

ORIGINAL ARTICLE

Interaction Between Nurse Anesthetists and Patients in a Highly Technological Environment

Karin Aagaard, MScN, Birgitte Schantz Laursen, PhD, MScN,
Bodil Steen Rasmussen, PhD, MD, Erik Elgaard Sørensen, PhD, MScN

Purpose: To explore the specific interactions between patients and nurse anesthetists in the highly technological environment of anesthesia nursing, focusing on the time interval between patient entrance into the operating room and induction of general anesthesia.

Design: Focused ethnography was used for data collection.

Methods: Participant observation and interview of 13 hospitalized patients being admitted for major or minor surgical procedures and 13 nurse anesthetists in charge of their patients and anesthetic procedures. Photographs were taken of specific situations and technological objects in the observation context. The analysis was inspired by grounded theory.

Finding: A core variable of creating emotional energy is presented, and two subcore variables are delineated: instilling trust and performing embodied actions.

Conclusion: Creating emotional energy has an important impact on the interaction between patients and nurse anesthetists. Furthermore, the motives underpinning nurse anesthetists' interactions with patients are a central constituent in developing anesthesia care.

Keywords: anesthesia care, patient-nurse interaction, general anesthesia, focused ethnography.

© 2016 by American Society of PeriAnesthesia Nurses

Karin Aagaard, MScN, is a PhD Student, Department of Anesthesiology and Intensive Care Medicine, Aalborg University Hospital, Aalborg, Denmark; Birgitte Schantz Laursen, PhD, MScN, is a Senior Lecturer, Aalborg University Hospital and Aalborg University, Aalborg, Denmark; Bodil Steen Rasmussen, MD, PhD, is a Professor, Department of Anesthesiology and Intensive Care Medicine, Aalborg University Hospital and Clinical Lecturer, Clinical Institute of Medicine, Aalborg University, Aalborg, Denmark; and Erik Elgaard Sørensen, PhD, MScN, is a Professor in Clinical Nursing, Aalborg University, Head of Clinical Nursing Research Unit, Aalborg University Hospital, Aalborg, Denmark.

Conflict of interest: None to report.

Address correspondence to Karin Aagaard, Department of Anesthesiology and Intensive Care Medicine, Aalborg University Hospital, Borger Alle 10, 9210 Aalborg SØ, Denmark; e-mail address: kaag@hst.aau.dk.

© 2016 by American Society of PeriAnesthesia Nurses

1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2016.02.010>

THE PERIOD BEFORE THE INDUCTION of anesthesia can be stressful for patients, and they may feel vulnerable.¹ When engaging with patients in the operating room (OR), nurse anesthetists (certified registered nurse anesthetists [CRNAs]) prepare patients for the procedures and actions related to the anesthetic induction. Many patients are frightened of the anesthetic, being unconscious, the surgical outcome and potential for postoperative pain.² Thus, a significant challenge for CRNAs in this highly technological environment is to maintain balance between patient safety and control of the technical aspects of the procedure, while caring for the emotional needs of the patient.³ Time constraints impinge on the interval from patients entering the OR and induction. During this short period, a complex interaction involving the patient, CRNA, and highly technological procedures takes place.⁴ Here,

CRNAs can meet patients' specific concerns, minimize their discomfort during instrumental procedures while, concurrently, facilitating patient cooperation with the instrumental and anesthetic procedures.⁵

In many countries, anesthesia falls within the domain of medicine and uses highly technological procedures.⁴ Although anesthesia nursing practice is well established in Denmark, CRNAs are challenged by working in environments in which there is limited time for establishing a relationship with their patients.⁶ Furthermore, working in a high technological area being incorporated in the care of the patient, nurses often find themselves delicately balancing between approaching the patient's body as an object of medical care while also perceiving the patient as a subject with whom a relationship needs to be established.³ Thus, the challenge facing CRNA is to be conscious of and deliver humane and dignified care in a highly technological environment.⁷ In this specific preoperative environment, CRNAs work to establish a relationship with patients and assess their implicit and explicit needs for physical and psychosocial care within the limited time available. Given the paucity of research in this field, the purpose of this study was to identify and explore the interaction between patients and CRNAs in a highly technological environment of nursing, focusing on the time interval from patients entering the OR and until induction.

Methods

Focused ethnography is chosen as the methodology for data collection as the purpose of this study is to explore the interaction between patients and CRNAs in a specific environment. Furthermore, the research design encompasses both patients and CRNAs explaining and elaborating on selected observations of their interactions. Knoblauch⁸ emphasizes that the entities studied in focused ethnography are situations, interactions, and activities. Focused ethnography in health care research can be applied when the research concerns a context-specific and problem-focused framework. The research motive of this method is to develop nursing knowledge and practice.⁹ Focused ethnography⁸ allowed focus on everyday social interactions between patients and CRNAs from the time interval between patient entrance into the OR and induction of anesthesia.

Setting and Informants

The study was carried out in the Department of Anesthesiology at a university hospital in Denmark. The Department of Anesthesiology was represented by several medical subspecialties, for example, gastrointestinal anesthesia and cardiothoracic anesthesia. Two wards representing these subspecialties were chosen. Gastrointestinal cancer surgery represented major cancer surgery, and breast cancer surgery represented minor cancer surgery.

The criteria for selecting patients for this study were 18 years of age or older and admitted for elective cancer surgery. Patients received premedication, excluding benzodiazepines, according to local hospital guidelines. The patients' ages ranged from mid 50s to late 70s.

The CRNAs in charge of the patients agreed to be observed and to participate in subsequent interviews. The CRNAs were all females, registered nurses with 2 years of special anesthesia training, compromising both theoretical and practical education.¹⁰ The CRNAs' practical experience ranged from 1 to 40 years.

Ethics

The project was reported to the Danish Data Protection Agency (journal no. 2008-58-0028). Participants were informed verbally and in writing, regarding the purpose of the study. All participants gave written consent. The study met ethical guidelines for nursing research in Scandinavia.¹¹ Head nurses at the Department of Anesthesiology and Department of Surgery were appointed gatekeepers, granting physical access for making field observations and in contacting potential participants.¹² Head nurses and CRNAs were met with beforehand, with the intention of information sharing and expectations of each professional outlined. Anesthesiologists and OR nurses were informed in writing about the study taking place.

Data Collection

Data were collected in three phases, each during which episodic data were collated (Figure 1).¹³ While collecting phase 1 data, patient familiarity allowed subject separation into differing groupings.

Download English Version:

<https://daneshyari.com/en/article/5570243>

Download Persian Version:

<https://daneshyari.com/article/5570243>

[Daneshyari.com](https://daneshyari.com)