PeriAnesthesia Nurses Are My Second Family: A Qualitative Descriptive Study

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Purpose: Identify the perceptions of periAnesthesia nurses regarding behaviors that promote or detract from sustaining a safe, efficient, and satisfying work environment.

Design: Two focus groups and seven individual interviews (n=14) were conducted exploring the perceptions regarding team behavior of registered nurses in one pediatric periAnesthesia unit.

Methods: Qualitative descriptive data collection, inductive content analysis.

Findings: Nurses described a responsive, engaged health care team whose leadership is available and directive when needed, as creating an effective, satisfying work environment. Primary themes that emerged were Leadership Sets the Tone, Playing Fair, No One Gets Hurt, and Why We Stay. This nursing team acknowledged that inattentive, distracted team members cause frustration, work inequities, and care delays, potentially undermining patient safety.

Conclusion: Results demonstrate the need to create and sustain consistently respectful periAnesthesia work cultures. Research focusing on unit specific approaches to work distribution, communication, leadership, and technology use is needed.

Keywords: periAnesthesia culture, work environment, qualitative research, distraction, patient safety.

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perianesthesia units. The purpose of this qualitative research was to describe perceptions from nurses in one pediatric same-day surgery/postanesthesia care unit (SDS/PACU) that identify positive and negative workplace behaviors and the impact on that environment.

Background and Review of Literature

This pediatric surgical unit is located in a satellite suburban facility that is part of a tertiary academic pediatric hospital system and is known for delivering high-quality, efficient care to American Society of Anesthesiologist class I and II surgical patients. The preoperative and PACU phases I and II are in close proximity and staffed by a single team whose members are cross-trained to work in all areas. Phase I PACU is a large room with curtains dividing patient care bays. Care in phase I PACU is delivered in a 1:1 nurse patient ratio. Each team member’s work habits are highly visible to other members of the team in all phases of care. Parents are present during the preoperative phase and typically reunited with their child in phase II PACU.

During the year, this research was conducted. The National Database of Nursing Quality Indicators scores for this unit were higher than the mean scores of National Magnet Facilities in every category measured: RN Participation in Hospital Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations. The research team was aware that the nursing team felt pleased overall with their jobs, but challenges still existed. Identifying these challenges would enhance the work environment in this unit and also likely detect areas that might also be challenges for other perianesthesia units, thus providing information that could benefit others in similar situations.

Existing literature was examined regarding important aspects of the health care environment that can impact a SDS or PACU. Information about these health care environments can inform exploratory research by giving some direction to the development of interview guides and research plans.

Health Care Environments

COMMUNICATION. Effective communication is a challenge in health care environments. High stakes situations and close proximity of staff only add to the possibility for disrespectful communication and behaviors. Developing a collaborative work environment that values mutual respect, effective communication, and teamwork can mediate this potential for conflict. Iacono describes respectful communication and attentive listening as prerequisites to problem solving in professional health care settings. Effective communication also includes awareness for how messages are being sent, including the tone, body language, and how the receiver comprehends the message. A culture of mutual respect is important, especially during difficult conversations. Actions such as rudeness and gossip can decrease work expectations and start a negative cycle of disrespect.

LEADERSHIP. Just as effective communication is important to build strong teamwork, supportive leadership is necessary to sustain a positive culture. Chadwick describes the Complex Adaptive Leadership Model for effective leadership. This model promotes understanding and trust by using dialogue between parties in conflict. Trust is earned between interdisciplinary teammates and is based on respect for and willingness to listen to one another’s opinions and share viewpoints openly. The Joint Commission developed a standard directing leadership to address disruptive and inappropriate behaviors in the workplace. Otherwise, leaders inadvertently appear to promote unprofessional behaviors. LaVoice Hawkins and Stephens Kratsch noted that there will still be conflict in healthy teams. Leaders and staff must have agreed upon expectations to help minimize this conflict.

The Healthy Workplace Model and Intervention established by Parsons et al substantiated that when staff help develop the workplace norms, a positive work environment can result. Managers of successful units employ planned recognition for staff, hence promoting effective behaviors. Feedback on personnel evaluations is the obligation of all health care team members, thereby each caregiver is given the opportunity for personal growth and development.
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