

The Privileges of Being a 'behind the Screen Nurse'

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I am a 'Behind the Screen' Nurse. This raises the following questions - What am I? What is required of me? How do I feel about my responsibilities?

I am a trained nurse, I am required to 'keep a cool head' even under very difficult circumstances. I need to anticipate and have 'the gift' of foresight. I need to be meticulous in my work, and be precise in my decisions. If I have these qualities, I am privileged to be, 'Behind the Screen' Nurse, with a certain amount of pride.

I was very scared when I first entered the operation theatre. It was so different from working in the Hospital wards. At first I did not understand what goes on in the operation theatre, and what was required of me.

Minimal contact with patient

The main function of the operation theatre in a Hospital is that it is a special or suitable place where operations can be performed with safety. This involves scrupulous cleanliness. It is a place where doctors require various types of instruments, to carry out their procedures, and anaesthetists their complex equipment; all these are required to save life.

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A Theatre Nurse sees very little of the patient under her care, and has minimal reaction with him or her. In most instances the patient is covered by sterile drapes, and is made unconscious by anaesthesia, when brought into the theatre. Therefore the nurse has no satisfaction of having a relationship with the patient, either before or after the operation, and following the recovery of the patient.

One patient at a time

In the ward, a nurse attends on many patients over a number of days and gives a portion of her skill, experience and knowledge to each one, perhaps more to one who is very ill, and less to another who is as the need of each one arises.

In the Operation Theatre, the satisfaction the theatre nurse receives in the care of her patient is short, perhaps an hour or two, or more, or less, depending on the nature of the operation. However the intensity of such a care is concentrated upon one patient at a time. However during that period of intense care, the nurse has the feeling that during this time, the patient's life, at a moment of crisis, is in her hands.

Attention to details is required, for instance, the 'putting on the gown' of the surgeon and the scrub nurse is not just a ritual, but an extremely necessary procedure, just as the clearance of the 'flight-path' clearance is given by the Air Traffic Con-

troller to an incoming aircraft at an airport.

The speed with which surgeons perform the operation varies-some are very fast, others comparatively slow. Regardless of speed, the scrub-nurse plays a large part in the success of the operation through providing the surgeon with the right instrument, or the correct ligature or correct suture, at the right time.

In order to achieve this, the scrub-nurse must maintain the instrument trolley in impeccable order. She must understand the requirements of each type of operation to be performed, and keep ready, and in the required order, the types of various instruments, the various ligature in their correct lengths, the required sutures and needles of appropriate size, swabs and sponges. A careful and absolute count of swabs and sponges is a must before the opening and closing of the abdominal cavity or thoracic cavity.

No short cut to perfection

The scrub-nurse must learn to do things correctly even in minor procedures. If this principle is observed, then success will follow in major operations. There is no short cut to perfection. Perfection has to be learned again, and again, and yet again. The learning in an operation theatre is not difficult but it demands a conscientious perseverance, a skill for precision

and constant practice.

The following are the multiple facets of an operation theatre nurse. She or he must be deeply concerned about the health of the patient. The individual must ensure safety at work for the patient and the staff, like a 'safety officer'. In addition, she has to be an 'inspector engineer', ensuring that the complex equipment in the operation theatre is in good working order. She is a 'hygienist', maintaining the 'hygiene' of the operation theatre, that there are no pathogenic organisms in the room, the window sills, the air-conditioning ducts, on the operating rooms lights, trolley etc. She/he should also 'educate' and 'inform' those who are entering the operation theatre for the first time about 'the do's and the don't's' of behaviour in the operation theatre.

Hazards

The theatre nurse must be familiar with the hazards of working in an operation theatre, so as to avoid or minimize such hazards. The hazards can be classified under three main headings:

Accidental Hazards

These include injuries to legs or toes caused by following sharp instruments or heavy instruments, stabs or cuts by blades, or pricks by needles, slips and falls on wet floors, burns, and scalds from sterilizing equipment, electrical shocks from improperly grounded equipment or poor insulation, exposure to radiation from X-rays or radio-active isotopes, acute back pain due to standing for long periods of time, or lifting heavy

patients from the trolley to the operation table or vice-versa, emotional problems due to 'death on the table' or a very difficult surgeon.

Chemical Hazards

Exposure to various anaesthetic drugs such as halothane, ether etc, can cause serious health problems. There can be problems on the skin of the hands because of frequent use of soaps, detergents, disinfectants, or the constant use of natural latex gloves. There may be problems of the eyes, nose and throat because of exposure to airborne aerosols, or with droplets of washing and cleansing liquids. And most seriously, there can be chronic poisoning due to exposure to medications, sterilizing fluids or anaesthetic gases.

Biological Hazards

Infections due to exposure to blood, body fluids, or tissue specimens leading to infections in the palm or fingers, and more seriously HIV infections, Hepatitis B or Hepatitis C, and the increased risk of spontaneous miscarriages.

Psychological and Organisational Factors

These are:

- (a) Stress caused by a feeling of heavy responsibility towards patient,
- (b) inadequate sleep due to work often at night time,
- (c) death on operation table,
- (d) 'a new burn out' in the enthusiasm for work,
- (e) problems of interpersonal relationships with surgeons or other members of the operating room team

- (f) exposure to severely traumatized patients, or to multiple victims of a 'man-made' catastrophe or a natural disaster.

Conclusion

If nurses are to influence health care in a hospital, and contribute to a successful outcome in serving patients, the voice of the nurse should be listened to carefully and attentively, her suggestions and advice accepted and acted on, as she is a vital member of the health care team.

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