ORIGINAL ARTICLE

NURSING CARE IN THE SURGICAL PROCESS: PROFESSIONAL PRACTICE IN THE SURGICAL CENTER AND ANESTHETIC RECOVERY

ASSISTÊNCIA DE ENFERMAGEM NO PROCESSO CIRÚRGICO: ATUAÇÃO DO PROFISSIONAL NO CENTRO CIRÚRGICO E RECUPERAÇÃO ANESTÉSICA

ABSTRACT

Objective: to describe the routines of surgical client admission by nursing professionals in the surgical center and in the anesthetic recovery room, identifying the main complications and the strategies adopted as qualification resources of nursing care. Method: cross-sectional study, with a descriptive nature and a quantitative approach, carried out in a public hospital in the state of Pernambuco, Brazil, with 56 professionals. For data collection, we used two semi-structured forms. Descriptive and inferential statistical techniques were adopted in the analysis. The study was approved by the Research Ethics Committee of Hospital Agamenon Magalhães, under the CAAE n. 0127.0.236.000-11. Results: among the drawbacks in the treatment for complications, we observed a lack of communication between the units (45%). The implementation of nursing care systematization was the main qualification strategy cited by nurses (72.8%). Conclusion: it is suggested the preparation and application of standard operational procedures, aiming at the integration of nursing teams, such as the continuity of care provided for the stabilization and rehabilitation of the surgical patient. Descritores: Health Care Quality; Perioperative Nursing; Surgical Procedure.

RESUMO

Objetivo: descrever as rotinas de admissão do cliente cirúrgico pelos profissionais de enfermagem no centro cirúrgico e na sala de recuperação anestesica, identificando as principais complicações e as estratégias adotadas como recursos de qualificação da assistência de enfermagem. Método: estudo transversal, de natureza descritiva e abordagem quantitativa, desenvolvido em um hospital público no estado de Pernambuco, com 56 profissionais. Para a coleta de dados foram utilizados dois formulários semi-estruturados. Técnicas de estatística descritiva e inferencial foram adotadas na análise. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Hospital Agamenon Magalhães, sob o CAAE n. 0127.0.236.000-11. Resultados: entre as fragilidades no atendimento das complicações observou-se a ausência de comunicação entre as unidades (45%). A implementação da sistematização da assistência de enfermagem foi a principal estratégia de qualificação citada pelos enfermeiros (72,8%). Conclusão: sugere-se a elaboração e a aplicação dos procedimentos operacionais padrão, visando à integração das equipes de enfermagem, como a continuidade da assistência prestada para a estabilização e reabilitação do cliente cirúrgico. Descritores: Qualidade Da Assistência À Saúde; Enfermagem Perioperatoria; Procedimento Cirúrgico.

RESUMEN

Objetivo: describir las rutinas de admisión del cliente quirúrgico por los profesionales de enfermería en el centro quirúrgico y en la sala de recuperación anestésica, identificando las principales complicaciones y las estrategias adoptadas como recursos de calificación de la atención de enfermería. Método: estudio transversal, de naturaleza descriptiva y abordaje cuantitativo, desarrollado en un hospital público en el estado de Pernambuco, Brasil, con 56 profesionales. Para la recogida de datos fueron utilizados dos formularios semi-estructurados. Técnicas de estadística descriptiva e inferencial fueron adoptadas en el análisis. El estudio fue aprobado por el Comité de Ética en Investigación del Hospital Agamenon Magalhães, bajo el CAAE 0127.0.236.000-11. Resultados: entre las debilidades en el tratamiento de las complicaciones fue observada la ausencia de comunicación entre las unidades (45%). La implementación de la sistematización de la asistencia de enfermería fue la principal estrategia de calificación citada por los enfermeros (72,8%). Conclusión: se sugiere que el desarrollo y la aplicación de los procedimientos operativos patron, con miras a la integración de los equipos de enfermería, como la continuidad de la atención para la estabilización y la rehabilitación del paciente quirúrgico. Descritores: Calidad de la Atención de Salud; Enfermería Perioperatoria; Procedimiento Quirúrgico.
INTRODUCTION

Nursing practice in a surgical center (SC) emerged with the main objective of preparing the operating room and organizing the medical and hospital devices and equipment.\(^1\) Since then, nursing has improved its knowledge in perioperative care, in order to plan a qualified and humanized action along with the client.\(^2\)

From this perspective, the systematization of perioperative nursing care (SPNC) has the purpose of promoting an integral, continued, participatory, individualized, documented, and assessed care; this enables a joint intervention for promoting care.\(^3\)

However, the dynamics of care and the nursing care procedures performed in the surgical environment are often aimed at the objectivity of actions, whose intervention has a technical nature with a limited social interaction; this happens due to prioritization of management activities, modernization of the control of vital function and of client and professional team safety maintenance.\(^4\)

Taking into account that the surgical act time has an influence on self-esteem, safety, comfort, and recovery of the individuals concerned, the nurse in the surgical center must focus her/his attention on the particularities of each client.\(^5\)

Within this care field, the nursing team at the anesthetic recovery room (ARR) works to stabilize the client’s physiological parameters, affected during surgery.\(^6\) It is stressed that the care procedures started in the surgical center should be continued in the ARR, a delicate and important phase in the recovery of the patient who underwent a surgical intervention.\(^7\)

Given the above, it is important to evaluate the care provided by nursing professionals in these sectors, thus constituting, a source of knowledge and enrichment to the perioperative nursing practice. Therefore, this study aims to: describe the routines of surgical client admission by nursing professionals in the surgical center (SC) and in the anesthetic recovery room (ARR), identifying the main complications and the strategies adopted as qualification resources of nursing care.

METHOD

Article prepared from the monograph "Quality of care in the surgical process: evaluating the role of nursing professionals in the surgical center and anesthetic recovery," presented to Faculdade do Vale do Ipojuca, Caruaru, Pernambuco, Brazil. 2011.

This is a cross sectional study, with a descriptive nature and a quantitative approach, conducted in Hospital Regional do Agreste, Pernambuco, Brazil (HRA-PE), in units of the SC and ARR.

HRA-PE is a general medium complexity hospital, reference in trauma among the 32 towns which make up the IV Regional Health Management (GERES), which provides emergency and outpatient care, distributed into the specialties of medical clinic, surgical clinic, intensive care unit (ICU), clinical and surgical pediatrics, neurosurgery, and orthopedics.

For collecting data, through direct contact in the workplace, the Free and Informed Consent Term was signed by the 56 nursing professionals working during the day and night shifts in October 2011.

It is worth stressing that we excluded from the study the employees who were not part of the nursing team of the SC and ARR, as well as the professionals who were on vacation or on work leave for any reasons during data collection, as well as additional professionals, who were not included into the permanent work team of these units.

We used as instruments two semi-structured forms, the form I was applied among the employees of the SC and the form II among the employees of the ARR; the first session of both was used for obtaining the demographic data of subjects and the second session for identifying the knowledge of nursing team with regard to the admission routines along with clients in the immediate intraoperative and postoperative period, as well as major complications and resources pointed out by the nursing team for qualifying care.

In data analysis, we used descriptive and inferential statistics techniques, involving the obtainment of absolute and percentage distributions, as well as statistical measures.

During the research, we complied with the ethical and legal precepts provided for by Resolution 196/96, from the National Health Council, which regulates researches involving human beings. The study was approved by the Research Ethics Committee of Hospital Agamenon Magalhães, under the CAAE 0127.0.236.000-11.

RESULTS

A total of 56 nursing professionals were interviewed during the study period, 36 from the SC and 20 from the ARR.

Among the professionals from the SC, most are female (86%) and ages ranged from 23 to 56 years. As for the job that the professional
practices: 5.6% were nursing assistants, 77.8% nurse technicians, and 16.7% nurses. Among nurses, most (83.3%) attended a specialization course.

The mean length of training among nursing assistants from the SC was 15 ± 9.9 years, among nursing technicians it was 16.3 ± 6.9 years, and among nurses it was 10.2 ± 9.6 years. Regarding the time working at the unit under study, 55.6% were working for over 10 years.

Among nursing professionals from ARR, 90% are women and ages ranged from 23 to 42 years. As for the job: 10% were nursing assistants, 65% nursing technicians, and 25% nurses. Among nurses, 60% attended a specialization course.

The mean length of training among nursing assistants at the ARR was 19 ± 2.8 years, among technicians it was 11.2 ± 4.0, and among nurses it was 4.5 ± 5.1 years. As for the period working at the unit, 70% of professionals were working between 1 and 5 years.

Regarding client reception in the SC, 100% of nursing assistants, 85.2% of nursing technicians, and 50% of nurses assigned this activity to the technician level.

Figure 1 describes the routines followed by nursing professionals at the SC when the client is admitted; stand out monitoring (88.9%), patient positioning (75%), checking of records (69.4%), and shaving (63.9%).

Figure 1. Distribution of the admission routine followed by nursing professionals at the surgical center. Caruaru, Pernambuco, Brazil, 2011.

As for family guidance in the intraoperative development process, 100% of nursing assistants at the SC, 71.4% of nursing technicians, and 33.3% of nurses assigned this responsibility to the physician.

As for patient reception at the ARR, 100% of nursing assistants and 46.2% of nursing technicians assigned this responsibility to the nursing technician. It is noteworthy that 100% of nurses answered that it is among their responsibilities.

Figure 2 shows the main routines followed by nursing professionals at the ARR in client admission, the most frequent were: monitoring and recording of vital signs (both with 100%), heating (90%), placement of drains (85%), and evaluation of the surgical wound (70%).
The main complications reported by the nursing professionals at the ARR are shown in Figure 3; the most prevalent were: pain (90%), vomiting (80%), nausea and surgical wound bleeding (both with 70%), and hypotension (60%).

The aspects which can be related to major drawbacks in the care for complications by nursing professionals at the ARR are: absence of communication between the SC and the ARR (45%), lack of humanized care (30%), and work overload among the team (25%) (Table 1).

Table 2 reveals the strategies for qualifying nursing care at the SC and ARR, we notice that 72.8% of nurses suggested the implementation of standard operating procedures (SOPs) in the units, followed by the deployment of SPNC by 63.7% of nurses, and 40% of nursing technicians. Among nursing
assistants, 50% pointed out as a measure the adequacy of staff sizing.

Table 2. Strategies pointed out as resources for qualifying the care provided at the SC and ARR. Caruaru, Pernambuco, Brazil, 2011.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Nurse</th>
<th>Technician</th>
<th>Assistant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of SOPs</td>
<td>8</td>
<td>10</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Implementation of SPNC</td>
<td>7</td>
<td>16</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Decreased number of surgeries</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Adequacy of staff sizing</td>
<td>3</td>
<td>13</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Effective communication between SC and ARR</td>
<td>3</td>
<td>13</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Investing in continued education of the nursing teams</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

When asked about the SPNC, most professionals at the SC and ARR (91%) claimed the absence of this methodology, and those who said it were not able to inform which stage had been deployed in the unit.

**DISCUSSION**

The results indicate that the population is young, with regard to age group, as well as the training time, however, as for the length of professional practice, the team of the SC showed greater experience when compared to the team of the ARR.

As for client reception in the SC, we emphasize the misconception of most professionals with regard to the procedures that are within their assignments; this may be explained, according to some authors, by the reduced number of nurses at the SC and the accumulation of tasks, making patient’s integral care impossible, leading the nurse to delegate many of her/his functions to the nursing technician, neglecting her/his responsibilities and also excluding her/himself from most of the care activities.

Regarding routines followed by nursing professionals at the SC at the time of client admission, no care procedure was reported with regard to client’s feelings, such as fear or anxiety, attention to her/his preservation and integrity, explanation with regard to the surgical procedure or any guarantee of human resources, highlighting the need for some preparation of the nursing team for providing attention to psychological and emotional aspects, patient safety, as well as guidelines related to the surgical procedure and anaesthesia.

On the responsibility for family counseling, it was observed that nursing professionals attribute this practice to the physician; studies show that an effective nursing team must humanize the care for relatives while waiting for the end of surgery, something which contributes to alleviate tensions and increase the professionals’ confidence and it is also useful to guide and encourage family participation in the client’s recovery.

Regarding admission to the ARR, monitoring and recording of vital signs, heating, placement of drains, and surgical wound evaluation were the main routines followed by nursing professionals, and it is possible to infer that within this period the nursing team works in the prevention and treatment of possible complications, providing a safe, rational, and individualized care.

Among the major complications identified by professionals at the ARR, pain was the most prevalent, followed by vomiting, nausea, surgical wound bleeding, and hypotension, corroborating other studies, where pain is regarded as a stressor, predisposing to suffering and postoperative complications; its control is based on attenuation of physiological and psychological responses to surgical trauma, improving the postoperative evolution and the functional recovery with early mobilization and decreased hospital length of stay.

There was absence of communication between the SC and ARR as the main drawback in the care for complications by nursing professionals, according to some authors, communication works as a link between the teams, strengthening relationships between the individuals involved, thus constituting an alternative to problem solving; besides, the ARR must work as an environment integrated to the SC, prepared with resources required to any intervention after the anesthetic-surgical procedure.

The lack of humanized care and the work overload of the nursing team were also related to drawbacks, thus leading to a high degree of frustration and dissatisfaction of the nurse with regard to professional practice, and this can result in physical and psychological disorders, affecting her/his health and compromising her/his quality of life. Therefore, some authors stress that a numerically sufficient nursing team, well trained and with a constant presence of the nurse is a must to provide a good quality care and to be able to play a role in the prevention of complications.

Among the strategies for qualifying nursing care at the SC and ARR, stood out the implementation of SOPs and SPNC, which are regarded as active methodologies driving the practice, aimed at the identification of health problems, outlining diagnoses and instituting a care plan for nursing actions, however, there
is a need for simplicity and application to the reality of each patient. However, the difficulties for implementing the SPNC are related to excess of tasks for the nursing team, lack of training and resources, resistance to use, and non-appreciation of the methodology.

CONCLUSION

The study allowed an analysis of the nursing care provided to the surgical client at the SC and ARR, making clear the lack of information on the part of the nursing team in both sectors on the SPNC and it competences; it also provided important information about the operation and communication between units. However, we may see the need for deploying the SPNC in the sectors under study with the support of continued education, where the team itself recognizes and acknowledges the lack of knowledge and its limitations.

Overall, we suggest the creation and application of standard care instruments, in order to obtain a better integration between the nursing teams, favoring continuity of care for the surgical patients.

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