



Associate Professor Nicholas Ralph
PhD, MClintPrac (Perioperative Nursing), RN
School of Nursing and Midwifery
University of Southern Queensland

ACORN

The Australian College of Perioperative Nurses (ACORN) is a registered Australian company and health promotion charity. It exists to serve its members, the perioperative profession, the patient and the community to promote the prevention and control of disease.

ACORN's vision is for Australian patients to receive the safest and highest quality evidence-based perioperative care in the world.

ACORN Board of Directors

Rebecca East
President

Trent Batchelor
Director
Standards Committee Chair

Patricia Flood
Director
Journal Committee Chair, Acting
Journal Editor and Research
Committee Chair

Karen Hay
Director
Conference Committee Chair and
Professional advocacy and advisory
liaison

Grace Loh
Director
Hospital and University Collaboration
and Accreditation Committee Chair
Grants, Awards and Scholarships
Committee Chair

Paula Foran
Member Director
Membership and Local Associations
Liaison Committee Chair

Sophie Ehrlich
Director
Education Programs Committee Chair

Donna Stevens
Director
Education Committee Chair

Garry Stratton
Director
Finance, Audit and Risk Committee
Chair

Editorial

The value of a perioperative nurse

I was not drawn to perioperative nursing because of a love of surgery¹⁻⁴ (though this was something I had, and still have). And it wasn't a love of the changing nature of the environment⁵⁻⁸ (even though this too was a factor) or the sheer spectacle of the perioperative environment⁹⁻¹¹ (although I did find it alluring). It was, in fact, because of a situation I witnessed years ago when a terrified young woman faced the prospect of surrendering her dignity, her control and her self to the surgical team.

The young woman – a first-time 'flyer' – shook with fear at the thought of being poked and prodded by strange people, being put to sleep by strange drugs and being cut with a cold steel knife in an attempt to treat her condition. I watched her passively, being told not to move as the observer in the room. I drank it all in – the glint of the surgical instruments neatly laid out on the table, the hum of the warming device, the soft beep of the machines. Suddenly a masked stranger appeared beside the girl with barely a word. The girl winced as a cannula was driven into her vein. As I watched I could see the story on her face. It said simply, 'I'm afraid'.

Someone else also saw this fear on her face. Out of the corner of the theatre, they sidled up to the young woman whose knuckles were white from clinging to the bed rails. The person introduced themselves, talking to the young woman in a friendly and comforting yet professional manner. They jovially but kindly introduced the team and spoke to the young woman about what would happen and who was

there to care for her. I remember seeing the rapport building between the two of them like the flames of a warming fire and the calm, soothing voice filled with reassurance like the captain of an aircraft during turbulence. The meaning behind the words was clear – the theatre team were thoroughly prepared and equipped with expertise and knowledge. The fear on the young woman's face began to wash away as this person made a promise to her, 'I won't leave you while you're asleep, OK? I'll be with you and watching over you until you wake up'. In less than two minutes, without drugs or a device being used, the young woman was transformed from a trembling mess into a calm and collected soul.

I was impressed beyond words and filled with questions. Who was this person? Where did they learn to do this? What sort of health professional are they? This was my first introduction to a perioperative nurse. Someone who made a profound impact during one of the most vulnerable periods of a person's life^{12,13}.

In today's perioperative environment, 'throughput' is so often emphasised ahead of thorough care¹⁴⁻¹⁶. My fear is that the meaning and function of the nursing role will be forgotten amidst efficiency drives and the constant push to do more with less¹⁷. Yet the problem of long elective surgery waiting lists will not be solved by skimping on five minutes spent reassuring a patient. Perioperative nursing's brand must therefore be centred firmly on the value it fulfils in providing comprehensive care to people when they are at their most vulnerable. In the words of a famous report in the failings of hospital

care, our emphasis should always be 'patients ... not numbers, people ... not statistics'¹². When we follow this precept, we create our own value and establish the nature by which we make a difference to the health of so many Australians.

Editor's note

Since taking over in late 2017 as editor of this journal, I have been privileged to work with a terrific and dedicated team of people at the Australian College of Perioperative Nurses. A recent career opportunity has led to my decision to step aside as Journal Editor of *Journal of Perioperative Nursing (JPN)*¹⁸⁻²⁰. I wish to convey my sincere thanks to ACORN President, Rebecca East, for her continued support and leadership; to Patricia Flood, chair of the Journal Committee, for her dedication to the journal's progress, and to the wonderful Eleanor Tan for being an utterly brilliant and thoroughly reliable copy editor. I also wish to express thanks to ACORN past-president, Sarah Bird, for giving me the chance to step into the role and to the previous chair of the Journal Committee, Grace Loh, for her advocacy. I also want to thank people such as Associate Professor Jed Duff, Professor Brigid Gillespie, Dr Lois Hamlin and Associate Professor Pat Nicholson for their wise counsel at key steps in the journal's progress. Our reviewers also deserve thanks as they are now more engaged, skilled and active in improving the quality of submitted articles. Lastly, but by no means least, I wish to thank all the readers who have commented on their continued and growing enjoyment of the journal.

In two years, we have come so far. We are now online, open access and moving fast up the rankings. Last year, we were cited more than at any time in our history and we saw the highest number of submissions to date. We now have a worldwide audience and our rebranding as *Journal of Perioperative Nursing* reflects ACORN's growing position as a global influencer in perioperative leadership and practice. The journal's role in continuing to advance the evidence base for perioperative nursing is crucial. I will always treasure the opportunity I have had to be a part of the journal. It has been an honour to contribute to the evidence that guides those who make an impact every day – perioperative nurses.

References

1. Birks M, Chapman Y, Ralph N. Assisting the transition: Establishment of a First Year Experience Coordinator role for nursing students. *New Developments in Nursing Education Research* 2014;77-90.
2. Birks M, Ralph N, Cant R, Chun Tie Y, Hillman E. Science knowledge needed for nursing practice: A cross-sectional survey of Australian Registered Nurses. *Collegian* 2018;25(2):209-215.
3. Birks M, Ralph N, Cant R, Hillman E, Chun Tie Y. Teaching science content in nursing programs in Australia: A cross-sectional survey of academics. *BMC Nurs* 2015;14(1):24.
4. Ralph N, Birks M, Cant R, Chun Tie Y, Hillman E. How should science be taught to nurses? Preferences of registered nurses and science teaching academics. *Collegian* 2017;24(6):585-591.
5. Ralph N, Birks M, Chapman Y. The methodological dynamism of grounded theory. *Int J Qual Methods* 2015;14(4).
6. Ralph N, Birks M, Chapman Y. The accreditation of nursing education in Australia. *Collegian* 2015; 22(1):3-7.
7. Ralph N, Birks M, Chapman Y. Contextual positioning: Using documents as extant data in grounded theory research. *Sage Open* 2014;4(3).
8. Ralph N, Birks M, Chapman Y, Cross W. Doing grounded theory: Experiences from a study on designing undergraduate nursing curricula in Australia. *New Developments in Nursing Education Research* 2014;41-60.
9. Ralph N, Birks M, Chapman Y, Francis K. Future-proofing nursing education: An Australian perspective. *Sage Open* 2014;4(4).
10. Ralph N, Birks M, Chapman Y, Muldoon N, McPherson C. From EN to BN to RN: An exploration and analysis of the literature. *Contemporary Nurse* 2013;43(2):225-236.
11. Ralph N, Birks M, Cross W, Chapman Y. 'Settling for less': Designing undergraduate nursing curricula in the context of national accreditation. *Collegian* 2017;24(2):117-124.
12. Darbyshire P, Ralph N, Caudle H. Editorial: Nursing's mandate to redefine the sentinel event. *J Clin Nurs* 2015;24(11-12):1445-1446.
13. Ralph N. Comment on: Thompson D.R. & Darbyshire P. Is academic nursing being sabotaged by its own killer elite? *J Adv Nurs* 2013;69 (1):1-3.
14. Norris P, Ralph N, Moloney C. Does metabolic syndrome predict surgical complications? A protocol for a systematic review and meta-analysis. *Syst Rev* 2017;6(1).
15. Ralph N, Norris P. Using OSCAs to assess graduate perioperative nurses: An exploration and analysis of the literature. *ACORN J* 2012;25(4):14-16.
16. Ralph N, Welch AJ, Norris P, Irwin R. Reflections on power, conflict and resolution for the perioperative environment. *ACORN J* 2013; 26(1):19-22.
17. Duff J, Walker K, Edward KL, Ralph N, Giandinoto N, Alexander K et al. Effect of a thermal care bundle on the prevention, detection and treatment of perioperative inadvertent hypothermia. *J Clin Nurs* 2018;27(5-6):1239-1249.
18. Chambers SK, Occhipinti S, Stiller A, Zajdlewicz L, Nielsen L, Wittman D et al. Five-year outcomes from a randomised controlled trial of a couples-based intervention for men with localised prostate cancer. *Psychooncology* 2019;28(4):775-783.
19. Crawford-Williams F, March S, Goodwin BC, Ralph N, Galvão DA, Newton RU et al. Interventions for prostate cancer survivorship: A systematic review of reviews. *Psychooncology* 2018;27(10):2339-2348.
20. Ralph N, Chambers S, Pomery A, Oliffe J, Dunn J. Nurse-led supportive care intervention for men with advanced prostate cancer. *Oncol Nurs Forum* 2019;46(1):92-103.