



Perceptions of social and personal support amongst perioperative nurses: a clinical concern

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Introduction

My paper will briefly discuss research I conducted in Western Australia and recommendations which emerged from the findings. The study, which was part of a major project, examined the perceptions of social and personal support reported by perioperative nurses working within the operating suite environment in the health care system today.

In the 21st century, as individuals employed in the fast moving, demanding and high technological health care system, the quality of working life is of central concern. Within this system, we often think of ourselves as living and working in an environment that is subjected to stress in an all-pervasive and indeterminate way. Consequently, our work support influences our perceived quality of work life.

To address the demands within the health care system, we forever hear from our leaders and politicians, who are meant to be our advocates, that health organisations are committed to providing supportive, safe and equitable working conditions for all employees. Their proposition is to seek the elimination of negative environments, in which lack of support, abuse, bullying, harassment and discrimination occur within the workplace. They also go on to ensure that employees will not be subjected to treatment that is hostile and unprofessional.

In most states, such as NSW Health and Worksafe and WA, hostility and lack of support in the workplace is stated to be unacceptable and will not be tolerated under any circumstances. What is indicated here by such organisations is that they take seriously the duty of care obligations to staff, clients and the community that use health services.

Such organisations, through State Health and Safety Acts, indicate that there is a primary responsibility for achieving this and that all employees are entitled to work in a supportive, safe and healthy

workplace, free from harassment and intimidation. Furthermore, it is indicated that no employee will mistreat another employee and appropriate action will be taken against employee or manager who behaves in an inappropriate way. This may include disciplinary action and dismissal. Nevertheless, the question I pose here; is this happening and, more specifically, is it happening to perioperative nurses within their working environment?

In caring for our patients, perioperative nurses confront often stressful events on a daily basis, with scenes of horrific and gruesome injury, disease and other life-threatening circumstances. Last year at the AORN Congress in Dallas, USA, Coretta Scott King, the wife of the late Reverend Dr Martin Luther King Jr, in making reference to the perioperative nurse stated, "It takes somebody very special to deal with human suffering day in and day out"¹.

Consequently, it is not surprising that perioperative nurses have been found to experience stress and health problems as a result of the exposure to the human condition, its pain, suffering and treatment. These events are further exacerbated by reported negative interactions amongst the surgical team, as manifested in experiences of abuse, conflict, death of the patient and disconcerting practice issues. Such experiences occur in an environment which lacks support and therefore could be likened to a 'pressure cooker' just waiting to explode if not controlled.

Research shows that lack of support in this pressure cooker environment includes inadequate employer-supported training opportunities, financial resource constraints and throughput pressures, insufficient staffing numbers, insufficient experienced staff, increasing work overloads, new technological demands, and interpersonal conflict with members of the surgical team. All of these can result in emotional sequelae with some perioperative nurses leaving the specialisation^{3,5,6}.

I'm sure all of us here are extremely aware of these issues and we do not deny that many of them occur in their own workplace. Or do we? As perioperative nurses we need to realise the environment we are in, think the unthinkable, and be ready to plan massive revolutionary change. How do we do this?

Firstly, I suggest that we need to examine the support we receive from our colleagues, our supervisors, and the organisation in which we work. Do we have support in our workplace? My response is, if we do, then it is not enough and it is also ineffective. This is indicated in the findings from the research I shall present. This lack of support is a major clinical concern which we must address if we are to reduce attrition of our specialty and encourage other nurses to come into specialisation.



Typically, support is associated with both the contextual and personal resources of the individual experiencing stress or need. People's responses to working in the operating suite with its inherent stressors vary immensely. Ever had the days when you are driving to work and you say to yourself "I can't wait to get to get work" or "...this is going to be another outstanding day" and your adrenaline is pumping. Now are you thinking, "tell her she's dreaming" or "And pigs might fly". On the other hand, when you're driving to work, do you think "I don't want to go there", or "I can't bear the thought of another day there" or "Why me" or "It's all too hard" or "I have chest pain, with just the thought of working at that place" or "One Power Ball and I'm out of here".

These individual differences are caused by a wide range of environmental characteristics and personal support resources such as personality, cognitive styles, coping mechanisms, and the perioperative nursing's cultural norms and beliefs, which subsequently affect the way we deal with situations. While individuals have different characteristics and abilities to deal with events, it is suggested that through their sense of coherence, a personality construct, they can "bounce back", learn and grow from stressful experiences⁷. Your sense of coherence enables you to search for meaning during threatening events which in turn orients you to view these events as comprehensible and to muster the resources needed to master them. Consequently, with a strong sense of coherence, you have the ability to turn the stressor into something manageable with possible positive outcomes⁸.

From the perspective of the OR environment, the social context of work is especially important in either providing relief from stress or perpetuating it. The everyday situations that perioperative nurses are exposed to, be they stressful or not, occur in a milieu that influences the individual through the behaviour of other coworkers. Individuals look to those within the work environment to facilitate efforts at defending or dealing with issues. The reaction of work colleagues, supervisors and the organisation by way of the amount, type and effectiveness of support services plays an important role in the ability to resolve situations.

Furthermore, personal resources, such as sense of coherence and social support can foreshadow improved psychological functioning following stressful events. Individuals made vulnerable by workplace stress may benefit from the resources that their social networks provide, enabling them to muster effective coping strategies and to redefine an event in a more positive light.

The study

My study used a methodological triangulation approach which consisted of narrations, the Sense of Coherence scale⁹ and checklists. The sample, 213 nurses working in rural and metropolitan operating suites throughout Western Australia, were surveyed to explore the amount, type and effectiveness of support provided to perioperative nurses from three groups – their supervisors, coworkers, and the organisation – following exposure to stressful situations in the workplace. Respondents' sense of coherence was also examined, as possible personal resource constructs that influenced how they dealt with work-related stress.

Findings

Amount of social support

Firstly, the amount of support. The amount of support scale was based on a 5-point Likert scale from 1 (never enough) to 5 (nearly always enough). The results indicated that in the aftermath of stressful situations, it was the coworkers (mean=3.46 [SD=1.07]), that provide



Betty Schultz (USA), Rene Michael (WA) and Marilyn Schroeder (Victoria) at the recent ACORN Conference

the perioperative nurses with the most amount of support in comparison with their supervisors (mean=2.66 [SD=1.39]), and the organisation (mean=2.31 [SD=1.24]) (Table 1).

The table illustrates the variation between the percentages, with 'Occasionally enough' and 'Often enough' support provided by coworkers being the most frequently rated by the respondents, as opposed to 'Never enough' support provided by the supervisor and the organisation.

Types of support

The main types of support that perioperative nurses reported to be beneficial consisted of:

- Communication strategies such as feedback, listening, encouragement, brainstorming, reassurance, the acknowledgement of issues, incident reports, and appraisals.
- Action being taken to improve the situation, such as policy and protocol development, written reports, increased staff, improved conditions, negotiated rosters and workloads, time release, relief for meal breaks, confronted individuals, meetings, and followed through on situations.
- Education in the form of solutions and providing knowledge and skills.
- Counselling through pastoral support, counselling services and help-line telephone services provided by the organisation.

Table 1. Amount of support received from supervisors, coworkers and the organisation.

Amount of Support	Source of Support					
	Supervisor		Coworker		Org	
	n	%	n	%	n	%
Never enough	46	28	7	3	55	23
Seldom enough	33	20	22	9	43	18
Occasionally enough	35	21	52	22	31	13
Often enough	26	16	52	22	24	10
Nearly always enough	22	13	29	12	9	3



Communication was the highest reported type of support provided to perioperative nurses following workplace concerns, with coworkers reporting the highest percentage (Table 2).

Effectiveness of support

I then explored which of these types of support was found to be more effective in dealing with both the individual's problem and the feelings that they encountered (Table 3).

It is evident from the table that the percentages are higher for communication, with either the supervisor or the coworker being effective in dealing with problems and with feelings. It appears that talking about stressful events with significant others close to the situation was a powerful source of support for the perioperative nurses in the study. Counselling provided by the organisation was also reported to have moderate effectiveness in dealing with the problem and with feelings. This may have been because these services accommodated qualified counsellors outside the operating suite environment with whom to talk, and therefore may have provided an alternative non-threatening environment in which perioperative nurses felt able to disclose their concerns.

Communication is clearly the most important and effective strategy utilised by the perioperative nurses in gaining support, particularly from their coworkers and supervisors.

Although supervisors and coworkers were reported to provide support through disclosure, the amount and effectiveness of reported support received from the two groups was distinctly different. Through one-way ANOVAs with repeated measures analysis, it was found that in the aftermath of stressful situations, coworkers are a superior source over supervisors and the organisation. Also, the organisation was superior to supervisors in the effectiveness of dealing with the respondents' feelings.

Supervisory support has been implicated as an important factor in assisting recovery and restoring self-esteem⁹. A good supervisor provides emotional, informational, instrumental and appraisal support for workers. Like a good therapist, a good supervisor should be warm and empathic¹⁰. Empathic listening and understanding, as well as real concern for the worker's welfare, are seen to be significant aspects of effective supervisory support¹¹.

Perioperative nurse supervisors are in an ideal position to facilitate adaptation. However, their role of support is often caught in the crosswinds of multiple hierarchical and organisational objectives and are not always 'people focused'^{11,12}. Consequently, they sometimes fail to provide emotional and social support expected by those perioperative nurses who are confronted with workplace concerns. The low levels of support reported in this study suggest that supervisory support roles require attention, and promoting more

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Table 2: Frequency of the types of support provided by supervisors, coworkers and the organisation,

Type of Support	Source of Support					
	Supervisor		Coworker		Org	
	n	%	n	%	n	%
Communication	109	83	133	93	26	43
Action	16	12	10	6	12	20
Education	5	3	1	0.7	-	-
Counselling	-	-	-	-	22	37

Table 3: Support from supervisors, coworkers and organisation and effectiveness of dealing with the problem and feelings.

Type of Support	Source of Support					
	Supervisor		Coworker		Org	
	1 n	2 %	1 n	2 %	1 n	2 %
Communication	87	83	90	83	26	31
Action	7	11	10	17	23	12
Education	5	5	-	-	-	-
Counselling	-	-	-	-	53	58

1 Effective in dealing with problem 2 Effective in dealing with feelings

supportive leadership is therefore of the utmost importance as it can result in dividends¹³.

Personal support resources

Finally sense of coherence was measured to assess the personal support resources of the respondents and to see if this had an influence on their ability to deal with stressful situations. Generally, all the perioperative nurses who participated in the study reported strong levels of a sense of coherence. However, those respondents, who managed stressful situations and reported positive outcomes – such as being able to access resources, being assertive, confronting individuals, gaining from the experience or developing protocols – reported the strongest sense of coherence. On the other hand, sense of coherence was lower among those with positive and negative outcomes – such as feeling inadequate, depressed, unable to work with certain abusive individuals – and was significantly lower for those reporting solely negative outcomes.

In summary, perioperative nurses within this study indicated the OR environment lacked sufficient support. The most amount of support which was effective in dealing with problems and feelings came from coworkers, in contrast to the low levels of support reported from supervisors and organisations. Even within this environment, the respondents emerged as individuals who had a strong sense of coherence and many of them utilised personal resources – such as

emotional disclosure to peers – to deal with the lack of support and manage stressful situations.

Recommendations towards a supportive environment

To facilitate a supportive environment in which perioperative nurses can work, the recommendations include, but are not limited to, nurse leadership support, educational programmes, professional meetings, peer support programmes and organisational support.

Nurse leadership support

To provide a supportive environment, nurses in leadership can no longer use all of its existing resources to maintain the status quo because "it's always been done that way". They need to be able to tolerate risk and ambiguity and motivate each other into a workable unity between the organisation and their subordinates. Examples, as indicated by Lewis¹⁴, include:

Attitude of open communication

Management must be willing to provide information to the 'rank and file' about changes and issues. This will then get rid of the 'mushroom' effect that people often feel when uninformed. Nurse managers need to set up a communication system through which employees may address their immediate concerns. For an easy method for people to access this information, an information coordinator could be designated.

Having one person as the information gatekeeper will help assure that everyone is hearing the same story and protect others who do not know what to tell people. If people do not have information, they tend to create it out of 'bits and pieces', distortion and fear. An ongoing process will provide accurate, up to date information to employees, not forgetting employees who are on annual or sick leave.

Awareness of reactions

People respond to workplace concerns in a variety of ways. Nurse leaders should be educated to assess the reaction of those involved with workplace concerns and need support and assess their immediate and previous skills in dealing with events. Nurse managers are in a position to provide regular meetings to discuss events which have occurred during the course of the day or week. They should encourage perioperative nurses to work through their responses to threatening or conflicting situations by talking about the experience with others who went through it with them. They should also understand that the major part of their job is to manage people not to produce the product.

Availability of nurse managers

During time of crises and transition, groups tend to isolate themselves – managers meet with managers, staff meet with staff. This is often necessary, as much planning usually goes into addressing and organising workplace issues and changes. However, camps and cliques tend to develop within the OR. Nurse managers must maintain a high profile and visibility to the staff. In much the same way that a General goes to the front line to boost the morale of troops, or a parent is more available to a child who is anxious and insecure, nurse managers must be highly visible and accessible in the workplace.