

# Research, Evidence-Based Practice, and Clinical Improvement/Innovation Posters

**A**ORN Surgical Conference & Expo 2014 attendees had the opportunity to earn up to 31 contact hours by reviewing the poster book and evaluating 34 research and 37 evidence-based practice posters in eight poster sessions, and 211 clinical improvement/innovation posters in 23 poster sessions. Posters are available online, for those poster authors who agreed to share their posters online, at <http://www.eventscribe.com/2014/posters/aorn/home.asp>.

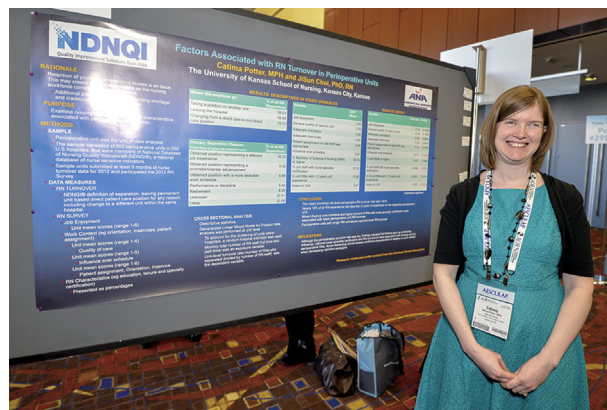
## RESEARCH POSTERS

The top three posters were recognized with an award in the research category by members of AORN's Nursing Research Committee. Following are the abstracts from the three winning research posters.

### 1st Place: Factors Associated With RN Turnover in Perioperative Units

*Catima Potter, MPH; JiSun Choi, PhD, RN*

Retention of younger perioperative nurses is an issue. This may create additional problems as the nursing workforce continues to age and retire. The research study's aim was to examine nursing work context and RN characteristics associated with perioperative RN turnover. The sample consisted of 565 perioperative units in 260 US hospitals. Linked 2012 data on RN turnover and RN survey work context items from a national nursing quality database were used. Unit-level annualized turnover (ie, separation) rates were calculated for RNs. Hierarchical Poisson regression analysis was performed at the unit level. The mean unit level perioperative RN turnover rate was 1.92%. Nearly 18% of all RN separations had less than two years of experience at the hospital. More influence over schedule and a higher percentage of RNs with specialty certification



### 1st Place in the research category: Factors Associated With RN Turnover in Perioperative Units. Pictured: Catima Potter

were associated with lower perioperative RN unit turnover. Perioperative units with longer RN unit tenure reported lower RN turnover. Overall, the model had a moderate fit ( $R^2 = 0.68$ ). Although the perioperative turnover rate was low, findings indicated that factors such as scheduling influence, specialty certification, and RN unit tenure were associated with turnover among perioperative RNs. Nurse leadership personnel should assess workforce characteristics in addition to work context when developing retention strategies.

### 2nd Place: A Focused Ethnography: Experiences of RNs Transitioning to the OR

*Mary A. Brinkman, PhD, RN, CNOR*

The OR is a unique setting and specialty area of nursing practice that requires optimal orientation and education to render safe and efficient patient care. Unfortunately, there will be a significant shortage of nurses in the OR in the next five to 10 years. The need for new nurses in the OR is essential because many OR nurses in the workforce

will retire within the next five years. Currently, most nursing programs no longer offer perioperative courses in their curriculum. Subsequently, this trend has led to the need for hospitals to educate and orient new nurses to their ORs. As hospitals educate their own OR nurses, retention after orientation becomes a priority.

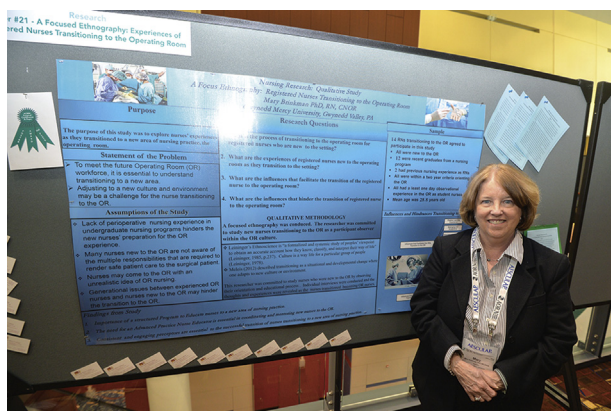
The purpose of this study was to explore nurses' experiences as they transition to a new area of nursing practice, the OR. A qualitative focused ethnography was conducted. Fourteen RNs transitioning to the OR agreed to participate in this study. The OR was a first-time experience for the RNs. The setting was a large teaching hospital located in an urban area. Observations and interviews were conducted with the RNs to explore their experiences as they transitioned in the OR. The transition included learning the didactics of OR nursing through the web-based AORN Nursing 101 online computer course, practicing learned skills in a simulation laboratory, and rotating through surgical specialty areas under the supervision of an RN preceptor. Influences that facilitated the RNs' transition to the OR were the positive learning experience, their perception of belonging and acceptance into the OR culture, the stimulating environment, supportive personnel, collegiality among peers, and presence of nursing in the OR. Influences that hindered the RNs' transition to the

OR were inconsistency in precepting, being in a hostile environment, limited exposure to the OR before the transition, and an overwhelming environment. Meleis' Situational Transition model emerged in the RNs' experiences transitioning to the OR. The need to educate nurses in the OR is essential to assure safety and positive outcomes for the surgical patient. Structured perioperative courses implemented by hospitals or with partnerships with nursing programs can enhance the education, transition, and retention of nurses new to the OR. The importance of a nurse educator having an advanced degree with experience in the OR specialty was essential in coordinating and mentoring nurses transitioning to this new practice area. The RNs who are prepared to precept were vital in the education and retention of RNs transitioning to the OR. The need for consistent preceptors was recognized as an essential factor to the RNs' successful transition. The findings contribute to evidence-base practice for the design and implementation of perioperative courses for new nurses.

**3rd Place: Transient Hypothermia Post-Cardiopulmonary Bypass: When Cold ISN'T COOL**

*Patrel B. Nobles, BSN, RN; Cathy D. Jennings, DNP, RN, ACNS-BC; Sarah E. Frazier, BSN, BS, RN*

**Background:** Cardiopulmonary bypass (CPB) is an essential component for most cardiac surgical procedures. Using CPB-induced hypothermia can decrease the patient's metabolic demand, protect the brain and other vital organs, and increase tolerance for cardiac ischemia during surgery. Yet, afterdrop, the unintentional decrease in body temperature between separation from CPB and arrival in the cardiac surgery intensive care unit (CSICU), can be problematic for cardiac surgery patients. This unintentional transient hypothermia is defined as a core temperature of less than 36° C (96.8° F) lasting less than 24 hours after CPB. Transient hypothermia is associated with increased perioperative blood loss, mechanical ventilation time, and CSICU and overall length of hospital stay.



**2nd place in the research category: A Focused Ethnography: Experiences of RNs Transitioning to the OR. Pictured: Mary A. Brinkman**

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