

Nursing, Education and Perioperative Care

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Editorial

Nurses are health professionals and their professions are an integral part of healthcare. Nursing is one of the most important professions in the medicine and healthcare system. That profession is of interest to every country in the world.

Nursing is a clinical practice that includes systematic problem solving (the nursing process) and nursing management of identified patient needs [1]. In planning patient care, the nurse makes countless decisions concerning nursing diagnoses, construction and implementation of nursing care plans, and evaluation of patients' progress toward health. Each decision requires that the nurse combine a wide range of facts (or data) with a set of values to determine what ought to be done to help the patient fulfill his or her health needs. The facts are drawn from many different types of information about the patient: his or her medical and psychosocial histories, physiological status, economic status, and aesthetic and religious orientations. However, collection and analysis of the facts alone can never lead to a conclusion that a particular nursing intervention is morally justified. To reach a conclusion about what is morally justified in nursing practice, the nurse must combine relevant facts with a set of values. Thus, the first task in nursing ethics is to identify the many evaluations that take place in nursing practice and to separate the moral from the no moral components in these evaluations.

The reality of nursing is far from being simple [2]. The predicament is not always acutely felt and takes various forms. Many different activities, in many different kinds of setting, go under the name of nursing. Some nurses work in the community and others in research hospitals, some work with people who are well-trying to prevent illness-and others work with people who are critically ill but may make a full recovery, while yet others care for people who must shortly die. Some still work on large 'Nightingale wards' while others work in a small nursing home or hospice, and some work in large and constantly changing teams while others work in a 'primary nursing' manner. Some nurses work under great difficulties caused by an inflexible and hostile administrative regime or shortage of resources or both, while others are much luckier.

To treat people with compassion is to deliver care that is sensitive to the person's needs: it should be attentive and kind [3]. All health and social care staff, especially nurses, need to be able to anticipate how the person might feel in a given situation and be able to respond with kindness and empathy to provide physical and emotional comfort. People who work in the care sectors are often seen as compassionate and humane individuals who do not discriminate against others. However, this does not mean that they automatically all treat people fairly. Many people view nurses as dedicated individuals incapable of deliberately harming anyone in their care. But nurses, like other people, may or may not have their own problems. Sometimes these problems can affect how the care worker relates to and treats other people.

Regulations surrounding the care of patients sedated in remote areas as well as by anesthesia and non-anesthesia trained providers are established by federal, state, local, and institutional guidelines [4]. The guidelines established by the American Society of Anesthesiologists for the minimum setup and equipment for anesthetizing locations outside

of the operating room provide a rational framework for setting up and maintaining a sedation suite. Establishing safety standards within the framework of a sedation suite may minimize the incidence of preventable errors during procedural sedation or during the procedure itself performed at remote locations.

Nursing Education

Faculty education is a higher level of nursing education and is considered to be a continuation of education that ensures a high level of education, in accordance with regulations on higher education.

Further training of nurses is carried out when the scope and complexity of the jobs and the expected results require additional education or specialization in a particular area of health care. Further training is being done to improve the quality and efficiency of nursing work.

The typical nursing student was about 21 years of age, single, and female [5]. The first weeks or months of their education were spent as probationers, or "probies," and their duties, although helping with the operation of the hospital, did little to educate them as nurses. For example, they spent much of their time washing, scrubbing, polishing, folding, stacking, and the like. Rules of conduct were rigid and unforgiving; early superintendents saw it as their responsibility to discipline pupils, ensuring that they possessed good morals and were honest, conscientious, obedient, respectful, loyal, passive, and devoted to duty. Nursing students were expected to be unselfish, thinking not of themselves but of the happiness and well-being of others.

The basic principle in educating for uncertainty is to teach students to think, to dissent, to tolerate and to respect other people [6]. However, if student nurses are to learn to solve complex problems within an uncertain healthcare environment then rigid approaches to nursing pedagogy, that is, conventional approaches to learning and teaching will no longer suffice. Conventional pedagogy in nursing centres on acquisition of competencies, with little, if any, attention to the acquisition of critical thinking skills.

Just as pedagogy refers to the art and science of educating children, the term andragogy refers to that of helping adults learn [7]. It is more of a model of learning, whereas pedagogy is a model of teaching. Knowles concept of andragogy was based on a set of assumptions that grew from four to six as he refined his model over a period of 20 years, which explains the disparity in the number of assumptions published during

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this time and even after. The assumptions of andragogy and pedagogy emanate from six related constructs, namely, “(a) the learner’s need to know, (b) self-concept of the learner, (c) prior experience of the learner, (d) readiness to learn, (e) orientation to learning, and (f) motivation to learn”.

Why is it important to knowledge of pedagogy in nursing? Although most patients are adults, professional medical terminology is sometimes difficult to understand by ordinary people, so hospitals in their practice often have to pedagogically approach patients by preparing them for the surgery. What is the role of andragogy in this? Andragogy helps adults to learn something.

Communication with patients includes several important areas such as confirming patient details, confirming their history of illnesses, assessing their current health, and identifying any issues the patient may have [8]. Educating patients is important to prepare them for surgery and provides knowledge on what is going to happen to them and why. This may also help to reduce their anxiety before anaesthesia on the day of surgery. Preoperative education includes topics such as pulmonary exercises, anaesthetic information, surgical information and leaflets about their surgery. It is also important to gain information about the patient. For example, areas such as allergies, likes and dislikes, personal issues (such as mental health problems, learning disabilities, or any abuse or addiction), religious beliefs, worries and personality traits, such as positive and negative attitudes. Concurrent medical conditions can also have an effect on patients during surgery, for example painful joints, skin problems, tissue viability and pain. Informed consent is one of the most important areas and may include clarifying the purpose of consent, checking it is completed and valid and discussing the patient’s

rights. Discharge planning can further reduce anxiety, for example pick-up arrangements, postoperative care, postoperative drugs, exercises, pain relief and dressing changes. As one of the most common fears in patients is not waking up, discussing discharge planning will help the patient to develop a more positive attitude to their surgery and its results.

Nurses are required to continually renew their acquired knowledge and acquire new knowledge in accordance with the latest achievements and knowledge in the area of nursing. Permanent professional training is carried out by attending professional seminars, courses and expert meetings.

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