THEATRE NURSING


Andy Mardell RGN, DipN, BN(Hons), is Charge Nurse, Main Theatres, University Hospital of Wales, Cardiff.

This article has been subject to double-blind review.

How theatre nurses perceive their role: a study

The current economic climate makes it increasingly likely that the role of nurses in the operating theatre will be scrutinised once again. This article reports on how theatre nurses view their work, making some recommendations to try to improve the perception of theatre nursing outside operating departments.

Date of acceptance: August 24 1998.

The role of the nurse in the operating theatre has always seemed ambiguous to the general public. There is some doubt that the job theatre nurses do is even nursing. A high percentage of patients have not even realised that nurses work in the operating theatre (Leonard and Kalideen 1985). To try to alter this perception and demonstrate that theatre nurses do have nursing skills, the concept of peri-operative nursing was developed in the 1980s.

Peri-operative nurses view the patient holistically, caring for him or her throughout all stages of the visit to theatre – the immediate pre-operative period, the operation itself and the post-operative follow up. The concept was developed in the US, where theatre nurses were perceived as little more than technicians who were interested in surgical instruments rather than patient care.

The role of the operating department assistant (ODA), which was created following the recommendations of the Lewin report (DHSS 1970), joined nurses in theatre. The strategic vision was that ODAs would eventually provide operating theatre departments with one professional grade, a healthcare professional trained specially for the job.

In reality, nurses became the senior professional, while ODAs have largely confined themselves to the anaesthetic room. Arguably, nurses felt under threat from ODAs and the working relationship has not always been harmonious. The grade has since been assimilated onto level 3 NVQ and attempts have been made to make the training more patient centred. However, ODAs continue to concentrate on the technical aspects of operating theatre work.

Perhaps the perception that theatre nurses are removed from patient care has been encouraged by their tendency to hide behind their masks in the operating theatre. West (1993) suggested that to criticise the scrub nurse role as not concerned with patient care is to misunderstand the nature of direct and indirect care. Around the operating table, indirect care is paramount, and the calmness and the capability of a theatre nurse in moments of crisis has undoubtedly saved many lives. West (1993) added that the trust, engendered in a brief and direct encounter with a vulnerable patient in the anaesthetic room, is total.

Who, then, chooses to work in the operating theatre and what contributions do they feel they make to nursing care? This question forms the basis of the study reported here, to establish how theatre nurses felt about their nursing role and how they care for their patients. Previous literature in this area has concentrated on the role of the theatre nurse as the provider of peri-operative care. With the notable exception of West (1993), little has been written about theatre nurses, their motivation and how they feel about themselves.

METHODOLOGY

The research design for the project was a 20-minute, semi-structured interview. Open-ended questions were used to allow interviewees to answer in their own words (Grey 1994). This method generates a greater depth of data. Polit and Hungler (1993) asserted that the strengths of the interview far outweigh those of the questionnaire.

During the interview, a small tape recorder was used to record questions and answers. Some minor alterations to clarify the wording of questions were made following the pilot study. It proved possible to use the data from the pilot sample by asking those nurses the newly worded questions.

The sample The total number of interviewees was 20 nurses: 12 theatre nurses in three other operating theatre departments; seven in the researcher’s own department, and one respondent who was not working at the time of the study. There were 12 staff nurses, three of whom were F grade nurses, the others being E or D grade. Three were senior nurses or managers and one was a G grade sister. One member of the sample, who was not working at the time of the study, had previously been a theatre department manager.

All but two of the interviewees were ‘scrub’ nurses. Of the two exceptions, one was an anaesthetic nurse

Date of acceptance: August 24 1998.

and one a recovery room nurse. Both these nurses had experience of the scrub role which made their perspective relevant to the aims of the study. Length of service ranged from one and a half years to 28 years, with a mean of 8.7 years.

The initial study design was to select randomly the interviewees from departmental off-duty lists. However, due to workload, summer vacations, maternity leave and a variety of other considerations, it soon became evident that this approach would not be possible in the time available. It was decided that a convenience sample would be the next best option.

Convenience sampling is an example of non-probability sampling which entails the use of the most conveniently available people as subjects in the study. This type of sampling is not perfect because the risk of bias is greater than in all other forms of sampling (Haber 1994). This is because the sample is self-selecting and the subjects may be atypical of the population (Polit and Hungler 1993). Field and Morse (1985) suggested that the researcher should select ‘informants’ who are willing to talk and this, in essence, is what happened.

RESULTS AND DISCUSSION

Why work in the operating theatre? In this sample, eight nurses stated that they chose working in the operating theatre as a career because they had enjoyed their theatre allocation during their training. The influence of television was also cited, with one nurse admitting that she had been inspired by the theatre sister in the show seemed to have a really glamorous job to me at that time.’

The enjoyment of working in theatre as a student was expressed by four interviewees. The pragmatic reason of the job being available was expressed eight times. A typical comment that illustrates several of the points made was: ‘My friends haven’t got a clue what I do. They have this idea that, even though I’m a manager, I’m a doctor’s subordinate, a handmaiden. They think that anyone could walk into a hospital and hand instruments willy-nilly...they tend to think that doctors tell me what to do rather than the other way around which, as you know, is really the case.’

A number of negative views were also expressed, such as the perception of theatre nurses as ‘robots’, ‘technicians’, ‘uncaring’ or ‘trained monkeys’. This is the sort of criticism with which most theatre nurses will be quite familiar. The general view was that theatre nurses are not well regarded. One nurse commented: ‘They do not see us as nurses – because they do not understand what we do’; this illustrates the point.

What image do other people have of theatre nurses? Since the general feeling seems to be an overwhelming ‘no’, it is interesting, and surprising to note that, when asked about aspects of nursing, the activity most frequently mentioned by interviewees was communicating with and reassuring the patient (n=9). One nurse said: ‘The nurse is here to reassure patients. We’ve all had ward experience and we know about patients and how they react to different things...it’s important to explain things to them.’

Caring for the patient in the theatre A stereotyped image of nurses is that of ‘caring’ for the patient at the bedside. How, then, is this caring transposed to the operating theatre? In an attempt to answer this question, interviewees were asked what illustrated how they ‘cared’ for patients. As might have been expected, this question produced a wide variety of responses. The response mentioned the most number of times was ‘maintaining the safety of patients while in the operating theatre’ (n=8).
Box 1. Recommendations for improving the perception of theatre nursing

- The image of theatre nurses will only improve with a greater ‘open door’ policy. This can be achieved by forging links with nurses on surgical wards, and other clinical areas, as well as encouraging visits to the theatre by other nurses.
- Newly appointed nurses should visit the operating theatre as part of their hospital induction programme.
- Greater public awareness through publicity and open days will help the public to be aware of the existence of theatre nurse in addition to demonstrating what they do.
- Continuing emphasis should be placed on nursing care aspects of the role in the operating theatre. This is crucial to create an identity for theatre nurses and justify the retention of nurses in the operating theatre.
- A concerted effort is required to build a nursing philosophy which can be shared by nurses working in the operating theatre.

This was followed by ‘talking to or reassuring patients’ (n=7); ‘preserving the patient’s dignity’ (n=6) and ‘making patients comfortable’ (n=5). The importance of treating the patient as one would like to be treated one’s self also emerged (n=4). One nurse asked rhetorically: ‘What if that was your body? Would you want it all exposed? I know I wouldn’t.’

Taking nurses out of the operating theatre

One way of clarifying a role is to envisage its absence. The nurses were asked to imagine what things would be like in the operating theatre without nurses. There was an immensely strong feeling that things would be worse (n=13), and that patient care would suffer (n=12). Some interviewees also said that ODAs were more concerned with the technical side of the operating theatre (n=7). One nurse disclosed that she ‘...wouldn’t like to come here (as a patient) if there were no nurses’. Four nurses said they were not certain that patient care would not suffer. Four said that they hoped the new operating department practitioner (ODP) course would be better in providing training in patient care. Four said that it was important to have a balance between technical and caring professionals.

The interviewees’ responses in this study raise many issues, not least of all the nurses’ perception of their own role. They felt strongly that what they do is nursing and this is typified by one nurse who said that a good theatre nurse, ‘...remembered that there was a patient there, making sure that they are comfy and well organised’. However, they think that other nurses do not perceive them as nurses, but as uncaring elitist staff who align themselves with medical staff.

It is worth considering how theatre nurses might strengthen their role and this may prove vital for the survival of the nurse in the operating theatre. It would seem that the message that theatre nurses nurse their patients is not getting through; theatre nurses must ask themselves how they can redress this impression. Some recommendations are made in Box 1.

CONCLUSION

The responses of the interviewees in this study show that operating theatre nurses have patients as their main priority. It is also established that they feel it is important that they remain in the theatre to carry out the nursing care to which patients undergoing surgery are entitled. There is expressed concern that if ODAs or ODPs replaced nurses, patients would lose their advocate and the quality of care would, as one nurse said, ‘...go right downhill’. The ODA/ODP is seen primarily as a technician and does not take the holistic approach to the patient that nurses have developed.

There is the feeling that nurses in general do not understand the role of the nurse in the operating theatre. Furthermore, the perception of others is very different to what theatre nurses actually do. The theatre nurses in this study assert that what they do is the same as their ward counterparts in caring for patients, but that they care for patients in a way that is subtle and indirect.

The nurses in this study were able to identify the nursing element of their role. The wellbeing and nursing care of patients in the operating theatre are their overriding priorities.

REFERENCES


