

Perioperative Nurses' Experience During the COVID-19 Pandemic

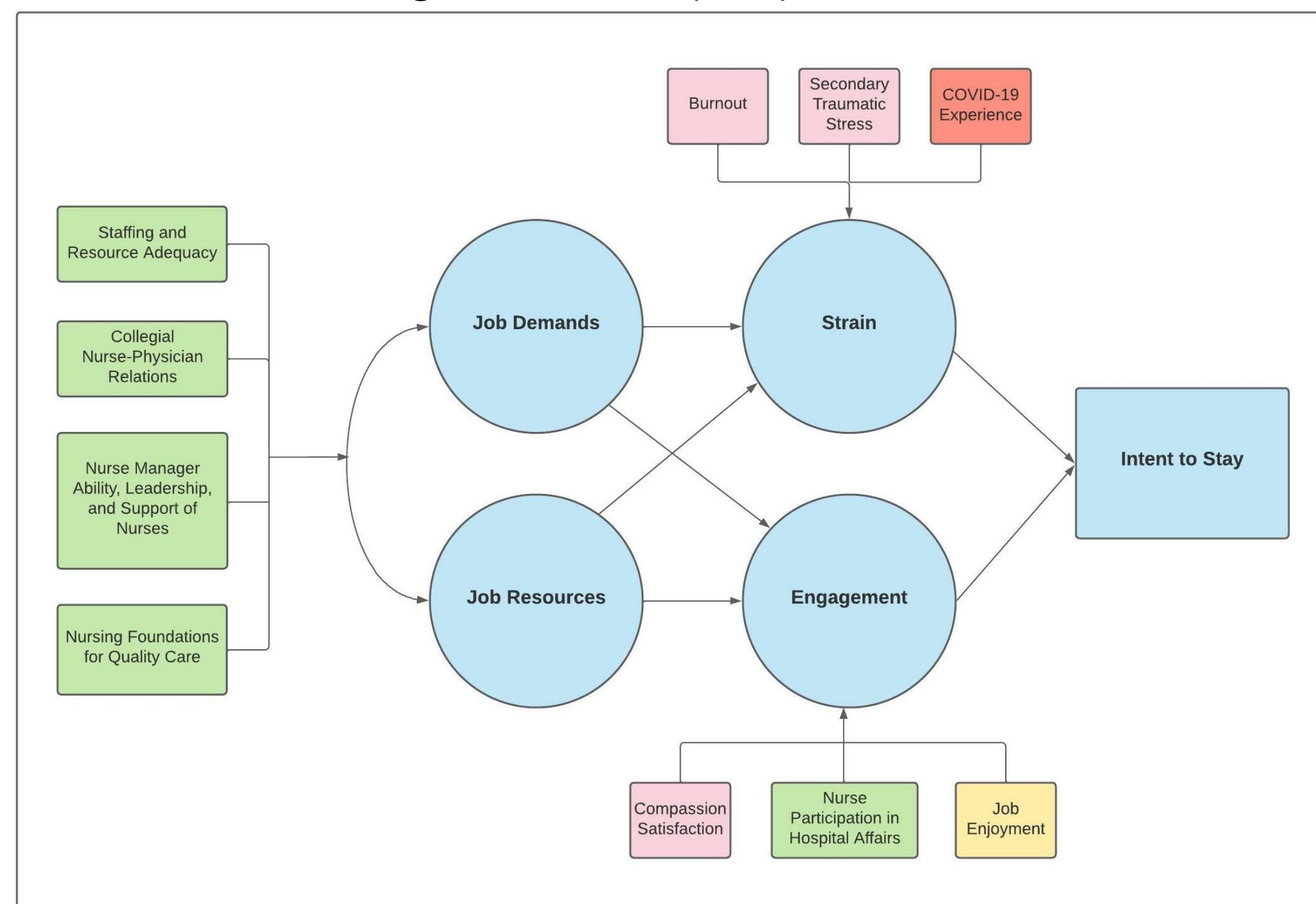
Jan Odom-Forren, PhD, RN, CPAN, FASPAN, FAAN*; Vallire Hooper PhD, RN, CPAN, FASPAN, FAAN**;
Sarah Wente, PhD, RN, PMGT-BC***; Mary Kay Rayens, PhD*
University of Kentucky, **East Tennessee State University, ***M Health Fairview

Background

- The COVID-19 pandemic has created a crisis in perioperative nursing roles and responsibilities throughout the world.
- The COVID surge of patients resulted in minimal numbers of surgical cases. The role of the perioperative nurse, including the physical space in which they worked changed drastically.
- Burnout, fatigue and stress among nurses is common during “normal” times and is even more prevalent in times of crisis.
- A shortage of over 500,000 nurses has been projected by 2030, with the pandemic adding to this toll as nurses choose to retire earlier, take a break, work less hours or leave nursing.

Job Demands-Resources Model

- This study was guided by the Job Demands-Resources model.
- Measures included the Professional Quality of Life (ProQOL) Scale and Nursing Stress Scale (NSS).



Purpose

The purpose of this study was to assess the perioperative nurse's experience during the COVID-19 pandemic and to evaluate how this and perceived stress, burnout, and job satisfaction may influence the intent to stay in the workforce.

Research Design, Measures, and Data Analysis

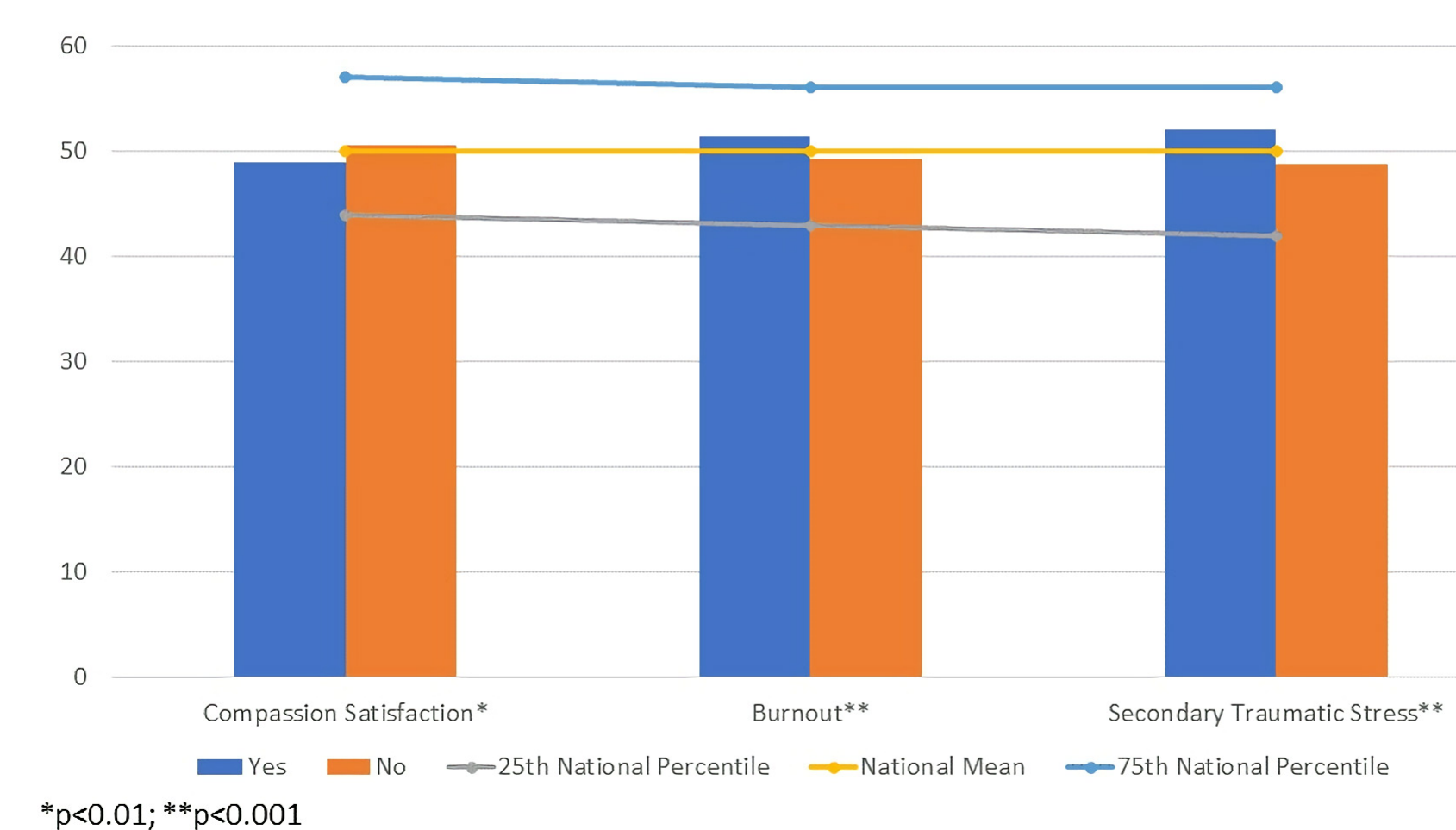
- This descriptive study was conducted using a cross-sectional electronic survey of perioperative registered nurses (RNs) who were currently working in a perioperative area as of March 2020.
- Data analysis included univariate and multivariate techniques.
- Pearson's product moment correlation was used to evaluate how instrument summary scores were associated with each other.
- Logistic regression was used to evaluate how demographic and practice characteristics, COVID-19 nursing experiences, perceived stress and job enjoyment are associated with perioperative nurses' intent to stay in their unit.

Results

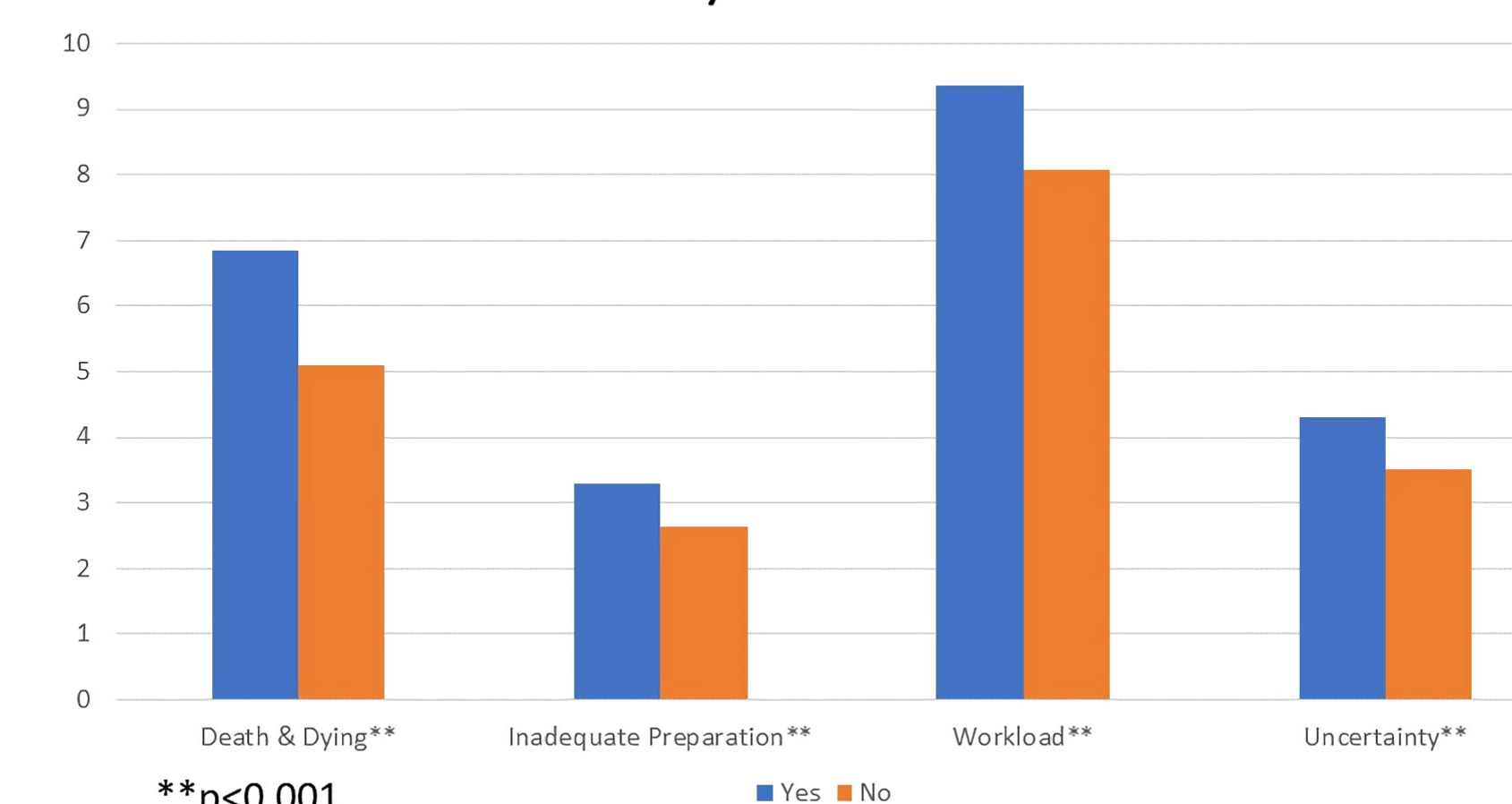
- The average age of participants (N = 1816) was 50 years. Most were female (92%); highest degree was a BSN (54%). Over half were clinical nurses (59%).
- COVID patient care was associated with higher scores on all NSS subscales, indicating greater stress.
- Those who were pulled outside surgical services reported poorer QOL and greater stress than those who were not.

Demographics		
Facility Type		
Hospital Surgical Suite	78.78	
Hospital ASC	13.08	
Free-standing ASC	15.17	
Physician Office Surgical Suite	0.93	
Other	1.54	
Work Area		
OR	96.32	
PAT	12.64	
Pre-Op	22.16	
Phase I PACU	15.17	
Phase II PACU	10.50	
Combined Phase I/II	10.50	
	Mean	SD
Years in nursing	24.39	13.20
Years as Perioperative nurse	20.20	12.74
Years in current hospital	11.92	11.12

PROQOL Scores by Direct COVID Care



NSS Scores by Direct COVID Care



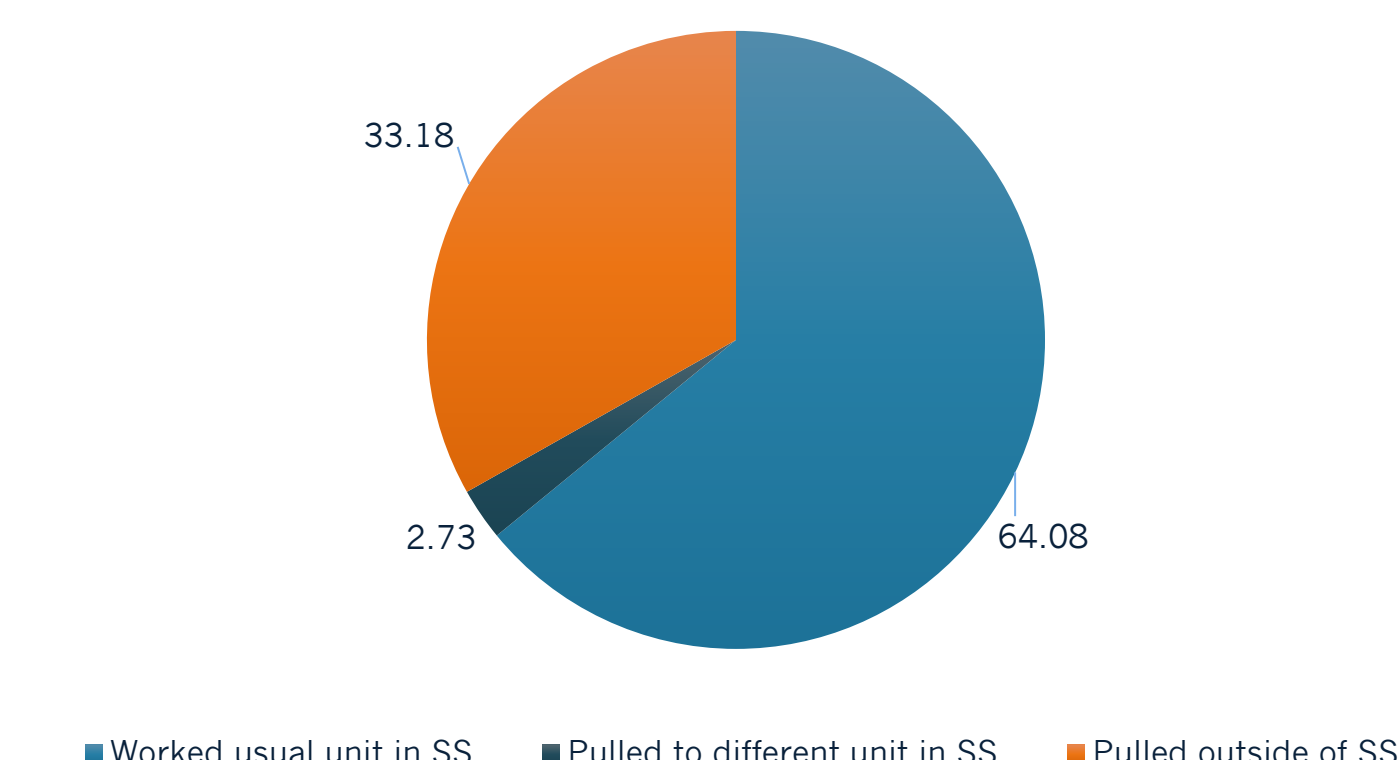
Funding

Southern Research Nursing Society/AORN Grant

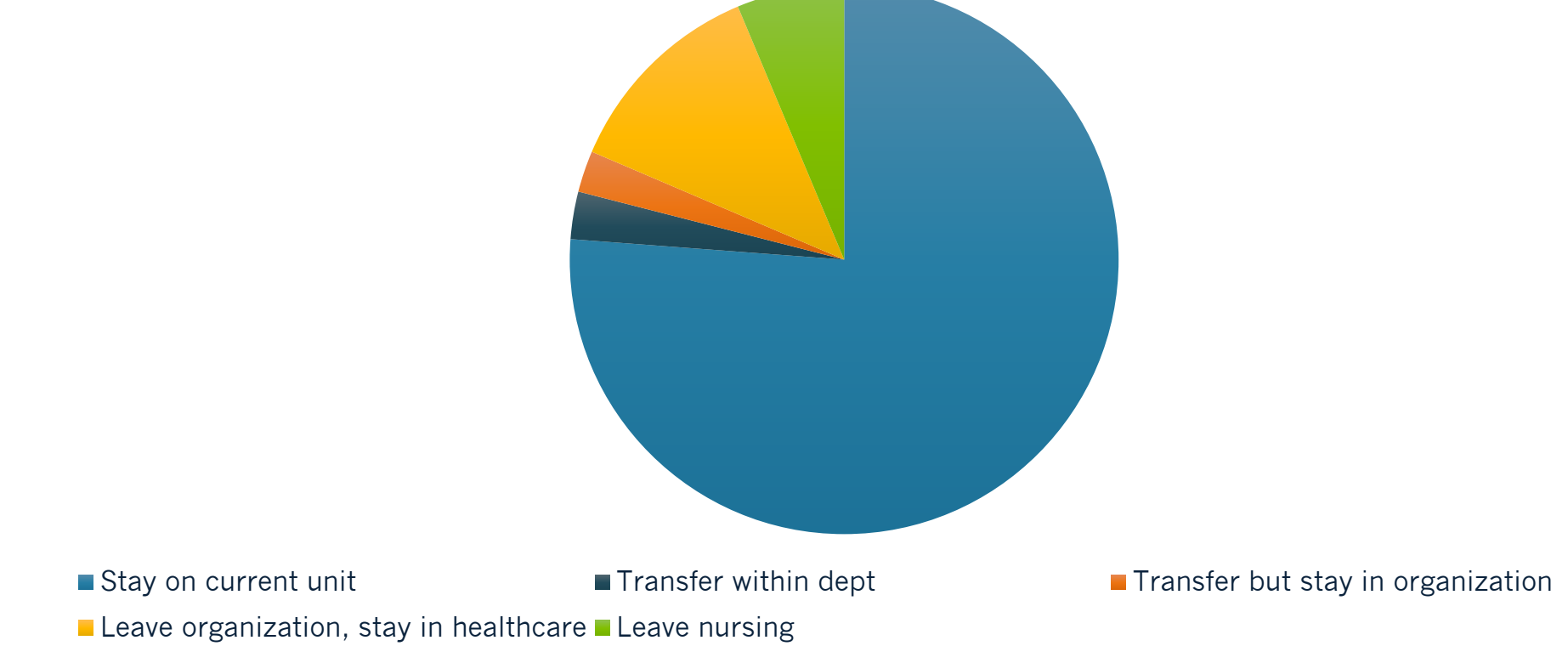
Logistic Regression

Parameter	Odds Ratio	95% Confidence Limits		p value
Male	0.696	0.424	1.141	0.1505
CNOR certification	1.365	1.001	1.863	0.0494*
# Years in periop	0.984	0.973	0.996	0.0106*
Direct COVID Care	0.972	0.729	1.295	0.8449
Adequate PPE training	0.959	0.602	1.529	0.8616
PPE compliance	1.255	1.083	1.454	0.0025
Compassion Satisfaction	1.046	1.030	1.062	<0.0001
Secondary traumatic stress	0.987	0.971	1.003	0.1205
Exposure to death & dying	1.002	0.960	1.045	0.9254
Workload	0.936	0.895	0.979	0.0042
Uncertainty	0.985	0.924	1.050	0.6387
Region 1 (NE)	1.045	0.733	1.497	0.7979

COVID Work Impact



Intent to Stay



Discussion

- COVID patient care was associated with higher scores on all NSS subscales, indicating greater stress.
- Those who were pulled outside surgical services reported poorer QOL and greater stress than those who were not.
- There was no difference in likelihood of planning to leave nursing between those who cared for nonsurgical COVID patients and those who did not.
- Those who planned to leave reported poorer QOL and greater stress than those who did not.

Practice Implications

- Knowledge gained from this study provides insight into perioperative nurses' unique roles and experiences. Results can be used to help guide future interventions aimed at improving resources available to perioperative nurses during times of crisis to reduce stress and improve their likelihood to stay in the workforce.



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