ORIGINAL ARTICLE

Identifying Nurse Anesthetists' Professional Identity

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Purpose: To explore professional identity of registered nurse anesthetists (RNAs) and RNAs' expectations of their professional self and the expectations RNAs meet from interdisciplinary team members when preparing patients for general anesthesia.

Design: Focused ethnography was used for data collection.

Methods: Participant observations and interviews were conducted with patients scheduled for surgery and with RNAs in charge of the patients during the anesthetic procedures. Interviews with RNAs, anesthesiologists, and operation nurses with a specific focus on RNAs' professional identity were performed. The analysis was inspired by grounded theory.

Findings: A core variable of Identifying the professional self is presented, and two subcore variables are delineated: Gliding between tasks and structures and Depending on independence.

Conclusions: RNAs are at risk of downsizing psychosocial and relational aspects of fundamentals of care in favor of performing technological procedures, and RNAs' professional values are influenced by the work culture in the Department of Anesthesiology.

Keywords: anesthesia nursing, professional identity, focused ethnography.

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Conflict of interest: None to report.

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REGISTERED NURSE ANESTHETISTS (RNAs) work in an environment where interactions with

patients are characterized by highly technological procedures and patients being in a vulnerable situation. Moreover, RNAs are required to be alert and prepared as they are interacting with patients within a short time frame. According to Kitson et al,2 nurses find themselves conflicted and compromised when working in contexts not designed to provide patient-centered care. Patientcentered care can be defined as patient involvement, establishing a relationship between nurse and patient, and a focus on the context where care is delivered.³ Thus, RNAs are at risk of feeling compromised because the context of care in an anesthetic unit is not designed to provide fundamental and patient-centered care.³ The essential challenge for RNAs is to balance the technical procedures when preparing patients for general anesthesia with the time available for interaction. One

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key factor of caring for patients is the RNAs' ability to establish a relationship with patients through the assessment of patients' physical and psychosocial needs of care. Another important factor is the influence of the context of care, which may include regulation and accreditation as well as resources and leadership.²

The definition of an RNA is a nurse with 1.5 years of special training in anesthesia nursing, working independently on delegated responsibility from an anesthesiologist. This means that RNAs prepare the anesthetic procedure, which is adapted to the individual patient based on the anesthesiologists' prescription. This type of RNA is found in both Scandinavia and the United States. In the clinical setting, RNAs work closely together with anesthesiologists and operation room (OR) nurses. Being a member of such an interdisciplinary team requires an understanding of what defines this team and a sense of belonging with the team to be able to construct the identity of an RNA.

Professional identity in nursing is a complicated term, and throughout history, nurses have struggled to define their work in relation to other professions. The formation of professional identity in nursing can be seen as a dynamic process, which begins during nursing education and continues to develop throughout each nurse's professional career.8 After graduation as a registered nurse, an enculturation into the workplace commences, forming a professional identity that becomes a complicated social activity. Through the trajectory of a nurse's working life, cultural changes, education, and individual expectations and experiences alter the nurse's professional identity. Experienced nurses rework their professional identities in response to changes in their professional lives, such as changes in tasks that nurses are expected to perform and technological changes that continue to modify the roles nurses play in their interaction with patients. Furthermore, RNAs' imagination and judgment of their own competencies and professional self are crucial to a positive standard of performance.9 RNAs' understanding of the team members' judgment of their professional competencies may also influence their professional identity.

The literature presented previously highlights the many nuances in forming nurses' professional

identity. Consequently, the purpose of this article is first to explore the professional identity of RNAs and second to explore RNAs' expectations of their professional self and the expectations RNAs meet from the interdisciplinary team members, relating to the situation of preparing patients for general anesthesia.

Methods

Focused ethnography was chosen as the methodology because the purpose of this study was to explore a specific clinical setting of preparing patients for general anesthesia and the situation's impact on RNAs' professional identity. Focused ethnography in health care research can be applied when the research concerns a contextspecific and problem-focused framework. The research motive of this method is to develop nursing knowledge and practice.¹⁰ Knoblauch¹¹ emphasizes that the entities studied in focused ethnography are situations, interactions, and activities. Consequently, focused ethnography makes it possible to focus on the situated performances of everyday social interactions in the OR when patients are prepared for general anesthesia.¹¹ Furthermore, this method allows the gathering of information from participants holding specific knowledge on the subject under study. 10

Setting

The study was carried out at the Department of Anesthesiology at a Danish University Hospital. Two different units representing two different subspecialties were chosen. Surgery for gastrointestinal cancer represented major procedures, and surgery for breast cancer represented minor procedures.

Data Collection

The criteria for including RNAs as participants were that they should be in charge of anesthesia induction for patients scheduled for gastrointestinal cancer or breast cancer. All RNAs were registered nurses with at least 1.5 years of special anesthesia training. ¹² The RNAs' practical experience ranged for 1 to 40 years. The anesthesiologists and OR nurses were working in either the gastrointestinal or the cardiothoracic anesthetic unit. The anesthesiologists had been practicing as specially trained

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