

ROLE PERCEPTION OF THE OPERATING ROOM NURSE IN
PATIENT CARE AND TECHNICAL-ASSISTING ACTIVITIES

by

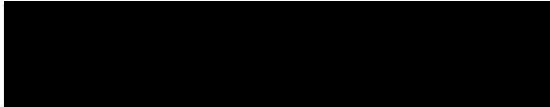
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A Thesis

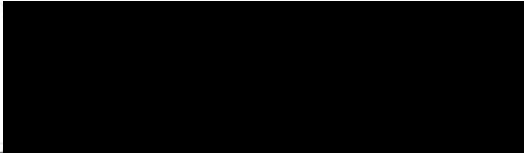
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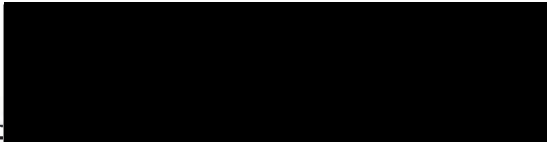
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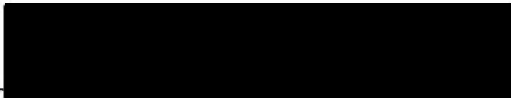
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CHAPTER I

INTRODUCTION

The general trend in operating room nursing has been from a primary concern with technical aspects to a more patient care oriented attitude. Historically the role of the operating room nurse had been one of the caretaker of instruments. Hence operating room nursing books and manuals consisted of numerous pictures, diagrams, and descriptions of instruments for specific procedures. Also much attention was given to items such as equipment, suture material, linens, and various various techniques. Moreover the operating room nurse was prized for her efficiency and deftness of movement.

The patient was mentioned in relation to the functions of positioning for the procedure, preparation of the operative site, and draping of the operative field. The other areas of concern with the patient were: responsibility of the operating room nurse to the anesthesiologist during induction and safety regards in explosion and fire.

The operating room nurse has progressed in demonstrating more concern for the patient through prevention and control of infection to concern with the patient's total physical and psychological well-being. The nursing process was adapted and utilized to enhance operating room nursing care. Thus the operating room nurse became more concerned with continuity of care for the patient. Also the operating room nurse has become involved with the patient's preoperative and postoperative as well as intraoperative status. Finally, involvement with the patient during the hospital stay has moved the operating room nurse into the

newest aspect of the role, that of perioperative nursing.

Simultaneously, the various innovations and progressions of the general nursing field have been adapted and applied to the operating room setting. Included among these adaptations are the nursing process, implementation of nursing care plans, nursing audit, and continuity of care for the patient.

Although aspects of the expanded role of the operating room nurse had been delineated, the role perception of the operating room nurse has been neglected. Only two studies could be found which examined functions of the operating room nurses and values placed on the various functions. Progressing from the previous studies, the present study analyzed perceived functions of operating room nurses in regard to patient care or technical-assisting activities.

Statement of the Problem

The specific problem of the present study was to determine, through the use of a questionnaire, the role perception of a select group of operating room nurses in both patient care and technical-assisting activities. To examine these problems, the following questions were explored:

1. Do operating room nurses perceive their role as consisting of mostly patient care rather than technical-assisting activities?
2. Do graduates of four year programs perceive their role as being more patient care centered than graduates of three or two year programs?

3. Do members of the Association of Operating Room Nurses perceive their role as being more patient care centered than non-members?
4. Do operating room nurses perceive their role as changing?

Definition of Terms
Adapted from Manuel

Circulating

Those functions of the person in the operating room who is not scrubbed, does not wear sterile gown and gloves, assumes responsibility for the unconscious patients who cannot protect themselves from their environment, directs, supervises, evaluates changing situations and complex care needs, and carries out nursing measures and aseptic techniques based on scientific principles and knowledge (Lach, 1974).

Operating Room Nurse

Refers to any registered nurse who participates or is employed in an operating room setting in the direct or indirect care of patients utilizing those skills necessary in the specialized area of the operating room.

Operating Room Technician

A non-professional member of the operating team; trained in an intensive on-the-job program, in a military service, or in a program designed specifically for this purpose. This person functions in a technical assisting capacity, always under the direct supervision of a registered nurse.

Patient Care Activities

Those functions referring to protection, welfare, and safety of and responsibility to the patient as prime responsibility components; involves verbal and/or nonverbal interaction with the patient.

Role (Duties, Functions)

A structural representation of the meaningful, goal-directed behavior of a single type of actor (operating room nurse), identified in interaction with "relevant others" and including the actual as well as the expected normative behavior of the actor.

Scrubbing

Those functions of the person in the operating room (professional or non-professional) who is scrubbed, wears sterile gown and gloves and assists the surgeon and team by handing instruments, preparing sutures, and caring for sterile supplies and equipment during the operative procedure.

Technical-Assisting Activities

Functions referring to the mechanical skills in preparation of an operating room, obtaining supplies and equipment, maintaining asepsis, preparing for emergency situations, counting sponges, assisting team members, and maintaining order in the room as prime components.

Review of the Literature

The review of the literature consists of an examination of the expanding role of the operating room nurse. For ease of exposition, operating room nursing has been divided into four phases: traditional, integrative, modern, and perioperative. In addition, role erosion due to forces outside of operating room nursing are described. Moreover, the role of the operating room nurses as viewed by other professionals is presented. Finally, the consequences of the above forces are viewed in the role perception of the operating room nurse.

Traditional Phase

The first aspect of operating room nursing is the traditional phase. The traditional and classical material on operating room nursing consisted of detailed descriptions of surgical procedures with great attention given to anatomical details, proper instrumentation, and correct table set-ups (Alexander, Burley, Ellison & Vallari, 1967). Moreover the exact steps to be taken in the surgical procedure are outlined and diagrammed, the physical layout of the operating room suite is minutely detailed, and sutures and linens are described (Willingham, 1967). Also, references to the patient are usually limited to positioning for procedures, preparation of the operative site, and draping of the operative field (Dixon, 1976). However, more emphasis on the patient emerges when areas of prevention and control of surgical infections are explored. For example, Domcisz (1977) emphasized the operating room nurse's role in prevention and control of surgical infection

by describing nursing actions to be taken, detection measures to be utilized, and stressing the operating room nurse's position in the overall system of hospital infection control.

Integrative Phase

In the second integrative phase of operating room nursing, general nursing concepts are incorporated into the operating room milieu. The establishment and utilization of the team nursing concept, an increasing emphasis on patient centered care, and nursing assessment are adapted to the operating room setting (Coates, 1974; Nolan, 1974). In addition, the role of the operating room nurse as patient advocate and primary care agent in providing for the needs of the patient during the operative procedure are explored (Hesterly, 1973; Trail, 1975).

Modern Phase

The third, modern phase of operating room nursing encompasses many aspects of the expanded role of the operating room nurse. For instance, the role of the clinical specialist in the operating room is providing direct patient care, teaching patients and other nurses, and conducting nursing research (Schrader, 1976). Furthermore, potentials of operating room nursing including preoperative and postoperative visits, research, first assistant to the surgeon, teaching and supervising activities, familiarity with new technology and equipment, intraoperative assessment, and total patient care are being discussed in the literature (Nolan, 1976; Gruendemann, Casterton, Hesterly, Minckley & Shetler, 1977).

In addition, the total patient is taken into consideration, not

only intraoperatively, but also preoperatively and postoperatively, as continuity of care is promoted through preoperative assessment, nursing care planning, communicating with ward staff, ongoing evaluation of patient care, and documentation of nursing care given in the operating room (Mehaffey, 1975). Finally, the role of the operating room nurse as a member of the operating room consulting team is delineated as a liaison to improve relations between operating room nurses and ward nurses by providing broad spectrum consulting services in operating room management and nursing practice (Litterst, 1977).

Perioperative Phase

The fourth phase of operating room nursing is that of the perioperative role which is divided into three aspects: preoperative, intraoperative, postoperative (Kneedler, 1979). The first aspect, preoperative, includes preoperative visits to the patient in the hospital, a clinic, or at home in order to assess needs and formulate a plan for care during the intraoperative period.

Next, information gathered from the preoperative visit is utilized in the second aspect, intraoperative, of the patient's care. The second period has been traditionally thought of as the only phase of operating room nursing, that time which encompasses the patients' stay in the operating room suite.

The final aspect, postoperative, of the perioperative period consists of evaluation of care given in the operating room by visiting the patient in the hospital, a clinic, or at home after surgical intervention. During which time, the patient's views on nursing care in the

operating room are elicited, hospital records are examined for pertinent information, and the staff caring for the patient on the ward are interviewed about progress. Information gathered enables the operating room nurse to evaluate the care that was given by surgical staff and to make any needed modifications to provide better quality care.

Role Erosion

At the same time the role of the operating room nurse was expanding, as described above, outside influences were striving to devalue operating room nursing and erode the role of the professional operating room nurse. Long (1977) demonstrated the outside influences to be the devaluation of the operating room experience in nursing education, the increasing use of technicians, and the overall uncertainty of the operating room nurse's role in future health care. Moreover, Olsen (1977) described the following major stress factors for the operating room nurse: disregard for the importance of the operating room nurse's role by nursing educators, non-operating room nurses, and hospital administrators. In addition, Cassem (1974) assessed the emotional atmosphere of the operating room suite through various conflicts and crises to reveal the work situation and patient needs as additional stress factors.

To further add to the conflict, other professionals attempt to define the role of the operating room nurse. For example, McPhail (1974), a surgeon, described the function of a professional nurse in the operating room as performing preoperative and postoperative visits, utilizing nursing assessment, and providing patient centered care. Concurrently, nursing administrators' demands of the operating room nurse included

accountability for para-professionals, awareness of the total operating room environment, and creative nursing to correct problem situations (Armstrong, 1977). Finally, nursing educators redefined the role of the operating room nurse as an increasing number of schools deleted the operating room rotation from their curricula. Hence, orientation programs were restructured and revised to include new behavioral objectives for the graduate and behavioral characteristics for the experienced operating room nurse serving as a role model for the new graduate (Anderson, 1975).

Related Studies

As operating room nurses have expanded their role despite role erosion from outside forces and attempts to define operating room nursing from the point of view of other professionals, an analysis of the role perception of the operating room nurse seemed appropriate. One of the major contributions to analysis of role perception has been made by Gruendemann (1970) who analyzed the perceived role of professional operating room nurses. She interviewed 25 full-time nurses in four Southern California hospitals of varying size and administrative control. The nurses had a minimum of six months' experience in the operating room, were employed in positions where both scrubbing and circulating responsibilities were included, and were not operating room supervisors or administrators.

Gruendemann used a nine-point structured interview to elicit description and assessment of role behavior both actual and expected. No actual behaviors were observed or measured however. In stated actual

behavior, Gruendemann found that when the nurses were functioning as circulator, they stated that they engaged in a combination of patient care activities and technical-assisting activities. On the other hand, when acting as scrub nurse, they stated they engaged in technical-assisting activities only. Moreover, when acting as scrub nurse, none felt they engaged in patient care activities only.

In perceived behavior, the majority of the operating room nurses stated their roles were either patient care activities only or a combination of patient care and technical-assisting activities. In addition, the nurses felt that the majority of their responsibilities were nursing functions. Moreover, 72% of the nurses interviewed felt aspects of patient care were at least a part of their most important function as operating room nurses. In contrast, only 28% perceived a technical-assisting activity as their most important function while 72% of the nurses stated that the patient was the most important in their work. Further, the nurses stated they would like to engage in more patient centered care. Thirty-two percent of the total sample would like more patient follow-up and involvement and would like to make preoperative and postoperative visits. Finally, all of the nurses felt that non-operating room nurses perceived the operating room nurses as being different in personality and having an unusual or different work situation. In conclusion, Gruendemann stated that the majority of operating room nurses were primarily concerned with patient welfare and safety and with aspects of patient care, rather than technical-assisting activities. Moreover, a significant number of operating room nurses stated they would like to

have a broader perspective of patient care in their work.

Manuel (1975), in an unpublished master's thesis based on the Gruendemann study, described the role of 34 operating room staff nurses in three Forth Worth, Texas hospitals. He studied the following questions: What is the current role of the operating room nurse, which of the roles were perceived as non-nursing functions, which perceived roles were most meaningful to the operating room nurse, what groups of people were interacted with to fulfill these roles, and how operating room nurses perceive the others in the nursing profession as viewing the role of the nurse.

As in Gruendemann's study, the operating room staff nurses in Manuel's study had been employed in the operating room for six months or more and their responsibilities were comprised of both scrub and circulating functions.

The questionnaire used in the study was derived from the data in the Gruendemann study, personal experience of the author as an operating room staff nurse, and suggestions from operating room supervisors, nurses, and teachers. Also, general background information was included.

All of the 23 functions listed by Manuel were performed by some of the operating room nurses, Eighteen of the functions were performed by 85% or more of the participants indicating their roles were essentially identical. In contrast, only 10 functions were perceived as non-nursing activities indicating the nurses perceived their responsibilities as being nursing activities.

Moreover, 80% of the nurses selected one of three patient care acti-

vities as being most important, thus indicating the emphasis placed on patient centered care. In addition, three functions selected as needing more emphasis were patient care activities. Furthermore, none of the functions selected as needing to be de-emphasized or eliminated were patient care activities.

Similarly, 88% of the nurses placed most emphasis on the patient in their jobs. However, 88% of the operating room nurses felt non-operating room nurses view the operating room nurses as being different in tasks and work environment. Finally, 81% of the nurses felt the role of the operating room nurse was changing.

In conclusion, the operating room nurses performed essentially the same functions, which they perceived as nursing activities, placing the most emphasis on the patient and patient care activities in their jobs. Still, the operating room nurses felt non-operating room nurses viewed them as being different. Finally, the nurses felt their role in the operating room was changing. Thus, the findings of the Gruendemann and Manuel studies indicate a high degree of agreement in the perception of the role of the operating room nurse.

Although the role perception of operating room nurses according to level of basic education has not been investigated, DiMarco and Hilliard (1978) examined 25 baccalaureate and 44 associate and diploma nurses to determine differences in quality of patient care, competency rating, and supervisor rating. However, in each of the three categories, none of the differences were statistically significant. Still, as the participants in the study were not operating room nurses, the present study attempted to determine if there was a difference in role perception of operating

room nurses according to level of basic education.

The role perception of AORN members has not been reported, nevertheless, Jacox (1978) described the functions of a professional organization as improving the profession, improving services performed by members, and maintaining high quality of service to clients.

The study was an extension of the Gruendemann and Manuel studies. As will be recalled, Gruendemann's study was an open-ended interview to determine what functions the operating room nurse performed. Manuel took a step further by deriving 23 functions from the Gruendemann data and then asked operating room nurses two questions: 1) Did they perform these functions? and 2) What emphasis was placed on the functions? The present study took the next step by analyzing the same functions as either patient care centered or technical-assisting activities. In addition, it was determined if graduates of four year programs perceived that they perform more patient centered activities than graduates of two or three year programs and if members of a professional organization perceived that they perform more patient care centered activities than non-members. Finally, it was determined if the operating room nurses viewed their role as changing.

CHAPTER II

METHODOLOGY

Design

The study was a non-experimental exploratory design which consisted of a self-report questionnaire of perceived behavior. Actual behaviors were not observed or measured. Time for completion of the questionnaire was reported as approximately 30 minutes.

The sample consisted of qualified nurses who chose to participate. Criteria for inclusion were: (1) registered nurses, exclusive of operating room supervisors and administrators; (2) employed in participating operating rooms; (3) functioned in both circulating and scrub capacities at least occasionally; (4) employed as an operating room nurse for at least six months.

Data Collection Instrument

The questionnaire, selected on the basis of applicability to the study, was used by Manuel (1973) in his study of operating room staff nurses. The data collection instrument consisted of 7 items and 10 sections. Demographic information was also collected. Certain items (Texas licensure, persons interacted with) not pertinent to the study were deleted. The tasks were derived from functional lists of AORN Standards for Practice for Operating Room Nurses. Part I consisted of 6 items on general background information to provide a profile of the sample population. Part II consisted of 7 items about operating room tasks and the nurses perception of the same.

Content validity was established through an inter-rater agreement identifying the 22 responsibilities as patient care or technical-assisting activities. There was 90% agreement. The instrument also had face validity.

Data Collection Procedure

Operating room supervisors were contacted to ascertain those institutions wishing to participate. Initial contact was made through an explanatory letter requesting assistance with the study. Included with the letter was an addressed, stamped postcard to be signed and returned by the operating room supervisors. Of the returned replies, only one operating room supervisor did not wish to participate. Those operating room supervisors willing to participate were contacted by telephone and mutually agreeable arrangements for distribution of questionnaires were made. Questionnaires, consent forms, and collection envelopes were distributed to the participants. The researcher contacted the participating operating rooms by telephone to remind participants to return questionnaires. Finally, envelopes of questionnaires and consent forms were retrieved from the participating hospitals.

Data Analysis

Results were tabulated according to frequency and percentage of response. A chi square was done to determine if there was any significant difference in responses on the basis of level of basic education

Also, chi square was done to determine difference in responses between members and non-members of AORN.

CHAPTER III

RESULTS AND DISCUSSION

The study is presented as an analysis of the role perception of operating room nurses' responsibilities. Responsibilities are divided into patient care and technical-assisting activities. The operating room nurses' perception of responsibilities actually performed are noted. In addition, the emphasis and importance placed on the functions by the operating room nurses is examined. Also, differences on the basis of level of basic education and membership in AORN are reported. Finally, the operating room nurses perception of their role is summarized.

Sample

The final sample consisted of 57 operating room nurses from five Portland area hospitals of varying size and administrative control. The mean age of the participants was 36.2 years with a range of 23 to 59 years. The mean length of employment in the operating room was 9.6 years with a range of six months to 30 years and two months. Twenty-four were graduates of baccalaureate programs, 22 were diploma graduates, the remaining 11 were associate degree graduates. Finally, 29 of the participants were members of AORN.

Distribution of Activities

The 22 functions in the survey consisted of 11 patient care and 11 technical-assisting activities, as shown in Table 1.

Table 1
Distribution of Activities

Patient Care Activities	
6.	Act as liaison and coordinator on surgical team
7.	Communicate with patients when awake and stand by them during induction
8.	Provide emotional and spiritual support to patient by being available to talk with them in the OR
9.	Provide for personal needs and total care for patients while in the OR
10.	Provide quiet atmosphere and set example for technicians
11.	Provide adequate exposure and proper positioning of patient while still providing for modesty and safety
13.	Care for the patient throughout the surgical procedure
18.	Minimize anesthesia time by anticipating needs and maintaining self-control during procedure
19.	Provide a vital link in the total care and rehabilitation of the patient
21.	Help doctors with patients
22.	Maintain decorum in the operating room

Technical-Assisting Activities	
1.	Set up room, open packs, assist scrub nurse, watch room during procedure
2.	Prep, place electrocautery plate, count sponges
3.	Check chart for completeness, patient's identity, and other OR paperwork
4.	Assist anesthetist with induction
5.	Assist surgeon and anticipate needs

Table 1
(Continued)

Technical-Assisting Activities
12. Fulfill needs of surgeon as far as techniques are concerned
14. Scrub, gown and glove, and assist surgeon using proper techniques and equipment during the procedure
15. Anticipate surgeon as to instruments and sutures
16. Know all instruments and prepare and care for equipment and linen
17. Maintain asepsis throughout procedure
20. Keep abreast of new techniques and procedures

Functions Actually Performed

As a basis for examination, the functions actually performed by the operating room nurses were ascertained and compared. As can be seen in Table 2, 21 of the functions were performed by 93% or more of the nurses. Thus, the operating room nurses in the sample actually performed essentially the same tasks, indicating their actual roles were practically identical. These results agree with the findings of Manuel's (1973) study. Additional duties identified by the operating room nurses included preoperative assessment and postoperative evaluation and housekeeping tasks.

One interesting findings was that 86% of the sample performed responsibility #19 (Provide vital link in total care and rehabilitation of the patient). Comments by the operating room nurses maintained they did not perceive their role as part of the rehabilitation of the patient, indicating a feeling of isolation on the part of operating room nurses and a view of patient care as fragmented. The physical isolation of the operating suite would tend to perpetuate such feelings.

There were numerous comments indicating that the nurses perceived that preoperative assessment and postoperative evaluation should be a part of the operating room nurses responsibilities which seemed to espouse the desire by the operating room nurses to become more involved with all aspects of patient care, rather than solely concentrating on the intraoperative aspect. At the same time, the nurses indicated their supervisors did not perceive preoperative and postoperative care as important for operating room nurses. Thus, the nurses indicated they perceived a lack of control over their own practice.

Table 2
Functions Actually Performed

Item	f	%
1. Set up room, open packs, assist scrub	57	100
2. Prep, place cautery plate, count sponges	57	100
3. Check chart, patient's identity, paperwork	57	100
11. Adequate exposure, proper position	57	100
17. Maintain asepsis throughout procedure	57	100
4. Assist anesthetist with induction	56	98
5. Assist surgeon, anticipate needs	56	98
7. Communicate with awake patient, stand by	56	98
9. Provide for personal needs, total care	56	98
20. Keep abreast new techniques, procedures	56	98
8. Provide emotional, spiritual support	55	97
10. Provide quiet atmosphere, set example	55	97
13. Care for patient throughout procedure	55	97
15. Anticipate surgeon as to instrument	55	97
18. Minimize anesthesia time	55	97
22. Maintain decorum in the OR	55	97
12. Fulfill needs of surgeon in techniques	54	96
14. Scrub, gown and glove, assist surgeon	54	96
16. Know instruments, prepare equipment	54	96
21. Help doctors with patients	54	96
6. Act as liaison, coordinator on team	53	93
19. Provide vital link in total care	49	86

Table 3

Number of Responses and Perception of Functions Performed

Patient Care		
Function	Nursing	Non-Nursing
22. Maintain decorum in the OR	53	4
18. Minimize anesthesia time	54	3
21. Help doctors with patients	54	3
6. Act as liaison, coordinator on team	56	1
7. Communicate with awake patient	56	1
8. Provide emotional support	56	1
9. Provide for personal needs, total care	56	1
10. Provide quiet atmosphere	56	1
11. Adequate exposure, proper position	56	1
13. Care for patient throughout procedure	56	1
19. Provide vital link in total care	56	1

Table 4

Number of Responses and Perception of Functions Performed

Function	Technical-Assisting	
	Nursing	Non-Nursing
16. Know instruments, prepare equipment	48	9
2. Prep, count sponges	54	3
3. Check chart, paperwork, patient's identity	54	3
15. Anticipate surgeon as to instruments	54	3
1. Set up room, open packs, assist scrub	55	2
14. Scrub, gown, glove, assist surgeon	55	2
4. Assist anesthetist with induction	56	1
5. Assist surgeon, anticipate needs	56	1
12. Fulfill needs of surgeon in techniques	56	1
17. Maintain asepsis throughout procedure	57	0
20. Keep abreast of new procedures, techniques	57	0

Function Perceived as Most Important

When asked to select one function as most important, 95% of the nurses chose a patient care activity. (See Table 5). Likewise of the nine duties selected as most important, seven were patient care activities. Hence, the operating room nurses place most emphasis on patient care activities.

It was interesting that over half of the nurses selected Item #9 (provide for personal needs and total care) as the most important duty. Although a portion of responsibilities can be shared, the operating room nurses seem to believe ultimate responsibility for the patient's care rests with them. Once more comments indicated time spent in house-keeping tasks would be more appropriately spent with the patient.

Change in Emphasis of Functions

The nurses were asked to select functions to be increased or decreased in emphasis. Results of the desired changes are delineated in Tables 6 and 7. Seventy percent of the functions to be decreased in emphasis were technical-assisting activities. Additional comments suggested the nurses would like to de-emphasize housekeeping tasks. In contrast, 74% of the functions the nurses would like to increase in emphasis were patient care activities. Moreover, several of the nurses again stated they would like to implement or increase pre-operative assessment and postoperative evaluation of patient care. As a group, the operating room nurses would like to emphasize patient care and de-emphasize technical-assisting activities.

Table 5
Function Perceived as One Most Important by 56 Nurses

Patient Care		
Function	f	%
9. Provide for personal needs, total care	30	
13. Care for patient throughout procedure	9	
19. Provide vital link in total care	6	
6. Act as liaison, coordinator on team	3	
8. Provide emotional support	3	
7. Communicate with awake patients	1	
22. Maintain decorum in OR	1	
TOTAL RESPONSES	53	95
Technical-Assisting		
3. Check chart, patient identity, paperwork	2	
17. Maintain asepsis throughout procedure	1	
TOTAL RESPONSES	3	5

Table 6
Number of Responses to Decreased
Emphasis on Technical-Assisting Activities

Item	f
3. Check chart, paperwork, patient identity	10
16. Know all instruments, prepare equipment	9
1. Set up room, open packs, assist scrub	6
4. Assist anesthetist with induction	6
12. Fulfill needs of surgeon in techniques	3
14. Scrub, gown and glove, assist surgeon	2
15. Anticipate surgeon as to instruments	2
2. Prep, count sponges, place cautery plate	1
5. Assist surgeon, anticipate needs	1
20. Keep abreast of new techniques, procedures	1
TOTAL NUMBER OF RESPONSES TO DECREASE EMPHASIS	59

Table 7
Number of Responses to Increased
Emphasis on Patient Care Activities

Item	f
8. Provide emotional support	14
7. Communicate with awake patients	12
9. Provide for personal needs, total care	12
19. Provide vital link in total care	12
6. Act as liaison, coordinator on team	5
10. Provide quiet atmosphere	5
13. Care for patient throughout procedure	5
18. Minimize anesthesia time	5
11. Adequate exposure, proper position	4
22. Maintain decorum in the OR	3
TOTAL NUMBER OF RESPONSES TO INCREASE EMPHASIS	103

An interesting finding was that although the nurses would like to decrease the emphasis on certain functions, at the same time they are reluctant to define any of the functions as non-nursing. In addition, almost twice as many responses to increase functions were received as response to de-emphasis. The nurses would appear to want to expand and add responsibilities but were reluctant to delegate any functions currently performed. It would seem that if certain responsibilities were delegated to others on the operating room staff, more time could be spent by the nurses in pre-operative assessment and postoperative evaluation.

Rank Ordering of Terms

The nurses were asked to rank order the terms: surgeon, patient, OR techniques and procedures according to most, second-most, and least emphasis in their positions. OR techniques and procedures were understood to mean equipment, instruments, knowledge of anatomy, physiology, and operative styles. Eighty-six percent of the nurses (See Table 8), placed most emphasis on the patient, 80% place second-most emphasis on the surgeon, and finally, 73% placed least emphasis on operating room techniques and procedures. Once more, as a group, the operating room nurses perceived themselves as primarily patient care centered.

Table 8
Rank Ordering of Terms

Areas of Emphasis			
Order	Term	f	%
Most Emphasis	Patient	47	86
Second-Most Emphasis	Surgeon	43	80
Least Emphasis	OR Techniques and Procedures	40	73

Activities Comprising Typical Work Day

The nurses were provided definitions of patient care and technical-assisting activities, then requested to select the most important of these categories and estimate the percentage of their typical work day engaged in each category of activity. Patient care activities were selected as most important by 94% of the nurses. Numerous additional comments indicated that the nurses felt patient care was best achieved when both categories of activities were skillfully integrated in daily care. However, 65% of the nurses stated they spent less than 50% of their typical work day in patient care activities.

Although the findings at first may seem incongruous, a possible explanation lies in the nature of operating room nursing. The more frequently one is assigned to the longer, more complicated and more difficult procedures, the less time is available to interact with an awake patient. Thus, a nurse assigned to an all day surgical procedure would spend less time with the awake patient than the nurse assigned to several minor cases. At the same time, both nurses could perceive patient care activities as most important.

Perception of Role Changes

In agreement with the findings of the Manuel (1973) study, 78% of the operating room nurses felt their role was changing. Comments acknowledging the tremendous advances in operating room technology were numerous. The majority of the nurses reported more involvement in patient care and in expansion of the operating room nurses' role into

the preoperative and postoperative phases. At the same time, 98% of the operating room nurses felt others viewed the operating room nurses as different from themselves. Comments indicated the operating room nurse felt non-operating room nurses viewed them as not giving patient care and not being "real" nurses, findings which would serve to reinforce the isolation and misinterpretation of the role of the operating room nurse.

In general, the operating room nurses actually perform more technical-assisting than patient care activities. However, they perceive their most important activities as patient care. The focus of the operating room nurse with an awake patient is on patient care activities. As soon as the patient is anesthetized, the focus shifts to technical-assisting activities. The number and intensity of the shifts each day are dependent on the daily assignment. A circumstance which would serve as an explanation for the reluctance of the operating room nurses to designate any activity as non-nursing, and the numerous comments that both activities were important and one could not give good patient care in the operating room without fully performing both types of functions.

The researcher felt that the data supported the conclusion that the operating room nurses perceived their role as consisting of mostly patient care rather than technical-assisting activities.

To test the question that graduates of four year programs perceived their role as being more patient care centered than graduates of three or two year programs, a chi square was done to determine if

there was any significant difference on the basis of level of education in response to items in the study. None of the differences were significant at the $p = .05$ level.

To test the question that members of Association of Operating Room Nurses perceived their role as being more patient care centered than non-members, a chi square was done to determine response difference to items on the questionnaire. Again, none of the responses were significant at the level of $p = .05$.

Finally, the researcher felt the data supported the conclusion that operating room nurses perceived their role as changing.

Implications

Implications for operating room nursing are varied. The fact that operating room nurses spent more time in technical-assisting activities which were perceived as less important than patient care activities could lead to stress and frustration. The feeling that the operating room nurse was not a link in the total care of the patient indicated a sense of isolation. The isolation was reinforced by the perception that non-operating room nurses did not understand the role of operating room nurses. The desire to implement preoperative assessment and postoperative evaluation was frequently expressed, but the nurses felt a lack of control over their practice in implementing these activities.

On the other hand, the operating room nurses felt their duties were nursing functions. They felt both patient care and technical-

assisting aspects of care were important. In addition, they felt they were capable of integrating patient care and technical-assisting activities to provide the best of care to the patients.

Finally, the numerous comments that housekeeping tasks be reduced and patient contact expanded into the pre-operative and postoperative phases suggested that staffing patterns in the operating room need revision.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study described the role perception of operating room nurses in patient care and technical-assisting activities, through the use of a questionnaire. Differences according to level of basic education and membership in AORN were also examined. In summary, the operating room nurses perceived they were performing nursing functions which were patient care centered. In addition their most important functions were patient care centered activities. Operating room nurses perceived that responsibilities needing to be emphasized were patient care activities. Likewise most emphasis in their positions was placed on the patient. Also, patient care activities were perceived as most important. In contrast, responsibilities needing to be de-emphasized were those identified as technical-assisting activities.

No statistically significant differences were apparent on the basis of level of basic education. Furthermore, no statistically significant differences were revealed between members and non-members of AORN.

The majority of the nurses perceived their role as changing. Numerous comments on the questionnaire indicated that operating room nurses perceived their role as expanding and becoming more patient care oriented. In addition, due to influx of less experienced individuals to the operating room, more teaching and supervision of nurses, technicians, and physicians was being required of the operating room nurses.

In conclusion, as a group, the operating room nurses perceived their role as consisting of mainly patient care rather than technical-assisting activities. Also, graduates of four year programs did not perceive their role as being more patient care centered than graduates of three or two year programs. In addition, members of AORN did not perceive their role as being more patient care centered than non-members. Finally, the operating room nurses did perceive their role as changing.

Recommendations

Recommendations for further study included: (1) an analysis of activities performed when the patient is awake as contrasted with those when the patient is anesthetized; (2) differences in responsibilities performed as scrub nurse compared with circulating responsibilities could be delineated; (3) determination of functions that could be delegated to others while the operating room nurses are making preoperative assessment and postoperative evaluation would be appropriate; (4) actual observation of functions performed by operating room nurses should be reported.

(5) The operating room nurses' indications of lack of control over their practice should be further investigated to determine if the situation is actual or perceived. (6) Operating room supervisors' and administrators' perception of the role of the operating room staff nurse should be delineated. (7) Patient care and technical-assisting activities performed in other nursing areas could be compared and contrasted with those performed in the operating room. (8) Non-operating room nurses' actual perception of operating room nurses should be surveyed.

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APPENDIX A
LETTER OF INTRODUCTION
SENT TO
OPERATING ROOM SUPERVISOR

7512 S.E. Steele Street
Portland, Oregon 97206

March, 1980

Operating Room Supervisor

Dear Supervisor:

In partial fulfillment of requirements for a Master of Nursing degree at the University of Oregon Health Sciences Center, School of Nursing, I am undertaking a study concerning role perception of operating room nurses. You and your staff are invited to participate. It will involve individual completion of a sample questionnaire which will require about 20 minutes. A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with the study. I will contact you by telephone to arrange a mutually satisfactory date for bringing the questionnaires to your hospital.

Upon completion of the study, copies of the report will be placed in the library of the University of Oregon Health Sciences Center.

Yours sincerely,

Joanne Terrion, R.N.

APPENDIX B
INFORMED CONSENT

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

CONSENT TO PARTICIPATE IN RESEARCH

I, _____, agree to serve as participant in the investigation named "Role Perception of the Operating Room Nurse in Relation to Patient Care and Technical-Assisting Activities", conducted by Joanne Terrion, R.N., under the supervision of Marie Berger, M.S., Associate Professor of Nursing. The investigation aims at determining the perceived role of operating room nurses.

I will be asked to complete a questionnaire. The total time required of me will be about thirty minutes. There is no risk to me in participating.

All information that I give will be handled confidentially. My name will not appear on the records and anonymity will be insured by use of code numbers to identify all documents. Joanne Terrion has offered to answer any questions I may have about the tasks expected of me in the study.

It is not the policy of the Department of Health, Education and Welfare, or any other agency funding the research project in which you are participating, to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The University of Oregon Health Sciences Center, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that injury occurred through the fault of the Center, its officers or employees. If you have further questions, please call Dr. Michael Baird, M.D., at (503) 225-8014.

I understand that I am free to refuse to participate or to withdraw at any time without effect on my relationship with the University of Oregon Health Sciences Center.

I have read the foregoing.

Date: _____

Signature: _____

APPENDIX C
GENERAL BACKGROUND INFORMATION FORM
AND
QUESTIONNAIRE

GENERAL BACKGROUND INFORMATION

1. As basic nursing preparation, are you a graduate of

Diploma _____

Associate Degree _____

Baccalaureate _____

Any Additional Education? _____

2. How long have you been employed as an OR nurse?

_____ Years

_____ Months

3. What type of OR experience did you have as a student?

4. Why did you choose the OR as a work area?

5. Are you a member of one or more professional organizations?

_____ AORN

_____ ANA

_____ NLN

_____ Other (specify) _____

6. Age: _____

QUESTIONNAIRE

1. (A) Indicate with a checkmark (✓) on the line opposite those activities which would describe your job in the OR to me. (What you actually do in the OR).
1. Set up room, open packs, assist scrub nurse, watch room during procedure
 2. Prep, place electrocautery plate, count sponges
 3. Check chart for completeness, patient's identity, and other OR paperwork
 4. Assist anesthetist with induction
 5. Assist surgeon and anticipate needs
 6. Act as liaison and coordinator on surgical team
 7. Communicate with patients when awake and stand by them during induction
 8. Provide emotional and spiritual support to patients by being available to talk with them in the OR
 9. Provide for the personal needs and total care for patients while in the OR
 10. Provide quiet atmosphere and set example for technicians
 11. Adequate exposure and proper positioning of patient while still providing for modesty and safety
 12. Fulfill needs of surgeon as far as techniques are concerned
 13. Care for the patient throughout the surgical procedure
 14. Scrub, gown and glove, and assist surgeon using proper techniques and equipment during the procedure
 15. Anticipate surgeon as to instruments and sutures
 16. Know all instruments and prepare and care for equipment and linen
 17. Maintain asepsis throughout the procedure
 18. Minimize anesthesia time by anticipating needs and maintaining self-control during procedure
 19. Provide a vital link in the total care and rehabilitation of the patient
 20. Keep abreast of new techniques and procedures
 21. Help doctors with patients
 22. Maintain decorum in the operating room
 23. Other: _____
-

(B) CIRCLE the numbers of those activities in Question 1 (A) that you consider non-nursing functions.

Comments: _____

2. Of those duties mentioned in Question 1 (A), what do you think is your ONE most IMPORTANT duty?

Number _____

3. In view of what you have listed above in Question 1 (A) as to what you do in your job, consider now what you as an OR nurse should, or would like to be doing differently. List those duties which you would discontinue or reduce in emphasis and those you would add or place greater emphasis upon. (You may list the numbers from Question 1 (A).

A. Duties you would discontinue or reduce in emphasis:

B. Duties you would add or increase in emphasis:

Comments:

4. Arrange the following three terms in order in which you place the greatest emphasis in your job. List the one upon which the most emphasis is placed FIRST and the least emphasis LAST. (1) Surgeon (2) Patient (3) OR Techniques and Procedures

Most Emphasis: _____

Second-Most Emphasis: _____

Least Emphasis: _____

5. How do you think others in the nursing profession view OR nurses?
Please check all responses which seem appropriate.

- 1. No different from themselves and their work
- 2. Our personalities are different
- 3. Our tasks and/or working environment are different
- 4. Our concepts of patient care are different
- 5. Others: _____

6. (A) Using the following definitions of the types of OR activities, list the percentage of your typical work day devoted to each activity.

A. Patient Care Activities - functions referring to protection, welfare, safety of and responsibility to the patient as prime components; involves verbal and/or non-verbal interaction with the patient.

B. Technical-Assisting Activities - functions referring to mechanical skills in preparation of an operating room, obtaining supplies and equipment, maintaining asepsis, preparing for emergency situations, counting sponges, assisting team members, and maintaining order in the room, as prime components.

Activity A. _____ %
B. _____ %

(B) Which of the categories of duties identified in Question 6 (A) do you consider to be the ONE most important?

Comment: _____

7. Do you think the role of the OR nurse is changing?

Yes

No

If Yes, in what way(s)? _____

If No, why not? _____

ABSTRACT

AN ABSTRACT OF THE THESIS OF
Joanne Terrion, R.N.,B.S.N.,B.A.

For the MASTER OF NURSING

Date of Receiving this Degree: June 8, 1980

Title: ROLE PERCEPTION OF THE OPERATING ROOM NURSE IN PATIENT CARE
AND TECHNICAL-ASSISTING ACTIVITIES

Approved: 

Marie Berger, M.S., Associate Professor, Thesis Advisor

The study described the role perception of operating room nurses in five Portland area hospitals. A questionnaire was administered to 57 operating room staff nurses, exclusive of supervisors and administrators. As a group, the operating room nurses perceived their role as consisting of mainly patient care rather than technical-assisting activities. Graduates of four year programs did not perceive their role as being more patient care centered than graduates of two or three year programs. Members of the Association of Operating Room Nurses did not perceive their role as more patient care centered than non-members. The majority of the operating room nurses did perceive their role as changing.