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The Perioperative Nurse Surgeon's Assistant: Issues and challenges associated with this emerging advanced practice nursing role in Australia



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KEYWORDS

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Summary

Aims: The aim of this study was to obtain Perioperative Nurse Surgeon's Assistants' views about their emerging new role in contemporary nursing practice in Australia.

Background: Internationally advanced practice nursing has led to a range of specialist roles aimed at delivering higher quality, efficient nursing care. In 2005 an Australian university developed the Perioperative Nurse Surgeon's Assistant graduate education and training program to provide nurses with an opportunity to gain advanced practice knowledge and extended skills specifically in the perioperative setting.

Design: This study was a qualitative research design that used online surveys and in-depth interviews to explore the issues and challenges associated with the introduction of the (currently non-accredited) Perioperative Nurse Surgeon's Assistant role in Australia.

Methods: Experienced Australia perioperative nurses who had undertaken graduate education and training in this field were recruited for this study. Data were collected between August and October 2011. An inductive thematic analysis was used to interpret the findings.

Results: Eighteen nurses completed the online survey and six were interviewed ($n = 24$). Nurses cited their commitment to professional development and the delivery of high quality patient care, along with surgeons' encouragement for them to complete specialist clinical training, as key reasons for undertaking Perioperative Nurse Surgeon's Assistant education and training.

Conclusions: The Perioperative Nurse Surgeon's Assistant role led to greater job satisfaction and autonomy, and assisted nurses to better meet the needs of patients, surgeons and clinical perioperative teams. Without formal recognition of the Perioperative Nurse Surgeon's Assistant role its future in the Australian health care system is under threat.

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Introduction

Ever since pioneers such as Florence Nightingale established the foundation of nursing in the late 1800s nurses have strived to improve the efficiency and quality of nursing care. In an attempt to deliver quality nursing care, promote continuity of care, improve collaboration and communication with medical and allied health staff, and reduce costs and increase efficiency, nurses have embarked on expanding their knowledge and scope of clinical practices (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004; Furlong & Smith, 2005; LaSala, Connors, Pedro, & Phipps, 2007). In doing so nurses have 'pushed the boundaries' of traditional nursing duties to create specialist nursing roles. This process has involved the development of additional knowledge and skills including critical thinking and analytical skills, scholarly inquiry, clinical judgment and professional leadership resulting in broader aspects of patient care and higher levels of professional autonomy (Christensen, 2011; Daly & Carnwell, 2003; Mantzoukas & Watkinson, 2007). Over the last decade or two, this phenomenon of specialisation of nursing skill with resultant role expansion, has been labeled advanced practice nursing (APN) and has gained significant momentum globally.

APN as a term first appeared in nursing literature in the 1980s and represented the frontier of nursing in countries such as the USA, UK and Canada (Bryant-Lukosius et al., 2004; Ruel & Motyka, 2009). The International Council of Nurses (ICN) acknowledges that APN is used as an umbrella term for nurses practicing at a higher level than 'traditional nurses'. The ICN defines APN as 'registered nurses who have acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice' (Sheer & Wong, 2008). Globally nurses are employed in a range of specialist areas of care such as mental health, home and community care, medical and surgical, maternity and child health, emergency and first aid, industrial health, infection prevention/control and critical and palliative care (Sheer & Wong, 2008).

This worldwide shift towards specialist nursing practice has led to a proliferation of terms and a range of titles used to describe advanced or expanded practice, including specific APN roles such as Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Nurse Anaesthetist (NA), Nurse Midwife (NM) and Case Manager. Other defined APN roles have been implemented predominantly within acute care settings include e.g. Acute Care Nurse Practitioners, Higher Level Practitioners, Nurse Therapist and Nurse Consultant. Consistently nurses cite personal and professional development, career advancement, job satisfaction and better job opportunities, as the main reasons for undertaking graduate education (Drennan, 2008; Murphy, Cross, & McGuire, 2006; Pullon & Fry, 2005).

The USA recognises five advance practice roles (i.e. CNS, NP, NA, NM and more recently the Advanced Practice Nurse Case Manager) (Hamric, Spross, & Hanson, 2005; Sheer & Wong, 2008). These roles and scope of clinical practice are endorsed and defined by government regulatory authorities and the role titles are protected by legislation (Bryant-Lukosius et al., 2004). In contrast, although the United

Kingdom (UK) has implemented APN roles, only one title – the Registered APN – is regulated and protected by the Nursing Midwifery Council, in recognition of nursing practice at higher clinical level with a Master's qualification (Daly & Carnwell, 2003). In Canada APN roles were implemented in the early 1970s, which allowed post-graduate educated nurses to move into NP and CNS roles. In Quebec, the Registered Nurse First Assistant role (also known as the Nurse First Surgical Assistant) is seen as an extension of perioperative nursing practice as it requires the completion of a Certificate of Perioperative Care (Sheer & Wong, 2008).

In Australia the development of APN roles has been a more gradual extension of nursing practice. The first graduate program aimed at equipping nurses to perform at expanded levels (i.e. Nurse Practitioner) was not available until the late 1990s. The Australian Royal College of Nursing (2006) recognises APN as 'a level of nursing that utilises extended and expanded skills, experience and knowledge in assessment, diagnosis, planning, implementation and evaluation of the care required'. It also acknowledges that APN roles may be quite varied and either generalist or specialist in nature (Royal College of Nursing Australia, 2006). There is agreement in the literature that APN roles need to be regulated by government and nursing body legislation, and underpinned by tertiary-level training (Bryant-Lukosius et al., 2004; Por, 2008; Pulcini, Jelic, Gul, & Loke, 2010). In addition, role titles need to be protected in order to retain high standards of clinical practice (Furlong & Smith, 2005; Sheer & Wong, 2008).

One new role in Australia has emerged to fill a gap in a very specific and specialised area of nursing care. The Perioperative Nurse Surgeon's Assistant (PNSA) has been created to enable surgeons to operate with a highly skilled, knowledgeable and experienced surgical assistant. With the background of a perioperative scrub nurse, the PNSA is equipped to primarily assist the surgeon intra-operatively and also perform pre-operative assessment and history taking, post-operative assessment and discharge planning under the supervision of the surgeon (ACORN, 2008). With a lack of appropriately qualified doctors able and willing to assist at surgery, surgeons are increasingly recognising the role of the PNSA and the service the role can provide.

The Australian Health Practitioner Regulation Agency is the organisation responsible for the implementation of the national registration and accreditation of health professions (Australian Health Practitioner Regulation Agency, 2012). This agency works in partnership with national health practitioner boards, such as the Nursing and Midwifery Board (the Board), to oversee the registration and regulation of nurses and midwives. The Australian Nursing and Midwifery Accreditation Council is responsible for accrediting education providers and programs of study for the nursing and midwifery profession. In order to be eligible for endorsement as a Nurse Practitioner the Board requires (in addition to other criteria) that applicants successfully complete a Board-approved Nurse Practitioner qualification at Master's level or education equivalence. Currently, the only Board-approved graduate program of study specifically designed to prepare registered nurses for advanced and expanded clinical roles is the Master of Nursing (Nurse Practitioner) offered by a limited number of Australian universities.

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