14. So, we need some virtues, such as Prudence, a kind of knowledge, like sciences and arts, which corresponds to the capacity of being always attentive to behaviours because these determine responsibilities to be assumed. So, it is necessary to have a prior idea of risks and the possible or probable consequences that could be attributed to an act. Prudence supposes the existence of risk, of uncertainty, of chance, and takes into account what can happen, even if it comes to prove real or not. In the essence, is necessary to remember constantly that the human reality is dynamic; moves in an unpredictable land and does not seem be calming under the rule.
15. Probably, you're more familiar with the idea of prevention - as a matter of fact, the prevention refers to a decision well-adjusted for the nature, gravity and probability of a known and identifiable risk – so, a set of actions are aimed to avoid an harmful event or warning (to inform, to form) eventual victims. We are before an established dangerousness. Precaution answers to a hypothetical one, to an imponderable one, in a context of (bigger or less) uncertainty. From the general point of view, it appeals warning *before* - in other words, the dangerousness is uncertain, potential, and is not the knowledge that precedes the action.
16. We take a responsibility of care directed to others and to the future - in reality; most of nursing acts looks towards the future, since washing hands till changing a bandage, since health education till the support in grief processes. The idea of *taking charge* is absolutely central: something or someone will be putted to my guard, under my protection. It is always for an Other that I am responsible, what means being accountable. That's my professional promise, my gaven word to take care of an Other. An Other, with implicit vulnerability or incompetence, an Other that can ask counts, an Other regarding which I pledged myself taking charge of an «efficiency zone ». In final synthesis, bridging between risks and responsibility may be done by prudence, prevention, precaution and surveillance.
17. We can go, now, to the **second challenge**, now that we are sailing and the danger may be lack of visibility. **Visibility** is required to see and to be seen, to move on. Thus, anything that reduces the visibility can become dangerous. Plus, if, suddenly, on the roadside, unexpectedly, can be a cliff – and then, the danger may become deadly. Sometimes we pay close attention to the neighbour and don't see the landscape. Other times, we are so busy watching the landscape, that we don't look where we put our feet. And in the mist, we may

need to sit and wait a bit, to have more visibility, instead of stubbornly following along. If in doubt, if the risk is potentially greater than the gain, do not hesitate to suspend the journey for a while, because cliffs do not deviate just because someone did not see it ...

18. In day-by-day working, perioperative nurses don't stay long time with the clients or patients. Brief preoperative and postoperative encounters require nurse's talent and resources to promote a smooth postoperative course. Somehow, nurses are still very discrete in operating room, looking from client's perspective... Behind masks, most of the time... This is a very delicate issue – how can you disclose and reveal the role and the professional? How can we promote the visibility of perioperative nurse, in a way that clients really see - and see is to recognize the existence and the role, is identify the nurse as a professional that is there for their own sake, to assure safety and quality.
19. First, from inside, strengthening the self-conscience and valorate the work that is been done in clients behalf ; second, writing and disseminate knowledge by research and publication; promoting perioperative nursing everywhere, in an accurate way, creating nursing indicators, doing a strong management....
20. As Udelsman said: ““The operating room is the functional location where a large group of individuals representing three diverse groups—nursing, anaesthesia, and surgery—deliver care to the common, unifying, and key individual: the patient. These three disciplines have disparate training, goals, incentives, and cultures. The ideal operating room environment would enhance collegial interactions and reward efficiency. Unfortunately, this is rarely obtained or appreciated.”
21. Meanwhile, we have an old story about a *captain of ship* doctrine. Whereby the head of the medical-surgical team could be compared to the captain of a ship who gives orders to his crew (borrowed servants). Consequently, the team leader should be held responsible for any errors that occurred in the operating room, regardless of the person who committed, and this was a direct consequence of not recognizing autonomy to anyone, regardless the qualification level . Traditionally, this team leader took the overall achievement of the therapeutic process, so that each act of subordinates would be only a portion of the delegated activity; on the team leader rests a set of assignments from the selection of employees, verification of their qualifications, guidance, supervision and performance evaluation. Today, in Portugal, this doctrine makes no sense at all. In the same setting, different professionals work with autonomy; the different activities are grouped according to a plan designed specifically to meet the purpose or mission of the OR. The relationships between professionals are organized around a plan, according to their role and sphere of activity, articulating with others.

Therefore, the importance of a multidisciplinary teamwork - the surgeon is in charge of the technical intervention and is responsible for the safety of surgery; the anaesthesiologist is responsible for pre-anaesthetic evaluation, implementation and monitoring of anaesthesia and anaesthetic risk prevention; nurses are distributed in their functions of circulating, anaesthesia and scrubbing, and each one has its own work area. It makes sense that they are responsible for the activities within their area of expertise to accomplish. Put another way, when in the presence of several professionals, scientific and professionally autonomous, each one must answer for their own area of expertise and competence, despite working in coordination, complementarities and in *functional unit*.

22. How can perioperative nurses be seen by clients when everything *goes well*?? That's a real challenge... because if anything goes wrong, it seems more clear...

23. Let's go to the **third challenge**, because, in a time of crisis and scarcity, we have a greater need for experienced and skilled nurses... If you have a storm, you need to rely that people staying in the room are able to face it, to improve, to innovate, to improvise in order to find the best possible solution...

24. In the past two decades, perioperative nursing care has changed dramatically - for the majority of surgical procedures, the time factor allocated for the event has been reduced from days or weeks to a few hours. Today, as the pressures from economic field accelerate, clients are being fast tracked through the surgical experience. The shortage of resources and the increased needs of the clients and families that require surgical intervention are impacting the perioperative nursing care. What operating room nurses knows and believes influences patient safety and how they see their role in enhancing patient safety. We need skilled professionals who use nursing interventions in a preventive manner. So we need new models for learning in action, for competencies development.

25. I read a study that asks: *what is the perioperative nurses main challenge when caring for the surgical patient?* And the answer was minimizing risk in a high risk setting. This challenge was resolved by the perioperative nurses through "Anticipatory Vigilance". The area of nurse perception of risk is related with experience, so Benner teach us, when shaped the expert profile.

26. Now, I've almost finished my speech... and challenge or defy you to look to the congress plan - we can take it as a kind of chart or map....If you look to the titles, you'll find:

- a. Education and Long life learning – in Learning Through Action, New Ways of Learning, The New Era of the Learning in the Operating Room

- b. Research – in Research Session - Future Operating Room Nursing
- c. Care delivery – Infection Prevention, Risk Management, Patient Nursing Care, Nursing Care Challenges, Perioperative Dialogue – A New addition in Perioperative Nursing, , Keeping the Patient Safe, Caring for Children in the OR;
- d. Management - OR Management, Day to Day Management,
- e. Teamwork - Leadership in the Spotlight, Team Work for Results
- f. General issues, such as Global Challenge - Global Response, Job Satisfaction

27. What you do every day is to **ensure that our surgical clients are well cared for**. It becomes so much a part of us we might not truly recognize the roles we are playing in people's lives. There are challenges because so much of your care is moving to an ambulatory setting; another continual challenge is emerging technology and research outcomes to provide less invasive care, getting the same surgical results, and a more satisfactory and quicker recovery. The struggle for *zero tolerance to infections* is side-by-side for something like interprofessional respect.... And the efforts to overcome obstacles and achieve balance between strategy and tactics.

28. Finally, we are charged with controlling the boat, not the weather. It's our responsibility to answer to changes in the wind and waves by using the most appropriate configuration of rope, canvas and tiller for the situation. No matter what the weather likes, we are accountable for being at choice about every adjustment in course. No degree of sailing skill, however, will affect the weather. In the same sense, in any life situation, there are areas in which we are called upon to exercise choice, and areas in which we are required to adjust to circumstances.

29. "One of the difficult lessons of life is learning the difference between sphere of influence and sphere of concern". I cannot change patient care in every hospital in the country, but I can affect patients care at the hospital which I work. - some days I cannot even affect the care of all patients at my unit, yet I can always affect one patient in my care. And for that, this can make all the difference....

"Challenges are what make life interesting; overcoming them is what makes life meaningful".

Joshua J. Marine