



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

The Sacred and the Profane

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Is perianesthesia nursing a sacred and profane practice? As a graduate student in the 1980s, Professor Zane Robinson Wolf's textbook, *Nurses' Work: The Sacred and the Profane*,¹ left me with a lasting impression. Today, nurses occupied within the broad spectrum of perianesthesia practice experience daily challenges that call for a creation of balance between guarded rituals and the uniqueness of each professional interaction. ASPAN's *2008-2010 Standards of Perianesthesia Nursing Practice* describes scope of perianesthesia practice as: "... systematic in nature and includes the nursing process, decision-making, analytical and scientific thinking, and inquiry."²

Wolf's studies describe the sacred nature of nurses' work. She exposed intersections between powerful life events involving birth and death, pain and discomfort, and healing and comfort, with the touch of a nurse.¹ Imagine a person who is scheduled for surgery or an interventional procedure requiring anesthesia or sedation. Such an event, often routine for the surgical and perianesthesia team, can be life changing for a patient. Our patients arrive completely vulnerable. They must answer dozens of personal questions, sign release forms and consents, remove all personal clothing and allow complete strangers to touch, anesthetize and ventilate them. On the scheduled procedure day, nurses take personal belongings, pierce the skin with needles and then infuse unfamiliar fluids, and wheel them away from the comforting presence of loved ones. During emergence from the fog of anesthesia the prodding and intrusion continues. Descriptive scenarios provide valuable insight regarding the patient's perspective on sacred moments of the perianesthesia experience.

Clinical Excerpts

In the facility where I work, a staff member must write clinical narratives for her or his performance review. This practice is part of a professional advancement program modeled after Patricia Benner's seminal work, *From Novice to Expert*.³ There are numerous benefits to having nurses share stories. It allows for the catharsis of extremely difficult situations, regardless of the outcome. It can also provide personal and professional insight into the ways in which daily, ordinary routines of practice can be viewed as extraordinary in the eyes of the patient and significant others.

Following are some excerpts and comments from a clinical narrative about being on-call that I wrote in 2000. The scenario I experienced burned the concepts of the sacred and profane aspects of perianesthesia work deeply in my brain.

What I saw when I entered the OR at 0130 shocked all of my senses. To one corner was an empty, but used, infant warmer. At the head of the table two anesthesiologists and one nurse anesthetist worked feverishly watching the monitors, counting IVs, lines, and blood bags. Draped over the patient were two OB surgeons and a family practice physician. A slow but steady flow of bright red blood dripped from both sides of the OR table saturating the shoes of those standing in its path and collecting in a small and rapidly growing puddle on the floor. Meeting the eyes of the OR circulator I only needed to hear one word. DIC.

At one point, a third surgeon arrived to help control the rage of the DIC and to coach the weak and boggy uterus into clotting and contracting. It did not work. After persistent and determined efforts the surgeons together decided to perform a hysterectomy. In that moment I felt strangely

*aware of the juxtaposition between new life and death, of the potential to create new life and the ease with which it can be destroyed.*⁴

While mother and baby survived, the bleeding did not stop and the delivery ended with a life saving hysterectomy. When that work night came to an end I felt a compulsion to record the narrative and reflect on the events:

*As dawn drew near, I remembered my fatigue and marveled at how quickly it was forgotten in those frenzied moments of care and concern. Later that afternoon, I felt a strong sense that I had been exactly where I needed to have been, had done exactly what I needed to do, and had been exactly who I needed to be during those long hours of the night. It occurred to me that the privilege of being in the right place at the right time calls up the sacred and profound art that caring has been and will always be for me.*⁴

“... the problem is that you haven’t realized how much your stories matter. You may not realize every story you tell is important ... Nothing is more important than the stories you tell yourself and others about your work and your personal and community life.”⁵ ~ Annette Simmons

Telling Our Stories

What is the public image of perianesthesia nurses? How can the media accurately portray the work of nurses if we are not good stewards of our stories? As perianesthesia nurses, advocates, members and contributors to the surgical healthcare team, it is time to tell our stories. Sharing stories during PeriAnesthesia Nurse Awareness Week and throughout the year, and having those stories heard, can help to create a balance between the intrusive world of healthcare and the caring practices of nurses. By speaking out, nurses set the stage for a deepened public understanding of the scope of practice and a professional commitment to safe and ethical practices.

If you have a clinical narrative to share, please send it to <mailto:tclifford@aspan.org>.

REFERENCES

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