

Title: Nursing Presence in the Perioperative Setting: Results of an Educational Intervention

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ABSTRACT

Purpose and Rationale: Circulating nurses have limited time to interact with patients prior to induction of anesthesia. Care can be depersonalized because of external pressures to maintain the operating room (OR) schedule. Purpose: To examine the effect of an educational intervention on the use of Nursing Presence (NP) by circulating nurses in the OR.

Research Question: Does a NP educational intervention affect circulating nurses' knowledge, perception, and use of NP?

Synthesis of Literature: NP is an intentional-reflective way of being with patients and families. It is the embodiment of "empathy, caring, and use of self in face-to-face interactions" and can be created in moments or over time. NP domains are: Setting-the-Stage (creating a healing environment); Interaction Quality (gentle touch, close proximity/facing patient); Focus of Energy (directed to patient); and Active Engagement (greet patient by name, introduces self, attentive listening, meets patient's personal needs).

Methods/Procedures: A one group, pre-post test design was used with a random sample of 34 circulating nurses in three adult ORs in a large urban hospital. After written consent was obtained, RNs completed a knowledge test and an 8-item NP Survey before/after the intervention. The NP Check List was used before/after the intervention to observe RNs interacting with their patients to validate use of 4 NP domains. Data analysis involved descriptive statistics and bivariate analyses (dependent t-test, McNemar test) to examine relationships between independent and three dependent variables.

Results: Almost 80% of participants were female, 48.5% were BSN prepared, 11.8% were certified, and a small percentage had attended a program/read information about NP. On average the nurses were 43.2 years of age and practiced 12.4 years in the OR.

Prior to the intervention, the mean score on the knowledge test was 79.4, which improved to 85.6 after the intervention ($p < .001$).

Pre-intervention most nurses had strong perceptions about NP as they agreed/strongly agreed that NP made a difference in patients' lives, were confident they could use NP effectively, thought NP was clinically useful, its use increased job satisfaction, and thought it was easy to use. These perceptions improved slightly post-intervention, but differences were not statistically significant.

Pre/post intervention results on the use of four NP domains were, respectively: Setting-the-Stage 2.9% vs. 29% ($p=.02$); Interaction Quality 47.1% vs. 70.6% ($p=.04$); Focus of Energy 38.2% vs. 76.5% ($p=.002$); and Active Engagement 41.2% vs. 64.7% ($p=.06$). Pre-intervention none of the nurses were using all 4 domains, compared with two nurses post-intervention.

Discussion/Application to Practice: Despite new knowledge and strong perceptions, very few nurses used all 4 NP domains. There was a mismatch between nurses' perceived use and observed use of NP. Setting-the-Stage domain was most problematic as there are barriers beyond nurses' control. There is a need for a shared vision to use NP as a framework for practice and shift the OR culture from a chaotic to a healing environment. Circulating nurses need to be empowered to Set-the-Stage for use of NP from the moment the patient enters the OR.